Oklahoma Health Care Authority

SoonerCare Demonstration 11-W-00048/6
§1115(a) Quarterly Report
Demonstration Year: 20 (01/1/2015 – 12/31/2015)
Federal Fiscal Year Quarter: 3/2015 (04/15 – 06/15)

Submitted
August 27, 2015

Table of Contents

I. INTRODUCTION 4
II. ENROLLMENT INFORMATION 5
A. Member Enrollment 5
Demonstration Populations 6
B. Provider Enrollment 7
SoonerCare Provider Enrollment by Type 7
SoonerCare Medical Home Provider by Tier 8
Primary Care Physician (PCP) Capacities 8
Indian Health 8
C. Systems 9
Applications/Recertification 9
III. OUTREACH AND INNOVATIVE ACTIVITIES 10
A. Outreach 10
Member Services (MS) 11
B. Innovative Activities 11
Electronic Health Records 11
Medicaid Management Information System (MMIS) Reprocurement 12
C. Stakeholder Engagement 13
Tribal Consultation 13
Member Advisory Task Force (MATF) 13
IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES 14
A. SoonerCare and Insure Oklahoma Operations 14
1. Department Operations 14
Health Promotion and Community Relations 14
Medical Authorization Unit (MAU) 17
Population Care Management (PCM) 18
Breast and Cervical Cancer Program (BCC) 20
Provider Services 21
2. Program-Specific Operations 21
Health Access Network (HAN) 21
Health Management Program (HMP) 23

Insure Oklahoma (IO) 25
B. Policy Developments 27
Waiver Development & Reporting (WD&R) 27
Rule Changes 27
Legislative Activity 28
V. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES 29
Budget Neutrality Model 29
VI. MEMBER MONTH REPORTING 30
A. Budget Neutrality Calculations 30
B. Informational Purposes Only 30
VII. CONSUMER ISSUES 31
A. Member Inquiries 31
B. Helplines 31
Insure Oklahoma Helpline 31
Online Enrollment Helplines 32
SoonerCare Helpline 32
C. Grievances 33
VIII. QUALITY ASSURANCE/MONITORING ACTIVITIES 34
A. Quality Assurance (QA) 34
SoonerRide 34
Access Survey 34
IX. DEMONSTRATION EVALUATION 35
Hypothesis 35
X. ENCLOSURES/ATTACHMENTS 38
XI. STATE CONTACT(S) 38
XII. DATE SUBMITTED TO CMS 38

I. INTRODUCTION

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

- Improving access to preventive and primary care services;
- Increasing the number of participating primary care providers and overall primary care capacity in both urban and rural areas;
- Providing active, comprehensive care management to members with complex and/or exceptional health care needs;
- Integrating Indian Health Services' members and providers into the SoonerCare delivery system; and
- Expanding access to affordable health insurance for low-income adults in the work force, their spouses and college students.

The SoonerCare demonstration was approved for a three-year extension on December 31, 2012. The State acknowledged the approval of the renewal application and accepted the Special Terms and Conditions on January 30, 2013. The waiver extension period runs from January 1, 2013, through December 31, 2015. The State submitted a request for the SoonerCare Choice and Insure Oklahoma 2016 – 2018 demonstration waiver renewal for a three – year extension. The request was submitted to CMS on December 29, 2014.

II. ENROLLMENT INFORMATION

A. Member Enrollment[1]

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

2015 Members Enrolled in SoonerCare Choice and Insure Oklahoma	Jan-Mar	Apr-Jun
Total Number of Qualified Individuals Enrolled in SoonerCare Choice	546,156	548,162
SoonerCare Choice Percentage of total Medicaid Population	70%	70%
A) Title XXI	92,432	89,490
B) Title XIX	453,724	458,672
C) Adults	103,241	104,172
D) Children	442,915	443,990
E) Ration – Adult/Child		
Adult	19%	19%
Child	81%	81%
Total Number Enrolled in Insure Oklahoma	17,835	17,611
A) Individual Program (IP)	4,353	4,316
B) Employer Sponsored Insurance (ESI)	13,482	13,295
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma	**563,991**	**565,773**

[1] Enrollment numbers are point in time numbers.

II. ENROLLMENT INFORMATION (cont'd)

Demonstration Populations

The chart below reflects the Oklahoma SoonerCare Choice and Insure Oklahoma demonstration populations qualified for the 1115 Demonstration Waiver. State Children's Health Insurance Program (SCHIP) numbers are point in time numbers from the budget neutrality worksheet as of June 2015.

Demonstration Populations: Enrolled and Potential Members 2015	Currently Enrolled	Potential Population	**Total Qualified**
TANF-Urban	288,405	57,094	**345,499**
TANF-Rural	215,712	20,457	**236,169**
ABD-Urban	22,656	7,328	**29,984**
ABD-Rural	20,995	2,753	**23,748**
Other[2]	394		**394**
Non-Disabled Working Adults (IO)	17,103		**17,103**
Disabled Working Adults (IO)	1		**1**
TEFRA Children	560		**560**
SCHIP Medicaid Expansion Children Enrollees	90,068		**90,068**
Full-time College Students (IO)	223		**223**
Foster Parents[3]	0		**0**
Not-for-Profit Employees[3]	0		**0**

Demonstration Populations: Member Months 2015	April	May	June
TANF-Urban	342,502	344,863	345,499
TANF-Rural	235,345	236,324	236,169
ABD-Urban	30,305	30,214	29,984
ABD-Rural	24,100	23,978	23,748
Non-Disabled Working Adults (IO)	17,412	17,376	17,103
Disabled Working Adults (IO)	1	2	1
TEFRA Children	566	566	560
SCHIP Medicaid Expansion Children Enrollees	89,504	90,862	90,068
Full-Time College Students (IO)	287	285	264

[2] Other Includes BCC, TEFRA and other SoonerCare Choice members who are not part of TANF or ABD.
[3] OHCA has authority to enroll this population, but do not at this time due to systems modifications.

II. ENROLLMENT INFORMATION (cont'd)

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)
Tax Equity and Fiscal Responsibility is a program for children with physical or mental disabilities whom are not qualified for Supplemental Security Income benefits because of their parent's income, but are able to qualify for SoonerCare benefits if they meet the TEFRA requirements. (Refer to Attachment 2)

TEFRA Member Enrollments 2015	Jan-Mar	Apr-Jun
SoonerCare Choice	79	79
Total Current Enrollees	**571**	**589**

B. Provider Enrollment

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

Providers are counted multiple times if they have multiple locations, program types and/or specialties. Provider type counts are duplicated for the quarter; therefore, the total does not match the total SoonerCare Choice providers currently enrolled in a given month of the Fast Fact report.

2015 Provider Types	Jan-Mar	Apr-Jun
MD/DO	1,604	1,593
PA	343	350
APN	556	572
Total PCPs	**2,503**	**2,515**

2015 Insure Oklahoma Provider Types	Jan-Mar	Apr-Jun
MD/DO	1,193	1,214
PA	300	306
APN	414	431
Total PCPs	**1,907**	**1,915**

II. ENROLLMENT INFORMATION (cont'd)

SoonerCare Medical Home Provider by Tier

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

Providers by Tier 2015	Jan-Mar	Apr-Jun
Percentage in Tier 1: Entry Level Medical Home	54%	54%
Percentage in Tier 2: Advanced Medical Home	25%	25%
Percentage in Tier 3: Optimal Medical Home	21%	21%

Primary Care Physician (PCP) Capacities

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

	Jan-Mar		Apr-Jun	
SoonerCare Choice and Insure Oklahoma PCP Capacities 2015	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used
SoonerCare Choice	1,124,592	44%	1,151,757	43%
SoonerCare Choice I/T/U	100,900	19%	100,900	19%
Insure Oklahoma IP	437,938	1%	438,898	1%

Indian Health

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

2015 Indian Health Provider Enrollment	Jan – Mar	Apr – Jun
Number of Clinics	57	57

II. ENROLLMENT INFORMATION (cont'd)

C. Systems

Applications/Recertification

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

2015 OHCA Media Type of Applications for SoonerCare	April	May	June	**Totals**
Home Internet	10,859	9,915	13,191	**33,965**
Paper[4]	0	0	0	**0**
Agency Internet	6,874	5,698	6,840	**19,412**
Totals	**17,733**	**15,613**	**20,031**	**53,377**

2015 Indian Health Online Enrollment Applications for SoonerCare	April	May	June	**Totals**
Cherokee Nation	278	222	275	**775**
Chickasaw Nation	170	136	172	**478**
Choctaw Nation	214	172	189	**575**
Indian Health Services	507	378	478	**1,363**
Totals	**1,169**	**908**	**1,114**	**3,191**

[4] This drastic drop in paper applications occurred in October 1, 2013; OHCA stopped using its agency paper application and began using federal paper applications in accordance with the PPACA.

III. OUTREACH AND INNOVATIVE ACTIVITIES

A. Outreach

The Oklahoma Health Care Authority coordinates outreach efforts in order to inform, educate and potentially enroll qualifying children and families in the SoonerCare Program and to help qualified members access services. The SoonerCare Provider Directory is no longer printed and is available for download or viewing on the SoonerCare Website. It is updated monthly with SoonerCare participating physicians and clinics.

2015 Outreach Materials Printed and/or Distributed[5]	Jan-Mar	Apr-Jun
Member Materials Printed/Distributed		
Annual Benefit Update Packet[6]	Pending	0
New Member Welcome Packets	22,885	24,112
Information/Enrollment fair fliers	59,400	84,590
Postcard w/ER utilization guidelines	4,630	13,820
TEFRA Brochures	770	1,860
BCC Brochures		
a. English	100	5,070
b. Spanish	780	1,180
SoonerRide		
a. English	25	75
b. Spanish	780	0[7]
SoonerCare Outreach Material		
SoonerCare Color and Activity Books	5,160	40,230
Misc. Promotional items (magnets, bandages, hand cleaner)	13,520	82,700
Smoking Cessation (English/Spanish combined)	600	2,690
SoonerCare Newsletters		
SoonerCare Companion Member Newsletter	0[8]	211,618
Provider Newsletters	11,207	11,207
Dental Provider Newsletters[9]	0	582
Provider Outreach Materials	2,477	2,980
Oklahoma Indian Tribe-Specific Materials	40	160

[5] Significant changes throughout this table may be due to agency outreach efforts and logo updates.
[6] This item will appear only once a year on the report since it is sent out once a year to every member household.
[7] SoonerRide brochures are in the process of being printed.
[8] Distributed up to three times per year.
[9] This is a new category as of April 2015.

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

Member Services (MS)

OHCA Member Services unit has a responsibility to send outreach letters to assist specific SoonerCare members with care coordination. These members include high Emergency Room (ER) utilizers (persons with four or more visits to the ER in a quarter), expectant mothers and mothers with newborns. Members receiving letters may call the SoonerCare helpline and ask for the appropriate outreach representative to receive information about their medical home and other related program education.

2015 Member Services Outreach Letters	# of Letters Mailed	Response Rate
Prenatal Outreach	2,627	30%
Households with Newborns Outreach	6,085	10%
High ER Utilization Outreach	1,242	17%

2015 Member Services Activity	April	May	June	**Qtr. Totals**
Calls to BCC members with Confirmed Cancer Diagnosis	10	13	26	**49**
Calls to BCC Members at Renewal Period	26	24	21	**71**
Member Service Calls Handled in English	5,747	4,950	6,344	**17,041**
Member Service Calls Handled in Spanish	340	260	342	**942**
Member Inquiries				**11,820**

B. Innovative Activities

Electronic Health Records

Under the Health Information Technology for Economic and Clinical Health Act (HITECH Act), which was enacted under the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments are available to qualified professionals, critical access hospitals and qualified hospitals that successfully demonstrate meaningful use of certified Electronic Health Record (EHR) technology. The EHR Incentive Program technology has enabled providers to easily track the members' health information as well as enabled the member to become more engaged in their health care.

OHCA has paid out more than $23 million in EHR incentive payments to 881 qualified professionals and 54 hospitals. The total qualified represents the total number of SoonerCare providers with a qualifying provider type. This quarter, 13 qualified professionals and hospitals have attested to Stage 2 of meaningful use.

The OHCA Electronic Health Operations staff conducted a survey focusing on the EHR providers experience and adoption of the incentive program in July-September 2014. The survey has been closed and the staff is currently working on compiling data for results to be analyzed for a complete report.

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

2015 Cumulative EHR Incentives Paid	Jan-Mar	Apr-Jun
Qualified Professionals	$48,251,670.00	$49,676,837.00
Qualified Hospitals	$54,878,817.00	$54,878,817.00
Totals	**$103,130,487.00**	**$104,555,654.00**

Medicaid Management Information System (MMIS) Reprocurement

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

This quarter, the MMIS division implemented the Oklahoma Transformed Medicaid Statistical Information System (T-MSIS) process. This process will allow production files to be submitted monthly. The division is currently in production status and awaiting authorization from CMS. Once more specifics are received from CMS preparations will be made to begin Phase II T-MSIS.

Oklahoma Health Care Authority prepared and issued two Request For Information (RFI) in the year of 2014 for implementation of MMIS reprocurement enhancements. The Medical Case Management System RFI and Data Warehouse & Analytics System RFI processes were completed this quarter. Oklahoma Healthcare Authority, in partnership with consulting company Cognosante Healthcare Management, led Data Warehouse visioning sessions for both RFI's in June 2015. The visioning sessions were presented to the project teams regarding each system where the results and recommendations were documented. This information will be utilized to develop the next steps for both projects.

Another major highlight for the MMIS division included implementing ePrescribing. ePrescribing allows the providers to view medical history, eligibility and formulary information for the Oklahoma SoonerCare patients through the provider's Electronic Health Records system. The data obtained is used to assist a provider in medication selection when preparing to submit an electronic prescription for the patient.

In addition to ePrescribing, MMIS has successfully converted the Drug Rebate subsystem from a PowerBuilder graphical user interface to HP's web based interchange system. Functions such as: Quarterly Invoicing, Cash Management, and Drug Rebate Accounting have migrated to the Production Interchange environment.

Lastly, providers are currently completing the final round of external testing for transitioning ICD-9 to ICD-10. All MMIS subsystems have been fully tested and necessary changes have been made. The programming changes will apply to all claims filed with the date of service on or after October 1, 2015.

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

C. Stakeholder Engagement

Tribal Consultation

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

This quarter, OHCA held a tribal consultation meeting on May 5, 2015. Participants included persons from the Absentee Shawnee Tribe, Cherokee Nation, Choctaw Nation, Potawatomi Nation, Chickasaw Nation, Muscogee (Creek) Nation, Oklahoma City Indian Clinic, Indian Health Care Resource Center of Tulsa and Indian Health Service in attendance.

During Tribal, the OHCA Federal and State Policy staff presented a draft 1115 waiver amendment for the Insure Oklahoma Sponsor's Choice program. OHCA provided an update on seeking to amend the 1115 demonstration waiver to reflect a third Insure Oklahoma option. The Insure Oklahoma Sponsor's Choice program seeks to establish coverage for qualified populations including dependent spouses and children, through sponsoring organizations.

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

Member Advisory Task Force (MATF)

The Member Advisory Task Force (MATF) performs four primary roles. It provides information to OHCA regarding issues that are an important part of the members' health care needs; educates OHCA staff regarding the needs of consumers to assure services are received in a way preferred by members; recommends potential changes to current services/policies; and offers new ideas for services and policies. The MATF is comprised of OHCA staff, representatives from the Oklahoma Family Network[10](OFN), agency contractors and SoonerCare members.

The MATF met in April and June of this quarter. Highlights of the meetings included:

Reach Out and Read Initiative**:** OHCA is working with Dr. Marny Dunlap on this initiative in which providers are encouraged to implement early literacy in 6 month to 5 year old patients. It also helps providers gain valuable evaluation data by exposing any delays in developmental skills sooner than would happen in a regular exam. In the program, children receive a book at the beginning of their exam and are observed as they interact with it. The children can take the

[10] The OFN is a non-profit organization that provides parent-to-parent support, resource coordination and training to families of children with special heath care needs of all ages.

book home which also serves as an incentive for them to be excited for future exams. The MATF recommended that the Reach out and Read Program information be provided in a newsletter, link on OFN website and posted to Facebook.

Legislative Affairs: States are required to pass a balanced budget prior to the end of the Oklahoma Legislative session. Adults will see some fairly significant changes in coverage this year. HB1566 calls for care coordination models for aged, blind and disabled persons. Stakeholders will have opportunities to comment on what the model looks like. The change will begin with a Request For Information to determine what care coordination models are available for the ABD population. It was suggested that MATF members and other SoonerCare members knowledgeable in this area be a part of the stakeholder group to provide comments concerning the proposed model(s) prior to the development of the RFP process.

Creative Media and Design: Members now have an option to add their email through eligibility initial and renewal enrollment as recommended by MATF. The MATF also recommended allowing the ABD population to receive newsletter and updates via email.

New Member Packet: The MATF made recommendations concerning the provider directory and member handbook. Changes include a page in the member handbook or a newsletter explaining the importance of checkups; and an option to receive an email or a text through Text for Health. The new member handbook has been changed according to MATF recommendations and cost savings were realized by reducing the handbook size.

Communication: A Recommendation was made for a stamp of approval to be added to all promotional and other materials reviewed and approved by the MATF. An additional proposal was made for an article to be in the September newsletter that includes successes of MATF recommendations.

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

A. SoonerCare and Insure Oklahoma Operations

1. Department Operations

Health Promotion and Community Relations
Health Promotion Coordinators
The Health Promotion Coordinators (HPCs) primary goals and objectives are to reduce health risks and improve the health status of targeted groups. This is accomplished by developing productive relationships with organizations, local partners and SoonerCare members. This quarter, the OHCA Health Promotion Coordinators continue their outreach efforts and promotion of The Oklahoma Tobacco Helpline, SoonerFit initiative, and Text4Baby with the Oklahoma State Department of Health (OSDH).

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

The Oklahoma Tobacco Helpline Fax Referral program was designed to decrease the number of SoonerCare pregnant women who use tobacco. The Oklahoma Tobacco Helpline is a free service for all Oklahomans seeking to quit tobacco use. The helpline can be accessed by phone at 1-800-QUIT-NOW or online at Oklahoma Tobacco Helpline. This quarter, the OSDH/OHCA Tobacco Cessation Quality Improvement (QI) work group accomplished removing the barriers of co-pays and prior authorizations for the seven Food and Drug Administration's (FDA) approved tobacco cessation products. For more information regarding the approved cessation products members may visit website FDA Approved Tobacco Cessation Products.

Several SoonerCare Spring provider trainings were conducted in Oklahoma during the months of April through June with the participation of over 160 providers. Providers received training on topics such as: the dangers of tobacco, second and third hand smoke, the helpline, the 5A's and SoonerCare billing/reimbursement. The Pharmacy Bag initiative continues to be a promotional tool for the Oklahoma Tobacco Helpline and Text4Baby with collaboration from OSDH.

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

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

This quarter, the SoonerQuit Provider Engagement program facilitated education of the 5As and tobacco cessation with five practices, which encompasses 12 providers. Two new practices agreed to participate and will begin facilitation during the next quarter. This program works closely with the Health Management Program (HMP) practice facilitation. The facilitators go into SoonerCare primary care practices and focus on tobacco cessation, the 5A's, and fax referrals to the Oklahoma Tobacco Helpline (1-800-QUIT-NOW) alongside the HMP practice facilitators.

The SoonerFit initiative was implemented in 2014 and the main goals are to promote best practices to SoonerCare providers regarding obesity reduction; and to innovatively communicate physical activity and nutrition recommendations to SoonerCare members through interactive methodologies. This program is promoted through member and provider newsletters. Promotional materials are given out at community events, health fairs and shared with partners by the Community Relations Coordinators. This quarter, SoonerFit outreach efforts were performed at the Xtreme Fun Summer day camp in Paul's Valley and at the Parent Fair in Norman, Oklahoma. SoonerFit also launched an initiative promoting being healthy and highlighting events all over Oklahoma throughout the summer.

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

The SoonerFit website page is available for SoonerCare members and all Oklahomans. The website provides members with tools, resources and vital information regarding leading a fit and healthy lifestyle in a fun, affordable and easy way.

Community Relations Coordinators

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

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

One survey was conducted this quarter at the Guymon Forum Second Annual Provider Training in order to obtain feedback on the CRCs outreach efforts. The survey focused on measuring the different categories of individuals attending forums, customer satisfaction and seeking feedback from community partners on satisfaction with dates, times and formats of the forums.

This quarter, the Community Relations team established 16 new partnerships resulting in approximately 200 active partnerships and a base of over 800 partners. The CRCs outreach efforts throughout the state have produced several major highlights and accomplishments this quarter.

CRC highlights for each region this quarter include:

Northeast:

- Participating in community health assessments for Muskogee, Mayes, and Wagoner County (ongoing)
- Presented SoonerFit information to Healthy Community Partnership

Northwest:

- Attended the Rural Health Conference
- Worked with community partners to submit Champions of Health Award applications for Blue Cross/Blue Shield
- **Central/Southwest:**
- Provided an educational presented to physical therapy students at Langston University about OHCA and SoonerCare
- Attended the Rural Health Conference
- **Southeast:**
- Facilitated a partnership between Durable Medical Equipment (DME) Reuse program and the Pushmataha Coalition for the coalition to start collecting DME Equipment and referring community members to the program
- Hosted a booth at the Southeast Oklahoma Child Abuse Prevention Conference

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

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

Medical Authorization Unit (MAU)

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

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

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

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

Oklahoma Health Care Authority continues to collaborate with MedSolutions regarding the implementation of the Therapy Management program and the Radiology Management program. This collaboration has successfully resulted in cost-effective care, more appropriate diagnostic imaging services and a quicker turnaround time for prior authorizations. This quarter, MedSolutions merged with CareCore National, which recently underwent a name change and is now named "eviCore Innovative Solutions". This collaboration will provide a broader portfolio of solutions to improve patient outcomes and to aid in reducing medical cost.

This quarter, MAU processed 17,890 PARs and handled 1,046 calls. The Therapy Management Program received an average of 5,236 PARs per month with a turnaround time of two business days. The Radiology Management Program received an average of 5,913 requests per month and handled 1,730 calls.

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

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

2015 Medical Authorization Unit Activity	April	May	June	**Qtr. Totals**
MAU Calls Handled	298	337	411	**1,046**
Total Prior Authorizations	6,575	5,603	5,712	**17,890**
Number of Reviewers (Analysis or Nurse)	12	12	12	
Average Number of PAs per Reviewer[11]	547	466	476	
Percentage of Total of PA Denials	2%	2%	3%	
Number of Denials	132	112	171	**415**

2015 MedSolutions Activity	April	May	June	**Qtr. Totals**
MedSolutions Calls Handled	1,886	1,574	1,706	**5,166**
Total Prior Authorizations	6,162	5,663	5,564	**17,389**
Number of Reviewers (Analyst or Nurse)	115	115	115	
Average Number of PAs per Reviewer	54	49	48	
Percentage of Total PA Denials	9%	12%	10%	
Number of Denials	555	661	534	**1,750**

Population Care Management (PCM)

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

Case Management Unit (CM)

The Case Management unit (CM) provides event-based case management and certain supportive eligibility determinations and utilization management functions to other areas of the agency such as: the Long Term Care Administration Unit, the Program of All-Inclusive Care for the Elderly (PACE), and the Tax Equity and Fiscal Responsibility Act eligibility unit (TEFRA). This quarter, the CM unit has averaged 3,376 active cases per month and 3,165 new cases have been opened and processed by the CM unit.

The CM unit implemented a new function called the Care Coordination Panel, which was operationalized in December 2014 - January 2015. Its purpose is to flag members' participation in various programs that have a care coordination component. This quarter, the CMU has conducted numerous Care Coordination Panel trainings and demonstrations to various OHCA work units such as: Member Services, Medical Authorization unit, Provider Services, Pharmacy

[11] Data has been updated since last quarterly report.

Operations and HMP vendor Telligen staff. The unit has received positive feedback regarding the Care Coordination Panel. The CM unit is continuing efforts to enhance the Care Coordination panel by developing and adding additional programs such as: BCC and Chronic Care.

Phase I of the Fetal Infant Mortality Rate (FIMR) initiative monitors prenatal women for the duration of their pregnancy through their infants' first birthday. Regarding this initiative, the CM unit is currently working on incorporating three new counties: Marshall, Major and Grant. Case Management for the new counties is anticipated to begin on July 1, 2015. This quarter the CM unit reported 432 new FIMR (mother) cases with an average of 509 FIMR mom members in active case management during any given month. Phase II of the initiative, which focuses on educating prenatal women on their newborn's needs, reported 536 new FIMR (Infant younger than 1 year old) cases with an average of 1,468 FIMR baby members in active case management.

The Interconception Care (ICC) initiative is also included in the FIMR evaluation. This initiative centers on pregnant women, ages 13 to 18, which have been identified in the 10 FIMR counties who can remain in active care management until one year post delivery. The CMU staff enrolled 16 new ICC (mom) cases this quarter with an average of 65 members managed in this program during any given month. As of June 2015 11 ICC babies are being followed.

In addition, the PCM staff initiated active care coordination with the Oklahoma Health Homes that began operation in February 2015. This initiative enables the members to be followed in various programs such as Population Care Management, Obstetrics and Chronic Care case management. It also allows the unit to operationalize a monthly match of health home members. The staff directly coordinates with the Health Homes staff in order to avoid duplication of services amongst programs.

Care Management Activity 2015	April	May	June
Active Cases under Care Management	3,250	3,405	3,464
Case Load per Adjusted RN FTE	121	130	132
High-Risk and At-Risk OB – Following	387	415	412
High-Risk and At-Risk OB – New	215	206	250
OK Cares New Enrollment	41	42	39
OK Cares Total Enrollment	470	463	444
Private Duty Nursing Cases - New	7	6	12
Private Duty Nursing Cases - Following	193	195	198
Onsite Evaluations (TEFRA, Private Duty Nursing)	51	51	47
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	53	54	52
Out of State – Clinical Review – New	54	63	52
Out of State – Clinical Review – Following	32	42	39

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

Chronic Care Unit (CCU)

The Chronic Care Unit (CCU) works to provide members and providers support for individuals who are high-risk or at risk for chronic conditions. Members are identified through comprehensive risk profiling, self-referral and provider referrals. To begin the process nurse case managers conduct a comprehensive initial evaluation consisting of health risk assessment, health literacy survey and depression screening. Once all components of the assessment are completed, a nurse care manager works with the member to develop and/or improve self-management skills through member education, action planning and health coaching.

This quarter, the Chronic Care Unit averaged 446 open cases per month and a total of 79 new cases were opened. In order to properly identify members with Hemophilia, Sickle Cell Disease and Hepatitis C for specific programs the unit utilizes data mining, self-referral and self-reported information on a health risk assessment tool as well as data and information from providers.

In addition to those targeted groups, the CCU also receives referrals from members with other chronic conditions and providers seeking services for members with chronic conditions. The CCU also works closely with the Health Management Program in managing the SoonerCare population with Chronic Disease.

The CCU continues its collaboration with the OHCA pharmacy unit on Hepatitis C prior authorizations, case management processes and with the Jimmy Everest Center at OU Medical Center regarding Hemophilia cases. This unit also initiated outreach efforts on select members who have completed the online health risk assessment.

Breast and Cervical Cancer Program (BCC)

The qualifications for the Breast and Cervical Cancer Early Detection program (BCCEDP) include abnormal screening results or a precancerous condition. This program, also known as Oklahoma Cares, is a partnership of the Oklahoma State Department of Health, the Oklahoma Department of Human Services, the Cherokee Nation, The Kaw Nation and the Oklahoma Health Care Authority. The BCC program averages 465 open cases per month with an average of 42 new cases received per month. (Refer to Attachment 4).

2015 Oklahoma Cares Member Enrollments	April	May	June
SoonerCare Choice	269	266	255
Traditional Enrollees	201	197	189
Totals	**470**	**463**	**444**

2015 BCC Certified Screeners	Jan-Mar	Apr-Jun
Certified Screeners	1,046	1,019

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

2015 Outreach Activities Related to BCC Members	April	May	June	**Totals**
Care Management Activities Related to BCC Members	807	688	795	**2,290**
Number of Calls Made by Member Services to BCC Members at Renewal Period	26	24	21	**71**
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	10	13	26	**49**

Provider Services

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

The Oklahoma Health Care Authority sent out two letters this quarter to inform providers of changes in various programs. Provider letter 2015-05 (Refer to Attachment 5), dated April 30, 2015, notified providers that OHCA is suspending the hospital or facility requirement to obtain a prior authorization (PA) for spinal fusion and/or discectomy procedures performed on an inpatient basis. This change affected surgeries performed on or after March 1, 2015.

On July 24, 2014, the OHCA sent out Provider Letter 2014-36 (Refer to Attachment 6). This letter provided an overview of potentially abusive patterns regarding billing for urine drug screening and testing that exceed the recommended allowances based on clinical evidence and standards of care. This quarter, as a follow-up, Provider Letter 2015-06, dated April 30, 2015, was sent out to providers for clarity

Provider letters allow the agency to notify providers of updates, any new or changed policies, send out global messages, and process changes in quality assurance/educational issues.

2. Program-Specific Operations

Health Access Network (HAN)

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

Active HANs in Oklahoma include:

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

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

The University of Oklahoma OU Sooner HAN
The OU Sooner HAN had an unduplicated enrollment of 114,717 for quarter ending June 2015.

The Doc2Doc team continues to actively build and recruit in Oklahoma City, in order to expand the use of the Doc2Doc referral tool on the western side of the state. Approximately 20,352 referrals were initiated in Doc2Doc this quarter.

The OU Sooner HAN staff participated in several trainings and conferences inclusive of: Introduction to Trauma Informed Approached, Behavioral Health learning series on Depression and Anxiety, Child and Adolescent Program Enrichment Services (CAPES), Health Start training, Oklahoma Drug Endangered Children seminar, Women Infants and Children (WIC) Breastfeeding Symposium, Beyond Living with Diabetes and National Association of Social Workers (NASW) Oklahoma Chapter conference. Additionally, the OU Sooner HAN added a registered nurse care manager.

The OU Sooner HAN has also made substantial gains toward development of the Pediatric Risk Stratification Tool. The tool will better identify the care management needs, cost reduction and resource requirements for this population. Currently, the OU Sooner HAN is working with Utica Park Clinics and OU Physicians Tulsa Pediatrics to develop a report sample for the tool.

The Partnership for Healthy Central Communities (PHCC) HAN
The PHCC HAN had an unduplicated enrollment of 3,637 members by the end of June 2015. PHCC continues to work toward implementation of the Doc2Doc referral tool.

As of June 2015, the HAN worked with committee members to develop a proposal for funding entitled "Tools for Schools" to provide school supplies for teachers and families. The "Tools for Schools" project is an outreach for the community and SoonerCare choice members. The PHCC HAN continues to chair the Canadian County Coalition for Children and Families as well as the Infant Mental Health Committee. The HAN also chairs the Coalition's Special Events Committee.

This quarter, the PHCC HAN worked in collaboration with the PCPs and completed finalizing the content of the patient education-brochures. The brochures will be ready for distribution in the third quarter of 2015. The educational brochures are to be utilized as outreach tools for the community as well as SoonerCare Choice members.

In addition, the PHCC HAN continues outreach to members who meet the criteria for the Asthma Improvement Plan initiative. As a result of this initiative, six new members were engaged and 15 Peak Flow Meters have been distributed to members as of June 2015.

Oklahoma State University Health Access Network (OSU Network HAN)
The OSU Network HAN had an unduplicated enrollment of 15,117 members by the end of June 2015. The OSU Network HAN continues to work toward implementation of the Doc2Doc referral tool.

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

The OSU HAN is in the process of training all clinics associated with the HAN on the Center for Health Innovation Systems (OSU CHIS). The OSU CHIS focuses on rural health, patient care innovations and data analytics. The HAN is also training the participating clinics on the EPIC electronic medical record application and educating the health access network about the HAN program. In addition, the OSU HAN has hired two registered nurse case managers.

Additionally, the OSU HAN organized an on-site training with OU Sooner HAN to gain knowledge and insight on OUs use of MyHealth, the community information exchange.

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

2015 HAN Enrollment	OSU Network HAN	OU Sooner HAN	PHCC HAN
April	14,943	111,044	3,499
May	15,527	114,845	3,655
June	15,117	114,717	3,637
Totals	**45,587**	**340,606**	**10,791**

Health Management Program (HMP)

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

Health coaches are embedded into participating practice sites and incorporate practice facilitation services. With health coaches embedded into PCP practices this provides for more one-on-one care management. Practice facilitators have health coach training and certification, as well as work with the health coaches to coordinate efforts within the practices. By the end of June 2015, there were eight practice facilitators for HMP and two practice facilitators for the SoonerQuit Provider Engagement.

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

There are a total of 38 practice sites with 1 clinic pending tier assignment. Practice facilitation is divided into the following four tiers based on the level of services the practice is receiving:

Practice Facilitation Tiers	Description	Number of Practices
Tier 1	Practice has never received practice facilitation; clinic needs full practice facilitation services before deployment of a health coach.	7
Tier 2	Practice has received prior practice facilitation but requires additional training before deployment of a health coach.	5
Tier 3	Practice has received full practice facilitation, high-functioning practice and ready for deployment of a health coach.	26
Tier 4	High-functioning practice; has embedded care management staff due to participation in another initiative or grant program, but practice still requests inclusion in academic detailing and other educational services.	0

The Practice Facilitators and Health Coaches conducted 52 Academic Detailing sessions with the practices with 303 in attendance. They also conducted 86 Educational Presentations with 336 in attendance. Topics for the sessions and presentations included, “West Nile”, “Lyme Disease”, “Sun Exposure” and OHCA’s “No More Than Four” initiative to reduce the misuse of opioid pain relievers.

The 38 practice sites had 32 embedded health coaches and a total of 4,298 members engaged with a health coach. The health coaches outreach efforts produced 169 behavioral health referrals for the OHCA behavioral health unit. The referrals allowed the OHCA behavioral health staff opportunity to contact the members for further clarification regarding their request for behavioral health services.

Health Coaches 2015	Jan-Mar	Apr-Jun
Number of Health Coaches	29	32

The mHealth initiative is a mobile engagement solution that allows the HMP staff to communicate with members through text messages. The Health Coaches engage with the members regarding mHealth and educate them on how to enroll during the coaching sessions. The mHealth initiative allows HMP staff to send out messages and scripts regarding flu shot reminders and health education messages. It also allows a member to text their blood sugar reading and receive messages based on the results. To date, there are a total of 701 members enrolled in this initiative.

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

Insure Oklahoma (IO)

The Insure Oklahoma (IO) program was developed in April 2004 authorizing the Oklahoma Health Care Authority to use money set aside from the Tobacco Tax funds to assist with health care coverage for persons meeting income qualifications. There are currently two programs under Insure Oklahoma. The Employer - Sponsored Insurance (ESI) and Individual Plan Insurance (IP). The ESI program gives small businesses the option to purchase commercial employer-sponsored insurance state approved health care coverage for their employees and families. The IP plan is for individuals 19 to 64 years of age that are low-income, working adults, self-employed, temporarily unemployed, and/or a college student. Individuals with the IP plan are not qualified for coverage with the ESI program. (Refer to Attachment 7).

This quarter, the IO program successfully achieved several major highlights. The Website Redesign project was one of the major highlights this quarter. The Insure Oklahoma Public Information representative collaborated with the OHCA Digital Media Coordinator and Information Systems department to redesign the Insure Oklahoma website. The redesign included a rewrite of all web-site content. A new design template is also being developed.

The Request For Proposal process of selecting an advertising vendor was completed at the end of March 2015. Insure Oklahoma partnered with Staplegun Design, an Oklahoma City based advertising agency, to develop a statewide broadcast, digital and print campaign. The campaign is scheduled to launch in August 2015.

Finally, the Oklahoma Tax Commission has agreed to distribute Employer-Sponsored Insurance brochures at new business seminars held around the state. The ESI Insure Oklahoma brochures distributed this quarter included 4,510 in English and 340 in Spanish. The Individual Plan brochures distributed this quarter were 4,860 in English and 1,080 in Spanish.

2015 Employer-Sponsored Insurance (ESI) Program Participating Employers	April	May	June
Approved Businesses with Participating Employees	3,864	3,796	3,711

2015 Average ESI Member Premium	April	May	June
Member Premium[12]	$311.06	$303.60	$306.58

2015 ESI Subsidies	April	May	June
Employers Subsidized	2,455	2,405	2,412
Employees and Spouses Subsidized	9,871	9,614	9,579
Total Subsidies	**$4,098,538.35**	**$3,601,051.41**	**$3,644,660.17**

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

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

2015 Average Individual (IP) Member Premiums	April	May	June
Member Premiums	$36.54	$36.28	$36.39
Average FPL of IP Members	61.39%	60.69%	60.98%

2015 ESI Average Per Member Per Month	April	May	June
Average Payment Per Employee	$280.14	$281.31	$283.22
Average Payment Per Spouse	$447.15	$456.15	$456.35
Average Per College Student	$253.68	$276.45	$267.15
Average Per Dependents	$169.86	$163.65	$163.62

2015 IP Subsidies	April	May	June	**Qtr. Totals**
Total Premiums Received	$115,476.91	$107,226.53	$115,321.06	**$338,024.50**
Total Member Months	4,442	4,420	4,342	**13,204**
Total Paid Claims	$2,430,409.83	$1,915,918.96	$2,079,852.07	**$6,426,180.86**
Average Claim Per Member Per Month (PMPM)	$521.15	$409.21	$452.45	

2015 Insure Oklahoma Average Cost[13]	April	May	June
ESI	$90.00	$90.00	$90.00
IP	$26.00	$24.00	$27.00

2015 ESI Program Enrollment as of June[14]	0-100% FPL	101-138% FPL	139% and Over	**Totals**
Employee	1,901	3,320	5,756	**10,977**
Spouse	376	577	1,024	**1,977**
Student	24	15	58	**97**
Dependent	0	0	244	**244**
IO ESI Totals	**2,301**	**3,912**	**7,082**	**13,295**

[13] See Attachment 8: Insure Oklahoma Fast Fact Summary, July 2015
[14] See Attachment 9: Insure Oklahoma Data by FPL, June 2015

2015 IP Program Enrollment 0-100% FPL[13]	April	May	June
Employee	3,296	3,293	3,243
Spouse	924	917	906
Student	189	186	167
IO IP Totals	**4,409**	**4,396**	**4,316**

B. Policy Developments

Waiver Development & Reporting (WD&R)

The Waiver Development & Reporting unit works in collaboration with the Centers for Medicare & Medicaid Services (CMS) on waiver issues ensuring compliance with state and federal laws and authority.

This quarter, the OHCA Waiver staff submitted the 2014 SoonerCare Choice Annual Report in April 2015. The Waiver staff is also working on the Post Award Forum which will be presented at the Oklahoma Health Improvement Plan (OHIP) Children's Health Advisory Task Force (CHATF) on July 16.

This quarter, OHCA participated in three CMS monthly monitoring calls on April 16, May 22 and June 18 as well as other CMS calls on an as-needed basis.

Rule Changes

This quarter, Oklahoma Health Care Authority presented state plan amendment, rate and policy changes at the Tribal Consultation meeting. During these meetings the OHCA State & Federal Policy and Waiver staff discussed the following proposed rule and waiver amendments:

- Proposed 1115 Waiver amendment and rule changes for Insure Oklahoma program
- Adult Dental Coverage for Transplant Clearance
- Timely Filing Limitation

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

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

Legislative Activity

HB1566 Care Coordination for the Aged, Blind and Disabled is being closely monitored by the Oklahoma Health Care Authority. HB1566 directed the OHCA to initiate request for proposals for care coordination models for the Aged, Blind and Disabled populations for the provision of services provided under the Oklahoma Medicaid Program. The Request For Information (RFI) was posted in June of 2015 to begin the process of complying with HB1566. The next steps in the process are to hold public stakeholder meetings regarding the Request for Proposal process, which was posted and released for public comment. For a complete overview of HB1566, visit ABD Care Coordination Web Page.

V. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES

Budget Neutrality Model

Oklahoma's actual per member per month expenditures are less than the allowed per member per month expenditures for all categories except the Aged, Blind and Disabled-Rural. In the overall life of the waiver, the state has $4 billion in Budget Neutral savings and, ending this quarter; the state has $452,442,287 in savings for the year. (Refer to Attachment 10)

Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Year
June 30, 2015

Waiver Year	Member Months (Enrolled & Unenrolled	Costs Without Waiver	Waiver costs on HCFA-64	Variance
Waiver Year #1 – 1996	2,337,532	$286,138,649	$249,006,422	$37,132,227
Waiver Year #1 – 1997	2,282,744	$297,653,392	$281,953,273	$15,700,119
Waiver Year #1 – 1998	2,550,505	$354,302,018	$303,644,031	$50,657,987
Waiver Year #1 – 1999	3,198,323	$538,659,237	$426,247,022	$112,412,215
Waiver Year #1 – 2000	3,496,979	$690,766,574	$592,301,080	$98,465,494
Waiver Year #1 – 2001	4,513,310	$981,183,083	$773,255,432	$207,927,651
Waiver Year #1 – 2002	4,823,829	$1,115,197,420	$850,084,088	$265,113,332
Waiver Year #1 – 2003	4,716,758	$1,087,570,219	$917,176,458	$170,393,761
Waiver Year #1 – 2004	4,886,784	$1,199,722,904	$884,795,047	$314,927,857
Waiver Year #1 – 2005	5,038,078	$1,316,858,687	$1,001,434,761	$315,423,926
Waiver Year #1 – 2006	5,180,782	$1,436,886,838	$1,368,966,664	$67,920,174
Waiver Year #1 – 2007	5,451,378	$1,582,588,945	$1,445,598,253	$136,990,692
Waiver Year #1 – 2008	5,386,004	$1,660,246,277	$1,620,066,352	$40,179,924
Waiver Year #1 – 2009	5,839,782	$1,883,856,292	$1,877,829,088	$6,027,204
Waiver Year #1 – 2010	6,367,794	$2,154,894,736	$1,994,807,073	$160,087,663
Waiver Year #1 – 2011	6,420,012	$2,297,585,363	$2,129,385,450	$168,199,914
Waiver Year #1 – 2012	6,819,943	$2,543,469,377	$2,227,024,758	$316,444,619
Waiver Year #1 – 2013	7,011,670	$2,749,107,136	$2,188,257,442	$560,849,694
Waiver Year #1 – 2014	7,392,534	$3,206,121,382	$2,328,224,834	$697,896,548
Waiver Year #1 – 2015	1,903,031	$1,587,105,638	$1,134,663,351	$452,442,287
Total Waiver Cost	**95,617,772**	**$28,789,914,165**	**$24,594,720,878**	**$4,195,193,288**

VI. MEMBER MONTH REPORTING

A. Budget Neutrality Calculations

Eligibility Group	April	May	June	**Qtr. Ending Totals**
TANF-Urban	342,502	344,863	345,499	**1,032,864**
TANF-Rural	235,345	236,324	236,169	**707,838**
ABD-Urban	30,305	30,214	29,984	**90,503**
ABD-Rural	24,100	23,978	23,748	**71,826**

B. Informational Purposes Only

Eligibility Group	April	May	June	**Qtr. Ending Totals**
Working Disabled Adults-ESI	0	0	0	**0**
Working Disabled Adults-IP	1	2	1	**4**
Working Non-Disabled Adults-ESI	13,192	13,166	12,954	**39,312**
Working Non-Disabled Adults-IP	4,220	4,210	4,149	**12,579**
Full-Time College Student-IP	98	99	97	**294**
Full-Time College Student-ESI	189	186	167	**542**
Foster Parents-ESI[3]	0	0	0	**0**
Foster Parents-IP[3]	0	0	0	**0**
Not-For-Profit Employees-IP[3]	0	0	0	**0**
Not-For-Profit Employees-ESI[3]	0	0	0	**0**
TEFRA	566	566	560	**1,692**
SCHIP Medicaid Expansion Children	89,504	90,862	90,068	**270,434**

Demonstration Expenditures	April	May	June	**Qtr. Ending Totals**
HAN	$647,250.00	$669,915.00	$667,140.00	**$1,984,305.00**
HMP	$622,620.00	$1,240,724.36	$0.00	**$1,863,344.36**

VII. CONSUMER ISSUES

A. Member Inquiries

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

2015 Member Inquiries	Jan-Mar	Apr-Jun
Program Complaint	20	39
Complaint on Provider	125	119
Fraud and Abuse	57	54
Access to Care	6	17
Program Policy	2,274	2,550
Specialty Request	381	454
Eligibility Inquiry	4,890	4,033
SoonerRide	1,839	2,091
Other[15]	0	0
PCP Change	727	605
PCP Inquiry	684	750
Dental History	50	19
Drug/NDC Inquiry	134	82
Medical ID Card	278	257
PA Inquiry	775	750
Totals	**12,240**	**11,820**

B. Helplines

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

Insure Oklahoma Helpline

2015 Insure Oklahoma IP Helpline	Jan-Mar	Apr-Jun
Number of Calls	15,673	13,531
Number of Calls Answered	14,991	13,327
Number of Calls Abandoned	682	204
Percentage of Calls Answered	94%	98%

[15] Beginning October 2013, OHCA changed the criteria for this category. Currently, this is category that is rarely used as the categories are more specifically defined and the use for “other” is less likely to occur.

VII. CONSUMER ISSUES (cont'd)

2015 Insure Oklahoma ESI Helpline	Jan-Mar	Apr-Jun
Number of Calls	3,928	3,057
Number of Calls Answered	3,790	3,007
Number of Calls Abandoned	138	50
Percentage of Calls Answered	91%	98%

Online Enrollment Helplines

2015 Online Enrollment Helpline Calls (English)	Jan-Mar	Apr-Jun
Number of Calls	24,723	20,735
Number of Calls Answered	23,476	20,350
Number of Calls Abandoned	1,247	385
Percentage of Calls Answered	94%	98%

2015 Online Enrollment Helpline Calls (Spanish)	Jan-Mar	Apr-Jun
Number of Calls	301	214
Number of Calls Answered	283	184
Number of Calls Abandoned	18	30
Percentage of Calls Answered	91%	86%

SoonerCare Helpline

2015 SoonerCare Helpline Calls	Jan-Mar	Apr-Jun
Number of Calls	178,868	151,368
Number of Calls Answered	166,161	145,849
Number of Calls Abandoned	12,707	5,519
Percentage of Calls Answered	89%	97%

C. Grievances

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

2015 SoonerCare Choice Grievances Apr-Jun	Pending	Closed Reason	**Totals**
Eligibility	2	1 Dismissed 1 Untimely	**4**
Prior Authorization: Dental	1		**1**
Prior Authorization: Pharmacy	3	4 Dismissed 1 Denied	**8**
Prior Authorization: Durable Medical Equipment	1	1 Withdrew	**2**
Prior Authorization: Other Speech	0	1 Resolved	**1**
Prior Authorization: Other Surgery	2	1 Denied	**3**
Prior Authorization: Radiology Services	0	1 Granted 2 Resolved	**3**
Provider Audit Appeal	2	0	**2**
Miscellaneous: Unpaid Claim (Member)	0	1 Untimely	**1**

2015 Insure Oklahoma Grievances Apr-Jun	Pending	Closed Reason	**Total**
Eligibility	5	5 Dismissed 4 Resolved 1 Withdrew	**15**

VIII. QUALITY ASSURANCE/MONITORING ACTIVITIES

A. Quality Assurance (QA)

SoonerRide

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

This quarter, 203,032 SoonerRide trips were made with the average cost per trip of $36.93. SoonerCare individuals from all 77 Oklahoma counties utilized the SoonerRide program.

A SoonerRide member satisfaction survey was conducted this quarter. A random selection of 430 SoonerCare members that utilized the services within this quarter was selected to participate in this survey. There was a 68% response rate to the survey. Survey results indicated that 96% percent of survey participants gave the program a positive rating, three percent gave the program a poor rating and one percent either refused or did not provide an overall rating.

Access Survey

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

2015 Access Survey	Jan-Mar	Apr-Jun
Number of Providers Called	895	904
Percent of Providers with 24-hr Access on Initial Survey	93%	95%
Percent of Providers Educated for Compliance	7%	5%

IX. DEMONSTRATION EVALUATION

Hypothesis

OHCA is initiating reporting on all hypotheses for the 2013-2015 extension period. This quarter interim data for hypothesis 1, 2, and 7 are available. (Refer to Attachment 11 for HEDIS®)

Hypothesis 1 – This hypothesis directly relates to SoonerCare Choice waiver objective number one improving access to preventive and primary care services and number one of CMS's Three Part AIM improving access to and experience of care.

The rate for age-appropriate well-child and adolescent visits will improve between 2013-2015.
A. child health checkup rates for children 0-15 months old will be maintained at or about 95 percent over the life of the extension period
B. Child health checkup rates for children 3 through 6 years old increases by three percentage points over the life of the extension period.
C. Adolescent child health checkup rate will increase by three percentage points over the life of the extension period

Well-Child Adolescent Visits	HEDIS 2011 CY 2010	HEDIS 2012 CY 2011	HEDIS 2013 CY 2012	HEDIS 2014 CY 2013
0-15 months, 1+visit	98.3%	98.3%	97.3%	96.3%
3-6 years	59.8%	57.4%	57.6%	58.5%
12-21 years	33.5%	34.5%	31.6%	21.8%

Hypothesis 1A Results:
Child checkup rates for children 0 to 15 months old have continued to stay above the 96 percentile since CY 2009. According to CY 2013 data, children 0-15 months had a 96.3 percent well-child checkup rate, which is 1.3 percentage points over the 95 percent baseline.

Hypothesis 1B Results:
Children ages 3 to 6 years old have seen a slight 0.9 percent increase in health checkup rates during CY 2013. In order to meet this measure, OHCA will continue to monitor this group during the 2013-2015 extension period.

Hypotheses 1C Results:
Data regarding adolescent children that are 12-21 years of age reflects a significant decrease of 9.8 percent in health checkup rates from CY 2012 to CY 2013. OHCA analysis indicates that there is an adverse relationship between increasing age of child and screening/participation rates. In order to meet this measure, OHCA will continue to monitor this group during the 2013-2015 extension periods. HEDIS methodology changes may have affected the rate drop to some degree.

Hypothesis 2 – This hypothesis directly relates to SoonerCare Choice waiver objective number one, improving access to preventive and primary care services and number one of CMS's Three Part AIM improving access to and experience of care.

The rate of adult members who have one or more preventive health visits with a primary care provider in a year will improve by three percentage points as a measure of access to primary care in accordance with HEDIS® guidelines between 2013-2015. SoonerCare adults ages 20-44 and 45-64 have not yet achieved the three-percentage point increase for the 2013-2015 extension period. For HEDIS® year 2014, adults' ages 20-44 years with access to a PCP or ambulatory health care there is a decrease of 0.4 percentage points and adults ages 45-64 with access to a PCP or ambulatory health care there is a decrease of 0.9 percentage points. OHCA will continue to track and trend the adult access rates over the extension period to monitor for significant changes in rates for these groups.

Access to PCP/Ambulatory Health Care HEDIS Measures	HEDIS 2012 CY 2011	HEDIS 2013 CY 2012	HEDIS 2014 CY 2013
20-44 years	83.1%	82.8%	82.4%
45-64 years	91.0%	90.8%	89.9%

Hypothesis 7 – This hypothesis directly relates to SoonerCare Choice waiver objective number three, providing active, comprehensive care management to members with complex and/or exceptional health care needs and number two of CMS's Three Part AIM improving quality of health care.

Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCP's participating in the HANs will improve between 2013-2015.
A. Decrease asthma-related ER visits for HAN members with an asthmas diagnosis identified in their medical record.
B. Decrease 90-day re-admissions for related asthma conditions for HAN members with an asthma diagnosis identified in their medical record.
C. Decrease overall ER use for HAN members.

This hypothesis postulates that the percentage of HAN members with asthma who visit the ER will decrease, 90-day re-admissions for asthma conditions will decrease and percent of ER use for HAN members will decrease. Below are results for calendar year 2014.

A. 2014 Asthma-Related ER Visits	HAN members with an Asthma diagnosis in their medical record	All HAN Members with ER visit in a calendar year	**Percent of HAN members with an Asthma diagnosis who visited the ER**
OU Sooner HAN	3,950	58,055	**7%**
PHCC HAN	72	885	**8%**
OSU Network HAN	415	4,548	**9%**

B. 2014 90-Day Re-admissions for HAN Members with Asthma	HAN Members with Asthma who were Re-admitted to the Hospital 90 Days after Previous Asthma-Related Hospitalization	HAN members with Asthma identified in their medical record and having at least one inpatient stay related to Asthma	**Percent of HAN Members with Asthma who had a 90-Day Re-admission for Related Asthma Condition(s)**
OU Sooner HAN	29	504	**6%**
PHCC HAN	0	4	**0%**
OSU Network HAN	2	66	**3%**

C. 2014 ER Use for HAN Members	Total number of ER visits for HAN Members	Total Number of HAN members	**Percent of ER Use for HAN Members**
OU Sooner HAN	58,055	124,421	**47%**
PHCC HAN	1,938	5,273	**37%**
OSU Network HAN	10,073	61,405	**16%**

The health access networks continue to move forward with reporting under the refined methodology established in 2014. OHCA will continue to track and trend hypothesis 7 over the extension period to monitor for significant changes in results. OHCA will evaluate the criteria that each of the HANs is using to mine the data set for the measure.

X. ENCLOSURES/ATTACHMENTS

1. SoonerCare Choice Fast Facts, June 2015
2. TEFRA Fast Facts, June 2015
3. Provider Fast Facts, June 2015
4. Oklahoma Cares, Fast Facts June 2015
5. Prior Authorization of Spinal Fusion
6. Urine Drug Screening/Testing
7. Insure Oklahoma Fast Fact Summary, June 2015
8. Insure Oklahoma Fast Fact Summary, July 2015
9. Insure Oklahoma Data by FPL, June 2015
10. Oklahoma 1115 Budget Neutrality Model Worksheet, June 2015
11. HEDIS Summary

XI. STATE CONTACT(S)

Rebecca Pasternik-Ikard, JD, MS, RN
Deputy State Medicaid Director
Oklahoma Health Care Authority
4345 N. Lincoln Boulevard, Oklahoma City, OK 73105
Phone: 405.522.7208 Fax: 405.530 3300

Tywanda Cox
Chief of Federal and State Policy
Oklahoma Health Care Authority
4345 N. Lincoln Boulevard, Oklahoma City, OK 73105
Phone: 405.522.7153 Fax: 405.530.3462

Sherris Harris-Ososanya
Waiver Development Coordinator
Waiver Development and Reporting
4345 N. Lincoln Boulevard, Oklahoma City, OK 73105
Phone: 405.522.7507 Fax: 405.530.3273

XII. DATE SUBMITTED TO CMS

August 27, 2015