Oklahoma Health Care Authority

SoonerCare Choice Demonstration
§1115(a) 11-W-00048/6

Proposed Evaluation 2010-2012

Submitted
April 30, 2013

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Executive Summary

The history of the SoonerCare and Insure Oklahoma managed care demonstration includes significant program transitions. In 1995, the Oklahoma Health Care Authority (OHCA) implemented a fully capitated managed care model – SoonerCare Plus – to operate in the largest metropolitan areas in Oklahoma City, Tulsa and Lawton. In October 1996, the SoonerCare Choice program was available in rural areas as a partially-capitated primary care case management (PCCM) program. At the end of 2003, the OHCA ended the SoonerCare Plus program and replaced it with SoonerCare Choice in all three metropolitan areas. SoonerCare Choice is the health care delivery system for roughly 70 percent of individuals served in Oklahoma's Medicaid program. Insure Oklahoma was operationalized in 2006 to bring premium assistance to working adults who would not otherwise be eligible for Medicaid. The OHCA has experienced great success with SoonerCare Choice, its current Section 1115(a) waiver program. The OHCA has renewed the SoonerCare Choice waiver program to continue improvements in access to care, quality and cost effectiveness.

As required by the special terms and conditions of the SoonerCare Choice demonstration program, the OHCA must complete an evaluation of the SoonerCare Choice demonstration at the conclusion of each renewal period. The purpose of this evaluation is to determine the effectiveness of the SoonerCare Choice waiver for the renewal period from 2010 to 2012. This evaluation includes a brief history of the SoonerCare Choice waiver program, notable achievements during each year of the renewal period and degree to which the SoonerCare Choice and Insure Oklahoma have achieved their goals and objectives.

The results of the evaluation conclude that the program has met the goals and objectives stated in the approved evaluation design for the renewal period of 2010 to 2012. The hypotheses were proven in all but a few measures. In those areas where measures did not achieve the stated hypotheses goals, OHCA is reviewing the results to determine if additional training or program support is warranted.

Introduction

Background

In August of 1995, the OHCA received approval from the Health Care Financing Administration (HCFA) to operate a managed care program under Section 1915(b) of the Social Security Act. This program, known as SoonerCare, was subsumed under a Section 1115(a) demonstration waiver effective January 1, 1996. The initial 1115(a) waiver has been extended for three-year periods beginning in January 2001 and continuing through December 31, 2015.

In the original proposal to the HCFA, the OHCA identified a series of objectives to be achieved under SoonerCare, including the following:

1. Improving access to preventive services, primary care and early prenatal care for Oklahoma's Title XIX population;

2. Ensuring that every Title XIX member is able to choose a primary care provider who will serve as his or her family physician and be responsible for providing all basic medical services;

3. More closely aligning rural health care providers with their urban counterparts, so that rural Title XIX members are better able to obtain access to needed services;

4. Enhancing the ability of rural communities to retain existing providers and attract new ones; and

5. Instilling a greater degree of budget predictability into Oklahoma's Title XIX program, by moving from a fee-for-service program to one based on the concept of pre-payment.

Until 2004, the SoonerCare program operated under two different managed care models – SoonerCare Plus and SoonerCare Choice. In the three largest metropolitan areas and surrounding counties, the OHCA contracted with SoonerCare Plus Managed Care Organizations (MCOs) and relied on these plans to coordinate services for their members.

In the rural areas of the state, the OHCA operated a PCCM model, contracting directly with SoonerCare Choice primary care providers to provide and coordinate care. These Primary Care Provider/Case Managers (PCP/CMs) received a partial capitation payment to cover a benefit package comprised of primary and preventive health services, limited laboratory and x-ray services, and care coordination activities, while all other services were paid on a fee-for-service basis. This model was considered a prepaid ambulatory health plan.

In January 2004, the SoonerCare Choice program became the sole model for managed care across the state, replacing the MCO program in the metropolitan areas. In response, the OHCA expanded its administrative role to provide more extensive care management for members with complex and/or exceptional health care needs.

In 2005, the SoonerCare program was granted a HIFA waiver amendment, under which the OHCA was authorized to operate a premium assistance program for qualifying low-income adults with incomes above Medicaid limits, up to 200 percent of federal poverty level (FPL). This program, Insure Oklahoma, was previously known as the Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC). It currently provides coverage to qualified workers in businesses with 99 or fewer employees; individuals who are self-employed and temporarily unemployed; full-time college students, foster parents and qualified employees of non-profit businesses. The objective of the Insure Oklahoma

program is to ultimately improve access to affordable health coverage by providing premium assistance to uninsured low-income Oklahomans.

Two pathways are open to individuals seeking premium assistance. The first is through the employer, if the employer qualifies for Insure Oklahoma and chooses to participate. Individuals receiving premium assistance for Employer Sponsored Insurance (ESI) must pay a portion of the premium and must enroll in a qualified health plan offered by their employer. Premium costs are divided among the employee, employer and state/federal governments.

The second pathway to eligibility is through the Individual Plan (IP), which is directly administered by OHCA and uses the SoonerCare provider network. IP is open to persons who meet Insure Oklahoma eligibility criteria and are self-employed, unemployed or working disabled and do not have access to ESI. The OHCA introduced its first online application process for Insure Oklahoma which is available through the Insure Oklahoma website, Insure Oklahoma.

In 2005, the OHCA was granted authority to enroll qualifying TEFRA children in SoonerCare Choice. Enrollment of TEFRA children began in October 1, 2005.

On January 1, 2009, the OHCA made a transition to adopt a patient-centered medical home model. Providers receive traditional fee-for-service payments, monthly tiered care coordination payments and incentive payments. In the patient centered medical home, primary care providers are eligible for incentive payments for achieving primary and preventive services benchmarks. This program is called SoonerExcel.

IHS/Tribal/Urban Indian Clinic (I/T/U) providers can serve as PCPs for American Indian members in the SoonerCare Choice program. I/T/U providers receive a care coordination payment and are paid fee-for-service for all care they deliver. By allowing I/T/U providers to serve as PCPs, American Indian SoonerCare Choice members can access culturally appropriate care.

During the 2010-2012 SoonerCare Choice demonstration waiver renewal period, there have been noteworthy accomplishments that have had a positive impact on the SoonerCare Choice demonstration waiver program. The notable highlights from each year of the renewal period are included in this evaluation.

Notable achievements - 2010

Insure Oklahoma

As of June 2010, 256 college students were covered under Insure Oklahoma. The Insure Oklahoma ESI plan was designed to assist Oklahoma small business owners with up to 99 employees to purchase health insurance on the private market for their income-eligible employees at or below 200 percent of the FPL. The Insure Oklahoma IP provides a health coverage option to uninsured adults ages 19-64 whose allowable household income is no more than 200 percent of the FPL and who are not receiving Medicaid or Medicare.

Insure Oklahoma covers dependent children

In 2010, CMS approved the OHCA's Title XXI state plan amendment to add dependent children to the Insure Oklahoma program. The amendment covers children younger than age 19 in families with workers from any size business whose household income is 185 percent to 300 percent of the FPL. Due to budget concerns, the OHCA has only implemented the enrollment of children between 185 and

200 percent of FPL at present. Children in Insure Oklahoma ESI are covered through their family's private insurance plan, and Insure Oklahoma subsidizes a portion of the family's premium costs. Children in the Insure Oklahoma IP are covered through the state operated Individual Plan network and benefit plan. The family's financial responsibility for coverage does not exceed five percent of their household income. Insure Oklahoma members' coverage for their dependent children began in August, 2010.

Online enrollment

Historically, Oklahoma has had one of the nation's highest rates of uninsured persons. In an effort to reach those potentially qualified for coverage and to improve SoonerCare efficiency, the OHCA developed SoonerCare Online Enrollment. This project was made possible by a Transformation Grant from CMS. The OHCA created an innovative system to incorporate technological advances in the enrollment process, which CMS recognized as being cutting-edge and worthy of this grant funding. The total grant award exceeded $6 million, with no matching funds required. The online enrollment process creates a single point-of-entry intake that determines whether the applicant is qualified for SoonerCare. This process will remove many obstacles and "open the door" for thousands of low-income, uninsured Oklahomans. More than 500,000 SoonerCare members can choose to enroll for coverage in the privacy of their own home. Online enrollment was launched in September 2010.

Electronic enrollment for newborns

OHCA implemented a web-based SoonerCare application to add newborns to existing SoonerCare cases in 2008. As a result of this system, newborns can now be enrolled in SoonerCare before they leave the hospital. Babies successfully enrolled are assigned a primary care provider, have a SoonerCare identification number and can have claims processed for covered benefits immediately. Prior to implementation, less than 70 percent of newborns were added within ten days of birth. The average is now within three and a half days. A total of 23,908 babies were enrolled using electronic enrollment during state fiscal year 2010.

Child health

During state fiscal year 2010, OHCA received three grants to help improve the health of children in Oklahoma. The grants include: ABCD III Grant —"Connecting the Docs," CHIPRA Outreach and Enrollment Grant and SoonerCare Prenatal Tobacco Cessation Initiative. The ABCD III Grant — "Connecting the Docs" was approved for three years (November 2009 through October 2011) from the National Academy for State Health Policy and the Commonwealth Fund. The grant assisted in launching Connecting the Docs: Improving Care Coordination and Delivery of Developmental Screening and Referral Services in Oklahoma. Connecting the Docs is an initiative aimed at improving outcomes for young children with or at risk for developmental delays. The initiative builds on current system infrastructure to establish new and strengthen existing linkages among entities serving children and families. Connecting the Docs supports two primary goals: 1) Increase referral rates for SoonerCare children with positive screens or identified risk factors; 2) Improve care coordination among primary care providers serving SoonerCare children.

The CHIPRA Outreach and Enrollment Grant was approved for two years (September 2009 to September 2011) for $988,177 to implement SoonerEnroll, an outreach initiative focused on enrolling qualified children in SoonerCare. OHCA worked with numerous state and community-level partners to ensure a sustainable infrastructure for statewide outreach. SoonerEnroll also included a pilot program that allowed participating members the option of completing their SoonerCare benefit review by phone.

The SoonerCare Prenatal Tobacco Cessation Initiative was awarded $1.4 million in grant funding for three years (January 2010 to December 2012) by the Tobacco Settlement Endowment Trust to fund an educational effort to combat tobacco use during pregnancy. In addition to hiring a tobacco cessation outreach specialist to work with providers statewide, the OHCA worked closely with providers serving large numbers of pregnant women in the Oklahoma City and Tulsa areas to promote the use of best practices related to tobacco cessation. At the end of state fiscal year 2010, a total of five SoonerCare prenatal care providers had completed practice facilitation and continued with follow-up consultation during 2011.

SoonerCare approval ratings

Comparing the 2008 and 2010 Consumer Assessment of Health Care Providers Systems (CAHPS) surveys, results indicated fairly high levels of satisfaction holding steady across an array of eight quality measures. Positive trends were seen in ratings of health care, personal physicians, specialists and the health plan, and also in composite measures of getting care quickly, provider communication, getting needed care, and customer service. One increase was statistically significant; respondents gave higher ratings on how often they were able to get care quickly. The complete survey and other satisfaction surveys can be found at: OHCA Studies.

Notable achievements – 2011

SoonerEnroll

To reach the approximately 60,000 Oklahoma children uninsured but qualified for SoonerCare, OHCA coordinated an outreach effort called SoonerEnroll. SoonerEnroll had two primary goals: 1) enroll children that would be qualified for SoonerCare but are not currently enrolled; and, 2) improve the rate of successful and timely recertification of children in SoonerCare. SoonerEnroll was instrumental in reaching the goal of enrolling qualified children in SoonerCare. SoonerEnroll used a number of state and community-level strategies to increase enrollment and retention of children in SoonerCare. Four regional coordinators and a number of temporary community outreach workers provided training and technical assistance to more than 500 community partners and worked closely with them in the development, implementation and evaluation of action plans to meet the needs of local communities. An important outcome of SoonerEnroll was the creation of a sustainable, statewide infrastructure for outreach and enrollment efforts beyond the scope of the CHIPRA grant. The OHCA has contracted with the University of Oklahoma
School of Social Work to conduct focus groups and administer surveys concerning the challenges and barriers associated with enrollment in SoonerCare. The results will be used to develop and implement future outreach strategies. A re-enrollment pilot also was launched allowing members in pilot counties to renew their SoonerCare membership by phone. For more information on SoonerEnroll, go to OHCA SoonerEnroll.

Smoking Cessation Efforts Continue

Smoking before and during pregnancy is the single most preventable cause of illness and death among mothers and infants. An estimated 58 percent of Oklahoma's SoonerCare population smokes. Women who quit smoking before, or early in pregnancy, significantly reduce the risk for several adverse outcomes. OHCA received funding through December 2012 from the Tobacco Settlement Endowment Trust (TSET) for the SoonerQuit: Prenatal Tobacco Cessation Initiative. The project uses methods proven effective at improving providers' knowledge of best practice methods and provides on-site assistance in integrating these processes into daily routine. OHCA has worked on site with more than

20 SoonerCare obstetric care providers. OHCA also partnered with TSET and OSDH on a media campaign aimed at women of childbearing
age, encouraging them to contact their SoonerCare provider and the Oklahoma Tobacco Helplinefor help with tobacco cessation. The “SoonerQuit for Women” initiative used radio and print messages to share individual stories of several Oklahoma women from diverse backgrounds as they share their experience and advice about quitting smoking.

Health Management Program (HMP) Evaluation

Outside contractor, APS Healthcare, evaluated the preventive and diagnostic services provided to SoonerCare HMP
participants with six targeted chronic conditions: asthma, congestive heart failure, coronary artery disease, diabetes, hypertension and chronic obstructive pulmonary disease. The evaluation was performed through a combination of paid claims and medical record reviews. APS also calculated the 2010 compliance rates for a comparison group consisting of SoonerCare members who were eligible, but not enrolled in the SoonerCare HMP. The comparison group compliance rates were calculated for the measures derived from administrative data. Results of the analysis were promising. The participant compliance rate exceeded the comparison group rate by a statistically significant amount for 11 of 20 diagnosis-specific administrative data measures, suggesting the program has a positive effect on quality of care. The full evaluation of the HMP can be viewed at OHCA Studies.

Consumer Input

The OHCA has always strived to involve consumers, agency stakeholders and health care professionals in the development and implementation of SoonerCare programs. SoonerCare members’ voices sometimes are lost in the process. OHCA is working to inform SoonerCare members of changes to the program that affect their benefits through targeted mailings, quarterly newsletters and a user-friendly website. Until recently, the agency has not had an advisory group consisting solely of SoonerCare members and/or their families. In January 2011, years of planning and collaboration alongside the Oklahoma Family Network culminated in the creation of the SoonerCare Member Advisory Task Force (MATF). The MATF meets every other month and already has contributed greatly to the direction of the SoonerCare program.

Health Access Networks (HAN)

Part of the transition of the SoonerCare Choice program to a Patient-Centered Medical Home model was the development of Health Access Network (HAN) pilot programs. The concept behind the pilots was to enhance the medical home with community support for behavioral health, pharmacy, access to specialty care, case management of specific populations and assistance in adoption of electronic heath records. The three approved pilot HANs are the University of Oklahoma (OU) Sooner HAN; Partnership for Healthy Canadian County (PHCC) and the Oklahoma State University (OSU) HAN. The OU Sooner HAN began operations in August 2010. The PHCC and the OSU HAN began operations in August 2011. In addition to the services provided by other HANs, PHCC has established a strong connection with the county health department as well as food banks and other community resources. The OSU Health Access Network is similar to OU Sooner HAN in scope.

Notable achievements – 2012

Online enrollment becomes preferred application method

Online enrollment provides many options for SoonerCare applicants. An online application can be accessed from any computer that has Internet access, and an agency application can be accessed by partner agencies. Partners include the Oklahoma Department of Human Services (OKDHS), the Oklahoma State Department of Health (OSDH), Indian Health Service, several tribes and two federally qualified health center clinic groups. The paper application still exists, but it is now received at OHCA, where it is scanned, data-entered, and processed for enrollment within just a few days after mailing. The system uses a rules engine to determine qualification for the SoonerCare and SoonerPlan programs. This process ensures policy is applied uniformly and utilizes data exchange with other agencies to verify information. When applicants qualify to receive benefits, they receive real-time SoonerCare enrollment and are aligned with a medical home.

In calendar year 2012, the OHCA processed 443,644 applications and 76 percent of them were submitted via online enrollment form from either an agency or home Internet. This innovative system received a Governor's Commendation and the "Motivating the Masses" award at the 2011 Team Day awards. Online Enrollment and SoonerEnroll were jointly honored
by CMS in November 2011, by being one of ten awards given nationwide for Excellence in Children's Health Outreach and Enrollment (ECHOE).

Smoking Cessation Efforts Continued

The three-year SoonerQuit initiative used methods proven effective at improving providers' knowledge of best practice methods and provides on-site assistance in integrating these processes into daily routines. The OHCA has worked on site with more than 42 SoonerCare obstetric care providers. OHCA also partnered with TSET and OSDH on a media campaign aimed at women of child-bearing age, encouraging them to contact their SoonerCare provider and the Oklahoma Tobacco Helpline for help with tobacco cessation. The "SoonerQuit for Women" initiative used radio and print messages to share individual stories of several Oklahoma women from diverse backgrounds as they shared their experience and advice about quitting smoking. These initiatives helped to increase the number of calls to the helpline from SoonerCare members. Oklahoma Tobacco Helpline data indicates that since the beginning of the SoonerQuit initiative, the number of SoonerCare callers to the helpline has nearly doubled compared to previous years. The data also show that SoonerCare members most often learn about the helpline from their health care providers and at a much higher rate than the general population.

In June 2011, CMS encouraged states to partner with their tobacco quit lines to provide financial support for individuals covered by Medicaid. Due to our ongoing collaborative relationship with TSET, Oklahoma was uniquely poised to be one of the first states in the nation to accomplish such an agreement. In July 2011, OHCA and TSET expanded their partnership to allow federal administrative matching funds to cover 50 percent of the cost of helpline services to SoonerCare members. During 2012, this agreement resulted in a savings of more than $200,000 state dollars.

Oklahoma Electronic Health Records Incentives Program

CMS has implemented, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH) that adopt, implement, or upgrade and/or meaningfully use certified Electronic Health Records (EHR) technology. Eligible professionals include physicians, nurse practitioners, dentists, and physician assistants providing services in a FQHC/RHC led by a physician assistant. Eligible hospitals include critical access hospitals, cancer hospitals and children's hospitals. EHRs have enabled the exchange of clinical information with other health care providers or entities to provide the most current and accurate health information in a timely manner as well as provide a means for provider to provider or provider to patient communication. Meaningful use of EHR has enabled providers to improve quality, safety, efficiency, and reduce health disparities. Additionally, it has led to engaged patients and families in their health care, improved care coordination and improve population health while maintaining privacy and security. Oklahoma was one of many states that began offering the EHR Incentive program and was the first state in the nation to approve and issue an incentive payment to an eligible professional - Jan. 3, 2011 and to a tribal provider - July 6, 2011.

Evaluation results

The information which follows summarizes the results of the 2010-2012 evaluation of OHCA's success in meeting the waiver program objectives.

Hypothesis 1: Rates will be maintained/improved for well-child and adolescent visits over the duration of the waiver extension period, 2010-2012.

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

Results summary
During this extension period, children ages 0 to 15 months showed 2.9% improvement in the rates of child health checkups. Children ages three to six years and twelve to 19 years did not show an annual increase of four percent in the rate of child health checkups.

Hypothesis 1-A results
For children age zero to 15 months having at least one well-child visit, the baseline of 95.4 percent was established in calendar year 2009. Beginning in calendar year 2010, the rate for this group increased to 98.3 percent. This rate was maintained in calendar year 2011 and is expected to remain for calendar year 2012. The HEDIS data for calendar year 2012 will be added to the evaluation report when they are available.

Hypothesis 1-B results
For children age three to six, there was a decrease in the rate of child checkup rates. The HEDIS rate for these children during calendar year 2009 was 61.9 percent. For calendar year 2010, the rate decreased to 59.8 percent and for calendar year 2011, the rate decreased to 57.4 percent. The HEDIS data for calendar year 2012 will be added to the evaluation report when they are available.

Hypothesis 1-C results

From the baseline calendar year 2009 data, the number of 12 to 19 year olds with at least one checkup visit per year decreased 3.6 percentage points in calendar year 2010 but increased one percentage point in calendar year 2011, to 34.5 percent. OHCA analysis indicates that there is an inverse relationship between increasing age of the child and screening/participation rates.

Figure 1. Rate of children receiving one annual child health checkup per calendar year

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

Hypothesis 2: Access to primary care providers will continue to improve over the duration of the waiver extension period, 2010-2012.

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

Results summary

Access to primary care services for all children has been a priority of the SoonerCare Choice waiver program. Concerning access to primary health care, the four percent growth rate during the extension period was not maintained. The rate of children in the 12 to 24 months age group receiving primary care services declined from 97.8% percent in calendar year 2009 to 96.6% in calendar year 2012. The rate of children in the three to six year age group receiving primary care services decreased from 89.1 percent in calendar year 2009 to 88.4 percent in calendar year 2010. The rate for children in this age group increased to 90.1 percent during calendar year 2011. For children in the 7 to 11 age group, the rate increased from 1.8 percent from calendar year 2009 to calendar year 2011. For older children, age 12 to 19, the rate improved 2.8 percent from calendar year 2009 to calendar year 2011. The HEDIS data for calendar year 2012 will be added to the evaluation report when they are available.

Figure 2. Child access to primary health care

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

Figure 3. Adult access to primary health care

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

Hypothesis 2.A results

This hypothesis assumes that children's and adolescents' rate of access to primary care providers will increase by four percentage points over the life of the extension period. In review of the HEDIS measures, children ages 12 to 24 months saw a 0.6 percent decrease in calendar year 2010 and a 1.2 percent decrease in calendar year 2011. While the other age cohorts also did not meet the 4 percentage point increase, by calendar year 2011, these age cohorts had at least a one percent increase. In addition, it should be noted that in comparison to calendar year 2008 data (before the implementation of medical home in 2009) in comparison to calendar year 2011, each age cohort increased by at least 2.5 percent, with ages 3 to 6 years increasing 7 percent, ages 7 to 11 increasing 9 percent, and ages 12 to 19 years increasing 10.2 percent.

Hypothesis 2.B results

Similar to the children's and adolescent's rate of access to primary care providers data, the age cohorts did not meet the four percentage point increase over the extension period. The age cohort of 20 to 44 years increased 0.6 percent in calendar year 2010 but dropped 1.1 percent in calendar year 2011. Comparatively, the age cohort of 45 to 64 years increased 0.1 percent by calendar year 2011. As noted in Hypothesis 2.A, when comparing calendar year 2011 in the extension period to calendar year 2008 (before the implementation of medical home in 2009), the age cohort of 20 to 44 years increased 4.7 percent and the age cohort of 45 to 64 years increased 4.2 percent.

Hypothesis 3: The dental visit rate of members' ages three years through 21 years will continue to improve over the life of the extension period, 2010-2012.

Hypothesis 3 results

This hypothesis assumes that the dental visit rate of members age 3 to 21 will continue to improve over the extension period. The percentage of children having at least one dental health visit is determined using paid claims and encounter data. The baseline rate of in calendar year 2009 was 60.2 percent. During this reporting period, the rate of children age 3 to 21 that had a dental visit improved 3.8 percent.

Figure 4. Rate of children receiving an annual dental checkup

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

Hypothesis 4:

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

B. **The proportion of SoonerCare IHS members whose PCP is an Indian Health Service/Tribal/Urban Indian Clinic (I/T/U) provider will increase and I/T/U provider capacity will be maintained over the life of the waiver extension period.**

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

Results summary

The need to improve the availability of primary care providers has been a goal of the SoonerCare Choice waiver since it began. The OHCA has established methods of increasing the number of PCPs in the SoonerCare Choice waiver program. Previous efforts to increase the number of primary care physicians and their effectiveness have included supporting graduate medical education and enhancing primary care physician payments. During this evaluation period, the number of PCPs enrolled has increased to 1,932 – the highest number ever enrolled in SoonerCare Choice.

Hypothesis 4.A results

The number of Choice PCPs enrolled has increased by 523 providers since the baseline was established in December 2008. The recorded PCP capacity has decreased by a quarter of a million members the month the medical home model was implemented, to 1,113,577 in January 2009. This data is available in Attachment 1, January 2009 Provider Fast Facts. Capacity after implementation decreased further to 1,039,583 at the beginning of the extension period, January 2010, and has since increased slightly (five percent) by December 2012. While capacity has decreased, the percentage of capacity used is only 45.13 percent in December 2012. This data is available in Attachment 2, January 2010 Provider Fast Facts. 2012 provider capacity information is available in Attachment 3, December 2012 Provider Fast Facts.

Since the baseline year of 2009, the number of primary care providers has increased steadily in the SoonerCare Choice waiver demonstration program. In the SoonerCare Choice demonstration waiver program, primary care capacity is based on self-report data from primary care providers. These PCPs report the number of SoonerCare Choice members they are willing to treat in their practices. The rate of capacity is determined by taking the total number of members that a provider is willing to treat and dividing it by the total number of members on that PCPs panel of members. The proportion is the rate of provider capacity utilized.

It is worth noting that the nominal decrease in capacity does not appear to have negatively impacted member access to primary or preventive care. Program staff has reason to believe that prior to implementation of the medical home model in January 2009, PCPs were declaring a larger capacity than they could reasonably serve.

Figure 5: SoonerCare Choice PCP enrollment

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

Figure 6: SoonerCare Choice PCPs

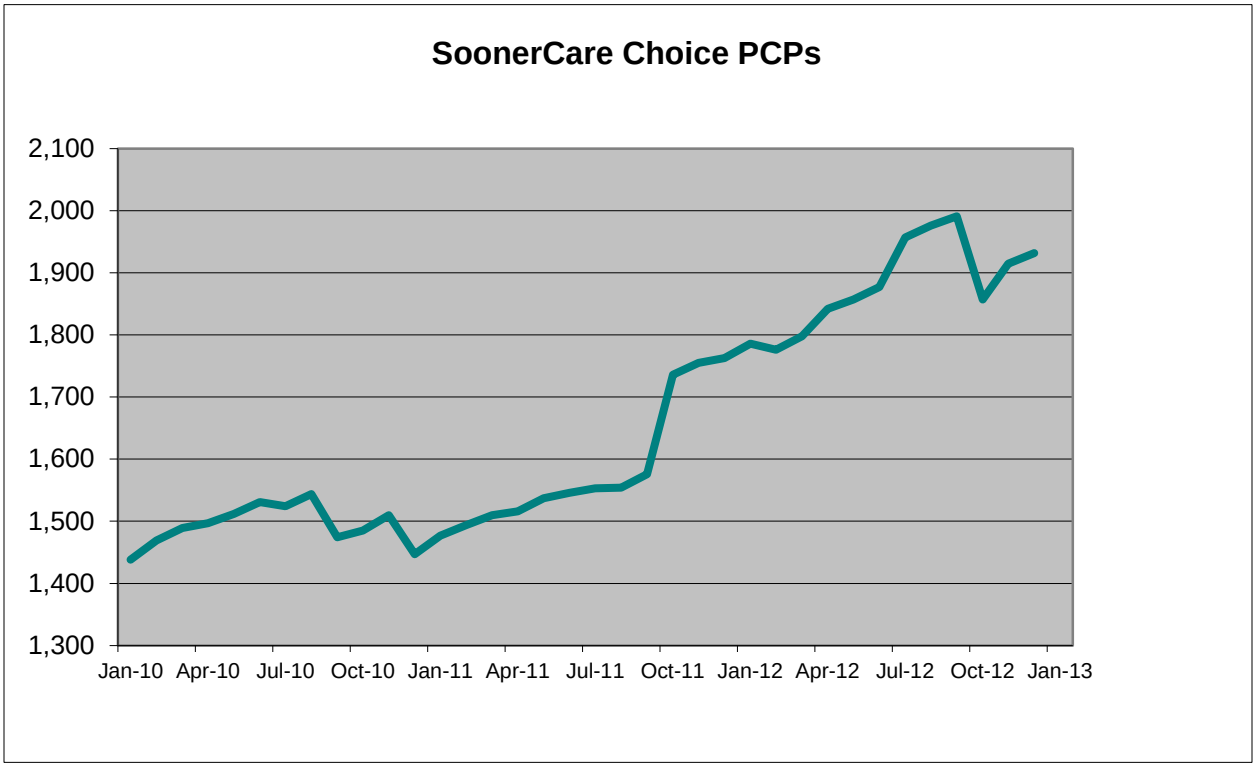
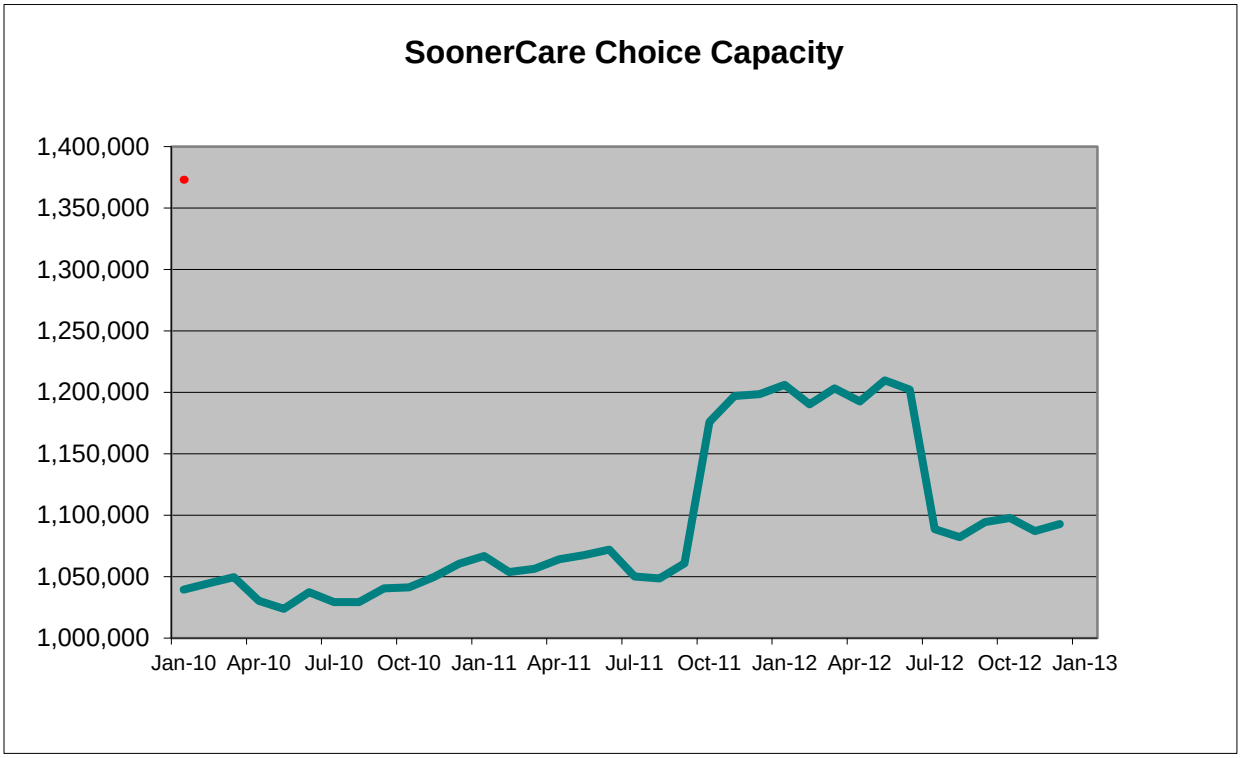


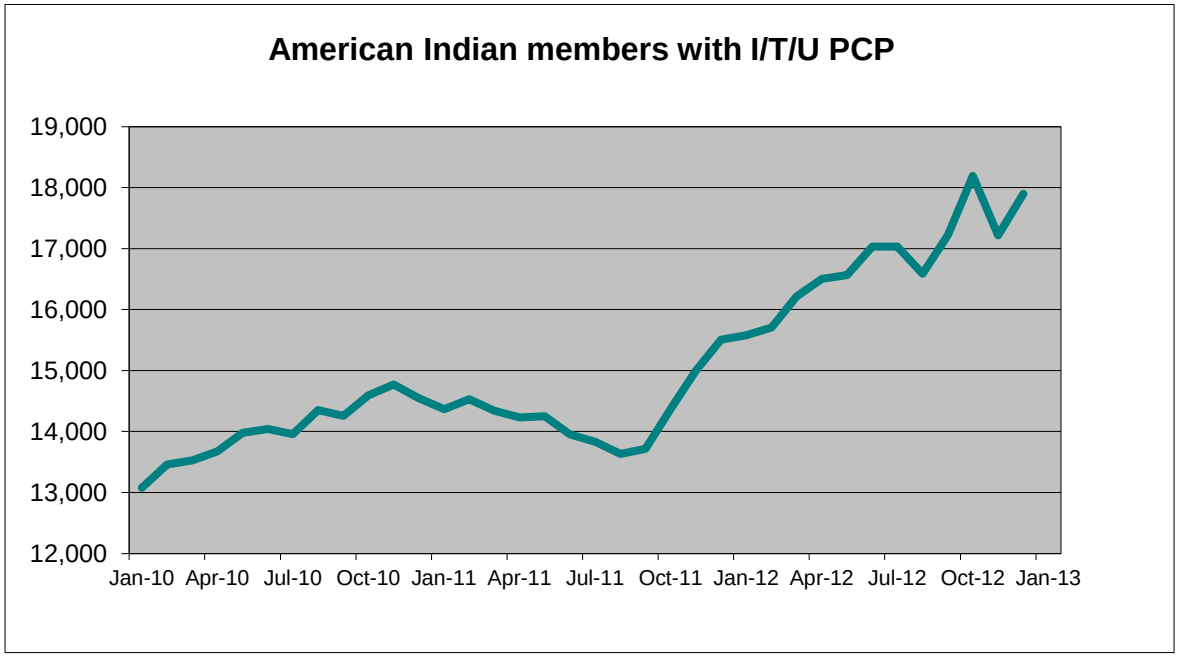
Figure 7: SoonerCare Choice PCP capacity



Hypothesis 4.B results

In order to provide culturally competent care to tribal citizens, the OHCA seeks to enroll as many tribal PCPs as possible in order to serve tribal citizens in the SoonerCare Choice waiver program. The proportion of SoonerCare Choice tribal members whose PCP is an I/T/U provider has increased since the baseline year of 2009. There was a slight decrease for tribal members with an I/T/U PCP in 2010 but the rates have increased through the end of the extension period.

Figure 8: SoonerCare members with an I/T/U PCP



Hypothesis 4.C results

Throughout the extension period, 100 percent of SoonerCare Choice children and adults had access to an age-appropriate PCP within a travel distance of 45 miles. In 2010 adults and children had access to at least one PCP within three miles of their address; in 2011, adults and children had access to at least one PCP within two miles of their address and in 2012, adults and children had access to at least one PCP within 2.8 miles of their address. The summary data for each year of the extension period is included with the Attachment 3, Attachment 4 and Attachment 5 of this document.

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

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

Results summary

Since the creation of the HANs, the care management unit of the OHCA has continued to provide nurse care management that utilizes evidence-based practice management guidelines and clinical information systems for SoonerCare members with specific health conditions.

The number of unduplicated SoonerCare Choice members under active care management is tracked monthly using the Atlantes® clinical case management system. From January 2010 to December 2012, there has been nearly a 30 percent increase in the number of SoonerCare Choice members under care management. Calendar year 2010 is the only year in the extension period when the number of SoonerCare Choice members receiving care management services decreased from January to December.

Within the SoonerCare Choice demonstration waiver program, there are distinct Health Access Networks (HANs) that work collaboratively with the OHCA to manage the care of SoonerCare Choice members. Three HANs operate in the SoonerCare Choice demonstration waiver: The OU Sooner HAN, the OSU HAN and the Partnership for Healthy Canadian County. Both the OU Sooner HAN and the Oklahoma State University HAN are housed at public universities. The Partnership for Healthy Canadian County works collaboratively with a variety of community based organizations.

In 2012, the OHCA care management unit adopted the population health approach to care management. This population health approach includes identifying populations of SoonerCare members with specific chronic health conditions, establishing plans of care, monitoring the service utilization of these members and applying health interventions based on level of care. Adding this additional chronic care unit has led to an increase in the number of SoonerCare members receiving care management services.

Hypothesis 5.A results:

Figure 9: SoonerCare Choice members receiving care management services 2010-2012

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2010 Choice Members under CM	3,018	2,874	2,875	2,721	2,677	2,624	2,375	2,252	2,104	2,025	1,999	2,008

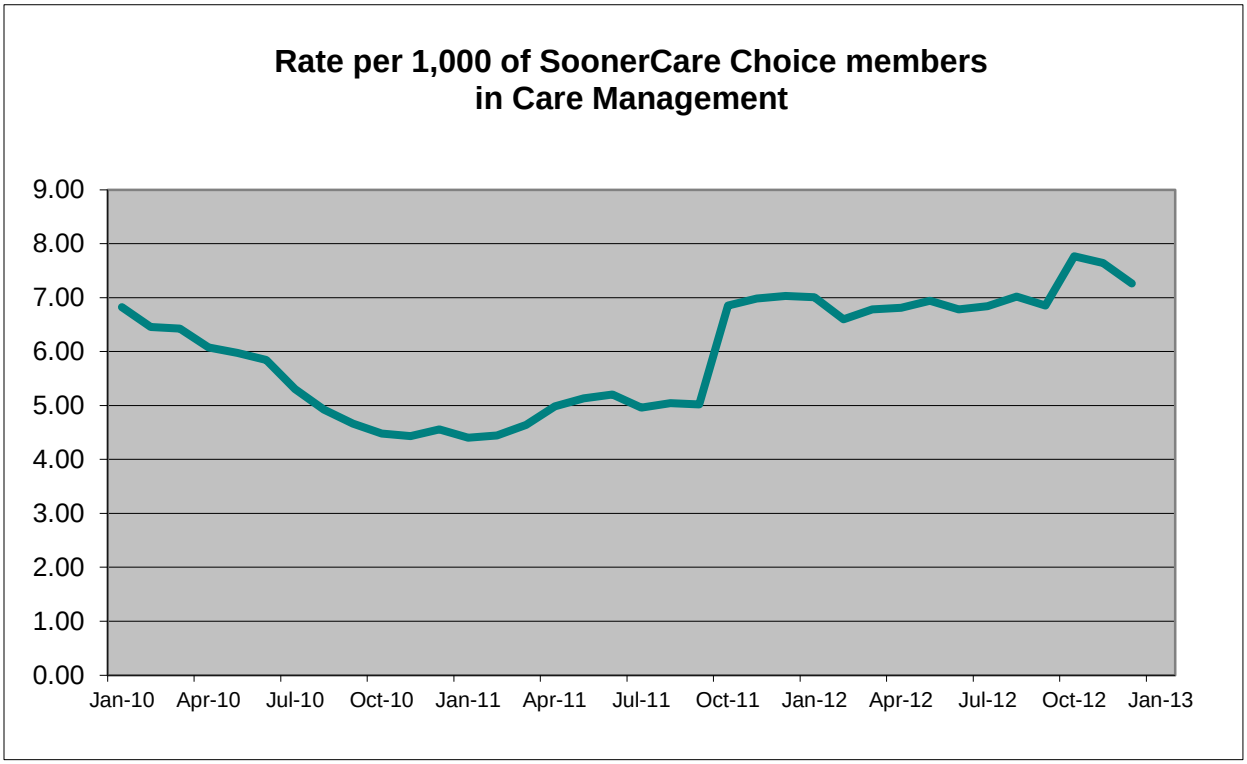
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2011 Choice Members under CM	1,967	2,017	2,115	2,233	2,301	2,286	2,198	2,259	2,239	3,125	3,285	3,357

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

Hypothesis 5.B results

OHCA tracks the rate per 1,000 of SoonerCare Choice members receiving care management services. In January 2010, the rate per 1,000 of SoonerCare Choice members in care management was 6.82. This rate dropped every month during 2010. In January 2011, the rate was 4.40 and varied throughout the year to an increase in the last quarter of 2011 to 7.03 in December 2011. In January 2012, the rate was 7.01. This rate decreased to 6.78 in June 2012 and increased to 7.26 in December 2012.

Figure 10: Care management rate per 1,000 SoonerCare members



Hypothesis 5.C results:
In addition to the required populations for which the HANs provide care management services, the OSU HAN added the population persons with HIV. The OSU HAN care manager works with the members to ensure that they are aware of and taking full advantage of the resources and services available in network as well as in their community. In addition, the PHCC HAN has also added a new population for members with asthma that will receive care management services. The OU Sooner HAN group identified for additional care management services is named “All Cause,” reflecting their diverse needs and health situations.

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

Figure 11: SoonerCare Choice members transitioned to the OU Sooner HAN

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

Figure 12: OU Sooner HAN care management populations

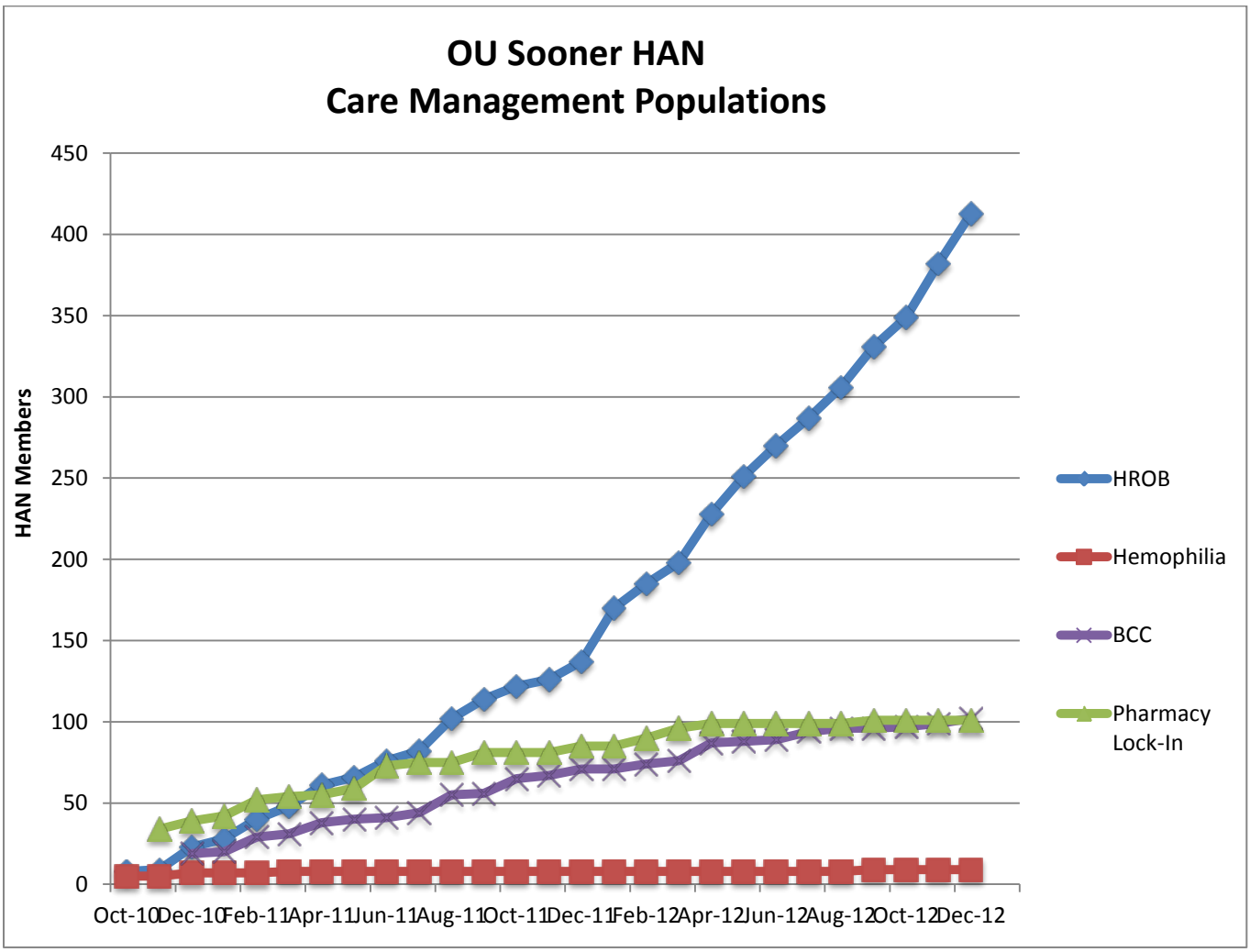


Figure 13: SoonerCare Choice members transitioned to the PHCC HAN

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

Figure 14: PHCC HAN care management populations

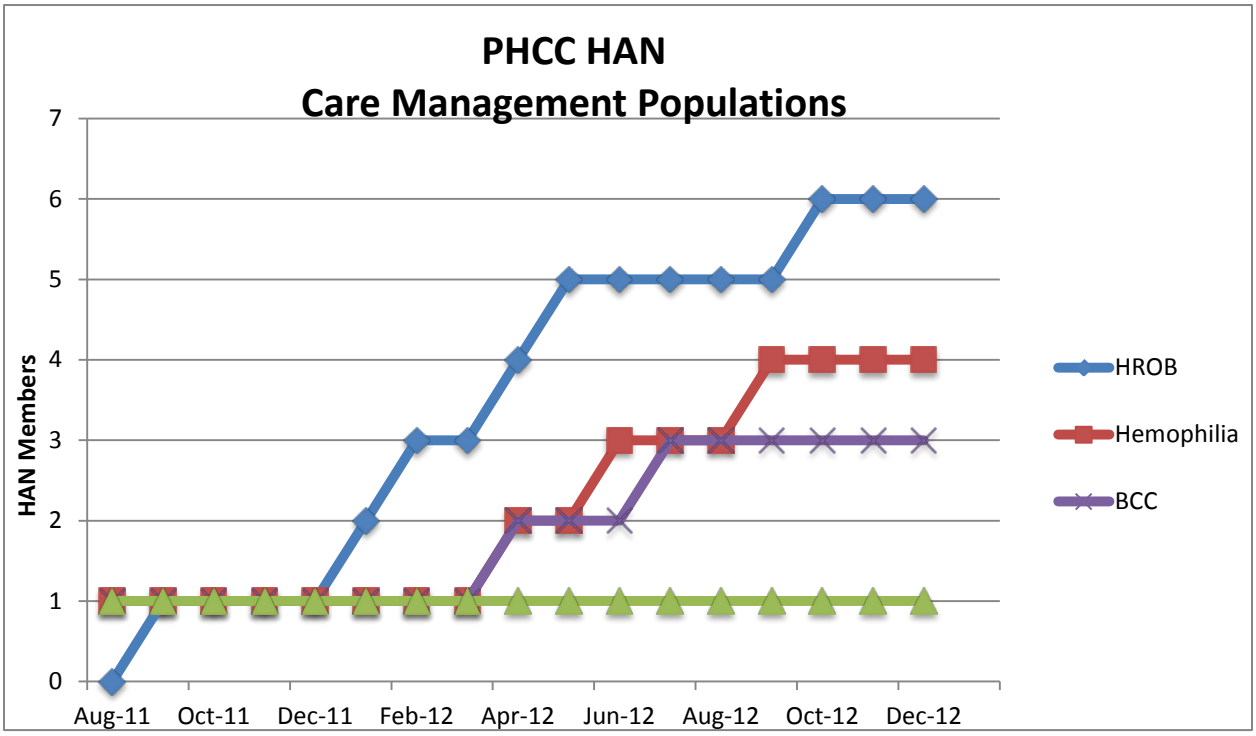
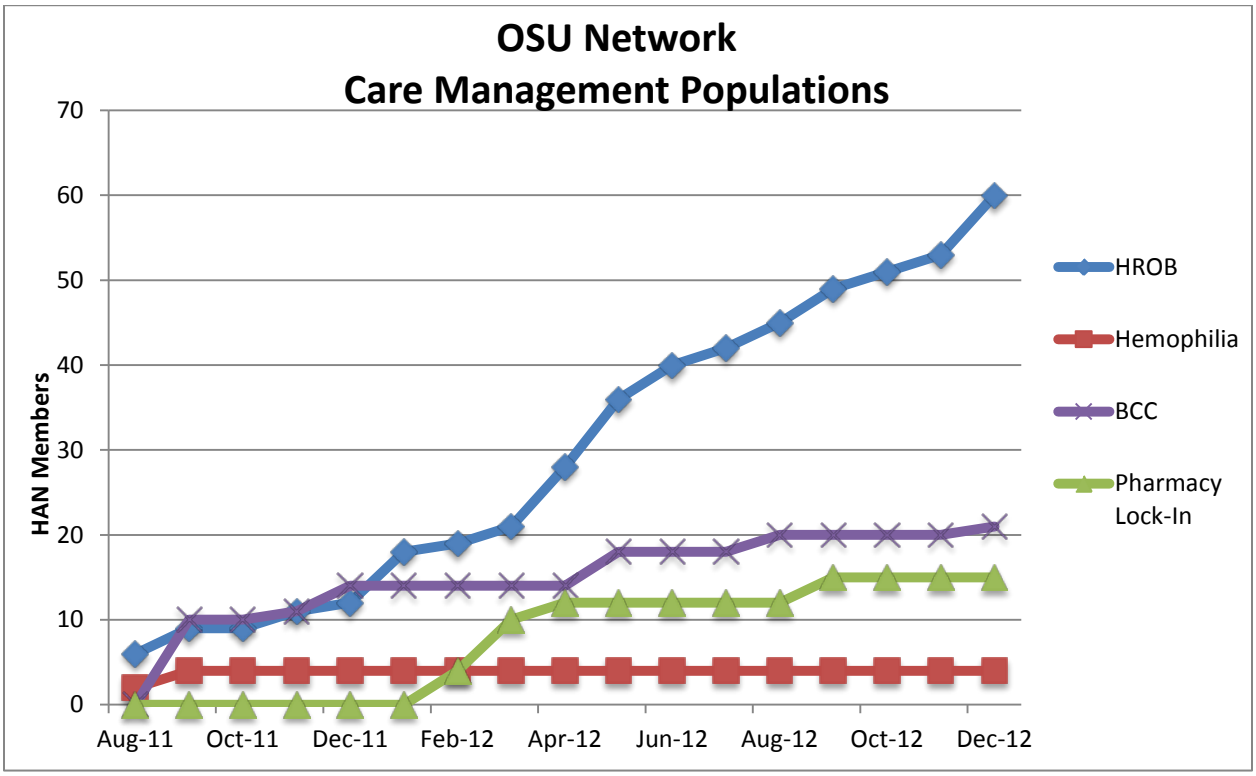


Figure 15: SoonerCare Choice members enrolled in the OSU HAN

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

Figure 16: OSU HAN care management populations



Hypothesis 6: The OHCA will enroll at least 500 qualified children through the Title XXI State Plan for standalone CHIP children (186-300 percent FPL) over the duration of the waiver extension period, 2010-2012.

Results summary

The OHCA began covering Insure Oklahoma dependent children in August 2010. The OHCA reached its goal of enrolling at least 500 children in June 2011. Since this time, the number of dependent children has fluctuated with decreases in enrollment lasting through 2012. This variation with the number of enrolled children is consistent with the overall enrollment in the Insure Oklahoma program during the extension period.

Figure 17: Number of Insure Oklahoma dependent children, 2010-2012

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

Hypothesis 7: The HAN pilot program will:

A. Improve member access to all levels of care over the life of the waiver extension period.

B. Enhance the quality and coordination of health care services provided to SoonerCare Choice members over the life of the waiver extension period.

C. Reduce inappropriate utilization and costs over the life of the waiver extension period.
D. Report the status of electronic medical record (EMR) systems for PCPs aligned with the HAN.

Results summary

Within the SoonerCare Choice waiver program, there are three distinct HANs. The OHCA has approval from CMS to fund up to 55,000 members. During this extension period, each HAN has either maintained or experienced growth in the number of PCMHs and members.

Hypothesis 7.A results

Figure 18: Number of members enrolled in each HAN annually, 2010-2012

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

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

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

Hypothesis 7.B results

Please refer to Attachment 6, 7, and 8 to review the OU Sooner HAN, OSU HAN, and PHCC HAN Annual Reports for 2012, for quality improvement and coordination of health care services.

Figure 19: Per member, per month costs for each HAN, 2010-2012

Hypothesis 7.C results

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

Hypothesis 7.D results

The OU Sooner HAN and the PHCC HAN currently utilizes an online collaboration tool known as Doc2Doc, to improve the efficiency and timeliness of referrals to specialty care. Doc2Doc allows users to use an online system to manage and enhance referrals. The Doc2Doc application allows for communication between a PCP and a specialist at the time that the patient's referral visit is scheduled. The PHCC HAN is in initial phases to fully implement the system.

The OU Sooner HAN also participates in the MyHealth regional health care exchange. In 2012, the OU Sooner HAN participated in the pilot of the MyHealth Access Network which will allow OU Sooner HAN care managers to be notified in real time if a member has been admitted to the hospital or visited an emergency department.

By the end of 2012, the PHCC HAN PCPs were using an electronic health record. PCPs in the OSU HAN began using the Nextgen EHR system in October 2011. The usage of this EHR system will allow PCPs to monitor and act on behavioral health, weight management and tobacco cessation counseling needs.

Conclusions

The purpose of this evaluation was to determine the effectiveness of the SoonerCare Choice waiver for the extension period from 2010 to 2012. The results from this evaluation show that the SoonerCare Choice waiver program is meeting its stated goals and objectives with respect to access to primary care for infants and toddlers, access to dental care, provider capacity and the HANs. While measures for child health checkups for infants and toddlers 0 to 15 months, older children and adolescents lagged behind projected growth rates, these measures generally improved over the 2009 baseline data.

Also, there were positive associations between the availability of providers and access to primary health care services observed. These services appear to be beneficial to SoonerCare Choice members. The results from this evaluation show that health care utilization costs were less for SoonerCare Choice members enrolled in HANs than members not enrolled in HANs.

Attachments

Attachment 1: SoonerCare Provider Fast Facts – January 2009

Attachment 2: SoonerCare Provider Fast Facts – January 2010

Attachment 3: SoonerCare All Access map – December 2010

Attachment 4: SoonerCare All Access map – December 2011

Attachment 5: SoonerCare All Access map – July 2012

Attachment 6: 2012 OU Sooner HAN annual report

Attachment 7: 2012 PHCC HAN annual report

Attachment 8: 2012 OSU HAN annual report