OAFP HEALTHCARE SUMMIT 2022

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State Medicaid Director

MEDICAID

MEDICAID

Medicaid was authorized by Congress through Title XIX of the Social Security Act of 1965

Health insurance coverage for:

- Low-income children
- Parent caregivers
- Elderly
- Individuals with disabilities

Covers nearly 74.6 million Americans/One in five people in our country

MEDICAID

Medicaid is a fundamental component of states' economies because of the large role it plays in coverage and care and its design as a federal-state partnership.

States have seen a 71% increase in federal Medicaid funding over the past 10 years.

OKLAHOMA MEDICAID PROGRAM

- Oklahoma Health Care Authority is the single state agency created through statute in 1993 to manage the Oklahoma Medicaid program, known as SoonerCare.

- OHCA works in partnership with the Centers for Medicare and Medicaid Services (CMS) within the U.S. Department of Health and Human Services.

FUNDAMENTALS OF SOONERCARE

SoonerCare members must meet income eligibility based on the Federal Poverty Level guidelines. For example, below are income requirements for SoonerCare children's coverage:

Household Size	Household Annual Income
2	$38,460
3	$48,384
4	$58,296

Primarily, SoonerCare members are:

- Children
- Pregnant Women
- Parent/Caretakers
- Aged, blind, and disabled

FUNDAMENTALS OF SOONERCARE

Also offer coverage to other qualified groups such as:

- Breast and cervical cancer patients under 65
- Expansion adults ages 19-64 with income under 138% FPL
- Insure Oklahoma Employer Sponsored Insurance

Total enrollment as of July 2022: 1,293,948
Children – 54%
Adults – 46%

FUNDAMENTALS OF SOONERCARE

What does SoonerCare cover?

Mandatory Benefits Include:

- Inpatient and Outpatient hospital services
- Physician Services
- Early and Periodic Screening, Diagnostic, and Treatment Services (well-child checks)
- Nursing facility services
- Home health services
- Laboratory and x-ray services
- Transportation Services

FUNDAMENTALS OF SOONERCARE

What does SoonerCare cover?

Optional Benefits Include:

- Prescription Drugs
- Behavioral Health
- Dental
- PT/ST/OT
- Optometry Services

MEDICAID HEALTH OUTCOMES

Oklahoma ranks in the bottom 10 in the US for its poor health behaviors and outcomes.

Challenges include:

- Obesity
- Physical inactivity
- Drug overdose deaths
- Cardiovascular deaths
- Increase in premature deaths
- Maternal mortality

MEDICAID HEALTH OUTCOMES

- Eight infant deaths per 1,000 live births, 5th worst rate in the country
- 8th lowest rate of opioid deaths, 5.28 deaths per 100,000 people
- 10th highest obesity rate, 34% of adult Oklahomans are obese
- 7th highest diabetes rate, 12% of adults with diabetes
- 3rd highest rate of heart disease-related deaths, 326 deaths per 100,000 people
- 6th highest adult smoking rate, 22% of adults

SoonerSelect

KEY PROVISIONS

GOALS

- Improve health outcomes for Oklahomans
- Move toward value-based payment and away from payment-based volume
- Improve SoonerCare beneficiary satisfaction
- Contain costs through improved coordination of services
- Increase cost predictability to the State

PROGRAM DESIGN

PROGRAM DESIGN

Key design evolution: Oklahoma provider-led entities

Key abbreviations:

- CE = Contracted Entity
- PLE = Oklahoma Provider-Led Entity
- DBM = Dental Benefit Manager
- ~~MCO~~

SB 1337:

- Requires OHCA to award several types of entities at least three statewide contracts
- Allows OHCA to award only a provider-led entity an urban-region contract if they otherwise meet all the RFP requirements and agree to expand to statewide coverage within five years

PROGRAM DESIGN

Expectations for all Contracted Entities:

- Timely payments to providers
- Timely response on prior authorizations
- Quality metrics related to improved health outcomes
- Submission of health data to the Health Information Exchange
- Require contracted entities to spend 11% of their medical spend on primary care

POPULATIONS

POPULATIONS

COVERED:

- SoonerCare children
- Deemed newborns
- Pregnant women
- Parent and caretaker relatives
- Adults, aged 19-64 enrolled through Medicaid expansion
- Children in foster care
- Former foster children up to 25 years of age
- Juvenile-justice involved children
- Children receiving adoption assistance

VOLUNTARY:

- American Indian/Alaska Native

POPULATIONS

EXCLUDED INDIVIDUALS:

- Dual eligible individuals
- Aged, Blind and Disabled (ABD)
- Individuals enrolled in Medicare Savings Program:
  - Qualified Medicare Beneficiaries (QMB)
  - Specified Low Income Medicare Beneficiaries (SLMB)
  - Qualified Disabled Workers (QDW)
  - Qualified Individuals (QI)
- Nursing facility or ICF-IID level of care
  - Exception: members with a pending level of care determination as described in Section 2.6.6: "Nursing Facility and ICF-IF Stays"
- During a period of Presumptive Eligibility
- Infected with tuberculosis eligible for tuberculosis-related services under 42 CFR 435.215

POPULATIONS

EXCLUDED INDIVIDUALS:

- Determined eligible for SoonerCare on the basis of needing treatment for breast or cervical cancer under 42 CFR 435.213
- Enrolled in 1915 (c) Waiver
- Undocumented persons eligible for Emergency Services only in accordance with 42 CFR 435.139
- Insure Oklahoma Employee Sponsored Insurance (ESI) dependent children in accordance with the Oklahoma TXXI State Plan
- Coverage of pregnancy related services under Title XXI for the benefit of unborn children (Soon-to-be-Sooners), as allowed by 42 CFR 457.10

COVERED BENEFITS

COVERED BENEFITS

The Contracted Entities' Responsibilities:

- Develop strategies to address social determinants of health impacting SoonerCare members including:
  - Partnering with community-based organizations or social service providers
  - Employing or partnering with community health workers or other non-traditional health workers
- Furnish physical health, behavioral health and pharmacy benefits to all covered populations.
  - Dental benefits to be provided by Dental Benefits Manager selected through separate RFP process.

COVERED BENEFITS

- Covered benefits will include, but not be limited to, services currently covered under OHCA's approved state plan, waivers and administrative rules.
- The Contracted Entities proposals may offer value-added benefits and services in addition to the capitated benefit package to support:
  - Health
  - Wellness
  - Independence of members to advance the State's objectives for the managed care program
- This may include, but not limited to:
  - Vision
  - Durable medical equipment
  - Transportation
  - Pharmacy
  - Physician services for members in excess of fee-for-service program limits
- Coordinate with providers benefits outside the plan's capitation to promote service integration and the delivery of holistic, person and family-centered care

COVERED BENEFITS

- OHCA will manage the Preferred Drug List utilized by the contracted entities.
- All rebates for pharmaceutical products and diabetic testing supplies will accrue to the OHCA and shall not be kept or shared by or with the contractor of its PBM.
- Ensure covered members have access to non-emergency transportation using timelines standards required by OHCA.

NETWORK ADEQUACY

DELIVERY NETWORK

- Access standards
  - Time
  - Distance

- Timing: The Contracted Entity must demonstrate network adequacy prior to delivery of services and on an ongoing basis

QUALITY & POPULATION HEALTH

QUALITY

- Annual, independent external quality review (EQR) of the quality, timeliness, and access to the services
- Ongoing comprehensive Quality Assessment and Performance Improvement (QAPI) program
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
- Performance Improvement Plans (PIP), three annually

QUALITY ADVISORY COMMITTEE

- Power and duty to recommend quality measures to be used by contracted entities
- Members appointed by OHCA:
    - Providers
    - Representatives of hospitals and integrated health systems
    - Members of the health care community
    - Members of the academic community with subject-matter expertise

Applications must be received on or before 5 p.m. on Friday, September 9, 2022.

QUALITY ADVISORY COMMITTEE

- Notices
  - Meetings of the Committee shall be subject to the Oklahoma Open Meeting Act
  - Members of the Committee shall receive no compensation or travel reimbursement

Applications must be received on or before 5 p.m. on Friday, September 9, 2022.

PROVIDER INCENTIVE POOL

- SB 1396 (2022) authorizes OHCA to use SHOPP fee to support health care quality assurance and access improvement initiatives
- Pool amount determined by the representative sharing ratio of eligible provider and hospital participation in Medicaid
- Engaging in stakeholder outreach with physician groups to develop quality metrics on which eligibility and payment will be determined

FINANCIAL

ACCOUNTABILITY THROUGH CAPITATED PAYMENTS

- Fully risk-based capitated contract approved by CMS
- Actuarially sound capitated payments
- Withhold agreement

PAYMENT RATES AND TIMELINES

- Reasonable provider rates
- Rate floors will be in effect for providers until July 1, 2026
- Federally prescribed payment methodologies for:
  - FQHCs
  - RHCs
  - Pharmacies
  - IHCPs
  - Emergency services

TIMELINE

TIMELINE

Expected RFP release date early Fall 2022

Anticipated launch date October 2023, pending CMS approval

Questions and Answers

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