



## **Access Monitoring Review Plan 2016**

**Submitted to CMS: 09/28/2016**

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## Executive Summary

On November 2, 2015, CMS issued the final rule with comment period: Methods for Assuring Access to Covered Medicaid Services (CMS-2328-FC). The final rule requires states to develop an Access Monitoring Review Plan (AMRP) which includes an analysis of access to covered services under their Fee-for-Service (FFS) programs consistent with section 1902(a)(30)(A) of the Social Security Act. Certain categories of services will be reviewed every three years and additional services will be reviewed and monitored as states reduce (or restructure) provider payment rates.

The Oklahoma Health Care Authority's (OHCA) access monitoring review plan analyzes and evaluates access to care for services covered through the Medicaid State Plan and reimbursed on a Fee-for-Service basis. The analysis includes data and information from beneficiaries and providers. The report clarifies whether and how changes in care and payment data impact delivery and payment systems. Access to care is of paramount concern to OHCA. Through this report, the State addresses access to care by measuring the following: enrollee needs; the availability of care and providers; and the utilization of services.

### Timeline

*In accordance with [42 CFR 447.203\(b\)](#)*

The plan was developed during the months of January through September of 2016. The timeline included discussion of the plan requirements with the Member Advisory Task Force (MATF) on Saturday, February 6, 2016 and on Saturday, April 2, 2016; a face-to-face tribal consultation on Tuesday, March 1, 2016; and the OHCA's Medical Advisory Committee (MAC) was consulted regarding the development of the plan on Thursday, March 10, 2016, Thursday, May 19, 2016 and Thursday, July 21, 2016. The first draft was posted on the OHCA public website from Monday, April 18, 2016 through Thursday, May 19, 2016 and the final draft was posted Monday, August 8, 2016 through Friday, September 9, 2016 to allow for public input and feedback. Ultimately, the plan was finalized by the Federal Authorities staff in September of 2016 and will be presented to the OHCA Board on Thursday, October 13, 2016.

### Public Input

*In accordance with [42 CFR 447.203\(b\)](#)*

Six comments were received during OHCA's two public comment periods. The Oklahoma State Department of Health (OSDH), which served as a project partner on OHCA's AMRP, provided significant input and recommendations regarding data, methodology, payment rates' comparison and health professional shortage areas (HPSAs). OSDH contributed to the current AMRP by providing constructive feedback and HPSA data.

One commenter stated that many Medicaid clients have a secondary insurance and questioned the third party payment rules. OHCA is, in fact, compliant with 42 CFR 433.139, "Payment for Claims".

Another commenter stated that the numbers, which identify the type of Behavioral Health Providers available in our state, does not address the quality of services and outcomes. They asked if the OHCA should address the evidenced based vs. non-evidenced based quality methods and outcomes which affect overuse of services and to address more clearly how efficiently the population is using the services and getting better as a result. OHCA will continue to refine its reporting on all areas including the AMRP.

A MAC member suggested the addition of all dental specialists to the Access Monitoring Review Plan. Dental is required in the regulation as a primary care service. A section at the back of the plan has a count of dental specialists currently contracted with OHCA.

The Oklahoma Association of Health Care Providers (OAHCP) noted that the plan is void of any mention of access to care for individuals needing Skilled Nursing Care, Nursing Facility Care, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) level of care, especially in the rural areas. Further, another commenter noted that pharmacy access is not included in the plan, which would be useful due to more access to patients by pharmacists than by providers in rural areas. Nursing facilities and pharmacy were not included in the AMRP regulations as an area that is to be analyzed for access. Nor has the OHCA found these two areas in other states' plans which were analyzed. However, providers were informed that if the OHCA were to make a change in payment rates or methodology, an Access Analysis would be required. In addition, outpatient drugs will be a future state plan amendment.

## Conclusion

Oklahoma demonstrates a robust service capacity for the 1 million Oklahomans it serves. Despite significant rate decreases in July 2014 and January 2016, provider contracts, provider networks and beneficiary access to primary care services remain stable. The key measures of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for SoonerCare children and adults demonstrate that members continue to be satisfied with services. The OHCA is committed to continuous quality improvement with respect to services to beneficiaries, while maintaining an extensive provider base. Further, the access monitoring review plan demonstrates the agency's compliance with 1902(a)(30)(A) of the Social Security Act, which assures state payments are consistent with efficiency, economy and quality of care and sufficient to enlist enough providers so that services under the State Plan are available to beneficiaries at least to the extent that those services are available to the general population.

## Overview

- Oklahoma has a total population of approximately 3.9 million.
- The Oklahoma Medicaid program, known as SoonerCare, provides healthcare coverage for the following low-income individuals: children, pregnant women, individuals with disabilities, the elderly, parents and other adults. The Oklahoma Health Care Authority (OHCA) is the single state agency that administers the Medicaid program within the state.
- SoonerCare is the largest payer of health care services in terms of covered lives in the state.
- SoonerCare is the umbrella name for all Oklahoma Medicaid covered lives. SoonerCare Traditional encompasses the Fee-for-Service program, while SoonerCare Choice is a managed care delivery system. The SoonerCare Choice program is operated as a patient-centered medical home model that is authorized under a federal demonstration waiver. SoonerCare Supplemental is the program for members who have both Medicare and Medicaid.
- Per the OHCA Annual Report, in 2015, the OHCA provided coverage to approximately 1.02 million unduplicated enrolled beneficiaries, or 26 percent of the state's citizens.
- Per the OHCA Annual Report, total expenditures for the SoonerCare program in State Fiscal Year 2015 were approximately \$5.1 billion.
- Oklahoma measures and monitors indicators of healthcare access to ensure that its Medicaid beneficiaries have access to care that is comparable to the general population.
- In accordance with [42 CFR 447.203](#), the Oklahoma Health Care Authority developed an access review monitoring plan for the defined service categories provided under a Fee-for-Service arrangement:
  - Primary care services (*in accordance with [42 CFR 447.203\(b\)\(5\)\(ii\)\(A\)](#)*)
  - Physician specialist services (*in accordance with [42 CFR 447.203\(b\)\(5\)\(ii\)\(B\)](#)*)
  - Behavioral health services (*in accordance with [42 CFR 447.203\(b\)\(5\)\(ii\)\(C\)](#)*)
  - Pre- and post-natal obstetric services, including labor and delivery (*in accordance with [42 CFR 447.203\(b\)\(5\)\(ii\)\(D\)](#)*)
  - Home health services (*in accordance with [42 CFR 447.203\(b\)\(5\)\(ii\)\(E\)](#)*)
- The plan presents data that was used to measure access to care for beneficiaries in Fee-for-Service. The plan considers: the availability of Medicaid providers, utilization of Medicaid services and the extent to which Medicaid beneficiaries' healthcare needs are met.
- The data and information contained in this report verify that Oklahoma's Medicaid beneficiaries have access to healthcare that is similar to that of the general population in Oklahoma.

## Standards and Methodology

In accordance with [42 CFR 447.203\(b\)\(4\)](#)

Data for this report was compiled from various sources. These include the OHCA State Fiscal Year 2013, 2014 and 2015 Annual Reports; agency provider fast facts; queries of data available in the Oklahoma Medicaid Management Information System (MMIS); information furnished by the Oklahoma State Department of Health (OSDH); Oklahoma Department of Mental Health and Substance Abuse (ODMHSAS); and the Oklahoma Department of Human Services (DHS).

To quote from [42 CFR 447.203\(b\)\(4\)](#):

*Access monitoring review plan standards and methodologies.* The access monitoring review plan and analysis must, at a minimum, include: The specific measures that the state uses to analyze access to care (such as, but not limited to: Time and distance standards, providers participating in the Medicaid program, providers with open panels, providers accepting new Medicaid beneficiaries, service utilization patterns, identified beneficiary needs, data on beneficiary and provider feedback and suggestions for improvement, the availability of telemedicine and telehealth, and other similar measures), how the measures relate to the access monitoring review plan described in paragraph (b)(1) of this section, baseline and updated data associated with the measures, any issues with access that are discovered as a result of the review, and the state agency's recommendations on the sufficiency of access to care based on the review. In addition, the access monitoring review plan must include procedures to periodically monitor access for at least 3 years after the implementation of a provider rate reduction or restructuring, as discussed in paragraph (b)(6)(ii) of this section.

The analysis includes time and distance standards where applicable, providers participating in the Medicaid program, providers with open panels as applicable, service utilization patterns, identified beneficiary needs, data on beneficiary and provider feedback and suggestions for improvement, as well as the availability of telemedicine and telehealth. Measures are presented as baseline data in each section of the review plan.

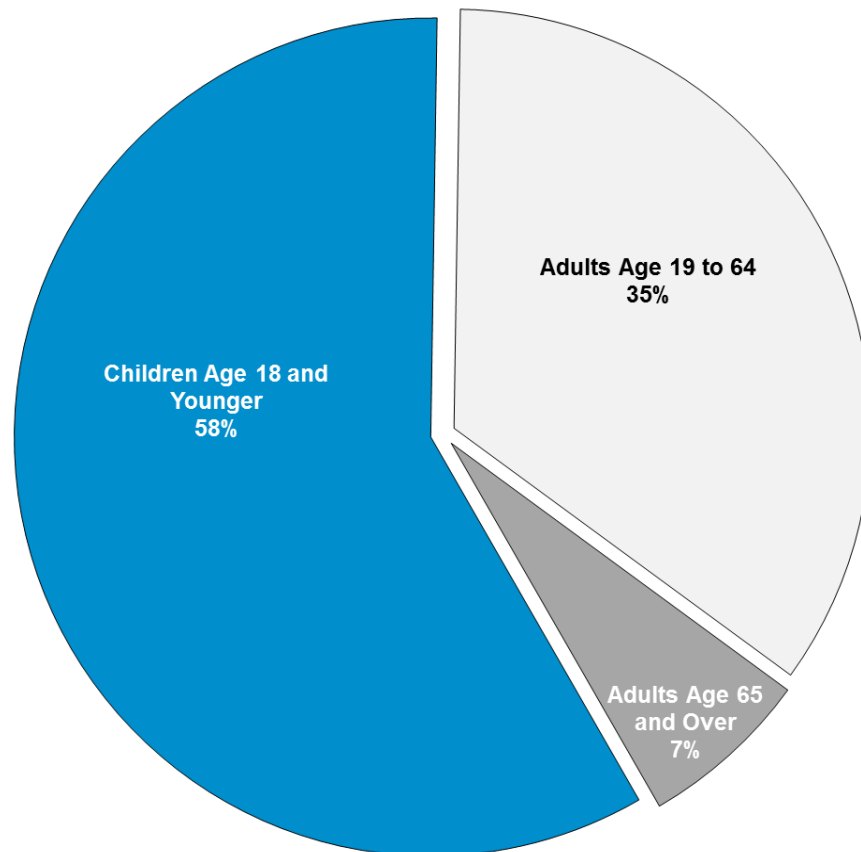
It should be noted that this is not OHCA's first comprehensive analysis of, or commitment to, access to care for its covered lives. Access to care is a major focus of the agency's vision, which states, "Our vision is for Oklahomans to be healthy and to have access to quality health care services regardless of their ability to pay." As recently as March 2014, the OHCA Board reviewed a report on primary care provider capacity (see [Appendix A](#)). The OHCA [Strategic Plan](#) for State Fiscal Year 2017-2018 includes an environmental assessment and relevant action plans which address provider access and telemedicine. The OHCA [Annual Report](#) for State Fiscal Year 2015 highlights the agency's accomplishments, which include assistance with access to care statewide. Claims data which is excerpted from the Annual Report reflects that the claim was paid in the period covered in the Annual Report. The actual date of service may vary widely, depending on the timely filing limits applicable at the time.

## Beneficiary Population

In accordance with [42 CFR 447.203\(b\)\(1\)\(iv\)](#)

In 2015, the SoonerCare Fee-for-Service program provided coverage to approximately 1,021,359 enrolled beneficiaries, including the Insure Oklahoma population. Low-income individuals receiving care on a Fee-for-Service basis include children, pregnant women, individuals with disabilities, the elderly, parents and other adults. A review of the age categories covered is contained in Figure 1, demonstrating that the majority of covered lives are children younger than 18. Thirty-five percent of eligibles are aged 19-64, with the remaining population, aged 65 and older, comprising seven percent of eligibles.

Figure 1. Oklahoma Medicaid Beneficiaries by Age Categories

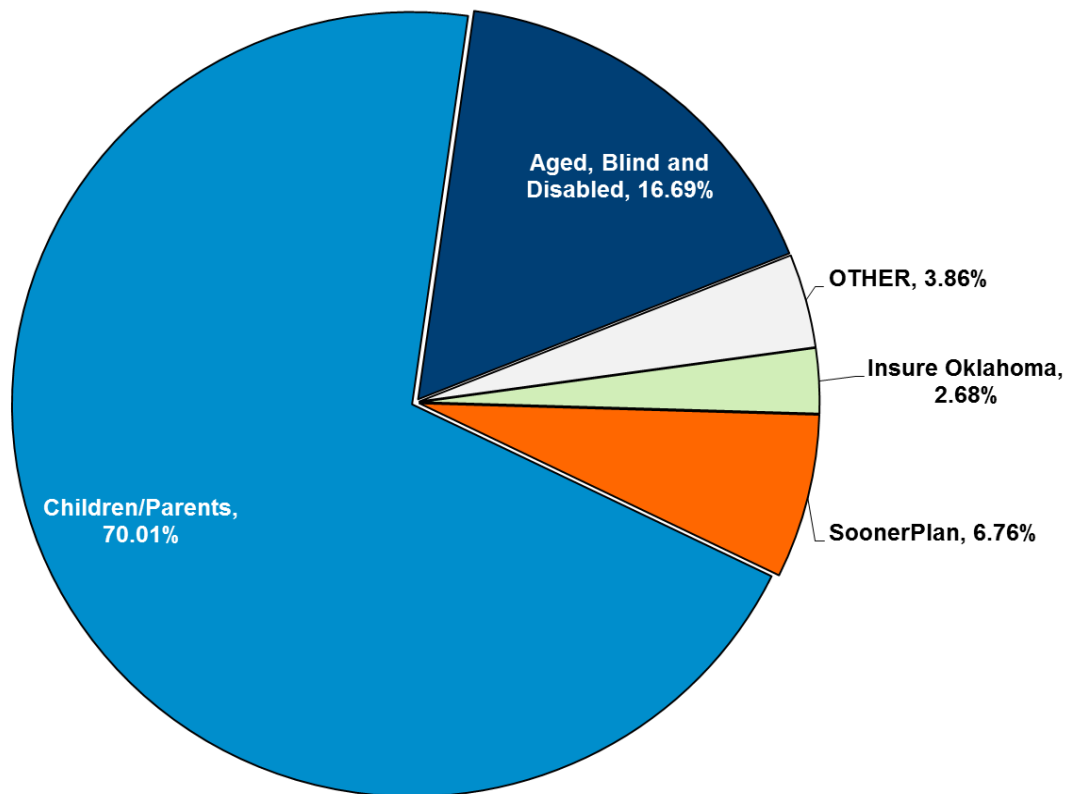


Data is from Annual Reports and MMIS queries.

In order to be covered by SoonerCare, an individual must be eligible in a qualifying group. More than 70 percent of covered lives are in the Children and Parents group, as displayed in Figure 2. Other qualifying categories include the Aged, Blind and Disabled, 16.69 percent; SoonerPlan family planning coverage for men and women who are not otherwise eligible for SoonerCare, 6.76 percent; Other, 3.86 percent; and Insure Oklahoma premium assistance, 2.68 percent.



Figure 2. Oklahoma Medicaid Beneficiaries by Qualifying Group



Data is from Annual Reports and MMIS queries.

### Access concerns raised by beneficiaries

*In accordance with [42 CFR 447.203\(b\)\(2\)](#) and [42 CFR 447.203\(b\)\(7\)](#)*

OHCA has developed a comprehensive support system for assisting members and providers with any access concerns that may arise. Agency departments which directly specialize in Member Services, Provider Services, Population Care Management and Behavioral Health Services ensure member and provider satisfaction with the program. A number of strategies are employed by these departments, such as helplines, surveys and reviews of grievance and appeals data.

OHCA operates multiple toll-free helplines to assist members and providers, which are answered by trained contractors or agency staff on every state business day. These helplines form the basis of an early warning system of potential access issues. Some of the highlights of departmental support for access in the SoonerCare program are contained in the summaries which follow.

Further, these departments and helplines rely on additional expertise from throughout the organization to ensure that members have needed access. Medical Professional Services, Pharmacy Services, Business Enterprises, Tribal Government Relations and Third Party Liability units are just a few of the areas that may be consulted on a daily basis to assist members with access concerns. A focus on the primary operational units addressing SoonerCare access issues follows.

## Member Services

The SoonerCare Helpline is the main number available to all members, prominently featured on the back of member ID cards and in the member handbook. This helpline handled more than 1.1 million calls in State Fiscal Year 2015. Contractor agents respond to Tier One general inquiries (i.e., enrollment, claim status, pharmacy inquiries, etc.), while more complex matters (i.e., complaint on a provider, fraud and abuse, reimbursement, etc.) are referred to Tier Two OHCA staff for assistance. All inquiries are coded and tracked through the interChange Enhancement (iCE) Production, a CMS-certified, web-based system, and are resolved within the confines of approved agency policy. Member Services, a staff of approximately 40 individuals, also responds to more than 500 specialty care referral requests per month. More than 1,000 calls are received every month with a request to enroll with, or to request information about, a particular Patient-Centered Medical Home (PCMH).

For assistance with access to care, the OHCA “Find a Provider” web page offers the [SoonerCare Provider Directory](#) as well as the following “Find a Provider” Helplines listed in Figure 3.

Figure 3. OHCA SoonerCare Member “Find a Provider” Helplines

SoonerCare "Find a Provider"	Telephone Number
<b>SoonerCare Helpline</b> - changing your PCP/CM, finding a specialist, etc.	800-987-7767 800-522-0114 800-757-5979 TTY
<b>Behavioral Health</b> - <a href="#">Directory of Behavioral Health providers by city</a>	800-652-2010 Toll Free
<b>Care Management</b> - complex and/or unusual health care needs Child Health and Immunizations	877-252-6002 V/TTY 405-522-7188
<b>Dental Care</b> - <b>Call the Provider first to see if they are accepting new patients.</b> <a href="#">Directory of contracted dentists by county</a>	405-522-7401
<b>Fee-For-Service (FFS) Providers</b> - please call our Customer Service for the listing of FFS providers in your area	800-522-0310 800-522-0114 405-522-7179 TTY
<a href="#">OB/GYN Providers</a>	
<b>Nursing Facility Quality Improvement</b> <a href="#">Focus on Excellence</a> We believe in working together to enrich the lives of our loved ones <a href="#">Pharmacy &amp; DME (Durable Medical Equipment) Providers Directory</a>	Jennifer Wynn 405-522-7306
<b>Pregnancy Specialty Services</b> - <a href="#">Lactation Consultants</a> <a href="#">Maternal and Infant Health Licensed Clinical Social Workers</a>	
<b>Vision - Optometrists and Ophthalmologists</b> <a href="#">Directory of contracted optometrists and ophthalmologists by county</a>	800-522-0310 800-522-0114 405-522-7179 TTY
Pharmacy Help Desk	800-522-0310 800-522-0114 405-522-7179 TTY
<a href="#">Presumptive Eligibility Providers - for OKDHS use only</a>	800-522-0114 option 5 or 405-522-6205 option 5
<b>SoonerRide</b> - non-emergency transportation	877-404-4500

## Provider Services

Provider Services staff answers the toll-free helpline for providers and consults to assist with resolution of claims and policy questions. The approximately 40 individuals participate in Call Tracking so that trends can be identified and monitored. Calls tracked in State Fiscal Year 2014 totaled 47,719 and some 38,077 were handled by Provider Services staff in State Fiscal Year 2015 (see [Appendix I](#)). The Provider Call Tree (see [Appendix B](#)) offers six options which include the following call types:

- Policy Questions
- Internet Help Desk
- EDI Help Desk
- Adjustments
- Third Party Liability
- Pharmacy Help Desk Authorizations
- Behavioral Health Outpatient Authorizations
- Behavioral Health Inpatient Authorizations
- Medical Authorizations Status
- Prior Authorizations
- Dental Authorizations

In State Fiscal Year 2015, OHCA Provider Services hosted 32 group provider training sessions attended by more than 4,800 providers. Some 6,171 on-site provider training sessions were conducted.

The Provider Services staff is comprised of roughly 40 individuals who focus on training, recruitment and customer service assistance with program guidance and claims resolution.

While provider inquiries regarding access needs are focused on the provider helplines, another barometer of provider access is provider contracting. Provider Enrollment continuously monitors contract termination requests that are initiated by providers and refers such matters to Provider Services. Staff in Provider Services will research any reported aspects of provider dissatisfaction to determine if remedies exist that will restore the relationship with the provider. Suggestions to streamline systems and reduce administrative burden are incorporated whenever possible in order to ensure that providers are retained in the network.

In collaboration with the other departments listed above, the total number of calls handled by the Providers Call Tree was 543,394 for State Fiscal Year 2015 (see [Appendix C](#)).

## Health Access Networks

OHCA understands the importance of the SoonerCare Choice initiative of adding community-based Health Access Networks (HAN) to work with affiliated PCMH providers to coordinate and improve the quality of care for SoonerCare members; PCMH providers serve as the backbone for health care access to SoonerCare Choice members. HANs are required to offer care management services in targeted populations, such as frequent ER utilization, appointment coordination for members and aligning members with specialty care. In an evaluation completed by Pacific Health Policy Group (PHPG), released in July 2015, emergency room utilization was approximately 68.2 visits per 1,000 HAN member months, and 70.4 visits per 1,000 non-HAN member months, substantiating HAN efforts. Additionally, HANs pursue quality improvement initiatives focused on the improvement of health outcomes.

Figure 4. Health Access Networks (HAN)

Health Access Networks (HAN)	SFY2012	SFY2013	SFY2014	SFY2015	Est. SFY2016
Number of contracted HANs	3	3	3	3	3
Number of enrollees	61,078*	90,688	118,107	133,471	138,000
Number of members offered CM	1,961	1,418	740**	8,405	10,000
Number of unduplicated providers	309	484	584	698	750

Source: Provider Services— Numbers reflect point-in-time data at June 30, 2015

\* 10-month period of enrollment represented for OSU HAN in State Fiscal Year 2012

\*\* ER Referrals Removed

## Population Care Management Services

The Population Care Management department serves an average of approximately 8,800 SoonerCare members per month with care management services that may include assistance with access to care. This department of nearly 60 individuals, the majority of whom are nurses, facilitates the delivery of health care through the most appropriate resources, providers and facilities of the SoonerCare program. Population Care Management consists of three units: Care Management, Health Management Program and Chronic Care. The Care Management unit is charged with coordinating a variety of obstetrical and pediatric services, out-of-state care, long-term care waivers review and complex case management. Social services coordination is also available through this unit. Its focus is episodic or event-based care. The Health Management Program features embedded health coach nurses in the patient-centered medical home practices. These health coaches work with the practice staff and members to improve health outcomes. The third arm, Chronic Care, has nurses offering telephonic care management to high-risk and at-risk members with chronic conditions. Population Care Management also is involved in reviewing authorization requests for meals and lodging that may be necessary when members are undergoing certain inpatient or outpatient procedures.

For a more in-depth analysis of the contributions of Population Care Management and the returns on investment of these holistic care coordination efforts, see the July 2015 [Independent Evaluation](#) of the SoonerCare Choice Program.



## Member Advisory Task Force (MATF)

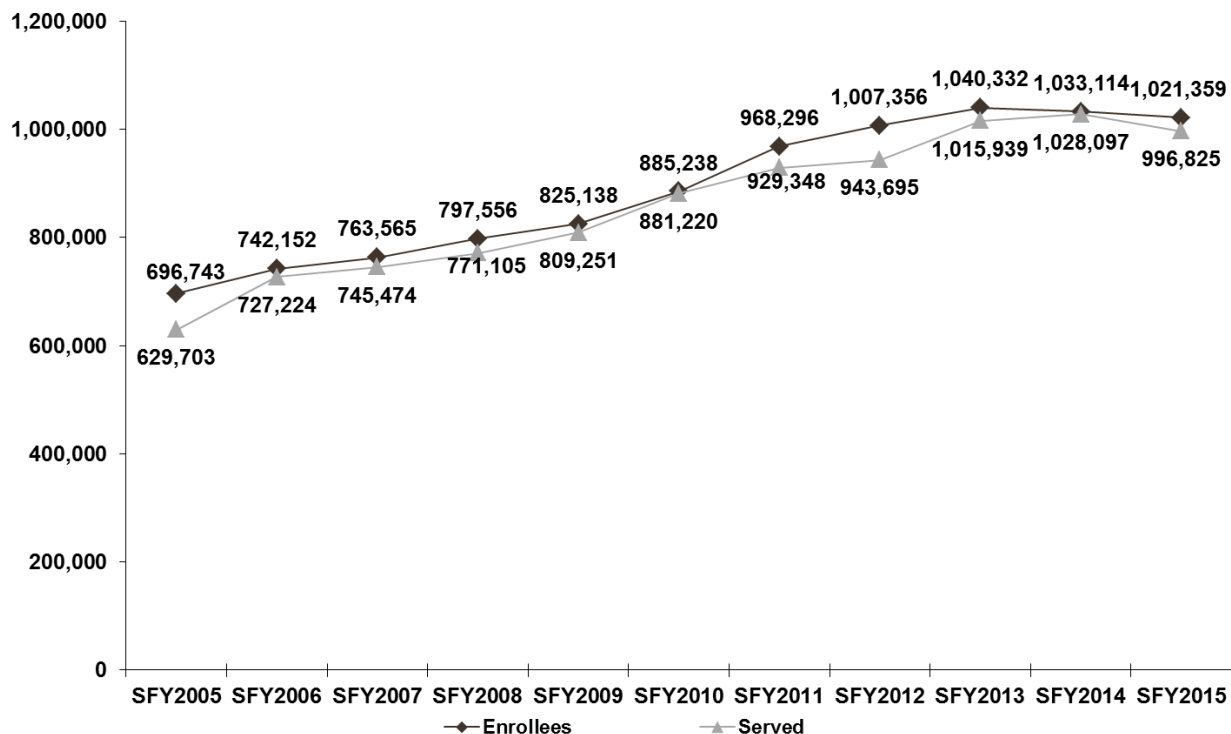
*“Being enrolled in SoonerCare while pregnant empowered me to have two healthy pregnancies and healthy kids, Jeremiah (age 12) and Kasharri (age 4). Truly, without SoonerCare, my family and I would not have access to quality health care and my pregnancies and deliveries may have not have turned out as well.” – Latoya Marie, SoonerCare member and MATF member*

OHCA launched the MATF in October 2010. This was done 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 making. Together with OHCA staff, MATF members have identified areas for policy, program, and process improvement resulting in positive changes. Nico Gomez, the CEO of OHCA, stated, “We are so thankful for our amazing Member Advisory Task Force for taking the time...to help our staff improve programs, communication, policies and services.” The MATF is an important part of our team and contributes to increased effectiveness and efficiency for the agency.” OHCA remains committed to addressing the needs and challenges of its members. MATF has been instrumental in achieving this goal. MATF members have been involved in guiding advancements in SoonerRide policy and communication strategies. This partnership has also been reflected in improvements to the design of the Strategic Planning Conference.

## Members with a Paid Claim

More than 51 million claims were processed for 996,825 members in State Fiscal Year 2015 as noted below. The chart presents the numbers of members with at least one paid claim in the reported State Fiscal Year.

Figure 6. SoonerCare Members Enrolled and Served

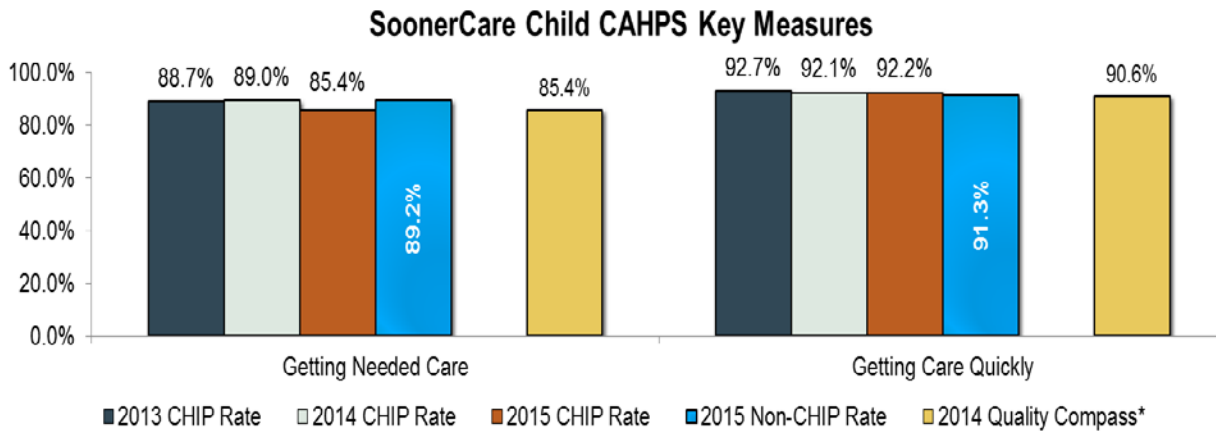


## Beneficiary perceptions of access to care

In accordance with [42 CFR 447.203\(b\)\(2\)](#) and [42 CFR 447.203\(b\)\(7\)](#)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) member satisfaction surveys are utilized nationally by both Medicaid and commercial programs as a tool to gauge how well their respective populations feel about the health care they are receiving. The results of CAHPS® surveys of both adult and child members for the previous three years are included below. The SoonerCare child measures for “Getting Needed Care” and “Getting Care Quickly” were at or above the national benchmark of the 2014 Quality Compass. The same SoonerCare adult measures show an improving trend such that the 2015 results exceeded the national benchmark.

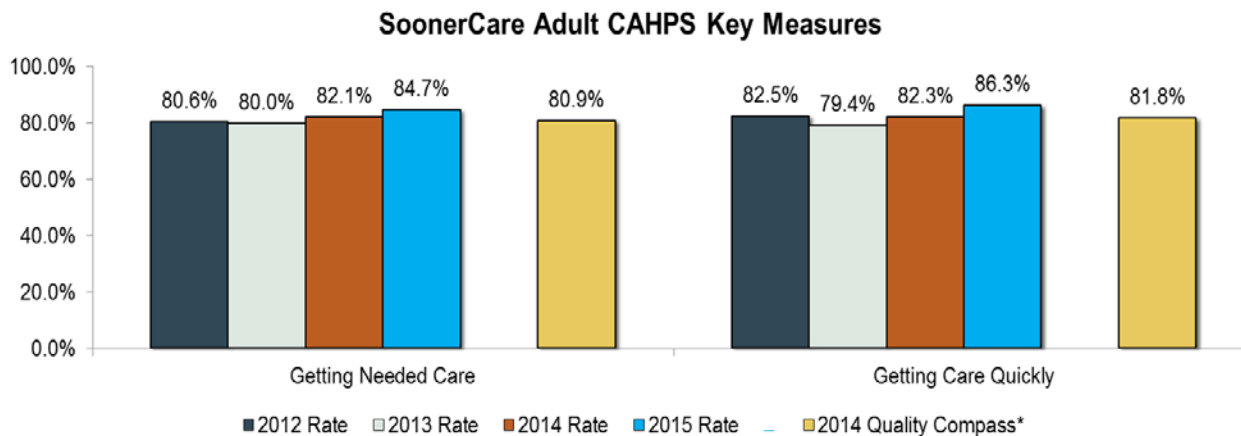
Figure 7. SoonerCare Child CAHPS® Key Measures



\*The

50th percentile of the 2014 Child Medicaid Quality Compass composite summary rate, which consists of 94 health plans which publicly and non-publicly reported their scores (All Lines of Business excluding PPOs).

Figure 8. SoonerCare Adult CAHPS® Key Measures



\*The 50th percentile of the 2014 Adult Medicaid Quality Compass composite summary rate, which consists of 147 health plans which publicly reported their scores (All Lines of Business excluding PPOs).



## Comparison analysis of Medicaid payment rates to Medicare and other payers

In accordance with [42 CFR 447.203\(b\)\(3\)](#)

Many factors influence provider participation in health care programs. Reimbursement is chief among those factors, but not the only consideration. Several years ago, OHCA made a commitment to pay physicians and other practitioners whose reimbursement is tied to the physician fee schedule at 100 percent of Medicare. According to the [Kaiser Family Foundation Medicaid-to-Medicare Fee Index](#) for all services (primary care, obstetric care, and other services), only nine states paid higher rates than Oklahoma in 2014.

Figure 9. 2014 Kaiser Family Foundation Medicaid-to-Medicare Fee Index for Surrounding States

Location	All Services
Arkansas	0.80
Colorado	0.72
Kansas	0.78
Louisiana	0.71
Missouri	0.60
New Mexico	0.91
Oklahoma	0.89
Texas	0.65

There has been more than \$332 million in state and federal funds reduced from the Oklahoma economy over the last two years and more than \$472 in reductions over the last 10 years. A confluence of budget challenges including successive years of reduced state FMAP and state budget challenges have caused OHCA to reduce provider reimbursement 3.25 percent in 2010, followed by a further reduction of 7.75 percent in 2014 and an additional three percent in January 2016, making the effective reimbursement rate 86.57 percent of Medicare at the time this report is being prepared. The total reductions amount to 13.43 percent from 2010 through 2016.

During the 2014 budget reduction initiatives, OHCA hosted 13 stakeholder meetings for 312 attendees in the spring of 2014 with providers and members in the SoonerCare program. Additional targeted budget reduction actions, in lieu of provider rate cuts, were implemented in 2015, based on input of stakeholders who participated in 18 forums involving 396 attendees. Some of the alternatives that were implemented included limiting the number of pairs of eyeglasses to two per year, reduced DME benefits, changes in nursing home crossover reimbursement and hospital transfer cases reimbursement. In addition, public meetings throughout the budget change processes including the Tribal Consultation with 38 federally recognized tribes in Oklahoma, Medical Advisory Committee, State Plan Amendment Rate Committee and the OHCA Board meeting afforded the opportunity for input from concerned stakeholders, and their input on other solutions was incorporated whenever possible. OHCA has pared administrative and professional service expansions and has implemented a hiring freeze.

Maintaining positive provider relations has been emphasized as the budget reductions have occurred. OHCA has been committed to ensuring that no decrease in access or quality occurs throughout the downturn. Plans are being formulated for increasing provider reimbursement as soon as initiatives that will generate additional revenue can be put in place. A reversal of January 2016 provider reimbursement cuts is planned for fall of 2016 for certain services, including private duty nursing, emergency transportation, Program of All-inclusive Care for the Elderly (PACE) and Living Choice. Meanwhile, provider contracting has actually increased across all provider types.



As a result of the 2016 provider rate reduction, only 36 dental providers and one behavioral health agency either terminated their contract or did not reapply.

The OHCA evaluated reimbursement rates of the ten most frequently billed CPT codes to analyze how SoonerCare payment rates compare to other public and private payers (see Figure 10). The payment rates examined consisted of HealthChoice, one of the largest private insurers in Oklahoma; TRICARE; as well as the Medicaid programs of Texas, Kansas, Arkansas, Louisiana and New Mexico. Although HealthChoice and TRICARE reimburse providers at a higher payment rate than SoonerCare for the ten most frequently billed CPT codes, only one contiguous state (New Mexico) paid slightly higher rates than Oklahoma for half of these ten CPT codes. It should be noted, some states provide different reimbursement for non-physician practitioners, but this is generally not the case for SoonerCare.

Figure 10. 2016 Medicaid and Private Payer Payment Rates

CPT	SoonerCare	SoonerCare Facility	HealthChoice	HealthChoice Facility
99201	\$35.07	\$22.11	\$50.64	\$31.93
99202	\$60.31	\$41.68	\$87.08	\$60.19
99203	\$87.83	\$64.07	\$126.81	\$92.51
99204	\$134.69	\$108.50	\$194.48	\$156.66
99205	\$169.68	\$141.07	\$245.00	\$203.69
99211	\$15.82	\$7.72	\$22.84	\$11.15
99212	\$35.07	\$21.30	\$50.64	\$30.76
99213	\$58.86	\$42.39	\$84.98	\$61.21
99214	\$87.64	\$65.51	\$126.55	\$94.59
99215	\$118.62	\$92.98	\$171.28	\$134.25

CPT	Texas MC ADULT; NP/CNS/PA/CNM reimb at 92%	Texas MC CHILD; NP/CNS/PA/CNM reimb at 92%	Arkansas MC	Kansas MC	Louisiana MC 16 y/o >; NP/CNS/PA reimb at 80%; CNM at 75%	Louisiana MC 0-15 y/o; NP/CNS/PA reimb at 80%; CNM at 75%	New Mexico MC
99201	\$25.52	\$28.29	\$29.70	\$30.91	\$24.61	\$29.52	\$35.18
99202	\$40.27	\$44.65	\$45.10	\$50.66	\$42.77	\$51.33	\$62.74
99203	\$54.41	\$60.33	\$64.90	\$75.45	\$62.18	\$74.62	\$93.52
99204	\$79.62	\$88.27	\$88.00	\$107.12	\$96.56	\$115.88	\$132.70
99205	\$98.98	\$109.74	\$137.50	\$136.62	\$122.19	\$146.62	\$169.19
99211	\$13.22	\$14.66	\$14.30	\$16.36	\$12.36	\$14.82	\$20.25
99212	\$22.14	\$24.54	\$27.50	\$29.76	\$24.83	\$29.79	\$36.89
99213	\$33.27	\$36.89	\$36.30	\$40.84	\$41.53	\$49.84	\$50.52
99214	\$46.73	\$51.80	\$70.05	\$64.22	\$62.65	\$75.18	\$79.45
99215	\$71.93	\$79.75	\$106.00	\$94.00	\$84.93	\$101.92	\$116.27

<b>CPT</b>	<b>TRICARE Physician Office</b>	<b>TRICARE Physician Facility</b>	<b>TRICARE NPP Office</b>	<b>TRICARE NPP Facility</b>
<b>99201</b>	\$40.71	\$25.67	\$34.60	\$21.82
<b>99202</b>	\$70.01	\$48.39	\$59.51	\$41.14
<b>99203</b>	\$101.96	\$74.38	\$86.66	\$63.22
<b>99204</b>	\$156.35	\$125.96	\$132.90	\$107.07
<b>99205</b>	\$196.97	\$163.76	\$167.43	\$139.20
<b>99211</b>	\$18.36	\$8.96	\$15.61	\$7.62
<b>99212</b>	\$40.71	\$24.73	\$34.60	\$21.02
<b>99213</b>	\$68.32	\$49.21	\$58.07	\$41.82
<b>99214</b>	\$101.75	\$76.05	\$86.48	\$64.63
<b>99215</b>	\$137.71	\$107.94	\$117.05	\$91.74

### Comparison of Behavioral Health Services Rates

The Department of Mental Health and Substance Abuse Services has furnished the following data which represents a comparison of how other states pay for behavioral health services as a percentage of Medicare for fiscal year 2015:

Figure 11. Behavioral Health Services as a Percentage of Medicare for Fiscal Year 2015

<b>STATE</b>	<b>AVG % OF MEDICARE</b>
<b>OK</b>	71.75%
<b>LA</b>	75%
<b>NM</b>	84.00%
<b>AR</b>	64%
<b>TX</b>	74.00%
<b>ID</b>	90%
<b>NC</b>	76.00%
<b>MO</b>	75%
<b>MS</b>	95.00%
<b>KY</b>	62%

## Analysis of Primary Care Services

In accordance with [42 CFR 447.203\(b\)\(5\)\(ii\)\(A\)](#)

Primary care services can include services for the covered population in general or specific access with the managed care primary care program that is operated as a patient-centered medical home and reimbursed on a Fee-for-Service basis. This section of the analysis will begin with an overview of access to primary care in general across all programs. The OHCA [Strategic Plan](#) for State Fiscal Year 2017-2018 outlines the agency approach to primary care providers with this explanation:

The SoonerCare provider network provides health care access by contracting with medical doctors, doctors of osteopathy, physician assistants (PAs) and nurse practitioners (NPs). By recognizing PAs and NPs as part of the primary care team, access to care is increased. Adequate primary care for SoonerCare members is vital, and medical homes provide important access to preventive health care services. A good mix of primary and specialty care providers in both urban and rural areas of the state is ideal.

The Access Monitoring Review Plan requirements outline “primary care services” as including those provided by a physician, federally qualified health center, clinic or dental care. OHCA has compiled the data regarding these four mandated provider types in Figure 12. OHCA has attained a five and one half percent increase in the overall number of contracted primary care physicians (PCPs) from State Fiscal Year 2013 through 2015. The percentage of SoonerCare beneficiaries accessing services by a physician remains steady.

Provider networks are comprised of providers who are contracted to provide health care services by locations, programs, types and specialties. Providers are being counted multiple times if they have multiple locations, programs, types and/or specialties. The data is from OHCA’s Annual Reports and MMIS queries. Figure 12 represents both counts of providers and their distribution in either rural or urban areas of the state.

Figure 12. Primary Care Services Network Types

Provider Network Type	SFY 2013	SFY 2014	SFY 2015
PCPs*	6,851	6,087	6,758
Advance Practice Nurse	1,557	1,898	1,952
Physician Assistant	1,131	1,326	1,532
FQHC/RHC	129	145	144
Dentist	1,448	1,613	1,350

Provider contract renewal periods can lead to temporary decrease in provider network.

Provider Network Type	SFY 2015		
	Urban	Rural	Out of State
PCPs*	3,090	1,506	2,162
Advance Practice Nurse	874	549	529
Physician Assistant	865	405	262
FQHC/RHC	32	87	25
Dentist	741	424	185

Urban counties include Canadian, Cleveland, Comanche, Creek, Logan, McClain, Oklahoma, Osage, Rogers, Tulsa, and Wagoner.

\*Primary Care Providers consist of all providers contracted as a Family Practitioner, General Pediatrician, General Practitioner, Internist and General Internist. They are not necessarily a Choice/Medical Home Provider.

Measures of access to physician and dental services in Figure 13 are based on paid claims adjudicated in the Medicaid Management Information System, and reflect adequate access to care. The adult dental benefit is limited to emergency extractions.

Extensive recruitment and education over the past several years has led to significant gains in children receiving dental care, which is a priority in the agency.

Figure 13. State Fiscal Year 2015 Beneficiaries Served by Physicians and Dentists

Type of Service - SFY 2015	Members Served	Members Enrolled	Percent Served
Physician*	734,824	1,021,359	72%
Dental	314,711	1,021,359	31%
Dental (Children 20 & Under)	284,913	628,603	45%

\*Includes both PCP and Physician Specialists

### Previous OHCA Analysis of Primary Care Access

OHCA has assessed that currently, access meets member needs in the regulatory primary care categories physicians, federally qualified health centers, clinics and dental services.

An excerpt from OHCA’s [Strategic Plan](#) for State Fiscal Year 2017-2018 contains the following: OHCA has and continues to utilize the availability and skills of other levels of providers (e.g., Advanced Practice Nurses and Physicians Assistants) as a means of ensuring access to primary care for rural Oklahomans. The agency provides incentives by reimbursing them at that same rate paid to physicians for services. This has been integral in OHCA addressing the environmental challenge of a lack of primary care physicians in rural areas. Another integral initiative in the effort to reduce the shortage of primary care physicians in rural areas of the state has been the use of telemedicine to connect patients in rural areas of the state with primary care physicians located in other parts of the state.

Telemedicine is discussed in a later section of this report.

In a March 2014 data presentation to the OHCA Board, some 6,804 primary care practitioners, including physicians, advanced practice nurses and physician assistants were identified as contracted to see SoonerCare members. A total 2,119 of those were enrolled at the time as Patient-Centered Medical Home providers, with much excess capacity to serve new members available. In fact, that study demonstrated that even in areas with the highest percent of population enrolled in SoonerCare Choice, more than 50 percent capacity is available. In fact, when mapped, it is apparent that the areas with fewest Choice providers also have the lowest count of enrollees in Choice, reflecting the general population distribution of the State (see [Appendix A](#)).

### Health Professional Shortage Designations

Health Professional Shortage data from the Oklahoma State Department of Health comes from the Office of Primary Care & Rural Health Development. Review of counties (or partial counties) for health professional shortage area (HPSA) or medically underserved area (MUA) designation is a primary responsibility of this department.

The status of Oklahoma’s 77 counties as recently completed by this department is presented on statewide maps found in [Appendix D](#). The designations are as follows:

- Primary Care Health Professional Shortage Areas – 70 of 77 counties
- Dental Health Professional Shortage Areas – 44 of 77 counties
- Mental Health Professional Shortage Areas based on Geographical Area – 38 counties and based on Population Group – 31 counties

## SoonerCare Choice

The OHCA was created to transition Medicaid from Fee-for-Service to managed care. Today, some 70 percent of eligibles are enrolled in SoonerCare Choice. The populations that are excluded from SoonerCare Choice include those with dual Medicaid and Medicare coverage, children in state or tribal custody, the institutionalized, those receiving services in home and community-based services waivers and those who have other forms of creditable coverage. The delivery system for SoonerCare Choice is primary care case management in a patient-centered medical home model. Participating primary care providers receive a monthly care coordination payment and are responsible for referrals and coordinating care with other providers as needed. New members select a medical home once they have been found eligible in the real-time online eligibility and enrollment system. If a member is eligible for Choice but no longer enrolled with a medical home, a toll-free call to the SoonerCare Helpline will let the member select a medical home. A selection takes effect in real time, allowing members to enroll with the provider they really wish to see with ease. In addition, the alignment methodology in the Medicaid Management Information System will lead to enrollment for family members in the same medical home or enroll members with a former medical home if that practice is still appropriate for the member. The time/distance standard for SoonerCare Choice is 45 minutes or miles. Individuals may select a provider farther away, but this may limit their access to non-emergency transportation except in certain circumstances.

A 2016 analysis of Choice member claims for services with their medical homes found that 87 percent of Oklahoma's 77 counties sustain an adequate number of medical homes such that SoonerCare beneficiaries traveled no more than 45 miles to see their medical home provider (see [Appendix E](#)).

Providers contract with OHCA to be a medical home provider. In the process the provider identifies readiness to serve a child, adult or mixed-patient population, while also indicating if services meet the requirements of the standard, advanced or optimal medical home tier. Further, medical home providers indicate the number of SoonerCare Choice members they can accommodate on their panels. A recent analysis of capacity available in the SoonerCare Choice network showed that there is a substantial number of openings for new members, with just 47 percent of potential capacity used. See [Appendix A](#) for additional information about provider availability.

## SoonerCare Choice ITU

American Indians/Alaska Natives make up a large proportion of SoonerCare members, more than 10 percent of the population, as demonstrated in Figure 14. The agency has a dedicated Tribal Government Relations unit that fosters relationships with tribal governments and Indian Health Services, Tribal and Urban Indian Clinic providers to ensure access to care and work toward the elimination of health disparities. Approximately 19,100 SoonerCare Choice members receive culturally appropriate services through these SoonerCare Choice contracted providers referred to as I/T/Us (see Figure 15 below).

Figure 14. SoonerCare Population by Race

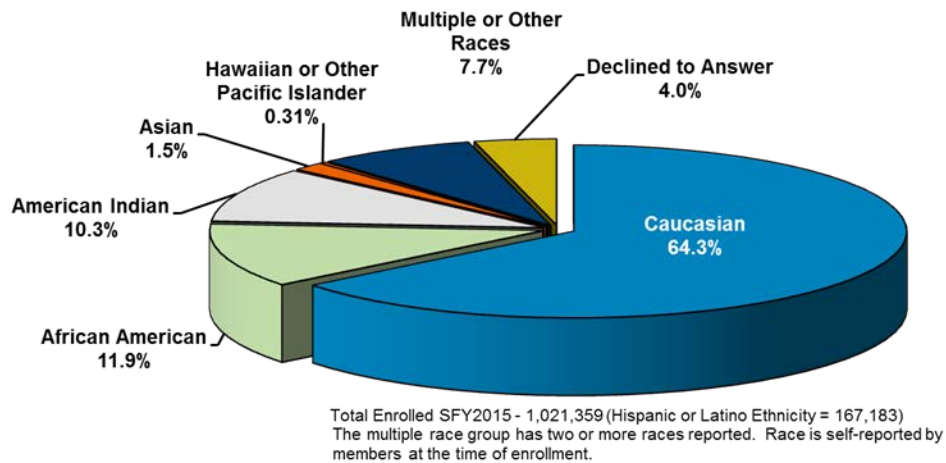


Figure 15. SoonerCare Choice and SoonerCare Choice I/T/U Beneficiaries Served

SoonerCare Program Description	Max Number of Clients	% of Capacity Used
<b>SoonerCare Choice</b>	1,250,802	44.18%
<b>SoonerCare Choice I/T/U</b>	100,900	18.96%

Total Capacity represents the maximum number of members that PCPs request to have assigned within OHCA's limit. Panels on hold status are excluded from the capacity calculation. The facility's panels such as group practice, FQHC (Federally Qualified Health Clinic), RHC (Rural Health Clinic) and other clinics are included.

## Comprehensive Primary Care Initiative

Some 66 practices in the northeast part of the state that are active in Oklahoma's SoonerCare Choice program form one of seven regions in the Centers for Medicare and Medicaid Services sponsored Comprehensive Primary Care Initiative (CPCI.) This multi-payer initiative endeavor that includes public and private payers supports the provision of five "comprehensive" primary care functions, including access and continuity. OHCA will build on the lessons learned in the initiative to assist with the enhancement of access to care statewide.

## Analysis of Physician Specialists

In accordance with [42 CFR 447.203\(b\)\(5\)\(ii\)\(B\)](#)

Developing a suitable network of specialty care providers has been a priority at OHCA for a number of years. Thanks to adequate reimbursement, reasonable administrative policies and outstanding provider support, the network of specialists has grown to encompass a wide variety of practitioners. Roughly 10,000 physician specialists are contracted and available to serve SoonerCare members as identified in Figure 16.

In January 2014, SoonerCare launched a new, secure Provider Portal. One of the portal features is the ability for providers to search for other providers. This feature is located under the Resource Tab. Providers may search by either address or distance and then select the provider type and specialty. A listing of providers who match the search criteria will be returned. The information returned will include the address and phone number of the provider. The provider's name is a hyperlink that will open a new window with other useful information about the provider selected. A link to Mapquest is also available so that patients may be given a map and directions to the provider's location. This functionality is especially helpful in identifying specialty care providers for referral purposes and to enhance care coordination. Around 12,000 page views were counted in the first three months of 2016 alone.

OHCA experiences the same challenges with finding specialty care in Oklahoma as do other payers. Two specialty areas that are consistently identified as areas of need are dermatology and pain management.

OHCA staff that assist members rely on the provider subsystem of the Medicaid Management Information System. The provider subsystem is customized so that the primary and secondary specialties can be designated in the data for each contracted SoonerCare provider. Refer to [Appendix F](#) for more extensive information about contracted provider specialties and to [Appendix G](#) for the provider type options.

Figure 16. Physician Specialists Provider Network Types

Provider Network Type	SFY 2013	SFY 2014	SFY 2015
Cardiologist	684	582	632
Pediatric Specialist	1,518	1,361	1,682
Radiologist	1,726	1,301	1,430
Physician - Other Specialist	6,081	5,379	5,986

Provider contract renewal periods can lead to temporary decrease in provider network.

Provider Network Type	SFY 2015		
	Urban	Rural	Out of State
Cardiologist	291	71	270
Pediatric Specialist	287	30	1,365
Radiologist	434	122	874
Physician - Other Specialist	2,806	810	2,370

Urban counties include Canadian, Cleveland, Comanche, Creek, Logan, McClain, Oklahoma, Osage, Rogers, Tulsa and Wagoner.

Data is from Annual Reports and MMIS queries.

As noted in the [Strategic Plan](#), OHCA currently provides limited telemedicine services to expand specialty health care services to rural and underserved areas of Oklahoma and improve health care for all members. For additional information about telemedicine, see the section of this report named [Availability of Telemedicine and Telehealth](#).



## Analysis of Behavioral Health Specialties

In accordance with [42 CFR 447.203\(b\)\(5\)\(ii\)\(C\)](#)

SoonerCare covers a full array of behavioral health treatment services (mental health and substance use disorder treatment) for members across the spectrum of treatment needs. Outpatient services include, but are not limited to crisis intervention and stabilization, targeted case management, peer support services, psychosocial rehabilitation, psychotherapy, diagnostic evaluation and assessment and evidence based models of treatment such as Program of Assertive Community Treatment (PACT) for adults and a statewide System of Care for children which incorporates a high fidelity Wraparound® approach to treatment. Acute inpatient psychiatric treatment is available for adults in limited settings and psychiatric residential treatment is available to children in various levels of care, depending on need.

In order to ensure adequate access to behavioral health treatment services throughout the state, most behavioral health treatment services are available via telemedicine. Telemedicine technology is available statewide through Oklahoma's Community Mental Health Center network of providers.

OHCA has an extensive network of behavioral health providers including Community Mental Health Centers, outpatient behavioral health agencies, Licensed Behavioral Health Professionals, Psychologists and Psychiatrists. In order to augment the work done by the licensed professionals, OHCA also contracts with various levels of paraprofessionals such as case managers and peer support specialists.

Data on the extensive availability of behavioral health contracted providers, specialists, services, and the number of members served is found in Figures 17 through 19.

An accomplishment that results from the agency and providers working together is that today only one child is receiving out-of-state inpatient services because necessary services aren't available in Oklahoma.

Figure 17. Behavioral Health Provider Network Types

Provider Network Type	SFY 2013	SFY 2014	SFY 2015
<b>Behavioral Health Providers**</b>	10,425	10,051	10,433
<b>Community Mental Health Center (CMHC)</b>	112	96	96
<b>Outpatient Behavioral Health Agency</b>	524	523	565
<b>Psychologist</b>	374	313	364
<b>Hospital - Psychiatric</b>	19	23	23
<b>Hospital - Resident Treatment Center</b>	49	45	42

Provider Network Type	SFY 2015		
	Urban	Rural	Out of State
<b>Behavioral Health Providers**</b>	6,690	3,687	56
<b>Community Mental Health Center (CMHC)</b>	38	58	0
<b>Outpatient Behavioral Health Agency</b>	298	264	3
<b>Psychologist</b>	251	63	50
<b>Hospital - Psychiatric</b>	8	4	11
<b>Hospital - Resident Treatment Center</b>	25	5	12

Urban counties include Canadian, Cleveland, Comanche, Creek, Logan, McClain, Oklahoma, Osage, Rogers, Tulsa, and Wagoner.

\*\*Breakout by Type of the Behavioral Health Providers count

Data is from Annual Reports and MMIS queries.



Figure 18. Behavioral Health Provider Specialists

Behavioral Health Provider Type	Behavioral Health Speciality Code	Provider Network
Mental Health Provider	Licensed Clinical Social Worker	5
Mental Health Provider	Certified Social Worker	38
Mental Health Provider	Family Training	11
Mental Health Provider	Licensed Professional Counselor	4
Mental Health Provider	Para Professional	3,979
Mental Health Provider	Health Home	130
Licensed Behavioral Health Practitioner	Licensed Clinical Social Worker	735
Licensed Behavioral Health Practitioner	Licensed Professional Counselor	2,557
Licensed Behavioral Health Practitioner	Outpatient Substance Use	1
Licensed Behavioral Health Practitioner	Licensed Behavioral Practitioner	221
Licensed Behavioral Health Practitioner	Under Supervision	2,634
Licensed Behavioral Health Practitioner	Licensed Marital and Family Therapist	303
Licensed Behavioral Health Practitioner	Licensed Alcohol and Drug Counselor	619
Licensed Behavioral Health Practitioner	LADC/MH	32

Provider networks are comprised of providers who are contracted to provide health care services by locations, programs, types and specialties. Providers are being counted multiple times if they have multiple locations, programs, types and/or specialties.

The data is from OHCA’s Annual Reports and MMIS queries.

Figure 19. State Fiscal Year 15 Behavioral Health Services and Number of Members Served

Behavioral Health Services - SFY2015	Members Served (Children Younger than Age 21)	Members Served (Adults Ages 21 and Older)	Members Served (All Ages)
Type of Service			
Inpatient (Acute - General)	1,231	2,713	3,944
Inpatient (Acute - Freestanding)	2,236	21	2,257
Psychiatric Residential Treatment Facility (PRTF)	4,114	0	4,114
Outpatient	97,470	50,679	148,149
Psychologist	22,284	4,285	26,569
Psychiatrist	8,982	11,941	20,923
Residential Behavior Mgmt Services (Group)	1,022	0	1,022
Residential Behavior Mgmt Services (TFC)	1,067	0	1,067
SMI/SED Case Management	36,048	27,659	63,707
Other OP Behavioral Hlth Services	160	1,328	1,488
Psychotropic Drugs	66,794	64,366	131,160
<b>Total</b>	<b>126,293</b>	<b>64,317</b>	<b>190,610</b>

Data is from Annual Reports and MMIS queries.

## Health Homes

In February 2015, a new form of integrated care called Health Homes began serving Oklahomans with serious mental illness or severe emotional disturbances. The Health Homes are person-centered systems of care that achieve improved outcomes and better services and value for members with complex needs. Health homes provide coordinated primary and behavioral health integration. The six core services are:

- Comprehensive care management
- Care coordination
- Health promotion
- Transitions of care
- Individual and family support
- Referral to community and social support services

At the end of January 2016, some 4,366 adults and 3,538 children were enrolled in Health Homes. Some 22 health home providers are contracted, with 130 locations available to serve members. Monthly enrollment figures for each population are shown in Figure 20.

Figure 20. Health Home Enrollment

Health Home Begin Date	Health Home Month Date	Age Group	Total Members
2/1/2015	2/28/2015	Adult	2,383
2/1/2015	2/28/2015	Child	928
3/1/2015	3/31/2015	Adult	3,775
3/1/2015	3/31/2015	Child	1,405
4/1/2015	4/30/2015	Adult	4,223
4/1/2015	4/30/2015	Child	1,844
5/1/2015	5/31/2015	Adult	5,595
5/1/2015	5/31/2015	Child	2,958
6/1/2015	6/30/2015	Adult	5,207
6/1/2015	6/30/2015	Child	2,994
7/1/2015	7/31/2015	Adult	5,043
7/1/2015	7/31/2015	Child	3,010
8/1/2015	8/31/2015	Adult	5,008
8/1/2015	8/31/2015	Child	2,991
9/1/2015	9/30/2015	Adult	4,824
9/1/2015	9/30/2015	Child	3,060
10/1/2015	10/31/2015	Adult	4,673
10/1/2015	10/31/2015	Child	3,249
11/1/2015	11/30/2015	Adult	4,618
11/1/2015	11/30/2015	Child	3,461
12/1/2015	12/31/2015	Adult	4,514
12/1/2015	12/31/2015	Child	3,523
1/1/2016	1/31/2016	Adult	4,366
1/1/2016	1/31/2016	Child	3,538

## Analysis of Pre- and Post-Natal Obstetric Services

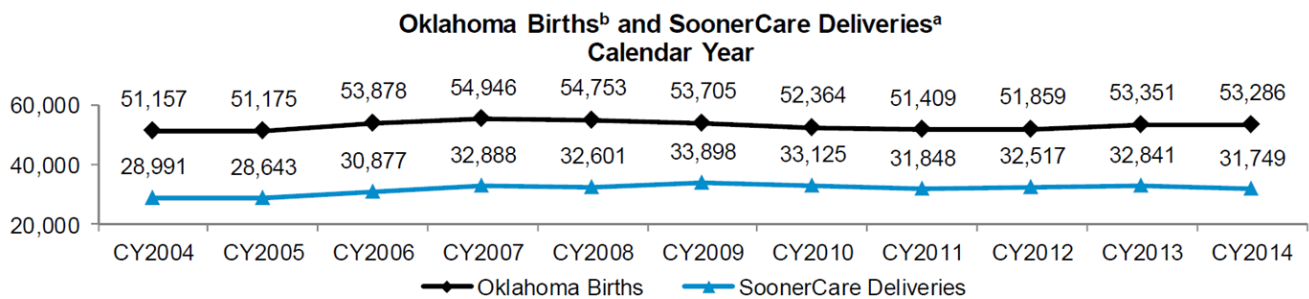
In accordance with [42 CFR 447.203\(b\)\(5\)\(ii\)\(D\)](#)

Utilization of health care for pregnant women is a primary focus of the agency. Pregnancy services are offered to increase the likelihood of healthy pregnancies and births, along with healthy children. SoonerCare is both a primary and secondary payer of pregnancy-related services for members.

Provider access is generally considered adequate, based on a complementary array of public and private providers. SoonerCare makes access available comparable to other payers.

Pregnancy related services are stable for SoonerCare members, with more than 50,000 deliveries annually over the past 10 years, as noted in Figure 21.

Figure 21. Oklahoma Births and SoonerCare Deliveries



<sup>a</sup> Delivery refers to a paid claim with a delivery code.

<sup>b</sup> Birth refers to live birth.

The most recent OHCA “[Quality of Care in the SoonerCare Program](#)” features outcomes for Reporting Year 2014, based on 2013 data. The Healthcare Effectiveness Data and Information Set (HEDIS) measures of services focusing on prenatal and postpartum care are contained in Figure 21.

Prenatal care measures calculate the percentage of live births in which the mother received the expected number of prenatal care visits. Rates are presented to encompass provider billing for services that was based on global obstetrical code billing and billing outside of the global code for both prenatal and post-partum visits. Postpartum visit code rates are for days between 21 and 56 days after delivery.

The prenatal care measures increased slightly over the past two report years, while post-partum care measures declined slightly. Measures related to low birthweight show that less than nine percent of deliveries are considered low birthweight. As low birthweight can cause health problems for newborns, OHCA is committed to ensuring that as many babies as possible arrive at their optimal weight. This measure is tracked to determine if the state is succeeding with this goal.

Figure 22. State Fiscal Years 2013 and 2014 HEDIS Prenatal and Postpartum Care Measures

HEDIS Measure:	HEDIS 2013	HEDIS 2014
<b>Prenatal &amp; Postpartum Care: Timeliness of Prenatal Care</b>		
Measure Specifications Rate	18.91%	22.09%
Global Rate:	69.12%	70.19%
<b>Percent of Live Births Weighing &lt;2,500 grams</b>		
	8.96%	8.96%
<b>Postpartum Care Rate</b>		
Measure Specifications Rate	24.68%	21.65%
Global Rate	68.64%	67.89%

HEDIS data is the previous calendar year (HEDIS 2014 is CY 2013 data, etc.) Data is from Annual Reports and MMIS queries.

## Analysis of Home Health Services

In accordance with [42 CFR 447.203\(b\)\(5\)\(ii\)\(E\)](#)

Home health is a mandatory service in the Medicaid program. SoonerCare enrolled Home Health agencies increased by 11.11 percent between State Fiscal Year 2013 and 2015, as noted in Figure 23. These agencies are distributed fairly evenly across the state, with more agencies concentrated in rural locations.

These agencies provide home health services for members that may include skilled nursing and private duty nursing for qualifying children and adult members. Some services are reimbursed through the Fee-for-Service system, while a number of members qualify for care in long-term care programs called Home and Community-Based Services Waivers.

Private duty nursing can be an area that is difficult to staff depending on an agency's ability to recruit experienced nurses for these long-term assignments to care for children in their homes.

Figure 23. State Fiscal Year 2013, through 2015 Home Health Services

Provider Network Type	SFY 2013	SFY 2014	SFY 2015
Home Health Agency	216	230	240

	SFY 2015		
Provider Network Type	Urban	Rural	Out of State
Home Health Agency	108	128	4

Urban counties include Canadian, Cleveland, Comanche, Creek, Logan, McClain, Oklahoma, Osage, Rogers, Tulsa and Wagoner.

Data is from Annual Reports and MMIS queries.

Provider networks are comprised of provider agencies that are contracted to provide health care services by locations, programs, types and specialties. Providers are being counted multiple times if they have multiple locations, programs, types and/or specialties.

Figure 24. State Fiscal Year 2015 Members Receiving Home Health Services

SFY2015	Members Served (Children Younger than Age 21)	Members Served (Adults Ages 21 and Older)	Members Served (All Ages)
Type of Service			
Home Health	1,812	4,071	5,883

Data is from Annual Reports and MMIS queries.

## Home and Community-Based Waiver Services

Enrollees who meet institutional levels of care and qualify for long-term care services may receive services through one of six Home and Community-Based Services Waivers. Figure 25 represents the waivers that were available during State Fiscal Year 2015. ADvantage, Community, Homeward Bound, In-home Supports for Children and In-home Supports for Adults are programs operated by the Department of Human Services. ADvantage serves frail elders 65 and older along with adults over 21 with physical disabilities. Community, Homeward Bound, In-home Supports for Children and Adults are offered to individuals with intellectual disabilities. OHCA operates the Living Choice demonstration program, which transitions qualifying individuals from nursing

facilities to the home and community-based settings of their choosing. While the Medically Fragile waiver program serves individuals who meet hospital or skilled nursing facility level of care, eligibility for this program begins at age 19. It is also operated by OHCA. Former waivers My Life; My Choice and Sooner Seniors were consolidated in ADvantage at the end of 2015.

Figure 25. State Fiscal Year 2015 Home & Community-Based Services Waiver

	ADvantage	Community	Homeward Bound
Members Served	21,395	3,058	675

	In-Home Support	Living Choice	Medically Fragile	My Life My Choice	Sooner Seniors
Members Served	1,902	320	83	105	56

Data is from Annual Reports and MMIS queries.

These home and community-based services programs require special conditions of provider participation and certification in order for providers to be contracted to furnish waiver services. [Appendix H](#) includes the information about new provider agency contracting and terminations of provider agencies for the five largest waivers, all of which are operated by DHS. These are ADvantage and the four waivers serving individuals with intellectual disabilities.

Home and community-based waiver service programs operational personnel advise that services are adequate, although certain areas of the state may have localized pockets or services that are difficult to staff.

### Other home-based services

The Program of All-Inclusive Care for the Elderly, PACE, is a unique program designed to help individuals receive services as needed in their own homes. 2015 brought the expansion of this community-based services program to three providers across the state. Oklahoma is fortunate to have in its ranks the first tribally sponsored PACE program, with Cherokee Elder Care as the sponsor. Additional fully-capitated PACE locations have been opened in Oklahoma City and Tulsa. PACE serves individuals who are 55 and older and meet nursing facility level of care.

## Access to Care Initiatives

In accordance with [42 CFR 447.203\(b\)\(8\)\(i\)](#) and [42 CFR 447.203\(b\)\(8\)\(ii\)](#)

### Availability of Telemedicine and Telehealth

Telemedicine is the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment that occurs in real time and when the member is actively participating during the transmission. OHCA approved policy to implement Telemedicine as a form of service delivery in 2009. Over the past seven years, this modality has increased in popularity as a means of affording access for multiple reasons.

More than 58,000 telemedicine claims were paid for more than 27,200 members in Calendar Year 2015. A telemedicine service is differentiated from others by the presence of a specific modifier on the claim. As appropriate, the telemedicine claims may be of a general nature as an office visit or a consultation and assessment. In addition, several behavioral health services have seen increased usage of telemedicine for psychiatric diagnostic testing, psychotherapy, pharmacological management and behavioral health service plan development or modification.

Prior to September 1, 2015, OHCA’s policy included reimbursement for an originating site provider in the telemedicine transaction. For services provided on or after this date, payment will be made only to the telemedicine provider. Through calendar year 2015, \$8.9 million in telemedicine services have been reimbursed to assist members with access to care.

The OHCA’s claims and reimbursement telemedicine trends for the reporting periods through December 2015 can be seen in the data in Figures 26 through 33 below.

Figure 26. Telemedicine Claims Paid by Category through December 2015

Reporting Period	Consultations Assessments	Office-Outpatient	Psychiatric Diagnostic/Testing	Psychotherapy	*Pharmacologic Management	Behavioral Health Svc Plan	Telehealth Modifier Total
2008	\$0	\$2,880	\$0	\$0	\$2,106	\$0	\$4,986
2009	\$114	\$6,225	\$0	\$124	\$71,090	\$0	\$77,553
2010	\$1,232	\$4,953	\$0	\$246	\$617,848	\$575	\$624,853
2011	\$2,802	\$5,730	\$0	\$22,714	\$1,217,143	\$683	\$1,249,072
2012	\$13,657	\$5,529	\$0	\$18,090	\$1,029,789	\$5,014	\$1,072,080
2013	\$22,389	\$1,346,105	\$18,169	\$31,265	\$225,432	\$0	\$1,643,360
2014	\$36,298	\$1,918,041	\$6,770	\$29,360	\$3,317	\$405	\$1,994,191
2015	\$35,977	\$2,125,500	\$13,331	\$120,893	\$0	\$1,228	\$2,296,928
<b>Totals:</b>	<b>\$112,468</b>	<b>\$5,414,964</b>	<b>\$38,270</b>	<b>\$222,692</b>	<b>\$3,166,724</b>	<b>\$7,905</b>	<b>\$8,963,023</b>
						<b>Total</b>	<b>\$8,963,023</b>

Figure 27. Telehealth Provider and Originating Site Total Dollars Spent through December 2015

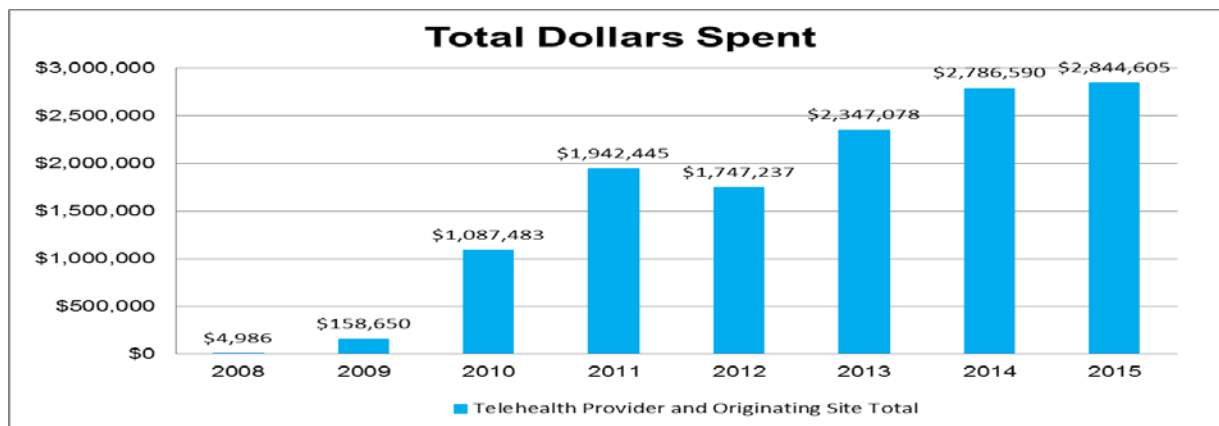
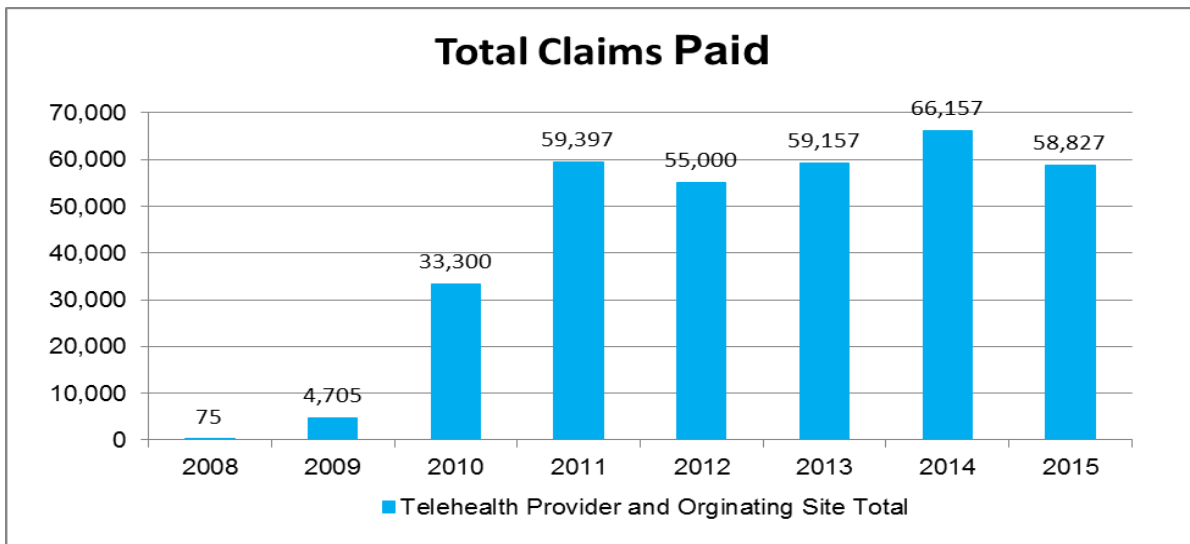


Figure 28. Number of Telemedicine Claims Paid by Category through December 2015

Reporting Period	Consultations-Assessments	Office-Outpatient	Psychiatric Diagnostic/Testing	Psychotherapy	*Pharmacologic Management	Behavioral Health Svc Plan	Telehealth Modifier Total
2008	0	33	0	0	42	0	75
2009	1	63	0	2	1,408	0	1,474
2010	26	51	0	5	12,700	11	12,793
2011	190	51	0	606	25,435	14	26,296
2012	359	59	0	442	19,922	258	21,040
2013	301	19,162	141	407	3,414	164	23,589
2014	387	25,478	47	415	66	301	26,694
2015	379	28,588	123	1,811	0	639	31,540
<b>Totals:</b>	<b>1,643</b>	<b>73,485</b>	<b>311</b>	<b>3,688</b>	<b>62,987</b>	<b>1,387</b>	<b>143,501</b>
						<b>Total</b>	<b>143,501</b>

\* Due to CPT code changes from CMS for 2013, Pharmacologic Management claims paid in 2013 will be included with and listed under the Office-Outpatient category

Figure 29. Telehealth Provider and Originating Site Total Claims Paid through December 2015



The OHCA's providers' and members' telemedicine trends for the reporting periods through December 2015 can be seen in the data below.

Figure 30. Number of Telemedicine Providers Serving SoonerCare Members

Reporting Period	Consultations-Assessments	Office-Outpatient	Psychiatric Diagnostic/Testing	Psychotherapy	*Pharmacologic Management	Behavioral Health Svc Plan	Telehealth Modifier Total
2008	0	5	0	0	5	0	10
2009	1	11	0	1	16	0	29
2010	8	8	0	3	58	5	82
2011	11	18	0	13	80	4	126
2012	47	17	0	30	63	15	172
2013	89	192	16	37	23	6	363
2014	110	289	10	73	6	12	500
2015	107	347	11	117	0	23	605
<b>Totals:</b>	<b>373</b>	<b>887</b>	<b>37</b>	<b>274</b>	<b>251</b>	<b>65</b>	<b>1,887</b>
						<b>Total</b>	<b>1,887</b>



Figure 31. Number of Telehealth Providers and Originating Sites Serving SoonerCare Members through December 2015

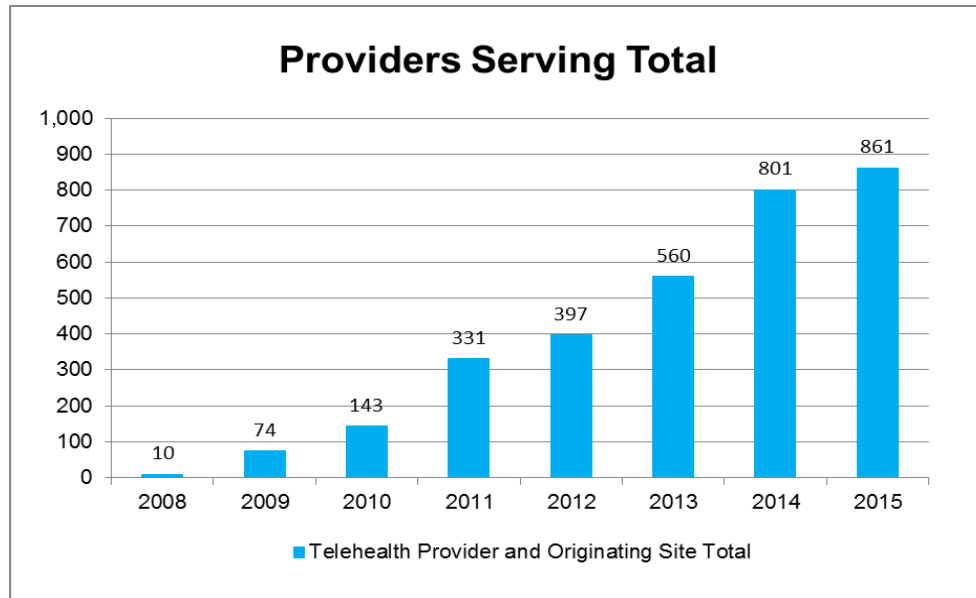
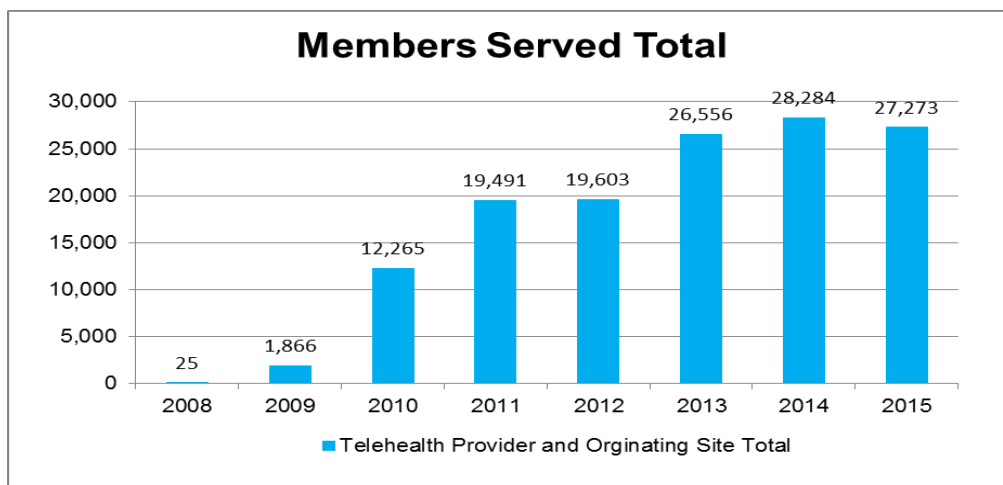


Figure 32. Number of SoonerCare Members with a Telemedicine Claim

Reporting Period	Consultations-Assessments	Office-Outpatient	Psychiatric Diagnostic/Testing	Psychotherapy	*Pharmacologic Management	Behavioral Health Svc Plan	Telehealth Modifier Total
2008	0	15	0	0	10	0	25
2009	1	29	0	2	532	0	564
2010	26	28	0	5	4,889	11	4,959
2011	182	37	0	600	8,058	14	8,891
2012	348	37	0	417	7,018	243	8,063
2013	294	10,264	140	115	2,532	157	13,502
2014	386	13,458	45	191	64	289	14,433
2015	379	14,354	123	653	0	564	16,073
<b>Totals:</b>	<b>1,616</b>	<b>38,222</b>	<b>308</b>	<b>1,983</b>	<b>23,103</b>	<b>1,278</b>	<b>66,510</b>
						<b>Total</b>	<b>66,510</b>

\*Due to CPT code changes from CMS for 2013, Pharmacologic Management claims paid in 2013 will be included with and listed under the Office-Outpatient category

Figure 33. Number of SoonerCare Members Served by a Telehealth Provider and/or Originating Site through December 2015



## **Access to Care Issues Identified in the Analysis**

*In accordance with [42 CFR 447.203\(b\)\(8\)](#)*

SoonerCare members generally express satisfaction with their care, as noted in the CAHPS® results featured in this report. OHCA makes available a number of helplines to assist members and providers with access to care. OHCA's premier delivery system, the SoonerCare Choice Patient-Centered Medical Home is designed to foster the alignment and coordination of care through the primary care provider. Fully 70 percent of beneficiaries are enrolled in this program which addresses primary and preventive care, along with referrals to specialty care where appropriate. Behavioral health and pregnancy-related services are self-referred. Members may access these services from any contracted network provider. Even though Oklahoma is a state with several designated health professional shortages, OHCA strives to ensure that members have access to quality health care services. Ongoing monitoring is required so that any new needs with regard to access can be identified and strategies implemented to address particular needs.

## **Recommendations on the Sufficiency of Access to Care**

*In accordance with [42 CFR 447.203\(b\)\(7\)](#) and [42 CFR 447.203\(b\)\(8\)](#)*

As emphasized in the [Strategic Plan](#), OHCA, in spite of budget reductions and revenue losses, continues efforts to develop and maintain an adequate provider network to provide statewide access for SoonerCare members. Provider recruitment operations continue to be performed on a regular basis by the Provider Services unit to continue to target providers that are not currently contracted with OHCA to help reduce the shortage of available providers. These and the ongoing modernization of the online enrollment system for SoonerCare are resulting in better maintenance of coverage and consistent treatment for enrollees. Further, OHCA offers various helplines to assist members with access to care concerns specific to their situations.

OHCA has no additional recommendations on the sufficiency of access to care at this time. Rather, the agency reaffirms its commitment to the OHCA vision – which speaks both to healthy Oklahomans and access to care.

## **Annual Plan Update Provisions**

*In accordance with [42 CFR 447.203\(b\)\(4\)](#) and [42 CFR 447.203\(b\)\(6\)\(i\)](#)*

The OHCA will update this plan at least annually, based on feedback from members and providers alike. The Medical Advisory Committee, in consultation with agency staff, will coordinate and develop the report.

As the State seeks to revise any payments to providers, an updated version of the report will be prepared to include an analysis of the effect of the change in payment rates on access and a specific analysis of the information and concerns expressed in input from affected stakeholders. The updated report will accompany any State Plan Amendment requests filed with the Centers for Medicare and Medicaid Services.

OHCA generally offers wholehearted opportunities for stakeholder engagement when provider rate changes are initiated. This includes the forums of Tribal Consultation, meetings with provider groups and advocates, the State Plan Amendment Committee and, ultimately, the Board meeting. Public comment is welcome in writing or in oral presentations at the State Plan Amendment Rate Committee and Board. Payment policies may also be discussed at the Medical Advisory Committee or Behavioral Health Advisory Committee. Input may be used to change proposals to make them more generally acceptable to stakeholders when possible.

## Appendix A

Reporting and Statistics staff presented the following information to the OHCA Board on March 27, 2014, based on data that was compiled in February 2014. According to America's Health Ranking, Oklahoma is shown as forty-eighth in the number of primary care physicians (including general practice, family practice, OB-GYN, pediatrics and internal medicine) with 82.7 per 100,000 persons; however, most national studies of primary care do not include non-physician practitioners in their analyses.

In considering the primary care practitioners contracted as SoonerCare providers, an additional comparison can be made to identify the numbers of practitioners that participate as Patient-Centered Medical Home providers for the 70 percent of covered lives in SoonerCare Choice.

The provider capacity available to serve new SoonerCare Choice members is demonstrated below:

SoonerCare Choice Medical Homes - January 2014		
Primary Care Provider Specialty	Total Contracted	Total PCMH
Family Practitioner	2,024	803
General Internist	65	29
General Pediatrician	956	376
General Practitioner	344	73
Internist	1,315	220
Nurse Practitioner *	1,077	395
Physician Assistant *	1,238	294
<b>Total (Unduplicated)**</b>	<b>6,804</b>	<b>2,119</b>
*Not included in Primary Care Healthcare Professional Shortage Area (HPSA) definition of PCP		
**PCPs can have multiple specialty code descriptions.		





## Appendix B

# OHCA Quick Reference Guide

## Eligibility Verification System

In OKC area, call (405) 840-0650, opt. 1 or toll-free, (800) 767-3949, opt. 1. You must have the SoonerCare Provider ID Number and EVS PIN. Enter your 9-digit provider number and location code followed by #. Enter your 4-digit EVS PIN followed by #.

**Forgot your PIN?** See Internet Help Desk under call tree options below.

<b>OHCA CALL TREE OPTIONS</b>			
Toll-Free: (800) 522-0114		Oklahoma City Area: (405) 522-6205	
Option	Unit	Call Types	Hours
1	OHCA Call Center	For policy questions	8 am - 5 pm M-F
2, 1	Internet Help Desk	For Internet/EVS PIN resets or assistance with SoonerCare Provider Portal	8 am - noon & 1-5 pm M-F
2, 2	EDI Help Desk	For assistance with batch transactions	8 am - noon & 1-5 pm M-F
3, 1	Adjustments	For questions concerning paid claim adjustments or outstanding A/R inquiries	7:30 am - 4 pm M, W, Th, F Noon - 4 pm Tues
3, 2	Third Party Liability	For health insurance injury/accident questionnaires, third party insurance inquiries, estate recovery or subrogation issues	8 am - 5 pm M-F
4	Pharmacy Help Desk (issues)	For pharmacy issues	8:30 am - 7 pm M-F 9 am - 5 pm Sat; 11 am - 5 pm Sun
5	Provider Contracts	For provider contracts	Same hours as OHCA Call Center
6, 1	Pharmacy Help Desk (authorizations)	For pharmacy authorizations	8:30 am - 7 pm M-F 9 am - 5 pm Sat; 11 am - 5 pm Sun
6, 2, 1	Behavioral Health Authorization (OP)	For Outpatient Behavioral Health authorizations	8 am - 5 pm M-F
6, 2, 2	Behavioral Health Authorization (IP)	For Inpatient Behavioral Health authorizations	8 am - 5 pm M-F
6, 3	Medical Authorizations (status)	For status of a medical authorization	Same hours as OHCA Call Center
6, 4	Prior Authorizations	For prior authorizations for DME, medical services and emergency services for aliens	8 am - 5 pm M-F
6, 5	Dental Authorizations	For Dental authorizations (status only)	8 am - 5 pm M-F

Revised: Dec 1, 2015

## Appendix C

The below chart represents the total number of calls handled by the OHCA's Call Trees for State Fiscal Year 2015.

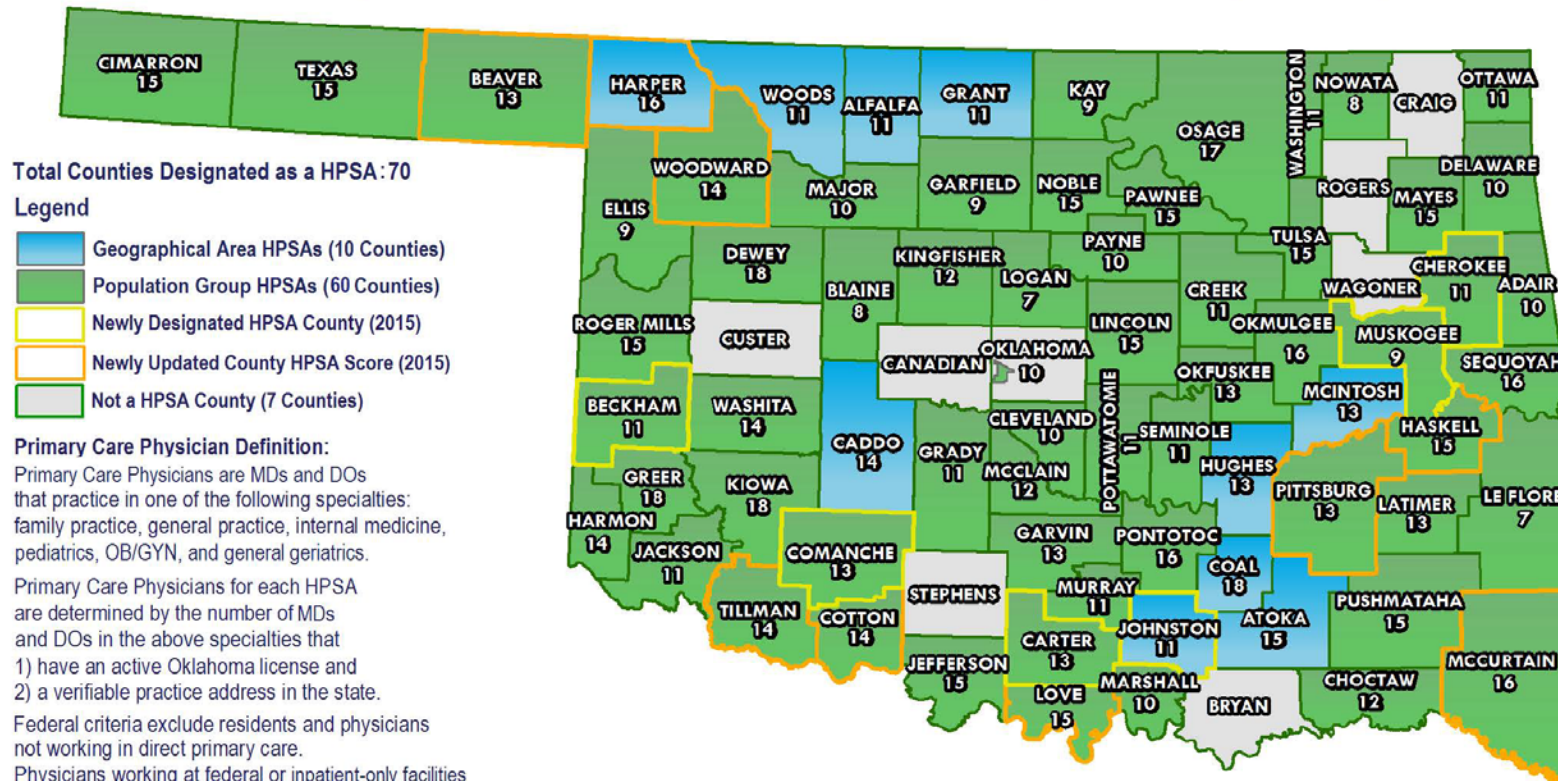
SFY 2015	Provider		Member	
	Answer	Abandon	Answer	Abandon
7/1/2014	49,444	4,082	84,118	25,877
8/1/2014	44,076	4,582	87,841	22,645
9/1/2014	46,624	4,315	93,009	23,687
10/1/2014	49,482	2,874	98,486	8,093
11/1/2014	37,865	3,387	78,065	7,949
12/1/2014	45,197	1,926	94,401	16,939
1/1/2015	47,295	2,177	99,721	12,945
2/1/2015	41,640	1,096	90,946	5,307
3/1/2015	46,975	800	102,887	5,409
4/1/2015	46,128	747	92,541	3,002
5/1/2015	40,088	713	79,750	2,557
6/1/2015	48,580	1,128	99,105	5,215
<b>Total</b>	<b>543,394</b>	<b>27,827</b>	<b>1,100,870</b>	<b>139,625</b>
<b>%</b>	<b>95.13%</b>	<b>4.87%</b>	<b>88.74%</b>	<b>11.26%</b>

Abandon is a call in which the caller hangs up before we can answer



## Appendix D

# Primary Care Health Professional Shortage Areas (HPSAs)



### Notes on Health Professional Shortage Areas

HPSAs demonstrate a critical shortage of primary care physicians, in accordance with the federal Health Resources & Services Administration (HRSA) Shortage Designation Branch guidelines. Each type of HPSA is further classified into one of the following categories: geographic, population group, facility, or automatic. Each HPSA is given a score by the Shortage Designation Branch based on certain specific criteria for each type of HPSA. This score indicates the degree of shortage. HPSA designations are updated every 3-4 years.\*

\*As of December 2015, 1 new county and 6 existing counties were requested to be designated as a Primary Care HPSA. These designations are under review by HRSA, with a decision expected in Spring 2016.

**Data Source:** HRSA Datawarehouse, SDMS, Office of Primary Care and Rural Health Development  
 Projection/Coordinate System: USGS Albers Equal Area Conic

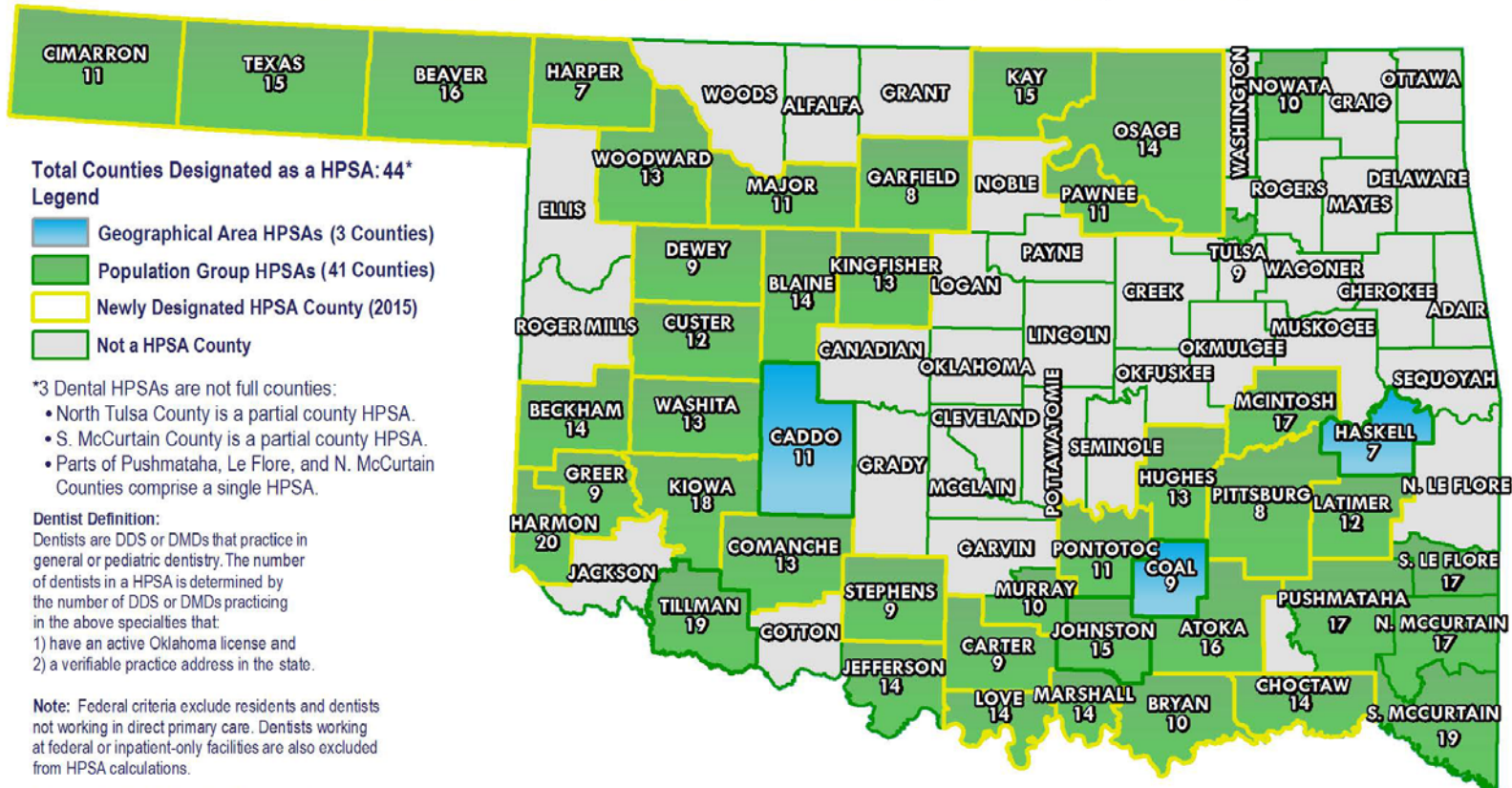
Created: 02/02/2016



**Disclaimer:** This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.

## Appendix D (continued)

### Dental Health Professional Shortage Areas (HPSAs)



**Notes on Health Professional Shortage Areas:**

HPSAs demonstrate a critical shortage of dentists, in accordance with the federal Health Resources & Services Administration (HRSA) Shortage Designation Branch guidelines. Each type of HPSA is further classified into one of the following categories: geographic, population group, facility, or automatic. Each HPSA is given a score by the Shortage Designation Branch based on certain specific criteria for each type of HPSA. This score indicates the degree of shortage. HPSA designations are updated every 3-4 years.\*

\*As of December 2015, 22 additional counties were requested to be designated as a Dental HPSA. These designations are under review by HRSA, with a decision expected in spring 2016.

Data Source: HRSA Datawarehouse, SDMS, Office of Primary Care

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 02/03/2016



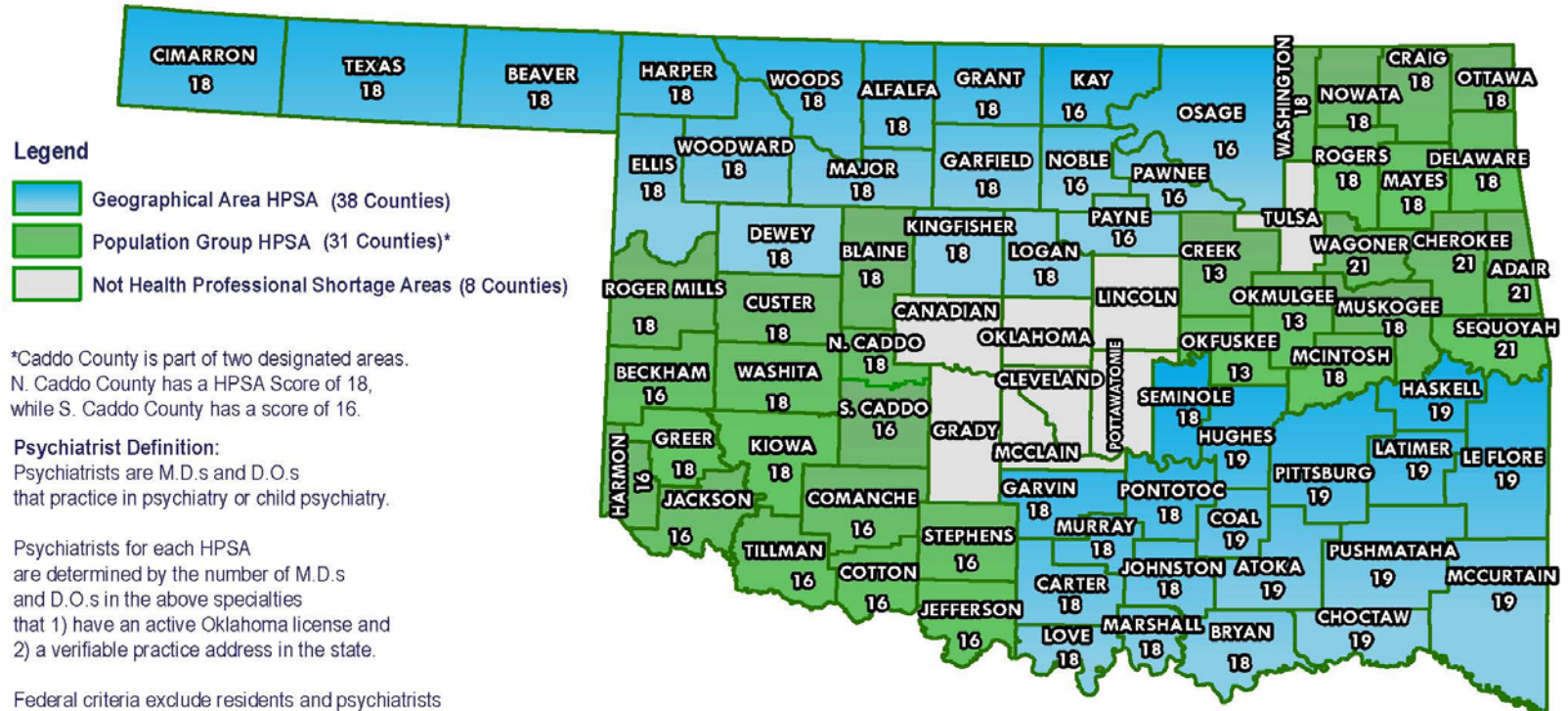
Office of Primary Care & Rural Health Development  
Center for Health Innovation & Effectiveness  
Oklahoma State Department of Health

**Disclaimer:** This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.



## Appendix D (continued)

# Mental Health Professional Shortage Areas (HPSAs)



**Legend**

- Geographical Area HPSA (38 Counties)
- Population Group HPSA (31 Counties)\*
- Not Health Professional Shortage Areas (8 Counties)

\*Caddo County is part of two designated areas. N. Caddo County has a HPSA Score of 18, while S. Caddo County has a score of 16.

**Psychiatrist Definition:**

Psychiatrists are M.D.s and D.O.s that practice in psychiatry or child psychiatry.

Psychiatrists for each HPSA are determined by the number of M.D.s and D.O.s in the above specialties that 1) have an active Oklahoma license and 2) a verifiable practice address in the state.

Federal criteria exclude residents and psychiatrists not working in direct mental health care. Physicians working at federal or inpatient only facilities are also excluded from HPSA calculations.

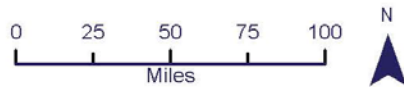
**Notes on Health Professional Shortage Areas:**

Health Professional Shortage Areas (HPSAs) demonstrate a critical shortage of psychiatrists, in accordance with the federal Health Resources & Services Administration (HRSA) Shortage Designation Branch guidelines. Each type of HPSA is further classified into one of the following categories: geographic, population group, facility, or automatic. Each HPSA is given a score by the Shortage Designation Branch based on certain specific criteria for each type of HPSA. This score indicates the degree of shortage. HPSA designations are updated every 3-4 years.

**Data Source:** HRSA Datawarehouse, SDMS, Office of Primary Care

**Projection/Coordinate System:** USGS Albers Equal Area Conic

**Created:** 1.19.2016



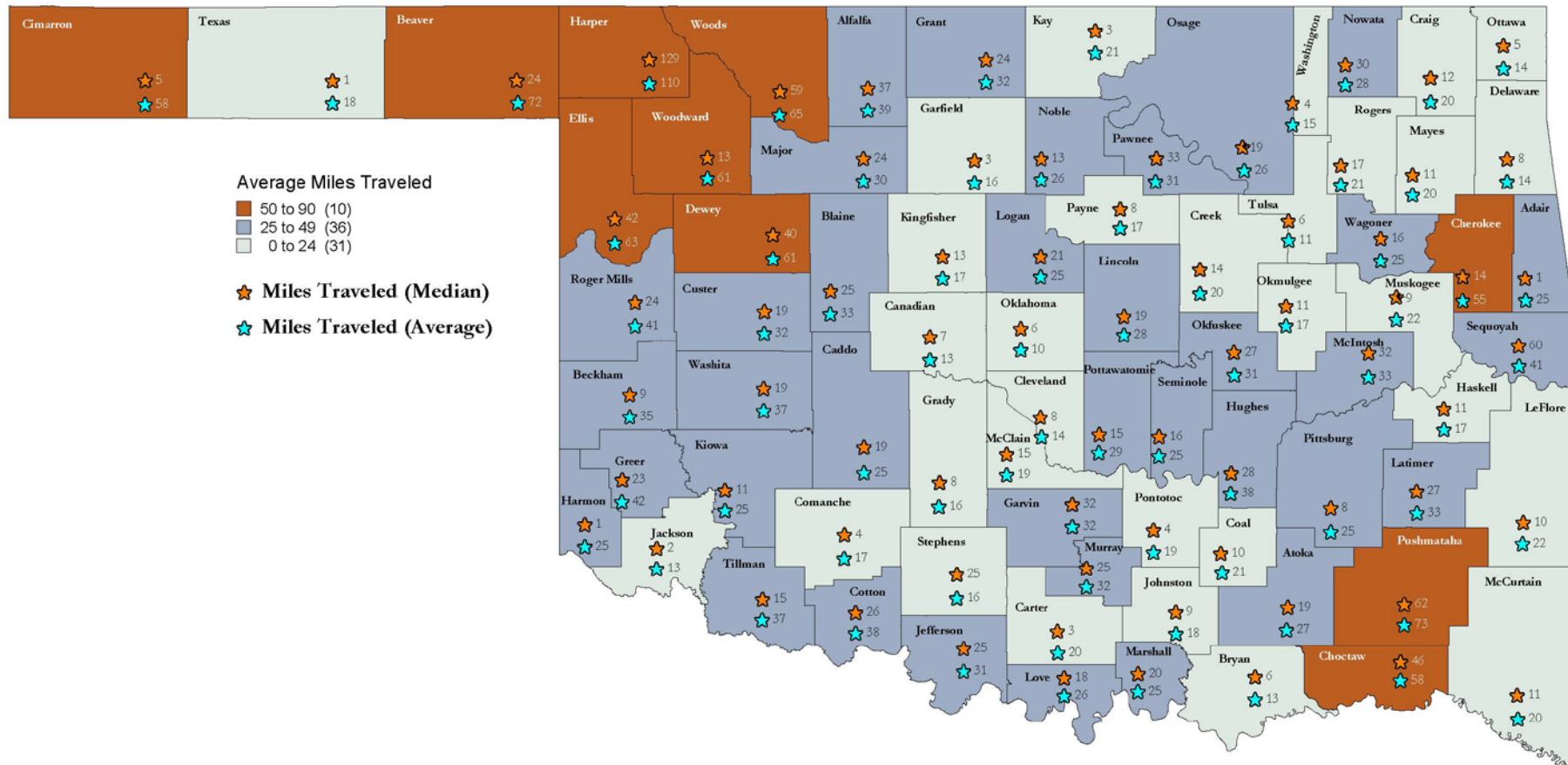
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Office of Primary Care & Rural Health Development  
Center for Health Innovation & Effectiveness  
Oklahoma State Department of Health

# SoonerCare Members Miles Traveled to PCP

## CY 2015



The data above represents the median or average miles traveled by a SoonerCare member to a SoonerCare Primary Care Provider (PCP) located in the state of Oklahoma. PCPs consist of all providers contracted as an Advanced Registered Nurse Practitioner, Family Practitioner, General Pediatrician, General Practitioner, Internist, General Internist, and Physician Assistant. The miles were identified from paid HCFA 1500 claims incurred and paid during CY2015. Claims from referrals are excluded. Calculations are based on number of unique PCPs, not number of visits. Both the median and average miles traveled were included for comparisons.

2/25/2016

# Appendix F

## Contracted Specialty Providers

Provider Network Type	Specialty Type	Provider Network
Adult Day Care	Adult Day Care	53
Advance Practice Nurse	Certified Nurse Midwife	55
Advance Practice Nurse	Certified Nurse Practitioner	1,784
Advance Practice Nurse	Clinical Nurse Specialist	126
Advantage Home Delivery Meal	Advantage Home Delivered Meal	20
Ambulatory Surgical Center (ASC)	Ambulatory Surgical Center (ASC)	58
Anesthesiology Assistant	Anesthesiology Assistant	15
Audiologist	Audiologist	105
Behavioral Health Provider	Certified Social Worker	38
Behavioral Health Provider	Family Training	11
Behavioral Health Provider	Health Home	130
Behavioral Health Provider	LADC/MH	32
Behavioral Health Provider	Licensed Alcohol and Drug Counselor	619
Behavioral Health Provider	Licensed Behavioral Practitioner	221
Behavioral Health Provider	Licensed Clinical Social Worker	740
Behavioral Health Provider	Licensed Marital and Family Therapist	303
Behavioral Health Provider	Licensed Professional Counselor	2,561
Behavioral Health Provider	Outpatient Substance Use	1
Behavioral Health Provider	Para Professional	3,979
Behavioral Health Provider	Under Supervision	2,634
Capitation Provider - IHS (Indian Health Services) Case Manager	IHS Case Manager	85
Capitation Provider - PACE (Program of All-Inclusive Care for the Elderly)	PACE	4
Case Manager	Case Management Agency	73
Case Manager	Child Welfare Targeted Case Management	1
Case Manager	DDSD/ICFMR Waiver	1
Case Manager	E.I. Case Mgmt	1
Case Manager	High Risk Pregnant Women	1
Case Manager	OJA Targeted Case Management	1
Certified Registered Nurse Anesthetist (CRNA)	Certified Registered Nurse Anesthetist (CRNA)	1,046
Chiropractor	Chiropractor	32
Clinic - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	EPSDT Clinic	2
Clinic - Family Planning Clinic	Family Planning Clinic	3
Clinic - Federally Qualified Health Clinic (FQHC)	Federally Qualified Health Clinic (FQHC)	78
Clinic - Native American	IHS/Tribal Clinic	65
Clinic - Rural Health	Free Standing Rural Health Clinic	14
Clinic - Rural Health	Hospital Based Rural Health Clinic	43
Clinic - Rural Health	Rural Health Clinic (RHC)	10
Clinic - Tuberculosis	Tuberculosis Clinic	2
Community Mental Health Center (CMHC)	Community Mental Health Center (CMHC)	96
County/City Health Department	Children First	1
County/City Health Department	City/County Health Department	2
County/City Health Department	County Health Department	1
DDSD - Architectural Modification	Architectural Modification	31
DDSD - Community Transition Services	Community Transition Services	56
DDSD - Employee Training Specialist	Employee Training Specialist	82
DDSD - Group Home	Waiver Group Home	43
DDSD - Homemaker Services	Homemaker Services	79
DDSD - Volunteer Transportation Provider	Volunteer	256
Dentist	Endodontist	16
Dentist	General Dental Anesthesia	8
Dentist	General Dentistry Practitioner	1,133
Dentist	General Dentist with Orthodontic Priviledges	8
Dentist	Oral Pathologist	6
Dentist	Oral Surgeon	84
Dentist	Orthodontist	78
Dentist	Pediatric Dentist	91
Dentist	Periodontist	11
Dentist	Prosthodontist	7
Direct Support Services	Agency Companion	51
Direct Support Services	Daily Living Supports	78
Direct Support Services	Habilitation Training Specialist	116

DME/Medical Supply Dealer	Assistive Technology	2
DME/Medical Supply Dealer	DME/Medical Supply Dealer	1,178
DME/Medical Supply Dealer	Hearing Aid Dealer	2
End-Stage Renal Disease Clinic	Free-standing Renal Dialysis Clinic	107
Extended Care and Skilled Nursing Facilities	Nursing Facility	258
Extended Care Facility - Facility Based Respite Care	Respite Care - Facility Based	102
Extended Care Facility - ICF/MR	ICF/IID < 6 Beds	10
Extended Care Facility - ICF/MR	ICF/IID > 6 Beds	81
Genetic Counselor	Genetic Counselor	11
Home Health Agency	Home Health Agency	229
Home Health Agency	Specialized Home Nursing Services	46
Hospital - Acute Care	Acute Care	821
Hospital - Acute Care	Rehabilitation	13
Hospital - Critical Access	Critical Access	101
Hospital - Native American	IHS Hospital	11
Hospital - Psychiatric	Psychiatric	23
Hospital - Resident Treatment Center	Children's Specialty	15
Hospital - Resident Treatment Center	Residential Treatment Center	28
Laboratory	Independent Lab	300
Lactation Consultant	Lactation Consultant	47
Long Term Care Authority Hospice	Hospice	81
Maternal/Child Health LCSW	Maternal/Child Health LCSW	10
Nursing Agency - Non-Skilled	Registered Nurse (RN)	40
Nursing Agency - Skilled	Skilled Nursing Agency	105
Nutritionist	Nutritionist	175
Optician	Optician	72
Optometrist	Optometrist	660
Outpatient Behavioral Health Agency	DMHSAS Contracted	111
Outpatient Behavioral Health Agency	Outpatient Mental Health Clinic	459
Personal Care Services	Assisted Living	9
Personal Care Services	Consumer Directed Personal Care	1,411
Personal Care Services	Personal Care - Agency	65
Personal Care Services	Personal Care - Individual	61
Pharmacy	Pharmacy	1,246
Physician - Allergist	Allergist	51
Physician - Anesthesiologist	Anesthesiologist	1,169
Physician Assistant	Physician Assistant	1,532
Physician - Cardiologist	Cardiologist	632
Physician - General/Family Medicine	Family Practitioner	2,593
Physician - General/Family Medicine	General Practitioner	465
Physician - General Pediatrician	General Pediatrician	1,593
Physician - General Surgeon	General Surgeon	712
Physician - Internist	General Internist	126
Physician - Internist	Internist	2,136
Physician - Obstetrician/Gynecologist	Maternal Fetal Medicine	45
Physician - Obstetrician/Gynecologist	Obstetrician/Gynecologist	750
Physician - Other Specialist	Abdominal Surgery	1
Physician - Other Specialist	Adolescent Medicine	14
Physician - Other Specialist	Cardiovascular Surgeon	88
Physician - Other Specialist	Critical Care	165
Physician - Other Specialist	Dermatologist	92
Physician - Other Specialist	Diabetes	12
Physician - Other Specialist	Emergency Medicine Practitioner	1,453
Physician - Other Specialist	Endocrinology	78
Physician - Other Specialist	Gastroenterologist	210
Physician - Other Specialist	Geriatric Practitioner	71
Physician - Other Specialist	Geriatric Psychiatry	6
Physician - Other Specialist	Gynecological Oncology	18
Physician - Other Specialist	Hand Surgeon	31
Physician - Other Specialist	Hematology	20
Physician - Other Specialist	Hematology Oncology	100
Physician - Other Specialist	Immunology	8
Physician - Other Specialist	Infectious Diseases	69
Physician - Other Specialist	Laryngology	8
Physician - Other Specialist	Maxillofacial Surgery	2
Physician - Other Specialist	Nephrologist	197
Physician - Other Specialist	Neurological Surgeon	167



Physician - Other Specialist	Neurologist	291
Physician - Other Specialist	Nuclear Medicine Practitioner	22
Physician - Other Specialist	Occupational Medicine	9
Physician - Other Specialist	Oncologist	195
Physician - Other Specialist	Ophthalmologist	286
Physician - Other Specialist	Orthopedic Surgeon	532
Physician - Other Specialist	Otologist, Laryngologist, Rhinologist	217
Physician - Other Specialist	Pain Medicine	80
Physician - Other Specialist	Pathologist	286
Physician - Other Specialist	Physical Medicine and Rehabilitation Practitioner	104
Physician - Other Specialist	Plastic Surgeon	82
Physician - Other Specialist	Podiatrist	111
Physician - Other Specialist	Proctologist	2
Physician - Other Specialist	Psychiatrist	534
Physician - Other Specialist	Pulmonary Diseases	113
Physician - Other Specialist	Pulmonary Disease Specialist	187
Physician - Other Specialist	Radiation Therapist	28
Physician - Other Specialist	Rheumatology	46
Physician - Other Specialist	Rhinology	2
Physician - Other Specialist	Sleep Medicine	15
Physician - Other Specialist	Sports Medicine	42
Physician - Other Specialist	Surgery Colon and Rectal	12
Physician - Other Specialist	Surgery Head and Neck	12
Physician - Other Specialist	Surgery Traumatic	25
Physician - Other Specialist	Thoracic Surgeon	89
Physician - Other Specialist	Transplant Surgery	24
Physician - Other Specialist	Urologist	202
Physician - Pediatric Specialist	Internal Medicine Pediatrics	80
Physician - Pediatric Specialist	Neonatal Perinatal Medicine	113
Physician - Pediatric Specialist	Neonatologist	199
Physician - Pediatric Specialist	Neurology Child	50
Physician - Pediatric Specialist	Pediatric Critical Care Medicine	163
Physician - Pediatric Specialist	Pediatric Emergency Med (Pediatrics)	260
Physician - Pediatric Specialist	Pediatric Endocrinology	71
Physician - Pediatric Specialist	Pediatric Gastroenterology	80
Physician - Pediatric Specialist	Pediatric Hematology Oncology	102
Physician - Pediatric Specialist	Pediatric Infectious Disease	34
Physician - Pediatric Specialist	Pediatric Nephrology	43
Physician - Pediatric Specialist	Pediatric Ophthalmology	6
Physician - Pediatric Specialist	Pediatric Orthopedics	20
Physician - Pediatric Specialist	Pediatric Otolaryngology	30
Physician - Pediatric Specialist	Pediatric Pathology	12
Physician - Pediatric Specialist	Pediatric Pulmonology	73
Physician - Pediatric Specialist	Pediatric Rheumatology	22
Physician - Pediatric Specialist	Pediatrics Allergy	16
Physician - Pediatric Specialist	Pediatrics Cardiology	165
Physician - Pediatric Specialist	Pediatric Surgeon	90
Physician - Pediatric Specialist	Pediatric Surgery (Neurology)	45
Physician - Pediatric Specialist	Pediatric Urology	13
Physician - Pediatric Specialist	Psychiatry Child	44
Physician - Pediatric Specialist	Surgery Pediatric	19
Physician - Radiologist	Radiologist	1430
Preadmission Screening and Resident Review (PASRR)	PASRR CMHC	5
Program for Assertive Community Treatment (PACT)	PACT	11
Psychologist	Psychologist	364
Registered Nurse	Registered Nurse	17
Residential Behavior Management Services (RBMS)	RBMS Room and Board	2
Residential Behavior Management Services (RBMS)	RBMS Therapeutic Foster Care	20
Respite Care	Respite Care - Community Based	97
Room and Board	Room and Board	7
School Corporation	School Based Para Professional	3
School Corporation	School Corporation	247
Specialized Foster Care/MR	Specialized Foster Care/MR	172
Therapist - Occupational	Occupational Therapist	250
Therapist - Physical	Physical Therapist	603
Therapist - Speech/Hearing	Speech/Hearing Therapist	592
Transportation Provider	Air Ambulance	104
Transportation Provider	Ambulance	196
Transportation Provider	Common Carrier (Non-ambulatory)	1
X-Ray Clinic	Independent Diagnostics Testing Facility	32
X-Ray Clinic	Mobile X-Ray	18

Data is from Annual Reports and MMIS queries.



## Appendix G

### Contracted Providers by Type

Provider Network Type	Provider Network
Adult Day Care	53
Advance Practice Nurse	1,952
Advantage Home Delivery Meal	20
Ambulatory Surgical Center (ASC)	58
Anesthesiology Assistant	15
Audiologist	105
Behavioral Health Provider	10,433
Capitation Provider - IHS (Indian Health Services) Case Manager	85
Capitation Provider - PACE (Program of All-Inclusive Care for the Elderly)	4
Case Manager	78
Certified Registered Nurse Anesthetist (CRNA)	1,046
Chiropractor	32
Clinic - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	2
Clinic - Family Planning Clinic	3
Clinic - Federally Qualified Health Clinic (FQHC)	78
Clinic - Native American	65
Clinic - Rural Health	66
Clinic - Tuberculosis	2
Community Mental Health Center (CMHC)	96
County/City Health Department	3
DDSD - Architectural Modification	31
DDSD - Community Transition Services	56
DDSD - Employee Training Specialist	82
DDSD - Group Home	43
DDSD - Homemaker Services	79
DDSD - Volunteer Transportation Provider	256
Dentist	1,350
Direct Support Services	245
DME/Medical Supply Dealer	1,178
End-Stage Renal Disease Clinic	107
Extended Care and Skilled Nursing Facilities	258
Extended Care Facility - Facility Based Respite Care	102
Extended Care Facility - ICF/MR	89

Genetic Counselor	11
Home Health Agency	240
Hospital - Acute Care	829
Hospital - Critical Access	101
Hospital - Native American	11
Hospital - Psychiatric	23
Hospital - Resident Treatment Center	42
Laboratory	300
Lactation Consultant	47
Long Term Care Authority Hospice	81
Maternal/Child Health LCSW	10
Nursing Agency - Non-Skilled	40
Nursing Agency - Skilled	105
Nutritionist	175
Optician	72
Optometrist	660
Outpatient Behavioral Health Agency	565
Personal Care Services	1,521
Pharmacy	1,246
Physician - Allergist	51
Physician - Anesthesiologist	1,169
Physician Assistant	1,532
Physician - Cardiologist	632
Physician - General/Family Medicine	2,935
Physician - General Pediatrician	1,593
Physician - General Surgeon	712
Physician - Internist	2,230
Physician - Obstetrician/Gynecologist	751
Physician - Other Specialist	5,986
Physician - Pediatric Specialist	1,682
Physician - Radiologist	1,430
Preadmission Screening and Resident Review (PASRR)	5
Program for Assertive Community Treatment (PACT)	11
Psychologist	364
Registered Nurse	17
Residential Behavior Management Services (RBMS)	22
Respite Care	97
Room and Board	7
School Corporation	250
Specialized Foster Care/MR	172
Therapist - Occupational	250
Therapist - Physical	603
Therapist - Speech/Hearing	592
Transportation Provider	290
X-Ray Clinic	49

Data is from Annual Reports and MMIS queries.

## Appendix H

The table below represents ADvantage and Developmental Disabilities waivers counts of new and closed provider by provider type for State Fiscal Year 2014 and 2015.

Type	Description	SFY14		SFY15	
		# New	Cancelled	# New	Cancelled
11	Mental Health Prov.	9		10	
16	Nurse	14		19	
17	Therapist	25		26	
20	Audiologist	7		3	
23	Nutritionist	5		9	
26	Trans. Prov.	22	1	58	14
27	Dentist	9		16	
38	Respite Care	9	1	7	15
39	Direct Supp. Ser.	3		5	
40	Spec. Foster Care	9	1	4	17
41	Adult Day Care	5		2	
42	Employee Trng Spec.	1			
43	Homemaker	2		1	2
44	Arch. Mod.	2		1	
50	Group Home	1			
58	Comm. Trans. Ser.	4		1	

## Appendix I

The following chart represents total calls handled by provider services' staff for State Fiscal Year 2014 and 2015.

