INTERIM STUDY

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OKLAHOMA MEDICAID

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

What does SoonerCare cover?

Mandatory benefits include:

- Inpatient and Outpatient hospital services
- Physician services
- Well-child checks
- Nursing facility services
- Home health services
- Laboratory and x-ray services
- Transportation services

Optional benefits include:

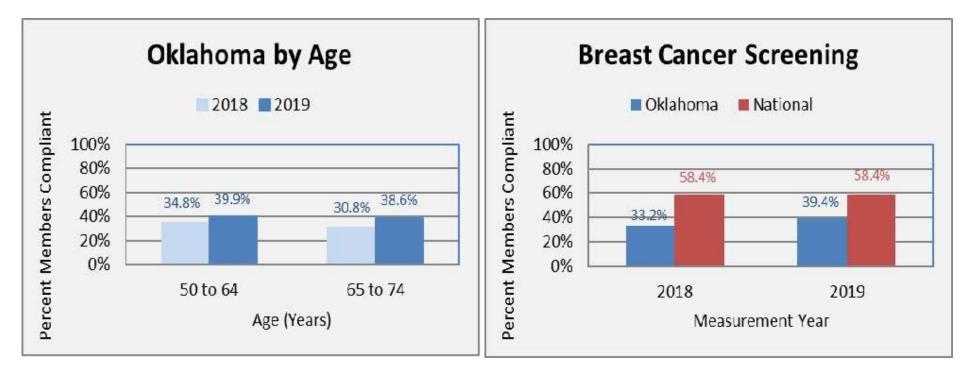
- Prescription drugs
- Behavioral Health
- Dental
- PT/ST/OT
- Optometry services

SOONERCARE SERVICES FOR WOMEN

BREAST AND CERVICAL CANCER SERVICES

- Oklahoma Cares Program
- Oklahoma Cares is a partnership of OSDH, OHCA, the Cherokee Nation, the Kaw Nation of Oklahoma, and DHS.
 - Breast and cervical cancer and pre-cancer diagnosis and treatment
 - SoonerCare coverage that includes the full range of services (not only cancer treatment)
 - SoonerCare eligibility may be continued until the woman is either financially ineligible or no longer needs treatment

OKLAHOMA CARES



• A study calculating percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer found that Oklahoma compliance rates were below national averages.

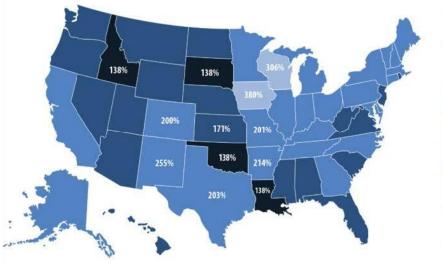
PREGNANCY SERVICES

- Routine visits
- Specialty visits (when medically necessary)
- Delivery services
- Ultrasounds
- Prescriptions
- Labs and diagnostics related to pregnancy
- Maternal and infant health social work
- Lactation consultation services
- Tobacco cessation
- Diabetes testing supplies
- Genetic counseling
- High risk obstetric care (when medically necessary)

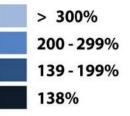
EXTENDED SERVICES

Raising the income threshold from 138% FPL to 205% FPL

- By raising the income threshold, approximately 2,500 additional women would have access to services that will reduce risk and create opportunities for better health outcomes for both mother and child.
- Services include postpartum care, prescription drugs, genetic testing, vision and hearing services to treat disease, physical, occupational, and speech therapies, preventive primary care, and more robust dental benefits during and after their pregnancy.



Percent of FPL to qualify for full Medicaid benefits



*State eligibility requirements based on data from January 2020

EXTENDED SERVICES

Extending postpartum coverage from 60 days to 12 months

- One-third of maternal deaths occur up to one year after childbirth, and almost 12% occur after the six-week postpartum visit.
 - Deaths are often related to chronic conditions such as diabetes and hypertension, mental illness, and substance abuse/misuse.
 - Without postpartum care, mothers lack continuity of care of services received while pregnant which could have negative impacts on the baby.
- The current postpartum coverage period is 60 days. A new opportunity through CMS allows states to provide new mothers with <u>up to 12 months</u> of continuous postpartum coverage.
- By expanding postpartum coverage, mothers will have access to an array of services including care coordination, tobacco cessation/counseling, behavioral health care and substance use disorder treatment.

BENEFITS OF MANAGED CARE MODEL

- MCOs have developed care management and provider engagement programs aimed at supporting complex and high-risk pregnancy. These programs leverage multiple data sources and build stratification algorithms that identify highrisk members for outreach.
- When coupled with State-directed programs, there is greater alignment of MCOs and State agencies in supporting women's health measures that allow for stronger results over time.
 - Improved access to prenatal care, well-child visits
 - Increased screenings for depression
 - Increased access to primary care providers



GET IN TOUCH

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