
Oklahoma Health Care Authority



SoonerCare Demonstration 11-W-00048/6
§1115(a) Quarterly Report
Demonstration Year: 20 (01/1/2015 – 12/31/2015)
Federal Fiscal Year Quarter: 2/2015 (01/15 – 03/15)

Submitted
May 29, 2015

Table of Contents

I. INTRODUCTION	4
II. ENROLLMENT INFORMATION.....	5
B. Provider Enrollment.....	7
SoonerCare Provider Enrollment by Type	7
SoonerCare Medical Home Providers by Tier	8
Primary Care Physician (PCP) Capacities.....	8
Indian Health	8
C. Systems	9
Applications/Recertification.....	9
III. OUTREACH AND INNOVATIVE ACTIVITIES	10
A. Outreach	10
Member Services (MS)	11
B. Innovative Activities.....	11
Electronic Health Records.....	11
Medicaid Management Information System (MMIS) Reprocurement	12
C. Stakeholder Engagement	12
Tribal Consultation.....	12
Member Advisory Task Force (MATF).....	13
IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES.....	14
A. SoonerCare and Insure Oklahoma Operations	14
1. Department Operations.....	14
Health Promotion and Community Relations	14
Medical Authorization Unit (MAU).....	16
Population Care Management (PCM)	17
Breast and Cervical Cancer Program (BCC).....	19
Provider Services.....	20
2. Program-Specific Operations	21
Health Access Network (HAN).....	21
Health Management Program (HMP)	23
Insure Oklahoma (IO)	24
B. Policy Developments	26

Waiver Development & Reporting (WD&R)	26
Rule Changes.....	26
Legislative Activity	27
V. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES	28
Budget Neutrality Model.....	28
VI. MEMBER MONTH REPORTING.....	29
A. Budget Neutrality Calculations	29
B. Informational Purposes Only.....	29
VII. CONSUMER ISSUES	30
A. Member Inquiries	30
B. Helplines	30
Insure Oklahoma Helpline.....	30
Online Enrollment Helplines.....	31
SoonerCare Helpline	31
C. Grievances	32
VIII. QUALITY ASSURANCE/MONITORING ACTIVITIES	33
A. Quality Assurance (QA).....	33
SoonerRide	33
Access Survey	33
IX. DEMONSTRATION EVALUATION.....	34
Hypothesis	34
X. ENCLOSURES/ATTACHMENTS	39
XI. STATE CONTACT(S).....	39
XII. DATE SUBMITTED TO CMS.....	39

I. INTRODUCTION

Oklahoma's SoonerCare Choice demonstration program utilizes an enhanced primary care case management delivery system to serve qualified populations statewide. The 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. 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

Member enrollment for SoonerCare Choice and Insure Oklahoma is based on meeting requirements for citizenship, state residency, categorical and financial guidelines. (Refer to Attachment 1)

Members Enrolled in SoonerCare Choice and Insure Oklahoma	Oct-Dec 2014	Jan-Mar 2015	Totals
Total Number of Qualified Individuals Enrolled in SoonerCare Choice	539,647	546,156	1,085,803
SoonerCare Choice Percentage of total Medicaid Population	70%	70%	
A) Title XXI	87,681	92,432	180,113
B) Title XIX	451,966	453,724	905,690
C) Adults	103,488	103,241	206,729
D) Children	436,199	442,915	879,114
E) Ratio – Adult/Child:			
Adult	19%	19%	
Child	81%	81%	
Total Number Enrolled in Insure Oklahoma	17,416	17,835	35,251
A) Individual Program (IP)	4,531	4,353	8,884
B) Employer Sponsored Insurance (ESI)	12,885	13,482	26,367
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma	557,063	563,991	1,121,054

¹ Enrollment numbers are point in time numbers.

II. ENROLLMENT INFORMATION (cont'd)

Demonstration Populations

The chart below reflects the Oklahoma SoonerCare Choice and Insure Oklahoma demonstration populations eligible for the 1115 Demonstration Waiver. State Children's Health Insurance Program (SCHIP) numbers are point in time numbers from the budget neutrality worksheet.

Demonstration Populations: Enrolled and Potential Members 2015	Currently Enrolled	Potential Population	Total Qualified
TANF-Urban	287,288	55,975	343,263
TANF-Rural	214,573	20,007	234,580
ABD-Urban	22,851	7,300	30,151
ABD-Rural	21,045	2,933	23,978
Other ²	399		399
Non-Disabled Working Adults (IO)			17,306
Disabled Working Adults (IO)			2
TEFRA Children			548
SCHIP Medicaid Expansion Children Enrollees	93,457		93,457
Full-Time College Students (IO)			240
Foster Parents ³			0
Not-for-Profit Employees ³			0

Demonstration Populations: Member Months 2015	January	February	March
TANF-Urban	339,296	343,004	343,263
TANF-Rural	232,167	234,567	234,580
ABD-Urban	30,440	30,286	30,151
ABD-Rural	24,277	24,124	23,978
Non-Disabled Working Adults (IO)	17,221	17,438	17,306
Disabled Working Adults (IO)	1	1	2
TEFRA Children	551	550	548
SCHIP Medicaid Expansion Children Enrollees	93,430	95,643	93,457
Full-Time College Students (IO)	282	286	281

² Other includes BCC, TEFRA and other SoonerCare Choice members who are not part of TANF or ABD.

³ OHCA has authority to enroll this population, but do not at this time due to systems updates.

II. ENROLLMENT INFORMATION (cont'd)

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

Tax Equity and Fiscal Responsibility is a program for children with physical or mental disabilities that are not eligible for Supplemental Security Income, but because of their parent's income can qualify for SoonerCare benefits if they meet the TEFRA requirement. (Refer to Attachment 2)

The Governor appointed members to the Blue Ribbon Panel for Developmental Disabilities in response to the significant number of Oklahoma men, women and children with intellectual disabilities. One of the panel's objectives is to address the Developmental Disabilities Service's (DDS) ever-growing waiting list for services. The panel also reviewed more than 3,000 child cases to determine if required criteria are being met for the TEFRA program.

In February, the Oklahoma Health Care Authority (OHCA) TEFRA staff participated in an educational meeting regarding questions about the application process and TEFRA program benefits. The OHCA TEFRA staff also participated in the "On the Road" conference in March, where they provided information to parents regarding TEFRA benefits.

The Blue Ribbon panel had its final meetings in January and March and finalized its recommendations to the governor's office on March 31, 2015. The Blue Ribbon panel sunset its efforts as of March 31, 2015, in its current form. Additionally, the number of days waiting on documentation for pending cases has decreased with the help of the Oklahoma Department of Human Services (DHS).

TEFRA Member Enrollments	Oct-Dec 2014	Jan-Mar 2015
SoonerCare Choice	74	79
SoonerCare Choice and Traditional Total Current Enrollees	534	571

B. Provider Enrollment

SoonerCare Provider Enrollment by Type

Provider types include physicians, physician assistants (PA) and advanced practice nurses (APNs). Providers are contracted to provide health care services by locations, programs, types, and specialties. Providers are being counted multiple times if they have multiple locations, programs, types, and/or specialties. The term "contracted" is defined as a provider that was enrolled with Oklahoma SoonerCare within the reporting period, it does not necessarily indicate participation.

Provider type counts are duplicated for the quarter; therefore, the total does not match the total SoonerCare Choice providers currently enrolled in a given month of the Fast Fact report.

II. ENROLLMENT INFORMATION (cont'd)

Provider Types	Oct-Dec 2014	Jan-Mar 2015	Totals
MD/DO	1,592	1,604	3,196
PA	335	343	678
APN	551	556	1,107
Total PCPs	2,478	2,503	4,981

SoonerCare Medical Home Providers by Tier

Patient Centered Medical Home (PCMH) providers are arrayed into three levels or tiers depending on the number of standards they agree to meet. SoonerCare PCMH can assist members with managing basic and special health care needs. The Patient Centered Medical Home's are responsible for providing or otherwise assuring the provision of medically necessary primary care and case management services and for making specialty care referrals.

Providers by Tier	Oct-Dec 2014	Jan-Mar 2015
Percentage in Tier 1: Entry Level Medical Home	55%	54%
Percentage in Tier 2: Advanced Medical Home	25%	25%
Percentage in Tier 3: Optimal Medical Home	20%	21%

Primary Care Physician (PCP) Capacities

Total capacity represents the maximum number of members that PCPs request to have assigned to their panel. (Refer to Attachment 3)

SoonerCare Choice and Insure Oklahoma PCP Capacities	Oct-Dec 2014		Jan-Mar 2015		Totals
	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used	Capacity Available
SoonerCare Choice	1,155,455	44%	1,124,592	44%	22,280,047
SoonerCare Choice I/T/U	98,400	20%	100,900	19%	199,300
Insure Oklahoma IP	430,118	1%	437,938	1%	868,056

Indian Health

Indian Health clinics include Indian Health Services, Tribal Clinics and Urban Indian Clinics (I/T/U). Indian Health refers to services that are available to American Indians through the Indian Health Services (IHS) tribal clinics, hospitals and urban Indian health facilities.

Indian Health Provider Enrollment	Oct-Dec 2014	Jan-Mar 2015	Total
Number of Clinics	56	57	113

II. ENROLLMENT INFORMATION (cont'd)

C. Systems

Applications/Recertification

Online enrollment enhances eligibility determination by accepting applications over the internet. Individuals now have the opportunity to apply for SoonerCare, SoonerPlan, Soon-to-be-Sooners and Behavioral Health programs on the internet and receive immediate results from the information they have submitted. Some rural areas may not have internet access; therefore, a paper application can be submitted.

OHCA Media Type of Applications for SoonerCare 2015	January	February	March	Totals
Home Internet	11,553	11,314	11,651	34,518
Paper	0	0	0	0
Agency Internet	7,538	6,125	7,390	21,053
Total	19,091	17,439	19,041	

Indian Health Online Enrollment Applications for SoonerCare 2015	January	February	March	Totals
Cherokee Nation	268	286	280	834
Chickasaw Nation	135	98	191	424
Choctaw Nation	213	164	229	606
Indian Health Services	493	401	515	1,409
Total	1,109	949	1,215	

III. OUTREACH AND INNOVATIVE ACTIVITIES

A. Outreach

The Oklahoma Health Care Authority coordinates outreach efforts in order to inform, educate and potentially enroll qualifying children and families in the SoonerCare Program and to help eligible members access services.

Outreach Materials Printed and/or Distributed ⁴	Oct-Dec 2014	Jan-Mar 2015	Totals
Member Materials Printed/Distributed			
Annual Benefit Update Packet	0	Pending ⁵	0
New Member Welcome Packets			
English/Spanish Combined	22,280	22,885	45,165
Information/Enrollment Fair Fliers ⁶	8,620	59,400	68,020
BCC Brochures			
English	0	100	100
Spanish	130	780	910
SoonerRide			
English	100	25	125
Spanish	0	780	780
SoonerCare Provider Directory (English/Spanish) ⁷	90	100	190
Postcard with ER Utilization Guidelines	2,520	4,630	7,150
SoonerCare and IO Outreach Material			
Sooner Bear Color Books	0	0	0
SoonerCare Health Club (Activity Book)	3,190	5,160	8,350
SoonerCare Companion Member Newsletter	272,500	0 ⁸	272,500
Miscellaneous Promotional Items (Magnets, Bandages, Hand Cleaner)	3,340	13,520	16,860
No Smoking Card (English/Spanish Combined)	140	600	740
Insure Oklahoma Brochures (online only)	580	25,025	25,605
TEFRA Brochures	0 ⁶	770	770
Oklahoma Indian Tribe-Specific Posters and Fliers	50	40	90
Provider Newsletter ⁷	11,210	11,207	22,417
Provider Outreach Materials	0	2,477	2,477
Toll-Free SoonerCare Helpline			
Number of Calls	141,150	157,186	298,336

⁴ Significant changes throughout this table may be due to agency outreach efforts and logo updates.

⁵ Info sent to printer this quarter; It should be available later this year.

⁶ This included TEFRA Brochures in 2014.

⁷ Available online only as of 2015.

⁸ Distributed up to three times per year.

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

Member Services (MS)

Member Services is responsible for sending outreach letters to assist specific SoonerCare members with care coordination. These members include high Emergency Room (ER) utilizers (persons with four or more visits to the ER in a quarter), expectant mothers and mothers with newborns. Members receiving letters may call the SoonerCare helpline and ask for the appropriate outreach representative to receive information about their medical home and any related beneficial education they need.

MS Outreach Letters 2015	# of Letters Mailed	Response Rate
Prenatal Outreach	2,692	34%
Households with Newborns Outreach	6,464	11%
High ER Utilization Outreach	1,671	14%

MS Activity 2015	January	February	March	Qtr. Totals
Calls to BCC Members with Confirmed Cancer Diagnosis	26	18	20	64
Calls to BCC Members at Renewal Period	30	10	23	63
Member Service Calls Handled in English	6,784	5,650	6,330	18,764
Member Service Calls Handled in Spanish	393	286	331	1,010
Member Inquiries				12,240

B. Innovative Activities

Electronic Health Records

Under the Health Information Technology for Economic and Clinical Health Act (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 technology 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.

In the third quarter of 2014 (July-September), the OHCA Electronic Health Operations staff conducted a survey focusing on the EHR providers experience and adoption of the incentive program. The survey was sent out to about 12,751 email accounts representing approximately 23,969 providers. Approximately 359 individual providers and 360 group providers responded to the survey. The survey has been closed and OHCA is in its final stages of compiling data/results to be analyzed for a complete report.

Additionally, this quarter six qualified professionals and 29 hospitals have attested to Stage 2 of meaningful use. The EHR incentives were paid to 2,368 eligible professionals and 106 eligible

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

hospitals. The total eligible represents the total number of SoonerCare providers with a qualifying provider type.

Cumulative EHR Incentives Paid	Oct-Dec 2014	Jan-Mar 2015
Qualified Professionals	\$45,510,420	\$48,251,670
Qualified Hospitals	\$54,403,817	\$54,878,817
Total	\$99,765,487	\$103,130,487

Medicaid Management Information System (MMIS) Reprocurement

The Medicaid Management Information System (MMIS) reprocurement project is an initiative to implement system enhancements to the Oklahoma MMIS system. Hewlett Packard Enterprise Services (HP) has conducted the MMIS project using a phased-in approach. Phase I includes the systems takeover and Phase II includes mandates, agency priorities and system enhancements. Some important focal points of the reprocurement enhancements are the claims tracking system, iCE, the Data Support System (DSS), the Care Management System and Atlantes.

OHCA has prepared and issued two Request For Information (RFI) for implementation of MMIS reprocurement enhancements. A Data Warehouse and Analytics system RFI was issued in August 2014 and the Medical Case Management System RFI issued in October 2014.

The Data Warehouse and Analytics RFI received 18 responses from vendors and OHCA viewed 17 product demos during November and December 2014. The Medical Case Management System RFI received 12 responses from vendors and OHCA viewed 12 product demos during January and February 2015. After viewing the demonstrations, OHCA utilized this information to complete visioning sessions in order to define procurement goals and objectives. The MMIS staff is currently working on a procurement approach and the staff consultant is concluding scoring of the vendor demonstrations.

Providers are currently completing the final round of testing for transitioning ICD-9 to ICD-10. Oklahoma Health Care Authority (OHCA) is still on schedule for this enhancement's go-live date of October 2015.

C. Stakeholder Engagement

Tribal Consultation

The Tribal Consultation is held the first Tuesday of every odd month. All tribal clinics and hospitals, urban Indian health facilities (I/T/U), Indian Health Services (IHS), stakeholders and tribal leaders are invited to attend. For those who are not able to attend physically, the Oklahoma Health Care Authority (OHCA) provides online and teleconference technology. These meetings allow for tribal partners and OHCA to collaborate on all program and policy updates and changes.

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

This quarter, OHCA held tribal consultation meetings on January 6, February 4 and March 3. Participants from the Absentee Shawnee Tribe, Cherokee Nation, Choctaw Nation, Potawatomi Nation, Chickasaw Nation, Muscogee (Creek) Nation, Oklahoma City Indian Clinic, Indian Health Services, and Northeastern Tribal Health Center were in attendance.

On January 6, the OHCA Federal and State Policy and Waiver staff presented proposed rule changes. OHCA also provided an update that it will seek to amend the 1115 demonstration waiver, updating the SoonerExcel payments list to include current incentives. At the February 4 consultation meeting discussion surrounded the possible eligibility requirements and options involving IO Sponsor's waivers. During the March 3 Tribal Consultation meeting the Policy staff presented eligibility requirements and key points concerning a potential amendment to the Insure Oklahoma program known as Sponsor's Choice Coverage. OHCA will continue to seek feedback from tribal partners in future Tribal Consultation meetings.

The [Native American Consultation Website](#) is utilized as a means to notify tribal representatives of all programs and policy changes, as well as allow any feedback or comments. OHCA posts notification to the website for a minimum of 30 days. OHCA has and will continue to incorporate all suggestions and recommendations from the website and tribal consultation into the decision, policy and amendments proposed to the agency and Center for Medicare & Medicaid Services.

Member Advisory Task Force (MATF)

The Member Advisory Task Force (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, and representatives from the Oklahoma Family Network⁹ (OFN) and SoonerCare members.

The MATF met once this quarter on February 7. Some of the updated communication and technology topics included The After Hours Provider locator app which helps the member to find a provider in the zip code area they are in at the time of searching. The list of providers included over 40 in Oklahoma, Tulsa, Canadian and Cleveland counties. OU physicians now allow families to cancel appointments by text to make that process easier. There is a new link which will assist members in identifying an in-network provider after hours or when out of town.

The MATF is working on periodically collaborating meetings with the Advisory Panel for Physicians (APP). The physicians are very committed to learning what would be more helpful from the members' perspective. In turn, the providers hope to provide ideas on what they need from the members as well. The SoonerFit updates include an online SoonerFit pledge; a challenge to walk 5 days per week for 30 minutes. Tools to help chart success are available online.

⁹ 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.

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

Legislative and Policy updates include a recommendation for the governor to appoint the CEO of the OHCA. OHCA is also interested in CHIP reauthorization and budget issues both of which were discussed at the MATF. Other areas of interest were brought to the MATF including, a study pertaining to HB2906. This bill is a review of the use of the emergency rooms among SoonerCare members. A survey was conducted with members asking why they use emergency rooms, the report has been given and OHCA awaits the next steps.

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

A. SoonerCare and Insure Oklahoma Operations

1. Department Operations

Health Promotion and Community Relations

Health Promotion Coordinators

The Health Promotion Coordinators (HPCs) primary goals and objectives are to reduce health risks and improve the health status of targeted groups. This is accomplished by developing productive relationships with organizations key in promoting health, local partners and SoonerCare members. This quarter, the OHCA Health Promotion Coordinators, are continuing their outreach efforts and promotion of The Oklahoma Tobacco Helpline and the SoonerFit initiative.

The Oklahoma Tobacco Helpline Fax Referral program was designed to decrease the number of SoonerCare pregnant women who use tobacco. The Oklahoma Tobacco Helpline is a free service for all Oklahomans seeking to quit their tobacco use. The helpline can be accessed by phone at 1-800-QUIT-NOW or online at [Oklahoma Tobacco Helpline](#). The HPCs will begin spring provider trainings in April 2015, where they will be incorporating a Tobacco Cessation presentation.

The SoonerFit initiative was implemented in 2014 and continues to be a key goal for each coordinator to educate the members and community about this program. 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. This program is promoted through member and provider newsletters and promotional materials are given out at community events, health fairs and shared with partners by the Community Relations Coordinators. The [SoonerFit](#) website page is available for SoonerCare members and all Oklahomans with tools, resources and vital information regarding leading a fit and healthy lifestyle in a fun, affordable and easy way.

This quarter, Platt College allowed the Health Promotion Coordinators, a local chef and two registered dietitians from the Oklahoma City Public schools to utilize their facility for the videos on "Knife Skills" (how to chop garlic, onion, etc.) that will be available for future access to members.

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

Community Relations Coordinators

The Community Relations Coordinators' (CRCs) represent Oklahoma HealthCare Authority (OHCA) as outreach liaisons to the partners, members and community. Their primary goals and objectives are to build positive relationships, educate and address any questions regarding SoonerCare, Insure Oklahoma and other initiatives that would benefit our members.

Outreach efforts for CRCs are accomplished through a variety of ways, such as: attending coalitions, committee and task force meetings, performing public outreach around the state and distributing printed resources. Community relations efforts also include establishing a strong presence at health fairs throughout the state.

Four surveys were conducted this quarter to obtain feedback on the CRCs outreach efforts. The surveys focused on measuring the different categories of individuals attending forums, customer satisfaction and questioning community partners on the dates, times and formats of the forums. Lastly, the CRCs Planning Unit collaborated with the University of Oklahoma to complete a larger survey.

This quarter, the Community Relations team established 15 new partnerships resulting in approximately 200 active partnerships and a base of over 800 partners. The CRCs outreach efforts throughout the state have produced several major highlights and accomplishments this quarter.

CRC highlights for each region this quarter include:

Northeast:

- Participating in community health assessments for Ottawa, Mayes, Okmulgee and Sequoyah counties (ongoing)
- Presented updated information regarding Text4Baby, Text 4Kids and Talking is Teaching Program to the Tulsa Areas Immunization Coalition (TAIC)

Northwest:

- Attended Ponca City Resource Fair and provided SoonerCare and Insure Oklahoma materials
- Participated with the planning and implementation of the NW Regional Joining Forces Leadership Institute

Central/Southwest:

- Collaborated with Alpha Epsilon Delta health fair at the University of Oklahoma
- Promoted the new SoonerFit website and challenges

Southeast:

- Participated in Love County Community Insurance resource fair
- Participated in "Welcome to the Real World" event in Haskell County that included the participation of all high school sophomores within the county along with the discussion of insurance and smoking cessation.

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

Oklahoma Health Care Authority's Community Relations website page provides OHCA partners with tools, resources and vital information to connect members with the communities they serve. The website can be found at: [OHCA Community Relations website](#).

The SoonerQuit Provider Engagement Grant

The SoonerQuit Provider Engagement programs main objective is to improve birth outcomes by reducing rates of tobacco use during pregnancy and postpartum. The results of this program show improvement of healthcare quality and reduced Medicaid cost associated with smoking.

The Oklahoma Healthcare Authority has focused on two specific SoonerCare populations and developed the SoonerQuit for Women program and the SoonerQuit Prenatal program. The Oklahoma Health Care Authority, partnered with Oklahoma's Tobacco Settlement Endowment Trust Fund and the Oklahoma State Department of Health (OSDH) to administer the SoonerQuit Prenatal program. This program focuses on educating SoonerCare obstetric providers on tobacco cessation practices. The SoonerQuit for Women program targets women of child-bearing age and encourages them to speak with their doctor regarding smoking cessation.

This quarter, the SoonerQuit Provider Engagement program has facilitated six practices with eight providers. Two new practices have been presented the opportunity to participate as well. Currently, the OHCA Grant staff and Telligon are collaborating and engaging in conversations with Indian Health Clinics and Tribal Centers in order to encourage participation in the SoonerQuit Provider Engagement initiative. Practice facilitation efforts with seven different providers resulted in fax referrals progressing from zero referrals to 46 referrals. OHCA is currently collaborating with Oklahoma State Department of Health to reach out to new facilities.

Medical Authorization Unit (MAU)

The core functions of the Medical Authorization Unit (MAU) are to review and process Prior Authorization Requests (PARs) submitted by providers for the following services:

- Medical
- Behavioral Health
- Dental
- Durable Medical Equipment and
- Pharmacy

Providers have the option to submit Prior Authorizations (PA) via internet, phone, or fax.

The primary goals for this unit are to ensure timely review of PARs for SoonerCare members, provide member's access to medically appropriate equipment or services, and increase the quality of care that SoonerCare members receive.

Oklahoma Health Care Authority continues to collaborate with MedSolutions regarding the implementation of Therapy Management Global and Radiology Management program.

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

This collaboration has successfully resulted in cost-effective care, more appropriate diagnostic imaging services and a quicker turnaround time for prior authorizations.

This quarter, MAU processed 17,872 PARs and answered 905 calls. In addition, the Therapy Management Program received 13,978 PARs and the Radiology Management Program received 16,490 requests and 4,941 calls.

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](#) to find required forms for PARs, general information, MAU FAQs and information on imaging and scans.

MAU Activity 2015	January	February	March	Qtr. Totals
MAU Calls Handled	387	250	268	905
Total Prior Authorizations	5,603	6,254	6,015	17,872
Number of Reviewers (Analyst or Nurse)	12	12	12	
Average Number of PAs per Reviewer	322	287	299	303
Percentage of Total PA Denials	2%	1%	2%	2%
Number of Denials	112	63	120	

MedSolutions Activity 2015	January	February	March	Qtr. Totals
MedSolutions Calls Handled	1,674	1,548	1,719	4,941
Total Prior Authorizations	5,612	5,290	5,588	16,490
Number of Reviewers (Analyst or Nurse)	115	115	115	
Average Number of PAs per Reviewer	49	46	49	48
Percentage of Total PA Denials	11%	11%	10%	11%
Number of Denials	642	556	545	

Population Care Management (PCM)

The Population Care Management (PCM) division is comprised of three main functional units: Case Management, Chronic Care and the Health Management program. The PCM division focuses on strengthening the overall infrastructure of the SoonerCare program as well as developing and operationalizing new programs and endeavors with the goal of responding to health care needs. The well-trained and clinically skilled department staff are subject matter experts that educate and address common interest between both members and providers. The PCM division serves an average of approximately 8,000 SoonerCare members per month with Care Management Services.

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

Case Management Unit (CMU)

The Case Management unit (CMU) provides event-based case management and certain supportive eligibility determinations and utilization management functions to other areas of the agency such as Long Term Care Administration Unit, PACE and the TEFRA Eligibility unit.

The CMU implemented a new function called the Care Coordination Panel, which was operationalized in December 2014/January 2015. The new function is located in the recipient file of the Medical Management Information System (MMIS). Its purpose is to flag members' participation in various programs that have a care coordination component. The program content is incorporated into the data warehouse to serve as a data point for agency staff in identifying participation in programs. The data compiled, as a result of this panel, will aid in avoiding duplication of services and promote collaboration and coordination between programs. The CM unit is making continuous efforts to enhance the Care Coordination panel by developing and adding additional programs (BCC, Chronic Care, etc.) In addition, the CM unit staff is conducting the level of care determination scoring on an ongoing basis for all new candidates for All-Inclusive Care for the Elderly (PACE) services.

Phase I of the Fetal Infant Mortality Rate (FIMR) initiative monitors prenatal women for the duration of their pregnancy through their infants' first birthday. The CMU reported 427 new FIMR Mother Cases resulting in an approximate 10 percent upward trend from the past two quarters. Phase II of the initiative, which focuses on educating prenatal women on their newborn's needs, reported 510 new FIMR Infant (younger than 1 year old) cases. The Interconception Care (ICC) initiative is also included in the FIMR evaluation. This initiative centers on pregnant women, ages 13 to 18, which have been identified in the 10 FIMR counties who can remain in active care management until one year post delivery. The CMU staff enrolled 10 new ICC cases.

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

CM Activity 2015	January	February	March
Active Cases under Care Management	3,235	3,243	3,239
Case Load per Adjusted RN FTE	119	118	116
High-Risk and At-Risk OB - Following	344	361	386
High-Risk and At-Risk OB - New	160	225	204
OK Cares New Enrollment	43	39	36
OK Cares Total Enrollment	457	462	465
Private Duty Nursing Cases - New	5	5	5
Private Duty Nursing Cases - Following	201	199	196
Onsite Evaluations (TEFRA, Private Duty Nursing)	50	42	61
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	64	44	70
Out of State – Clinical Review - New	57	37	62
Out of State – Clinical Review - Following	30	29	34

Chronic Care Unit (CCU)

The Chronic Care Unit (CCU) works to provide members and providers support for members who are high-risk or at risk for chronic conditions. Members are identified through comprehensive risk profiling, self-referral and provider referrals. To begin the process nurse case managers conduct a comprehensive initial evaluation consisting of 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.

This quarter, the CCU continues to work with targeted groups: Members with Hemophilia and Sickle Cell Disease who have high cost and ER utilization, members with prior authorization for the Bariatric surgery process and prior authorization for Hepatitis C pharmaceutical treatment. In addition to those targeted groups, the CCU also receives referrals from members with chronic conditions and providers seeking services for members with chronic conditions.

The CCU also continues its collaboration with the OHCA pharmacy unit on the Hepatitis C authorization and case management processes and with the Jimmy Everest Center at OU Medical Center regarding Hemophilia cases. This unit also initiated outreach efforts on select members who have completed the online health risk assessment and results showed a specific chronic disease profile. The CCU also works closely with the Health Management Program in managing the SoonerCare population with Chronic Disease.

Breast and Cervical Cancer Program (BCC)

The Breast and Cervical Cancer Program requires women to screen for breast or cervical cancer under the Breast and Cervical Cancer Early Detection program (BCCEDP). Qualifications for

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

this program are abnormal screening results or a precancerous condition. 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. (Refer to Attachment 4)

Oklahoma Cares Member Enrollments 2015	January	February	March
SoonerCare Choice	282	279	270
SoonerCare Choice and Traditional Total Current Enrollees	457	462	465

BCC Certified Screeners	Oct-Dec 2014	Jan-Mar 2015	Total
Certified Screeners	1,029	1,046	2,075

Outreach Activities Related to BCC Members 2015	January	February	March	Totals
Care Management Activities Related to BCC Members	734	693	794	2,221
Number of Calls Made by Member Services to BCC Members at Renewal Period	26	18	20	64
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	30	10	23	63

Provider Services

The Provider Services unit's purpose is to maintain one provider network in order to support the members and to ensure provider satisfaction. The OHCA Provider Services staff sent out four letters this quarter informing providers of changes in various programs.

Provider letter 2015-02 informed providers of Patient-Centered Medical Home Audit updates. Effective March 15, 2015 the Oklahoma Health Care Authority Sooner Care Compliance Department will implement updated criteria for medical home audits. The updates are a result of an extensive quality review focused on improving and standardizing the medical home audit. (Refer to Attachment 5)

The additional letters sent out this quarter have no impact on the SoonerCare Choice and Insure Oklahoma demonstration at this time.

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

2. Program-Specific Operations

Health Access Network (HAN)

Health Access Networks (HAN) are non-profit, administrative entities that work with providers to coordinate and improve the quality of care for SoonerCare beneficiaries. There are currently three HAN pilot programs in the state.

Active HANs in Oklahoma include:

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

OU Sooner HAN

The University of Oklahoma OU Sooner HAN had an unduplicated enrollment of 109,905 for quarter ending March 2015.

The OU Sooner HAN Doc2Doc team continues to actively build and recruit in Oklahoma City, in order to expand the use of the Doc2Doc referral tool. Approximately 18,197 referrals were initiated in Doc2Doc this quarter.

The OU Sooner HAN staff participated in several conferences and trainings inclusive of: Bridges out of Poverty, Living with Diabetes, Pathways Housing First, Motivational Interviewing, Celebrate Social Work in Healthcare, How to improve your Documentation and Question Persuade and Refer (QPR)-Suicide Prevention. Additionally, the OU Sooner HAN added a new staff member.

This quarter, the OU Sooner HAN added bi-weekly case staffing specifically for behavioral health issues. The OU Sooner HAN held the first of six Behavioral Health lunch and learns. The first lunch and learn topic was "Intro to Behavioral Health". This topic was added to the three-day Fundamentals of Care Management training curriculum. One lunch and learn will be held each month covering topics such as depression, chronic pain/fibromyalgia, alcohol abuse, anxiety and Attention Deficit Hyperactivity Disorder.

The Partnership for Healthy Central Communities (PHCC) HAN

The Partnership for Healthy Central Communities HAN had an unduplicated enrollment of 3,524 members by the end of March 2015. Partnership for Healthy Central Communities continues to work toward implementation of the Doc2Doc referral tool.

The PHCC HAN continues to chair the Canadian County Coalition for Children and Families as well as the Infant Mental Health Committee. As of March 2015, the Coalition's Special Events Committee planned an Infant Mental Health Educational Seminar for fall 2015. In addition, the

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

Special Events Committee is working on a Project entitled “Tools for Schools” to provide school supplies for teachers and families who have limited financial resources.

The PHCC HAN has created four additional member education brochures that will be ready for distribution in the second quarter of 2015. The topics of the brochure are most frequent diagnoses for ER utilization in calendar year 2013. The new brochures address prevention and management for ear infections, upper respiratory infections, dental issues and tobacco use disorder. The brochure will be used for member education through care management contacts, PCP offices, public sites and events.

In addition, the Partnership for Healthy Central Communities HAN parent non-profit organization approved funding, education and distribution of Peak Flow Meters in March 2015 to eleven members who are engaged in the Asthma Improvement Plan.

The Oklahoma State University Network HAN

The Oklahoma State University OSU Network HAN had an unduplicated enrollment of 14,981 members for March 2015. OSU continues to work toward implementation of the Doc2Doc referral tool.

The OSU HAN met with OSU Medical Center’s Center for Diabetes and Nutrition Education last quarter, in an effort to address the needs of members identified with a diagnosis of diabetes. Efforts continue to educate, coordinate, outreach and follow-up on those members identified with diabetes.

In addition, the Oklahoma State University Network continues efforts to expand its case management staff with two job postings for registered nurse case managers.

OHCA continued individualized HAN review meetings with all the pilot programs for this quarter and on an as-needed basis.

HAN Enrollment	OU Sooner HAN	PHCC HAN	OSU Network HAN
January 2015	103,511	3,478	15,005
February 2015	104,659	3,514	15,101
March 2015	109,905	3,524	14,981
Totals	318,075	10,516	45,087

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

Health Management Program (HMP)

The Health Management Program (HMP) serves SoonerCare Choice beneficiaries ages 4 through 63 with chronic illnesses who are at the highest risk for adverse outcomes and increased health care expenditures. OHCA partners with Telligen to administer the HMP.

The Next Generation HMP, which took effect July 1, 2013, embedded health coaches into participating practice sites and incorporated practice facilitation services. Practice facilitators have health coach training and certification, as well as work with the health coaches to coordinate efforts within the practices. With health coaches embedded into PCP practices this provides for more one-on-one care management. By the end of March 2014, there were seven practice facilitators assigned to each of the 38 practices with 1 clinic pending tier assignment for a total of 39. Practice facilitation is divided into the following four tiers:

Practice Facilitation Tiers	Description	Number of Practices
Tier 1	Practice has never received practice facilitation; clinic needs full practice facilitation services before deployment of a health coach.	7
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.	26
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

The Practice Facilitators and Health Coaches conducted 47 Academic Detailing sessions with the practices, as well as 96 Educational Presentations. Topics for the sessions and presentations included, “Flu vs. A Cold”, “Respiratory Syncytial Virus”, updates regarding the 211 Heartline Oklahoma and the Tobacco Quitline.

The 38 practice sites had 29 embedded Health Coaches and a total of 4,099 members engaged with a health coach. The Health Coaches outreach efforts produced 163 Behavioral Health referrals for the OHCA Behavioral Health Unit. The referrals allowed the OHCA Behavioral Health staff opportunity to contact the members for further clarification regarding their request for behavioral health services.

Health Coaches 2015	Oct-Dec	Jan-Mar	Total
Number of Health Coaches	29	29	58

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

The mHealth initiative is a mobile engagement solution that allows the HMP staff to communicate with members through text messages. The Health Coaches engage with the members regarding mHealth and educate them on how to enroll during the coaching sessions. The mHealth initiative allows HMP staff to send out message/scripts regarding flu shot reminders or other health education messages, as well as allows a member to text their blood sugar reading and receives messages based on the results.

Insure Oklahoma (IO)

The Insure Oklahoma (IO) program was developed in April 2004 authorizing the Oklahoma Health Care Authority to assist employees of small businesses, individuals 19 to 64 years of age, with low to moderate income. This program allows employees the option to purchase commercial employer-sponsored insurance or to buy state-sponsored health care coverage. (Refer to Attachment 6) This quarter, the IO program successfully achieved several major highlights.

One of the major highlights during the first quarter was Insure Oklahoma's 10th Anniversary Campaign. Governor Mary Fallin declared March 23-27, 2015 "Insure Oklahoma Week". (Refer to Attachment 7) The campaign included a news release, which was distributed statewide. In addition, state leaders and IO employers participated in a social media campaign by providing video messages and testimonials. The campaign demonstrated the value of the program, impact on the lives of Oklahomans and supported awareness by reaching nearly 8,000 Oklahomans who had connections to small businesses through Facebook.

This quarter the IO program started the process of selecting an advertising vendor. OHCA issued a Request For Proposal (RFP) for an advertising vendor and selected an agency to develop a statewide broadcast, digital and print campaign. The RFP process was completed at the end March 2015.

Insure Oklahoma also conducted a new outreach effort concentrating on Business Incubators. Business Incubators are organizations that aid in the development of new businesses by incorporating a business process that will assist the business to grow and survive the early stages of development. The Communications department developed a presentation on Insure Oklahoma, specifically for small business owners. They began the outreach campaign aimed at more than 40 business incubators certified by the Oklahoma Department of Commerce. Once OHCA is contacted by a business incubator, staff is required to deliver an IO presentation and/or provide them with information regarding the program.

Finally, IO also partnered with the Oklahoma Employment Security Commission (OESC). This partnership allows OESC to equip more than 30 workforce development centers and other qualifying groups across the state with information about the Individual Plan. Temporarily Unemployed Oklahomans are also considered as a qualifying group. OESC distributes information about the Employer Sponsored Insurance option electronically to every Oklahoma employer registered with the commission.

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

Employer-Sponsored Insurance (ESI) Program Participating Employers 2015	January	February	March
Approved Businesses with Participating Employees	4,034	3,985	3,927

Average ESI Member Premium 2015	January	February	March
Member Premium ¹⁰	\$302.49	\$302.46	\$303.47

ESI Subsidies 2015	January	February	March
Employers Subsidized	2,080	2,187	2,189
Employees and Spouses Subsidized	7,849	8,836	9,131
Total Subsidies	\$3,243,905.67	\$3,795,462.83	\$3,770,633.62

Average Individual Plan (IP) Member Premiums 2015	January	February	March
Member Premiums	\$36.69	\$36.45	\$36.44
Average FPL of IP Members	61.51%	61.26%	61.36%

ESI Average Per Member Month 2015	January	February	March
Average Payment Per Employee	\$277.97	\$279.39	\$285.83
Average Payment Per Spouse	\$441.93	\$455.77	\$462.05
Average Per College Student	\$259.44	\$238.69	\$271.89
Average Per Dependents	\$172.96	\$156.06	\$169.24

IP Subsidies 2015	January	February	March	Qtr. Totals
Total Premiums Received	\$110,239.96	\$105,742.49	\$145,925.86	\$361,908.31
Total Member Months	4,489	4,456	4,446	13,391
Total Paid Claims	\$1,741,333.85	\$2,140,779.95	\$2,100,910.35	\$5,983,024.15
Average Claim Per Member Per Month (PMPM)	\$363.35	\$456.70	\$439.72	

¹⁰ Financial data is based on the previous month's e.g. January premiums are reported in February.

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

Provider Types	Oct-Dec 2014	Jan-Mar 2015	Totals
MD/DO	1,183	1,193	2,376
PA	291	300	591
APN	413	414	827
Total PCPs	1,887	1,907	3,794

ESI Program Enrollment as of March 2015 ¹¹	0-100% FPL	101-138% FPL	139% and Over	Totals
Employee	1,866	3,369	5,896	11,131
Spouse	377	593	1,037	2,007
Student	18	23	55	96
Dependent Child ¹²	0	0	248	248
IO ESI Total	2,261	3,985	7,236	13,482

IP Program Enrollment 0-100% FPL 2015	January	February	March
Employee	3,323	3,306	3,235
Spouse	955	960	933
Student	177	179	185
IO IP Total	4,455	4,445	4,353

B. Policy Developments

Waiver Development & Reporting (WD&R)

The Waiver Development & Reporting unit works in collaboration with the Centers for Medicare & Medicaid Services (CMS) on waiver issues ensuring compliance with state and federal laws and authority. The Waiver unit is now fully staffed with the addition of two staff to help with reporting and analysis of waiver and agency program information.

This quarter, the OHCA Waiver staff continued to work toward completion of the 2014 Annual Report. They participated in the CMS monthly monitoring calls on January 14, February 11, and March 11, as well as other CMS calls on an as-needed basis.

The Waiver unit continues to work and collaborate closely with internal and external partners to improve process of programs within the waiver. The staff participated in Joint Application Design (JAD) sessions regarding the new developments of Insure Oklahoma online enrollment. OHCA is also working with Tribal leaders and Oklahoma State Department of Health to draft an amendment to include Sponsor's Choice to the Insure Oklahoma program.

¹¹ See Attachment 8; Insure Oklahoma Data by FPL, March 2015.

¹² Title XXI stand-alone CHIP population.

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

Rule Changes

This quarter, the Oklahoma Health Care Authority presented proposed waiver, rule, and state plan changes at the Medical Advisory Committee, OHCA Board and Tribal Consultation meetings. During these meetings the OHCA Health Policy and Waiver staff presented 28 proposed rule changes. The following rules could have a direct impact on the SoonerCare Choice Demonstration Waiver:

- 14-09 SoonerCare Choice Policy Change
- 14-33 Policy Change for the Tax Equity Fiscal Responsibility Act Program
- 14-44 Electronic Notices
- 14-49 Insure Oklahoma Eligibility
- 14-52 A&B SoonerRide

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

Legislative Activity

This quarter, the 56th Legislative Session began on February 2, 2015. The Oklahoma Legislature filed a total of 2,129 legislative bills. The Oklahoma Health Care Authority (OHCA) tracked 130 bills and had two request bills. After the February and March deadlines, Oklahoma Legislature was tracking 717 pieces of legislation and OHCA had dropped to tracking 53 bills. There were no Insure Oklahoma bills filed this session.

HB1566 and SB752 were two key bills monitored this quarter. HB1566 directed OHCA to implement a pilot program to evaluate the potential use of a patient-centered, integrated managed care system for the provision of services provided under the Oklahoma Medicaid Program. SB752 is a companion bill to HB1566 that requires OHCA to initiate requests for proposals for care coordination models for persons who are dually eligible for Medicare and Medicaid and to seek federal approval if necessary.

V. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES

Budget Neutrality Model

Oklahoma's actual per member per month expenditures are less than the allowed per member per month expenditures categorized as Aged, Blind and Disabled-Rural. In the overall life of the waiver, the state has \$4 billion in Budget Neutrality savings and, ending this quarter; the state has \$281,404,540 in savings for the year. (Refer to Attachment 9)

Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Years
March 31, 2015

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	5,513,631	\$2,259,936,875	\$1,544,523,192	\$715,413,683
Waiver Year #20 - 2015	1,890,133	\$791,609,157	\$510,203,837	\$281,405,319
Total Waiver Cost	95,604,874	\$27,994,417,684	\$23,970,261,364	\$4,024,156,320

VI. MEMBER MONTH REPORTING

A. Budget Neutrality Calculations

Eligibility Group	January	February	March	Qtr. Ending Total
TANF-Urban	339,296	343,004	343,263	1,025,563
TANF-Rural	232,167	234,567	234,580	701,314
ABD-Urban	30,440	30,286	30,151	90,877
ABD-Rural	24,277	24,124	23,978	72,379

B. Informational Purposes Only

Eligibility Group	January	February	March	Qtr. Ending Total
Working Disabled Adults-ESI	0	0	1	1
Working Disabled Adults-IP	1	1	1	3
Working Non-Disabled Adults-ESI	12,943	13,172	13,138	39,253
Working Non-Disabled Adults-IP	4,278	4,266	4,168	12,712
Full-Time College Student-IP	177	179	185	541
Full-Time College Student-ESI	105	107	96	308
Foster Parents-ESI ³	0	0	0	0
Foster Parents-IP ³	0	0	0	0
Not-for-Profit Employees-IP ³	0	0	0	0
Not-for-Profit Employees-ESI ³	0	0	0	0
TEFRA	551	550	548	1,649
SCHIP Medicaid Expansion Children	93,430	95,643	93,457	282,530

Demonstration Expenditures	January	February	March	Qtr. Ending Total
HAN Expenditures	\$609,825.00	\$616,235.00	\$641,880.00	1,867,940.00
HMP Expenditures	\$686,470.00	\$0.00	\$591,497.16	\$1,277,967.16

VII. CONSUMER ISSUES

A. Member Inquiries

The Member Service Tier II takes various inquiries from members that are identified according to call categories.

Member Inquiries	Oct-Dec 2014	Jan-Mar 2015	Totals
Program Complaint	17	20	37
Complaint on Provider	93	125	218
Fraud and Abuse	60	57	117
Access to Care	2	6	8
Program Policy	1,917	2,274	4,191
Specialty Request	624	381	1,005
Eligibility Inquiry	4,771	4,890	9,661
SoonerRide	2,052	1,839	3,891
Other ¹³	0	0	0
PCP Change	655	727	1,382
PCP Inquiry	640	684	1,324
Dental History	26	50	76
Drug/NDC Inquiry	56	134	190
Medical ID Card	207	278	485
PA Inquiry	718	775	1,493
Total	11,838	12,240	24,078

B. Helplines

The helpline provides assistance with the Online SoonerCare Application, ordering a SoonerCare card, or other questions and concerns about SoonerCare.

Insure Oklahoma Helpline

Insure Oklahoma IP Helpline	Oct-Dec 2014	Jan-Mar 2015	Totals
Number of Calls	14,531	15,673	30,204
Number of Calls Answered	13,406	14,991	28,397
Number of Calls Abandoned	1,125	682	1,807
Percentage of Calls Answered	91%	94%	

¹³ 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.

VII. CONSUMER ISSUES (cont'd)

Insure Oklahoma ESI Helpline	Oct-Dec 2014	Jan-Mar 2015	Totals
Number of Calls	3,318	3,928	7,246
Number of Calls Answered	3,206	3,790	6,996
Number of Calls Abandoned	112	138	250
Percentage of Calls Answered	93%	91%	

Online Enrollment Helplines

Online Enrollment Helpline Calls (English)	Oct-Dec 2014	Jan-Mar 2015	Totals
Number of Calls	24,519	24,723	49,242
Number of Calls Answered	21,401	23,476	44,877
Number of Calls Abandoned	3,118	1,247	4,365
Percentage of Calls Answered	87%	94%	

Online Enrollment Helpline Calls (Spanish)	Oct-Dec 2014	Jan-Mar 2015	Totals
Number of Calls	365	301	666
Number of Calls Answered	327	283	610
Number of Calls Abandoned	38	18	56
Percentage of Calls Answered	89%	91%	

SoonerCare Helpline

SoonerCare Helpline Calls	Oct-Dec 2014	Jan-Mar 2015	Totals
Number of Calls	163,295	178,868	342,163
Number of Calls Answered	140,689	166,161	306,850
Number of Calls Abandoned	22,606	12,707	35,313
Percentage of Calls Answered	85%	89%	

VII. CONSUMER ISSUES (cont'd)

C. Grievances

Grievances are formal complaints that are logged by the quarter in which they are filed. Our legal department tracks the grievance by the type of appeal. An appeal is the process by which a member, provider or other affected party may request a reconsideration of a decision, which can be appealed by policy or law. Some decisions are not appealable.

SoonerCare Grievances Jan-March 2015	Pending	Closed Reason
Eligibility	4	8 Resolved 1 Closed 1 Dismissed 1 Withdrew
Prior Authorization: Dental	7	1 Resolved
Prior Authorization: Pharmacy	1	4 Resolved
Prior Authorization: Durable Medical Equipment	4	0
Prior Authorization: Other	2	3 Resolved 1 Withdrew
Prior Authorization: Other Speech	1	1 Resolved 1 Dismissed 1 Withdrew
Prior Authorization: Other Surgery	3	0
Prior Authorization: Radiology Services	2	1 Resolved 1 Withdrew
Panel Dismissal	1	2 Resolved
Panel Hearing	1	0
Private Duty Nursing	1	0
Miscellaneous: Unpaid Claim (Provider)	3	2 Dismissed
Miscellaneous: Unpaid Claim (Member)	3	1 Granted 1 Resolved 1 Dismissed
Miscellaneous	3	0
TEFRA	3	1 Withdrew

Insure Oklahoma Grievances Jan.-March 2015	Pending	Closed Reason
Eligibility	4	4 Resolved 1 Withdrew

VIII. QUALITY ASSURANCE/MONITORING ACTIVITIES

A. Quality Assurance (QA)

SoonerRide

The SoonerRide program was developed in order to assist SoonerCare member's with transportation to and from medically necessary appointments. The Oklahoma Health Care Authority partners with LogistiCare Solutions LLC to provide non-emergency transportation. SoonerCare members may call the Reservation line in order to schedule their rides by calling 877-404-4500 and TDD 800-722-0353.

A SoonerRide member satisfaction survey was conducted this quarter. A random selection of 350 SoonerCare members that utilized the services within this quarter was selected to participate in this survey. Survey results indicated that 65 percent of survey participants gave the program a positive rating, three percent gave the program a poor rating, four percent either refused or did not provide an overall rating and 28 percent could not be reached.

This quarter, 198,908 SoonerRide trips were made with the average cost per trip of \$37.30. SoonerCare individuals from all 77 Oklahoma counties utilized the SoonerRide program.

Access Survey

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

Access Survey	Oct-Dec 2014	Jan-Mar 2015	Totals
Number of Providers Called	887	895	1,782
Percent of Providers with 24-hr Access on Initial Survey	96%	93%	
Percent of Providers Educated for Compliance	4%	7%	

IX. DEMONSTRATION EVALUATION

Hypothesis

OHCA is initiating reporting on all hypotheses for the 2013-2015 extension period. This quarter, interim data for hypotheses 3, 4a, 5, 6, 8 and 10 are available.

Hypothesis 3 - This hypothesis directly relates to SoonerCare Choice waiver objective #2 to increase the number of participating primary care providers and overall primary care capacity in both urban and rural areas and #1 of CMS's Three Part Aim is to improve access to and experience care.

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	Baseline Data 2012	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015
Number of SoonerCare Choice PCPs	1,932	2,393	2,431	2,454	2,461	2,442	2,445

Hypothesis 3 Results:

This hypothesis measures the state's access to care by tracking the number of SoonerCare primary care providers enrolled as medical home PCPs. In the fourth quarter of 2014 there was a total of 2,454 PCPs; this reflects a 27 percent increase from the December 2012 baseline of 1,932. This quarter's data continues to reflect an upward trend in the number of SoonerCare Choice PCPs enrolled in the program.

Hypothesis 4a – This hypothesis directly relates to SoonerCare Choice waiver objective #2 Increase the number of participating primary care providers, and overall primary care capacity, in both urban and rural areas, and #1 of CMS's Three Part Aim is to improve access to and experience of care.

There will be adequate PCP capacity to meet the health care needs of the SoonerCare members between 2013-2015. The SoonerCare Choice PCP Capacity, shown in the chart below reflects that the available capacity will equal or exceed the baseline capacity data over the duration of the waiver extension period.

SoonerCare Choice PCP Capacity	Baseline Data (December 2012)	PCP Capacity (Qtr. Ending December 2014)	PCP Capacity (Qtr. Ending March 2015)
Number of SoonerCare Choice PCPs	1,932	2,454	2,445
SoonerCare Choice PCP Capacity	1,092,850	1,155,455	1,124,592
Average Members per PCP	279	220	223

IX. DEMONSTRATION EVALUATION (cont'd)

Hypothesis 4a Results:

In the first quarter of 2015, the number of SoonerCare Choice PCPs has increased 27 percent since the December 2012 baseline data. This is an increase of 513 providers. PCP capacity has exceeded the December 2012 baseline data by three percent. As of March 2015, the percent of total SoonerCare Choice PCP capacity used is 44.17 percent, which leaves 55.83 percent of capacity available for SoonerCare members.

Hypothesis 5 -This hypothesis directly relates to SoonerCare Choice waiver objective #4 integrating Indian Health Services’ members and providers into the SoonerCare delivery system, and #1 of CMS’s Three Part Aim to improve access to and experience of care.

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	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015
Total American Indian/Alaska Native Members with SoonerCare Choice and I/T/U PCP	90,814	91,350	90,336	90,240	89,578	89,850
IHS Members with I/T/U PCP	22,339	22,558	21,901	22,144	22,142	21,634
Percent of IHS Members with I/T/U PCP	24.60%	24.69%	24.24%	24.54%	24.72%	24.08%
I/T/U Capacity	98,400	98,400	98,400	100,900	100,900	100,900

Hypothesis 5 Results:

In December 2014 the proportion of American Indian members with an I/T/U PCP has increased 3.04 percent since the December 2012 baseline data of 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.

IX. DEMONSTRATION EVALUATION (cont'd)

Hypothesis 6 – This hypothesis directly relates to SoonerCare Choice waiver objective #1 improving access to preventive and primary care services and #2 increase the number of participating primary care providers and overall primary care capacity, in both urban and rural areas and #1 of CMS’s Three Part Aim improving access to and experience of care.

The proportion of members qualified for SoonerCare Choice who do not have an established PCP will decrease within 90 days of the primary care claims analysis report.

Hypothesis 6 Results:

OHCA’s Primary Care Claims Analysis Report is a monthly report that includes every SoonerCare Choice qualified member with one or more claims who does not have an established PCP.

The Primary Care Claims Analysis Report is an internal query that is ran monthly. OHCA provider services and member services unit received the query result, which allows them to line the qualified members with a PCP. OHCA staff successfully aligned 1,490 members, which is a 49 percent PCP alignment within 90 days of receiving the Primary Care Claims Analysis Report this quarter. OHCA has successfully met this measure as OHCA staff has decreased the number of SoonerCare Choice qualified members who do not have an established PCP.

Percentage of Members Aligned with a PCP	Primary Care Claims Analysis Report – Members with Claims with no Selected PCP	Total Number of Members OHCA Aligned with a PCP	Percentage
Jan 2015	1,150	409	35.57%
Feb 2015	1,018	541	53.14%
Mar 2015	885	540	61.02%
Total	3,053	1,490	

Hypothesis 8 – This hypothesis directly relates to SoonerCare Choice waiver objective #3 providing active, comprehensive care management to members with complex and/or exceptional health care needs and #3 of CMS’s Three Part Aim decreasing per capita costs.

Reducing costs associated with the provision of health care services to SoonerCare beneficiaries served by the HANs.

- A. Average per member per month expenditures for members belonging to a HAN affiliated PCP will continue to be less than those members enrolled with Non-HAN affiliated PCPs during the period of 2013-2015.

IX. DEMONSTRATION EVALUATION (cont'd)

HAN Per Member Per Month Dates of Service for SFY 2014	July 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014
HAN Members	\$295.86	\$316.43	\$295.77	\$304.31	\$282.98	\$262.24	\$312.61	\$273.60	\$289.47	\$298.97	\$292.06	\$268.83
Non-HAN Members	\$371.12	\$293.59	\$286.47	\$391.41	\$298.06	\$261.84	\$317.51	\$267.06	\$293.95	\$408.11	\$288.34	\$274.17

Hypothesis 8 Results:

This hypothesis compares that the average per member per month (PMPM) expenditure for HAN members will be less than the PMPM expenditure for Non-HAN members. The SFY 2014 per member per month (PMPM) average for HAN members was \$291.09 while the PMPM average for Non-HAN members was \$312.64. Per member per month expenditures, continue to be lower for SoonerCare members enrolled with a HAN PCP, than for SoonerCare members who are not enrolled with a HAN PCP. OHCA expects this trend to continue. The evaluation design gathers the data for this hypothesis on a state fiscal year basis. In order to allow for claims lag data to be reported, OHCA compiles the information at the close of a calendar year. The analysis of the information is done in conjunction with the evaluation design reporting frequency within the three to four month window following the calendar year. The information reported in this hypothesis is the most current available.

Hypothesis 10 – This hypothesis directly relates to SoonerCare Choice waiver objective #5 expanding access to affordable health insurance for low-income adults in the work force, their spouses and college students and #1 of CMS’s Three Part Aim improving access to and experience of care.

The State’s systems performance will ensure seamless coverage between Medicaid and the Exchange after changes outlined in the Affordable Care Act are effectuated.

IX. DEMONSTRATION EVALUATION (cont'd)

Hypothesis 10 Results:

This hypothesis postulates that the OHCA will ensure seamless coverage between Medicaid and the Federally Facilitated Marketplace after federal changes are effectuated. The outbound account transfer includes all individuals who do not qualify for Medicaid benefits. This quarter, OHCA transferred approximately 112,992 applications to the Hub. The Hub verifies applicant information used to determine eligibility for enrollment in qualified health plans and insurance affordability programs.

Eligibility Determinations 2015	January	February	March
Modified Adjusted Gross Income Determination Qualified	80,534	71,233	72,535
Determined Qualified Direct or Transfer Application	34,519	32,960	35,616
Determination at Annual Renewal	46,015	38,273	36,919

Individuals Determined Not Qualified 2015	January	February	March
Ineligibility Established	23,677	18,648	18,707
Inadequate Documentation	3,632	2,671	4,374

Individuals Disenrolled 2015	January	February	March
Determined Not Qualified at Application (new applicant)	12,095	10,394	11,815
Determined Not Qualified at Annual Renewal (current member)	15,214	10,925	11,266

X. ENCLOSURES/ATTACHMENTS

1. SoonerCare Choice Fast Facts, March 2015
2. TEFRA Fast Facts, March 2015
3. Provider Fast Facts, March 2015
4. Oklahoma Cares Fast Facts, March 2015
5. Provider Letter 2015-01 RE Yearly Compliance with the Deficit Reduction Act of 2005
6. Insure Oklahoma Fast Facts Summary, March 2015
7. News Release Insure Oklahoma 10th Anniversary 2015
8. Insure Oklahoma Data by FPL, March 2015
9. Oklahoma 1115 Budget Neutrality Model Worksheet, March 2015

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

May 29, 2015