Oklahoma Progress Report

STATE ACTIONS PROTECTING PATIENTS IN THE EXCHANGE

OVERVIEW

States vary in terms of the patient-centeredness of their health insurance markets. While federal rules set minimum requirements for consumer protections, some states have acted to make their markets more patient-focused. This scorecard evaluates states based on five key areas that assess patient-friendliness of their insurance markets to promote policies that best protect patients.

FIVE PATIENT-FOCUSED PRINCIPLES

NON-DISCRIMINATION

To ensure cost sharing and other plan designs do not discriminate or impede access to care.

- ◐ No state action to limit discrimination.
- ● One unique platinum offering in the 2015 exchange.
- ◐ No state action on provider network requirements.
- ● The premium for the 2nd lowest cost silver plan is 9% higher in 2015 than it was in 2014.[2]

For non-discrimination metrics, relative to other states, Oklahoma is a


Low-Performing State

TRANSPARENCY

To promote better consumer access to information about covered services and costs in exchange plans.

- ◐ HealthCare.gov links to external provider networks and formularies and also allows consumers to filter search results. However, the website lacks a formulary search tool, a provider search tool, and calculators to help estimate tax credit or out-of-pocket expense amounts.
- ◐ No state action regarding contracting requirements for plan information transparency.

For transparency metrics, relative to other states, Oklahoma is a


Low-Performing State

OKLAHOMA HIGHLIGHTS

Oklahoma's exchange is regulated by the federal government and operates through HealthCare.gov.

In the 2014 plan year, 69,200 Oklahomans selected an exchange plan through HealthCare.gov. About 17% of Oklahoma residents who are eligible for exchange coverage enrolled in an exchange plan in 2014.[1]

Oklahoma has not expanded Medicaid.

PROGRESS LEGEND

This report measures states using two methods of evaluation:

First, the report measures a state's performance on a series of metrics related to the five principles.

- ● Beneficial for Patients
- ◐ Neutral for Patients
- ● Negative for Patients

Second, the report compares a state's aggregate performance on all metrics within each principle to other states' performance on these same metrics.


High-Performing


Average-Performing


Low-Performing

STATE OVERSIGHT

To ensure all health insurance exchange plans meet applicable requirements.

- Passive purchasing—the state does not actively negotiate with plans to participate in the exchange.
- No state action regarding contracting requirements for exchange participation.
- Oklahoma does not have an effective rate review.[3]
- Five carriers in the 2015 exchange market.

For state-oversight metrics, relative to other states, Oklahoma is a

Low-Performing State

UNIFORMITY

To create standards to make it easier for patients to understand and compare exchange plans.

- No state action to standardize benefit designs.
- The quality rating system planned by the federal government for use on HealthCare.gov will show ratings for the 2017 plan year.
- No state action on standardized display of plan information.

For uniformity metrics, relative to other states, Oklahoma is an

Average-Performing State

CONTINUITY OF CARE

To broaden sources of coverage and protect patients transitioning between plans.

- No state action on continuity-of-care requirements.[4]
- Oklahoma has not expanded Medicaid, which would provide coverage for an estimated 201,000 people in the state.[5]

For continutity-of-care metrics, relative to other states, Oklahoma is a

Low-Performing State

A MORE PATIENT-FOCUSED OKLAHOMA MARKETPLACE

Oklahoma has not exercised its full authority to regulate the exchange to promote patient protections. Oklahoma's reliance on the federal government to run the exchange reduces the state's influence over its own health insurance market. Oklahoma would have more control over exchange plans if the state opted to create a state-based exchange or, as an intermediary step, a partnership or exchange plan management model. Oklahoma has yet to establish standards that would increase transparency or uniformity, protect patients from discrimination, or develop continuity-of-care requirements to help patients maintain access to care. Under a different operational model, Oklahoma also could become an active purchaser, which could help the state better manage increasing premiums. In addition, the state has very few platinum plans, which limits options for the people who would benefit most—those with chronic conditions and disabilities. Another critical step towards a patient-friendly health insurance market would be for Oklahoma to expand Medicaid. Expansion of Medicaid would provide health insurance for more than 201,000 Oklahomans.

METHODOLOGY

Data by Avalere Health as of January 1, 2015. Avalere maintains a proprietary database of state policy developments for all 50 states and DC. Avalere also used key resources from publicly available websites, cited where applicable. Avalere conducted a focused review of state exchange insurance markets; this assessment is not intended to be a comprehensive review of state insurance markets. Avalere only included finalized actions established in the state, and did not include proposed measures or actions.

For definitions of key terms, see the National Health Council's Putting Patients First® glossary.

1 Kaiser Family Foundation, "Estimated Number of Individuals Eligible for Financial Assistance through the Marketplaces," November, 2014, accessed via: http://kff.org/other/state-indicator/estimated-number-of-individuals-eligible-for-premium-tax-credits-through-the-marketplaces/

2 Kaiser Family Foundation, "Analysis of 2015 Premium Changes in the Affordable Care Act's Health Insurance Marketplaces," January 06, 2015, accessed via: http://kff.org/health-reform/issue-brief/analysis-of-2015-premium-changes-in-the-affordable-care-acts-health-insurance-marketplaces/

3 The Center for Consumer Information & Insurance Oversight, "State Effective Rate Review Programs," April 16, 2014, accessed via: http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/rate_review_fact_sheet.html

4 Families USA, "Standards for Health Insurance Provider Networks: Examples from the States," November 2014, accessed via: http://familiesusa.org/sites/default/files/product_documents/ACT_Network%20Adequacy%20Brief_final_web.pdf

5 Kaiser Family Foundation, "A Closer Look at the Impact of State Decisions Not to Expand Medicaid Coverage for Uninsured Adults," April 24, 2014, accessed via: http://kff.org/medicaid/fact-sheet/a-closer-look-at-the-impact-of-state-decisions-not-to-expand-medicaid-on-coverage-for-uninsured-adults/