Oklahoma Health Care Authority

SoonerCare Choice Demonstration 11-W-00048/6
§1115(a) Annual Report
Demonstration Year: 18 (1/1/2013 – 12/31/2013)
Federal Fiscal Quarter: 3/2014 (1/13 – 12/13)

Submitted
April 30, 2014

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I. INTRODUCTION

Oklahoma's SoonerCare Choice demonstration program utilizes an enhanced primary care case management delivery system to serve qualified 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 31, 2012. The extension period runs from January 1, 2013, through December 31, 2015.

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 Health Management Program (HMP) 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 eighteenth year of the demonstration. Below are just a few of the program high points for 2013.

- The SoonerCare Choice and Insure Oklahoma programs enrolled 581,170 individuals as of December 2013, providing health coverage to approximately 15 percent of the total Oklahoma population[1].
- The Oklahoma Health Care Authority (OHCA) achieved the lowest payment error rate measurement (PERM) for SoonerCare among 17 states in a recent federal comprehensive review; the highest error rate was 17.8 percent. Oklahoma's error rate for fiscal year 2012 was 0.28 percent; the national average error rate was 5.8 percent.
- Through the Caesarean Section Quality Initiative, OHCA successfully lowered the primary C-section rate from 20.3 in state fiscal year (SFY) 2009 to 16.9 in SFY 2013.
- For SFY 2013, aggregate savings for the Health Management Program (HMP) stood at nearly $182 million even after factoring in administrative costs. From a return on investment perspective, the SoonerCare HMP has generated more than six dollars in medical savings for every dollar in administrative expenditures.
- The SFY 2013 per member per month (PMPM) average for HAN members was $294.94, while the PMPM average for non-HAN members was $313.65.
- Eighty-eight percent of SoonerCare applications in 2013 were completed using an online application. As the year progressed, the use of online enrollment applications continued to increase.
- From December 2012 to December 2013, the Electronic Health Records incentive program had a twenty-four percent increase in the number of qualified professionals and hospitals who received incentive payments. An overall total of $96 million in incentive payments was paid out in 2013.
- On May 9, 2013, 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: TSET Partnership to Support the Oklahoma Tobacco Helpline; Oklahoma Durable Medical Equipment Reuse Program; the Medically Fragile Waiver Program.
- On September 6, 2013, Oklahoma's Governor announced a one-year extension (January 1, 2014-December 31, 2014) of the Insure Oklahoma program following successful negotiations with the federal government. While there are eligibility and coverage changes to the Individual Plan, effective January 1, 2014, the Employer Sponsored Insurance program continues to maintain current operations. CMS approved negotiated changes in a September 6 letter to OHCA; OHCA formally accepted the approval on September 27.
- On October 30, 2013, OHCA submitted an updated Transition Plan to CMS outlining the State's proposed plans for the SoonerCare Choice and Insure Oklahoma program's compliance with the new federal provisions.
- Budget neutrality calculations for 2013 denote state savings of some $560 million dollars, with an overall cumulative savings of $3 billion over the life of the demonstration.

[1] U.S. Census Bureau: State and County QuickFacts.Data derived from Population Estimates, American Community Survey, Census of Population and Housing, Economic Census; February 10, 2014.

Tell Us Your Story

Below are stories from current and former SoonerCare members about the positive impact that access to quality health care has had in their lives. Refer to the Tell Us Your Story Webpage to read more stories.

Jonah

One summer Jonah started complaining that his ankle was hurting. Jonah visited his primary care doctor, and was later referred to The Orthopedic Center of Tulsa. Upon numerous opinions, Jonah was diagnosed with Osteosarcoma and it was evident that the doctors would have to amputate his leg. Since his surgery, Jonah has been cancer free. When Jonah was first diagnosed, he was in SoonerCare, and continues to receive SoonerCare services through the TEFRA program.

Jonah

Karen's Daughters

Karen and her husband adopted two girls who are biological sisters. Both girls were prenatally exposed to alcohol and other drugs. As a result, they both have medical and behavioral health issues, which are directly related to this trauma. Karen and her husband receive SoonerCare benefits as an adoption assistance benefit, which they use as secondary insurance. Over the years, as the daughters have grown they have required many health services. "SoonerCare, thank you for assisting us in meeting the physical, emotional and developmental needs of our daughters." – Karen.

Karen's Daughters

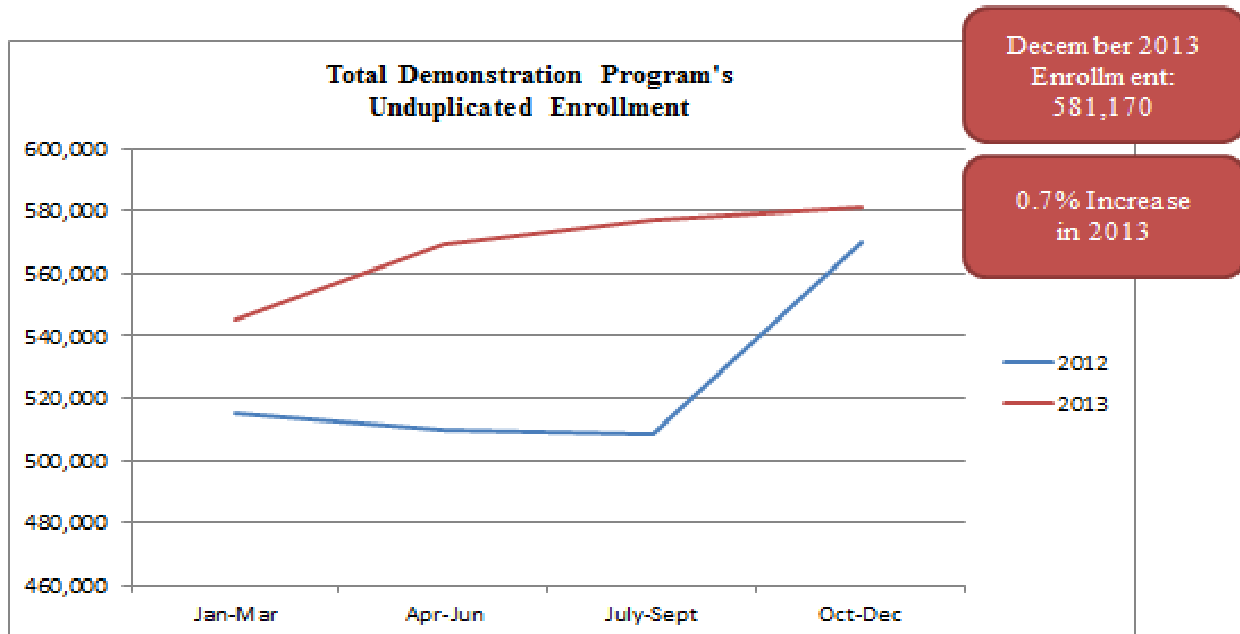
Dania's Children

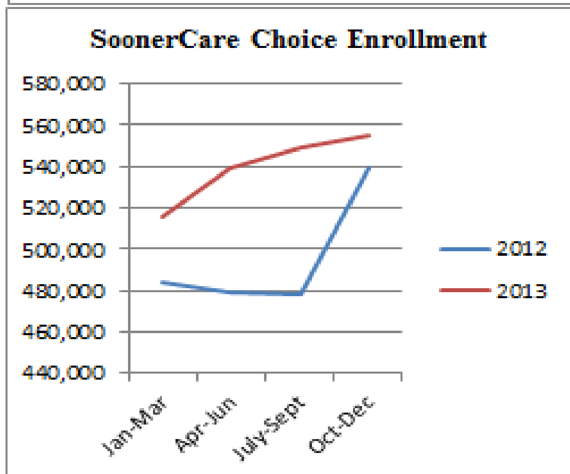
"Today, my financial circumstances are a bit more difficult, but I am so blessed to know that my children's health is taken care of. A couple of weeks ago my 10-year old had difficulty breathing and chest pain. I didn't think twice before taking him to the nearest Urgent Care, where he was fully examined and x-rayed to find out that he had pneumonia. As I picked up his prescription, I remember thanking God and the pharmacist because everything was covered. I didn't need to worry about a single penny. I had this very conversation with the pharmacist… her words were, "Above all, just thank God that we live in a country that still takes care of the needy during trying times." – Dania

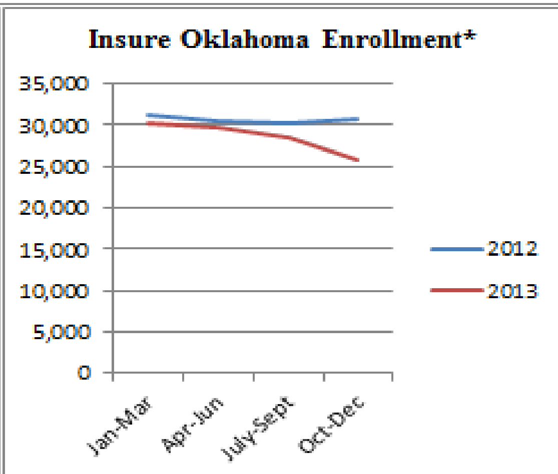
Dania's Children

III. ENROLLMENT INFORMATION

SoonerCare Choice/Insure Oklahoma Program Enrollment
2012 to 2013 Comparison







*The decrease in enrollment at the end of 2013 can be attributed to programmatic changes, such as the drop in FPL, beginning January 1, 2014.

III. ENROLLMENT INFORMATION (Cont'd)

A. Member Enrollment[2]

2013 Members Enrolled in SoonerCare Choice and Insure Oklahoma	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec	% Change
Total Number of Qualified Individuals Enrolled in SoonerCare Choice[3]	**515,200**	**539,670**	**548,679**	**555,436**	**1%**
SoonerCare Choice Percentage of total Medicaid Population	71%	74%	73%	74%	
A) Title XXI	Not Available[4]	Not Available[4]	66,635	67,026	1%
B) Title XIX	515,200	539,670	482,044	488,410	1%
C) Adults	96,597	103,784	107,605	110,028	2%
D) Children	418,603	435,886	441,074	445,408	1%
E) Ratio – Adult/Child:					
Adult	19%	19%	20%	20%	
Child	81%	81%	80%	80%	
Total Number Enrolled in Insure Oklahoma	**30,161**	**29,860**	**28,591**	**25,734**	**-10%**
A) Individual Program (IP)	13,227	13,358	12,974	11,355	-12%
B) Employee Sponsored Insurance (ESI)	16,934	16,502	15,617	14,379	-8%
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma	**545,361**	**569,530**	**577,270**	**581,170**	**1%**

2013 Unemployment Rates[5]	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Yearly Avg
Oklahoma	5.1	5.0 ↓	5.0 −	4.9 ↓	5.1 ↑	5.2 ↑	5.3 ↑	5.3 −	5.4 ↑	5.5 ↑	5.4 ↓	5.4 −	**5.2**
National	7.9	7.7 ↓	7.5 ↓	7.5 −	7.5 −	7.5 −	7.3 ↓	7.2 ↓	7.2 −	7.2 −	7.0 ↓	6.7 ↓	**7.4**

SoonerCare enrollment trends closely to Oklahoma's unemployment rate. The unemployment rate, for example, was at its lowest in Quarter 1 of 2013, which trends closely with SoonerCare enrollment, and was also at its lowest during this quarter. Oklahoma's unemployment rates slightly increased from quarter to quarter with an average increase of 0.5 percent over the course of the year; the rates then leveled off towards the end of the fourth quarter. Similarly, SoonerCare Choice enrollment increased slightly from quarter to quarter with an average 2.5 percent increase over the course of the year. SoonerCare Choice enrollment remains higher in the fourth quarter due to an increased number of renewals.

In addition, Oklahoma's unemployment rate continues to fall below the national average, as Oklahoma was 2.2 points below the 2013 national average.

[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 2013 Demonstration Populations: Enrolled and Potential Members	Currently Enrolled	Potential Population	Total Qualified
TANF-Urban	287,011	33,066	320,077[6]
TANF-Rural	222,151	-200	221,951[6]
ABD-Urban	23,754	6,418	30,172[6]
ABD-Rural	21,844	2,415	24,259[6]
Other[7]	676		676
Non-Disabled Working Adults (IO)			30,847
Disabled Working Adults (IO)			3
TEFRA Children			470[8]
SCHIP Medicaid Expansion Children Enrollees	67,026		67,026
Full-Time College Students (IO)			380
Foster Parents (IO)			0
Not-for-Profit Employees (IO)			0

2013 Demonstration Populations: Member Months	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec
TANF-Urban	921,955	914,679	946,194	958,989
TANF-Rural	647,724	643,669	660,433[9]	666,857
ABD-Urban	88,961	89,136	91,104[9]	91,004
ABD-Rural	72,050	72,080	73,526[9]	73,309
Non-Disabled Working Adults (IO)	99,005	98,439	97,074	93,487
Disabled Working Adults (IO)	11	11	11	9
TEFRA Children	1,256	1,325	1,395	1,419
SCHIP Medicaid Expansion Children Enrollees	Not Available[10]	Not Available[10]	66,635	67,026
Full-Time College Students (IO)	1,758	1,328	1,328	1,216

[6] As reported on the CMS-64 form.
[7] Other includes BCC, TEFRA and other SoonerCare Choice members who are not part of TANF or ABD.
[8] Includes all TEFRA children not just SoonerCare Choice.
[9] This number has been updated to reflect more accurate data.
[10] The quarterly enrollment data for SCHIP Medicaid Expansion Children is not available due to an error in counting parental income for these children.

Breast and Cervical Cancer Program (BCC)

The BCC program provides treatment to qualified 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 (DHS), the Cherokee Nation, the Kaw Nation and the Oklahoma Health Care Authority (OHCA).

2013 Oklahoma Cares Member Enrollments	Qtr Ending Mar	Qtr Ending Jun	Qtr Ending Sept	Qtr Ending Dec
SoonerCare Choice	**368**	**349**	**328**	**311**
SoonerCare Choice and Traditional Total Current Enrollees	806	729	649	600

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 DHS.

Electronic Newborn Enrollment	Qtr Ending Mar	Qtr Ending Jun	Qtr Ending Sept	Qtr Ending Dec
Number of Newborns Assigned to a Primary Care Provider (PCP)	2,019	2,042	2,003	2,066
Number Needing Assistance with Eligibility or PCP Selection	266	257	296	627

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.

Beginning July 1, practices that receive a health coach and practices that continue utilizing practice facilitation services continue to use CareMeasures™. Practices that are not facilitated but have used CareMeasures™ previously, have the option of purchasing a license to continue the CareMeasures™ disease registry.

2013 CareMeasures™ Member Enrollments	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Members Enrolled in CareMeasures™ Registry[11]	4,852	5,122	Unavailable[12]	Unavailable[12]

[11] These are duplicated numbers as some members might have more than one chronic disease.
[12] With the implementation of Phase II of the HMP program in July 2013, the CareMeasures™ registry was adjusted for the new program. Practice facilitators are currently working on the CareMeasures™ data.

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.

	Jan-Mar			Apr-Jun			Jul-Sept			Oct-Dec		
2013 ESI Program Enrollments	0-100% FPL	101-133% FPL	134% FPL and Over	0-100% FPL	101-133% FPL	134% FPL and Over	0-100% FPL	101-133% FPL	134% FPL and Over	0-100% FPL	101-133% FPL	134% FPL and Over
Employee	2,291	3,938	7,443	2,223	4,030	7,182	2,122	3,868	6,661	1,927	3,625	6,143
Spouse	526	853	1,392	480	806	1,336	452	787	1,277	393	708	1,177
Student	19	26	75	19	27	61	19	35	57	24	26	52
Dependent Child[13]	0	0	371	0	0	338	0	0	339	0	0	304
ESI Total	2,836	4,817	9,281	2,722	4,863	8,917	2,593	4,690	8,334	2,344	4,359	7,676
Total Enrollment	**16,934**			**16,502**			**15,617**			**14,379**		

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.

	Jan-Mar			Apr-Jun			Jul-Sept			Oct-Dec		
2013 IP Program Enrollments	0-100% FPL	101-133% FPL	134% FPL and Over	0-100% FPL	101-133% FPL	134% FPL and Over	0-100% FPL	101-133% FPL	134% FPL and Over	0-100% FPL	101-133% FPL	134% FPL and Over
Employee	4,162	2,366	3,078	4,219	2,415	3,082	3,991	2,300	3,123	3,647	1,949	2,601
Spouse	1,197	843	1,022	1,228	860	1,002	1,168	815	1,031	1,079	703	904
Student	204	103	116	210	114	106	191	110	122	179	97	105
Dependent Child[13]	0	0	136	0	0	122	0	0	123	0	0	91
IP Total	5,563	3,312	4,352	5,657	3,389	4,312	5,350	3,225	4,399	4,905	2,749	3,701
Total Enrollment	**13,227**			**13,358**			**12,974**			**11,355**		

Over the course of the year, OHCA has seen total program enrollment decreases in both the ESI (8 percent decrease) and IP (12 percent decrease) programs. The decrease in enrollments results from an uncertainty in the future of the IO programs after 2014. New program modifications to the IO IP program take effect January 1, 2014. OHCA will continue to enroll qualified IP individuals with income up to and including 100 percent FPL.

[13] Title XXI stand-alone CHIP population.

Perinatal Dental Access Program (PDEN)

The OHCA's PDEN program provides a limited benefit package to pregnant and postpartum women 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.

2013 PDEN Member Participation	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Women Qualified for Services	19,903	20,673	20,784	20,289
Women Who Received Services	2,184	2,422	2,397	2,293
Percentage of Qualified Individuals Receiving Services	11%	12%	12%	11%

Soon-to-be-Sooners (STBS)

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

2013 STBS Member Enrollments	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Enrollees	7,757	7,959	7,880	7,684

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

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

2013 TEFRA Member Enrollments	Qtr Ending Mar	Qtr Ending Jun	Qtr Ending Sept	Qtr Ending Dec
SoonerCare Choice	**294**	**314**	**315**	**320**
SoonerCare Choice and Traditional Total Current Enrollees	446	468	478	492

B. Provider Enrollment

Within 77 Oklahoma counties, there are some 2,206 providers contracted for the SoonerCare program, along with some 1,663 providers contracted for Insure Oklahoma.

SoonerCare Provider Enrollment by Type

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

2013 Provider Types[14]	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
MD/DO	1,364	1,413	1,496	1,454
PA	294	310	319	306
APN	370	407	431	446
Total Unduplicated PCPs	**2,208**	**2,130**	**2,246**	**2,206**

SoonerCare Medical Home Providers by Tier

2013 Providers by Tier	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Percentage in Tier 1: Entry Level Medical Home	59%	59%	59%	59%
Percentage in Tier 2: Advanced Medical Home	27%	28%	27%	27%
Percentage in Tier 3: Optimal Medical Home	13%	14%	14%	14%

Insure Oklahoma Individual Plan (IP) Providers

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

2013 Provider Types	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
MD/DO	989	1,036	1,088	1,075
PA	231	241	246	244
APN	294	323	335	344
Total Unduplicated PCPs	**1,514**	**1,600**	**1,669**	**1,663**

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

Health Management Program (HMP)

To improve the health of SoonerCare members with a chronic disease, OHCA has partnered with Telligen 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.

Beginning July 1, Phase II of the program, the Next Generation HMP, incorporates embedding health coaches into the practices instead of utilizing nurse care managers. Some nurse care managers, however, received training to become health coaches. Health coaches coordinate closely with the member's provider on health-related goals, as well as allow the provider to easily refer members to the health coach.

2013 Nurse Care Managers/Health Coaches	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Tier 1 Nurse Care Managers	14	14	N/A	N/A
Tier 2 Nurse Care Managers	12[15]	7[15]	N/A	N/A
Health Coaches	N/A	N/A	24	22

Indian Health

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

2013 Indian Health Provider Enrollment	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Clinics	58	60	58	57

Perinatal Dental Access Program (PDEN)

2013 PDEN Provider Enrollment	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Active Participating Dentists	313	317	344	286

PCP Capacities

2013 SoonerCare and Insure Oklahoma PCP Capacity	Qtr Ending Mar		Qtr Ending Jun		Qtr Ending Sept		Qtr Ending Dec	
	Capacity Available	% Capacity Used	Capacity Available	% Capacity Used	Capacity Available	% Capacity Used	Capacity Available	% Capacity Used
SoonerCare Choice	1,135,495	45%	1,139,130	44%	1,147,141	45%	1,149,541	45%
SoonerCare Choice I/T/U	101,900[16]	18%	101,900	17%	96,900	18%	99,400	19%
Insure Oklahoma IP	427,300	3%	435,317	3%	416,228	3%	423,972	1%

[15] There are fewer Tier 2 nurse care managers as the program was in transition with the contractor, as well as transitioning to Phase II of the program.

[16] It should be noted that during contract renewals for I/T/U providers in February 2013, maximum capacities were implemented across the board. This resulted in a reduction of overall capacity for this network, but really made the I/T/U provider capacities consistent with the rest of the SoonerCare Choice program. This change did not result in any members being removed from their I/T/U provider. These contractors, in fact, provide services for any American Indian who presents at their facilities.

III. ENROLLMENT INFORMATION (Cont'd)

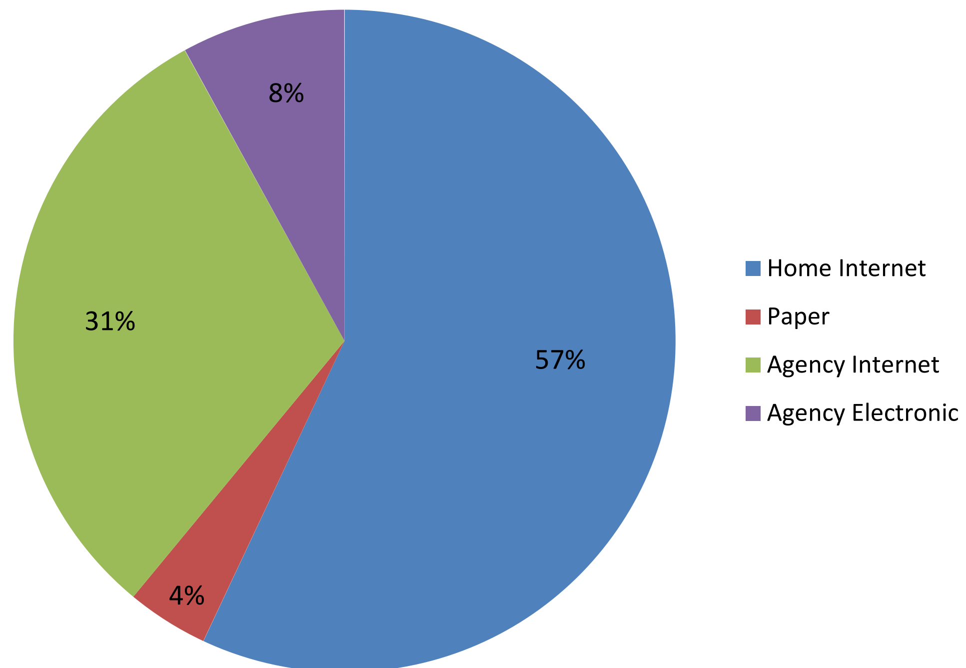
C. Systems

2013 Media Type of Applications for SoonerCare	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	**Total**
Home Internet	68,135	49,090	53,125	38,301	**208,651**
Paper	5,468	4,007	3,537	1,096	**14,108**
Agency Internet	29,150	28,332	30,995	26,858	**115,335**
Agency Electronic	17,576	5,696	6,738	0	**30,010**
Total	120,329	87,125	94,395	66,255	**368,104**

OHCA saw a 12 percent increase from 2012 to 2013 in the number of applications that were completed using an online enrollment application form. In 2013, 88 percent of SoonerCare applications were completed using the online application. The use of online enrollment as the primary source to enroll into SoonerCare continues to trend upward; OHCA expects this trend to continue in the future. The use of paper applications, on the other hand, has greatly decreased from 2012. While paper applications only represented seven percent of the media-type applications in 2012, the percentage decreased to only four percent of applicants using paper applications to enroll into SoonerCare in 2013.

In addition, the implementation of federal mandates on October 1 changed how the media-type applications data is obtained. This can be seen, for example, in the Agency Electronic category. OHCA is currently tracking how this data is being pulled.

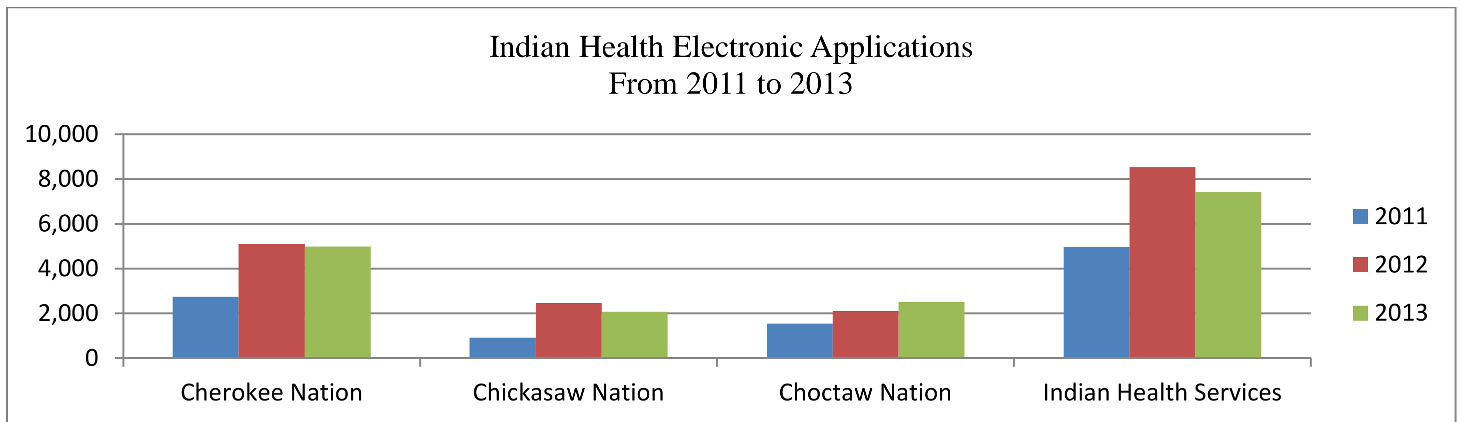
2013 SoonerCare Media Applications[17]



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

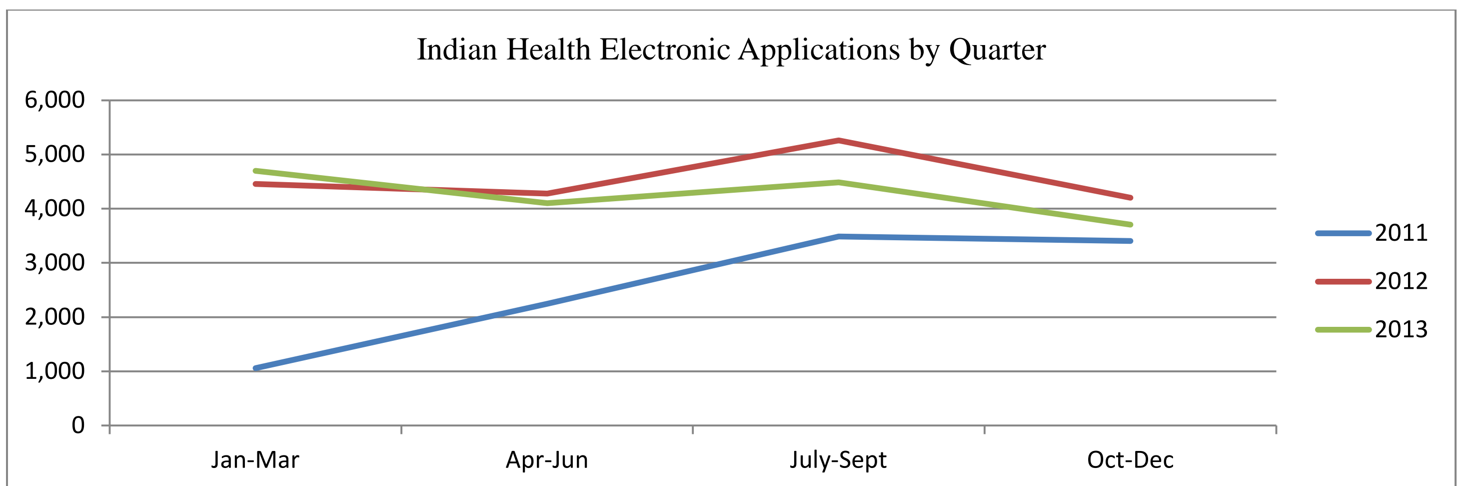
III. ENROLLMENT INFORMATION (Cont'd)

The number of Indian Health electronic applications has stayed relatively stable from 2012 to 2013 with only slight enrollment decreases for the Cherokee Nation, Chickasaw Nation and Indian Health Services. OHCA continues to partner and communicate with tribal partners on the online and enrollment eligibility system.



2013 Indian Health Online Enrollment Applications for SoonerCare	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	**Total**
Cherokee Nation	1,282	1,148	1,368	1,188	**4,986**
Chickasaw Nation	674	570	423	413	**2,080**
Choctaw Nation	671	581	759	496	**2,507**
Indian Health Services	2,069	1,803	1,934	1,610	**7,416**
Total	**4,696**	**4,102**	**4,484**	**3,707**	**16,989**

Since the implementation of online enrollment in late 2010, the number of Indian Health Electronic Applications trend highest during the third quarter of the year. It can be hypothesized that applications are highest during the third quarter as Indian Health Services and tribal partners host back to school events and boarding schools, such as the Riverside Indian boarding school, help students enroll each year.



IV. OUTREACH / INNOVATIVE ACTIVITIES / STAKEHOLDER ENGAGEMENT

SoonerCare Choice Outreach, Innovative Activities and Stakeholder Engagement

Outreach
Publications

Innovative Activities
EHR Incentive

Stakeholder Engagement
Tribal Consultation

A. Outreach

2013 Outreach Materials Printed and/or Distributed	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Member Materials Printed/Distributed				
Annual Benefit Update Packet	284,817	0	0	0
New Member Welcome Packets				
English/Spanish Combined	33,232	12,874	7,822	7,087
Individual Orders	0	0	0	0
Packets for DHS	0	0	0[18]	0[18]
Information/Enrollment Fair Fliers[19]	26,525	44,392	53,064	26,495
BCC Brochures				
English	560	1,840	2,990	2,190
Spanish	230	850	1,650	800
SoonerRide				
English	3,470	4,470	5,570	1,330
Spanish	1,030	1,870	2,640	760
SoonerCare Provider Directory (English/Spanish)	35,736	14,568	1,043	1,180
Postcard with ER Utilization Guidelines[20]	1,570	3,660	5,570	2,720
Perinatal Dental (PDEN)				
Provider Flier	0	0	0	0
Member Flier	1,530	700	730	1,100
Postcards	0	1,860	0	200
Posters	0	0	0	0
SoonerCare and IO Outreach Material				
Sooner Bear Color Books	8,300	6,420	8,740	5,940
SoonerCare Health Club (Activity Book)	4,830	6,710	7,750	3,320
SoonerCare Companion Member Newsletter	266,000	264,000	0	270,000
Miscellaneous Promotional Items (Magnets, Bandages, Hand Cleaner)	21,250	21,620	22,810	13,190
No Smoking Card (English/Spanish Combined)[21]	920	2,300	1,960	1,600
Insure Oklahoma Brochures[22]	0	0	0	0
Oklahoma Indian Tribe-Specific Posters and Fliers	7,610	100	140	50
Provider Newsletter	11,019	0	0	0
Toll-Free SoonerCare Helpline				
Number of Calls	132,316	196,552	217,635	185,539

[18] This outreach is no longer being provided.
[19] This includes TEFRA brochures.
[20] Postcards are also included in the new member welcome packets.
[21] This flier also appears as an ad in the member handbook and the SoonerCare Companion newsletter.
[22] Insure Oklahoma brochures can also be ordered through the Oklahoma Insurance Department.

B. Innovative Activities

Cesarean Section Quality Initiative

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 goal of the initiative is to reduce the first time C-section rate to 18 percent. The OHCA medical staff performs a primary role in this initiative. Medical nurses review the received documentation from providers and determine the medical necessity for the C-section; they also determine if it should be reviewed by the OHCA OB physician.

In state fiscal year (SFY) 2009, the C-section rate was 20.3 percent. Since implementation of the C-section initiative in 2011, the C-section rate dropped to 19.5 percent in SFY 2011, which is a 0.8 percent decrease from the SFY 2009 rate. In SFY 2012, the rate dropped 2.9 percentage points to 16.6 percent and maintained relatively stable in SFY 2013 with 16.9 percent. While the initiative has successfully reduced the primary C-section rate to the intended goal, OHCA continues this initiative to further decrease the rate.

The OHCA contracted with the Lewin Group to perform an evaluation of the Cesarean initiative for SFY 2011 through SFY 2013. The Lewin Group calculated a cost savings for the initiative of $1.2 million for the SoonerCare program over two years. To review a summary of the statistical evaluation findings, refer to Appendix A. To review the Cesarean Initiative Evaluation in its entirety, refer to Attachment 1.

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 qualified professionals, critical access hospitals and qualified hospitals that successfully demonstrate meaningful use of certified Electronic Health Record (EHR) technology.

This year, OHCA incorporated various changes to the EHR incentive program in accordance with CMS's Stage 2 final rule (42 CFR Parts 412, 413 and 495). Such modifications include changes to the SoonerCare contract effective date, the definition of an encounter, patient volume time period and changes to the Meaningful Use measures. For a complete list and description of the 2013 EHR incentive program changes, refer to EHR Incentive Program Changes. In addition, EHR providers will begin to implement Stage 2 for Meaningful Use during the first quarter of 2014.

As of December 31, 2013, a total of 1,891 professionals and 91 hospitals have been paid for the incentive program, which is a 24 percent increase in qualified providers from 2012. The qualified providers have received a total of $96,686,469 in incentive payments for 2013. OHCA continues to see an increasing trend in the number of qualified professionals and hospitals who choose to participate in the EHR incentive program.

2013 EHR Qualified Providers	Jan-March	Apr-Jun	July-Sept	Oct-Dec
Number of Qualified Professionals	1,605	1,737	1,808	1,891
Number of Qualified Hospitals	90	90	90	91
Total	**1,695**	**1,827**	**1,898**	**1,982**

2013 Cumulative EHR Incentives Paid	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Qualified Professionals	$33,539,584	$36,238,334	$37,633,751	$39,333,751
Qualified Hospitals	$57,102,718	$57,102,718	$57,102,718	$57,352,718
Total	**$90,642,302**	**$93,341,052**	**$94,736,469**	**$96,686,469**

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 four 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.

2013 Members with 4 or more ER Visits	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
SoonerCare	2,086	1,927	1,756	1,756

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 completed the majority of Phase I projects during 2012. Beginning January 2013, HP had completed 60 percent of the project. By December 2013, HP has completed more than 80 percent of the overall MMIS reprocurement project. Completed system enhancements for the year include:

- Phase I of ICD-10 user acceptance testing – completed first quarter of 2013.
- Security enhancement – completed February 2013.
- Medical policy enhancement – completed second quarter of 2013.
- Phase II of ICD-10 user acceptance testing – completed July 2013.
- System test results for the Secure Provider Portal – completed November 2013.
- User acceptance testing for the secure provider portal system – completed December 2013.
- User acceptance testing for the rules engine enhancement – completed December 2013.

HP is finishing up the last of the enhancements for the MMIS reprocurement project. The Secure Provider Portal and the Rules Engine enhancement are projected to have a go-live date of January 2014 and a second quarter go-live date for the claims resolution workflow[23]. In addition, OHCA and HP are ahead of schedule for the October 2014 go-live date for the ICD-9 to ICD-10 transition.

[23] The claims resolution workflow allows more flexibility in how claims are assigned and routed, thus, streamlining the process.

C. Stakeholder Engagement

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. In 2013, OHCA held five tribal consultation meetings with participants from the Absentee Shawnee Tribe of Oklahoma, Cherokee Nation, Cheyenne and Arapaho Health Board, Chickasaw Nation, Choctaw Nation, Citizen Potawatomi Nation, Indian Health Care Resource Center of Tulsa, Indian Health Services, Oklahoma City Area Inter-Tribal Health Board, Oklahoma City Indian Clinic, Seminole Nation and Wewoka Indian Health Services, as well as representatives from the Oklahoma Department of Mental Health and Substance Abuse, the Oklahoma State Department of Health and the 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 Insure Oklahoma changes and an amendment, during the third quarter, for the systems simplification information to be implemented early, effective October 1, 2013. In conjunction with this, staff also proposed the delay of renewals and redetermination for the period January 1, 2014-March 30, 2014. Staff also sought input from the tribes regarding effective awareness and education strategies for 2014 SoonerCare changes. During the fourth quarter, staff presented proposed changes related to the Health Access Networks.

OHCA staff also presented rule changes at the consultation this year that impacted the 1115 waiver. These rule changes included the Insure Oklahoma revised rule that aligns adult outpatient behavioral health services with the children's outpatient behavioral health services in the Individual Plan, as well as rules relating to the new federal Medicaid requirements. These rules took effect July 1, 2013, and January 1, 2014, respectively.

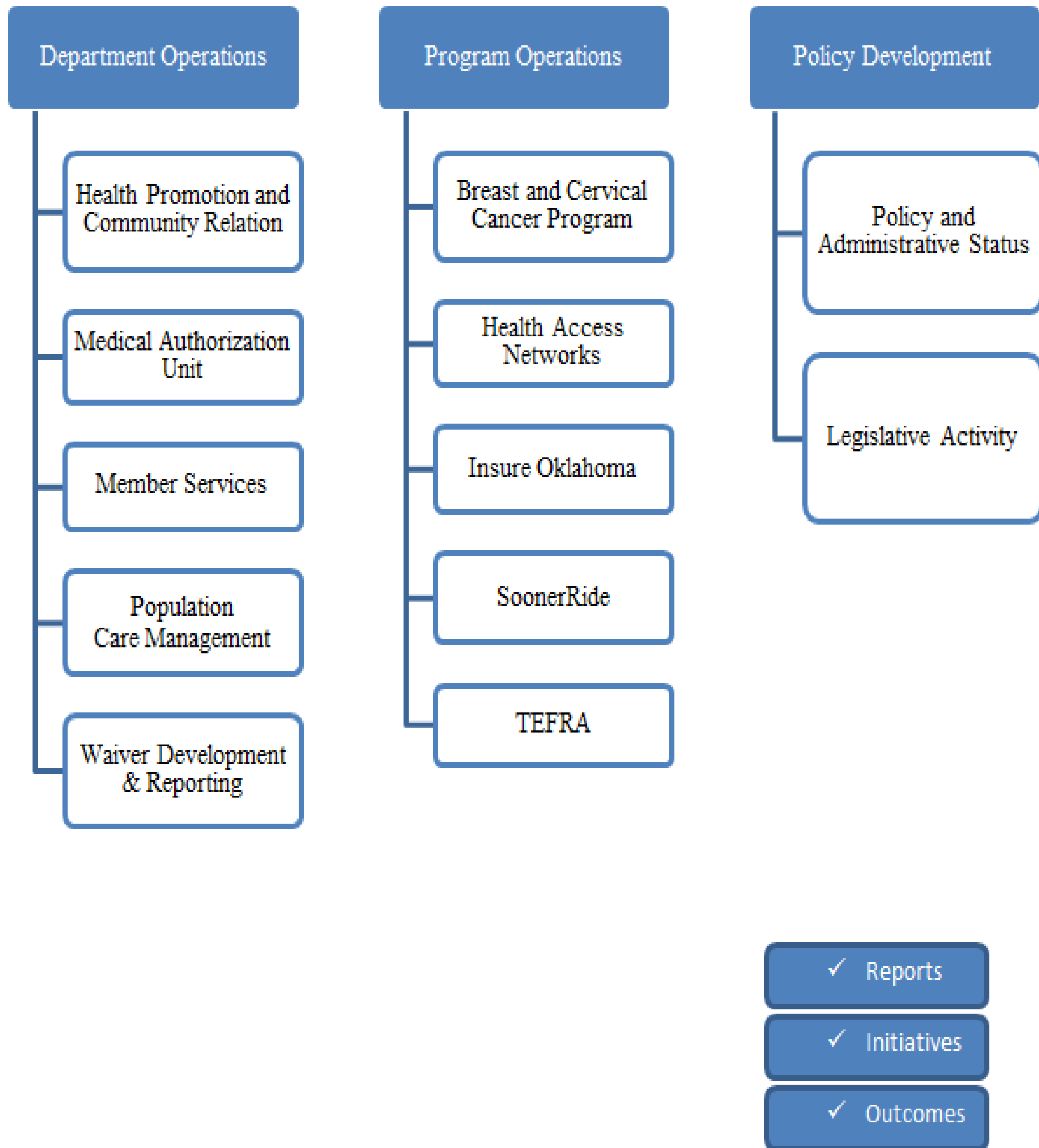
In addition to the tribal consultation meetings, the OHCA Tribal Relations unit also convened the 7th annual tribal consultation meeting in October in Catoosa, Oklahoma. A list of all the tribal and non-tribal consultation participants can be found in Attachment 2. During the consultation, discussion revolved around the SoonerCare medical home, effective communication in tribal communities, SoonerCare changes in 2014, as well as updates from each tribe on health care issues and suggestions. As a follow-up to the discussions at the consultation meeting, the OHCA Tribal Relations Unit is in the process of developing a strategic plan for the OHCA and their tribal partners. OHCA will also host a follow-up meeting with the tribes, during the first quarter of 2014, to discuss next steps for 2014.

To continue effective communication with Oklahoma tribes, OHCA also uses the Native American Consultation website page[24] 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.

[24] Native American Consultation Website

V. OPERATIONAL/POLICY DEVELOPMENTS

SoonerCare Choice and Insure Oklahoma
Departments, Programs and Policy



- ✓ Reports
- ✓ Initiatives
- ✓ Outcomes

A. SoonerCare and Insure Oklahoma Operations

1. Department Operations

Health Promotion and Community Relation

Community Relations Coordinators

At the end of the SoonerEnroll grant initiative[25] in September 2012, OHCA maintained four full-time employees to serve as Community Relations Coordinators (CRCs) to continue much of the SoonerEnroll work, as well as expand the approach to the promotion of other agency programs and initiatives.

The CRCs work with some 700 public, private and nonprofit entities within Oklahoma's 77 counties to enroll qualified children in SoonerCare and promote the importance of preventive care. Furthermore, CRCs facilitate ongoing dialogue between community partners and OHCA to address local issues and collaborate in the development of strategies for improving the health of SoonerCare members.

This year the CRCs collaborated with partners from across the state. Some of the collaboration activities included providing targeted outreach to local Hispanic radio stations in southeast Oklahoma, as well as providing outreach to employers with large groups of Hispanic employees; CRC's also filmed a video on diabetes that is used in provider offices for patient education; they attended provider trainings and advisory committee meetings throughout the state, as well as community forums, coalition meetings and health fairs across the state. CRC's also worked with community partners in some communities to identify and create a plan to address local disparities; they also trained and educated community partners on 2014 Medicaid changes.

In addition, the CRC's created an OHCA Community Relations website page[26] to provide OHCA partners with tools, resources and vital information in linking members to the community.

Health Promotions Coordinator

When the SoonerQuit[27] program ended in December 2012, OHCA entered into a three-year contractual agreement with the Tobacco Settlement Endowment Trust (TSET) to fund a Health Promotions Coordinator position. The Health Promotion Coordinator's primary responsibility is to implement tobacco cessation and wellness efforts into existing OHCA projects, including practice facilitation.

This year the Health Promotions Coordinator educated providers on tobacco cessation best practices and billing, as well as supplied providers with tobacco cessation resources during provider trainings around the state. In addition, the Coordinator distributed more than 1,500 Quit Kits[28] this year to providers at provider trainings and health fairs. One of the Health Promotion Coordinator's highlights this year included the implementation of the Oklahoma Tobacco Helpline Fax Referral process, which went live on August 6. The Oklahoma Tobacco Helpline Fax Referral process is designed to decrease the number of SoonerCare pregnant women who use tobacco. When a newly qualified SoonerCare pregnant woman calls the SoonerCare helpline, OHCA actively refers the woman to the Oklahoma Tobacco Helpline rather than have the member wait for a clinic visit to obtain the referral. Towards the end of 2013, the referral process was expanded to include the Soon-to-be-Sooners call scripts. The Health Promotions Coordinator is currently working with Member Services to coordinate the process evaluation for the project. The evaluation is expected to be completed in March 2014.

[25] The SoonerEnroll grant initiative's primary goals were enrollment of qualified but uninsured children in SoonerCare and improvement of the rate of success and time recertification of children's enrollments and elimination of gaps in coverage.
[26] OHCA Community Relations Website
[27] The SoonerQuit program was a collaborative effort 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 improve birth outcomes for Oklahoma babies by reducing tobacco use among pregnant SoonerCare members.
[28] Quit Kits include smoking cessation products with the tobacco cessation quit line phone number.

Medical Authorization Unit (MAU)

This year, the MAU processed an average of 16,251 prior authorizations a month for an average approval rate of 98 percent.

At the beginning of 2013, MAU staff created a new MAU page on the OHCA website. Providers are now able to click on the MAU Link and find prior authorization information such as required forms, general information, MAU FAQs and information on imaging and scans.

2013 MAU Activity	Jan- Mar	Apr-Jun	Jul-Sept	Oct-Dec	**Totals**
Total MAU Calls Handled	1,427	1,662	1,754	1,490	**6,333**
Total Prior Authorizations	14,582	17,082	17,227	16,116	**65,007**
Avg Number of Reviewers (Analyst or Nurse)	13	13	13	12	
Average Number of PAs per Reviewer	373	438	453	447	**428**
Percentage of Total PA Denials	2%	2%	2%	2%	**2%**
Number of Denials	240	283	288	270	**1,081**

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.

With the MedSolutions contract ending by the end of fiscal year 2013, OHCA issued a request for proposal (RFP) for the Radiology Management Program on March 19, 2013. The contract was awarded to MedSolutions in July for another six years.

2013 MedSolutions Activity	Jan- Mar	Apr-Jun	Jul-Sept	Oct-Dec	**Totals**
Total MedSolutions Calls Handled	3,819	3,813	5,778	5,948	**19,358**
Total Prior Authorizations	16,763	17,599	17,020	17,184	**68,566**
Avg Number of Reviewers (Analyst or Nurse)	114	115	115	115	
Average Number of PAs per Reviewer	49	51	49	50	**50**
Percentage of Total PA Denials	16%	15%	13%	11%	**14%**
Number of Denials	2,651	2,573	2,167	1,946	**9,337**

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.

2013 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	5,544	43%	4,816	40%	4,782	38%	3,883	38%	**19,025**	**39.8%**
Households with Newborns Outreach – Jean Letters	6,499	17%	5,880	15%	6,867	15%	6,295	15%	**25,541**	**15.5%**
Soon-to-be-Sooners Outreach – Sonja Letters	1,182	42%	896	43%	856	38%	845	37%	**3,779**	**40%**
High ER Utilization Outreach – Ethel Letters	2,086[29]	16%[29]	1,927	11%	1,756	4%	1,756	14%	**7,525**	**11.3%**

2013 MS Activity	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Total NAL/911/ER Reports Reviewed	317[30]	0	0	0
NAL/ER Follow-Up	18[30]	0	0	0
High ER Utilizers Identified for Calls	0[31]	0[31]	63	38
Calls to BCC Members with Confirmed Cancer Diagnosis	111	46	59	53
Calls to BCC Members at Renewal Period	32	66	84	54
Member Service Calls Handled in English	20,979	23,405	27,589	22,423
Member Service Calls Handled in Spanish	1,468	1,454	1,277	1,340
Member Inquiries	15,061	16,771	20,120	16,372

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

Population Care Management (PCM)

At the beginning of January 2013, OHCA renamed the Care Management division to Population Care Management (PCM) and incorporated three units within the division: case management, the Health Management Program and the Chronic Care Unit.

Case Management (CM)

The CM unit implemented Phase I of the Fetal Infant Mortality Rate (FIMR) initiative 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.

2013 Phase I: Outreach to FIMR Population – Participating Mothers	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
New Cases	198	130	148	198	165	138	172	159	146	111	148	128
Existing Open Cases[32]	621	588	591	606	665	681	689	712	687	642	643	594

Phase II of the FIMR initiative began in July 2011. Phase II focuses on educating the prenatal 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.

2013 Phase II: Outreach to FIMR Population – Infants Younger than 1	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
New Cases	184	168	164	179	128	148	238	167	197	161	203	184
Existing Open Cases	1,918	1,929	1,938	1,903	1,881	1,853	1,865	1,859	1,781	1,799	1,837	1,817

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.

In order to provide an evaluation of the FIMR project, CM has developed a Logic Model for the external evaluation by the Primary Care Health Policy Division in the Department of Family & Preventive Medicine at the OU Health Sciences Center. Data from the evaluation is just beginning to be reported. CM staff is expected to report evaluation findings at the March Board.

Beginning July 1, CM began a new outreach effort as an outgrowth from the FIMR initiative, known as the Interconception Care (ICC) project. The ICC outreach is for pregnant women ages 13 to 18 who have been identified in the 10 FIMR counties who can remain in active care management until one year post delivery. Care management will specifically focus on contraception utilization, medical and dental well checks, return to school/graduation/or vocation training and increased PCP visits. Since inception, approximately 39 members have been enrolled in the initiative.

[32] 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 the case is not considered open.

During the first quarter of 2013, CM and OHCA's Information Services staff implemented a new non-member health survey located on the OHCA SoonerCare online enrollment web page[33]. The survey was developed to gain basic aggregate statistical health information about persons enrolling in SoonerCare. The survey includes questions relating to chronic illness, tobacco use, obesity and pregnancy. The survey also includes agency telephone numbers for OHCA service areas that non-members can call for assistance. At the end of the fourth quarter, CM staff added four additional questions to the non-member health survey with the appropriate referral contact information provided to assist those who would like to access services. OHCA is also working on plans to use the survey information to coordinate targeted outreach efforts.

2013 Non-Member Health Survey Results	Jan-Mar Results[34]	Apr-June Results	July-Sept Results	Oct-Dec Results
Total number of survey responses	162	1,897	2,265	2,018
Non-members who reported to be pregnant	24	334	317	254
Non-members who reported to have chronic disease	36	567	688	649
Non-members who reported that s/he is overweight	56	532	647	570
Non-members who have a serious medical issue for which they believe they need immediate help	56	523	585	504
Non-members who reported to use tobacco	66	598	674	584

2013 CM Activity[35]	Qtr Ending Mar	Qtr Ending Jun	Qtr Ending Sept	Qtr Ending Dec
Active Cases under Care Management	4,029	3,931	3,883	3,769
Case Load per Adjusted RN FTE	160	172	159	145
High-Risk and At-Risk OB - Following	378	512	529	453
High-Risk and At-Risk OB - New	192	245	265	248
OK Cares New Enrollment	81	71	70	59
OK Cares Total Enrollment	806	729	649	600
Private Duty Nursing Cases - New	3	1	9	5
Private Duty Nursing Cases - Following	203	192	193	187
Onsite Evaluations (TEFRA, Private Duty Nursing)	58	60	54	47
Caesarean Section Reviews Received	284	279	0	0
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	78	81	92	60
Out of State – Clinical Review - New	59	71	53	45
Out of State – Clinical Review - Following	59	62	38	42

[33] Online Health Assessment on OHCA Enrollment Page.
[34] Jan-Mar data represents the responses for the first eight days that the survey was available to the public.
[35] CM Activity measures were updated this quarter to reflect more accurate CM activities.

Health Management Program (HMP)

With the contract term for the HMP administrator expiring June 30, 2013, OHCA issued a request for proposal (RFP) for a new administrator in October 2012. The agency awarded the HMP contract to the previous administrator, Telligen, in April 2013. OHCA also used the re-bidding process as an opportunity to make modifications to the HMP program. The modifications, known as Phase II: Next Generation HMP, included renaming nurse care managers to health coaches and embedding the health coaches into PCP practices for more one-on-one care management. In addition, changes included practice facilitation services going hand-in-hand with the health coaching. Practice facilitators have health coach training and certification, as well as work with the health coaches to coordinate efforts within the practice. OHCA submitted to CMS an amendment for the changes 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.

During the second quarter of 2013, HMP members were informed of the new HMP changes through their nurse care managers, as well as through a notification letter. During this quarter, OHCA worked with Telligen on transition planning for the new contract. Additionally, by the end of June 30, 2013, nine practice facilitators had a cumulative of 90 practices that received some level of practice facilitation.

2013 Phase I: HMP Outreach through Nurse Care Managers	Jan-Mar	Apr-Jun
Tier 1: Face-to-Face Visits	818	623
Tier 2: Telephone Contact	2,129	771
Total	**2,947**	**1,394**

In the first two quarters of 2013, HMP providers continued to receive incentive payments for certain categories of accomplishment. The four incentive payment categories included Pay for Reporting, Pay for Participating in Collaborative, Pay for Performance Improvement and Pay for Process Improvement. The payment incentives are paid on an annual basis (after four quarters) except for incentives in the Pay for Process Improvement category, which are paid at the end of the quarter. Under the new contract, effective July 1, 2013, HMP providers no longer received incentive payments.

2013 Provider Incentive Payments	Jan-Mar	Apr-June
Pay for Reporting	Paid Annually	Paid Annually
Pay for Participating in Collaborative	Paid Annually	Paid Annually
Pay for Performance Improvement	Paid Annually	Paid Annually
Pay for Process Improvement	$0 – no payment made	$0 – no payment made
Total	$0	$0

Phase II of the program, Next generation HMP, began July 1, 2013. Starting the third quarter, practice facilitation was divided into four tiers:

Practice Facilitation Tiers	Description
Tier 1	Practice has never received practice facilitation; clinic needs full practice facilitation services before deployment of a health coach.
Tier 2	Practice has received prior practice facilitation but requires additional training before deployment of a health coach.
Tier 3	Practice has received full practice facilitation, high-functioning practice and ready for deployment of a health coach.
Tier 4	High-functioning practice; has embedded care management staff due to participation in another initiative or grant program but practice still requests inclusion in academic detailing and other educational services.

Some of the essential functions and core components that the practice facilitators are facilitating within the practices include:

- Assessing quality assurance processes;
- Performing medical record data abstractions;
- Developing an action plan for implementing change; and
- Preparing the practice for an embedded health coach.

During the last two quarters of 2013, practice facilitators and health coaches conducted some 50 academic detailing sessions with practices, as well as provided some 35 educational presentations. A few of the topics covered during these trainings included "Measure Specification," "What is Health Coaching," "CareMeasures™ Registry Education" and "Hypertension."

This year HMP's evaluation vendor, the Pacific Health Policy Group (PHPG), collaborated with Telligen to conduct the SoonerCare HMP's annual evaluation for state fiscal year (SFY) 2013; OHCA received the report in February 2014.

PHPG collected data for the evaluation through a variety of methods. These included an audit of Telligen, analysis of paid claims data and surveys/in-depth interviews of nurse care management and practice facilitation participants.

Results of the survey indicate that 88 percent of members receiving nurse care management and 68 percent of providers receiving practice facilitation were "very satisfied" with the program as a whole. In analysis of HMP members to non-HMP members (comparison group), PHPG found that HMP participant rates exceeded the comparison group rate on 16 of the 21 diagnosis-specific measures. The difference was statistically significant for 11 of the 16 measures, suggesting that the program is continuing to have a positive effect on quality of care. The evaluation also indicates that HMP member's hospital stays decreased significantly. Tier 1 participants were forecasted to spend an average of eleven days in the hospital, but the actual rate was only four days. Similarly, Tier 2 participants were forecasted to spend fewer than three days in the hospital, but the actual rate was just 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 B. To review a copy of the entire HMP annual evaluation report, refer to Attachment 3.

Chronic Care Unit

OHCA implemented an internal Chronic Care Unit in January 2013 to provide care management services to SoonerCare members identified with chronic disease. Members are identified through comprehensive risk profiling, self-referral and provider referrals. The nurse care managers conduct a comprehensive initial evaluation consisting of a health risk assessment, health literacy survey and depression screening. Once all components of the assessment are completed, the nurse care manager works with the member to develop and/or improve self-management skills through member education, action planning and health coaching. The nurse care managers employ behavior change principles such as motivational interviewing to engage the member to become an active participant in their health care.

In July, the Chronic Care Unit started providing similar services as the HMP, but telephonically to members with chronic conditions who are not aligned with a PCP that has an embedded health coach. As of December 2013, the Chronic Care Unit has received approximately 668 referrals since the implementation of the new OHCA unit.

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.

Some of the highlights from the 1115 Waiver unit this year included the unit's submission of the 2012 Annual report, 2012 Evaluation report and the 2013-2015 Evaluation Design to CMS on April 30, 2013. OHCA received CMS approval for the Annual report and the Evaluation, as well as approval for the Evaluation Design after OHCA re-submitted the report on September 9 with modifications.

In accordance with Section III, #17 of the Special Terms and Conditions, OHCA held a 6-month post-demonstration renewal forum[36] on June 11 at the Oklahoma Perinatal Advisory Task Force & the Children's Health Work Group joint meeting in Oklahoma City[37]. The Waiver Development & Reporting Coordinator provided education[38] on the 1115 waiver authority; discussed the benefits, services and main program goals of the program; the evaluation process for the demonstration; as well as the modifications for the 2013-2015 extension period. OHCA took questions and comments from the public and addressed those accordingly.

The Waiver unit submitted to CMS on July 19, a SoonerCare 2014 amendment for federally mandated changes to eligibility groups and income methodology. CMS approved the amendment on September 6 and, on October 1, OHCA submitted to CMS the acceptance letter for the amendment approval, expenditure authority and waiver list contingent on a few technical corrections. OHCA received the final waiver documents from CMS on February 25, 2014.

At the request of CMS, the Waiver unit updated the 2014 Transition Plan[39] that OHCA had submitted to CMS on June 29, 2012, with the most recent transition details. The Waiver unit submitted the proposed final 2014 Transition Plan document to CMS on October 30; OHCA reviewed the document with CMS on an as-needed basis. CMS sent approval of the 2014 Transition Plan on December 11 and OHCA accepted the approval on December 31.

[36] Refer to Attachment 4 to review the public forum agenda.
[37] This meeting included teleconferencing with the OU Tulsa Schusterman Campus.
[38] Refer to Attachment 5 to review the SoonerCare Choice Post Award Forum Presentation.
[39] The Transition Plan outlines the proposal for how the State will meet federally mandated requirements for the SoonerCare Choice demonstration.

V. OPERATIONAL/POLICY DEVELOPMENTS (Cont'd)

The Waiver unit continues to work with CMS on the appropriate federal financial match for the Health Management Program. This year, OHCA participated in six formal monthly monitoring calls with CMS, as well as other calls on an as-needed basis.

In addition to the above highlights, the chart below is a comprehensive list of the 2013 documents that the OHCA worked with CMS to complete.

#	Document	Submitted to CMS	Status	Date Approved
1.	Acceptance Letter for the SoonerCare 2013-2015 Extension	February 1, 2013	CMS Received	N/A
2.	Maintenance of Effort letter for the Insure Oklahoma dependent children from 186 to 200 percent of the FPL	February 25, 2013	CMS Approved	April 3, 2013
3.	SoonerCare Quarterly Report, Oct-Dec 2012	February 28, 2013	CMS Received	N/A
4.	SoonerCare Annual Report for 2012	April 30, 2013	CMS Approved	No Specific Date
5.	SoonerCare Evaluation Report for 2012	April 30, 2013	CMS Approved	No Specific Date
6.	SoonerCare Evaluation Design for 2013-2015	April 30, 2013	CMS Received	See #14
7.	SoonerCare Quarterly Report, Jan-Mar 2013	May 31, 2013	CMS Received	N/A
8.	Notice of Intent to adopt Systems Simplification Implementation Early	June 20, 2013	CMS Received	See #11
9.	Insure Oklahoma Expiration Plan	July 1, 2013	Not Applicable	N/A
10.	SoonerCare 2014 Amendment	July 19, 2013	CMS Approved	September 6, 2013
11.	Amendment request to adopt Systems Simplification Implementation early	July 23, 2013	CMS Approved	July 23, 2013
12.	Acceptance for the approval of the early adoption for the Systems Simplification Implementation	August 2, 2013	CMS Received	N/A
13.	SoonerCare Quarterly Report, Apr-June 2013	August 30, 2013	CMS Received	N/A
14.	SoonerCare Evaluation Design Resubmission for 2013-2015	September 9, 2013	CMS Approved	No Specific Date
15.	Acceptance of the September 6 Special Terms and Conditions, Waiver List and Expenditure Authorities	October 1, 2013	CMS Received	N/A
16.	Updated Transition Plan	October 14, 2013	CMS Received	See #17
17.	Resubmission of Updated Transition Plan	October 30, 2013	CMS Approved	December 11, 2013
18.	SoonerCare Quarterly Report, July-Sept 2013	December 4, 2013	CMS Received	N/A
19.	Acceptance of Transition Plan Approval	December 31, 2013	CMS Received	N/A

2. Program-Specific Operations

Breast and Cervical Cancer Program (BCC)

In 2013, OHCA received nearly 1,000 applications for the BCC program. Of these applications 370 were denied for reasons including no medical records, no qualifying abnormality and DHS denials. A total of 665 applications were approved for the BCC program in 2013.

2013 BCC Applications	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	**Total**
Total Applications Received	272	230	265	226	**993**
Number of Applications Denied	96	110	88	76	**370**
Number of Applications Approved	176	162	177	150	**665**
Of Applications Received, Diagnosis of Breast Cancer	74	98	99	112	**383**
Of Applications Received, Diagnosis of Cervical Cancer	198	176	166	114	**654**
Of Applications Received, Diagnosis of Breast and Cervical Cancer	0	1	0	0	**1**

2013 BCC Certified Screeners	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Certified Screeners	940	970	1,001	988

2013 Outreach Activities Related to BCC Members	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Care Management Activities Related to BCC Members	4,105	4,302	3,766	3,286
Number of Calls Made by Member Services to BCC Members at Renewal Period	32	66	84	54
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	111	46	59	53

Health Access Networks (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 Healthy Central Communities (PHCC) HAN

Since December 2012, the HAN enrollment has stayed relatively stable for the OSU Network HAN, while enrollment has increased for the OU Sooner HAN and PHCC HAN. The OU Sooner HAN had a 112 percent growth and PHCC had an eight percent growth in member enrollment.

2013 HAN Enrollment	OU Sooner HAN	PHCC HAN	OSU Network
January	43,300	2,906	14,283
February	44,186	3,003	14,441
March	42,780	2,921	14,118
April	50,154	3,072	14,386
May	50,891	2,941	13,616
June	73,530	3,165	13,993
July	72,393	3,011	13,891
August	72,686	3,096	13,904
September	73,490	3,138	14,240
October	91,396	3,124	14,036
November	93,086	3,246	14,248
December	96,658	3,381	14,797

University of Oklahoma Sooner Health Access Network (OU Sooner HAN)
The OU Sooner HAN completed its third year of the pilot program in June 2013, and has an enrollment total of 96,658 individuals as of December 2013. OU Sooner HAN enrollment has increased significantly this year partly due to the HAN signing on a larger primary care provider group in the Tulsa area during the last quarter of 2013. The addition of this provider group added some 20,000 members to the HANs enrollment number. As stated in the OU Sooner HANs 2013 annual report, unless additional funds are made available through the state match, the OU Sooner HAN will cease active enrollment and cap membership at 100,000 members.

The Doc2Doc electronic referral management system continues to be an important part of the OU Sooner HAN's access to specialty care providers. In fiscal year 2013, the Sooner HAN had some 49 parent organizations with 101 specialty locations served by 288 specialty providers actively using Doc2Doc. OU Sooner HAN staff completed more than 60 presentations on the functionality of the Doc2Doc tool, 180 formal trainings sessions with staff providers who use the tool and made 131 site visits to help train providers on Doc2Doc. In addition, the OU Sooner HAN continues coordination with the newest primary care practice in Tulsa to begin education and training on the Doc2Doc electronic referral management system.

This year OU Sooner HAN care managers participated in educational and training opportunities. The OU Sooner HAN management team conducted care management training curriculum for Sooner HAN care managers. The training curriculum was delivered over a three-day period that included course topics such as Cultural Competency, Motivational Interviewing, Quality 101, Risk with Dignity and Suicide Prevention. In addition, the Sooner HAN also created a Quality Toolkit, which was shared with several providers. The toolkit contains several management-related forms, including job descriptions, goal setting, staff evaluations and policies and procedures that can assist clinic management in daily operations. Additionally, the toolkit contains numerous quality tools to assist the clinics in designing quality management programs, discovering how the clinics are performing and remediating problem areas.

For more detailed information on the OU Sooner HAN's outreach, provider network or Doc2Doc technology, refer to Attachment 6.

Oklahoma State University Health Access Network (OSU Network HAN)
The OSU Network HAN completed its second year of the pilot program in June 2013, with an enrollment total of 14,797 individuals by the end of December 2013. For fiscal year 2013, the HAN had some 63 primary care providers in eight practice locations. Providers in the HAN continue to be trained on the Doc2Doc referral tool.

In fiscal year 2013, OSU Network HAN staff developed marketing strategies, which included expanding the OSU Network HAN staff to include a bilingual case manager and physician liaison for outreach activities. Staff provided education training on the OSU Network HAN case management program to adjunct faculty and physician clinics in 15 separate rural areas in Oklahoma. In addition, staff continued to participate in monthly quality improvement meetings.

This year the HAN also developed an OSU Network HAN website within the OSU CHS intranet environment. The OSU Network HAN has acquired access to the OSU Medical Center electronic health record network to allow access to patient records in order to analyze data for quality improvement, population health and utilization.

Refer to Attachment 7 for the OSU Network HAN's SFY 2013 Annual report.

Partnership for Healthy Central Communities Health Access Network (PHCC HAN)
Similar to the OSU Network HAN, the PHCC HAN completed its second year of the pilot program in June 2013, with an enrollment total of 3,381 individuals by the end of December 2013. For fiscal year 2013, the HAN had some 11 primary care providers and 523 specialty providers.

Formerly the Partnership for a Healthy Canadian County, in fiscal year 2013 the HAN's name was changed to the Partnership for Healthy Central Communitites. This HAN maintains a web presence at PHCC Website Link, including a secure section for its enrolled patient-centered medical homes. Staff continues to develop the website by including preventive resources and including information in flu immunizations and lice control for children.

In fiscal year 2013, the PHCC staff completed the care management guidelines for all populations, which mirror the OHCA care management guidelines with some additional 'expectations' for HAN staff. PHCC's second year work on the implementation of Doc2Doc in PCP practices made substantial gains; PHCC continues to work towards full implementation.

The PHCC staff participated in many outreach activities this year. PHCC staff joined with others in the Canadian County Against Tobacco Coalition, which included distributing tobacco cessation materials to PCP offices and at community events. Staff also participated in the county-wide MAPS planning process, which identified the top 5 priority community health problems that different groups will work on throughout the next fiscal year. Staff also attended a baby shower, which provided educational opportunities for new mothers, and staff provided free car seats, books, diapers and other products for the family.

Additionally, staff participated in the Red Rock Behavioral Health Strategic Project Framework Coalition to reduce the non-medical use of prescription drugs, under-age drinking and binge drinking by adults in Canadian County. The Canadian County Coalition has also developed a new subgroup to focus on infant mental health promotion in Canadian County.

Refer to Attachment 8 to review PHCC's SFY 2013 Annual report.

OHCA convened a meeting with all HAN leadership for an all-day planning retreat at the agency on April 10, 2013. An external facilitator assisted with discussion. The purpose of the meeting was both to develop approaches to the quality initiatives that are required of the HANs and to look at future opportunities. The HANs collaborated on selecting common quality projects and measures. OHCA discussed follow-up with the HANs during the quarterly meetings. OHCA continued individualized HAN review meetings in fiscal year 2013, and on an as-needed basis.

Insure Oklahoma (IO)

In the initial approval of the 2013-2015 SoonerCare extension period, OHCA received direction from CMS in the Special Terms and Conditions that the Insure Oklahoma premium assistance program would expire, effective December 31, 2013. After continued State efforts, Oklahoma leadership successfully negotiated a one-year extension (January 1, 2014 to December 31, 2014) of the program on September 6, 2013. Negotiations included maintaining the Employer Sponsored Insurance program without any changes, while making eligibility and coverage changes to the Individual Plan program. Effective January 1, 2014, eligibility criteria for the Individual Plan program are reduced from 200 percent to 100 percent of the Federal Poverty Level (FPL). Those individuals earning above 100 percent FPL have the opportunity to access coverage assistance through the federal Health Insurance Marketplace. In order to comply with federal requirements, changes are also made to Individual Plan copays.

As outlined in OHCA's Transition Plan, which the State submitted to CMS on October 30, 2013, OHCA provided sufficient notification to members, providers, agents and employers regarding the Insure Oklahoma program changes.

Earlier this year, OHCA used a marketing research and consulting contractor, Morpace, to conduct member satisfaction surveys for the Insure Oklahoma Employer Sponsored Insurance (ESI) and Individual Plan (IP) programs. IO outreach staff mailed the member satisfaction surveys in January 2013, to 1,000 ESI members and 1,000 IP members. The surveys included questions pertaining to customer service, access to primary care and the renewal process, as well as the satisfaction of the health plan's benefits and coverage. Of the total number of surveys mailed out, OHCA received 126 ESI surveys for analysis, which is a 14.1 percent response rate; and 296 IP surveys for analysis, which is a 32 percent response rate. OHCA received the results of the surveys in July 2013.

The results of the ESI survey conclude that 95.2 percent of survey participants had a positive response concerning their current health plan, and 92 percent of participants are satisfied with their health plan's benefits and coverage. To review a more comprehensive summary of the survey results, refer to Appendix C.

The results of the IP survey conclude that 97.6 percent of survey participants had a positive response concerning satisfaction with their health plan's costs and out-of-pocket expenses, and 97 percent of participants are satisfied with their health plan's benefits and coverage. To review a more comprehensive summary of the survey results, refer to Appendix C.

2013 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	36	0	0	0	0
Brochures	201	17,153	171	10,652	128	355	113	6,655
Brown Bag	0	0	0	0	0	0	0	0
Civic Meeting	4	576	5	850	31	18	0	0
Education	100	109	38	39	29	16	0	0
Education/Recruitment	0	0	0	0	0	0	0	0
Email Blast	4	8,514	4	10,210	10	4,482	0	0
Enrollment	33	49	8	40	2	2	0	0
Health/Job Fair	10	4,901	8	1,223	0	0	0	0
Legislative Request	0	0	1	1	0	0	0	0
Marketing Letter	0	0	0	0	0	0	0	0
New Employer Checklist	8	90	0	0	0	0	0	0
Outreach Administration	78	79	27	29	0	0	3	3
Presentation	8	279	2	68	0	0	0	0
Recruitment	204	218	13	13	0	0	0	0

2013 Employer-Sponsored Insurance (ESI) Program Participating Employers	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec
Approved Businesses with Participating Employees	4,746	4,697	4,557	4,483

2013 Average ESI Member Premium[40]	Jan-Mar Avg	Apr-Jun Avg	Jul-Sept Avg	Oct-Dec Avg
Member Premium	$287.29	$289.40	$293.11	$298.93

2013 ESI Subsidies	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec
Employers Subsidized	3,758	4,510	8,358	7,825
Employees and Spouses Subsidized	15,774	22,912	32,688	30,235
Total Subsidies	**$13,051,086**	**$12,869,511**	**$12,378,662**	**$11,304,018**

2013 Average Individual Plan (IP) Member Premiums[40]	Jan-Mar Avg	Apr-Jun Avg	Jul-Sept Avg	Oct-Dec Avg
Member Premiums	$62.11	$62.10	$62.93	$64.12
Average FPL of IP Members	107%	105%	107%	108%

2013 IP Subsidies	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Total Premiums Received	$1,712,360	$1,721,720	$1,720,746	$922,167
Total Member Months	40,637	40,159	39,817	36,507
Total Paid Claims	$15,817,766	$15,252,154	$16,236,553	$15,858,878
Average Claim PMPM	$347.11	$336.85	$364.26	$408.05

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

SoonerRide

With the LogistiCare SoonerRide vendor contract ending June 30, 2013, OHCA issued a request for proposal for the SoonerRide non-emergency transportation on October 24, 2012. The contract was awarded to the previous vendor, LogistiCare, on May 7, 2013. The new contract began July 1, 2013.

For 2013, the SoonerRide program provided some 844,442[41] trips for members within the 77 participating counties.

While there were no member satisfaction surveys conducted this year, the SoonerRide Manager did perform compliance reviews. The review includes new drivers/vehicles working for transportation providers who have a current contract with LogistiCare. The review is accomplished prior to the subcontractor being authorized to transport members. This process ensures continued compliance with contractual guidelines.

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

At the beginning of 2013, Oklahoma's Governor appointed members to the Blue Ribbon Panel for Developmental Disabilities. The Governor created the panel in response to the significant number of Oklahoma men, women and children with intellectual disabilities. One of the panel's objectives is to address the Developmental Disabilities Service Division's (DDSD) ever-growing waiting list for services. The panel will also review more than 3,000 child cases to determine if criteria are met for the TEFRA program.

During the second quarter of 2013, the Blue Ribbon Panel interviewed TEFRA parents regarding their experience with the TEFRA application and annual recertification process. In August, representatives from the OHCA TEFRA program made a presentation to the Panel informing them of the program's criteria, goals and processes. OHCA answered the Panel's questions and continues to provide the Panel with additional information as needed. OHCA waits to hear next steps from the Blue Ribbon Panel. Additionally, it is the priority of the agency to secure additional full-time TEFRA employees in order to effectively manage possible growth in the program.

This year, TEFRA staff also provided training for the TEFRA program at the *On the Road Family Perspective* conference in Guthrie; program trainings in Tulsa and Oklahoma City; and at the *Sooner Success* conference in Choctaw.

B. Policy Developments

1. Policy and Administrative Status

All proposed rule changes, including 2014 federally mandated changes, were passed through the Oklahoma Legislature during the 2013 legislative session with an effective date of July 1, 2013, with some provisions not going into effect until January 1, 2014.

OHCA continues to encourage stakeholders, providers and the public to make comments on all proposed rule changes by utilizing the OHCA webpage[42] for comment. Individuals may receive rule-change updates through email notification or the OHCA web alert banner.

The State continues to see growth in the current operations of the SoonerCare Choice program. The Insure Oklahoma program, however, continues to have a decrease in program enrollment in both the Employer Sponsored Insurance (ESI) program and the Individual Plan (IP) program, as there is an uncertainty regarding the program's future. In the approved September 6, 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, 2014.

[41] This includes members in SoonerCare Choice and other OHCA-covered programs.
[42] Proposed Rule Changes Website

2. Legislative Activity

Oklahoma's 54th Legislature convened on February 4, 2013, for the Governor's State of the State address. During the address, the Governor discussed an 'Oklahoma Plan' that will focus on improving the health of Oklahoma citizens; lowering the frequency of preventable illnesses, such as diabetes and heart disease; and improving access to quality and affordable health care. Also in the address, the Governor proposed a $16 million increase for the Department of Mental Health and Substance Abuse Services for a variety of programs. The Governor stated that these targeted strategies are all part of the 'Oklahoma Plan.'

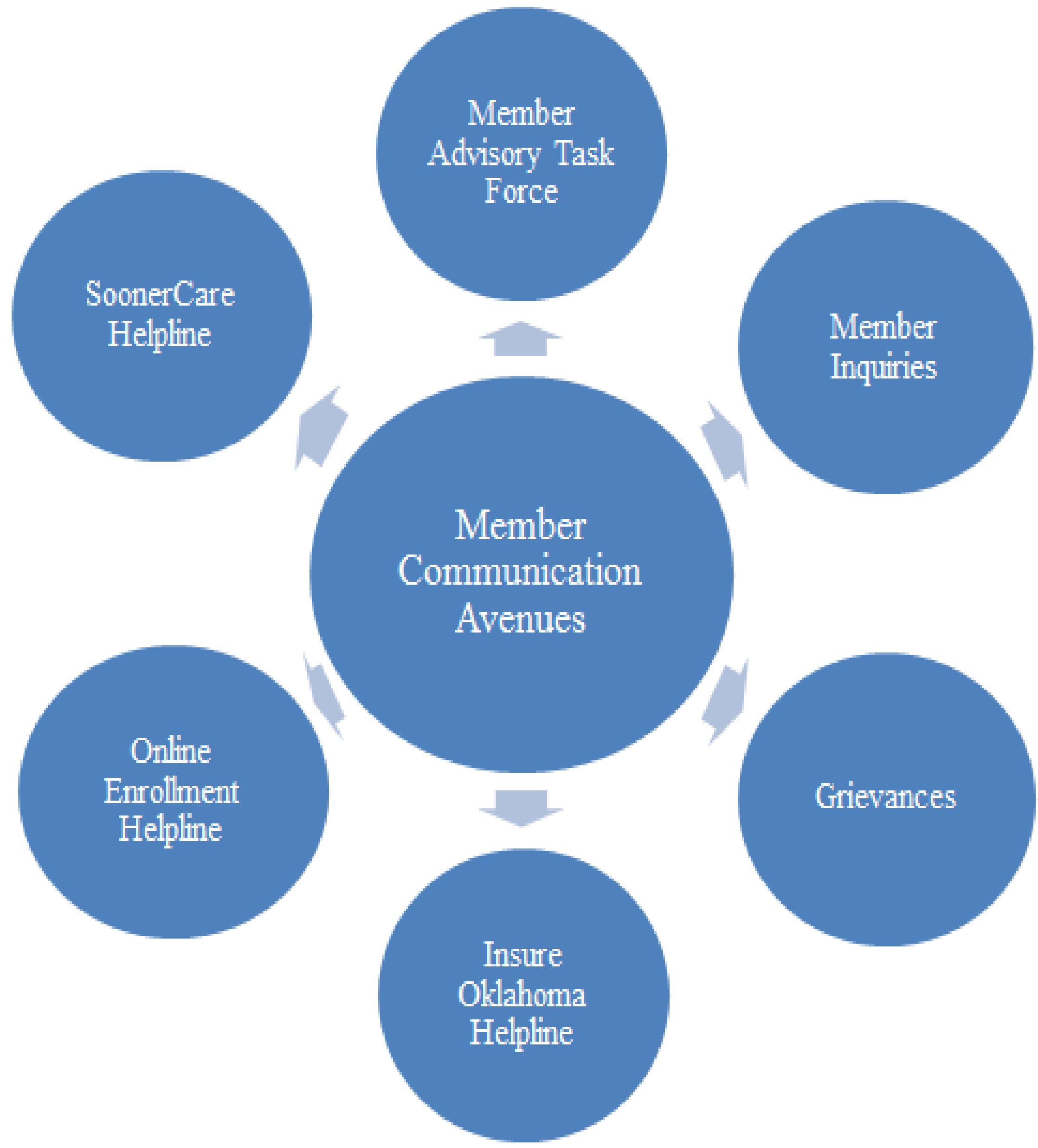
On January 10, 2013, the OHCA Board appointed a new Chief Executive Officer for the OHCA, Joel Nico Gomez, who replaced Mike Fogarty after his retirement in March 2013. Also during this Board meeting, Board members passed a proposal to hire a Utah consulting firm, Leavitt partners, to evaluate the current SoonerCare program and develop an 'Oklahoma Plan' demonstration proposal. Representatives from Leavitt Partners presented draft findings of the report at the May 9 Board meeting and the final report at the June 27 Board meeting. The Leavitt Partners' representatives presented areas of success in the SoonerCare program, as well as areas for improvement. In addition, the presenters gave a framework for what could be considered an 'Oklahoma Plan.' State leadership was provided the report. To review the findings of the Leavitt Partners report in full, refer to Attachments 9 and 10.

This session, the Oklahoma Legislature tracked a total of 2,510 legislative bills; OHCA, however, tracked only 164 bills. Of these bills, few had impact on the SoonerCare demonstration. The legislative bill that was approved and signed by the Governor, which does impact the SoonerCare Choice demonstration, was HB 2055, which changes the process for how state agencies and the legislature promulgate permanent rules making the rules' process active rather than passive. In addition, while there were many bills proposed relating to Insure Oklahoma and federal health reform, none of these bills were approved.

After adjournment of the 2013 legislative session, Oklahoma legislators continued addressing State needs through interim studies. Legislators conducted research on some 190 interim studies. One of the interim studies legislators explored is the possibility of reforming the current Medicaid program to include improvements through a managed care model. During the interim study, legislators and stakeholders reviewed Medicaid programs from other states, such as Florida, Georgia and Kansas, to look at other service delivery models for the Oklahoma Medicaid program. Legislators also explored leveraging technology to improve health care access and outcomes, as well as appropriations of the tobacco tax revenue for the Insure Oklahoma premium assistance program. Oklahoma legislators will use the findings gathered in the interim studies to possibly author related bills in the upcoming legislative session. Oklahoma's 55th Legislature will convene on February 3, 2014.

During the fourth quarter of 2013, OHCA received notification from the Centers of Medicare & Medicaid Services (CMS) that Oklahoma's Federal Medical Assistance Percentage (FMAP) will decrease, effective October 1, 2014. The decrease will be a 2.7 percent reduction in federal funds. While OHCA has already submitted a state fiscal year 2015 budget request to the Capitol, OHCA is working to amend the request in order to account for the loss in federal funds.

SoonerCare Choice and Insure Oklahoma
Member Communication



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 OHCA staff, staff from the agency contractor, representatives from the Oklahoma Family Network[43] and SoonerCare members.

In 2013, the MATF met seven times throughout the year. During the meetings, the MATF made recommendations to the OHCA for improvement and further analysis in OHCA programs, processes and meetings. The chart below includes some of the recommendations from the MATF.

Recommendations from MATF	OHCA Action
Extending hours of 9am to 1pm for Tier 1 calls on Saturday and 8am to 7:30pm for Tier 1 calls on Monday-Thursday.	OHCA consideration
Creating a member newsletter committed to pharmacy information, including information on prior authorizations.	OHCA consideration
Finding ways to stop children from dropping off SoonerCare coverage.	OHCA consideration
Defining term “no-show” and encouraging adoption of definition determined by MATF.	OHCA consideration
Recommending MATF’s options for how to reduce stigma among providers and general population regarding membership in SoonerCare.	OHCA consideration
Offering MATF’s suggestions of the new TEFRA brochure before final print.	OHCA consideration
Recommending thoughts on LogistiCare website and to include link on OHCA website.	OHCA consideration
Recommending ideas on member portal (i.e. addition of how to request ID cards, TEFRA application tracking).	OHCA consideration
Recommending changes to improve next year’s OHCA retreat.	OHCA consideration

[43] 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.*

2013 Member Inquiries	Jan-Mar[44]	Apr-Jun	July-Sept	Oct-Dec
Program Complaint	40	90	93	77
Complaint on Provider	85	91	97	66
Fraud and Abuse	34	47	40	56
Access to Care	32	53	33	35
Program Policy	3,187	3,934	3,717	2,792
Specialty Request	491	396	511	560
Eligibility Inquiry	5,091	6,627	8,936	7,810
SoonerRide	1,614	1,918	2,334	1,930
Other	1,294[45]	369	259	0[46]
PCP Change	1,259	1,022	1,846	1,151
PCP Inquiry	821	802	885	718
Dental History	131	147	102	119
Drug/NDC Inquiry	164	155	118	46
Medical ID Card	422	413	483	316
PA Inquiry	396	707	666	696
Total[47]	**15,061**	**16,771**	**20,120**	**16,372**

[44] Inquiries are lowest during the first quarter of the calendar year as members are mailed SoonerCare handbooks.
[45] OHCA staff was in the process of training the new call center contractor staff in appropriate member inquiry categories.
[46] OHCA has changed the criteria for this category. Currently, this is a category that is rarely used.
[47] 100% of Member Inquiries are initiated timely.

C. Helplines

Insure Oklahoma Helpline

2013 Insure Oklahoma IP Helpline	Jan-Mar[48]	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	38,319	35,382	32,186	28,598
Number of Calls Answered	29,316	32,555	27,579	25,487
Number of Calls Abandoned[49]	8,676	2,391	4,327	2,764
Percentage of Calls Answered	76%	92%	86%	90%

2013 Insure Oklahoma ESI Helpline	Jan-Mar[48]	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	4,768	3,941	3,617	3,691
Number of Calls Answered	3,864	3,707	3,245	3,378
Number of Calls Abandoned	867	167	279	218
Percentage of Calls Answered	81%	94%	90%	94%

Online Enrollment (OE) Helpline[50]

2013 OE Helpline Calls in English	Jan-Mar[48]	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	32,940[51]	28,795	26,970	29,986
Number of Calls Answered	22,059	24,817	24,737	29,314
Number of Calls Abandoned	10,201	3,286	1,917	472
Average Percentage of Calls Answered[52]	67%	86%	92%	98%

2013 OE Helpline Calls in Spanish	Jan-Mar[48]	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	272	127	319	505
Number of Calls Answered	236	122	299	485
Number of Calls Abandoned	29	4	16	15
Average Percentage of Calls Answered	87%	96%	94%	97%

[48] This quarter, OHCA was in the process of transitioning to a new call center vendor. Due to this transition, the helplines experienced an increase in abandonment rates. It should also be noted that in addition to the new vendor, the criteria for pulling the helpline data changed.
[49] Abandoned calls may never reach an agent due to wait in queue and hang ups.
[50] These calls are included in the number of calls to the SoonerCare Helpline.
[51] Data has been updated.
[52] This is an average of the percentage of calls answered for each month of the quarter.

SoonerCare Helpline

2013 SoonerCare Helpline Calls	Jan-Mar[48]	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	232,425	189,225	187,651	174,137
Number of Calls Answered	153,375	161,597	171,087	169,448
Number of Calls Abandoned	74,493	23,306	14,482	3,244
Average Percentage of Calls Answered	66%	85%	91%	98%

Patient Advice Line

OHCA phased out most of the patient advice line services by December 2012. The final group of members eligible for the Patient Advice Line service was those enrolled with Tier 1 providers until the contract end date of February 28, 2013, when all PCMH tiers were responsible for 24-hour voice-to-voice coverage for their members.

2013 SoonerCare Patient Advice Line Calls[53]	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	1,342	N/A	N/A	N/A
Number of Calls with Symptoms/Triaged	613	N/A	N/A	N/A
Number of Calls Triaged to ER/911 from Symptoms/Triage	229	N/A	N/A	N/A
Percentage Triaged to ER or 911 Activated	25%	N/A	N/A	N/A

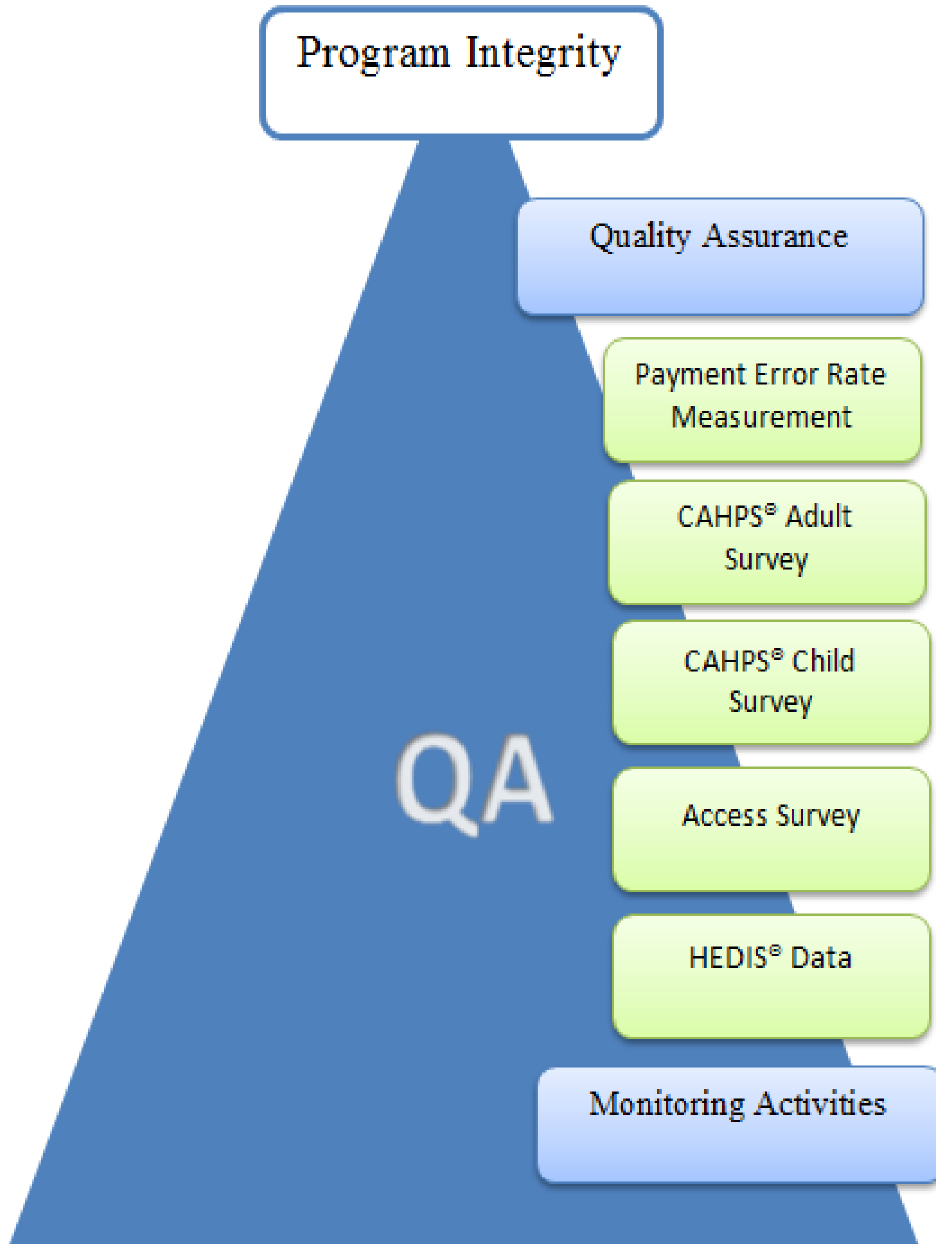
[53] These numbers include all SoonerCare and Insure Oklahoma IP Helpline calls after 5pm.

D. Grievances

2013 SoonerCare Grievances	Jan- Mar		Apr- Jun		Jul- Sept		Oct- Dec	
	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed
BCC	1	0	1	1 resolved; 1 withdrawn	0	1 resolved	0	2 resolved
Eligibility	N/A	N/A	4	3 resolved; 1 withdrawn	4	2 resolved; 1 granted	6	3 resolved; 1 dismissed; 1 withdrawn
Dental Services	1	1 denied	1	2 resolved	2	0	1	1 resolved
Miscellaneous	N/A	N/A	0	2 resolved	0	2 resolved; 1 withdrawn	0	2 resolved
Miscellaneous: ER Overuse	N/A	N/A	2	1 denied	2	0	1	0
Miscellaneous: Unpaid Claim	N/A	N/A	1	0	3	2 dismissed; 4 resolved	6	0
Prior Auth: Durable Medical Equipment	3	1 granted	2	2 resolved	2	2 resolved; 1 denied	6	0
Prior Auth: Other	5	1 approved; 1 resolved	8	1 withdrawn	5	1 resolved; 1 dismissed	4	3 resolved; 2 withdrawn
Prior Auth: Pharmacy	2	1 resolved	1	1 withdrawn	1	1 resolved	1	1 withdrawn
Prior Auth: Radiology Services	3	2 withdrawn	2	1 resolved; 2 granted; 1 withdrawn	1	4 resolved	1	0
Private Duty Nursing	9	1 dismissed; 1 resolved	5	1 resolved; 1 granted; 1 withdrawn; 1 denied	4	0	11	1 resolved; 1 withdrawn
Provider Panel Dismissal	N/A	N/A	2	0	N/A	N/A	0	1 dismissed
Online Enrollment	4	9 resolved; 3 withdrawn	1	2 withdrawn	NA	N/A	N/A	N/A

2013 Insure Oklahoma Grievances	Jan- Mar		Apr- Jun		Jul- Sept		Oct- Dec	
	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed
Eligibility	0	1 dismissed; 19 resolved; 11 withdrawn	16	10 resolved; 3 withdrawn	3	16 resolved; 10 withdrawn; 1 denied	9	42 resolved; 4 dismissed; 24 withdrawn; 4 denied; 1 granted

SoonerCare Choice
Quality Assurance / Monitoring Activities



A. Quality Assurance (QA)

Payment Error Rate Measurement (PERM)

In accordance with the Improper Payments Information Act of 2002, federal agencies review Medicaid and CHIP programs for improper payments every three years; this is known as the PERM program. When Oklahoma was reviewed in 2006, the State received an error rate of 2.51 percent; in 2009 the State received an error rate of 1.24 percent; and for 2012 the State received an error rate of 0.28 percent. Oklahoma's 2012 PERM rate was close to twenty times lower than the national average rate of 5.7 percent. In addition, Oklahoma was reviewed for the first time in 2012 for the CHIP program; the State received an error rate of 1.4 percent. Oklahoma has the third lowest payment error rate in the nation for both Medicaid and CHIP.

To continue ensuring proper payments, OHCA annually conducts a payment accuracy review; this review is similar to the PERM initiative review.

CAHPS® Member Surveys

OHCA's contracted External Quality Review (EQR) organization, Morpace, conducted a *Consumer Assessment of Health Care Providers and Systems (CAHPS®) Adult Medicaid Member Satisfaction Survey*[54], and *CAHPS® Child Medicaid with CCC Member Satisfaction Survey*[55] for the period January 1, 2012, to December 31, 2012. OHCA received these reports in July 2013. The objective of the surveys is to capture accurate and complete information about consumer-reported experiences with SoonerCare Choice by:

- Measuring satisfaction levels, health plan use, health and socio-demographic characteristics of members;
- Identifying factors that affect the level of satisfaction;
- Providing a tool that can be used by plan management to identify opportunities for quality improvement; and
- Providing plans with data for HEDIS® and NCQA accreditation.

To be noted, in 2013 the National Committee for Quality Assurance (NCQA) updated the CAHPS® 4.0H questionnaire to version 5.0H. Revisions include question numbers, question order and question wording. The questions in the composite, *Shared Decision Making*, however, were changed in 2013; highlighting decisions on prescriptions rather than decisions about health care management. These changes impacted trending for this composite and the individual measure.

[54] 2013 CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey Results. July 2013.
[55] 2013 CAHPS® 5.0H Child Medicaid with CCC Member Satisfaction Survey Results. July 2013.

CAHPS® Adult Survey

Based on Morpace's report for the Adult member satisfaction survey, 414 qualified members completed the survey from the sample size of 1,350 SoonerCare Choice members who received the survey; the survey response rate was 32 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 *Customer Service (90.34 percent).* The lowest summary rate was for the reporting measure *Shared Decision Making (47.81 percent).*

Some of the adult member satisfaction ratings, however, increased significantly from the last extension period to 2013. A few examples include the rating of *Customer Service,* which jumped from 78.21 percent in 2010, to 90.34 percent in 2013; and *How Well Doctors Communicate,* which increased from 84.22 percent in 2010, to 87.12 percent in 2013. Refer to Appendix D to review the major findings from the CAHPS® survey. The survey showed that there was significant increase in the *Customer Service* rating from 2012 to 2013.

CAHPS® Child Survey

The CAHPS® child survey had a response rate of 549 members who completed the survey from the sample of 1,637 SoonerCare Choice children who were randomly selected. This is a response rate of 34 percent.

Similar to the CAHPS® adult survey, the overall level of satisfaction for the program was relatively high with the highest reporting measure rating 93 percent for *Getting Care Quickly* and *How Well Doctors Communicate*, and the lowest rating at 52 percent for *Shared Decision Making.* The survey showed significant rate increases from 2012 to 2013 in *Customer Service* and *Rating of Specialist.* The survey showed a significant rate decrease from 2012 to 2013 in *Shared Decision Making.* Refer to Appendix D to review the major findings from the CAHPS® survey.

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.

2013 Access Survey	Jan-Mar[56]	Apr-Jun	July-Sept	Oct-Dec
Number of Providers Called	Not Available	854	848	855
Percent of Providers with 24-hr Access on Initial Survey	Not Available	71%	80%	85%
Percent of Providers Educated for Compliance	Not Available	29%	20%	16%

[56] The Access Survey results are not available this quarter due to other resource needs.

B. Monitoring Activities

HEDIS® Report[57]

SoonerCare HEDIS® Quality Measures

Reported per report year - not data year	2010	2011	2012	2013
Annual Dental Visit	**2010**	**2011**	**2012**	**2013**
Aged 2-3 years	37.8%	39.3%	41.0%	40.9%
Aged 4-6 years	63.5%	64.6%	67.2%	66.6%
Aged 7-10 years	69.0%	70.5%	72.6%	72.3%
Aged 11-14 years	66.1%	68.3%	70.3%	70.2%
Aged 15-18 years	58.8%	61.2%	62.9%	63.1%
Aged 19-21 years	42.6%	43.2%	40.2%	40.0%
Total	60.2%	62.0%	64.0%	64.1%
Children & Adolescents' Access to PCP	**2010**	**2011**	**2012**	**2013**
Aged 12-24 months	97.8%	97.2%	96.6%	97.0%
Aged 25 months-6 years	89.1%	88.4%	90.1%	90.6%
Aged 7-11 years	89.9%	90.9%	91.7%	92.4%
Aged 12-19 years	88.8%	89.9%	91.6%	92.8%
Total	90.1%	90.3%	91.6%	92.3%
Adults' Access to Preventive/Ambulatory Health Services	**2010**	**2011**	**2012**	**2013**
Aged 20-44 years	83.6%	84.2%	83.1%	82.8%
Aged 45-64 years	90.9%	91.1%	91.0%	90.8%
Aged 65+ years	92.6%	92.1%	92.2%	92.4%
Total	88.7%	88.8%	88.5%	88.3%
Well-Child Visits	**2010**	**2011**	**2012**	**2013**
Aged <15 months 1+ visits	95.4%	98.3%	98.3%	97.3%
Aged <15 months 6+ visits	48.8%	59.0%	58.6%	59.6%
Aged 3-6 years 1+ visits	61.9%	59.8%	57.4%	57.6%
Aged 12-21 years 1+ visits	37.1%	33.5%	34.5%	31.6%

[57] The HEDIS® chart represents HEDIS® year 2013, for calendar year 2012. Data shaded in light gray represents data that has had a statistically significant increase from the previous year. Data shaded in the darker gray represents data that has had a statistically significant decrease from the previous year.

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%		
Appropriate Medications for the Treatment of Asthma (Change in HEDIS 2012)			**2012**	**2013**
Aged 5-11 years			90.3%	94.0%
Aged 12-18 years			85.2%	95.2%
Aged 19-50 years			60.4%	68.9%
Aged 51-64 years			56.9%	74.1%
Total			85.0%	92.0%
Comprehensive Diabetes Care (Aged 18-75 years)	**2010**	**2011**	**2012**	**2013**
Hemoglobin A1C Testing	71.0%	71.1%	70.5%	71.5%
Eye Exam (Retinal)	32.8%	31.8%	31.8%	32.0%
LDL-C Screening	63.6%	62.9%	62.0%	63.1%
Medical Attention for Nephropathy	54.4%	55.9%	56.8%	58.7%
Screening Rates	**2010**	**2011**	**2012**	**2013**
Lead Screening in Children (By 2 years of age)	43.5%	44.5%	44.7%	48.2%
Appropriate Treatment for Children with URI (Aged 3 months-18	67.7%	69.5%	66.8%	73.1%
Appropriate Testing for Children with Pharyngitis (Aged 2-18 y	38.8%	44.8%	49.1%	53.2%
Breast Cancer Screening (Aged 40-69 years)	41.1%	41.3%	36.9%	36.5%
Chlamydia Screening in Women (CHL) (Ages 16-24)			49.1%	46.8%
Cervical Cancer Screening (Aged 21-64 years)	44.2%	47.2%	42.5%	41.0%
Cholesterol Management for Patients with Cardiovascular Conditions (Aged 18-75)	69.5%	69.9%	68.6%	68.2%
Race/Ethnicity Diversity of Membership	**2010**	**2011**	**2012**	**2013**
American Indian/Alaskan Native	12.0%	11.7%	11.6%	11.3%
Asian	1.2%	1.3%	1.3%	1.4%
Black/African American	14.2%	13.9%	13.5%	13.2%
Native Hawaiian/Pacific Islander	0.2%	0.2%	0.3%	0.3%
White	67.9%	68.8%	67.4%	66.6%
Multiple Races	4.5%	4.0%	5.9%	7.3%
Total	100.0%	100.0%	100.0%	100.0%
Hispanic (percentage of total)	13.1%	13.2%	14.3%	15.1%

Transition Plan and 2014 Mandated Changes

Since 2012, the OHCA has initiated an internal transition team that partners with a wide variety of stakeholders, state agencies, tribal affiliates and state leadership to effectively implement 2014 federally mandated changes. In particular, the OHCA partners with the Oklahoma State Department of Health for all proposed decisions as the Commissioner of Health is the health reform liaison to the Governor. The OHCA transition team is comprised of twelve specialty workgroups that work through the program details, processes, policy and systems operations. The workgroups include: Policy; Information Services; SoonerCare Operations; Provider Network; Member Services/Call Center; Insure Oklahoma; Marketing, Outreach and Education; Communications and Reporting; Finance; Human Resources; Audit and Administrative Agreements/Professional Contracts.

In February 2012, CMS directed OHCA to provide a 'working draft' Transition Plan that outlines how the SoonerCare Choice demonstration would transition to 2014 federally mandated changes. OHCA sent CMS the draft plan on June 29, 2012. During 2013, as OHCA finalized decisions for 2014 modifications, CMS requested from OHCA in September an updated Transition Plan. OHCA submitted the final Transition Plan to CMS on October 30, 2013. CMS approved the Transition Plan on December 11 and OHCA sent an acceptance letter for the approval on December 31.

In addition, OHCA submitted a SoonerCare Choice amendment for 2014 federally mandated changes to CMS on July 19, 2013. The amendment's main objectives included:

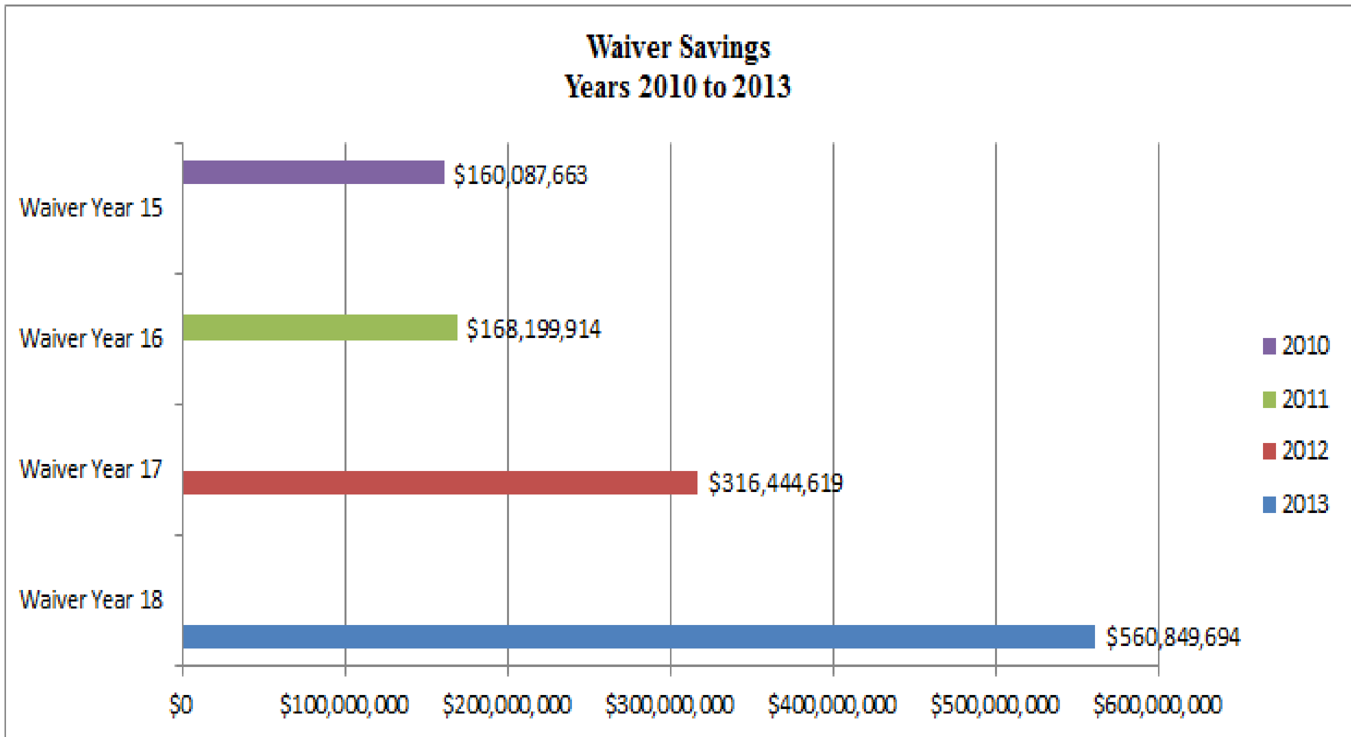
- Mandatory compliance with federal eligibility and enrollment provisions,
- The preservation of SoonerCare services to current members who are MAGI-exempt or would benefit from maintenance-of-effort provisions, and
- The smooth transition of Oklahomans between insurance affordability programs.

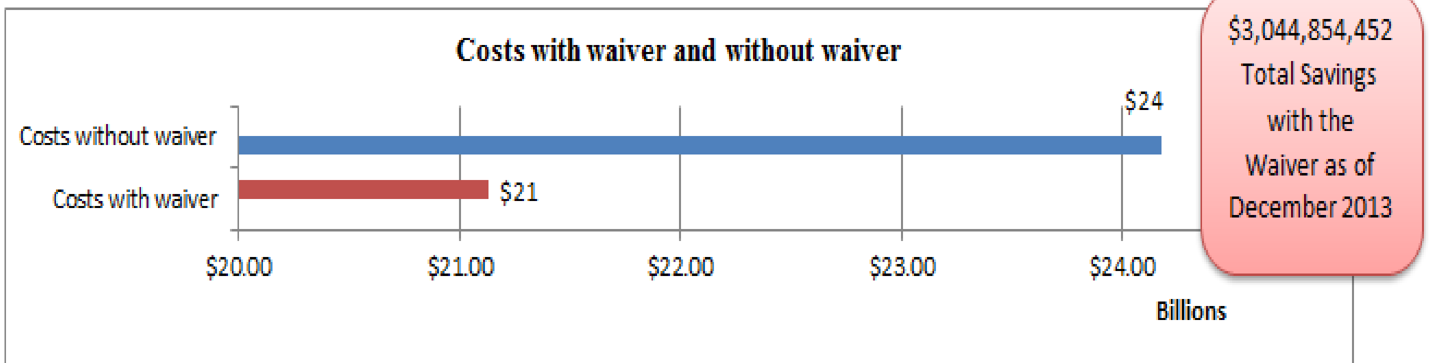
CMS approved the amendment on September 6 and OHCA accepted the Special Terms and Conditions, waiver list and expenditure authority on October 1.

Throughout 2013, members of the OHCA transition team and other state stakeholders have 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. OHCA also works with CMS on systems issues as it relates to account transfers between Medicaid and the federal Hub[58]. OHCA has worked closely with CMS to effectively implement 2014 changes and continues to work with and seek guidance from CMS.

[58] Refer to Hypothesis 10, page 74.

SoonerCare Choice and Insure Oklahoma
Waiver Savings





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 $3 billion in Budget Neutrality savings and, ending December 2013, the state has $560 million in savings for the year[59].

Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Years
Through December 31, 2013

Waiver Year	Member Months (Enrolled and 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
Waiver Year #18 - 2013	7,011,670	$2,749,107,136	$2,188,257,442	$560,849,694
Total Waiver Cost	**86,322,207**	**$24,176,687,145**	**$21,131,832,693**	**$3,044,854,452**

[59] See Attachment 11, Oklahoma 1115 Budget Neutrality Model Worksheet.

IX. MEMBER MONTH REPORTING

A. Budget Neutrality Calculation

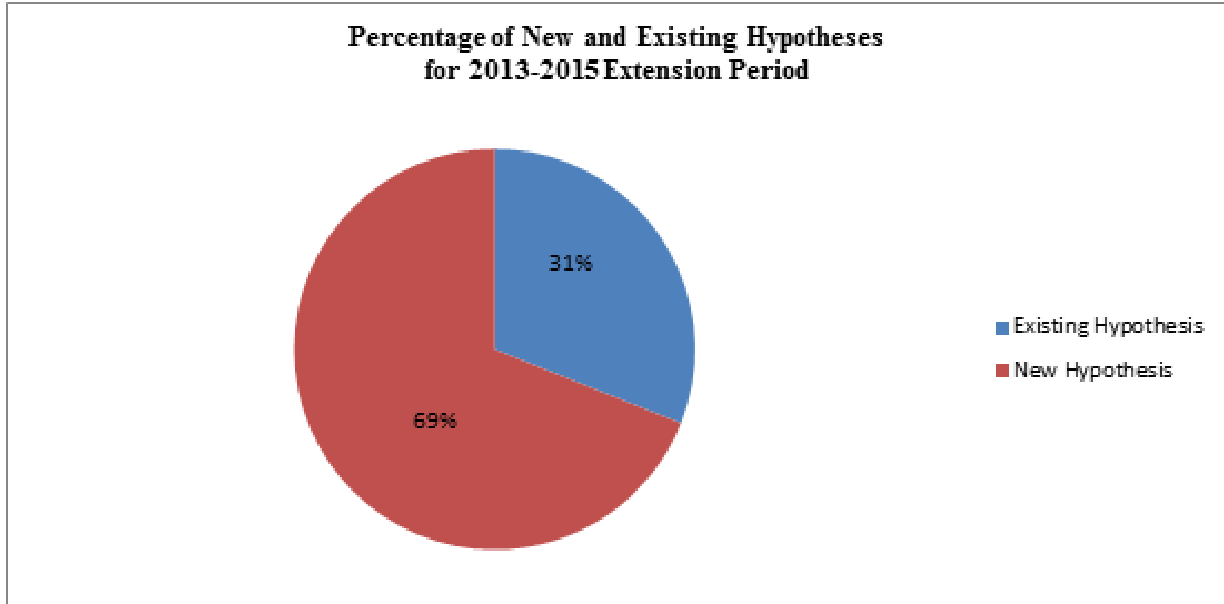
2013 Eligibility Groups	Quarter Totals Ending Mar	Quarter Totals Ending Jun	Quarter Totals Ending Sept	Quarter Totals Ending Dec
TANF – Urban	921,955	914,679	946,194	958,989
TANF – Rural	647,724	643,669	660,433[60]	666,857
ABD – Urban	88,961	89,136	91,104[60]	91,004
ABD – Rural	72,050	72,080	73,526[60]	73,309

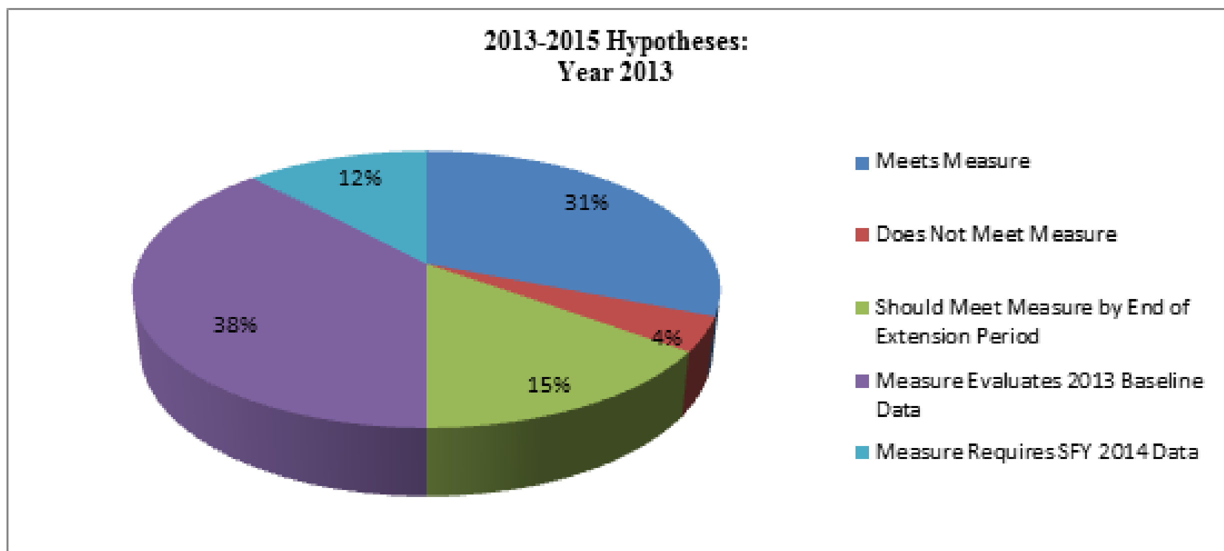
B. Informational Purposes Only

2013 Eligibility Groups	Quarter Totals Ending Mar	Quarter Totals Ending Jun	Quarter Totals Ending Sept	Quarter Totals Ending Dec
Non-Disabled and Disabled Working Adults	99,016	98,450	97,085	93,496
TEFRA Children	1,256	1,325	1,395	1,419
SCHIP Medicaid Expansion Children	Not Available[61]	Not Available[61]	66,635	206,625
Full-Time College Students (Employer Plan)	12,345	13,488	15,287	20,059
Foster Parents	0	0	0	0
Not-for-Profit Employees	0	0	0	0

[60] This number has been updated to reflect more accurate data.
[61] Data for Title XXI children are not available due to an error with counting parental income.

SoonerCare Choice 2013-2015 Hypotheses





A. Hypotheses

Hypothesis	Do 2013 Outcomes of the Demonstration Confirm the Hypothesis?
1.A Child health checkup rates for children 0 to 15 months old will be maintained at or above 95 percent over the life of the extension period.	Yes
1.B Child health checkup rates for children 3 through 6 years old will increase by three percentage points over the life of the extension period.	No – OHCA has not yet met this measure. OHCA will continue to track this data over the extension period.
1.C Adolescent child health checkup rates will increase by three percentage points over the life of the extension period.	No – OHCA has not yet met this measure. OHCA will continue to track this data over the extension period.
2. The rate of adult members who have one or more preventive health visits with a primary care provider in a year will improve by three percentage points as a measure of access to primary care in accordance with HEDIS® guidelines between 2013-2015.	No – OHCA has not yet met this measure. OHCA will continue to track this data over the extension period.
3. The number of SoonerCare primary care practitioners enrolled as medical home PCPs will maintain at or above the baseline data between 2013-2015.	Yes
4.A There will be adequate PCP capacity to meet the health care needs of the SoonerCare members between 2013-2015. The available capacity will equal or exceed the baseline capacity data over the duration of the waiver extension period.	Yes
4.B The time it takes for the member to schedule an appointment should exceed the baseline data between 2013-2015.	No – This measure was not met as the survey question was modified from CAHPS® 2012 to CAHPS® 2013.
5. The percentage of American Indian members who are enrolled with an Indian Health Services, Tribal or Urban Indian Clinic (I/T/U) with a SoonerCare Choice American Indian primary care case management contract will increase nine percentage points during the 2013-2015 extension period (this is three percentage points each year).	No – OHCA has not yet met this measure. OHCA will continue to track this data over the extension period.
6. The proportion of members qualified for SoonerCare Choice who do not have an established PCP will decrease within 90 days of the primary care claims analysis report.	Yes
7.A Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2013-2015. Decrease asthma-related ER visits for HAN members with an asthma diagnosed identified in the medical record.	Unknown – OHCA does not have sufficient data at this time to make an analysis as this was the baseline year.

Hypothesis	Do 2013 Outcomes of the Demonstration Confirm the Hypothesis?
7.B Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2013-2015. Decrease 90-day readmissions for related asthma conditions for HAN members with an asthma diagnosis identified in their medical record.	Unknown – OHCA does not have sufficient data at this time to make an analysis as this was the baseline year.
7.C Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2013-2015. Decrease overall ER use for HAN members.	Unknown – OHCA does not have sufficient data at this time to make an analysis as this was the baseline year.
8. Average per member per month expenditures for members belonging to a HAN affiliated PCP will continue to be less than those members enrolled with non-HAN affiliated PCPs during the period of 2013-2015.	Yes
9a.(A) The percentage of SoonerCare members identified as qualified for nurse care management, who enroll and are actively engaged, will increase as compared to baseline.	Yes
9a.(B) The percentage of members actively engaged in nurse care management in relation to the providers' total SoonerCare Choice panel.	Yes
9b. The incorporation of Health Coaches into primary care practices will result in increased PCP contact with nurse care managed members, versus baseline for two successive years and a comparison group of qualified but not enrolled members.	Unknown – OHCA does not have sufficient data at this time to make an analysis as this was the baseline year.
9c(A). The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, will improve the process for identifying qualified members and result in an increase in average complexity of need within the nurse care managed population. Number of members engaged in nurse care management with two or more chronic conditions.	Unknown – OHCA does not have sufficient data at this time to make an analysis as this was the baseline year.

Hypothesis	Do 2013 Outcomes of the Demonstration Confirm the Hypothesis?
9c(B). The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, will improve the process for identifying qualified members and result in an increase in average complexity of need within the nurse care managed population. Sum of chronic conditions across all members engaged at any time in a 12-month period.	Unknown – OHCA does not have sufficient data at this time to make an analysis as this was the baseline year.
9c(C). The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, will improve the process for identifying qualified members and result in an increase in average complexity of need within the nurse care managed population. Number of members engaged in nurse care management at any time in a 12-month period with at least one chronic condition and one behavioral health condition.	Unknown – OHCA does not have sufficient data at this time to make an analysis as this was the baseline year.
9c(D). The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, will improve the process for identifying qualified members and result in an increase in average complexity of need within the nurse care managed population. Sum of chronic impact scores across all members engaged at any time in a 12-month period.	Unknown – OHCA does not have sufficient data at this time to make an analysis as this was the baseline year.
9d. The use of a disease registry by Health Coaches will improve the quality of care for nurse care managed members.	Unknown – OHCA does not have sufficient data at this time to make an analysis as this was the baseline year.
9e. Nurse care managed members will utilize the emergency room at a lower rate than members in a comparison group comprised of qualified but not enrolled members.	Unknown – In accordance with the 2013-2015 Evaluation Design, this measure requires SFY 2014 data. Data will be available in 2015.
9f. Nurse care managed members will have fewer hospital admissions and readmissions than members in a comparison group comprised of qualified but not enrolled members.	Unknown – In accordance with the 2013-2015 Evaluation Design, this measure requires SFY 2014 data. Data will be available in 2015.

Hypothesis	Do 2013 Outcomes of the Demonstration Confirm the Hypothesis?
9g. Nurse care managed members will report higher levels of satisfaction with their care than members in a comparison group comprised of qualified but not engaged members.	Unknown – In accordance with the 2013-2015 Evaluation Design, this measure requires SFY 2014 data. Data will be available in 2015.
9h. Total and per member per month expenditures for members enrolled in HMP will be lower than would have occurred absent their participation in nurse care management.	Unknown – OHCA does not have sufficient data at this time to make an analysis as this was the baseline data.
10. The state's systems performance will ensure seamless coverage between Medicaid and the Marketplace after changes outlined in the Affordable Care Act are effectuated.	Yes

OHCA reports the following 2013 annual data and analysis for the SoonerCare Choice program's hypotheses. *Refer to page 2 to reference the waiver objectives.*

Hypothesis 1 - This hypothesis directly relates to SoonerCare Choice waiver objective #1 and #1 of CMS's Three Part Aim:

The rate for age-appropriate well-child and adolescent visits will improve between 2013-2015.

A. *Child health checkup rates for children 0 to 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 through 6 years old will increase by three percentage points over the life of the extension period.*
C. *Adolescent child health checkup rates will increase by three 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 (2013-2015).

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 of 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[62]	CY2009 HEDIS® 2010[63]	CY2010 HEDIS® 2011	CY2011 HEDIS® 2012	CY2012 HEDIS® 2013
0-15 months	95.4%	98.3%	98.3%	97.3%
3-6 years	61.9%	59.8%	57.4%	57.6%
12-19 years	37.1%	33.5%	34.5%	31.6%

[62] Data shaded in light gray represents data that has had a statistically significant increase from the previous year. Data shaded in the darker gray represents data that has had a statistically significant decrease from the previous year.
[63] 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.

Hypothesis 1.A Results:
This hypothesis specifies that checkup rates for children 0 to 15 months will be maintained at or above 95 percent over the course of the extension period. OHCA met this measure in HEDIS® year 2010 when the percentage of child visits was at 95.4 percent. OHCA has maintained at or above this rate through the baseline data in HEDIS® year 2012 (98.3 percent), and through HEDIS® year 2013 (97.3 percent).

Hypothesis 1.B Results:
In accordance with the hypothesis, the checkup rates for children ages 3 to 6 years are to increase by 3 percentage points over the extension period, 2013-2015, which would be an average of 1 percentage point per year. Children ages 3-6 years have seen a slight 0.2 percent increase in health checkup rates during HEDIS® year 2013. In order to meet this measure, OHCA will continue to monitor this group during the 2013-2015 extension period.

Hypothesis 1.C Results:
The evaluation measure hypothesizes that the checkup rate for adolescent's ages 12 to 21 years will also increase 3 percentage points over the period from 2010-2012, which is an average of 1 percentage point per year. Adolescents ages 12-21 years have had a 2.9 percent decrease in health checkup rates from HEDIS® year 2012, to HEDIS® year 2013. OHCA analysis indicates that there is an inverse relationship between increasing age of the child and screening/participation rates. In order to meet this measure, OHCA will continue to monitor this group during the 2013-2015 extension period.

Hypothesis 2 - This hypothesis directly relates to SoonerCare Choice waiver objective #1 and #1 of CMS's Three Part Aim:

The rate of adult members who have one or more preventive health visits with a primary care provider in a year will improve by three percentage points as a measure of access to primary care in accordance with HEDIS® guidelines between 2013-2015.

Access to PCP/Ambulatory Health Care: HEDIS® Measures for Adults[64]	CY2009 HEDIS® 2010	CY2010 HEDIS® 2011	CY2011 HEDIS® 2012	CY2012 HEDIS® 2013
20-44 years	83.6%	84.2%	83.1%	82.8%
45-64 years	90.9%	91.1%	91.0%	90.8%

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.

[64] Data shaded in light gray represents data that has had a statistically significant increase from the previous year. Data shaded in the darker gray represents data that has had a statistically significant decrease from the previous year.

Hypothesis 2 Results:
This hypothesis postulates that adults' rate of access to primary care providers will improve by three percentage points over the life of the extension, 2013-2015. SoonerCare adults ages 20-44 and 45-64 have not yet attained a three percentage point increase over the 2013-2015 extension period. For HEDIS® year 2013, adults' ages 20-44 years with access to a PCP or ambulatory health care decreased 0.3 percentage points, while adults ages 45-64 with access to a PCP or ambulatory health care decreased 0.2 percentage points. OHCA continues to trend the adult access rates over the extension period to monitor for significant changes in rates for these age groups.

Hypothesis 3 – This hypothesis directly relates to SoonerCare Choice waiver objective #2 and #1 of CMS's Three Part Aim:

The number of SoonerCare primary care practitioners enrolled as medical home PCPs will maintain at or above the baseline data (1,932 providers) between 2013-2015.

PCP Enrollments	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
Number of SoonerCare Choice PCPs	1,932	1,952	1,973	2,008	2,069	2,083	2,111	2,160	2,199	2,223	2,232	2,217	2,067

Hypothesis 3 Results:
This hypothesis measures the state's access to care by tracking the number of SoonerCare primary care providers enrolled as medical home PCPs. OHCA exceeded the baseline data during the first quarter of 2013 and has continued to exceed the baseline through the end of 2013. By the end of quarter one, OHCA exceeded the baseline data by four percent; by quarter four, OHCA exceeded the baseline data by seven percent. OHCA believes that the number of Choice PCPs will continue to increase throughout the extension period.

Hypothesis 4 – This hypothesis directly relates to SoonerCare Choice waiver objectives #1 and #2, and #1 of CMS's Three Part Aim:

There will be adequate PCP capacity to meet the health care needs of the SoonerCare members between 2013-2015. Also, as perceived by the member, the time it takes to schedule an appointment should improve between 2013-2015.

A. *The available capacity will equal or exceed the baseline capacity data over the duration of the waiver extension period.*
B. *As perceived by the member, the time it takes for the member to schedule an appointment should exceed the baseline data between 2013-2015.*

Hypothesis 4.A Results:

SoonerCare Choice PCP Capacity	Baseline Data (December 2012)	PCP Capacity (December 2013)
Number of SoonerCare Choice PCPs	1,932	2,067
SoonerCare Choice PCP Capacity	1,092,850	1,149,541
Average Members per PCP	279.11	268.72

This hypothesis postulates that OHCA will equal or exceed the baseline capacity data (1,092,850; average of 279.11 members per PCP) over the duration of the extension period. OHCA exceeded the baseline capacity in the beginning of 2013 and has continued to exceed it through the end of 2013. By December 2013, OHCA's contracted providers were able to serve an additional 56,691 SoonerCare Choice members from December 2012, which is a five percent increase. From the total number (1,149,541) of members providers are able to serve, the percentage of capacity used is at 45 percent, which leaves 55 percent of capacity to serve additional members.

In addition, the number of SoonerCare Choice PCP providers has increased slightly over the course of the year. There are 2,067 contracted SoonerCare Choice providers who serve SoonerCare members, which is a seven percent increase from the number of providers in December 2012. SoonerCare Choice providers serve an average of 268 members per provider.

Hypothesis 4.B Results:

CAHPS® Adult Survey Results	Baseline Data: 2012 CAHPS® Survey Response	2013 CAHPS® Survey Response
Positive Responses from the Survey Question: *"In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?"*	89% Responded "Usually" or "Always"	80% Responded "Usually" or "Always"

CAHPS® Child Survey Results	Baseline Data: 2012 CAHPS® Survey Response	2013 CAHPS® Survey Response
Positive Responses from the Survey Question: *"In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?"*	93% Responded "Usually" or "Always"	90% Responded "Usually" or "Always"

This hypothesis posits that the member's response to the time it takes to schedule an appointment should exceed the baseline data. OHCA's contracted External Quality Review Organization (EQRO) Morpace, conducted the CAHPS® survey for the period January 1, 2012, to December 31, 2012. Results from the CAHPS® survey indicate that the majority of survey respondents for both the Adult and Child surveys had satisfactory responses for scheduling an appointment as soon as needed. Eighty percent of the adult survey respondents felt satisfied in the time it took to schedule an appointment with their PCP, while ninety percent of child survey respondents indicated they were "Usually" or "Always" satisfied.

While more than three-quarters of survey respondents had a positive response about the time it takes to get an appointment with their PCP, OHCA saw a decrease in these positive responses in 2013. Compared to the 2012 baseline data, there was a 9 percent decrease in the adult composite response and a slight 3 percent decrease for the child composite response. OHCA believes the decrease can be attributed to an updated version (5.0H) of the member surveys with modifications to questions and new survey goals. The survey question for this hypothesis, for example, was reworded from CAHPS® survey 2012 to CAHPS® survey 2013. OHCA is reviewing Morpace's action plan in order to continue improving member satisfaction.

Hypothesis 5 – This hypothesis directly relates to SoonerCare Choice waiver objective #4, and #1 of CMS's Three Part Aim:

The percentage of American Indian members who are enrolled with an Indian Health Services, Tribal or Urban Indian Clinic (I/T/U) with a SoonerCare Choice American Indian primary care case management contract will increase nine percentage points during the 2013-2015 extension period (this is three percentage points each year).

2013 I/T/U Providers	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Total American Indian/ Alaska Native Members with SoonerCare Choice and I/T/U PCP	84,196	84,355	84,745	87,491	91,606	86,207	87,858	87,786	90,190	90,468	92,755	94,125
IHS Members with I/T/U PCP	17,165	17,570	17,541	20,718	20,167	20,418	19,645	19,664	20,005	19,953	20,116	21,165
Percent of IHS Members with I/T/U PCP	20.39%	20.83%	20.70%	23.68%	22.01%	23.68%	22.36%	22.40%	22.18%	22.06%	21.69%	22.49%
I/T/U Capacity	124,400	101,900[65]	101,900	101,900	102,900	101,900	101,900	101,900	96,900	99,400	99,400	99,400

[65] During contract renewals for I/T/U providers in February 2013, maximum capacities were implemented across the board. This resulted in a reduction of overall capacity for this network, but made the I/T/U provider capacities consistent with the rest of the SoonerCare Choice program. This change did not result in any members being removed from their I/T/U provider. These contractors, in fact, provide services for any American Indian who presents at their facilities.

Hypothesis 5 Results:
This hypothesis postulates that the percentage of American Indian members who are enrolled with an I/T/U PCP with a SoonerCare American Indian primary care case management contract will increase nine percentage points during the extension period. The proportion of American Indian members with an I/T/U PCP has increased 1.45 percentage points when comparing December 2012 to December 2013. At this time, OHCA expects the increase of IHS members with an I/T/U PCP to continue. In order to meet this measure, OHCA will continue to monitor this group during the 2013-2015 extension period.

Hypothesis 6 – This hypothesis directly relates to SoonerCare Choice waiver objective #1 and #1 of CMS's Three Part Aim:

The proportion of members qualified for SoonerCare Choice who do not have an established PCP will decrease within 90 days of the primary care claims analysis report.

Percentage of Members Aligned with a PCP	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Primary Care Claims Analysis Report – Members with Claims with no Selected PCP	3,503	3,229	640	1,642	546	492	648	639	447	759	642	501
Total Number of Members OHCA Aligned with PCP	1,584	1,260	562	717	738	661	635	788	402	538	127	333
Percentage	**45.2%**	**39.0%**	**87.8%**	**43.7%**	**135.2%**	**134.4%**	**98.0%**	**123.3%**	**89.9%**	**70.9%**	**28.4%**	**51.9%**

Hypothesis 6 Results:
OHCA's Primary Care Claims Analysis Report is a monthly report that includes every SoonerCare Choice eligible member with one or more claims who does not have an established PCP. In January, for example, the Primary Care Claims Analysis Report indicated that 3,503 SoonerCare Choice eligible members had one or more claims, but were not aligned with a PCP. In December, approximately 501 SoonerCare Choice eligible members with claims were not aligned with a PCP.

Once OHCA receives the report, staff aligns[66] Choice eligible members with a PCP. As indicated in the above chart, of the 3,503 Choice members who were not aligned with a PCP in January, OHCA staff successfully aligned 1,584 members within 90 days of receiving the Primary Care Claims Analysis Report. OHCA aligned over 100 percent[67] of members in May, June and August, and enrolled over 50 percent of members at the end of 2013. OHCA has successfully met this measure as OHCA staff has decreased the number of SoonerCare Choice eligible members who do not have an established PCP.

[66] OHCA aligns members with a PCP by enrolling the member on the provider panel from whom they received services.
[67] This includes members who were not aligned the month before.

Hypothesis 7 – This hypothesis directly relates to SoonerCare Choice waiver objective #3 and #2 of CMS's Three Part Aim:

Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2013-2015.

- *A. Decrease asthma-related ER visits for HAN members with an asthma diagnosis identified in their medical record.*
- *B. Decrease 90-day readmissions for related asthma conditions for HAN members with an asthma diagnosis identified in their medical record.*
- *C. Decrease overall ER use for HAN members.*

Hypothesis 7 Results[68]:
OHCA is tracking the first-year baseline data for this hypothesis. OHCA will be able to provide analysis on the data as more data becomes available.

A. Asthma-Related ER Visits	Total Number of ER Visits by HAN Members with Asthma	All HAN Members with Asthma	**Percent of HAN Members with Asthma who Visited the ER**
OU Sooner HAN	2,588	31,364	**8%**
PHCC HAN[69]	Pending	Pending	**Pending**
OSU Network HAN	311	1,154	**27%**

B. 90-Day Readmissions for HAN Members with Asthma	HAN Members with Asthma who were Readmitted to the Hospital 90 Days after Previous Asthma-Related Hospitalization	HAN Members with Asthma with at least One Inpatient Stay Related to Asthma	**Percent of HAN Members with Asthma who had a 90-Day Readmission for Related Asthma Condition(s)**
OU Sooner HAN	16	26	**62%**
PHCC HAN[69]	Pending	Pending	**Pending**
OSU Network HAN	4	50	**8%**

C. ER Use for HAN Members	ER Visits for HAN Members	Total HAN Members	**Percent of ER Use for HAN Members**
OU Sooner HAN	31,364	238,208	**13%**
PHCC HAN[69]	Pending	Pending	**Pending**
OSU Network HAN	825	14,764	**6%**

[68] Hypothesis 7 data is preliminary; data is subject to change in order to provide the most accurate report.
[69] The PHCC HAN continues to work on the data for this hypothesis. OHCA will provide CMS this data as soon as it is available.

Hypothesis 8 – This hypothesis directly relates to SoonerCare Choice waiver objective #3 and #3 of CMS's Three Part Aim:

Reducing costs associated with the provision of health care services to SoonerCare beneficiaries served by the HANs.

A. Average per member per month expenditures for members belonging to a HAN affiliated PCP will continue to be less than those members enrolled with non-HAN affiliated PCPs during the period of 2013-2015.

HAN Per Member Per Month Dates of Service for SFY 2013	July 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	June 2013
HAN Members	$280.35	$303.82	$285.38	$309.49	$298.32	$283.84	$324.19	$278.91	$298.39	$305.92	$296.58	$274.13
Non-HAN Members	$292.90	$324.93	$291.95	$327.93	$308.13	$296.22	$369.75	$305.06	$321.47	$323.94	$324.52	$277.06

Hypothesis 8 Results:
This hypothesis postulates that the average per member per month (PMPM) expenditure for HAN members will be less than the PMPM expenditure for non-HAN members. From the beginning of SFY 2013 until the end of SFY 2013, OHCA has met this measure each month. The PMPM expenditure differences for HAN members to non-HAN members ranges from a $2.93 difference up to a $45.56 difference. Per member per month expenditures continue to be lower for SoonerCare members enrolled with a HAN PCP, than for SoonerCare members who are not enrolled with a HAN PCP. OHCA expects this trend to continue.

Hypothesis 9a – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #3, and #1 of CMS's Three Part Aim:

The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, will yield increased enrollment and active participation (engagement) in the program.

A. The percentage of SoonerCare members identified as qualified for nurse care management, who enroll and are actively engaged, will increase as compared to baseline.
B. The percentage of members actively engaged in nurse care management in relation to the providers' total SoonerCare Choice panel.

Hypothesis 9a(A) Results:

SoonerCare HMP Members in Nurse Care Management	Qualified for Nurse Care Management	Engaged in Nurse Care Management	**Percentage of Individuals Engaged in Nurse Care Management**
July 2013	848	184	**21.70%**
August 2013	1,574	511	**32.47%**
September 2013	2,653	1,132	**42.67%**
October 2013	3,849	1,952	**50.71%**
November 2013	4,968	2,737	**55.09%**
December 2013	5,684	3,083	**54.24%**
SFY 2013 Baseline Data	3,252	8,091	**40.19%**

This hypothesis posits that the percentage of SoonerCare members identified as qualified for nurse care management, who enroll and are actively engaged, will increase as compared to the baseline data. At the beginning of Phase II (July 2013), Next Generation HMP, 21.7 percent of HMP individuals were actively engaged in nurse care management. This is 18.49 percent lower than the SFY 2013 baseline data. OHCA met this measure, however, during the end of the third quarter as member engagement increased to 42.7 percent, a 2.51 percent increase from the baseline data. The number of HMP members who were actively engaged in nurse care management continued to increase through the fourth quarter of 2013 with slightly more than half (54.2 percent) of HMP qualified individuals in the program actively engaging.

Hypothesis 9a(B) Results:

Actively Engaged HMP Members Aligned with a Health Coach	Total SoonerCare Members Assigned to Panels of Practices with Health Coaches	Individuals Qualified for the HMP Program	Number of HMP Members Actively Engaged in Nurse Care Management	Percentage of HMP Members Aligned with a Health Coach who are Actively Engaged in Nurse Care Management
Members[70]	29,723	5,684	3,083	**10%**

This hypothesis measures the percentage of members actively engaged in nurse care management in relation to the providers' total SoonerCare Choice panel. Approximately 29,723 individuals are assigned to panels of practices that have embedded health coaches. Of those individuals, some 5,684 individuals qualify for the HMP program. Individuals who qualify for the HMP program include individuals who meet HMP criteria – they have chronic illness and are at highest risk for adverse outcomes and increased health care expenditures. Overall, approximately 10 percent of SoonerCare members assigned to panels of practices with health coaches are HMP members who are actively engaged in nurse care management. This represents the SFY 2013 baseline data for this measure. With the implementation of Phase II of the HMP program, OHCA expects to see an increase in the number of actively engaged members assigned to panels with health coaches throughout the upcoming quarters.

[70] Data represents the time period of July 2013 through December 2013.

Hypothesis 9b – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #4, and #1 of CMS's Three Part Aim:

The incorporation of Health Coaches into primary care practices will result in increased PCP contact with nurse care managed members, versus baseline for two successive years and a comparison group of qualified but not enrolled members.

Self-Reported Number of PCP Visits in 12 Months for HMP Members	
Number of Visits to PCP	Number of Members
0	31 (0.8%)
1	47 (1.2%)
2	128 (3.3%)
3	204 (5.2%)
4	381 (9.7%)
5	249 (6.4%)
6	299 (7.6%)
7	115 (2.9%)
8	163 (4.2%)
9	60 (1.5%)
10 or more	1,970 (50.2%)
Unsure	274 (7.0%)

Hypothesis 9b Results:
The Health Management Program (HMP) transitioned to Phase II of the program, Next Generation HMP, in July 2013. Phase II of the program embeds health coaches into the practices for face-to-face care management. For this measure, OHCA provides the baseline data for SFY 2013, as OHCA is still accumulating data for Phase II of the HMP program. OHCA's contracted HMP evaluator, Pacific Health Policy Group (PHPG), conducts the evaluation of the program on a SFY basis; therefore, comparison data for Phase II of the HMP program will be provided to OHCA in early 2015. Refer to Attachment 12, OHCA's 2013-2015 Evaluation Design.

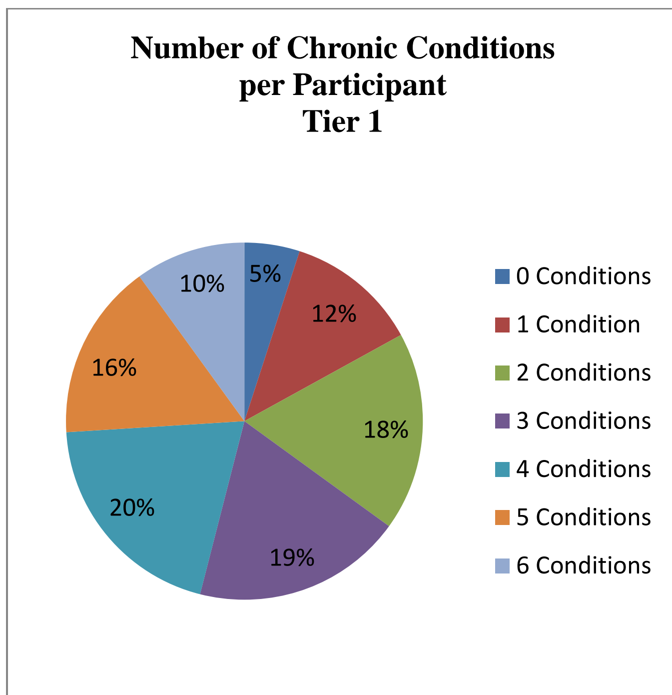
PHPG conducted an over-the-telephone HMP member survey for SFY 2013. The survey included the question:*"Not including trips to the ER, how many times have you seen a health care provider in the past 12 months."* Of the 3,924 members who were interviewed for the survey, 99 percent of members (3,921), gave a response. For SFY 2013, half (50 percent) of survey respondents indicated that they visited their PCP 10 or more times within 12 months. Comparatively only 0.8 percent of survey respondents indicated that they did not see their PCP at all over twelve months. As health coaches were embedded into practices beginning in July 2013, OHCA postulates that more members will report increased visits with their PCPs.

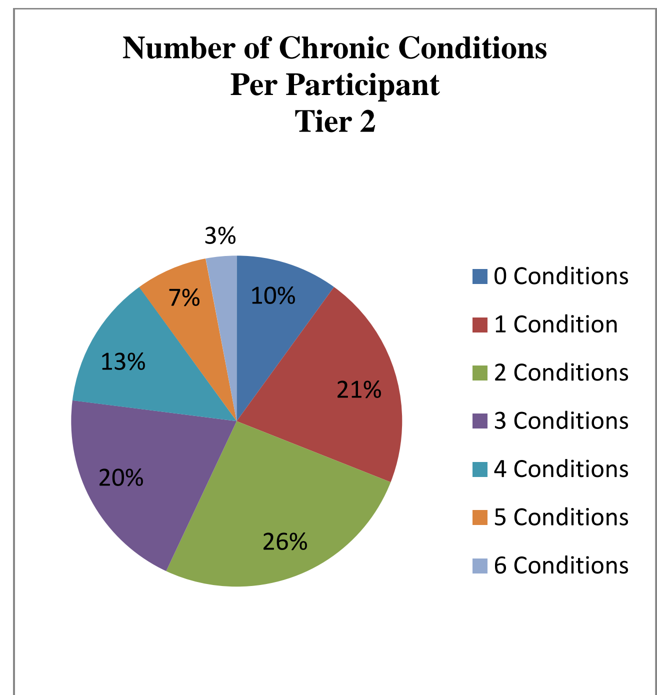
Hypothesis 9c – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #2, and #2 of CMS's Three Part Aim:

The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation will improve the process for identifying qualified members and result in an increase in average complexity of need within the nurse care managed population.

For Hypothesis 9c, the Health Management Program (HMP) transitioned to Phase II of the program, Next Generation HMP, in July 2013. Phase II of the program embeds health coaches into the practices for face-to-face care management. For this measure, OHCA provides the baseline data for SFY 2013, as OHCA is still accumulating data for Phase II of the HMP program. OHCA's contracted HMP evaluator, Pacific Health Policy Group (PHPG), conducts the evaluation of the program on a SFY basis; therefore, comparison data for Phase II of the HMP program will be provided to OHCA in early 2015, as noted in OHCA's 2013-2015 Evaluation Design.

Hypothesis 9c(A) Results:

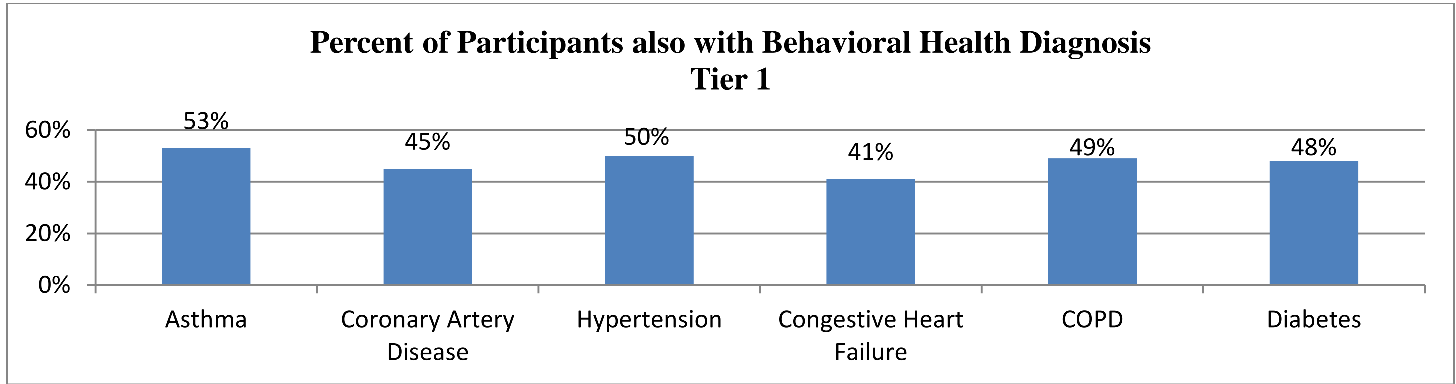


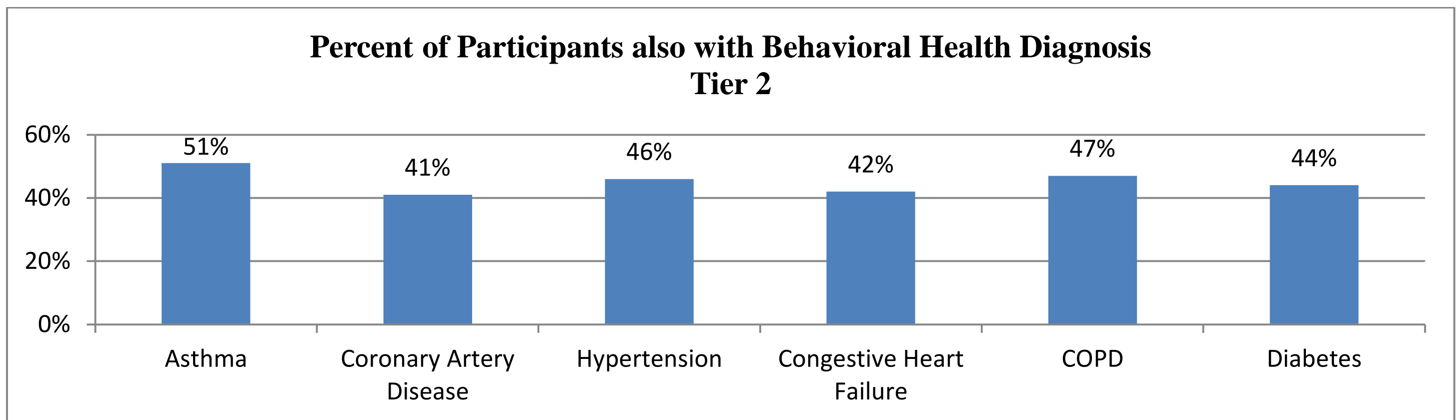


This measure indicates the number of members in nurse care management with multiple chronic conditions. In accordance with PHPG's SFY 2013 HMP Evaluation, 83 percent of Tier 1 (highest acuity) participants had at least two of the six most frequently observed chronic physical conditions, as shown in the chart above. Comparatively, a lower percentage, 69 percent, of Tier 2 participants had two or more co-morbidities, as shown in the chart above. With the implementation of health coaches, OHCA continues to take a holistic approach to care rather than just managing a single disease.

9c(B) Results:
This measure provides the sum of chronic conditions across all members engaged at any time within a 12-month period. In accordance with PHPG's SFY 2013 HMP Annual Evaluation, seven different chronic conditions for HMP members are tracked, with some 21 diagnosis-specific measures related to the chronic conditions.

9c(C) Results:





This measure provides the number of HMP members with a chronic condition and at least one behavioral health condition. PHPG's HMP Evaluation report indicates that nearly 50 percent of the Tier 1 population had a chronic condition with at least one behavioral health co-morbidity. Tier 2 participants were somewhat less likely to have chronic and behavioral health co-morbidity, although the rate was still significant at an average of 45 percent.

9c(D) Results:
This measure provides the sum of chronic impact scores across all HMP members engaged at any time in a 12-month period. For SFY 2013, the average chronic impact score was 96.52. As HMP members' health gets better and they are transitioned off the program, OHCA will continue to bring new members into the program; therefore, OHCA expects for the chronic impact score to stay relatively high.

Chronic Impact Score for HMP Members	Data for SFY 2013
Number of HMP Members	5,566
Chronic Impact Score Sum	537,235.55
Average Chronic Impact Score	96.52

X. DEMONSTRATION EVALUATION (Cont'd)

Hypothesis 9d – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #5, and #2 of CMS's Three Part Aim:

The use of a disease registry by Health Coaches will improve the quality of care for nurse care managed members.

HMP Members' Compliance Rates with CareMeasures™ Clinical Measures	June 2012 – Percent Compliant	June 2013 – Percent Compliant
Asthma – Percent of patients 5 to 40 with a diagnosis of asthma who were evaluated during at least one office visit within 12 months for the frequency of daytime and nocturnal asthma symptoms	61.4%	85.9%
Asthma – Percent of patients 5 to 40 with a diagnosis of mild, moderate or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment	100.0%	100.0%
Chronic Obstructive Pulmonary Disease – Spirometry Evaluation	44.3%	81.0%
Chronic Obstructive Pulmonary Disease – Bronchodilator Therapy	91.7%	91.7%
Diabetes Mellitus – Percent of patients 18 to 75 with DM receiving one or more A1c test(s) per year	79.6%	87.1%
Diabetes Mellitus – Percent of patients 18 to 75 with DM who had most recent hemoglobin A1c less than 9 percent	59.5%	67.0%
Diabetes Mellitus – Percent of patients 18 to 75 with DM who had most recent blood pressure in control (<140/80 mmHg)	67.8%	71.7%
Diabetes Mellitus – Percent of patients 18 to 75 with DM receiving at least one lipid profile (or all component tests)	62.7%	69.1%
Diabetes Mellitus – Percent of patients 18 to 75 with DM with most recent LDL-C < 130 mg/dI	47.1%	53.1%
Diabetes Mellitus – Percent of patients 18 to 75 with DM who received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months	52.7%	59.0%
Diabetes Mellitus – Percent of patients 18 to 75 with diagnosis of DM who had dilated eye exam	37.7%	49.2%
Diabetes Mellitus – Percent of patients 18 to 75 with DM who had a foot exam	52.4%	64.2%
Hypertension – Percent of patients with blood pressure measurement recorded among all patient visits for patients 18 and older with diagnosed HTN	98.6%	98.8%
Hypertension – Percent of patients 18 and older who had a diagnosis of HTN and whose blood pressure was adequately controlled (< 140/90 mmHg) during the measurement year	66.2%	69.4%

Members' Compliance Rates with CareMeasures™ Clinical Measures	June 2012 – Percent Compliant	June 2013 – Percent Compliant
Prevention – Percent of women 50 to 69 who had a mammogram to screen for breast cancer within 24 months	34.0%	39.4%
Prevention – Percent of patients 50 to 80 who received the appropriate colorectal cancer screening	19.2%	20.0%
Prevention – Percent of patients 18 and older who received an influenza vaccination during the measurement period	13.4%	37.1%
Prevention – Percent of patients 18 and older who have ever received a pneumococcal vaccine	8.3%	12.5%
Prevention – Percent of patients identified as tobacco users who received cessation intervention during the measurement period	3.8%	20.0%
Prevention – BMI and follow-up documented	49.4%	90.7%
Tobacco Cessation – Percent of patients 10 and older where inquiry about tobacco use was recorded	63.9%	60.6%
Tobacco Cessation – Percent of patients 10 and older who use tobacco where act of assessing the patient's readiness to quit tobacco use was recorded	51.5%	75.7%
Tobacco Cessation – Percent of patients 10 and older who use tobacco where the act of advising the patient to quit tobacco use was recorded	59.6%	95.5%
Tobacco Cessation – Percent of patients 10 and older who use tobacco where assistance with developing a behavioral quit plan was provided	70.4%	77.8%
Tobacco Cessation – Percent of patients 18 and older who use tobacco where medication use was recommended to aid their quit plan	37.0%	65.0%
Tobacco Cessation – Percent of patients 10 and older who use tobacco who were provided motivational treatment to quit tobacco use	61.1%	40.9%
Tobacco Cessation – Percent of patients 10 and older who use tobacco, and who are ready to quit using tobacco, where a follow up was scheduled	18.5%	25.5%
Tobacco Cessation – Percent of patients 10 and older who were former tobacco users where assistance with relapse prevention was provided	28.6%	N/A

Hypothesis 9d Results:
The Health Management Program (HMP) transitioned to Phase II of the program, Next Generation HMP, in July 2013. Phase II of the program embeds health coaches into the practices for face-to-face care management. For this measure, OHCA provides the baseline data for SFY 2013, as OHCA is still accumulating data for Phase II of the HMP program. OHCA's contracted HMP evaluator, Pacific Health Policy Group (PHPG), conducts the evaluation of the program on a SFY basis; therefore, comparison data for Phase II of the HMP program will be provided to OHCA in early 2015.

As indicated in the HMP Fifth Annual Evaluation Report, OHCA's HMP contractor, Telligen, generates monthly reports on the number of patients entered into the registry that are compliant and meet the CareMeasures™ clinical measures. Of the twenty-eight measures, eighty-two percent (23 out of 28) of the findings showed improvement in the number of members compliant from SFY 2012, to SFY 2013; seven percent (2 out of 28) of the measures stayed the same, and seven percent (2 out of 28) decreased. One of the measures did not have data for SFY 2013. The use of the CareMeasures™ disease registry helps evaluate how many members comply with the CareMeasures™ clinical measures and which areas the nurse care managers/health coaches need to improve.

Hypothesis 9e – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1, and #2 of CMS's Three Part Aim:

Nurse care managed members will utilize the emergency room at a lower rate than members in a comparison group comprised of qualified but not enrolled members.

Hypothesis 9e Results:
In accordance with OHCA's 2013-2015 Evaluation Design, this hypothesis relates to Phase II of the HMP program. The HMP program transitioned to Phase II of the program in July 2013. Phase II of the program embeds health coaches into the practices for face-to-face care management. OHCA's contracted HMP evaluator, PHPG, conducts the evaluation and data necessary to measure this hypothesis. The evaluation and data is collected on a state fiscal year (SFY) basis; therefore, SFY 2014 data for this hypothesis will be available in early 2015.

Hypothesis 9f – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1, and #2 of CMS's Three Part Aim:

Nurse care managed members will have fewer hospital admissions and readmissions than members in a comparison group comprised of qualified but not enrolled members.

Hypothesis 9f Results:
In accordance with OHCA's 2013-2015 Evaluation Design, this hypothesis relates to Phase II of the HMP program. The HMP program transitioned to Phase II of the program in July 2013. Phase II of the program embeds health coaches into the practices for face-to-face care management. OHCA's contracted HMP evaluator, PHPG, conducts the evaluation and data necessary to measure this hypothesis. The evaluation and data is collected on a state fiscal year (SFY) basis; therefore, SFY 2014 data for this hypothesis will be available in early 2015.

Hypothesis 9g – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #3, and #2 of CMS's Three Part Aim:

Nurse care managed members will report higher levels of satisfaction with their care than members in a comparison group comprised of qualified but not engaged members.

Hypothesis 9g Results:
In accordance with OHCA's 2013-2015 Evaluation Design, this hypothesis relates to Phase II of the HMP program. The HMP program transitioned to Phase II of the program in July 2013. Phase II of the program embeds health coaches into the practices for face-to-face care management. OHCA's contracted HMP evaluator, PHPG, conducts the evaluation and data necessary to measure this hypothesis. The evaluation and data is collected on a state fiscal year (SFY) basis; therefore, SFY 2014 data for this hypothesis will be available in early 2015.

Hypothesis 9h – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1, and #3 of CMS's Three Part Aim:

Total and PMPM expenditures for members enrolled in HMP will be lower than would have occurred absent their participation in nurse care management.

HMP Nurse Care Management PMPM for All Members	1 to 12 Months after First contact with Provider	13 to 24 Months after First contact with Provider	25 to 36 Months after First contact with Provider	37 to 48 Months after First contact with Provider	Any
MEDai Forecasted PMPM Expenditures	$607	$609	$635	$675	$629
Actual PMPM Expenditures	$609	$520	$556	$613	$580
Percent of Forecast	100.4%	85.4%	87.4%	90.8%	92.2%

Hypothesis 9h Results:
In accordance with OHCA's 2013-2015 Evaluation Design, this hypothesis relates to Phase II of the HMP program. The HMP program transitioned to Phase II of the program in July 2013. Phase II of the program embeds health coaches into the practices for face-to-face care management. For this measure, OHCA provides the baseline data for SFY 2013, as OHCA is still accumulating data for Phase II of the HMP program. OHCA's contracted HMP evaluator, PHPG, conducts the evaluation and data necessary to measure this hypothesis. The evaluation and data is collected on a state fiscal year (SFY) basis; therefore, SFY 2014 data for this hypothesis will be available in early 2015.

PMPM expenditures for all HMP members during the first 12 months after first contact with a provider were equivalent with the forecasted cost. PMPM expenditures, however, averaged 14 percent below forecast for the three remaining evaluation periods. Overall, PMPM savings averaged $49 through SFY 2013. Additionally, The HMP program achieved aggregate savings in excess of $124 million, which is approximately 15 percent of total forecasted medical claims costs. For the baseline year, OHCA saw a savings in both PMPM costs and total expenditures in the HMP program, compared to MEDai's forecasted costs without the program. OHCA expects to continue to see cost savings with the HMP program.

Hypothesis 10 – This hypothesis directly relates to SoonerCare Choice waiver objective #5 and #1 of CMS's Three Part Aim:

The state's systems performance will ensure seamless coverage between Medicaid and the Marketplace after changes outlined in the Affordable Care Act are effectuated.

Hypothesis 10 Results[71]:

A. Eligibility Determinations	October 2013	November 2013	December 2013
MAGI Determination – Qualified	55,242	46,735	86,447
Determined Qualified – Direct or Transfer Application	22,664	18,295	28,624
Determined Qualified at Annual Renewal	32,578	28,440	57,823

B. Individuals Determined Not Qualified	October 2013	November 2013	December 2013
Ineligibility Established	11,830	10,107	20,171
Inadequate Documentation	804	848	842

C. Individuals Disenrolled	October 2013	November 2013	December 2013
Determined Not Qualified at Application (new applicant)	4,950	4,339	7,097
Determined Not Qualified at Annual Renewal (current member)	7,684	6,616	13,916[72]

This hypothesis postulates that the OHCA will ensure seamless coverage between Medicaid and the Marketplace after federal changes are effectuated. OHCA went live with outbound (State to Hub) account transfers on January 23, 2014. The outbound account transfer includes all individuals who are found not qualified for full-benefit Medicaid. Between October 1, 2013 and January 23, 2014, OHCA had some 90,000 applications queued up for the outbound account transfer.

Inbound (Hub to State) account transfers had a go-live date of February 12, 2014. This includes all individuals who apply through the federally facilitated marketplace who are assessed as 'potentially qualified' for full-benefit Medicaid. Approximately 20,000 applications were queued to be sent to OHCA between October 1, 2013 and February 12, 2014.

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[71] OHCA began collecting systems data on October 1, 2013, at the onset of open enrollment for the federally facilitated marketplace.
[72] Data has been updated since the 4th quarterly report.

XI. APPENDICES

Appendix A

Cesarean Section Initiative SFY 2011 to SFY 2013 Evalution Report Summary

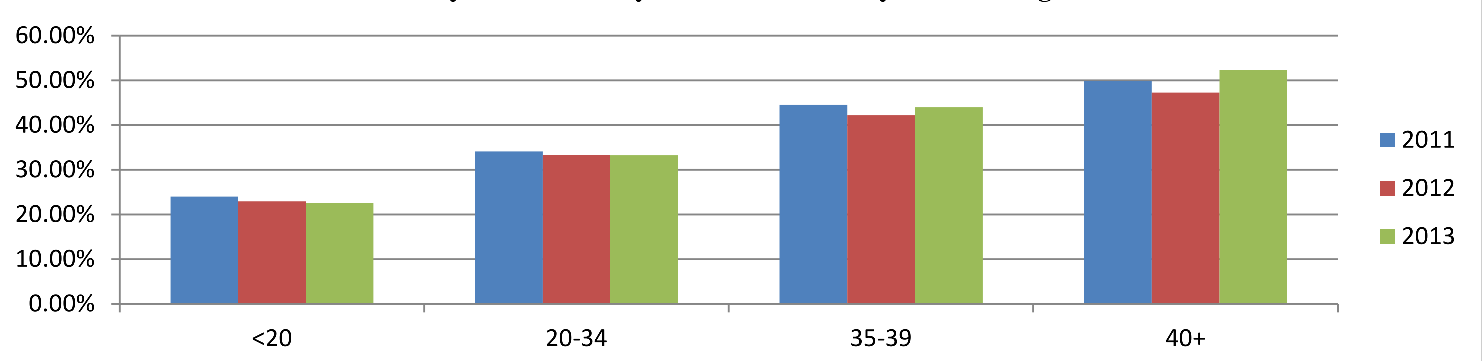
Hospital C-Section Rates	Primary C-Sections	Primary C-Sections and Vaginal Births	**Primary C-Section Rate**	All Births	Overall C-Section Rates
SFY 2011	4,972	25,181	**19.75%**	30,302	33.31%
SFY 2012	4,588	25,246	**18.17%**	30,355	31.95%
SFY 2013	4,543	25,482	**17.83%**	30,823	32.07%

The primary hospital C-section rate decreased 1.92 percentage points from SFY 2011 to SFY 2013.

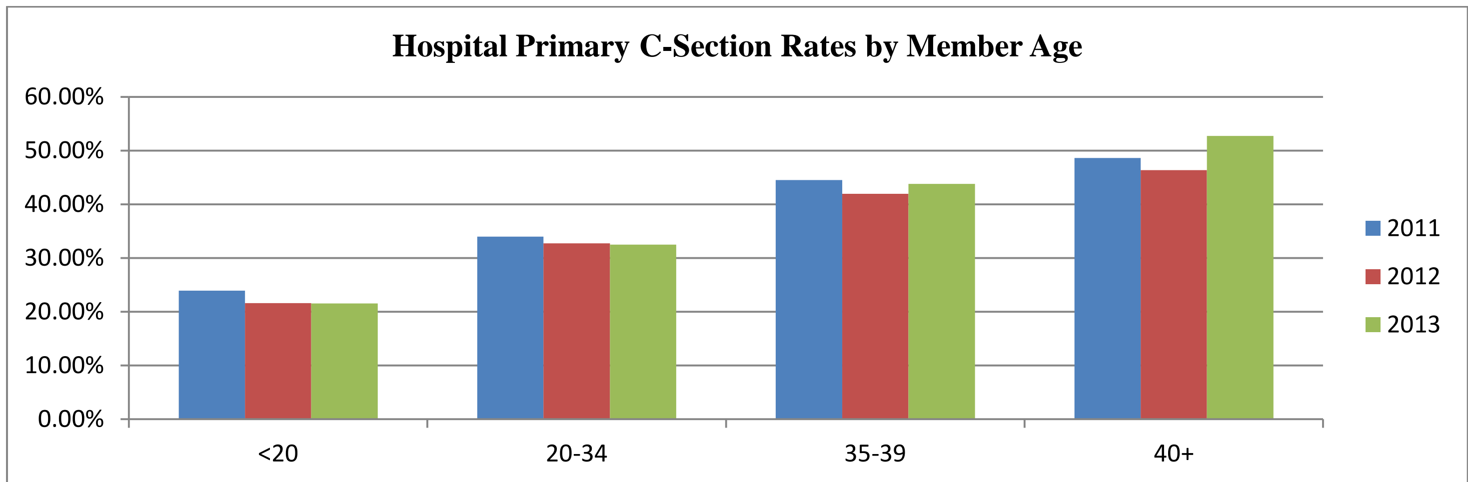
Physician C-Section Rates	Primary C-Sections	Primary C-Sections and Vaginal Births	**Primary C-Section Rate**	All Births	Overall C-Section Rates
SFY 2011	5,324	24,842	**21.43%**	29,312	33.41%
SFY 2012	4,957	24,829	**19.96%**	29,496	32.63%
SFY 2013	5,088	25,402	**20.03%**	30,205	32.75%

The primary physician C-section rate decreased 1.4 percentage points from SFY 2011 to SFY 2013.

Physician C-Section Rates by Age	Member Age	Primary C-Sections	Primary C-Sections and Vaginal Births	**Primary C-Section Rate**	All Births	Overall C-Section Rates
SFY 2011	<20	814	3,880	**20.98%**	4,034	24.00%
SFY 2012	<20	760	3,712	**20.47%**	3,830	22.92%
SFY 2013	<20	725	3,603	**20.12%**	3,717	22.57%
SFY 2011	20-34	4,071	19,497	**20.88%**	23,389	34.05%
SFY 2012	20-34	3,809	19,612	**19.42%**	23,701	33.32%
SFY 2013	20-34	3,957	20,279	**19.51%**	24,434	33.20%
SFY 2011	35-39	338	1,163	**29.06%**	1,488	44.56%
SFY 2012	35-39	303	1,220	**24.84%**	1,586	42.18%
SFY 2013	35-39	291	1,191	**24.43%**	1,606	43.96%
SFY 2011	40+	101	302	**33.44%**	401	49.88%
SFY 2012	40+	85	285	**29.82%**	379	47.23%
SFY 2013	40+	115	329	**34.95%**	448	52.23%



Hospital C-Section Rates by Age	Member Age	Primary C-Sections	Primary C-Sections and Vaginal Births	**Primary C-Section Rate**	All Births	Overall C-Section Rates
2011	<20	835	4,029	**20.72%**	4,198	23.92%
2012	<20	739	3,839	**19.25%**	3,954	21.60%
2013	<20	697	3,653	**19.08%**	3,769	21.57%
2011	20-34	3,774	19,741	**19.12%**	24,186	33.98%
2012	20-34	3,513	19,917	**17.64%**	24,384	32.73%
2013	20-34	3,507	20,355	**17.23%**	24,965	32.51%
2011	35-39	284	1,128	**25.18%**	1,521	44.51%
2012	35-39	264	1,211	**21.80%**	1,631	41.94%
2013	35-39	244	1,169	**20.87%**	1,645	43.77%
2011	40+	79	283	**27.92%**	397	48.61%
2012	40+	72	279	**25.81%**	386	46.37%
2013	40+	95	305	**31.15%**	444	52.70%



Hospital Medically Unnecessary C-Section Rates	Medically Unnecessary C-Sections	Reviewed C-Sections	Medically Unnecessary Rate
SFY 2011[73]	0	14	0.00%
SFY 2012	143	7,914	1.81%
SFY 2013	131	9,177	1.43%

[73] There was not sufficient data for the first year of this initiative.

Appendix B

SoonerCare HMP Evaluation for SFY 2013

The charts below are the primary measurement compliance rates for HMP engaged members compared to a 'comparison group' consisting of SoonerCare members found qualified for, but not enrolled in the SoonerCare HMP. Overall, 60 percent of the HMP population compliance rates improved from SFY 2012 to SFY 2013, and, for SFY 2013, 77 percent of the HMP population compliance rate measures were higher than the comparison group compliance rates.

Coronary Obstructive Pulmonary Disorder (COPD)

	SFY 2012		SFY 2013	
Measure	**HMP Population – Compliance Rate**	Comparison – Compliance Rate	**HMP Population – Compliance Rate**	Comparison – Compliance Rate
Percent 40 and older who received spirometry screening	**20.8%**	21.5%	**24.1%**	22.1%
Percent prescribed steroid inhaler	**52.5%**	46.3%	**82.8%**	78.9%
Percent who received chest x-ray in previous twelve months	**63.8%**	59.9%	**70.2%**	61.6%

Heart Failure

	SFY 2012		SFY 2013	
Measure	**HMP Population – Compliance Rate**	Comparison – Compliance Rate	**HMP Population – Compliance Rate**	Comparison – Compliance Rate
Percent prescribed a beta blocker	**48.1%**	27.6%	**46.3%**	20.0%
Percent who received chest x-ray in previous twelve months	**62.4%**	38.0%	**57.5%**	31.9%

Coronary Artery Disease

	SFY 2012		SFY 2013	
Measure	**HMP Population – Compliance Rate**	Comparison – Compliance Rate	**HMP Population – Compliance Rate**	Comparison – Compliance Rate
Percent with prior MI prescribed beta-blocker therapy	**72.0%**	58.5%	**65.6%**	75.6%
Percent with prior MI prescribed ACE/ARB therapy	**68.0%**	55.6%	**66.1%**	70.3%
Percent who received at least one LDL-C screen	**67.8%**	47.7%	**66.2%**	36.6%
Percent prescribed lipid-lowering therapy	**59.5%**	35.8%	**56.2%**	23.4%
Percent who received LV function test after AMI	**6.0%**	5.7%	**3.5%**	6.2%

Diabetes

	SFY 2012		SFY 2013	
Measure	**HMP Population – Compliance Rate**	Comparison – Compliance Rate	**HMP Population – Compliance Rate**	Comparison – Compliance Rate
Percent prescribed ACE/ARB therapy	**64.5%**	61.2%	**66.1%**	59.5%
Percent who received LDL-C in previous 12 months	**65.7%**	67.4%	**68.8%**	65.3%
Percent who received at least one dilated retinal eye exam in previous twelve months	**33.7%**	30.5%	**40.1%**	30.5%
Percent who received urine microalbumin screen in previous twelve months	**27.9%**	30.2%	**30.0%**	29.7%
Percent who received at least one HbA1C test in previous twelve months	**73.2%**	76.1%	**76.0%**	76.1%

Hypertension

	SFY 2012		SFY 2013	
Measure	**HMP Population – Compliance Rate**	Comparison – Compliance Rate	**HMP Population – Compliance Rate**	Comparison – Compliance Rate
Percent who received LDL-C in previous twelve months	**68.6%**	62.6%	**69.6%**	61.2%
Percent prescribed calcium channel blocker or thiazide diuretic	**53.9%**	59.6%	**74.8%**	54.7%
Percent 55 and older prescribed ACE/ARB therapy	**71.7%**	71.8%	**74.7%**	71.4%
Percent who received urine microalbumin screen in previous twelve months	**15.9%**	11.9%	**16.2%**	11.7%
Percent who received serum creatinine BUN lab test	**89.8%**	83.1%	**88.1%**	82.5%

Asthma

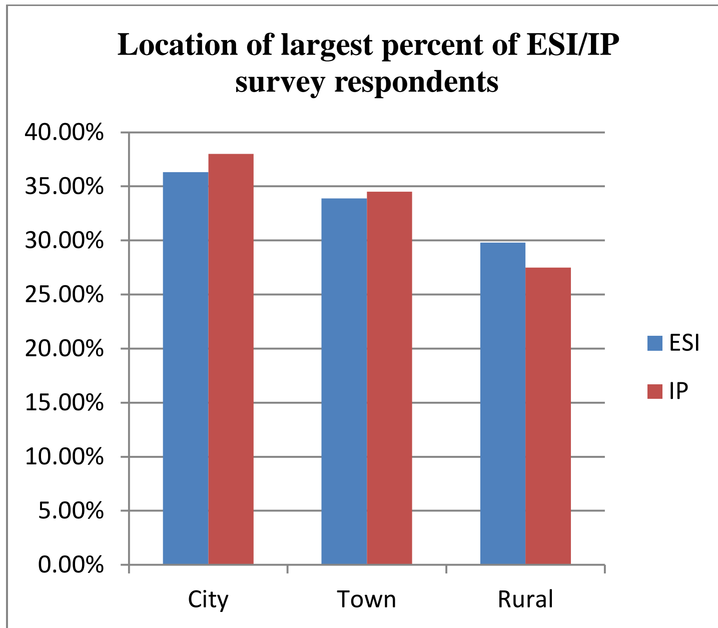
	SFY 2012		SFY 2013	
Measure	**HMP Population – Compliance Rate**	Comparison – Compliance Rate	**HMP Population – Compliance Rate**	Comparison – Compliance Rate
Percent with persistent asthma who had at least one dispensed prescription for inhaled corticosteroid, nedocromil, cromolun, sodium, leukotriene modifiers or methylaxanthines	**70.0%**	81.6%	**65.3%**	75.6%

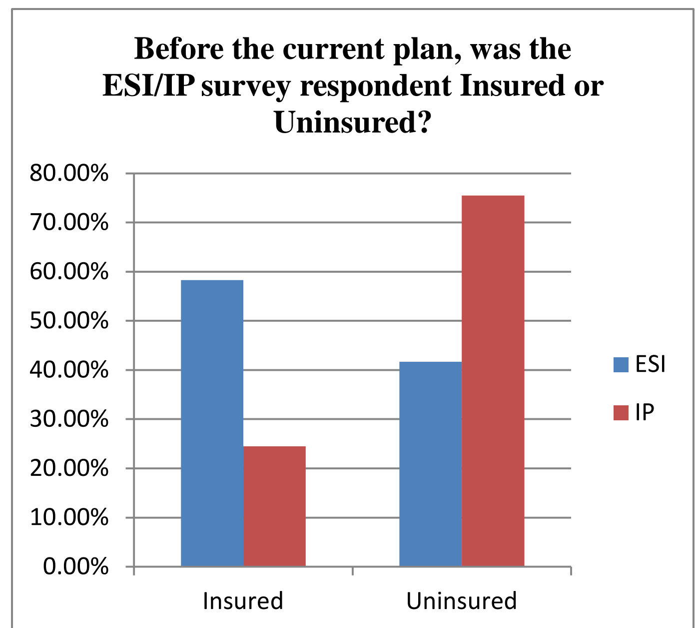
Prevention Measure

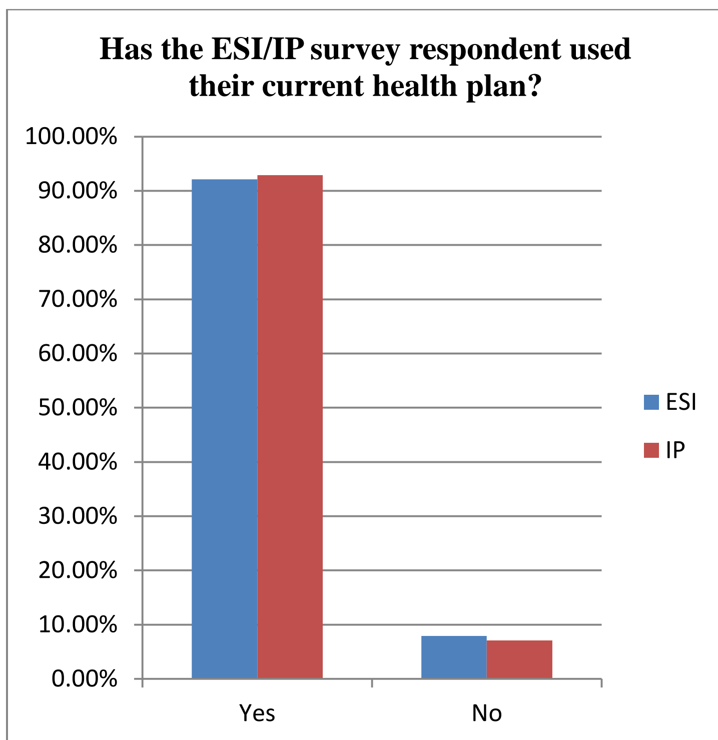
	SFY 2012		SFY 2013	
Measure	**HMP Population – Compliance Rate**	Comparison – Compliance Rate	**HMP Population – Compliance Rate**	Comparison – Compliance Rate
Percent receiving influenza vaccination in the previous twelve months	**20.9%**	18.8%	**24.4%**	13.9%

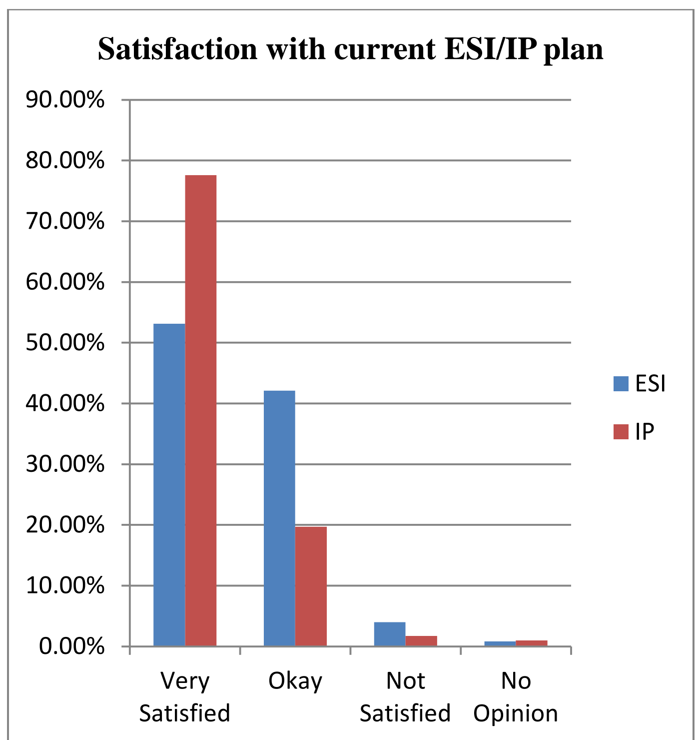
Appendix C

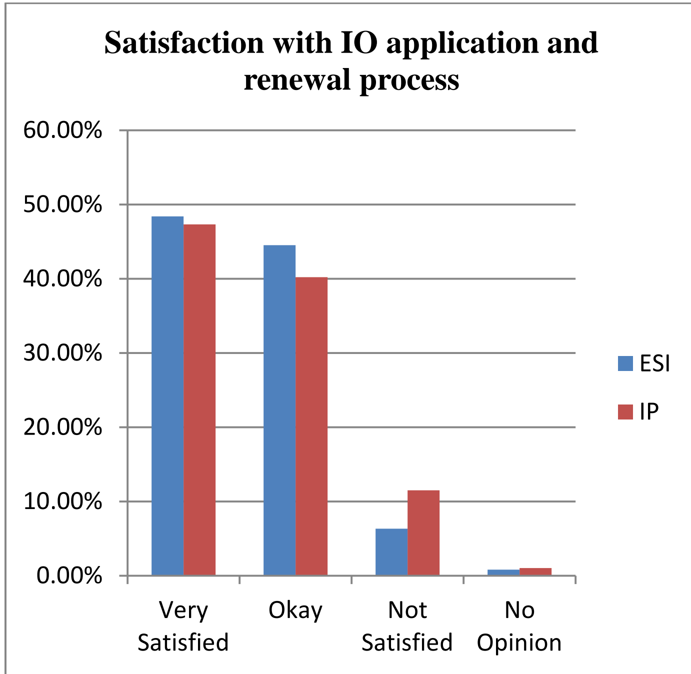
2013 Member Experience Surveys for the ESI and IP Programs

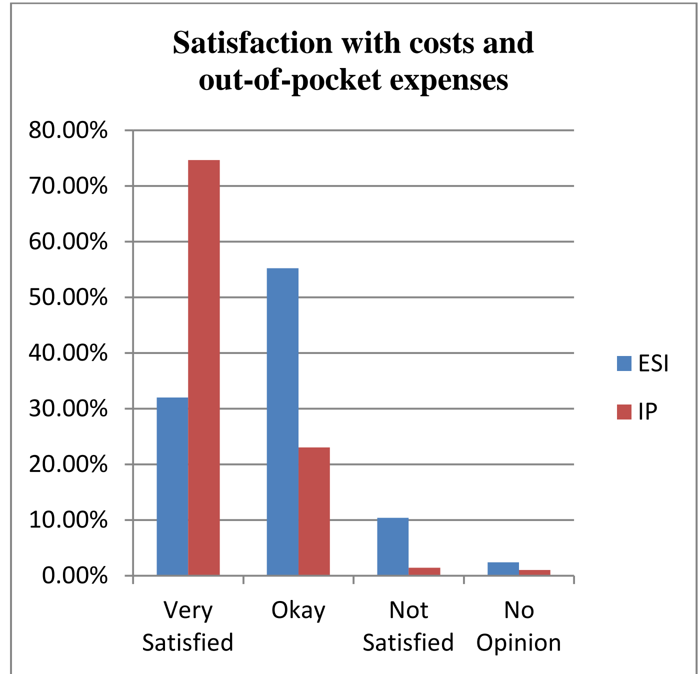


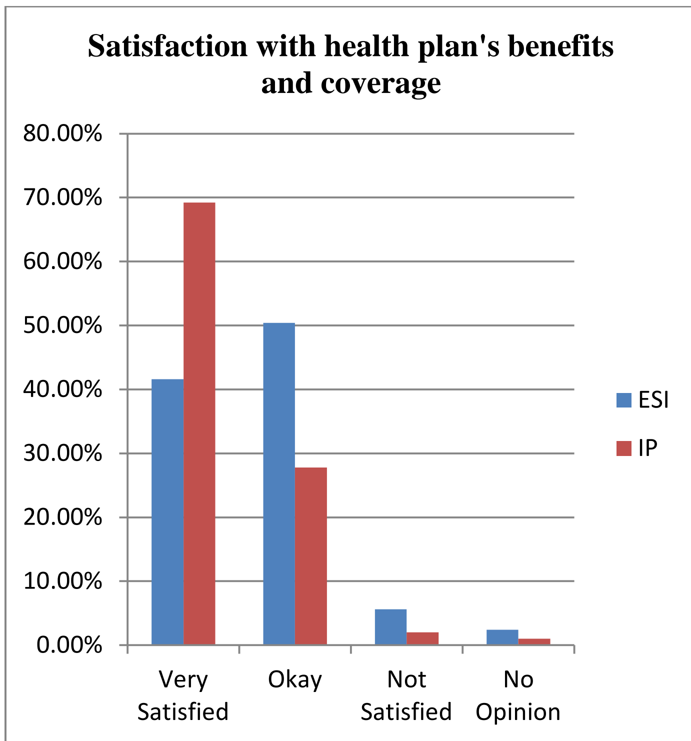


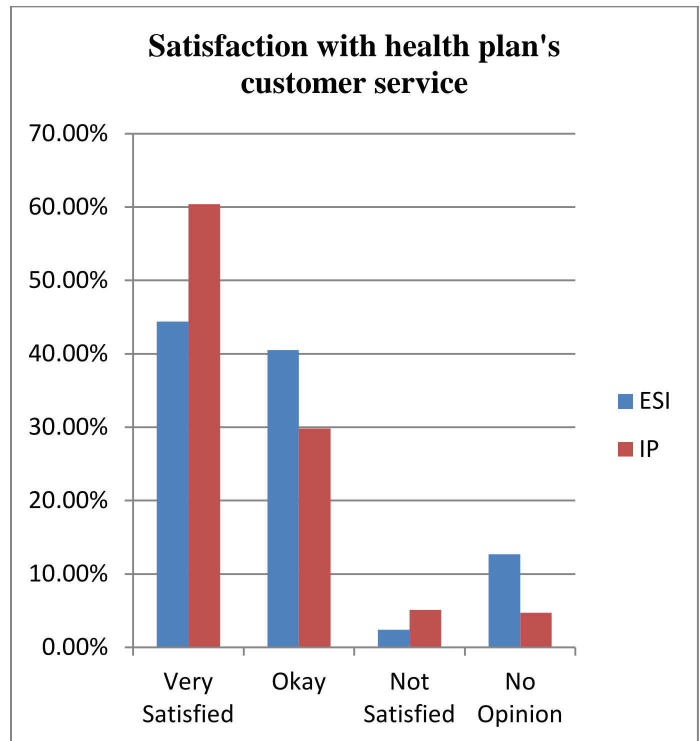





Satisfaction with IO application and renewal process
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Very Satisfied
Okay
Not Satisfied
No Opinion
ESI
IP


Satisfaction with costs and out-of-pocket expenses
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Very Satisfied
Okay
Not Satisfied
No Opinion
ESI
IP


Satisfaction with health plan's benefits and coverage
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Very Satisfied
Okay
Not Satisfied
No Opinion
ESI
IP


Satisfaction with health plan's customer service
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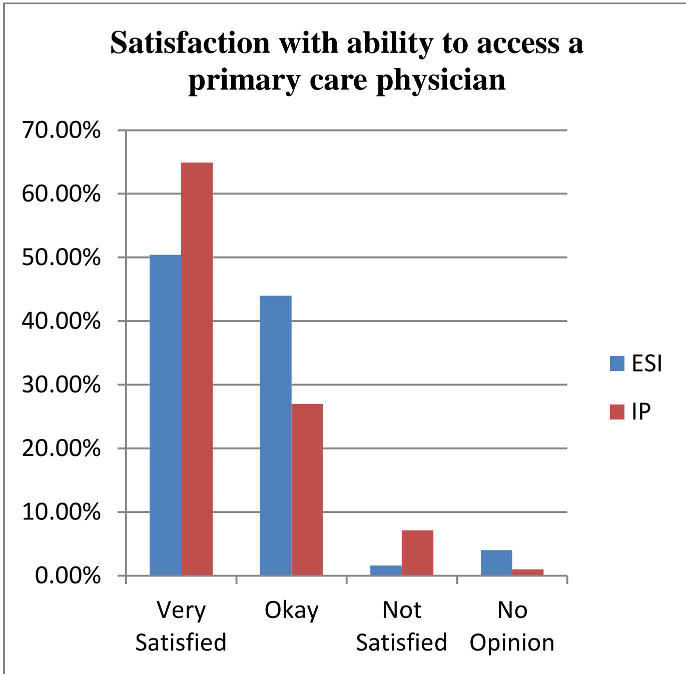
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Very Satisfied
Okay
Not Satisfied
No Opinion
ESI
IP


Satisfaction with ability to access a primary care physician
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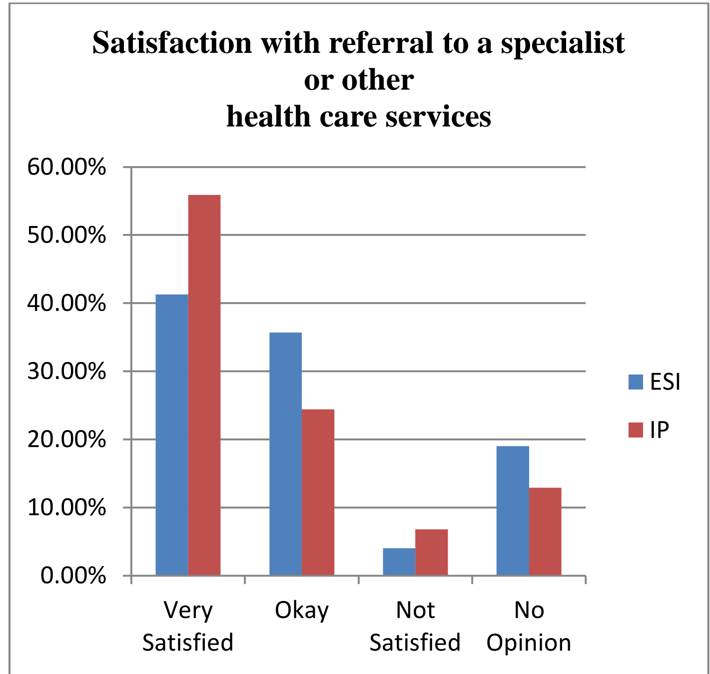
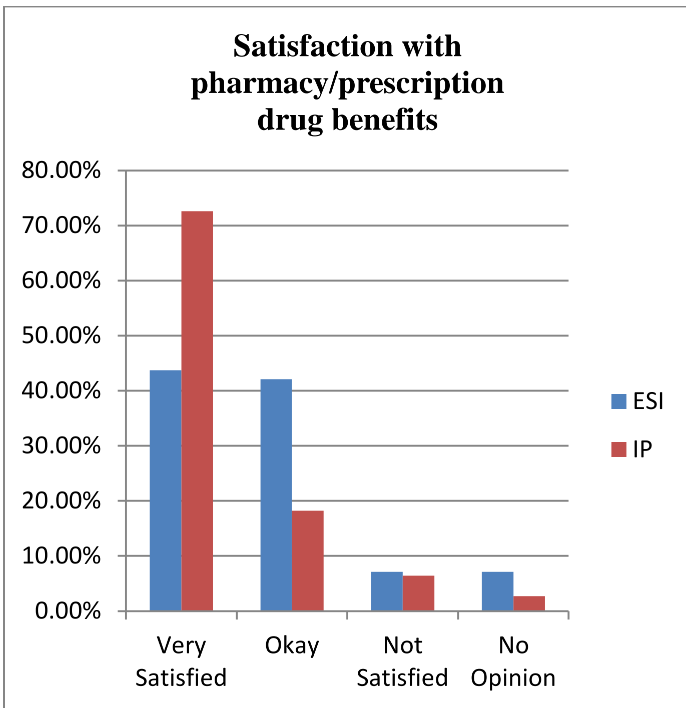
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Very Satisfied
Okay
Not Satisfied
No Opinion
ESI
IP


Satisfaction with referral to a specialist or other health care services
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Very Satisfied
Okay
Not Satisfied
No Opinion
ESI
IP


Satisfaction with pharmacy/prescription drug benefits
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Very Satisfied
Okay
Not Satisfied
No Opinion
ESI
IP

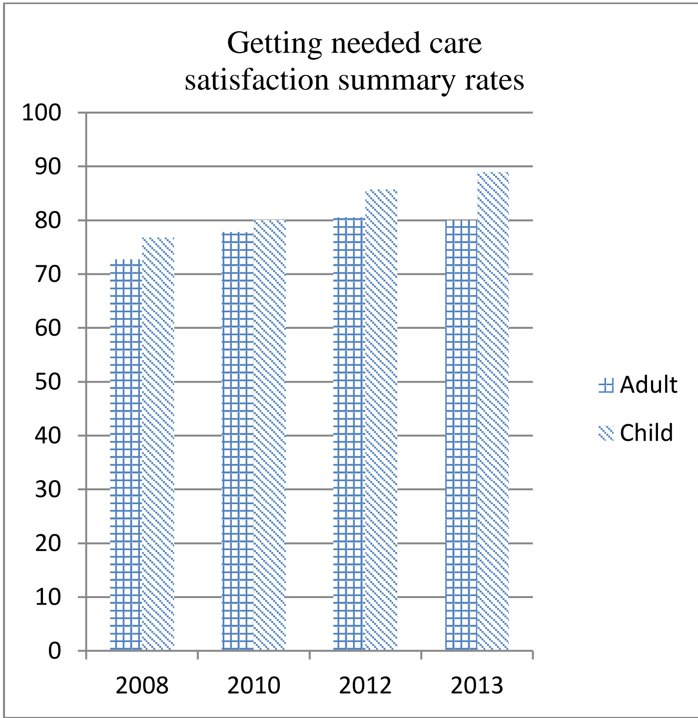
Appendix D

CAHPS® 5.0 Medicaid Adult and Child Member Satisfaction Surveys

CAHPS® Adult Survey Reporting Measures	2013 Summary Rate	2012 Summary Rate	2010 Summary Rate	2008 Summary Rate
Getting Needed Care	79.98%	80.58%	77.82%	72.76%
Getting Care Quickly	79.37%	82.47%	81.76%	77.12%
How Well Doctors Communicate	87.12%	84.93%	84.22%	80.39%
Customer Service	90.34%	80.56%	78.21%	78.09%
Shared Decision Making[74]	47.81%	57.95%	52.50%	52.67%
Rating of Health Care	64.02%	66.12%	61.62%	60.56%
Rating of Personal Doctor	70.73%	75.80%	71.77%	65.06%
Rating of Specialist	74.52%	79.08%	74.90%	68.75%
Rating of Health Plan	61.34%	68.41%	64.32%	62.09%

CAHPS® Child Survey Reporting Measures	2013 Summary Rate	2012 Summary Rate	2010 Summary Rate	2008 Summary Rate
Getting Needed Care	88.73%	85.75%	80.04%	76.82%
Getting Care Quickly	92.74%	92.70%	87.13%	87.64%
How Well Doctors Communicate	93.31%	93.09%	91.55%	88.76%
Customer Service	83.84%	75.65%	80.14%	75.28%
Shared Decision Making[74]	52.45%	74.82%	68.31%	66.43%
Rating of Health Care	82.00%	85.15%	78.13%	74.54%
Rating of Personal Doctor	85.20%	84.32%	82.17%	80.27%
Rating of Specialist	89.33%	83.49%	84.69%	75.00%
Rating of Health Plan	84.05%	83.85%	78.40%	82.32%

[74] The questions in the composite, *Shared Decision Making*, were changed in 2013; highlighting decisions on prescriptions rather than decisions about health care management. These changes impacted trending for this composite and the individual measure.


Getting needed care
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90
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70
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50
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10
0
2008
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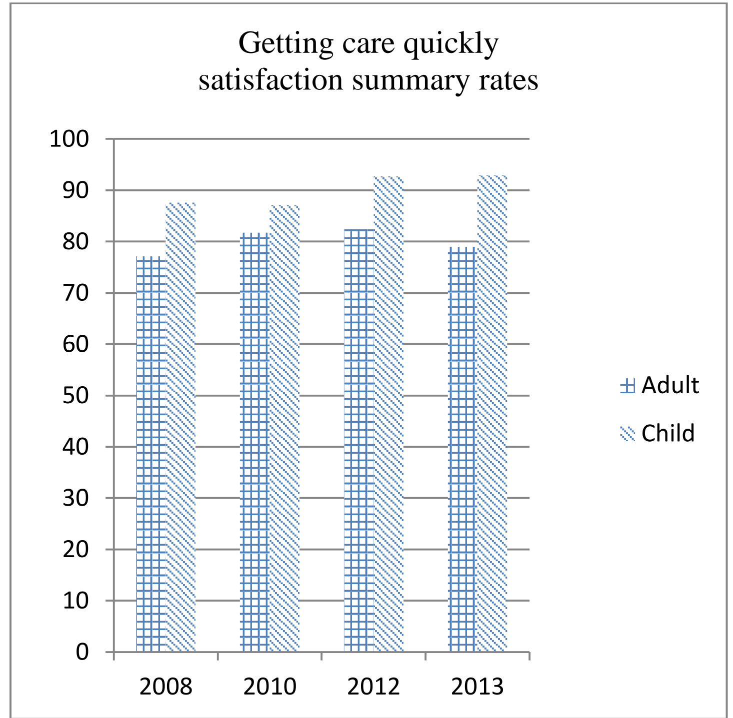
2012
2013
Adult
Child


Getting care quickly
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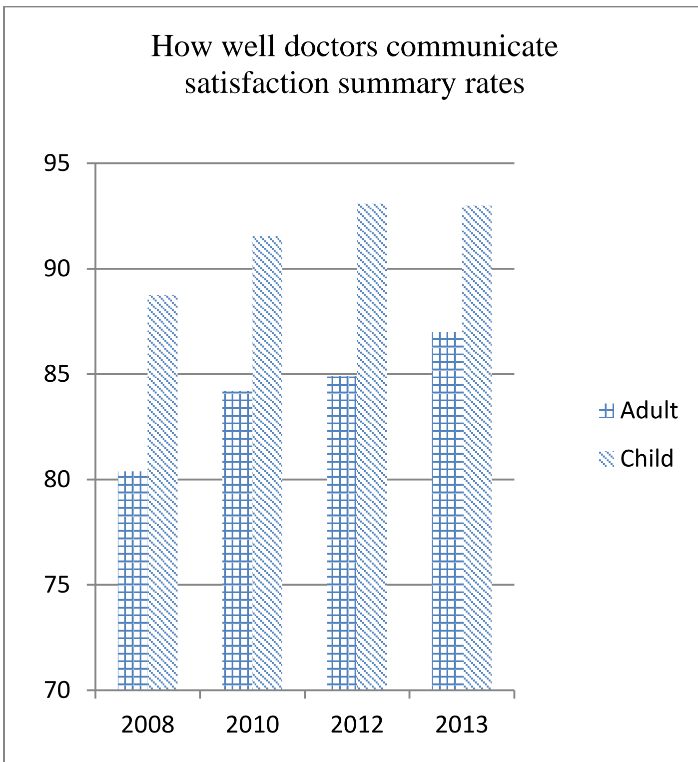
100
90
80
70
60
50
40
30
20
10
0
2008
2010
2012
2013
Adult
Child


How well doctors communicate
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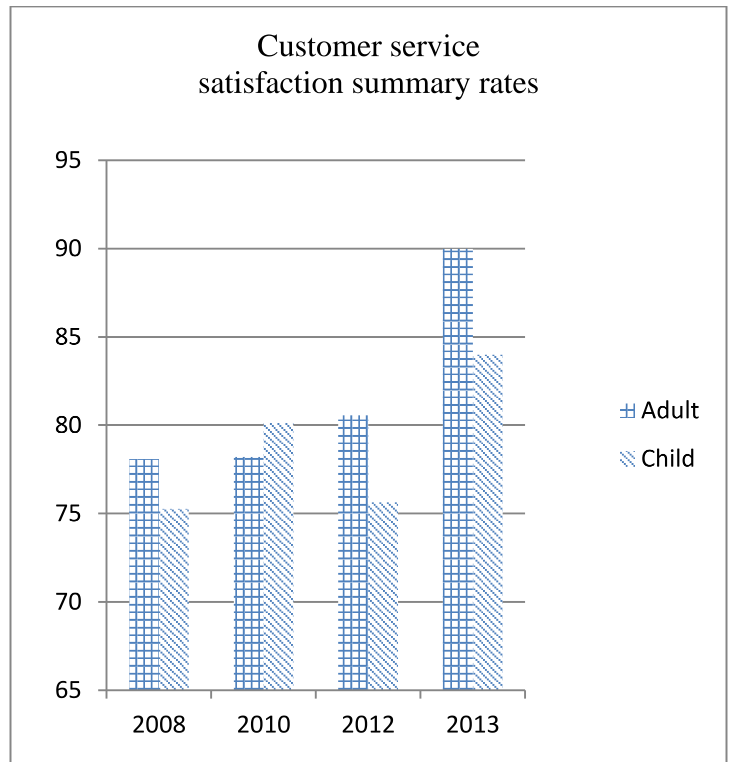
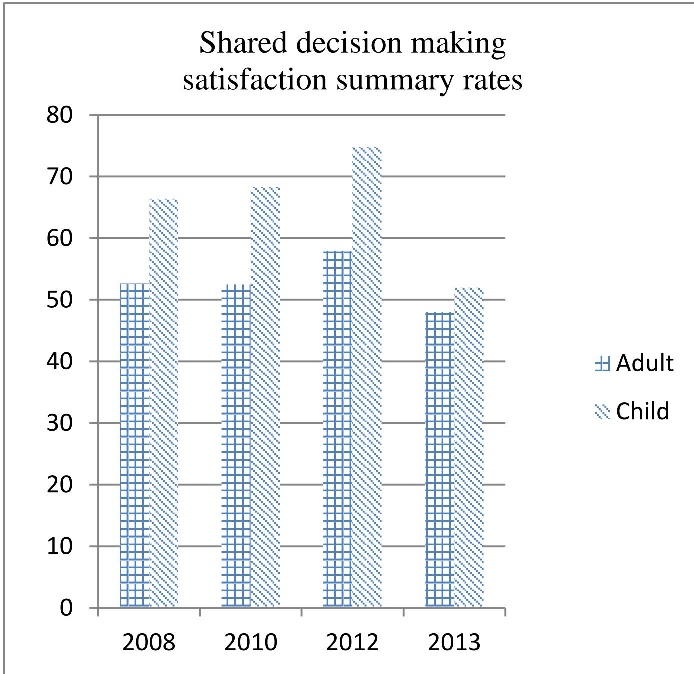
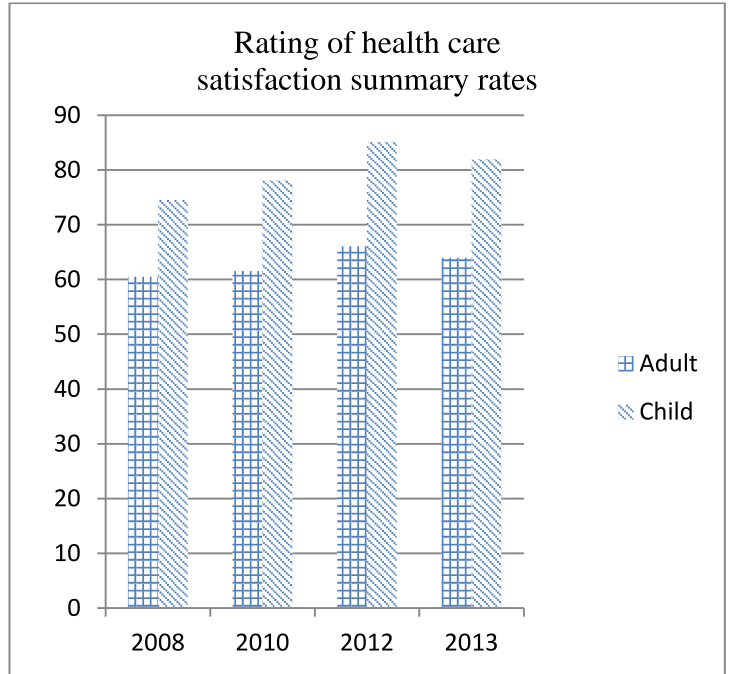
95
90
85
80
75
70
2008
2010
2012
2013
Adult
Child


Customer service
satisfaction summary rates
95
90
85
80
75
70
65
2008
2010
2012
2013
Adult
Child


Shared decision making
satisfaction summary rates
80
70
60
50
40
30
20
10
0
2008
2010
2012
2013
Adult
Child


Rating of health care
satisfaction summary rates
90
80
70
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50
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30
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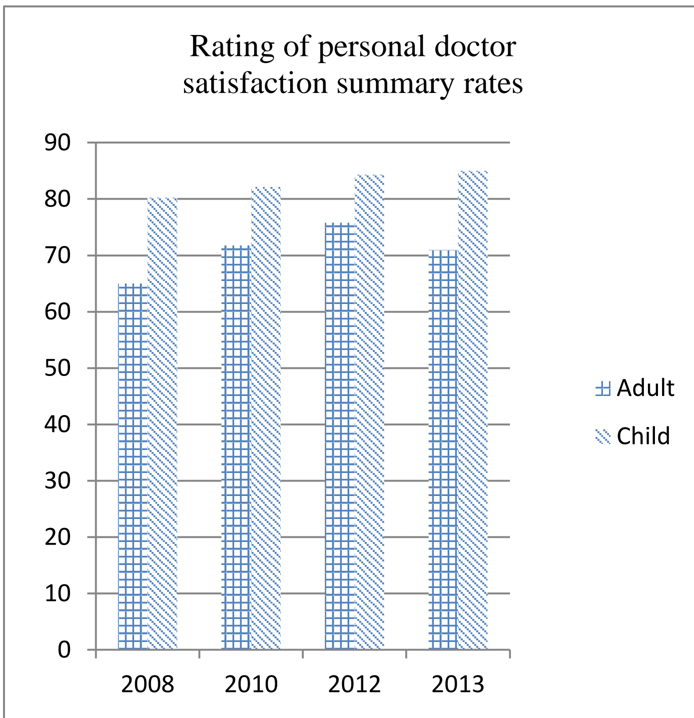
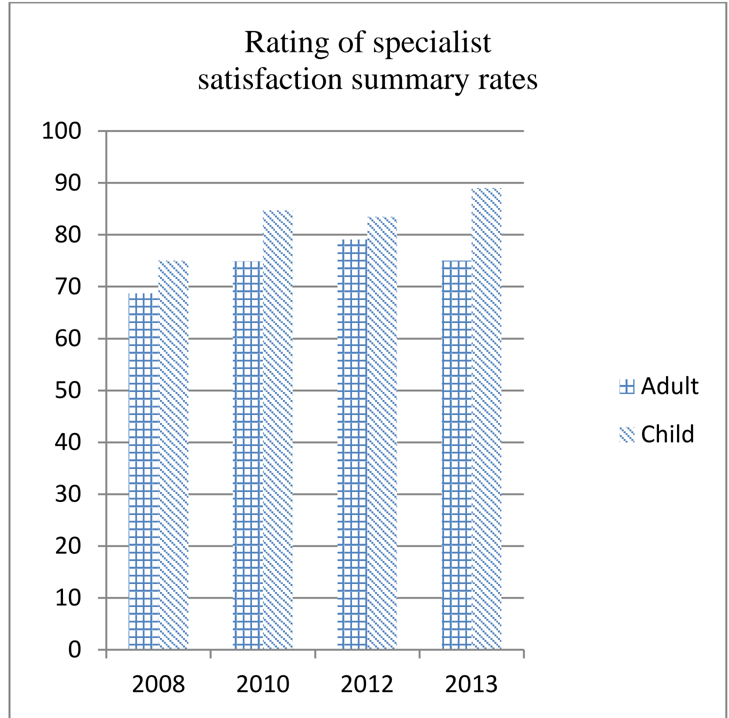
0
2008
2010
2012
2013
Adult
Child


Rating of personal doctor
satisfaction summary rates
90
80
70
60
50
40
30
20
10
0
2008
2010
2012
2013
Adult
Child


Rating of specialist
satisfaction summary rates
100
90
80
70
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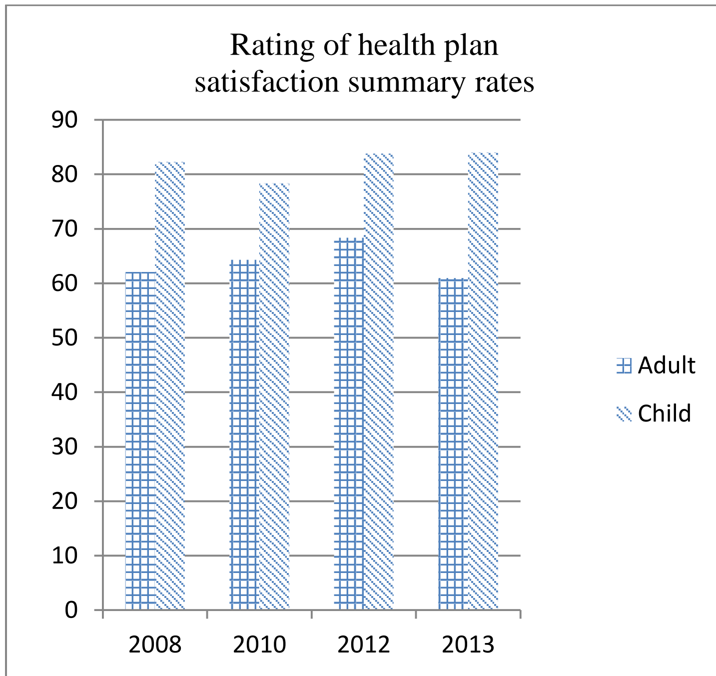
Rating of health plan satisfaction summary rates
90
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2008
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2012
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Adult
Child

XII. ENCLOSURES/ATTACHMENTS

1. Cesarean Section Quality Initiative Evaluation
2. Annual Tribal Consultation Participants
3. SoonerCare HMP Fifth Annual Evaluation
4. Joint PATF CHWG Agenda
5. SoonerCare Choice Post Award Forum Presentation
6. OU Sooner HAN Annual Report
7. OSU Network HAN Annual Report
8. PHCC HAN Annual Report
9. Leavitt Partners Evaluations Report
10. Leavitt Partners Alternatives Report
11. Oklahoma 1115 Budget Neutrality Model Worksheet
12. SoonerCare 2013-2015 Evaluation Design

XIII. STATE CONTACT(S)

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XIV. DATE SUBMITTED TO CMS

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