Oklahoma Health Care Authority

SoonerCare Demonstration 11-W-00048/6
§1115(a) Quarterly Report
Demonstration Year: 19 (1/1/2014 – 12/31/2014)
Federal Fiscal Year Quarter: 2/2014 (01/14 – 03/14)

Submitted
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I. INTRODUCTION

The State of Oklahoma SoonerCare Choice demonstration program utilizes an enhanced primary care case management delivery system to serve qualified 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.

A special highlight this quarter was recognition by the OHCA Board at the March 27, 2014, meeting of CEO Nico Gomez for being named an Oklahoman of the Year by Oklahoma Magazine. Mr. Gomez was one of only six men and women honored with this designation.

II. ENROLLMENT INFORMATION

A. Member Enrollment[1]

Members Enrolled in SoonerCare Choice[2] and Insure Oklahoma[3]	Quarter Ending June 2013	Quarter Ending Sept 2013	Quarter Ending Dec 2013	Quarter Ending Mar 2014	% Change
Total Number of Qualified Individuals Enrolled in SoonerCare Choice[4]	**539,670**	**548,679**	**555,436**	**583,231[5]**	**5%**
SoonerCare Choice Percentage of total Medicaid Population	74%	73%	74%	75%	
A) Title XXI	Not Available[6]	66,635	67,026	Not Available[6]	Not Available[6]
B) Title XIX	539,670	482,044	488,410	583,231	19%
C) Adults	103,784	107,605	110,028	114,962	4%
D) Children	435,886	441,074	445,408	468,269	5%
E) Ratio – Adult/Child:					
Adult	19%	20%	20%	20%	
Child	81%	80%	80%	80%	
Total Number Enrolled in Insure Oklahoma	**29,860**	**28,591**	**25,734**	**19,570**	**-24%**
A) Individual Program (IP)	13,358	12,974	11,355	4,820	-58%
B) Employee Sponsored Insurance (ESI)	16,502	15,617	14,379	14,750	3%
Total Number Enrolled in SoonerCare Choice & Insure Oklahoma	**569,530**	**577,270**	**581,170**	**602,801**	**4%**

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[1] Enrollment numbers are point in time numbers.

[2] See Attachment 1, SoonerCare Choice Fast Facts, March 2014.

[3] See Attachment 2; Insure Oklahoma Fast Facts Summary, March 2014.

[4] Members enrolled in SoonerCare Choice must meet all eligibility criteria and have a current Primary Care Provider assignment.

[5] Enrollment this quarter is relatively high due to Federal regulations regarding redetermination and eligibility.

[6] The quarterly enrollment data for SCHIP Medicaid Expansion Children is not available due to an error in counting. Once the data is finalized, this number will be included in future reports.

II. ENROLLMENT INFORMATION (Cont'd)

Demonstration Populations: Enrolled and Potential Members	Currently Enrolled	Potential Population	Total Qualified
TANF-Urban	303,579	32,810	336,389[7]
TANF-Rural	233,088	-906[7]	232,182[7]
ABD-Urban	23,903	6,443	30,346[7]
ABD-Rural	21,955	2,428	24,383[7]
Other[8]	706		706
Non-Disabled Working Adults (IO)			26,819
Disabled Working Adults (IO)			0
TEFRA Children			482[9]
SCHIP Medicaid Expansion Children Enrollees	Not Available[6]		Not Available[6]
Full-Time College Students			608
Foster Parents			0[10]
Not-for-Profit Employees			0[10]

Demonstration Populations: Member Months	Quarter Ending June 2013	Quarter Ending Sept[11] 2013	Quarter Ending Dec 2013	Quarter Ending Mar 2014
TANF-Urban	914,679	946,194	958,989	993,809
TANF-Rural	643,669	660,443	666,857	687,564
ABD-Urban	89,136	91,104	91,004	91,344
ABD-Rural	72,080	73,526	73,309	73,425
Non-Disabled Working Adults (IO)	98,439	97,074	93,487	80,316
Disabled Working Adults (IO)	11	11	9	0
TEFRA Children	1,325	1,395	1,419	1,451
SCHIP Medicaid Expansion Children Enrollees	Not Available[6]	66,635	67,026	Not Available[6]
Full-Time College Students	1,328	1,328	1,216	647

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[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] OHCA has authority to enroll this population, but we are not enrolling at this time.
[11] This data has been updated to reflect more accurate information.

II. ENROLLMENT INFORMATION (Cont'd)

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

Oklahoma Cares Member Enrollments[12]	January 2014	February 2014	March 2014
SoonerCare Choice	**305**	**304**	**302**
SoonerCare Choice and Traditional Total Current Enrollees	598	590	572

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 (DHS).

Electronic Newborn Enrollment	January 2014	February 2014	March 2014
Number of Newborns Assigned to a Primary Care Provider (PCP)	1,827	1,848	1,776
Number Needing Assistance with Eligibility or PCP Selection	363	341	328

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.

Phase II of the Health Management Program began July 1, 2013. Practices that receive a health coach and practices that continue utilizing practice facilitation services continue to use CareMeasures. Practices that are not facilitated, but have used CareMeasures previously, have the option of purchasing a license to continue the CareMeasures disease registry. With the implementation of Phase II of the HMP program, the CareMeasures registry was adjusted for the new program. Practice facilitators are currently working on the CareMeasures data. Next quarter HMP expects to have report to display information that is available through CareMeasures.

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[12] See Attachment 3 Oklahoma Cares Fast Facts, March 2014.

II. ENROLLMENT INFORMATION (Cont'd)

Insure Oklahoma (IO) 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[13]	0 – 100% FPL	101 – 138%[14] FPL	139 – 149%[13] FPL	More than 150%[13]	Total
Employee	1,956	3,825	1,242	5,055	**12,078**
Spouse	394	741	234	940	**2,309**
Student	28	32	8	49	**117**
Dependent Child[15]	0	0	0	246	**246**
IO ESI Total	2,378	4,598	1,484	6,290	**14,750**

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[12]	0-100% FPL	Total
Employee	3,557	**3,557**
Spouse	1,098	**1,098**
Student	165	**165**
Dependent Child[14]	0	**0**
IO IP Total	4,820	**4,820**

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[13] See Attachment 4, Federal Poverty Level Fast Facts, March 2014.
[14] This includes the five percent disallowance.
[15] 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 planning) and certain types of fillings.

PDEN Member Participation	Apr – June 2013	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Women Qualified for Services	20,673	20,784	20,289	19,258
Women Who Received Services	2,422	2,397	2,293	1,981
Percentage of Qualified Women Receiving Services	12%	12%	11%	10%

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)
Children with physical or intellectual disabilities that are not qualified for Supplemental Security Income because of their parent's income can qualify for SoonerCare benefits if they meet the TEFRA requirements.

TEFRA Member Enrollments[16]	Qtr. Ending Sept 2013	Qtr. Ending Dec 2013	Qtr. Ending March 2014
SoonerCare Choice	**315**	**320**	**329**
SoonerCare Choice and Traditional Total Current Enrollees	478	492	506

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[16] See Attachment 5, TEFRA Fast Facts, March 2014.

II. ENROLLMENT INFORMATION (Cont'd)

B. Provider Enrollment
Within 77 Oklahoma counties, there are 2,214 primary care providers contracted for the SoonerCare program, along with 1,715 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[17]	Apr – June 2013	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
MD/DO	1,413	1,496	1,454	1,472
PA	310	319	306	307
APN	407	431	446	435
Total Unduplicated PCPs	**2,130**	**2,246**	**2,206**	**2,214**

SoonerCare Medical Home Providers by Tier

Providers by Tier	Apr –June 2013	July –Sept 2013	Oct –Dec 2013	Jan –Mar 2014
Percentage in Tier 1: Entry Level Medical Home	59%	59%	59%	57%
Percentage in Tier 2: Advanced Medical Home	28%	27%	27%	24%
Percentage in Tier 3: Optimal Medical Home	14%	14%	14%	19%

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

Provider Types	Apr – June 2013	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
MD/DO	1,036	1,088	1,075	1,117
PA	241	246	244	264
APN	323	335	344	334
Total Unduplicated PCPs	**1,600**	**1,669**	**1,663**	**1,715**

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[17] All provider counts are unduplicated for the quarter. The total does not match the total SoonerCare 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 chronic disease, OHCA has partnered with Telligen to administer the HMP. This program embeds health coaches into the practices to help members become more invested in their health outcomes and improve self-management of chronic disease. Health coaches coordinate closely with the member's provider on health-related goals, as well as allow the provider to easily refer members to the health coach.

Health Coaches	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Number of Health Coaches[18]	24	22	26

Indian Health

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

Indian Health Provider Enrollment	Apr – June 2013	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Number of Clinics	60	58	57	57

Perinatal Dental Access Program (PDEN)

PDEN Provider Enrollment[19]	Apr – June 2013	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Active Participating Dentists	317	344	286	315

Primary Care Provider Capacities

SoonerCare and Insure Oklahoma[20]	March 2014	
	Capacity Available	% of Capacity Used
SoonerCare Choice	1,161,708	45%
SoonerCare Choice I/T/U	99,900	18%
Insure Oklahoma IP	432,357	1%

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[18] Some Health coaches may cover more than one practice site.

[19] See Attachment 6, Dental and PDEN Fast Facts, January – March 2014.

[20] See Attachment 7, Provider Fast Facts, March 2014.

II. ENROLLMENT INFORMATION (Cont'd)

C. Systems

There were a total of 68,137 SoonerCare applications submitted. Of the total applications submitted, 18 paper applications were submitted while all others were submitted electronically through either Home Internet or Agency Internet. On October 1, 2013, OHCA stopped using its agency paper applications and began using federal paper applications. Of the total applications submitted this quarter, 47 percent were new applications and 53 percent were recertification applications.

OHCA will continue to track how application data is pulled.

Media Type of Applications for SoonerCare	January 2014	February 2014	March 2014	**Total**
Home Internet	12,186	10,054	20,209	**42,449**
Paper	18	0	0	**18**
Agency Internet	8,446	6,993	10,231	**25,670**
Agency Electronic	0	0	0	**0**
Total	**20,650**	**17,047**	**30,440**	**68,137**
New Applications	11,516	8,326	12,256	32,098
Recertification	9,134	8,721	18,184	36,039

The number of Indian Health online enrollment applications remained relatively stable this quarter. Indian Health Services continues to enroll the most applicants through online enrollment. All tribal partners continue to consistently enroll individuals through online enrollment system.

Indian Health Online Enrollment Applications for SoonerCare	January 2014	February 2014	March 2014	**Total**
Cherokee Nation	275	244	367	**886**
Chickasaw Nation	122	120	163	**405**
Choctaw Nation	192	127	203	**522**
Indian Health Services	613	409	573	**1,595**
Total	**1,202**	**900**	**1,306**	**3,408**

III. OUTREACH AND INNOVATIVE ACTIVITIES

A. Outreach

Outreach Materials Printed and/or Distributed[21]	Apr –June 2013	July –Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Member Materials Printed/Distributed				
Annual Benefit Update Packet	0	0	0	0[22]
New Member Welcome Packets				
English/Spanish Combined	12,874	7,822	7,087	33,232
Individual Orders[23]	0	0	0	0
Information/Enrollment Fair Fliers[24]	44,392	53,064	26,495	58,095
BCC Brochures				
English	1,840	2,990	2,190	620
Spanish	850	1,650	800	320
SoonerRide				
English	4,470	5,570	1,330	Out of Stock
Spanish	1,870	2,640	760	Out of Stock
SoonerCare Provider Directory (English/Spanish)	14,568	1,043	1,180	320
Postcard with ER Utilization Guidelines[25]	3,660	5,570	2,720	1,210
Perinatal Dental (PDEN)				
Provider Flier	0	0	0	0
Member Flier	700	730	1,100	250
Postcards	1,860	0	200	400
Posters	0	0	0	0
SoonerCare and IO Outreach Material				
Sooner Bear Color Books	6,420	8,740	5,940	4,420
SoonerCare Health Club (Activity Book)	6,710	7,750	3,320	2,170
SoonerCare Companion Member Newsletter	264,000	0	270,000	280,000
Miscellaneous Promotional Items (Magnets, Bandages, Hand Cleaner)	21,620	22,810	13,190	8,440
No Smoking Card (English/Spanish Combined) [26]	2,300	1,960	1,600	780
Insure Oklahoma Brochures[27]	0	0	0	0
Oklahoma Indian Tribe-Specific Posters and Fliers	100	140	50	30
Provider Newsletter	0	0	0	10,918
Toll-Free SoonerCare Helpline				
Number of Calls	196,552	217,635	185,539	169,841

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[21] Some of the significant differences throughout the table this quarter may be due to agency outreach efforts and logo updates.

[22] OHCA SoonerCare Choice member handbook is available, but distribution has not started this quarter.

[23] Information is available for individual ordering requests on the OHCA website. This service has not been utilized for the past year.

[24] This includes TEFRA brochures.

[25] Postcards are also included in the new member welcome packets.

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

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

OHCA has 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. These changes were complete by the end of 2013. Stage 2 for Meaningful Use began implementation this quarter, but OHCA has not yet had any providers attest to Stage 2.

Of the **1,954** qualified professionals, some 116 have achieved Stage 1 of Meaningful Use and of the **94** qualified hospitals, 19 have achieved Stage 1 of Meaningful Use under the Oklahoma EHR incentive program this quarter. OHCA has paid out more than $97 million in EHR incentive payments to 1,954 qualified professionals and 94 qualified hospitals.

EHR Qualified Providers	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Number of Qualified Professionals	1,808	1,891	1,954
Number of Qualified Hospitals	90	91	94
Total	**1,898**	**1,982**	**2,048**

Cumulative EHR Incentives Paid	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Qualified Professionals	$37,633,751	$39,333,751	$40,183,752
Qualified Hospitals	$57,102,718	$57,352,718	$57,352,718
Total	**$94,736,469**	**$96,686,469**	**$97,536,470**

III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

High ER Utilization Initiative
OHCA Member Services and Population Care Management units work together to educate and train members and providers on 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.

Members with 4 or more ER Visits	Apr – June 2013	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
SoonerCare	1,927	1,756	1,756	1,922

Medicaid Management Information System (MMIS) Reprocurement
The MMIS reprocurement project is an initiative to implement system enhancements to the Oklahoma MMIS system. Hewlett Packard Enterprise Services (HP) has conducted the MMIS reprocurement project using a phased-in approach – Phase I includes the system takeover with the majority of Phase I projects completed during 2012. Phase II includes mandates, agency priorities and system enhancements. A key feature of Release 2 is to provide real-time application, eligibility determination, data exchange, identification, authorization and enrollment services for all populations covered under the Federal Market Place. This project was more than 80 percent complete by the end of December 2013.

HP is finishing up the last of the enhancements for the MMIS reprocurement project. Implementation of the Secure Provider Portal and the Rules Engine enhancement[28] went live January 2014. OHCA has a projected 2014 second quarter go-live date for the claims resolution workflow[29]. OHCA and HP are ahead of schedule for the October 2014 go-live date for the ICD-9 to ICD-10 transition.

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[28] The rules engine enhancement reduces the number of suspended claims by systematically processing some of the claim based on the rules confirmed by the policy department and implementation into the rules engine.
[29] The claims resolution workflow allows more flexibility in how claims are assigned and routed, thus, streamlining the process.

III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

Cesarean Section Quality Initiative
OHCA continues the Cesarean Section (C-section) Quality 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 reduce the first time C-section rate to 18 percent. The OHCA medical staff[30] performs a primary role in this initiative. Medical 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.

In state fiscal year (SFY) 2009, the C-section rate was 20.3 percent. OHCA contracted with independent vendor, The Lewin Group, to perform an evaluation of the Cesarean initiative for SFY 2011 through SFY 2013. The Lewin Group's evaluation continues to show cost savings. Since implementation of the C-section initiative in 2011, the C-section rate dropped to 19.5 percent in SFY 2011, which is a 0.8 percent decrease from the SFY 2009 rate. In SFY 2012, the rate dropped 2.9 percentage points to 16.6 percent and maintained relatively stable in SFY 2013 with 16.9 percent. While the initiative has successfully reduced the primary C-section rate to the intended goal, OHCA continues this initiative to further decrease the rate and by ensuring providers and hospitals were using best practices in performing C-sections on Medicaid mothers in the SoonerCare Program.

C. Stakeholder Engagement

Tribal Consultation
OHCA held two tribal consultation meetings at OHCA this quarter in January and March. Participants included representatives from the Cherokee Nation, Cheyenne and Arapaho Tribes, Chickasaw Nation, Choctaw Nation, Citizen Potawatomi Nation, Indian Health Services, Indian Health Care Resource Center of Tulsa, Oklahoma City Area Inter-Tribal Health Board, Oklahoma City Indian Clinic, Ponca Tribe of Oklahoma Tribal Epidemiology Center, as well as representatives from the Oklahoma Department of Mental Health and Substance Abuse Services and the Oklahoma Health Care Authority. The purpose of these meetings is to better collaborate with the tribes on all OHCA program updates and changes.

Health Policy and Waiver Development and Reporting staff presented proposed policy changes related to updates of Insure Oklahoma (IO) coverage. Policy was revised to align with changes to the waiver Special Terms and Conditions. Additional rule changes were proposed to reflect updated business practices for eligibility regarding TEFRA children.

The Tribal Relations Unit hosted the 2014 OHCA Tribal Partnership Planning Session on February 26, 2014, in Tulsa. The focus of the meeting was to develop a strategic plan to address the health care issues of SoonerCare's tribal citizens. Some of the topics covered during this meeting included uncompensated care within the tribal health care system, health disparities in tribal communities and dialysis services reimbursement. This meeting was a follow-up session to the Seventh Annual Tribal Consultation meeting on October 23, 2013, in Catoosa, Oklahoma.

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[30] The OHCA medical staff began conducting this review in October 2013. Prior to this, the review was conducted by PCM staff.

All questions that were asked during the consultation are taken into consideration by OHCA. OHCA continues to use the Native American Consultation website page[31] to communicate to the tribes and receive comment on all new or amended state plans, waiver amendments or policy changes.

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

A. SoonerCare and Insure Oklahoma Operations

1. Department Operations

<u>Health Promotion and Community Relations</u>

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 numerous 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 CRC staff covers four regions of the state.

This unit is currently engaged in a number of collaborative efforts inclusive of development materials aimed at increasing low Early Periodic Screening, Diagnosis and Treatment (EPSDT) rates, special projects around prevention (teen pregnancy/suicide/substance abuse) and community forums. This unit has around 181 collaborative efforts focused on the target areas defined by the Health Promotions and Community Relations team. CRCs also established six additional regional partnerships this quarter. These new partnerships are statewide inclusive of one in the Central/Southwestern region, around four Pregnancy Centers in Southeast Region and a Burn Center in the Western Region.

The four regions of the state in which CRCs connect with partners and potential partners include; Northeast, Southeast, Northwest and Southwest.

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[31] <u>Native American Consultation Page</u>
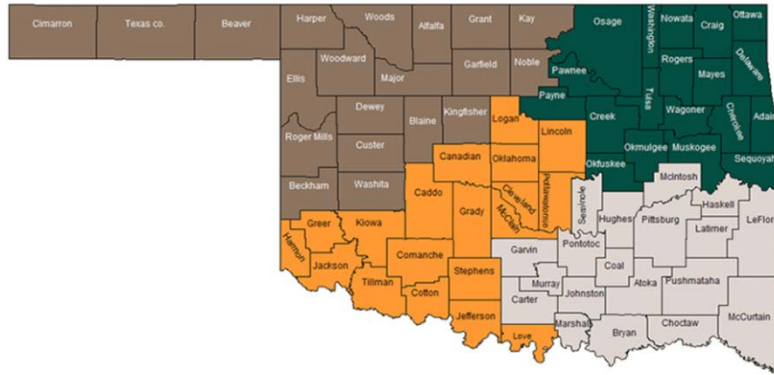
IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES Cont'd)

This quarter, the CRCs attended conferences, trainings and health fairs across the state as it related to education on SoonerCare and health outcomes. CRCs also continued providing trainings to partners and stakeholders on SoonerCare 2014 changes. Partners and stakeholders are given a web address, SoonerCare2014@okhca.org, to use if they have any questions or comments about 2014 program changes.

OHCA's CRC's created an OHCA Community Relations website page to provide OHCA partners with tools, resources and vital information in linking members to the community. The website can be found at: OHCA Community Relations Website.

Health Promotions Coordinator
The Health Promotions Coordinator (HPC) continues to work on implementation of the OHCA Oklahoma Tobacco Helpline Fax Referral project this quarter since going live on August 6, 2013. The Oklahoma Tobacco Helpline Fax Referral program is designed to decrease the number of SoonerCare pregnant women who use tobacco. When a newly qualified SoonerCare pregnant woman calls the SoonerCare helpline, OHCA actively refers the SoonerCare woman to the Oklahoma Tobacco Helpline rather than have the member wait for a clinic visit to obtain the referral. Health Promotions Coordinator continued work with Member Services this quarter to complete the process evaluation for the project. OHCA Oklahoma Tobacco Helpline Fax Referral project focuses on process evaluation so will not have data outcomes, but the HPC reports an OHCA member acceptance rate around 37 percent, which is on par with the Quitline statewide acceptance rate of 35 percent.

The fax referral process focused on incorporating information into other outreach efforts as part of call scripts in member services. Collaboration with Providers Services has begun to educate the Health Access Networks (HANs) about tobacco cessation information and Quitline referrals. Tobacco cessation information for distribution in pharmacies continued this quarter. In February, 100,000 prescription (Rx) bags from Tobacco Settlement Endowment Trust (TSET) were requested to start round two of the Pharmacy Bag project. This was after success in the first round of two pharmacies referring clients to the Oklahoma Tobacco Helpline.

SoonerQuit Provider Engagement Grant
OHCA Health Promotion and Community Relations staff applied for a SoonerQuit Provider Engagement (SQPE) grant, which went before the Tobacco Settlement Endowment
Trust (TSET) board on May 9, 2013 and was awarded to OHCA in June 2013. For this grant initiative, OHCA will utilize primary care providers the participating with the Health Management Program. Service delivery will include Practice Facilitation model and infuse a tobacco cessation module into the quality improvement activities as well. Simultaneously, OHCA will be continuing practice facilitation efforts with obstetrics providers and possibly dental providers to deliver this information.

The implementation of this grant is still on target to begin in July 2014. OHCA has continued efforts to hire a SoonerQuit Coordinator to meet the target implementation date.

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

Medical Authorization Unit (MAU)
The MAU received a total 28,038 prior authorization requests this quarter. The MAU unit also spent time talking with providers by returning 1,425 calls this quarter.

The addition of a MAU page on the OHCA website continues to be an added resource for providers. 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.

OHCA issued a request for proposal (RFP) for the Therapy Management Program (TMP) and MAU awaits a decision by the end of the next quarter on the awardee. The contract implementation date will be July 1, 2014.

MAU Activity	January 2014	February 2014	March 2014	Qtr. Totals
MAU Calls Handled	527	449	449	**1,425**
Total Prior Authorizations	6,082	5,984	5,899	**17,965**
Number of Reviewers (Analyst or Nurse)	12	12	12	
Average Number of PAs per Reviewer	506	498	491	**498**
Percentage of Total PA Denials	2%	1%	1%	**1%**
Number of Denials	122	60	59	**240**

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.

MedSolutions has processed an average of 5,740 prior authorization requests per month this quarter with a 90 percent approval rate. The Automated Clinical Decision Support (ACDS) services provided from MedSolutions continues to be useful to providers with the approval breakdowns. Of those approved; 94 percentage are authorized using ACDS, with 2 percentage completed by RN review and 4 percentage by Physician Review.

MedSolutions Activity	January 2014	February 2014	March 2014	Qtr. Totals
MedSolutions Calls Handled	1,864	1,696	2,119	**5,679**
Total Prior Authorizations	6,153	5,501	5,566	**17,220**
Number of Reviewers (Analyst or Nurse)	115	115	115	
Average Number of PAs per Reviewer	54	48	48	**50**
Percentage of Total PA Denials	10%	10%	10%	**10%**
Number of Denials[32]	597	527	553	**1,677**

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

Member Services (MS)

MS Outreach Letters	# of Letters Mailed	Response Rate
Prenatal Outreach – Pat Letters	3,481	38%
Households with Newborns Outreach – Jean Letters	6,050	13%
Soon-to-be-Sooners Outreach – Sonja Letters	905	35%
High ER Utilization Outreach – Ethel Letters	1,922	16%

MS Activity	January 2014	February 2014	March 2014	Qtr. Totals
Calls to BCC Members with Confirmed Cancer Diagnosis	38	15	11	**64**
Calls to BCC Members at Renewal Period	22	22	20	**64**
Member Service Calls Handled in English	8,944	7,239	6,293	**22,476**
Member Service Calls Handled in Spanish	521	435	324	**1,280**
Member Inquiries				**15,943**

Population Care Management (PCM)
The Population Care Management division is comprised of three units: Case Management, the Health Management Program and the Chronic Care Unit.

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

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[32] 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)

Phase I: Outreach to FIMR Population – Participating Mothers	July 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014
New Cases	172	159	146	111	148	128	133	124	186
Existing Open Cases[33]	689	712	687	642	643	594	549	571	605

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 Younger than Age 1	July 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014
New Cases	238	167	197	161	203	184	184	157	194
Existing Open Cases	1,865	1,859	1,781	1,799	1,837	1,817	1,825	1,854	1,880

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 were able to identify two infants who have needed further care management services out of a total 1880 identified infants for this care management initiative.

CM staff reported 443 new moms identified and 535 new babies enrolled in FIMR during January through March 2014.

CM has developed a Logic Model as noted in October – December 2013 quarterly report, in order to provide an evaluation of the FIMR project. External evaluation is being provided by the Primary Care Health Policy Division in the Department of Family & Preventive Medicine at the OU Health Sciences Center. OHCA CM awaits release of report evaluation findings.

Beginning July 1, 2013, CM began a new outreach effort as an outgrowth from the FIMR initiative, known as the Interconception Care (ICC) project. The ICC outreach is for pregnant women ages 13 to 18 who have been identified in the 10 FIMR counties who can remain in active care management until one year post delivery. Care management specific focus is on contraception utilization, medical and dental well checks, return to school, graduation/or vocation training and increased PCP visits. CM staff reported 18 new ICC moms enrolled in the ICC outreach program during this quarter.

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[33] 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)

In the first quarter of 2013, CM and Information Services (IS) staff implemented a non-member health survey located on the OHCA SoonerCare online enrollment web page[34]. The survey was developed to gain basic aggregate statistical health information about persons enrolling in SoonerCare. The survey includes questions relating to chronic illness, tobacco use, obesity, substance misuse and mental illness as well as pregnancy. The four additional questions added from last quarter are included in the survey. At the end of this quarter, no additional questions were added to the non-member health survey. The survey also includes agency telephone numbers for OHCA service areas that non-members can call for assistance. OHCA plans to use the survey information to coordinate targeted outreach efforts.

This quarter a total number of 5,335 health surveys were filled out.

Non-Member Health Survey Responses	January Survey Results	% of Respondents	February Survey Results	% of Respondents	March Survey Results	% of Respondents
Non-members who reported to have chronic disease	204	33%	232	33%	269	29%
Non-members who reported to use tobacco	171	27%	219	31%	257	27%
Non-members who reported that s/he is overweight	189	30%	188	27%	257	27%
Non-members who reported to be pregnant	72	12%	74	11%	68	7%
Non-members who have a serious medical issue for which they believe they need immediate help	171	27%	181	26%	194	21%
Non-members who reported that	160	26%	156	22%	211	22%

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[34] Online Health Assessment on OHCA Enrollment Page

Non-Member Health Survey Responses	January Survey Results	% of Respondents	February Survey Results	% of Respondents	March Survey Results	% of Respondents
s/he have a mental illness						
Non-members who reported that s/he needs help finding services	256	41%	291	42%	377	40%
Non-members who reported that s/he use too much alcohol or drugs	22	4%	31	4%	32	3%
Non-members who reported that s/he would like help with alcohol or drugs	299	48%	332	48%	422	45%
Total Number of Survey Responses	**1,544**		**1,704**		**2,087**	

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

CM Activity	January 2014	February 2014	March 2014
Active Cases under Care Management	3,404	3,824	3,778
Case Load per Adjusted RN FTE	134	149	154
High-Risk and At-Risk OB - Following	435	457	387
High-Risk and At-Risk OB - New	237	307	184
OK Cares New Enrollment	52	45	54
OK Cares Total Enrollment	598	590	572
Private Duty Nursing Cases - New	7	8	6
Private Duty Nursing Cases - Following	191	192	193
Onsite Evaluations (TEFRA, Private Duty Nursing)	43	42	56
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	78	86	68
Out of State – Clinical Review - New	73	62	52
Out of State – Clinical Review - Following	50	44	37

Health Management Program (HMP)
This was the third quarter of the new HMP contract, Next Generation HMP, using health coaches embedded in Patient Centered Medical Homes (PCMH). As of March 2014, there are approximately 33 practices with embedded health coaches who serve some 5,022 HMP members. Six new practices were added during this quarter. There are 26 health coaches, some of which cover more than one practice site.

The Health Coaches made 306 total Behavioral Health referrals this quarter. The OHCA Behavioral Health Unit contacts the members to further clarify their request for services and to offer them referrals to Behavioral Health providers in their area.

Next Generation HMP also incorporates practice facilitators which are assigned to each practice participating in the program. Practice Facilitation (PF) occurs in each of the 33 participating practices in the HMP program. One of the practices has a High PF Focus meaning the practice facilitator is in the PCMH practice the majority of the week. For the remaining practices, 32 have a medium PF focus meaning weekly practice facilitation visits. Some of the Essential Functions and Core Components that the practice facilitators are facilitating in the practices include:
- Practice Facilitator and Health Coach Integration;
- Foundational Intervention; and
- Academic Detailing.

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

This quarter, the practice facilitators and health coaches conducted 33 Academic Detailing sessions and 55 educational presentations. Some of the topics covered are "Chronic Kidney Disease," "Bariatric Surgery Approval," "Pediatric Diabetes for Oklahoma," "What is Asthma" and "Know your Numbers: Systolic & Diastolic."

Chronic Care Unit (CC)
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.

SoonerCare Choice members that live with chronic conditions receive a referral from a variety of sources, PCP or other SoonerCare program, to the CM Chronic Care unit or the HMP program. There were a total of 118 combined referrals this quarter. The Chronic Care unit continues to improve the selection process and criteria to effectively select SoonerCare members who would benefit from case management services who have multiple comorbidities, have high risk for emergency room utilization and high cost related to their chronic conditions.

The Chronic Care unit currently uses case manages for telephonic outreach to approximately 484 SoonerCare members. The Chronic Care unit continues to partner with HMP to assist with case managing SoonerCare members diagnosed with a variety of chronic health conditions. This quarter, the Chronic Care unit has received 142 referrals. Some of the chronic condition of the members include 12 members diagnosed with Hemophilia and 12 members diagnosed with Sickle cell. There were a total of 118 combined Care Management and (HMP) referrals.

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

Provider Services
OHCA informed providers last quarter of a new requirement that has been implemented this quarter. An annual Behavioral Health Screening for all SoonerCare members ages 5 and older, who are enrolled in a Patient-Centered Medical Home, was implemented January 1, 2014. The new requirement will allow providers to receive a SoonerExcel incentive payment for conducting the new screen.

Provider services also continues to update providers and medical homes of changes and updates that are needed to continue services with OHCA. Providers also received the annual update letter and required attestation form regarding compliance with the Deficit Reduction Act of 2005. To review a copy of the provider letter, refer to Attachment 8.

Waiver Development & Reporting (WD&R)
OHCA participated in three monthly monitoring calls with CMS. OHCA used time in the monthly monitoring calls with CMS this quarter to share information regarding Insure Oklahoma including the IO transition plan, Health Management Program, Health Access Network and several State of Oklahoma legislative bills that could have impact on the SoonerCare Choice Demonstration Waiver. Four of the bills included:
- HB1581 Tribal Uncompensated Care
- HB2384 Medical Sustainability and Cost Containment Act
- SB1495 Managed Care Organizations and
- HB2788 Managed Care Organizations

None of the bills resulted in mandated changes to the waiver. OHCA did receive the state's technical corrections to the approved October 1, 2013 STCs.

The 2013 fourth quarter report was submitted by OHCA to CMS On February 28, 2014. OHCA waiver staff continues to work toward completion of the 2013 SoonerCare Choice Demonstration Annual Report to submit next quarter.

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

2. Program-Specific Operations

Breast and Cervical Cancer Program (BCC)

BCC Certified Screeners	Apr – June 2013	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Certified Screeners	970	1,001	988	1,012

Outreach Activities Related to BCC Members	Apr –June 2013	July-Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Care Management Activities Related to BCC Members	4,302	3,766	3,286	3,337
Number of Calls Made by Member Services to BCC Members at Renewal Period	66	84	54	64
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	46	59	53	64

Health Access Network (HAN)
Active HANs in Oklahoma include:
- The OU Sooner HAN 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.

OU Sooner HAN
The OU Sooner HAN had an unduplicated enrollment total of 101,400 members for quarter ending March 2014, which has grown more than 100 percent since March 2013.

OHCA continued to collaborate with the OU Sooner HAN regarding quality performance measures for Hypothesis 7 in the OHCA 2013-2015 SoonerCare Evaluation Design.

The new enhanced Provider Portal went live in January 2014, which included the functionality to request electronic referrals for specialty care.

The Partnership for Healthy Central Communities (PHCC) HAN
The PHCC HAN had an unduplicated enrollment total of 3,828 members by the end of March 2014. Membership has increased 31 percent since March 2013.

OHCA continued to collaborate with the PHCC HAN regarding quality performance measures for Hypothesis 7 in the OHCA 2013-2015 SoonerCare Evaluation Design.

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

In January 2014, the new enhanced Provider Portal went live. The Provider Portal includes the ability to request electronic referrals for specialty care.

The OSU Network HAN
By the end of the first quarter, the OSU Network HAN had an unduplicated enrollment total of 15,647 members for March 2014, which has grown more than 11 percent since March 2013. OSU continues to work towards implementation of the Doc2Doc referral tool.

OHCA continued to collaborate with the OSU HAN regarding quality performance measures for Hypothesis 7 in the OHCA 2013-2015 SoonerCare Evaluation Design.

The new enhanced Provider Portal went live in January 2014. The Provider Portal includes the ability to request electronic referrals for specialty care. In addition, the OSU HAN is in the process of hiring a nurse and a case manager for their practice.

OHCA continues to work with CMS on minor program changes to HAN care management and the care coordination of HMP health coaches within the HAN practices. Finally, OHCA continued individualized HAN review meetings this quarter and on an as-needed basis.

HAN Enrollment	OU Sooner HAN	PHCC HAN	OSU Network HAN
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
July 2013	72,393	3,011	13,891
August 2013	72,686	3,096	13,904
September 2013	73,490	3,138	14,240
October 2013	91,396	3,124	14,036
November 2013	93,086	3,246	14,248
December 2013	96,658	3,381	14,797
January 2014	99,300	3,459	15,150
February 2014	102,003	3,740	15,592
March 2014	101,400	3,828	15,647

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

Insure Oklahoma (IO)

The successful negotiation of a one-year extension (January 1, 2014 to December 31, 2014) was announced by Oklahoma's Governor on September 6, 2013. Negotiations included maintaining the Employer Sponsored Insurance program as it currently exists, while making eligibility and coverage changes to the Individual Plan (IP) program. Eligibility criteria for the IP program was reduced from 200 percent to 100 percent of the Federal Poverty Level (FPL).

Changes in copays were implemented to comply with federal requirements. As outlined in OHCA's 2014 IO Transition Plan, the Insure Oklahoma Individual Plan program maintained coverage for individuals at or below 100 percent FPL through December 31, 2014. Those individuals enrolled in the IO Individual Plan earning above 100 percent FPL were given the opportunity to access coverage assistance through the Federally Facilitated Health Insurance Marketplace. The Insure Oklahoma Employer Sponsored Insurance (ESI) plan remained the same. Program changes took effect January 1, 2014. OHCA received feedback regarding technical corrections on the Special Terms and Conditions, expenditure authority and waiver list that OHCA accepted on October 1, 2013, on February 19, 2014.

Insure Oklahoma staff did not provide as much outreach this quarter. The activities included providing a total of 104 activities to 8,639 participants. The future of the Insure Oklahoma program at this time remains unknown. OHCA continues to have open communications with CMS and comply with the standards set forth regarding waiver programs outlined in the STCs.

Employer-Sponsored Insurance (ESI) Program Participating Employers[35]	Quarter Ending Sept 2013	Quarter Ending Dec 2013	Quarter Ending March 2014
Approved Businesses with Participating Employees	4,557	4,483	4,367

Average ESI Member Premium[36]	January 2014	February 2014	March 2014
Member Premium	$300.45	$301.32	$297.37

ESI Subsidies	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Employers Subsidized	8,358	7,825	6,705
Employees and Spouses Subsidized	32,688	30,235	26,572
Total Subsidies	**$12,378,662**	**$11,304,018**	**$10,756,385**

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[35] See Attachment 2; Insure Oklahoma Fast Facts Summary, March 2014.

[36] Financial data is based on the previous month; e.g. February premiums are reported in March.

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

Average Individual Plan (IP) Member Premiums[36]	January 2014	February 2014	March 2014
Member Premiums	$63.14	$37.88	$37.86
Average FPL of IP Members	64%	65%	65%

IP Subsidies	Apr – June 2013	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Total Premiums Received	$1,721,720	$1,720,746	$922,167	$406,461
Total Member Months	40,159	39,817	36,507	91,094
Total Paid Claims	15,252,154	16,236,553	15,858,878	$9,613,279
Average Claim PMPM	$336.85	$364.26	$408.05	$621.16

SoonerRide
The SoonerRide Manager expanded subcontractor reviews to include new driver/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 will ensure continued compliance with contractual guidelines. Previous reviews were limited to new providers only, while this expansion will apply to all new drivers and vehicles for all providers.

This quarter, 205,725[37] trips for SoonerCare[38] individuals from all 77 Oklahoma counties were made using the SoonerRide program. Of total trips provided, 35,349 unduplicated riders used the SoonerRide program.

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)
In 2013, Oklahoma's Governor appointed members to the Blue Ribbon Panel for Developmental Disabilities. The Governor created the panel in response to the significant number of Oklahoma men, women and children with intellectual disabilities. One of the panel's objectives is to address the Develop Disabilities Service Division's (DDS) ever-growing waiting list for services. The panel will also review more than 3,000 child cases to determine if criteria are met for the TEFRA program.

During the second quarter of 2013, the Blue Ribbon Panel interviewed TEFRA parents regarding their experience with the TEFRA application and annual recertification process. In August, representatives from the OHCA TEFRA program made a presentation to the Panel informing them of the program's criteria, goals and processes. The Blue Ribbon Panel did not meet this quarter.

OHCA internal TEFRA staff continues to have workgroup meetings. They met in January and March to focus on review of active cases, operational procedures for level of care criteria for TEFRA and policy that may impact TEFRA. OHCA has also hired a new TEFRA Coordinator, Jacqueline

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[37] This is a duplicated number.
[38] This includes members in SoonerCare Choice and other OHCA covered programs.

Kennedy, March 17, 2014, to continue efforts in this program. OHCA continues to work on reducing the TEFRA pending cases.

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

B. Policy Developments

1. Rule Changes
This quarter, OHCA Policy staff presented proposed permanent rule changes to the Medical Advisory Committee on January 30 and March 26, and at the OHCA Board meeting on February 13 and March 27. Both meetings' times and locations are published beforehand in accordance with Oklahoma's Open Meeting Act. The rules were also posted on the OHCA Policy website for a 30-day comment period.

Proposed rule changes specific to the 1115 demonstration included revising Insure Oklahoma (IO) program rules to align with the Special Terms and Conditions of the Section 1115 Demonstration Waiver. Rules were revised to remove Individual Plan children (while retaining Employer Sponsored Insurance (ESI) children) and limit adult Individual Plan enrollment to persons with household income at or below 100 percent of FPL. Revisions also included changes to the Individual Plan copayment structure; copayments cannot exceed current federal maximums with the exception of emergency room (ER) visits, in which case the existing copay for ER visits will remain at $30.00. Additionally, rules were revised to remove the references to eligibility income determinations.

Proposed changes were presented to change TEFRA program rules to better match current business practices and federal regulations and clarify some language. With the Health Access Networks (HAN) & Health Management Programs (HMP), policy was revised to give providers greater flexibility to allow HMP to provide health coaching services within the HAN practices.

All OHCA rule changes can be found on the OHCA webpage[39]. 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

Governor Mary Fallin delivered her State of the State address Monday February 3, 2014, at the opening of this legislative session. The Governor identified several areas of focus this session for Oklahomans some of which included: making education and safety in schools a priority, informing State agencies that many State agencies may see up to a five percent budget cut, highlighting much needed repair to our State Capitol building, continuing the State's Insure Oklahoma premium assistance program and proposing provisions for tax breaks.

As of February 5, 2014, the Oklahoma Legislature had 4,307 active bills, which included 110 carryover bills from last session. OHCA tracked 58 bills, one of which is an OHCA request bill.

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[39] Proposed Rule Changes Website

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

The following are the Senate and House deadlines for this quarter 2014:

SENATE AND HOUSE DEADLINES
- February 17, 2014 Deadline for Reporting Double Assigned Senate Bills from first Committee
- February 24, 2014 Deadline for Reporting Single-Assigned Senate Bills from Senate Committees
- February 27, 2014 Deadline for Reporting Double-Assigned Senate Bills from second Committee
- March 13, 2014 Deadline for Third Reading/Final Passage of Bills in the House of Origin
- March 27, 2014 Deadline for Double-Assigned House Bills from first Senate Committee

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 OHCA staff, staff from the agency contractor, representatives from the Oklahoma Family Network[40] and SoonerCare members.

The MATF met only once this quarter in February. During the February 1, 2014, meeting, OHCA staff focused on decreased federal match. This means fewer federal dollars in Oklahoma because the state economy is doing better than most states. Open communication was also shared about the State budget and how OHCA may face a potential cut to the base and where potential cuts may have to be made. MATF was informed about the bills pending in the legislature, including the possibility of initiatives to implement HMO managed care in the State.

MATF members were also informed about one independent evaluation of SoonerCare Choice that compared SoonerCare programs to other programs, particularly traditional HMO systems in other states.

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

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[40] 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.

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.

V. CONSUMER ISSUES (Cont'd)

Member Inquiries	Apr – June 2013	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014[41]
Program Complaint	90	93	77	58
Complaint on Provider	91	97	66	63
Fraud and Abuse	47	40	56	58
Access to Care	53	33	35	38
Program Policy	3,934	3,717	2,792	3,205
Specialty Request	396	511	560	269
Eligibility Inquiry	6,627	8,936	7,810	7,246
SoonerRide	1,918	2,334	1,930	1,575
Other	369	259	0	0[42]
PCP Change	1,022	1,846	1,151	1,252
PCP Inquiry	802	885	718	800
Dental History	147	102	119	145
Drug/NDC Inquiry	155	118	46	103
Medical ID Card	413	483	316	409
PA Inquiry	707	666	696	722
Total[43]	**16,771**	**20,120**	**16,372**	**15,943**

C. Helplines

Insure Oklahoma Helpline

Insure Oklahoma IP Helpline	Apr – June 2013	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Number of Calls	35,382	32,186	28,598	20,786
Number of Calls Answered	32,555	27,579	25,487	17,289
Number of Calls Abandoned[44]	2,391	4,327	2,764	3,308
Percentage of Calls Answered	92%	86%	90%	83%

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[41] Inquiries are lowest during the first quarter of the calendar year as members are provided SoonerCare handbooks.

[42] OHCA has changed their criteria for this category. Currently, this is a category that is rarely used.

[43] 100 percent of Member Inquiries are initiated timely.

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

V. CONSUMER ISSUES (Cont'd)

Insure Oklahoma ESI Helpline	Apr – June 2013	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Number of Calls	3,941	3,617	3,691	4,418
Number of Calls Answered	3,707	3,245	3,378	3,967
Number of Calls Abandoned	167	279	218	392
Percentage of Calls Answered	94%	90%	94%	89%

Online Enrollment (OE) Helpline[45]

OE Helpline Calls in English	Apr – June 2013	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Number of Calls	28,795	26,970	29,986	32,705
Number of Calls Answered	24,817	24,737	29,314	27,693
Number of Calls Abandoned	3,286	1,917	472	4,738
Average Percentage of Calls Answered	86%	92%	98%	85%

OE Helpline Calls in Spanish	Apr – June 2013	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Number of Calls	127	319	505	563
Number of Calls Answered	122	299	485	503
Number of Calls Abandoned	4	16	15	44
Average Percentage of Calls Answered	96%	94%	97%	89%

SoonerCare Helpline

SoonerCare Helpline Calls	Apr – June 2013	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Number of Calls	189,225	187,651	174,137	187,268
Number of Calls Answered	161,597	171,087	169,448	160,089
Number of Calls Abandoned	23,306	14,482	3,244	25,608
Average Percentage of Calls Answered[46]	85%	91%	98%	85%

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[45] These calls are included in the number of calls to the SoonerCare Helpline.
[46] This is an average of the percentage of calls answered for each month of the quarter.

V. CONSUMER ISSUES (Cont'd)

D. Grievances

SoonerCare Grievances	Pending	Closed
BCC	0	1 Dismissed
Dental	2	2 Denied 1 Resolved
Eligibility	6	1 Denied
Miscellaneous	1	0
Miscellaneous Provider		2 Resolved
Miscellaneous: Unpaid Claim Member	6	1 Denied; 1 Resolved
Miscellaneous: Unpaid Claim Provider	1	0
Prior Authorization: Pharmacy	3	1 Denied
Prior Authorization: Durable Medical Equipment	3	0
Prior Authorization: Other	5	1 Resolved
Prior Authorization: Radiology Services	1	0
Private Duty Nursing	3	1 Dismissed
Provider Panel Dismissal	2	0

Insure Oklahoma Grievances	Pending	Closed
Eligibility	5	4 Withdrew; 5 Resolved

VI. QUALITY ASSURANCE/MONITORING ACTIVITIES

A. Quality Assurance (QA)

Payment Error Rate Measurement (PERM)

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

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

SoonerRide

On January 29, February 18 and March 7, 2014, OHCA staff conducted an on-site review of 166 new files that consisted of 83 vehicles and 83 drivers. Of the 166 files, all inspections, licenses' and required documentation were present.

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 p.m. 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 2013	July – Sept 2013	Oct – Dec 2013	Jan – Mar 2014
Number of Providers Called	854	848	855	844
Percent of Providers with 24-hr Access on Initial Survey	71%	80%	85%	95%
Percent of Providers Educated for Compliance	29%	20%	16%	5%

B. Monitoring Activities

1. HEDIS® Report[47]

SoonerCare HEDIS® Quality Measures

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

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

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

Appropriate Medications for the Treatment of Asthma	2010	2011		
Aged 5-11 years	90.9%	90.6%		
Aged 12-50	83.1%	81.9%		
Total	87.7%	86.9%		
Appropriate Medications for the Treatment of Asthma (Change in HEDIS 2012)			2012	2013
Aged 5-11 years			90.3%	94.0%
Aged 12-18 years			85.2%	95.2%
Aged 19-50 years			60.4%	68.9%
Aged 51-64 years			56.9%	74.1%
Total			85.0%	92.0%
Comprehensive Diabetes Care (Aged 18-75 years)	2010	2011	2012	2013
Hemoglobin A1C Testing	71.0%	71.1%	70.5%	71.5%
Eye Exam (Retinal)	32.8%	31.8%	31.8%	32.0%
LDL-C Screening	63.6%	62.9%	62.0%	63.1%
Medical Attention for Nephropathy	54.4%	55.9%	56.8%	58.7%
Screening Rates	2010	2011	2012	2013
Lead Screening in Children (By 2 years of age)	43.5%	44.5%	44.7%	48.2%
Appropriate Treatment for Children with URI (Aged 3 months-18	67.7%	69.5%	66.8%	73.1%
Appropriate Testing for Children with Pharyngitis (Aged 2-18 y	38.8%	44.8%	49.1%	53.2%
Breast Cancer Screening (Aged 40-69 years)	41.1%	41.3%	36.9%	36.5%
Chlamydia Screening in Women (CHL) (Ages 16-24)			49.1%	46.8%
Cervical Cancer Screening (Aged 21-64 years)	44.2%	47.2%	42.5%	41.0%
Cholesterol Management for Patients with Cardiovascular Conditions (Aged 18-75)	69.5%	69.9%	68.6%	68.2%

VII. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES

A. Budget Neutrality Model

Oklahoma exceeds per member per month expenditures for members categorized as Aged, Blind, and People with Disabilities-Rural. 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 $3.2 billion in Budget Neutrality savings and, ending this quarter, the state has $179,367,831 in savings for the year[48].

Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Years
Through March 31, 2014

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	7,011,670	$2,749,107,136	$2,188,257,442	$560,849,694
Waiver Year #19- 2014	1,846,142	$756,128,199	$576,760,367	$179,367,831
Total Waiver Cost	**88,168,349**	**$24,932,815,344**	**$21,708,593,061**	**$3,224,222,283**

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[48] See Attachment 9, Oklahoma 1115 Budget Neutrality Model Worksheet.

VIII. MEMBER MONTH REPORTING

A. Budget Neutrality Calculation

Eligibility Group	January 2014	February 2014	March 2014	Qtr. Totals
TANF – Urban	326,188	331,232	336,389	**993,809**
TANF – Rural	226,177	229,205	232,182	**687,564**
ABD – Urban	30,557	30,441	30,346	**91,344**
ABD – Rural	24,560	24,482	24,383	**73,425**

B. Informational Purposes Only

Eligibility Group	January 2014	February 2014	March 2014	Qtr. Totals
Non-Disabled & Disabled Working Adults	26,741	26,756	26,819	**80,316**
TEFRA Children	483	486	482	**1,451**
SCHIP Medicaid Expansion Children	Not Available[49]	Not Available[49]	Not Available[49]	Not Available[49]

Eligibility Group	Quarter Ending December 2013	Quarter Ending March 2014
Full-Time College Students (Employer Plan)	20,059	23,915
Foster Parents (Employer Plan)	0	0[50]
Not-for-Profit Employees (Employer Plan)	0	0[51]

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[49] The quarterly enrollment data for SCHIP Medicaid Expansion Children is not available due to an error in counting. Once the data is finalized, this number will be included in future reports.

[50] OHCA has authority to enroll this population, but we do not at this time.

IX. DEMONSTRATION EVALUATION

A. Hypotheses

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

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

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

PCP Enrollments	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014
Number of SoonerCare Choice PCPs	2,223	2,232	2,217	2,067	2,119	2,141	2,192

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. The fourth quarter of 2013 there was a slight decrease in total PCP count from the previous quarter, but the average number of PCPs for that quarter remained 240 (12.4 percent) PCPs above the baseline of 1,932. This quarter there was a 13.5 percent increase from the December 2012 baseline data. OHCA believes that the number of SoonerCare Choice PCPs will continue to increase and meet this measure.

IX. DEMONSTRATION EVALUATION

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	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014
Total American Indian/Alaska Native Members with SoonerCare Choice and I/T/U PCP	70,185	70,515	72,639	72,977	73,383	73,924	75,889
IHS Members with I/T/U PCP	20,005	19,953	20,116	21,165	21,838	22,579	22,658
Percent of IHS Members with I/T/U PCP	22.18%	22.06%	21.69%	22.48%	22.93%	23.40%	22.99%
I/T/U Capacity	96,900	99,400	99,400	99,400	99,400	99,400	99,900

Hypothesis 5 Results:
The proportion of American Indian members with an I/T/U PCP has increased 1.95 percent since the December 2012 baseline data 21.04 percent. OHCA expects the increase of IHS members enrolled 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.

XII. ENCLOSURES/ATTACHMENTS

1. SoonerCare Choice Fast Facts, March 2014
2. Insure Oklahoma Fast Facts Summary, March 2014
3. Oklahoma Cares Fast Facts, March 2014
4. Federal Poverty Level Fast Facts, March 2014
5. TEFRA Fast Facts, March 2014
6. Dental and PDEN Fast Facts, January – March 2014
7. Provider Fast Facts, March 2014
8. 2014-01 Yearly Compliance Letter
9. Oklahoma 1115 Budget Neutrality Model Worksheet, March 2014

XIII. STATE CONTACT(S)

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XIV. DATE SUBMITTED TO CMS

Submitted to CMS on May 30, 2014.