

Oklahoma
HealthCare
Authority

SoonerCare Primer

Oklahoma **Health Care** Authority

Our Mission Statement

Our mission is to responsibly purchase state and federally-funded health care in the most efficient and comprehensive manner possible; to analyze and recommend strategies for optimizing the accessibility and quality of health care; and to cultivate relationships to improve the health outcomes of Oklahomans.

Our Vision

Our vision is for Oklahomans to be healthy and to have access to quality health care services regardless of their ability to pay.

Our Values and Behaviors

OHCA staff will operate as members of the same team, with a common mission and each with a unique contribution to make toward our success.

OHCA will be open to new ways of working together.

OHCA will use qualitative and quantitative data to guide and evaluate our actions and improve our performance in a purposeful way over time.

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What Is Medicaid?

MEDICAID:

- was created as Title XIX of the Social Security Act in 1965.
- is a federal and state partnership program that makes coverage available for basic health and long-term care services based upon income and/or resources.
- is overseen at the federal level by the Centers for Medicare & Medicaid Services (CMS) within the Department of Health and Human Services.
- has requirements concerning funding and qualification guidelines as well as quality and extent of medical services, which CMS sets and monitors.
- is known as SoonerCare in Oklahoma.

Who Qualifies for Medicaid?

Federal law requires states to cover certain “mandatory” groups to receive any federal matching funds. The mandatory groups are pregnant women; children ages 18 and younger with qualifying family income; children ages 18 and under below 100 percent federal poverty level (FPL); parents below cash-assistance eligibility levels; and elderly and persons with disabilities who receive Supplemental Security Income (SSI).

The designation of some groups as mandatory and others as optional is an artifact from Medicaid’s origins as a health care provider for traditional welfare populations. Through laws enacted over the past 50 years, eligibility has been extended to include people who are receiving cash assistance but also individuals who are not.

Still, Medicaid does not provide medical assistance for all impoverished people. Even under the broadest provisions of the federal statute (except for emergency services for certain individuals), the Medicaid program does not provide health care services for very poor people unless they are in one of the designated qualifying groups.

Each state sets an income limit within federal guidelines for Medicaid-qualifying groups and determines what income counts toward that limit. The latest income guidelines for SoonerCare can be found on OHCA’s website at www.okhca.org/income-guidelines.

Oklahoma Department of Human Services’ Role in Qualifying Members

In accordance with Oklahoma State Statutes, Title 63, Sec. 5009, OHCA contracts with the Oklahoma Department of Human Services (DHS) to determine if certain individuals qualify for SoonerCare. Individuals who are disabled, aged, in custody, qualify for cash assistance or receive a state supplemental payment are processed and approved or denied by DHS. Applications and renewals for these programs are reviewed by each DHS county office for financial and/or medical qualifications. Once an individual meets the qualifications and completes the enrollment process, his or her records are sent to OHCA to coordinate medical benefits and make payments for services.

What Is SoonerCare?

SoonerCare is Oklahoma's Medicaid program. The Oklahoma Health Care Authority (OHCA), which administers SoonerCare, provides government-assisted health insurance coverage to qualifying Oklahomans. SoonerCare offers varying health benefit packages, and each has a different name.

SoonerCare Choice is a patient-centered medical home program in which each member has a medical home, where a primary care provider (PCP) organizes health care services. SoonerCare Choice PCPs are paid a monthly case management/care coordination fee. Visit-based services are reimbursed to PCPs on a fee-for-service basis.

SoonerCare Traditional is a comprehensive health care plan for members who do not qualify for SoonerCare Choice. SoonerCare Traditional members access services from contracted providers, and OHCA pays the providers on a fee-for-service basis. This benefits package provides coverage for members who are institutionalized, in state or tribal custody, covered under a health maintenance organization (HMO) or enrolled under one of the home and community-based services (HCBS) waivers.

SoonerCare Supplemental is a benefit plan for dual eligibles - individuals who are enrolled in both Medicare and Medicaid. SoonerCare Supplemental pays both the Medicare coinsurance and deductible and provides medical benefits that supplement those services covered by Medicare.

Long-Term Care Services offer additional benefits to certain members who are enrolled in SoonerCare Traditional or SoonerCare Supplemental plans. These benefits may include long-term care facility services, in-home personal care services and/or HCBS. The home and community-based benefit provides medical and other supportive services as alternatives to a member entering a nursing home or hospital setting.

SoonerPlan is a benefit plan that covers limited services related to family planning. SoonerPlan provides family planning services and contraceptive products to women and men age 19 and older who do not choose or typically qualify for full SoonerCare benefits.

Soon-to-be-Sooners is a limited benefit plan that provides pregnancy-related medical services to women who do not qualify for full-scope benefits (due to their qualifying income or immigration status).

Who Are the Members of SoonerCare?

MAIN QUALIFYING GROUPS

To be eligible for federal funds, states are required to provide Medicaid coverage for certain individuals who receive federally-assisted income maintenance payments (cash assistance), as well as for related groups not receiving cash payments. Overall, less than half of SoonerCare members receive any type of cash assistance.



Children and Parents

Most SoonerCare enrollees are qualified under the Temporary Assistance for Needy Families (TANF) guidelines, regardless of whether they are still eligible to receive the TANF cash assistance. Very few children enrolled in SoonerCare under TANF guidelines are in state custody or receive cash assistance. Low-income pregnant women or adults in families with children are enrolled under TANF guidelines. The majority of these members receive the SoonerCare Choice benefit package.

Aged

SoonerCare's aged membership consists of adults age 65 and older, excluding people who are blind or disabled. Some of these individuals are enrolled because they receive cash assistance through the Supplemental Security Income (SSI) program. Others have too much income or assets to qualify for SSI but are able to "spend down" to qualify for SoonerCare. This is done by incurring high medical or long-term care expenses. Most of these members are included in the aged, blind or disabled (ABD) eligibility category and receive SoonerCare Traditional benefits.

Blind and Disabled

Low-income Oklahomans who are blind or who have a chronic condition or disability can be enrolled in SoonerCare. Some receive cash assistance through the SSI program, the remainder generally qualify by incurring high medical expenses to meet their "spend-down" obligation. These members enroll under the ABD category and more than half of them receive the SoonerCare Traditional benefit package.

Dual Eligibles*

Some individuals are qualified for both Medicaid and Medicare. Medicare has four basic coverage components: Part A, which pays for hospitalization costs; Part B, which pays for physician services, laboratory and X-ray services, durable medical equipment, outpatient and other services; Part C, an HMO model combination of Parts A, B and D; and Part D, which pays for a majority of prescription drugs. Dual eligibles are individuals who are entitled to Medicare Part A and/or Part B or Part C and qualify for some form of SoonerCare benefit. These members receive SoonerCare Supplemental or SoonerCare Traditional benefits and are reported under the ABD or Other categories.

*Dually-eligible enrollees may be accounted for in other qualifying groups.

Who are the Members of SoonerCare? (continued)

ADDITIONAL QUALIFYING GROUPS



Children's Health Insurance Program (CHIP)

Established in 1997, the Children's Health Insurance Program provides new coverage opportunities for children in families with incomes too high to qualify for Medicaid but who cannot afford private coverage. As a federal incentive, Oklahoma receives a higher rate of federal matching dollars for members qualified under CHIP. The Affordable Care Act of 2010 maintains the CHIP eligibility standards in place as of enactment through 2019. The law extended CHIP funding until September 30, 2015, when the already enhanced CHIP federal matching rate increased by 23 percentage points. The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 reauthorized two years of funding for CHIP through September 30, 2017.

TEFRA

The Tax Equity and Fiscal Responsibility Act (TEFRA) gives Oklahoma the option to make SoonerCare benefits available to children age 18 and younger with physical or mental disabilities who would not ordinarily qualify for Supplemental Security Income (SSI) benefits because of their parents' income or resources. Oklahoma instituted this option in October 2005. TEFRA allows children who qualify for institutional services to be cared for in their homes. The majority of these children receive SoonerCare Traditional benefits. These enrollees are categorized as ABD.

Oklahoma Cares

Implemented in January 2005, OHCA's breast and cervical cancer treatment program provides SoonerCare health care benefits to women younger than age 65 found to need further diagnostics or treatment from the result of breast or cervical screenings with abnormal findings, precancerous conditions or cancer. Oklahoma Cares members are covered under either the SoonerCare Choice or SoonerCare Traditional benefit package until they no longer require treatment or qualify financially. Unless it is listed separately, Oklahoma Cares is grouped under the Children/Parents category.

SoonerPlan

SoonerPlan is Oklahoma's family planning program for women and men age 19 and older within income guidelines. SoonerPlan member benefits are limited to family planning services from any SoonerCare provider who offers family planning.

Who are the Members of SoonerCare? (continued)

ADDITIONAL QUALIFYING GROUPS (CONTINUED)

Home and Community-Based Services (HCBS) Waivers

Medicaid home and community-based services (HCBS) waivers afford states the flexibility to develop and implement creative alternatives to placing a SoonerCare member in a nursing facility or intermediate care facility for the intellectually disabled (ICF/ID). Oklahoma operates the eight following HCBS waivers:

- **ADvantage Waiver:** Serves the “frail elderly” (age 65 years and older) and adults with physical disabilities over the age of 21 who qualify for placement in a nursing facility.
- **Community Waiver:** Serves members who are intellectually disabled and those with “related conditions” who qualify for placement in ICF/ID. This waiver covers children and adults, with the minimum age for eligibility being 3 years old.
- **Homeward Bound Waiver:** Designed to serve the needs of individuals who are intellectually disabled or have “related conditions” who are also members of the Plaintiff Class in *Homeward Bound et al. v. The Hissom Memorial Center, et al.*, who would otherwise qualify for placement in an ICF/ID.
- **In-Home Supports Waiver for Adults:** Designed to assist the state in providing access to waiver services to adults (ages 18 and older) who are intellectually disabled. This waiver serves adults who would otherwise qualify for placement in an ICF/ID.
- **In-Home Supports Waiver for Children:** Provides waiver services to children with intellectual disabilities ages 3 - 17 years old. This waiver serves children who qualified for placement in an ICF/ID.
- **Medically Fragile:** This program offers services to adults age 19 or older who need hospital or skilled nursing facility level of care so they may remain in their homes (or the residential setting of their choosing). A medically-fragile condition is defined as a chronic physical condition which results in prolonged dependency on medical care for which daily skilled nursing intervention is medically necessary.

Who are the Members of SoonerCare? (continued)

ADDITIONAL QUALIFYING GROUPS (CONTINUED)

Soon-to-be Sooners

The Soon-to-be Sooners (STBS) program is federally approved through Title XXI of the Social Security Act. STBS makes SoonerCare coverage of pregnancy-related medical services available to women who would not have otherwise qualified for benefits due to income or citizenship status. Offering prenatal services helps newborn Oklahoma and United States citizens have healthier beginnings. STBS benefits are limited and cover only those medical services related to the well-being of the pregnancy.

OTHER OHCA HEALTH PLAN GROUPS

Insure Oklahoma

Implemented under the federal Health Insurance Flexibility and Accountability (HIFA) waiver, Insure Oklahoma is a unique product designed to provide affordable health coverage to eligible adults and their dependents who are either uninsured or at risk of losing their coverage due to high premium costs. The state share of Insure Oklahoma costs comes from the state's tobacco tax revenues. Insure Oklahoma has two plans - Employer-Sponsored Insurance (ESI) and the Individual Plan (IP). Basic requirements for



Insure Oklahoma programs are:

- Working Oklahoma resident
- U.S. citizen or legal alien
- Between the ages of 19 and 64
- May not be enrolled in SoonerCare, Medicare or any commercial health plan.

In addition, potential members must be working. Full-time college students aged 19 through 22 who meet the basic requirements can also participate in Insure Oklahoma. Depending on each individual situation, the student can enroll under either ESI or the IP.

Insure Oklahoma Employer-Sponsored Insurance (ESI)

Employee enrollment in ESI requires the above basic requirements, plus:

- Contributes up to 15 percent of total premium costs;
- Must enroll in a qualified benefit plan offered by their employer;
- Meets income guidelines; and
- Employer must meet size guidelines

Insure Oklahoma Individual Plan (IP)

IP requirements include the basic for individuals (see above), plus:

- Must not qualify for ESI and works for an Oklahoma business with 250 or fewer employees; or
- Self employed; or
- Temporarily unemployed and receiving unemployment benefits; or
- Working disabled (who works for any size employer) and has a ticket to work; and
- Employer must meet size guidelines; and
- Individual must make premium payments

ESI also covers some children younger than age 19 in families with workers from any size business whose household income meets financial requirements. Children of ESI members are covered through their family's private insurance plan, and Insure Oklahoma may subsidize a portion of the family's premium costs. For more specific Insure Oklahoma qualifying requirements and application information, go to the web site, www.insureoklahoma.org.

How Is SoonerCare Financed?

The federal and state governments share Medicaid costs. In the federal budget, Medicaid is an “open-ended entitlement” program, which means the federal government is required by law to pay its share of Medicaid costs regardless of the total amount. For program administration costs, the federal government contributes 50 percent for each state, with enhanced funding provided for some administrative activities, such as fiscal agent operations. For medical services provided under the program, the federal matching rate varies between states.

Each year the federal matching rate, known as the Federal Medical Assistance Percentage (FMAP) is adjusted. States having lower per capita incomes receive a higher federal match. Oklahoma must use state or local tax dollars (called “state matching dollars”) to meet its share of SoonerCare costs. For the specific revenue sources, go to OHCA Annual Report.

Oklahoma’s Uninsured

Uninsured children are caught in an unforgiving gap. Surprisingly, many are not children of Oklahoma’s poorest families. In some cases, their parents earn too much for the children to qualify for traditional SoonerCare, but too little to afford the purchase of private insurance and associated costs.

Children without health care insurance have substantially less access to health care services, including preventive care that ensures childhood immunizations are up-to-date, routine dental care, as well as vision and hearing screenings. Care for uninsured children is far more likely to be delayed due to cost. Unmet health care needs reduce children’s abilities to learn and to grow into healthy and productive adults.

For adults, being uninsured even on a temporary basis can have serious implications for state economies. Uninsured workers are less likely to receive adequate and timely health care and, as a result, suffer more serious illnesses that often threaten their work productivity and job retention.

Despite access problems and other barriers, uninsured Oklahomans still receive some health care. However, studies indicate that, on average, these individuals do not pay for more than half of their health care costs. This means that others are stepping in to pick up the tab.

The burden is distributed very unevenly throughout the health care delivery system. Some providers serve very few uninsured people, while others face great cost pressures because they serve very large uninsured populations. Additionally, if people who have access problems could get proper care at a clinic or doctor’s office, they would be less likely to go to the emergency room. This would free up emergency rooms to treat life-threatening events and reduce costs. To view the latest uninsured figures, please visit our “Fast Facts” at www.okhca.org/research/data.

SoonerCare and the Economy

Health care services are a substantial economic presence in Oklahoma. Most people do not think of SoonerCare health care services beyond the critical role they play in meeting the needs of vulnerable and low-income Oklahomans. The health care sector affects the economy in much the same way a manufacturing plant does; it brings in money, provides jobs to residents and keeps health care dollars circulating within the state economy. Health care businesses, in turn, have an additional impact through the purchase of utility services and cleaning supplies, as well as the payment of property taxes. Just like the changes in a manufacturing plant or farm operation, changes in the health care sector influence Oklahoma’s economy.

What Benefits Does SoonerCare Cover?

OHCA is dedicated to ensuring that SoonerCare members are healthy and receive the best, most efficient service possible. To accomplish this, OHCA staff provide various services tailored to the individual member and his or her health needs.

On behalf of our SoonerCare members, OHCA provides*:

- Outreach letters to members who are pregnant. Expectant mothers may call OHCA and speak directly to staff to ensure they are linked with an obstetric provider and are aware of available benefits.
- Targeted outreach to pregnant women identified as high-risk or at-risk for a negative birth outcome. High-risk pregnant women receive regular contact from an OHCA exceptional needs coordinator throughout the duration of their pregnancy.
- Expanded benefits for pregnant members identified as high-risk for a negative birth outcome. If a woman meets defined criteria (per an approved list of maternal and fetal conditions), she is then authorized to receive additional ultrasounds, non-stress tests and/or a biophysical profile as specified by the primary obstetric provider.
- Electronic enrollment for newborns. The online process eliminates manual enrollment for newborns, ensuring that babies have SoonerCare health benefits before leaving the hospital.
- Letters to women who have recently given birth. OHCA details the SoonerPlan program options available to new mothers.
- Outreach letters educating members/providers regarding the proper use of the emergency room.
- Outreach calls to inform Oklahoma Cares members about benefits and align with an initial medical home.
- Care management for members with chronic conditions. Identified highest-risk members receive intensive care management from nurses who provide specific education and support for the member's needs. Nurses help coordinate care and teach self-management skills.
- Out-of-state care coordination. If a SoonerCare member needs specialty care that is not available in Oklahoma, a team of OHCA staff works in collaboration with the member's local physician to identify and coordinate care with medical providers located all over the United States.
- Health and program information on the web. OHCA provides valuable resources, such as healthy recipes and how to find low-cost gyms, at www.SoonerFit.org. Detailed SoonerCare program information, from how to apply to how to report fraud and abuse, is available on the OHCA website: www.okhca.org.
- Toll-free telephone contact options. The SoonerCare Helpline provides telephone support for members. Members are encouraged to call when they need help with any aspect of the SoonerCare program.
- A member newsletter. The SoonerCare Member Memo e-newsletter provides information about changes to program benefits, as well as useful tips to help members can get and stay healthy. Electronic copies are also available on OHCA website at www.okhca.org/newsletters.

*For a more detailed list services covered under SoonerCare, please visit www.okhca.org/benefits.



What Benefits Are Covered by SoonerCare? (continued)



Title XIX of the Social Security Act requires certain basic services be offered to the categorically needy population in order to receive federal matching funds. States also may receive federal funding if they elect to provide other optional services. Within broad federal guidelines, states determine the amount and duration of services offered under their Medicaid programs. States may place appropriate limits on a Medicaid service based on such criteria as medical necessity or utilization control.

Each state spells out what is available under its Medicaid program in a document called the State Plan. The Plan identifies who can receive Medicaid services and the services available. A state can amend its plan to change its program as needs are identified. State Plan amendments are subject to federal review and approval. With certain exceptions, a state's Medicaid plan must allow members freedom of choice among health care providers participating in Medicaid. In general, states are required to provide comparable services to all categorically needy qualifying people. A general overview of benefits provided under optimum qualifying circumstances is included on OHCA public website www.okhca.org/benefits.

COST SHARING

States are permitted to require certain members to share some of the costs of Medicaid by imposing deductibles, copayments or similar cost-sharing charges. A copayment is a charge which must be paid by the member to the service provider when the service is covered by SoonerCare. OHCA requires a copayment from some SoonerCare members for certain medical services. A SoonerCare provider may not deny allowable care or services to members based on ability to pay the copayment.

Some members are exempt from copays. Members not required to pay copayments are children under age 21, members in long-term care facilities, pregnant women and American Indians with a paid claim at an Indian Health, tribal, or urban (I/T/U) facility. Members enrolled under the HCBS waivers only pay copays for prescription drugs. Additionally, some services such as family planning, do not require copayments.

The applicable SoonerCare copayment by benefit package for some allowable services are listed on the OHCA website at www.okhca.org. Insure Oklahoma details are at www.insureoklahoma.org.



Current information can be found in our annual report www.okhca.org/reports

SoonerCare Benefits

BEHAVIORAL HEALTH SERVICES

SoonerCare is the behavioral health treatment lifeline for many Oklahomans dealing with stressful situations/changes, serious mental illness, emotional disturbances and/or alcohol and other drug disorders. Many people with these conditions either lose or are unable to obtain or afford private coverage. Mental health, alcohol and other drug disorder treatment benefits for those enrolled in SoonerCare include:

- Adult and children's acute psychiatric inpatient care
- Facility-based crisis stabilization and intervention
- Emergency care and crisis intervention
- Alcohol or other drug medical detoxification
- Coordinated primary and behavioral health integration with Health Homes and Certified Community Behavioral Health Centers
- Psychiatric residential treatment (children only)

Outpatient services (including pharmacy services) such as:

- Mental health and/or substance abuse assessments and treatment planning
- Individual, family and/or group psychotherapy
- Rehabilitative and life skills redevelopment
- Case management
- Medication management, training and support
- Program for assertive community treatment.
- Systems of care/wraparound for children and families
- Day treatment and partial hospitalization program
- Peer support services

CHILD HEALTH SERVICES (EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT)

Preventive care and early intervention are critical to improving child health outcomes. OHCA works with public, private and nonprofit sector partners to drive policy and systemic changes focused on enrollment of all qualified children and improving access, utilization and quality of care for SoonerCare children.

Child health services offered as a part of SoonerCare include a comprehensive array of screening, diagnostic and treatment services to ensure the health care needs of this vulnerable population.



Child health checkups should be performed at certain ages as set out in the state's periodicity schedule and should include:

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- comprehensive health history;
 - thorough physical examination;
 - age-appropriate immunizations;
 - laboratory test (including lead toxicity screens);
 - vision and hearing screens
 - dental screening services;
 - health education and anticipatory guidance; and
 - other necessary health care or conditions discovered as part of a checkup.

Child Health checkup schedules can be viewed at www.okhca.org under Individuals/Programs/Child Health.

SoonerCare Benefits (continued)

DENTAL SERVICES



Oral health is a key component of an overall healthy and happy lifestyle. The earlier children are introduced to proper dental care, the better their chances are for keeping their teeth for the rest of their lives. Teaching parents and caregivers to focus on dental interactions, intervention and treatment is crucial to the oral health of children.

Dental services are federally mandated for children under age 21 through Child Health Services (Early and Periodic Screening, Diagnosis and Treatment, or EPSDT). This program covers dentistry for children based on medical necessity. Dental services include emergency care, preventive services and therapeutic services for dental diseases that may cause damage to the supporting oral structures.

Adults ages 21 and older are covered for emergency extractions due to trauma, pain or infection only.

DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES (DMEPOS)

DMEPOS are benefits provided to SoonerCare and Insure Oklahoma members. OHCA provides equipment such as home ventilators, oxygen and a wide variety of equipment suitable for use within the home.

Durable medical equipment (DME) providers deliver, install and service medical equipment necessary to SoonerCare members throughout the state. The products and services are ordered by physicians, and the orders are filled by DME providers. Many providers maintain 24/7 phone access for members who need help with equipment or services during non-business hours.

OHCA works closely with the DME provider community, advisory boards and federal audit agencies. We are also responsible for overseeing the Oklahoma Durable Medical Equipment Reuse Program (OKDMERP), which reassigns gently used DME to members in need. This results in cost savings.

Representatives from OKDMERP are available to receive donations of lightly used DME. This includes highly-requested items such as wheelchairs, nebulizers and scooters. The goal of OKDMERP is to reassign this donated equipment to SoonerCare members and uninsured Oklahoma residents at no cost to the recipients.

A DME Advisory Committee, consisting of providers and stakeholders, meets periodically to provide input on the DMEPOS program at OHCA.

HOSPITAL SERVICES

Hospitals are a critical part of the communities they serve. Without hospitals, many people would go without essential medical services and programs. Hospitals provide inpatient acute care, newborn delivery services, life-saving emergency services and outpatient services such as minor surgeries and dialysis. Local hospitals serve as the cornerstone for a network of care providers that include such economic staples as primary care providers, physicians, specialists and many allied health services.

SoonerCare Benefits (continued)

MEDICARE “BUY-IN” PROGRAM — SOONERCARE SUPPLEMENTAL

Medicare is made up of four parts: hospital insurance (Part A); supplementary medical insurance (Part B); combination of hospital, medical and prescription drugs (Part C or Medicare Advantage); and prescription drugs (Part D). For hospital insurance expenses, SoonerCare Supplemental pays the coinsurance and deductible fees for hospital services and skilled nursing services for people qualified for Medicare and Medicaid (dual eligibles). The deductible and coinsurance fees are also paid for supplementary medical insurance expenses that are primarily physician services.

Several “buy-in” programs are available to assist low-income members with potentially high out-of-pocket health care costs:

Qualified Medicare beneficiaries (QMB) - SoonerCare Supplemental may assist with payments for Medicare Part A and Part B premiums, deductibles and coinsurance if the member is entitled to Medicare Part A and has qualifying income levels and limited resources.

Specified low-income Medicare beneficiary (SLMB) - SoonerCare Supplemental may assist with payments for Medicare Part B premiums if the member is enrolled in Medicare Part A and has qualifying income levels and limited resources.

Qualifying individuals (QI) - SoonerCare Supplemental may assist with payments for Medicare Part B premiums if the member is enrolled in Medicare Part A, has qualifying income levels and limited resources, and is not otherwise eligible for full-benefit SoonerCare.



Medicare Part D is a federal program to assist Medicare beneficiaries with the costs of prescription drugs. While Medicare Part D pays for the majority of Medicare beneficiaries' prescriptions, the federal government requires states to pay back an estimated Medicaid prescription cost savings amount.

SoonerCare Benefits (continued)

LONG-TERM CARE SERVICES

Long-term care services through waiver programs are available for qualified members who can be served safely in a community-based setting. These services may be an option when the cost of providing waiver services is less than the cost of a comparable institutional setting and when waiver slots are available. Individual waiver documents specify how members qualify and the waiver-specific services available.

Home and Community-Based Services Waivers

The home and community-based services (HCBS) waivers give Oklahoma the flexibility to offer SoonerCare-qualified individuals alternatives to being placed in long-term care facilities. This includes nursing facilities or intermediate care facilities for individuals with intellectual disability (ICF/ID).

Living Choice

OHCA collaborates with the Oklahoma Department of Human Services (DHS) and other organizations to help older Oklahomans and people with disabilities receive home and community-based services through Oklahoma Living Choice.

To qualify for Living Choice, an individual must live in a nursing facility for at least three months, have at least one day of nursing facility services paid by SoonerCare, and be interested in moving into the community.

People with intellectual disabilities, people who are aged, and people with physical disabilities work with a transition team to create a care plan for a successful move back into the community.

Program of All-Inclusive Care for the Elderly (PACE)

Implemented in the Oklahoma in August 2008, PACE is a managed care model of acute and long-term care. PACE centers on the belief that it is better for the well-being of seniors with chronic care needs and their families to be served in the community whenever possible. The goal is to maximize the participant's independence and ability to live in the community while receiving quality care. The Program of All-Inclusive Care for the Elderly (PACE) is a managed care model of acute and long-term care. PACE programs provide comprehensive health care services to older adults aged 55 and older who live in the community and are eligible for nursing home-level of care according to state standards.

PACE programs include core, center-based services such as adult day health care and interdisciplinary team (IDT) care management. The required physician, therapeutic, ancillary and social support services can be provided in the participant's residence or onsite at a PACE Center. Hospital, nursing facility, home health and other specialized services are furnished in accordance with the PACE participant's needs, as determined necessary by the IDT.

Depending on each person's needs and the specific waiver he or she is qualified under, HCBS benefits could include:

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- case management;
 - skilled nursing;
 - prescription drugs;
 - advanced/supportive restorative care;
 - adult day care/day health services;
 - specialized equipment and supplies;
 - home-delivered meals;
 - comprehensive home health care;
 - personal care;
 - respite care;
 - habilitation services;
 - adaptive equipment;
 - architectural modifications;
 - pre-vocational and vocational services;
 - supported employment;
 - dental;
 - transportation; and
 - various therapies.

SoonerCare Benefits (continued)

PACE (continued)

There are currently three PACE facilities in Oklahoma: Cherokee Elder Care, LIFE PACE and Valir PACE Foundation. PACE facilities may receive private payments, Medicare and/or Medicaid capitation payments for individuals enrolled in the program. Participants who qualify for both Medicaid and Medicare, known as dual eligibles, may receive payment from both entities. Individuals who do not financially qualify for Medicaid or Medicare can pay the capitation amount out-of-pocket.

Cherokee Elder Care (CEC), located in Tahlequah, Okla., opened August 1, 2008, with two enrolled participants. CEC was created to work in conjunction with the community, as well as state and federal governments to provide specialized care to the elderly in northeastern Oklahoma. CEC is the first PACE program in the state of Oklahoma and the first PACE program to be sponsored by a Native American tribe.

LIFE PACE, located in Tulsa, Okla., is an affiliate of LIFE Senior Services. LIFE Senior Services has provided home and community-based services to individuals aged 55 and older for more than 35 years. This includes supports such as case management and senior housing, among others. LIFE PACE relies on forming vital partnerships with caregivers to allow families to engage actively in their loved one's care. The LIFE PACE team provides the helping hands so important to the health and well-being of aging adults. The care team's focus is on preventive care in order to lessen the need for hospitalization and emergency room visits, improve quality of life and create better health outcomes.

Valir PACE is located in Oklahoma City. Valir PACE operates with a philosophy that combines holistic and wellness approaches to healthy living. Prevention comes in the form of nutritious meals, medication management, regular checkups and preventive therapies.

Long-Term Care Partnership

As the senior population in the United States continues to grow, the resources used by the federal and state governments to help pay for health care benefits are strained. The focus of the Oklahoma Long-Term Care Partnership (OKLTCP) program is to create an opportunity for Oklahomans to take personal responsibility for organizing and financing their own long-term care needs. The OKLTCP is a public/private arrangement between long-term care insurers, the Oklahoma Insurance Department (OID) and OHCA. The OKLTCP, in coordination with OID, has developed an affordable insurance option to address the needs of Oklahomans while protecting both consumers and the state Medicaid budget.

To help with its outreach and training effort, the OKLTCP program has teamed with the U.S. Department of Health and Human Services to promote the Own Your Future campaign. This campaign empowers citizens to plan for their future needs and protect their hard-earned assets.

Nursing Home Services

Because nursing home or institutional care is largely unavailable through Medicare or traditional private health insurance plans, Medicaid is the nation's de facto financing system. SoonerCare funds a majority of long-term care for the intellectually disabled. The program also provides coverage for low-income people and many middle-income individuals who are "spending down" their assets to cover the high costs of their long-term care.

Level of Care Evaluations – Long-Term Care Members

To ensure individuals applying for nursing home care are appropriately placed, the federal Pre-admission Screening and Resident Review (PASRR) program provides a Level I screening for possible developmental disability or intellectual disability (ID) and/or mental illness (MI) to all people entering a long-term care facility. Furthermore, federal regulations include a higher level evaluation (Level II) for applicants who appear to be either mentally ill or developmentally disabled. The Level II assessment ensures that the member requires a long-term care facility and receives proper treatment for his or her MI and/or ID diagnosis.

SoonerCare Benefits (continued)

PHARMACY SERVICES



It is hard to imagine a health care benefit system in which medication therapies did not play a significant role. Thanks to wide availability of generic medications, OHCA is able to provide a robust pharmacy benefit for SoonerCare members. Nine out of 10 prescriptions paid for by SoonerCare are filled with a generic medication. The SoonerCare Pharmacy program has one of the highest generic utilization rates of any fee-for-service Medicaid pharmacy benefit plan in the nation.

SoonerCare Choice members qualify for prescription drug products approved by the Food and Drug Administration (FDA) and included in the Federal Drug Rebate program. In general, children up to age 21 may receive prescriptions without monthly limitations and are not subject to a copay. Adults are limited to six prescriptions per month. Up to two of those six prescriptions can be brand name drugs, with the remainder available as generic products. Adults are subject to a copay of \$4 per prescription. Restrictions such as medical necessity, step therapy, prior authorization and quantity limits may be applied to covered drugs for all ages.

SoonerCare Traditional members have the same pharmacy coverage as SoonerCare Choice for non-Medicare qualified members.

SoonerCare Supplemental dual (Medicare and Medicaid) eligible members receive their primary prescription coverage through Medicare Part D, which now pays for a majority of the prescriptions for these members. A few drugs not covered by Part D may be covered for dual eligible members.

States are required to contribute a certain payment per member per month for each dually-eligible individual. This payment is called the “clawback” and represents an estimate of the cost the state would have incurred to provide the pharmacy benefit for these members.

Members in long-term care facilities receive prescriptions as shown for SoonerCare Choice, but have no limitation on the number of prescriptions covered each month and are not subject to a copay.

Home and community-based services enrollees not dually eligible for Medicare can receive up to 13 prescriptions per month, three of which may be brand name products. These members are eligible for medication pharmacotherapy management if they require more than three branded prescriptions or more than 13 total prescriptions each month.

Insure Oklahoma Individual Plan provides prescription coverage similar to SoonerCare Choice with different copayment requirements. Visit www.insureoklahoma.org for additional information.

SoonerPlan provides prescription coverage for family planning products only.

Soon-to-be Sooners provides prescription drugs that will improve pregnancy outcomes for women who do not qualify for full SoonerCare benefits due to their income or citizenship status.

SoonerCare Benefits (continued)

PHYSICIANS AND OTHER PRIMARY CARE PROVIDERS

Physicians and other primary care providers are crucial in delivering necessary, accessible health care to our SoonerCare members. The SoonerCare program would not be possible without their dedication. Oklahoma's primary care providers (PCPs) act as SoonerCare's "front line."

Physician services for adults may be limited based upon the benefit package they have. PCPs provide patient education and coordinate a member's health care needs. In recent years, their services have expanded to include evidence-based smoking cessation counseling for SoonerCare members, when rendered in an outpatient setting.

SCHOOL-BASED SERVICES

Health care is a vital foundation for families wanting to ensure their children are ready to learn in school. Studies show children without health insurance are more frequently absent than their classmates. They suffer more from asthma, ear infections and vision problems and are medically more at risk. Treatment of these conditions can improve classroom attendance and participation.

OHCA contracts with school districts across the state. Schools may receive reimbursement for children enrolled in SoonerCare who are qualified to receive health-related services under the Individuals with Disabilities Education Act and pursuant to an Individual Education Plan (IEP). This may include nursing services for treatment of chronic conditions such as asthma and diabetes. The IEP provides services necessary to ensure a successful education for students with developmental delays and disabilities. Services include speech, occupational and physical therapy. Schools outline the treatment of health-related services recommended in the IEP for SoonerCare-compensable services to SoonerCare-enrolled children.



OHCA is also involved in the Early Intervention (EI/SoonerStart) program. The EI/SoonerStart program is focused on early medical intervention and treatment for children with developmental delays from birth to age 3. Services for the EI program, such as targeted case management and speech and physical therapy, are provided by the State Department of Education and the Oklahoma State Department of Health. OHCA offers provider training and reimbursement for this program as well.

Crucial services provided by physicians and other primary care providers may include, but are not limited to:

- child health screens;
- preventive care;
- family planning;
- routine checkups;
- prenatal care;
- delivery;
- postpartum care;
- diagnostic services.



SoonerCare Benefits (continued)

SOONERPLAN — FAMILY PLANNING SERVICES

SoonerPlan is a limited benefit plan covering services related to family planning. In an effort to reduce unintended pregnancies, SoonerPlan provides family planning services and contraceptive products to women and men age 19 and older who do not choose or traditionally qualify for full benefits under SoonerCare.

SoonerPlan benefits may be obtained from any SoonerCare provider who offers family planning. They include:

- Birth control information and supplies
- Laboratory tests related to family planning services, including pregnancy tests, Pap smears and screening for some sexually transmitted infections
- Office visits and physical exams related to family planning
- Tubal ligations for women ages 21 and older
- Vasectomies for men ages 21 and older
- Gardasil for individuals through age 26

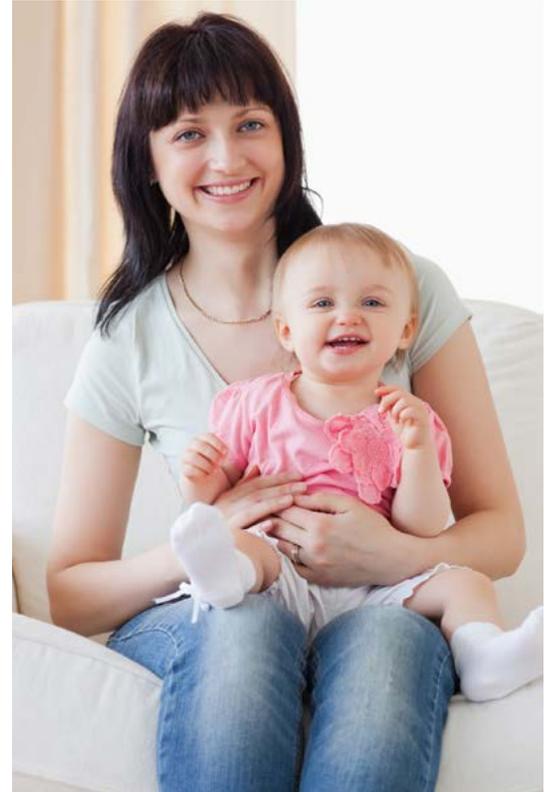
Family planning services also are available to qualifying members under SoonerCare Choice and SoonerCare Traditional.

SOONERRIDE (NON-EMERGENCY TRANSPORTATION) SERVICES

Non-emergency transportation has been part of the Medicaid program since 1969, when federal regulations mandated states to ensure service for all Medicaid members. The purpose was clear: Without transportation, many of the people SoonerCare was designed to help would not be able to receive medically necessary services.

States are given flexibility in this area of Medicaid regulations, including setting reimbursement rates and transportation modes. To provide budget predictability and increased accountability of the non-emergency transportation program, OHCA uses a transportation brokerage system to provide the most cost-effective and appropriate form of transportation to members. Similar to a managed health care delivery system, the contracted transportation broker is reimbursed on a per-member per-month basis.

If a SoonerCare member does not have transportation to a medically necessary, non-emergency appointment, SoonerRide can provide transportation. Please visit www.okhca.org/sooneride to learn more.



SoonerCare and American Indians

American Indian SoonerCare members can select where they access culturally sensitive services, including three types of health care systems: Indian Health Services (IHS) facilities, tribal health facilities or urban Indian clinics (I/T/U). SoonerCare services provided in any of the contracted I/T/U facilities receive 100 percent federal medical assistance.

American Indian SoonerCare members can select a SoonerCare provider or self-refer to any I/T/U facility. Most providers in I/T/U facilities are SoonerCare providers and may serve as primary care providers (PCPs). As PCPs, I/T/U providers offer culturally sensitive case management and make referrals. They also coordinate additional services, such as specialty care and hospitalization, when patients access care at facilities not operated by tribes or the IHS.

TRIBAL PARTNERSHIPS

IHS and several tribes have partnered with OHCA to expand opportunities for American Indians to enroll in SoonerCare. These agency partners enroll and renew SoonerCare applications at 49 separate facilities.

TRIBAL CONSULTATION

OHCA's tribal consultation efforts allow ongoing dialogue and communication regarding SoonerCare and tribal health care delivery. OHCA's tribal consultation policy has been used as a model for other state agencies, and we continuously work to improve services to American Indians and Indian health care providers.

In addition to continuous partnerships with tribes throughout the year, the agency holds an annual OHCA Tribal Consultation meeting. The meeting is attended by representatives of tribal governments, Indian health care providers, state and federal government officials, as well as other key stakeholders.

SoonerCare and Our Providers

OHCA values the services rendered by our SoonerCare provider network. OHCA provides a multitude of support functions to our medical, dental and behavioral health service partners. Some of these support services include:

- Training by telephone or on-site in the provider's office, as well as bi-monthly and semi-annual large group training. Educational materials about various operational and medical topics are available on the OHCA website. OHCA staff also provides billing assistance and answers questions related to agency rules and policies. In addition, they lend their expertise to ensure services provided to SoonerCare members meet all state and federal requirements.
- Continual recruitment and education efforts to increase the provider network.
- Clinical expertise provided by our registered nurses. This generally occurs during on-site visits and medical record reviews. Nurses assist providers in the evaluation of billed charges and clinical documentation to ensure services provided are appropriate as mandated by OHCA policy and by the Centers for Medicare & Medicaid Services.
- A direct, toll-free number for providers who have detailed and complex questions concerning policy and billing issues. This is a safe method of contacting OHCA via telephone to inquire about policy, coverage, contract compliance or general questions. Providers can also send secure, HIPAA-compliant email messages through the SoonerCare Secure Provider Portal.
- A streamlined online contracting process, offering a single enrollment point for all programs. This gives providers the ability to update and correct their own information and eliminates mailing expenses and paper contracts.
- An eco-friendly electronic provider notification process. The electronic provider notification process consists of three sources of communication instead of the paper letter process: email notification, web alerts and targeted faxed updates.
- Chronic care management. A professional, highly-trained practice facilitator works with participating practices to redesign office systems. This redesign focuses on applying quality improvement techniques to improve the care delivered to members with chronic conditions.
- Various provider incentive programs directly tied to service quality and outcome performance.
- Appropriate reimbursement rates. OHCA strives to purchase the best value in health care for our members and explore options for maintaining or increasing provider payments to ensure members' access to sufficient provider networks.

SoonerCare and Our Providers (continued)

PHYSICIANS AND OTHER PRACTITIONERS

Patient-Centered Medical Homes

The patient-centered medical home (PCMH) model of care, implemented in January 2009, is designed to provide SoonerCare Choice members with a comprehensive, coordinated approach to primary care. PCMHs receive additional reimbursement for providing enhanced services and a supportive infrastructure for each panel member enrolled.

The primary care payment structure for SoonerCare Choice includes a care coordination component, a visit-based, fee-for-service component and payments for excellence (SoonerExcel).

The care coordination payment is determined by the capabilities of the practice and the member populations served. Practices undergo a voluntary self-assessment process to determine the level of care coordination payment. There are three medical home tiers: (1) entry level, (2) advanced and (3) optimal. There are three peer groupings within the three tiers: providers who only see children, providers who see all ages and providers who only see adults.

The visit-based component is paid on a fee-for-service basis. Rendered services are reimbursed according to the SoonerCare fee schedule. The fee schedule is available at www.okhca.org/feeschedules.

Registered nurses at OHCA conduct on-site compliance reviews of contracted SoonerCare Choice providers. The nurses review a random sample of medical records for PCMH compliance as well as for quality of care. We also offer provider training to facilitate successful compliance and identify and share best practices with providers.



For members not enrolled in SoonerCare Choice, visit-based payments are made directly to the providers once an allowable service has been provided and billed. Providers participating in SoonerCare must accept the Medicaid reimbursement level as payment in full.

Health Homes

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) partnered with OHCA to expand upon the patient-centered medical home model to provide coordinated primary and behavioral health integration. Health homes are places where individuals with serious mental illness or serious emotional disturbance can go throughout their lifetimes to have their health care needs identified and to receive the medical, behavioral and social supports they need.



SoonerCare and Our Providers (continued)

Supplemental Payments to Medical Schools

Supplemental Payments to medical schools refer to the residency training doctors receive after completing medical school. Most residency programs are in teaching hospitals across the United States. GME funding sources include patient care dollars and university funding but the bulk of the money for GME comes from public, tax-supported sources, such as Medicare, Medicaid, the Department of Defense and Veterans' Affairs.

Payments are made to major colleges of medicine on a predetermined and contracted amount with contracted levels of residents and interns as well as levels of specialty services to SoonerCare members that are required. State funds are transferred to OHCA from the University Hospital Authority and the Physician Manpower Training Commission.

LONG-TERM CARE FACILITIES

Long-term care facilities play an essential role in Oklahoma's health care system. They provide care for the elderly and people with disabilities who are unable to care for themselves but who do not require the level of care offered in an acute care hospital. Long-term care facilities provide a variety of services to residents, including nursing and personal care; physical, occupational, respiratory and speech therapy; and medical social services. On average, 70 percent of long-term care residents in Oklahoma are covered through the SoonerCare program.

Long-term care facilities treat people with a wide range of clinical conditions. The mix and amount of resources long-term care facilities use determines the cost of the care they provide. Resources include the cost of direct care staff, such as nurses, nurse aides and nurse aide training.

Focus On Excellence (FOE)

Created through House Bill 2842 and implemented in November 2006, the Focus on Excellence program mission is to improve quality of care in nursing homes through the program's nine quality measures. The FOE program continues to grow and drive quality improvement by ensuring the most up-to-date information through real-time data, state survey inspections, routine visits and training, monthly advisory board meetings, and website accessibility 24 hours a day.

SoonerCare and Our Providers (continued)

HOSPITALS

The SoonerCare hospital reimbursement system is based on Medicare's reimbursement model of Diagnostic Related Groups (DRGs). The DRG payment methodology, which pays on a per discharge basis, encourages hospitals to operate more efficiently and matches payments to use of resources. An additional outlier payment may be made to help protect the hospital from financial losses for unusually expensive cases. OHCA pays a per-day rate for inpatient stays in freestanding rehabilitation and behavioral health facilities as well as long-term care subacute children's facilities.

Disproportionate Share Hospital (DSH) Payments

The DSH program was created in 1981 to address two main concerns identified by Congress: 1) the needs of hospitals serving a high number of Medicaid and uninsured patients and 2) the potential for a growing gap between what Medicaid paid hospitals and the hospitals' cost of care.

Indirect Medical Education (IME)

Acute care hospitals that qualify as major teaching hospitals receive an indirect medical education (IME) payment adjustment that covers increased operating or patient care costs associated with approved intern or resident programs.

In order to qualify as a teaching hospital and be eligible for IME supplemental incentive payment adjustments, the hospital must:

- Be licensed in the state of Oklahoma.
- Have 150 or more full-time equivalent residents enrolled in approved teaching program reports.
- Belong to the Council of Teaching Hospitals or show proof of affiliation with an approved medical education program.

Direct Medical Education (DME)

In-state hospitals that qualify as teaching hospitals receive a supplemental payment adjustment for direct medical education (DME) expenses. This is based on the relative number of residents and interns weighted for Medicaid usage and acuity of services.

To qualify as a teaching hospital and be eligible for DME supplemental incentive payment adjustments, the hospital must:

- Be licensed in Oklahoma.
- Have a medical residency program.
- Apply for certification by OHCA prior to receiving payments for any quarter.
- Have a contract with OHCA to provide SoonerCare services.
- Belong to the Council of Teaching Hospitals or show proof of affiliation with an approved medical education program

These payments are made by allocating a pool of funds made available from state matching funds transferred to OHCA from the University Hospital Authority.

SoonerCare and Our Providers (continued)

PHARMACIES

SoonerCare has one of the higher generic drug utilization rates in the nation. This is made possible by our contracted pharmacy partners across the state, as they support and encourage the use of generic products whenever possible.

OHCA's ePrescribing system allows providers to view eligibility, medication history and formulary information for SoonerCare members through the provider's electronic health record system. The data is used to assist a provider in medication selection when preparing to submit electronic prescriptions for a member. The service also allows users to verify drug coverage status; look up preferred alternatives; check drug interactions; view prior authorization requirements and quantity limits; and receive other drug-specific messages programmed by OHCA.



PROVIDER SERVICES AND RESOURCES

OHCA continually strives to increase provider participation by streamlining processes and keeping our contracted providers as informed as possible. Payment rates are routinely evaluated within constraints of available state and federal funds, and ongoing provider outreach and training are being performed on a daily basis. OHCA also provides the SoonerCare Provider Portal - a "one-stop shop" for providers to submit claims; check member enrollment and qualification for services; and receive specific information related to their provider type. Providers can also find pertinent information such as manuals, forms, policy citations and program information in their applicable areas.



SoonerCare and Our Providers (continued)

ELECTRONIC HEALTH RECORD (EHR) INCENTIVE PROGRAM

Under the Health Information Technology for Economic and Clinical Health (HITECH Act), incentive payments are available to eligible professionals (EPs), critical access hospitals and eligible hospitals (EHs) that successfully demonstrate meaningful use of certified Electronic Health Record (EHR) technology. Incentive payments are available through program year 2021 for EPs and EHs that successfully attested between program years 2011 and 2016.

The use of EHR technology enable EPs and EHs to coordinate care more efficiently, reduce errors in patient health records, decrease duplicative services, and better engage patients in their own health care.

Administering the SoonerCare Program



As a result of recommendations from broad-based citizens' committees, the Oklahoma Legislature established the Oklahoma Health Care Authority to administer the SoonerCare program in 1993 through House Bill 1573. The Health Care Authority Act can be found in Oklahoma Statutes Title 63, Sec. 5004.

OHCA led the effort to supplement state dollars with available and appropriate federal dollars. OHCA's revenue initiatives have supported programs at the Oklahoma Department of Human Services (DHS), Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS),

Oklahoma State Department of Health (OSDH), Office of Juvenile Affairs (OJA) and the Department of Education, as well as University of Oklahoma and Oklahoma State University medical schools and teaching hospitals.

OHCA seeks every opportunity to fully utilize federal revenues; therefore, we must be vigilant. OHCA has an obligation as a sound fiscal manager to ensure that all plans maximize federal revenues, are compliant with applicable laws and regulations, and will not put the state in jeopardy of a future disallowance.

Administering a Medicaid program is as challenging a task as there is to be found in public service. What distinguishes the program in degree of difficulty from Medicare and private insurers is its varied and vulnerable member groups; its means-tested qualifying rules; the scope of its benefits package (spanning more than 30 different categories of acute and long-term care services); its interactions with other payers; its financial, regulatory and political transactions with a wide range of provider groups; and its joint federal and state financing.

OHCA staff perform an array of critical functions necessary for program administration. These include member and provider relations and education; developing SoonerCare payment policies; managing programs to fight waste, fraud and abuse; maintaining the operating systems that support SoonerCare payments; developing cost-effective health care purchasing approaches; monitoring contractor and provider performance; promoting and preserving member rights and protections; targeted multi-agency workgroups to improve health outcomes of members; and disseminating information to the Oklahoma Legislature, congressional delegation, members and the general public.

A board of directors meets monthly to direct and oversee the operations of OHCA. Board members are appointed by the governor, president pro tempore of the Senate and the Speaker of the House of Representatives. OHCA also has a Drug Utilization Review (DUR) board, a Medical Advisory Committee (MAC), a SoonerCare Member Advisory Task Force (MATF), State Plan Amendment Rate Committee (SPARC), Living Choice Advisory Committee (LCAC) and Tribal Consultation meetings. These groups of health professionals, providers, members, advocates and elected officials all serve to ensure decisions are made to best serve the members' needs while maintaining fiscal integrity of the agency.

The cost of administration of the SoonerCare program is divided among six entities: OHCA, DHS, OSDH, OJA, ODMHSAS and Electronic Health Record (EHR) incentive payments. OHCA's administrative expenses are divided between direct operating expenses and vendor contracts.

Strategic Planning

It is difficult to overestimate the importance and impact of SoonerCare. It serves many people and it plays a role in financing virtually every state program related to health. By any measure, SoonerCare makes a positive difference - a critical difference - in the lives of hundreds of thousands of low-income Oklahomans.

OHCA, our health partners, advocacy groups, legislators and other stakeholders meet annually to discuss the agency's upcoming enhancements, goals and challenges. These meetings help guide and set the strategic plan for the year.

AGENCY GOALS

The heart of our strategic plan is the statement of our primary strategic goals. Informed by our agency values, these goals represent our understanding of the agency's statutory responsibilities and our broader sense of purpose and direction. They are:

Goal #1 – Responsible Financing

Purchase cost-effective health care for members by maintaining appropriate rates that strengthen the state's health care infrastructure.

Goal #2 – Responsive Programs

Develop and offer medically necessary benefits and services that meet the healthcare needs of our members.

Goal #3 – Member Engagement

Inform and engage members about how their choices and behaviors affect their own health status and services.

Goal #4 – Satisfaction and Quality

Protect and improve member health and satisfaction with health care services, as well as ensuring quality.

Goal #5 – Eligibility and Enrollment

Ensure that qualified individuals in Oklahoma receive health care coverage.

Goal #6 – Administrative Excellence

Promote efficiency and innovation in the administration of OHCA.

Goal #7 – Collaboration

Foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma.

OHCA produces an award-winning Service Efforts and Accomplishments (SEA) report every year. This report details the specific efforts of our agency and others to accomplish the above primary and yearly-specific goals outlined in the agency's Strategic Plan report. Both the Strategic Plan and the SEA reports can be found on OHCA's public website at www.okhca.org/reports.

Program and Payment Integrity Activities

Improper payments in government health programs drain vital program dollars, which impacts members and taxpayers. Such payments include those made for treatments or services not covered by program rules, those for which services were not medically necessary, were billed but never actually provided or have missing or insufficient documentation to show the claim was appropriate. Improper SoonerCare payments may result from inadvertent errors as well as fraud and abuse.

Unlike accidental oversights, which are often due to clerical errors or a misunderstanding of program rules, fraud involves an intentional act to deceive for gain. Abuse typically involves actions that are inconsistent with acceptable business and medical practices. OHCA's claim processing system (MMIS) has hundreds of edits that stop payment on many billing errors. However, no computer system can be programmed to prevent all potential Medicaid billing errors.

OHCA protects taxpayer dollars and the availability of SoonerCare services to individuals and families in need through an agencywide effort to identify, recover and prevent inappropriate provider billings and payments.

Two major agencies share responsibility for protecting the integrity of the SoonerCare program. OHCA is responsible for ensuring proper payment and recovering misspent funds, and the Attorney General's Medicaid Fraud Control Unit (MFCU) is responsible for investigating and ensuring prosecution of Medicaid fraud.

In addition to OHCA and MFCU, other state and federal agencies assist in dealing with SoonerCare improper payments. State auditors may be involved in Medicaid payment safeguard activities through efforts such as testing payment system controls or investigating possible causes of mispayment. At the federal level, both the Centers for Medicare & Medicaid Services and the Office of Inspector General of the Department of Health and Human Services oversee state program and payment integrity activities.

Actions resulting from the program and payment integrity efforts may include:

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- clarification and streamlining of SoonerCare policies, rules and billing procedures;
 - increased payment integrity, recovery of inappropriately billed payments and avoidance of future losses;
 - education of providers regarding proper billing practices;
 - termination of providers from participation in the SoonerCare program; and
 - referrals to the Attorney General's Medicaid Fraud Control Unit.

Program and Payment Integrity Activities (continued)

POST-PAYMENT REVIEWS AND RECOVERIES

Various units within OHCA are responsible for separate areas of potential recoveries, cost avoidance and fee collection. The Program Integrity and Accountability Unit safeguards against unnecessary utilization of care and services. The Pharmacy Unit reviews paid pharmacy claims to determine that claims are valid and in compliance with applicable federal and state rules and regulations. Staff performs audits and reviews of external providers in regard to inappropriate billing practices and noncompliance with OHCA policy. Reviews can be initiated based on complaints from other SoonerCare providers, members, concerned citizens or other state agencies, as well as risk-based assessments. Other contracted entities review claims and/or prior authorizations for cost savings.

Quality Improvement Organization (QIO)

Some SoonerCare services are subject to utilization review by an External Quality Review Organization under contract with OHCA. The EQRO conducts a retrospective, random sample review of hospital inpatient and observation services provided to all SoonerCare members. The purpose of the hospital utilization review program is to safeguard against unnecessary and inappropriate medical care rendered to SoonerCare members. Medical services and/or records are reviewed for medical necessity, quality of care, appropriate of place of service, DRG validation and length of stay. Federal regulations require this function to be performed by an EQRO.



Third-Party Liability (TPL) Recoveries

OHCA uses a combination of data matches, diagnosis code edits, and referrals from providers, caseworkers and members to identify available third-party resources such as health and liability insurance. The TPL program also ensures that SoonerCare recovers any costs incurred when available resources are identified through liens and estate recovery programs.

COST AVOIDANCE

Cost avoidance is the method of either finding alternate responsible payers, such as other insurance coverage, or optimizing pharmaceutical treatment options.

Third-Party Liability (TPL) Cost Avoidance

The TPL program also reduces costs to SoonerCare by identifying third parties liable for payment of a member's medical expenses. States are required by the federal government to have a system to identify medical services that are the legal obligation of third parties, such as private health or accident insurers. Such TPL resources should be exhausted prior to paying of claims with SoonerCare funds (cost avoidance).

State Maximum Allowable Cost Program

The State Maximum Allowable Cost (SMAC) program sets pharmacy reimbursement for generic products. The program is designed to provide a fair reimbursement rate for pharmacies while providing efficient use of taxpayer dollars.

Program and Payment Integrity Activities (continued)

REBATES AND FEES

Drug Rebate Program

The federal Drug Rebate Program (established by the enactment of the Omnibus Budget Reconciliation Act of 1990) was designed to offset prescription expenditures and guarantee states pay the lowest price charged by a manufacturer for prescription drugs. In exchange for the rebate, states must make all products of a contracted manufacturer available to SoonerCare members within the framework of federal requirements. Drug manufacturers are invoiced on a quarterly basis. Interest is assessed by OHCA on late payments.

Supplemental Drug Rebate Program

The SoonerCare State Supplemental Drug Rebate program encourages pharmaceutical manufacturers to partner with the state to provide additional rebates for drugs that would otherwise require prior authorization. If the manufacturer agrees to provide additional rebates for its products, the products are moved to a lower tier. With the Supplemental Drug Rebate program, all stakeholders win: members receive medications quickly, providers do not face red tape, staff resource needs are reduced, taxpayer resources are used efficiently, and manufacturers are able to maintain or increase the market share of their products.

Long-Term Care Facility Quality of Care Program Fees

To increase the quality of care received by long-term care members, the Quality of Care (QOC) Program was established. A fee per patient day is collected from long-term care facilities and placed in a revolving fund. This fund is used to pay a higher facility reimbursement rate, for increased staffing requirements, program administrative costs and other increased member benefits.

Facilities receive monthly invoices for fee payment based on their self-reported patient census and revenues. Facilities are responsible for submitting monthly reports to OHCA showing direct care staff hours and patient days. Quality of Care fees and/or reports not submitted in a timely manner are subject to a penalty.

SUPPLEMENTAL HOSPITAL OFFSET PROVIDER PAYMENT

Oklahoma received federal approval for its Supplemental Hospital Offset Provider Payment (SHOPP) program in December 2011.

Up to a 4 percent fee on net patient revenue is allowed for Oklahoma hospitals not excluded by statute. The revenue from the measure is then matched by the federal government and used primarily to maintain hospital reimbursement from the SoonerCare program.



Current information can be found in our annual report www.okhca.org/reports

IMPORTANT TELEPHONE NUMBERS

OHCA Main Number 405-522-7300

SoonerCare Helpline 800-987-7767

SoonerRide 877-404-4500

MEMBER SERVICES		405-522-7171 OR 800-522-0310	
1 — BCC/SoonerPlan		5 — PIN Reset for SoonerCare	
2 — Claim Status		6 — DHS	
3 — SoonerCare Enrollment		9 — Repeat Options	
4 — Pharmacy Inquiries			
PROVIDER SERVICES		405-522-6205 OR 800-522-0114	
1 — Policy Questions		5 — Provider Contracts	
2 — PIN Resets/EDI/SoonerCare Secure Site Assistance		6 — Prior Authorizations	
3 — Third Party Liability or Adjustments		9 — Repeat Options	
4 — Pharmacy Help Desk			

INTERNET RESOURCES

Oklahoma Health Care Authority	www.okhca.org
Insure Oklahoma	www.insureoklahoma.org
Oklahoma Department of Human Services	www.okdhs.org
Oklahoma Office of the Attorney General	www.ok.gov/oag
Oklahoma State Department of Health	www.ok.gov/health
Oklahoma State Auditor and Inspector	www.sai.state.ok.us
Centers for Medicare & Medicaid Services	www.cms.gov
Office of Inspector General of the Department of Health and Human Services	www.oig.hhs.gov

Also refer to our Service Efforts and Accomplishments report www.okhca.org/reports

Oklahoma **HealthCare** Authority

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405-522-7300

Visit our websites at:

www.okhca.org
www.insureoklahoma.org
www.soonerfit.org

**You can also follow us on
Twitter and Facebook!**



SoonerCare



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