
Oklahoma Health Care Authority



SoonerCare Demonstration 11-W-00048/6
§1115(a) Quarterly Report
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Table of Contents

I. INTRODUCTION	3
II. ENROLLMENT INFORMATION	4
A. Member Enrollment	4
Breast and Cervical Cancer Program (BCC)	6
Electronic Newborn Enrollment	6
Health Management Program’s CareMeasures Disease Registry	6
Insure Oklahoma Employee-Sponsored Insurance Program (ESI).....	7
Insure Oklahoma Individual Plan (IP)	7
Perinatal Dental Access Program (PDEN).....	8
Soon-to-be-Sooners (STBS)	8
Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA).....	8
B. Provider Enrollment	9
SoonerCare Provider Enrollment by Type.....	9
SoonerCare Medical Home Providers by Tier	9
Insure Oklahoma Individual Plan (IP) Providers	9
Health Management Program (HMP)	10
Indian Health.....	10
Perinatal Dental Access Program (PDEN).....	10
PCP Capacities	10
C. Systems.....	11
III. OUTREACH AND INNOVATIVE ACTIVITIES	12
A. Outreach	12
B. Innovative Activities	13
Electronic Health Records (EHR).....	13
High ER Utilization Initiative	13
MMIS Reprourement	14
C. Stakeholder Engagement.....	14
Medical Advisory Task Force (MAT)	14
Tribal Consultation	14
IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES.....	15
A. SoonerCare and Insure Oklahoma Operations	15
1. Department Operations	15
Care Management (CM)	15
Medical Authorization Unit (MAU)	17
Member Services (MS)	18
Waiver Development & Reporting (WD&R)	18
2. Program-Specific Operations.....	19
Breast and Cervical Cancer Program (BCC)	19
Health Access Network.....	19
Health Management Program (HMP)	22
Insure Oklahoma (IO)	24
SoonerEnroll	26
SoonerQuit	26
SoonerRide.....	27

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA).....	27
B. Policy Developments.....	27
1. Rule Changes	27
2. Legislative Activity.....	27
V. CONSUMER ISSUES	28
A. Member Advisory Task Force (MATF).....	28
B. Member Inquiries	28
C. Helplines.....	29
Insure Oklahoma Helpline	29
Online Enrollment (OE) Helpline	29
SoonerCare Helpline	30
Patient Advice Line.....	30
D. Grievances.....	30
VI. QUALITY ASSURANCE/MONITORING ACTIVITIES	31
A. Quality Assurance (QA).....	31
1. Audits.....	31
SoonerRide.....	31
2. Access Survey	31
B. Monitoring Activities	32
1. HEDIS Report.....	32
2. Affordable Care Act Transition Plan	33
VII. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES	34
A. Budget Neutrality Model	34
VIII. MEMBER MONTH REPORTING	35
A. Budget Neutrality Calculation	35
B. Informational Purposes Only	35
IX. DEMONSTRATION EVALUATION.....	35
A. Hypotheses	35
X. ENCLOSURES/ATTACHMENTS	40
XI. STATE CONTACT(S).....	40
XII. DATE SUBMITTED TO CMS.....	41

I. INTRODUCTION

The State of Oklahoma SoonerCare demonstration program utilizes an enhanced primary care case management delivery system to serve eligible populations statewide. SoonerCare program objectives include:

- Improving access to preventive services, primary care, and early prenatal care;
- Ensuring that every title XIX beneficiary is able to choose a primary care provider who will serve as his or her family physician;
- Building managed care in Oklahoma's rural communities;
- Instilling a greater degree of budget predictability into the program by incorporating a managed care component of capitated payments with traditional fee-for-service and incentive payments; and
- Expanding coverage through public/private partnerships (Insure Oklahoma Employer-Sponsored Insurance and Individual Plan).

The demonstration was approved to change its managed care SoonerCare Choice program from a prepaid ambulatory health plan to primary care case management effective January 1, 2009. At that time the state also implemented a Patient-Centered Medical Home model.

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

The State submitted the SoonerCare Choice Renewal Application to the Centers for Medicare & Medicaid Services (CMS) on December 31, 2011, requesting an extension of the program for the period January 1, 2013 to December 31, 2015. The State requested one amendment to the waiver, specifically, the Insure Oklahoma (IO) Individual Plan (IP) program. The State is requesting that the adult outpatient behavioral health benefit for IO IP be limited to 48 visits per year to match the children's benefit.

II. ENROLLMENT INFORMATION

A. Member Enrollment¹

Members Enrolled in SoonerCare Choice ² and Insure Oklahoma ³	Quarter Ending June 2011	Quarter Ending Sept 2011	Quarter Ending Dec 2011	Quarter Ending Mar 2012	% Change
Total Number of Eligibles Enrolled in SoonerCare Choice⁴	439,228	446,297	477,285	483,976	1.4%
SoonerCare Choice Percentage of total Medicaid Population	64%	64%	67%	67%	
A) Title XXI	Unavailable ⁵	51,941	52,371	54,356	3.8%
B) Title XIX	Unavailable ⁵	394,356	424,914	429,620	1.1%
C) Adults	80,217	83,504	87,834	88,753	1.0%
D) Children	359,011	362,793	389,451	395,223	1.5%
E) Ratio – Adult/Child:					
Adult	18%	19%	18%	18%	
Child	82%	81%	82%	82%	
Total Number Enrolled in Insure Oklahoma	32,600	32,159	31,624	31,138	-1.5%
A) Individual Program (IP)	13,784	13,965	13,877	13,574	-2.2%
B) Employee Sponsored Insurance (ESI)	18,816	18,194	17,747	17,564	-1.0%
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma	471,828	478,456	508,909	515,114	1.2%

¹ Enrollment numbers are point in time numbers.

² See Attachment 1, SoonerCare Fast Facts, March 2012.

³ See Attachment 2, Insure Oklahoma Fast Facts Summary, March 2012.

⁴ Members enrolled in SoonerCare Choice must meet all eligibility criteria and have a current PCP assignment.

⁵ Because of a system's issue involving Title XXI numbers, this data was not available.

II. ENROLLMENT INFORMATION (Cont'd)

March 2012 Demonstration Populations: Enrolled and Potential ⁶ Members	Currently Enrolled	Potential Population	Total Eligible
TANF-Urban	243,935	54,097	298,032 ⁷
TANF-Rural	195,294	16,934	212,228 ⁷
ABD-Urban	22,394	6,479	28,873 ⁷
ABD-Rural	21,573	2,070	23,643 ⁷
Other ⁸	780		780
Non-Disabled Working Adults (IO)			32,819
Disabled Working Adults (IO)			8
TEFRA Children			412 ⁹
SCHIP Medicaid Expansion Children Enrollees	54,356		54,356
Full-Time College Students			558

Demonstration Populations: Member Months	Quarter Ending June 2011	Quarter Ending Sept 2011	Quarter Ending Dec 2011	Quarter Ending Mar 2012
TANF-Urban	830,816	838,453	866,939	888,688
TANF-Rural	603,398	606,561	622,390	633,779
ABD-Urban	85,969	86,546 ¹⁰	86,347	86,667
ABD-Rural	71,382	71,521 ¹⁰	71,103	71,056
Non-Disabled Working Adults (IO)	96,661	96,793	97,265	98,828
Disabled Working Adults (IO)	30	28	28	26
TEFRA Children	1,120	1,128	1,182	1,240
SCHIP Medicaid Expansion Children Enrollees	Unavailable	51,941	155,966	161,413
Full-Time College Students	1,371	1,395	1,482	1,641

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

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

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

⁷ As reported on the CMS-64 Form.

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

⁹ Includes all TEFRA children not just SoonerCare Choice.

¹⁰ ABD numbers increased due to the addition of ABD Title XXI population.

II. ENROLLMENT INFORMATION (Cont'd)

Breast and Cervical Cancer Program (BCC)

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

Oklahoma Cares Member Enrollments ¹¹	January 2012	February 2012	March 2012
SoonerCare Choice	449	440	440
Choice and Traditional Total Current Enrollees	1,244	1,152	1,055

Electronic Newborn Enrollment

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

Electronic Newborn Enrollment	January 2012	February 2012	March 2012	Total
Number of Newborns Assigned to a PCP	2,016	1,914	1,934	5,864
Number Needing Assistance with Eligibility or PCP Selection	429	323	340	1,092

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.

CareMeasures Member Enrollments	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Members Enrolled in CareMeasures Registry	5,899	5,487	6,053	5,158 ¹²

¹¹ See Attachment 3, Oklahoma Cares Fast Facts, March 2012.

¹² This number dropped from last quarter due to a decrease in providers.

II. 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, unemployed adults, college students, and dependent children meeting income qualifications.

ESI Program Current Enrollments	January 2012		February 2012		March 2012	
	Enrolled	185-200% FPL ¹³	Enrolled	185-200% FPL	Enrolled	185-200% FPL
Employee	14,277	1,609	14,327	1,575	14,176	1,586
Spouse	2,915	381	2,935	380	2,882	384
Student	121	19	130	23	129	23
Dependent Child ¹⁴	372	372	382	382	377	377
Total	17,685	2,381	17,774	2,360	17,564	2,370

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.

IP Program Current Enrollments	January 2012		February 2012		March 2012	
	Enrolled	185-200% FPL	Enrolled	185-200% FPL	Enrolled	185-200% FPL
Employee	10,028	775	9,987	784	9,880	759
Spouse	3,228	259	3,193	263	3,169	261
Student	404	22	416	24	423	22
Dependent Child ¹²	120	120	109	109	102	102
Total	13,780	1,176	13,705	1,180	13,574	1,144

¹³ Represents the number of currently enrolled who are part of the population included with the expansion to 185-200% FPL. They are duplicated in the current enrollment number.

¹⁴ Title XXI stand-alone CHIP population.

II. ENROLLMENT INFORMATION (Cont'd)

Perinatal Dental Access Program (PDEN)

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

PDEN Member Participation	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Women Eligible for Services	21,427	20,391	19,053	19,056
Women Who Received Services	2,619	2,521	2,543	2,279
Percentage of Eligibles Receiving Services	12%	12%	13%	12%

Soon-to-be-Sooners (STBS)

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

STBS Member Enrollments	January 2012	February 2012	March 2012
Enrollees	2,540	2,560	2,585

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

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

TEFRA Member Enrollments ¹⁵	January 2012	February 2012	March 2012
SoonerCare Choice	280	291	293
Choice and Traditional Total Current Enrollees	424	430	432

¹⁵ See Attachment 4, TEFRA Fast Facts, March 2012.

II. ENROLLMENT INFORMATION (Cont'd)

B. Provider Enrollment

Within 77 Oklahoma counties, there are 1,845 providers contracted for the SoonerCare program, along with 1,336 providers contracted for Insure Oklahoma.

SoonerCare Provider Enrollment by Type

Providers include physicians, physician assistants (PA), and registered nurse practitioners (ARNPs).

Provider Types ¹⁶	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
MD/DO	1,092	1,136	1,265	1,286
PA	223	217	236	260
ARNP	245	254	276	299
Total Unduplicated PCPs	1,560	1,607	1,777	1,845

SoonerCare Medical Home Providers by Tier

Providers by Tier	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Percentage in Tier 1: Entry Level Medical Home	67%	68%	67%	64.75%
Percentage in Tier 2: Advanced Medical Home	26%	26%	27%	26.5%
Percentage in Tier 3: Optimal Medical Home	6%	6%	6%	8.75%

Insure Oklahoma Individual Plan (IP) Providers

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

Provider Types	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
MD/DO	832	859	882	891
PA	193	190	185	198
ARNP	206	216	224	247
Total Unduplicated PCPs	1,231	1,265	1,291	1,336

¹⁶ All provider counts are unduplicated for the quarter; therefore, the total does not match the total Choice providers currently enrolled in a given month of the quarter.

II. ENROLLMENT INFORMATION (Cont'd)

Health Management Program (HMP)

To improve the health of SoonerCare members with a chronic disease, OHCA has partnered with Telligen¹⁷ to administer the HMP. This program allows nurse care managers to provide access to resources and education necessary to help members better manage and improve their chronic health conditions.

Nurse Care Managers	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Tier 1 Nurse Care Managers	14	14	14	14
Tier 2 Nurse Care Managers	24	24	24	22

Indian Health

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

2011 Indian Health Provider Enrollment	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Number of Clinics	52	52	54	55

Perinatal Dental Access Program (PDEN)

PDEN Provider Enrollment ¹⁸	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Active Participating Dentists	323	326	302	319

PCP Capacities

SoonerCare and Insure Oklahoma ¹⁹	March 2012	
	Capacity Available	% of Capacity Used
SoonerCare Choice	1,203,178	38%
SoonerCare Choice I/T/U	118,650	14%
Insure Oklahoma IP	411,778	3%

¹⁷ Formerly the Iowa Foundation for Medical Care (IFMC).

¹⁸ See Attachment 5, Dental and PDEN Fast Facts, Jan-Mar 2012.

¹⁹ See Attachment 6, Provider Fast Facts, March 2012.

II. ENROLLMENT INFORMATION (Cont'd)

C. Systems

OHCA Information Systems (IS) staff continues to improve the online enrollment system. This quarter, staff improved the efficiency of the application process by removing unnecessary error messages that member's received when filling out the application. While these error messages only briefly held up the member's application process, IS staff have successfully removed these barriers. In addition, staff made minor adjustments to the Search and Display fields. Adjusting certain features of the Search and Display fields creates more ease-of-use for agency staff when pulling up and reviewing cases and/or records.

This quarter, IS staff held one training for the Oklahoma Department of Human Services (OKDHS) field staff regarding the iCE Eligibility subsystem. IS staff continues to provide training to internal staff, as well as to other State agencies as needed.

Media Type ²⁰ of Applications for SoonerCare	January 2012	February 2012	March 2012	Total
Home Internet	19,632	15,650	17,923	53,205
Paper	2,984	2,571	2,967	8,522
Agency Internet	7,994	7,258	7,918	23,170
Agency Electronic	7,085	6,640	7,107	20,832
Total	37,695	32,119	35,915	105,729

The number of Indian Health applications submitted using the online enrollment application has increased 31 percent since last quarter. An additional 296 applications were submitted from the Cherokee Nation, 208 from the Chickasaw Nation, 20 from the Choctaw Nation, and 525 from Indian Health Services. OHCA staff continues to collaborate with the Oklahoma tribes to make sure all contracted tribes are educated in online enrollment and have the necessary tools to connect to the OHCA agency view.

Indian Health Online Enrollment Applications for SoonerCare	January 2012	February 2012	March 2012	Total
Cherokee Nation	470	437	366	1,273
Chickasaw Nation	171	185	196	552
Choctaw Nation	157	143	124	424
Indian Health Services	828	676	700	2,204
Total	1,626	1,441	1,386	4,453

²⁰ See Attachment 7, Online Enrollment Fast Facts, March 2012.

III. OUTREACH AND INNOVATIVE ACTIVITIES

A. Outreach

Outreach Materials Printed and/or Distributed	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Member Materials Printed/Distributed				
Annual Benefit Update Packet	0	0	0	263,000
New Member Welcome Packets				
English/Spanish Combined	22,705	21,616	24,400	20,315
Individual Orders	0	6,200	780	4,170
Packets for OKDHS	9,742	10,005	9,575	9,315
Information/Enrollment Fair Fliers ²¹	44,170	35,645	14,085	58,450
BCC Brochures				
English	3,980	1,670	1,370	1,030
Spanish	480	680	1,290	450
SoonerRide				
English	80 ²²	9,510	2,670	4,290
Spanish	2,950	7,840	800	650
SoonerCare Provider Directory (English/Spanish)	5,290	4,990	1,060	3,630
Postcard with ER Utilization Guidelines	14,602	2,610	1,030	1,630
Perinatal Dental (PDEN)				
Provider Flier	0	1,250	0	0
Member Flier	810	7,220	550	830
Postcards	1,230	1,310	0	770
Posters	320	180	360	380
SoonerCare and IO Outreach Material				
Sooner Bear Color Books	640	15,920	3,680	7,380
SoonerCare Health Club (Activity Book)	12,320	8,940	2,840	3,210
SoonerCare Companion Member Newsletter	257,000	257,000	263,500	0
Miscellaneous Promotional Items (Magnets, Bandages, Hand Cleaner)	46,610	7,730	6,750	15,850
No Smoking Card (English/Spanish Combined) ²³	1,640	3,680	1,150	1,160
Insure Oklahoma Brochures	0 ²⁴	0	0	0
Oklahoma Indian Tribe-Specific Posters and Fliers	1,660	180	2,060	300
Provider Newsletter	15,630	28,465	0 ²⁵	0
Toll-Free SoonerCare Helpline				
Number of Calls	215,480	232,228	207,119	226,579

²¹ This includes TEFRA brochures.

²² The SoonerRide brochures in English ran out this quarter; new publications have been reordered.

²³ This flier also appears as an ad in the member handbook and the SoonerCare Companion newsletter.

²⁴ Insure Oklahoma brochures can also be ordered through the Oklahoma Insurance Department.

²⁵ Newsletter postponed due to change in vendor.

III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

B. Innovative Activities

Electronic Health Records (EHR)

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

As of January 2012, OHCA began accepting Stage 1 Meaningful Use measures. Eligible professionals and hospitals must have 90 days of Meaningful Use data within their respective reporting period (October-September for hospitals and January-December for professionals), which is submitted to OHCA. Additionally, OHCA received its first Meaningful Use attestation on March 30, 2012 for the provider's first participation year. The provider works out of Mercy Memorial Medical Clinic in Ardmore, OK.

A total of 1,243 eligible professionals and hospitals have joined the EHR program for a combined total of \$75,639,504 awarded in incentive payments. The number of eligible professionals receiving payments increased 13 percent since last quarter with five additional qualified hospitals joining the initiative.

EHR Eligible Providers	July-Sept 2011	Oct-Dec 2011	Jan-March 2012
Number of Eligible Professionals	953	1,038	1,170
Number of Eligible Hospitals	56	68	73
Total	1,009	1,106	1,243

Cumulative EHR Incentives Paid	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Eligible Professionals	\$20,244,167	\$22,071,667	\$24,876,667
Eligible Hospitals	\$42,898,498	\$49,482,490	\$50,762,837
Total	\$63,142,665	\$71,554,157	\$75,639,504

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. MS had 10 telephone interviews and distributed twelve letters to super users.

This quarter, the number of high ER utilizers reduced eight percent since last quarter and nineteen percent since March 2011.

Members with 4 or more ER Visits	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
SoonerCare	1,300	1,581	1,607	1,484
Insure OK	19	18	3 ²⁶	17

²⁶ For this quarter, there was low utilization of the ER for Insure OK members.

III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

MMIS Reprocurement

Phase I of the MMIS reprocurement project continues with work on the ICD-9 to ICD-10 transition, which is federally mandated to occur by October 1, 2013. Staff postponed the ICD-9 data extracts from the MMIS for import into the 3M ICD-10 Code Translation Tool as a new Code Translation Tool is scheduled for release in May.

The hardware/software refresh enhancement was implemented during the first part of February 2012. Minor portal issues were resolved and the enhancement is working successfully. Also implemented this quarter was the CTI/call center enhancement, which placed calls on newly routed lines. Call volumes rose slightly when the enhancement was implemented as there were minor issues; however, impact was minimal and the problem was resolved expediently.

In March, OHCA began discussions with HP to discuss expectations for the Phase II provider portal enhancement, including how the Health Care Portal, Health Information Exchange, eligibility and enrollment, and seven standards and conditions fit into the provider portal enhancement.

C. Stakeholder Engagement

Medical Advisory Task Force (MAT)

The MAT was formed to collaborate with the OHCA and review possible program changes and/or processes. There were no MAT meetings this quarter; the next meeting is scheduled for May.

Tribal Consultation

OHCA tribal consultations were held this quarter in January and March. Participants included representatives from the Absentee Shawnee Tribe, Cherokee Nation, Chickasaw Nation, Citizen Potawatomi Nation, Choctaw Nation, Indian Health Care, Indian Health Services Area Office, and the Kickapoo Tribe of Oklahoma. The purpose of these meetings is to better collaborate with the tribes on all OHCA program updates and changes.

This quarter, OHCA presented 21 proposed rule changes, five State Plan changes, and two waiver changes, which the work group heard in full and had an opportunity to discuss. OHCA continues to use the Native American Consultation website page²⁷ to communicate to the tribes and receive comment on all new or amended state plans, waiver amendments, or policy changes.

²⁷ Native American Consultation Website: <http://www.okhca.org/providers.aspx?id=12801>

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

A. SoonerCare and Insure Oklahoma Operations

1. Department Operations

Care Management (CM)

The CM unit implemented Phase I of the Fetal Infant Mortality Rate (FIMR) initiative in January 2011. Staff identified the top ten rural counties with the highest infant mortality; 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.

Phase I: Outreach to FIMR Population – Participating Mothers	October 2011	November 2011	December 2011	January 2012	February 2012	March 2012
New Cases	184	186	216	278	168	188
Existing Open Cases ²⁸	682	726	740	771	769	756
Cumulative Cases Worked	1,453	1,639	1,855	2,133	2,301	2,489
Cumulative Cases Closed ²⁹	754	873	1,047	1,195	1,283	1,558
Percent of Open Cases	98%	95%	92%	82%	76%	81%

Phase II of the FIMR initiative began in July. 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. Phase III of this initiative will not be implemented until August 2012. Phase III will target care management for infants identified with special needs at their first birthday.

Phase II: Outreach to FIMR Population – Infants Under Age 1	October 2011	November 2011	December 2011	January 2012	February 2012	March 2012
New Cases	145	145	177	157	139	193
Existing Open Cases	407	542	696	840	964	1,129
Cumulative Cases Open	417	562	739	876	1,015	1,208

²⁸ Cases are considered open if successful contact with member is made. In cases where successful contact has not been made (unable to contact, past delivery date, etc.), educational materials are sent via mail, but case is not considered open.

²⁹ Closures due to viable birth, fetal demise, loss of eligibility, opt out, etc.

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

Synagis therapy outreach for households with infants started back up in November 2011. Nurse care managers follow up with parents and caregivers monthly during the Respiratory Syncytial Virus³⁰ (RSV) season. The outreach efforts for these households begin with an initial call to assess the parent/caregiver's knowledge of the infant's provider and chronic conditions followed by tracking ER visits and inpatient admissions; educating the parent/caregiver on reducing risks through smoking cessation, good hand washing and communicable disease and influenza immunizations for all household members over six months of age; and educating the parent/caregiver on compliance with the medical regimen, including keeping appointments, scheduling transportation when necessary and contacting CM as needed.

CM Activity	January 2012	February 2012	March 2012
Active Cases under Care Management	3,358	3,155	3,281
Average Caseload Per Employee	124	113	113
Children Receiving Private Duty Nursing	194	197	204
Oklahoma Cares (BCC) New Cases	102	66	115
Transplant Candidates	11	11	12
PAL/ER/911 Follow-Up	20	22	11
Referrals of Members from High-Risk OB Outreach	74	58	58
Referrals of Members from High ER Utilization Project		39	
Total Hemophilia Cases being Followed		868	
Operational Activities			
Phone Calls Handled	8,932	8,438	9,926
Private Duty Nursing Evaluations	39	34	41
Coordination Activities			
Out-of-State Cases	57	47	62

³⁰ RSV is a virus that causes respiratory tract infections in infants and children.

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

Medical Authorization Unit (MAU)

MAU Activity	January 2012	February 2012	March 2012	Qtr Totals
MAU Calls Handled	207	323	426	956
Total Prior Authorizations	4,101	4,178	4,460	12,739
Number of Reviewers (Analyst or Nurse)	11	12	12	
Average Number of PAs per Reviewer	372	348	371	364
Percentage of Total PA Denials	1%	2%	2%	2%
Number of Denials	41	84	89	214

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. Since partnership with Medsolutions in November 2010, the program has saved the OHCA \$1,157,061.00 in State funds during the first year of operations.

MedSolutions has processed an average of 5,600 requests a month for this quarter with an 89 percent approval rate.

MedSolutions Activity	January 2012	February 2012	March 2012	Qtr Totals
MedSolutions Calls Handled	1,554	1,500	1,610	4,664
Total Prior Authorizations	5,508	5,714	5,660	16,882
Number of Reviewers (Analyst or Nurse)	108	106	95	
Average Number of PAs per Reviewer	51	54	60	55
Percentage of Total PA Denials	12%	11%	8%	10%
Number of Denials ³¹	661	629	453	1,743

³¹ The appeals process is the same for any denial of a prior authorization request, including denials from MedSolutions. The member receives a denial letter in the mail and has 20 days to file an appeal with the OHCA Legal department.

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

Member Services (MS)

MS continues to send outreach letters to necessary SoonerCare members, such as high ER utilizers with four 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 homes and the particular benefits education they need.

Jan-Mar 2012 MS Outreach Letters	# of Letters Mailed	Response Rate
Prenatal Outreach – Pat Letters	5,480	43%
Households with Newborns Outreach – Jean Letters	6,447	17%
Soon-to-be-Sooners Outreach – Sonja Letters	1,084	46%
High ER Utilization Outreach – Ethel Letters	1,451	16%

MS Activity	January 2012	February 2012	March 2012	Qtr Totals
NAL/911/ER Reports Reviewed	506	450	490	1,446
NAL/ER Follow-Up	36	27	17	80
High ER Utilizers Identified for Calls				1,484
Calls to BCC Members with Confirmed Cancer Diagnosis	23	49	49	121
Calls to BCC Members at Renewal Period	32	44	38	114
Member Service Calls Handled in English	7,380	6,780	7,791	21,951
Member Service Calls Handled in Spanish	381	393	381	1,155
Member Inquiries				15,300

Between October 1, 2011 and December 31, 2011, MS conducted an outreach survey for SoonerCare children, ages three and under, who had gone to the emergency room and received a diagnosis of otitis media³². The survey was to determine the reason the parents utilized the ER versus their medical home. Of the parents who received the survey, 25 percent called OHCA to participate. Based on the results, it was concluded that four out of five parents had a reasonable explanation for seeking care at the ER, while an estimated one out of ten parents did not.

Waiver Development & Reporting (WD&R)

To better communicate with constituents and the general public, the WD&R unit has created a *Proposed Waiver Applications, Renewals and Amendments* page³³ on the OHCA website. This page educates the community on 1115 and 1915 waivers and affords the community the opportunity for verbal, written, and face-to-face collaboration and dialogue on proposed program changes. Individuals can sign up for Web Alerts, which allows them to receive an email when a new proposed change has been posted.

OHCA participated in three CMS calls this quarter and continues to participate in CMS monitoring calls as scheduled.

³² Otitis Media is an acute or chronic middle ear infection.

³³ Proposed Waiver Applications, Renewals and Amendments: <http://www.okhca.org/providers.aspx?id=13319>

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

2. Program-Specific Operations

Breast and Cervical Cancer Program (BCC)

The Oklahoma State Department of Health (OSDH) and the OHCA collaborated this quarter to provide screener training on the BCC program. Screeners are trained, and continue to be trained, on the medical review process performed by the OHCA Care Management (CM) staff.

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

BCC Certified Screeners	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Certified Screeners	831	859	853	865

Outreach Activities Related to BCC Members	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Care Management Activities Related to BCC Members	10,480	9,071	8,562	6,621
Number of Calls Made by Member Services to BCC Members at Renewal Period	57	116	82	114
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	141	106	95	121

Health Access Network (HAN)

Active HANs in Oklahoma include:

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

Monthly meetings with the HANs include delegates from the following OHCA units: Health Management, Contracts, Policy, Care Management, Waiver, and Provider Services. Additionally, monthly care management staffing calls are held with OHCA and HAN care management staff.

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

HANs	OU Sooner HAN	PHCC HAN	OSU Network
April 2011	27,386		
May 2011	27,096		
June 2011	26,411		
July 2011	26,467	2,715	
August 2011	31,365	2,757	
September 2011	33,491	2,744	12,730
October 2011	34,450	2,826	13,397
November 2011	35,307	2,855	13,763
December 2011	35,803	2,888	14,125
January 2012	36,248	2,911	14,224
February 2012	36,024	2,877	14,269
March 2012	38,795	2,908	14,540

Care Management Populations Transitioned	High Risk OB	Hemophilia	ER Utilization	Pharmacy Lock-in	OK Cares (BCC)	Total
October 2010	8	5	0	0	0	13
November 2010	1	0	222	34	0	257
December 2010	14	2	0	5	19	40
January 2011	5	0	170	3	1	179
February 2011	12	0	0	10	9	31
March 2011	8	1	0	2	2	13
April 2011	13	0	0	1	7	21
May 2011	5	0	251	4	2	262
June 2011	10	0	0	14	1	25
July 2011	6	0	0	2	3	11
August 2011	26	3	318	1	12	360
September 2011	16	2	10	6	11	45
October 2011	8	0	0	0	9	17
November 2011	6	0	0	0	3	9
December 2011	12	0	462	4	7	485
January 2012	40	0	0	0	0	40
February 2012	17	0	0	9	3	29
March 2012	15	0	496	12	2	525
Total:	222	13	1,929	107	91	2,362

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

The OSU Network

The OSU Network has a total of 69 affiliated providers, 14,540 members, and 345 members in care management. Meetings between OHCA and the OSU Network are ongoing and focus on milestones, reporting, and quality measures. OHCA IT staff continues to work with the HAN to coordinate the transfer of claims data.

Implementation of the new electronic health records (EHR) system in all OSU clinics began in December 2011 and will continue through 2012. The HAN is assisting the affiliated providers with qualifying for EHR and meaningful use incentives. The OSU Network has also opted to utilize the Doc2Doc electronic referral system for providing and coordinating specialty care. Training on this system began in January 2012, and will expand over the next few months to all OSU Network providers.

PHCC HAN

The PHCC HAN has a total of 10 providers, 2,908 members, and 43 members in care management. OHCA continues to work with the HAN on quality measures and reporting. This quarter, the PHCC HAN implemented an asthma initiative. Details for this initiative will be provided next quarter.

The HAN is working with OHCA IT staff on the data transfer. The PHCC HAN has less access to technology than the other HANs since it is not part of a university or larger entity. They are eager to make advances and are investing in hardware and software to make the data transfer and other transactions possible and more efficient.

OU Sooner HAN

The OU Sooner HAN has 38,795 members enrolled with its 227 providers. The HAN provides care management support to over 1,500 members. There are currently two active nurse care managers working with the identified populations and the HAN is looking to expand by adding a mixture of nurses and social workers to meet the needs of the members.

Since OU received the claims file from OHCA, they have been analyzing the data to determine what population would benefit from an intervention. The data has identified a group of high-risk individuals that are also high cost. The care team is encouraging the member to see their medical home provider, which will perform a comprehensive assessment including a medication reconciliation, care management, and social service assessment. In the future, the HAN would like to set up home visits for these members to further assess the members' needs. The HAN will monitor claims data for impact on cost and outcomes.

The HAN is also using two care managers to train the nurses at the practice level to not only provide care management services to the members, but to put outreach strategies in place for the members with chronic conditions that are not being seen. Having the data has allowed the HAN to show providers where the gaps in care are for members in their practice and develop a system to ensure those members' health care needs are met. The HAN is assisting the practices with the implementation of disease-specific protocols for members with chronic obstructive pulmonary disease, congestive heart failure, and diabetes. Practices have begun identifying members in need

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

of an intervention and are providing services, such as medication reconciliation, medication management, and behavioral health screening in order to avoid progression of the disease.

In addition to the disease-specific training, the OU Sooner HAN has a registry in place for members that need preventive services, such as EPSDT visits, and breast and cervical cancer screenings.

The Doc2Doc network continues to expand and mature. The OSU Network and the PHCC HAN are also utilizing Doc2Doc. It is anticipated that as OU and OSU expand, all of the specialty providers in the northeast region of the state will be connected to Doc2Doc. The OU HAN is also incorporating community resources, home health, and DME providers in the Doc2Doc network. Progress is also being made on connecting area emergency rooms to Doc2Doc in order to allow the ER to notify the medical home provider of any visits incurred by their members.

Health Management Program (HMP)

There were 14 tier 1 nurse care managers who provided monthly face-to-face visits to members and 22 tier 2 nurse care managers who contacted members by telephone. The focus of their efforts is to help members become more invested in their health outcomes and improve self-management of chronic diseases. Nurse care managers also 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.

HMP Outreach through Nurse Care Managers	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Tier 1: Face-to-Face Visits	975	833	751	801
Tier 2: Telephone Contact	4,033	3,833	3,267	3,141
Total	5,008	4,666	4,018	3,942

This quarter, 80 practices have either completed practice facilitation or are currently receiving a core component of practice facilitation. Practice facilitators follow-up with each practice to offer continuing support and monitoring. As of March 2012, HMP practice facilitators are active in 54 practices.

In addition to practice facilitation, the OHCA Medical Director and HMP Manager held seven practice facilitation pitch meetings this quarter. These pitch meetings provide education to practices to give them an opportunity to complete an *Application for Practice Facilitation Services*. Additionally, there were two practice facilitation survey visits conducted this quarter. Both practices reported that their practice facilitators were helpful and they were pleased with the process. The practices also reported that the CareMeasures registry helped them keep better track of their chronic disease patients.

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

This quarter, there were three regional collaboratives for providers and their staff who had completed practice facilitation. Collaboratives were held in Oklahoma City and Pryor. The focus of these meetings was to show the process improvement cycles that were conducted in the office to ensure measures were met and clinical care was enhanced. These collaboratives also allow providers and staff to provide feedback on practice facilitation.

HMP Outreach Activities	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Number of Activities	6	4	2	3
Number of Attendees	95	45	100	102

Currently, 51 practices are using the CareMeasures disease registry to track patient care opportunities and measure patient care outcomes for diabetes, hypertension, coronary artery disease, congestive heart failure, and asthma. Providers may receive incentives for Reporting, Improvement, Quality Improvement, Process Improvement, and Participating/Attending Collaboratives.

This quarter, a new incentive was added for providers. The annual *Pay for Quality Improvement* incentive is paid to providers who demonstrate use of reports from the CareMeasures patient registry. Different reports include the Patient Summary Report, the Outstanding Care Opportunities Report, and the Measures Results Report. The *Patient Summary Report* allows the practice to see care gaps so they can be addressed at the next patient encounter. The *Outstanding Care Opportunities Report* allows the practice to proactively contact patients and schedule appointments to address care gaps. Finally, the *Measures Results Report* allows the practice to review progress in meeting chronic disease quality measures and to deploy new PDSA cycles or refine existing PDSA cycles based on the results of the report.

Provider Incentive Payments	Apr-June 2011 ³⁴	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012 ³⁵
Pay for Reporting	\$30,250	\$31,250	18,250	Not Available
Pay for Improvement	\$1,200	\$0	\$30,000	Not Available
Pay for Process Improvement/PDSA Deployment	\$39,000	\$39,000	\$13,250	Not Available
Pay for Process Improvement/Education/ No-Call, No-Show Follow Up Processes	\$39,250	\$39,250	\$8,750	Not Available
Pay for Participating/Attending Collaborative	\$9,100	\$5,300	\$3,900	\$5,650
Pay for Quality Improvement	N/A	N/A	\$55,750	Not Available
Reducing Disparities at the Practice Site	\$9,500	\$3,000	N/A ³⁶	N/A
Total	\$128,300	\$117,800	\$129,900	Not Available

³⁴ The redesign began this quarter. The redesign allows practices to have a chance to earn pay for reporting, as well as pay for each clinical disease suite that they report on.

³⁵ This data will be available next quarter.

³⁶ The Reducing Disparities at the Practice Site initiative came to a close during the third quarter of 2011. Review of the grant initiative concluded that the participating clinics had an average performance improvement rate of 32.19 percent, while eight of the nine diabetic measures improved since the start of the project.

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

Insure Oklahoma (IO)

The IO unit continues to enhance its outreach initiatives. Last quarter, the IO unit developed a new outreach tracking database to track all outreach activity for agents, employers, and employees. Additionally, the unit developed an IO Outreach Team, who provides personalized attention to Oklahoma's health insurance agents in person and over the phone, helps educate and recruit current and potential agents, and helps enroll employers and employees.

This quarter, IO staff discussed the Employer Sponsored Insurance (ESI) program in a radio spotlight with Perry Publishing, 103.5FM. Staff answered questions on how employers can qualify for the program, provided contact information for agents and employers who want to participate, and discussed reimbursement procedures. The radio station broadcasts in Oklahoma City, Tulsa, Lawton/Ft Sill, Duncan, Comanche, and Anadarko.

Additionally this quarter, staff mailed out 7,817 employer campaign letters to some 29 Oklahoma cities. Nine new counties were added to the mailing list this quarter, including Pontotoc County, Okmulgee County, Delaware County, Ottawa County, Craig County, Sequoyah County, Dewey County, Grady County, and McCurtain County. These letters speak to employers about the benefits of the ESI program. The letter also informs the employers that the IO Outreach Team is available to provide in-person education on the program.

IO Outreach Activities	January - March 2012	
	Number of Activities	Number of Participants
Brochures	118	20,375
Brown Bag	1	23
Education	187	230
Education/Recruitment	73	330
Email Blast	6	8,848
Enrollment	34	46
Health/Job Fair	8	3,360
Marketing Letter	4	7,817
Presentation	7	111
Recruitment	32	991

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

Employer-Sponsored Insurance (ESI) Program Participating Employers ³⁷	Quarter Ending Sept 2011	Quarter Ending Dec 2011	Quarter Ending Mar 2012
Approved Businesses with Participating Employees	5,212	5,129	5,061

Average ESI Member Premium ³⁸	January 2012	February 2012	March 2012
Member Premium	\$285.68	\$286.82	\$285.05

ESI Subsidies	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Employers Subsidized	4,029	4,013	3,920	3,874
Employees and Spouses Subsidized	18,203	17,654	16,999	16,749
Total Subsidies	\$13,449,695	\$14,100,283	\$13,869,493	\$13,807,189

Average Individual Plan (IP) Member Premiums ³⁶	January 2012	February 2012	March 2012
Member Premiums	\$62.13	\$61.93	\$61.93
Average FPL of IP Members	111%	111%	110%

IP Subsidies	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Total Premiums Received	\$1,740,982	\$1,719,375	\$1,826,499	\$1,779,316
Total Member Months	40,842	41,942	42,046	41,319
Total Paid Claims	\$15,481,368	\$15,939,099	\$16,672,863	\$15,214,273
Average Claim PMPM	\$336.43	\$339.03	\$353.10	\$325.15

³⁷ See Attachment 2, Insure Oklahoma Fast Facts Summary, March 2012.

³⁸ Financial data is actuarial from the previous month; e.g. February premiums are reported in March.

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

SoonerEnroll

Last quarter ended the Child Health unit's final year of the Outreach and Enrollment Grant provided through the CHIP Reauthorization Act of 2009. The grant initiative, SoonerEnroll, received a no-cost extension through September 2012. OHCA's Member Services unit has since picked up some of the SoonerEnroll functions. SoonerEnroll aims to create a sustainable infrastructure for outreach and enrollment efforts, which continues beyond the grant. SoonerEnroll's primary goals are enrollment of eligible but uninsured children in SoonerCare and improvement of the rate of success and timely recertification of children's enrollments, eliminating gaps in coverage. This quarter, OHCA re-enrolled 112 children into SoonerCare.

This quarter, staff developed a partnership with the Oklahoma Educational Television Authority and Smart Start Oklahoma³⁹ to produce and air television spots focused on some essential services covered by SoonerCare, including well-child checkups, oral health and developmental screening.

Additionally, this quarter CMS invited the OHCA to be an early adopter of a national partnership between Text4baby, an initiative of the National Healthy Mothers, Healthy Babies Coalition, and Medicaid/CHIP outreach. Text4baby is a free text message service for mothers or to-be mothers to receive health information. OHCA staff participated in Text4baby activities this quarter including social media outreach and promotional community events.

SoonerQuit

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

This quarter, staff educated providers on smoking and pregnancy, Text4baby, the Oklahoma Tobacco Helpline, SoonerCare billing for tobacco cessation, and SoonerQuit's 5 As of tobacco cessation counseling – ask, advise, assess, assist, and arrange. Staff also included a full page SoonerQuit for Women ad in the Central Oklahoma Perinatal Coalition newsletter.

Additionally, 238 Quit Kits were handed out to providers this quarter. Quit Kits⁴⁰ are an outreach tool that providers give to their SoonerCare prenatal members designed to help women quit smoking.

Finally, staff provided practice facilitation to 30 providers this quarter.

³⁹ This is Oklahoma's Early Childhood Advisory Council.

⁴⁰ Quit Kits include a Quit Smoking guide, the Oklahoma Tobacco Helpline information, breath mints with the *Tobacco Stops With Me* logo, a plastic nail file with the Tobacco Helpline logo, and a lip balm tin with a Smoke-free message.

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

SoonerRide

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

The SoonerRide Manager expanded compliance reviews to include new drivers/vehicles working for transportation providers who have a current contract with LogistiCare. This review is accomplished prior to the subcontractor being authorized to transport members. Previous reviews were limited to new providers only, while this expansion applies to all new drivers and vehicles for all providers.

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

This quarter the TEFRA representative attended a Social Security Disability Update for Children meeting. The TEFRA work group did not meet this quarter.

B. Policy Developments

1. Rule Changes

All OHCA rule changes can be found on the OHCA webpage⁴¹. The webpage is for the general public and stakeholders to comment and submit feedback. Providers may receive all rule-change updates through email notification, the OHCA web alert banner, or by fax blast.

2. Legislative Activity

Oklahoma's 53rd Legislature convened on February 6 with the Governor's State of the State address. The Governor discussed certain goals for the legislature to help improve the health of Oklahoma citizens. A few of these goals include prohibiting tobacco use on all state property, as well as encouraging schools to serve nutritious foods and promote physical activity through financial incentives. Additionally, the Governor stated that she will include over \$3 million to establish 40 new doctor residency slots to help increase the number of primary care physicians in rural and underserved areas in Oklahoma.

The OHCA is currently tracking some 203 legislative bills. Few bills affect the SoonerCare Choice demonstration. SB 1397 was approved on March 26, 2012. This bill requires the OHCA to create a sliding scale for premium assistance where the premium assistance provided to an employee is reduced as the employee's salary is increased in administering a premium assistance program. This has no impact on the Insure Oklahoma (IO) program as IO already has a sliding scale; members are responsible for 15 percent of their premium.

Additionally, SB 1116, the only Oklahoma Exchange bill that has been introduced to the legislature, died soon after it was proposed. This bill would have created an Oklahoma Health Information Exchange Trust. No other Exchange bill has been proposed at this time.

The Oklahoma Legislature will adjourn Sine Die no later than May 25, 2012.

⁴¹ Proposed Rule Changes Website: <http://www.okhca.org/providers.aspx?id=12801>

V. CONSUMER ISSUES

A. Member Advisory Task Force (MATF)

The MATF performs four primary roles. It provides information to OHCA regarding issues that are an important part of the members' health care needs; educates OHCA staff regarding the needs of consumers to assure services are received in a way preferred by members; recommends potential changes to current services/policies; and offers new ideas for services and policies. The MATF is comprised of nine OHCA staff, two staff from the agency contractor, representatives from the Oklahoma Family Network⁴², and sixteen SoonerCare members.

This quarter, the MATF was updated on policy changes; educated on how to read policy and rule changes; as well as educated on how to find legislation on the Oklahoma Legislature website. OHCA staff also informed MATF members of the bill process and current legislation that will impact OHCA. Staff also received recommendations from the committee on ways to improve the SoonerCare Member Handbook.

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.

Member Inquiries	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Program Complaint	66	82	76	41
Complaint on Provider	128	126	125	69
Fraud and Abuse	11	29	19	23
Access to Care	34	11	24	9
Program Policy	3,735	4,148	3,343	3,196 ⁴³
Specialty Request	818	1,014	580	513
Eligibility Inquiry	5,146	7,035	7,091	6,648
SoonerRide	573	950	850	875
Other	362	200	391	222
PCP Change	1,491	1,396	1,500	1,498
PCP Inquiry	795	863	927	1,050
Dental History	99	127	113	97
Drug/NDC Inquiry	172	175	140	203
Medical ID Card	489	586	442	483
PA Inquiry	669	863	589	373
Total⁴⁴	14,588	17,605	16,210	15,300

⁴² 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.

⁴³ Inquiries are lowest during the first quarter of the calendar year as members are mailed SoonerCare handbooks.

⁴⁴ 100% of Member Inquiries are initiated timely.

V. CONSUMER ISSUES (Cont'd)

C. Helplines

Insure Oklahoma Helpline

Insure Oklahoma IP Helpline	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Number of Calls	37,904	35,447	31,740	35,721
Number of Calls Answered	37,719	35,267	31,588	35,446
Number of Calls Abandoned ⁴⁵	148	156	128	228
Percentage of Calls Answered	99.5%	99.5%	99.5%	99%

Insure Oklahoma ESI Helpline	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Number of Calls	9,095	8,031	7,160	7,429
Number of Calls Answered	8,922	7,937	7,077	7,345
Number of Calls Abandoned	173	94	83	84
Percentage of Calls Answered	98%	99%	99%	98%

Online Enrollment (OE) Helpline⁴⁶

OE Helpline Calls in English	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Number of Calls	23,806	27,839	25,732	28,589
Number of Calls Answered	16,016	25,615	24,090	25,573
Number of Calls Abandoned	2,308	2,120	1,481	2,866
Average Percentage of Calls Answered	91%	92%	94%	90%

OE Helpline Calls in Spanish	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Number of Calls	464	575	682	907
Number of Calls Answered	451	562	660	875
Number of Calls Abandoned	10	11	14	26
Average Percentage of Calls Answered	97%	98%	97%	96%

⁴⁵ Abandoned calls may never reach an agent due to wait in queue and hang ups.

⁴⁶ These calls are included in the number of calls to the SoonerCare Helpline.

V. CONSUMER ISSUES (Cont'd)

SoonerCare Helpline

SoonerCare Helpline Calls	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Number of Calls	240,415	255,678	224,165	260,031
Number of Calls Answered	215,480	232,228	207,119	226,579
Number of Calls Abandoned	24,067	22,526	15,711	31,869
Average Percentage of Calls Answered ⁴⁷	92%	93%	93%	90%

Patient Advice Line

SoonerCare Patient Advice Line Calls ⁴⁸	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Number of Calls	7,871	7,533	7,654	7,607
Number of Calls with Symptoms/Triaged	4,282	3,966	4,127	3,961
Number of Calls Triaged to ER/911 from Symptoms/Triage	1,663	1,583	1,569	1,579
Percentage Triaged to ER or 911 Activated	39%	40%	38%	40%

D. Grievances

Grievances	Pending	Closed
Prior Authorization: Durable Medical Equipment	2	1 dismissed
Prior Authorization: Other	3	2 denied; 2 dismissed
Prior Authorization: Radiology Services	0	1 withdrawn
Behavioral Health	1	0
Dental Services	1	0
Eligibility	0	1 approved; 1 withdrawn; 3 dismissed
Private Duty Nursing	3	1 denied; 1 dismissed
Online Enrollment	2	2 withdrawn; 3 denied

Insure Oklahoma Grievances	Pending	Closed
IP Denial of Coverage	4	3 dismissed; 3 denied; 1 withdrawn
Prior Authorization: DME	0	1 dismissed
Prior Authorization: Other	0	1 denied; 1 withdrawn

⁴⁷ This is an average of the percentage of calls answered for each month of the quarter.

⁴⁸ These numbers include all SoonerCare and Insure Oklahoma IP Helpline calls after 5pm.

VI. QUALITY ASSURANCE/MONITORING ACTIVITIES

A. Quality Assurance (QA)

This quarter, the QA unit held three committee meetings. Staff also held Quality Improvement meetings with OU OKC, OU Tulsa, and OSU Tulsa. Additionally, QA staff conducted 76 provider audits and OHCA's Provider Services unit provided audit requirement education to 29 providers.

1. Audits

SoonerRide

On January 5, February 28, and March 31, eleven customer service representatives were selected for audit and a total of 30 live calls were audited by the SoonerRide Manager. All calls were within contractual compliance. Additionally, three onsite reviews were held this quarter where 195 new files were conducted that consist of 129 vehicles and 66 drivers. Of the 195 new files, all inspections, licenses', and required documentation were present.

2. 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.

Access Survey	Apr-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
Number of Providers Called	592	608	628	627
Percent of Providers with 24-hr Access on Initial Survey	78%	83%	82%	82%
Percent of Providers Educated for Compliance	22%	17%	18%	18%

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

B. Monitoring Activities

1. HEDIS Report

SoonerCare HEDIS Quality Measures		
Reported per HEDIS Year		
Annual Dental Visit	2010	2011
Aged 2-3 years	37.8%	39.3%
Aged 4-6 years	63.5%	64.6%
Aged 7-10 years	69.0%	70.5%
Aged 11-14 years	66.1%	68.3%
Aged 15-18 years	58.8%	61.2%
Aged 19-21 years	42.6%	43.2%
Total	60.2%	62.0%
Children & Adolescents' Access to PCP	2010	2011
Aged 12-24 months	97.8%	97.2%
Aged 25 months-6 years	89.1%	88.4%
Aged 7-11 years	89.9%	90.9%
Aged 12-19 years	88.8%	89.9%
Adults' Access to Preventive/Ambulatory Health Services	2010	2011
Aged 20-44 years	83.6%	84.2%
Aged 45-64 years	90.9%	91.1%
Aged 65+ years	92.6%	92.1%
Total	88.7%	88.8%
Well Child Visits	2010	2011
Aged < 15 months 1+ visits	95.4%	98.3%
Aged < 15 months 6+ visits	48.8%	59.0%
Aged 3-6 years 1+ visits	61.9%	59.8%
Aged 12-21 years 1+ visits	37.1%	33.5%
Appropriate Medications for the Treatment of Asthma	2010	2011
Aged 5-11 years	•	•
Aged 12-50	•	•
Total	•	•
Comprehensive Diabetes Care (Aged 18-75 years)	2010	2011
Hemoglobin A1C Testing	71.0%	71.1%
Eye Exam (Retinal)	32.8%	31.8%
LDL-C Screening	63.6%	62.9%
Medical Attention for Nephropathy	54.4%	55.9%
Lead Screening in Children (By 2 years of age)	2010	2011
	43.5%	44.5%
Appropriate Treatment for Children with URI (Aged 3 months-18 years)	•	69.5%
Appropriate Testing for Children with Pharyngitis (Aged 2-18 years)	•	40.6%
Breast Cancer Screening (Aged 40-69 years)	41.1%	41.3%
Cervical Cancer Screening (Aged 21-64 years)	44.2%	47.2%
Cholesterol Management for Patients with Cardiovascular Conditions (Aged 18-75 years)	69.5%	69.9%
Race/Ethnicity Diversity of Membership	2010	2011
American Indian/Alaskan Native	12.0%	11.7%
Asian	1.2%	1.3%
Black/African American	14.2%	13.9%
Native Hawaiian/Pacific Islander	0.2%	0.2%
White	67.9%	68.8%
Multiple Races	4.5%	4.0%
Total	100.0%	100.0%
Hispanic (percentage of total)	13.1%	13.2%

*Updated: April 16, 2012 *Additional years of previous HEDIS data will be available in Spring 2012.*

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

2. Affordable Care Act Transition Plan

OHCA is working towards the upcoming 2014 health care reform changes as outlined in the Patient Protection and Affordable Care Act (PPACA). This quarter, OHCA's Planning Unit developed workgroups designed to bring Oklahoma's Medicaid program into compliance with the PPACA by implementing all system, policy, and program changes.

This quarter, OHCA staff has attended numerous CMS PPACA implementation calls, CMS webinars, and state-only Q&A calls. OHCA staff is working on a draft PPACA Transition Plan that focuses on identifying 2014 SoonerCare population groups, the SoonerCare eligibility determination process, and access to care, as well as clarifying coverage options for individuals not covered under Medicaid. OHCA is scheduled to submit an outline draft of the PPACA Transition Plan to CMS by July 1, 2012 with a "working" final submission by September 1, 2012.

VII. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES

A. Budget Neutrality Model

Oklahoma continues to exceed per member per month expenditures for members categorized as Aged, Blind, and Disabled. The state believes this situation to be reflective of provider rate increases that will continue to have particular impact for this eligibility group. In the overall life of the waiver, the state has \$2.2 billion in Budget Neutrality savings and, ending this quarter, the state has \$75 million in savings for the year⁴⁹.

Oklahoma 1115 Budget Neutrality model
Cumulative Waiver Years
Through March 31, 2012

Waiver Year	Member Months (Enrolled & Unenrolled)	Costs Without Waiver	Waiver costs on HCFA-64	Variance
Waiver Year #1 - 1996	2,337,532	\$286,138,649	\$249,006,422	\$37,132,227
Waiver Year #2 - 1997	2,282,744	\$297,653,392	\$281,953,273	\$15,700,119
Waiver Year #3 - 1998	2,550,505	\$354,302,018	\$303,644,031	\$50,657,987
Waiver Year #4 - 1999	3,198,323	\$538,659,237	\$426,247,022	\$112,412,215
Waiver Year #5 - 2000	3,496,979	\$690,766,574	\$592,301,080	\$98,465,494
Waiver Year #6 - 2001	4,513,310	\$981,183,083	\$773,255,432	\$207,927,651
Waiver Year #7 - 2002	4,823,829	\$1,115,197,420	\$850,084,088	\$265,113,332
Waiver Year #8 - 2003	4,716,758	\$1,087,570,219	\$917,176,458	\$170,393,761
Waiver Year #9 - 2004	4,886,784	\$1,199,722,904	\$884,795,047	\$314,927,857
Waiver Year #10 - 2005	5,038,078	\$1,316,858,687	\$1,001,434,761	\$315,423,926
Waiver Year #11 - 2006	5,180,782	\$1,436,886,838	\$1,368,966,664	\$67,920,174
Waiver Year #12 - 2007	5,451,378	\$1,582,588,945	\$1,445,598,253	\$136,990,692
Waiver Year #13 - 2008	5,386,004	\$1,660,246,277	\$1,620,066,352	\$40,179,924
Waiver Year #14 - 2009	5,839,782	\$1,883,856,292	\$1,877,829,088	\$6,027,204
Waiver Year #15 - 2010	6,367,794	\$2,154,894,736	\$1,994,807,073	\$160,087,663
Waiver Year #16 - 2011	6,420,012	\$2,297,585,363	\$2,129,385,450	\$168,199,914
Waiver Year #17 - 2012	1,680,190	\$627,553,234	\$552,517,091	\$75,036,143
Total Waiver Cost	74,170,784	19,511,663,867	17,269,067,584	2,242,596,282

⁴⁹ See Attachment 8, Oklahoma 1115 Budget Neutrality Model Worksheet.

VIII. MEMBER MONTH REPORTING

A. Budget Neutrality Calculation

Eligibility Group	January 2012	February 2012	March 2012	Qtr Totals
TANF – Urban	294,518	296,138	298,032	888,688
TANF – Rural	210,498	211,053	212,228	633,779
ABD – Urban	28,897	28,897	28,873	86,667
ABD – Rural	23,738	23,675	23,643	71,056

B. Informational Purposes Only

Eligibility Group	January 2012	February 2012	March 2012	Qtr Totals
Non-Disabled & Disabled Working Adults	32,927	33,100	32,827	98,854
TEFRA Children	414	414	412	1,240
SCHIP Medicaid Expansion Children	53,667	53,390	54,356	161,413

IX. DEMONSTRATION EVALUATION

A. Hypotheses

This quarter, interim data for hypotheses 1-3 has been included.

Hypothesis 1 (this hypothesis directly correlates with Objective 1):

Rates will be maintained/improved for well-child and adolescent visits over the duration of the waiver extension period (2010-2012).

A. Child health checkup rates for children 0-15 months old will be maintained at or above 95 percent over the life of the extension period.

B. Child health checkup rates for children 3-6 years old will increase by 4 percentage points over the life of the extension period.

C. Adolescent child health checkup rates will increase by 4 percentage points over the life of the extension period.

IX. DEMONSTRATION EVALUATION (Cont'd)

Hypothesis 1A Results:

Child health checkup rates for children 0-15 months old has risen above 95 percent over the course of the 2010-2012 extension period. According to HEDIS 2012, children 0-15 months had a 98.3 percent well-child checkup rate, which is a 2.9 percent increase from the 2010 HEDIS measures. According to trending rates, children in this age group will continue to maintain or exceed the 95 percent measure.

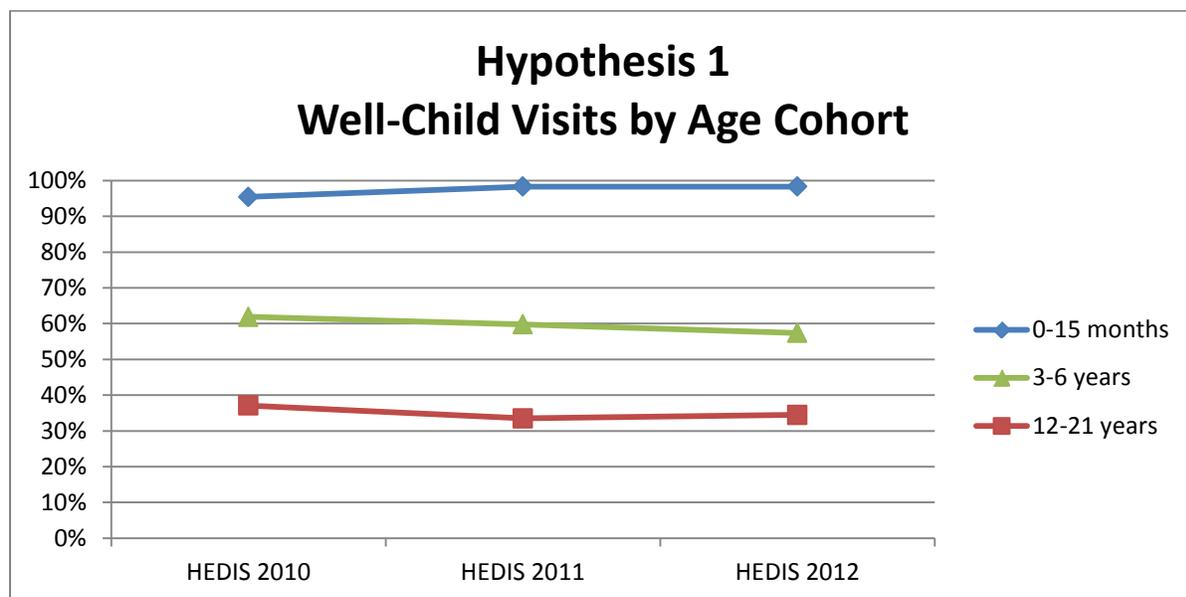
Hypothesis 1B Results:

Children 3-6 years old have seen a slight decrease in health checkup rates from the HEDIS 2010 to HEDIS 2012. Similarly, there has been a decrease in the number of 3-6 year old children eligible to be included in the sample, which would help contribute to the decrease in well-child visits. OHCA continues analysis of this population's well-child visits.

Hypothesis 1C Results:

Adolescents, ages 12-21, have had a one percent increase in health checkups from HEDIS 2011 to HEDIS 2012 measures, but continue to be lower than the 37.1 percent rate from HEDIS 2010. It can be hypothesized that older adolescents have fewer well-child visits; however, OHCA staff continues to trend the fluctuating rates.

Well-child and adolescent visits: HEDIS Measures	CY2009 HEDIS 2010	CY2010 HEDIS 2011	CY2011 HEDIS 2012
A. 0-15 months	95.4%	98.3%	98.3%
B. 3-6 years	61.9%	59.8%	57.4%
C. 12-21 years	37.1%	33.5%	34.5%



IX. DEMONSTRATION EVALUATION (Cont'd)

Hypothesis 2 (this hypothesis directly correlates with Objective 1)

Access to primary care providers will continue to improve over the duration of the waiver extension period (2010-2012).

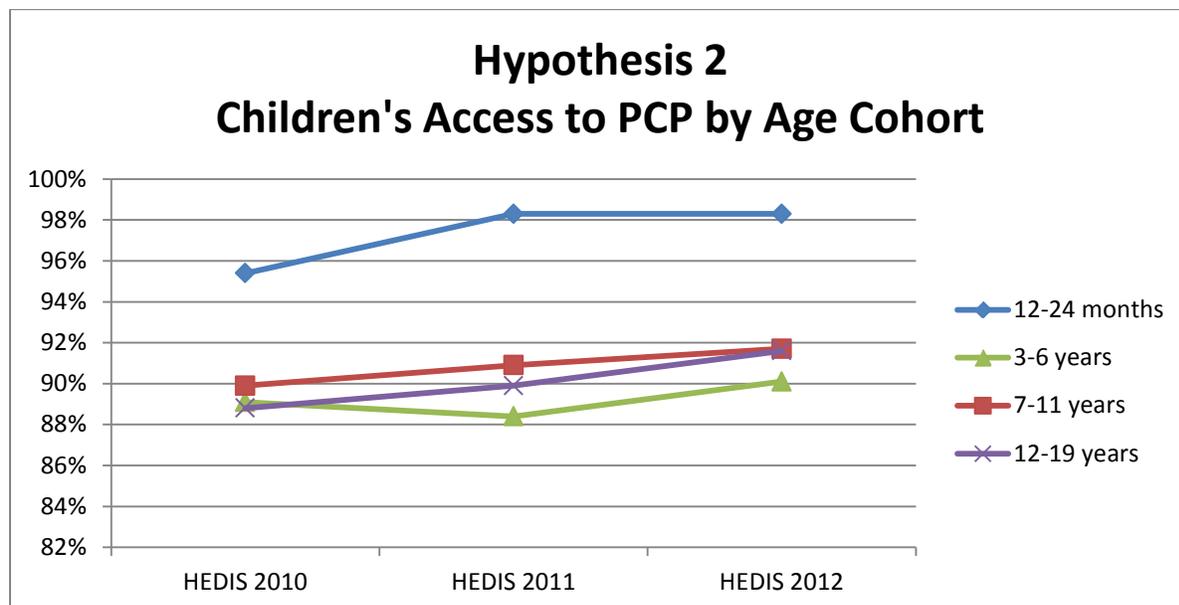
A. Children's and adolescents' access to primary care providers will increase by 4 percentage points over the life of the extension period.

B. Adult access to preventive/ambulatory health care services will increase by 4 percentage points over the life of the extension period.

Hypothesis 2A Results:

Children and adolescents' access to primary care providers has exceeded an increase of four percentage points over the life of the extension period. While children 12-24 months saw a slight decrease in access rates from HEDIS 2010 to HEDIS 2012 measures, children and adolescents had an overall percentage point increase of 5.6. This is a minimum of a one percent increase for children ages 3-6 and 7-11 with a significant 2.8 percent increase for adolescents ages 12-19. Trending rates show that children and adolescent access rates will continue to meet or exceed this measure.

Access to PCP/Ambulatory Health Care: HEDIS Measures	CY2009 HEDIS 2010	CY2010 HEDIS 2011	CY2011 HEDIS 2012
A1. 12-24 months	97.8%	97.2%	96.6%
A2. 3-6 years	89.1%	88.4%	90.1%
A3. 7-11 years	89.9%	90.9%	91.7%
A4. 12-19 years	88.8%	89.9%	91.6%

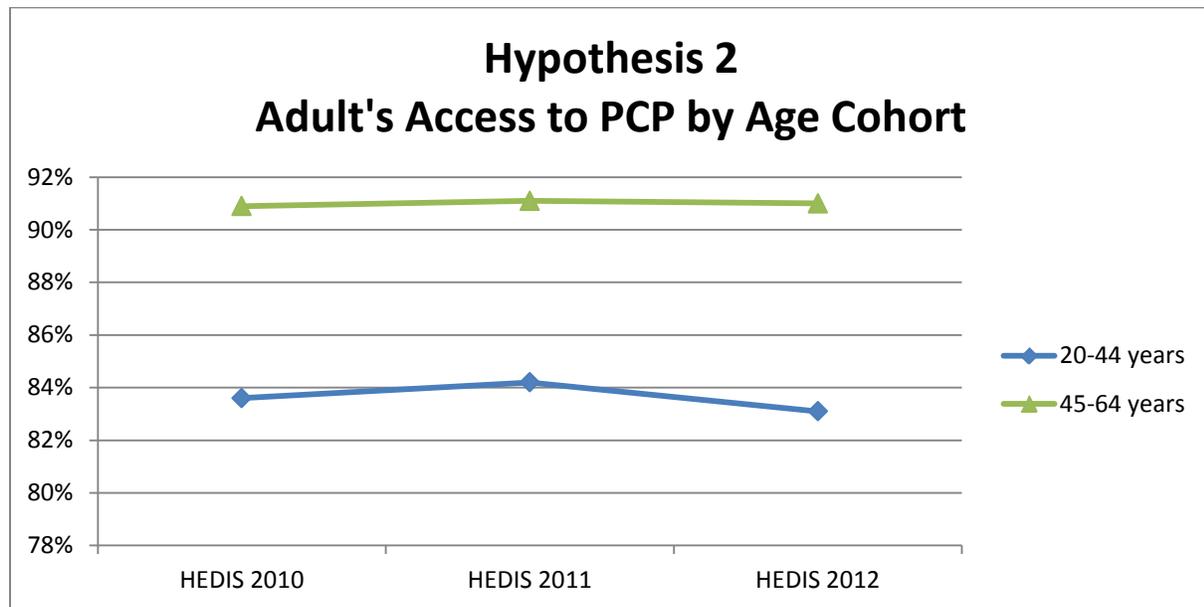


IX. DEMONSTRATION EVALUATION (Cont'd)

Hypothesis 2B Results:

Adults ages 20-44 and 45-64 did not have an increase of four percentage points for access to PCP or ambulatory health care over the course of the extension period; however, access rates have maintained a steady rate from HEDIS 2010 to HEDIS 2012. OHCA continues to trend access rates to monitor if there is a significant change in rates for adults in these age groups.

Access to PCP/Ambulatory Health Care: HEDIS Measures	CY2009 HEDIS 2010	CY2010 HEDIS 2011	CY2011 HEDIS 2012
B1. 20-44 years	83.6%	84.2%	83.1%
B2. 45-64 years	90.9%	91.1%	91.0%



IX. DEMONSTRATION EVALUATION (Cont'd)

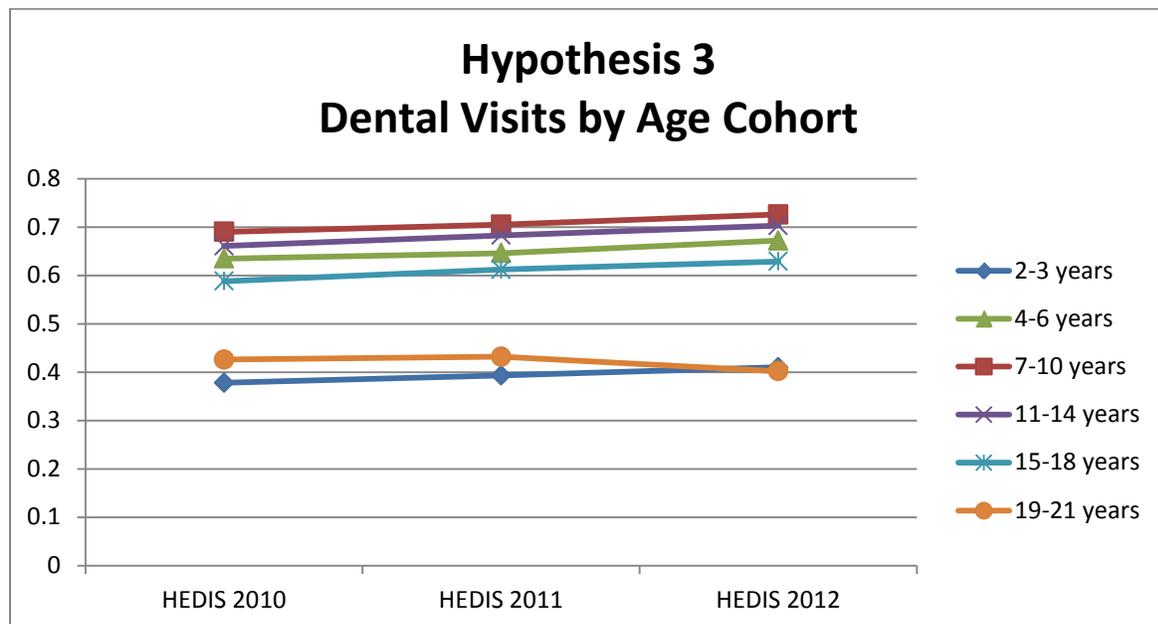
Hypothesis 3 (this hypothesis directly correlates with Objective 1):

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

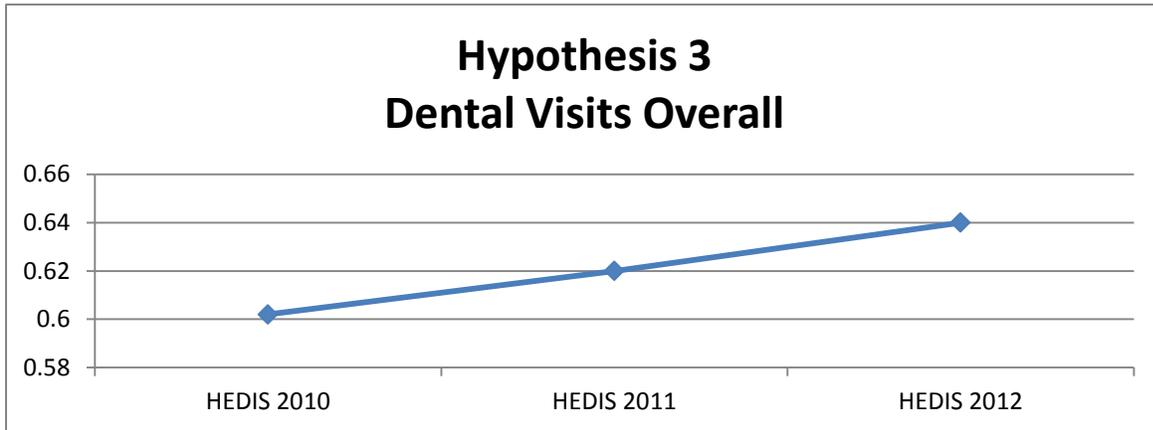
Hypothesis 3 Results:

The number of dental visits by members' ages 3 years through 21 years has improved four percentage points overall throughout the 2010-2012 demonstration period, with a minor decrease for 19-21 year-olds in 2012. It can be hypothesized that older adolescents above 18 years old are less likely to participate in visits or are likely to be out of the program. On average, however, minors between the ages of 2-18 improved the number of dental visits by 3.76 percent from CY 2009 to CY 2011. Between this timeframe, dental visits improved the most for minors ages 11-14 with an overall improvement rating of 4.2 percent.

Dental visits	CY2009 HEDIS 2010	CY2010 HEDIS 2011	CY2011 HEDIS 2012
OVERALL	60.2%	62.0%	64.0%
2-3 years	37.8%	39.3%	41.0%
4-6 years	63.5%	64.6%	67.2%
7-10 years	69.0%	70.5%	72.6%
11-14 years	66.1%	68.3%	70.3%
15-18 years	58.8%	61.2%	62.9%
19-21 years	42.6%	43.2%	40.2%



IX. DEMONSTRATION EVALUATION (Cont'd)



X. ENCLOSURES/ATTACHMENTS

1. SoonerCare Fast Facts, March 2012.
2. Insure Oklahoma Fast Facts Summary, March 2012.
3. Oklahoma Cares Fast Facts, March 2012.
4. TEFRA Fast Facts, March 2012.
5. Dental and PDEN Fast Facts, Jan-Mar 2012.
6. Provider Fast Facts, March 2012.
7. Online Enrollment Fast Facts, March 2012.
8. Budget Neutrality Model Worksheet, March 2012.

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XII. DATE SUBMITTED TO CMS

Submitted to CMS on May 31, 2012.