

COVID-19 Agency Response



OKLAHOMA HEALTH CARE AUTHORITY

The top priority of the Oklahoma Health Care Authority (OHCA) during the COVID-19 crisis was to remain nimble and responsive to its employees, SoonerCare members and providers. OHCA ensured SoonerCare members' access to services were uninterrupted, remained in consistent contact with providers to respond to their needs, and ensured employees were safe, equipped and supported while working from home. Throughout the transition, staff worked as a team to serve the interest of its members and all Oklahomans.

1. Transition to Work-from-Home

OHCA employees, following Gov. J. Kevin Stitt's Executive Order (2020-07 First Amended) and Centers for Disease Control and Prevention guidelines, began primarily working from home on March 23, 2020. The agency's Business Enterprises division worked in partnership with Office of Management and Enterprise Services (OMES) to obtain the tools and infrastructure needed to work remotely.

2. Employee Development

The OHCA organizational development and communications divisions created virtual town hall and joint health agency town hall meetings to ensure employees felt connected – to leadership and each other – and equipped with the resources to continue to develop personally and professionally.

3. Back to Work Preparations

Once the agency felt it was safe for employees to return to work, safety precautions were immediately put into place. The agency identified employees whose position was appropriate to telework permanently, work flexible hours, and those full-time in-office employees, as well as identified technology needs.



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4345 N. Lincoln Blvd.
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WEBSITES

okhca.org
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Breakdown of employees

Total employees: **558**

- Teleworkers pre-COVID: **142**
- Teleworkers post-COVID: **172**
- Flex workers: **182**
- In-office workers: **67**

4. Employee Productivity

Many units reported the following increase in productivity in terms of time management during the COVID-19 pandemic.

- Technology
- Prior Authorizations
- Member Engagement
- Provider Engagement

5. Regulatory Efforts



OHCA submitted requests to the Centers of Medicare and Medicaid Services (CMS) for a number of flexibilities in response to the COVID-19 pandemic.

The requests were submitted through the 1135 waiver and 191 S(C) waiver process. CMS approved several requests through the waiver request as well as other blanket waivers to policy.



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Flexibilities Implemented	Status
Waived certain provider enrollment requirements. Such as provider enrollment fees, criminal background checks associated with fingerprint-based criminal checks, site visits, screening levels and in-state/territory licensure.	Effective 3/1/2020
Temporarily suspended the revalidation of all providers who are located in Oklahoma or otherwise directly impacted by the emergency.	Effective 3/1/2020
Flexibility allowed providers to receive payments for services provided to affected SoonerCare members in alternative physical settings. Such as mobile testing sites, temporary shelters or facilities.	Effective 3/1/2020
Postponed member-eligibility renewals that were scheduled to occur during the emergency declaration.	Requirement of Families First Coronavirus Response Act
Temporarily delayed scheduling Medicaid fair hearings and issued fair-hearing decisions during the emergency period to allow an additional 120 days to appeal and issue decisions.	Effective 3/1/2020
Added flexibility to suspend or modify prior authorization requirements for accessing covered state plan and waiver benefits during the emergency period. OHCA will only utilize this option if unable to review and process PAs due to staff shortage or technology failure.	Effective 3/1/2020
Allow durable medical equipment providers to waive replacement requirements such as the face-to-face requirement, new physician's order and a renewal medical necessity documentation.	CMS blanket approval*

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Waived state plan or waiver-imposed utilization controls on covered benefits to the extent such limits cannot be exceeded based on medical necessity in the relevant approved state plan or waiver authority.	Effective 3/1/2020
Suspend the three-day prior hospitalization for coverage of a skilled nursing facility stay for the duration of the emergency.	CMS blanket approval*
Waive the requirement that critical access hospitals limit the number of beds to 25 and that the length of stay be limited to 96 hours.	CMS blanket approval*
Waiver of requirement for Tribal 638 clinics and clinic services be provided within the clinic four walls.	Approved in Federal Public Health Emergency Declaration
Waive face-to-face encounter reimbursement requirements for telephonic services in FQHCs, RHCs and Tribal 638 clinics.	CMS Blanket Approval
Waived preadmission screening and annual resident reviews for 30 days.	Effective 3/1/2020
Suspended premiums for the Insure Oklahoma Individual Plan.	Effective 03/18/2020
Waive EMTALA sanctions for redirection of an individual to receive a focused medical screening examination related to COVID-19 in an alternative location.	CMS blanket approval*
Suspend minimum data set submission requirements for clients in non-skilled nursing facilities for 60 days.	CMS blanket approval*

Additional blanket waivers approved by CMS are set forth [here](#).

*Blanket waivers apply to all applicable providers and do not require a request be sent or that notification be made to CMS.



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6. Telehealth

	Members Served Since March 2020	Enrolled August 2021	Percent Enrolled Served
Rural	81,613	405,217	20%
Urban	169,023	688,303	25%
Other	7,187	3,469	207%
Total	257,823	1,098,987	23%

- Increased from 2,317 in Feb 2020 to 51,066 in March 2020, following additional services approved for telemedicine.
- Peaked in April 2020 at 284,665.
- Telehealth visits since March 2020 totaled 2,132,570.

7. Where Are We Now

- February 2020 Enrollment = **804,159**
- March enrollment began to increase due to PHE (COVID).
- June 2021 Enrollment = **1,024,574**
- June was the last month before expansion became effective.

Before COVID, enrollment had been around 800,000 a month. It's currently over 1 million per month with COVID.



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