
Oklahoma Health Care Authority



SoonerCare Demonstration 11-W-00048/6
§1115(a) Quarterly Report
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I. INTRODUCTION

Oklahoma's SoonerCare Choice demonstration program utilizes an enhanced primary care case management delivery system to serve qualified populations statewide. SoonerCare 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 workforce, 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. The State submitted a request for the SoonerCare Choice and Insure Oklahoma 2016 – 2018 demonstration waiver renewal for a three – year extension. The request was submitted to CMS December 29, 2014.

II. ENROLLMENT INFORMATION

A. Member Enrollment¹

Members Enrolled in SoonerCare Choice ² and Insure Oklahoma ³	Quarter Ending March 2014	Quarter Ending June 2014	Quarter Ending Sept 2014	Quarter Ending Dec 2014	% Change
Total Number of Qualified Individuals Enrolled in SoonerCare Choice⁴	583,231⁵	560,887	538,008	539,647	0.3%
SoonerCare Choice Percentage of total Medicaid Population	75%	73%	69%	70%	
A) Title XXI	82,192 ⁶	83,708	82,622	87,681	6%
B) Title XIX	583,231	477,179	455,386	451,966	-1%
C) Adults	114,962	109,617	105,784	103,448	-2%
D) Children	468,269	451,270	432,224	436,199	1%
E) Ratio – Adult/Child:					
Adult	20%	20%	20%	19%	
Child	80%	80%	80%	81%	
Total Number Enrolled in Insure Oklahoma	19,570	18,466	17,309	17,416	1%
A) Individual Program (IP)	4,820	4,737	4,536	4,531	-0.1%
B) Employee Sponsored Insurance (ESI)	14,750	13,729	12,773	12,885	1%
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma	602,801	579,353	555,317	557,063	0.3%

¹ Enrollment numbers are point in time numbers.

² See Attachment 1, SoonerCare Choice Fast Facts, December 2014.

³ See Attachment 2, Insure Oklahoma Fast Facts Summary, December 2014.

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

⁵ Enrollment this quarter is relatively high due to federal regulations regarding redetermination and eligibility.

⁶ This number has been added after the reported quarter.

II. ENROLLMENT INFORMATION (Cont'd)

Demonstration Populations: Enrolled and Potential Members	Currently Enrolled	Potential Population	Total Qualified
TANF-Urban	283,079	54,591	337,670
TANF-Rural	211,901	18,010	229,911
ABD-Urban	23,021	6,969	29,990
ABD-Rural	21,219	2,665	23,884
Other ⁷			427
Non-Disabled Working Adults (IO)			24,753
Disabled Working Adults (IO)			0
TEFRA Children			523
SCHIP Medicaid Expansion Children Enrollees	87,681		87,681
Full-Time College Students			264
Foster Parents			0
Not-for-Profit Employees			0

Demonstration Populations: Member Months	Quarter Ending March 2014	Quarter Ending June 2014	Quarter Ending Sept 2014	Quarter Ending Dec 2014
TANF-Urban	993,809	975,405	1,006,431	1,020,100
TANF-Rural	687,564	668,292	687,950	695,687
ABD-Urban	91,344	91,570	91,839	90,779
ABD-Rural	73,425	72,912	73,090	72,337
Non-Disabled Working Adults (IO)	80,316	78,314	75,263	74,042
Disabled Working Adults (IO)	0	0	0	0
TEFRA Children	1,451	1,515	1,533	1,575
SCHIP Medicaid Expansion Children Enrollees	222,091 ⁸	250,466	253,078	259,436
Full-Time College Students	647	851	835	835

⁷ Other includes BCC, TEFRA and other SoonerCare Choice members who are not part of TANF or ABD.

⁸ This number has been updated since last quarter.

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 ⁹	Oct 2014	Nov 2014	Dec 2014
SoonerCare Choice	280	282	294
SoonerCare Choice and Traditional Total Current Enrollees	535	513	490

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	Oct 2014	Nov 2014	Dec 2014
Number of Newborns Assigned to a Primary Care Provider (PCP)	2,012	1,866	2,304
Number Needing Assistance with Eligibility or PCP Selection	391	365	384

⁹ See Attachment 3, Oklahoma Cares Fast Facts, December 2014.

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 Enrollment ¹⁰ for Quarter Ending Dec 2014	0-100% FPL	101-133% ¹¹ FPL	134% ¹¹ and Over	Total
Employee	1,756	3,189	5,656	10,601
Spouse	351	585	1,037	1,973
Student	17	23	61	101
Dependent Child ¹²	0	0	210	210
IO ESI Total	2,124	3,797	6,964	12,885

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 or college students who meet income qualifications. These individuals do not qualify for ESI.

IP Program Enrollment ¹⁰	Quarter Ending June 2014 0-100% FPL	Quarter Ending Sept 2014 0-100% FPL	Quarter Ending Dec 2014 0-100% FPL
Employee	3,507	3,370	3,372
Spouse	1,056	1,008	983
Student	174	158	176
IO IP Total	4,737	4,536	4,531

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. As reported in previous quarterly reports, in compliance with Oklahoma Constitution, Article X, Section 23, which prohibits a state agency from spending more money than is allocated, OHCA approved ending the PDEN benefit effective July 1, 2014. According to OHCA's analysis of the PDEN service, the State determined that of the members who qualified; very few members utilized the service.

¹⁰ See Attachment 4, Federal Poverty Level, December 2014.

¹¹ This includes the five percent disallowance.

¹² Title XXI stand-alone CHIP population.

II. ENROLLMENT INFORMATION (Cont'd)

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

Children with physical or mental 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.

To comply with Oklahoma Constitution, Article X, Section 23, which prohibits a state agency from spending more money than is allocated, OHCA excluded individuals with other forms of creditable coverage from the SoonerCare Choice program. TEFRA children affected by this change are able to keep their primary care provider and continue their coverage through the SoonerCare Traditional program. This change took effect with an approved waiver amendment July 1, 2014.

TEFRA Member Enrollments ¹³	Qtr. Ending June 2014	Qtr. Ending Sept 2014	Qtr. Ending Dec 2014
SoonerCare Choice	322	81	74
SoonerCare Choice and Traditional Total Current Enrollees	532	534	553

B. Provider Enrollment

Within 77 Oklahoma counties, there are 2,478 primary care providers contracted with the SoonerCare program, along with 1,887 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 ¹⁴	Jan-March 2014	April-June 2014	July-Sept 2014	Oct-Dec 2014
MD/DO	1,472	1,490	1,573	1,592
PA	307	316	330	335
APN	435	462	523	551
Total Unduplicated PCPs	2,214	2,268	2,426	2,478

SoonerCare Medical Home Providers by Tier

Providers by Tier	Jan-March 2014	April-June 2014	July-Sept 2014	Oct-Dec 2014
Percentage in Tier 1: Entry Level Medical Home	57%	57%	56%	55%
Percentage in Tier 2: Advanced Medical Home	24%	24%	25%	25%
Percentage in Tier 3: Optimal Medical Home	19%	19%	19%	20%

¹³ See Attachment 5, TEFRA Fast Facts, December 2014.

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

II. ENROLLMENT INFORMATION (Cont'd)

Insure Oklahoma Individual Plan (IP) Providers

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

Provider Types	Jan-March 2014	April-June 2014	July-Sept 2014	Oct-Dec 2014
MD/DO	1,117	1,132	1,182	1,183
PA	264	276	284	291
APN	334	358	394	413
Total Unduplicated PCPs	1,715	1,766	1,860	1,887

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 diseases. 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	Jan-March 2014	April-June 2014	July-Sept 2014	Oct-Dec 2014
Number of Health Coaches ¹⁵	26	24	28	29

Indian Health

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

Indian Health Provider Enrollment	Jan-March 2014	April-June 2014	July-Sept 2014	Oct-Dec 2014
Number of Clinics	57	57	57	56

PCP Capacities

SoonerCare Choice and Insure Oklahoma ¹⁶ PCP Capacities	December 2014	
	Capacity Available	% of Capacity Used
SoonerCare Choice	1,155,455	44%
SoonerCare Choice I/T/U	98,400	20%
Insure Oklahoma IP	430,118	1%

¹⁵ Health coaches may cover more than one practice site.

¹⁶ See Attachment 6, Provider Fast Facts, December 2014.

II. ENROLLMENT INFORMATION (Cont'd)

C. Systems

There were some 48,000 individuals enrolled in SoonerCare using either Home Internet or Agency Internet this quarter. With new federal mandates initiated on October 1, 2013, the agency discontinued the use of paper applications being used for enrollment; individuals however, can use federal paper applications to enroll.

From the total number of online applications, 54 percent were new applications and 46 percent were recertifications.

OHCA Media Type of Applications for SoonerCare	Oct 2014	Nov 2014	Dec 2014	Total
Home Internet	10,035	8,710	10,307	29,052
Paper	0	0	0	0
Agency Internet	6,767	5,472	7,145	19,384
Total	16,802	14,182	17,452	48,436

Indian Health Online Enrollment Applications for SoonerCare	Oct 2014	Nov 2014	Dec 2014	Total
Cherokee Nation	295	206	235	937
Chickasaw Nation	82	103	95	301
Choctaw Nation	115	117	128	433
Indian Health Services	496	342	514	1,697
Total	988	768	972	3,368

OHCA is currently working on a long-term plan to enhance its current online enrollment and eligibility system, which will include use by additional populations.

III. OUTREACH AND INNOVATIVE ACTIVITIES

A. Outreach

Outreach Materials Printed and/or Distributed	Jan-March 2014 ¹⁷	April-June 2014	July-Sept 2014	Oct-Dec 2014
Member Materials Printed/Distributed				
Annual Benefit Update Packet	0	0	0	0
SoonerCare Member Handbook ¹⁸	266	2,231	3,315	0
New Member Welcome Packets				
English/Spanish Combined	33,232	40	13,897	22,280
Individual Orders ¹⁹	0	0	3,315	0
Information/Enrollment Fair Fliers ²⁰	58,095	73,836	41,965	8,620
BCC Brochures				
English	620	880	0	0
Spanish	320	310	150	130
SoonerRide				
English	0	1,100	0	100
Spanish	0	0	0	0
SoonerCare Provider Directory (English/Spanish)	320	2,141	920	90
Postcard with ER Utilization Guidelines ²¹	1,210	4,810	3,520	2,520
SoonerCare and IO Outreach Material				
Sooner Bear Color Books	4,420	7,740	10,310	0
SoonerCare Health Club (Activity Book)	2,170	6,100	10,150	3,190
SoonerCare Companion Member Newsletter	280,000	0	270,000	272,500
Miscellaneous Promotional Items (Magnets, Bandages, Hand Cleaner)	8,440	15,850	38,260	3,340
No Smoking Card (English/Spanish Combined) ²²	780	1,540	1,950	140
Insure Oklahoma Brochures ²³	0	0	0	580
Oklahoma Indian Tribe-Specific Posters and Fliers	30	140	90	50
Provider Newsletter	10,918	21,620	27,522	11,210
Provider Outreach Materials ²⁰	6,940	16,000	22,522	0
Toll-Free SoonerCare Helpline				
Number of Calls	169,841	172,394	252,366	141,150

¹⁷ OHCA updated its logo this quarter.

¹⁸ Waiver staff began tracking this outreach at the beginning of 2014.

¹⁹ Information is available for individual ordering requests on the OHCA website.

²⁰ This includes TEFRA brochures.

²¹ Postcards are also included in the new member welcome packets.

²² This flier also appears as an ad in the member handbook and the SoonerCare Companion newsletter.

²³ 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. The EHR Incentive Program appears to have made an impact for providers and members. It has enabled providers to easily track the member's health information as well as enabled the member to become more engaged in their health care.

CMS released a new final rule in September 2014 providing flexibility for providers affected by a delay in implementing 2014 certified EHR technology. To enable OHCA to process attestations for providers affected by this delay, OHCA had to make some system modifications. OHCA completed and made available these changes in December 2014.

Last quarter, the OHCA Electronic Health Operations staff sent out a survey to EHR providers geared toward the providers experience and adoption of the incentive program. The EHR survey has closed and OHCA is currently compiling the results to be analyzed for a completed report anticipated by the end of January 2015.

Additionally, three qualified professionals and 16 hospitals this quarter have attested to Stage 2 of meaningful use.

EHR Qualified Providers	April-June 2014	July-Sept 2014	Oct-Dec 2014
Number of Qualified Professionals	2,178	2,217	2,226
Number of Qualified Hospitals	100	104	104
Total	2,278	2,321	2,330

Cumulative EHR Incentives Paid	April-June 2014	July-Sept 2014	Oct-Dec 2014
Qualified Professionals	\$44,554,170	\$45,361,670	45,510,420
Qualified Hospitals	\$54,233,263	\$54,403,817	54,403,817
Total	\$98,787,433	\$99,765,487	\$99,914,237

Electronic Provider Notification

This quarter, OHCA has begun its commitment of going "green" to communicate with providers via electronic mail (e-mail), electronic data interchange (EDI) and the Provider Portal (secure site). This change took effect November 1, 2014, so OHCA will now use email, electronic data interchange (EDI) and the secure Provider Portal to communicate with providers regarding provider letters, contract changes, renewal correspondence, newsletters and other business communications. To inform providers of this change, OHCA sent a provider letter out last quarter. OHCA and HP Enterprise Services hosted the Fall 2014 SoonerCare Provider Training Workshops October 22-23, 2014.

III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

High Emergency Room (ER) Utilization Initiative

OHCA staff work together on educating and training members and providers on how to lower utilization 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 as to 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	Jan-March 2014	April-June 2014	July-Sept 2014	Oct-Dec 2014
SoonerCare	1,922	1,656	1,680	1,814

Medicaid Management Information System (MMIS) Reprocurement

The MMIS reprocurement project is an initiative to implement system enhancements to the Oklahoma MMIS system. The reprocurement is in its final stages of enhancements; this quarter, OHCA's contractor, Hewlett-Packard Enterprise (HP), reports being ready to transition from ICD-9 to ICD-10. They are currently in the second wave of allowing providers to test ICD-10 usage. This enhancement is still scheduled to go-live in October 2015.

OHCA has prepared and issued two Request For Information (RFI) for implementation of MMIS reprocurement enhancements. One RFI is for a Data Warehouse and Analytics system and the other is for a Medical Case Management System. OHCA is interviewing candidates and reviewing their demos from the RFI responses and will continue planning at this time.

Cesarean Section Quality Initiative

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 performs a primary role in this initiative. Medical nurses review the documentation to 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. 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 and 16.8 percent in SFY 2014. The final report on this initiative was issued March 2014. Given the success of this initiative, OHCA will likely extend it beyond 2014.

C. Stakeholder Engagement

Tribal Consultation

OHCA convenes consultation meetings with tribal partners throughout the State in order to better collaborate with the tribes on all program and policy updates and changes. Tribal consultation meetings are held on the first Tuesday of every odd-numbered month.

III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

This quarter, OHCA held tribal consultation meetings on November 4 and a tribal consultation follow up meeting December 5, 2014. Meeting participants included representatives from the Chickasaw Nation, Choctaw Nation, Citizen Potawatomi Nation, the Indian Health Care Resource Center of Tulsa, and the Oklahoma City Indian Clinic, as well as representatives from the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and the OHCA.

During the meetings OHCA and ODMHSAS staff presented proposed policy changes, none of which had a direct impact to the SoonerCare Choice program.

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

A. SoonerCare and Insure Oklahoma Operations

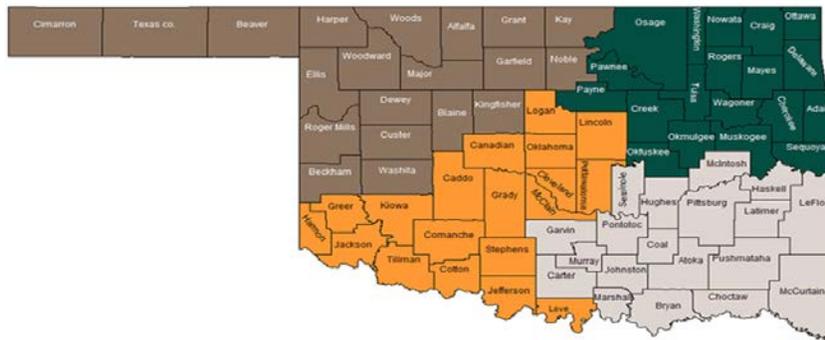
1. Department Operations

Health Promotion and Community Relations

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 non-profit 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.



The main objectives and goals for CRCs are to answer community, partner and members' questions in their respective areas of the state. This is accomplished in a variety of ways such as: attending coalition meetings, committee meetings and task force meetings in order to answer questions and educate partners regarding SoonerCare, Insure Oklahoma and other initiatives that

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

would benefit members. They also continued to have a public outreach presence at many health fairs around the state and provided printed resources at these events. Insure Oklahoma promotion is a main goal of each coordinator. The Health Promotions and Community Relation teams have established fourteen new partnerships over this quarter. This brings the total of active partnerships to nearly 200.

Highlights for each region of the state this quarter include:

Northeast:

- Meeting with Chamber of Commerce in one community to discuss Insure Oklahoma

Northwest:

- Attended Garfield County Certified Healthy Luncheon and provided Insure Oklahoma information as well as facilitation of a Community Forum in Ponca City

Central/Southwest:

- Worked with the Boys and Girls Club on a video project promoting “Healthy is More Fun than you Think” from the kids’ perspective

Southeast:

- Met with various groups, including but not limited to KIBOIS Captain Team and Choctaw County DHS, to educate on Insure Oklahoma
- Delivered pharmacy bags to D&D Pharmacy in Poteau and Choctaw Nation Pharmacy in McAlester

Additionally, the CRCs are working with Insure Oklahoma staff to develop a communication and marketing plan to increase Insure Oklahoma awareness. The Public Information staff for Insure Oklahoma developed a one-page qualifications sheet for the CRCs to use at outreach events.

OHCA’s Community Relations website page provides 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 Oklahoma Tobacco Helpline Fax Referral project is designed to decrease the number of SoonerCare pregnant women who use tobacco. When a newly qualified SoonerCare pregnant woman calls the SoonerCare helpline, OHCA actively refers the woman to the Oklahoma Tobacco Helpline rather than have the member wait for a clinic visit to obtain the referral.

The fax referral process was expanded to include the Population Care Management unit. The referral process via fax has been in operation since July of 2014. Deliverables from this workgroup included a final report and storyboard. This project will be presented by OHCA at Oklahoma’s Quality Team Day for a Governor’s commendation.

In the first quarter of 2014, OHCA began implementation of the SoonerFit initiative. The initiative’s main goals are to promote best practices for obesity reduction to SoonerCare providers; and to innovatively communicate physical activity and nutrition recommendations to SoonerCare members through interactive methodologies. The SoonerFit website is now live (Soonerfit.org). SoonerFit is being promoted through all OHCA social media outlets on the

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

OHCA website as well as through member and provider newsletters. Promotional materials are provided at community events, health fairs and shared with partners by the Community Relations Coordinators.

SoonerQuit Provider Engagement Grant

OHCA's Health Promotion and Community Relations staff was awarded a SoonerQuit Provider Engagement (SQPE) grant in June 2013. For this grant initiative, OHCA will utilize participating PCPs from the Health Management Program practice facilitation model and infuse a tobacco cessation module into the quality improvement activities. Simultaneously, the OHCA will continue the practice facilitation efforts with obstetrics providers and possibly dental providers. OHCA went live with this initiative on July 1, 2014.

The practice facilitators completed an initial three week facilitation with six providers during this quarter. Four of the providers have integrated the 5A's of tobacco cessation counseling methodology into their electronic medical records. All six providers have their own pre-populated Oklahoma Tobacco Helpline fax referral form, which provides OHCA with a monthly fax referral outcome report.

Medical Authorization Unit (MAU)

This quarter, the MAU processed 19,920 prior authorization (PA) requests and returned 1,215 calls.

The new Therapy Management Program allows the OHCA to assist providers and members in obtaining the most appropriate therapy-related services²⁴, while improving access to high-quality, cost-effective care in a timely manner. This program was implemented on July 1, 2014. This quarter the Therapy Management Program has received an average of 6,640 PA requests and 1,883 calls per month with an average turnaround time of two business days.

Additionally, this quarter, OHCA has saved an average of \$500,000.00 per month by implementing PA requirements for spine surgeries and sleep studies.

The 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 scanned documents.

MAU Activity	Oct 2014	Nov 2014	Dec 2014	Qtr Totals
MAU Calls Handled	530	288	397	1,215
Total Prior Authorizations	6,813	5,614	7,493	19,920
Number of Reviewers (Analyst or Nurse)	12	11	12	
Average Number of PAs per Reviewer	383	301	289	324
Percentage of Total PA Denials	4%	3%	4%	4%
Number of Denials	184	100	139	422

²⁴ Therapy services include physical therapy, speech therapy and occupational therapy.

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

OHCA also collaborates with MedSolutions 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 services and improve access to high quality cost-effective care.

MedSolutions has processed an average of 5,551 prior authorization requests this quarter and returned an average of 1,791 calls with a turnaround time of about two business days this quarter.

MedSolutions Activity	Oct 2014	Nov 2014	Dec 2014	Qtr Totals
MedSolutions Calls Handled	2,143	1,622	1,610	5,375
Total Prior Authorizations	6,475	5,183	4,995	16,653
Number of Reviewers (Analyst or Nurse)	115	115	115	
Average Number of PAs per Reviewer	56	45	43	48
Percentage of Total PA Denials	9%	11%	12%	10%
Number of Denials ²⁵	564	560	594	1,718

Member Services (MS)

MS Outreach Letters	# of Letters Mailed	Response Rate
Prenatal Outreach – Pat Letters	1,049	33%
Households with Newborns Outreach – Jean Letters	2,450	13%
High ER Utilization Outreach – Ethel Letters	1,814	15%

MS Activity	Oct 2014	Nov 2014	Dec 2014	Qtr Totals
High ER Utilizers Identified for Calls				32
Calls to BCC Members with Confirmed Cancer Diagnosis	26	29	26	81
Calls to BCC Members at Renewal Period	7,041	4,720	5,599	17,360
Member Service Calls Handled in English	340	289	352	981
Member Service Calls Handled in Spanish	26	29	26	11,838
Member Inquiries				11,838

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.

²⁵ 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)

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	April 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014
New Cases	147	140	116	155	125	105	138	118	133
Existing Open Cases ²⁶	614	618	610	622	611	523	502	492	474

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	April 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014
New Cases	145	150	149	166	169	148	191	139	186
Existing Open Cases	1,854	1,853	1,861	1,854	1,714	1,506	1,476	1,390	1,371

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. For this quarter, there were no additional infants needing additional CM services.

An external evaluation of the FIMR project has been conducted by the Primary Care Health Policy Division in the Department of Family & Preventive Medicine at the OU Health Sciences Center. The evaluation is in process and OHCA staff is working on an Executive Summary. The final evaluation report will be available in future quarters.

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 specifically focuses on contraception utilization, medical and dental well-checks, return to school/graduation/or

²⁶ 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)

vocational training and increased PCP visits. As of December 2014, CM staff enrolled 14 new members into the initiative.

The ICC initiative is also included in the FIMR evaluation being conducted by the Primary Care Health Policy Division in the Department of Family & Preventive Medicine at the OU Health Sciences Center.

The State's infant mortality rate²⁷ has dropped from 8.6 in 2007 to 6.8 in 2013, a 1.8 percent decrease. The State can attribute the improvement in the rate reduction to the State's numerous infant mortality initiatives, such as FIMR and ICC.

In the first quarter of 2013, PCM and Information Services (IS) staff implemented Phase I, a Potential-Member Health Survey,²⁸ which was located on the OHCA SoonerCare online enrollment web page²⁹. The survey was developed to gain basic aggregate statistical health information about persons enrolling in SoonerCare. The survey included questions relating to chronic illness, tobacco use, obesity and pregnancy. The survey also included agency telephone numbers for OHCA service areas that non-members may call for assistance.

In 2014, PCM and IS staff implemented Phase II of the online health initiative, which went live in July. Phase II, the Health Assessment survey is a voluntary, comprehensive assessment for individuals who apply for Medicaid through online enrollment. The assessment may also be updated at the time of subsequent enrollments or file updates. Some of the health assessment questions are logic driven, therefore meaning, pregnancy questions are asked only to females and tobacco questions are asked to individuals age 10 or older, etc.

Since inception in July 2014, there have been 6,688 responses to the assessment, averaging 1,115 per month. The Population Care Management staff has been developing protocols for use of this data in an outreach and case management effort. The Case Management Unit plans to begin targeting pregnant women, not currently in a PCM program, that have indicated they are having or have had problems with their pregnancy or a prior pregnancy. Similarly, the PCM Chronic Care Unit will screen the data and attempt outreach for members who are profiled to be at risk. The PCM Unit plans to provide updates to efforts concerning targeted pregnant women not currently in the program over the next quarter.

²⁷ The infant mortality rate is the number of infant deaths per 1,000 live births.

²⁸ The name of this survey has been updated for accuracy.

²⁹ [Online Health Assessment on OHCA Enrollment Page](#)

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

CM Activity	Oct 2014	Nov 2014	Dec 2014
Active Cases under Care Management	3,315	3,329	3,141
Case Load per Adjusted RN FTE	112	113	107
High-Risk and At-Risk OB - Following	381	433	339
High-Risk and At-Risk OB - New	301	284	214
OK Cares New Enrollment	59	51	56
OK Cares Total Enrollment	535	513	490
Private Duty Nursing Cases - New	4	2	9
Private Duty Nursing Cases - Following	199	194	200
Onsite Evaluations (TEFRA, Private Duty Nursing)	46	46	51
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	107	80	79
Out of State – Clinical Review - New	75	62	46
Out of State – Clinical Review - Following	45	35	31

Health Management Program

By the end of December 2014, there were 40 practice sites with embedded health coaches and 4,364 members engaged with a health coach.

In addition to health coaches, the Next Generation HMP also incorporates practice facilitation, which goes hand-in-hand with health coaching. Practice facilitators have health coach training and certification, as well as work with the health coaches to coordinate efforts within the practices. By the end of December 2014, there were six practice facilitators assigned to the 40 practices participating in the program. The chart below breaks out the level of practice facilitation services, as well as the number of practices in each practice facilitation tier.

Practice Facilitation Tiers ³⁰	Description	Number of Practices
Tier 1	Practice has never received practice facilitation; clinic needs full practice facilitation services before deployment of a health coach.	8
Tier 2	Practice has received prior practice facilitation but requires additional training before deployment of a health coach.	5
Tier 3	Practice has received full practice facilitation, high-functioning practice and ready for deployment of a health coach.	25
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.	0

³⁰ Practice facilitators 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)

As of December 31, the HMP had 419 enrolled in its new mobile engagement solution called mHealth, which was rolled out on August 1. Telligen call mHealth a mobile engagement solution allowing the HMP to connect with members through text messages.

This quarter, practice facilitators and health coaches conducted 54 academic detailing sessions with the practices, as well as 97 education presentations. Topics for the sessions and presentations included “Flu Update,” “Diabetes Month”, “10 things a Diabetes Patient Should Know” and “What Is A1C”

HMP’s CareMeasures disease registry was modified at the onset of Phase II of the program. Practices no longer interact directly with the registry; health coaches and practice facilitators input the data into the registry and review the data reports with the practices. The reports are reviewed to see what care opportunities and measures are needed for certain members.

Chronic Care Unit

OHCA implemented an internal Chronic Care Unit in January 2013 to provide telephonic 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.

The Chronic Care unit continues to partner with the HMP to assist with case managing SoonerCare members with chronic conditions, who’s PCP does not have an embedded health coach. The Chronic Care unit is currently case managing 471 SoonerCare members with multiple chronic conditions.

With approval of Oklahoma House Bill 2384, which allows OHCA to prior authorize Hepatitis C medications that took effect July 1; the Chronic Care Unit continues to partner with agency pharmacy staff as well as the OU College of Pharmacy to implement a process to case manage individuals receiving Hepatitis C who are referred by their providers.

Provider Services

OHCA sent several provider letters out this quarter to inform providers of changes for various programs inclusive of Behavioral Health and Prescriptions, none of which have an impact on the SoonerCare Choice/Insure Oklahoma demonstration at this time.

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

Waiver Development & Reporting (WD&R)

The WD&R unit continues to work on waiver reporting, as well as working in collaboration with the Centers for Medicare & Medicaid Services (CMS) on waiver issues. The WD&R staff worked with CMS to submit the 2016-2018 SoonerCare Choice/Insure Oklahoma renewal application. This was submitted December 29, 2014 which is currently pending approval. The WD&R team also worked with the policy unit to update language in OHCA policy related to persons that have other creditable health insurance.

OHCA and State leadership continue to collaborate with CMS on how to sustain the Insure Oklahoma program in the future.

This quarter, OHCA participated in CMS monthly monitoring calls on October 13, November 20, and December 18, as well as other CMS calls on an as-needed basis.

2. Program-Specific Operations

Breast and Cervical Cancer Program (BCC)

BCC Certified Screeners	Jan-March 2014	April-June 2014	July-Sept 2014	Oct-Dec 2014
Certified Screeners	1,012	1,025	1,021	1,029

Outreach Activities Related to BCC Members	Jan- March 2014	April-June 2014	July-Sept 2014	Oct-Dec 2014
Care Management Activities Related to BCC Members	3,337	3,101	2,949	3,024
Number of Calls Made by Member Services to BCC Members at Renewal Period	64	41	65	84
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	64	85	60	81

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 of 96,863 members for quarter ending December 2014. This is a 2 percent increase since December 2013.

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

The Sooner HAN added another RN care manager to the staff, bringing the total care manager staff to 13, 8 RN care managers and 5 LCSW care managers. One care manager, who is also bilingual, became a certified diabetes educator.

The Doc2Doc team continues to develop a recruiting plan in the Oklahoma City area to expand the use of Doc2Doc on the western side of the state. Some 11,200 referrals were initiated in Doc2Doc this quarter. With the increased referrals, the HAN anticipates more primary care providers utilizing Doc2Doc. In the July through September quarter, the OU HAN was in the developmental phase of creating an interface between the Doc2Doc tool and the OHCA Provider Portal to integrate the OHCA prior authorization process directly into Doc2Doc. The OU HAN

Provider network has expressed an interest in the interface between Doc2Doc and the OHCA Provider Portal for member specialty authorizations.

Over 40 people including care managers and staff from all of the Sooner HAN primary care providers attended the Sooner HAN prescription assistance program presentation hosted by two directors of pharmacy for the Sooner HAN.

The asthma care management focus continues to grow. Monthly reports are being generated from ER utilization to identify any members with ER visits where asthma is listed as the primary diagnosis. These members are assigned to care management and are automatically assigned to the higher touch intervention group. Care Management training was held in October 2014, with 21 new care managers from the Sooner HAN. Providers attended a Sooner HAN overview presentation entitled, "OU Internal Medicine Academic Afternoon," which focused on the role of care management and how residents can make referrals for services.

The Partnership for Healthy Central Communities (PHCC) HAN

The PHCC HAN had an unduplicated enrollment of 3,449 members by the end of December 2014. This is a 2 percent increase from December 2013. PHCC continues to work toward implementation of the Doc2Doc referral tool.

The PHCC HAN chairs the Infant Mental Health Committee as well as the Canadian County Coalition for Children project. The Coalition's Special Events Committee planned and attended The Infant Mental Health educational seminar in November 2014 entitled, "Recognizing and Supporting Babies and Young Children Experiencing Stress and Trauma." The event had 70 participants; the HAN had a display table sharing brochures and information about the providers and other PHCC HAN efforts.

The HAN created four additional member educational brochures that were developed and shared with providers for their input and approval. The topic of the brochures is most frequent diagnoses for ER utilization in calendar year 2013. The brochures will be used for member education through care management contacts, PCP offices, and other public sites and events.

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

The PHCC HAN continues to update and maintain the public website in order to increase awareness of the PHCC HAN and associated providers, combined with health promotion and prevention information. In the third quarter of 2014, a brochure was developed to distribute among PCP offices, special events and other public sites including libraries in all PHCC HAN communities.

The OSU Network HAN

By the end of the third quarter, the OSU Network HAN had an unduplicated enrollment of 14,899 members for December 2014. This is a 7 percent increase from December 2013. OSU continues to work toward implementation of the Doc2Doc referral tool.

The OSU HAN has developed processes to identify two groups of members to allow for timely follow up and intervention. The two groups are composed of those individuals with four or more emergency room visits per quarter and individuals who appear on the weekly hospital discharge EHR list from the OSU Medical Center (OSUMC). Case managers accomplish the identification of members through Electronic Health Record (EHR) audits and member phone contact.

The OSU HAN Health Information Technology team completed the integration process of the MyHealth Health Information Exchange (HIE). The HAN is actively sending continuity of care documents as well as demographic data into the MyHealth Provider portal.

The HAN met with OSU Medical Center's Center for Diabetes and Nutrition Education, in an effort to address the needs of members identified in the EHR with a diagnosis of diabetes. A program overview was provided to HAN case managers, focusing on the SoonerCare referral process, services and frequency of services provided to members. In addition, individual and group sessions covered criteria for 72-hour continuous glucose monitoring. Discussion between the OSUMC and the OSU HAN concerning coordination of efforts for outreach/education and follow-up for members with diabetes resulted in referrals from OSUMC to the OSU HAN.

Development of community resources continue with multiple referrals to Tulsa county Pharmacy to address prescription needs of members who have exhausted their pharmacy benefit by months end.

OHCA continued to work with CMS on minor program changes to HAN. Finally, OHCA continued individualized HAN review meetings for this quarter, and on-going on and as-needed basis.

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

HAN Enrollment	OU Sooner HAN	PHCC HAN	OSU Network HAN
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
April 2014	93,531	3,592	14,432
May 2014	97,879	3,724	15,078
June 2014	99,087	3,716	15,304
July 2014	95,585	3,376	14,627
August 2014	96,401	3,387	15,007
September 2014	97,191	3,379	15,052
October 2014	97,682	3,402	15,118
November 2014	97,914	3,486	15,215
December 2014	96,863	3,449	14,899

Insure Oklahoma (IO)

Through the collaborative effort of OHCA, State leadership and CMS, the Insure Oklahoma program was approved on June 27, 2014, by CMS for a one-year extension of the program through December 31, 2015. The program continues to maintain current operations. The insure Oklahoma program also continues to modify and update its online enrollment system for participants.

State leadership continues negotiations with CMS on how to sustain the program in the future. The Insure Oklahoma program hired a person specifically to conduct outreach and marketing to inform Oklahomans of the continuation of the program. This quarter, IO staff mailed out some 5,334 Insure Oklahoma brochures.

OHCA's Information Services staff continues to work through the process of transitioning the Insure Oklahoma system from PowerBuilder into the iCE claims tracking system.

Employer-Sponsored Insurance (ESI) Program Participating Employers ³¹	Quarter Ending June 2014	Quarter Ending Sept 2014	Quarter Ending Dec 2014
Approved Businesses with Participating Employees	4,299	4,147	4,063

³¹ See Attachment 2; Insure Oklahoma Fast Facts Summary, Sept 2014.

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

Average ESI Member Premium ³²	Oct 2014	Nov 2014	Dec 2014
Member Premium	\$299.01	\$296.20	\$298.60

ESI Subsidies	April-June 2014	July-Sept 2014	Oct-Dec 2014
Employers Subsidized	7,314	7,024	6,579
Employees and Spouses Subsidized	28,835	26,832	24,855
Total Subsidies	\$11,463,530	\$10,430,459	\$9,748,407

Average Individual Plan (IP) Member Premiums ³³	Oct 2014	Nov 2014	Dec 2014
Member Premiums	\$37.11	\$36.80	\$36.65
Average FPL of IP Members	62%	62%	62%

IP Subsidies	Jan-March 2014	April-June 2014	July-Sept 2014	Oct-Dec 2014
Total Premiums Received	\$406,461	\$379,986	\$357,723	\$350,541
Total Member Months	14,770 ³³	14,704	14,090	13,687
Total Paid Claims	\$9,613,279	\$7,458,934	\$6,620,195	\$6,516,548
Average Claim Per Member Per Month (PMPM)	\$621.16	\$480.67	\$443.06	\$450.62

SoonerRide

A SoonerRide member satisfaction survey was conducted this quarter. A random selection of 310 SoonerCare members that utilized SoonerRide services within this quarter was selected to participate in the survey. Survey results indicate that 66 percent of survey participants gave the SoonerRide program a positive rating. 2 percent of survey participants gave the program a poor rating. Approximately 32 percent of survey participants could not be reached.

This quarter, 209,674³⁴ SoonerRide trips were made. SoonerCare³⁵ individuals from all 77 Oklahoma counties utilized the SoonerRide program.

³² Financial data is based on the previous month; e.g. August premiums are reported in September.

³³ Number was changed to reflect more accurate data.

³⁴ This is the number of unduplicated trips to all members.

³⁵ This includes members in SoonerCare Choice and other OHCA-covered programs.

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

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

This quarter, OHCA TEFRA staff provided education on the TEFRA program at the Developmental Disabilities Services Division (DDS) meeting. Staff is also working closely with the Oklahoma Department of Human Services (DHS) at the state office level and with the local county DHS office workers when questions about TEFRA arise. Additionally, the Governor's Blue Ribbon panel, on individuals with developmental disabilities, is moving to finalize their recommendations to the Governor's office (many different ideas have been explored). Two trainings took place this quarter, one in October and one in November. The OHCA TEFRA staff is working closely with the OKDHS office staff to assist workers interface with the parent(s) to ensure that questions and information are responded to in a timely manner.

B. Policy Developments

1. Rule Changes

This quarter OHCA began circulation of proposed rules for public comment, public hearing and presentation to the Medical Advisory Committee and to the OHCA Board. The rules however, were concerning the 1915c waiver populations. All OHCA rule changes can be found on the OHCA webpage³⁶. 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

Currently, The Oklahoma Health Care authority is watching HB2906 regarding a study of Emergency Department Diversion Models. The State of Oklahoma will continue to watch other bills that may impact SoonerCare Choice/Insure Oklahoma programs. The 56th Legislative Session will begin February 2, 2015.

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, agency contractor staff, representatives from the Oklahoma Family Network³⁷ and SoonerCare members. The MATF met on December 5, 2014. The main focus of the MATF meetings this quarter centered on Member Newsletter review, review of the new member packet; and review of upcoming rules.

³⁶ [Proposed Rule Changes website.](#)

³⁷ 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)

B. Member Inquiries

OHCA offers members access to a toll-free customer service line for 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.

Member Inquiries	Jan-March 2014	April-June 2014	July-Sept 2014	Oct-Dec 2014
Program Complaint	58	49	35	17
Complaint on Provider	63	81	66	93
Fraud and Abuse	58	60	66	60
Access to Care	38	35	7	2
Program Policy	3,205	2,800	1,993	1,917
Specialty Request	269	242	338	624
Eligibility Inquiry	7,246	6,756	6,448	4,771
SoonerRide	1,575	1,461	1,618	2,052
Other ³⁸	0	0	0	0
PCP Change	1,252	851	756	655
PCP Inquiry	800	739	630	640
Dental History	145	79	31	26
Drug/NDC Inquiry	103	78	80	56
Medical ID Card	409	260	198	207
PA Inquiry	722	635	671	718
Total³⁹	15,943	14,126	12,937	11,838

³⁸ Beginning October 2013, OHCA changed the criteria for this category. Currently, this is a category that is rarely used as the categories are more specifically defined and the use for “other” is less likely to occur.

³⁹ 100% of Member Inquiries are initiated timely.

V. CONSUMER ISSUES (Cont'd)

C. Helplines

Insure Oklahoma Helpline

Insure Oklahoma IP Helpline	Jan-March 2014	April-June 2014	July-Sept 2014	Oct-Dec 2014
Number of Calls	20,786	16,437	14,695	14,531
Number of Calls Answered	17,289	14,994	13,311	13,406
Number of Calls Abandoned ⁴⁰	3,308	1,443	1,384	1,125
Percentage of Calls Answered	83%	91%	90%	91%

Insure Oklahoma ESI Helpline	Jan-March 2014	April-June 2014	July-Sept 2014	Oct-Dec 2014
Number of Calls	4,418	3,573	3,145	3,318
Number of Calls Answered	3,967	3,404	2,993	3,206
Number of Calls Abandoned	392	169	152	112
Percentage of Calls Answered	89%	93%	92%	93%

Online Enrollment (OE) Helpline⁴¹

OE Helpline Calls in English	Jan-March 2014	April-June 2014	July-Sept 2014	Oct-Dec 2014
Number of Calls	32,705	29,150	25,743	24,519
Number of Calls Answered	27,693	26,212	19,297	21,401
Number of Calls Abandoned	4,738	2,938	6,446	3,118
Average Percentage of Calls Answered	85%	89%	74%	87%

OE Helpline Calls in Spanish	Jan-March 2014	April-June 2014	July-Sept 2014	Oct-Dec 2014
Number of Calls	563	470	467	365
Number of Calls Answered	503	439	417	327
Number of Calls Abandoned	44	31	50	38
Average Percentage of Calls Answered	89%	93%	89%	89%

⁴⁰ Abandoned calls may never reach an agent due to wait in queue and hang ups.

⁴¹ These calls are included in the number of calls to the SoonerCare Helpline.

V. CONSUMER ISSUES (Cont'd)

SoonerCare Helpline

SoonerCare Helpline Calls	Jan-March 2014	April-June 2014	July-Sept 2014	Oct-Dec 2014
Number of Calls	187,268	181,934	195,604	163,295
Number of Calls Answered	160,089	162,347	139,631	140,689
Number of Calls Abandoned	25,608	19,587	55,973	22,606
Average Percentage of Calls Answered ⁴²	85%	88%	71%	85%

D. Grievances

SoonerCare Grievances	Pending	Closed
BCC	1	
Eligibility	3	1 Resolved 1 Withdrew
Panel Dismissal	1	
Private Duty Nursing	4	1 Granted

Insure Oklahoma Grievances	Pending	Closed
Eligibility	1	1 Closed 7 Resolved

VI. QUALITY ASSURANCE/MONITORING ACTIVITIES

A. Quality Assurance (QA)

SoonerRide

On October 7, November 12, November 19, and December 22, forty-two live calls were randomly selected for review from thirteen customer service representatives. Of the forty-two calls, all were within contractual compliance. Also during these dates, OHCA SoonerRide staff conducted on-site reviews of 159 new files, consisting of 3 contractors, 74 vehicles, and 82 drivers. Of the 159 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.

⁴² This is an average of the percentage of calls answered for each month of the quarter.

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

Access Survey	Jan-March 2014	April-June 2014	July-Sept 2014	Oct-Dec 2014
Number of Providers Called	844	880	879	887
Percent of Providers with 24-hr Access on Initial Survey	95%	95%	89%	96%
Percent of Providers Educated for Compliance	5%	5%	11%	4%

B. Monitoring Activities

1. HEDIS® Report⁴³

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%

⁴³ The HEDIS® chart represents HEDIS® year 2013 for calendar year 2012. In addition, 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 years)			67.7%	69.5%	66.8%	73.1%
Appropriate Testing for Children with Pharyngitis (Aged 2-18 years)			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 Disabled-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 \$3.7 billion in Budget Neutrality savings, ending this quarter; the state has \$697,896,548 in savings for the year⁴⁴.

Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Years
Through December 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	7,392,534	\$3,026,121,382	\$2,328,224,834	\$697,896,548
Total Waiver Cost	93,714,741	\$27,202,808,527	\$23,460,057,527	\$3,742,751,001

⁴⁴ See Attachment 7, Oklahoma 1115 Budget Neutrality Model Worksheet.

VIII. MEMBER MONTH REPORTING TABLE UPDATED – Catina

A. Budget Neutrality Calculation

Eligibility Group	Oct 2014	Nov 2014	Dec 2014	Qtr Totals
TANF – Urban	341,023	341,407	337,670	1,020,100
TANF – Rural	232,740	233,036	229,911	695,687
ABD – Urban	30,553	30,236	29,990	90,779
ABD – Rural	24,325	24,128	23,884	72,337

B. Informational Purposes Only

Eligibility Group	Oct 2014	Nov 2014	Dec 2014	Qtr Totals
Non-Disabled and Disabled Working Adults	24,689	24,600	24,753	74,042
TEFRA Children	525	527	523	1,575
SCHIP Medicaid Expansion Children	83,406	88,349	87,681	259,436

Eligibility Group	Quarter Ending June 2014	Quarter Ending Sept 2014	Quarter Ending Dec 2014
Full-Time College Students	24,739	24,863	25,083
Foster Parents	0	0	0
Not-for-Profit Employees	0	0	0

IX. DEMONSTRATION EVALUATION UPDATED

Hypotheses

OHCA is initiating reports on all hypotheses for the 2013-2015 extension period. This quarter, interim data for Hypotheses 1 and 2 are available.

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

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

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

Well-Child and Adolescent Visits	HEDIS 2011 CY 2010	HEDIS 2012 CY 2011	HEDIS 2013 CY 2012	HEDIS 2014 CY 2013
0-15 months, 1+ visit	98.3%	98.3%	97.3%	96.3%
3-6 years	59.8%	57.4%	57.6%	58.5%
12-21 years	33.5%	34.5%	31.6%	21.8%

Hypothesis 1A Results:

Child health checkup rates for children 0 to 15 months old have continued to stay above the 95 percentile since CY 2009. According to CY 2013 data, children 0-15 months had a 96.3% percent well-child checkup rate, which is 1.3 percentage points over the 95 percent baseline.

Hypothesis 1B Results:

Children ages 3 to 6 years old have seen a slight 0.9 percent increase in health checkup rates during CY 2013. In order to meet this measure, OHCA will continue to monitor this group during the 2013-2015 extension period.

Hypothesis 1C Results:

Data regarding adolescent children that are 12-21 years of age reflects a significant decrease of 9.8 percent in health checkup rates from CY 2013 to CY 2014. OHCA analysis indicates that there is an adverse relationship between increasing age of child and screening/participation rates. In order to meet this measure, OHCA will continue to monitor this group during the 2013-2015 extension periods. HEDIS methodology changes may have affected the rate drop to some degree.

IX. DEMONSTRATION EVALUATION (Cont'd)

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

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

Hypothesis 2 Results:

SoonerCare adults ages, 20-44 and 45-64, have not yet attained a three percentage point increase over the 2013-2015 extension period. For calendar year 2013 adults' ages 20-44 years of age with access to PCP or ambulatory health care decreased by 0.9 percentage point, while adults ages 45-64 with access to PCP or ambulatory health care decreased 0.2 percentage points.

OHCA continues to trend the adult access rates to monitor if there is significant changes in rates for these age groups. OHCA reports the HEDIS data annually.

Access to PCP/Ambulatory Health Care: HEDIS Measures	CY2011 HEDIS 2012	CY2012 HEDIS 2013	CY2013 HEDIS 2014
20-44 years	83.1%	82.8%	81.9%
45-64 years	91.0%	90.8%	87.7%

X. ENCLOSURES/ATTACHMENTS

1. SoonerCare Choice Fast Facts, December 2014.
2. Insure Oklahoma Fast Facts Summary, December 2014.
3. Oklahoma Cares Fast Facts, December 2014.
4. Insure Oklahoma Data by FPL, December 2014.
5. TEFRA Fast Facts, December 2014.
6. Provider Fast Facts, December 2014.
7. Oklahoma 1115 Budget Neutrality Model Worksheet, December 2014.

XI. STATE CONTACT(S)

Rebecca Pasternik-Ikard, JD, MS, RN
Deputy State Medicaid Director
Oklahoma Health Care Authority
4345 N. Lincoln Boulevard, Oklahoma City, OK 73105
Phone: 405.522.7208 Fax: 405.530.3300

Tywanda Cox
Chief of Federal and State Policy
Oklahoma Health Care Authority
4345 N. Lincoln Boulevard, Oklahoma City, OK 73105
Phone: 405.522.7153 Fax: 405.530.3462

Sherris Harris-Ososanya
Waiver Development Coordinator
Waiver Development & Reporting
Oklahoma Health Care Authority
4345 N. Lincoln Boulevard, Oklahoma City, OK 73105
Phone: 405.522.7507 Fax: 405.530.3273

XII. DATE SUBMITTED TO CMS

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