

Medicaid Expansion in Oklahoma

YEAR ONE

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OKPOLICY
Oklahoma Policy Institute



The Oklahoma Policy Institute is a non-partisan, non-profit organization focused on advancing equitable and fiscally responsible policies that expand opportunity for all Oklahomans through non-partisan research, analysis, and advocacy. Based in Tulsa, the organization was founded in 2008 as a think tank to provide independent, data-driven policy analysis for use in shaping policies that improved the lives for all Oklahomans. For more information about OK Policy and its mission, visit OKPolicy.org.

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“My story is about what Medicaid can do with the correct policies and offered in the correct ways. Medicaid can change the course of Oklahomans’ lives.”

– Milly Daniels, Cancer Survivor and Medicaid Advocate in Oklahoma

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Medicaid Expansion in Oklahoma: Year One

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is undeniably
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Foreword

by **Angela Monson**, Outreach and Legislative Director, OK Policy

Angela Monson served as the first Executive Director of the Oklahoma Health Care Project. A former legislator, Monson was the primary Oklahoma House of Representatives author of the legislation that created the Oklahoma Health Care Authority.

Good health is undeniably fundamental to not just existing, but to thriving. Yet, it was not until 1965, with the passage of the federal Medicare and Medicaid Act, that our country constructed a system to ensure access to health care services. With an initial focus on seniors via Medicare, the inclusion of Medicaid came about only through a series of political negotiations. The political nature of Medicaid seemed to have been embedded in its very DNA, which has consistently distorted how we provide health care for the most vulnerable.

Over time, Medicaid became an integral part of the health care safety net. However, without any political agreement regarding health care as a basic human right, or the government's responsibility to ensure access to care, Medicaid policies became a hodgepodge of federal and state laws and regulations. Therefore, in many states, including Oklahoma, coverage only met the basic health needs of the poorest of the poor.


The first major expansion of Medicaid in Oklahoma did not occur until the late 1980s when the Oklahoma Health Care Project led the fight to increase income eligibility for pregnant women. It was a difficult political fight that took the engagement of more than 100 organizations to win. But finally, the Oklahoma Legislature voted to increase the income eligibility. But even with that increase, a large number of low-income, categorically eligible women remained uninsured.

In 1997, Congress created the State Children's Insurance Program (SCHIP) and Oklahoma voluntarily did the right thing, implementing the federally authorized expansion of Medicaid coverage for children. Although several options to expand coverage were allowed, Oklahoma chose the most conservative approach and simply expanded Medicaid to cover children up to the minimum income level required by the new federal law.

And there we remained — for almost 25 years — with the percent of uninsured in our state soaring to one of the highest in the nation for years.¹ With the election of President Barack Obama in 2008, expanding health coverage was again at the forefront in Washington, D.C. Politics sidelined the passage of the President's signature legislation, the Patient Protection and Affordable Health Care Act (ACA), for two years. Finally, after constant advocacy by health care proponents across the country, the ACA became law, offering the first real expansion of Medicaid since its inception.

At the time the ACA became law, Oklahoma's Medicaid program was nationally recognized for its administrative efficiency, particularly the simplicity and ease of applying for services. Because of that, the state was invited to apply for early ACA funding related to systems development. After signaling the acceptance of that funding, then-Gov. Mary Fallin declined the dollars,² and thus began the longstanding refusal to accept any "Obamacare" funding until voters approved Medicaid expansion in 2020 via State Question 802.

As we celebrate this first anniversary of the implementation of Medicaid expansion in our state, we look forward to improved health and well-being of hundreds of thousands of Oklahomans who now have health coverage. But we must remain vigilant, for the fight to preserve what we have achieved is ongoing. In 1857, Frederick Douglass delivered a speech celebrating the 23rd anniversary of the West India Emancipation, and his words are fitting for us today: "Power concedes nothing without a demand. It never did and it never will." We must continue to demand access to affordable, quality health care for all Oklahomans, for it is truly a basic human right.



We must continue to demand access to affordable, quality health care for all Oklahomans, for it is truly a **basic human right.**



Ginger's Story

"I don't want anyone to ever go without health care, I think it's a basic human need. I don't think anyone should ever be without it."

That's Ginger Glory, a Registered Nurse, wife, mother, and grandmother here in Oklahoma. Glory is also a passionate advocate for Medicaid. She has seen first-hand the impact that having access to — or lack of — health care coverage has on families around her, and knows the difference it has made in her own family's lives.

"It means we can focus on being a family, we can focus on important things together and not have to make some of those hard decisions of how we're going to pay a bill," Glory said. "But more importantly, it's peace for me to know that when I'm long gone or not able to help anymore, if that ever happens, that they do have a resource so that they can have a healthy life, they can have access to health care."

Glory's daughter, Heather Bridges, is also a Registered Nurse, and a single mother with children who rely on Medicaid in order to have preventative and continued care. Without Medicaid, Bridges would face an impossible situation: buy the health insurance her children need, or pay for groceries and essential bills.

"Whenever you're always six feet under, it's hard to dig your way out of that, especially when you're dealing with things like health care," Bridges said.

"It's not just about a policy. It's about being healthy and doing the things you want to do and not having to worry about your health," Glory said. **"As a grandmother, it's all about those future generations and knowing that they can get the care that they need."**



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When Oklahoma voters passed Medicaid expansion in June 2020, they understood the benefits that expansion would bring to the state. They knew that providing health coverage to low-income, working-age adults would improve health outcomes, keep rural hospitals open, and empower parents.

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Introduction

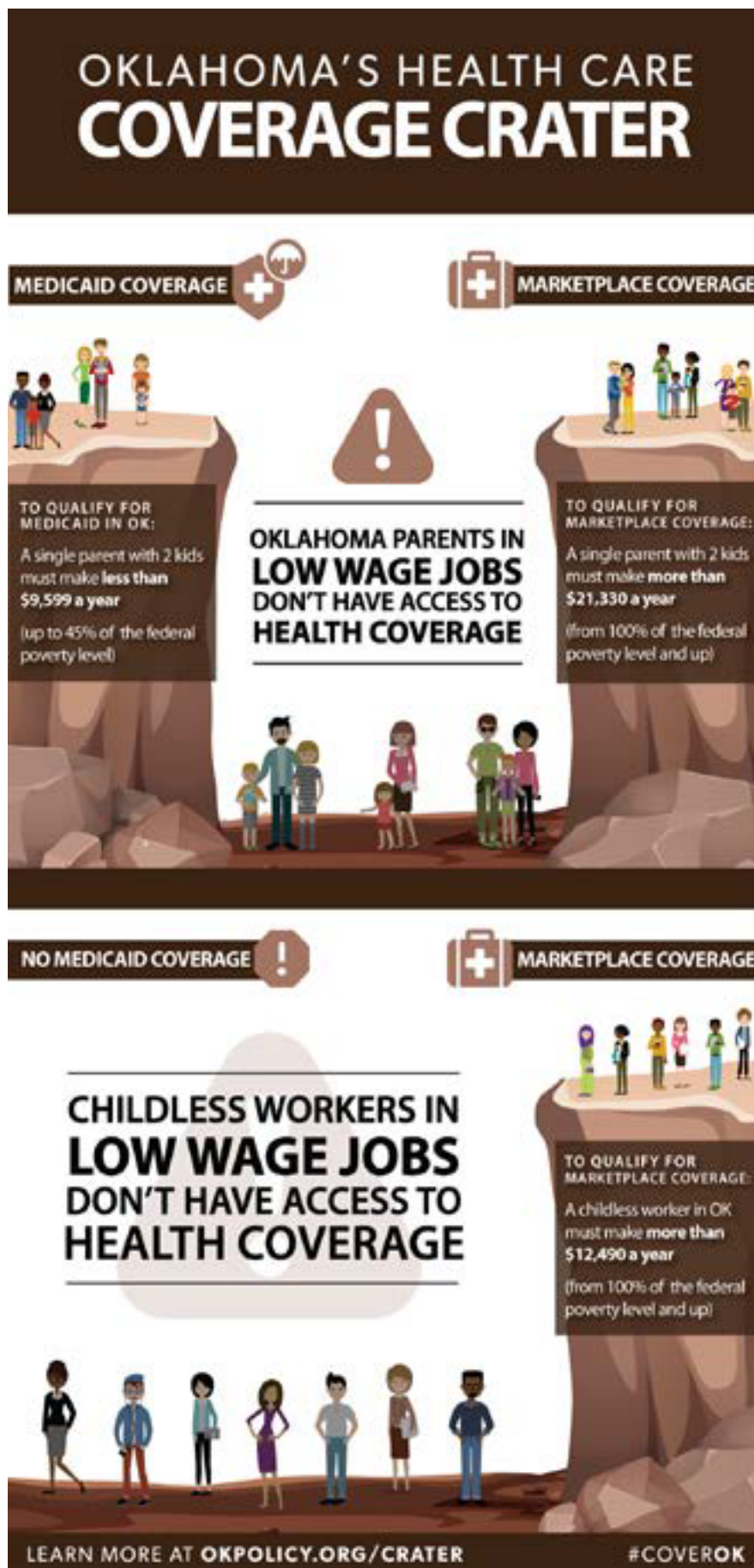
Prior to voter passage of Medicaid expansion, Oklahoma had a significant “coverage gap,” leaving hundreds of thousands of low-income adults with no feasible pathway to health insurance. These adults were age 19-64 and had incomes above the state’s Medicaid eligibility limit for adult caretakers (\$8,016 annually for a single parent and two children), but below the income limit requirement to receive subsidy assistance through the Health Insurance Marketplace (\$23,030 for that same family).³ When Medicaid expansion became an option for states in 2014, adults in states that adopted expansion were able to access Medicaid coverage, as the new income eligibility limit became 138 percent of the federal poverty level (FPL) — or \$31,781 for a single parent and two children.

Oklahoma, however, delayed adoption of the expansion for years. After years of legislative inaction, voters approved a proposal to put Medicaid expansion into the state’s constitution via State Question 802.⁴ When Oklahoma voters passed Medicaid expansion in June 2020, they understood the benefits that expansion would bring to the state. They knew that providing health coverage to low-income, working-age adults would improve health outcomes, keep rural hospitals open, and empower parents.

Since going into effect on July 1, 2021, Medicaid expansion has brought comprehensive and affordable health insurance to more than 280,000 Oklahomans, decreased Oklahoma’s uninsured rate from 14.4 percent to about 9.6 percent, and helped keep the lights on for hospitals statewide. Expansion has benefited Oklahomans of every race, gender, and age in every county in the state. The state has paid for about eight percent (\$66 million) of the \$808 million cost of expansion primarily with revenue from the Supplemental Hospital Offset Payment Program, the state’s tobacco tax, and enhanced federal funds.⁵

Yet despite the considerable progress that’s been made, hundreds of thousands of Oklahomans still remain uninsured and without a pathway to coverage. Looking ahead, Oklahoma has the opportunity to build on the momentum of Medicaid expansion. By further expanding coverage and strengthening existing coverage, lawmakers can help ensure every Oklahoman can see a doctor and fill a prescription.

Before Medicaid expansion took effect, low-income adult Oklahomans had few if any coverage options.



Source: Oklahoma Policy Institute, September 2019. Note: Prior to Medicaid expansion, the terms 'coverage crater' or 'coverage gap' referred to the situation of low-income parents who earned too much to qualify for Medicaid but not enough for Marketplace subsidies, and to low-income workers without a Medicaid option who earned too little to qualify Marketplace subsidies.

Medicaid expansion has benefitted Oklahomans by expanding coverage options, increasing access to necessary health services, and strengthening hospitals.

Medicaid expansion has given hundreds of thousands of Oklahomans access to health coverage

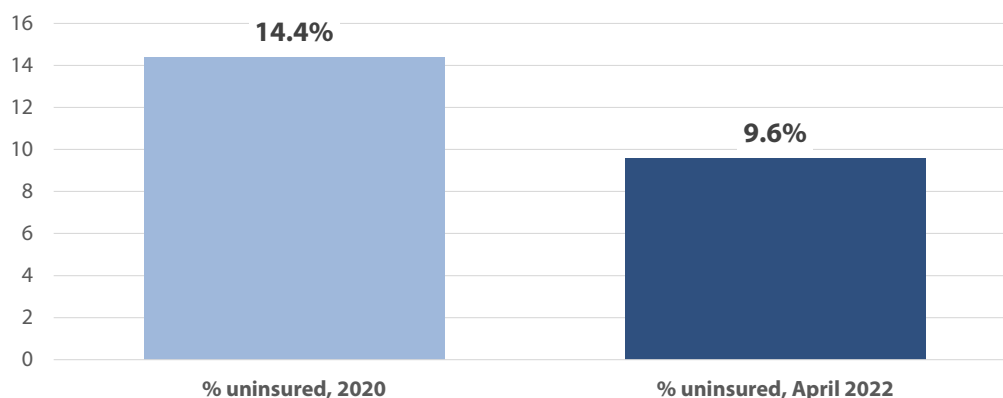
As of April 25, 2022,⁶ Medicaid expansion has helped more than 280,000 Oklahomans gain comprehensive health coverage or secure more affordable health insurance.⁷ Medicaid coverage is now available to adults age 19-64 who make less than 138 percent of the federal poverty level, or \$31,781 for a single parent and two children. This success is due to voters' decision to expand Medicaid; the Oklahoma Legislature's commitment to fully funding the program; the Oklahoma Health Care Authority's (OHCA) dedication to ensuring it was implemented correctly; and community organizations and advocates' hard work to connect eligible Oklahomans to coverage.

As a result of Medicaid expansion, Oklahoma's uninsured rate decreased by 33 percent, dropping from 14.4 percent in 2020 down to about 9.6 percent as of April 2022.⁸ This change will ripple through Oklahoma communities, as enrollees see improved access to care, health outcomes, financial stability, and labor force participation.⁹

Note: Due to the COVID-19 pandemic and the federal government's subsequent declaration of a public health emergency, the majority of Medicaid enrollees who enrolled after Jan. 31, 2020 — which includes all expansion enrollees — have retained their coverage, despite income changes or other circumstances that might have resulted in disenrollment during non-pandemic times. Therefore, some of the 280,000 individuals who are enrolled in Medicaid expansion may now be ineligible and could lose coverage when the public health emergency (PHE) ends.¹⁰ For more information on the public health emergency, see page 29.

FIGURE 1

Less than 10 percent of Oklahomans remain uninsured after the expansion of Medicaid



Source: OK Policy analysis of data from the Oklahoma Health Care Authority and the US Bureau of the Census. See Data Documentation Tab 3. Note: Analysis only accounts for new Medicaid enrollees, not those who were transferred from programs like Insure Oklahoma.

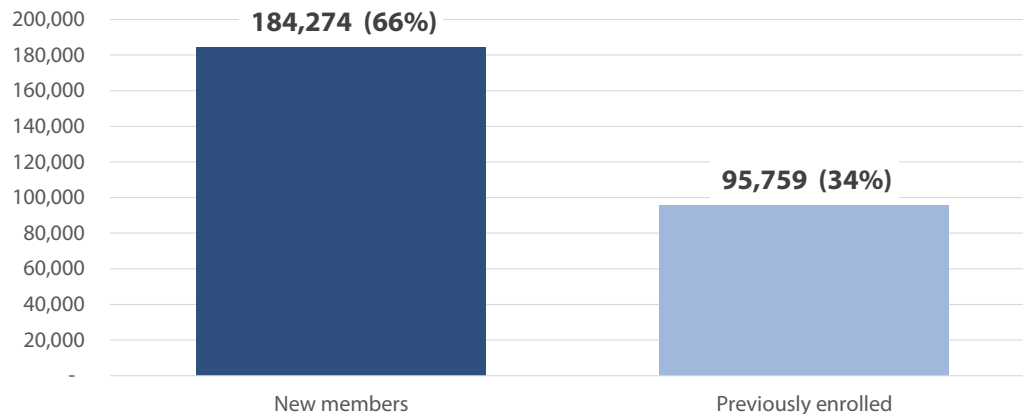


About two-thirds of expansion enrollees, or 184,000 individuals, are new Medicaid enrollees.¹¹ Many of these new enrollees were likely in the coverage gap and previously uninsured, and now have comprehensive coverage with no monthly premiums and low co-pays. Gaining access to Medicaid expansion coverage has been shown to increase preventive and routine care, improve access to cancer screening and identification, reduce mortality rates particularly among Black mothers and infants, and reduce out-of-pocket health care spending by an average of \$337 annually.¹² Newly insured Oklahomans can expect similar results as they're able to more easily access care.

The remaining 95,800 individuals had been previously enrolled in another form of Medicaid coverage¹³ — such as Insure Oklahoma or as an extremely low-income parent (\$8,016 annually for a single parent and two children in Oklahoma) — and were automatically transitioned into expansion coverage. Individuals who were previously enrolled in Insure Oklahoma no longer have monthly premiums, making coverage more affordable. As these enrollees shift from qualifying for a different type of Medicaid coverage to expansion coverage, the state will see a fiscal benefit, too. For Oklahoma's Fiscal Year 2023, which begins on July 1, 2022, the federal government will pay for 67 percent of the cost of covering most non-expansion enrollees. By comparison, the federal government covers 90 percent of coverage costs for expansion enrollees. As a result, and in conjunction with reduced levels of uncompensated care and less state spending on mental health treatment and corrections, other states have seen net savings.¹⁴ Oklahoma can expect similar results.

FIGURE 2

66 percent of expansion enrollees are new to SoonerCare



Source: Oklahoma Health Care Authority. Data reported as of 4/25/22.
See Data Documentation Tab 4.



Medicaid is built to provide affordable coverage to enrollees. People enrolled in coverage through Medicaid expansion are not required to pay a monthly premium, making it more affordable than other types of insurance. While Medicaid expansion coverage does include limited co-pays, which can be up to five percent of an enrollee's monthly income, lower *overall* cost-sharing makes Medicaid more affordable to enrollees. Because cost-sharing can lead to reduced care, including for necessary services,¹⁵ Medicaid enrollees are better able to access all needed care than if they were enrolled in another form of insurance. Eligible individuals who were previously insured by the Health Insurance Marketplace or Insure Oklahoma will benefit the most from switching to Medicaid coverage. While Marketplace enrollees who make less than 150 percent of the federal poverty level (\$34,545 for a single parent and two children) do not currently have monthly premiums,¹⁶ they may still have deductibles, co-pays, and other cost sharing requirements. Similarly, those who were previously insured by Insure Oklahoma paid a monthly premium of 15 percent of the total cost. Medicaid provides more affordable coverage.

Expansion is a critical first step towards more equitable health outcomes

Medicaid expansion led to coverage gains across the state

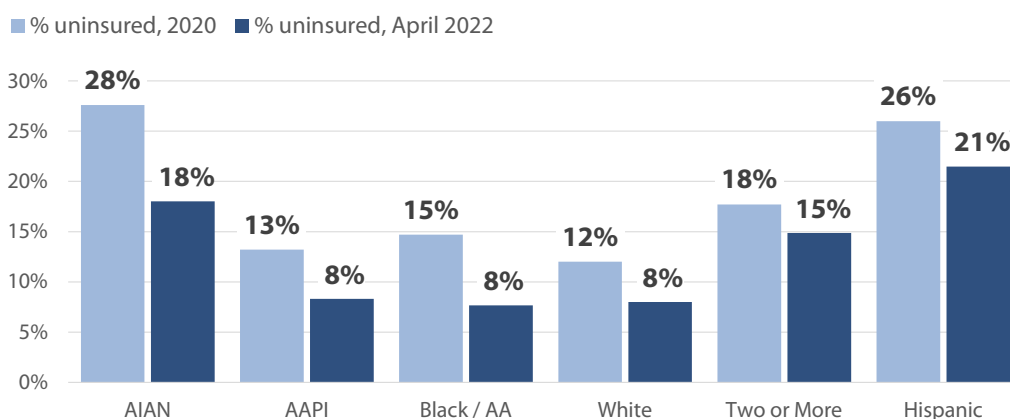
Medicaid expansion has sharply reduced racial disparities in uninsurance

Medicaid expansion has reduced the rates of uninsurance for health care coverage among all racial groups for which data is available. Historically, communities of color have experienced disproportionately high rates of uninsurance due to systemic marginalization, such as overrepresentation in industries that don't offer health insurance.¹⁷ This inequity in access to insurance causes disparate outcomes. For example, Black and Latinx individuals are more likely to experience conditions like diabetes and hypertension¹⁸ and report symptoms of anxiety and depression.¹⁹ Black and Latinx individuals are also more likely to carry medical debt.²⁰

By contrast, Medicaid expansion has been shown to reduce racial disparities,²¹ particularly inequities in uninsured rates.²² Expansion is a critical first step towards more equitable health outcomes, as it reduces disparities in things like timely cancer treatment, delayed care or unmet care needs, and prenatal care.²³ As shown below, Black Oklahomans have seen the largest decrease in uninsured rates, a decline of nearly 50 percent.²⁴ Yet, uninsured rates remain disproportionately and unacceptably high for some communities of color, particularly American Indian and Latinx communities. This is again due to systemic factors, such as overrepresentation in low-income brackets and employment in industries without health insurance.

FIGURE 3

Medicaid expansion decreased the uninsured rate across all racial and ethnic groups.



Source: OK Policy analysis of data from the Oklahoma Health Care Authority and the US Bureau of the Census. Note: due to data limitations, this graph does not include SoonerCare members who decline to provide racial demographic information or individuals included in the Census category titled "Some Other Race." Analysis only accounts for new Medicaid enrollees, not those who were transferred from programs like Insure Oklahoma. See Data Documentation Tab 5.



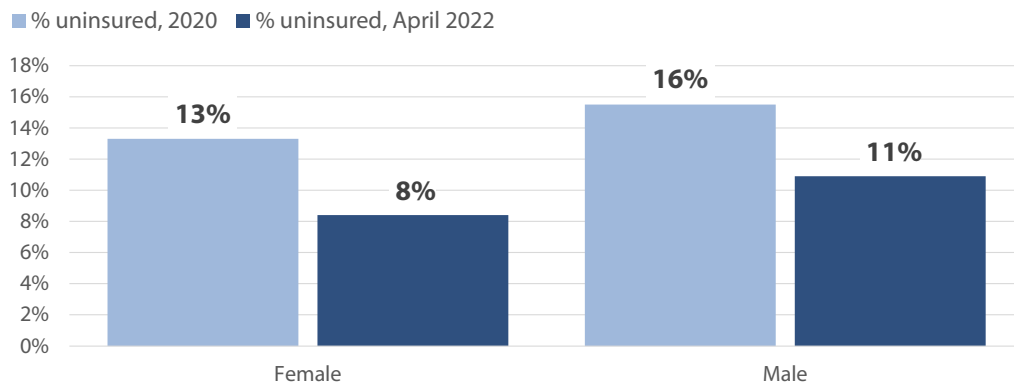
Women's enrollment outpaces men's

Expansion-age (19-64) men have historically been more likely to be uninsured than expansion-age women, yet women have enrolled in Medicaid expansion at higher rates. Of the 280,000 Oklahomans approved for expansion coverage, slightly more than half are female (161,000 are women compared to 119,000 men).²⁵ This difference could be caused by several factors, including the fact that OHCA automatically transferred many family planning enrollees, who were disproportionately women, into expansion coverage. In general, men are more likely to be unsure if they qualify for social insurance, or be less willing to seek out that assistance, and are underrepresented as a result.²⁶

Data is not available on uninsured rates for nonbinary individuals in Oklahoma and elsewhere — though comprehensive and up-to-date data on all Oklahomans is essential to creating equitable public policy.²⁷ As people who are part of the LGBTQ+ community are more likely to be uninsured and have lower incomes than those who are not,²⁸ Medicaid expansion has likely decreased the uninsured rate among nonbinary individuals in Oklahoma.

FIGURE 4

Medicaid expansion decreased uninsured rates for women and men



Source: OK Policy analysis of data from the Oklahoma Health Care Authority and the US Bureau of the Census. See Data Documentation Tab 6. Note: Because OHCA only allows enrollees to choose 'male' or 'female,' no data specific to non-binary Oklahomans is available. Analysis only accounts for new Medicaid enrollees, not those who were transferred from programs like Insure Oklahoma.

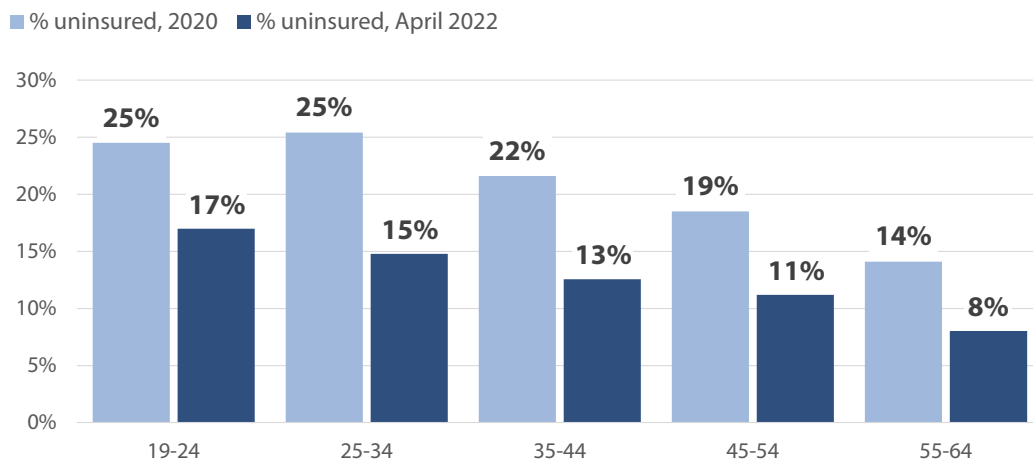


Medicaid expansion has lowered uninsured rates among Oklahomans age 19-64

Medicaid expansion covers adults between the ages of 19 and 64, and the enrollment uptake has cut uninsured rates for age groups across this range. Younger adults (those under 25) have experienced a slightly smaller decline than other age groups, and adults ages 19 to 34 remain uninsured at higher rates than those age 35 to 64.²⁹ There may be confusion among younger adults about insurance options, as a lack of knowledge about coverage options is a significant barrier to accessing coverage.³⁰ Some may be eligible for Medicaid expansion but remain unenrolled; other young adults may age out of Medicaid coverage for children and be otherwise ineligible for Medicaid but unsure of other options like the Health Insurance Marketplace. Still others may be unable to afford monthly premiums and unaware of premium assistance, employed by a company that doesn't offer health insurance, or assuming they don't need insurance while relatively healthy.³¹

FIGURE 5

More working-aged adults have health insurance.



Source: OK Policy analysis of data from the Oklahoma Health Care Authority and the US Bureau of the Census. Note: OHCA and the US Bureau of the Census use slightly different categories (18-24 vs 19-25; 25-34 vs 26-34) but impacts should be small. Analysis only accounts for new Medicaid enrollees, not those who were transferred from programs like Insure Oklahoma. See Data Documentation Tab 7.



Rural and urban³² Oklahomans have enrolled in Medicaid expansion at similar rates

About six percent of the state's population is enrolled in Medicaid expansion (in total, about 31 percent of the state's population is enrolled in Medicaid, including 65 percent of Oklahoma children).³³ This is consistent across the state, with an average of five percent of residents in urban counties and six percent of residents in rural counties enrolled in expansion.³⁴

A Mom's Story

"My daughter is four years old and is on SoonerCare. She is also a registered member of the Cherokee Nation in Oklahoma.

"At age two, she had to be life-flighted from Cherokee Nation W. W. Hastings Hospital in Tahlequah to The Children's Hospital at Saint Francis in Tulsa. She was in severe diabetic ketoacidosis and was diagnosed with Type 1 diabetes. I learned then that even though the Cherokee Nation provides free health care for its citizens, it is lacking if you're a child with Type 1 diabetes.

"Fortunately, my daughter was enrolled in SoonerCare, the state's Medicaid program, at the time of her diagnosis. Her endocrinologist prescribed half-unit Novolog insulin pen cartridges, and 5mm pen needles. SoonerCare paid for those prescriptions. Hastings Hospital in Tahlequah could only provide her with whole unit Novolog pens, and 8mm pen needles, which couldn't be used for a two year old.

"In 2019, SoonerCare paid for her insulin pump, and every month SoonerCare pays for her insulin pump infusion sets and reservoirs to be shipped to her. In May 2020, SoonerCare began paying for her continuous glucose monitor. The Cherokee Nation health care system does not cover insulin pumps or continuous glucose monitors.

"It's very important that children on SoonerCare with chronic illnesses are not forced off the program when they turn 19. Their chronic illness isn't going to go away. **I voted to expand Medicaid in Oklahoma in hopes that those with chronic illnesses, such as Type 1 diabetes, will not have to face drastic reductions in their health care because they 'aged out' of SoonerCare."**

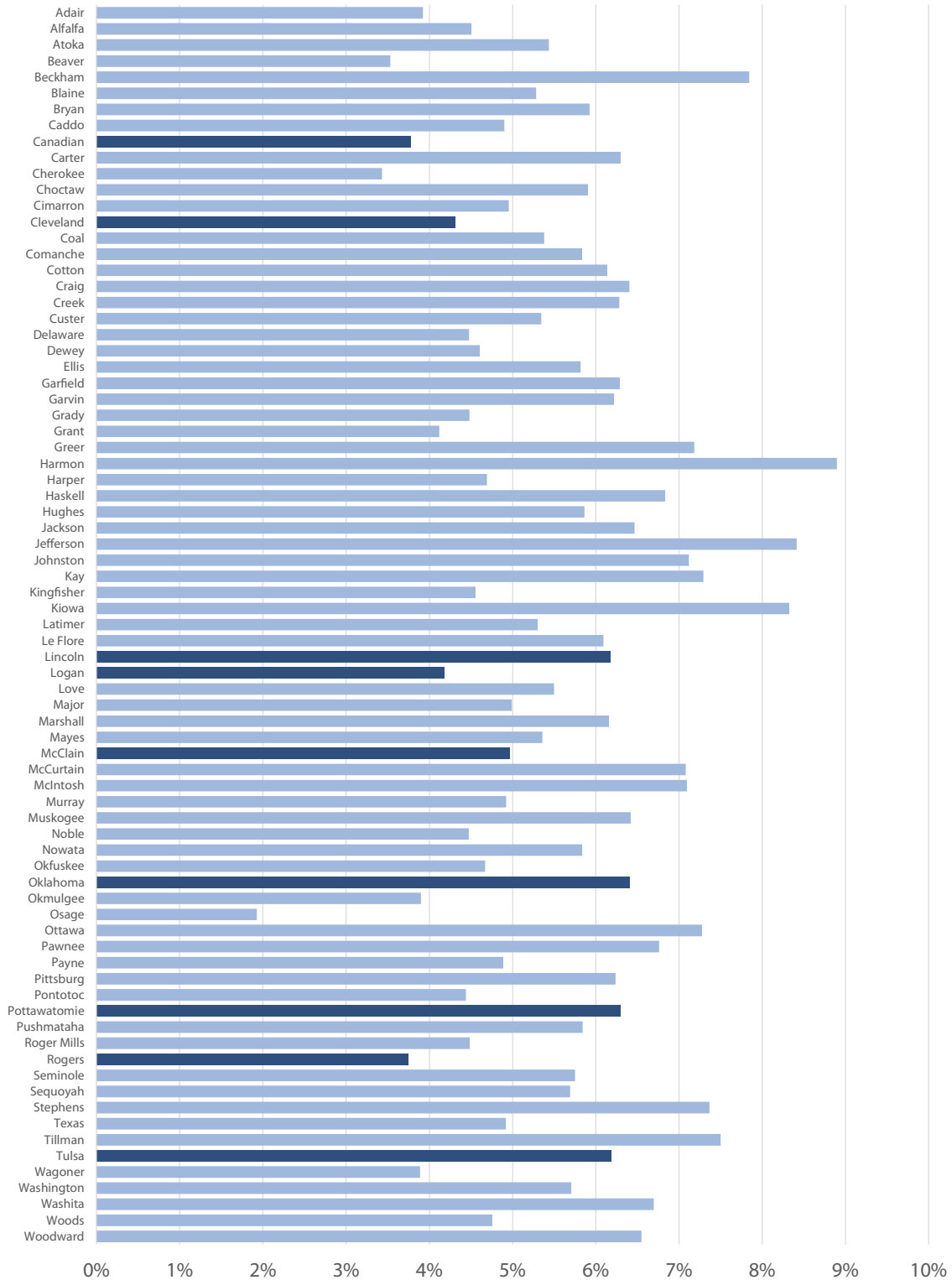
– Ginger Willhite

FIGURE 6

Oklahomans in urban and rural areas depend on Medicaid for health insurance

Percent of county population covered by Medicaid expansion

■ Urban County ■ Rural County

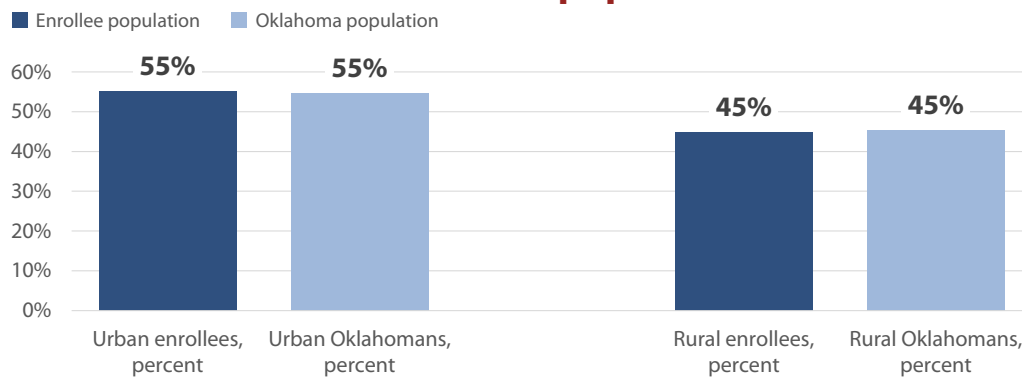


Source: OK Policy analysis of data from the Oklahoma Health Care Authority and the US Bureau of the Census. See Data Documentation Tab 8. Note: Urban counties, notated in red, include Canadian, Lincoln, Logan, McClain, Oklahoma, Pottawatomie, Rogers, and Tulsa counties. (Modeled after analysis done by Oklahoma Partnership for School Readiness and the Urban Institute.) Geographic analysis includes all expansion enrollees, not just newly insured enrollees, April 2022.

Further, the proportion of expansion enrollees in urban and rural areas is similar to the proportion of state residents. Specifically, 55 percent of Oklahomans live in urban areas, while 45 percent live in rural areas; similarly, 55 percent of Medicaid expansion enrollees live in urban counties, and 45 percent live in rural counties.³⁵

FIGURE 7

The proportion of enrollees in urban and rural areas is reflective of the state's population



Source: OK Policy analysis of data from the Oklahoma Health Care Authority and the US Bureau of the Census. See Data Documentation Tab 9. Note: Urban counties include Canadian, Lincoln, Logan, McClain, Oklahoma, Pottawatomie, Rogers, and Tulsa counties. (Modeled after analysis done by Oklahoma Partnership for School Readiness and the Urban Institute.) Geographic analysis includes all expansion enrollees, not just newly insured enrollees.



Medicaid expansion means more children have health insurance

Oklahoma was ranked 42nd in the country for children's health in 2019, due in part to the high percentage of children without health insurance, the third-highest child uninsured rate in the US.³⁶ In 2020, some 86,000 Oklahoma children — roughly the population of Edmond — were uninsured. Children are more likely to have health coverage when their guardians have coverage. For example, public health coverage among children increased by 5.7 percentage points when their parents became eligible for coverage through expansion,³⁷ and when parents get coverage, children are more likely to receive preventive care.³⁸ When Oregon created a Medicaid "lottery" for parents in 2008, for every nine adults who enrolled, one child also gained coverage.³⁹ Medicaid expansion improves childhood insurance rates. It also improves child health outcomes as children are more likely to attend annual well-child visits.⁴⁰ These visits are crucial preventive care as they receive immunizations, track development, and make referrals for further guidance or care. However, Medicaid benefits for children are quite robust⁴¹ and go well beyond preventive care. In addition to improving childhood insured rates, Medicaid also improves primary care, dental, vision, hearing, diagnosis, and treatment services for children all at little to no cost to families.

In less than one year of Medicaid expansion in Oklahoma, expansion has already led to increased coverage among children. Between June 2021 and April 2022, the number of children enrolled in Medicaid increased from 634,046 to 679,680 — an increase of nearly 46,000 children who now have coverage.⁴² Some of this increase in enrollment is also due to the federally declared public health emergency, but it's impossible to separate out the causes with available data. This will improve overall child well-being in Oklahoma, as having health insurance has been shown to improve family financial security, boost educational outcomes, and improve overall health.

Medicaid expansion enrollees depend on vital health care services

Medicaid expansion coverage is comprehensive and individuals who qualify through expansion have access to the same benefits as other enrollees, including physician and hospital services, prescription drugs, behavioral health and substance misuse treatment, and preventive services. Additionally, in conjunction with Medicaid expansion, Oklahoma expanded dental coverage⁴³ to include preventive and restorative dental care, like cleanings and fillings, for adult enrollees. All full-benefit adult Medicaid enrollees — not just expansion enrollees — will benefit from this increased access to dental care. Dental coverage is vital to wellbeing, as it means healthier pregnancies, better success in school, and more equitable health outcomes.⁴⁴

Medicaid expansion enrollees' utilization of health care services is similar, though not identical, to that of the general Medicaid population — such as those who are enrolled as children, pregnant people, or parental caretakers. The following chart outlines the top ten services that expansion enrollees have used in the first year of coverage.

TABLE 1

Top ten services utilized by expansion enrollees

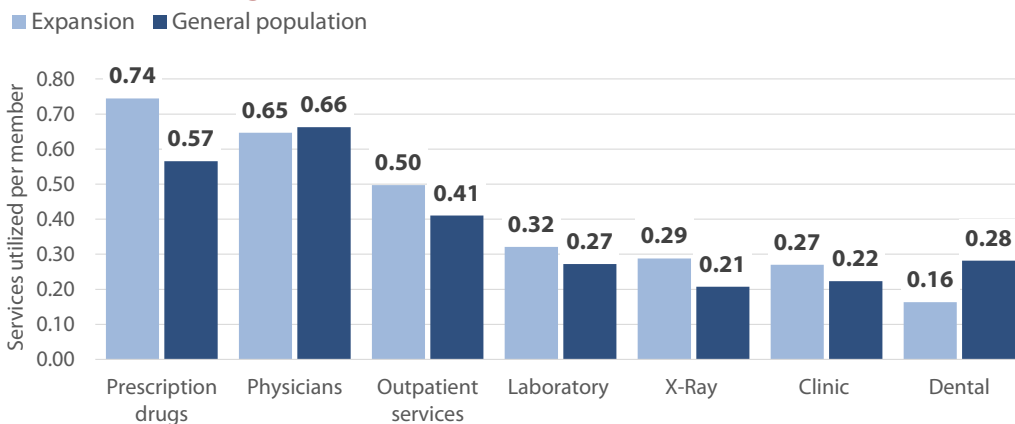
Category	Served
Prescription Drugs Services	165,909
Physician Services	144,048
Outpatient Services	110,701
Laboratory Services	71,467
X-Ray Services	64,135
Clinic Services	60,091
Dental Services	36,440
Behavioral Health Services - Adult	27,293
Community Mental Health - Adult	19,126
Transportation Services	17,061

Source: Oklahoma Health Care Authority. See Data Documentation Tab 11.

Notably, behavioral health, community mental health, and transportation are not included in the top 10 services utilized by the *general* Medicaid population,⁴⁵ suggesting a disproportionate need for these services among Oklahomans enrolled in Medicaid expansion. The seven highest-utilized services, however, show that expansion members use prescription drug coverage, as well as physician, outpatient, laboratory, x-ray, clinic, and dental services at rates that are generally similar to the Medicaid population as a whole.⁴⁶

FIGURE 8

Expansion members use services at rates similar to the general Medicaid population



Source: OK Policy analysis of data from the Oklahoma Health Care Authority. SeeData Documentation Tab 12. Note: This graph includes the top seven services utilized by expansion and general Medicaid enrollees.



Improving health care access improves overall child well-being, as having health insurance **improves family financial security, boosts educational outcomes, and improves overall health.**



Medicaid expansion has strengthened hospital care, supported state's labor force

Medicaid expansion has strengthened Oklahoma hospitals. Seven Oklahoma hospitals have closed since 2010,⁴⁷ at least in part due to the state's refusal to expand Medicaid when it became available.⁴⁸ Because of Medicaid expansion, Oklahomans can expect stronger hospitals moving forward, as hospitals in states that have expanded Medicaid are 84 percent less likely to close than hospitals in non-expansion states.⁴⁹ Based on other states' experiences, Oklahoma hospitals can expect to see less uncompensated care, increased Medicaid revenue, and better financial margins.⁵⁰

While the pandemic makes it hard to measure expansion's impact on hospitals, hospital executives have already seen the benefits start to play out. Roger Knak, CEO of the Fairview Regional Medical Center in rural Major County, discussed two areas of improvement: an increase in revenue provided by the state Supplemental Hospital Offset Payment Program (SHOPP) — which uses hospital fees and federal matching funds to increase hospital revenue — and an expansion of one of his hospital's departments. With more Medicaid patients, SHOPP revenues have significantly increased.⁵¹ Revenue increases like this help keep the lights on, especially for small and rural hospitals.

Although expansion's impact on hospital employment is difficult to identify in the midst of a worker shortage, Knak did point to an increase in physical therapy and occupational therapy employment at the hospital, attributing at least part of that increase to Medicaid expansion. More providers will mean better quality of life for the additional patients who can now access physical and occupational therapy.

Sylvanister's Story

Sylvanister Childs of Oklahoma City works for himself remodeling and updating homes. Before receiving Medicaid coverage, he would avoid going to the doctor if possible. However, there were times where he had to make difficult decisions.

"Sometimes I had to make a decision of whether to go to the doctor or pay a bill because I didn't have insurance or anything like that," he said.

Sylvanister only has one lung and suffers from asthma, which can often be irritated in his day-to-day work. Because his work is physically demanding, Sylvanister knew that a medical emergency could affect his livelihood.

"If I'm down, I can't make money or support myself," he said. "That's one of the biggest benefits of Medicaid, being able to stay healthy so I can work — especially because I work with my hands."

COLLABORATIVE WORK INCREASED EXPANSION ENROLLMENT

In the months leading up to Medicaid expansion implementation, the Oklahoma Health Care Authority worked to ensure that the program was accessible to all eligible Oklahomans. Their efforts were supported and enhanced by the work of community organizations across the state. Health Navigators at Legal Aid Services of Oklahoma and Opportunities Industrialization Center (OIC) of Oklahoma County, Tribal entities, and enrollment assisters from community organizations statewide helped enroll countless Oklahomans into Medicaid expansion. This personal enrollment assistance is instrumental in decreasing consumer confusion and helping more people find coverage for which they are eligible.⁵² Without this coordinated effort, fewer Oklahomans would be enrolled in Medicaid expansion.

MEDICAID EXPANSION HAS HELPED INDIVIDUALS LEAVING INCARCERATION ACCESS VITAL CARE

Prisons in Oklahoma are required to provide health care to the more than 21,000 people incarcerated statewide, but that care ends when individuals are released from custody. In Oklahoma, 38 percent of people who are incarcerated have a “serious mental illness,”⁶⁰ according to the Oklahoma Department of Corrections, and a large portion of people in prison have chronic medical conditions,⁶¹ meaning that loss of care can be devastating.⁶² The first few weeks and months after release is an important time for people who have been previously incarcerated to establish continuity of medical care and access necessary services, which helps keep people healthy and reduce the likelihood of returning to prison.

Most individuals leaving prison have little to no income⁶³ and therefore qualify for Medicaid expansion, preventing any lapse in care during reentry. Since the implementation of expansion, the Oklahoma Department of Corrections has worked to educate eligible individuals about the program and assist in Medicaid enrollment at the time of release. These state systems are continuing to improve with seamless data sharing between agencies, and more streamlined enrollment processes throughout state facilities.

MEDICAID EXPANSION HAS LED TO COVERAGE GAINS AMONG AMERICAN INDIANS/ALASKA NATIVES AND INCREASED REVENUE TO TRIBAL HEALTH SYSTEMS

Oklahoma's Medicaid expansion has contributed to expanding Tribal health care coverage at Indian Health Service, Tribes and Tribal organizations, and urban Indian health services (I/T/Us) across Oklahoma through third-party revenue.⁵³ There are approximately 55 I/T/Us in Oklahoma, 24 of which also accept non-Indian patients.⁵⁴

Medicaid expansion has enabled I/T/Us to increase their revenue because they can bill Medicaid more often for services I/T/Us provide. The Indian Health Service (IHS) serves as the principal federal health care provider and health advocate for American Indian and Alaska Native (AI/AN) people, who continue to experience health disparities and health care access challenges. The Indian Health Service provides funding to both Tribal and Urban Indian Health Services. Significant and historical underfunding and competitive funding (grants) has limited the ability of I/T/Us to provide preventative and comprehensive healthcare. However, when I/T/Us provide care for AI/AN Medicaid enrollees, the I/T/U is able to bill the OHCA for the cost of their care.

This third-party revenue has helped enable I/T/Us to hire more people, purchase more equipment, add services such as specialty providers,⁵⁵ or contract for more services, among other things. For example, Absentee Shawnee Tribal (AST) Health System said in their 2020 review that third party revenue resources, including Medicaid, meant “nearly 100 percent of contract health services medically necessary were covered for AST Tribal members, an unprecedented benefit provided by their Tribal program above and beyond any other Tribes in their area, state, and the nation.”⁵⁶ Medicaid expansion also provides additional flexibility for I/T/Us to continue reinvesting in Tribal health care.⁵⁷

Furthermore, Tribal citizens covered by Medicaid save the state of Oklahoma money. When health care is provided to an AI/AN patient at an I/T/U, the entire cost of care is paid by the federal government, resulting in a direct reduction in state expenditures. By comparison, the federal government will pay for 67 percent of the cost of Medicaid for non-Tribal, non-expansion enrollees in Fiscal Year 2023. Health care for Tribal citizens that utilize I/T/Us saved the state of Oklahoma \$86 million in 2019 because those services required no state matching Medicaid funds, according to the Oklahoma Native Impact Report.

While AI/AN Medicaid patients have the option to utilize non-Tribal health care providers, I/T/U providers are still making active efforts to enroll their respective Tribal members and patients into Medicaid. Since expansion enrollment began in June 2021, 28,628 applications had been submitted by an “Indian Health Care Provider,” averaging nearly 3,000 applications a month through March 2022.⁵⁸ As of April 2022, AI/AN patients accounted for 11 percent of Medicaid's total enrollment with nearly 58,000 adults and 80,000 children.⁵⁹ While there still remains great challenges in bettering Tribal health overall, Medicaid expansion is a huge win for Oklahoma I/T/U health care service, providers, and patients.



The first year of Medicaid expansion has been very positive for our hospitals in Duncan and Waurika. We have seen the uninsured rate drop from 6% to 4% at Duncan Regional Hospital and go from 11% to 9% at Jefferson County Hospital. This means we are now being paid for these services, and **we've created greater access for these patients without the financial burden that was on hospitals prior to expansion. While a 2% improvement sounds small, it is actually significant in actual dollars. In other words, it's working out just as we had hoped.**

*Jay R. Johnson, FACHE
President and CEO, DRH Health*



Opportunities remain to expand, strengthen, and enhance coverage

In its first year, Medicaid expansion has brought needed health care to hundreds of thousands of people. Oklahoma can now take several steps to build on that progress to further strengthen access to high-quality, affordable health care for all.

Strengthen Medicaid coverage for pregnant and postpartum people

Even after Medicaid expansion, several coverage gaps remain, particularly for pregnant and postpartum (the period after giving birth) Oklahomans who are uninsured. Oklahoma's maternal death rate (23.5 deaths for 100,000 live births) is significantly higher than the nationwide rate of 20.1.⁶⁴ To save lives and improve outcomes, pregnant people need coverage before, during, and after pregnancy.⁶⁵

Oklahoma offers two pregnancy benefit packages through Medicaid: a full-benefit plan and a limited benefit plan.⁶⁶ The full-benefit plan is available to pregnant people who meet certain citizenship requirements and who make less than 133 percent of the federal poverty level (\$30,648 for a single parent and two children), which is slightly less than the expansion income limit. The program is available during pregnancy and for 60 days postpartum. Now that Oklahoma has expanded Medicaid, individuals enrolled in the full-benefit plan should qualify for expansion coverage and have access to postpartum services for a longer period.

The gap remains, however, for individuals who only qualify for the limited benefit plan, which only provides pregnancy-related services and ends immediately following birth. This is also known as the "unborn child" option.⁶⁷ It is available to those who don't qualify for full benefits and who make less than 210 percent of the federal poverty level (\$48,384 for a single parent and two children). Nearly 10,000 parents were covered by the limited benefit plan in 2018, the most recent year for which data was reported.⁶⁸ Parents covered by this program likely will leave the hospital soon after giving birth without any health insurance and thus without any postpartum care, although comprehensive health care for parents is vital to maternal and child health.⁶⁹

Nearly all other states have made the full Medicaid benefit plan available to pregnant individuals at a higher income level.⁷⁰ Oklahoma could begin to close this gap by expanding its pregnancy coverage to increase the qualifying income levels for Oklahomans. Alternatively, the state could provide postpartum care to those who remain in the limited benefit plan.⁷¹



Danielle's Story

Danielle Gaddis is a 26-year-old future medical student who was recently uninsured for two years. She previously had been covered through her mom's health insurance, but Danielle lost coverage when her mother retired. **Danielle said the most challenging part about not having insurance was avoiding visits to the doctor.**

"You can't go to the doctor because you know the visit is going to have, not a copay, but a full payment that you're going to have to come up with," she said. "It puts you in a really awkward place when it comes to getting care because you have to wait til it's really bad."

Danielle graduated from Southern Nazarene University in 2017 and from Case Western Reserve University in 2020 with a master's degree in applied anatomy. She hopes to start medical school next year and wants to eventually work with underserved communities.

"As a future health care provider, it's important to me that everyone gets the care that they need, that everyone meets that basic level of care that you need to sustain a healthy life you can be happy in," she said. "But for me myself, it was something that I couldn't get, so it was a hard situation to balance out and really think about."

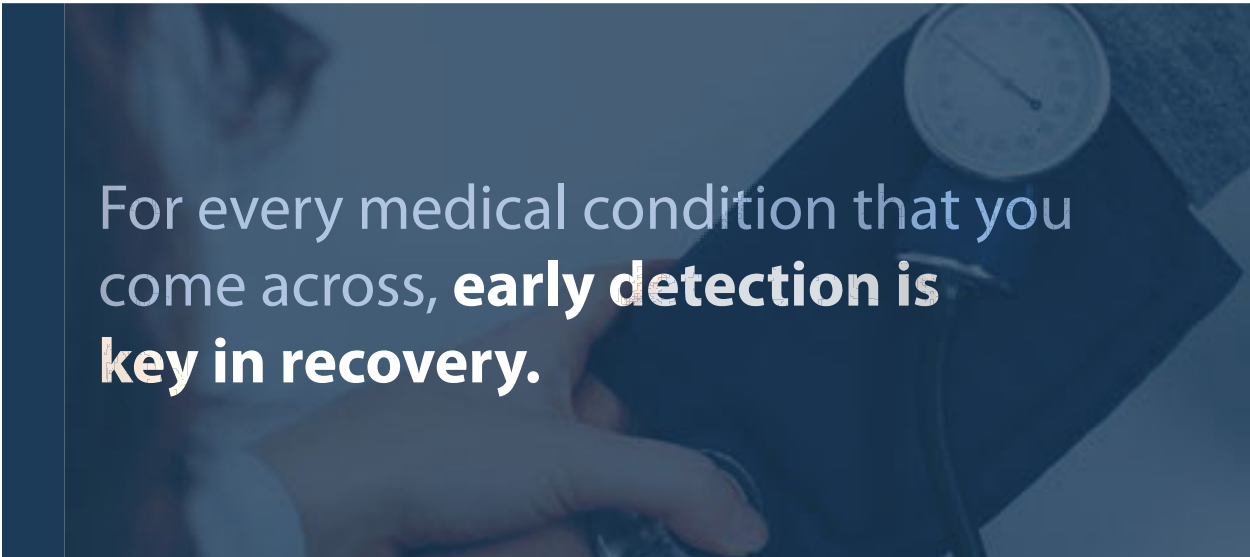
Thanks to Oklahoma's Medicaid expansion, Danielle was able to start receiving health care coverage in July. She believes everyone has a right to health care, and she was happy to see Oklahomans voted to expand Medicaid through SQ 802.

"I can't wait to come back after medical school to participate in the care that will be given to patients thanks to this expansion," she said.

Thoughtfully approach the unwinding of the public health emergency

The national public health emergency was declared on January 31, 2020 in response to the COVID-19 pandemic, and it remains in effect as of publication. In exchange for enhanced federal Medicaid matching funds, states have been required to provide continuous coverage to most Medicaid enrollees.⁷² This has protected most Medicaid enrollees from being disenrolled throughout the pandemic.⁷³ However, the public health emergency will likely end in 2022 or 2023, and OHCA estimates that some 200,000 Oklahomans could lose Medicaid coverage when it does. Some coverage loss is inevitable, as some individuals are no longer eligible for Medicaid. Other *eligible* individuals, however, may lose coverage due to procedural barriers, such as not responding to a request for information or having out-of-date contact information. In these instances, eligible Oklahomans could lose life-saving health coverage.

It is vital that eligible enrollees remain insured and that newly ineligible individuals smoothly transition to new forms of coverage, such as employer-sponsored insurance or insurance through the Health Insurance Marketplace. Federal requirements will provide some protections for enrollees,⁷⁴ and OHCA has built on this guidance by outlining specific notices that will be sent to enrollees, using social media and television advertisements to raise awareness, as well as creating an informational toolkit for community partners who work with people eligible for Medicaid coverage. OHCA has also committed to disenrolling ineligible members in a phased, risk-based approach. Publicizing those phases will help community organizations identify the areas of greatest need. Implementing updates to the state's data systems — as discussed on page 33 — would also help minimize coverage loss.



For every medical condition that you come across, **early detection is key in recovery.**



Implement continuous Medicaid eligibility to mitigate coverage gaps

The public health emergency has shown the benefit of continuous eligibility, which limits gaps in coverage and may create administrative savings for the state.⁷⁵ Continuous eligibility allows enrollees to remain covered by Medicaid for 12 months regardless of changes in circumstance.⁷⁶ All infants, pregnant, and (some, for a limited time) postpartum people who are covered by Medicaid are eligible for continuous coverage in all states, and 32 states provide continuous coverage to at least some non-infant children.⁷⁷

“Churn” occurs when an individual loses Medicaid coverage and re-enrolls within a short period of time.⁷⁸ This coverage loss can happen when enrollees’ income fluctuates — which is more common among Medicaid enrollees than the general population — or when an enrollee fails to meet an administrative requirement due to procedural barriers.⁷⁹ Even small gaps in coverage can cause individuals to go without necessary care or have issues paying medical costs.⁸⁰ Churn can also result in administrative costs of an estimated \$400-\$600 per person per instance of churn, as the state spends time disenrolling and re-enrolling eligible individuals.⁸¹ Conversely, continuous coverage makes accessing needed care simpler for enrollees.⁸² Implementing continuous eligibility for all enrollees after the end of the public health emergency would mitigate coverage gaps and could ultimately reduce the state’s administrative cost. While extending this coverage option to all enrollees is ideal and would make Oklahoma a leader in this space, starting by continuously covering children would be highly effective, too, and would bring Oklahoma in line with most other states.

Increase access to coverage for immigrants

Nationwide, immigrants are uninsured at substantially higher rates than their U.S.-born counterparts.⁸³ Noncitizens are significantly more likely to be uninsured.⁸⁴ Oklahoma's Medicaid expansion has opened the doors for more people to enroll for health insurance, but despite this expansion, most noncitizens have to wait five years before being able to access benefits or are barred outright from Medicaid due to complicated rules around immigrant eligibility for federal programs.⁸⁵

About 67,000 noncitizens in Oklahoma are uninsured.⁸⁶ Being uninsured leads to poorer health outcomes, which impacts all aspects of their lives, including work and education.⁸⁷ Oklahoma can increase immigrants' access to health insurance by expanding Medicaid to income-eligible children and adults regardless of their immigration status and providing full pregnancy and postpartum coverage for all pregnant people, including those insured by the limited pregnancy benefit package.

Other states have already made similar expansions to insure more of their residents. Colorado recently passed a public option bill that will make income-eligible state residents eligible for state assistance to purchase individual coverage on the individual marketplace, regardless of immigration status. Colorado's bill will make buying insurance more affordable for immigrants and it will likely expand health care access to more individuals. Similarly, Oklahoma can use state funds to expand Medicaid coverage to more Oklahomans. Federal rules around which immigrants are eligible for Medicaid only apply to federal Medicaid dollars and states are free to use state dollars to expand Medicaid to more people.





Improve dental coverage for Medicaid enrollees

Oral health has broad health and economic impacts, as it affects health conditions, social connectedness, and secure employment.⁸⁸ Unfortunately, Oklahoma has a history of limited access to dental insurance.⁸⁹ To begin to mitigate this, Oklahoma expanded the adult dental services available to all Medicaid enrollees to include preventive and restorative care, exams, and dentures, effective July 1, 2021.⁹⁰ The 552,748 Oklahoma adults⁹¹ covered by Medicaid now have access to this coverage.⁹²

Improved coverage has increased demand to an already strained dental workforce; 1.3 million Oklahomans, or about 1 in 4 residents, live in “dental health professional shortage areas.”⁹³ With less than half of Oklahoma dentists accepting Medicaid, and many enrollees having to travel out of state for care, this benefit expansion won’t entirely ensure access to dental care for all those who need it. This shortage is often especially acute in Tribal communities.⁹⁴ One way to further mitigate access barriers is to expand the services that dental assistants and hygienists can perform, as well as authorize a new provider type, the dental therapist.⁹⁵ Dental therapists supplement existing dental services by providing routine care, such as exams and fillings, under the off-site supervision of a dentist, particularly in areas with access shortages,⁹⁶ such as schools, nursing homes, and rural communities. Introducing dental therapists in Oklahoma — following the lead of 12 other states — would help improve access to care and overall oral health, especially in underserved communities.⁹⁷

Implement administrative reforms to make coverage more accessible

One way to facilitate program integrity is to ensure that all eligible Oklahomans can access Medicaid coverage with ease and without undue administrative burdens. The state has several options to help streamline coverage access, most of which entail improvements to the state's data systems, allowing for enhanced data sharing between relevant agencies.

The state should consider:

- **Streamlining enrollee renewals** by increasing the use of *ex parte* renewals, as used in at least 22 other states. This type of renewal occurs when state Medicaid agencies attempt to confirm enrollee eligibility by using available data, which doesn't require any action from the enrollee.⁹⁸ Currently, fewer than 25 percent of renewals in Oklahoma are *ex parte* renewals.
- **Adopting express lane eligibility to initiate or renew coverage for children.** With this option, OHCA could use data from programs like the Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC) to verify eligibility. While these programs are currently run on different systems, the state could invest American Rescue Plan Act funding to update the technological infrastructure needed to make these changes. With just seven states currently using this option, Oklahoma would join the cutting edge of enrollment and renewal determinations.
- **Coordinating with the Department of Human Services (DHS)** to share relevant data. Some Medicaid enrollees who fall into certain categories, such as being over 65, blind, or disabled, enroll through DHS, while most others — like children, pregnant people, and the expansion population — enroll through OHCA. Data sharing between the two entities would help streamline enrollment changes when enrollees switch between those enrollment categories.
- **Using text messaging to communicate with enrollees.** As of publication, OHCA does not text enrollees, relying instead on physical mail and email. Text messaging is a commonly used form of communication among the general public, yet only 11 states report planning to use text messaging as the public health emergency unwinds.⁹⁹ Using text messaging to communicate with enrollees would get necessary messages to enrollees efficiently and with greater accessibility, which may help decrease unnecessary coverage loss.

Reverse previous programmatic cuts

Over the years, the Board of the Oklahoma Health Care Authority has approved countless rule changes. Sometimes, these rule changes are to keep the agency in line with existing law or to expand available benefits. Other times, however, and especially in lean budget years, rule changes have limited or eliminated certain benefits in order to cut down on costs. Now, with state revenue high compared to recent years, state policymakers and agency officials could take action to reverse previous cuts and make investments that would pay dividends for Oklahomans' health.

TABLE 2

Oklahoma can restore previously cut Medicaid benefits

Passed as an emergency rule in:	Passed as a permanent rule in:	Action	Total savings	State savings ¹⁰⁰
June 2014	March 2015	Increase enrollee co-pays to the federal maximum.	\$8,294,160	\$3,091,234
June 2014	Feb 2015	Limit the number of payments for childrens' glasses to two per year.	\$347,055	\$129,347
Sept 2014	March 2015	Limit the number of hours that outpatient behavioral health providers can be reimbursed to 35 hours per week.	\$14,335,949	\$5,404,652
June 2015	March 2016	Eliminate coverage for the removal of benign skin lesions for adults.	\$106,832	\$37,879
June 2015	March 2016	Eliminate coverage for adult sleep studies.	\$1,459,302	\$517,420
June 2015	March 2016	Restrict coverage for continuous positive airway pressure devices (CPAP) to children only.	\$506,630	\$179,634
Aug 2017	March 2018	Remove coverage of optional non-prescription drugs for adults. Require prior authorization for some prescriptions that exceed a predetermined limit. Expands the number of prescriptions allowed for adults covered by the Home and Community-Based Services Waiver from two to three.	\$825,000	\$338,993

Source: OHCA Board meeting minutes from January 2014 to March 2022. Note: This list is not exhaustive. Rule changes that were likely to cause major enrollee impacts have been included as examples. Most rule changes can be found in OHCA Board meeting minutes.

Though not reflected in the table, providers who contract with Medicaid have been subject to payment rate fluctuations as state revenues rise and fall. State officials should also consider revising payment rates to identify underpaid providers and consider how updated payment rates may help recruit more providers.



Expansion has been monumentally impactful. We still have more to do.

With 280,000 Oklahomans across all counties enrolled, Medicaid expansion has done what voters knew it would: facilitate increased access to coverage for their neighbors, family members, and friends. Moving forward, Oklahoma will undoubtedly see data showing improved health outcomes and a healthier population. Nearly a decade after Medicaid expansion became an option for states, Oklahoma has finally realized its benefits. Now, the state is in the ideal position to continue building on the benefits of expansion. From administrative reforms to streamline access, to expanded pregnancy and postpartum coverage, to continuous eligibility for Medicaid enrollees, Oklahoma has several opportunities to continue on the path to being a healthier state.

A woman with glasses is hugging a man from behind. A young girl is also hugging the man. The scene is set in a kitchen with a table and chairs visible in the background. The image has a light blue overlay.

“

Oklahoma has the opportunity to build on the momentum of Medicaid expansion. By further expanding coverage and strengthening existing coverage, lawmakers can help ensure every Oklahoman can see a doctor and fill a prescription.

”

Appendix A: List of OK Policy enrollment partners

Partners who provided direct enrollment assistance in partnership with OK Policy:

- Guiding Right, Inc. (Oklahoma City and Tulsa)
- Health Navigators at Legal Aid Services of Oklahoma
- Oklahoma State Lay Organization of the African Methodist Episcopal (AME) Church (Statewide)
- The Links, Inc. - Oklahoma City Chapter
- The Links, Inc. - Tulsa Chapter
- Morton Comprehensive Health Services - Tulsa
- Opportunities Industrialization Center (OIC) of Oklahoma County (also served as a trainer for other partners across the state)
- Salvation Army of Lawton
- Oklahoma Indian Missionary Conference of the United Methodist Church (Statewide)
- Thick Descriptions (Statewide)
- Tulsa Responds
- Great Plains Improvement Foundation, Inc. Community Action Agency (Comanche County)
- Barnett Chapel AME Church (Lawton)

Partners who offered their locations for enrollment or enrollment events:

- Victory Temple Church of God in Christ - Oklahoma City
- Northeast Resource Center - Oklahoma City
- Capitol Hill Library - Oklahoma City
- Team Uptown Electric - Oklahoma City
- Fairview Baptist Church - Oklahoma City
- NE Farmers Market - Oklahoma City
- Pitts Park (City of Oklahoma City Recreations Dept) - Oklahoma City
- Voice of Praise Baptist Church - Oklahoma City
- Oasis Fresh Food Market - Tulsa
- Sandy Park Clinic - Tulsa
- Tulsa Technology Center
- Friendship Baptist Church - Oklahoma City

Appendix B: Data Documentation Sheet

To view and download the Data Documentation Sheet associated with the report, please visit our website at okpolicy.org/Medicaid-Expansion-Year-One

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“If someone is not getting the care they need because of any barriers to access — as COVID-19 has demonstrated — that affects all of us, even those with insurance.”

– Daniel Pham, Medical Student

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