Oklahoma Health Care Authority

SoonerCare Demonstration 11-W-00048/6
§1115(a) Annual Report
Demonstration Year: 17 (1/1/2012 – 12/31/2012)
Federal Fiscal Quarter: 3/2012 (10/12 – 12/12)

Submitted
April 30, 2013

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I. INTRODUCTION

Oklahoma's SoonerCare Choice demonstration program utilizes an enhanced primary care case management delivery system to serve eligible populations statewide. SoonerCare program objectives include:

- Improving access to preventive and primary care services;
- Increasing the number of participating primary care providers, and overall primary care capacity, in both urban and rural areas;
- Providing active, comprehensive care management to members with complex and/or exceptional health care needs;
- Integrating Indian Health Services' members and providers into the SoonerCare delivery system; and
- Expanding access to affordable health insurance for low-income adults in the work force, their spouses, and college students.

The SoonerCare demonstration was approved for a three-year extension on December 30, 2009. The extension period ran from January 1, 2010, through December 31, 2012.

The State submitted the SoonerCare Choice Renewal Application to the Centers for Medicare & Medicaid Services (CMS) on December 31, 2011, requesting an extension of the program for the period January 1, 2013 to December 31, 2015. The State requested two amendments to the waiver including a 48 visit limitation per year on the Insure Oklahoma Individual Plan's (IP) adult outpatient behavioral health benefits, which match the Insure Oklahoma IP children's benefit; and the State requested to modify the HMP program by renaming nurse care managers as health coaches and embedding the health coaches within the HMP practices. The State received CMS approval for the SoonerCare Renewal Application on December 31, 2012. The State acknowledged the approval of the renewal application and accepted the special terms and conditions on January 30, 2013.

II. ACCOMPLISHMENTS

The SoonerCare Choice program has had many accomplishments and highlights in its seventeenth year of the demonstration. Below are just a few program high points for 2012.

- The SoonerCare Choice and Insure Oklahoma programs enrolled 569,936 individuals as of December 2012, covering approximately 15 percent of the Oklahoma population[1].
- The Health Access Network pilot programs saw increases in enrollment from December 2011 to December 2012 – OU, 27 percent increase; PHCC, 8 percent increase; OSU, 6 percent increase.
- Seventy-six percent of SoonerCare applications in 2012 were filled out using an online application.
- An average of eighty-three percent of newborns enrolled into SoonerCare in fiscal year 2012, were enrolled through the electronic newborn enrollment process.
- Since 2011, the Electronic Health Records incentive program had a forty-four percent increase in the number of eligible professionals and hospitals who received incentive payments. An overall total of $87 million in incentive payments was paid out in 2012.
- May 10, 2012, OHCA participated in Quality Team Day – hosted by the State of Oklahoma – and received a Governor's Commendation for Excellence award for the following projects: Oklahoma's Electronic Health Records incentive program, letter generator and mail consolidation, SoonerQuit prenatal, and SoonerEnroll.
- On June 29, 2012, OHCA submitted a Transition Plan to CMS outlining the State's proposed plans for the SoonerCare Choice program's compliance with the new Medicaid provisions.
- On December 31, 2012, CMS approved two OHCA SoonerCare Choice amendments as part of the renewal application:
  - ✓ To modify the Health Management Program (HMP) by renaming nurse care managers as health coaches and embedding the health coaches within the HMP practices; and
  - ✓ To place a 48 visit limitation per year on the adult outpatient behavioral health visit for the Insure Oklahoma Individual Plan.
- On December 31, 2012, CMS approved OHCA's 1115(a) SoonerCare Choice Renewal Application for the January 1, 2013 to December 31, 2015, extension period.
- Budget neutrality calculations for 2012 denote state savings of some $316 million dollars.

[1] U.S. Census Bureau: State and County QuickFacts.Data derived from Population Estimates, American Community Survey, Census of Population and Housing, Economic Census; March 14, 2013.

Tell Us Your Story

Piper
Piper is seven years old. Her mother said the call she got from a SoonerCare outreach staff member reminding her to renew her daughter's health insurance came not a moment too soon. A few days later, Piper had to be flown from her home to a Tulsa hospital, diagnosed with severe complications from diabetes.

Brady
When Brady was born, his doctors and parents knew he had a severe heart problem. His mother said there were "83 rollercoaster days" of not knowing whether her son would survive and be able to come home. SoonerCare took care of Brady when he was born with a heart problem. Two years ago he got a new heart. Today he's back in the game.

Daryn
"If I had not found out about SoonerCare, I am not sure that I would have gotten the quality of prenatal care that I needed because I simply could not afford it."

Jason
"I could not do it without SoonerCare and all the medical treatment they provide for Jason. SoonerCare has helped me and him tremendously."

Anthony
"Latrita has trouble containing her amazement as she describes a boy (Anthony) who now has the self-esteem not only to speak, but serves as junior deacon in his church and ran for student body president.


Piper


Brady

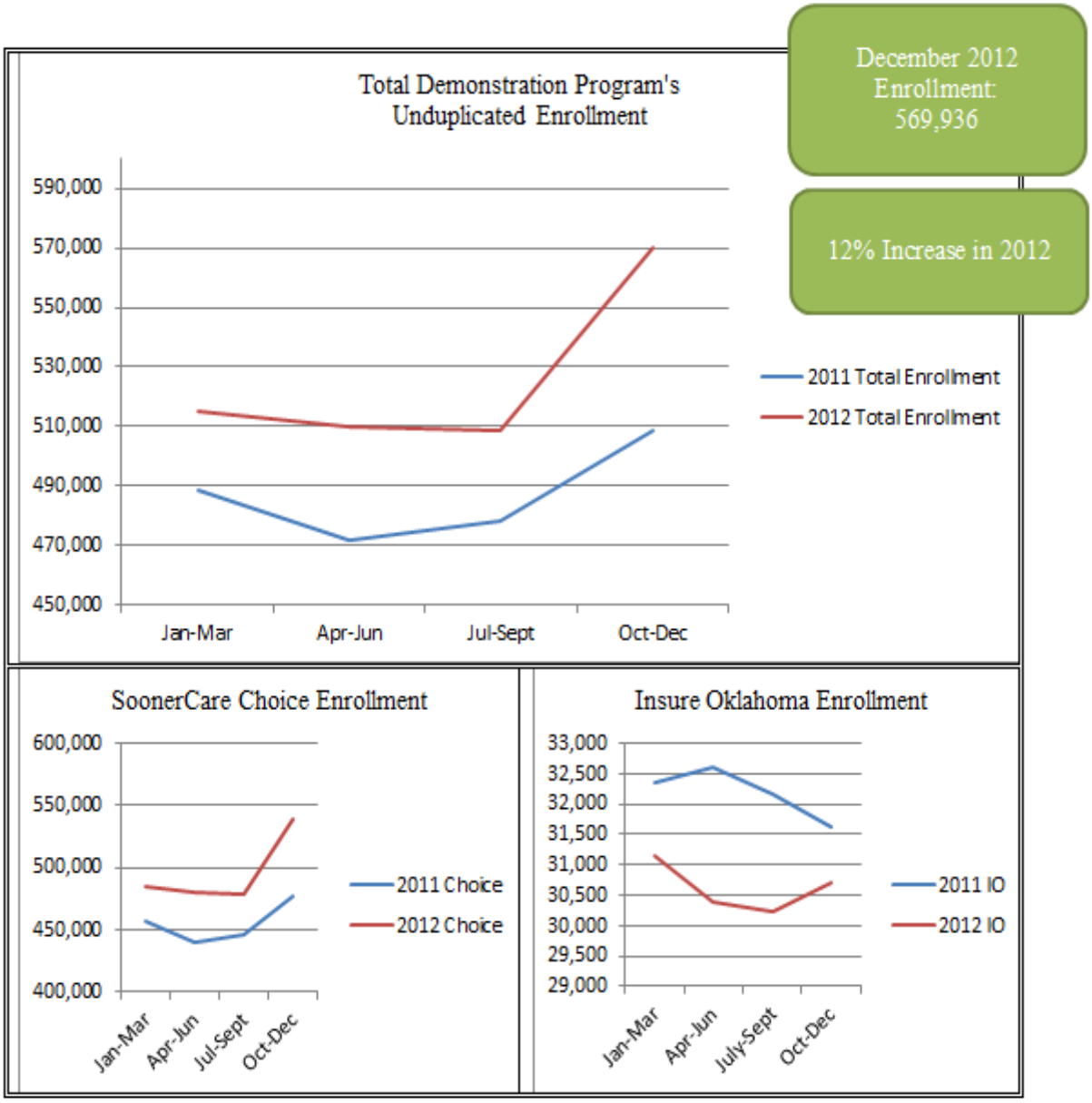

Daryn


Jason


Anthony

III. ENROLLMENT INFORMATION

SoonerCare Choice/Insure Oklahoma Program Enrollment
2011 to 2012 Comparison



III. ENROLLMENT INFORMATION (Cont'd)

A. Member Enrollment[2]

2012 Members Enrolled in SoonerCare Choice and Insure Oklahoma	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec	% Change
Total Number of Eligibles Enrolled in SoonerCare Choice[3]	**483,976**	**479,492**	**478,690**	**539,243**	**13%**
SoonerCare Choice Percentage of total Medicaid Population	67%	67%	66%	73%	
A) Title XXI	54,356	57,692	58,007	Not Available[4]	Not Available
B) Title XIX	429,620	421,800	420,683	539,243	28%
C) Adults	88,753	89,648	90,160	103,487	15%
D) Children	395,223	389,844	388,530	435,756	12%
E) Ratio – Adult/Child:					
Adult	18%	19%	19%	19%	
Child	82%	81%	81%	81%	
Total Number Enrolled in Insure Oklahoma	**31,138**	**30,376**	**30,219**	**30,693**	**1.6%**
A) Individual Program (IP)	13,574	13,511	13,694	14,073	2.8%
B) Employee Sponsored Insurance (ESI)	17,564	16,865	16,525	16,620	0.6%
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma	**515,114**	**509,868**	**508,909**	**569,936**	**12%**

2012 Unemployment Rates[5]	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	**Yearly Avg**
Oklahoma	6.1	6.0 ↓	5.4 ↓	5.0 ↓	4.8 ↓	4.7 ↓	4.9 ↑	5.1 ↑	5.2 ↑	5.3 ↑	5.2 ↓	5.1 ↓	**5.2**
National	8.3	8.3 –	8.2 ↓	8.1 ↓	8.2 ↑	8.2 –	8.2 –	8.1 ↓	7.8 ↓	7.9 ↑	7.8 ↓	7.8 –	**8.0**

SoonerCare enrollment trends closely to Oklahoma's unemployment rate. The unemployment rate, for example, was at its highest during the first quarter of 2012, which, similarly, SoonerCare and Insure Oklahoma had an increased number of enrolled members during this time. When the unemployment rate dropped 0.7 percent in the second quarter of 2012, SoonerCare and Insure Oklahoma enrollment dropped one percent, or 5,246 members. In quarter three, however, SoonerCare enrollment continued to drop even though Oklahoma's unemployment rate increased slightly. This is due, in part, to OHCA's ending of some manual Choice assignments during the quarter. Relative to this, SoonerCare enrollment did not follow the unemployment trend during the fourth quarter of 2012, as OHCA made some systems changes. Because of these changes, Choice enrollment saw a 13 percent increase during the fourth quarter.

[2] Enrollment numbers are point in time numbers.
[3] Members enrolled in SoonerCare Choice must meet all eligibility criteria and have a current PCP assignment.
[4] Title XXI enrollment data are not available this quarter due to an error in counting parental income.
[5] Data extracted from the Bureau of Labor Statistics website.

III. ENROLLMENT INFORMATION (Cont'd)

December 2012 Demonstration Populations: Enrolled and Potential[6] Members	Currently Enrolled	Potential Population	Total Eligible
TANF-Urban	277,614	35,995	313,609[7]
TANF-Rural	215,540	4,493	220,033[7]
ABD-Urban	23,542	5,828	29,370[7]
ABD-Rural	21,813	2,164	23,977[7]
Other[8]	734		734
Non-Disabled Working Adults (IO)			33,133
Disabled Working Adults (IO)			2
TEFRA Children			415[9]
SCHIP Medicaid Expansion Children Enrollees	Not available[10]		Not available[10]
Full-Time College Students			585

2012 Demonstration Populations: Member Months	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec
TANF-Urban	888,688	895,402	903,046	933,127
TANF-Rural	633,779	635,146	638,729	657,469
ABD-Urban	86,667	86,331	87,575	88,362
ABD-Rural	71,056	70,977	71,600	71,989
Non-Disabled Working Adults (IO)	98,828	97,109	96,597	98,497
Disabled Working Adults (IO)	26	17	16	7
TEFRA Children	1,240	1,234	1,248	1,256
SCHIP Medicaid Expansion Children Enrollees	161,413	165,200	170,733	Not Available[10]
Full-Time College Students	1,641	1,659	1,666	1,758

[6] Potential members meet SoonerCare Choice eligibility criteria, but do not have a PCP assignment. This can occur several different ways:

- With the onset of the Patient-Centered Medical Home in 2009, PCP auto assignment was disabled. For members who enroll through DHS or paper application, members are no longer assigned to a PCP if one is not selected at enrollment, if the member is terminated from a practice, or if the provider terminates their SoonerCare contract.
- If a member selects or changes PCPs after the 15th of the month, the switch is immediate and transparent to the member, but the system will not recognize the change until the first of the following month or the next month.
- Following the implementation of online enrollment, the system was terminating PCP assignments when recertification letters were generated, which subsequently placed members in the potential population. A fix has since been implemented for this issue, but not all of the members have been re-enrolled with a PCP.
- During the online enrollment process, individuals that are new to the system and approved for SoonerCare Choice are assigned to a PCP in real-time. All other PCP assignments are placed on a report and worked manually. A delay in the manual process could place members in the potential population. A requested enhancement to the online enrollment process is to make more of the PCP assignments in real-time.

  All of these factors contribute to the number of members in the potential population. Once the PCP assignment is made in the system, the member will be included in the current enrollment number.

[7] As reported on the CMS-64 form.

[8] Other includes BCC, TEFRA, and other SoonerCare Choice members who are not part of TANF or ABD.

[9] Includes all TEFRA children not just SoonerCare Choice.

[10] The quarterly enrollment data for SCHIP Medicaid Expansion Children is not available due to an error in counting parental income for these children.

III. ENROLLMENT INFORMATION (Cont'd)

Breast and Cervical Cancer Program (BCC)

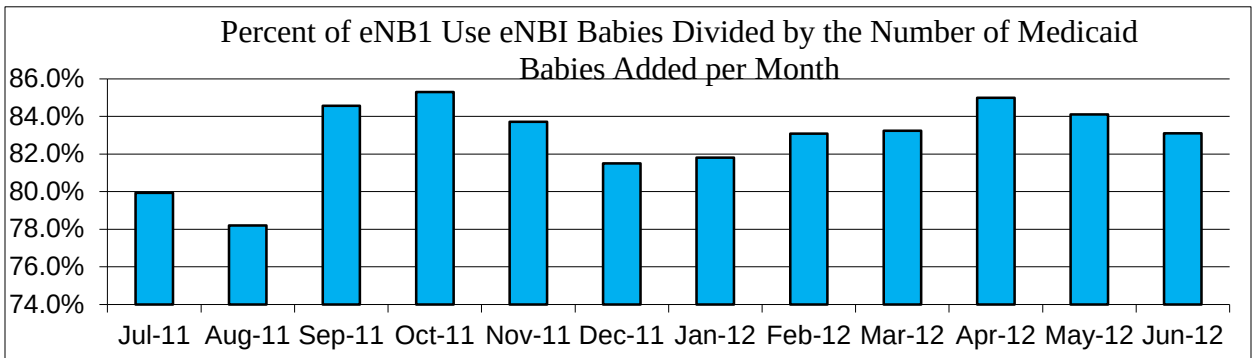
The BCC program provides treatment to eligible women with breast cancer, cervical cancer, or pre-cancerous conditions. This program, also known as Oklahoma Cares, is a partnership of the Oklahoma State Department of Health (OSDH), the Oklahoma Department of Human Services (OKDHS), the Cherokee Nation, the Kaw Nation, and the Oklahoma Health Care Authority (OHCA).

2012 Oklahoma Cares Member Enrollments	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
SoonerCare Choice	**1,329**	**1,279**	**1,266**	**1,163**
Choice and Traditional Total Current Enrollees	3,451	2,801	2,743	2,650

Electronic Newborn Enrollment

With the Electronic Newborn Enrollment process, OHCA receives a newborn's information directly from the hospital. OHCA generates a member ID and the newborn is enrolled in SoonerCare. Once benefits are established, OHCA shares the information with the Oklahoma Department of Human Services (OKDHS).

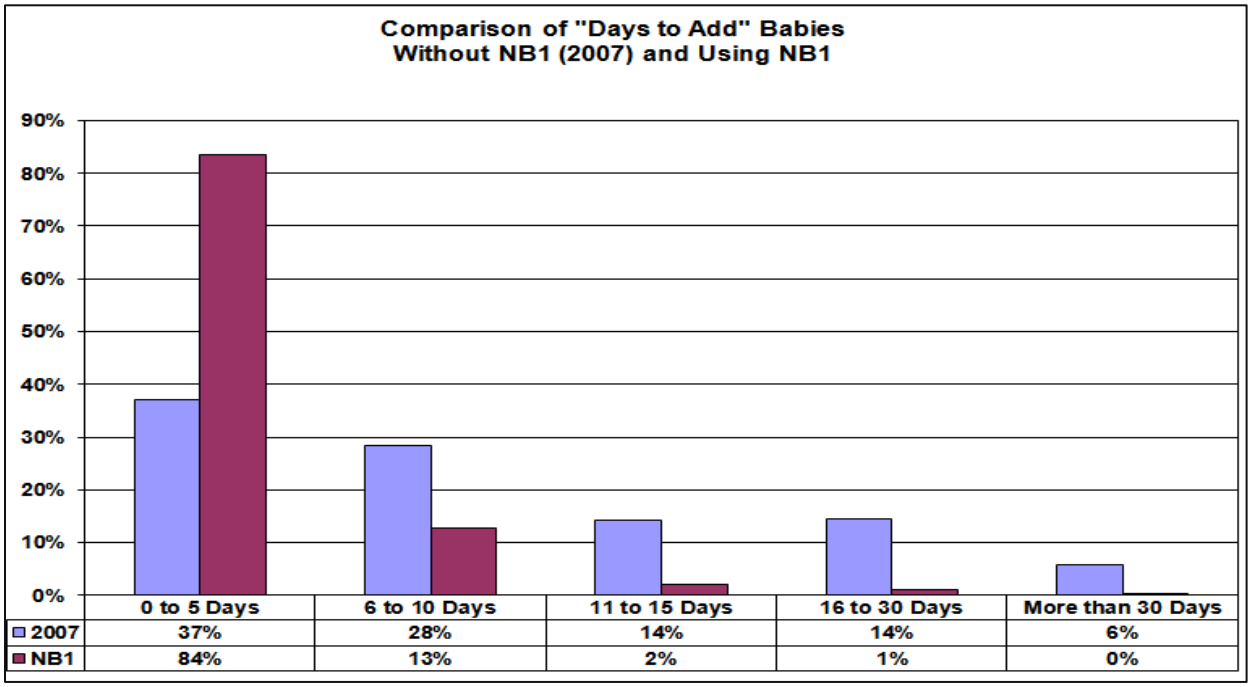
Over the course of State Fiscal Year 2012, an average of 82.8 percent of newborns enrolled in SoonerCare were enrolled through the electronic newborn enrollment process.



Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
79.9%	78.2%	84.6%	85.3%	83.7%	81.5%	81.8%	83.1%	83.2%	85.0%	84.1%	83.1%

III. ENROLLMENT INFORMATION (Cont'd)

In addition, as shown in the chart below, enrolling newborns through the electronic enrollment process is more efficient than for the Oklahoma Department of Human Services to manually enroll them. As of 2012, 84 percent of newborns enrolled electronically were added to SoonerCare within five days.



Health Management Program's CareMeasures Disease Registry

The CareMeasures disease registry is a tool used for tracking patient care opportunities and measuring patient care outcomes for diabetes, hypertension, coronary artery disease, congestive heart failure, and asthma. Preventive care measures are also available in the registry. Although practices are encouraged to use CareMeasures for their patients, the number of members reportedly enrolled in CareMeasures does not reflect patients of payer sources other than SoonerCare Choice.

2012 CareMeasures Member Enrollments	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Members Enrolled in CareMeasures Registry	5,158[11]	4,798[12]	4,720	4,446

[11] This number dropped from Oct-Dec 2011, due to a decrease in providers with members in the Health Management Program.

[12] This number changed from what was reported in the Apr-June 2012, quarterly report as there was a correction in the count.

III. ENROLLMENT INFORMATION (Cont'd)

Insure Oklahoma Employee-Sponsored Insurance Program (ESI)

ESI is a premium assistance program created to bridge the gap in health care coverage for low-income working adults, self-employed, temporarily unemployed adults, college students, and dependent children meeting income qualifications.

2012 ESI Program Enrollments	Jan-Mar			Apr-Jun			Jul-Sept			Oct-Dec		
	0-133 %	134-185 %	186+ %	0-133 %	134-185 %	186+ %	0-133 %	134-185 %	186+ %	0-133 %	134-185 %	186+ %
Employee	5,807	6,873	1,486	6,149	5,951	1,464	6,053	5,769	1,453	6,127	5,826	1,433
Spouse	1,252	1,267	369	1,366	1,079	358	1,355	1,057	339	1,374	1,039	321
Student	48	58	22	47	52	16	42	56	23	40	56	22
Dependent Child[13]	0	11	373	0	26	357	0	38	339	0	36	346
IO ESI Total	7,107	8,209	2,250	7,562	7,108	2,195	7,450	6,920	2,154	7,541	6,957	2,122
Total Enrollment	**17,566**			**16,865**			**16,524**			**16,620**		

Insure Oklahoma Individual Plan (IP)

The IP is a premium assistance program created to bridge the gap in health care coverage for individuals who are low-income working adults, self-employed, temporarily unemployed, a college student, or a dependent child who meets income qualifications. These individuals do not have access to ESI.

2012 IP Program Enrollments	Jan-Mar			Apr-Jun			Jul-Sept			Oct-Dec		
	0-133 %	134-185 %	186+ %	0-133 %	134-185 %	186+ %	0-133 %	134-185 %	186+ %	0-133 %	134-185 %	186+ %
Employee	6,136	3,065	709	6,424	2,714	705	6,609	2,721	614	6,961	2,669	617
Spouse	1,857	1,079	240	1,931	956	241	2,023	939	223	2,117	881	230
Student	284	119	22	287	116	19	305	123	16	343	106	13
Dependent Child[13]	0	7	96	0	5	113	0	3	118	0	6	130
IO IP Total	8,277	4,270	1,067	8,642	3,791	1,078	8,937	3,786	971	9,421	3,662	990
Total Enrollment	**13,614**			**13,511**			**13,694**			**14,073**		

Over the course of the year OHCA has seen a decrease in enrollment in the ESI program and stabilization in enrollment in the Individual Plan. At this time, OHCA does not project that the Insure Oklahoma program will see much growth for the ESI or IP programs in 2013, but rather anticipates decreasing enrollments as the program is being expired by CMS, effective December 31, 2013.

[13] Title XXI stand-alone CHIP population.

III. ENROLLMENT INFORMATION (Cont'd)

Perinatal Dental Access Program (PDEN)

The OHCA's PDEN program provides a limited benefit package to pregnant and postpartum women ages 21 and older. Qualified SoonerCare and Insure Oklahoma IP members receive full dental exams, X-rays, cleanings (including scaling and root planing), and certain types of fillings.

2012 PDEN Member Participation	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Women Eligible for Services	19,056	19,347	20,025	20,048
Women Who Received Services	2,279	2,460	2,494	2,428
Percentage of Eligibles Receiving Services	12%	13%	12%	12%

Soon-to-be-Sooners (STBS)

Expectant women, who would not otherwise qualify for SoonerCare because of their citizenship status, are eligible for the STBS program. Under the Title XXI STBS program, these women have limited pregnancy-related care available to them.

2012 STBS Member Enrollments	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Enrollees	7,685	8,003	7,968	7,649

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

Children with physical or mental disabilities that are not eligible for Supplemental Security Income because of their parent's income can qualify for SoonerCare benefits if they meet the TEFRA requirements.

2012 TEFRA Member Enrollments	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
SoonerCare Choice	**864**	**879**	**869**	**865**
Choice and Traditional Total Current Enrollees	1,286	1,293	1,307	1,322

III. ENROLLMENT INFORMATION (Cont'd)

B. Provider Enrollment

Within 77 Oklahoma counties, there are 1,966 providers contracted for the SoonerCare program, along with 1,453 providers contracted for Insure Oklahoma.

SoonerCare Provider Enrollment by Type

Providers include physicians, physician assistants (PA), and advanced practice nurses (APNs).

2012 Provider Types[14]	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
MD/DO	1,286	1,319	1,417	1,333
PA	260	253	268	282
APN	299	313	327	351
Total Unduplicated PCPs	**1,845**	**1,885**	**2,012**	**1,966**

SoonerCare Medical Home Providers by Tier

2012 Providers by Tier	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Percentage in Tier 1: Entry Level Medical Home	64.75%	65%	65%	65%
Percentage in Tier 2: Advanced Medical Home	26.5%	26%	26%	25%
Percentage in Tier 3: Optimal Medical Home	8.75%	9%	9%	10%

Insure Oklahoma Individual Plan (IP) Providers

Insure Oklahoma IP providers include physicians, physician assistants (PA), and registered nurse practitioners (APNs).

2012 Provider Types	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
MD/DO	891	918	996	963
PA	198	193	204	212
APN	247	252	267	278
Total Unduplicated PCPs	**1,336**	**1,363**	**1,467**	**1,453**

[14] All provider counts are unduplicated for the quarter; therefore, the total does not match the total Choice providers currently enrolled in a given month of the quarter.

III. ENROLLMENT INFORMATION (Cont'd)

Health Management Program (HMP)

To improve the health of SoonerCare members with a chronic disease, OHCA has partnered with Telligen[15] to administer the HMP. This program allows nurse care managers to focus their efforts on helping members become more invested in their health outcomes and improve self-management of chronic disease. Nurse care managers partner with the Community Resource Specialist and the Behavioral Health Specialist to assist members with referrals to community resources, assessments of general needs, and to provide follow-up for behavioral health issues.

2012 Nurse Care Managers	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Tier 1 Nurse Care Managers	14	11[16]	12	13
Tier 2 Nurse Care Managers	22	17[17]	18	19

Indian Health

Indian Health clinics include Indian Health Services, Tribal clinics, and Urban Indian Clinics (I/T/U).

2012 Indian Health Provider Enrollment	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Clinics	55	56	58	58

Perinatal Dental Access Program (PDEN)

2012 PDEN Provider Enrollment	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Active Participating Dentists	319	290	308	325

PCP Capacities

2012 SoonerCare and Insure Oklahoma PCP Capacity	Jan- Mar		Apr- Jun		July- Sept		Oct- Dec	
	Capacity Available	% Capacity Used	Capacity Available	% Capacity Used	Capacity Available	% Capacity Used	Capacity Available	% Capacity Used
SoonerCare Choice	1,203,178	38%	1,202,168	38%	1,094,428	42%	1,092,850	45%
SoonerCare Choice I/T/U	118,650	14%	121,150	14%	124,400	14%	124,400	14%
Insure Oklahoma IP	411,778	3%	418,309	3%	417,920	3%	412,681	3%

[15] Formerly the Iowa Foundation for Medical Care (IFMC).
[16] Two Tier 1 nurse care manager positions are open.
[17] Three Tier 2 nurse care manger positions are open.

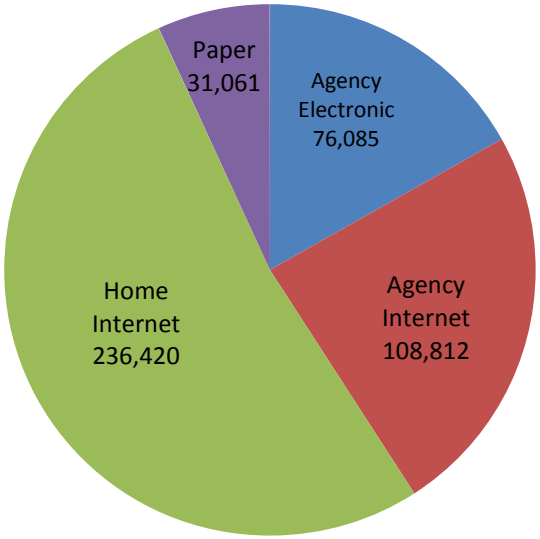
III. ENROLLMENT INFORMATION (Cont'd)

C. Systems

2012 Media Type of Applications for SoonerCare	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	**Total**
Home Internet	53,205	58,129	67,470	57,616	**236,420**
Paper	8,522	8,331	8,549	5,659	**31,061**
Agency Internet	23,170	21,971	29,847	25,090	**100,078**
Agency Electronic	20,832	18,682	18,957	17,614	**76,085**
Total	**105,729**	**107,113**	**124,823**	**105,979**	**443,644**

In 2012, 76 percent of all SoonerCare applications were filled out using an online enrollment form from either an agency or home internet. The use of online enrollment as a means to enroll for SoonerCare continues to be on an upward trend as this media type increased five percentage points from 2011. The use of paper applications, on the other hand, has greatly decreased from 2011. While paper applications only represented 11 percent of the media-type applications in 2011, the percentage decreased to only 7 percent of applicants using paper applications in 2012. It can, therefore, be determined that more applicants are using an online application than a paper application.

2012 SoonerCare Media Applications[18]

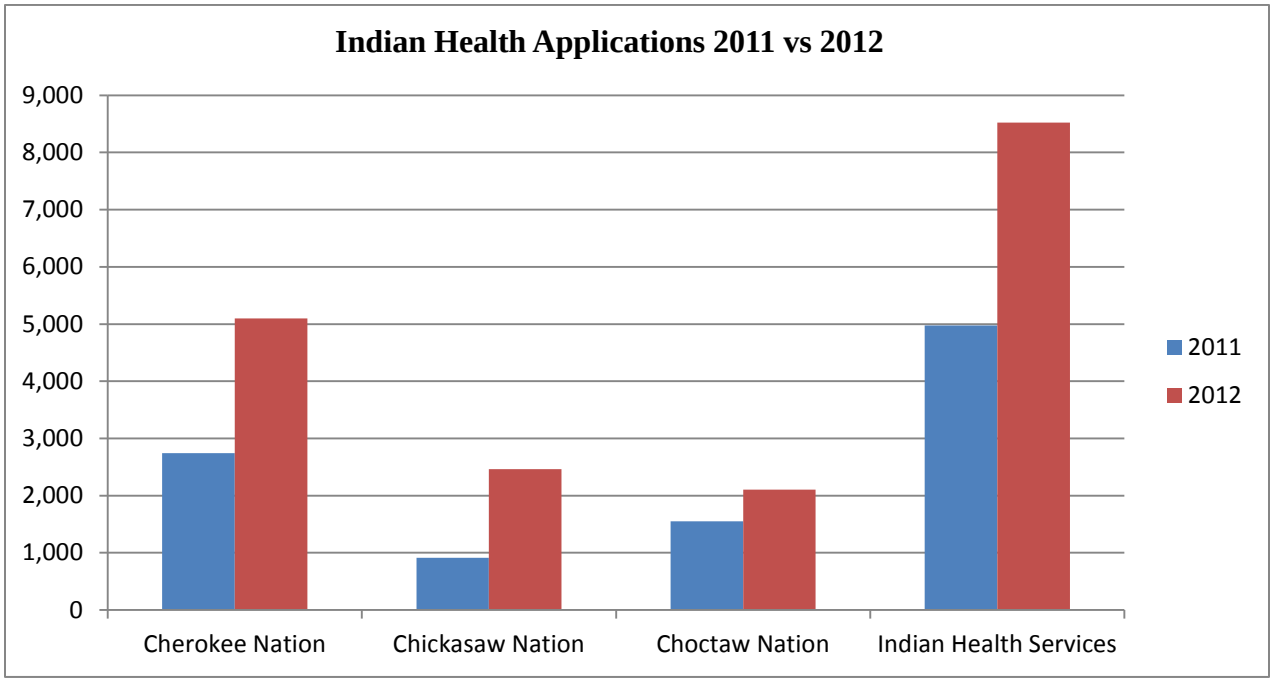


In addition, OHCA Information Systems (IS) staff continues to make improvements and modifications to the online enrollment system for updating, efficiency, and ease-of-use for applicants, as well as staff. Some of the more significant modifications to the online enrollment system include IS staff adding an automatic logger to the system designed to log where an individual was in the application when he/she received an error and what action triggered the error. The automatic logger allows IS staff to capture system errors as they happen versus staff trying to recreate the occurrence. IS staff also improved efficiency of the application process by

[18] Agency electronic applications are DHS applications using FACS software, which is separate from online enrollment. Online applications are used on Home and Agency internets.

removing unnecessary error messages that applicants received when filling out the application. While the error messages only briefly held up the applicant's application process, IS staff successfully removed these barriers. OHCA IS staff is constantly looking for ways to improve the system to make it more efficient and as user-friendly as possible.

Compared to 2011, the total number of Indian Health electronic applications for SoonerCare increased 78 percent. In 2012, the Cherokee Nation saw an 86 percent increase, the Chickasaw Nation saw a 169 percent increase, the Choctaw Nation saw a 36 percent increase, and the Indian Health Services saw a 71 percent increase in applications. The surge in applications this year can be attributed to IS staff's educational trainings for other state agencies, as well as continued working partnerships and communication with tribal partners on the online and enrollment eligibility system.



2012 Indian Health Online Enrollment Applications for SoonerCare	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	**Total**
Cherokee Nation	1,273	1,051	1,445	1,330	**5,099**
Chickasaw Nation	552	675	699	539	**2,465**
Choctaw Nation	424	432	681	569	**2,106**
Indian Health Services	2,204	2,123	2,431	1,765	**8,523**
Total	**4,453**	**4,281**	**5,256**	**4,203**	**18,193**

IV. OUTREACH AND INNOVATIVE ACTIVITIES

SoonerCare Choice Outreach, Innovative Activities, and Stakeholder Engagement

Outreach
Publications

OPIX
OKLAHOMA PATIENT INFORMATION EXCHANGE

Innovative Activities
EHR Incentive

Stakeholder Engagement
Tribal Consultation

IV. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

A. Outreach

2012 Outreach Materials Printed and/or Distributed	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Member Materials Printed/Distributed				
Annual Benefit Update Packet	263,000	0	0	0
New Member Welcome Packets				
English/Spanish Combined	20,315	19,507	22,007	20,396
Individual Orders	4,170	2,820	2,420	530
Packets for OKDHS	9,315	9,585	9,780	9,630
Information/Enrollment Fair Fliers[19]	58,450	43,907	15,070	12,895
BCC Brochures				
English	1,030	1,630	630[20]	780
Spanish	450	150	100	220
SoonerRide				
English	4,290	4,070	5,250	2,890
Spanish	650	1,330	680	390
SoonerCare Provider Directory (English/Spanish)	3,630	3,800	3,540	530
Postcard with ER Utilization Guidelines[21]	1,630	2,850	1,160	1,430
Perinatal Dental (PDEN)				
Provider Flier	0	0	0	0
Member Flier	830	1,580	470	0
Postcards	770	830	540	430
Posters	380	110	50	100
SoonerCare and IO Outreach Material				
Sooner Bear Color Books	7,380	6,440	8,660	2,830
SoonerCare Health Club (Activity Book)	3,210	5,760	6,480	2,590
SoonerCare Companion Member Newsletter	0	263,000	247,040	262,000
Miscellaneous Promotional Items (Magnets, Bandages, Hand Cleaner)	15,850	10,710	17,730	5,280
No Smoking Card (English/Spanish Combined)[22]	1,160	1,100	1,450	480
Insure Oklahoma Brochures[23]	0	0	0	0
Oklahoma Indian Tribe-Specific Posters and Fliers	300	1,110	110	260
Provider Newsletter	0	8,010	0	0
Toll-Free SoonerCare Helpline				
Number of Calls	226,579	218,261	210,961	203,258

[19] This includes TEFRA brochures.
[20] OHCA ran out of brochures in the middle of the quarter; more were ordered.
[21] Postcards are also included in the new member welcome packets.
[22] This flier also appears as an ad in the member handbook and the SoonerCare Companion newsletter.
[23] Insure Oklahoma brochures can also be ordered through the Oklahoma Insurance Department.

IV. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

B. Innovative Activities

Electronic Health Records (EHR)

Under the Health Information Technology for Economic and Clinical Health (HITECH Act), which was enacted under the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments are available to eligible professionals, critical access hospitals, and eligible hospitals that successfully demonstrate meaningful use of certified Electronic Health Record (EHR) technology.

At the beginning of 2012, OHCA began accepting Stage 1 Meaningful Use documentation. Eligible professionals and hospitals must have 90 days of Meaningful Use data within their respective reporting period (October-September for hospitals and January-December for professionals), which are sent to OHCA. In addition, OHCA began receiving eligible professionals' attestations for Stage 1 Meaningful use measures on March 30, 2012, for the provider's first participation year. OHCA now works on the Oklahoma EHR Incentive program as it prepares for Stage 2 of Meaningful Use.

As of December 31, 2012, a total of 1,509 professionals and 85 hospitals have been paid for the incentive program, which is a forty-four percent increase in eligible providers from 2011. The eligible providers have received a total of $87,298,101 in incentive payments for 2012. Of the eligible providers, 140 professionals and 9 hospitals have achieved Stage 1 of Meaningful Use.

2012 EHR Eligible Providers	Jan-March	Apr-Jun	July-Sept	Oct-Dec
Number of Eligible Professionals	1,170	1,295	1,408	1,509
Number of Eligible Hospitals	73	75	81	85
Total	**1,243**	**1,370**	**1,489**	**1,594**

2012 Cumulative EHR Incentives Paid	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Eligible Professionals	$24,876,667	$27,732,667	$29,721,667	$31,782,917
Eligible Hospitals	$50,762,837	$51,537,837	$53,462,635	$55,515,184
Total	**$75,639,504**	**$79,270,504**	**$83,184,302**	**$87,298,101**

High ER Utilization Initiative

OHCA staff works together to educate and train members and providers how to lower the use of the ER. High ER utilizers include members who visit the ER three or more times in a quarter. Member Services (MS) staff also reach out to super users who use the ER 15 or more times in a quarter.

2012 Members with 3 or more ER Visits	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
SoonerCare	1,484	1,608	1,758	Not Available[24]
Insure OK	17	Not Available[25]	Not Available[25]	Not Available[25]

[24] The ER letters were not sent during the last quarter of 2012. The data will be available next quarter.
[25] OHCA had a staff change and will no longer be reporting this data.

IV. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

Medicaid Management Information System (MMIS) Reprocurement

The MMIS reprocurement project is an initiative to implement system enhancements to the Oklahoma MMIS system. CMS approved OHCA's Implementation Advanced Planning Document (IAPD), Request for Proposal (RFP), and Proposal Evaluation Plan (PEP) for the system takeover on May 21, 2010. During the fourth quarter of 2010, OHCA awarded the project contract to Hewlett-Packard Enterprise Services (HP).

HP has conducted the MMIS reprocurement project using a phased-in approach – Phase I includes the system takeover while Phase II includes mandates, agency priorities, and system enhancements. HP has completed most of the Phase I projects except for a few projects that have a 2014 deadline date.

As of December 2012, HP has completed 60 percent of the overall MMIS reprocurement project. Completed system enhancements for the year include:

- Alignment with the federal mandate to process EDI transactions with the latest approved formats – completed January 2012.
- Hardware/software refresh enhancement – completed February 2012.
- New platform and software for the call tracking/CTI/call center enhancement – completed March 2012.
- Prospective Drug Utilization Review (Pro-DUR) enhancement – completed July 2012.
- Computer Output to Laser Disk (COLD) enhancement – completed August 2012.
- Phase I of the letter generator enhancement, which allows users to create letter templates that are used by the system to auto generate letters for member and provider correspondence – completed September 2012.
- Program Integrity (PI) enhancements – completed September 2012.
- Security management enhancement – completed December 2012.

HP is currently working on six more system enhancements including ICD-10, claims resolution workflow, rules engine, secure provider portal, secure member portal, and American Recovery and Reinvestment Act enhancements.

Comprehensive Primary Care Coordination (CPC) Initiative

OHCA began the CPC initiative during the second half of 2012. This initiative is implemented by CMS, in accordance with Section 1115(A) of the Social Security Act, as a method to find new, innovative service delivery models and payment structures to help reduce expenditures and enhance quality of care.

OHCA will use this multi-payer initiative to enhance and provide quality improvement to the patient-centered medical home. There are a total of 68 participants in the initiative with OHCA including participants from Blue Cross/Blue Shield, Community Care Oklahoma, and Medicare, as well as participants from the Health Access Networks.

IV. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

C. Stakeholder Engagement

Medical Advisory Task Force (MAT)

The MAT was formed to collaborate with the OHCA and review possible program changes and/or processes. This year the MAT held one meeting in September. During this meeting there was no discussion pertaining to SoonerCare Choice. The Task Force has adopted a new name – the Advisory Panel of Physicians. The next meeting of the Task Force will be March 28, 2013.

Tribal Consultation

OHCA convenes consultation meetings with tribal partners throughout the state in order to better collaborate with the tribes on all program and policy updates and changes. Tribal consultation meetings are held on the first Tuesday of every odd numbered month. Six tribal consultation meetings were held in 2012, with participants from the Absentee Shawnee Tribe, Cherokee Nation, Chickasaw Nation, Citizen Potawatomi Nation, Choctaw Nation, Creek Nation, Indian Health Care, Indian Health Care of Tulsa, Indian Health Services Area Office, Iowa Tribe of Oklahoma, the Kickapoo Tribe of Oklahoma, Oklahoma City Area Inter-Tribal Health Board, Oklahoma City Indian Clinic, and the Tonkawa Tribe of Oklahoma, as well as the Oklahoma State Department of Health and OHCA.

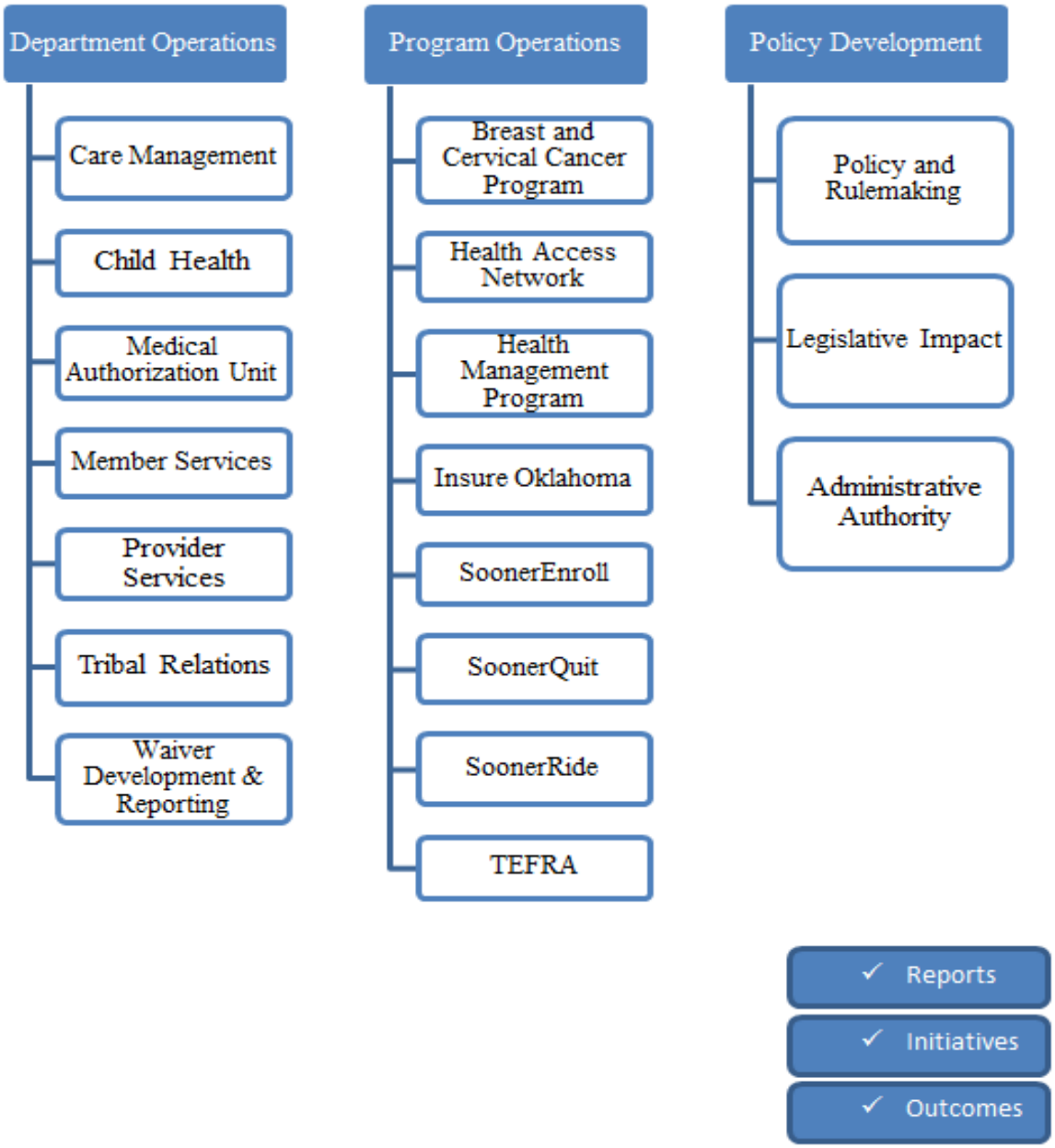
Throughout the year, OHCA staff has presented numerous policy changes, state plan amendments, and 1115 and 1915 waiver amendments at the tribal consultation meetings. Specifically, 1115 Waiver staff presented proposed changes to the Choice demonstration for 2014 mandatory federal provisions, as well as the Health Management Program amendment for the Choice renewal application.

In conjunction with tribal consultations, OHCA also uses the Native American Consultation website page[26] as a means to notify tribal representatives of all program and policy changes, as well as to receive any feedback or comments. OHCA posts notifications to the website for a minimum of 30 days. OHCA has and will continue to incorporate all suggestions and recommendations from the website and tribal consultation into the decisions, policy, and amendments proposed to the agency and CMS.

[26] Native American Consultation Website

V. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

SoonerCare Choice and Insure Oklahoma
Departments, Programs, and Policy



V. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

A. SoonerCare and Insure Oklahoma Operations

1. Department Operations

Care Management (CM)

The CM unit implemented the Fetal Infant Mortality Rate (FIMR) initiative in January 2011. The initiative has three phases with Phase I beginning in January 2011. CM staff identified the top ten rural counties with the highest infant mortality. These counties include: Atoka, Choctaw, Coal, Garfield, Greer, Jackson, Latimer, Lincoln, McIntosh, and Tillman. CM staff monitors the prenatal women within these counties for the duration of their pregnancy through their infants' first birthday.

2012 Phase I: Outreach to FIMR Population – Participating Mothers	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
New Cases	278	168	188	158	150	192	151	228	194	180	182	133
Existing Open Cases[27]	771	769	756	758	738	744	727	712	707	634	644	674
Cumulative Cases Worked	2,133	2,301	2,489	2,647	2,797	2,989	3,140	3,368	3,562	3,742	3,954	4,145
Cumulative Cases Closed[28]	1,195	1,283	1,558	1,711	1,876	2,061	2,224	2,426	2,570	2,765	2,923	3.025
Percent of Open Cases	82%	76%	81%	81%	80%	80%	79%	76%	71%	65%	62%	60%

Phase II of the FIMR initiative began in July 2011. Phase II focuses on educating the women on their newborn's needs. Staff calls the women after 1 month, 2 months, 4 months, 6 months, 9 months, and one year (following the EPSDT periodicity schedule), educating them on topics such as breastfeeding, immunizations, well-child visits, safe sleep, and smoking cessation.

2012 Phase II: Outreach to FIMR Population – Infants Under Age 1	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
New Cases	157	139	193	160	143	182	174	214	189	163	150	198
Existing Open Cases	840	964	1,129	1,271	1,389	1,540	1,688	1,755	1,796	1,831	1,850	1,916
Cumulative Cases Open	876	1,015	1,208	1,368	1,511	1,693	1,867	2,081	2,270	2,433	2,626	2,824

Phase III of this initiative was implemented in August 2012. Phase III targets care management for infants identified with special needs at their first birthday. Since Phase III implementation, CM staff has had very few infants who have needed further Care Management services.

[27] Cases are considered open if successful contact with member is made. In cases where successful contact has not been made (unable to contact, past delivery date, etc.), educational materials are sent via mail, but case is not considered open.

[28] Closures may be due to viable birth, fetal demise, loss of eligibility, opt out, etc.

V. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

The CM unit conducted a survey for women in the FIMR initiative between March 2011 and August 2012. The survey was given to help staff understand the women's previous and current health needs, as well as prenatal education needs. Going forward, the CM unit will use the survey information to better provide the necessary health and educational needs for this group of women. From a total of 1,242 women surveyed, CM staff determined the following survey outcomes:

FIMR Survey	Number of Women	Percent of Women from Total Surveyed
Women identified that she had hypertension prior to pregnancy	1	.001%
Women identified that they have gestational diabetes	48	4%
Women were on a specialized diet with pregnancy	55	4%
Women were experiencing blood pressure problems in pregnancy	65	5%
Women had a female infection	68	5%
Women had a BH referral for a positive post-partum depression screening	145	12%
Women had possible high-risk diagnoses	178	14%
Women reported personal tobacco usage	275	22%
Women were diabetic prior to pregnancy	297	24%
Women reported that someone else in their home used tobacco	411	33%
Women at the time of survey had a car seat for their infant	489	39%
Indicated that they needed the safe sleep education for their baby	553	45%
First pregnancies	556	45%
Women intended to breast feed	556	45%
Women were accessing Women, Infants, and Children (WIC) services	815	66%
Women allowed CM to do a baseline depression screening	1,115	90%
Women were taking prenatal vitamins	1,206	97%

V. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

OHCA initiated the Cesarean Section (C-section) Quality Initiative in January 2011, in an attempt to lower the primary C-section rate performed without medical indication. The initiative helps reduce the first time C-section rate to 18 percent. The CM staff performs a primary role in this initiative. CM nurses review the received documentation and determine the medical necessity for the C-section and if it should be reviewed by the OHCA OB physician. The CM unit tracks the number of C-section claims received for review, how many are sent to the OHCA physician for medical review, and the outcome of the claims sent for medical review.

2012 CM C-Section Reviews	Total	Outcomes
Claims Reviewed by CM	3,775	
Claims Sent for OHCA Physician Review	477	
Physician Review Outcomes:		
Paid at the C-section rate		287
Adjusted Claims[29]		178
Denied[30]		12

2012 CM Activity	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec[31]
Active Cases under Care Management	3,265	3,279	3,279	3,858
Average Caseload Per Employee	117	118	121	197
Children Receiving Private Duty Nursing (avg)	198	211	205	208
Oklahoma Cares (BCC) New Cases (avg)	94	90	90	67
Transplant Candidates (avg)	11	11	11	Not Available
PAL/ER/911 Follow-Up (avg)	18	19	4[32]	Not Available
Referrals of Members from High-Risk OB Outreach (avg)	63	61	58	98
Operational Activities				
Phone Calls Handled	9,099	8,065	Not Available[33]	Not Available
Private Duty Nursing Evaluations (avg)	38	38	37	24
Coordination Activities				
Out-of-State Cases (avg)	55	54	47	51

In the fourth quarter of 2012, the Care Management department changed their name to Population Care Management and reorganized the structure of the unit to include the Health Management Program, Care Management, and the new Chronic Care Unit.

[29] Adjusted claims are claims that are adjusted to pay the vaginal delivery rate instead of the C-section rate.
[30] Claims are denied because of insufficient medical documentation.
[31] Due to a staff and reporting change, some data are not available. OHCA will no longer report these numbers as the Care Management unit is updating their reporting measurements.
[32] Since the patient advice line is phasing out, this data will not be reported after this quarter.
[33] These numbers are unavailable for this quarter due to a staff and reporting change. OHCA will no longer report these numbers after this quarter as the Care Management unit is updating their reporting measurements.

V. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

Medical Authorization Unit (MAU)

This year, the MAU processed an average of 4,236 prior authorizations a month for an average approval rate of 98 percent.

2012 MAU Activity	Jan- Mar	Apr-Jun	Jul-Sept	Oct-Dec	**Totals**
MAU Calls Handled	956	997	928	964	**3,845**
Total Prior Authorizations	12,739	12,621	12,590	12,892	**50,842**
Avg Number of Reviewers (Analyst or Nurse)	12	12	13	13	
Average Number of PAs per Reviewer	364	350	322	330	**342**
Percentage of Total PA Denials	2%	3%	2%	2%	**2%**
Number of Denials	214	337	251	294	**1,096**

OHCA partners with MedSolutions, an organization that specializes in managing diagnostic radiologic services, to implement a radiology management program for outpatient radiology scans. All authorization requests for outpatient scans are submitted to MedSolutions via mail, fax, telephone, or internet. This partnership allows providers and members to obtain the most appropriate diagnostic imaging service and improve access to high quality, cost-effective care.

This year, MedSolutions has processed an average of 5,737 prior authorizations a month with an average approval rate of 88 percent. During the third quarter of 2012, MedSolutions incorporated an Automated Clinical Decision Support (ACDS) system. When a provider submits a request and the request does not meet the criteria for approval, the ACDS system pulls up the MedSolutions guidelines so the provider can see what is required. MedSolutions staff conducted ACDS training during the OHCA fall provider training sessions held in Durant, Lawton, Tulsa, and Oklahoma City. Staff has received positive provider feedback on the new ACDS pop-up modification.

2012 MedSolutions Activity	Jan- Mar	Apr-Jun	Jul-Sept	Oct-Dec	**Totals**
MedSolutions Calls Handled	4,664	4,571	4,077	3,839	**17,151**
Total Prior Authorizations	16,882	17,929	16,915	17,119	**68,845**
Avg Number of Reviewers (Analyst or Nurse)	103	101	94	105	
Average Number of PAs per Reviewer	55	60	64	56	**59**
Percentage of Total PA Denials	10%	12%	13%	14%	**12%**
Number of Denials	1,743	2,207	2,145	2,262	**8,357**

V. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

Member Services (MS)

MS continues to send outreach letters to assist specific SoonerCare members, such as high ER utilizers with three or more visits to the ER and pregnant women. Members receiving letters may call the SoonerCare helpline and ask for the appropriate "outreach representative" to receive information about their medical home and the particular benefits education they need.

2012 MS Outreach Letters	Jan- Mar		Apr- Jun		July- Sept		Oct- Dec			
	# of Letters Mailed	Response Rate	# of Letters Mailed	Response Rate	# of Letters Mailed	Response Rate	# of Letters Mailed	Response Rate	**Total Letters Mailed**	**Avg Response Rate**
Prenatal Outreach – Pat Letters	5,480	43%	5,360	41%	5,040	40%	4,760	28%	**20,640**	**38%**
Households with Newborns Outreach – Jean Letters	6,447	17%	5,831	16%	7,275	18%	6,697	17%	**26,250**	**17%**
Soon-to-be-Sooners Outreach – Sonja Letters	1,084	46%	940	45%	930	44%	910	42%	**3,864**	**44%**
High ER Utilization Outreach – Ethel Letters	1,451	16%	1,527	9%	1,758	13%	N/A	N/A	**4,736**	**13%**

2012 MS Activity	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
NAL/911/ER Reports Reviewed	1,446	1,312	771	15[34]
NAL/ER Follow-Up	80	90	38	15
High ER Utilizers Identified for Calls	1,484	1,608	1,758	0[35]
Calls to BCC Members with Confirmed Cancer Diagnosis	121	108	77	96
Calls to BCC Members at Renewal Period	114	100	88	72
Member Service Calls Handled in English	21,951	20,988	20,999	21,421
Member Service Calls Handled in Spanish	1,155	1,019	1,088	1,034
Member Inquiries	15,300	15,365	14,959	16,944

[34] The nurse advice line contract ended on 9/30/2012, but was extended for a few more months till 2/28/2013.
[35] Outreach was not conducted this quarter.

V. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

Waiver Development & Reporting (WD&R)

In addition to the quarterly report documents that the WD&R unit submits to CMS during the year, the unit worked closely with CMS on other reporting documents.

As requested from CMS, the OHCA submitted a draft Transition Plan to CMS on June 29, 2012, to propose how the State will meet new federal Medicaid requirements in the SoonerCare Choice demonstration. It is to be noted that the document was a draft report and later changed as decisions were made throughout the year.

In addition to monthly monitoring calls, the WD&R unit had weekly conference calls with CMS beginning in November 2012, in order to finalize the SoonerCare Choice 2013-2015 Renewal Application that the unit submitted to CMS on December 31, 2011. CMS approved the renewal application on December 31, 2012, along with the two corresponding amendments – a 48-visit limitation per year on the Insure Oklahoma Individual Plan's adult outpatient behavioral health benefit, and a modification to the HMP program, which renames nurse care managers to health coaches and embeds the health coaches within the HMP practices. The State acknowledged the approval of the renewal application and accepted the Special Terms and Conditions on January 30, 2013.

Additionally, WD&R staff continues to work on a SoonerCare Choice 2014 amendment, which provides the proposed changes the State Medicaid program is mandated to follow. The State is expected to submit the amendment to CMS in 2013.

At the end of 2012, staff learned of the new 2013-2015 STC, in which CMS expires the Insure Oklahoma premium assistance program on December 31, 2013. Staff began drafting the required expiration plan as the State is directed to submit the plan six months prior to expiration of the program.

Below is a comprehensive list of the 2012 reports, amendments, and the renewal application that the OHCA worked with CMS to complete.

Report/Application/Amendment	Submitted	Status	Date Approved
SoonerCare Choice Combined 4th Quarterly report of 2011 and 2011 Annual report	February 29, 2012	CMS Received	N/A
SoonerCare Choice Quarter 1 report of 2012	May 31, 2012	CMS Received	N/A
Transition Plan	June 29, 2012	CMS Received	N/A
SoonerCare Choice Quarter 2 report of 2012	August 31, 2012	CMS Received	N/A
SoonerCare Choice Quarter 3 report of 2012	November 30, 2012	CMS Received	N/A
SoonerCare Choice Renewal Application for 2013-2015	December 31, 2011	CMS Approved	December 31, 2012
IP Behavioral Health Amendment	December 31, 2011	CMS Approved	December 31, 2012
HMP Amendment	August 15, 2011	CMS Approved	December 31, 2012

V. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

2. Program-Specific Operations

Breast and Cervical Cancer Program (BCC)

During the first quarter of 2012, the Oklahoma State Department of Health (OSDH) and the OHCA collaborated to provide screeners training on the medical review process for the BCC program.

CM staff performs the medical review process. Staff reviews all BCC applications looking for appropriate medical conditions and specific diagnosis codes to qualify women for the program. If an application is approved by case management for BCC, the application is forwarded to the Department of Human Services (DHS) for processing. Once the case is certified, DHS sends the case back to CM to begin coordination of case management. A nurse then sends an introductory letter to the member and contacts the member 30 days later to further educate and appropriately determine the state of diagnosis and/or treatment. CM coordinates care with the member's provider to better utilize and manage the care. Staff do a claims review every 30 days unless there is a confirmed diagnosis of cancer, at which point staff reviews the case at six months to ensure that the member is still in need of treatment.

2012 BCC Certified Screeners	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Certified Screeners	865	861	898	892

In 2012, OHCA received a total of 1,166 applications for the BCC program. Of these applications 465 were denied for reasons including no medical records, no qualifying abnormality, and DHS denials. More than half of the denials did not have a qualifying abnormality. A total of 701 applications were approved for the BCC program in 2012.

2012 Outreach Activities Related to BCC Members	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Care Management Activities Related to BCC Members	6,621	4,949	4,328	3,785
Number of Calls Made by Member Services to BCC Members at Renewal Period	114	100	88	72
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	121	108	77	96

V. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

Health Access Network (HAN)

Active HANs in Oklahoma include:

- The OU Sooner HAN administered by the University of Oklahoma Health Science Center, College of Community Medicine;
- The OSU Network HAN administered by the Oklahoma State University Center for Health Services; and
- The Partnership for a Healthy Canadian County (PHCC) HAN;

2012 HAN Enrollment	OU Sooner HAN	PHCC HAN	OSU Network
January	36,248	2,911	14,224
February	36,024	2,877	14,269
March	38,795	2,908	14,540
April	38,713	2,882	14,557
May	38,480	2,937	14,419
June	43,565	3,006	14,507
July	43,697	2,994	14,468
August	42,448	2,859	13,950
September	43,571	2,971	14,276
October	44,253	2,966	14,437
November	45,267	3,028	14,792
December	45,606	3,118	14,998

Since December 2011, the HANs have seen an increase in member enrollments – the OU Sooner HAN has had a 27 percent growth, the OSU HAN has had a six percent growth, and the PHCC HAN has had an eight percent growth in member enrollment.

University of Oklahoma Sooner Health Access Network (OU Sooner HAN)
The OU Sooner HAN completed its second year of the pilot program in June 2012, and has an enrollment total of 45,606 individuals as of December 2012. The Sooner HAN received the universal claims file from OHCA in October 2011. The claims extract was imported into the HAN's Pentaho[36] system and HAN staff has used the claims data to identify high-cost members within the OU physician practices that may benefit from care management, as well as locate members and determine appropriate care plans. Having the claims data also allows the HAN to show providers where the gaps in care are for members in their practice and develop a system to ensure those members' health care needs are met.

By the end of state fiscal year 2012 the HAN had 64 specialty locations with 208 specialty providers actively using the Doc2Doc referral management system.

This year, the OU Sooner HAN assisted practices with the implementation of disease-specific protocols for members with chronic obstructive pulmonary disease, congestive heart failure, and diabetes. Practices began identifying members in need of an intervention and providing services such as medication reconciliation, medication management, and behavioral health screening in order to avoid progression of the disease.

The OU Sooner HAN also developed a SharePoint application that will be available to all Sooner HAN providers. The SharePoint application allows providers to identify, contact, and track results on calls made to their members who are eligible for an EPSDT visit, mammogram, or cervical cancer screening. The system allows providers to manage the workflow and create a contact history and the ability to review current status.

At the end of 2012, the OU Sooner HAN implemented a quality improvement project at four of the HANs largest practices representing over 23,000 SoonerCare Choice members. Each practice chose three preventive care measures, three chronic care measures, and two utilization measures that directly impact utilization costs. Each practice uses accurate physician/member level control charts to identify members of focus and assess the efficacy of the quality improvement effort. Each practice has changed not only how it tracks and manages these population health metrics but also how it practices medicine.

At each practice, daily huddles have been introduced to ensure that a game plan exists for each member seen that day prior to their arrival. Processes have been put in place to ensure those members visiting the emergency department and those admitting to the hospital receive appropriate follow-up and intervention. Further, each practice has begun the implementation of an integrated care management program to address those members who fall into the categories of focus, those requiring additional management due to chronic conditions, and those who present as high utilizers. This program is monitored both internally by the respective practice, as well as externally by the OU Sooner HAN.

To review a complete and comprehensive report on the Oklahoma Sooner Han, including outcomes for high-risk obstetrics, breast and cervical cancer, hemophilia, and high ER utilizers, refer to Attachment 1.

[36] Business intelligence reporting tool.

Oklahoma State University Health Access Network (OSU HAN)
The OSU HAN completed its first year of the pilot program in June 2012, with an enrollment total of 14,998 individuals by the end of December 2012. The OSU HAN received the first claims file from OHCA during the second quarter of 2012.

OSU staff began implementation of the new electronic health records (EHR) system in the OSU clinics beginning in December 2011 and implementation continued throughout 2012. The OSU HAN also opted to utilize the Doc2Doc electronic referral system in early January 2012, and training on the system has expanded throughout the year.

During 2012, the OSU HAN began providing care management services for SoonerCare members with HIV.

The OSU HAN has not formulated any outcomes on targeted populations at this time since first year baseline data results are still being completed. Please refer to the OSU HAN's Annual report in Attachment 2, to review the HAN's interventions, goals, and activities.

Partnership for a Healthy Canadian County Health Access Network (PHCC HAN)
Similar to the OSU HAN, the PHCC HAN completed its first year of the pilot program in June 2012, with an enrollment total of 3,118 individuals by the end of December 2012. The HAN received the claims data from OHCA in late September 2012.

During the first year of the HAN's operation, HAN PCPs attended multiple presentations and trainings on the Doc2Doc electronic referral system. By the end of 2012, two PHCC PCPs signed contracts to initiate Doc2Doc utilization beginning in the second year of operations.

This year the HAN provided support at the clinic level to affiliated PCPs in the network by providing tobacco cessation education, training, and resouces. To further the tobacco cessation initiative, the PHCC HAN partners with the Communities of Excellence in Tobacco Control in Canadian County and the SoonerCare Tobacco Cessation initiative to promote SoonerQuit benefits. All PHCC HAN providers received SoonerCare cessation training by the first quarter of 2012.

In addition to the high-risk obstetrics, hemophilia, high ER utilizers, pharmacy lock-in, and breast and cervical cancer care management populations, the PHCC HAN also began providing care management services to members with asthma during the second quarter of 2012. The HAN presents the Canadian County Asthma Improvement Plan (AIP) to local physicians in order to promote care management services for members with asthma.

To review the goals and progress of the PHCC HAN during its first year of operations, please refer to Attachment 3.

Health Management Program (HMP)

With the contract term for the HMP vendor expiring in June 2013, the OHCA decided to use the re-bidding process as an opportunity to make modifications to the HMP program. OHCA sent the HMP amendment, which changes the program by renaming nurse care managers as health coaches and embedding them into HMP practices, to CMS on August 15, 2012, for an effective date of July 1, 2013. The amendment was approved with the SoonerCare Choice Renewal Application on December 31, 2012.

HMP staff sent out the request for proposal (RFP) for the new HMP administrator in October 2012, with an expected award date for the new administrator in March 2013. The new HMP administrator will make all necessary transitions and begin implementation on July 1, 2013.

This year HMP's evaluation vendor, the Pacific Health Policy Group (PHPG), collaborated with APS Healthcare to conduct the SoonerCare HMP's fourth year annual evaluation for state fiscal year 2012. PHPG and APS Healthcare collected data for evaluation through a variety of methods. These included an onsite audit of Telligen, analysis of paid claims data, and surveys/focus groups/interviews of nurse care management and practice facilitation participants.

Results of the survey indicate that 88 percent of members receiving nurse care management and 69 percent of participants in practice facilitation were satisfied with the HMP program experience. In addition, approximately 27 percent of survey participants indicate that they believe their health has improved due to participation in the program. Results also indicate that the MEDai risk profile software, which is used to identify candidates for the program, forecasted that Tier 1 participants would spend an average of 11 days in the hospital in the 12 months after engagement; the actual rate was four days. Similarly, Tier 2 participants were forecasted to spend an average of just under three days in the hospital; the actual rate was slightly over one day.

The above results are just a few of the summary highlights from the HMP annual evaluation report. To review results relating to improvement of quality of care, refer to Appendix A. To review a copy of the entire HMP annual evaluation report, refer to Attachment 4.

V. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

This year nurse care managers provided case management either telephonically or face-to-face to an average of 3,794 members.

2012 HMP Outreach through Nurse Care Managers	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Tier 1: Face-to-Face Visits	801	888	776	769
Tier 2: Telephone Contact	3,141	3,242	2,817	2,742
Total	**3,942**	**4,130**	**3,593**	**3,511**

2012 HMP Outreach Activities	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Activities	3	2	2	5
Number of Attendees	102	30	11	55

Beginning January 2012, providers receive incentive payments for Reporting, Improvement, Process Improvement, and Quality Improvement on an annual basis versus a quarterly basis. Providers will continue to receive quarterly payments for Participating/Attending Collaboratives. For 2012, there was a total of $27,100 in earned incentives that was paid in January 2013.

2012 Provider Incentive Payments[37]	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Pay for Reporting				
Pay for Improvement				
Pay for Process Improvement/PDSA Deployment				
Pay for Process Improvement/Education/ No-Call, No-Show Follow Up Processes			$500	
Pay for Quality Improvement				
Pay for Participating/Attending Collaborative	$5,650	$3,300	$3,100	$3,550
Total	**$5,650**	**$3,300**	**$3,600**	**$3,550**

[37] The payments indicated in the chart are incentives that have been earned and paid for the necessary quarters.

V. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

Insure Oklahoma (IO)

IO staff developed a new outreach tracking database during the fourth quarter of 2011, and began implementation of the database in January 2012. The new outreach database tracks all outreach activity for agents, employers, and employees. Refer to the chart below for all outreach activities.

2012 IO Outreach Activities	Jan- Mar		Apr- Jun		July- Sept		Oct- Dec	
	Number of Activities	Number of Participants	Number of Activities	Number of Participants	Number of Activities	Number of Participants	Number of Activities	Number of Participants
3-Hour CE	0	0	2	25	3	28	3	34
Brochures	118	20,375	116	13,521	90	12,380	72	9,281
Brown Bag	1	23	2	34	1	44	0	0
Civic Meeting	0	0	1	250	5	902	0	0
Education	187	230	127	157	186	221	83	228
Education/Recruitment	73	330	0	0	0	0	0	0
Email Blast	6	8,848	4	8,916	5	13,164	4	8,938
Enrollment	34	46	21	35	48	361	21	190
Health/Job Fair	8	3,360	14	5,330	15	6,410	20	7,035
Legislative Request	0	0	5	5	0	0	0	0
Marketing Letter	4	7,817	2	9,001	5	33,283	1	700
New Employer Checklist	0	0	8	66	5	101	114	114
Outreach Administration	0	0	41	50	76	78	55	58
Presentation	7	111	5	38	15	297	9	153
Recruitment	32	991	553	585	519	556	282	535

In addition, IO staff also developed this year the Employer Portal for IO employers to access their accounts. The Employer Portal is a web page on the IO website where employers currently enrolled in IO are able to view their businesses' qualified health plan information, banking information, and business information. Employers can also view subsidy payments and the status of the current employees' enrollment. As of December 2012, there are 2,131 IO employers with Employer Portal accounts and, of these, 1,366 employers have accessed the Employer Portal.

During the first quarter of 2012, OHCA received a small-business evaluation study from The Primary Care Health Policy Division Department of Family & Preventive Medicine at the University of Oklahoma Health Science Center. The Division assists the OHCA with quality improvement studies on the Insure Oklahoma premium assistance program. On October 27, 2011, OHCA mailed 3,942 surveys that met the inclusion criterion of one employee or more covered by the Insure Oklahoma premium subsidy. The Division received 2,213 surveys for analysis, a 56.2 percent response rate. OHCA received the results of the survey, *Small Business Employer Feedback as Part of a Continuous Quality Improvement Process,* on March 1, 2012.

The survey indicated that 72 percent of survey participants have participated in the Insure Oklahoma program for more than three years. The survey also indicated that 73.5 percent of survey responses found the premium subsidy program to have a positive impact on employee

morale. Similarly, 73 percent of respondents indicated they were pleased with the services provided by the Insure Oklahoma call center. Overall, survey respondents found that the Insure Oklahoma Employer Sponsored Insurance is an excellent program and that OHCA is doing a very good job managing the program. To review a summary of the survey results, refer to Appendix B.

2012 Employer-Sponsored Insurance (ESI) Program Participating Employers	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec
Approved Businesses with Participating Employees	5,061	4,907	4,811	4,791

2012 Average ESI Member Premium[38]	Jan-Mar Avg	Apr-Jun Avg	Jul-Sept Avg	Oct-Dec Avg
Member Premium	$285.85	$286.12	$285.55	$289.33

2012 ESI Subsidies	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec
Employers Subsidized	3,874	3,811	3,808	3,760
Employees and Spouses Subsidized	16,749	16,390	15,903	15,540
Total Subsidies	**$13,807,189**	**$13,384,810**	**$12,774,304**	**$12,810,413**

2012 Average Individual Plan (IP) Member Premiums[38]	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec
Member Premiums	$62.00	$62.23	$62.52	$62.14
Average FPL of IP Members	111%	110%	109%	106%

2012 IP Subsidies	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Total Premiums Received	$1,779,316	$1,700,150	$1,651,324	$1,848,289
Total Member Months	41,319	40,830	40,394	42,088
Total Paid Claims	$15,214,273	$16,315,242	$15,308,200	$15,771,876
Average Claim PMPM	$325.15	$357.95	$338.09	$330.82

[38] Financial data is based on the previous month; e.g. November premiums are reported in December.

V. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

SoonerEnroll

The last quarter of 2011 ended the Child Health unit's final year of the Outreach and Enrollment Grant provided through the CHIP Reauthorization Act (CHIPRA) of 2009. The SoonerEnroll grant initiative's primary goals were enrollment of eligible but uninsured children in SoonerCare and improvement of the rate of success and timely recertification of children's enrollments and elimination of gaps in coverage. After 2011, the grant initiative received a no-cost extension through September 2012. OHCA maintains four full-time employees to serve as Community Relations Coordinators to continue much of the SoonerEnroll work after September 2012, as well as expand the approach to the promotion of other agency programs and initiatives. As of December 2012, the SoonerEnroll outreach infrastructure has more than 750 public, private, and nonprofit entities within all 77 Oklahoma counties to help with outreach and enrollment efforts.

OHCA received a Governor's Commendation for Excellence award for the SoonerEnroll initiative at the May 10, 2012, Quality Team Day hosted by the State of Oklahoma.

OHCA's contractor, the Pacific Health Policy Group (PHPG) conducted an evaluation of the CHIPRA outreach and enrollment activities for state fiscal year 2012. PHPG identified a random sample of enrollees in ten counties that had been targeted for CHIPRA outreach activities. Over 90 percent of the households selected for surveys were successfully contacted and agreed to participate in the survey. A total of three hundred surveys were completed.

Results of the survey conclude that nearly two-thirds of survey respondents reported that another individual in the household enrolled at the same time as the subject of the survey and that the rate of multiple enrollments was higher for urban households. Similarly, two-thirds of the respondents reported enrolling online, while only 34 percent of individuals applied using a paper application. As indicated by PHPG, the SoonerEnroll initiative – with collaborative efforts from OHCA's more than 750 public, private, and nonprofit community partners – appears to have had the desired impact of raising awareness of SoonerCare among the target population and encouraging parents/caregivers to enroll their children. To review a summary of the survey results, refer to Appendix C.

SoonerQuit

OHCA partners with the Tobacco Settlement Endowment Trust (TSET), the Oklahoma State Department of Health (OSDH), the Oklahoma Tobacco Helpline, Telligen, the Pacific Health Policy Group, and the Perinatal Advisory Task Force to administer the SoonerQuit program. The goal of the program is to improve birth outcomes for Oklahoma babies by reducing tobacco use among pregnant SoonerCare members. The project is funded for a three-year period from January 2010 to December 2012.

In 2012, OHCA entered into a three-year contractual agreement with TSET to fund a Health Promotions Coordinator position, which was filled in August 2012. This person implements tobacco cessation and wellness efforts into existing OHCA projects, including practice facilitation.

Upon conclusion of the SoonerQuit program, OHCA will receive a final evaluation of the 2010-2012 program in the spring of 2013. Below are just a few summary highlights from the evaluation.

A total of 48 patient centered medical home practices participated in a pre-faciliation telephone survey for the SoonerQuit program. Of those that participated, 19 practices participated in a post-facilitation telephone survey. Results of the post-faciliation survey indicate that the majority (84 percent) of the practices reported that they had become more effective in managing pregnant tobacco users. Results also indicate that all the participating practices would recommend facilitation to their peers. In addition, post-facilitation survey participants indicated that practice facilitation resulted in a 45 percent increase in awareness of the 5 A's – ask, advise, assess, assist, and arrange – of tobacco cessation counseling.

SoonerRide

The SoonerRide vendor, LogistiCare, operates under the fifth of five one-year options for contract renewal. The renewal options are available through June 30, 2013, with the same terms and conditions.

For state fiscal year 2012, the SoonerRide program provided some 831,000[39] trips for members within the 77 participating counties.

In addition, a member satisfaction survey was conducted for the program for state fiscal year 2012. Of the incoming calls related to SoonerRide, 200 households were selected to participate in the survey. Results of the survey indicate that 40 percent of participants gave the SoonerRide program an Excellent or Good rating.

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

This year, TEFRA staff continued to present the TEFRA program to individuals throughout the state. Feedback from families who attended TEFRA presentations led TEFRA staff to compile a checklist to assist families in the TEFRA application process. See Attachment 5 to review the TEFRA checklist.

In addition, TEFRA staff created a flowchart to illustrate the TEFRA application/approval process, as well as the annual recertification process. See Attachment 6 for reference.

[39] Data is not inclusive of just SoonerCare choice.

V. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

B. Policy Developments

1. Policy and Administrative Status

The State continues to see growth in the current operations of the SoonerCare Choice program, while also focusing on how the State will operate the program after December 31, 2013, mandates take effect. In the Insure Oklahoma program, for example, a leveling off in enrollment in the Individual Plan and decreasing enrollment in the Employer Sponsored Insurance (ESI) program have occurred, as there has been uncertainty regarding the program's future. In the approved January 30, 2013, Special Terms and Conditions for 2013-2015, CMS states that it will expire the program and expenditure authorities for the premium assistance program on December 31, 2013.

2. Legislative Activity

Oklahoma's 53rd Legislature convened on February 6, 2012, and the first order of business was the Governor's State of the State address. During the address, the Governor discussed certain goals for the legislature to help improve the health of Oklahoma citizens. A few of these goals include prohibiting tobacco use on all state property, as well as encouraging schools to serve nutritious foods and promote physical activity through financial incentives.

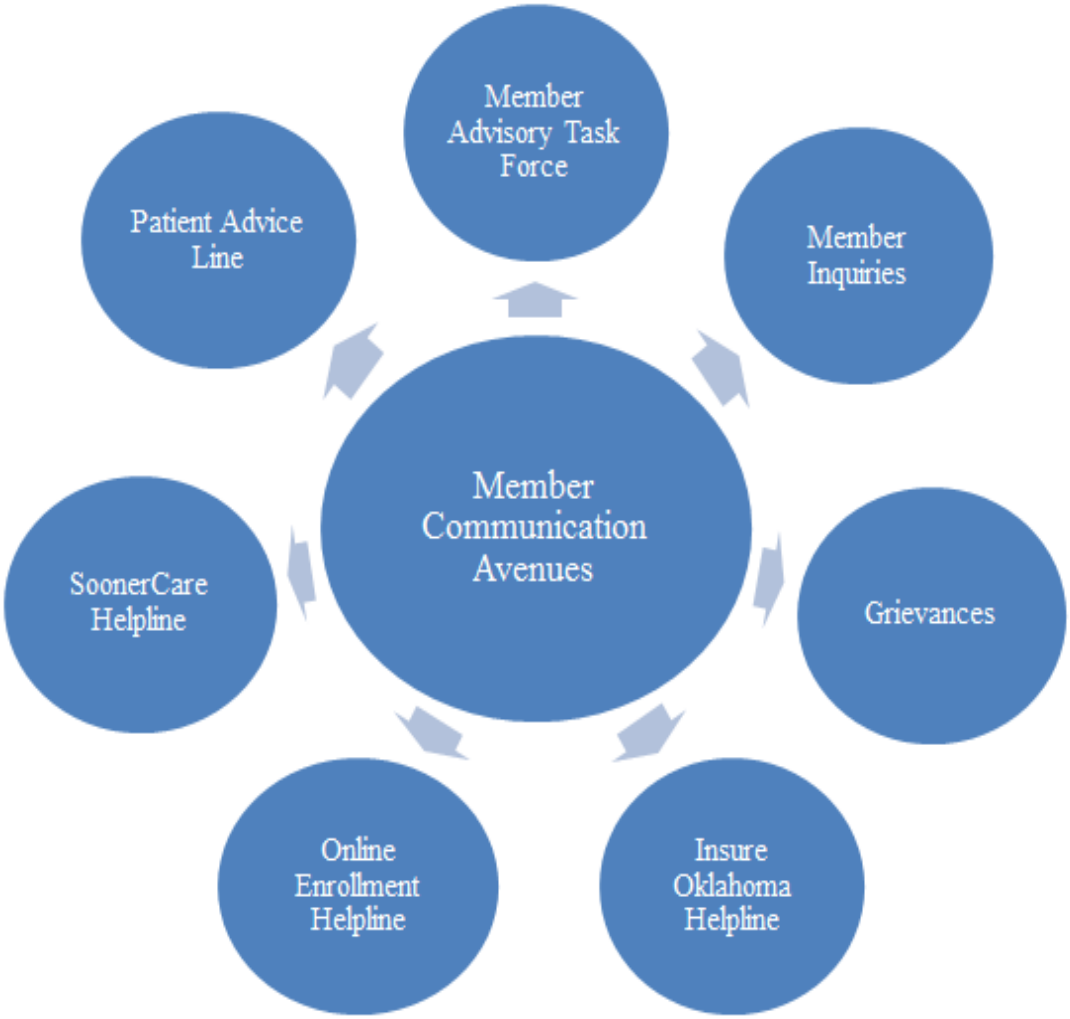
Of the 768 bills presented during the legislative session, OHCA tracked 203 bills; few, however, were approved bills that would have had an impact on the SoonerCare Choice demonstration. Senate Bill 1397 was approved on March 26, 2012; this bill required the OHCA to create a sliding scale for premium assistance where the premium assistance provided to an employee is reduced as the employee's salary is increased in administering a premium assistance program. This bill had no direct impact on the Insure Oklahoma program as the program already has a sliding scale; members are responsible for 15 percent of their premium. In May 2012, the Governor signed House Bill 3058, the Oklahoma Hospital Residency Training Program Act, which increases access to care by establishing residency programs in rural areas. Senate Bill 1280 was also approved, which appropriated $3.08 million for implementation of the residency programs.

After adjournment of the legislative session on May 25, 2012, Oklahoma Legislators continued to address state needs through interim studies. There were 59 approved interim studies conducted in the House and 28 approved interim studies in the Senate; very few studies, however, had relevance to the SoonerCare Choice demonstration.

The bill request deadline for the 2013 legislative session was December 14, 2012. The Oklahoma's 54 Legislature will convene on February 4, 2013.

VI. CONSUMER ISSUES

SoonerCare Choice and Insure Oklahoma
Member Communication



VI. CONSUMER ISSUES (Cont'd)

A. Member Advisory Task Force (MATF)

The MATF performs four primary roles. It provides information to OHCA regarding issues that are an important part of the members' health care needs; educates OHCA staff regarding the needs of consumers to assure services are received in a way preferred by members; recommends potential changes to current services/policies; and offers new ideas for services and policies. The MATF is comprised of nine OHCA staff, two staff from the agency contractor, representatives from the Oklahoma Family Network[40], and sixteen SoonerCare members.

In 2012, MATF members made a total of ten recommendations to OHCA concerning policy, OHCA materials, member outreach, the prior authorization process, SoonerCare Operations processes, and services. The chart below includes the recommendations from the MATF members that OHCA has implemented or is still considering.

Recommendations from MATF	OHCA Action
Add a brief description to the beginning of policy changes so individuals can determine quickly if it is a rule they may want to provide input.	OHCA Implemented Recommendation
Move QuickStart Guide to the front of the Member Handbook and either print it on cardstock or magnet paper.	OHCA Implemented Recommendation
Make ½ of the Member Handbook English and the other half Spanish.	OHCA Consideration
Outreach activities should be increased.	OHCA Implementation and Consideration
Increase usage of social media and youthful interaction methods.	OHCA Implementation and Consideration
Add pop-up 'ads' to the end of the online enrollment application.	OHCA Consideration
Prior authorization process – family perspective and agency perspective. Explore current process.	OHCA Consideration
Make an erasable area for the 'Remember to Renew' calendar magnet.	OHCA Consideration
MATF should make a formal recommendation on issues related to Medicaid expansion.	Governor Fallin declined Medicaid expansion
Recommendations regarding the 2013 OHCA retreat.	OHCA Consideration

[40] The OFN is a non-profit entity that provides parent-to-parent support, resource coordination and training to families of children with special health care needs of all ages.

B. Member Inquiries

OHCA offers members access to a toll-free customer service line for all of their inquiries. Calls are classified live on a call-tracking system and detailed notes about the call may be recorded. The call-tracking system takes inquiries across all programs that the OHCA operates, so the Member Inquiries data cannot be attributed solely to the SoonerCare Choice program.

Member inquiry results fluctuate as programs change and/or grow. If there is a complaint about a SoonerCare Choice PCP, specifically, the complaint is forwarded to the appropriate provider representative for review and resolution. If the representative notes a quality concern, the matter is referred to the Quality Assurance department for investigation. For all member inquiries, the Member Services Director is provided the information for monitoring and researching significant changes occurring quarterly and annually. *Refer to the below chart.*

2012 Member Inquiries	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Program Complaint	41	60	33	68
Complaint on Provider	69	113	152	124
Fraud and Abuse	23	53	14	42
Access to Care	9	29	159	39
Program Policy	3,196[41]	3,527	5,077	3,943
Specialty Request	513	630	1,401	939
Eligibility Inquiry	6,648	6,211	2,341	5,791
SoonerRide	875	1,078	166	1,631
Other	222	190	157	905
PCP Change	1,498	1,344	2,713	1,529
PCP Inquiry	1,050	1,058	1,068	825
Dental History	97	144	31	94
Drug/NDC Inquiry	203	187	97	186
Medical ID Card	483	416	635	424
PA Inquiry	373	325	915	404
Total[42]	**15,300**	**15,365**	**14,959**	**16,944**

[41] Inquiries are lowest during the first quarter of the calendar year as members are mailed SoonerCare handbooks.
[42] 100% of Member Inquiries are initiated timely.

VI. CONSUMER ISSUES (Cont'd)

C. Helplines

Insure Oklahoma Helpline

2012 Insure Oklahoma IP Helpline	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec[43]
Number of Calls	35,721	36,781	39,322	22,832
Number of Calls Answered	35,446	35,574	37,378	19,918
Number of Calls Abandoned[44]	228	869[45]	1,386	2,823
Percentage of Calls Answered	99%	97%	95%	86%

2012 Insure Oklahoma ESI Helpline	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	7,429	7,163	6,516	5,150
Number of Calls Answered	7,345	6,971	6,389	5,057
Number of Calls Abandoned	84	192	127	93
Percentage of Calls Answered	98%	97%	95%	96%

Online Enrollment (OE) Helpline[46]

2012 OE Helpline Calls in English	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	28,589	31,538	29,894	17,445
Number of Calls Answered	25,573	28,491	24,910	15,927
Number of Calls Abandoned	2,866	3,030	4,725	1,255
Average Percentage of Calls Answered	90%	90%	84%	91%

2012 OE Helpline Calls in Spanish	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	907	637	353	172
Number of Calls Answered	875	611	334	167
Number of Calls Abandoned	26	25	16	3
Average Percentage of Calls Answered	96%	95%	95%	97%

[43] The decrease in numbers is due to a change in vendor for the Insure Oklahoma Helpline.
[44] Abandoned calls may never reach an agent due to wait in queue and hang ups.
[45] This quarter's abandonment rate was higher than past quarters due to a migration to a new HPES telephony platform, as well as a move for the Insure Oklahoma unit from HPES local site to OHCA South. This continued through the next quarter.
[46] These calls are included in the number of calls to the SoonerCare Helpline.

VI. CONSUMER ISSUES (Cont'd)

SoonerCare Helpline

2012 SoonerCare Helpline Calls	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	260,031	245,920	255,352	156,586
Number of Calls Answered	226,579	218,261	210,961	141,743
Number of Calls Abandoned	31,869	25,412	42,323[47]	12,613
Average Percentage of Calls Answered[48]	90%	90%	87%	92%

Patient Advice Line

The number of calls for the PAL has decreased significantly since the beginning of 2012, as OHCA is phasing out the majority of this initiative by December 2012. Only Tier 1 members will receive coverage through the PAL until February 28, 2013. Beginning in 2013, providers will implement 24-hour voice-to-voice coverage for their members.

2012 SoonerCare Patient Advice Line Calls[49]	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	7,607	6,159	4,104	1,501
Number of Calls with Symptoms/Triaged	3,961	3,183	1,998	683
Number of Calls Triaged to ER/911 from Symptoms/Triage	1,579	1,337	842	255
Percentage Triaged to ER or 911 Activated	40%	42%	42%	37%

[47] There was an increase in calls abandoned this quarter due to systems issues and staffing challenges.
[48] This is an average of the percentage of calls answered for each month of the quarter.
[49] These numbers include all SoonerCare and Insure Oklahoma IP Helpline calls after 5pm.

VI. CONSUMER ISSUES (Cont'd)

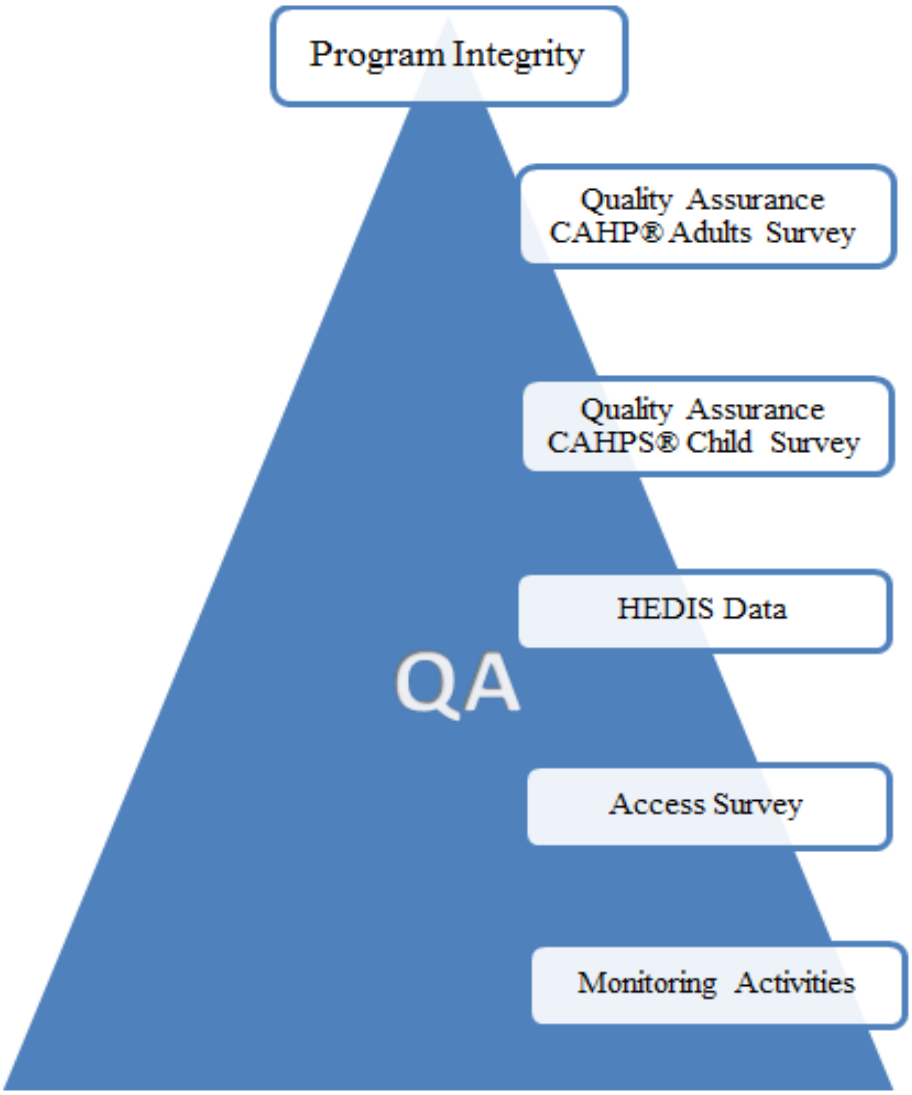
D. Grievances

2012 Grievances	Jan- Mar		Apr- Jun		Jul- Sept		Oct- Dec	
	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed
Eligibility	0	1 approved; 1 withdrawn; 3 dismissed	4	1 dismissed; 1 denied	0	1 withdrawn; 1 dismissed; 1 denied	N/A	N/A
Dental Services	1	0	N/A	N/A	1	1 dismissed; 1 denied	4	1 resolved; 1 denied
Miscellaneous: Unpaid Claim	N/A	N/A	N/A	N/A	2	0	N/A	N/A
Prior Auth: Behavioral Health	1	0	N/A	N/A	2	1 withdrawn	1	0
Prior Auth: Durable Medical Equipment	2	1 dismissed	1	3 dismissed	3	0	5	1 resolved; 1 dismissed
Prior Auth: Other	3	2 denied; 2 dismissed	4	2 granted	6	1 denied	4	2 denied; 2 dismissed
Prior Auth: Radiology Services	0	1 withdrawn	1	2 denied	3	2 withdrawn	N/A	N/A
Private Duty Nursing	3	1 denied; 1 dismissed; 2 withdrawn; 3 denied	1	0	4	0	9	1 dismissed; 1 denied
Provider Complaint	N/A	N/A	N/A	N/A	1	0	N/A	N/A
Online Enrollment	2	2 withdrawn; 3 denied	5	1 withdrawn; 1 dismissed; 1 denied	3	1 withdrawn; 2 granted; 2 dismissed; 2 denied	4	1 withdrawn

2012 Insure Oklahoma Grievances	Jan- Mar		Apr- Jun		Jul- Sept		Oct- Dec	
	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed
IP Denial of Coverage	4	3 dismissed; 3 denied; 1 withdrawn	5	3 withdrawn; 1 granted; 1 dismissed; 1 denied	3	2 withdrawn; 1 granted; 4 denied	4	3 withdrawn
Prior Auth: Durable Medical Equipment	0	1 dismissed	N/A	N/A	N/A	N/A	1	0
Prior Auth: Other	0	1 denied; 1 withdrawn	N/A	N/A	N/A	N/A	1	0
Prior Auth: Pharmacy	N/A	N/A	0	1 dismissed	N/A	N/A	N/A	N/A
Prior Auth: Radiology	N/A	N/A	1	1 dismissed	N/A	N/A	N/A	N/A
Billing Issues	N/A	N/A	N/A	N/A	1	0	N/A	N/A

VII. QUALITY ASSURANCE/MONITORING ACTIVITES

SoonerCare Choice
Quality Assurance/Monitoring Activities



VII. QUALITY ASSURANCE/MONITORING ACTIVITIES (Cont'd)

A. Quality Assurance (QA)

In 2012, the QA unit held a total of 12 committee meetings – one per month. The objectives of the meetings are to discuss renewal applications for providers who have pending Board action for license or practice violations. Of the 12 committee meetings, there were no issues brought up that impacted the SoonerCare Choice demonstration.

OHCA's contracted External Quality Review (EQR) organization, Telligen, conducted a *Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 4.0 Medicaid Adult Member Satisfaction Survey*[50], and *CAHPS® Health Plan Survey Child Version* for the period July 1, 2011 to December 31, 2011. OHCA received these reports in September 2012. The objective of the surveys is to capture accurate and complete information about consumer-reported experiences with SoonerCare Choice by:

- Evaluating member satisfaction;
- Measuring how well members' expectations and goals were met;
- Determining areas of service with the greatest effect on overall member satisfaction; and
- Identifying areas of improvement regarding the quality of provided care.

CAHPS® Adult Survey

Based on Telligen's report for the Adult member satisfaction survey, from the sample size of 1,000 SoonerCare members who received the survey, 378 eligible members completed the survey, for a response rate of 37.80 percent. Overall results for the adult survey showed fairly high levels of satisfaction in the overall program. The highest summary rate was for the reporting measure *How Well Doctors Communicate (84.93 percent).* The lowest summary rate was for the reporting measure *Shared Decision Making (57.95 percent).* The survey showed that there were no significant differences from previous years for any of the reporting measures.

Some of the adult member satisfaction ratings, however, increased significantly from 2008 to 2012. A few examples include the *Rating of Personal Doctor,* which jumped from 65.06 percent in 2008 to 75.80 percent in 2012; *Rating of Specialist,* which increased from 68.75 percent in 2008 to 79.08 percent in 2012; and *Rating of Health Plan,* which rose from 62.09 percent in 2008 to 68.41 percent in 2012. Refer to Appendix D to review the major findings from the CAHPS® survey.

CAHPS® Child Survey

The CAHPS® child survey had a response rate of 680 members who completed the survey from the sample of 1,850 SoonerCare Choice pediatric members. This is a response rate of 36.76 percent.

Similar to the CAHPS® adult survey, the overall level of satisfaction for the program was relatively high with the highest reporting measure rating at 93.09 percent for *How Well Doctors Communicate,* and the lowest rating at 74.82 percent for *Shared Decision Making*. In addition,

[50] CAHPS® Survey and Reporting Kit (CSRK) 2008. *CAHPS® Health Plan Survey 4.0*. Agency for Healthcare Research and Quality (AHRQ).

the survey showed significant rate increases from previous years for eight out of the nine reporting measures. Refer to Appendix D to review the major findings from the CAHPS® survey.

1. Access Survey

OHCA requires that providers give members 24-hour access and ensure that members receive timely and appropriate services. Provider Services staff place calls to providers after 5:00 pm and report the type of access available. Provider representatives educate any providers who need to improve after-hours access to comply with contractual standards.

2012 Access Survey	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Providers Called	627	642	670	654
Percent of Providers with 24-hr Access on Initial Survey	82%	80%	86%	82%
Percent of Providers Educated for Compliance	18%	20%	14%	18%

VII. QUALITY ASSURANCE/MONITORING ACTIVITIES (Cont'd)

B. Monitoring Activities

1. HEDIS Report

SoonerCare HEDIS Quality Measures			
Reported per HEDIS Year			
Annual Dental Visit	**2010**	**2011**	**2012**
Aged 2-3 years	37.8%	39.3%	41.0%
Aged 4-6 years	63.5%	64.6%	67.2%
Aged 7-10 years	69.0%	70.5%	72.6%
Aged 11-14 years	66.1%	68.3%	70.3%
Aged 15-18 years	58.8%	61.2%	62.9%
Aged 19-21 years	42.6%	43.2%	40.2%
Total	60.2%	62.0%	64.0%
Children & Adolescents' Access to PCP	**2010**	**2011**	**2012**
Aged 12-24 months	97.8%	97.2%	96.6%
Aged 25 months-6 years	89.1%	88.4%	90.1%
Aged 7-11 years	89.9%	90.9%	91.7%
Aged 12-19 years	88.8%	89.9%	91.6%
Adults' Access to Preventive/Ambulatory Health Services	**2010**	**2011**	**2012**
Aged 20-44 years	83.6%	84.2%	83.1%
Aged 45-64 years	90.9%	91.1%	91.0%
Aged 65+ years	92.6%	92.1%	92.2%
Total	88.7%	88.8%	88.5%
Well Child Visits	**2010**	**2011**	**2012**
Aged <15 months 1+ visits	95.4%	98.3%	98.3%
Aged <15 months 6+ visits	48.8%	59.0%	58.6%
Aged 3-6 years 1+ visits	61.9%	59.8%	57.4%
Aged 12-21 years 1+ visits	37.1%	33.5%	34.5%
Appropriate Medications for the Treatment of Asthma	**2010**	**2011**	
Aged 5-11 years	90.9%	90.6%	
Aged 12-50	83.1%	81.9%	
Total	87.7%	86.9%	

VII. QUALITY ASSURANCE/MONITORING ACTIVITIES (Cont'd)

Appropriate Medications for the Treatment of Asthma (Change in HEDIS 2012)			**2012**
Aged 5-11 years			90.3%
Aged 12-18 years			85.2%
Aged 19-50 years			60.4%
Aged 51-64 years			56.9%
Total			85.0%
Comprehensive Diabetes Care (Aged 18-75 years)	**2010**	**2011**	**2012**
Hemoglobin A1C Testing	71.0%	71.1%	70.5%
Eye Exam (Retinal)	32.8%	31.8%	31.8%
LDL-C Screening	63.6%	62.9%	62.0%
Medical Attention for Nephropathy	54.4%	55.9%	56.8%
	2010	**2011**	**2012**
Lead Screening in Children (By 2 years of age)	43.5%	44.5%	44.7%
Appropriate Treatment for Children with URI (Aged 3 months-18 years)	67.7%	69.5%	66.8%
Appropriate Testing for Children with Pharyngitis (Aged 2-18 years)	38.8%	44.8%	49.1%
Breast Cancer Screening (Aged 40-69 years)	41.1%	41.3%	36.9%
Cervical Cancer Screening (Aged 21-64 years)	44.2%	47.2%	42.5%
Cholesterol Management for Patients with Cardiovascular Conditions (Aged 18-75 years)	69.5%	69.9%	68.6%
Race/Ethnicity Diversity of Membership	**2010**	**2011**	**2012**
American Indian/Alaskan Native	12.0%	11.7%	11.6%
Asian	1.2%	1.3%	1.3%
Black/African American	14.2%	13.9%	13.5%
Native Hawaiian/Pacific Islander	0.2%	0.2%	0.3%
White	67.9%	68.8%	67.4%
Multiple Races	4.5%	4.0%	5.9%
Total	100.0%	100.0%	100.0%
Hispanic (percentage of total)	13.1%	13.2%	14.3%
Updated: September 4, 2012			

2. Transition Plan and 2014 Mandated Changes

During a February 2012 CMS monthly monitoring call, OHCA received direction that the State would need to provide a 'working draft' Transition Plan to CMS by July 1, 2012, to outline how the SoonerCare Choice demonstration would implement the new mandated Medicaid provisions.

In order for OHCA to meet CMS' milestone timeframes and deadlines, as well as be ready for implementation of all mandated changes by the October 1, 2013, federal timeframe, OHCA's Planning unit organized twelve workgroups. These workgroups include: benefits package; policy; information systems; SoonerCare operations; provider network; member services/call center; Insure Oklahoma; marketing, outreach and education; finance and reporting; human resources; audit; and administrative agreements/professional contracts. Since March 2012, these workgroups have met to coordinate the transition of the SoonerCare program to compliance through system, policy, and program changes.

OHCA submitted the mandated 'working draft' Transition Plan to CMS on June 29, 2012.

On November 19, 2012, Oklahoma's Governor declared that Oklahoma would not expand Medicaid, nor would the State set up or partner with the federal government for a health insurance marketplace. The federal government, therefore, will establish a federally-facilitated marketplace[51] in Oklahoma, by January 1, 2014, in accordance with Section 1321 of the PPACA.

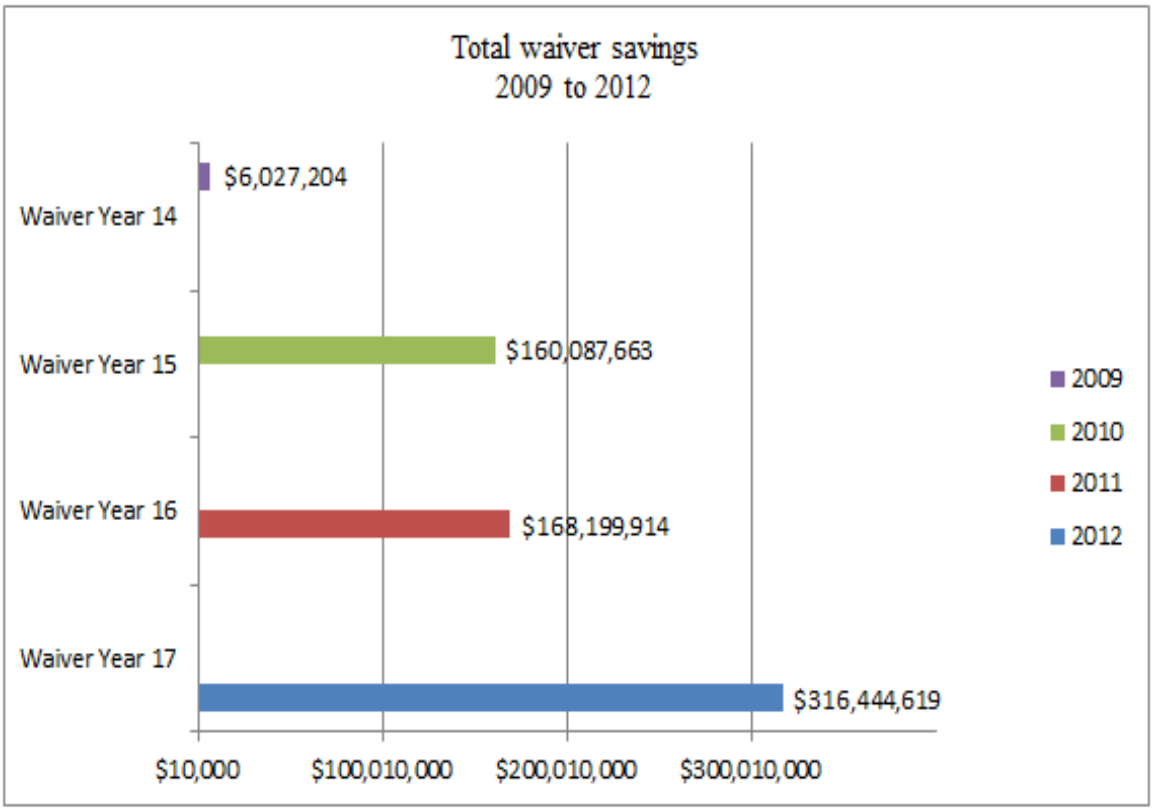
As OHCA works to finalize system, program, and policy changes, the agency partners with the Oklahoma State Department of Health for all proposed decisions as the Cabinet Secretary of Health/Commissioner of Health is the health reform liaison to the Governor. At this time, OHCA is working on a 2014 SoonerCare Choice amendment, which incorporates the mandated provisions.

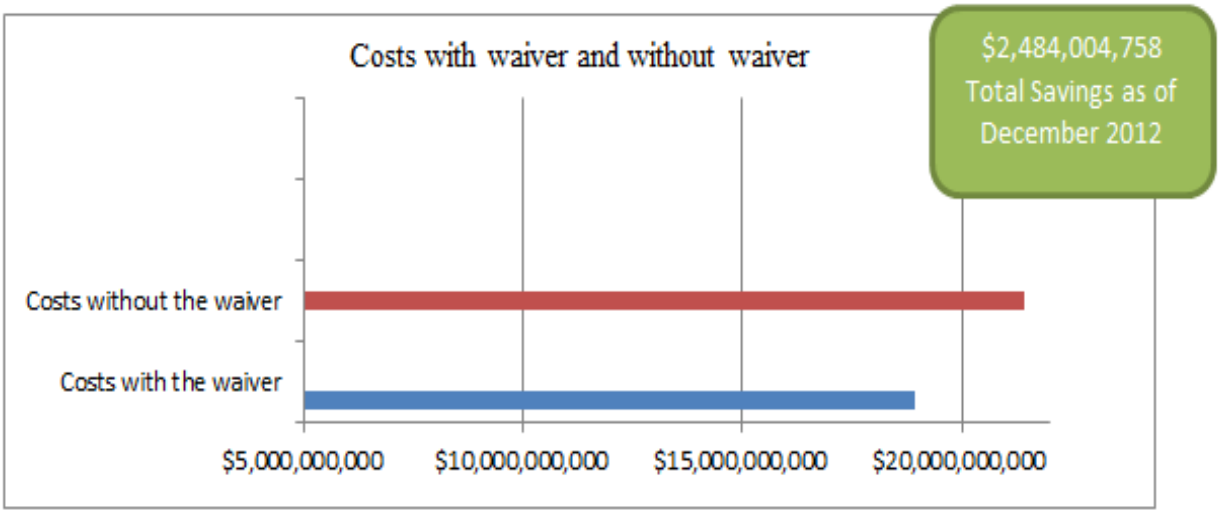
Throughout the last year, the State has participated in numerous CMS implementation calls, webinars, state-only Q&A calls, State Operations and Technical Assistance (SOTA) calls, as well as CMS gate reviews. The State continues to work with and seek guidance from CMS.

[51] As a condition of Maintenance of Effort indicated in Section 2001 of the PPACA, if the federally-facilitated marketplace is not fully operational by January 1, 2014, the State will maintain the existing SoonerCare and Insure Oklahoma programs until the federally-facilitated marketplace is operational.

VIII. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES

SoonerCare Choice and Insure Oklahoma
Waiver Savings





VIII. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES Cont'd

A. Budget Neutrality Model

Oklahoma continues to exceed per member per month expenditures for members categorized as Aged, Blind, and Disabled. The state believes this situation to be reflective of provider rate increases that will continue to have particular impact for this eligibility group. In the overall life of the waiver, the state has $2.4 billion in Budget Neutrality savings and, ending this quarter, the state has $316 million in savings for the year[52].

Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Years
Through December 31, 2012

Waiver Year	Member Months (Enrolled & Unenrolled)	Costs Without Waiver	Waiver costs on HCFA-64	Variance
Waiver Year #1 – 1996	2,337,532	$286,138,649	$249,006,422	$37,132,227
Waiver Year #2 – 1997	2,282,744	$297,653,392	$281,953,273	$15,700,119
Waiver Year #3 – 1998	2,550,505	$354,302,018	$303,644,031	$50,657,987
Waiver Year #4 – 1999	3,198,323	$538,659,237	$426,247,022	$112,412,215
Waiver Year #5 – 2000	3,496,979	$690,766,574	$592,301,080	$98,465,494
Waiver Year #6 – 2001	4,513,310	$981,183,083	$773,255,432	$207,927,651
Waiver Year #7 – 2002	4,823,829	$1,115,197,420	$850,084,088	$265,113,332
Waiver Year #8 – 2003	4,716,758	$1,087,570,219	$917,176,458	$170,393,761
Waiver Year #9 – 2004	4,886,784	$1,199,722,904	$884,795,047	$314,927,857
Waiver Year #10 – 2005	5,038,078	$1,316,858,687	$1,001,434,761	$315,423,926
Waiver Year #11 – 2006	5,180,782	$1,436,886,838	$1,368,966,664	$67,920,174
Waiver Year #12 - 2007	5,451,378	$1,582,588,945	$1,445,598,253	$136,990,692
Waiver Year #13 – 2008	5,386,004	$1,660,246,277	$1,620,066,352	$40,179,924
Waiver Year #14 – 2009	5,839,782	$1,883,856,292	$1,877,829,088	$6,027,204
Waiver Year #15 – 2010	6,367,794	$2,154,894,736	$1,994,807,073	$160,087,663
Waiver Year #16 – 2011	6,420,012	$2,297,585,363	$2,129,385,450	$168,199,914
Waiver Year #17 – 2012	6,819,943	$2,543,469,377	$2,227,024,758	$316,444,619
Total Waiver Cost	**79,310,537**	**$21,427,580,010**	**$18,943,575,252**	**$2,484,004,758**

[52] See Attachment 7, Oklahoma 1115 Budget Neutrality Model Worksheet.

IX. MEMBER MONTH REPORTING

A. Budget Neutrality Calculation

2012 Eligibility Groups	Quarter Totals Ending Mar	Quarter Totals Ending Jun	Quarter Totals Ending Sept	Quarter Totals Ending Dec
TANF – Urban	888,688	895,402	903,046	933,127
TANF – Rural	633,779	635,146	638,729	657,469
ABD – Urban	86,667	86,331	87,575	88,362
ABD – Rural	71,056	70,977	71,600	71,989

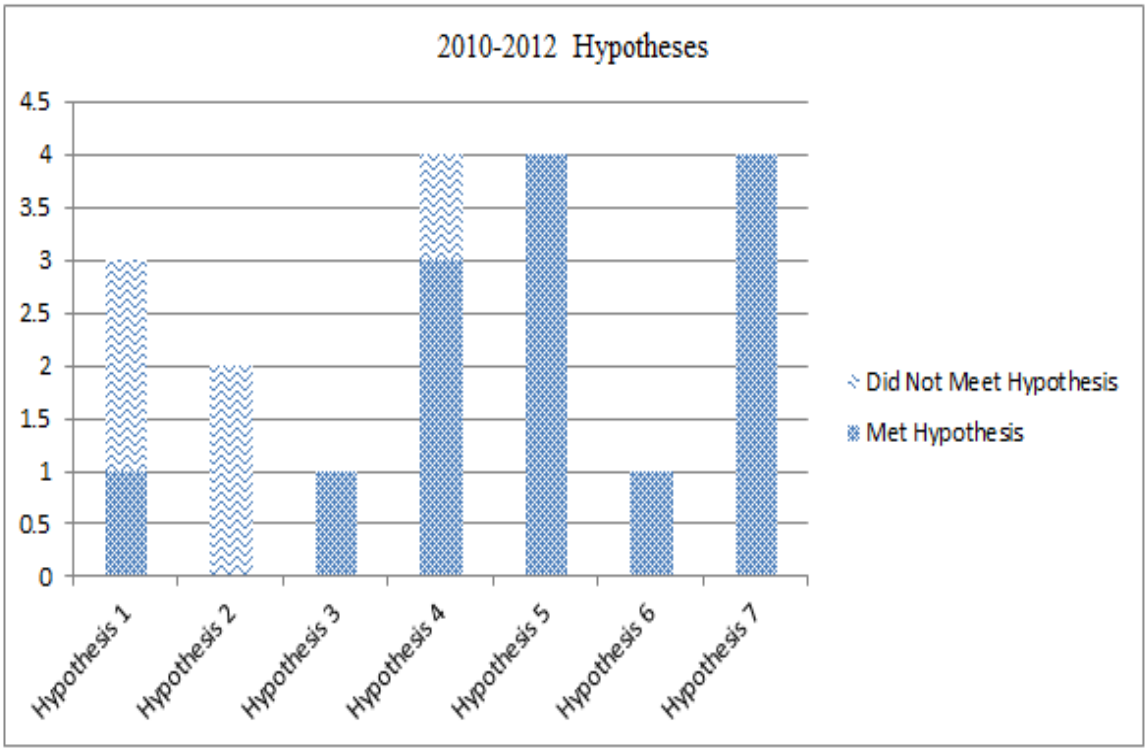
B. Informational Purposes Only

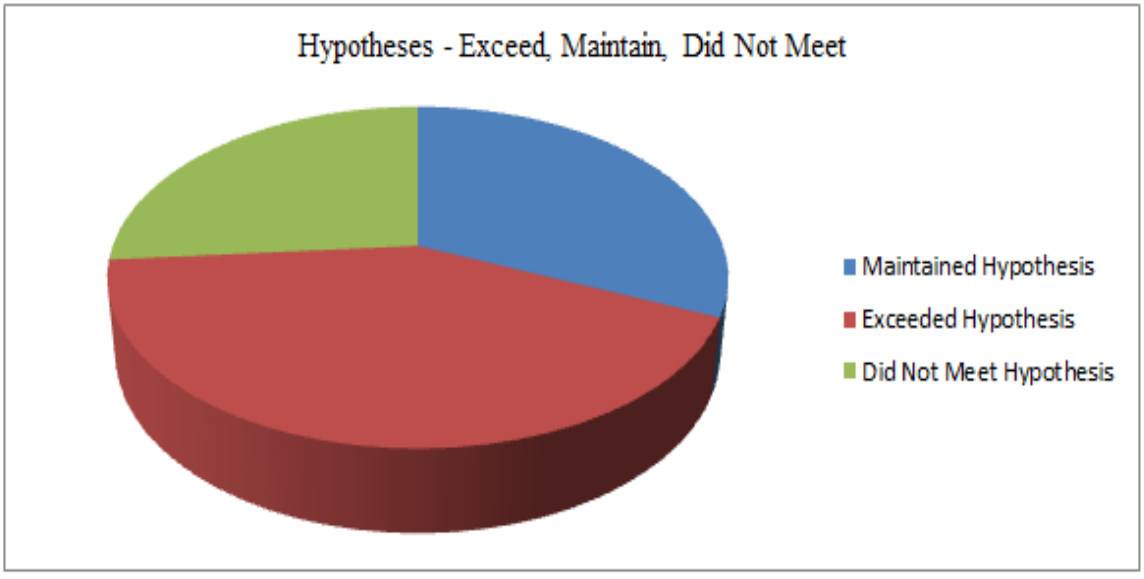
2012 Eligibility Groups	Quarter Totals Ending Mar	Quarter Totals Ending Jun	Quarter Totals Ending Sept	Quarter Totals Ending Dec
Non-Disabled & Disabled Working Adults	98,854	97,121	96,613	98,504
TEFRA Children	1,240	1,234	1,248	1,256
SCHIP Medicaid Expansion Children	161,413	165,200	170,733	Not Available[53]

[53] Data for Title XXI children for November and December 2012 are not available due to an error with counting parental income. The revised Title XXI enrollment numbers for this quarter will be reported in 2013.

X. DEMONSTRATION EVALUATION

SoonerCare Choice 2010-2012 Hypotheses





X. DEMONSTRATION EVALUATION (Cont'd)

A. Hypotheses

Hypothesis	Do 2012 Outcomes of the Demonstration Confirm the Hypothesis?
1.A Access to primary care: Child health checkup rates for children 0-15 months old will maintained at or above 95 percent over the life of the extension period.	Yes
1.B Access to primary care: Child health checkup rates for children 3-6 years old will increase by 4 percentage points over the life of the extension period.	No
1.C Access to primary care: Adolescent child health checkup rates will increase by 4 percentage points over the life of the extension period.	No
2.A Access to primary care providers: Children's and adolescents access to primary care providers will increase by 4 percentage points over the life of the extension period.	No
2.B Adult access to preventive/ambulatory health care services will increase by 4 percentage points over the life of the extension period.	No
3. Access to dental care: the percentage of members aged 3 to 21 with at least one visit to a dentist will increase.	Yes
4.A The number of Choice PCPs will be maintained or will increase and the capacity of Choice PCPs will be maintained or will increase.	Yes – the number of Choice PCPs have increased. No – Capacity of Choice PCPs has not been maintained.
4.B The proportion of IHS members whose PCP is an I/T/U provider will increase and the I/T/U provider capacity will be maintained.	Yes
4.C Members will continue to have access to age-appropriate PCPs within 45 miles/minutes.	Yes
5.A Implementation of HANs will allow the OHCA Care Management Unit to identify an additional population to enroll in agency care management. The number of unduplicated SoonerCare Choice members under active care management will be tracked annually for the percentage of change over the life of the extension period.	Yes
5.B The rate per 1,000 of SoonerCare Choice members under active care management will be tracked annually over the life of the extension period.	Yes

X. DEMONSTRATION EVALUATION (Cont'd)

Hypothesis	Do 2012 Outcomes of the Demonstration Confirm the Hypothesis?
5.C The OHCA will identify and introduce a new population to be enrolled in OHCA care management as a result of the implementation of the HANs.	Yes
5.D The number of members transitioned from OHCA care management to HAN care management will be tracked over the life of the extension period.	Yes
6. At least 500 children will be enrolled in the Title XXI State Plan for stand-alone CHIP children.	Yes
7.A The HAN will improve member access to all levels of care.	OU – Yes; OSU – only benchmark data available; PHCC – only benchmark data available
7.B The HAN will enhance the quality and coordination of services.	OU – Yes; OSU – data not availble; PHCC – data not available
7.C The HAN will reduce inappropriate utilization and costs.	OU – Yes; OSU – data not available; PHCC – data not available
7.D The HAN will increase the number of participating PCPs using electronic medical record systems.	OU – Yes; OSU – only benchmark data available; PHCC – only benchmark data available

X. DEMONSTRATION EVALUATION (Cont'd)

OHCA reports the following 2012 annual data and analysis for the SoonerCare Choice program's seven hypotheses. *Refer to page 3 to reference the waiver objectives.*

Hypothesis 1 (this hypothesis directly correlates with Objective 1):
Rates will be maintained/improved for well-child and adolescent visits over the duration of the waiver extension period (2010-2012).

A. Child health checkup rates for children 0-15 months old will be maintained at or above 95 percent over the life of the extension period.
B. Child health checkup rates for children 3-6 years old will increase by 4 percentage points over the life of the extension period.
C. Adolescent child health checkup rates will increase by 4 percentage points over the life of the extension period.

This hypothesis posits that the number of members who have regular visits with their primary care providers is a measure of how much access members have to primary care. One of the objectives of the medical home model of primary care delivery is improvement of access to regular primary care. The measure predicts that as a result of the waiver, rates will be maintained and/or improved for well-child and adolescent visits over the duration of the waiver extension period (2010-2012).

The data used is administrative, derived from paid claims and encounters, following HEDIS measure guidelines. The members included in the measurement group are divided by age cohorts (0-15 months, 3 to 6 years, and adolescents 12-19 years) and are limited to those who were enrolled in SoonerCare for 11 or 12 months of the measurement year, allowing for a maximum gap in enrollment for 45 days.

The medical home model was implemented in January 2009, so initial effects of the waiver's primary care model begin in CY2009 data.

Percentage of Child and Adolescent Members with at least One Checkup Per Year

Age Cohort	CY2009 HEDIS 2010[54]	CY2010 HEDIS 2011	CY2011 HEDIS 2012	CY2012 HEDIS 2013
0-15 months	95.4%	98.3%	98.3%	Not Available
3-6 years	61.9%	59.8%	57.4%	Not Available
12-19 years	37.1%	33.5%	34.5%	Not Available

[54] OHCA started producing HEDIS data internally using a different formula; thus, recalculating 2009 data. In previous years, HEDIS data was produced by a Quality Improvement Organization contractor.

X. DEMONSTRATION EVALUATION (Cont'd)

Hypothesis 1.A Results:
This hypothesis specifies that checkup rates for children aged 0 to 15 months will be maintained at or above 95 percent over the course of the extension period. The 2009 baseline data shows that the rate, at 95.4 percent, meets the evaluation measure. Over the 2010-2012 extension period, checkup rates for children aged 0 to 15 months increased 2.9 percentage points, to 98.3 percent, from the CY2010 baseline data and maintained the rate in CY2011.

Hypothesis 1.B Results:
In accordance with the hypothesis, the checkup rates for children aged 3 to 6 years are to increase by 4 percentage points over the extension period, 2010-2012, which would be an average of 1.3 percentage points per year. When comparing to the CY2009 baseline data, the checkup rate for children aged 3 to 6 years dropped 2.1 percentage points in CY2010. The rate dropped another 2.4 percentage points in CY2011. OHCA is currently researching why there has been a decrease in the number of 3 to 6 year olds with at least one checkup per year.

Hypothesis 1.C Results:
The evaluation measure hypothesizes that the checkup rate for adolescent's ages 12 to 19 years will also increase 4 percentage points over the period from 2010-2012, which is an average of 1.3 percentage points per year. From the baseline CY2009 data, the number of 12 to 19 year olds with at least one checkup rate per year decreased 3.6 percentage points in CY2010 but increased one percentage point in CY2011, to 34.5 percent. OHCA analysis indicates that there is an inverse relationship between increasing age of the child and screening/participation rates.

Hypothesis 2 (this hypothesis directly correlates with Objective 1):
Access to primary care providers will continue to improve over the duration of the waiver extension period (2010-2012).

A. Children's and adolescent's access to primary care providers will increase by 4 percentage points over the life of the extension period.
B. Adult access to preventive/ambulatory health care services will increase by 4 percentage points over the life of the extension period.

Access to PCP/Ambulatory Health Care: HEDIS Measures for Children and Adolescents	CY2009 HEDIS 2010	CY2010 HEDIS 2011	CY2011 HEDIS 2012	CY2012 HEDIS 2013
12-24 months	97.8%	97.2%	96.6%	Not Available
3-6 years	89.1%	88.4%	90.1%	Not Available
7-11 years	89.9%	90.9%	91.7%	Not Available
12-19 years	88.8%	89.9%	91.6%	Not Available

Access to PCP/Ambulatory Health Care: HEDIS Measures for Adults	CY2009 HEDIS 2010	CY2010 HEDIS 2011	CY2011 HEDIS 2012	CY2012 HEDIS 2013
20-44 years	83.6%	84.2%	83.1%	Not Available
45-64 years	90.9%	91.1%	91.0%	Not Available

Access to primary care providers is determined in accordance with HEDIS guidelines: a member with at least one paid claim or encounter with a primary care provider in a 12-month period is determined to have access to primary care. Only members who were enrolled for 11 or 12 months of the data year who did not have gaps in enrollment of more than 45 days during the year are included in the population for whom the access rate is determined. The adult rate excludes claims for inpatient procedures, hospitalizations, emergency room visits, and visits primarily related to mental health and/or chemical dependency.

Hypothesis 2.A Results:
This hypothesis postulates that children's and adolescents' rate of access to primary care providers will increase by 4 percentage points over the life of the extension, 2010-2012. In review of the HEDIS measures, children ages 12 to 24 months saw a 0.6 percent decrease in CY2010 and a 1.2 percent decrease in CY2011. While the other age cohorts also did not meet the 4 percentage point increase, by CY2011 the age cohorts had at least a one percent increase. In addition, it should be noted that in comparison to CY2008 data (before the implementation of medical home in CY2009), each age cohort increased by at least 2.5 percent, with ages 3 to 6 years increasing 7 percent, ages 7 to 11 increasing 9 percent, and ages 12 to 19 years increasing 10.2 percent.

Hypothesis 2.B Results:
Similar to the children's and adolescent's rate of access to primary care providers data, the age cohorts did not meet the 4 percentage point increase over the extension period. The age cohort of 20 to 44 years increased 0.6 percent in CY2010 but dropped 1.1 percent in CY2011. Comparatively, the age cohort of 45 to 64 years increased 0.1 percent by CY2011. As noted in Hypothesis 2.A, when comparing the extension period to CY2008 (before the implementation of medical home in CY2009), the age cohort of 20 to 44 years increased 4.7 percent and the age cohort of 45 to 64 years increased 4.2 percent.

Hypothesis 3 (this hypothesis directly correlates with Objective 1):
The dental visit rate of members' ages 3 years through 21 years will continue to improve over the life of the extension period (2010-2012).

Dental Visits	CY2009 HEDIS 2010	CY2010 HEDIS 2011	CY2011 HEDIS 2012	CY2012 HEDIS 2013
Percentage	60.2%	62.0%	64.0%	Not Available

This hypothesis postulates that the dental visit rate of members ages 3 to 21 will continue to improve over the extension period 2010-2012. The member population included is those members who were enrolled in SoonerCare Choice for 11 out of 12 months of the year with no more than one gap in enrollment of up to 45 days. Whether the member had at least one dental visit during the year is determined according to HEDIS guidelines using paid claims and encounters. The baseline comparison is the CY2009 dental visit rate. Since CY2009, the dental visit rate for members ages 3 to 21 has increased 3.8 percentage points.

X. DEMONSTRATION EVALUATION (Cont'd)

Hypothesis 4 (this hypothesis directly correlates with Objectives 2 and 4):

A. The number of primary care providers and available capacity will equal or exceed the number and capacity recorded at the time of the conversion to the patient-centered medical home model in January 2009, over the duration of the waiver extension period.

B. The proportion of SoonerCare Indian Health Services' members whose PCP is an Indian Health Service/Tribal/Urban Indian Clinic (I/T/U) provider will increase and I/T/U provider capacity will be maintained over the life of the waiver extension period.

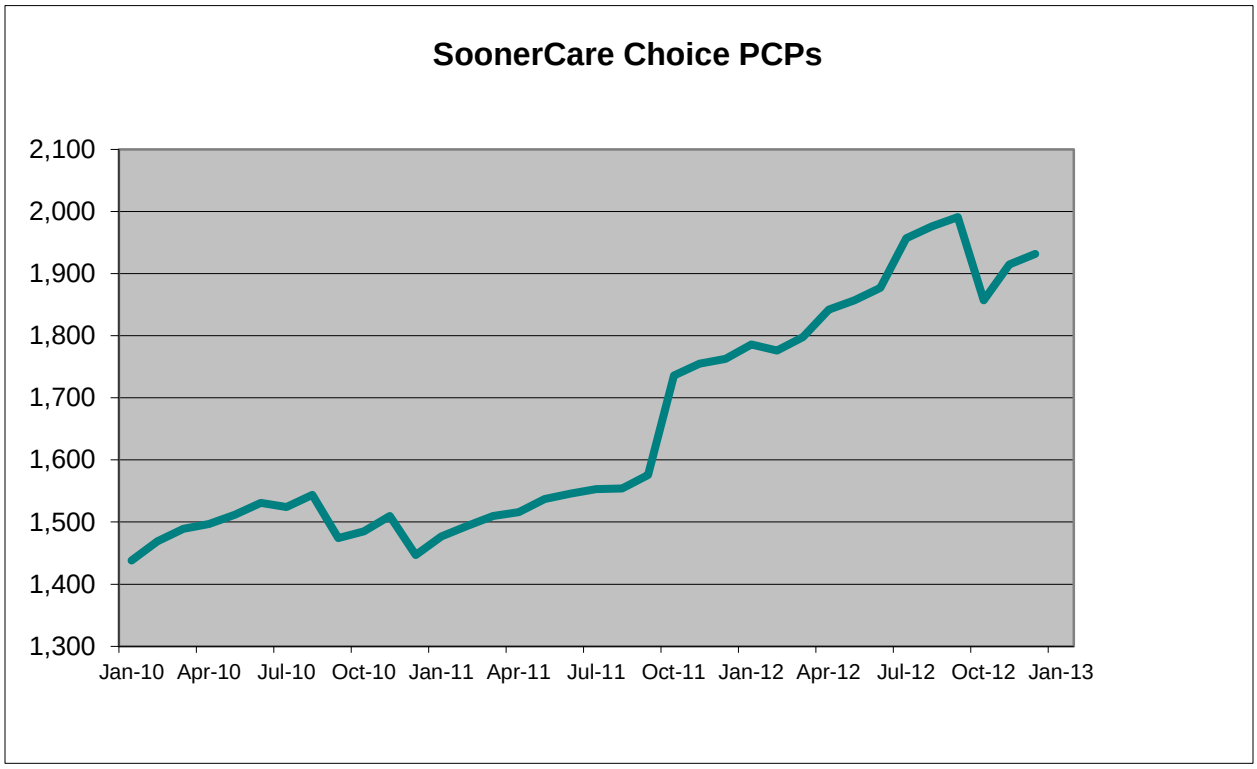
C. SoonerCare Choice members will continue to have access to age-appropriate PCP's within their waiver-mandated travel time/distance radius over the duration of the waiver extension period.

	Baseline Data December 2008 Data	December 2012 Data
Number of Choice PCPs enrolled	1,409	1,932
Capacity of Choice PCPs	1,373,058	1,092,850
Average Number of Members per PCP	289.1	279.11
Proportion of IHS Members with I/T/U PCP	20.48%	21.04%
I/T/U Provider Capacity	116,150	124,400
Percentage of Members with a PCP within 45 miles/minutes	100%	100%

Hypothesis 4.A Results:

The number of Choice PCPs enrolled has increased by 523 providers since the baseline data. The PCP capacity, however, decreased by a quarter of a million members the month the medical home model was implemented, to 1,113,577 in January 2009, and has not recovered. Capacity after implementation decreased further to 1,039,583 at the beginning of the extension period, January 2010, and has since increased slightly (five percent) by December 2012, although it has yet to recover to January 2009 levels. While capacity has decreased, the percentage of capacity used is only 45.13 percent in December 2012.

It is worth noting that the nominal decrease in capacity does not appear to have negatively impacted member access to primary or preventive care. Program staff has reason to believe that prior to implementation of the medical home model in January 2009, PCPs were declaring a larger capacity than they could reasonably serve. For that reason, the agency does not consider the results of this hypothesis, when weighted against other program performance measures, to be reason for concern.


SoonerCare Choice PCPs
2,100
2,000
1,900
1,800
1,700
1,600
1,500
1,400
1,300
Jan-10
Apr-10
Jul-10
Oct-10
Jan-11
Apr-11
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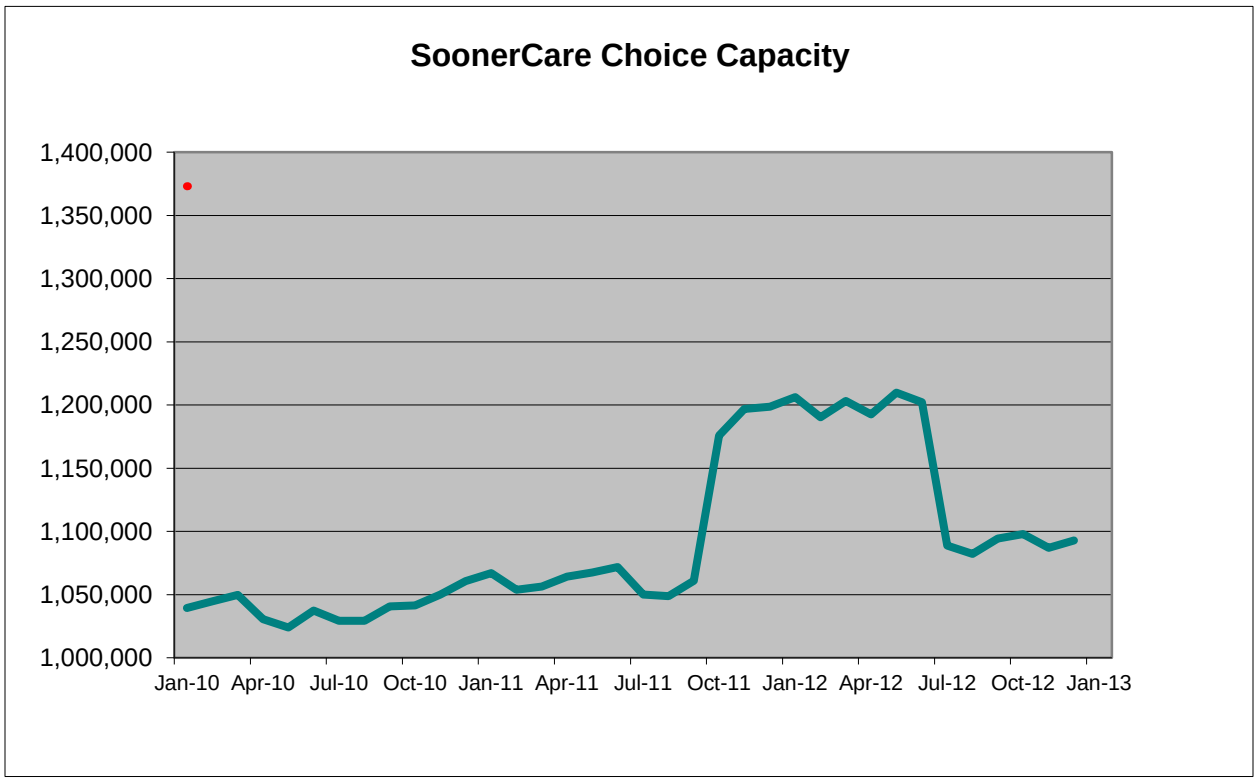
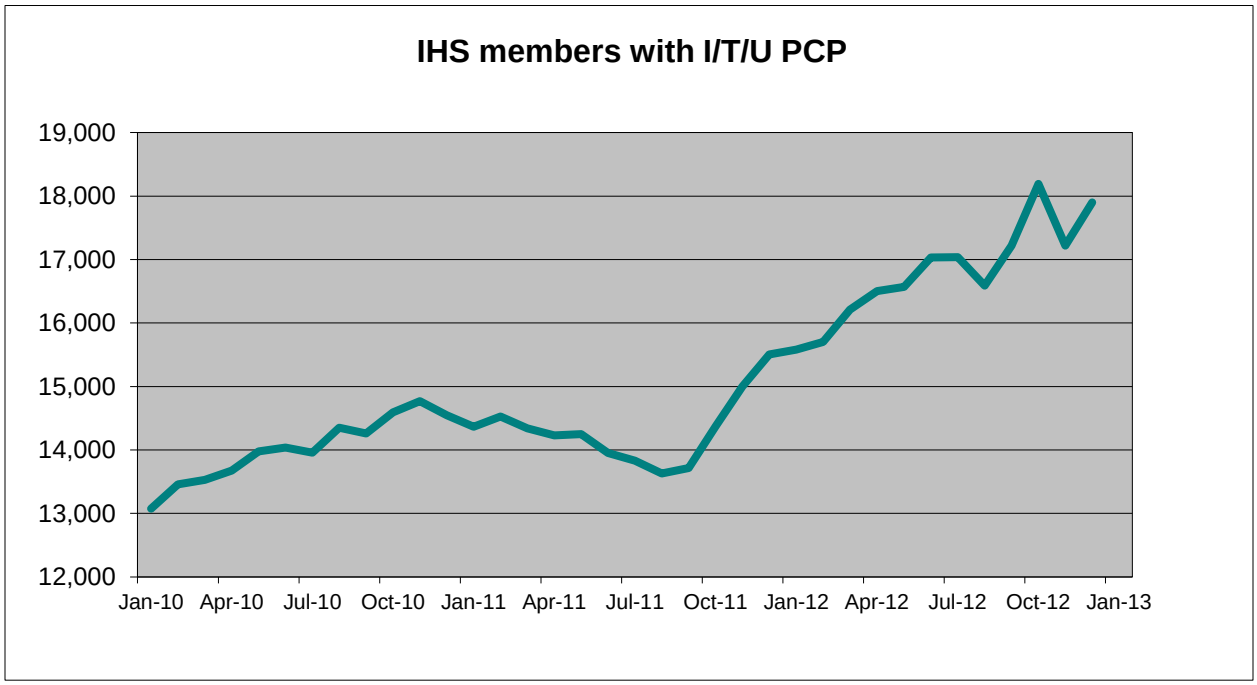
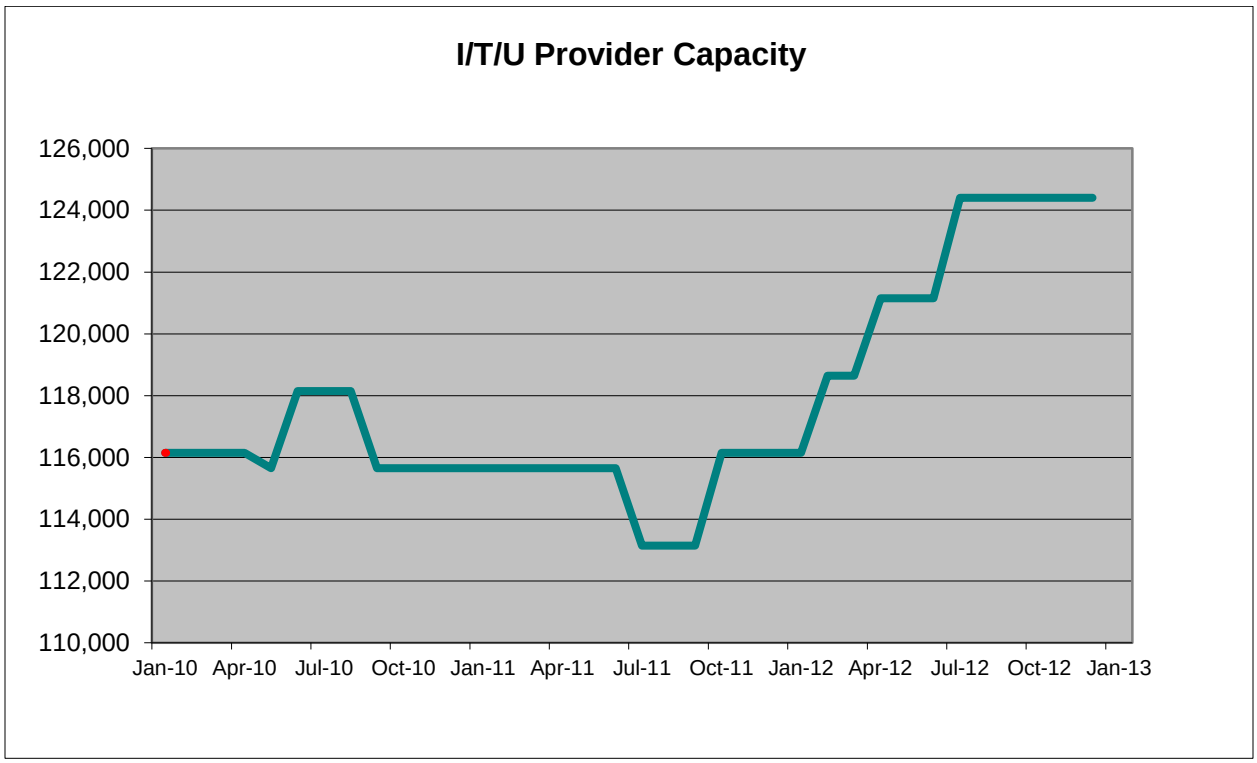
Oct-11
Jan-12
Apr-12
Jul-12
Oct-12
Jan-13


SoonerCare Choice Capacity
1,400,000
1,350,000
1,300,000
1,250,000
1,200,000
1,150,000
1,100,000
1,050,000
1,000,000
Jan-10
Apr-10
Jul-10
Oct-10
Jan-11
Apr-11
Jul-11
Oct-11
Jan-12
Apr-12
Jul-12
Oct-12
Jan-13

Hypothesis 4.B Results:
The proportion of IHS members with an I/T/U PCP has increased slightly, by 0.56 percentage points. I/T/U provider capacity, however, has increased by 8,250 lives over the extension period.





X. DEMONSTRATION EVALUATION (Cont'd)

Hypothesis 4.C
In 2012, 100 percent of SoonerCare children and adults had access to an age-appropriate PCP within the waiver-mandated travel distance of 45 miles. Adults and children have access to at least one PCP within 2.8 miles of their address. This is a slight improvement from the previously reported 3.0 miles in 2011. Refer to Attachment 8 to review the 2012 Access to Care map.

Hypothesis 5 (this hypothesis directly correlates with Objective 3):
The implementation of the Health Access Networks (HANs) will impact current OHCA care management activities and will result in the identification of an additional high risk/high cost condition/population to be managed by the OHCA Care Management unit over the duration of the waiver extension period (2010-2012).

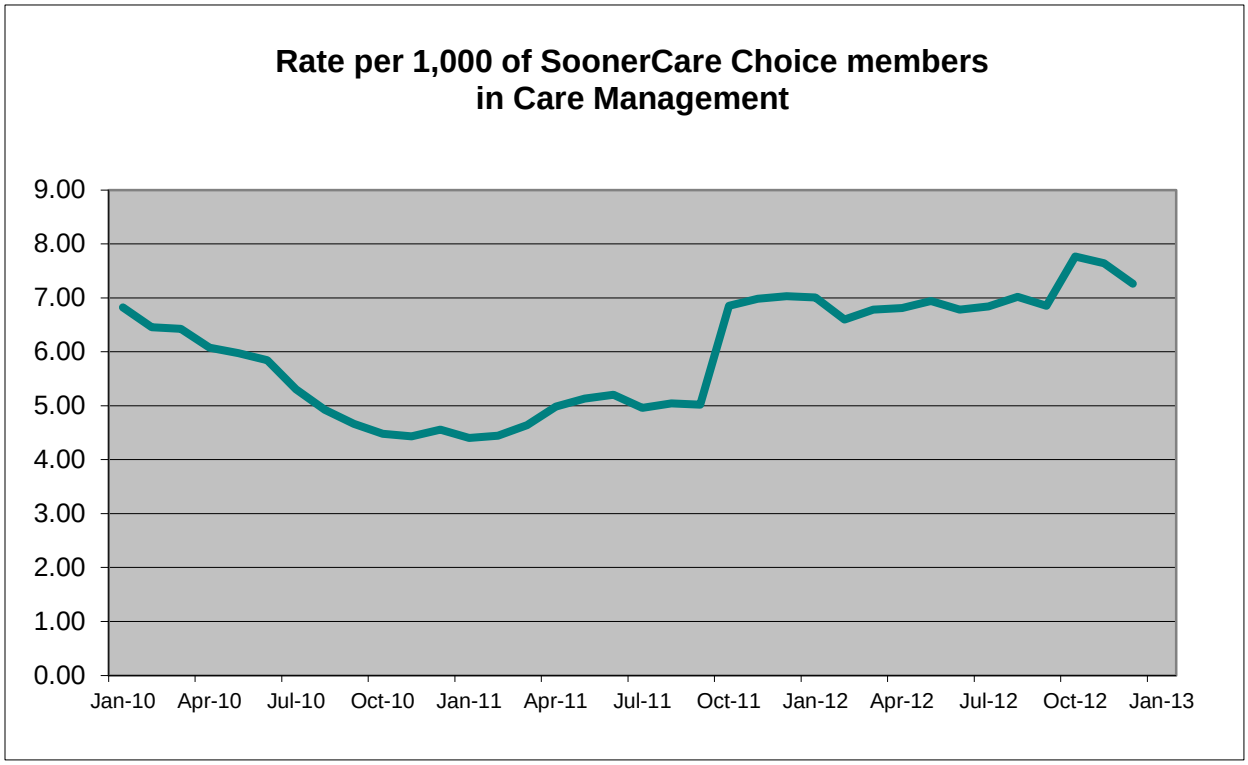
A. *The number of unduplicated SoonerCare Choice members under active care management will be tracked annually for the percentage of change over the life of the extension period.*
B. *The rate per 1,000 of SoonerCare Choice members under active care management will be tracked annually over the life of the extension period.*
C. *The OHCA will identify and introduce a new population to be enrolled in OHCA care management as a result of the implementation of the HANs.*
D. *The number of members transitioned from OHCA care management to HAN care management will be tracked over the life of the extension period.*

Hypothesis 5.A Results:

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2012 Choice Members under CM	3,358	3,155	3,281	3,275	3,310	3,253	3,279	3,279	3,279	3,721	3,935	3,917

The number of unduplicated SoonerCare Choice members under active care management is tracked monthly using the Atlantes® clinical case management system. For 2012, there has been a 17 percent increase in the number of Choice members under care management and a 30 percent increase since the beginning of the extension period, January 2010.

Hypothesis 5.B Results:
OHCA tracks the rate per 1,000 of SoonerCare Choice members in care management.

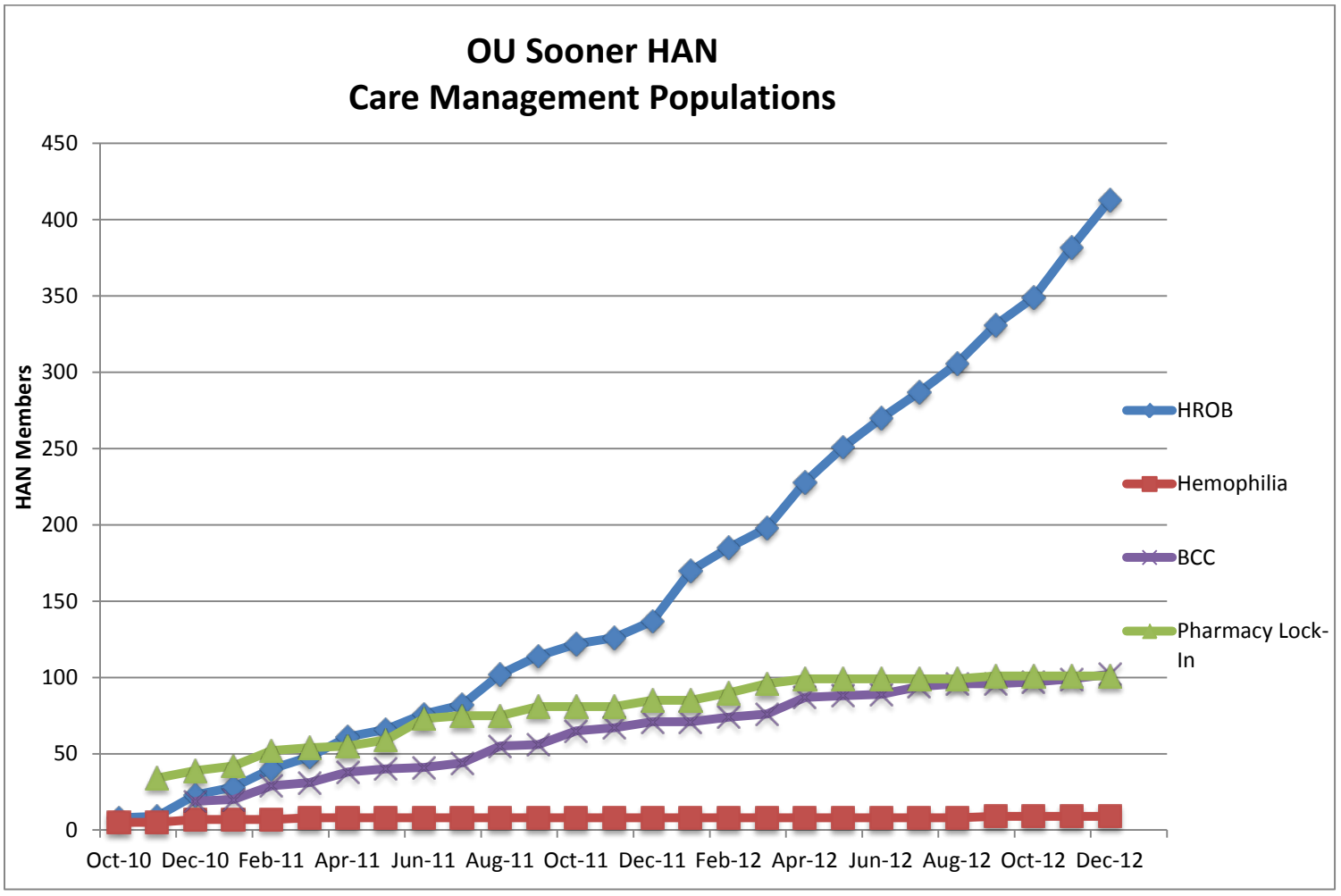


Hypothesis 5.C Results:
In addition to the required populations that the HANs provide care management services too, the OSU HAN added an additional population, persons with HIV, that receive care management services. The OSU HAN care manager works with the members to ensure that they are aware of and taking full advantage of the resources and services available in network as well as in their community. The PHCC HAN has also added a new population for members with asthma that will receive care management services. Additionally, the OU Sooner HAN added an all-cause group as an additional population that receives care management services.

X. DEMONSTRATION EVALUATION (Cont'd)

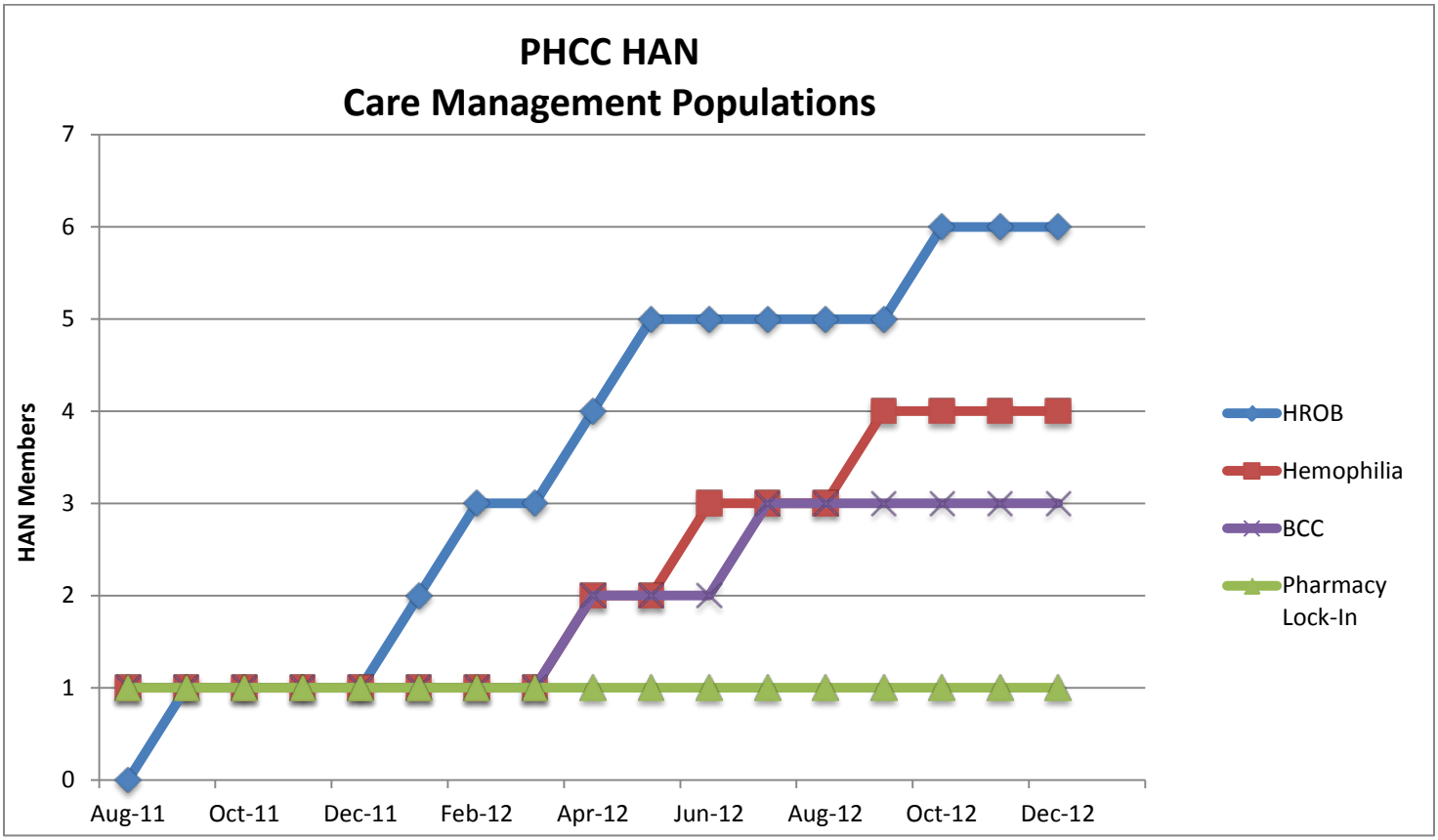
Hypothesis 5.D Results:
The number of members who transitioned from OHCA care management to HAN care management has been tracked monthly by care management populations.

2010-2012 CM Populations Transitioned to OU Sooner HAN	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011	Jul-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-Jun 2012	Jul-Sept 2012	Oct-Dec 2012	**Total Transitioned**
High-Risk OB	23	25	28	38	23	61	72	61	82	**413**
Hemophilia	7	1	0	0	0	0	0	1	0	**9**
Pharmacy Lock-In	39	15	19	8	4	11	3	2	2	**103**
OK Cares (BCC)	19	12	10	15	15	5	13	7	6	**102**
Total	88	53	57	61	42	77	88	71	90	**627**



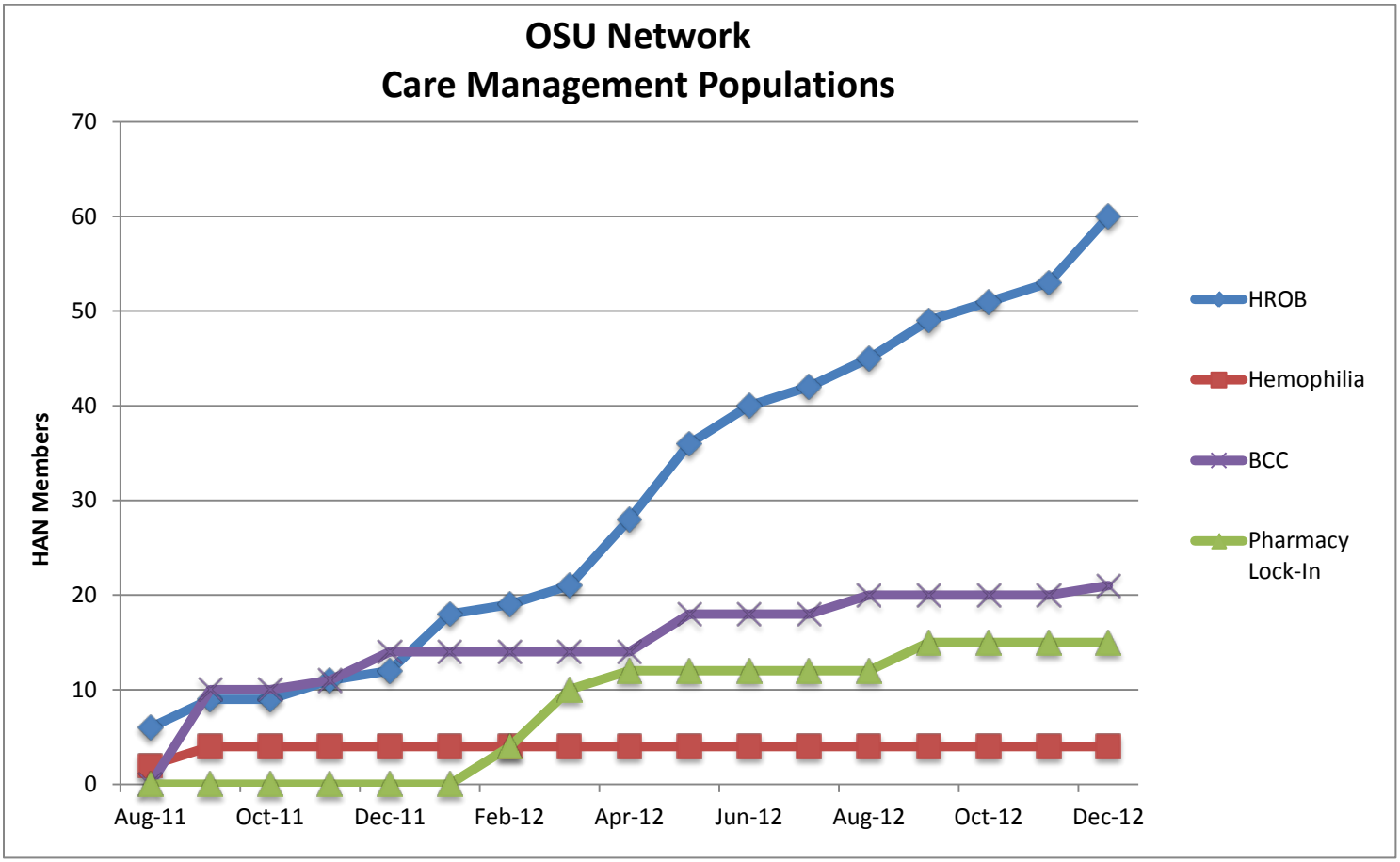
X. DEMONSTRATION EVALUATION (Cont'd)

2010-2012 CM Populations Transitioned to PHCC HAN	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011	Jul-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-Jun 2012	Jul-Sept 2012	Oct-Dec 2012	**Total Transitioned**
High-Risk OB	N/A	N/A	N/A	1	0	2	2	0	1	**6**
Hemophilia	N/A	N/A	N/A	1	0	0	2	1	0	**4**
Pharmacy Lock-In	N/A	N/A	N/A	1	0	0	0	0	0	**1**
OK Cares (BCC)	N/A	N/A	N/A	1	0	0	1	1	0	**3**
Total	N/A	N/A	N/A	4	0	2	5	2	1	**14**



X. DEMONSTRATION EVALUATION (Cont'd)

2010-2012 CM Populations Transitioned to OSU HAN	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011	Jul-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-Jun 2012	Jul-Sept 2012	Oct-Dec 2012	**Total Transitioned**
High-Risk OB	N/A	N/A	N/A	9	3	9	19	9	11	**60**
Hemophilia	N/A	N/A	N/A	4	0	0	0	0	0	**4**
Pharmacy Lock-In	N/A	N/A	N/A	0	0	10	2	3	3	**18**
OK Cares (BCC)	N/A	N/A	N/A	10	4	0	4	2	1	**21**
Total	N/A	N/A	N/A	23	7	19	25	14	15	**103**



X. DEMONSTRATION EVALUATION (Cont'd)

Hypothesis 6 (this hypothesis directly correlates with Objective 5):
The OHCA will enroll at least 500 qualified children through the Title XXI State Plan for stand-alone CHIP children (186%-300%) FPL over the duration of the waiver extension period (2010-2012).

IO Enrollment 2010-2012	ESI Dependent Children	IP Dependent Children	Total of Title XXI CHIP Stand-Alone Children
August 2010[55]	100	0	100
September 2010	215	11	226
October 2010	262	34	296
November 2010	287	52	339
December 2010	316	66	382
January 2011	335	76	411
February 2011	352	97	449
March 2011	354	104	458
April 2011	373	113	486
May 2011	377	115	492
June 2011	402	130	532
July 2011	415	134	549
August 2011	420	139	559
September 2011	415	150	565
October 2011	387	140	527
November 2011	385	137	522
December 2011	375	129	504
January 2012	372	120	492
February 2012	382	109	491
March 2012	377	102	479
April 2012	357	104	461
May 2012	373	109	482
June 2012	383	118	501
July 2012	359	114	473
August 2012	357	114	471
September 2012	377	121	498
October 2012	380	124	504
November 2012	384	142	526
December 2012	382	136	**518**

Ending December 2012, the Insure Oklahoma program has enrolled a total of 518 ESI and IP dependent children.

[55] Enrollment for IO dependents began in August 2010.

X. DEMONSTRATION EVALUATION (Cont'd)

Hypothesis 7 (this hypothesis directly correlates with Objectives 1,2 and 3):
The Health Access Network (HAN) pilot program(s) will:

A. Improve member access to all levels of care over the life of the waiver extension period.
B. Enhance the quality and coordination of health care services provided to SoonerCare Choice members over the life of the waiver extension period.
C. Reduce inappropriate utilization and costs over the life of the waiver extension period.
D. Report the status of electronic medical record (EMR) systems for PCPs aligned with the HAN.

Hypothesis 7.A Results:

OU Sooner HAN	As of July, 2010	As of Feb, 2011	As of Dec, 2012
PCMHs	4	8	21
Members Enrolled	24,967	28,085	45,606
Specialists	N/A	N/A	689

PHCC HAN	As of July, 2010[56]	As of Aug, 2011	As of Dec, 2012
PCMHs	N/A	3	4
Members Enrolled	N/A	2,757	3,118
Specialists	N/A	N/A	423

OSU HAN	As of July, 2010[57]	As of Aug, 2011	As of Dec, 2012
PCMHs	N/A	7	7
Members Enrolled	N/A	12,730	14,998
Specialists	N/A	N/A	N/A

Please refer to Attachments 1, 2, and 3 to review the OU Sooner HAN, OSU HAN, and PHCC HAN Annual Reports for 2012.

[56] The PHCC HAN was implemented in July 2011.
[57] The OSU HAN was implemented in August 2011.

X. DEMONSTRATION EVALUATION (Cont'd)

Hypothesis 7.B Results:
Please refer to Attachments 1, 2, and 3 to review the OU Sooner HAN, OSU HAN, and PHCC HAN Annual Reports for 2012, for quality improvement and coordination of health care services.

Hypothesis 7.C Results:

PMPM by Dates of Service for SFY 2012	Jul 2011	Aug 2011	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012
HAN Members	$257.77	$273.99	$189.88	$269.32	$250.78	$237.06	$249.98	$272.53	$282.53	$252.75	$251.35	$238.77
Non-HAN Members	$281.61	$324.64	$319.09	$309.84	$315.32	$308.92	$300.14	$287.57	$285.68	$274.63	$283.77	$259.76

Hypothesis 7.D Results:
Please refer to Attachments 1, 2, and 3 to review the OU Sooner HAN, OSU HAN and PHCC HAN Annual Reports for 2012.

XI. APPENDICES

Appendix A: SoonerCare HMP Evaluation for SFY 2012

Primary measurement compliance rates for HMP members compared to a 'comparison group' consisting of SoonerCare members found eligible for, but not enrolled in the SoonerCare HMP.

Coronary Obstructive Pulmonary Disorder (COPD)

Measure	HMP Population – Compliance Rate	Comparison Group – Compliance Rate
Percent over age 40 who received spirometry screening	20.8%	21.5%
Percent prescribed steroid inhaler	52.5%	46.3%
Percent who received chest x-ray in previous twelve months	63.8%	59.9%

Heart Failure

Measure	HMP Population – Compliance Rate	Comparison Group – Compliance Rate
Percent prescribed a beta blocker	48.1%	27.6%
Percent who received chest x-ray in previous twelve months	62.4%	38.0%

Coronary Artery Disease

Measure	HMP Population – Compliance Rate	Comparison Group – Compliance Rate
Percent with prior MI prescribed beta-blocker therapy	72.0%	58.5%
Percent with prior MI prescribed ACE/ARB therapy	68.0%	55.6%
Percent who received at least one LDL-C screen	67.8%	47.7%
Percent prescribed lipid-lowering therapy	59.5%	35.8%
Percent who received LV function test after AMI	6.0%	5.7%

Diabetes

Measure	HMP Population – Compliance Rate	Comparison Group – Compliance Rate
Percent prescribed ACE/ARB therapy	64.5%	61.2%
Percent who received LDL-C in previous 12 months	65.7%	67.4%
Percent who received at least one dilated retinal eye exam in previous twelve months	33.7%	30.5%

Measure	HMP Population – Compliance Rate	Comparison Group – Compliance Rate
Percent who received urine micro albumin screen in previous twelve months	27.9%	30.2%
Percent who received at least one HbA1C test in previous twelve months	73.2%	76.1%

Hypertension

Measure	HMP Population – Compliance Rate	Comparison Group – Compliance Rate
Percent who received LDL-C in previous twelve months	68.6%	62.6%
Percent prescribed calcium channel blocker or thiazide diuretic	53.9%	59.6%
Percent over age 55 prescribed ACE/ARB therapy	71.7%	71.8%
Percent who received urine micro albumin screen in previous twelve months	15.9%	11.9%
Percent who received serum creatinine BUN lab test	89.8%	83.1%

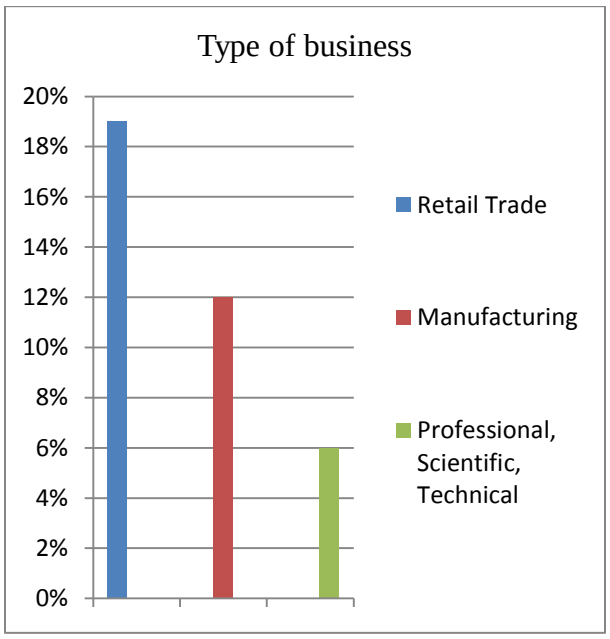
Asthma

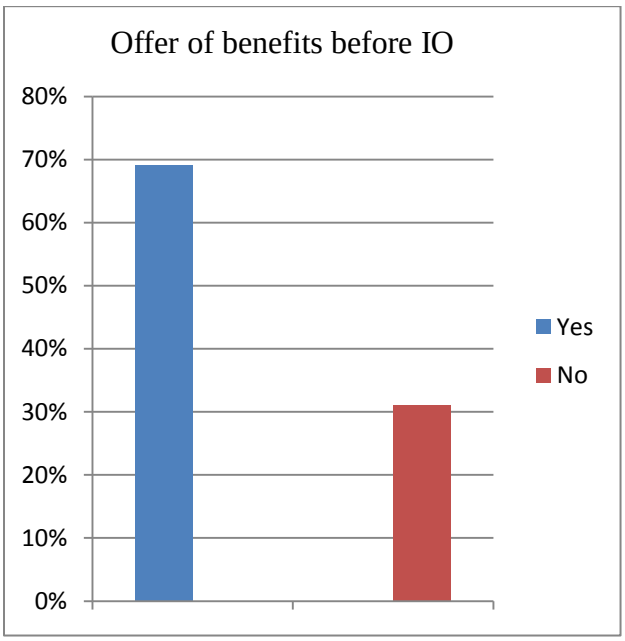
Measure	HMP Population – Compliance Rate	Comparison Group – Compliance Rate
Percent with persistent asthma who had at least one dispensed prescription for inhaled corticosteroid, nedocromil, cromolun, sodium, leukotriene modifiers, or methylaxanthines	70.0%	81.6%

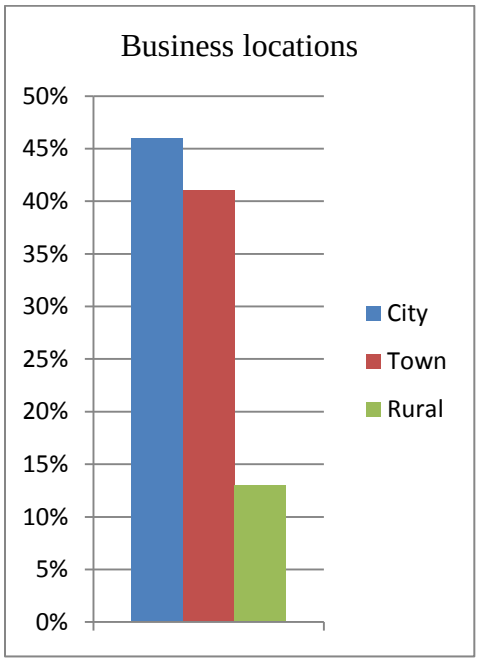
Prevention Measure

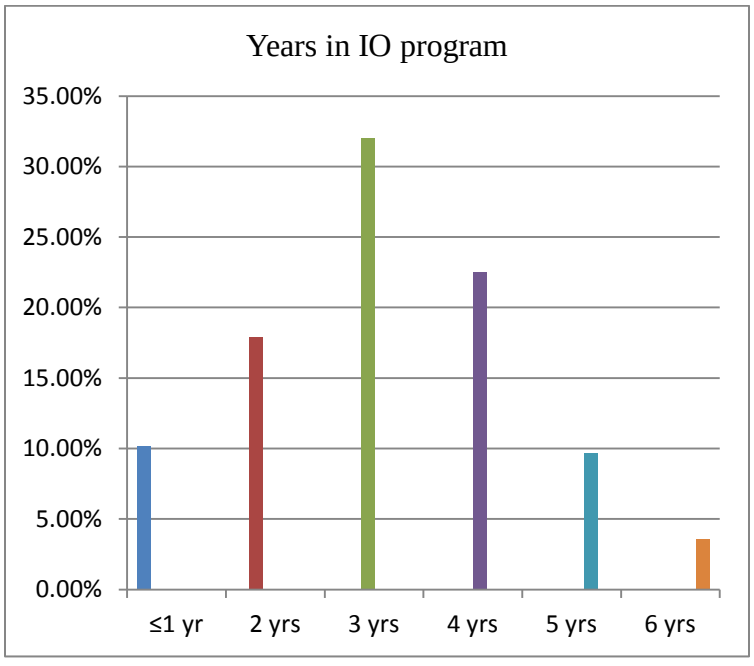
Measure	HMP Population – Compliance Rate	Comparison Group – Compliance Rate
Percent receiving influenza vaccination in the previous twelve months	20.9%	18.8%

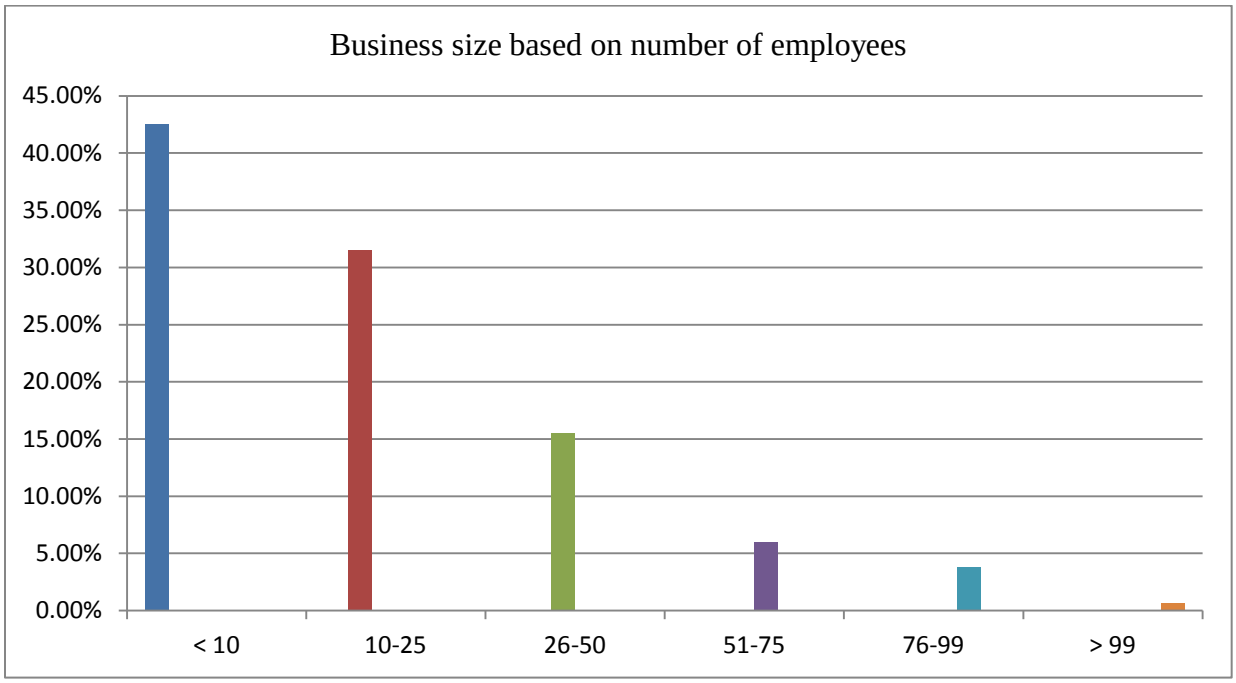
Appendix B: Insure Oklahoma Small Business Employer Survey

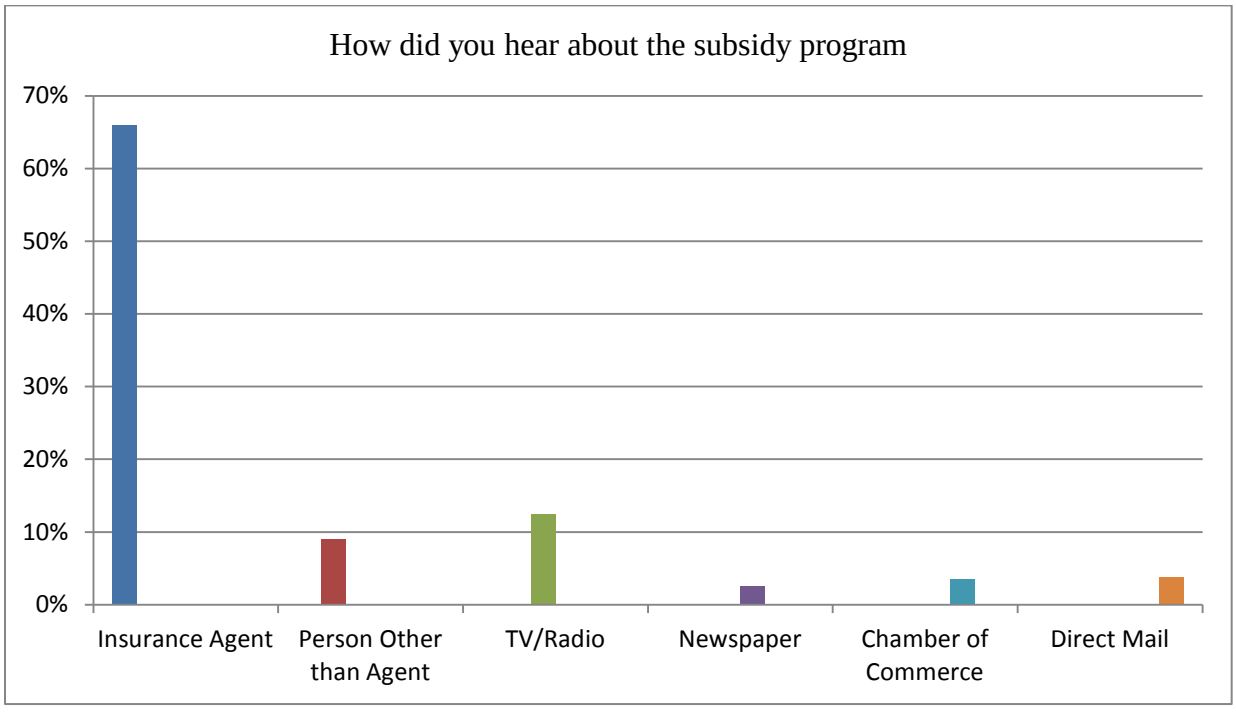




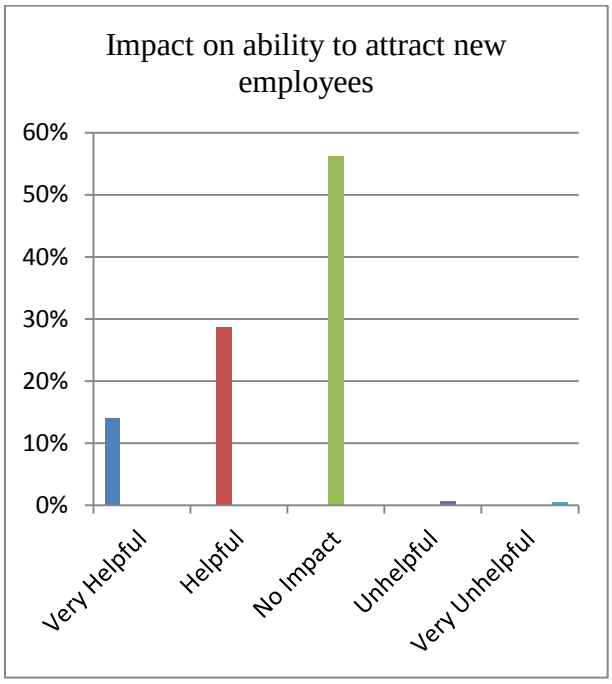


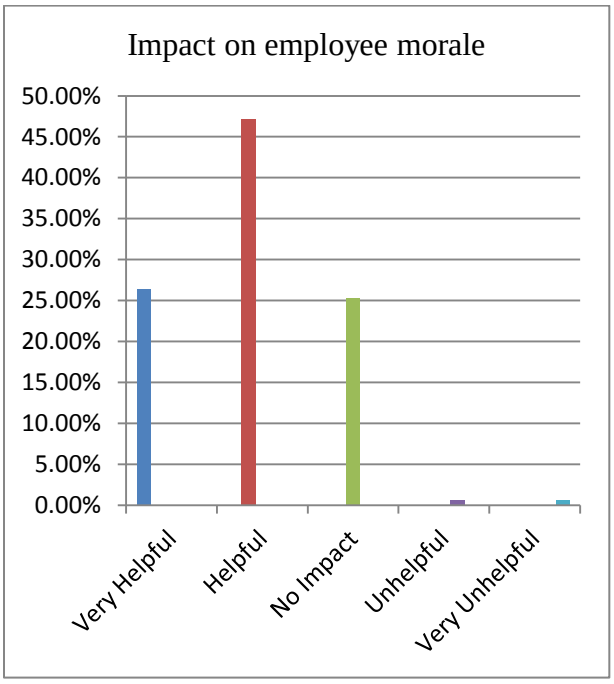


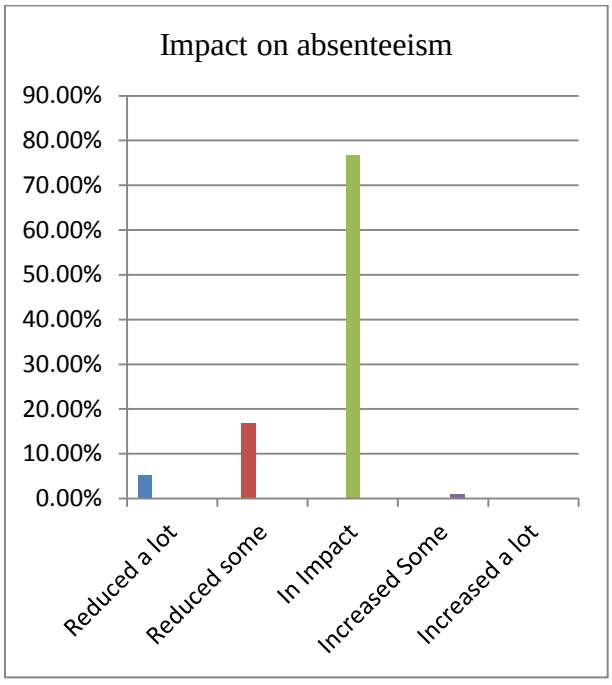

Business size based on number of employees
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
< 10
10-25
26-50
51-75
76-99
> 99

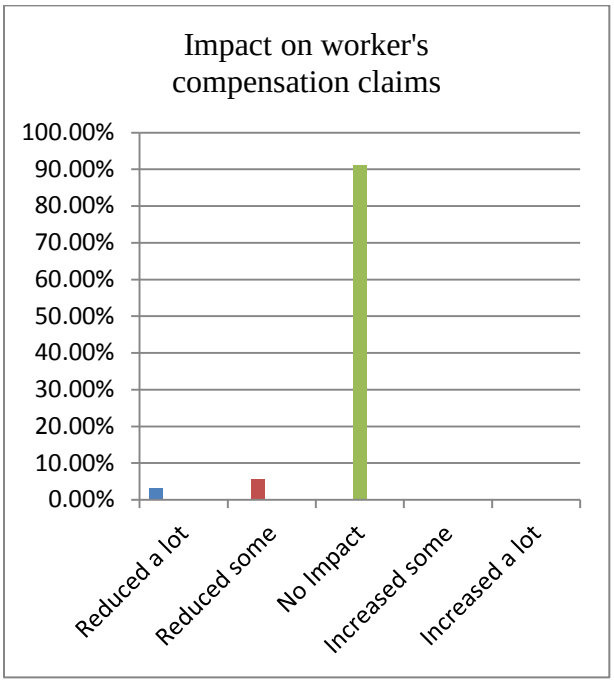

How did you hear about the subsidy program
70%
60%
50%
40%
30%
20%
10%
0%
Insurance Agent
Person Other than Agent
TV/Radio
Newspaper
Chamber of Commerce
Direct Mail

XI. APPENDICES (Cont'd)

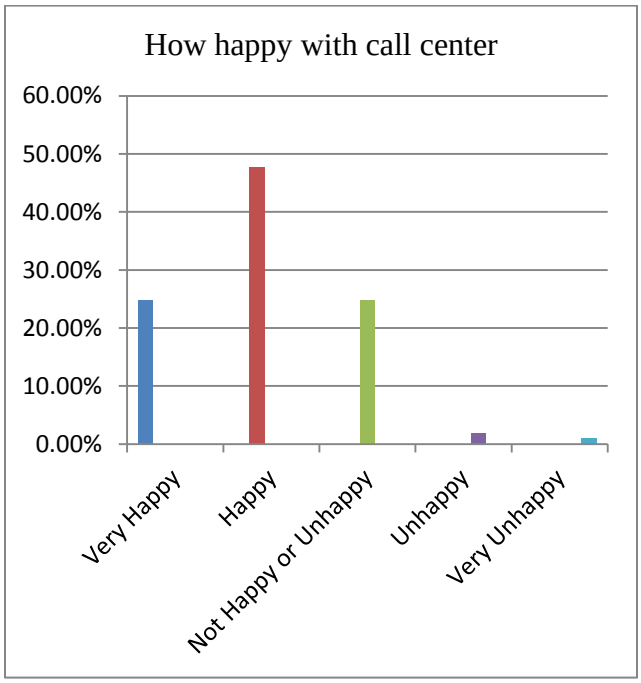


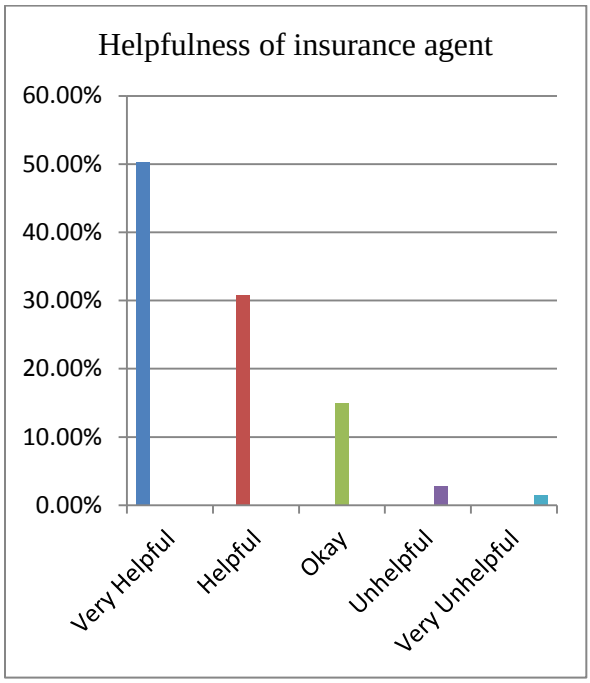


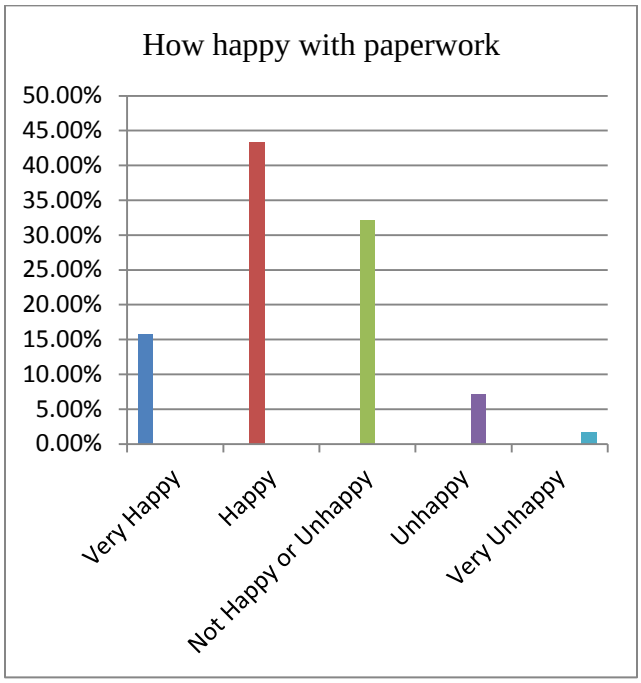


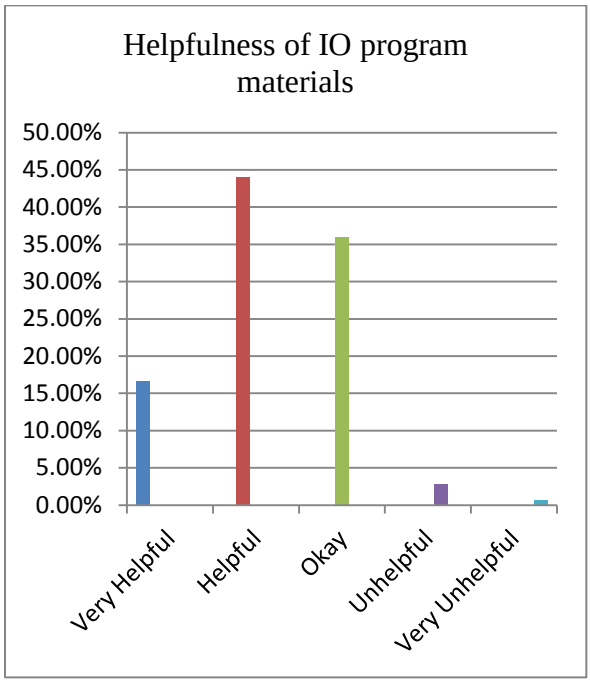


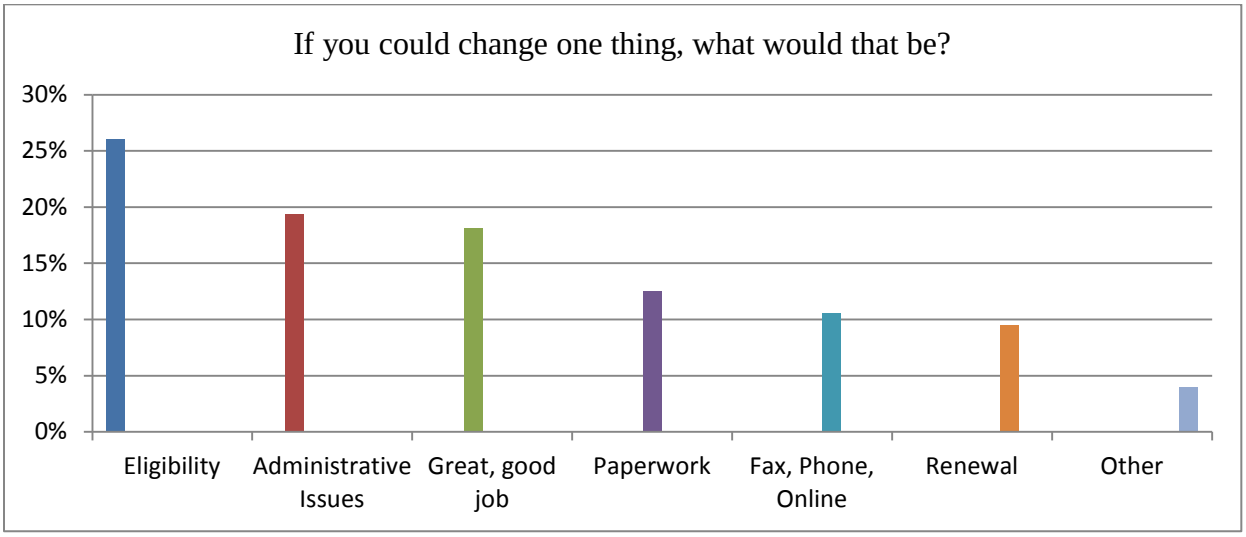
XI. APPENDICES (Cont'd)

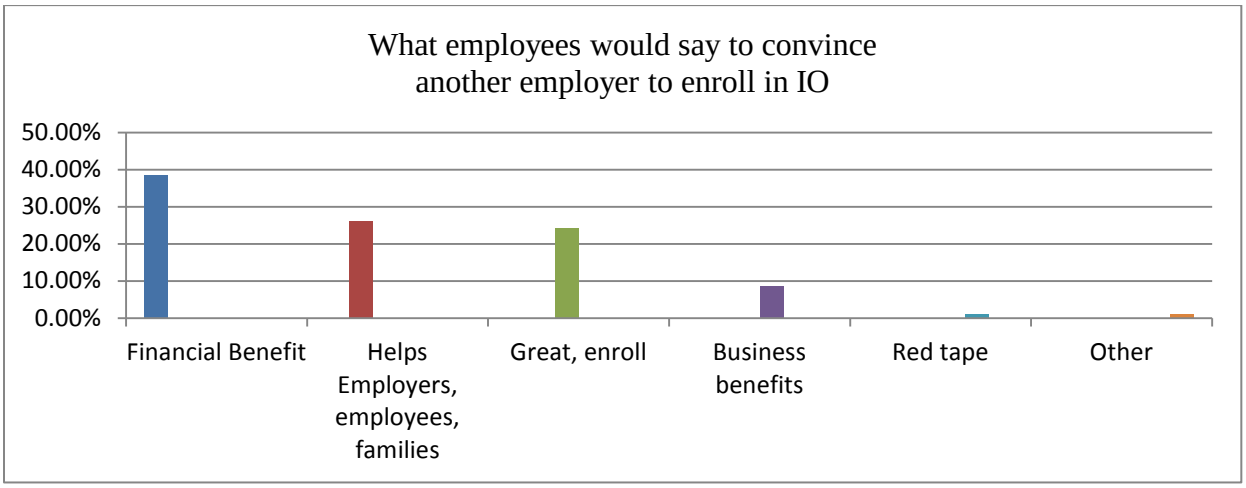


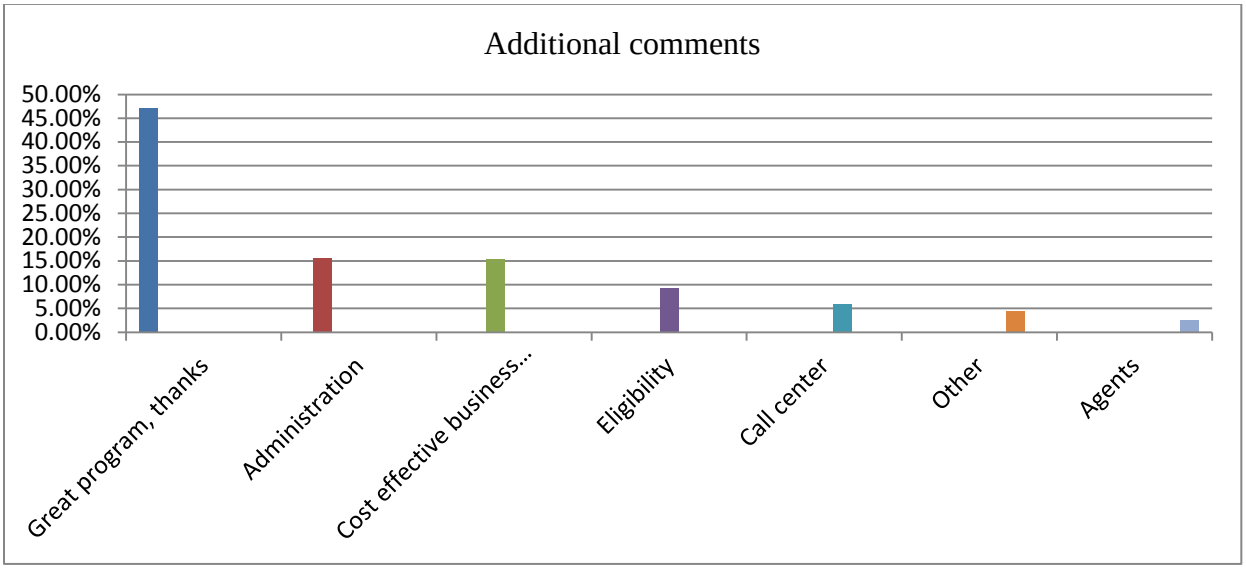




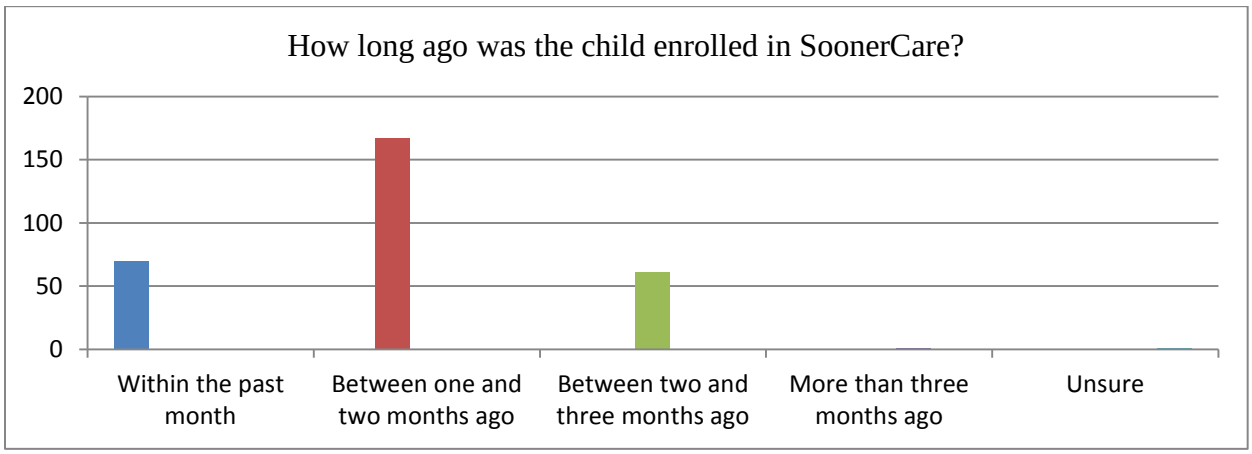


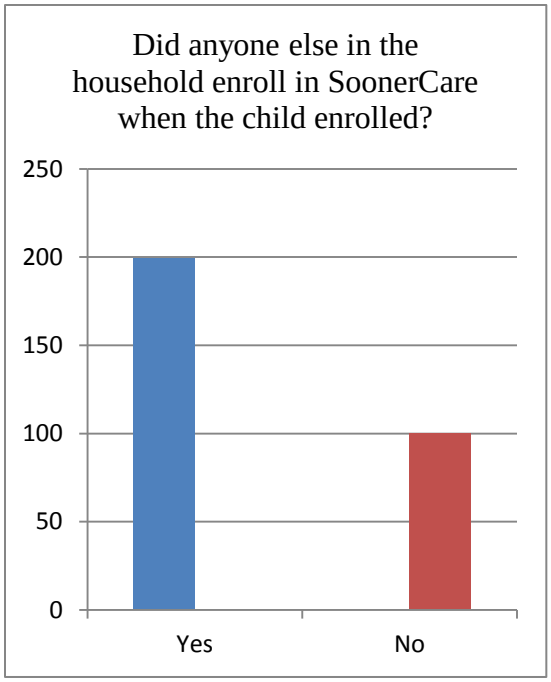

If you could change one thing, what would that be?
30%
25%
20%
15%
10%
5%
0%
Eligibility
Administrative Issues
Great, good job
Paperwork
Fax, Phone, Online
Renewal
Other

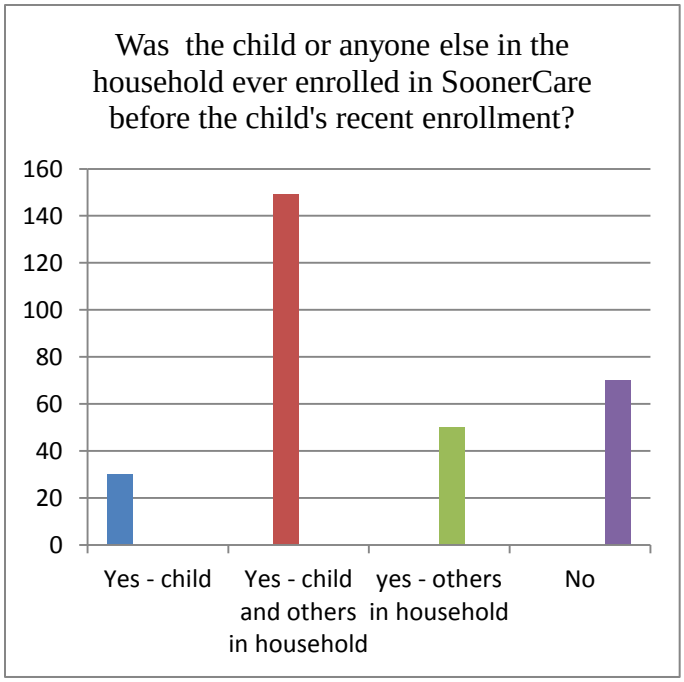

What employees would say to convince another employer to enroll in IO
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Financial Benefit
Helps Employers, employees, families
Great, enroll
Business benefits
Red tape
Other

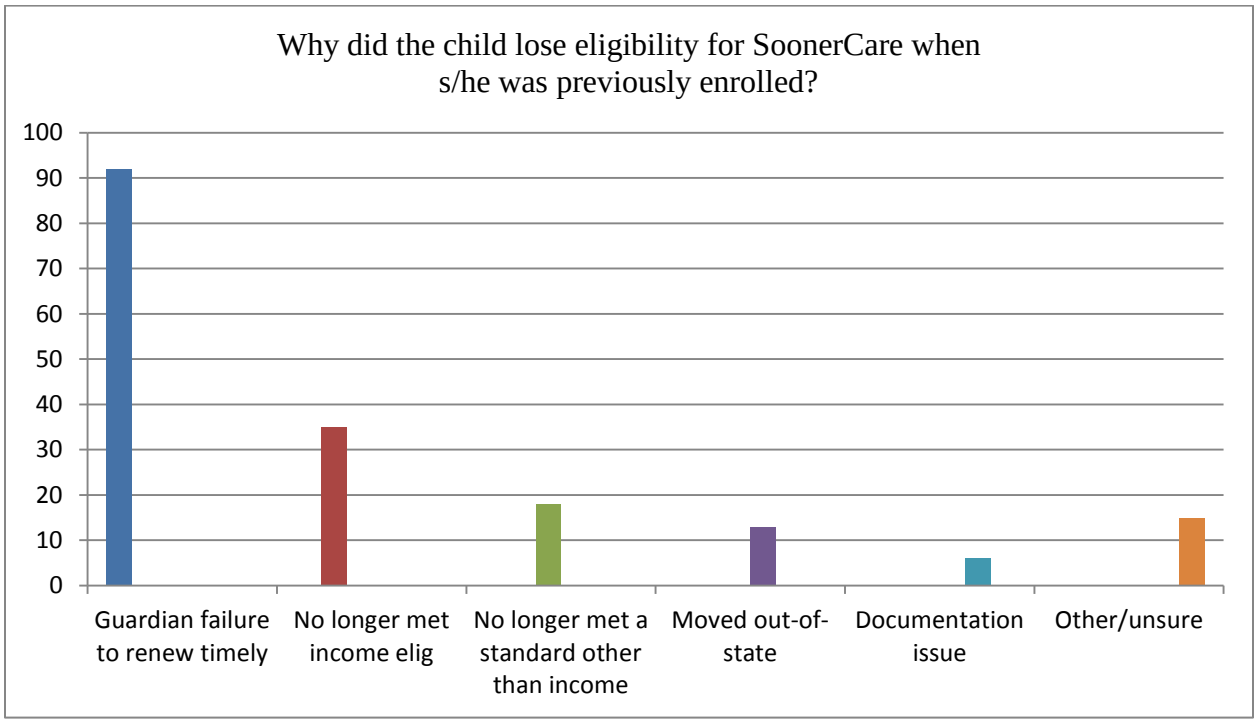

Additional comments
50.00%
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Great program, thanks
Administration
Cost effective business...
Eligibility
Call center
Other
Agents

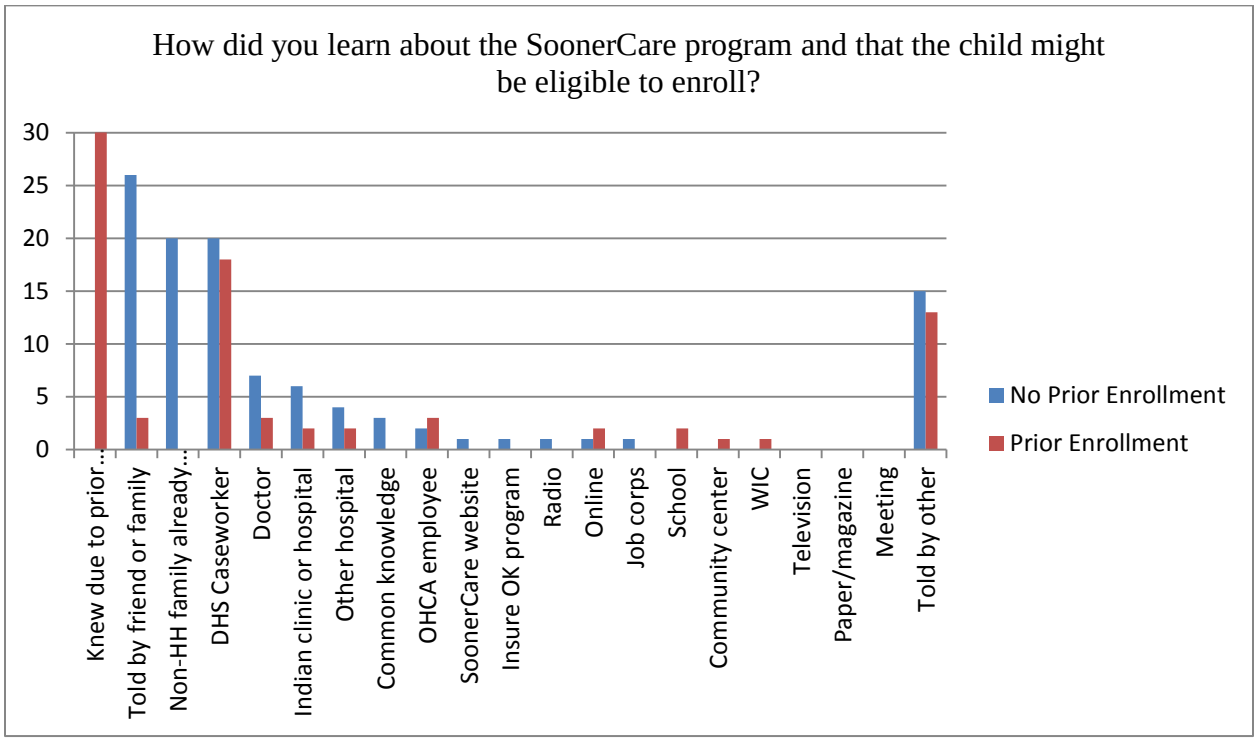
Appendix C: CHIPRA New Enrollee Survey Results

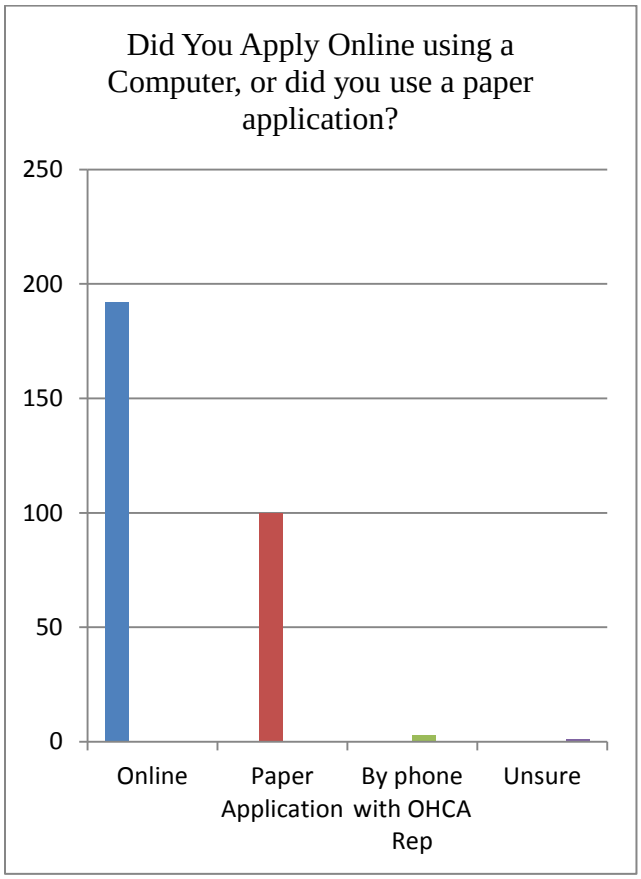


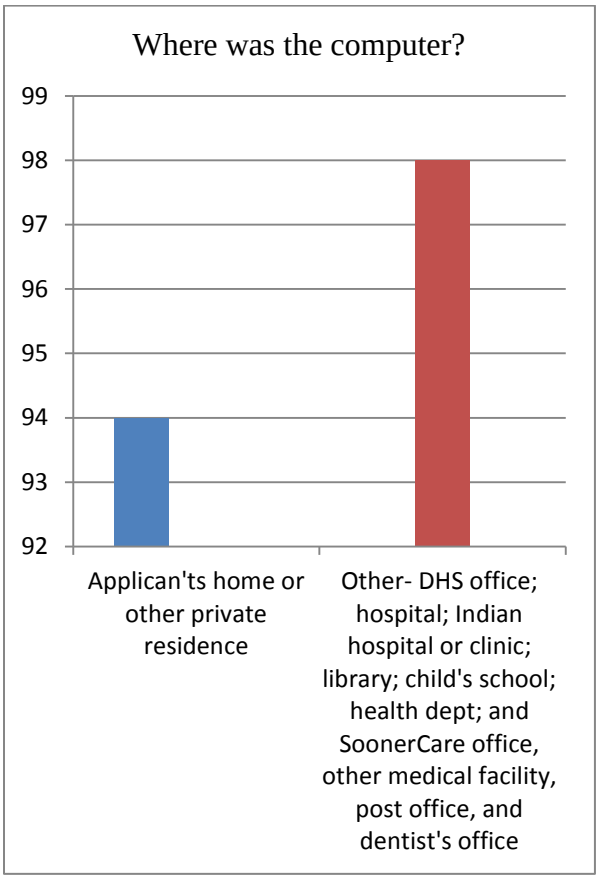


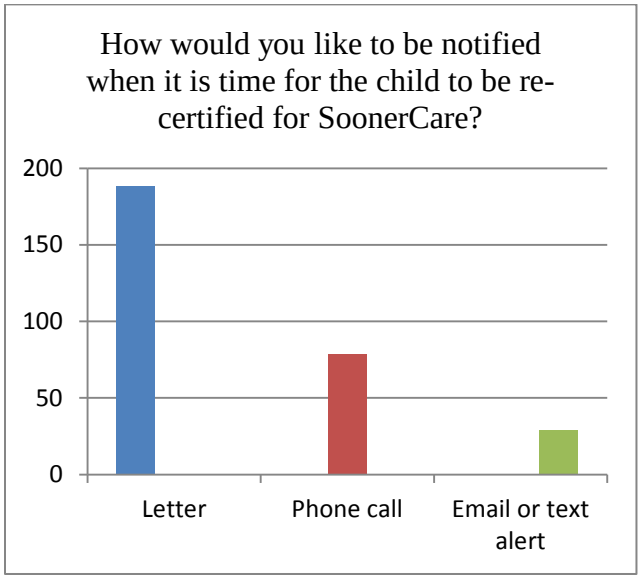



Why did the child lose eligibility for SoonerCare when s/he was previously enrolled?
100
90
80
70
60
50
40
30
20
10
0
Guardian failure to renew timely
No longer met income elig
No longer met a standard other than income
Moved out-of-state
Documentation issue
Other/unsure


How did you learn about the SoonerCare program and that the child might be eligible to enroll?
30
25
20
15
10
5
0
Knew due to prior ...
Told by friend or family
Non-HH family already...
DHS Caseworker
Doctor
Indian clinic or hospital
Other hospital
Common knowledge
OHCA employee
SoonerCare website
Insure OK program
Radio
Online
Job corps
School
Community center
WIC
Television
Paper/magazine
Meeting
Told by other
No Prior Enrollment
Prior Enrollment


Did You Apply Online using a Computer, or did you use a paper application?
250
200
150
100
50
0
Online
Paper Application
By phone with OHCA Rep
Unsure

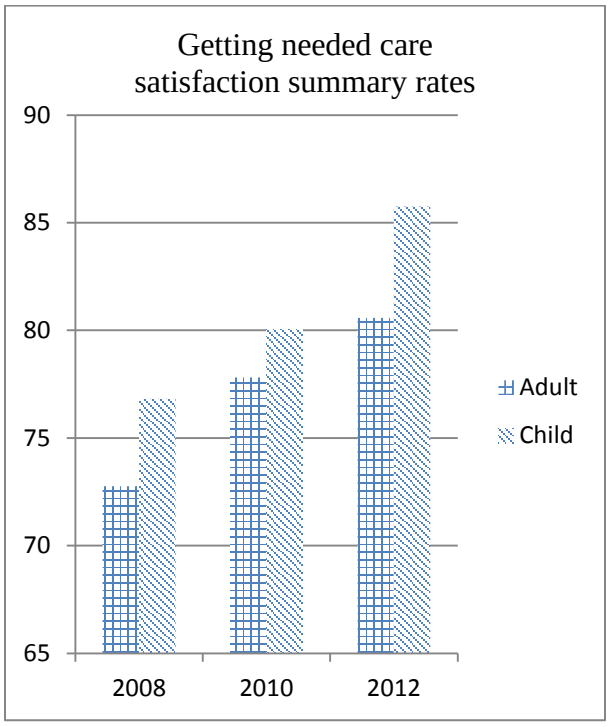

Where was the computer?
99
98
97
96
95
94
93
92
Applican'ts home or other private residence
Other- DHS office; hospital; Indian hospital or clinic; library; child's school; health dept; and SoonerCare office, other medical facility, post office, and dentist's office

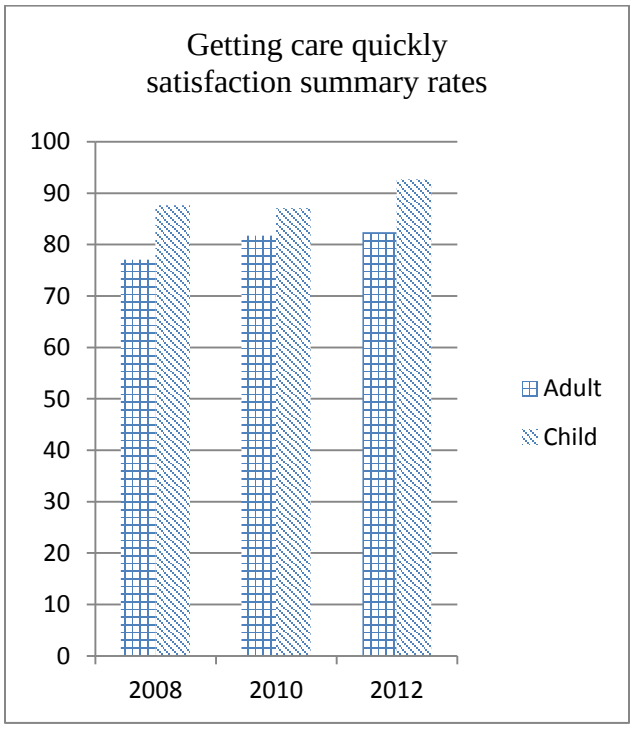

How would you like to be notified when it is time for the child to be re-certified for SoonerCare?
200
150
100
50
0
Letter
Phone call
Email or text alert

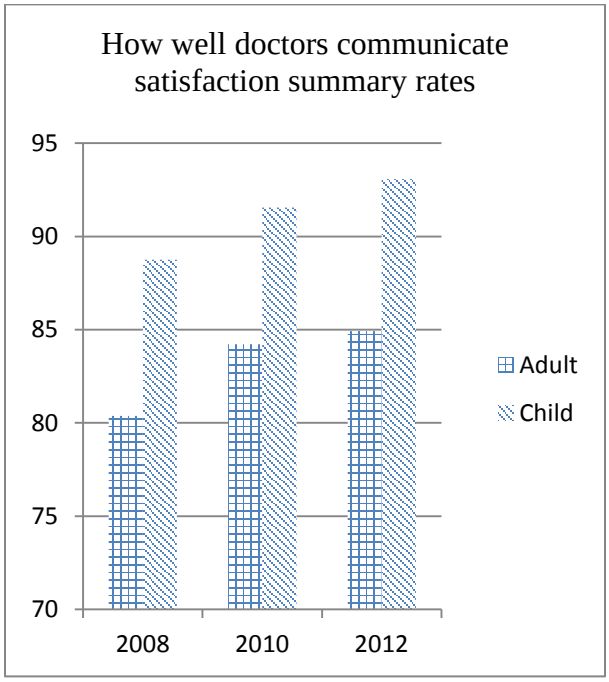
Appendix D: CAHPS® 4.0 Medicaid Adult and Child Member Satisfaction Surveys

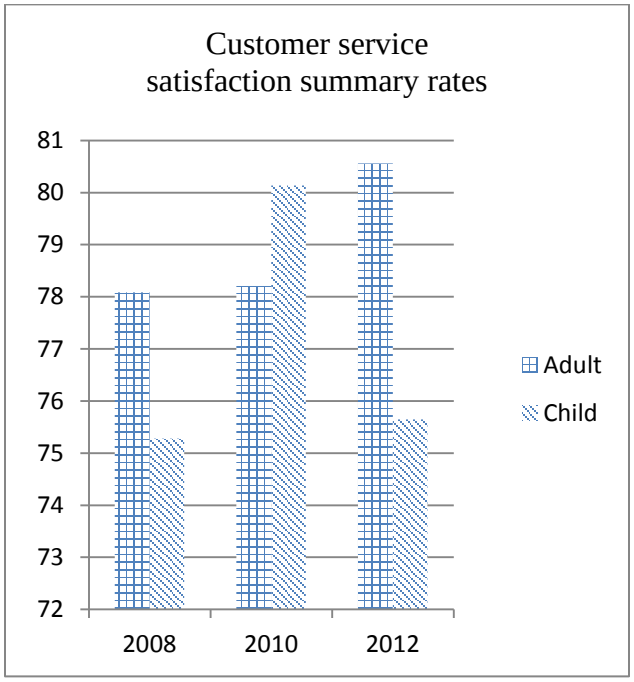
CAHPS® Adult Survey Reporting Measures	2012		2010		2008	
	Summary Rate	Margin of Error	Summary Rate	Margin of Error	Summary Rate	Margin of Error
Getting Needed Care	80.58%	+/- 5.2%	77.82%	+/- 4.4%	72.76%	+/- 6.3%
Getting Care Quickly	82.47%	+/- 4.4%	81.76%	+/- 3.6%	77.12%	+/- 5.2%
How Well Doctors Communicate	84.93%	+/- 4.1%	84.22%	+/- 3.4%	80.39%	+/- 5.2%
Customer Service	80.56%	+/- 8.6%	78.21%	+/- 7.2%	78.09%	+/- 8.6%
Shared Decision Making	57.95%	+/- 8.1%	52.50%	+/- 6.3%	52.67%	+/- 8.9%
Rating of Health Care	66.12%	+/- 5.3%	61.62%	+/- 4.3%	60.56%	+/- 6.1%
Rating of Personal Doctor	75.80%	+/- 4.7%	71.77%	+/- 4.0%	65.06%	+/- 5.9%
Rating of Specialist	79.08%	+/- 6.5%	74.90%	+/- 5.4%	68.75%	+/- 8.6%
Rating of Health Plan	68.41%	+/- 4.8%	64.32%	+/- 3.9%	62.09%	+/- 5.4%

CAHPS® Child Survey Reporting Measures	2012		2010		2008	
	Summary Rate	Margin of Error	Summary Rate	Margin of Error	Summary Rate	Margin of Error
Getting Needed Care	85.75%	+/- 4.4%	80.04%	+/- 5.6%	76.82%	+/- 5.3%
Getting Care Quickly	92.70%	+/- 2.4%	87.13%	+/- 3.2%	87.64%	+/- 3.0%
How Well Doctors Communicate	93.09%	+/- 2.2%	91.55%	+/- 2.7%	88.76%	+/- 3.0%
Customer Service	75.65%	+/- 7.9%	80.14%	+/- 8.0%	75.28%	+/- 9.9%
Shared Decision Making	74.82%	+/- 5.4%	68.31%	+/- 6.6%	66.43%	+/- 6.3%
Rating of Health Care	85.15%	+/- 3.0%	78.13%	+/- 3.9%	74.54%	+/- 3.9%
Rating of Personal Doctor	84.32%	+/- 2.9%	82.17%	+/- 3.5%	80.27%	+/- 3.4%
Rating of Specialist	83.49%	+/- 5.0%	84.69%	+/- 7.2%	75.00%	+/- 7.7%
Rating of Health Plan	83.85%	+/- 2.8%	78.40%	+/- 3.5%	82.32%	+/- 3.0%

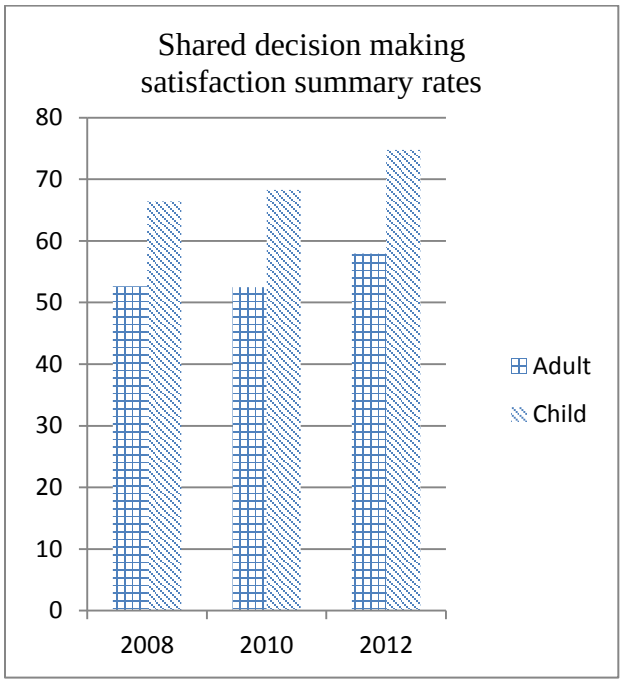

Getting needed care
satisfaction summary rates
90
85
80
75
70
65
2008
2010
2012
Adult
Child

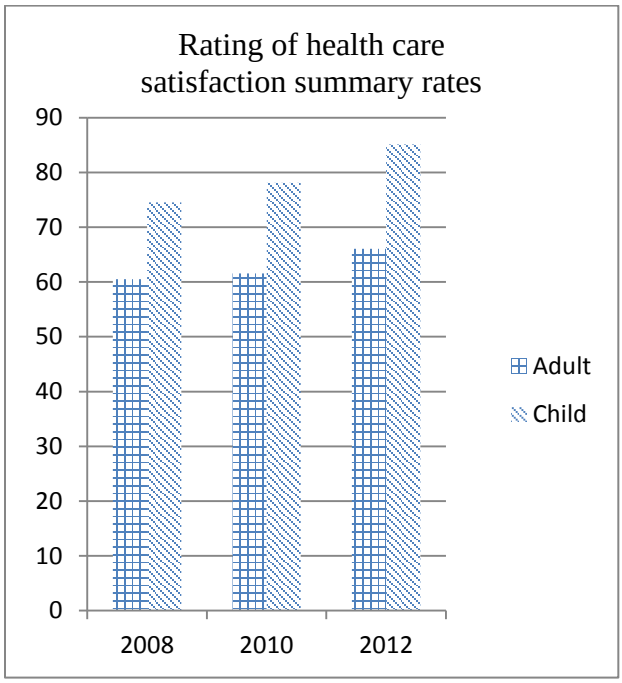

Getting care quickly
satisfaction summary rates
100
90
80
70
60
50
40
30
20
10
0
2008
2010
2012
Adult
Child

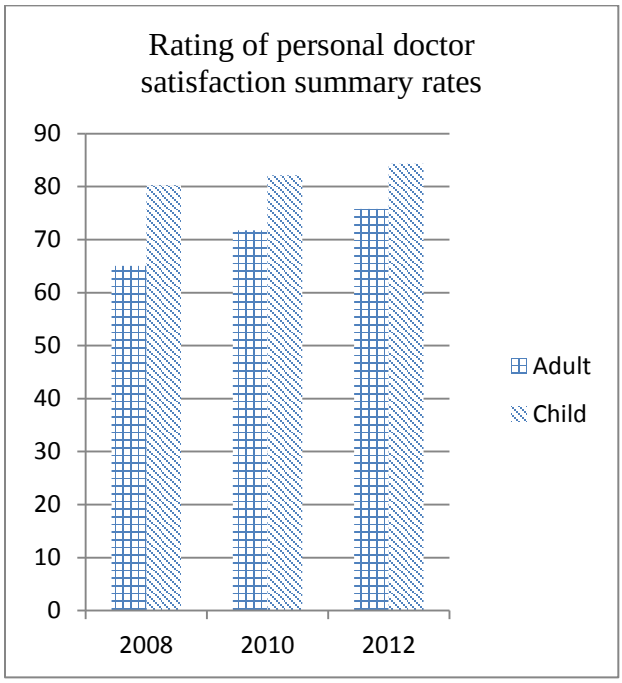

How well doctors communicate
satisfaction summary rates
95
90
85
80
75
70
2008
2010
2012
Adult
Child

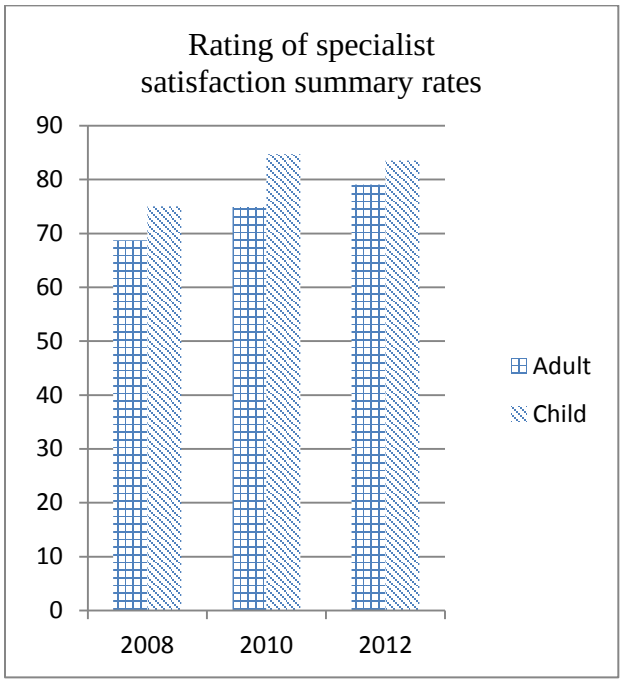

Customer service
satisfaction summary rates
81
80
79
78
77
76
75
74
73
72
2008
2010
2012
Adult
Child

XI. APPENDICES (Cont'd)

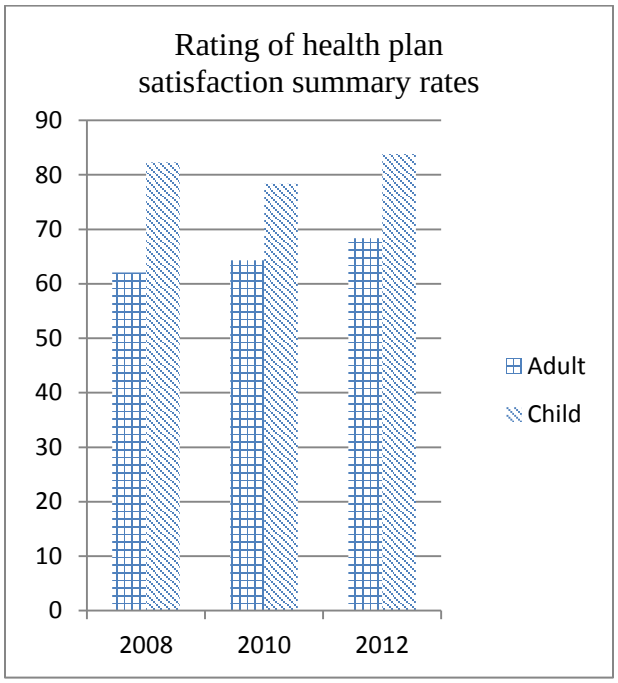








XI. APPENDICES (Cont'd)



XII. ENCLOSURES/ATTACHMENTS

1. OU Sooner HAN Annual Report
2. OSU Network HAN Annual Report
3. PHCC HAN Annual Report
4. SoonerCare HMP Annual Evaluation
5. TEFRA Checklist
6. TEFRA Flowchart
7. Oklahoma 1115 Budget Neutrality Model Worksheet
8. Access to Care Map

XIII. STATE CONTACT(S)

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XIV. DATE SUBMITTED TO CMS

Submitted to CMS on April 30, 2013.