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# Oklahoma Health Care Authority



**SoonerCare Demonstration 11-W-00048/6**  
**§1115(a) Quarterly Report**  
**Demonstration Year: 21 (01/1/2016 – 12/31/2016)**  
**Federal Fiscal Year Quarter: 1/2016 (10/16 – 12/16)**

**Submitted**  
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## I. INTRODUCTION

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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 the Centers for Medicare and Medicaid Services (CMS) on December 29, 2014.

The Oklahoma Health Care Authority (OHCA) received official notification from CMS on July 9, 2015 that federal funding for the SoonerCare Demonstration was extended from January 1, 2016 through December 31, 2016. The State acknowledged the approval of the demonstration waiver and accepted the Special Terms and Conditions on August 9, 2015. The State will continue to work with CMS towards a potential multi-year extension. The SoonerCare Demonstration extension was submitted September 28, 2016 for demonstration year 2017-2018. On November 30, 2016 the OHCA received official notification from CMS granting the SoonerCare 1115 Demonstration a one-year extension which begins January 1, 2017 and extends to December 31, 2017.

## II. ENROLLMENT INFORMATION

### A. Member Enrollment<sup>1</sup>

Member enrollment for SoonerCare Choice and Insure Oklahoma is based on meeting requirements for citizenship, state residency, categorical and financial guidelines. SoonerCare Choice members may enroll with a Primary Care Physician (PCP) that is contracted with the Oklahoma HealthCare Authority (OHCA) as long as capacity is available (Refer to Attachment 1).

2016 Members Enrolled in SoonerCare Choice and Insure Oklahoma	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
<b>Total Number of Qualified Individuals Enrolled in SoonerCare Choice</b>	<b>528,847</b>	<b>529,917</b>	<b>541,863</b>	<b>549,184</b>
SoonerCare Choice Percentage of total Medicaid Population	70%	70%	70%	70%
A) Title XXI	93,957	91,632	97,726	103,484
B) Title XIX	434,890	438,285	444,137	445,700
C) Adults	100,317	100,051	100,833	101,234
Children	428,530	429,866	441,030	447,950
<b>Breakdown</b>				
Adult	19%	19%	19%	18%
Child	81%	81%	81%	82%
<b>Total Number Enrolled in Insure Oklahoma<sup>2</sup></b>			<b>19,170</b>	<b>20,125</b>
A) Individual Program (IP)			4,596	4,865
B) Employer Sponsored Insurance (ESI)			14,574	15,260
<b>Total Number Enrolled in SoonerCare Choice and Insure Oklahoma</b>			<b>561,033</b>	<b>569,309</b>

<sup>1</sup> Enrollment numbers are point in time numbers.

<sup>2</sup> OHCA was working on a system migration for the Insure Oklahoma enrollment numbers during the first and second quarters of this year, therefore no enrollment numbers were available.

## II. ENROLLMENT INFORMATION (cont'd)

### Demonstration Populations

Demonstration Populations are identified as Mandatory and Optional State plan groups that qualify for Medicaid coverage. The chart below reflects the Oklahoma SoonerCare Choice and Insure Oklahoma demonstration populations qualified for the 1115 Demonstration Waiver. The State Children's Health Insurance Program (SCHIP) numbers are point in time numbers from the budget neutrality worksheet.

2016 Demonstration Populations: Enrolled and Potential Members	Currently Enrolled	Potential Population	Total Qualified
TANF-Urban	283,053	61,192	<b>344,245</b>
TANF-Rural	222,810	8,952	<b>231,762</b>
ABD-Urban	22,479	8,674	<b>31,153</b>
ABD-Rural	20,496	2,301	<b>22,797</b>
Other	346		<b>346</b>
Non-Disabled Working Adults (IO) <sup>3</sup>	19,824		<b>19,824</b>
Disabled Working Adults (IO) <sup>4</sup>	0		<b>0</b>
TEFRA Children	599		<b>599</b>
SCHIP Medicaid Expansion Children Enrollees	103,484		<b>103,484</b>
Full-time College Students (IO) <sup>3</sup>	433		<b>433</b>
Foster Parents <sup>4</sup>	0		<b>0</b>
Not-for-Profit Employees Employees <sup>4</sup>	0		<b>0</b>

2016 Demonstration Populations: Member Months	Oct	Nov	Dec
TANF-Urban	341,305	345,165	344,245
TANF-Rural	231,000	233,153	231,762
ABD-Urban	31,339	31,286	31,153
ABD-Rural	23,068	22,947	22,797
Non-Disabled Working Adults (IO) <sup>3</sup>	18,971	19,575	19,824
Disabled Working Adults (IO) <sup>4</sup>	0	0	0
TEFRA Children	607	600	599
SCHIP Medicaid Expansion Children Enrollees	101,578	105,037	103,484
Full-Time College Students (IO) <sup>3</sup>	331	316	301

<sup>3</sup> The OHCA continues to refine the data system for Insure Oklahoma reporting. In order to ensure more accurate reporting of data all number are within an approximate two percent variance.

<sup>4</sup> The OHCA has authority to enroll this population, but does not at this time.

## II. ENROLLMENT INFORMATION (cont'd)

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### Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

Tax Equity and Fiscal Responsibility is a program for children with physical or intellectual disabilities who are not qualified for Supplemental Security Income benefits because of their parent's income or resources, but are able to qualify for SoonerCare benefits if they meet the TEFRA requirements. This option allows children who are eligible for institutional services to be cared for in their homes.

The TEFRA unit met with the new OHCA Chief Medical Officer Mike Herndon and a policy representative to discuss internal business processes and ways to improve upon them. TEFRA staff continues to answer questions and provide information to parents regarding TEFRA benefits. (Refer to Attachment 2)

2016 TEFRA Member Enrollments	Jan-Mar	Apr-Jun	Jul-Sep <sup>5</sup>	Oct-Dec <sup>5</sup>
SoonerCare Choice	74	61		
<b>Total Current Enrollees</b>	<b>611</b>	<b>612</b>	<b>597</b>	<b>599</b>

The Governor's Executive Council on developmental disabilities continues to work on the Single Sign-On (SSO) project that is overseen by Deliver Interoperable Solution Components Utilizing Shared Services (DISCUSS), which is an information technology (IT) governance body organized by the Secretary of Health and Human Services, Dr. Terry Cline.

In October, DISCUSS voted to fund the portal project. The project is a \$1.3 million project that will get a 90/10 funding match. The funding will be divided among the Health and Human Service agencies over the next two years. Each agency has a DISCUSS designee and web development committee designee. Information will be sent to the Executive Council members and each agency will begin internal development.

The Web Development Committee had its first meeting during this quarter and the committee was able to holistically look at all the agencies and determine how to standardize all the information that will be needed by each health and human service agency. Agencies will start identifying which programs

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<sup>5</sup> As of July 2016, the OHCA is using the data that comes from the quarterly budget neutrality to reflect total enrollees for the TEFRA program.

## II. ENROLLMENT INFORMATION (cont'd)

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from each agency will be included in the web content. Each web committee member will be tasked with completing all the web work for the agency they represent.

### 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, program types, and 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.

Providers are counted multiple times if they have multiple locations, program types and/or specialties. 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.

2016 Provider Types	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
MD/DO	1,680	1,688	1,783	1,706
PA	384	338	338	343
APN	644	669	685	697
<b>Total PCPs</b>	<b>2,708</b>	<b>2,695</b>	<b>2,806</b>	<b>2,746</b>

2016 Insure Oklahoma Provider Types	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
MD/DO	1,302	1,303	1,373	1,331
PA	345	299	298	304
APN	502	525	545	561
<b>Total PCPs</b>	<b>2,149</b>	<b>2,127</b>	<b>2,216</b>	<b>2,196</b>

#### SoonerCare Medical Home Provider by Tier

Patient Centered Medical Home (PCMH) providers are arrayed into three tiers depending on the number of standards they agree to meet. SoonerCare PCMH assists members with managing basic and special health care needs. The PCMH are responsible for providing or otherwise assuring the provision of medically necessary primary care and case management services and for making specialty care referrals (Refer to Attachment 3).



## II. ENROLLMENT INFORMATION (cont'd)

2016 Providers by Tier	Quarter Ending March	Quarter Ending June	Quarter Ending September	Quarter Ending December
Percentage in Tier 1: Entry Level Medical Home	478	472	466	454
Percentage in Tier 2: Advanced Medical Home	228	222	219	217
Percentage in Tier 3: Optimal Medical Home	203	198	192	187

### Primary Care Physician (PCP) Capacities

The total capacity represents the maximum number of members that can be assigned to a PCP by the physician's request (Refer to Attachment 3).

2016 SoonerCare Choice and IO PCP Capacities	Quarter Ending Mar		Quarter Ending Jun		Quarter Ending Sep		Quarter Ending Dec	
	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used
SoonerCare Choice	1,162,242	41%	1,166,074	42%	1,200,592	42%	1,176,817	43%
SoonerCare Choice I/T/U	99,499	16%	99,499	17%	99,499	18%	99,499	18%
Insure Oklahoma IP	447,412	1%	445,872	1%	452,847	1%	428,362	1%

### 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.

2016 Indian Health Provider Enrollment	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Clinics	58	58	58	58

## II. ENROLLMENT INFORMATION (cont'd)

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### 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. Members are enrolled within 72 hours after receiving a completed application. Some rural areas may not have internet access; therefore, a paper application can be submitted.

2016 OHCA Media Type of Applications for SoonerCare	Oct	Nov	Dec	Totals
Home Internet	15,540	16,688	16,091	<b>48,319</b>
Agency Internet	6,614	6,529	6,409	<b>19,552</b>
<b>Totals</b>	<b>22,154</b>	<b>23,217</b>	<b>22,500</b>	

2016 Indian Health Online Enrollment Applications for SoonerCare	Oct	Nov	Dec	Totals
Cherokee Nation	256	249	272	<b>777</b>
Chickasaw Nation	165	172	124	<b>461</b>
Choctaw Nation	264	252	187	<b>703</b>
Indian Health Services	735	640	742	<b>2,117</b>
<b>Totals</b>	<b>1,420</b>	<b>1,313</b>	<b>1,325</b>	

### 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 qualified members access services. The OHCA newsletters communicate information to our providers and members electronically through email or email blast; a select group of members and providers are receiving communications through text messaging. Due to budget constraints smoking cessation and miscellaneous promotional items were not available throughout the year.

2016 Outreach Materials Printed and/or Distributed	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
<b>Member Materials Printed/Distributed</b>				
Annual Benefit Update Packet <sup>6</sup>	0	0	0	0
New Member Welcome Packets	19,554	27,832	27,402	33,597
Information/Enrollment fair fliers	15,440	19,442	95,402	27,810
Postcard w/ER utilization guidelines	1,500	30,322	5,100	1,480
TEFRA Brochures	0	Out of stock	Out of stock	Out of Stock
<b>BCC Brochures</b>				
a. English	1,070	Out of stock	Out of stock	0
b. Spanish	490	160	150	0
c. Postcards <sup>7</sup>			2,200	Out of Stock
<b>SoonerRide</b>				
a. English	6,520	7,980	Out of stock	Out of stock
b. Spanish	0	0	0	Out of stock
c. Postcards <sup>8</sup>				5,000
<b>SoonerCare Outreach Material</b>				
SoonerCare Color and Activity Books	Out of stock	Out of stock	12,610	3,290
Misc. Promotional items (magnets, bandages, hand cleaner)	1,700	3,200	0	0
Smoking Cessation (English/Spanish combined)	0	0	0	0
<b>SoonerCare Newsletters</b>				
SoonerCare Companion Member Newsletter <sup>9</sup>	0	0	0	204,724
Provider Newsletters	20,980	8,788	16,659	21,717
Dental Provider Newsletters	1,110	550	363	849
Provider Outreach Materials	7,438	10,049	4,652	100
Oklahoma Indian Tribe-Specific Materials	5	8	0	728

<sup>6</sup> The annual Benefit Update Packet is no longer being distributed.

<sup>7</sup> This is a new item as of July 2016.

<sup>8</sup> This is a new item as of this quarter.

<sup>9</sup> Starting this year this newsletter will be distributed only once or twice per year.

### III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

#### Member Services (MS)

The OHCA Member Services unit is responsible for sending outreach letters to assist specific SoonerCare members with accessing care coordination. These members include 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 other related program education.

The OHCA Member Services unit is also responsible for contacting members who have a confirmed cancer diagnosis to assist in their care coordination. The following are letters for the October through December quarter.

2016 Member Services Outreach Letters	# of Letters Mailed	Response Rate
Prenatal Outreach	6,103	22%
Households with Newborns Outreach	9,276	8%

2016 Member Services Activity	Oct	Nov	Dec	Qtr. Totals
Calls to BCC members with Confirmed Cancer Diagnosis	15	14	10	<b>39</b>
Calls to BCC Members at Renewal Period	13	16	19	<b>48</b>
Member Service Calls Handled in English	6,943	6,173	5,669	<b>18,785</b>
Member Service Calls Handled in Spanish	356	330	314	<b>1,000</b>
Member Inquiries				<b>16,493</b>

#### **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 members' health information as well as enable the member to become more engaged in their health care.

During the fourth quarter of 2016, the OHCA paid out approximately \$3,654,265 in EHR incentive payments to 145 qualified professionals and 13 qualified hospitals. Since inception the OHCA has paid out a total of \$79,628,007 to 2,909 qualified professionals and \$120,993,174 to 108 qualified hospitals.

Modified rules were implemented during the first quarter of this year, eliminating the three stages of Meaningful Use and leaving only one set of measures and objectives that must be met. There were a total 84 hospitals and professionals that attested to Meaningful Use this quarter.

### **III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)**

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Ninety six hospitals and professionals attested to “Adopt/Implement/Upgrade” (AIU) this quarter. AIU involves preparing for utilization of the electronic health record technology and must be accomplished before Meaningful Use attestation can take place.

#### 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 (HPES) 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), and the Care Management System.

This quarter, the Transformed Medical Statistical Information System (TMSIS) project moved to production readiness status effective November 29, 2016.

#### Data Governance Policies and Procedures

The Data Governance Director works closely with the Data Governance Committee (DGC) around data policies and procedures. The DGC is made up of representatives from a cross section of various divisions and units of OHCA employees. The DGC efforts take a proactive approach in ensuring that OHCA has reliable and comprehensive data to support good decision-making.

In addition, this group manages sharing OHCA data (this includes member and claims data) with other state agencies and organizations to benefit the State overall and to comply with applicable laws. The Data Governance Director also represents the OHCA in similar activities involving multiple agencies with consideration given to data services that can be shared.

This quarter, the end-user meetings conducted with Cognosante provided feedback that was used to compile the final deliverable that included improvement recommendations for the data warehouse. Some improvements have been implemented and others are being prioritized and will be forthcoming depending on resources in some cases.

Oklahoma State Department of Health continues to do analysis on data loaded to the Master Patient Index (MPI) which consists of birth and death data to ensure duplication of information is reduced. The initial training has been completed for staff that will be using the MPI tool and additional training will be provided as new staff come on board.

The recommendations presented are being prioritized based on resources and impact area. The steering committee continues to meet at least monthly to work on a clear framework that proactively manages the data assets of the agency.

Lastly, the Data Governance Director continues to lead the effort of utilizing available resources to establish a framework for producing reports and information that is consistent, accurate and user friendly. The work on the assessment of the current Decision Support System (DSS) by a third party vendor to identify improvement needs was concluded in November.

### **III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)**

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#### **C. Stakeholder Engagement**

##### Tribal Consultation

The Tribal Consultations serves as a venue for discussion between the OHCA and tribal governments on proposed SoonerCare policy changes, State Plan amendments, waiver amendments and updates that may impact the agency and tribal partners. The goal of the Tribal Consultations is to inform tribal governments of policy changes, seek their advice and input regarding those changes and addresses any concerns that arise as a result of the proposed changes. Tribal Consultations are held the first Tuesday of every odd month. All tribal clinics, hospitals, Urban Indian health facilities, Indian Health Services (IHS), stakeholders and tribal leaders are invited to attend. For those who are not able to attend physically, the OHCA provides online and teleconference technology.

The OHCA held a Tribal Consultation on November 1, of this quarter. Tribes representation included members from the Absentee Shawnee Tribe, Chickasaw, Citizen Potawatomi, Choctaw, Muscogee (Creek) and Seminole Nations, as well as representatives from the Indian Health Service, Indian Health Care Resource Center of Tulsa, Sac and Fox, Black Hawk Health Center and LogistiCare. Several staff from the Oklahoma Health Care Authority (OHCA) were also in attendance.

During the consultation, Tribes and tribal stakeholders were made aware of proposed policy revisions for the upcoming permanent rule making session. The following areas of policy were presented:

- Purchasing;
- School Based Services;
- Inpatient Behavioral Health Services;
- Telemedicine;
- State Plan Amendment Rate Committee (SPARC);
- Indian Health Services/Tribal Facilities/Urban Indian Clinics (I/T/U); and
- Federally Qualified Health Centers (FQHC).

Policy revision information also included the ADvantage Wavier, Developmental Disabilities Services waivers and Money Follows the Person demonstration. There were no questions from Tribal partners regarding these proposed rule changes.

Tribes and stakeholders were also made aware of ongoing projects which include payment of 100% FMAP through an I/T/U facility and progress on implementation of an Age, Blind and Disabled Care Coordination (ABD) model. They were also reminded of the I/T/U provider contract renewal deadlines and informed that Tribal partners can now contract with LogistiCare for transportation services.

The last items brought before the Tribes included updates on the status of changes to the reimbursement of I/T/Us for prescriptions and upcoming provider training on the SoonerCare program.

### **III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)**

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#### **Member Advisory Task Force (MATF)**

The Member Advisory Task Force was launched in October 2010 in an effort to provide a structured process focused on consumer engagement, dialogue and leadership in the identification of issues and solutions to inform agency policy and programmatic decision makers of opportunities for ongoing program improvements from the members prospective . The MATF performs four primary roles. It provides information to the OHCA regarding issues that are an important part of the members' health care needs; educates the 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 identified areas for policy, services, program, and process improvement resulting in positive changes for the agency and members.

The MATF met twice this quarter, October 8th and November 12th. October's agenda and discussions included MATF involvement in OHCA Staff Training, and Lodging Policy.

#### **MATF Involvement in OHCA Staff Training**

A SoonerCare member recently shared their personal story and journey through SoonerCare. Some of the MATF members, who are also OHCA SoonerCare staff members, stated the member's story really "personalized" the member and it encouraged the OHCA staff to want to improve the SoonerCare process. The MATF members had recommended the sharing of SoonerCare members' stories in the past and were pleased that it has come to fruition. They are looking for more SoonerCare members to come forward with their personal stories with topics such as: Behavioral Health services, durable medical equipment, or unique prescriptions . The Oklahoma Family Network will post information on their website to encourage other members to share personal encounters with SoonerCare.

#### **Lodging Policy**

Tywanda Cox, OHCA's Chief of Federal and State Policy, advised the MATF members on the SoonerCare transportation and subsidy allowance that is available for members when medically necessary. In the past, members who had to stay in a hotel to be near their hospitalized family member had to pay for their lodging up front then get reimbursed. The OHCA is looking at implementing a Purchasing card (P-card) for members to use in which the member could charge any hotel lodging to the card at the time of reservation. The MATF members are supportive of this and also recommended that the information be included in the Member Handbook.

The November 12th MATF meeting included a discussion on the SoonerCare HealthPoint Personalized Annual Health Review Form. The form may be accessed online and provides information to SoonerCare members on important health information for their children beginning at three months of age. Information is updated quarterly until the child reaches one year then it is updated annually. The form incorporates smiley faces to advise the members if a "Milestone", such as the child getting required vaccines, has been completed - smiley face; or if the requirement is still on the "To do" list – smiley with a straight face. The MATF members made suggestions to this form including: The use of different colors and shapes for "Milestones achieved" and "To Do's."

### **III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)**

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The MATF members made a few suggestions for the form including:

- Separating the “Milestones achieved” and “To Do’s” into two columns
- Adding a link on the “To Do” section to schedule a doctor appointment or add a link to the physician’s website; and
- Use of a one page “clipboard medical record” document which includes children’s medical information, most recent doctor visits, medicine prescribed, etc.

### **IV. OPERATIONAL/POLICY DEVELOPMENTS**

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#### **A. SoonerCare and Insure Oklahoma Operations**

##### **1. Department Operations**

###### Office of Health Promotions and Health Promotion Community Strategists

###### *Health Promotion Strategists*

Health Promotion Strategists (HPS) and 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 in promoting health, local partners and SoonerCare members.

The OHCA Health Promotion Strategist and Health Promotion Coordinators are continuing their outreach efforts and promotion of The Oklahoma Tobacco Helpline, SoonerFit initiative and Text4Baby messaging service with the Oklahoma State Department of Health (OSDH). Each of these programs are covered quarterly to promote best practices for agency and members involved.

This quarter, Health Promotion Strategists (HPS) and Health Promotion Coordinators (HPCs) highlights:

- HPS and HPCs became a member and started participating in the American Indian Data Community of Practice (AIDCoP);
- HPS and HPCs created social media content for The Great American Smokeout event – promoted our OHCA tobacco cessation benefit and the Oklahoma Tobacco Helpline;
- HPS and HPCs partnered with a Registered Dietitian from the Comanche County Health Department to attend Infant Mortality Alliance Faith and Community Engagement Food and Nutrition meetings;
- HPS and HPCs attended United Way Super Saturday event at Star Spencer High School (October 1, 2016) promoted SoonerCare, SoonerFit, and Oklahoma Tobacco Helpline and SoonerCare Cessation Benefits;  
HPS and HPCs attended Lawton Baby Shower and promoted SoonerCare, SoonerFit, and the Oklahoma Tobacco Helpline, and SoonerCare Cessation Benefits; and



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

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- HPS and HPCs coordinated and presented at Crossroads head start parent days, parent presentations occurred on November 10- Shawnee, November 3- Norman, November 17- Lawton. Topics included: SoonerCare EPSDT exams, dental, tobacco cessation and SoonerFit wellness.

##### *Health Promotion Community Strategists*

The Health Promotion Community Strategists (HPCS) represent the 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, Text4Baby messaging service and other initiatives that would benefit members. This is done through a variety of outreach efforts inclusive of: attending coalitions, committee and task force meetings, performing public outreach around the state, distributing printed resources and more.

Outreach efforts for HPCS 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 and forums throughout the state.

The Office of Health Promotion team established 11 new partnerships this quarter resulting in approximately 589 active partnerships. The HPCS's outreach efforts throughout the state have produced several major highlights and accomplishments this quarter.

HPCS highlights for each region this quarter include:

Central/Southwest:

- HPCS attended the Logan and Comanche County Baby Shower;
  - HPCS presented at Parent University for Crossroads Head Start in Lawton, Norman, and Shawnee; and
  - HPCS attended the Comanche County health advisory committee.
- 
- Northeast:
  - HPCS participated in community health assessments for Wagoner, Sequoyah and Ottawa County; and
  - HPCS participated in project planning for Ottawa and Payne County Action Plan.

Northwest:

- HPCS attended OHCA Guymon's Provider Training.

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

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

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##### *SoonerFit*

The SoonerFit initiative was implemented in 2014 and continues to be a key goal to promote best practices for obesity reduction to SoonerCare providers. Our goal also is 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 Health Promotion Community Strategists

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.

Highlights of SoonerFit include:

- HPS and HPCs filmed SoonerFit Healthy cooking demo this quarter;
- HPS and HPCs attended a Staying Healthy Workshop – learned about healthy tools and resources to increase SoonerFit content.

##### *The SoonerQuit Provider Engagement Grant*

The SoonerQuit Provider Engagement grant is an education program for primary care physicians and other provider types to assist them in integrating best practice methods for tobacco cessation into routine patient care via the practice facilitation methodology. The main objectives of the SoonerQuit Provider Engagement program are to increase cessation best practices and reduce tobacco prevalence among SoonerCare members. Programmatic measurements focus on increased referrals to the Oklahoma Tobacco Helpline (OTH) and pharmacotherapy utilization. This program is currently focused in the extended Oklahoma City metro area with expansion anticipated in FY18. The Oklahoma Health Care Authority partnered with Oklahoma's Tobacco Settlement Endowment Trust (TSET) fund and the Oklahoma State Department of Health (OSDH) to administer the Provider Engagement program.

SoonerQuit Provider Engagement Grant update:

- TSET has facilitated 28 practices (65 providers) as of the end of this quarter;
- Discussions have started between (OTH), OHCA's Pharmacy unit and Office of Health Promotions (OHP) about cost sharing pharmacotherapy with the Oklahoma Tobacco Helpline and Medicaid. OHP anticipate starting this new cost-sharing component June 30, 2017; and
- OHP has expanded the SoonerQuit Engagement Grant. OHP will now house two grants, SoonerQuit Health Promotion and SoonerQuit Provider Engagement.

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](#).

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

##### Medical Authorization Unit (MAU)

The purpose of the Medical Authorizations Unit (MAU) is to review medical Prior Authorization Requests (PARs) from providers assuring medical necessity has been met for the services and/or supplies being requested per established guidelines. This includes CMS criteria, Federal and State guidelines as well as OHCA Policy. As of November 2016, the eviCore contract has been modified and as a result there will be a decrease in prior authorizations handled by the contractor. Prior Authorization Requests submitted by providers for the following services:

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

Providers have the option to submit PARs via internet, phone or fax. The primary goals for this unit are to ensure timely reviews of PARs provide access to medically-appropriate equipment, services and increase the quality of care that SoonerCare members receive.

The MAU page on the OHCA website continues to be an added resource for providers. Providers are now able to use the [MAU Link](#) in order to access required forms for PARs, general information, MAU Frequently Asked Questions (FAQs) and information on imaging and scans.

2016 Medical Authorization Unit Activity	Oct	Nov	Dec	Qtr. Totals
Calls Handled	599	618	464	<b>1,681</b>
PARs Received	4,685	8,897	8,227	<b>21,809</b>
Line Items Received	8,539	16,953	16,098	<b>41,590</b>
PARs Approved <sup>10</sup>				
Percent of PAR Denials <sup>11</sup>	2%	1%	1%	<b>1%</b>
Number of Reviewers	10	10	11	<b>10</b>
Average Number of PAs/Reviewer	469	890	748	<b>702</b>

2016 eviCore Activity	Oct	Nov	Dec	Qtr. Totals
eviCore Calls Handled	1,477	1,088	996	<b>3,561</b>
Total Prior Authorizations	5,926	5,549	5,313	<b>16,788</b>
Number of Reviewers (Analyst or Nurse)	115	115	115	
Average Number of PAs per Reviewer	52	48	46	
Percentage of Total PA Denials	9.72%	10.40%	10.88%	
Number of Denials	576	577	578	<b>1,731</b>

<sup>10</sup> MAU is currently not reporting the approved PARs; they are pursuing methods of obtaining more accurate numbers (MAU is modifying reporting criteria for this category).

<sup>11</sup> The Percent of PAR Denials is from a system generated report of PA Workflow.

#### **IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)**

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##### 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 PCM division's main goals are:

- Timely case management, including appropriate referrals, in accordance with established OHCA desktop procedures for specifically targeted intervention groups and self-identified or provider identified members;
- Support provision for identified primary care practices with a high chronic disease incidence on their member panels; and
- Social service support to SoonerCare members as identified through OHCA existing programs and outside referrals as necessary.

##### *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. This quarter, the CMU has averaged 2,718 active cases per month and 2,394 new cases have been opened and worked by the CMU.

Phase I of the Fetal Infant Mortality Rate (FIMR) initiative monitors prenatal women for the duration of their pregnancy through their infants' first birthday. Population Care Management made the decision to discontinue the FIMR Mom case management program (Phase I) as of July 1, 2016. PCM serves a wide-variety of obstetrical case management types, and while they were all determined to be successful by an independent evaluation, the High-Risk OB and At-Risk OB case management programs had better overall outcomes. The CMU will continue to follow the 61 current FIMR Moms, with whom they have achieved successful engagement prior to July 1, until they deliver.

Phase II of the Fetal Infant Mortality Rate initiative focuses on educating prenatal women on their newborn's needs. This quarter, the initiative reported 537 new FIMR infant (younger than one year old) cases, with an average of 1,244 FIMR baby members in active case management.

An average of 130 new women per month were enrolled in the High-Risk Obstetrical care case management program this quarter, including Soon-to-be-Sooners eligible women. Additionally, an average of 109 new women per month were enrolled in the At-Risk Obstetrical care case management program this quarter, which also includes Soon-to-be-Sooners eligible women.

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

The Interconception Care (ICC) focuses on pregnant women, ages 13 to 18, which have been identified in the 13 FIMR counties who can remain in active care management until one-year post delivery. The CMU staff enrolled 17 new ICC cases this quarter with an average of 55 members managed in this program during any given month. As of December 31, 36 ICC babies were being followed.

##### *Chronic Care Unit*

The Chronic Care Unit (CCU) provides telephonic support for members and their providers. In order to receive support from the CCU, the member must be high-risk or at risk for chronic conditions and have a PCP that is not aligned with an in-office health coach. Members are identified through comprehensive risk profiling, self-referral and provider referral. The CCU averaged 482 active cases per month this quarter with 226 new cases opened.

This quarter the CCU has provided member and provider support for more than 117 Hepatitis C treatment cases, coordinating care between the member, prescriber, PCP, the supplying pharmacy and OHCA pharmacy staff. Additionally, the CCU collaborates with the Health Management Program (HMP) health coaches to assist with bariatric surgery and hepatitis C cases.

Currently the CCU case manages approximately 500 members diagnosed with chronic illness providing education and developing self-efficacy through empathy and Motivational Interviewing (MI). Of the six CCU nurses, two have achieved Health Coach I (beginning MI competency), one has achieved Health Coach II (MI proficient) and one has achieved Health Coach III (Expert in MI). They are progressive achievements in that a person advances from level I to level III. Two CCU nurses are certified Chronic Care Professionals (CCP) and the remaining four are currently enrolled in the CCP course.

Care Management Activity 2016	Oct	Nov	Dec
Active Cases under Care Management	2,717	2,693	2,744
Case Load per Adjusted RN FTE	122	122	117
High-Risk and At-Risk OB – Following	745	687	680
High-Risk and At-Risk OB – New	288	204	227
OK Cares New Enrollment	53	51	36
OK Cares Total Enrollment	426	417	411
Private Duty Nursing Cases - New	7	12	11
Private Duty Nursing Cases - Following	200	204	202
Onsite Evaluations (TEFRA, Private Duty Nursing)	38	34	27
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	70	57	58
Out of State – Clinical Review – New	100	81	64
Out of State – Clinical Review – Following	31	31	33

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

##### Breast and Cervical Cancer Program (BCC)

This program provides treatment for breast and cervical cancer and pre-cancerous conditions to eligible women. The Breast and Cervical Cancer Program requires women be screened for breast or cervical cancer under the Breast and Cervical Cancer Early Detection program (BCCEDP). Qualifications for this program are abnormal screening results or a precancerous or cancerous 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 OHCA. The BCC total enrollment, which is a subset of the CMU cases, has averaged 418 cases this quarter with an average of 47 new cases received per month.

2016 Oklahoma Cares Member Enrollments <sup>12</sup>	Oct	Nov	Dec
SoonerCare Traditional	174	156	150
SoonerCare Choice	252	261	261
<b>Totals</b>	<b>426</b>	<b>417</b>	<b>411</b>

2016 BCC Certified Screeners	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Certified Screeners	1,091	1,109	1,113	1,114

2016 Outreach Activities Related to BCC Members	Oct	Nov	Dec	Totals
Care Management Activities Related to BCC Members	838	631	742	<b>2,211</b>
Number of Calls Made by Member Services to BCC Members at Renewal Period	13	16	19	<b>48</b>
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	15	14	10	<b>39</b>

<sup>12</sup> See Attachment 4: Quarterly Oklahoma Cares Fast Fact, December 2016.

## **IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)**

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### Provider Services

The Provider Services units' purpose is to maintain one provider network in order to support the members and to ensure provider satisfaction.

This quarter, the OHCA sent out two letters to inform providers of changes in various programs. The following OHCA Provider Letter is located on [OHCA Website](#).

- Provider Letter 2016-30: Effective October 5, 2016; OHCA (SoonerCare) removed prior authorization for Neulasta® (pegfilgrastim); and
- Provider Letter 2016-31: Effective January 1, 2017; the Current Procedural Terminology (CPT) 96160 (Administration and interpretation of patient-focused health risk assessment) will replace 99420 (Administration and interpretation of patient-focused health risk assessment).

## **2. Program-Specific Operations**

### Health Access Network (HAN)

The Health Access Networks (HAN) are community-based, administrative, integrated networks intended to advance program access, quality and cost-effectiveness goals by offering greater care coordination support to affiliated Patient Centered Medical Home (PCMH) providers. There are currently three HAN pilot programs in the state.

Active HANs in Oklahoma include:

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

#### **IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)**

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##### ***The University of Oklahoma OU Sooner HAN***

The OU Sooner HAN care managed 884 unique individuals by the end of December with the following conditions:

- Asthma;
- Breast Cancer;
- Cervical Cancer;
- Diabetes;
- Emergency Room Use;
- General HAN;
- Hemophilia;
- High-Risk OB; and
- Pharmacy Lock-In.

During this quarter, the Doc2Doc team added six new specialty care clinics and five primary care clinics. The Doc2Doc team completed training for the OU Sooner Care managers as a refresher course on how to monitor referrals for care managed members who have received a referral for specialty care. By the end of December 2016; 23,169 referrals were initiated.

The OU Sooner HAN continues to participate in monthly learning series. The trainings and conferences focus on asthmas, diabetes and other topics; some of which are as follows:

- Asthma;
- ADHD;
- Grief and Loss;
- Hospice;
- Fundamentals of Care Management; and
- 20<sup>th</sup> Annual Diabetes and Pregnancy National Research Conference: Prevention – It Takes a Team

Finally, new SoonerCare member monthly reports are being provided to clinics. This allows for targeted outreach to occur. Monthly reports detailing ER visits and inpatients admissions.



#### **IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)**

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##### ***The Partnership for Healthy Central Communities (PHCC) HAN***

The PHCC HAN care managed 955 unique individuals by the end of December with the following conditions:

- Asthma;
- Chronic Care;
- Emergency Room;
- High Risk Obstetrics; and
- Pharmacy Lock-In.

During this quarter, collaborative work continues with Primary Care Physician (PCP) to increase the number of well-child visit. This includes a total of 1,466 contacts made to parents/guardians of children who were due for a well-child visit between October through December.

The PHCC HAN continues to collaborate with PCPs on the Asthma Improvement Plan initiative (AIP). This quarter, there were 34 members engaged as of December 2016 and six peak flow meters were distributed.

The PHCC HAN staff also participated in various community groups. The groups include, but were not limited to the following:

- Healthy Living Committee for Canadian County Health Department;
- Infant Mental Health Committee;
- Strategic Prevention Framework State Incentive Grant (SPF-SIG) through Red Rock;
- Regional Epidemiological Outcomes Workgroup (REOW) through Red Rock community groups;
- Canadian County Coalition for Children and Families;
- Coalition's Special Events Committee;
- Canadian County Infant Mental Health and Trauma Resource Team; and
- Youth Mental Health First Aid Event.

Lastly, since the PHCC HAN has signed the contract with the OU Sooner HAN for Doc2Doc, two practices have been trained and are currently using the Doc2Doc referral system.

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

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##### *Oklahoma State University Health Access Network (OSU Network HAN)*

The OSU HAN care managed 420 unique individuals by the end of December with the following conditions:

- Asthma;
- Breast and Cervical Cancer;
- Diabetes Mellitus;
- Emergency Room Utilization;
- Hemophilia; and
- High-Risk Obstetrics.

During this quarter, a member satisfaction survey template was developed and distributed to members who have been case managed for at least ninety days ranging from September 2015 through September 2016. The OSU HAN wants to gain insight as to how well they are performing. The target distribution date is scheduled for January 2017.

In November 2016, the OSU HAN participated in the 33<sup>rd</sup> Annual Primary Care Update Continuing Medical Education Conference in Tulsa. The goal of the conference was to enhance the knowledge of the primary care provider, thereby improving patient care outcomes. Participants were made aware of new updates in family medicine, pediatrics, internal medicine, psychiatry, obstetrics & gynecology and medical/legal issues.

Lastly, the OSU HAN continues to collaborate with the Center of Health Systems Innovation (CHSI) regarding transportation inefficiencies in the rural health care setting. Also, discussions have begun this quarter with the OU Sooner HAN about the possible implementation of the Doc2Doc referral tool for the OSU HAN. Finally, the OSU HAN is collaborating with the OSU Family Medicine department to coordinate home visits on members who are currently being care managed.

2016 HAN Enrollment	OSU Network HAN	OU Sooner HAN	PHCC HAN
October	20,583	113,092	3,808
November	20,995	117,057	3,873
December	21,197	116,480	3,885
<b>Totals</b>	<b>62,775</b>	<b>346,629</b>	<b>11,566</b>

#### IV. OPERATIONAL/POLICY DEVELOPMENTS (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. The OHCA works in partnership with a vendor, Telligen, to administer the HMP.

The HMP uses registered nurses on location in selected PCP offices to provide educational support and care management services to providers and members that are a part of the HMP. The 43 practice sites are staffed with 38 embedded health coaches and incorporate practice facilitation services. With health coaches embedded into PCP practices this provides for more one-on-one care management with members. The HMP also has embedded health coaches to provide telephonic outreach in addition to their clinic based outreach. Approximately 46 percent of the members engaged in the HMP are being followed telephonically. As of December 31, 2016 there were a total of 3,147 members engaged with a health coach.

2016 Health Coaches	Jan-Mar	Apr-Jun	Jul-Sep	Oct- Dec
Number of Health Coaches	34	36	39	38

Practice facilitators have health coach training and certification in Nursing and Chronic care. The Practice Facilitators work with the health coaches to coordinate efforts for members and providers within the practices. By the end of December, 2016 there were six practice facilitators for the Health Management Program.

Practice facilitation is divided into the following four tiers based on the level of services the practice is receiving:

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.	10
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.	24
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

#### **IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)**

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Practice Facilitators and Health Coaches conducted 45 Academic Detailing sessions with the practices during the quarter with 283 in attendance and conducted 98 Educational Presentations with 483 in attendance. Some of the topics covered this quarter were diabetic screening for loss of protective sensation with instructions to perform a monofilament test, how to palpate pedal pulses, consequences of high blood pressure and Occupational Safety and Health Administration (OSHA) blood borne pathogens standards.

The HMP Sr. Nurse Analyst visited seven HMP practices with 20 attendees this quarter, to observe and talk to the Health Coach, Practice Facilitator and the provider or their representative such as the office manager.

Oklahoma ranks fifth in the nation for both the number of accidental overdose deaths and the number of opioid pain relievers prescribed. In January 2016, the OHCA, in partnership with Telligen, launched the SoonerCare Pain Management Program as a strategy to address the opioid crisis. The program is designed to equip SoonerCare providers with the knowledge and skills to appropriately treat members with chronic pain. To accomplish this, OHCA developed a prescribing toolkit that is distributed to participating providers. Practice facilitators are dedicated to implement the components of the toolkit, which includes treatment protocols, Oklahoma Opioid Prescribing Guidelines, patient education and office visit forms. Additionally, dedicated behavioral health resource specialists are available to assist providers with linking members with substance use disorder, or other behavioral health needs, to the appropriate treatment.

The Pain Management Program Sr. Nurse Analyst visited fifteen practices with 39 attendees this quarter to follow up with the clinics at the three and nine month point after the initial facilitation on pain management to evaluate the effectiveness of the program and to determine how well the practice facilitator is doing. At the time of this report, 31 practices have received or are currently receiving practice facilitation through the Pain Management program.

The toolkit can be found on the OHCA website at <http://www.okhca.org/pain-management>.

There are 748 members enrolled in the mobile engagement solution called mHealth which was rolled out on August 1, 2014. Telligen calls mHealth a mobile engagement solution allowing the HMP to connect with members through text messages. The HMP can send out messages/scripts such as flu shot reminders or other health education messages as well as allows a member to text their blood sugar reading and receive a message based on the result.

Currently there are a low percentage of members responding to text messages. The HMP is working on a new alert which will allow an e-mail to be sent to each Health Coach if the member is not responding to texts. During the sessions held with each member the Health Coach engages the member about mHealth, responding to text messages and provides instructions on enrollment in the program.

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

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##### Insure Oklahoma (IO)

The Insure Oklahoma (IO) program was developed in April 2004 authorizing the Oklahoma Health Care Authority to use money set aside from the Tobacco Tax funds to assist with health care coverage for persons meeting income qualifications. There are currently two programs operating under the Insure Oklahoma programs which are Employer-Sponsored Insurance (ESI) and Individual Plan Insurance (IP). The ESI program gives small businesses the option to purchase commercial employer-sponsored insurance state approved health care coverage for their employees and families. The IP is for individuals 19 to 64 years of age that are low-income working adults, self-employed, temporarily unemployed, and/or a college student. Individuals with the IP plan are not qualified for coverage with the ESI program.

During this quarter, Insure Oklahoma received a one-year waiver renewal that will allow the program to operate through December 2017. The staff coordinated with the Governor's office to announce the renewal, and also announced it to employers and insurance agents. Outreach continued during the October-December 2016 period and included presentations at OHCA's annual I/T/U provider training event in Oklahoma City and the Creek Nation facility in Okmulgee.

Staff also conducted two teleconferences with statewide health navigators and promoted the program at the Annual Asian Health Fair in Oklahoma City.

Two surveys were distributed. The Oklahoma Health Improvement Plan (OHIP) business and employer survey was distributed to Insure Oklahoma's employers and insurance agents. The purpose of the OHIP survey was to gather Oklahoma business owners' thoughts on the status of employee health and education in the state. Insure Oklahoma also partnered with University of Oklahoma to develop and distribute a survey to current employers, ESI employee-members, IP members and insurance agents. The purpose of the Insure Oklahoma survey was to gather feedback on the program's current operations and ideas for improvement. The results of these surveys have not yet been received.

Outreach for Insure Oklahoma this quarter included distribution of 2,500 Employer-Sponsored Insurance, 3,950 Individual Plan and 20 Individual Plan college student-themed brochures.

2016 Employer-Sponsored Insurance (ESI) Program Participating Employers	Oct	Nov	Dec
Approved Businesses with Participating Employees	4,013	4,061	4,132

2016 Average ESI Member Premium	Oct	Nov	Dec
Member Premium	\$333.41	\$341.65	\$333.73

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

2016 ESI Subsidies	Oct	Nov	Dec
Employers Subsidized	2,149	2,258	1,959
Employees and Spouses Subsidized	10,492	11,464	9,931
Total Subsidies	\$4,274,882.06	\$4,891,415.25	\$4,213,121.54

2016 ESI Average Per Member Per Month	Oct	Nov	Dec
Average Payment Per Employee	\$311.21	\$311.64	\$319.67
Average Payment Per Spouse	\$513.69	\$513.02	\$525.02
Average Per College Student	\$315.07	\$285.46	\$288.61
Average Per Dependents	\$202.04	\$192.89	\$214.49

2016 Average Individual (IP) Member Premiums	October	November	December
Member Premiums	\$37.83	\$38.05	\$36.09
Average FPL of IP Members	68%	68%	66%

2016 IP Subsidies	Oct	Nov	Dec	Qtr. Totals
Total Premiums Received	\$134,321.04	\$134,413.72	\$139,728.51	<b>\$408,463.27</b>
Total Member Months	4,673	4,719	4,758	<b>14,150</b>
Total Paid Claims	\$1,560,594.24	\$2,311,749.38	\$1,822,584.18	<b>\$5,694,927.80</b>
Average Claim Per Member Per Month (PMPM)	\$305.22	\$461.40	\$353.69	

2016 Insure Oklahoma Average Cost <sup>13</sup>	October	November	December
ESI	\$100	\$98	\$93
IP	\$28	\$30	\$28

<sup>13</sup> See Attachment 5: Insure Oklahoma Fast Fact Summary

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

2016 ESI Program Enrollment as of December <sup>14</sup>	0-100% FPL	101-138% FPL	139% and Over	Totals
Employee	1,515	2,544	8,423	<b>12,482</b>
Spouse	330	482	1,631	<b>2,443</b>
Student	17	18	79	<b>114</b>
Dependent	2	0	219	<b>221</b>
<b>IO ESI Totals</b>	<b>1,864</b>	<b>3,044</b>	<b>10,352</b>	<b>15,260</b>

2016 IP Program Enrollment 0-100% FPL	October <sup>15</sup>	November	December
Employee		3,579	3,712
Spouse		944	966
Student		196	187
<b>IO IP Totals</b>		<b>4,719</b>	<b>4,865</b>

#### B. Policy Developments

##### Federal Authorities & Reporting Units

The Federal Authorities & 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. Both units work under the authority of the 1115 demonstration waiver to provide the managed care system of care and the premium assistance programs throughout the state.

This quarter, Federal Authorities participated in the monthly monitoring calls with CMS. Topics of discussion primarily focused on the Aged, Blind and Disabled (ABD) Request for Proposal (RFP). The state budget work plan is already under consideration for State Fiscal Year 2018. The agency is seeking additional funding to address growth and utilization, as well as mandated projects. A preliminary estimate is that the OHCA requires \$111 million in new state dollars in the upcoming state fiscal year. The agency budget request will be considered during the meeting of the Oklahoma State Legislature, which begins February 6, 2017.

In addition, the state has also initiated procurement of Managed Care Organization (MCO) plans to serve the ABD population, with the release of a RFP on November 30, 2016. The state plans to establish two regions in the state, west and east, and will contract with 2-3 plans per region. Contract award are anticipated/planned for later in spring 2017, with actual implementation occurring in 2018.

<sup>14</sup> See Attachment 6: Insure Oklahoma Data by FPL, December 2016. Totals will fluctuate based on members enrolling and dis-enrolling on a monthly basis.

<sup>15</sup> Insure Oklahoma enrollment numbers not available due to system changes.

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

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### Rule Changes

The OHCA complies with the Oklahoma Administrative rules in publishing rules, providing a transparency process implementing the statutes created by legislation, announcing changes to agency rules and providing a forum for public comment. The waiver team continues to monitor rules that could have an impact on the 1115 SoonerCare Demonstration Waiver. This quarter the OHCA Board of Directors and Governor approved three emergency rules:

- 16-08 Screening Procedures and Fitness Plan for Certain Providers and Owners Designated High Risk;
- 16-15 Obstetrical Reimbursement Changes; and
- 16-12 Medical Residents' Licensure Requirements and Language Cleanup.

Of the three emergency rules passed this quarter, only Medical Resident's Licensure Requirements and Language Cleanup directly impacts the SoonerCare Choice waiver. The rule change amends Oklahoma Health Care policy at OAC 317:30-5-2 to clarify licensing provisions and contracting requirements for medical residents, to reinstate the bundled reimbursement structure for obstetrical care, and to clarify direct physician care visit limits. Proposed revisions remove language specific to non-licensed physicians in a training program.

The revisions for medical licensure requirements are necessary to comply with federal regulations that require all ordering or referring physicians be enrolled as participating providers.

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

The OHCA has been tracking 33 House and Senate interim studies, as they relate to Medicaid, public health and state government operations. As of December 1, OHCA participated and presented in two of those studies.

The first study was held on September 21, 2016. House Interim Study 16-039, requested by Representative Richard Morrisett, studied the spread of Zika in Oklahoma. In particular, the study looked at how vulnerable populations and those in poverty would be impacted. The Agency's CEO, Becky Pasternik-Ikard represented OHCA before the House Public Health Committee and provided an overview of how the SoonerCare population could be impacted.

The second interim study, House Interim Study 16-054 "*Addressing the Uninsured*," was requested by Representative Glen Mulready and held on October 11, 2016. CEO Pasternik-Ikard represented OHCA before the House Appropriations & Budget Health Subcommittee, and provided members of the committee with an overview of the basic principles of the Medicaid



#### **IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)**

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Rebalancing Act as it was presented during the 2016 legislative session. In addition to the Medicaid Rebalancing Act, Becky summarized other states' alternatives programs to traditional Medicaid expansion, specifically looking at what Arkansas, Indiana, Kentucky and Tennessee are developing.

For a complete overview of HB1566, and the new name for ABD Care Coordination-SoonerHealth, visit [ABD Care Coordination Web Page](#).

## V. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT

### Budget Neutrality Model

Section 1115 Medicaid Demonstrations should be budget neutral. This means the demonstration cannot cost the federal government more than what would have otherwise been spent absent the Demonstration. Oklahoma's actual per member per month expenditures are less than the allowed per member per month expenditures for all categories except the Aged, Blind and Disabled Rural. In the overall life of the waiver, the state has \$5.6 billion in Budget Neutrality savings and ending this quarter; the state has \$986,442,247 in savings (Refer to Attachment 7).

Oklahoma 1115 Budget Neutrality Model  
 Cumulative Waiver Year  
 December 31, 2016

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
Waiver Year #20 – 2015	7,559,632	\$3,164,107,136	\$2,285,951,930	\$878,155,206
Waiver Year #21 – 2016	7,396,313	\$3,246,672,674	\$2,260,230,427	\$986,442,247
<b>Total Waiver Cost</b>	<b>108,670,686</b>	<b>\$33,613,588,337</b>	<b>\$28,006,239,884</b>	<b>\$5,607,348,453</b>

## VI. MEMBER MONTH REPORTING

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### A. Budget Neutrality Calculations

Eligibility Group	Oct	Nov	Dec	Qtr. Ending Totals
TANF-Urban	341,305	345,165	344,245	<b>1,030,715</b>
TANF-Rural	231,000	233,153	231,762	<b>695,915</b>
ABD-Urban	31,339	31,286	31,153	<b>93,778</b>
ABD-Rural	23,068	22,947	22,797	<b>68,812</b>

### B. Informational Purposes Only

Eligibility Group	Oct	Nov	Dec	Qtr. Ending Totals
Disabled Working Adults-ESI <sup>4</sup>	0	0	0	0
Disabled Working Adults-IP <sup>4</sup>	0	0	0	0
Working Non-Disabled Adults-ESI <sup>3</sup>	14,503	15,052	15,146	<b>44,701</b>
Working Non-Disabled Adults-IP <sup>3</sup>	4,468	4,523	4,678	<b>13,669</b>
Full-Time College Student-IP <sup>3</sup>	210	196	187	<b>593</b>
Full-Time College Student-ESI <sup>3</sup>	121	120	114	<b>355</b>
Foster Parents-ESI <sup>4</sup>	0	0	0	0
Foster Parents-IP <sup>4</sup>	0	0	0	0
Not-For-Profit Employees-IP <sup>4</sup>	0	0	0	0
Not-For-Profit Employees-ESI <sup>4</sup>	0	0	0	0
TEFRA	607	600	599	<b>1,806</b>
SCHIP Medicaid Expansion Children	101,578	105,037	103,484	<b>310,099</b>

Demonstration Expenditures	Oct	Nov	Dec	Qtr. Ending Totals
HAN	\$687,150.00	\$709,130.00	\$707,520.00	<b>\$2,103,800.00</b>
HMP <sup>16</sup>	\$0.00	\$1,678,021.51	\$0.00	<b>\$1,678,021.51</b>

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<sup>16</sup> The Health Management Program posted two payments in November 2016.

## VII. CONSUMER ISSUES

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### A. Member Inquiries

The Member Service Tier II takes various inquiries from members that are identified according to call categories. The member services unit has worked on ways to better identify the type of member inquiry to place calls in identified categories.

2016 Member Inquiries	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Program Complaint	31	27	14	20
Complaint on Provider	75	53	55	75
Fraud and Abuse	57	41	31	39
Access to Care	6	5	12	6
Program Policy Questions	3,613	258	5,420	5,126
Specialty Request	291	210	191	94
Eligibility Inquiry	5,764	4,383	4,707	3,950
SoonerRide	2,086	1,948	2,500	2,081
Other <sup>17</sup>	2,821	2,963	2,960	3,110
PCP Change	655	421	477	393
PCP Inquiry	622	654	729	544
Dental History	23	20	33	11
Drug/NDC Inquiry	16	9	4	74
Medical ID Card	285	264	279	213
PA Inquiry	803	942	836	757
<b>Totals</b>	<b>17,148</b>	<b>12,198</b>	<b>18,248</b>	<b>16,493</b>

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<sup>17</sup> This category has been redefined to include inquiries on Applications, Claims, Medicare, Compensability of Procedures/Services, Policy, Referrals, Enrollment Packet Requests and Form Requests.

## VII. CONSUMER ISSUES (cont'd)

### B. Helplines

The SoonerCare Helpline is available to members Monday through Friday from 8am to 5pm. The helpline provides assistance with Online SoonerCare Application, ordering a SoonerCare card, or other questions and concerns about SoonerCare.

#### Insure Oklahoma Helpline

2016 Insure Oklahoma IP Helpline	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Calls	31,154	21,691	14,719	16,715
Number of Calls Answered	17,447	15,341	14,143	15,158
Number of Calls Abandoned (includes Flow in Flow out calls)	13,707	6,350	576	1,557
Percentage of Calls Answered	55%	70%	96%	91%

2016 Insure Oklahoma ESI Helpline	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Calls	6,393	3,952	2,603	3,156
Number of Calls Answered	5,614	3,337	2,547	2,957
Number of Calls Abandoned (includes Flow in Flow out calls)	779	615	56	199
Percentage of Calls Answered	87%	83%	98%	94%

#### Online Enrollment Helplines

2016 Online Enrollment Helpline Calls (English)	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Calls	37,033	25,358	27,539	23,928
Number of Calls Answered	36,136	24,985	26,412	22,523
Number of Calls Abandoned (includes Flow in Flow out calls)	897	373	1,127	1,405
Percentage of Calls Answered	97%	96%	96%	94%

2016 Online Enrollment Helpline Calls (Spanish)	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Calls	230	139	210	143
Number of Calls Answered	217	132	185	127
Number of Calls Abandoned (includes Flow in Flow out calls)	13	7	25	16
Percentage of Calls Answered	92%	85%	88%	89%

## VII. CONSUMER ISSUES (cont'd)

### SoonerCare Helpline

2016 SoonerCare Helpline Calls	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Calls	204,064	157,080	154,217	137,248
Number of Calls Answered	196,663	153,830	148,848	129,698
Number of Calls Abandoned (includes Flow in Flow out calls)	7,401	3,250	5,369	7,550
Percentage of Calls Answered	96%	98%	97%	94%

### **C. Grievances**

Grievances are formal complaints that are logged by the quarter in which they are filed. The OHCA's 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.

2016 SoonerCare Choice Grievances Oct-Dec	Pending	Closed Reason	Totals
Eligibility	5	2 withdrew 1 resolved	8
Prior Authorization	0	1 Closed	1
Prior Authorization: Dental	5	1 Resolved	6
Prior Authorization: Durable Medical Equipment	1	0	1
Prior Authorization: Other	1	0	1
Prior Authorization: Other Speech	0	1 Resolved	1
Prior Authorization: Other Surgery	0	1 Denied 1 Resolved	2
Prior Authorization: Pharmacy	2	3 Resolved 1 Untimely	6
Prior Authorization: Radiology Services	1	1 Resolved	2
Private Duty Nursing (PDN)	1	0	1
Panel Dismissal	1	0	1
Miscellaneous	1	0	1
Miscellaneous: Unpaid Claim (Member)	1	0	1

2016 Insure Oklahoma Grievances Oct-Dec	Pending	Closed Reason	Total
Eligibility	0	1 Withdrew 2 Resolved	3

## VIII. QUALITY ASSURANCE/MONITORING ACTIVITIES

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### A. Quality Assurance (QA)

The SoonerRide program was developed in order to assist SoonerCare members 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 at 877-404-4500 and TDD 800-722-0353 in order to schedule rides.

This quarter, 193,569 SoonerRide trips were made with the average cost per trip of \$35.91. SoonerCare individuals from all 77 Oklahoma counties utilized the SoonerRide program.

A SoonerRide member satisfaction survey was conducted this quarter. A random selection of 445 SoonerCare members that utilized services within this quarter was selected to participate in this survey. There was a 59 percent response rate to the survey. Survey results indicated that 89 percent of survey participants respondents gave the program a positive rating, four percent gave the program a poor rating and ten percent either refused or did not provide an overall rating.

#### Access Survey

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

2016 Access Survey	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Providers Called	905	900	884	876
Percent of Providers with 24-hr Access on Initial Survey	93%	93%	94%	92%
Percent of Providers Educated for Compliance	7%	7%	6%	8%

## IX. DEMONSTRATION EVALUATION

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### Hypotheses

The OHCA is initiating reporting on all hypotheses for the 2016 extension period. This quarter interim data for hypothesis 7, 8, and 9b are available.

**Hypothesis 7 - Impact of Health Access Network on Quality of Care;** directly relates to SoonerCare Choice waiver objective #3 and #2 of CMS's Three part Aim.

Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2015-2016.

A. Decrease asthma-related ER visits for HAN members with an asthma diagnosis identified in their medical record.

B. Decrease 90-day readmissions for related asthma conditions for HAN members with an asthma diagnosis identified in their medical record.

C. Decrease overall ER use for HAN members

### **Hypothesis 7 Results:**

This hypothesis proposes that the percent of HAN members with asthma who visit the ER will decrease, 90-day re-admissions for asthma conditions will decrease and percent of ER use for HAN members will decrease. Below are results for calendar year 2016.

A. 2016 Asthma Related ER Visits	HAN members with an Asthma diagnosis in their medical record	All HAN members with ER visit in a calendar year	Percent of HAN members with an Asthma diagnosis who visited the ER
OU Sooner HAN	4,987	59,643	8%
PHCC HAN	42	2,679	2%
OSU Network HAN	412	6,767	6%

B. 2016 90-Day Re-admissions for HAN members with Asthma	HAN members with Asthma who were Re-admitted to the Hospital 90-days after previous asthma-related hospitalization	HAN members with Asthma identified in their medical record and having at least one inpatient stay related to Asthma	Percent of HAN members with Asthma who had a 90-Day re-admission for Asthma related Condition(s)
OU Sooner HAN	17	268	6%
PHCC HAN	0	2	0%
OSU Network HAN	5	80	6%



**IX. DEMONSTRATION EVALUATION (cont'd)**

C. 2016 ER Use for HAN Members	Total number of ER visits for HAN members	Total number of HAN members	Percent of ER Use for HAN Members
OU Sooner HAN	59,643	143,032	42%
PHCC HAN	1,397	16,441	8%
OSU Network HAN	5,339	68,385	8%

In 2016 there were zero 90 day hospital readmissions for PHCC HAN members with Asthma related conditions, compared to a 22 percent readmission rate in CY 2015. Likewise, the overall number of PHCC HAN members visiting the ER dropped significantly compared to the number of ER visits the previous year.

The percentage of OSU Network HAN members visiting the ER dropped from 17 percent to 8 percent from the previous year. All others measures were relatively close in comparison to CY2015 results for all three of the HANs. The OHCA will continue to track and trend hypothesis 7 over the extension period to monitor for changes in results.

Hypothesis 8 – Impact of Health Access Network on Effectiveness of Care: directly relates to SoonerCare Choice waiver objective #3 and #3 of CMS’s Three Part Aim.

Reducing costs associated with the provision health care services to SoonerCare beneficiaries served by the HANs. 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 2015-2016.

	PMPM by DOS SFY 2016											
	Jul '15	Aug '15	Sep '15	Oct '15	Nov '15	Dec '15	Jan '16	Feb '16	Mar '16	Apr '16	May '16	Jun '16
<b>HAN Members</b>	\$262.02	\$272.14	\$276.49	\$295.14	\$279.74	\$273.40	\$292.92	\$307.84	\$311.22	\$286.52	\$286.16	\$282.66
<b>Non-HAN Members</b>	\$300.11	\$308.40	\$308.49	\$320.62	\$302.99	\$306.00	\$325.82	\$335.40	\$342.86	\$313.22	\$306.21	\$293.45

Hypothesis 8 Results: This hypothesis indicates 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 2016 PMPM average for HAN members was \$285.30 while the PMPM average for Non-HAN members was \$313.33. Per member per month expenditures, continue to be lower for SoonerCare Choice members enrolled with a HAN PCP, than for SoonerCare Choice members who are not enrolled with a HAN PCP. The 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, the analysis of the information is done in conjunction with the evaluation design reporting frequency within three to four month window following the state fiscal year. The information reported in the hypothesis is the most current available.

## **IX. DEMONSTRATION EVALUATION (cont'd)**

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Hypothesis 9b – Health Management Program (HMP); Impact on Access to Care: directly relates to SoonerCare Choice waiver objective #3: HMP objective #2: and #1 of CMS’s Three part Aim.

The incorporation of Health Coaches into primary care practices will result in increased PCP contact with nurse care managed members for preventive/ambulatory care.

The OHCA has retained the Pacific Health Policy Group (PHPG)<sup>18</sup> to conduct an independent evaluation of the SoonerCare HMP program. The PHPG is evaluating the program’s impact on participants and the health care system as a whole. The information in hypothesis 9b is taken from the 2016 PHPG evaluation in totality. For additional information on the SoonerCare HMP program please refer to Attachment 8.

The Comparison group is comprised of SoonerCare members who were determined to be eligible for the SoonerCare HMP but who declined the opportunity to enroll (“eligible but not engaged”). The comparison group is the general SoonerCare population. The compliance rate of participants 20 years of age and older who had an ambulatory/preventive care visit during the measurement year.

The quality of preventive care for health coaching participants was evaluated through three clinical measures:

- Adult Access to Preventive/Ambulatory Care: Percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year;
- Child Access to PCP: Percentage of children 12 months to 19 years old who visited a primary care practitioner (PCP) during the measurement year, or if seven years or older, in the measurement year or year prior; and
- Adult BMI: Percentage of adults 18 to 75 years old who had an outpatient visit where his/her BMI was documented, either during the measurement year or year prior to the measurement year.

In SFY14, the comparison group which is the general SoonerCare population had an 84.7 percent compliance rate and the Health Coach Participants group had a 96.5 percent compliance rate. The compliance rate for the health coaching population exceeded the comparison group rate on the two measures having a comparison group percentage. The difference was statistically significant in both cases.

The practice facilitation population compliance rate exceeded the comparison group rate on eight of 18 measures for which there was a comparison group percentage. The difference was statistically significant for six of the eight. However, the comparison group performed slightly better by achieving a higher rate on 10 of the 18 measures, including six for which the difference was statistically significant.

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<sup>18</sup> Andrew Cohen and The Pacific Health Policy Group (2016) SFY 2015 Annual Report SoonerCare Health Management Program Evaluation 154-156.

**IX. DEMONSTRATION EVALUATION (cont'd)**

HMP Preventive Measures-Practice Group <b>SFY14</b>	Comparison Group Compliance Rate	Health Coaching Participants Compliance Rate
Adult Access to Preventive/Ambulatory Care	84.7%	96.5%

The compliance rate for the practice facilitation population exceeded the comparison group rate on two of the three measures having a comparison group percentage. The difference was statistically significant in both cases.

In SFY15, the comparison group which is the general SoonerCare population had an 84.1 percent compliance rate and the Health Coach Participants group had a 96.1 percent compliance rate. The practice facilitation participant compliance rate exceeded the comparison group rate on eight of 17 measures for which there was a comparison group percentage (47.1 percent). The difference was statistically significant for five of the eight measures (62.5 percent).

Conversely, the comparison group achieved a higher rate on nine of the 17 measures (52.9 percent), including five for which the difference was statistically significant (55.6 percent).

The practice facilitation participant compliance rate improved on 14 of 22 measures (63.6 percent) from SFY 2014 to SFY 2015, although typically by small amounts. Eight of 22 measures (36.4 percent) experienced a slight decline from SFY 2014 to SFY 2015. The most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care.

Similar to the health coaching quality outcomes, the above findings suggest that practice facilitation is having a positive impact on the quality of care for program participants. The long term benefit to participants will continue to be measured through the quality of care longitudinal analysis and through the utilization and expenditure analysis.

HMP Preventive Measures-Practice Group <b>SFY15</b>	Comparison Group Compliance Rate	Health Coaching Participants Compliance Rate
Adult Access to Preventive/Ambulatory Care	84.1%	96.1%

## **X. ENCLOSURES/ATTACHMENTS**

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1. SoonerCare Choice Fast Facts December 2016.
2. TEFRA Fast Facts December 2016.
3. Provider Fast Facts December 2016.
4. Oklahoma Cares Fast Facts December 2016.
5. Insure Oklahoma Fast Facts December 2016.
6. Federal Poverty Level December 2016.
7. Oklahoma 1115 Budget Neutrality Model Worksheet, December 2016.
8. SoonerCare Health Management Program Evaluation SFY15.

## **XI. STATE CONTACT(S)**

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## **XII. DATE SUBMITTED TO CMS**

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February 27, 2016