



SoonerCare Demonstration 11-W-00048/6
§1115(a) Quarterly Report
Demonstration Year: 22 (01/1/2017 – 12/31/2017)
Federal Fiscal Year Quarter: 3/2017 (4/2017 – 6/2017)

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I. INTRODUCTION

The Oklahoma Health Care Authority (OHCA) is required to submit quarterly progress reports to the Centers for Medicare and Medicaid Services (CMS). The purpose of the quarterly report is to inform CMS of any significant demonstration activity of Oklahoma's SoonerCare 1115(a) demonstration waiver from the time of approval through completion of the demonstration. The reports are due to CMS 60 days after the end of each quarter. The report must follow the guidelines outlined in the [Special Terms and Conditions](#) (STC) set forth by CMS for the demonstration.

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:

- To improve access to preventive and primary care services;
- To provide each member with a medical home;
- To integrate Indian Health Services (IHS) eligible beneficiaries and IHS and tribal providers into the SoonerCare delivery system;
- To expand access to affordable health insurance for low-income working adults and their spouses; and
- To optimize quality of care through effective care management.

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 was from January 1, 2013 through December 31, 2015. On December 29, 2014 the State submitted a request to CMS for the SoonerCare Choice and Insure Oklahoma 2016 - 2018 demonstration waiver renewal for a three-year extension. The 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 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 beginning January 1, 2017 to December 31, 2017.

II ENROLLMENT INFORMATION

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.

Demonstration Populations (as hard coded in the Form CMS-64)	Current Enrollees as of 06/30/17
TANF-Urban	347,025
TANF-Rural	232,293
ABD-Urban	31,436
ABD-Rural	23,398
Non-Disabled Working Adults (Employer Plan)	14,339
Disabled Working Adults (Employer Plan)	0
TEFRA Children	606
CHIP Medicaid Expansion Children	112,356
Full-Time College Students (Employer Plan)	110
Foster Parents (Employer Plan)	0
Not-for-Profit Employees (Employer Plan)	0
Non-Disabled Working Adults (Individual Plan)	4,892
Disabled Working Adults (Individual Plan)	0
Full-Time College Students (Individual Plan)	176
Foster Parents (Individual Plan)	0
Not-for-Profit Employees (Individual Plan)	0

III. OUTREACH/INNOVATIVE ACTIVITIES

The OHCA's outreach goals and objectives are to reduce health risks and improve the health status of SoonerCare members. This is accomplished through building community partnerships with organizations to promote healthier communities throughout the state of Oklahoma

A. Member Outreach

Member Services (MS)

The OHCA Member Services unit is responsible for sending outreach letters to assist specific SoonerCare members with accessing care coordination. The newborn outreach initiative ended as of February 2017. Members receiving letters may call the SoonerCare helpline and ask for the appropriate



outreach representative to receive information about their medical home and other health related program education.

2017 Member Services Outreach Letters	# of Letters Mailed	Response Rate
Prenatal Outreach	6,765	13%

The OHCA Member Services unit provides assistance to members to assist them with accessing medically necessary services. The MS unit works in collaboration with the SoonerCare Eligibility Unit to answer members’ and applicants’ calls and questions regarding online enrollment and to resolve issues regarding member eligibility, thereby promoting continuity of coverage in the SoonerCare program.

2017 Member Services Activity	Apr	May	June	Qtr. Totals
Calls to Breast and Cervical Cancer members with Confirmed Cancer Diagnosis	0	0	57	57
Calls to Breast and Cervical Cancer Members at Renewal Period	6	12	15	33
Member Service Calls Handled in English	4,795	4,638	4,556	13,989
Member Service Calls Handled in Spanish	256	229	212	697

The OHCA Member Services unit is also responsible for contacting members who have a confirmed cancer diagnosis to assist in their care coordination. The MS unit does outreach calls to those members when it is time to renew their benefits in order to continue treatment.

B. Community Outreach

Health Promotion Strategists

Health Promotion Strategists (HPS) primary goals and objectives are to reduce health risks and improve the health status of targeted groups. These objectives can be accomplished by developing productive relationships with local partners and organizations to promote and improve the health of SoonerCare members.



The OHCA Health Promotion Strategists 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). These programs are covered quarterly to promote best practices for agencies and members involved.

HPS Highlights this quarter:

- HPS helped recruit twenty-two (22) SoonerCare contracted Registered Dietitians through a partnership with Provider Services.
- HPS helped organize, as well as volunteered, and participated in the first Norman Open Streets event held Sunday April 9th – this included offering activities for families and distributing SoonerFit promo items (jump ropes, mini footballs and Frisbees).

Health Promotion Community Strategist

Health Promotion Community Strategists (HPCS) 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.

The OHCA Health Promotion Community Strategist outreach is done through a variety of outreach efforts including attending coalitions, committee and task force meetings, performing public outreach around the state, distributing printed resources and more.



HPCS highlights this quarter:

- HPCS staff conducted 117 targeted provider visits to recruit providers to attend the Long Acting Reversible Contraceptives (LARC) trainings that are being held in July and August as part of our Health Systems Initiative (HSI) LARC project.

SoonerFit

The SoonerFit initiative was implemented in 2014 and continues to be a key goal for SoonerCare providers to promote best practices for obesity reduction. OHCA's goal 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 that 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. The website has tools, resources and vital information about leading a fit and healthy lifestyle in a fun, affordable and easy way.

SoonerFit Highlights this quarter:

- Last quarter, SoonerFit signed a contract with StapleGun, an outside vendor that will be in charge of helping OHCA redesign our SoonerFit website.
- This quarter, OHCA agreed and signed the scope of work timeline for the SoonerFit website redesign. This will allow StapleGun to create a sitemap to begin inputting and creating content for OHCA's redesign of the SoonerFit website.

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.

SoonerQuit Provider Engagement Grant Highlights:

- As of June 30, 2017, the Provider Engagement program recruited 2 clinics with a total of 4 providers to participate in tobacco cessation practice facilitation;
- As of June 30, 2017, there are 38 practice sites with embedded Health Coaches; and
- As of June 30, 2017, there are 2,721 members engaged with a Health Coach in the 38 practice sites. There were 2,737 engaged in April, 2,727 engaged in May and 2,721 engaged in June.

C. Outreach Materials

The Oklahoma Health Care Authority coordinates outreach material distribution in order to inform, educate and potentially enroll qualifying children and families in the SoonerCare Program and to help qualified members access services. The outreach materials are distributed at various health fairs, meetings, schools, and conferences. The OHCA newsletters communicate information to our providers and members through email and/or text messaging.

The following are outreach materials distributed for the second quarter of 2017:

- 28,110 New Member Welcome Packets
- 238,090 Information/Enrollment fair fliers
- 200 Postcard with ER utilization guidelines
- 2,070 SoonerRide Postcards
- 188,081 SoonerCare Companion Member Newsletters
- 7,186 Provider Newsletters
- 441 Dental Provider Newsletters
- 20,256 Provider Outreach Materials

D. Population Care Management Outreach

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 to:

- Support the 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.

This quarter the PCM division continues working on its new initiative for members with diabetes that are at high risk for diabetes related complications. The Diabetes Management initiative (DMi) assists SoonerCare members in self-management of the disease. The Chronic Care Unit (CCU) nurse case managers partner with the member to actively participate in the self-management of diabetes. The nurse provides guidance and education as requested by the member and is a resource for the member and the providers. Through partnership with Oklahoma State Department of Health and the Oklahoma Healthy Aging Initiative, CCU staffs are kept apprised of evidence-based programs such as Diabetes Self-Management Education (DSME) and the Diabetes Empowerment Education Program (DEEP) that are available in the state. Classes are recommended to the DMi member when available in their area. The goals of the DMi are to:

- Strengthen the members' self-management skills;
- Improve quality of life for SoonerCare members with diabetes;
- Provide resources and support to members, families and providers;
- Partner with members and providers in the prevention of complications of the disease; and
- Reduce overall health care costs.

The Diabetes Management initiative began in late 2016 and the impact of the program is not fully known to date. Population Care Management will work with PHPG, the contractor responsible for the annual independent evaluation of Chronic Disease programs, to define a statistically valid methodology for reporting of outcomes. Those outcomes will be reported as soon as possible.

E. Stakeholder Engagement



Tribal Consultation

Tribal Consultations serve as a venue for discussions 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 OHCA seeks tribal input 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.

One Tribal Consultation was held during the second quarter of 2017. The Consultation was held on May 23, 2017 at the OHCA. The Consultation provided information on proposed Rule Revisions, State Plan Amendments and Waiver Amendments in the following areas:

- Provider Rate Reductions;
- Revision to Medical Identification Card Policy;
- Pharmacy Revisions;
- Hospice Care Curative Treatment for Children;
- Nursing Facility Rate Changes;
- Long Active Reversible Contraceptives (LARC);
- 2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Extension Request; and
- Proposed 1115(a) Waiver Amendment regarding transfer of the ABD population to a new waiver for Managed Care.

Additional information about tribal relations can be found on the OHCA website at [Tribal Government Relations](#).

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. The OHCA posts notifications to the website for a minimum of 30 days. The OHCA considers all recommendations from the website when making operational decisions, policy revisions and proposed waiver and State Plan amendments.

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. The MATF is used to inform stakeholders of agency policy and program decision makers of opportunities for ongoing program improvements from the members' perspective. 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 had two meetings this quarter; one meeting was held on April 8 and the other was June 17. The minutes from these meetings can be viewed at: [Member Advisory Task Force \(MATF\)](#)

IV. Operational/Policy Developments

A. Policy Developments

Rule Changes

The Oklahoma Health Care Authority (OHCA) seeks advice and consultation from medical professionals, tribal and professional organizations, and the general public in developing new or amended policies (e.g., administration, state plan, waivers, etc.). The proposed policy page is designed to give all constituents an opportunity to review and make comments regarding upcoming changes.



This quarter two emergency rules were approved by the OHCA Board of Directors. Emergency rules are codified in the Oklahoma Administrative Code and remain there until the first permanent rule making session following their codification. If emergency rules are not superseded during the permanent rule making session, they are removed from the Administrative Code.

Information about each emergency rule can be accessed at the following location: [OHCA Proposed Rule Changes](#)

Federal Waiver Authority

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. 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. The Federal Authority Unit works to monitor services covered through the Medicaid State Plan and reimbursed on a Fee-For-Service basis. They also analyze data and information for access monitoring from providers and beneficiaries for impact of any changes to the Medicaid State Plan. The Waiver reporting Unit works under the authority of the 1115 demonstration waiver to provide the managed care delivery system and the premium assistance programs throughout the state. The unit reports information in accordance with the special terms



and conditions on the programs covered under the demonstration waiver inclusive of the Health Management Program, Health Access Networks and premium assistance programs.

The Federal Waiver Authority highlights:

- The draft 2016 Annual report was submitted to CMS on April 26, 2017.
- The 2018 Demonstration extension application request was posted to the OHCA proposed rule change website on May 18, 2017 through June 30, 2017 for public comment.
- On June 14, 2017, a letter was issued on behalf of OHCA cancelling the Request for Proposal for SoonerHealth Plus, the fully capitated statewide model of care coordination for Oklahoma aged, blind and disabled (ABD) population. OHCA determined that this cancellation is in the best interest of the State due to the appropriation request for this model not receiving funding.

Legislative Activity

Oklahoma Health Care Authority Legislative Activity for the CMS Quarterly Report during the period April-June, 2017.



- The 1st session for the 56th Oklahoma Legislature ended on Friday, May 26, 2017. State lawmakers sent 410 bills to Governor Mary Fallin's desk, where she signed 393 of the bills and vetoed 17 of the measures.
- Senate Bill 860, the state fiscal year 2018 general appropriations bill, was introduced on May 8, 2017 and signed by the Governor on May 31st. SB 860 appropriated OHCA approximately \$993.5 million in state appropriations for SFY2018 which included \$70 million from SB 845, the cigarette fee legislation.

Budget Update

The agency was appropriated \$34 million less than requested to maintain existing services in FY 2018. OHCA is evaluating all options to minimize the impact to providers and members.

SB 845 creates the Health Care Enhancement Fund and levies a \$1.50/pack fee on cigarettes. Tobacco companies and vendors challenged SB 845 in the Oklahoma Supreme Court on June 7, 2017. The plaintiffs argue the bill violates several provisions of the Oklahoma Constitution. The court will hear oral arguments on August 8th.

OHCA Request Bills

- HB 1579 – Requires the Department of Public Safety (DPS) to cooperate in accordance with federal and state law with OHCA to establish procedures for the secure electronic transfer of an applicant's individual identification data to the Authority.
- SB 773 – Requires OHCA to initiate a request for proposal for care coordination models for newborns through children 18 years of age in the custody of the Department of Human Services.

- SB 819 – Relates to homestead liens modifying, specifying and permitting certain liens to be assignable by the Authority.
- SB 828 – Creates the Nursing Facility Supplemental Payment Program Revolving Fund.

Other Key Bills

- HB 1270 – Requires the OHCA and Department of Human Services to verify eligibility information prior to awarding assistance under Medicaid. -Dormant until 2018 session
- HB 2311 – Creates the Agency Spending Review Commission and requires the Commission to conduct an audit of the spending of government agencies in order to identify opportunities for savings at least once every four years.
- SB 715 – Provides a new procedure by which speech-language pathologists may receive a temporary license.
- SB 726 – Provides standards for delivery of telemedicine services.
- SB 741 – Requires the State Department of Health to develop and administer a program with the Oklahoma Health Care Authority that will encourage the timely and appropriate use of primary care services in lieu of emergency room utilization.
- SB 787 – Allows a dental student intern with a valid dental student permit to work under the direct supervision of a licensed dentist for compensation given provided criteria is met.
- SB 844 – Appropriates an additional \$32 million from the state’s Constitutional Reserve (“Rainy Day”) Fund to OHCA.

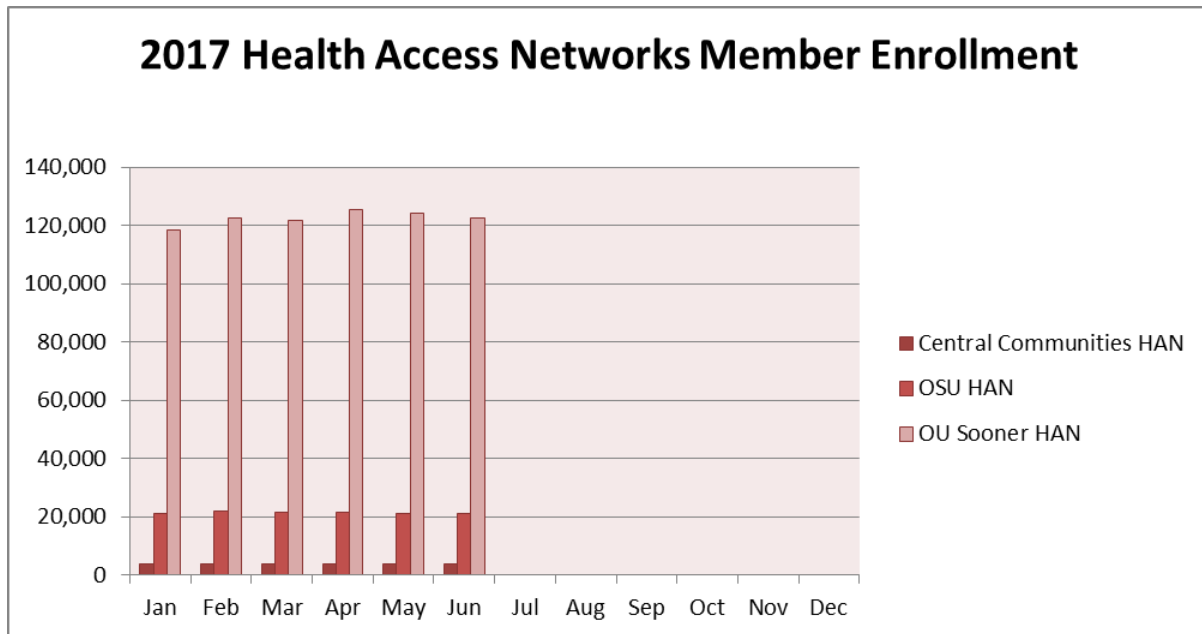
B. Operational Policy Developments

Health Access Networks

Health Access Networks (HAN) are non-profit, administrative entities that work with providers to coordinate and improve the quality of care for SoonerCare beneficiaries. The HAN’s offer care management/care coordination to persons with complex health care needs as specified in the state-HAN provider agreement. There are currently three HAN pilot programs in the state. For additional information on health access networks refer to attachments one, two and three.

Active HANs in Oklahoma include:

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



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 Primary Care Physician (PCP) offices to provide educational support and care management services to providers and members that are a part of the HMP.

The Health Coaches made 86 Behavioral Health referrals during this quarter. The Behavioral Health Unit contacts the members to further clarify their request for services and to offer them referrals to Behavioral Health providers in their area.

Practice Facilitators (PF) are assigned to each practice participating in the program. As of June 2017, there are eight PFs for the HMP, one PF for the SoonerQuit Provider Engagement Program and three PFs for the Pain Management Program.

Practice Facilitators and Health Coaches conducted 39 Academic Detailing sessions with the practices during the quarter (163 in attendance) and conducted 88 Educational Presentations (310 in attendance). Some of the topics covered this quarter included; The ABCs of Hepatitis, Living Well with Diabetes, Practice Facilitator and Health Coach Roles and What is Metabolic Syndrome?

The SoonerQuit Provider Engagement program which is funded through the Tobacco Settlement Endowment Trust (TSET) has facilitated 35 practices (79 providers) as of June 2017. This program works very similar to the regular practice facilitation of the HMP except that these

facilitators go into SoonerCare primary care practices and focus on tobacco cessation, the 5 A's, and fax referrals to the Oklahoma Tobacco Helpline (1-800-QUIT-NOW).

2017 Health Coaches	Apr-Jun
Number of Health Coaches	39

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 Insure Oklahoma which are Employer-Sponsored Insurance (ESI) and Individual Plan Insurance (IP). The ESI program gives small businesses the option to purchase commercial employer-sponsored 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.



This quarter there have been no significant changes or events to report during the April-June quarter. Please refer to attachment four, five and six for ESI and IP numbers for April - June quarter.

2017 Employer-Sponsored Insurance (ESI) Program Participating Employers	Apr	May	Jun
Approved Businesses with Participating Employees	4,374	4,403	4,430

2017 Average ESI Member Premium	Apr	May	Jun
Member Premium	\$364.92	\$364.52	\$360.23

2017 ESI Subsidies	Apr	May	Jun
Employers Subsidized	4,374	4,403	4,430
Employees and Spouses Subsidized	10,608	10,959	10,893
Total Subsidies	\$4,633,329.05	\$4,784,640.78	\$4,865,578.22

2017 Average Individual (IP) Member Per Month	Apr	May	Jun
Member Premiums	\$36.38	\$36.07	\$36.65
Average FPL of IP Members	61.60%	61.75%	61.29%

2017 ESI Average Per Member Per Month	Apr	May	Jun
Average Payment Per Employee	\$334.05	\$333.61	\$334.92
Average Payment Per Spouse	\$538.63	\$540.88	\$537.67
Average Per College Student	\$357.58	\$350.25	\$334.52
Average Per Dependents	\$212.14	\$217.57	\$231.54

2017 IP Subsidies	Apr	May	Jun	Qtr. Totals
Total Premiums Received	\$142,633.40	\$162,593.00	\$162,041.38	\$467,297.78
Total Member Months	4,966	4,920	5,067	14,953
Total Paid Claims	\$1,948,435.78	\$2,253,800.25	\$1,945,593.87	\$6,147,829.9
Average Claim Per Member Per Month (PMPM)	\$363.63	\$425.04	\$351.99	

2017 Insure Oklahoma Average Cost	Apr	May	Jun
ESI	\$107	\$106	\$107
IP	\$29	\$33	\$32

2017 ESI Program Enrollment as of June	0-100% FPL	101-138% FPL	139% and Over	Totals
Employee	1,570	2,470	7,719	11,759
Spouse	330	476	1,555	2,361
Student	11	24	75	110
Dependent	2	1	216	219
IO ESI Totals	1,913	2,971	9,565	14,449

2017 IP Program Enrollment 0-100% FPL	Apr	May	Jun
Employee	3,817	3,806	3,919
Spouse	953	944	973
Student	196	164	176
IO IP Totals	4,966	4,914	5,068

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. In the overall life of the waiver, the state has \$6.1 billion in Budget Neutrality savings and ending this quarter; the state has \$587,147,867 in savings. There are no significant developments, issues or problems with budget neutrality during this quarter. (Refer to Attachment seven).

VI. MEMBER MONTH REPORTING

A. Budget Neutrality Calculations

Eligibility Group	Apr	May	Jun	Qtr. Ending Totals
TANF-Urban	352,910	354,227	347,025	1,054,162
TANF-Rural	237,139	237,779	232,293	707,211
ABD-Urban	31,510	31,523	31,436	94,469
ABD-Rural	23,518	23,475	23,398	70,391

B. Informational Purposes Only

Eligibility Group	Apr	May	Jun	Qtr. Ending Totals
Working Disabled Adults (Employer Plan)	0	0	0	0
Working Disabled Adults (Individual Plan)	0	0	0	0
Working Non-Disabled Adults (Employer Plan)	14,469	14,580	14,339	43,388
Working Non-Disabled Adults (Individual Plan)	4,770	4,750	4,892	14,412
Full-Time College Student (Employer Plan)	123	118	110	351
Full-Time College Student (Individual Plan)	196	164	176	536
Foster Parents (Employer Plan)	0	0	0	0
Foster Parents (Individual Plan)	0	0	0	0
Not-For-Profit Employees (Employer Plan)	0	0	0	0
Not-For-Profit Employees (Individual Plan)	0	0	0	0
TEFRA	615	608	606	1,829
CHIP Medicaid Expansion Children	103,160	110,519	112,356	326,035

VII. CONSUMER ISSUES

Consumer issues are member inquires, member grievances and complaints or problems consumers have encountered this quarter and how those complaints have been tracked, resolved and actions taken to prevent other occurrences.

A. Member Inquiries/issues

The Member Services Tier II takes various inquiries from members that are identified according to the call categories. The member services unit has worked on ways to better identify the types of member inquires categories.

2017 Member Inquiries	Apr-Jun
Access to Care	2
Complaint on Provider	71
Dental History	7
Drug/NDC Inquiry	3
Eligibility Inquiry	2,982
Fraud and Abuse	47
Medical ID Card	160
Prior Authorization (PA) Inquiry	846
Primary Care Physician (PCP) Change	282
Primary Care Physician (PCP) Inquiry	404
Program Complaint	26
Program Policy Questions	3,657
SoonerRide	2,125
Specialty Request	285
Other ¹	2,762
Totals	13,659

¹ This category has been redefined to include inquiries on Applications, Claims, Medicare, Compensability of Procedures/Services, Policy, Referrals, Enrollment Packet Requests and Form Requests.

B. Helplines

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

Insure Oklahoma Helpline

2017 Insure Oklahoma ESI Helpline	Apr-Jun
Affordable Care Act (ACA) Insure Oklahoma 2014	1
Application	287
Eligibility Inquiry	1,595
Financial Information	0
Information Request	3
Invoice Inquiry	108
Password Reset/Request	5
PIN Number	6
Policy Question	1
Program Complaint	0
Rates	20
Remittance Advice	0
Renewals	0
Other ²	6
Totals	2,032

2017 Insure Oklahoma IP Helpline	Apr-Jun
Access to Care	0
Application	2,004
Claim Inquiry	125
Eligibility Inquiry	11,423
Financial Information	27
Information Request	48
Invoice Inquiry	552
Medical ID Card	14
Prior Authorization (PA) Inquiry	0
Password Reset/Request	54
Primary Care Physician (PCP) Change	165
Pharmacy Point of Sale (POS)/Lock In	0
PIN Number	17
Program Complaint	3
Policy Question	10
Rates	11
Remittance Advice	2
SC/BC Orientation Call	1
Sooner Ride	9
Specialty Request	17
Third Party Liability (TPL) Inquiry	7
Other ³	35
Totals	14,524

² This category has been redefined to include inquiries on Contract Compliance, EDEA Agreement, and EDI Medicare X-over, EDI X-Walk Inquiry.

³ This category has been redefined to include inquiries on EMR Inquiry, EDEA Agreement, and EDI Medicare X-over, EDI X-Walk Inquiry, Agency Partner, BH Inquiry.

Online Enrollment Helpline

2017 Online Enrollment Helpline	Apr-Jun
Access to Care	0
Application	212
Claim Inquiry	201
Contract Inquiry	1
Complaint on Provider	1
Dental History	0
Drug/NDC Inquiry	0
Eligibility Inquiry	10,910
Emergency Room (EMR) Inquiry	8
Form Request	15
Fraud & Abuse	13
Information Request	33
Insure Oklahoma	0
Medicare	2
Medical ID Card	336
New Born Letter Response	0
Prior Authorization (PA) Inquiry	0
Primary Care Physician (PCP) Inquiry	186
Pharmacy Point of Sale (POS)	68
Policy Question	22
Renewals	161
Soon to be Sooners	1
Sooner Ride	84
Specialty Request	17
Term Letter/Denial Letter	17
TPL Inquiry	79
Totals	12,367

SoonerCare Helpline

2017 SoonerCare Helpline	Apr-Jun
Access to Care	4
Application	398
Behavioral Health (BH) Inquiry	102
Claim Inquiry	4,680
Dental History	19
Eligibility Inquiry	57,697
Emergency Room (EMR) Inquiry	48
Financial Information	1
Form Request	33
Fraud & Abuse	51
Information Request	398
Insure Oklahoma	0
Lock-In	10
Medicare	30
Medical ID Card	8,516
New Born (NB) Letter Response	2
Invoice Inquiry	16
Renewals	367
Referral	141
Policy Question	365
Program Complaint	30
Prior Authorization (PA) Inquiry	1,171
Pharmacy Point of Sale (POS)	2,365
SC/BC Orientation Call	70
Sooner Ride	3,709
Soon to be Sooners	4
Specialty Request	856
Term Letter/Denial Letter	72
Third Party Liability (TPL) Inquiry	2,381
Totals	83,536

C. Member Grievances

Grievances are formal complaints that are logged by the quarter in which they are filed. The OHCA’s legal department tracks the grievances by appeal type. An appeal is the process by which a member may request a reconsideration of a decision, which can be appealed by policy or law. Some decisions are not appealable.

2017 April-June SoonerCare Choice Grievances	Pending	Closed Reason	Totals
SoonerCare Eligibility	2	1 Denied 2 Resolved 1 Untimely	6
BCC	0	1 Untimely 1 Denied	2
Dental	3	1 Dismissed 1 Withdrew	5
Private Duty Nursing (PDN)	0	5 Resolved	5
Prior Authorization: Radiology	0	1 Withdrew 1 Resolved	2
Prior Authorization: Other	2	1 Withdrew 2 Resolved	5
Prior Authorization: Other Surgery	1	1 Granted	2
Provider Dismissal	3	0	3
Prior Authorization: DME	1	0	1
Misc. Fraud	1	0	1
Misc. Unpaid/Underpaid Claim	6	1 Withdrew	7

2017 April-June Insure Oklahoma Grievances	Pending	Closed Reason	Totals
Eligibility	0	3 Resolved	3

VIII. QUALITY ASSURANCE/MONITORING ACTIVITIES

The OHCA has various methods used to ensure quality of services for members. The SoonerRide member satisfaction survey is conducted quarterly and requests information from over four hundred members that utilize non-emergency transportation provided through SoonerCare. Additionally, OHCA conducts a Provider Access Survey to ensure members have twenty-four hour access and timely services.



SoonerRide

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, 202,437 SoonerRide trips were made with the average cost per trip of \$34.69. SoonerCare members from all 77 Oklahoma counties utilized the SoonerRide program.

A SoonerRide member satisfaction survey was conducted this quarter. A random selection of 420 SoonerCare members that utilized services within this quarter was selected to participate in this survey. There was a 49 percent response rate to the survey. Survey results indicated that 86 percent of survey respondents gave the program a positive rating, 4 percent gave the program a poor rating and 10 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.

2017 Access Survey	Apr-Jun
Number of Providers Called	828
Percent of Providers with 24-hr Access on Initial Survey	92%
Percent of Providers Educated for Compliance	8%

IX. DEMONSTRATION EVALAUTION

The OHCA continues to track and trend quarterly data associated with the following waiver demonstration hypotheses; 1, 4, 5 and 9a. Please refer to attachment eight.

X. ENCLOSURE/ATTACHMENTS

ATTACHMENTS

1. OSU HAN Quarterly Report
2. OU Sooner HAN Quarterly Report
3. PHCC HAN Quarterly Report
4. Insure Oklahoma ESI IP Fast Facts April 2017
5. Insure Oklahoma ESI IP Fast Facts May 2017
6. Insure Oklahoma ESI IP Fast Facts June 2017
7. Oklahoma 1115 Budget Neutrality Model Worksheet, June 2017
8. Hypotheses

XI. STATE CONTACT(S)

State Contact(s)

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XII. DATE SUBMITTED TO CMS

August 23, 2017