

**OKLAHOMA SOONERCARE
SECTION 1115 DEMONSTRATION
FACT SHEET**

Name of Section 1115 Demonstration:	SoonerCare
Waiver Number:	11-W-00048/6
Date Proposal Submitted:	January 6, 1995
Date Proposal Approved:	October 12, 1995
Date Implemented:	April 1, 1996
Date Extension Submitted:	June 30, 1999
Date Extension Approved:	January 1, 2001
Date Expires:	December 31, 2003
Date Extension Submitted:	September 2, 2003
Date Extension Approved:	January 1, 2004
Date Expires:	December 31, 2006
Date Extension Submitted:	June 30, 2006
Date Extension Approved:	December 21, 2006
Date Expires:	December 31, 2009

SUMMARY

In January 1995 Oklahoma's Section 1115 Medicaid demonstration proposal, entitled "SoonerCare" fostered the creation of a managed care infrastructure in urban and rural areas. Primary objectives included increasing access to primary care for beneficiaries throughout the State, as well as allowing for greater financial predictability of the State Medicaid program. SoonerCare initially utilized both fully and partially capitated delivery systems, and contained incentives for fully capitated urban plans to expand their networks to adjacent rural areas or to work with developing rural plans. The SoonerCare demonstration subsumed the State's previously existing 1915(b) waiver program, which began operation in urban areas on August 1, 1995.

Oklahoma initially chose to develop and implement two, separately managed care delivery systems within its Medicaid program. The Oklahoma Health Care Authority (OHCA) operated these programs under the *SoonerCare* program as *SoonerCare Plus* and *SoonerCare Choice*.

Within *SoonerCare Plus* the Oklahoma Health Care Authority (OHCA) contracted directly with Health Plans (commonly referred to as "Managed Care Organizations" or "MCOs") to provide all medically necessary services to recipients residing in Oklahoma City, Tulsa, Lawton, and the counties immediately surrounding these metropolitan areas of Oklahoma.

Starting January 2004 *SoonerCare Choice* program became the sole model in the State, with the Primary Care Case Management (PCCM) model supplanting the MCO program.

In the PCCM model OHCA contracts directly with primary care providers throughout the State to provide basic health care services. The program is partially capitated in that providers are paid a monthly capitated rate for a fixed set of services with non-capitated services remaining compensable on a fee-for-service basis.

AMENDMENTS

Amendment #1 – HIFA

Date Amendment Submitted:

January 14, 2005

Date Amendment Approved:

September 30, 2005

This amendment expanded eligibility up to an additional 50,000 residents with incomes at or below 185% FPL through enrollment in the Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC) Program. The O-EPIC Program offers health care benefits to eligible populations through the Premium Assistance Employer Coverage Plan and Premium Assistance Individual (Public Safety Net) Plan. The increased coverage is funded by State general fund revenues generated by a tobacco tax, along with Federal matching funds under title XIX and employer and employee contributions. Eligible populations include:

- Adult ‘Working Disabled’ persons aged 18-64 years of age who, have income up to 200 percent of the FPL; and
- ‘Non-Disabled Low Income Workers and Spouses’ (aged 18-64 years) who work for small employers, the self-employed or unemployed (and seeking work) and have income above the Medicaid standard, but no more than 185 percent of FPL. (The 185% FPL limit was increased to 200% FPL as part of the demonstration extension approved December 21, 2006.)

All qualifying Working Disabled Adults and those Non-Disabled Low Income Workers whose employer elects not to participate may elect to enroll into the Public Safety Net program.

Amendment #2 – TEFRA

Date Amendment Submitted:

June 29, 2005

Date Amendment Approved:

September 30, 2005

This amendment expanded eligibility to TEFRA children, whose countable assets do not exceed \$2,000.00 (the parent’s assets are not considered) and the child would be considered Medicaid eligible if institutionalized.

ELIGIBILITY

The following title XIX and title XXI populations are included in the demonstration:

- Temporary Assistance for Needy Families (TANF) and low income families with children whose family incomes do not exceed 185% of FPL receiving health care services in urban and rural areas of the State;
- Pregnant women and children whose family incomes do not exceed 185% of FPL receiving health care services in urban and rural areas of the State;
- Populations known as Aged, Blind and Disabled receiving health care services in urban and rural areas of the State, excluding those persons dually-eligible for Medicare & Medicaid, or currently institutionalized, or in state custody, or receiving home and community based waiver services, or covered in an HMO; and
- Persons eligible as children through the age of 18 years whose family incomes do not exceed 185% of FPL receiving health care services in urban and rural areas of the State.

DELIVERY SYSTEM

Starting January 2004 the *SoonerCare Choice* program became the sole model in the State, with the Primary Care Case Management (PCCM) model supplanting the MCO program. The *SoonerCare Choice* program was expanded from operating in 61 counties to a statewide managed care system.

With the exception of O-EPIC members enrolled in qualified health plans, all SoonerCare beneficiaries select or are aligned with a Primary Care/Case Manager responsible for furnishing primary and preventive services and making medically necessary referrals.

Native Americans are required to enroll in the SoonerCare program. However, in both urban and rural areas, Indian Health Service (IHS) beneficiaries are able to receive services from the IHS/Urban Indian/tribal providers at any time without referral. IHS providers have the option of participating under in the PCP/CM program or serving beneficiaries on a fee-for-service basis. In addition, tribal facilities that contract with the State to provide PCCM services can refuse to furnish these services to individuals who are not also members of a Federally-recognized tribe.

BENEFITS

SoonerCare benefits, with the exception of the O-EPIC Premium Assistance Employer Coverage and Premium Assistance Individual Plan, are State plan benefits. The SoonerCare benefits plan does provide the enhanced benefit of unlimited physician visits (as medically necessary) as compared to the State plan which limits physician services to four visits per month.

QUALITY ASSURANCE

As required under applicable Federal laws and regulations, quality of care furnished under SoonerCare is subject to internal and external review. The State utilizes QISM guidelines, HEDIS measures, and is participating with AHCP as a CAHPS pilot State.

COST SHARING

Under SoonerCare, co-payments are not allowed for pregnant women and children. There are no monthly premiums or other cost sharing allowed for TEFRA children and co-payments are not allowed for emergency room and family planning services.

Non-pregnant adult SoonerCare beneficiaries are assessed co-payments equal to the State plan with the following exceptions:

- Beneficiaries covered under the O-EPIC Premium Assistance Individual Plan are assessed co-payments in excess of the State plan as defined in the demonstration; and
- Beneficiaries covered under the O-EPIC Premium Assistance Employer Coverage Plan are assessed co-payments consistent with the enrollees specific employer sponsored health plan.

STATE FUNDING SOURCE

The State of Oklahoma certifies that State/local monies are used as matching funds for the demonstration and that such funds shall not be used as matching funds for any other Federal grant or contract, except as permitted by law.

CMS Central Office Contact - Mark W. Pahl, (410) 786-1584, Mark.Pahl@cms.hhs.gov

CMS Regional Office Contact - Maria Donatto, (404) 562-3697,

Maria.Donatto@cms.hhs.gov

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