



August 20, 2020

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Oklahoma Secretary of Health Kevin Corbett, CEO
Oklahoma Health Care Authority
4345 N. Lincoln Blvd
Oklahoma City, OK 73105

Dear Secretary Corbett:

Currently, the Oklahoma Health Care Authority (OHCA) is establishing requirements and pursuing stakeholder input prior to finalizing a Request for Proposal (RFP) to seek qualified managed care organizations (MCOs) designed to improve health outcomes, increase access to care, and increase system accountability in Oklahoma's Medicaid program (SoonerCare). The Oklahoma State Medical Association (OSMA) appreciates the opportunity to provide input into this process.

While the RFP is currently in development, the planned release is soon anticipated with an expected implementation date of October 1, 2021. The OSMA truly appreciates the OHCA taking guided steps to assure any structure under consideration is as effective as possible. Your request for information attempts to address several issues including:

- Accreditation Requirement
- Plan Operations in Oklahoma
- State Health Information Exchange Participation
- Primary Care Provider Requirements
- Behavioral Health Specialist Coverage
- Inclusion of FQHCs and Rural Health Clinics
- Timely Credentialing
- Maintaining/Expanding Telehealth
- Providing Health Screening, Health Care, Health Education and Coordination of Care

These are all laudable goals in formulating OHCA's MCO request for proposal. The OSMA would like to assure that when considering a managed care structure for SoonerCare, several additional factors must remain under consideration.

In the 1990s, Oklahoma already tried this approach. The state implemented a managed care model and the results were disastrous. ***A managed care approach institutes an access to care crisis for an Oklahoma population that already faces a serious shortage of health care providers while combating a world-wide pandemic.*** The bureaucratic red tape and delayed payments that are a reality of managed care forced many state physicians to stop taking Medicaid patients. Regardless of the intent to curb costs while expanding services, the fact remains that the number of physicians willing to serve the Medicaid population will decline, especially in rural areas of the state.

As with the previous attempt to incorporate managed care, rural citizens will be forced to drive hours into Oklahoma City or Tulsa just to see a doctor, even if they are lucky enough to find one who was accepting new patients. The state was ultimately forced to scrap the managed care approach to bring physicians and other health care providers back into SoonerCare which currently provides services to 25% of all Oklahomans.

In addition, while the State of Oklahoma is implementing SQ 802 (Medicaid Expansion under ACA), the number of Oklahomans served by SoonerCare will increase by 200,000. A reduction in access to quality health care services through a combination of additional regulatory burdens and a reduction of plan reimbursement rates could not come at a worse time. If the state does not implement managed care correctly, it could result in a catastrophic loss of providers for Oklahoma's most vulnerable citizens and the newly enrolled Medicaid participants.

Some may ask, "Are there savings to be had in the Medicaid system?" Of course, there are. As with any public or private entity administering hundreds of millions of dollars, there will always be areas in which monies can be spent more efficiently. That will be the case regardless of structure. However, forcing existing providers out and rationing care to Oklahoma's most needy citizens is not the way to improve health outcomes.

If we want to maintain an adequate provider network for Oklahoma's Medicaid population, any managed care proposal must, at minimum, include the following:

- **Adequate reimbursement:** Over the past several years including under Governor Stitt's leadership, Oklahoma has slowly increased provider reimbursement rates up to 93% of Medicare rates with a goal of achieving 100%. We are realizing a more balanced health care system and have been successful in placing additional physicians in rural Oklahoma. We cannot afford to impede that progress.
- **Prompt payment:** Many of Oklahoma's rural physicians are small employers working as sole practitioners or in a small office. Like any small business, they rely on steady cashflow in order to keep their doors open. At present, OHCA does a very good job at processing and paying claims quickly—far more quickly than most private insurers. Many of these small practice physicians depend on the steady and reliable payment stream from OHCA to pay staff and keep the lights on while waiting for reimbursement from other insurers. Any managed care contract must ensure that this prompt payment continues.
- **Local dispute resolution:** Any out-of-state managed care organization that contracts with OHCA must agree to be regulated and overseen by the Oklahoma Insurance Department. Additionally, they should be required to have some kind of local staffing presence with the authority to resolve problems or disputes. We all know how frustrating it is to get lost in an endless cycle of "press 1 for . . ." or waiting on hold. We want to ensure Oklahoma physicians have a local point of contact to resolve such concerns and, if the dispute cannot be resolved, a process by which they can appeal to the Oklahoma Insurance Department for assistance.

The only way for Oklahoma to become a TOP 10 state in health care outcomes is to embrace the accessibility of quality health care statewide. We should not eliminate the accomplished goals attained in the recent years. The OSMA stands strong in support of the Oklahoma Health Care Authority and offers our continued collaboration to help champion efforts to enhance the health of all Oklahomans.

Please let us know how we can best be of service!

Sincerely,



George Monks, MD, President
Oklahoma State Medical Association