

# Oklahoma **HealthCare** Authority



Service Efforts & Accomplishments SFY2015



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# INTRODUCTION

Welcome to the Oklahoma Health Care Authority (OHCA) Service Efforts and Accomplishment Report for state fiscal year (SFY) 2015.

Since January 1995, OHCA has been the primary purchaser of state and federally funded health care for low income Oklahomans. OHCA operates as the state's Medicaid agency by authority created under Title XIX of the Social Security Act of 1965. The agency strives to ensure that the health care provided meets acceptable standards of care and those citizens who rely on state-purchased health care are served in a comprehensive and effective manner.

Because OHCA's programs, including SoonerCare and Insure Oklahoma, are critical in providing care to Oklahomans, the performance and administration of these programs must be continuously examined and evaluated. Stakeholders need understandable, relevant performance data to stay informed about the progress being made towards a healthier Oklahoma.

This report is intended to provide information needed to evaluate the agency's performance. It includes key performance measures tracked by the agency to ensure OHCA's efforts are consistent with its state-mandated mission and the strategic goals and objectives set forth by its Board of Directors. The report shows how the agency has performed in each of seven goal areas. For quick reference, agency goals, objectives and key performance measures are presented in a dashboard format to allow the reader to see performance data "at-a-glance" along with an indication of how it's trending. The technical notes section includes specifics on the data presented in the dashboard. For more in-depth analysis, each agency goal is presented along with the objectives and performance measures related to it. Narrative is included to provide context, and anticipate future events that may impact the goal area.

The key performance measures reported are intended to provide data about the resources OHCA has been allocated (inputs), the work done (outputs), and the success in meeting objectives (outcomes). Expended resources can be compared to those outcomes and outputs (efficiencies).

While the information contained in this report will help the reader to evaluate the performance of the agency, it doesn't tell the entire story. The dashboards and charts are a quantitative glimpse of how Oklahomans are impacted by SoonerCare through greater access to health care and services.

For more information about SoonerCare please visit: <http://www.okhca.org/>.

We hope you find this report informative and helpful.

# OHCA MISSION & GOALS

## **Mission Statement**

Our mission is to responsibly purchase state and federally funded health care in the most efficient and comprehensive manner possible; and to analyze and recommend strategies for optimizing the accessibility and quality of health care; and to cultivate relationships to improve the health outcomes of Oklahomans.

## **Goal #1 – Financing and Reimbursement**

To responsibly purchase cost effective health care for members by maintaining appropriate rates and to continue to strengthen health care infrastructure

## **Goal #2 – Program Development**

To ensure that medically necessary benefits and services are responsive to the health care needs of our members

## **Goal #3 – Personal Responsibility**

To educate and engage members regarding personal responsibilities for their health services utilization, behaviors, and outcomes

## **Goal #4 – Satisfaction and Quality**

To protect and improve member health and satisfaction, as well as ensure quality, with programs, services and care

## **Goal #5 – Eligibility and Enrollment**

To provide and improve health care coverage to the qualified populations of Oklahoma

## **Goal #6 – Administration**

To foster excellence and innovation in the administration of the OHCA

## **Goal #7 - Collaboration**

To foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma

## Goal #1 – Financing and Reimbursement

To responsibly purchase cost effective health care for members by maintaining appropriate rates and to continue to strengthen health care infrastructure

		2013	2014	2015	Variance	Trend
<b>1.1</b>	<b>Objective:</b> To reimburse providers at appropriate rates within available funding					
1.1.1	Reimbursement as a Percentage of Medicare Rates	96.75%	96.75%	89.25%	-7.75%	↓
<b>1.2</b>	<b>Objective:</b> To reimburse hospitals at appropriate rates within available funding					
1.2.1	Reimbursement as a Percentage of Federal Upper Payment Limit	83.33%	87.96%	90.21%	2.56%	↔
<b>1.3</b>	<b>Objective:</b> To reimburse long-term care facilities at appropriate rates within available funding					
1.3.1	Average % Reimbursement for Nursing Facility Costs per Patient Day	89.00%	94.42%	92.66%	-1.87%	↔
1.3.2	Average % Reimbursement for ICF/IID Facility Costs per Patient Day	100.00%	99.81%	98.85%	-0.97%	↔
<b>1.4</b>	<b>Objective:</b> To reimburse eligible professionals/hospitals for participation in the Electronic Health Records (EHR) Incentive Program					
1.4.1	# of Eligible Professionals Receiving an EHR Incentive Payment	780	1,022	1,003	-1.86%	//
1.4.2	# of Eligible Hospitals Receiving an EHR Incentive Payment	46	55	70	27%	//
1.4.3	Total EHR Incentive Payments to Eligible Professionals/Hospitals	\$38,968,791	\$32,553,188	\$32,050,254	-1.54%	//
1.4.4	% of Eligible Professionals in compliance with meaningful use of EHR	45.26%	60.96%	70.29%	15.31%	↑
1.4.5	% of Eligible Hospitals in compliance with meaningful use of EHR	73.91%	98.18%	97.14%	-1.06%	↑
<b>1.5</b>	<b>Objective:</b> To report the costs of providing SoonerCare health benefits to Oklahomans					
1.5.1	Average SoonerCare Program Expenditure per Member enrolled	\$4,077	\$4,257	\$4,260	0.07%	//
1.5.2	Total # of Unduplicated SoonerCare Members Enrolled	1,040,332	1,033,114	1,021,359	-1.14%	//
<b>1.6</b>	<b>Objective:</b> To report the costs of providing Insure Oklahoma health benefits to Oklahomans					
1.6.1	Average Expenditure per Insure Oklahoma Member Enrolled	\$2,670	\$2,350	\$2,365	0.64%	//
1.6.2	Total # of Unduplicated Insure Oklahoma Members Enrolled	45,855	40,261	28,397	-29.47%	//
<b>1.7</b>	<b>Objective:</b> To restructure and improve the access, quality, and continuity of care for members enrolled in the Health Access Networks (HANs)					
1.7.1	Average monthly enrollment in Health Access Networks (HANs)	64,730	109,194	121,891	11.63%	↑
1.7.2	Total # of HAN member months	776,756	1,310,322	1,462,695	11.63%	↑
1.7.3	Total payments made to HANs	\$3,885,990	\$6,551,610	\$7,063,475	7.81%	//

## Goal #2 – Program Development

To ensure that medically necessary benefits and services are responsive to the health care needs of our members

		2013	2014	2015	Variance	Trend
<b>2.1</b>	<b>Objective:</b> To ensure that SoonerCare Choice members receive coordinated health care services through a medical home					
2.1.1	Number of Members Enrolled in SoonerCare Choice	539,670	560,887	548,162	-2.27%	↔
2.1.2	Percent of SoonerCare Members Enrolled in SoonerCare Choice	69%	70%	66%	-4.00%	↓
2.1.3	Percent of Members Aligned with Tier I Entry-Level Medical Homes	42%	41%	40%	-1.00%	↔

2.1.4	Percent of Members Aligned with Tier 2 Advanced Medical Homes	31%	28%	22%	-6.00%	↓
2.1.5	Percent of Members Aligned with Tier 3 Optimal Medical Homes	27%	31%	34%	3.00%	↑
<b>2.2</b>	<b>Objective:</b> To maintain a provider network that can adequately meet the needs of members					
2.2.2	SoonerCare Choice Providers	2,170	2,309	2,558	10.78%	↑
2.2.3	SoonerCare Choice Providers' Total Capacity	1,139,130	1,177,398	1,151,757	-2.18%	↔
2.2.4	SoonerCare Choice Providers' Percentage of Capacity Used	44.06%	42.26%	42.92%	0.66%	↔
2.2.5	Percent of Tier 1 Entry-Level Medical Homes	58.64%	56.90%	53.76%	-3.14%	↓
2.2.6	Percent of Tier 2 Advanced Medical Homes	27.69%	23.98%	25.55%	1.55%	↔
2.2.7	Percent of Tier 3 Optimal Medical Homes	13.67%	19.12%	20.69%	1.57%	↔
<b>2.3</b>	<b>Objective:</b> To offer coordination and improvement of quality, access and continuity of care for SoonerCare Choice members currently enrolled in Health Access Networks (HANs)					
2.3.1	Number of Contracted HANS	3	3	3	#REF!	↔
2.3.2	Total Number of Enrollees	90,688	118,107	133,471	13.01%	↑
2.3.3	Number of Members Identified to be Offered Care Management	1,418	740	8,405	1035.81%	↑
2.3.4	Number of Unduplicated Providers in HANs	484	584	698	19.52%	↑
<b>2.4</b>	<b>Objective:</b> To promote responsive health care delivery through the Case Management unit for SoonerCare members with episodic or event-based case management needs					
2.4.1	Number of New High-Risk OB Members	1998	2474	2192	-11.40%	↓
2.4.2	Number of New At-Risk OB Members	637	618	459	-25.73%	↓
2.4.3	Number of New Fetal Infant Mortality Reduction Outreach to Moms	2,041	1,781	1,694	-4.88%	//
2.4.4	Number of New Fetal Infant Mortality Reduction Outreach to Babies	2,100	2,138	2,059	-3.70%	//
<b>2.5</b>	<b>Objective:</b> To promote responsive health care delivery through the Health Management Program (HMP) for SoonerCare members with or at-risk for developing chronic diseases					
2.5.1	Number of members in HMP	1,394	5,355	4,297	-19.76%	↓
2.5.2	Actual PMPMs for HMP Members	\$1,125	\$960	\$979	2.00%	↔
2.5.3	Percent below forecast for HMP Members	18.20%	11.00%	11.00%	0.00%	↔
2.5.4	Number of Providers with On-Site Practice Facilitation	50	33	41	24.24%	↑
<b>2.6</b>	<b>Objective:</b> To promote responsive health care delivery through the Chronic Care Unit (CCU) for SoonerCare members diagnosed with or who are at-risk for a chronic condition(s)					
2.6.1	Number of Unduplicated Members in the Chronic Care unit	206	978	1,147	17.28%	//
2.6.2	Percent of Members with a Diagnosis of Hemophilia	31.00%	10.10%	4.70%	-5.40%	//
2.6.3	Percent of Members with a Diagnosis of Sickle Cell Anemia	41.30%	12.90%	5.40%	-7.50%	//
2.6.4	Percent of Members with a Combination of Chronic Conditions	27.70%	77.00%	89.90%	12.90%	//
<b>Goal #3 – Personal Responsibility</b>						
To educate and engage members regarding personal responsibilities for their health services utilization, behaviors, and outcomes						
		2013	2014	2015	Variance	Trend
<b>3.1</b>	<b>Objective:</b> To strive for SoonerCare children to receive necessary preventive care through Child Health / EPSDT services					
3.1.1	First 15 months	97.3%	96.3%	N/A	-1.0%	↔

3.1.2	3 to 6 years	57.6%	58.5%	N/A	1.6%	↔
3.1.3	Adolescents	22.5%	21.8%	N/A	-3.1%	↔
3.1.4	EPSDT Participation Ratio	56.0%	60.0%	N/A	7.1%	↑
<b>3.2</b>	<b>Objective:</b> To increase preventive care use by adults					
3.2.1	Percent of adults 20 to 44 years utilizing preventive care	83.4%	82.4%	N/A	-1.2%	↔
3.2.2	Percent of adults 45 to 64 years utilizing preventive care	89.8%	89.9%	N/A	-1.2%	↔
<b>3.3</b>	<b>Objective:</b> To reduce Oklahoman's dependence and abuse of Prescription Drugs					
3.3.1	Number of Medicaid members assigned to the lock-in program	313	404	406	0.50%	↔
<b>3.4</b>	<b>Objective:</b> To increase the percentage of pregnant women who receive prenatal care, especially beginning in the first trimester					
3.4.1	Percent of Medicaid members seeking prenatal care	97.3%	97.7%	97.7%	0.04%	↔
3.4.2	Number of births to Medicaid members	32,915	32,254	31,237	-3.15%	//
3.4.3	Number of members seeking prenatal care	32,034	31,507	30,531	-3.10%	//
3.4.4	Percent of deliveries with prenatal care services beginning in the 1st Trimester	61.69%	62.00%	60.26%	-2.81%	↔
3.4.5	Percent of deliveries with prenatal care services beginning in the 2nd Trimester	25.18%	24.57%	25.86%	5.25%	↓
3.4.6	Percent of deliveries with prenatal care services beginning in the 3rd Trimester	10.45%	10.74%	11.62%	8.19%	↓
3.4.7	Percent of deliveries without prenatal care	2.67%	2.27%	2.26%	-0.40%	↔
<b>3.5</b>	<b>Objective:</b> To decrease emergency room utilization					
3.5.1	Number of SoonerCare Choice Members with 2 or more ER Visits in a quarter	19,993	19,499	19,268	-1.18%	↔
3.5.2	Number of SoonerCare Choice Members with 4 or more ER Visits in a quarter	2,386	2,263	2,198	-2.87%	↔
3.5.3	Percent of SoonerCare Choice Members with 2 or more ER Visits in a quarter	3.70%	3.48%	3.52%	1.11%	↔
3.5.4	Percent of SoonerCare Choice Members with 4 or more ER Visits in a quarter	0.44%	0.40%	0.40%	-0.62%	↔
<b>3.6</b>	<b>Objective:</b> To provide members the resources they need to decrease or prevent tobacco use					
3.6.1	Number of Medicaid Members Calling Tobacco Helpline	5,575	4,076	4,102	0.64%	↔
3.6.2	Number Of Medicaid Members Utilizing Tobacco Cessation Benefits	23,581	21,610	26,783	23.94%	↑

<b>Goal #4 – Satisfaction &amp; Quality</b>						
To protect and improve member health and satisfaction, as well as ensure quality, with programs, services and care						
		2013	2014	2015	Variance	Trend
<b>4.1</b>	<b>Objective:</b> To seek and evaluate member feedback on satisfaction with services received when accessing SoonerCare benefits					
	<b>Customer Survey Results (CAHPS) Adults</b>					
4.1.1	Customer Service	90%	82%	92%	10%	↑
4.1.2	How Well Doctors Communicate	87%	90%	90%	0%	↔
4.1.3	Getting Care Quickly	79%	82%	86%	4%	↑

4.1.4	Getting Needed Care	80%	82%	85%	3%	↔
4.1.5	Shared Decision Making	48%	50%	77%	27%	↑
<b>Customer Survey Results (CAHPS) Children</b>						
4.1.6	Customer Service	77%	88%	86%	-2%	↔
4.1.7	How Well Doctors Communicate	93%	97%	96%	-1%	↔
4.1.8	Getting Care Quickly	93%	92%	92%	0%	↔
4.1.9	Getting Needed Care	72%	89%	85%	-4%	↓
4.1.10	Shared Decision Making	52%	60%	78%	18%	↑
<b>4.2</b>	<b>Objective:</b> To partner with Oklahoma's long-term care facilities to strive for quality long-term care services					
4.2.1	% of 5-Star Facilities in Focus on Excellence	18%	17%	20%	3%	↔
4.2.2	% of 4-Star Facilities in Focus on Excellence	29%	29%	19%	-10%	↓
4.2.3	% of Members Participating in the Resident Satisfaction Survey Rating Overall Quality as Excellent or Good	94%	93%	93%	0%	↔
4.2.4	% of Employees Participating in the Employee Satisfaction Survey Who Rate Overall Satisfaction as Excellent or Good	88%	85%	87%	2%	↔
<b>4.3</b>	<b>Objective:</b> To ensure members and providers have access to assistance through member and provider services					
4.3.1	% of Member Calls Answered	86%	88%	90%	2%	↔
4.3.2	% of Provider Calls Answered	92%	92%	95%	3%	↔
<b>4.4</b>	<b>Objective:</b> To maintain a quality provider community by following appropriate procedures to identify noncompliant providers and determine the appropriate course of action to resolve issues					
4.4.1	# Involuntary Provider Contract Terminations	43	95	100	5%	//

<b>Goal #5 – Eligibility &amp; Enrollment</b>						
To provide and improve health care coverage to the qualified populations of Oklahoma						
		SFY 2013	SFY 2014	SFY 2015	Variance	Trend
<b>5.1</b>	<b>Objective:</b> Maintain a responsive eligibility and enrollment system that results in qualified populations of Oklahoma gaining access to affordable medical coverage					
5.1.1	Number of Online Enrollment Applications Received	437,668	291,553	210,571	//	↔
5.1.2	% of Online Enrollment Applications That Are New	54%	52%	60%	//	↔
5.1.3	% of Online Enrollment Applications That Are Recertifications	46%	48%	40%	//	↔
5.1.4	Number of Online Applications Approved	320,105	253,723	179,782	//	↔
5.1.5	Number of Online Applications Denied	117,563	37,830	30,789	//	↔
5.1.6	Estimated Count of Eligible-But-Not-Enrolled Population (EBNE)	64,965	58,699	54,255	-7.57%	↑
<b>5.2</b>	<b>Objective:</b> Make online enrollment available to qualified populations of Oklahoma in a variety of settings					
5.2.1	Home Internet	47%	55%	61%	6.00%	↑
5.2.2	Paper	9%	5%	1%	-4.00%	↓
5.2.3	Agency Internet	24%	26%	37%	9.00%	↑
5.2.4	Agency Electronic	20%	14%	1%	-13.00%	↓
5.2.5	Telephone	N/A	N/A	0%	N/A	↔

<b>Goal #6 – Administration</b>						
To foster excellence and innovation in the administration of the OHCA						
		2013	2014	2015	Variance	Trend
6.1	Objective: To consistently perform administrative responsibilities within funding budgeted					↑
6.1.1	Percent of administration budgeted dollars used	65.79%	73.00%	64.00%	-9.00%	
6.2	Objective: To control administrative costs while providing appropriate support and services to SoonerCare members					
6.2.1	Per Capita OHCA administrative cost	\$119.92	\$138.96	\$122.24	-12.03%	↑
6.3	Objective: To pay SoonerCare claims within an accuracy rate of at least 97 percent, considering policy and systems issues and member eligibility					
6.3.1	Number of claims paid	49,829,140	51,226,118	51,039,537	-0.36%	//
6.3.2	Payment accuracy measurement rate	95.50%	97.64%	95.38%	-2.26%	↑
6.4	Objective: To maintain appropriate prior authorization requirements for the health of the member					
6.4.1	Number of prior authorizations generated for prescriptions	155,644	115,206	91,786	-0.28%	↔
6.4.2	Percentage of automatic prior authorizations for prescriptions	24.60%	22.10%	42.44%	20.34%	//
6.4.3	Percentage of manual prior authorizations for prescriptions	75.40%	77.90%	57.56%	-20.34%	//
6.5	Objective: To maintain and/or increase program and payment integrity efforts which may result in recoveries and/or cost prevention					↑
6.5.1	Payment integrity recoveries	\$3,404,767	\$4,731,822	\$4,524,690	-4.38%	
6.5.2	Number of provider audits	133	285	611	114.39%	↑
6.5.3	Number of providers referred to Medicaid Fraud Control Unit	1	0	0	0.00%	//
6.6	Objective: To actively pursue all third party liability payers, rebates and fees and recover or collect funds due to the SoonerCare and federal Medicare program					↑
6.6.1	Third party liability recoveries	\$53,212,491	\$37,965,691	\$39,050,461	2.86%	
6.6.2	Number of SoonerCare members with third party insurance	163,006	160,271	162,886	1.63%	//
6.6.3	Percent of SoonerCare members with third party insurance	20.60%	20.30%	15.95%	-21.43%	↑
<b>Goal #7 – Collaboration</b>						
To foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma						
		SFY 2013	SFY 2014	SFY 2015	Variance	Trend
7.1	Objective: To collaborate with other entities to enroll qualifying children, parents and other adults into SoonerCare					
7.1.1	Percent of applications submitted as agency internet and agency electronic media type	39.7%	41.1%	37.4%	-4%	↔
7.2	Objective: To collaborate with other state entities in activities with joint objectives targeting SoonerCare populations					
7.2.1	State and federal revenue generated by collaborations to provide services	\$1,230,314,375	\$1,292,233,657	\$1,429,947,269	11%	↑
7.2.2	State and federal revenue generated by collaborations to provide medical education	\$126,057,898	\$136,788,040	\$140,931,567	3%	↔
7.3	Objective: To effectively serve Oklahoma's SoonerCare and Insure Oklahoma qualified American Indian population by maintaining partnerships with tribal communities and tribal partners					
7.3.1	Number of tribes represented at tribal consultations	11	17	17	0%	//
7.3.2	Number of tribal partners represented at tribal consultations (I/T/U and I.H.S.)	4	4	4	0%	//

# TECHNICAL NOTES

The following notes pertain to goals, objectives and measures in the preceding Performance Measures Dashboards. Variances and trends are based on changes in the data between SFY2014 and SFY2015.

## GOAL 1

1 — Any variance less than 5% is considered to indicate no significant change over the previous year.

1.2.1 — Includes SHOPP

1.2.1 - 1.3.2 — The UPL is the maximum amount of federal matching dollars the state may claim for aggregate payments to providers of a given type. Hospitals are required to submit cost reports to OHCA at the end of each fiscal year. OHCA must analyze the cost of care provided to Medicaid beneficiaries at these long-term care facilities and demonstrate the UPL by estimating a Medicare equivalent, which is what the care would have cost if Medicare had been the payer instead of Medicaid

1.3.1 — Includes Quality of Care fee. NOTE: The figure for SFY2014 has been corrected for SFY2015 reporting. It was incorrectly reported as 99.42% in the SFY2014 SEA report and documents.

## GOAL 2

2 — Any variance less than 3% is considered to indicate no significant change over the previous year.

2.5.1 — In July 2013, the HMP transitioned to a new model that embeds health coaches in the offices of participating practices. The significant decrease in enrollment noted for SFY2013 was in preparation for the transition to the new model including the decline in practice facilitation in SFY2014. The health coaching model replaces field and telephonic-based nurse care management (Tiers).

2.3 — This data represents a point-in-time. (June 30)

## GOAL 3

3 — Any variance less than 5% is considered to indicate an insignificant change over the previous year.

3.1 - 3.2 — HEDIS data is reported by report year, not data year, and data for SFY2014 was not available at the time of publication.

3.4 — The variance for prenatal care percentages before delivery is calculated by the difference between SFY2014 and SFY2015

## GOAL 4

4 — Any variance less than 3% is considered to indicate no significant change over the previous year.

4.1 — CAHPS survey questions were revised in 2013. Results are not directly comparable to previous years.

4.2 — The Focus on Excellence Satisfaction Survey Report of Oklahoma's Nursing Facilities reports results every January for the prior year.

4.4 — The increase in involuntary provider terminations is the result of increases in the number of DME provider terminations and Physician's Assistants terminations. The DME contract renewal period beginning January 1, 2014 implemented a policy change requiring DME providers to provide a "specialty" product. Those not meeting the requirement were denied renewal. Updated internal processes allow OHCA to be alerted to providers that have expired, suspended, and/or terminated licenses, on a monthly basis. This resulted in the termination of a number of PA contracts.

## **GOAL 5**

5 — Any variance less than 3% is considered to indicate no significant change over the previous year.

5.1.2 - 5.1.3 — The numbers for online enrollment applications for December 2013 to May 2014 were revised to remove passive renewals as they were inflating the numbers for online enrollment.

5.1.6 — The Estimated Count of Eligible-But-Not-Enrolled Population (EBNE) also referred to as the "wood-work" population are Oklahomans previously ineligible for Medicaid who are now eligible.

5.2.3 - 5.2.4 — Due to technological changes the Oklahoma Department of Human Services (OKDHS) is now utilizing the non-direct online enrollment system to enroll members accounting for the significant increase in the Agency Internet media type and significant decrease in the agency electronic media type.

5.2.4 — The Oklahoma Department of Human Services shifted use to the agency internet category as a result of a decision not to modify their information systems to accept the new MAGI standards set by CMS.

## **GOAL 6**

6 — Any variance less than 5% is considered to indicate no significant change over the previous year, with the exception of Objective 6.3.

## **GOAL 7**

7 — Any variance less than 5% is considered to indicate no significant change over the previous year.

7.2.1 - 7.2.2 — These measures report the accumulated state and federal revenue generated by collaborations with other state agencies and state universities to provide services and medical education.

7.3.1 - 7.3.2 — Tribal enrollment partners provide application assistance using agency view and the home view of online enrollment.

# GOAL 1 — FINANCING & REIMBURSEMENT

TO RESPONSIBLY PURCHASE COST EFFECTIVE HEALTH CARE FOR MEMBERS BY MAINTAINING APPROPRIATE RATES AND TO CONTINUE TO STRENGTHEN HEALTH CARE INFRASTRUCTURE

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## **Objective 1.1:**

To reimburse providers at appropriate rates within available funding

Measured By:

1.1.1— Reimbursement as a percentage of Medicare rates

### **Why is this objective important?**

Reimbursement rates may affect providers' decisions to participate in SoonerCare. In order to ensure that OHCA is able to maintain an adequate provider network that allows sufficient access to members, it is critical that providers are reimbursed at appropriate rates within available funding. Sufficient reimbursement rates also help to ensure that providers are able to maintain quality services, technical expertise and use of current best practices.

### **What trends do the measures indicate?**

Reimbursement as a percentage of Medicare rates (Fig. 1.1.a) remained stable at 96.75 percent from 2011 to 2014. However, in SFY 2015 the OHCA decreased reimbursement rates to 89.25 percent of Medicare rates in order to reduce agency spending and balance the state budget.

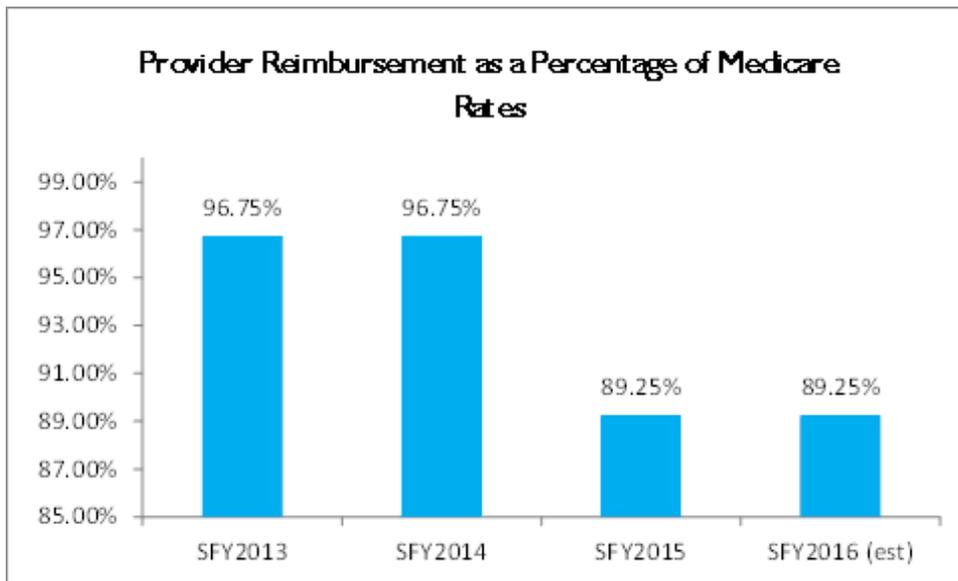
### **Are the trends headed in the right direction?**

OHCA worked diligently to be able to increase provider reimbursement to 100 percent of Medicare rates. However, due to budget constraints in SFY 2010, it was necessary to cut those rates to 96.75 percent. Another cut was necessary in SFY 2015 lowering rates to 89.25 percent of Medicare rates. Currently the state budget outlook for SFY 2016 shows another budget decrease is likely which could result in further cuts to provider reimbursement rates.

### **What is the agency doing to influence performance towards the objective?**

OHCA is committed to reimbursing providers at appropriate rates. Provider reimbursement rates are dependent, in large part, upon annual appropriations of state tax dollars. Appropriations and budgeting is part of the legislative process and is governed by state statutes. The amount of tax revenue collected and available varies year-to-year based on the state economy. In Oklahoma, oil and gas tax collections make up a large part of yearly revenue. Generally, a downturn in the oil and gas industry equates to fewer funds becoming available to state agencies. Annual agency budget requests are made seeking to restore the provider rates back to 100 percent. Agency leadership recognizes the responsibility of OHCA to operate in an environment of transparency and collaboration. Thus, any time reimbursement cuts are under consideration, the agency makes efforts to reach out to stakeholders through various public stakeholder meetings, press releases, and other means to share information, receive input, and make decisions.

Fig. I.1.a



Source: OHCA Financial Services Division

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## Objective I.2:

To reimburse hospitals at appropriate rates within available funding

Measured By:

I.2.1— Reimbursement as a percentage of Federal Upper Payment Limit (UPL)

### Why is this objective important?

Hospitals are an important part of Oklahoma’s health care safety net. They are major providers of care for low-income and uninsured Oklahomans as well as those living in rural areas. It is important to maintain reimbursement amounts at appropriate rates to ensure continued availability of hospital care to Oklahomans.

### What trends do the measures indicate?

Reimbursement as a percentage of the UPL (Fig. I.2.a) continues a slight upward trend.

### Are the trends headed in the right direction?

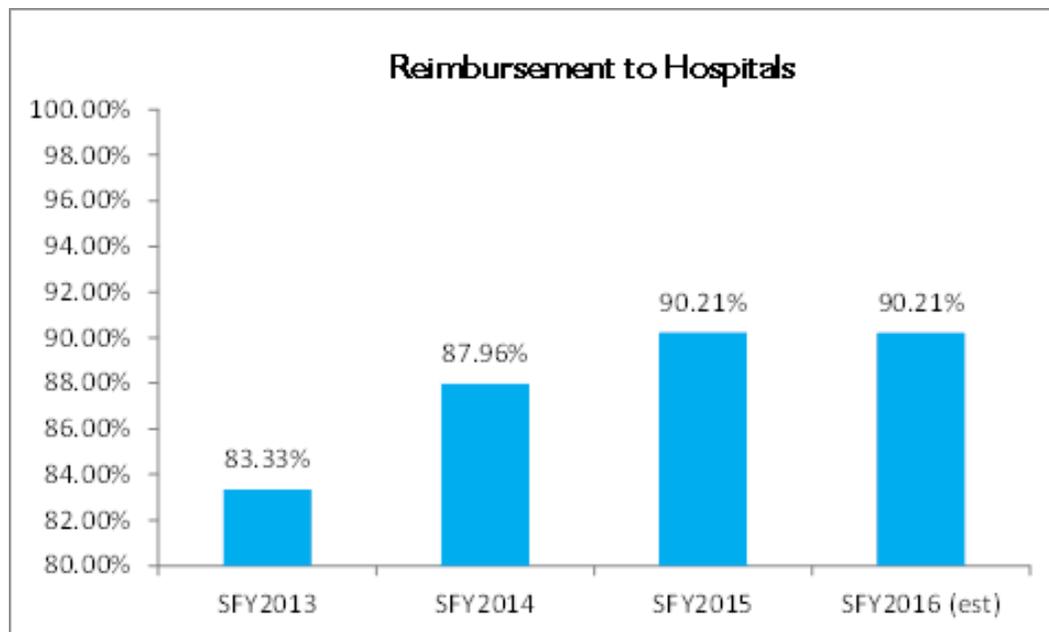
The upward trend is a positive as hospitals continue to be paid at reasonable rates that are moving towards the target of 100 percent of UPL.

### What is the agency doing to influence performance towards the objective?

To assure access to quality care for SoonerCare members, the Oklahoma legislature enacted the Supplemental Hospital Offset Payment Program (SHOPP) Act in 2011. In accordance with federal rules and regulations, hospitals in Oklahoma are assessed a fee that is then used as state match to draw down federal funds. These

funds are then reinvested in hospitals as supplemental payments to those who pay the fee. This enables OHCA to reimburse hospitals at the federal UPL without passing this fee on to patients. It is intended to supplement the existing state appropriations used to maintain rates paid to hospitals.

Fig. 1.2.a



Source: OHCA Financial Services Division

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### Objective 1.3:

To reimburse long-term care facilities at appropriate rates within available funding

Measured By:

1.3.1— Average Reimbursement percentage of Federal Upper Payment Limit (UPL) for Nursing Facility (NF) Expenditures (per Patient Day)

1.3.2— Average Reimbursement percentage of Federal Upper Payment Limit (UPL) for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Expenditures (per Patient Day)

### Why is this objective important?

Medicaid continues to be the main source of long-term care financing in the United States. It is estimated that Medicaid is responsible for reimbursing some 65 percent of NF care costs. OHCA understands the important function of long-term care facilities in providing the best quality of life for residents. Maintaining appropriate reimbursement rates helps to preserve the stability that long-term care facilities provide to Oklahoma's most vulnerable citizens.

### What trends do the measures indicate?

Average percentage reimbursement for NF Costs (Fig. 1.3.a) and average percentage reimbursement for ICF/ IID Costs (Fig. 1.3.a) both continue to remain steady.

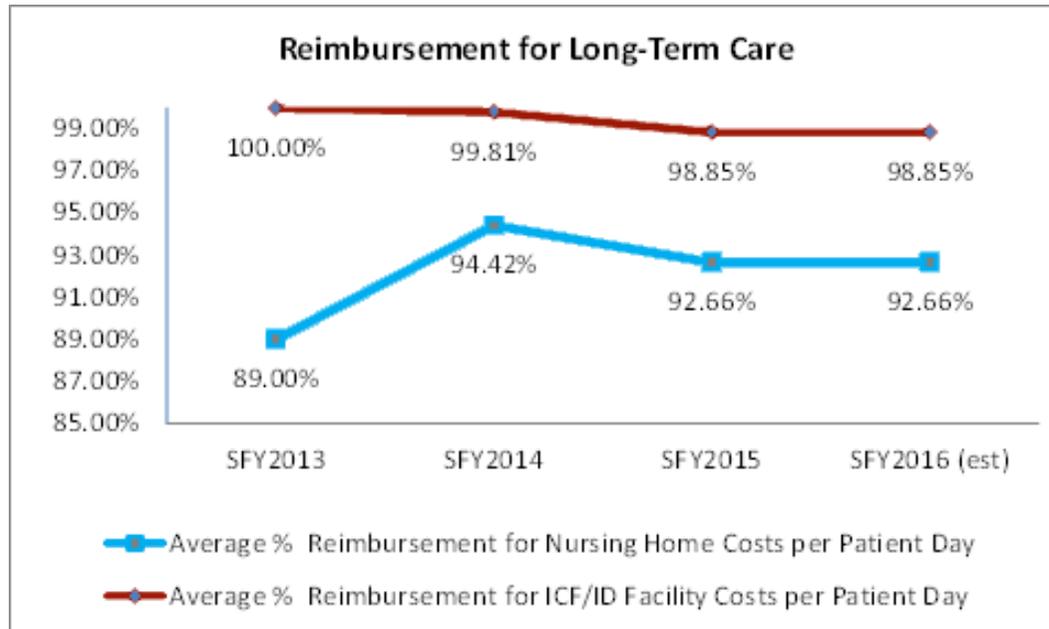
### Are the trends headed in the right direction?

The steady trend continues as nursing facilities and intermediate care facilities continue to be paid at reasonable rates. The target is reimbursement at 100 percent of UPL.

### What is the agency doing to influence performance towards the objective?

The Focus on Excellence (FOE) program was designed to encourage nursing facility improvements in quality, life, and care. OHCA initiated the program in 2007 with the aim of having top-rated care in nursing facilities, thereby enhancing the lives of residents and their families. Additional Medicaid payments are made to facilities that meet or exceed established FOE threshold requirements for the quality performance measures.

Fig. 1.3.a



Source: OHCA Financial Services Division

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### Objective 1.4

To reimburse eligible professionals/hospitals for participation in the Electronic Health Records (EHR) Incentive Program

Measured By:

1.4.1 -- Number of eligible professionals receiving an EHR incentive payment

1.4.2 -- Number of eligible hospitals receiving an EHR incentive payment

I.4.3 -- Total EHR incentive payments to eligible professionals/hospitals

I.4.4 -- Percentage of eligible professionals in compliance with meaningful use of EHR

I.4.5 -- Percentage of eligible hospitals in compliance with meaningful use (MU) of EHR

### **Why is this objective important?**

The Centers for Medicare & Medicaid Services (CMS) implemented the EHR Incentive Program to encourage eligible professionals and eligible hospitals to adopt, implement, upgrade, and successfully demonstrate meaningful use of certified Electronic Health Record technology. The goals of the program are to improve population health, quality of care, and to reduce the cost of health care by eliminating duplication of services.

### **What trends do the measures indicate?**

The number of eligible professionals receiving a payment has begun to level off while the number of eligible hospitals receiving a payment has continued to increase. Overall, expenditures for the program have begun to level off and remain steady. (Fig. I.4.a) The number of eligible professionals in compliance with meaningful use standards has increased while the number of hospitals in compliance with meaningful use standards has remained steady as more hospitals begin the program. (Fig. I.4.a)

### **Are the trends headed in the right direction?**

With 2016 being the last year to begin the EHR Incentive Program, it is estimated that there will be a 20 percent to 30 percent increase in eligible professionals starting the program during 2016. The number of eligible hospitals entering the program will remain small because most eligible hospitals in the state are currently participating. After 2016, it is expected that participation levels will remain stable as eligible providers and eligible hospitals receive the last of six total payments.

### **What is the agency doing to influence performance towards the objective?**

In 2015 OHCA implemented the ePrescribing Payor Enablement system to assist providers in meeting meaningful use requirements. Providers who use SureScripts directly or have EHR systems that connect to SureScripts, are able to view member eligibility, medication claims history, and drug formulary information online.

OHCA staff provides communication and outreach to the provider community and hospitals. OHCA representatives participate in meetings with associations and providers, and conduct workshops to explain the program and encourage participation. OHCA also conducts formal training sessions, showcasing eligibility requirements, the enrollment process, and answering questions about the program. Provider Education Specialists at OHCA respond to inquiries from providers covering all aspects of the EHR program.

More information about the EHR Incentive Program can be found at [www.okhca.org/ehr-incentive](http://www.okhca.org/ehr-incentive).

Fig. 1.4.a

<b>EHR Incentive payments</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016 (est)</b>
# of Eligible Professionals Receiving an EHR Incentive Payment	780	1,022	1,003	1,013
% of Eligible Professionals in compliance with meaningful use of EHR	45.30%	61.00%	70.29%	70.29%
# of Eligible Hospitals Receiving an EHR Incentive Payment	46	55	70	63
% of Eligible Hospitals in compliance with meaningful use of EHR	73.90%	98.20%	97.14%	97.14%
Total EHR Incentive Payments to Eligible Professionals/Hospitals	\$38,968,791	\$32,553,188	\$32,050,254	\$32,370,757

Source: OHCA Business Enterprise Services Division

## **Objective 1.5**

To report the costs of providing SoonerCare health benefits to Oklahomans

Measured By:

1.5.1— Average SoonerCare program expenditure per member enrolled

1.5.2— Total number of unduplicated SoonerCare members enrolled

### **Why is this objective important?**

As a state agency, OHCA has a fiduciary duty to expend appropriated tax dollars and other funds in a responsible manner that is accountable to the citizens of Oklahoma. Reporting expenditures helps to ensure that OHCA is maintaining an appropriate level of transparency in operations and allows stakeholders to see how well the agency is controlling expenditures per member.

### **What trends do the measures indicate?**

The average program expenditure per member enrolled has remained stable (Fig. 1.5.a). This is an indication that OHCA is consistent in its management of the program. It appears that enrollment numbers have yet to show the effects of the current economic downturn. In fact, the number of unduplicated members has remained relatively flat with a slight decrease in enrollment in SFY 2015 (Fig. 1.5.a).

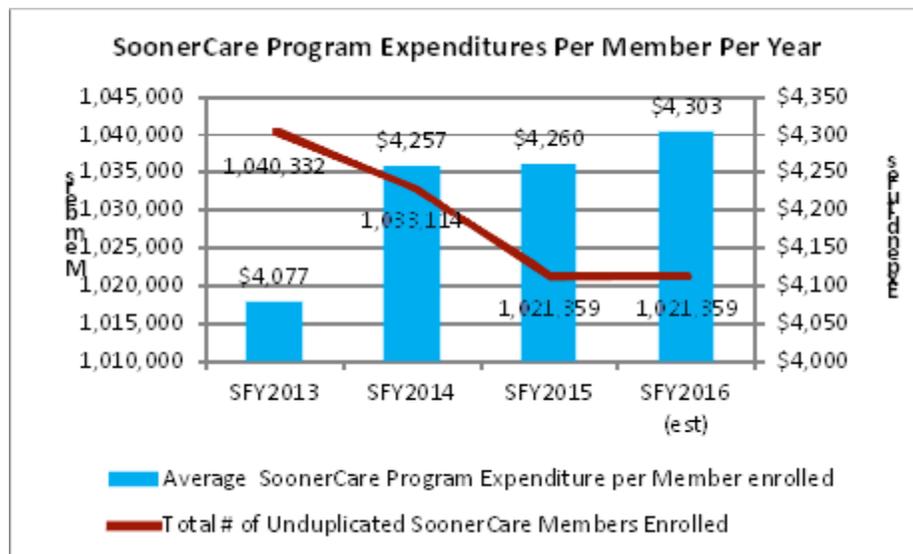
### **Are the trends headed in the right direction?**

Historically, Medicaid enrollment has shown an inverse relationship to state economic conditions. During periods of economic downturns enrollment rises, while in periods of economic growth enrollment growth slows. The current trends indicate stability in expenditures and enrollment.

## What is the agency doing to influence performance towards the objective?

The OHCA seeks to keep the average SoonerCare program expenditures per member as low as possible. There are many ways that the agency works to control expenditures. For example, the Population Care Management division manages and coordinates the care of SoonerCare populations considered at risk due to chronic or acute conditions. Care management services can help members get the care they need to keep their conditions from worsening. This can help contain costs by eliminating avoidable ER visits and higher costs associated with conditions that have become more acute. The Finance and Medical Authorization divisions help ensure that a high percentage of claims are paid appropriately. The Centers for Medicare & Medicaid Services (CMS) measures improper Medicaid payments through the Payment Error Rate Measurement (PERM) program. Oklahoma's error rate for Federal Fiscal Year (FFY) 2012 was 0.28 percent; the national average error rate was 5.8 percent. The OHCA Program Integrity division staff performs post-payment reviews to ensure claims that have been paid for medically appropriate procedures. The agency has also implemented system verifications in the online enrollment application process to ensure the integrity of member enrollment applications. These include verifications of employment, income, and validity of Social Security numbers.

Fig. I.5.a



Source: OHCA Financial Services Division

## Objective I.6:

To report the costs of providing Insure Oklahoma health benefits to Oklahomans

Measured By:

I.6.1— Average Expenditure per Insure Oklahoma Member Enrolled

I.6.2— Total Number of Unduplicated Insure Oklahoma Members Enrolled

## **Why is this objective important?**

As a state agency, OHCA has a fiduciary duty to expend appropriated tax dollars and other funds in a responsible manner and is accountable to the citizens of Oklahoma. Reporting expenditures helps to ensure that OHCA is maintaining an appropriate level of transparency in operations and allows stakeholders to see how well the agency is controlling expenditures per member.

## **What trends do the measures indicate?**

The average program expenditure per member enrolled has remained stable (Fig. 1.6.a). This is an indication that OHCA is consistent in its management of the program. Due to implementation of the federal health care law, the number of unduplicated members enrolled has dropped sharply in SFY 2015 (Fig. 1.6.a). Upon implementation of the Affordable Care Act (ACA) people with incomes between 100 percent and 400 percent of the federal poverty level (FPL) became eligible for premium tax credits to help them obtain insurance through the federal insurance marketplace. For that reason, FPL thresholds for Insure Oklahoma Individual Plan participation were lowered from 200 percent FPL to 100 percent FPL.

For more information about Insure Oklahoma visit <http://www.insureoklahoma.org/>.

## **Are the trends headed in the right direction?**

The mission of OHCA states, in part, that “Our mission is...to analyze and recommend strategies for optimizing the accessibility and quality of health care”. As such, an increase in enrollment is desirable.

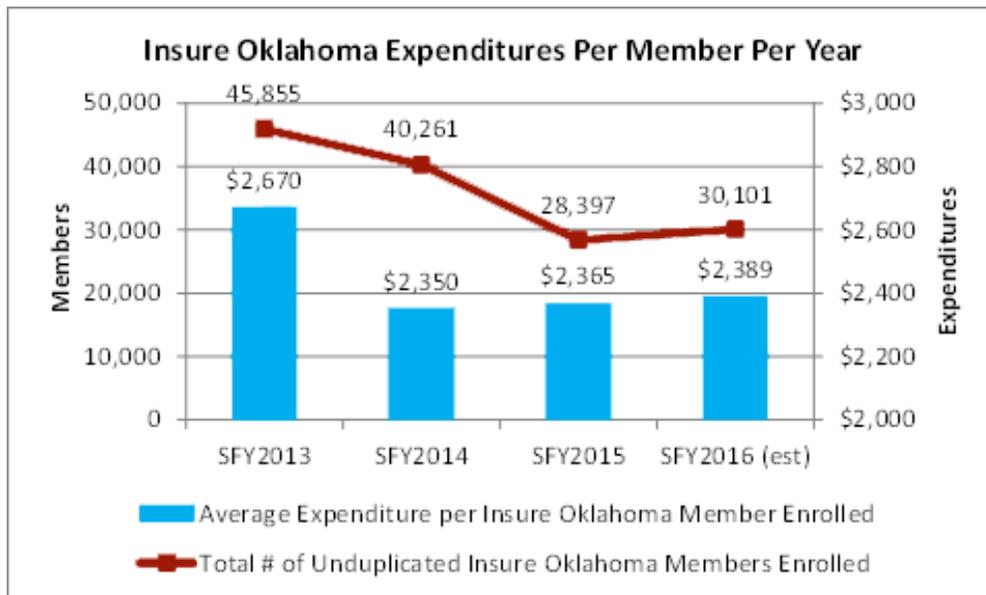
## **What is the agency doing to influence performance towards the objective?**

Recently, Governor Mary Fallin and the Oklahoma Health Care Authority (OHCA) announced that the Insure Oklahoma program increased its employer size limit from 99 to 250 employees. The change became effective in September 2015.

Insure Oklahoma’s funding levels can support premium assistance for about 28,000 individuals. Increasing the employer size limit to 250 employees, which is authorized under the program’s federal waiver, allows Insure Oklahoma to maximize program usage.

Also, OHCA recently received approval from CMS to extend the Insure Oklahoma program for another year, through calendar year 2016. Oklahoma continues to work with CMS, through the waiver process, to extend the program for the long-term.

Fig. I.6.a



Source: OHCA Financial Services Division

### Objective I.7:

To restructure and improve the access, quality, and continuity of care for members enrolled in the Health Access Networks (HANs)

Measured By:

- I.7.1— Average Monthly Enrollment in HANs
- I.7.2 —Total Number of HAN Member Months
- I.7.3— Total Payments Made to HANs

### Why is this objective important?

The HANs are non-profit administrative entities that work with providers to coordinate care and improve the quality of care for participating SoonerCare members. They receive payments based on a per member per month (PMPM) rate and the number of member months paid to affiliated PCPs. Because they are located in the community where their patients live, the HANs are connected to local resources and providers. Participating members have access to a local care coordinator who helps the member navigate the health care system. It is important that OHCA provide appropriate payments to HANs in order for them to maintain financial viability.

### What trends do the measures indicate?

Enrollment in the HANs continues to grow. Average monthly enrollment (Fig. I.7.a) and the corresponding number of HAN member months (Fig. I.7.b) as well as total payments made to the HANs has shown moderate, steady growth during SFY 2015 (Fig. I.7.a).

## Are the trends headed in the right direction?

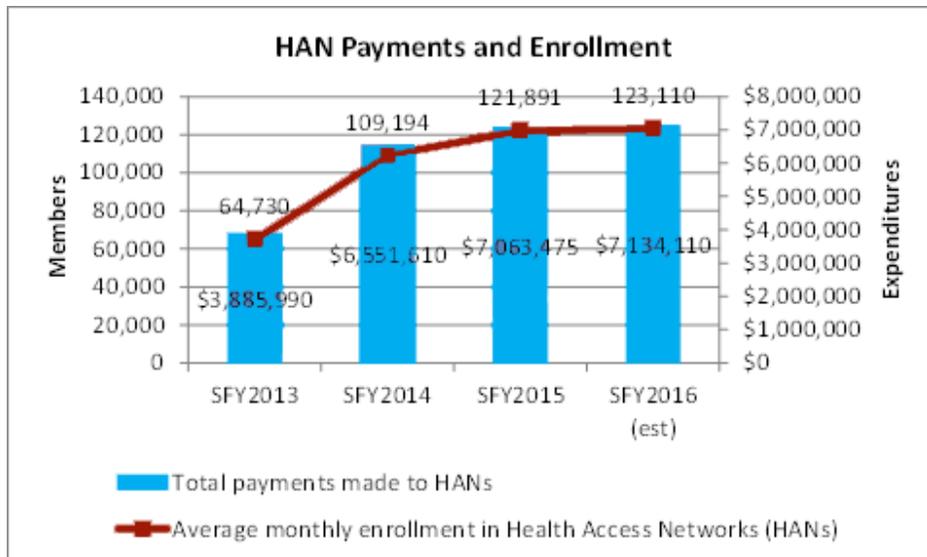
The upward trend in participation shows the desired growth. More members are taking advantage of the care coordination they need. Over time it is hoped that this more personalized care will result in a savings by avoiding costs associated with unnecessary ER visits and costs associated with the progression of chronic and acute conditions.

## What is the agency doing to influence performance towards the objective?

OHCA has developed rules that govern the participation and service delivery of the HANs. These rules provide assurance that HANs work with providers to coordinate and improve the quality of care for SoonerCare members. Any network wishing to participate as a SoonerCare contracted HAN must submit an application to OHCA. The application must provide details about how the network plans to reduce costs of providing services to SoonerCare members, uninsured and underinsured persons; improve access to health care services; enhance the quality and coordination of health care services; and improve the health status of communities served by the HAN. The application to participate as a SoonerCare contracted HAN is approved after completion of a readiness review by OHCA staff and by OHCA's Medical Advisory Taskforce.

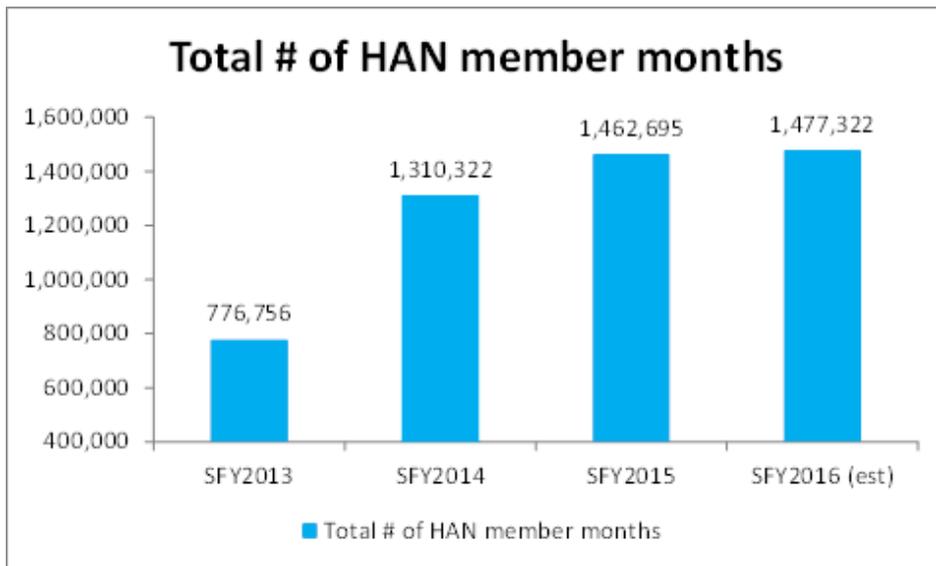
To monitor performance, OHCA requires HANs to submit annual reports detailing the number of providers participating in the network and the number of member services coordinated. The performance of HANs is evaluated annually by OHCA's contracted third party reviewer, Pacific Health Policy Group. The evaluation results are used to inform policy changes and to improve and enhance the performance of HANs.

Fig. I.7.a



Source: OHCA Financial Services Division

Fig. 1.7.b



Source: OHCA Financial Services Division

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## GOAL 2 — PROGRAM DEVELOPMENT

TO ENSURE THAT MEDICALLY NECESSARY BENEFITS AND SERVICES ARE RESPONSIVE TO THE HEALTH CARE NEEDS OF OUR MEMBERS

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### Objective 2.1:

To ensure that SoonerCare Choice members receive coordinated health care services through a medical home

#### Measured By:

- |   |  |
|---|--|
| 2.1.1—Number of members enrolled in SoonerCare Choice                   | 2.1.4— percent of members aligned with Tier 2 Advanced Medical Homes |
| 2.1.2— percent of SoonerCare Members enrolled in SoonerCare Choice      | 2.1.5— percent of members aligned with Tier 3 Optimal Medical Homes  |
| 2.1.3— percent of Members Aligned with Tier 1 Entry-Level Medical Homes |  |

### Why is this objective important?

Committed to a high-quality and cost effective health care delivery system, OHCA operates a Patient-Centered Medical Home (PCMH) model of care. SoonerCare Choice members select a medical home for individualized medical care and receive coordination of specialty care and other services. Individuals or groups of Primary Care Providers (PCPs) contract as PCMHs and provide quality health care by focusing on a member's health care needs through the relationship formed with the member. More information is provided at the [SoonerCare Choice](#) link.

### What trends do the measures indicate?

Historically, the trend for SoonerCare enrollment has shown steady year-to-year growth (SFY 2012-14). SoonerCare Choice did experience a slight decrease in enrollment numbers for SFY 2015. For SFY 2015, the percent of SC members enrolled in SoonerCare Choice also experienced a small-scale decrease when compared with the previous year (Fig. 2.1a—SoonerCare Choice Members). Over time the number and percentage of members aligned with Tier 3 medical homes has increased, creating movement among the tier levels (Fig. 2.1b—SoonerCare Choice Members Aligned by Tiers).

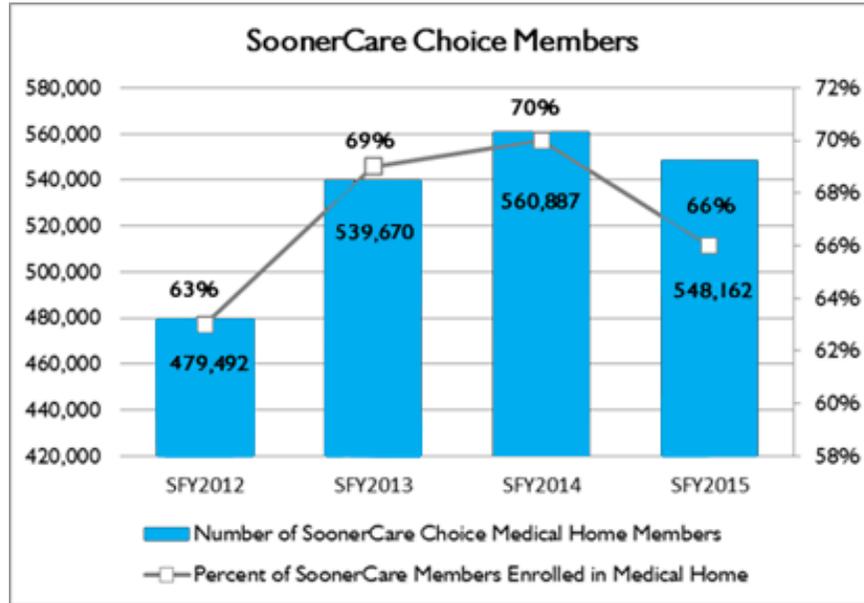
### Are the trends headed in the right direction?

The SC Choice enrollment pattern indicates a steady increase from SFY 2012 through SFY 2014. Although there was a slight decrease in enrollment for SFY 2015, enrollment is expected to steadily increase in the foreseeable future. The percentage of SC Choice members being aligned with a PCMH is important as it guarantees the availability of quality health care through a medical home setting. The movement in tier alignment indicates the growth of the PCMH network at all tier levels, providing members with the opportunity to partner with a PCMH that best fits their needs.

## What is the agency doing to influence performance towards the objective?

OHCA has made online enrollment available and it is allowing Oklahomans with internet access to apply for SoonerCare from anywhere, at any time. The approved applicant selects a PCP as part of the application process; this has been a very successful feature of Online Enrollment. In the event a member does not use Online Enrollment, members who qualify for SoonerCare Choice PCMH are temporarily enrolled in SC Traditional fee-for-service. Every month, these members are identified through an automated process and are sent letters encouraging them to enroll with a PCP. These letters include lists of available PCPs who are taking new patients in the members' areas including contact information.

Fig. 2.1a



Source: OHCA Fast Facts – Numbers reflect point-in-time data at June 30, 2015

Fig. 2.1b

SoonerCare Choice Members Aligned by Tiers						
	Tier 1	% of Members	Tier 2	% of Members	Tier 3	% of Members
SFY2012	220,566	46%	148,643	31%	110,283	23%
SFY2013	226,661	42%	167,298	31%	145,711	27%
SFY2014	229,964	41%	157,048	28%	173,875	31%
SFY2015	205,814	40%	144,334	27%	175,071	34%

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

## **Objective 2.2:**

To maintain a SoonerCare Choice provider network that can adequately meet the needs of members

### **Measured By:**

- |   |  |
|---|--|
| 2.2.1— SoonerCare Choice Providers                              | 2.2.4— percent of Tier 1 Entry-Level Medical Homes       |
| 2.2.2— SoonerCare Choice Providers' Total                       | 2.2.5— percent of Tier 2 Advanced Medical Homes Capacity |
| 2.2.6— percent of Tier 3 Optimal Medical Homes                  |  |
| 2.2.3— SoonerCare Choice Providers' percentage of Capacity Used |  |

### **Why is this objective important?**

Maintaining a strong provider network is important in ensuring that members are able to access needed medical care, especially in a largely rural state. The SoonerCare provider network is able to provide access by contracting with medical doctors, Doctors of Osteopathy, Physician Assistants (PAs) and Nurse Practitioners (NPs). Access to care and overall capacity is increased as a result of SoonerCare recognizing PAs and NPs as part of the primary care team, functioning as medical home sites. Adequate primary care for SoonerCare members is vital and medical homes are the entry point to needed care; providing important access to preventive health care services. A good mix of primary and specialty care providers in both urban and rural areas is ideal.

### **What trends do the measures indicate?**

The number of SoonerCare Choice providers continues to trend upward (Fig. 2.2a—SC Choice Provider Count). Self-reported providers' capacity to serve members shows a slight increase in the percentage of utilized capacity, remaining strong as the percentage utilized is still beneath half of the reported capacity (Fig. 2.2b—SC Choice Provider Capacity and percentage Utilized). PCMHs, when examined by tier levels, indicate that Tier 3 medical homes are on the rise and this trend has been demonstrated over the years (Fig. 2.2c—SC Choice PCMH Providers by Tiers).

### **Are the trends headed in the right direction?**

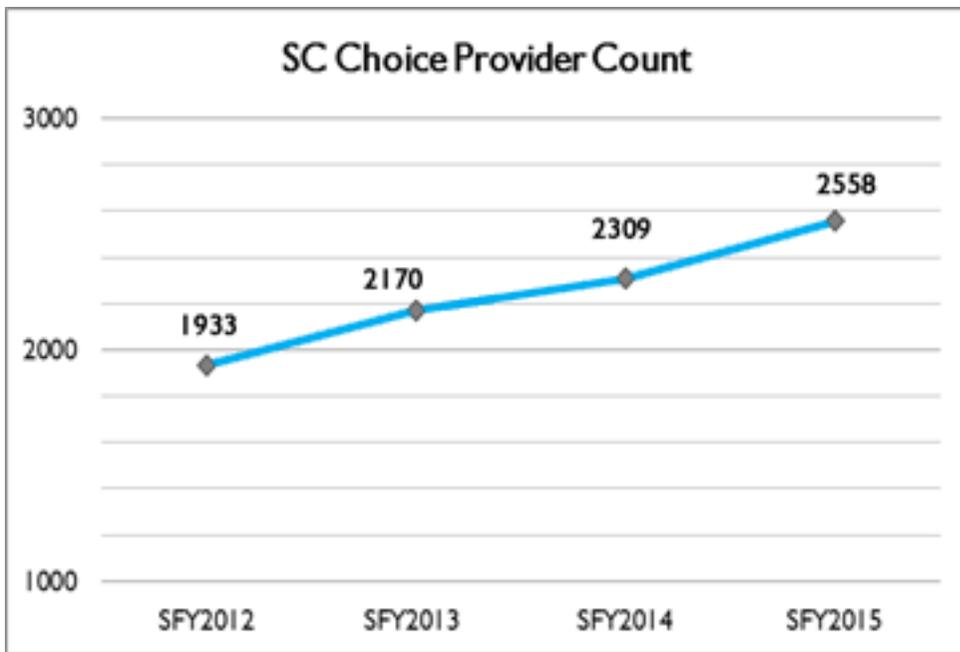
The increasing number of SoonerCare Choice providers is an indication that the provider network is growing which is crucial to ensuring that the needs of members can be adequately met. While the level of provider capacity available is sufficient; monitoring will continue to be important to ensure this trend is maintained. The rise in percentage of Tier 3 medical homes is a positive indicator. In addition to regular fee-for service rates, these medical homes earn higher care coordination payments in relation to the three-tiered PCMH structure (Tier 1 being considered entry-level).

### **What is the agency doing to influence performance towards the objective?**

OHCA continues ongoing recruitment efforts for new providers as well as retention efforts for currently contracted providers. Continued provider outreach and training is important to keep contracted providers informed of policies, procedures, and changes as well as maintaining a good relationship by seeking input for suggested areas of improvement. Streamlining processes and offering more functionality is important for providers; in SFY 2014, the secure site was upgraded with an efficient and user-friendly SoonerCare provider

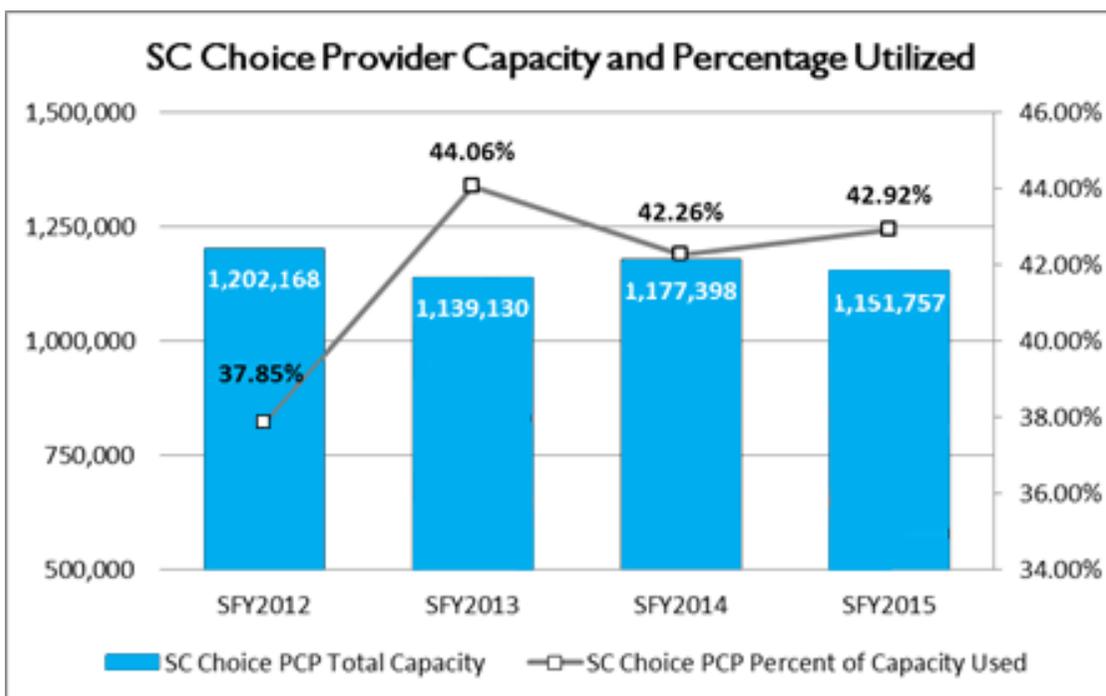
portal. Some of the features it provides users is the ability to securely search for specialty providers in the provider database, generate electronic referrals, and send and receive messages to OHCA representatives. OHCA recognizes that maintaining competitive reimbursement rates are important in retaining a sufficient provider network; therefore, after OHCA reduced reimbursement rates, monitoring the provider network for changes in enrollment will be essential.

Fig. 2.2a



Source: OHCA Provider Fast Facts – Numbers reflect point-in-time data June 30, 2015

Fig. 2.2b



Source: OHCA Provider Fast Facts – Numbers reflect point-in-time data June 30, 2015

Fig. 2.2c

	SC Choice PCMH Providers by Tiers								
	Tier 1			Tier 2			Tier 3		
	% in Tier	In-state PCMHs	In-state and Out-of-state PCMHs	% in Tier	In-state PCMHs	In-state and Out-of-state PCMHs	% in Tier	In-state PCMHs	In-state and Out-of-state PCMHs
SFY2012	64.88%	517	534	26.37%	209	217	8.75%	70	72
SFY2013	58.64%	485	502	27.69%	225	237	13.67%	116	117
SFY2014	56.90%	489	503	23.98%	199	212	19.12%	167	169
SFY2015	53.76%	473	486	25.55%	219	231	20.69%	184	187

Source: OHCA Provider Fast Facts – Numbers reflect point-in-time data June 30, 2015

**Objective 2.3:**

To offer coordination and improvement of quality, access, and continuity of care for SoonerCare Choice members currently enrolled in Health Access Networks (HANs)

**Measured By:**

- 2.3.1— Number of contracted HANS
- 2.3.2— Total number of enrollees
- 2.3.3— Number of members identified to be offered Care Management
- 2.3.4— Number of unduplicated providers in HANS

**Why is this objective important?**

The HANs were structured to act as an enhancement to PCMHs to provide support to providers by enhancing their capabilities in the areas of access to care, coordination of care, and quality improvement. The HANs play an important role by offering care management/care coordination to members with specific complex health care needs. Targeted populations were identified to receive care management services, but the HANs are not limited to these populations, if other members are identified as needing care management. Some activities of the HANs can include helping to coordinate appointments for members and aligning members with specialty care. The HANs identify and integrate community resources, bringing together community-based services; this supplies a beneficial enhancement to the PCMHs that are affiliated with a HAN.

**What trends do the measures indicate?**

The number of contracted HANs remained constant over time while the number of enrollees has continued to increase. In SFY 2015, the number of members identified to be offered care management appears to have increased substantially primarily due to improvements in tracking and reporting processes. Additionally, the number of unduplicated providers has shown steady upward growth over the years (Fig. 2.3a—Health Access Networks).

## Are the trends headed in the right direction?

The number of unduplicated providers that are aligning with the three HANs continues to increase. In addition to the other services mentioned, the HANs also assist PCMHs with Tier advancement. The number of members enrolled in the HANs continues to reflect an increasing trend. The reported number of members to be offered care management is from specific categories of identified populations; however, several changes took place in SFY 2014. During this period, the OHCA changed the threshold for care management referrals based on ER visits in a quarter. The number of ER visits members made showed rapid upward change and is not reported in Fig.2.3a. This is a change from the reporting methodology in previous years. Additionally, the HANs are now given greater flexibility in identifying members in need of care management services. For SFY 2015, improvements to the HANs tracking and reporting processes helped to increase the number of members offered care management (Fig. 2.3a).

## What is the agency doing to influence performance towards the objective?

OHCA understands the importance of the SoonerCare Choice initiative of adding community-based Health Access Networks 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 members. OHCA is pleased with the relationships built with the three pilot HANs, though enrollment is currently nearing capacity; OHCA will explore the expansion of the HANs statewide although there is no active plan to expand in the near future. In an evaluation completed by 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. Because HANs have been required to offer care management services in targeted populations such as frequent ER utilization; this discovery substantiates the efforts of the HAN. Additionally, HANs pursue quality improvement initiatives focused on the improvement of health outcomes.

Fig. 2.3a

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 SFY2012

\*\* ER Referrals Removed

## **Objective 2.4:**

To promote responsive health care delivery through the Case Management unit for SoonerCare members with episodic or event-based case management needs

### **Measured By:**

- 2.4.1— Number of New High-Risk OB members    2.4.3— Number of New Fetal Infant Mortality reduction Outreach To Moms
- 2.4.2— Number of New At-Risk OB members    2.4.4— Number of New Infant Mortality Reduction Outreach to Babies

### **Why is this objective important?**

OHCA is committed to helping SC members achieve optimal health outcomes by intervening early with episodic or event-based needs. Resources are allocated to these designated populations to promote healthy lifestyles and health practices. Targeted groups receive early case management engagement and intervention. Case management workers seek to ensure that the most appropriate care is received by the member. Maximizing positive outcomes can be brought about by engaging and educating members about making positive life-style changes while encouraging them to be active participants in their health care.

### **What trends do the measures indicate?**

For SFY2015, there was a decrease in both the number of new high-risk OB members and the number of new at-risk OB members. There was also a slight decrease in the number of new Fetal Infant Mortality Reduction (FIMR) outreach to moms (Fig. 2.4a—obstetrical cases managed). Additionally, the number of new Infant mortality newborns identified for outreach slightly decreased for SFY 2015 (Fig. 2.4b—newborn cases managed).

### **Are the trends headed in the right direction?**

OHCA is able to assist more SC members through increased enrollment in the high risk OB program; this is expected to have a positive impact on outcomes as nurse care managers initiate and maintain contact with expectant moms through the postpartum period. More data will be required to develop trends for the at-risk OB population as this number may be affected by many factors. These women are at-risk of experiencing possible adverse outcomes and are routinely followed through their pregnancies. These proactive services provide an opportunity to improve the outcome for the at-risk OB member and the unborn child. Currently, OHCA aims its efforts at lowering infant mortality rates in the 10 worst performing counties in Oklahoma. The numbers reported are reflective of the number of women being newly identified within these 10 counties; more years of data will need to be examined before trends can be established. Every pregnant woman that is enrolled in the SoonerCare program is given the opportunity for identification of any medical needs related to the pregnancy; these care management efforts are expected to lead to healthier pregnancies and infants. The increase in the identification of new FIMR newborn members is positive in that it allows a partnership to be developed between a nurse care manager and an infant's mom; both working toward helping to ensure important, age-appropriate milestones are being met for each infant.

## What is the agency doing to influence performance towards the objective?

OHCA is proactive in impacting positive outcomes for members with episodic or event-based needs. Clinically skilled staff intervenes early through outreach activities, utilizing specialized interventions, for targeted populations. This is an optimal opportunity for members to be provided necessary tools and support to make better health decisions. Member awareness is advanced through education, and coordination of services is provided for the member in the outreach process. Fostering engagement of members in their health care allows for positive change while affecting health outcomes and preventing medical costs. Newly identified members entering the programs highlighted in this section represent a portion of the large number of case-managed SC members.

Fig. 2.4a

Obstetrical cases managed	SFY2012	SFY2013	SFY2014	SFY2015	Est. SFY2016
New high-risk OB members	1,832	1,998	2,474	2,192	2236
New at-risk OB members	713	637	618	459	459
New FIMR OB members	2,274	2,041	1,781	1,694	1,694

Source: ATLANTES, Population Care Management – Numbers reflect aggregate for 12-month period, SFY 2015

Fig. 2.4b

Newborn cases managed	SFY2012	SFY2013	SFY2014	SFY2015	Est. SFY2016
New FIMR newborn members (1 month & under)	1,713*	2,100	2,138	2,059	2,100

Source: ATLANTES, Population Care Management – Numbers reflect aggregate for 12-month period, SFY 2015

\*Represents 11-month period

## Objective 2.5

To promote responsive health care delivery through the Health Management program (HMP) for SoonerCare members with or at-risk for developing chronic diseases

Measured By:

2.5.1— Number of Members in HMP

2.5.3— percent below forecast for HMP Members

2.5.2— Actual PMPMs for HMP Members

2.5.4— Number of Providers with Onsite Practice Facilitation

## Why is this objective important?

Managing the medical needs of SC members who have, or are at-risk, for developing a chronic condition is critical. It is known that chronic diseases are costly and a significant amount of health care dollars are expended

on treatment for these health issues. Developing self-management skills for their medical condition can aid SC members in making better decisions regarding their care. Education and motivation for making lifestyle changes and taking a proactive role in their health is paramount to a member’s long-term success for improved health outcomes.

### What trends do the measures indicate?

The forecasted versus the actual per member, per month (PMPM) costs show the actual PMPM cost is lower than the forecasted PMPM costs over the years (Fig. 2.5a—Forecasted versus Actual PMPM Medical Expenditures for HMP Members). The number of members enrolled in HMP shows a slight decrease for SFY 2015. The number of providers with on-site practice facilitation showed an increase in SFY 2015 compared to the previous year (Fig. 2.5b—HMP Enrollment and Practice Facilitation).

### Are the trends headed in the right direction?

The forecasted PMPM rates for HMP members show positive results in the reduction of medical costs and more predictable utilization trends; however, this measure will need to be studied over time as the enrollment numbers in the program have changed effective SFY 2014. The significant decrease in enrollment noted for SFY 2013 was in preparation for the transition to a new model as was the decline in practice facilitation in SFY 2014; with both of these figures stabilizing in SFY 2015. Making program adjustments and changes to enhance a program’s effectiveness is of vital importance to securing long-term gains. The HMP core objectives remain the same, but one of the methods for reaching members has changed, allowing the entry of more members into the program.

### What is the agency doing to influence performance towards the objective?

OHCA remains committed to making necessary changes to continue its effectiveness in managing the care of patients enrolled in the HMP. The HMP will continue to be involved in activities that offer assistance to individuals with chronic diseases that promote better health outcomes. According to an independent evaluation by the Pacific Health Policy Group (PHPG), the OHCA HMP has been credited with achieving a net savings of nearly \$197 million dollars since implementation. The OHCA encourages programs that advance the development of self-management skills thereby reducing costs and affecting predictable utilization trends.

Fig. 2.5a

Forecasted versus Actual PMPM Medical Expenditures for HMP Members			
First 12 mos. following participation in the HMP	Forecast PMPM	Actual PMPM	Percent below forecast
SFY2012	\$1,405	\$1,173	16.50 percent
SFY2013	\$1,375	\$1,125	18.20 percent
SFY2014	\$1,075	\$960	11.00 percent
SFY2015	\$1,097	\$979	11.00 percent
Est. SFY2016	\$1,118	\$999	11.00 percent

Source: PHPG, Health Management Program – Numbers reflect point-in-time data at June 30, 2015

Fig. 2.5b

HMP Enrollment and Practice Facilitation	SFY2012	SFY2013	SFY2014	SFY2015	Est. SFY2016
Number of members in HMP	4,130	1,394	5,355	4,297	4,500
# of providers with on-site practice facilitation	53	50	33	41	43

Source: PHPG, Health Management Program – Numbers reflect point-in-time data at June 30, 2015

**Objective 2.6:**

To promote responsive health care delivery through the Chronic Care Unit (CCU) for SoonerCare members diagnosed with or at-risk for a chronic condition(s)

**Measured By:**

- 2.6.1— Number of Unduplicated Members in the Chronic Care unit
- 2.6.2— percent of Members with a Diagnosis of Hemophilia
- 2.6.3— percent of Members with a Diagnosis of Sickle Cell Anemia
- 2.6.4— percent of Members with a Combination of Chronic Conditions

**Why is this objective important?**

Utilizing evidence-based approaches is important when assisting SoonerCare members with chronic condition(s) or those who are at-risk for developing a chronic condition(s). Educating SoonerCare members on their medical condition(s) while encouraging positive, healthy life-style changes is crucial; promoting self-management of their health care needs is essential in helping members to achieve the goal of overall better health. The desired aim is to provide SoonerCare members with the tools necessary for managing their own condition(s) and being active participants in their own health care. The CCU unit promotes self-management that produces healthier populations while reducing health costs.

**What trends do the measures indicate?**

More data will be required before trend details can be established and reported. SFY 2013 data contains six months of information. SFY 2015 shows a steady increase for member participation in the CCU unit after a substantial uptake in member participation for SFY 2014. Additionally, an increase in the number of members with a combination of chronic conditions is shown (Fig. 2.6a—Chronic Care Unit)

**Are the trends headed in the right direction?**

While more information will be required before trends can be developed, the rise in participation in the CCU allows these SC members the opportunity to examine the challenges of their medical conditions while optimizing their health outcomes. The partnership formed will help the member gain the confidence necessary to take responsibility for their own health while support is given in the enhancement of self-management skills.

## What is the agency doing to influence performance towards the objective?

OHCA offers telephonic care management support to members managed in the CCU with the aim of identifying and addressing gaps in the members' care while improving health-related behaviors. Productive interactions between OHCA clinically skilled staff help by forming a partnership with members; it is beneficial for sharing the importance of self-management as well as encouraging members to take an active role in understanding their medical condition(s). A depression screening is completed to ensure that behavioral health needs are met; follow-up referrals are addressed as necessary. The CCU unit is recognized by OHCA as being critical to members becoming healthier and moving toward managing their illness, making informed decisions regarding their care, and improving health outcomes while reducing costs.

Fig. 2.6a

<b>Chronic Care Unit (CCU)</b>	<b>SFY2013</b>	<b>SFY2014</b>	<b>SFY2015</b>
Number of unduplicated members in Chronic Care unit	206*	978	1147
Percent of members with diagnosis of Hemophilia	31.0 percent	10.1 percent	4.7 percent
Percent of members with diagnosis of Sickle Cell Anemia	41.3 percent	12.9 percent	5.4 percent
Percent of members with a combination of chronic conditions	27.7 percent	77.0 percent	89.9 percent

Source: Chronic Care Unit — Numbers reflect point-in-time data at June 30, 2015

## GOAL 3 — PERSONAL RESPONSIBILITY

TO EDUCATE AND ENGAGE MEMBERS REGARDING PERSONAL RESPONSIBILITY FOR THEIR HEALTH SERVICES UTILIZATION, BEHAVIORS, AND OUTCOMES

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### Objective 3.1:

To strive for SoonerCare children to receive necessary preventive care through Child Health / EPSDT services

Measured By:

3.1.1— First 15 Months

3.1.2— 3 to 6 years

3.1.3— Adolescents

3.1.4— EPSDT Participation Ratio

### Why is this objective important?

Babies, kids, and teenagers need to get regular check-ups to stay healthy. These checkups are necessary to help prevent the usual range of childhood illnesses, and to allow the primary care doctor to track a child's development in an effort to help pinpoint any problems that may arise. Children and teens enrolled in SoonerCare should take part in these preventive health care services.

### What trends do the measures indicate?

While the total number of SoonerCare children receiving preventive care through Child Health/EPSDT services during their first 15 months and from 3 to 6 years of age has remained stable, the number of adolescents receiving the same care decreased slightly (Fig. xxxx —Well Child Visits by Age - First 15 Months, 3—6 Years Old, Adolescents.) HEDIS data is reported by report year, not data year, and data for SFY 2015 was not available at the time of publication. The EPSDT Participation Ratio indicates the number of children receiving recommended visits remained stable (Fig. 3xxx EPSDT Participation Ratio.)

More information about children's health programs can be found at [www.okhca.org/individuals.aspx?id=15315](http://www.okhca.org/individuals.aspx?id=15315).

### Are the trends headed in the right direction?

The percent of babies and 3 to 6 year olds receiving necessary preventive services remained stable. The adolescents receiving necessary preventive services in SFY 2015 decreased by just over three percent. OHCA will continue efforts to increase the percent of adolescents receiving necessary preventive care.

### What is the agency doing to influence performance towards the objective?

OHCA is doing several things to encourage members to visit their primary care providers, including the following interventions geared toward increasing the participation of children getting the recommended well-child visits.

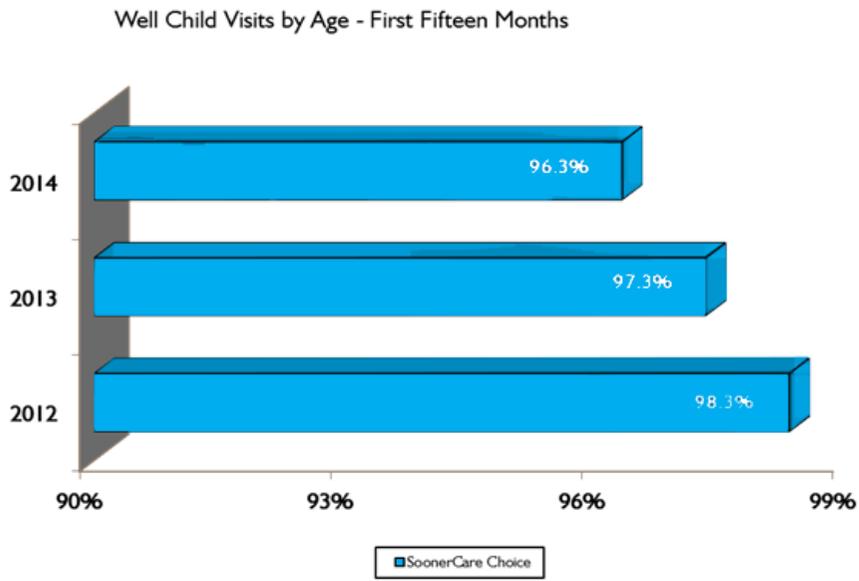
**Interventions include:**

- Sending reminder letters to members when well-child visits are due.
- Health Promotion and Community Relations staff providing information about well-child visits to OSDH immunization representatives with the hope that these representatives will promote the importance of well-child visits when meeting/talking with providers and members.
- Community Relations Coordinators in each quadrant of the state work with community partners to promote child health screenings. For example--Healthy Start, educates teen mothers in parenting classes; works with county health departments doing community baby showers and provides child health information.
- Tell Us Your Story campaign promoting child health visits on OHCA’s website and social media.
- An OSDH/OHCA joint effort targeting an increase in childhood immunizations in Bryan, Choctaw, Pushmataha, and McCurtain counties.
- OHCA has a partnership with SmartStart OK and OETA airing commercials promote children’s health exams, dental health and developmental screening.
- OHCA sent letters to school districts on how to order Child Health Guides online and the importance of these screenings.
- CR Coordinators met with partners in the counties with the lowest EPSDT rates in their area to better understand challenges and encourage them to share our materials around EPSDT screenings.
- OHCA added customized messages into Text4Baby messages to let parents know that SoonerCare covers well child visits and that it is important to take their child into the doctor for a check-up even when they are not sick.
- Provider incentive for providers that meet compliance rate for EPSDT screenings.
- Provider incentive for members receiving fourth DTaP prior to age 2.
- Beginning in the fall 2015, through a partnership with the George Kaiser Family Foundation, OHCA will launch Connect4health for SoonerCare members. Connect4health will provide customized health messages to caregivers of children covered by SoonerCare ages 1 to 18 as well as adults covered by SoonerCare.

Fig. 3.1

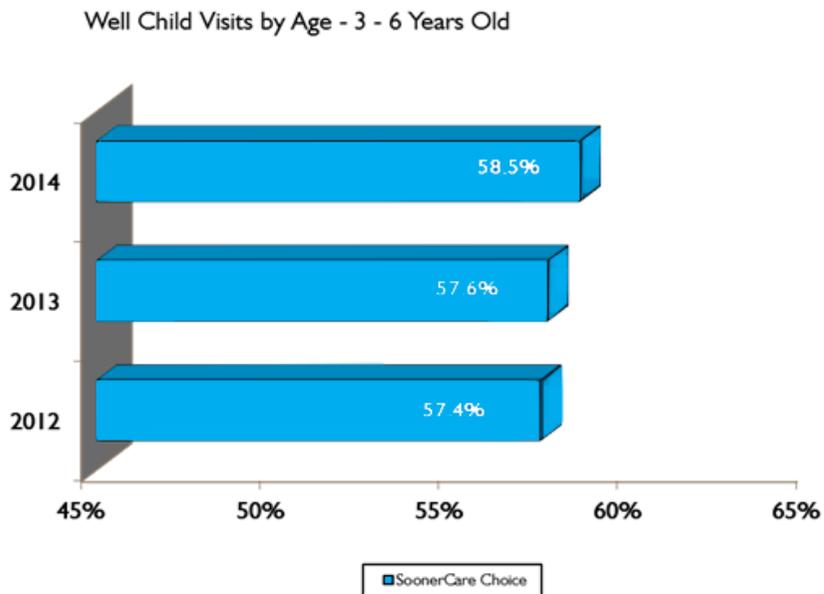
<b>EPSDT</b>	<b>Participation Ratio</b>
FY 2009	58 percent
FY 2010	56 percent
FY 2011	55 percent
FY 2012	56 percent
FY 2013	56 percent
FY 2014	60 percent

Fig. 3.2



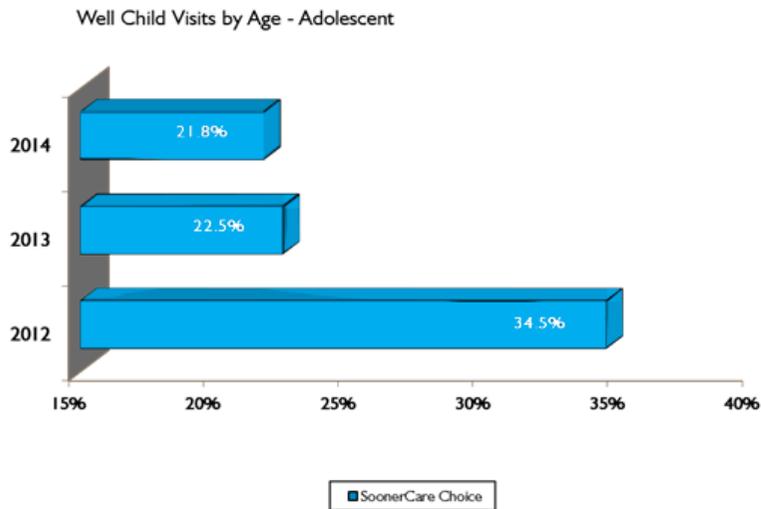
Source: OHCA's MMIS Claims Processing System using HEDIS criteria.

Fig. 3.3



Source: OHCA's MMIS Claims Processing System using HEDIS criteria.

Fig. 3.4



Source: OHCA's MMIS Claims Processing System using HEDIS criteria.

### Objective 3.2:

To increase preventive care use by adults

Measured By:

3.2.1— percent of adults 20 to 44 years utilizing preventive care

3.2.2— percent of adults 45 to 64 years utilizing preventive care

### Why is this objective important?

Access to primary care correlates with reduced hospital and emergency room use while also preserving quality medical care for patients. Studies show that costly and inappropriate care can be reduced through shared decision-making between well-informed physicians and patients. Physicians play a key role in nurturing these quality-enhancing strategies that can help to slow the growth of health care expenditures. Continued rising health care costs in the U.S. affect all levels of the health care delivery system. Encouraging and making access to primary and preventive care services available is one strategy to lower hospital utilization while maintaining the quality of care delivered.

### What trends do the measures indicate?

The number of adults utilizing ambulatory/preventive care remained relatively stable in SFY2014. (Fig. xx and 3xx —Ambulatory Care for Adults), HEDIS data is reported by report year, not data year, and data for SFY 2015 was not available at the time of publication.

More information about the provider network and capacities can be found at [www.okhca.org/individuals.aspx?id=12274](http://www.okhca.org/individuals.aspx?id=12274).

## Are the trends headed in the right direction?

SoonerCare members in the 20 to 44 year old age group used preventive/ambulatory care at slightly decreasing rates over the previous year, while the 45 to 64 year old age group remained stable.

## What is the agency doing to influence performance towards the objective?

OHCA is continually reaching out to members in hopes of improving the member's use of preventive/ambulatory care. Through the use of social media sites such as Facebook, Twitter, Pinterest, Instagram and YouTube, OHCA is sending the message of personal responsibility to both its members and all Oklahomans.

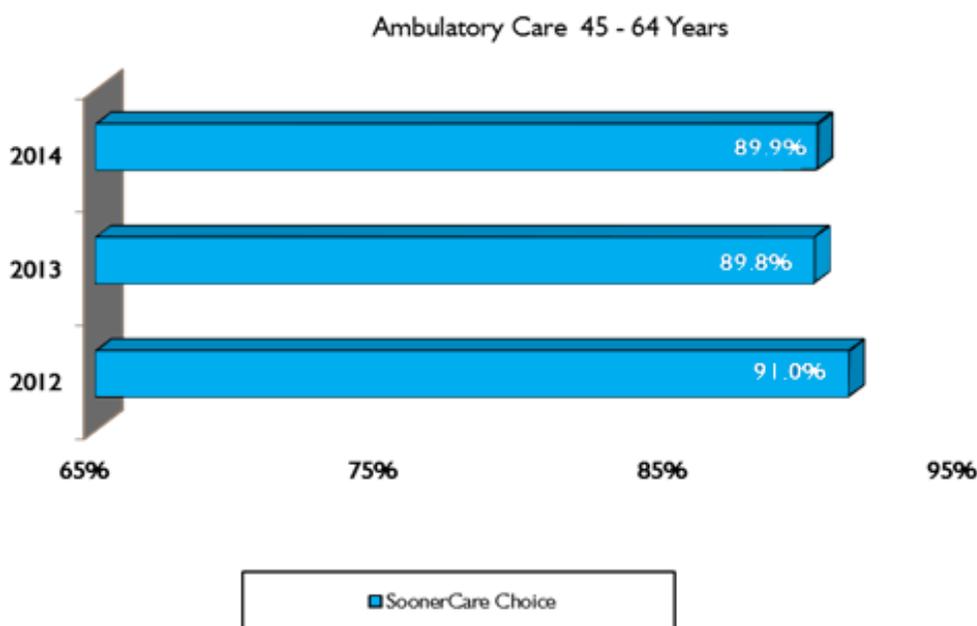
In addition to airing commercials online, OHCA broadcasts its message on cable networks throughout the state. Messages in the videos include urging Oklahomans to eat healthy, exercise, and get routine check-ups, and that routine checkups are important to a person's overall health as well as their physical and emotional well-being.

In early SFY 2015, OHCA launched [www.SoonerFit.org](http://www.SoonerFit.org), a website devoted to the fitness and health of OHCA members as well as all Oklahomans. The objective of the SoonerFit program is to innovatively communicate physical activity and nutrition recommendations to members via the SoonerFit website, newsletters, public service announcements, and community partners. SoonerFit offers monthly challenges to engage all Oklahomans in staying healthy and provides information such as Farmers Markets that accept SNAP benefits, low-cost gyms, exercise demos, and healthy recipes for a family on a budget.

Follow the link below to OHCA's Community Relations web page

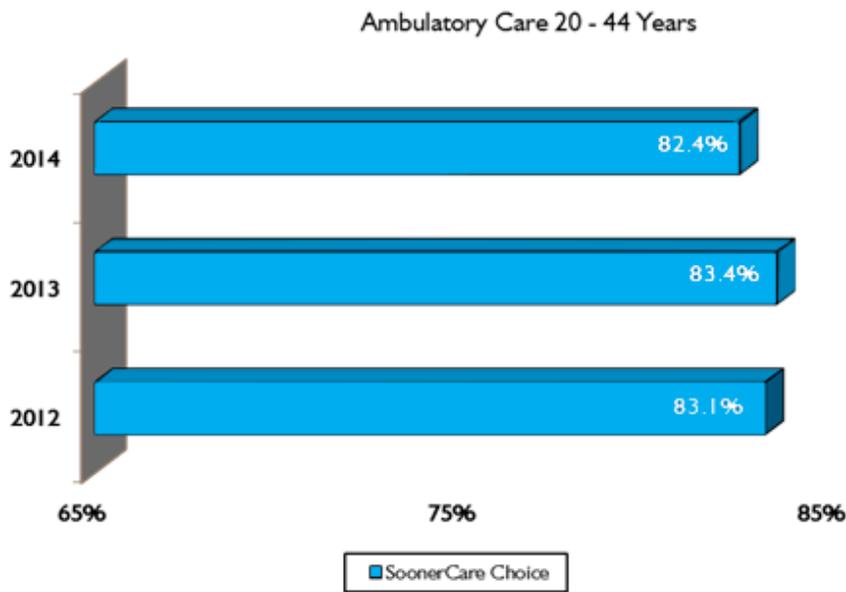
<http://www.okhca.org/individuals.aspx?id=12274>.

Fig. 3.5



Source: OHCA's MMIS Claims Processing System using HEDIS criteria.

Fig. 3.6



Source: OHCA's MMIS Claims Processing System using HEDIS criteria.

### **Objective 3.3:**

To reduce Oklahoman's dependence and abuse of prescription drugs

Measured By:

3.3.1— Number of SoonerCare members assigned to the lock-in program

3.3.2 -- Number of SoonerCare members that are high utilizers of prescription drugs

### **Why is this objective important?**

Misuse of prescription drugs is an immense public health concern, with approximately 22 million persons initiating nonmedical pain reliever use since 2002. More than 12 million people reported using prescription painkillers non-medically in 2010, that is, using them without a prescription or for the feeling they cause. The number of treatment cases and overdose deaths attributed to controlled dangerous drugs has risen sharply since 2004. As of 2012, deaths due to overdoses of prescribed medication exceeded those of traffic fatalities.

According to the Centers for Disease Control and Prevention report "Prescription Painkiller Overdoses in the US":

- 5th leading cause of death in Oklahoma –unintentional death including prescription drug overdose
- Oklahoma is the 6th highest for drug overdose deaths in the U.S.
- 15.8 per 100,000 unintentional deaths in Oklahoma, compared to 11.9 per 100,000 nationally

Prescription drug abuse is a growing and recognized problem both in Oklahoma and nationally, and OHCA is actively pursuing solutions internally and through collaborative efforts.

## **What trends do the measures indicate?**

The number of SoonerCare members assigned to the Pharmacy Lock-In program remained stable from SFY2014 to SFY2015. (Fig. 3.7—Members Assigned to Lock-In).

More information about OHCA's Pharmacy Lock-in program can be found at <http://www.okhca.org/providers.asp38>

## **Are the trends headed in the right direction?**

The number of SoonerCare members in the Pharmacy Lock-In program remained stable, and the members served by that program is limited by resources available to run the program.

## **What is the agency doing to influence performance towards the objective?**

In order to be assigned to the lock-in review program, an individual must be currently enrolled in SoonerCare or the Insure Oklahoma Individual Plan.

If the member's utilization is determined to be potentially inappropriate, the lock-in process is started, and the member is required to fill all prescriptions at a single pharmacy. The member is able to choose a designated pharmacy and this pharmacy is contacted for consent prior to the member being locked-in. In order to enhance the effectiveness of the lock-in program, OHCA implemented changes that will require members to select a single preferred prescriber, in addition to a preferred pharmacy. This change went into effect July 2014 and further research is being done to determine the effectiveness of this change.

## **Opioid Quantity Limit**

A new clinical decision support rule was put in place in three phases in 2014 and early 2015 that limited the amount of short-acting opioid analgesics and combination products allowed to be dispensed. This quantity limit edit (QLE) restricts the amount of opioid analgesic drugs based on the amount per day prescribed; these are categorized as acute or chronic therapies.

- Acute therapies are defined as days' supply of medication less than or equal to 10 days. Based on the days' supply on the prescription, the quantity allowed per day will be 8 dosage forms or less for oral medications.
- Chronic therapies are defined as greater than a 10 day supply. Based on the days' supply of the prescription the quantity allowed per day will be 4 dosage forms.

Number of units per claim went from 69.7 in November 2014 to 64.5 in May 2015. While the trend looks promising, the Pharmacy division will continue to monitor the data and the success of the edit.

## **OSDH Collaboration**

A joint workgroup with OSDH has explored possible interventions to reduce prescription drug abuse in Oklahoma. The Prescription Drug Abuse workgroup's goals are: a) to develop data-driven interventions; b) to support the appropriate use of prescription drugs; and c) to decrease the number of prescription drug overdose related deaths in Oklahoma.

The workgroup is building on activities from the previous year. They are using data to identify prescribers that are associated with prescriptions of SoonerCare members that died due to prescription drugs noted in the Unintentional Poisoning Database. The workgroup then designs education, outreach, and other appropriate interventions for these providers. The workgroup has identified three levels of interventions: provider letters, onsite visits, referral to QA or appropriate governing boards. The workgroup is also working to increase opioid overdose education, including the use of naloxone, in Oklahoma through provider and pharmacist training.

### SoonerCare Pain Management Program

The SoonerCare Pain Management Program is a program designed to equip SoonerCare providers with the knowledge and skills to appropriately treat members with chronic pain. To accomplish this, the Oklahoma Health Care Authority (OHCA) has developed a proper prescribing toolkit. Two practice facilitators will be delegated to implement the components of the toolkit within selected SoonerCare practices. Additionally, two behavioral health resource specialists will be dedicated to assist providers with linking members with substance abuse disorder, or other behavioral health needs, to the appropriate treatment. This program began the summer of 2015.

Fig. 3.7

SoonerCare Members Assigned to the Lock-In Program for SFY2013-2015



Source: OHCA Program Integrity; Oklahoma University College of Pharmacy

### Objective 3.4:

To increase the percentage of pregnant women who receive prenatal care, especially beginning in the first trimester

#### Measured By:

- 3.4.1— percent of pregnant women seeking prenatal care anytime during pregnancy
- 3.4.2— percent of deliveries with prenatal care services beginning in the 1st Trimester
- 3.4.3— percent of deliveries with prenatal care services beginning in the 2nd Trimester
- 3.4.4— percent of deliveries with prenatal care services beginning in the 3rd Trimester
- 3.4.5— percent of deliveries without prenatal care

## **Why is this objective important?**

SoonerCare covers approximately 63 percent of the births in Oklahoma. Prenatal care is beneficial for all mothers-to-be. Women who see a health care provider regularly during pregnancy have healthier babies, are less likely to deliver prematurely, and are less likely to have other serious problems related to pregnancy.

## **What trends do the measures indicate?**

While the total SoonerCare members giving birth decreased in SFY 2015, the percent of those members seeking prenatal care remained stable. (Fig. 3i —Total SoonerCare Births and percent of Mothers Seeking Prenatal Care for SFY 2013-2015). Women seeking prenatal care in the first trimester decreased slightly from SFY 2014, while those seeking care in the second and third trimester increased by more than five percent. (Fig. 3j — SoonerCare Members Who Sought Prenatal Care - By Trimester - SFY2013—2015)

More information about prenatal care provided to Oklahoma SoonerCare members can be found at <http://www.okhca.org/individuals.prenatalcare>.

## **Are the trends headed in the right direction?**

The total SoonerCare births decreased slightly in SFY2015 but the number of mothers seeking prenatal care has remained high and stable at 98 percent. The number of mothers seeking care in the first trimester declined slightly since SFY2014, while it increased in the second and third trimester. It would be ideal for mothers to seek prenatal care in the first trimester instead of the second or third.

## **What is the agency doing to influence performance towards the objective?**

OHCA continuously seeks to increase the benefits and services available to mothers and babies.

## **Strong Start**

Strong Start for Mothers and Newborns is a grant-funded initiative awarded by the Center for Medicare & Medicaid Services (CMS) Innovation Center to the OHCA. Strong Start promotes three different models of prenatal care: Birth Center, Group Prenatal Care and Maternity Home. The OHCA initially only participated in Group Prenatal Care but now offers either group prenatal or maternity home. Currently the program is offered in four clinical sites: Oklahoma City Indian Clinic, Mary Mahoney, Variety Care, and Choctaw Nation. Since the inception of the grant, 128 participants have delivered with 92 percent of them being full-term deliveries.

## **Text4Baby**

Text4Baby is the nation's largest and only free mobile health messaging service for pregnant women and mothers with infants that sends important health and safety information. Oklahoma is one of four states where the CMS are supporting a project with Text4Baby co-founders Voxiva, Inc. and Zero to Three. The pilot project began in August 2013; state-level implementation began Jan. 1, 2014.

The pilot project is implementing innovative outreach and promotional efforts to achieve the following:

- Increase enrollment of pregnant SoonerCare members in Text4Baby;

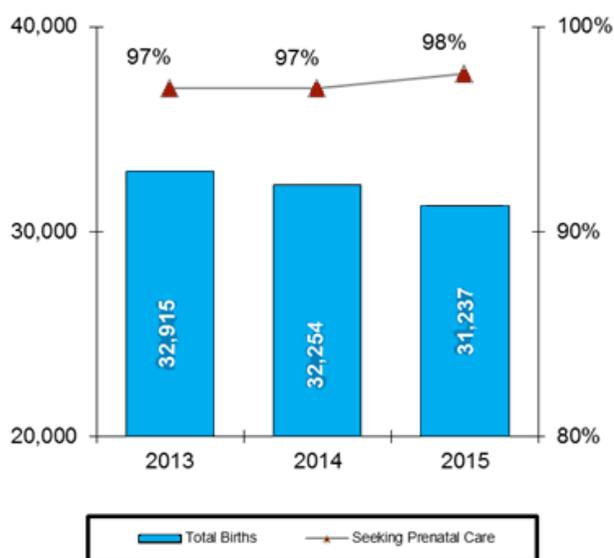
- Customize Text4Baby content to include state-specific programs and resources; and
- Assess Text4Baby’s impact on improving health quality measures including postpartum visits and smoking cessation during pregnancy.

In October 2014, Oklahoma Health Care Authority became the first (and currently the only) state Medicaid agency to implement an automated process to notify and enroll pregnant women and new mothers covered by SoonerCare into Text4Baby. The OHCA continues to collaborate with key partners to promote Text4Baby to targeted audiences via media outlets such as radio, billboards, bus shelters, PSA’s, newsletters, social media and more.

The early success of Text4Baby in Oklahoma led OHCA to a new partnership with the George Kaiser Family Foundation to provide mobile messages beyond Text4Baby. Beginning in the fall of 2015, OHCA will launch Connect4health for SoonerCare members. Connect4health will provide customized health messages to caregivers of children covered by SoonerCare ages 1 to 18, as well as adults covered by SoonerCare.

Fig. 3i

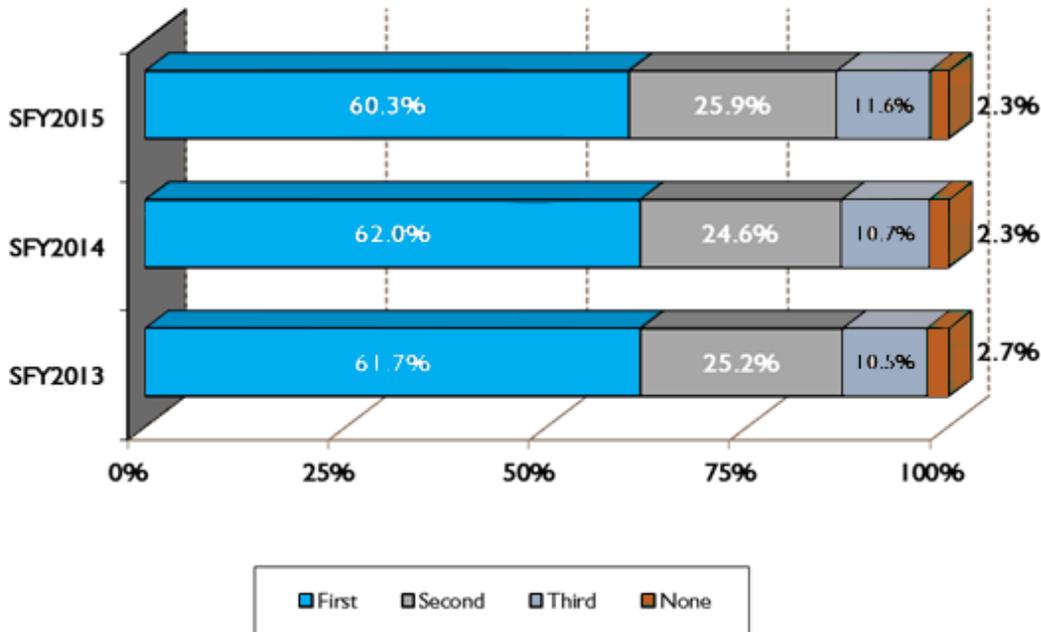
Total SoonerCare Births and percent of Mothers Seeking Prenatal Care for SFY2013-2015



Source: OHCA MMIS

Fig. 3j

SoonerCare Members Who Sought Prenatal Care - By Trimester - SFY2013-2015



Source: OHCA MMIS

### Objective 3.5:

To decrease emergency room utilization

Measured By:

- 3.5.1— Number of SoonerCare Choice Members with 2 or more ER Visits in a quarter
- 3.5.2— Number of SoonerCare Choice Members with 4 or more ER Visits in a quarter
- 3.5.3—percent of SoonerCare Choice Members with two or more ER Visits in a quarter
- 3.5.4—percent of SoonerCare Choice Members with four or more ER Visits in a quarter

### Why is this objective important?

High emergency room (ER) utilization is a considerable concern for the increasing cost of health care. Frequent and inappropriate use of hospital ERs is extremely costly and care could be provided in a less expensive setting. Patients, when possible, should be treated by their primary care provider for non-emergency conditions in order to promote consistent, quality care.

### What trends do the measures indicate?

The total number of SoonerCare Choice member ER usage has remained stable from SFY 2014 to SFY 2015. (Fig. 3k —SCC ER Usage by Number and percent SFY 14-15)

More information about limiting emergency room use of SoonerCare members can be found at <http://www.okhca.org/research.aspx?id=87&parts=7447&parts=7447>. For more information about Patient-Centered Medical Homes visit <http://www.okhca.org/individuals.aspx?id=548>.

## **Are the trends headed in the right direction?**

While the number of SoonerCare Choice members utilizing ER benefits is trending in the right direction, preventing unnecessary ER visits has long been a goal of OHCA.

## **What is the agency doing to influence performance towards the objective?**

Passed during the 2014 Legislative Session, House Bill 2906, authored by Representative David Derby and Senator Rob Standridge, directed the Oklahoma Health Care Authority to study and prepare a report covering non-emergent emergency room utilization among SoonerCare members.

OHCA initially completed an internal exploration of the methods and approaches utilized by the OHCA to obtain an assessment of the current OHCA environment in regards to non-emergent ER utilization rates by SoonerCare members. An external examination of OHCA stakeholder input was also conducted. An internal steering committee was formed as part of this external examination to provide a forum for sharing known non-emergent ER utilization topics, act as a sounding board, shape recommendations and to identify stakeholders that could provide beneficial input on non-emergent ER utilization topics.

The meetings with external groups identified access to care, behavioral health, organizational issues and regulatory issues as major challenges. Recommendations for dealing with these issues fell into four major categories: technology; alternative payment models; member and provider education; and staffing. As shown through independent, external evaluations, Oklahoma's patient-centered medical home (PCMH) and care coordination models have a demonstrated positive impact on non-emergent ER use by SoonerCare members. In addition to evaluating and implementing recommendations included in this report, OHCA will continue to invest resources into the PCMH and Health Access Network models. Specifically, OHCA anticipates exploring the inclusion of additional SoonerCare population groups.

Oklahoma's Medicaid population has historically used the ER at high rates for non-emergent and non-urgent care. The OHCA and its partners in the provider community have undertaken a number of steps in the past five years to reduce inappropriate ER use. —These initiatives include:

- Requiring — all medical home providers to offer 24-hour/7-day telephone coverage by a medical professional;
- Enrolling SoonerCare Choice members into PCMHs;
- Requiring Tier 3 (“optimal”) medical home providers to offer extended office hours; and
- Conducting targeted education and outreach with members who visit the ER two or more times in a three-month period.

In 2015, Mercer Government Human Services Consulting began a study on OHCA's low acuity non-emergent usage. The study will go through SFY 2019 and cover five years of evaluation. The ultimate goal of the evaluation is multi-pronged and includes a development of an overall Medicaid rate of ER utilization; various rates of ER utilization based on different criteria,; assessment of expenditures and administrative costs; documentation of the definition of “inappropriate” ER utilization; current and historical description and documentation of SoonerCare intervention programs over the last five (5) to ten (10) years; and a review and summarization of other state Medicaid approaches. Mercer will provide annual reports of their efforts and data to OHCA.

Fig. 3k

SCC ER usage by number and percent SFY 13-15

	2013	2014	2015
Number of SoonerCare Choice Members with 2 or more ER Visits in a quarter	19,993	19,499	19,268
Number of SoonerCare Choice Members with 4 or more ER Visits in a quarter	2,386	2,263	2,198
Percent of SoonerCare Choice Members with 2 or more ER Visits in a quarter	3.70%	3.48%	3.52%
Percent of SoonerCare Choice Members with 4 or more ER Visits in a quarter	0.44%	0.40%	0.40%

Source: OHCA MMIS

FMAP is a 5 year average of SFY 12-16, actual and estimated combined (federal share average is 63.04 percent and state share average is 36.96 percent)

**Objective 3.6:**

To provide members the resources they need to decrease or prevent tobacco use

Measured By:

3.6.1— Number of SoonerCare Members Calling Tobacco Helpline

3.6.2— Number Of SoonerCare Members Utilizing Tobacco Cessation Benefits

**Why is this objective important?**

Tobacco is Oklahoma’s leading cause of preventable death, killing more Oklahomans each year than alcohol, auto accidents, AIDS, suicides, murders, and illegal drugs combined. More than 6,000 Oklahomans die each year from tobacco-related illness and more than 120,000 suffer from serious tobacco-caused illnesses. Tobacco abuse is expensive as well. It costs Oklahomans more than \$2.8 billion annually in medical expenses and lost productivity. It is vitally important that OHCA does its part to reduce tobacco abuse among Oklahomans.

**What trends do the measures indicate?**

The total number of Oklahomans calling the Oklahoma Tobacco Helpline (OTH) increased slightly in SFY 2015. (Fig. 3.7.1 —Oklahomans calling the OTH). The number of SoonerCare members utilizing smoking cessation benefits increased significantly in SFY 2015. (Fig. 3.7.2—Smoking Cessation Benefits Utilization).

More information about the OTH can be found at [www.ok.gov/tset/](http://www.ok.gov/tset/). For more information about SoonerCare tobacco cessation benefits, visit <http://www.okhca.org/individuals.aspx?id=2733>.

## **Are the trends headed in the right direction?**

The number of Oklahomans utilizing the OTH remained steady while the usage of smoking cessation benefits increased significantly in SFY2015. The large increase in use of smoking cessation benefits can be partially attributed to the OHCA/OSDH Quality Improvement Tobacco Workgroup's efforts to eliminate copayments and prior authorizations for all the tobacco cessation drugs covered by OHCA.

## **What is the agency doing to influence performance towards the objective?**

OHCA has collaborated with the Tobacco Settlement Endowment Trust (TSET) and the Oklahoma State Health Department (OSDH) to offer resources to Oklahomans who wish to quit or reduce tobacco use.

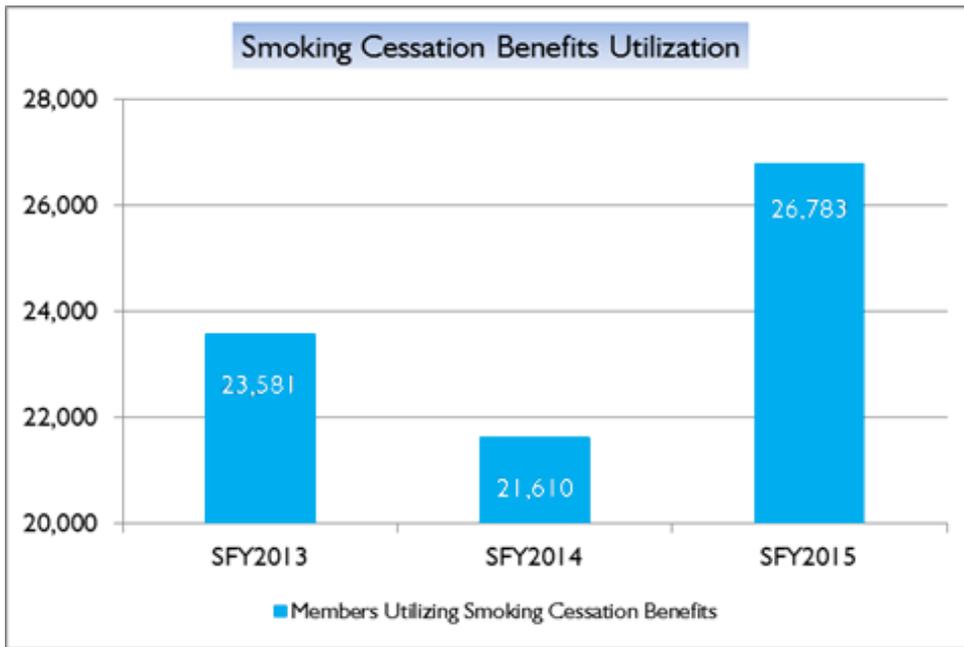
Through the OTH, callers receive one-on-one quit coaching and nicotine replacement therapy. Callers interested in receiving follow-up can enroll in the OTH multiple call program in which they will receive a series of telephone-based coaching sessions with a quit coach throughout their quitting process.

SoonerCare offers a tobacco cessation benefit to help members with their attempt in quitting tobacco. Members may receive counseling as well as pharmacotherapy medications with a prescription from their doctor.

Medications include patches, gum, lozenges, and prescription medications which include Zyban, Chantix, inhaler and nasal spray.

Collaboration with the OSDH has produced a work group tasked with the long-term objective of reducing the tobacco dependence of Oklahomans. The tobacco workgroup aims to reduce the tobacco rate among Oklahomans by increasing referrals to the OTH and removing barriers to obtaining tobacco cessation coverage for SoonerCare members. Efforts include training the staffs of targeted county health departments in the Helpline referral process, increasing the number of OTH referrals for SoonerCare members by OHCA and implementing policy changes to eliminate barriers and improve coverage. Additionally, the workgroup will be making recommendations to include tobacco cessation best practices in OSDH's Public Health Oklahoma Client Information System (PHOCIS).

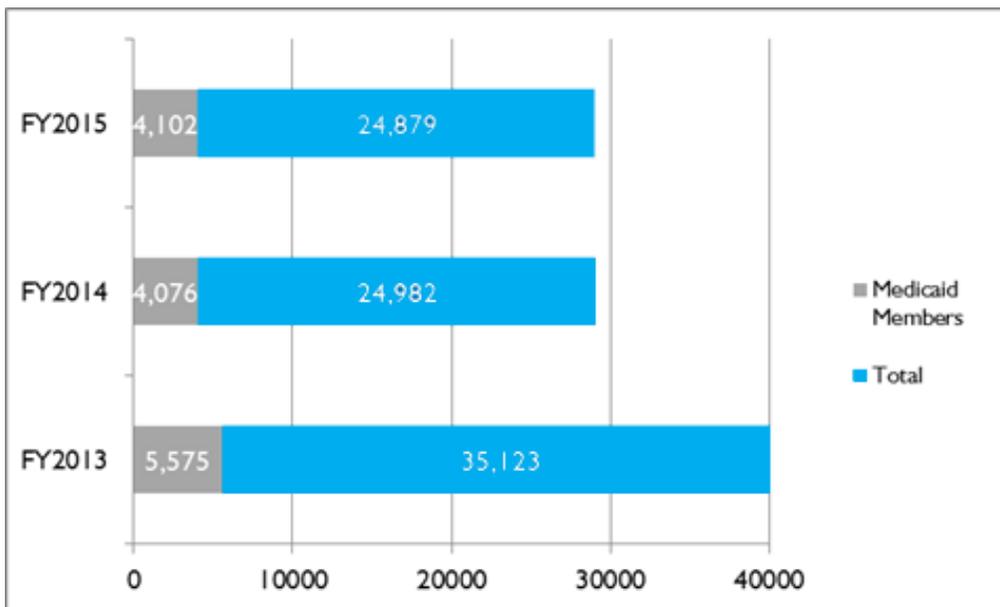
Fig. 3.8



Source: OHCA Health Promotions and Community Relations

Fig. 3.9

Oklahomans calling the OTH



Source: Oklahoma Tobacco Settlement Endowment Trust

## GOAL 4 — SATISFACTION & QUALITY

TO PROTECT AND IMPROVE MEMBER HEALTH AND SATISFACTION, AS WELL AS ENSURE QUALITY, WITH PROGRAMS, SERVICES AND CARE

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### Objective 4.1:

To ensure a high level of satisfaction among SoonerCare members.

Measured By:

Customer Survey Results (CAHPS) Adults

Customer Survey Results (CAHPS) Children

4.1.1 – Customer service

4.1.6 – Customer service

4.1.2 - How well doctors communicate

4.1.7 - How well doctors communicate

4.1.3 - Getting care quickly

4.1.8 - Getting care quickly

4.1.4 - Getting needed care

4.1.9 - Getting needed care

4.1.5 – Shared decision making

4.1.10- Shared decision making

### Why is this objective important?

Member satisfaction is a key measure of the performance of any health plan. Satisfaction surveys give members an opportunity to express their opinions about SoonerCare and the services they receive and are instrumental in providing OHCA with member insight. They help OHCA to identify any gaps in the expectations that members may have about services received compared to services rendered. These gap analyses can be used to adjust or enhance programs, services, and care to ensure members are receiving the level of quality they need. Survey results may also be used as talking points during provider training sessions and to guide policy and planning discussions.

### What trends do the measures indicate?

Customer survey results indicate stable or increasing levels of satisfaction in most survey areas for both the adult and child populations. Member satisfaction ratings are at or above 85 percent, except “Shared Decision Making”, which is at 77 percent for adults (up from 50 percent last year) and 78 percent for children (up from 60 percent last year). The reason for this increase is that the questions that comprise the “Shared Decision Making” measure for the CAHPS survey reported for SFY2015 were changed and as a result, the measure is not directly comparable with previous years. The children survey rating for “Getting Needed Care” has fallen 4 percent from 89 percent to 85 percent. See figures 4.1a - CAHPS® Medicaid Member Satisfaction Survey Adults and 4.1b – CAHPS® Medicaid Member Satisfaction Survey Children.

To see the 2015 Adult and Child CAHPS® surveys visit:

<http://www.okhca.org/research.aspx?id=88&parts=7447>

## Are the trends headed in the right direction?

With several survey areas improving by 10 percent or more, the generally increasing and stable levels of satisfaction indicate that OHCA has sought out member feedback and that members are satisfied with the services and quality they have been receiving.

## What is the agency doing to influence performance toward the objective?

The agency will continue to have the CAHPS surveys administered for adults and for children. Normally, due to budgetary constraints, the adult survey is administered for OHCA every 2 years. However, grant funding did allow the agency to have the survey administered during an off year (SFY 2013) and will allow the survey to be conducted this year (SFY 2015) as well. To meet reporting requirements, the child survey is administered for CHIP children every year. Running the surveys every year allows for year-to-year comparisons for decision making. With CAHPS surveys, the agency has the flexibility to add questions to gain insight into particular areas of interest.

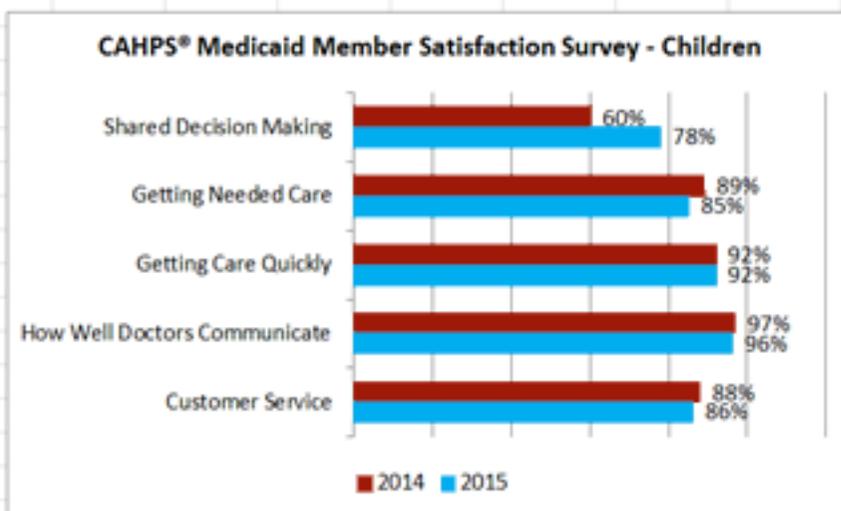
Graphs here: 4.1a and 4.1b

Fig 4.1a



Source: OHCA Reporting and Statistics

Fig 4.1b



Source: OHCA Reporting and Statistics

## **Objective 4.2:**

To partner with Oklahoma’s long-term care facilities to strive for quality long-term care services.

Measured By:

4.2.1 - percent 5-star facilities

4.2.3 - percent members rating quality as excellent or good

4.2.2 - percent 4-star facilities

4.2.4 - percent employees rating quality as excellent or good

### **Why is this objective important**

Approximately 19,046 nursing home residents received SoonerCare support over the course of fiscal year 2015. Although this population has been declining over the past decade, as a group they are frailer and more dependent, therefore the challenge to meet their needs at the highest level of quality and consistency is essential.

### **What trends to the measures indicate?**

While the percent of 5-star facilities has remained stable, the percent of 4-star facilities have decreased by 10 percent. This decrease is attributed to the fact that the emphasis is to improve the quality of nursing home care across the state; adjustments to metrics are made annually in the areas that the majority of facilities are meeting. These targeted changes allow a continuum of quality improvement and therefore scores each year will vary. Resident and employee satisfaction surveys remain stable with the percentage of members rating overall quality as excellent or good remaining at 93 percent and the percentage of employees rating overall quality as excellent or good increasing from 85 percent to 87 percent. See figure 4.2a –Focus on Excellence Star Ratings and figure 4.2b – Focus on Excellence Resident and Employee Satisfaction.

More information about the Focus on Excellence program visit:

<http://www.okhca.org/research.aspx?id=10323&parts=7447>.

### **Are the trends headed in the right direction?**

The short-term trend shows that Focus on Excellence is a stable program. OHCA will continue to partner with Long-Term-Care (LTC) facilities to strive for quality care and services.

### **What is the agency doing to influence performance towards the objective?**

The agency operates the Focus on Excellence (FOE) program which is designed to measure and ensure the integrity and quality of Long-Term Care (LTC) facilities and the overall wellness of members in the facilities. The program oversees the public website, [www.oknursinghomeratings.com](http://www.oknursinghomeratings.com). The site allows consumers to search for LTC facilities that are in the FOE program and uses a star rating system to help consumers determine which facilities meet the needs of their loved ones. Additional Medicaid payments may be earned by nursing facilities that meet or exceed targets on any of nine separate performance measures. The agency is conducting onsite visits to nursing facilities to conduct reviews to ensure the program is being run at its highest potential. Reviews include procedures designed to ensure that the responses facilities provide accurately reflect what is occurring within the facility. OHCA also offers training on best practices to help facilities to improve program performance metrics.

Graphs here: 4.2a and 4.2b

Fig 4.2a

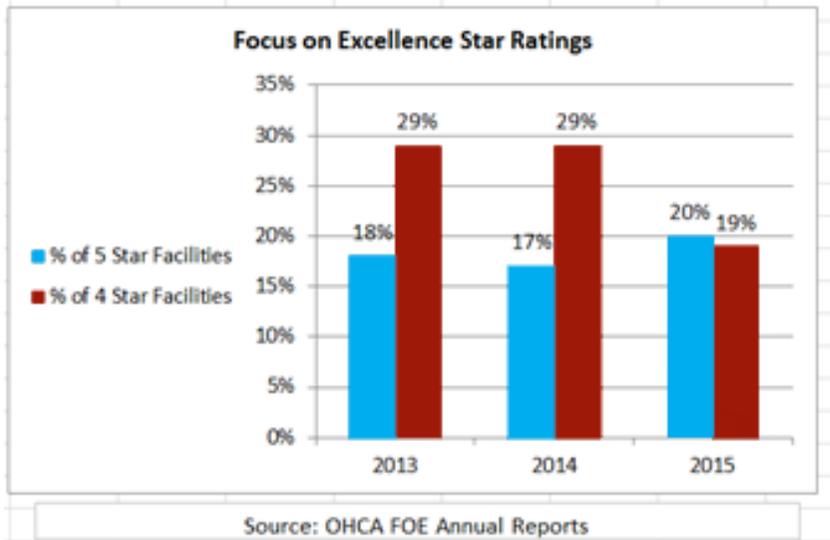
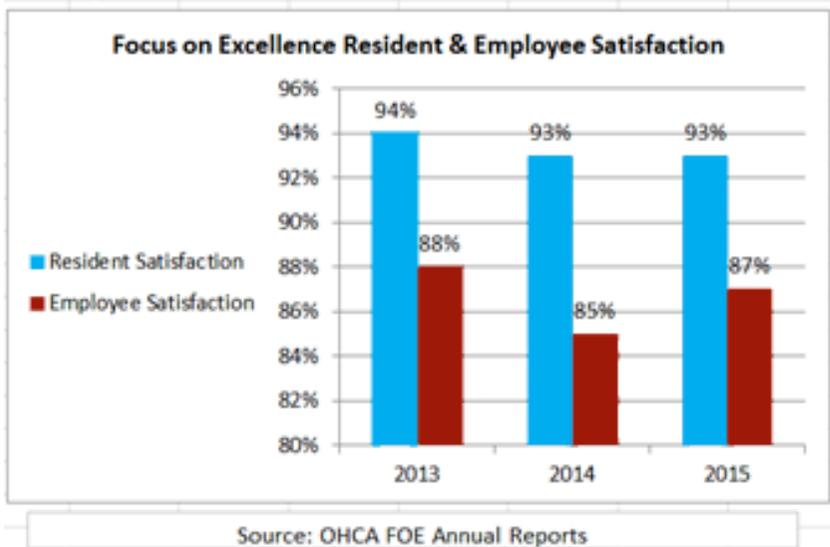


Fig 4.2b



### Objective 4.3:

To ensure members and providers have access to assistance through member services and provider services.

Measured By:

4.3.1 -percent of member calls answered

4.3.2 - percent of provider calls answered

### Why is this objective important?

Members and providers often have questions and issues related to SoonerCare. Situations may arise that need

timely solutions. OHCA strives to be vigilant in its support of SoonerCare members and providers. One way that OHCA ensures its responsiveness to the needs of these stakeholders is by providing assistance through call centers.

### What trends do the measures indicate?

The percentage of calls answered for both members and providers indicates that they have access to assistance through adequately staffed call centers with short wait times.

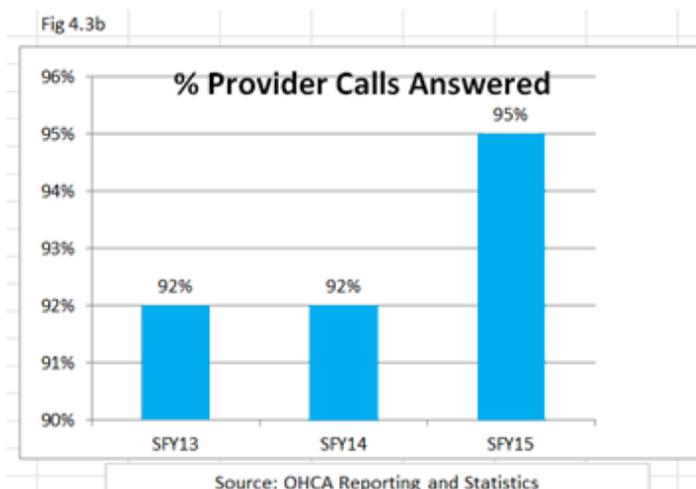
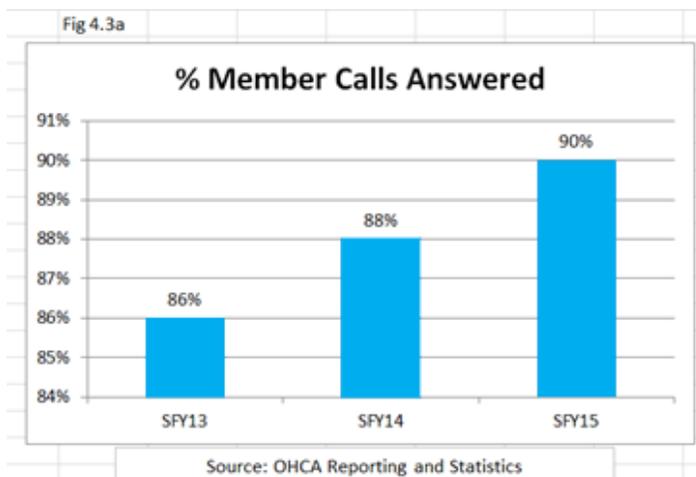
Are the trends headed in the right direction?

The percentage of calls answered for both members and providers appear to be stable, with both indicators showing an answer rate of 90 percent or higher for SFY 2015. See Figure 4.3a - percent Member Calls Answered and Figure 4.3b - percent Providers Calls Answered.

### What is the agency doing to influence performance towards the objective?

OHCA operates a system of two-tiered call centers to answer both member calls and provider calls. Tier one calls are first-line, more routine calls and are answered through agency contracted call centers. The more complex calls are routed to the tier two call centers that are operated by OHCA staff. Tier two calls may require research and a higher level of decision making.

Graphs here: 4.3a and 4.3b



#### **Objective 4.4:**

To maintain a quality provider community by following appropriate procedures to identify noncompliant providers and determine the appropriate course of action to resolve issues.

Measured by:

4.4.1 – Number of involuntary provider contract terminations

#### **Why is this objective important?**

It is the responsibility of OHCA to ensure that SoonerCare providers are fulfilling the terms of their contracts and providing the quality of care expected by OHCA's members. States are required to report the names of terminated providers for inclusion in a national database, and must terminate the participation of any individual or entity if such individual or entity is terminated under Medicare or any other states' Medicaid program, or CHIP.

#### **What trends do the measures indicate?**

The number of involuntary provider contract terminations is an indication that OHCA is diligent and exercises due care in investigating provider complaint referrals.

#### **Are the trends headed in the right direction?**

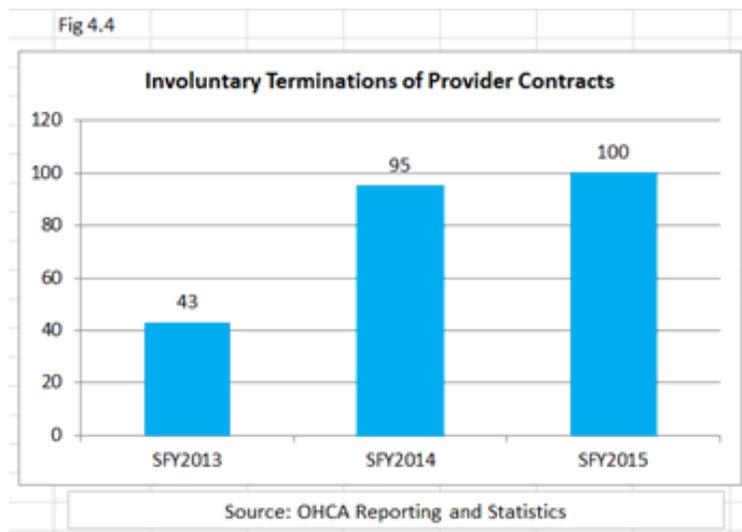
There is no desired trend direction for the number of involuntary contract terminations. The data is informational and shown to provide context.

#### **What is the agency doing to influence performance towards the objective?**

Referrals are received from many sources, including: departments within OHCA; members; providers; legislators; and through audit and review findings. The OHCA Quality Assurance/Quality Improvement (QA/QI) unit reviews medical records when referrals are centered on quality issues and forwards complaints to other areas of OHCA when they fall outside the scope of the QA/QI unit.

Also, the OHCA Quality Assurance Committee meets each month. The meetings focus on individual cases, but diverse and targeted program issues are also covered. All information that could impact a provider's status is given to each committee member to review. A provider may be terminated based upon a recommendation by the committee. SoonerCare provider contracts may be terminated if they are identified through program integrity efforts as not meeting quality standards, medical necessity, or contractual requirements; if their license is suspended or revoked; or if they appear on the federal or state exclusion list such as OIG Medicare Exclusion Database (MED). In some cases, quality issues are identified, but termination is not warranted. A provider may then be referred to the agency's external quality review organization for peer-to-peer education and assistance in developing a corrective action plan.

Graph here: 4.4



# GOAL 5 — ELIGIBILITY & ENROLLMENT

TO PROVIDE AND IMPROVE HEALTH CARE COVERAGE TO THE QUALIFIED POPULATIONS OF OKLAHOMA

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## **Objective 5.1:**

Maintain a responsive eligibility and enrollment system that results in qualified populations of Oklahoma gaining access to affordable medical coverage

### Measured By:

- 5.1.1— Number of Online Enrollment Applications Received
- 5.1.2— percent of Online Enrollment Applications That Are New
- 5.1.3— percent of Online Enrollment Applications That are Re-certifications
- 5.1.4— Number of Online Enrollment Applications Approved
- 5.1.5— Number of Online Enrollment Applications Denied
- 5.1.6— Estimated Count of Eligible-But-Not-Enrolled (EBNE)

## **Why is this objective important?**

Maintaining a responsive eligibility and enrollment system which results in qualified populations of Oklahomans gaining access to affordable medical coverage is paramount to ensuring a healthier, more productive population and workforce and improving the health outcomes of those Oklahomans. Ensuring that qualified Oklahomans gain access to affordable medical coverage possibly reduces the utilization of emergency rooms for treating health conditions that could otherwise be addressed by a primary care provider at a much lower cost. This, in turn, controls the overall cost of state-purchased health care. OHCA's responsive eligibility and enrollment system has been integral in ensuring qualified Oklahomans have access to affordable medical coverage and quality health care.

## **What trends do the measures indicate?**

The significant drop in the number of online applications received in SFY 2015 is the result of a change in OHCA policy towards the exclusion of passive renewals from online enrollment application counts (Figure 5a — Online Enrollment). The increase in new applications and decrease in re-certifications is most likely a result of the recent decline in the Oklahoma economy and increased unemployment. Following the significant decrease in online applications approved and denied from SFY 2013 to SFY 2014 there was a modest decrease from SFY 2014 to SFY 2015 due to the previously mentioned change in OHCA policy towards the exclusion of passive renewals. (Figure 5b — Online Enrollment Applications). The estimated count of eligible-but-not-enrolled (EBNE) population continues to experience significant decreases year-over-year. (Figure 5c—Estimated Count of Eligible-But-Not-Enrolled Population (EBNE)) In SFY 2015, approximately 4,400 previously uninsured qualified Oklahomans obtained medical coverage.

## **Are the trends headed in the right direction?**

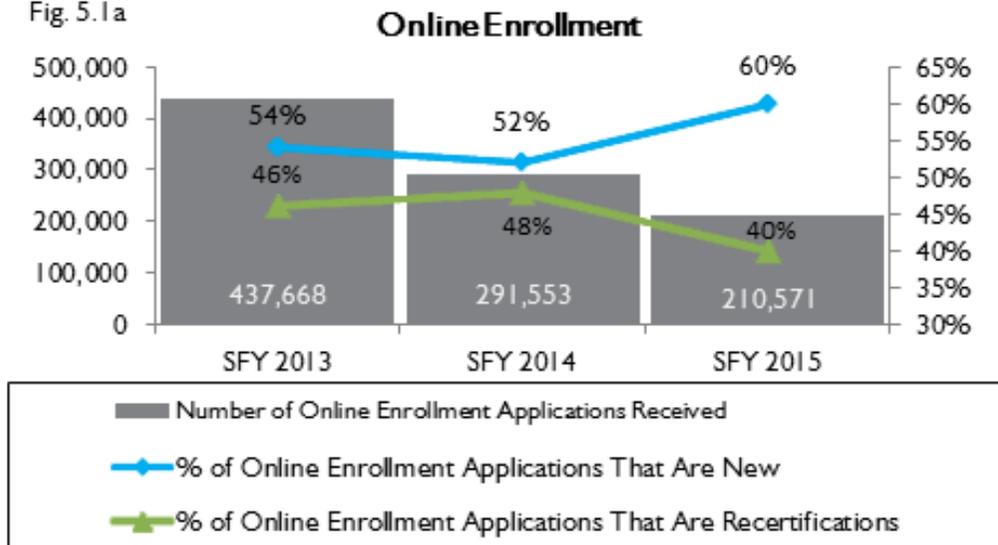
The number of new applications submitted has significantly increased this year and is most likely indicative of the downturn in Oklahoma's economy. The number of overall online enrollment applications received and approved by OHCA has significantly declined which may possibly indicate an eventual upturn in Oklahoma's economy. The EBNE population continues to decrease and is indicates more Oklahomans are becoming insured.

## What is the agency doing to influence performance towards the objective?

Insure Oklahoma was renewed through Dec. 31, 2016, by the Centers for Medicare & Medicaid Services (CMS) on July 9, 2015. Renewal of the of the Insure Oklahoma program continues coverage for approximately 19,000 working Oklahomans and their families thereby reducing the number of Oklahomans without access to medical coverage.

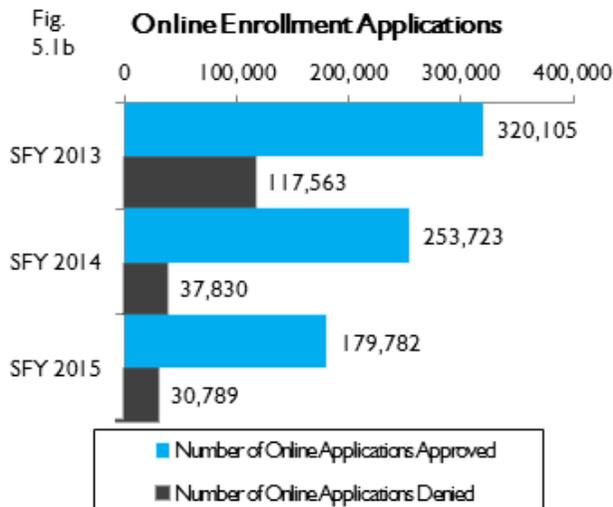
OHCA's eligibility and enrollment system continues to be improved to ensure compliance with federal legislation and to enhance the enrollment process for new and existing SoonerCare enrollees. An online enrollment application that is compatible among multiple browsers and enhanced for mobile and tablet use was developed during the last half of 2014. In addition the application boasts improved member self-service options such as secure log-on and notifications via e-mail. Also, in 2014, OHCA made the decision to integrate Insure Oklahoma into the existing eligibility and enrollment application. This allows for development of payment and provider selection modules and an employer portal. Comprehensively, all of these of enhancements are expected to enable qualified Oklahomans to continue to receive quality health care and affordable medical coverage.

Fig. 5.1a



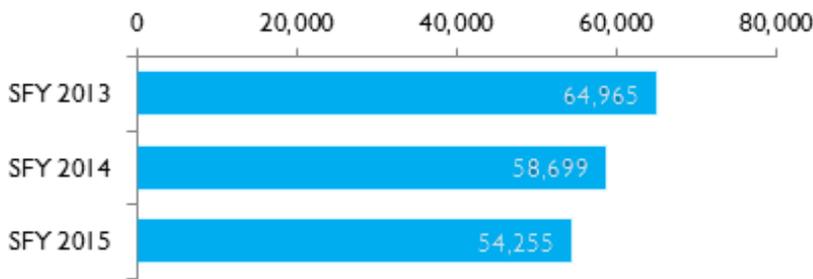
Source: OHCA Fast Facts – Numbers reflect point-in-time data at June 30, 2015

Fig. 5.1b



Source: OHCA Fast Facts – Numbers reflect point-in-time data at June 30, 2015

Fig. 5.1c **Estimated Count of Eligible-But-Not-Enrolled Population (EBNE)**



■ Estimated Count of Eligible-But-Not-Enrolled Population (EBNE)

*Source: US Census CPS estimate. 3-year avg data; Figures for SFY2013 to SFY2014 are for data collected the three previous years about participant status during the previous year (e.g., SFY14 data was collected in 2011-13 about respondents' status in 2010-12). Please see technical notes for information on SFY2015 and future years.*

## Objective 5.2:

Make online enrollment available to qualified populations of Oklahoma in a variety of settings

### Measured By:

- 5.2.1— percent of Online Enrollment Applications by Media Type (Home Internet)
- 5.2.2— percent of Online Enrollment Applications by Media Type (Paper)
- 5.2.3— percent of Online Enrollment Applications by Media Type (Agency Internet)
- 5.2.4— percent of Online Enrollment Applications by Media Type (Agency Electronic)
- 5.2.5— percent of Online Enrollment Applications by Media Type (Telephone)

### Why is this objective important?

Making online enrollment available to qualified populations of Oklahoma in a variety of settings is essential to ensuring OHCA reaches as many qualified Oklahomans as possible. Doing so reduces the number of uninsured Oklahomans which in turn reduces the cost of health care statewide. SoonerCare and Insure Oklahoma have been integral in ensuring qualified Oklahomans have access to medical coverage and quality health care regardless of the ability to pay for that coverage.

### What trends do the measures indicate?

A shift in the technological landscape of online enrollment by consumers and agencies, along with the advent of the MAGI (modified adjusted gross income) methodology now used by CMS, has caused significant decreases in both paper applications and agency electronic applications. Also there has been subsequent increases in home and agency Internet applications. The passage and adoption of the Affordable Care Act introduced the ability of SoonerCare members to complete applications over the telephone. Assistance from member services coordinators ensures adherence to provisions codified in the Affordable Care Act.

(Figure 5d— percent of Online Enrollment Applications by Media Type).

### Are the trends headed in the right direction?

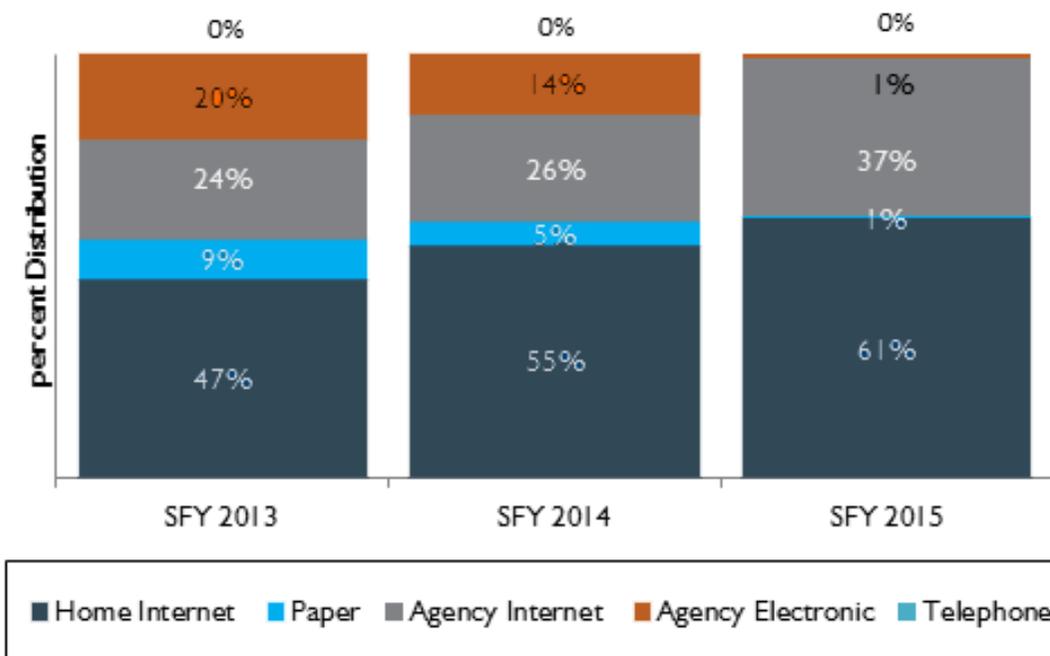
The decreasing number of paper and agency electronic applications coupled with the subsequent increase in the number of home and agency Internet applications being submitted, is indicative of the continued success of the improvements OHCA has made to our eligibility and enrollment system. Online enrollment has grown more user friendly and proven to be an easier enrollment option for SoonerCare members and allows the state to monitor eligibility assessment more consistently.

### What is the agency doing to influence performance towards the objective?

OHCA's eligibility and enrollment system continues to be improved to ensure compliance with federal legislation. It also enhances the enrollment process for new and existing SoonerCare enrollees. An online enrollment application that is compatible among multiple browsers and enhanced for mobile and tablet use was developed during the last half of 2014 in addition to improved member self-service options such as secure log-on and notifications via e-mail. Also, in 2014, OHCA made the decision to integrate Insure Oklahoma into the existing eligibility and enrollment application thereby allowing for development of payment and provider selection modules and an employer portal. In November 2014, OHCA began offering the option of submitting an online enrollment application with the help of an OHCA member enrollment representative over the phone. This option was implemented to comply with provisions of the Affordable Care Act. Comprehensively, all of these of enhancements are expected to result in the continued availability of online enrollment in a variety of settings for qualified populations of Oklahoma.

Please note the zero percentage of telephone applications represents the negligent number of applications that were received throughout SFY 2015.

Fig. 5.2a **percent of Online Enrollment Applications by Media Type**



Source: OHCA Fast Facts – Numbers reflect point-in-time data at June 30, 2015

# GOAL 6 — ADMINISTRATION

TO FOSTER EXCELLENCE AND INNOVATION IN THE ADMINISTRATION OF THE OKLAHOMA HEALTH CARE AUTHORITY

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## Goal 6– Administration

To Foster Excellence and Innovation in the Administration of the Oklahoma Health Care Authority

### Objective 6.1:

To consistently perform administrative responsibilities within funding budgeted

Measured By:

6.1.1— percentage of administration budgeted dollars used

### Why is this objective important?

OHCA is committed to being a good steward of public funds. This is demonstrated by keeping administrative costs low and within the amount budgeted. Staying below the budgeted amount demonstrates OHCA's ability to administer the SoonerCare program efficiently.

### What trends do the measures indicate?

OHCA has consistently kept administrative costs within the budgeted funding amount. Responsible management of budgeted funds will continue to keep OHCA within the desired administrative budget.

### Are the trends headed in the right direction?

Administrative costs consistently under the amount budgeted demonstrate OHCA's continued effort to streamline services and provide the highest quality of care in the most efficient manner.

### What is the agency doing to influence performance towards the objective?

In order to ensure that administrative expenses remain within the amount budgeted, OHCA creates projections by tracking expenses, changes in agency policy and growth in the program. By constantly monitoring the changing needs of the Agency, OHCA is able to make adjustments that allow the agency to remain under the budgeted amount.

## **Objective 6.2:**

To control administrative costs while providing support and services to SoonerCare members

Measured By:

6.2.1— Per Capita OHCA administrative cost

### **Why is this objective important?**

Fluctuations in enrollment numbers may give the perception of increased or decreased spending as the total dollars spent on the SoonerCare may increase or decrease. By looking at the per capita cost for administration of the SoonerCare program, the efficiency of the SoonerCare program operations are accurately depicted.

### **What trends do the measures indicate?**

OHCA consistently strives to improve efficiency in the administration of the SoonerCare programs, the success of these efforts are shown by effectively managing the per capita administrative costs.

### **Are the trends headed in the right direction?**

Despite some minor fluctuation, the per capita administrative costs for the SoonerCare program continue to be kept at a manageable rate. Compared to our neighboring states, Oklahoma spends significantly less per enrollee, evidencing the ongoing efforts of the OHCA to administer the SoonerCare program in the most efficient manner possible.

### **What is the agency doing to influence performance towards the objective?**

OHCA closely monitors expenditures related to the administration of the SoonerCare program. Careful evaluation of cost information and spending trends allows agency staff to accurately predict future needs in the event policy changes are needed to ensure program effectiveness.

<http://kff.org/medicaid/state-indicator/medicaid-payments-per-enrollee/>

## **Objective 6.3:**

To pay SoonerCare claims within an accuracy rate of at least 95 percent, considering policy, systems issues and member eligibility

Measured By:

6.3.1- Number of claims paid

6.3.2– Payment Accuracy Measurement Rate

### **Why is this objective important?**

The Payment Accuracy Measurement (PAM) tracks and reports improper payments to providers in the SoonerCare program to create a payment accuracy rate. OHCA consistently strives to attain a high rate of

accuracy at all times. When mistakes or payment errors are identified, action is taken to make corrections, recoup any funds paid improperly and if necessary make changes in policy to ensure claims are paid appropriately.

### **What trends do the measures indicate?**

OHCA has modeled its PAM program after the federal Payment Error Rate Measurement (PERM) program. The federal PERM measures errors instead of accuracy. Every three years the state undergoes a PERM review. OHCA has achieved an accuracy rate higher than the national rate in spite of having a significant increase in the number of claims processed.

### **Are the trends headed in the right direction?**

The number of claims processed is tied to member utilization of services so this measure will fluctuate from year to year. However, the OHCA PAM program has consistently maintained a high rate of accuracy and appropriate payment of claims so this measure indicates that OHCA efforts to ensure appropriate payment are successful.

### **What is the agency doing to influence performance towards the objective?**

The OHCA PAM program measures the accuracy of paid claims through a retrospective review. A randomly selected sample of paid claims is selected and reviewed for payment accuracy and medical necessity. OHCA performs the internal PAM review annually in order to maintain high rates of accuracy. When areas of concern are identified, steps are taken to correct errors through provider education, policy changes and referrals to OHCA program integrity unit for further investigation.

OHCA is also generating system improvements to ensure accurate payments. A secure site for providers on the Oklahoma Medicaid Management Information System allows providers to enter information online and submit claims electronically. This system assists providers with identifying errors and making corrections before resubmitting claims. These system enhancements help prevent inappropriate payments.

### **Objective 6.4:**

To maintain appropriate prior authorization requirements for the health of the member

Measured By:

6.4.1— number of prior authorizations generated for prescriptions

6.4.2— percentage of automatic vs. manual prior authorizations for prescriptions

### **Why is this objective important?**

In SFY 2014, OHCA spent more than \$457 million dollars on prescription medications for our members. Requiring prior authorizations for certain medications ensures the most appropriate use of these dollars. Increased efficiency is achieved by allowing many of these prior authorizations to be done via an automated system if approved criteria are met. Other prior authorizations are processed manually to ensure medical necessity.

### **What trends do the measures indicate?**

These measures report the total number of prescriptions prior authorized and a comparison of the automated PAs vs the manual prior authorizations. A significant number of PAs are completed manually to ensure proper utilization of prescription medications and medical necessity is met.

### **Are the trends headed in the right direction?**

Fluctuations in the number of prescriptions requiring prior authorizations will occur as changes in utilization protocols and national prescription guidelines happen. OHCA staff continually monitors prescription drug claims and standards of care as well as input received from the Drug Utilization Review board to ensure prescription prior authorization requirements are appropriate.

### **What is the agency doing to influence performance towards the objective?**

Prior authorizations are used for several reasons such as scope control to ensure a drug is used for approved indications and is therapeutically appropriate. Utilization controls are used to limit quantities or duration of use.

Certain prior authorizations are used to divide categories of drugs into tiers. Tier I is the preferred first step for treatment. With each higher tier, step therapy criteria are required to ensure the member received the best treatment in the most cost effective manner.

<http://www.okhca.org/research.aspx?id=84&parts=7447&parts=7447>

### **Objective 6.5:**

To maintain and/or increase program and payment integrity efforts which may result in recoveries and/or cost prevention.

Measured By:

6.5.1— Payment integrity recoveries

6.5.2— Number of provider audits

6.5.3— Number of providers referred to Medicaid Fraud Control Unit

### **Why is this objective important?**

OHCA needs to verify that claims are paid correctly. This is critical to prevent fraud and abuse of the SoonerCare program. OHCA uses audit and review functions, internal controls monitoring and prepayment edits to prevent and detect erroneous claim payments and identify suspected fraud and abuse. Provider audits are one of the activities performed to ensure accurate and efficient administration of the SoonerCare program.

### **What trends do the measures indicate?**

OHCA maintains consistent audit and review practices in order to detect fraud and ensure maximum recovery of inappropriately paid claims every year. However, the amount of money recovered will fluctuate due to provider education and billing practices. The amount of recoveries is not an indicator of lack of vigilance, if providers are billing appropriately when audited, there is no recovery needed.

### **Are the trends headed in the right direction?**

Recovery amounts can fluctuate depending on staffing levels and the types of audits being conducted. Additional variations in recovery amounts will occur when system edits or policy changes are made, which can reduce payment errors. OHCA is demonstrating due vigilance by consistently conducting a number of provider audits, regardless of whether or not these audits result in recoveries.

### **What is the agency doing to influence performance towards the objective?**

OHCA has various units responsible for separate areas of potential recovery. The program integrity unit prevents unnecessary utilization and performs audits and reviews of external providers. These reviews can be initiated by complaints from providers, members, concerned citizens or other state agencies. Risk-based assessments are also used to initiate reviews. Reviews resulting in a suspicion of fraud are forward to the Attorney General's Medicaid Fraud Control Unit for further investigation.

### **Objective 6.6:**

To actively pursue all third party liability payers, and recover or collect funds due to the SoonerCare program

Measured By:

6.6.1— Third Party Liability Collections

6.6.2— Number of SoonerCare members with third party insurance

### **Why is this objective important?**

Third Party Liability (TPL) occurs when other payers have a responsibility to pay for the medical costs of SoonerCare members. Sometimes SoonerCare members may have other health care coverage through a private health insurer or Medicare. Since SoonerCare is designated by law to be the payer of last resort for its members, any other available coverage must be applied before SoonerCare pays for the service.

### **What trends do the measures indicate?**

If the TPL entity is known prior to OHCA paying a claim, the TPL entity acts as primary payer and the claim is cost avoided. If OHCA has already paid a medical claim before discovering the TPL entity, then the cost for the claim will be collected from the TPL entity.

### **Are the trends headed in the right direction?**

The number of SoonerCare member with third party insurance is subject to change so the amount of TPL collections will fluctuate from year to year. OHCA works diligently to ensure that appropriate payments and recoveries are made according to law.

### **What is the agency doing to influence performance towards the objective?**

The different sections of the TPL unit (cost avoidance, cost recovery and tort/estate recovery) work with a private contracting firm to search national databases to identify members with private health insurance coverage. The private contracting firm, HMS, also acts as OHCA's billing agent in cases where the claim was not cost avoided.

# GOAL 7 — COLLABORATION

TO FOSTER COLLABORATION AMONG PUBLIC AND PRIVATE INDIVIDUALS AND ENTITIES TO BUILD A RESPONSIVE HEALTH CARE SYSTEM FOR OKLAHOMA.

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## **Objective 7.1:**

To collaborate with other entities to enroll qualifying children, parents and other adults into SoonerCare

Measured By:

7.1.1— percent of applications submitted as agency internet and agency electronic media type  
SFY2013 – 39.7 percent SFY2014 – 41.0 percent SFY2015 – 37.4 percent

## **Why is this objective important?**

OHCA implemented Online Enrollment in September 2010 and transferred the responsibility of eligibility and enrollment of more than 500,000 Oklahomans from the Oklahoma Department of Human Services (DHS) to OHCA. Prior to Online Enrollment, applicants had to visit an DHS county office in person, or fill out a paper application and mail it to DHS, where the eligibility determination and ensuing enrollment could take up to a month to complete. The transition to online enrollment provided real time eligibility determination and enrollment, and opened new possibilities for community-based enrollment assistance to SoonerCare applicants. Since an online home application can be submitted from any computer with internet access, and the online agency application is used by partners, SoonerCare applicants have the option to complete the application themselves or access enrollment assistance. Partners using the agency application include the DHS, the Oklahoma State Department of Health, Indian health providers, tribal nations, and Variety Care Family Health.

## **What trends do the measures indicate?**

The trend for this measure indicates the majority of SoonerCare applicants are utilizing the home Internet version of Online Enrollment or accessing application assistance through agency partners, while use of the paper application continues to decline. More information about OHCA enrollment is available [here](#).

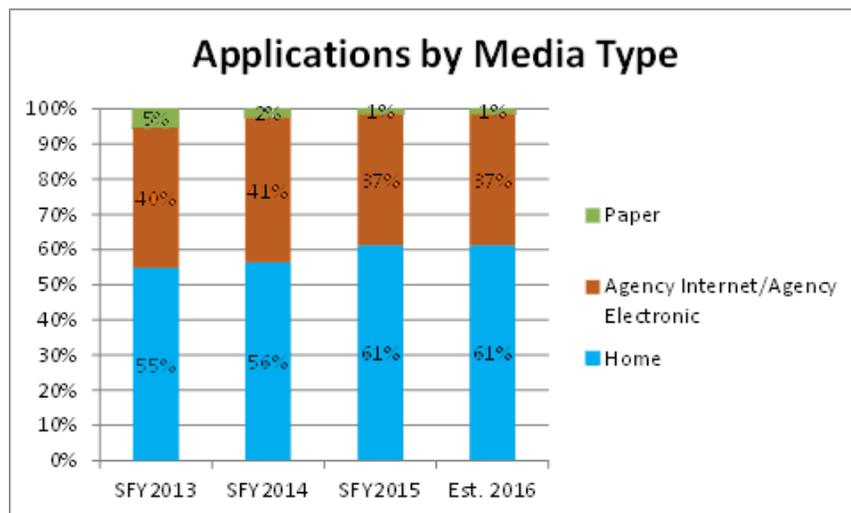
## **Are the trends headed in the right direction?**

These trends continue to move in the right direction as the vast majority of applications are submitted online. The change from a paper application to Online Enrollment provides a convenient option for those with internet access to complete the application online. Partners using the agency version of online enrollment are able to provide application assistance to SoonerCare applicants at various locations across the state.

## **What is the agency doing to influence performance towards the objective?**

OHCA continually monitors Online Enrollment to identify issues and incorporate user feedback to best serve the needs of current SoonerCare members and those potentially qualified for services. OHCA has upgraded the online applications to work with all internet browsers and make the online application compatible with mobile devices. Additionally, OHCA has a formalized training system enabling the agency to train partners on-site or through webinars when enhancements or changes are made to Online Enrollment. See Goal 5 for additional information on Eligibility and Enrollment.

Fig. 7.1



Source: OHCA Online Enrollment Fast Facts

## Objective 7.2:

To collaborate with other state entities in activities with joint objectives targeting SoonerCare populations

### Measured By:

7.2.1— State and federal revenue generated by collaborations to provide services

SFY 2013 - \$1,230,314,375

SFY 2014 - \$1,292,233,657

SFY 2015 - \$1,429,947,269

7.2.2— State and federal revenue generated by collaborations to provide medical education

SFY 2013 - \$126,057,898

SFY 2014 - \$136,788,040

SFY 2015 - \$140,931,567

### Why is this objective important?

Partnering with other state entities in activities with joint objectives targeting SoonerCare populations finances a significant amount of combined state and federal dollars for providing medical services and medical education in Oklahoma. Other agencies are able to leverage the federal matching dollars as a result of the collaborative relationship with the OHCA. Without these relationships, other state agencies would have to find additional state dollars to provide an equivalent level of medical services and medical education. The Oklahoma Department of Human Services, the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma State Health Department, and the Oklahoma Department of Corrections contribute the state share to provide services. The two entities contributing the state share to provide medical education are the University of Oklahoma and Oklahoma State University.

**What trends do the measures indicate?**

The measures indicate trends related to state and federal financing of health care services and medical education. Changes in these trends indicate a budget impact on OHCA’s collaborative entities and affect the financing of services and medical education.

**Are the trends headed in the right direction?**

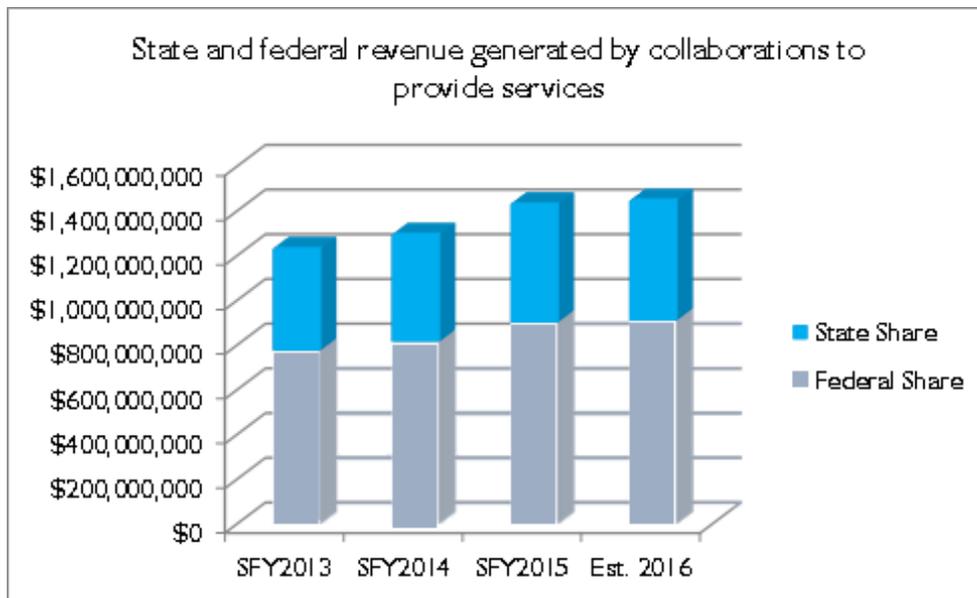
The trends show an increase over the past three years in accumulated state and federal revenue generated by collaborations to provide services and medical education. These trends continue to head in the right direction.

**What is the agency doing to influence performance towards the objective?**

The OHCA continually monitors the accumulated state and federal revenue generated by collaborations to provide services and medical education to ensure these funds provide the maximum benefit to the citizens of Oklahoma. OHCA has various advisory committees, councils and task forces that work with OHCA to develop programs and identify areas mutually benefitting state entities. Some of the groups performing these duties include: the Drug Utilization Review Board, the Living Choice advisory committee, the Medical Advisory Committee, the OHCA State Plan Amendment Rate Committee, tribal consultation meetings, and the Joint Legislative Oversight Committee. Additional information is available on the OHCA website, [www.okhca.org](http://www.okhca.org), under [Boards and Committees](#).

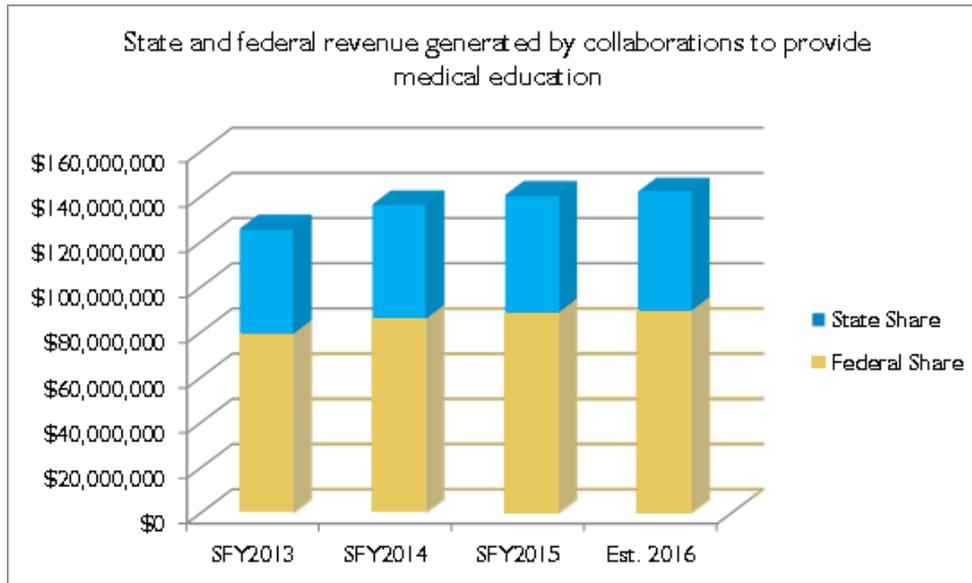
Include OSU/TSET/OHCA rural health care announcement, 8/26/2015.

Fig. 7.2.1



Source: OHCA Financial Services

Fig.7.2.2



Source: OHCA Financial Services

FMAP is a 5 year average of SFY 12-16, actual and estimated combined (federal share average is 63.04 percent and state share average is 36.96 percent)

### Objective 7.3:

To effectively serve Oklahoma’s SoonerCare and Insure Oklahoma qualified American Indian population by maintaining partnerships with tribal communities and tribal partners.

#### Measured By:

7.3.1— Number of tribes represented at tribal consultations

SFY 2013 - 14

SFY 2014 - 17

SFY 2015 - 17

7.3.2— Number of tribal partners represented at tribal consultations (I/T/U and I.H.S.)

SFY 2013 - 4

SFY 2014 - 4

SFY 2015 - 4

### Why is this objective important?

The OHCA Tribal Relations Unit performs tribal stakeholder liaison services between the OHCA, the Centers for Medicare & Medicaid Services, the Indian Health Service, Tribal service providers, and the tribes of Oklahoma for state and national level issues including American Indian work groups, policy development and compliance, tribal consultation, payment issues and elimination of health disparities. This objective is important

because it guides the OHCA Tribal Relations Unit goal to develop and implement a service delivery model within the current Medicaid program (SoonerCare in Oklahoma) to increase access to services for American Indians.

**What trends do the measures indicate?**

The trends for the tribal consultation measures indicate the continual process by which OHCA engages with tribal stakeholders to best serve the American Indian population in Oklahoma.

**Are the trends headed in the right direction?**

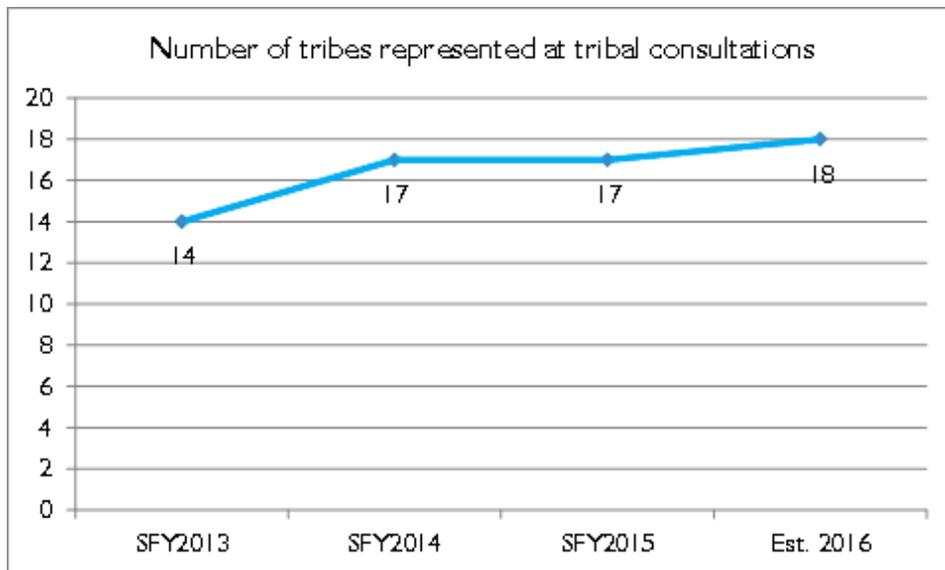
The OHCA assumes the number of tribal consultations per year will remain the same, while OHCA would like to see an increase in the number of tribes and tribal partners represented at tribal consultations.

**What is the agency doing to influence performance towards the objective?**

The OHCA expects tribal and partner participation increases due to active outreach efforts by tribal relations staff to maintain, solicit and strengthen partnerships with tribes and partners. Examples of active outreach efforts to tribal partners include frequent written and verbal communication to elected tribal officials and their designees, travel to tribal communities for face to face meetings with tribal leaders, and active participation with stakeholders, such as attendance at the OKC Area Inter-Tribal health board and the Five Tribes Council quarterly meetings (together these two organizations represent 15 Oklahoma tribes).

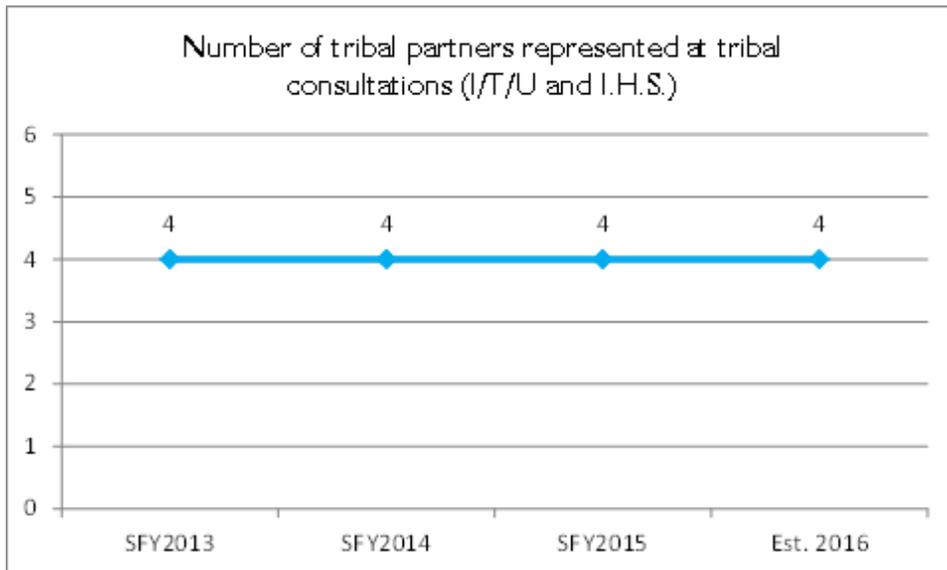
More information about the OHCA Tribal Relations unit can be found [here](#).

Fig.7.3.1



Source: OHCA Tribal Relations

Fig.7.3.2



Source: OHCA Tribal Relations