
Oklahoma Health Care Authority



SoonerCare Demonstration 11-W-00048/6
§1115(a) Quarterly Report
Demonstration Year: 18 (1/1/2013 – 12/31/2013)
Federal Fiscal Year Quarter: 3/2013 (4/13 – 6/13)

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I. INTRODUCTION

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

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

The SoonerCare demonstration was approved for a three-year extension on December 31, 2012. The State acknowledged the approval of the renewal application and accepted the Special Terms and Conditions on January 30, 2013. The waiver extension period runs from January 1, 2013 through December 31, 2015.

II. ENROLLMENT INFORMATION

A. Member Enrollment¹

Members Enrolled in SoonerCare Choice ² and Insure Oklahoma ³	Quarter Ending Sept 2012	Quarter Ending Dec 2012 ⁴	Quarter Ending Mar 2013	Quarter Ending June 2013	% Change
Total Number of Eligibles Enrolled in SoonerCare Choice⁵	478,690	539,243	515,200	539,670	5%
SoonerCare Choice Percentage of total Medicaid Population	66%	73%	71%	74%	
A) Title XXI	58,007	Not available ⁶	Not Available ⁶	Not Available ⁶	Not Available ⁶
B) Title XIX	420,683	539,243	515,200	539,670	5%
C) Adults	90,160	103,487	96,597	103,784	7%
D) Children	388,530	435,756	418,603	435,886	4%
E) Ratio – Adult/Child:					
Adult	19%	19%	19%	19%	
Child	81%	81%	81%	81%	
Total Number Enrolled in Insure Oklahoma	30,219	30,693	30,161	29,860	-1%
A) Individual Program (IP)	13,694	14,073	13,227	13,358	1%
B) Employee Sponsored Insurance (ESI)	16,525	16,620	16,934	16,502	-3%
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma	508,909	569,936	545,361	569,530	4%

¹ Enrollment numbers are point in time numbers.

² See Attachment 1, SoonerCare Choice Fast Facts, June 2013.

³ See Attachment 2, Insure Oklahoma Fast Facts Summary, June 2013.

⁴ December SoonerCare enrollment numbers reflect a significant increase as a result of system changes that occurred in November and December. The reporting methodology changed after the system change.

⁵ Members enrolled in SoonerCare Choice must meet all eligibility criteria and have a current PCP assignment.

⁶ The quarterly enrollment data for SCHIP Medicaid Expansion Children is not available due to an error in counting. Once the data are finalized these numbers will be updated and included in future reports.

II. ENROLLMENT INFORMATION (Cont'd)

Demonstration Populations: Enrolled and Potential ⁷ Members	Currently Enrolled	Potential Population	Total Eligible
TANF-Urban	277,613	27,553	305,166 ⁸
TANF-Rural	215,609	-2,752 ⁹	212,857 ⁸
ABD-Urban	23,820	5,736	29,556 ⁸
ABD-Rural	21,924	1,974	23,898 ⁸
Other ¹⁰	704		704
Non-Disabled Working Adults (IO)			32,862
Disabled Working Adults (IO)			3
TEFRA Children			438 ¹¹
SCHIP Medicaid Expansion Children Enrollees	Not available ¹²		Not available ¹²
Full-Time College Students			539

Demonstration Populations: Member Months	Quarter Ending Sept 2012	Quarter Ending Dec 2012	Quarter Ending Mar 2013	Quarter Ending June 2013
TANF-Urban	903,046	933,127	921,955	914,679
TANF-Rural	638,729	657,469	647,724	643,669
ABD-Urban	87,575	88,362	88,961	89,136
ABD-Rural	71,600	71,989	72,050	72,080
Non-Disabled Working Adults (IO)	96,597	98,497	99,005	98,439
Disabled Working Adults (IO)	16	7	11	11
TEFRA Children	1,248	1,256	1,256	1,325
SCHIP Medicaid Expansion Children Enrollees	170,733	Not available ¹²	Not available ¹²	Not available ¹²
Full-Time College Students	1,666	1,758	1,758	1,328

⁷ Potential members meet SoonerCare Choice eligibility criteria, but do not have a PCP assignment. This can occur:

- 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.

⁸ As reported on the CMS-64 form.

⁹ Reporting methodology changed slightly this quarter, which is why this is a negative number. Reporting will be fixed next quarter.

¹⁰ Other includes BCC, TEFRA, and other SoonerCare Choice members who are not part of TANF or ABD.

¹¹ Includes all TEFRA children not just SoonerCare Choice.

¹² The quarterly enrollment data for SCHIP Medicaid Expansion Children is not available due to an error in counting. Once the data are finalized these numbers will be updated and included in future reports.

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 Oklahoma Cares, is a partnership of the Oklahoma State Department of Health (OSDH), the Oklahoma Department of Human Services (OKDHS), the Cherokee Nation, the Kaw Nation, and the Oklahoma Health Care Authority (OHCA).

Oklahoma Cares Member Enrollments ¹³	Qtr Ending Dec 2012	Qtr Ending Mar 2013	Qtr Ending June 2013
SoonerCare Choice	383	368	349
Choice and Traditional Total Current Enrollees	867	806	729

Electronic Newborn Enrollment

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

Electronic Newborn Enrollment	April 2013	May 2013	June 2013
Number of Newborns Assigned to a PCP	1,521	1,946	2,042
Number Needing Assistance with Eligibility or PCP Selection	176	283	257

Health Management Program's CareMeasures Disease Registry

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

Beginning July 1, practices that receive a health coach and practices that continue utilizing practice facilitation services will continue to use CareMeasures. Practices that will not be facilitated, however, have the option of purchasing a license to continue the CareMeasures disease registry.

CareMeasures Member Enrollments	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
Members Enrolled in CareMeasures Registry ¹⁴	4,720	4,446	4,852	5,122

¹³ See Attachment 3, Oklahoma Cares Fast Facts, June 2013.

¹⁴ These are duplicated numbers as some members might have more than one chronic disease.

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 ¹⁵	0-100% FPL	101-133% ¹⁶ FPL	134% ¹⁶ and Over	Total
Employee	2,223	4,030	7,182	13,435
Spouse	480	806	1,336	2,622
Student	19	27	61	107
Dependent Child ¹⁷	0	0	338	338
IO ESI Total	2,722	4,863	8,917	16,502

Insure Oklahoma Individual Plan (IP)

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

IP Program Current Enrollments ¹⁵	0-100% FPL	101-133% ¹⁶ FPL	134% ¹⁶ and Over	Total
Employee	4,219	2,415	3,082	9,716
Spouse	1,228	860	1,002	3,090
Student	210	114	106	430
Dependent Child ¹⁷	0	0	122	122
IO IP Total	5,657	3,389	4,312	13,358

¹⁵ See Attachment 4, Insure Oklahoma Data by FPL, June 2013.

¹⁶ This includes the five percent disallowance.

¹⁷ 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 root planing), and certain types of fillings.

PDEN Member Participation	July-Sept 212	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
Women Eligible for Services	20,025	20,048	19,903	20,673
Women Who Received Services	2,494	2,428	2,184	2,422
Percentage of Eligibles Receiving Services	12%	12%	11%	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	April 2013	May 2013	June 2013
Enrollees	2,632	2,675	2,652

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 ¹⁸	Qtr Ending Dec 2012	Qtr Ending Mar 2013	Qtr Ending June 2013
SoonerCare Choice	288	294	314
Choice and Traditional Total Current Enrollees	440	446	468

¹⁸ See Attachment 5, TEFRA Fast Facts, June 2013.

II. ENROLLMENT INFORMATION (Cont'd)

B. Provider Enrollment

Within 77 Oklahoma counties, there are 2,130 primary care providers contracted for the SoonerCare program, along with 1,600 providers contracted for Insure Oklahoma.

SoonerCare Provider Enrollment by Type

Primary care providers include physicians, physician assistants (PA), and advanced practice nurses (APNs).

Provider Types ¹⁹	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
MD/DO	1,417	1,333	1,364	1,413
PA	268	282	294	310
APN	327	351	370	407
Total Unduplicated PCPs	2,012	1,966	2,028	2,130

SoonerCare Medical Home Providers by Tier

Providers by Tier	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
Percentage in Tier 1: Entry Level Medical Home	65%	65%	59%	59%
Percentage in Tier 2: Advanced Medical Home	26%	25%	27%	28%
Percentage in Tier 3: Optimal Medical Home	9%	10%	13%	14%

Insure Oklahoma Individual Plan (IP) Providers

Insure Oklahoma IP providers include physicians, physician assistants (PA), and advanced practice nurses (APNs).

Provider Types	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
MD/DO	996	963	989	1,036
PA	204	212	231	241
APN	267	278	294	323
Total Unduplicated PCPs	1,467	1,453	1,514	1,600

¹⁹ 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 Telligent to administer the HMP. This program allows nurse care managers to focus their efforts on helping members become more invested in their health outcomes and improve self-management of chronic disease. Nurse care managers partner with the Community Resource Specialist and the Behavioral Health Specialist to assist members with referrals to community resources, assessments of general needs, and to provide follow-up for behavioral health issues.

Nurse Care Managers	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
Tier 1 Nurse Care Managers	12	13	14	14
Tier 2 Nurse Care Managers	18	19	12 ²⁰	7 ²⁰

Indian Health

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

Indian Health Provider Enrollment	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
Number of Clinics	58	58	58	60

Perinatal Dental Access Program (PDEN)

PDEN Provider Enrollment ²¹	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
Active Participating Dentists	308	325	313	317

PCP Capacities

SoonerCare and Insure Oklahoma ²²	June 2013	
	Capacity Available	% of Capacity Used
SoonerCare Choice	1,139,130	44%
SoonerCare Choice I/T/U	101,900	17%
Insure Oklahoma IP	435,317	3%

²⁰ There are fewer Tier 2 nurse care managers as the program is in transition with the contractor and in transition to Phase II of the program beginning July 1, 2013.

²¹ See Attachment 6, Dental and PDEN Fast Facts, April-June 2013.

²² See Attachment 7, Provider Fast Facts, June 2013.

II. ENROLLMENT INFORMATION (Cont'd)

C. Systems²³

This quarter, there were a total of 87,125 SoonerCare applications submitted. Of the applications, 89 percent were submitted electronically through either home internet or agency internet. This is an eight percent increase in electronic submissions since last quarter. Only five percent of applications this quarter were submitted through a paper application.

Media Type ²⁴ of Applications for SoonerCare	April 2013	May 2013	June 2013	Total
Home Internet	16,998	16,479	15,613	49,090
Paper	1,595	1,383	1,029	4,007
Agency Internet	10,327	9,377	8,628	28,332
Agency Electronic	1,995	1,934	1,767	5,696
Total	30,915	29,173	27,037	87,125

The number of Indian Health online enrollment applications remained relatively stable this quarter compared in comparison to last quarter. Indian Health Services continues to enroll the most applicants through online enrollment, but all tribal partners continue to consistently enroll individuals in the online enrollment system

Indian Health Online Enrollment Applications for SoonerCare	April 2013	May 2013	June 2013	Total
Cherokee Nation	419	369	360	1,148
Chickasaw Nation	223	189	158	570
Choctaw Nation	203	192	186	581
Indian Health Services	718	574	511	1,803
Total	1,563	1,324	1,215	4,102

²³ Data for online enrollment applications might be lower beginning in this quarter as the reporting methodology has changed.

²⁴ See Attachment 8, Online Enrollment Fast Facts, April-June 2013.

III. OUTREACH AND INNOVATIVE ACTIVITIES

A. Outreach

Outreach Materials Printed and/or Distributed	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
Member Materials Printed/Distributed				
Annual Benefit Update Packet	0	0	284,817	0
New Member Welcome Packets				
English/Spanish Combined	22,007	20,396	33,232	12,874
Individual Orders	2,420	530	0	0
Packets for OKDHS	9,780	9,630	0	0
Information/Enrollment Fair Fliers ²⁵	15,070	12,895	26,525	44,392
BCC Brochures				
English	630	780	560	1,840
Spanish	100	220	230	850
SoonerRide				
English	5,250	2,890	3,470	4,470
Spanish	680	390	1,030	1,870
SoonerCare Provider Directory (English/Spanish)	3,540	530	35,736	14,568
Postcard with ER Utilization Guidelines ²⁶	1,160	1,430	1,570	3,660
Perinatal Dental (PDEN)				
Provider Flier	0	0	0	0
Member Flier	470	0	1,530	700
Postcards	540	430	0	1,860
Posters	50	100	0	0
SoonerCare and IO Outreach Material				
Sooner Bear Color Books	8,660	2,830	8,300	6,420
SoonerCare Health Club (Activity Book)	6,480	2,590	4,830	6,710
SoonerCare Companion Member Newsletter	247,040	262,000	266,000	264,000
Miscellaneous Promotional Items (Magnets, Bandages, Hand Cleaner)	17,730	5,280	21,250	21,620
No Smoking Card (English/Spanish Combined) ²⁷	1,450	480	920	2,300
Insure Oklahoma Brochures ²⁸	0	0	0	0
Oklahoma Indian Tribe-Specific Posters and Fliers	110	260	7,610	100
Provider Newsletter	0	0	11,019	0
Toll-Free SoonerCare Helpline				
Number of Calls	210,961	203,258	132,316	196,552

²⁵ This includes TEFRA brochures.

²⁶ Postcards are also included in the new member welcome packets.

²⁷ This flier also appears as an ad in the member handbook and the SoonerCare Companion newsletter.

²⁸ Insure Oklahoma brochures can also be ordered through the Oklahoma Insurance Department.

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 (ARRA), incentive payments are available to eligible professionals, critical access hospitals, and eligible hospitals that successfully demonstrate meaningful use of certified Electronic Health Record (EHR) technology.

This quarter, OHCA incorporated various changes to the EHR incentive program in accordance with CMS's Stage 2 final rule (42 CFR Parts 412, 413, and 495). Such modifications include changes to the SoonerCare contract effective date, the definition of an encounter, patient volume time period, and changes to the Meaningful use measures. For a complete list and description of the 2013 EHR incentive program changes, refer to: [EHR Incentive Program Changes](#).

At the end of June 2013, OHCA has paid out more than \$93 million for EHR incentive payments to over 1,700 eligible professionals and 90 eligible hospitals. Of the 1,700 eligible professionals, some 380 have achieved Stage 1 of Meaningful Use and of the 90 eligible hospitals, 36 have achieved Stage 1 of Meaningful Use under the Oklahoma EHR incentive program.

Stage 2 for Meaningful Use will be implemented for eligible hospitals during the fourth quarter of 2013 and for eligible professionals during the first quarter of 2014.

EHR Eligible Providers	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
Number of Eligible Professionals	1,509	1,605	1,737
Number of Eligible Hospitals	85	90	90
Total	1,594	1,695	1,827

Cumulative EHR Incentives Paid	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
Eligible Professionals	\$31,782,917	\$33,539,584	\$36,238,334
Eligible Hospitals	\$55,515,184	\$57,102,718	\$57,102,718
Total	\$87,298,101	\$90,642,302	\$93,341,052

High ER Utilization Initiative

OHCA staff members work 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. These members receive a letter that educates them why they should call their PCP before visiting the ER. Member Services (MS) staff also reach out to super users who use the ER 15 or more times in a quarter. Due to other resource needs, MS has temporarily suspended the super user initiative.

Members with 4 or more ER Visits	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
SoonerCare	1,758	2,060	2,086	1,927

III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

Medicaid Management Information System (MMIS) Reprourement

The MMIS reprourement project is an initiative to implement system enhancements to the Oklahoma MMIS system. At the beginning of this year, OHCA's contractor, Hewlett-Packard Enterprise Services (HP), had completed 60 percent of the project.

This quarter, HP continued work on ICD-10 testing. Round 2 user acceptance testing for Phase II is scheduled to be completed in July 2013 shortly followed by provider testing in September 2013. While the ICD-10 final rule published in the Federal Register on September 5, 2012, moved the ICD-10 compliance date from October 2013 to October 2014, OHCA maintains a schedule to complete the project by October 2013, to allow time to resolve any issues encountered during testing.

HP continues to work on the provider portal system but has moved the go-live date to late 2013 due to unit testing and system testing activities. This quarter, HP did complete the Medical Policy enhancement, which now allows OHCA to identify and document specific medical policy related to edits, audits, and group tables.

HP completed design sessions for the claims resolution workflow²⁹ and the rules engine enhancement³⁰. For the next quarter, HP will be working on construction for these two enhancements.

C. Stakeholder Engagement

Tribal Consultation

OHCA held one tribal consultation meeting this quarter in May. Participants included representatives from the Oklahoma City Indian Clinic, as well as from the Oklahoma Department of Mental Health and Substance Abuse, and OHCA. The purpose of these meetings is to better collaborate with the tribes on all OHCA program updates and changes.

This quarter, OHCA Policy and 1915 Waiver staff presented proposed rule changes at the tribal consultation and posted the rules to the OHCA policy website for a 30-day comment period. There were no rules that had direct impact on the SoonerCare Choice demonstration. The rules take effect July 1, 2013.

OHCA continues to use the Native American Consultation website page³¹ to communicate to the tribes and receive comment on all new or amended state plans, waiver amendments, or policy changes.

²⁹ The claims resolution workflow allows more flexibility in how claims are assigned and routed, thus, streamlining the process.

³⁰ The rules engine enhancement will reduce the number of suspended claims by systematically processing some of the claims based on the rules confirmed by the policy department and implemented into the rules engine.

³¹ [Native American Consultation Page](#)

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

A. SoonerCare and Insure Oklahoma Operations

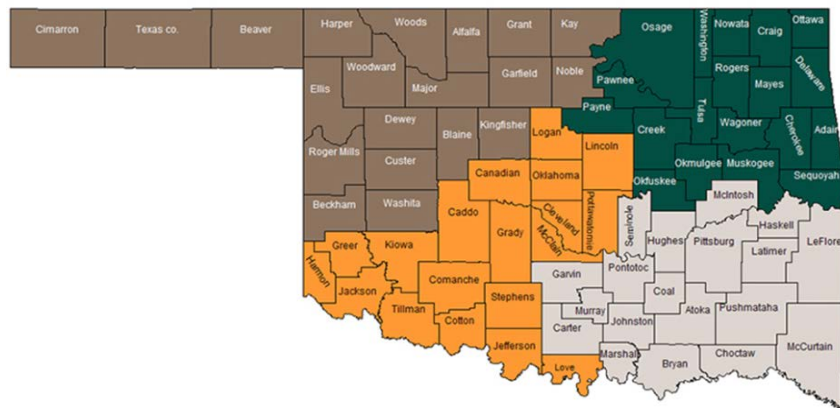
1. Department Operations

Child Health

Community Relations Coordinators

OHCA has four Community Relations Coordinators (CRCs) that maintain much of the work performed during the SoonerEnroll initiative, as well as expand the approach to promotion of other agency programs and initiatives. CRCs work with more than 750 public, private, and nonprofit entities within the 77 Oklahoma counties to enroll qualified children in SoonerCare and promote the importance of preventive care. Furthermore, CRCs facilitate ongoing dialogue between community partners and OHCA to address local issues and collaborate in the development of strategies for improving the health of SoonerCare members.

The four CRCs each have a region of the state – northeast, southeast, northwest, and southwest – in which they connect with partners and potential partners.



A few of the initiatives the CRCs focused on this quarter include filming a video on diabetes that will be used in provider offices for patient education; staffing the Multi-Agency Resource Centers during the tornado disaster relief; promoting SoonerCare, health check-ups, and educating on Text4Baby at community baby showers; and attending provider trainings and advisory committee meetings throughout the state; to name a few.

This quarter, CRCs also distributed 1,200 *Smoke-Free Homes* bags to daycare centers and Head Start programs³² in the Oklahoma counties of McCurtain, Pushmataha, and Choctaw. The *Smoke-Free Homes* bags include information on health check-ups, the SoonerQuit help line, and SoonerCare.

Last quarter, CRC's created an OHCA Community Relations website page³³ to provide OHCA partners with tools, resources, and vital information in linking members to the community.

³² Head Start programs are located throughout the state and provide a comprehensive list of services and resources to the community.

³³ [OHCA Community Relations Website](#)

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

Grant funding ended for the SoonerQuit program on December 31, 2012; OHCA Child Health staff, however, applied for another grant, the SoonerQuit Provider Engagement grant, which went before the Tobacco Settlement Endowment Trust (TSET) board on May 9 and was awarded to OHCA in June. For this grant initiative, OHCA will utilize the participating primary care providers from the Health Management Program practice facilitation model and infuse a tobacco cessation module into the quality improvement activities. Simultaneously, the OHCA will be continuing the practice facilitation efforts with obstetrics providers and possibly dental providers. OHCA has delayed the implementation of this grant until July 2014 in order to ensure that subcontractor efforts will be fully ready to focus efforts on the SoonerQuit initiative.

Health Promotions Coordinator

This quarter, the Health Promotions Coordinator provided training on tobacco cessation best practices and billing, as well as supplied providers with tobacco cessation resources during the spring provider trainings in Durant, Enid, Oklahoma City, and Tulsa. In addition, the Health Promotions Coordinator worked with the Community Relations Coordinators to disperse 470 water bottle Quit Kits during provider trainings and health fairs.

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

Medical Authorization Unit (MAU)

This quarter, the MAU processed an average of 5,694 prior authorizations a month for an average approval rate of 98 percent.

During this quarter, staff created a new MAU page on the OHCA website. Providers are now able to click on the [MAU Link](#) and find prior authorization information such as required forms, general information, MAU FAQs, and information on imaging and scans.

MAU Activity	April 2013	May 2013	June 2013	Qtr Totals
MAU Calls Handled	658	488	516	1,662
Total Prior Authorizations	5,835	6,047	5,200	17,082
Number of Reviewers (Analyst or Nurse)	13	13	13	
Average Number of PAs per Reviewer	448	465	400	438
Percentage of Total PA Denials	1%	2%	2%	2%
Number of Denials	58	121	104	283

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

With the MedSolutions contract ending by the end of fiscal year 2013, OHCA issued a request for proposal (RFP) for the Radiology Management Program on March 19, 2013, and expects to award the contract by the end of July.

MedSolutions has processed an average of 5,866 prior authorization requests a month this quarter with an 85 percent approval rate.

MedSolutions Activity	April 2013	May 2013	June 2013	Qtr Totals
MedSolutions Calls Handled	1,390	1,247	1,176	3,813
Total Prior Authorizations	6,471	5,806	5,322	17,599
Number of Reviewers (Analyst or Nurse)	115	115	115	
Average Number of PAs per Reviewer	56	50	46	51
Percentage of Total PA Denials	14%	14%	15%	15%
Number of Denials ³⁴	920	831	822	2,573

³⁴ 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)

In the fourth quarter of 2012, OHCA began the transition to a new SoonerCare Helpline contractor, Maximus, with an effective date of January 1, 2013.

MS Outreach Letters	# of Letters Mailed	Response Rate
Prenatal Outreach – Pat Letters	4,816	40%
Households with Newborns Outreach – Jean Letters	5,880	15%
Soon-to-be-Sooners Outreach – Sonja Letters	896	43%
High ER Utilization Outreach – Ethel Letters	1,927	11%

MS Activity	April 2013	May 2013	June 2013	Qtr Totals
NAL/911/ER Reports Reviewed ³⁵	0	0	0	0
NAL/ER Follow-Up ³⁵	0	0	0	0
High ER Utilizers Identified for Calls				0³⁶
Calls to BCC Members with Confirmed Cancer Diagnosis	16	12	18	46
Calls to BCC Members at Renewal Period	26	18	22	66
Member Service Calls Handled in English	8,468	7,839	7,098	23,405
Member Service Calls Handled in Spanish	571	465	418	1,454
Member Inquiries				16,771

³⁵ The NAL contract ended on February 28, 2013.

³⁶ Outreach not performed this quarter.

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

Population Care Management (PCM)

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

Case Management (CM)

The CM unit implemented Phase I of the Fetal Infant Mortality Rate (FIMR) initiative in January 2011. 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	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	June 2013
New Cases	180	182	133	198	130	148	198	165	138
Existing Open Cases ³⁷	634	644	674	621	588	591	606	665	681

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

Phase II: Outreach to FIMR Population – Infants Under Age 1	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	June 2013
New Cases	163	150	198	184	168	164	179	128	148
Existing Open Cases	1,831	1,850	1,916	1,918	1,929	1,938	1,903	1,881	1,853

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

This quarter, CM met with the Health Policy Research unit of the Family and Preventive Medicine department at OU Health Science Center to develop a logic model for formal evaluation of the FIMR program.

³⁷ 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.

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

This quarter, PCM began building a new outreach effort as an outgrowth from the FIMR initiative, known as the Interconception Care (ICC) project. Unlike the FIMR project where pregnant women ages 18 or older lose SoonerCare eligibility 60 days post-partum, the ICC outreach will be for pregnant women ages 13 to 17 who have been identified in the 10 FIMR counties who can retain SoonerCare eligibility through their eighteenth birthday. Pregnant women in ICC will remain in active care management until one year post delivery. Care management will specifically focus on contraception utilization, medical and dental well checks, return to school/graduation/or vocation training, and increased PCP visits. This outreach will begin July 1, 2013.

In the first quarter of 2013, PCM and Information Services (IS) staff implemented a non-member health survey located on the OHCA SoonerCare online enrollment web page³⁸. The survey includes questions relating to chronic illness, tobacco use, obesity, and pregnancy. The survey also includes agency telephone numbers for OHCA service areas that non-members can call for assistance. A total number of 1,897 health surveys were filled out this quarter.

Non-Member Health Survey Responses	April-June Survey Results
Non-members who reported to be pregnant	334
Non-members who reported to have chronic disease	567
Non-members who reported that s/he is overweight	532
Non-members who have a serious medical issue for which they believe they need immediate help	523
Non-members who reported to use tobacco	598

³⁸ [Online Health Assessment on OHCA Enrollment Page](#)

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

OHCA continues the Cesarean Section (C-section) initiative, which was implemented in January 2011, in an attempt to lower the primary C-section rate performed without medical indication. The goal of the initiative is to help reduce the first time C-section rate to 18 percent. The state fiscal year 2009 C-section rate was 20.3 percent and the state fiscal year 2011 C-section rate was 19.5 percent. The CM staff performs a primary role in this initiative. CM nurses review the received documentation and determine the medical necessity for the C-section and if it should be reviewed by the OHCA OB physician. The CM unit tracks the number of C-section claims received for review, how many are sent to the OHCA physician for medical review, and the outcome of the claims sent for medical review.

June C-Section Reviews	Total	Outcomes
Claims Reviewed by CM	313	
Claims Sent for OHCA Physician Review	17	
Physician Review Outcomes:		
Paid at the C-section rate		7
Adjusted Claims		8
Pending		2
Denied		0

CM Activity ³⁹	Apr 2013	May 2013	June 2013
Active Cases under Care Management	3,891	3,948	3,931
Case Load per Adjusted RN FTE	159	172	172
High-Risk and At-Risk OB - Following	428	440	512
High-Risk and At-Risk OB - New	329	213	245
OK Cares New Enrollment	808	749	729
OK Cares Total Enrollment	100	77	71
Private Duty Nursing Cases - New	7	4	1
Private Duty Nursing Cases - Following	207	203	192
Onsite Evaluations (TEFRA, Private Duty Nursing)	87	36	60
Caesarean Section Reviews Received	306	256	279
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	91	85	81
Out of State – Clinical Review - New	78	49	71
Out of State – Clinical Review - Following	50	43	62

³⁹ CM Activity measures were updated during the first quarter of 2013 to reflect more accurate CM activities.

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

Health Management Program

With the current HMP administrator contract ending June 30, 2013, OHCA issued a request for proposal (RFP) in October 2012, with an expected award date for the new administrator in March 2013. The agency awarded the HMP contract on April 15, 2013, to the former contractor, Telligen. During this quarter, OHCA worked with Telligen on transition planning for the new contract, effective July 1, 2013.

This quarter HMP members were informed of the new HMP changes that will take effect July 1, 2013 through their nurse care managers, as well as by a notification letter. Current HMP members will continue to receive care management through clinics that have embedded health coaches; clinics that participate in a similar initiative, such as a Health Access Network or CPC initiative that provides similar services to the HMP; or members will be referred to OHCA's internal Chronic Care unit for follow up.

Practice facilitation in the current HMP program ended June 30, 2013, with nine practice facilitators and a cumulative of 90 practices that received some level of facilitation since the beginning of the HMP program. Eight practice facilitators will continue for the new HMP program that takes effect July 1, 2013, with one facilitator transitioning to a health coach.

Effective July 1, 2013, practice facilitation services will go hand-in-hand with health coaching. Practice facilitators will have health coach training and certification, as well as work with the health coaches to coordinate efforts within the practices. Beginning in the third quarter, practice facilitation will be divided into the following four tiers:

Practice Facilitation Tiers ⁴⁰	Description
Tier 1	Practice has never received practice facilitation; clinic needs full practice facilitation services before deployment of a health coach.
Tier 2	Practice has received prior practice facilitation but requires additional training before deployment of a health coach.
Tier 3	Practice has received full practice facilitation, high-functioning practice, and ready for deployment of a health coach.
Tier 4	High-functioning practice; has embedded care management staff due to participation in another initiative or grant program, but practice still requests inclusion in academic detailing and other educational services.

This quarter, staff held three regional collaboratives in Ada, Oklahoma City, and Ardmore, for providers and their staff who had completed practice facilitation. During the collaboratives, OHCA staff presented on *Improving Care: Getting the Right Fit*, and *Patient Non-Compliance and Motivational Interviewing*. Participants are also asked how facilitation has improved the quality of care delivered and how the facilitation can be more helpful.

⁴⁰ Practice facilitators will provide facilitation for Tiers 1 and 2 practices, as well as provide academic detailing sessions for Tiers 3 and 4.

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

HMP Outreach through Nurse Care Managers	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
Tier 1: Face-to-Face Visits	776	769	818	623
Tier 2: Telephone Contact	2,817	2,742	2,129	771
Total	3,593	3,511	2,947	1,394

HMP Outreach Activities	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
Number of Activities	2	5	2	3
Number of Attendees	11	55	25	47

The provider incentive structure was changed in July 2012, to include only four categories for which providers can earn incentive payments. These four categories include Pay for Reporting, Pay for Participating in Collaborative, Pay for Performance Improvement, and Pay for Process Improvement. The payment incentives are paid on an annual basis (after four quarters) except for incentives in the Pay for Process Improvement category, which are paid at the end of the quarter.

Provider Incentive Payments	Apr-June 2013
Pay for Reporting	Paid Annually
Pay for Participating in Collaborative	Paid Annually
Pay for Performance Improvement	Paid Annually
Pay for Process Improvement	\$0
Total	\$0

Chronic Care Unit

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

Beginning July 2013, the Chronic Care Unit will provide similar services as the HMP, but telephonically to members with chronic conditions who are not aligned with a PCP that has an embedded health coach.

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

Waiver Development & Reporting (WD&R)

On April 30, 2013, the WD&R unit submitted to CMS the 2012 SoonerCare Choice Annual Report, the 2012 SoonerCare Choice Evaluation report, and the SoonerCare Choice proposed Evaluation Design for the 2013-2015 extension period. OHCA will receive comments from CMS within 60 days of submission.

Toward the end of the first quarter, March 26, 2013, OHCA submitted a letter to the Director of Medicaid at CMS requesting an extension of the Insure Oklahoma program through December 31, 2014. CMS sent a response letter to OHCA on May 7, 2013, indicating the changes the State would need to make to the Insure Oklahoma demonstration in order to keep the program or expire the program on December 31, 2013.

Additionally, the WD&R unit submitted to CMS's Acting Director of the Children and Adults Health Programs Group on June 20, 2013, a letter of intent for the early adoption of MAGI, in accordance with the May 17, 2013 CMS SHO letter #13-003. OHCA will present the waiver amendment at the July 2 tribal consultation meeting.

OHCA continues to work on a SoonerCare Choice amendment for federally-mandated provisions for the Choice demonstration, as well as an Insure Oklahoma Expiration Plan, which OHCA will submit July 1, 2013. In addition, OHCA is working with CMS on the appropriate federal financial match for the Health Management Program.

OHCA participated in two monthly CMS calls this quarter and continues to participate in CMS monitoring calls as scheduled. During this quarter, the current CMS project officer, Heather Hostetler, introduced OHCA to the new SoonerCare project officer, Shanna Wiley.

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

2. Program-Specific Operations

Breast and Cervical Cancer Program (BCC)

BCC Certified Screeners	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
Certified Screeners	898	892	940	970

Outreach Activities Related to BCC Members	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
Care Management Activities Related to BCC Members	4,328	3,785	4,105	4,302
Number of Calls Made by Member Services to BCC Members at Renewal Period	88	72	32	66
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	77	96	111	46

Health Access Network (HAN)

Active HANs in Oklahoma include:

- The OU SoonerHAN administered by the University of Oklahoma Health Sciences Center, College of Community Medicine;
- The Partnership for Healthy Central Communities (PHCC) HAN; and
- The OSU Network administered by the Oklahoma State University Center for Health Services.

OHCA convened a meeting of HANs' leadership for an all-day planning retreat at the agency on April 10. An external facilitator assisted with the very robust discussion with the HANs' representatives. The purpose of the meeting was both to develop approaches to the Quality Initiatives that are required of the HANs and to look at future opportunities. The HANs collaborated on selecting the common quality projects and measures they will each initiate. A portion of the discussion was devoted to exploring what types of criteria might be required if OHCA is approved at some future date to consider HANs as an existing part of the delivery system and not just a pilot that is authorized in the 1115 demonstration waiver. Participants considered certain national accreditation examples and adjourned with the mission of reviewing and researching such criteria from the viewpoint of their HAN capacity and what might be required of new applicants. HAN representatives then came together for joint review of the proposals on June 10. As a result of this discussion, OHCA's provider services director has initiated the process of requesting agency consideration on the future of the HANs pilots.

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

In addition, OHCA continued individualized HAN review meetings this quarter. The Partnership for a Healthy Canadian County has now changed its name to the Partnership for Healthy Central Communities. This HAN came on-site to the agency for a monthly update on May 13.

The OU Tulsa HAN added six OU Oklahoma City locations to their HAN. This increased the number of SoonerCare Choice members aligned with a patient-centered medical home and the HAN to over 65,000.

HAN Enrollment	OU Sooner HAN	PHCC HAN	OSU Network
April 2012	38,713	2,882	14,557
May 2012	38,480	2,937	14,419
June 2012	43,565	3,006	14,507
July 2012	43,697	2,994	14,468
August 2012	42,448	2,859	13,950
September 2012	43,571	2,971	14,276
October 2012	44,253	2,966	14,437
November 2012	45,267	3,028	14,792
December 2012	45,606	3,118	14,998
January 2013	43,300	2,906	14,283
February 2013	44,186	3,003	14,441
March 2013	42,780	2,921	14,118
April 2013	50,154	3,072	14,386
May 2013	50,891	2,941	13,616
June 2013	73,530	3,165	13,993

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

The chart below displays the number of members transitioned to the HANs for targeted care management populations.

Care Management Populations ⁴¹ Transitioned	High Risk OB	Hemophilia	ER Utilization	Pharmacy Lock-in	OK Cares (BCC)	Total
July 2011	6	0	0	2	3	11
August 2011	26	3	318	5	12	364
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
April 2012	38	1	0	5	12	56
May 2012	32	0	0	0	5	37
June 2012	23	1	318	0	1	343
July 2012	19	0	0	0	6	25
August 2012	22	0	0	0	4	26
September 2012	29	2	474	5	0	510
October 2012	21	0	14	5	1	41
November 2012	35	0	0	0	2	37
December 2012	38	0	419	0	4	461
January 2013	30	0	0	0	4	34
February 2013	35	5	0	0	4	44
March 2013	28	2	0	0	3	33
April 2013	43	0	0	13	11	67
May 2013	48	0	0	18	6	72
June 2013	45	3	0	0	20	68
Total:	632	19	2,511	84	133	3,379

⁴¹ This includes OU Sooner HAN, PHCC HAN, and OSU HAN.

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

Insure Oklahoma (IO)

This quarter, IO outreach staff received the survey results from the ESI and IP member surveys that were sent out on January 8, 2013. OHCA mailed 2,000 surveys to IO members – 1,000 surveys were mailed to ESI premium subsidy members and 1,000 surveys were mailed to IP members. Of the surveys mailed, 126 ESI members completed and returned the survey for a 14.1 percent response rate and 296 IP members completed and returned the survey for a 32.0 percent response rate.

The results of the surveys conclude that 95.2 percent of ESI members and 97.3 percent of IP members are satisfied with the Insure Oklahoma program. A sample of the results can be found below.

ESI Survey Results

Survey Question	Very Satisfied	Okay	Not Satisfied	No Opinion/ Doesn't Apply	Overall Satisfaction
How satisfied were you with the IO application and renewal process?	48.4%	44.5%	6.3%	0.8%	92.9%
How satisfied are you with your health plan's customer service?	44.4%	40.5%	2.4%	12.7%	84.9%
How satisfied are you with your ability to access a primary care physician?	50.4%	44.0%	1.6%	4.0%	94.4%

IP Survey Results

Survey Question	Very Satisfied	Okay	Not Satisfied	No Opinion/ Doesn't Apply	Overall Satisfaction
How satisfied were you with the IO application and renewal process?	47.3%	40.2%	11.5%	1.0%	87.5%
How satisfied are you with your health plan's customer service?	60.4%	29.8%	5.1%	4.7%	90.2%
How satisfied are you with your ability to access a primary care physician?	64.9%	27.0%	7.1%	1.0%	91.9%

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

IO Outreach Activities	April - June 2013	
	Number of Activities	Number of Participants
3-Hour CE	2	36
Blast	4	10,210
Brochures	171	10,652
Civic Meeting	5	850
Education	38	39
Enrollment	8	40
Health/Job Fair	8	1,223
Legislative Request	1	1
Outreach Administration	27	29
Presentation	2	68
Recruitment	13	13

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

Employer-Sponsored Insurance (ESI) Program Participating Employers ⁴²	Quarter Ending Dec 2012	Quarter Ending Mar 2013	Quarter Ending June 2013
Approved Businesses with Participating Employees	4,791	4,746	4,697

Average ESI Member Premium ⁴³	April 2013	May 2013	June 2013
Member Premium	\$288.39	\$289.90	\$289.90

ESI Subsidies	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
Employers Subsidized	3,760	3,758	4,510
Employees and Spouses Subsidized	15,540	15,774	22,912
Total Subsidies	\$12,810,413	\$13,051,086	\$12,869,511

Average Individual Plan (IP) Member Premiums ⁴³	April 2013	May 2013	June 2013
Member Premiums	\$62.13	\$62.08	\$62.09
Average FPL of IP Members	106%	105%	105%

IP Subsidies	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-June 2013
Total Premiums Received	\$1,651,324	\$1,848,289	\$1,712,360	\$1,721,720
Total Member Months	40,394	42,088	40,637	40,159
Total Paid Claims	\$15,308,200	\$15,771,876	\$15,817,766	\$15,252,154
Average Claim PMPM	\$338.09	\$330.82	\$347.11	\$336.85

⁴² See Attachment 2, Insure Oklahoma Fast Facts Summary, June 2013.

⁴³ Financial data is based on the previous month; e.g. May premiums are reported in June.

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

SoonerRide

The SoonerRide vendor, LogistiCare, operates under the fifth of five one-year options for contract renewal. The renewal options are available through June 30, 2013, with the same terms and conditions. With the LogistiCare contract ending, OHCA issued a request for proposal (RFP) for the SoonerRide non-emergency transportation on October 24, 2012. The contract was awarded to the previous vendor, LogistiCare on May 7, 2013. The new contract will begin July 1, 2013.

The SoonerRide Manager performed compliance reviews, which includes 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. This process ensures continued compliance with contractual guidelines.

This quarter, 211,959⁴⁴ SoonerCare⁴⁵ individuals from all 77 Oklahoma counties utilized the SoonerRide program.

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

Last quarter, Oklahoma's Governor appointed members to the Blue Ribbon Panel for Developmental Disabilities. The Governor created the panel in response to the significant number of Oklahoma men, women, and children with intellectual disabilities. One of the panel's objectives is to address the Developmental Disabilities Service Division's (DDSD) ever-growing waiting list for services. The panel will also review more than 3,000 child cases to determine if criteria are met for the TEFRA program. This quarter, the panel interviewed TEFRA parents regarding their experience with the application and annual recertification process. The TEFRA Coordinator will meet with the Blue Ribbon Panel in July 2013.

In addition, this quarter TEFRA staff provided TEFRA program training in Tulsa and Oklahoma City. Staff also held six TEFRA workgroup meetings this quarter to develop marketing and outreach materials.

⁴⁴ This is a duplicated number.

⁴⁵ This includes members in SoonerCare Choice and other OHCA-covered programs.

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

B. Policy Developments

1. Rule Changes

Proposed rule changes that were approved by the OHCA Board during the first quarter of 2013 and passed through the Oklahoma Legislature during the second quarter will take effect July 1, 2013, with some provisions not going into effect until January 1, 2014. Rules specific to the 1115 demonstration include the Insure Oklahoma revised rule that aligns adult outpatient behavioral health services with the children's outpatient behavioral health services in the Insure Oklahoma Individual Plan, as well as rules relating to the new federal Medicaid requirements.

All OHCA rule changes can be found on the OHCA webpage⁴⁶. 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 54th Legislature adjourned a week early on May 24, 2013, with official sine die on May 31, 2013. The Oklahoma Legislature tracked a total of 2,510 legislative bills this session; OHCA, however, tracked only 164 bills. Of these bills, few had impact on the SoonerCare demonstration. The legislative bill that was approved and signed by the Governor that does impact the Choice demonstration, is HB 2055, which changes the process for how state agencies and the legislature promulgate permanent rules making the rules' process active rather than passive. In addition, while there were many bills proposed relating to Insure Oklahoma and federal health reform, none of these bills were approved.

Oklahoma legislators are now conducting research on some 190 interim studies. A few of the interim studies include research on how to provide health insurance premium assistance with state tobacco tax revenue; as well as possible improvements to the Medicaid program, such as holistic, patient centered care; and how to help Oklahoman's make healthier choices.

Earlier this year in the Governor's State of the State address, the Governor discussed an 'Oklahoma Plan' that will focus on improving the health of Oklahoma citizens; lowering the frequency of preventable illnesses, such as diabetes and heart disease; and improving access to quality and affordable health care. In a January 10, 2013, meeting of the OHCA Board, Board members passed a proposal to hire a Utah consulting firm, Leavitt Partners, to evaluate the current SoonerCare program and develop an 'Oklahoma Plan' demonstration proposal. Representatives from Leavitt Partners presented draft findings of the report at the May 9 Board meeting and the final report at the June 27 Board meeting. The Leavitt Partners representatives presented areas of success in the SoonerCare program, as well as areas for improvement. In addition, the presenters gave a framework for what could be considered an 'Oklahoma Plan.' State leadership is currently reviewing the report. To review the findings of the Leavitt Partners report in full, see attachments 9 and 10.

⁴⁶ [Proposed Rule Changes Website](#)

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 Network⁴⁷, and sixteen SoonerCare members.

The MATF met in April and June of this quarter. At the meetings, OHCA staff reviewed the prior authorization process with members and introduced the four Community Health Relations Coordinators, who work with nonprofit entities throughout the state to promote the SoonerCare program. OHCA staff also presented the draft Leavitt Partners presentation that was presented at the May 9 Board meeting, as well as changes to pregnancy benefits for 2014. In addition, MATF members were encouraged to sign up and attend the *Joining Forces Supporting Family/Professional Partnerships Conference* on April 29, as coordinated by the Oklahoma Family Network. The conference provides leadership skills and opportunities to promote family-professional partnerships throughout Oklahoma.

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.

⁴⁷ The OFN is a non-profit organization that provides parent-to-parent support, resource coordination and training to families of children with special health care needs of all ages.

V. CONSUMER ISSUES (Cont'd)

Member Inquiries	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013 ⁴⁸	Apr-June 2013
Program Complaint	33	68	40	90
Complaint on Provider	152	124	85	91
Fraud and Abuse	14	42	34	47
Access to Care	159	39	32	53
Program Policy	5,077	3,943	3,187	3,934
Specialty Request	1,401	939	491	396
Eligibility Inquiry	2,341	5,791	5,091	6,627
SoonerRide	166	1,631	1,614	1,918
Other	157	905	1,294 ⁴⁹	369
PCP Change	2,713	1,529	1,259	1,022
PCP Inquiry	1,068	825	821	802
Dental History	31	94	131	147
Drug/NDC Inquiry	97	186	164	155
Medical ID Card	635	424	422	413
PA Inquiry	915	404	396	707
Total⁵⁰	14,959	16,944	15,061	16,771

C. Helplines

Insure Oklahoma Helpline

Insure Oklahoma IP Helpline	July-Sept 2012	Oct-Dec 2012 ⁵¹	Jan-Mar 2013 ⁵²	Apr-June 2013
Number of Calls	39,322	22,832	38,319	35,382
Number of Calls Answered	37,378	19,918	29,316	32,555
Number of Calls Abandoned ⁵³	1,386	2,823	8,676	2,391
Percentage of Calls Answered	95%	86%	76%	92%

Insure Oklahoma ESI Helpline	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013 ⁵²	Apr-June 2013
Number of Calls	6,516	5,150	4,768	3,941
Number of Calls Answered	6,389	5,057	3,864	3,707
Number of Calls Abandoned	127	93	867	167
Percentage of Calls Answered	95%	96%	81%	94%

⁴⁸ Inquiries are lowest during the first quarter of the calendar year as members are mailed SoonerCare handbooks.

⁴⁹ OHCA staff continues to train the new call center contractor staff in appropriate member inquiry categories.

⁵⁰ 100% of Member Inquiries are initiated timely.

⁵¹ This decrease is due to a change in vendor for the Insure Oklahoma Helpline

⁵² This quarter, OHCA was in the process of transitioning to a new call center vendor. Due to this transition, the Helplines experienced an increase in abandonment rates. It should also be noted that in addition to the new vendor, the criteria for pulling the helpline data changed.

⁵³ Abandoned calls may never reach an agent due to wait in queue and hang ups.

V. CONSUMER ISSUES (Cont'd)

Online Enrollment (OE) Helpline⁵⁴

OE Helpline Calls in English	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013 ⁵²	Apr-June 2013
Number of Calls	29,894	17,445	32,917	28,795
Number of Calls Answered	24,910	15,927	22,059	24,817
Number of Calls Abandoned	4,725	1,255	10,201	3,286
Average Percentage of Calls Answered	84%	91%	67%	86%

OE Helpline Calls in Spanish	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013 ⁵²	Apr-June 2013
Number of Calls	353	172	272 ⁵⁵	127
Number of Calls Answered	334	167	236	122
Number of Calls Abandoned	16	3	29	4
Average Percentage of Calls Answered	95%	97%	87%	96%

SoonerCare Helpline

SoonerCare Helpline Calls	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013 ⁵²	Apr-June 2013
Number of Calls	255,352	156,586	232,425 ⁵⁶	189,225
Number of Calls Answered	210,961	141,743	153,375	161,597
Number of Calls Abandoned	42,323 ⁵⁷	12,613	74,493	23,306
Average Percentage of Calls Answered ⁵⁸	87%	92%	66%	85%

⁵⁴ These calls are included in the number of calls to the SoonerCare Helpline.

⁵⁵ This data was corrected since the last quarterly.

⁵⁶ This data was corrected since the last quarterly.

⁵⁷ There was an increase in calls abandoned this quarter due to systems issues and staffing challenges.

⁵⁸ This is an average of the percentage of calls answered for each month of the quarter.

V. CONSUMER ISSUES (Cont'd)

D. Grievances

Grievances	Pending	Closed
BCC	1	1 resolved; 1 withdraw
Dental	1	2 resolved
Eligibility	4	3 resolved; 1 withdraw
Miscellaneous	0	2 resolved
Miscellaneous: ER Overuse	2	1 denied
Miscellaneous: Unpaid Claim	1	0
Prior Authorization: Pharmacy	1	1 withdraw
Prior Authorization: Durable Medical Equipment	2	2 resolved
Prior Authorization: Other	8	1 withdraw
Prior Authorization: Radiology Services	2	1 resolved; 2 granted; 1 withdraw
Private Duty Nursing	5	1 resolved; 1 granted; 1 withdraw; 1 denied
Provider Panel Dismissal	2	0
Online Enrollment	1	2 withdraw

Insure Oklahoma Grievances	Pending	Closed
Eligibility	16	10 resolved, 3 withdraw

VI. QUALITY ASSURANCE/MONITORING ACTIVITIES

A. Quality Assurance (QA)

SoonerRide

On April 6, May 7, and June 27, eight customer service representatives were selected for audit and a total of thirty-five live calls were audited by the SoonerRide Manager. All calls were within contractual compliance.

1. Access Survey

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

Access Survey	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013 ⁵⁹	Apr-June 2013
Number of Providers Called	670	654	Not Available	854
Percent of Providers with 24-hr Access on Initial Survey	86%	82%	Not Available	71%
Percent of Providers Educated for Compliance	14%	18% ⁶⁰	Not Available	29%

⁵⁹ The Access Survey results are not available this quarter due to other resource needs.

⁶⁰ Data was corrected since last quarter.

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

B. Monitoring Activities

1. HEDIS Report⁶¹

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

⁶¹ The full HEDIS report for calendar year 2012 will be available at the end of 2013.

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

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

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

2. Insure Oklahoma Expiration Plan

Section VI of the Special Terms and Conditions (STCs) for the 2013-2015 extension period states that the Insure Oklahoma premium assistance program expires December 31, 2013, and that the state must abide by the expiration requirements outlined in STC 10.

Pursuant to the STCs, the OHCA is developing an expiration plan for the Insure Oklahoma premium assistance program and intends to submit the plan to CMS no later than six months prior to the program's expiration date (STC #10).

3. SoonerCare Choice Amendment for 2014 Changes

OHCA continues to work on a SoonerCare Choice amendment that modifies the current demonstration to include 2014 federally mandated requirements. OHCA is expected to submit the amendment to CMS by the third quarter of 2013.

VII. POST AWARD FORUM

In accordance with STC #18, the OHCA held a 6-month post-demonstration renewal forum on June 11, 2013, at the Oklahoma Perinatal Advisory Task Force & the Children's Health Work Group joint meeting in Oklahoma City. This meeting included teleconferencing with the OU Tulsa Schusterman Campus. The meeting's date, times and location were published on the OHCA home page as an informational banner 30 days prior to the meeting.

During the meeting, the OHCA Waiver Development & Reporting Coordinator provided education on the 1115 waiver authority; discussed the benefits, services, and main program goals of the SoonerCare Choice program, as well as explained the process by which the OHCA evaluates the demonstration. In addition, the Coordinator explained the modifications to the Choice demonstration for the 2013-2015 extension period, as outlined in Section II of the STCs. Refer to Attachments 11 and 12 to review the Task Force's agenda and the Waiver presentation.

The following were comments and issues raised during the meeting.

Question: The extension of the SoonerCare waiver is effective through what dates?

Response: The 1115(a) SoonerCare Choice demonstration was approved by CMS for the extension period of January 1, 2013 through December 31, 2015.

Question: How does the expiration of the Insure Oklahoma program affect the waiver?

Response: Insure Oklahoma is one of two authorities under the 1115(a) waiver, the other authority being SoonerCare. While the Insure Oklahoma program as it currently exists will expire on December 31, 2013, as directed by CMS in the Special Terms and Conditions, this expiration will have no effect on the SoonerCare Choice waiver program.

Question: How will the SoonerCare program interact with the Affordable Care Act?

Response: OHCA is currently working on an 1115(a) waiver amendment to the Choice demonstration, which incorporates the mandated federal requirements.

Question: What is the total number of Choice members enrolled in the SoonerCare program?

Response: Currently, there are some 530,000 Choice members enrolled in the program.

VIII. 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 \$3.3 billion in Budget Neutrality savings and, ending this quarter, the state has \$821,732,711 million in savings for the year⁶².

Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Years
Through June 30, 2013⁶³

Waiver Year	Member Months (Enrolled & Unenrolled)	Costs Without Waiver	Waiver costs on HCFA-64	Variance
Waiver Year #1 - 1996	2,337,532	\$286,138,649	\$249,006,422	\$37,132,227
Waiver Year #2 - 1997	2,282,744	\$297,653,392	\$281,953,273	\$15,700,119
Waiver Year #3 - 1998	2,550,505	\$354,302,018	\$303,644,031	\$50,657,987
Waiver Year #4 - 1999	3,198,323	\$538,659,237	\$426,247,022	\$112,412,215
Waiver Year #5 - 2000	3,496,979	\$690,766,574	\$592,301,080	\$98,465,494
Waiver Year #6 - 2001	4,513,310	\$981,183,083	\$773,255,432	\$207,927,651
Waiver Year #7 - 2002	4,823,829	\$1,115,197,420	\$850,084,088	\$265,113,332
Waiver Year #8 - 2003	4,716,758	\$1,087,570,219	\$917,176,458	\$170,393,761
Waiver Year #9 - 2004	4,886,784	\$1,199,722,904	\$884,795,047	\$314,927,857
Waiver Year #10 - 2005	5,038,078	\$1,316,858,687	\$1,001,434,761	\$315,423,926
Waiver Year #11 - 2006	5,180,782	\$1,436,886,838	\$1,368,966,664	\$67,920,174
Waiver Year #12 - 2007	5,451,378	\$1,582,588,945	\$1,445,598,253	\$136,990,692
Waiver Year #13 - 2008	5,386,004	\$1,660,246,277	\$1,620,066,352	\$40,179,924
Waiver Year #14 - 2009	5,839,782	\$1,883,856,292	\$1,877,829,088	\$6,027,204
Waiver Year #15 - 2010	6,367,794	\$2,154,894,736	\$1,994,807,073	\$160,087,663
Waiver Year #16 - 2011	6,420,012	\$2,297,585,363	\$2,129,385,450	\$168,199,914
Waiver Year #17 - 2012	6,819,943	\$2,543,469,377	\$2,227,024,758	\$316,444,619
Waiver Year #18 - 2013	3,450,254	\$1,354,023,453	\$532,290,742	\$821,732,711
Total Waiver Cost	82,760,791	\$22,781,603,462	\$19,475,865,993	\$3,305,737,469

⁶² See Attachment 13, Oklahoma 1115 Budget Neutrality Model Worksheet.

⁶³ Data for Title XXI children for November and December 2012, Jan-March 2013, and Apr-June 2013 are not available due to an error with counting parental income. The revised Title XXI enrollment numbers for this quarter will be reported at a later time.

IX. MEMBER MONTH REPORTING

A. Budget Neutrality Calculation

Eligibility Group	April 2013	May 2013	June 2013	Qtr Totals
TANF – Urban	304,656	304,857	305,166	914,679
TANF – Rural	213,723	217,089	212,857	643,669
ABD – Urban	29,803	29,777	29,556	89,136
ABD – Rural	24,101	24,081	23,898	72,080

B. Informational Purposes Only

Eligibility Group	April 2013	May 2013	June 2013	Qtr Totals
Non-Disabled & Disabled Working Adults	32,795	32,790	32,865	98,450
TEFRA Children	445	442	438	1,325
SCHIP Medicaid Expansion Children	Unavailable	Unavailable	Unavailable	Unavailable

X. DEMONSTRATION EVALUATION

A. Hypotheses

OHCA is initiating reports on all hypotheses for the 2013-2015 extension period. This quarter, interim data for Hypothesis 1, 3, and 5 is available.

Hypothesis 1 (this hypothesis directly correlates with SoonerCare waiver objective #1 and #1 of CMS's Three Part Aim.)

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

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

Well-Child and Adolescent Visits	HEDIS 2010 CY 2009	HEDIS 2011 CY 2010	HEDIS 2012 CY 2011	HEDIS 2013 CY 2012
0-15 months, 1+ visit	95.4%	98.3%	98.3%	97.3%
3-6 years	61.9%	59.8%	57.4%	57.6%
12-21 years	37.1%	33.5%	34.5%	31.6%

Hypothesis 1A Results:

Child health checkup rates for children 0-15 months old has continued to stay above 95 percent since CY 2009. According to CY 2012 data, children 0-15 months had a 97.3 percent well-child checkup rate, which is 2.3 percentage points over the 95 percent baseline.

Hypothesis 1B Results:

Children ages 3-6 years have seen a slight 0.2 percent increase in health checkup rates during CY 2012. In order to meet this measure, OHCA will continue to monitor this group during the 2013-2015 extension period.

Hypothesis 1C Results:

Adolescents that are ages 12-21 years have had a 2.9 percent decrease in health checkup rates from CY 2011 to CY 2012. OHCA analysis indicates that there is an inverse relationship between increasing age of the child and screening/participation rates. In order to meet this measure, OHCA will continue to monitor this group during the 2013-2015 extension period.

X. DEMONSTRATION EVALUATION (Cont'd)

Hypothesis 3 (this hypothesis directly relates to SoonerCare Choice waiver objective #2 and #1 of CMS's Three Part Aim.

The number of SoonerCare primary care practitioners enrolled as medical home PCPs will maintain at or above 1,850 PCPs between 2013-2015.

PCP Enrollments	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	June 2013
Number of Choice PCPs	1,932	1,952	1,973	2,008	2,069	2,083	2,111

Hypothesis 3 Results:

This hypothesis measures the state's access to care by tracking the number of SoonerCare primary care providers enrolled as medical home PCPs. In the second quarter of 2013, the total number of Choice PCPs has exceeded the minimum 1,850 PCPs by fourteen percent in June 2013. This is a nine percent increase from the December 2012 baseline data. OHCA believes that the number of Choice PCPs will continue to increase and meet this measure.

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

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

Indian Health Services, Tribal Clinics, and Urban Indian Clinic Providers	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	June 2013
Total American Indian/Alaska Native Members with Choice and I/T/U PCP	86,465	84,196	84,355	84,745	87,491	91,606	86,207
IHS Members with I/T/U PCP	18,195	17,165	17,570	17,541	20,718	20,167	20,418
Percent of IHS Members with I/T/U PCP	21.04%	20.39%	20.83%	20.70%	23.68%	22.01%	23.68%
I/T/U Capacity	124,400	124,400	101,900 ⁶⁴	101,900	101,900	102,900	101,900

⁶⁴ During contract renewals for I/T/U providers in February 2013, maximum capacities were implemented across the board. This resulted in a reduction of overall capacity for this network, but really made the I/T/U provider capacities consistent with the rest of the SoonerCare Choice program. This change did not result in any members being removed from their I/T/U provider. These contractors, in fact, provide services for any American Indian who presents at their facilities.

X. DEMONSTRATION EVALUATION (Cont'd)

Hypothesis 5 Results:

The proportion of American Indian members with an I/T/U PCP has increased 2.64 percent since the December 2012 baseline. At this time, OHCA expects the increase of IHS members with an I/T/U PCP to continue. In order to meet this measure, OHCA will continue to monitor this group during the 2013-2015 extension period.

XI. ENCLOSURES/ATTACHMENTS

1. SoonerCare Choice Fast Facts, June 2013.
2. Insure Oklahoma Fast Facts Summary, June 2013.
3. Oklahoma Cares Fast Facts, June 2013.
4. Insure Oklahoma Data by FPL, June 2013.
5. TEFRA Fast Facts, June 2013.
6. Dental and PDEN Fast Facts, April-June 2013.
7. Provider Fast Facts, June 2013.
8. Online Enrollment Fast Facts, April-June 2013.
9. Evaluations Report_Leavitt Partners
10. Alternatives Report_Leavitt Partners
11. Post Award Forum_Joint PATF Agenda, June 2013
12. Post Award Forum_Presentation, June 2013
13. Oklahoma 1115 Budget Neutrality Model Worksheet, June 2013.

XII. STATE CONTACT(S)

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XIII. DATE SUBMITTED TO CMS

Submitted to CMS on August 30, 2013.