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: 4/2015 (07/15 – 09/15)

Submitted
November 24, 2015

Table of Contents

I. INTRODUCTION 4
II. ENROLLMENT INFORMATION 5
A. Member Enrollment 5
Demonstration Populations 6
Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) 7
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 9
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) 14
IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES 14
A. SoonerCare and Insure Oklahoma Operations 14
1. Department Operations 14
Health Promotions 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 28
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 45
XI. STATE CONTACT(S) 45
XII. DATE SUBMITTED TO CMS 45

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

The Oklahoma Health Care Authority received official notification from CMS on July 9, 2015 that federal funding for the SoonerCare Demonstration was extended from January 1, 2016 through December 31, 2016. The State acknowledged the approval of the demonstration waiver and accepted the Special Terms and Conditions on August 9, 2015. The State will continue to work with CMS towards a potential multi-year extension.

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	July-Sept
Total Number of Qualified Individuals Enrolled in SoonerCare Choice	546,156	548,162	540,708
SoonerCare Choice Percentage of total Medicaid Population	70%	70%	69%
A) Title XXI	92,432	89,490	91,494
B) Title XIX	453,724	458,672	449,214
C) Adults	103,241	104,172	102,811
D) Children	442,915	443,990	437,897
E) Ration – Adult/Child			
Adult	19%	19%	19%
Child	81%	81%	81%
Total Number Enrolled in Insure Oklahoma[2]	17,835	17,611	17,098
A) Individual Program (IP)	4,353	4,316	3,981
B) Employer Sponsored Insurance (ESI)	13,482	13,295	13,117
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma	**563,991**	**565,773**	**557,806**

[1] Enrollment numbers are point in time numbers.
[2] See Attachment 9: Insure Oklahoma Fast Fact Summary, September 2015

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 September 2015.

Demonstration Populations: Enrolled and Potential Members 2015	Currently Enrolled	Potential Population	**Total Qualified**
TANF-Urban	277,942	63,157	**341,099**
TANF-Rural	218,840	13,862	**232,702**
ABD-Urban	22,138	7,804	**29,942**
ABD-Rural	21,375	2,280	**23,655**
Other[3]	413		**413**
Non-Disabled Working Adults (IO)	16,621		**16,621**
Disabled Working Adults (IO)	1		**1**
TEFRA Children	567		**567**
SCHIP Medicaid Expansion Children Enrollees	91,791		**91,791**
Full-time College Students (IO)	259		**259**
Foster Parents[4]	0		**0**
Not-for-Profit Employees[4]	0		**0**

Demonstration Populations: Member Months 2015	July	August	September
TANF-Urban	346,934	346,498	341,099
TANF-Rural	238,402	237,007	232,702
ABD-Urban	30,228	30,163	29,942
ABD-Rural	23,922	23,865	23,655
Non-Disabled Working Adults (IO)	16,837	16,655	16,621
Disabled Working Adults (IO)	1	1	1
TEFRA Children	570	568	567
SCHIP Medicaid Expansion Children Enrollees	90,810	91,646	91,791
Full-Time College Students (IO)	269	262	259

[3] Other Includes BCC, TEFRA and other SoonerCare Choice members who are not part of TANF or ABD.
[4] OHCA has authority to enroll this population, but does 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	July-Sept
SoonerCare Choice	79	79	80
Total Current Enrollees	**571**	**589**	**601**

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	July-Sept
MD/DO	1,604	1,593	1,653
PA	343	350	360
APN	556	572	603
Total PCPs	**2,503**	**2,515**	**2,616**

2015 Insure Oklahoma Provider Types	Jan-Mar	Apr-Jun	July-Sept
MD/DO	1,193	1,214	1,254
PA	300	306	314
APN	414	431	458
Total PCPs	**1,907**	**1,915**	**2,026**

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	July-Sept
Percentage in Tier 1: Entry Level Medical Home	54%	54%	54%
Percentage in Tier 2: Advanced Medical Home	25%	25%	25%
Percentage in Tier 3: Optimal Medical Home	21%	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		July-Sept	
SoonerCare Choice and Insure Oklahoma PCP Capacities 2015	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used
SoonerCare Choice	1,124,592	44%	1,151,757	43%	1,098,018	43%
SoonerCare Choice I/T/U	100,900	19%	100,900	19%	98,400	18%
Insure Oklahoma IP	437,938	1%	438,898	1%	429,269	1%

II. ENROLLMENT INFORMATION (cont'd)

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	July-Sept
Number of Clinics	57	57	56

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 [5]	July	August	September	**Totals**
Home Internet	16,499	19,822	19,780	**56,101**
Paper[6]	0	0	0	**0**
Agency Internet	8,090	9,453	9,798	**27,341**
Totals	**24,589**	**29,275**	**29,578**	**83,442**

2015 Indian Health Online Enrollment Applications for SoonerCare[5]	July	August	September	**Totals**
Cherokee Nation	273	343	342	**958**
Chickasaw Nation	212	191	218	**621**
Choctaw Nation	220	300	308	**828**
Indian Health Services	483	760	785	**2,028**
Totals	**1,188**	**1,594**	**1,653**	**4,435**

[5] Increases in totals are due to systems updates and additional member outreach.

[6] A drastic drop in paper applications occurred on 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[7]	Jan-Mar	Apr-Jun	July-Sept
Member Materials Printed/Distributed			
Annual Benefit Update Packet[8]	Pending	0	215,280
New Member Welcome Packets	22,885	24,112	27,599
Information/Enrollment fair fliers	59,400	84,590	35,820
Postcard w/ER utilization guidelines	4,630	13,820	1,630
TEFRA Brochures	770	1,860	1,000
BCC Brochures			
a. English	100	5,070	1,090
b. Spanish	780	1,180	160
SoonerRide[9]			
a. English	25	75	0
b. Spanish	780	0	0
SoonerCare Outreach Material			
SoonerCare Color and Activity Books	5,160	40,230	0
Misc. Promotional items (magnets, bandages, hand cleaner)	13,520	82,700	16,520
Smoking Cessation (English/Spanish combined)	600	2,690	1,642
SoonerCare Newsletters			
SoonerCare Companion Member Newsletter	0[10]	211,618	211,618
Provider Newsletters	11,207	11,207	10,931
Dental Provider Newsletters[11]	0	582	582
Provider Outreach Materials	2,477	2,980	2,110
Oklahoma Indian Tribe-Specific Materials	40	160	50

[7] Significant changes throughout this table may be due to agency outreach efforts and logo updates.
[8] This item will appear only once a year on the report since it is sent out once a year to every member household.
[9] SoonerRide brochures were being updated and are in the process of being printed.
[10] Distributed up to three times per year.
[11] 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	3,250	21%
Households with Newborns Outreach	8,116	9%
High ER Utilization Outreach	768	32%

2015 Member Services Activity	July	August	September	**Qtr. Totals**
Calls to BCC members with Confirmed Cancer Diagnosis[12]	15	9	12	**36**
Calls to BCC Members at Renewal Period[12]	14	6	10	**30**
Member Service Calls Handled in English	6,850	6,596	7,124	**20,570**
Member Service Calls Handled in Spanish	326	370	426	**1,122**
Member Inquiries				**14,704**

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.

This quarter, OHCA has paid out approximately $3.47 million in EHR incentive payments to 155 qualified professionals and six hospitals. The total qualified represents the total number of SoonerCare providers with a qualifying provider type. Five qualified professionals and hospitals have attested to Stage 2 of meaningful use this quarter. Since inception of the EHR program, incentives have been paid out to a total of 2,573 eligible professionals and 107 eligible hospitals.

[12]OHCA will continue to track and trend this population over the reporting period to monitor for significant changes.

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

In July-September 2014 the OHCA Electronic Health Operations staff conducted a survey focusing on the EHR providers experience and adoption of the incentive program. This quarter, the staff completed analyzing the data compiled from the survey. Results revealed that the majority of the survey respondents have adopted a certified EHR system with twenty percent of the respondents indicating that they do not have any plans to acquire such a system. Some respondents indicated that the system improved access to patient information and it did not have much of an impact on improved outcomes or workflows. Other respondents stated that the certified EHR system had a negative impact on their workflow.

Overall, the data revealed the cost of adopting a certified EHR system was the main concern. The respondents were also pleased with the method in which they received communication from OHCA and felt that the information they were receiving was effective.

The EHR staff is currently working on contacting providers that have not yet participated in the EHR program to identify reasons for them not participating. Once this effort has been completed they will continue efforts for those providers that need additional assistance in starting the program.

2015 Cumulative EHR Incentives Paid	Jan-Mar	Apr-Jun	July- Sept
Qualified Professionals	$48,251,670.00	$49,676,837.00	$50,732,254
Qualified Hospitals	$54,878,817.00	$54,878,817.00	$54,878,817
Cumulative Totals	**$103,130,487.00**	**$104,555,654.00**	**$105,611,071**

Medicaid Management Information System (MMIS) Reprocurement

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

This quarter, the MMIS division accomplished completion of the MMIS Reprocurement Project. In September 2015, the Oklahoma Health Care Authority received approval of its contract with HPES for the next two years and up to seven additional years. Extension of this contract guaranteed that no interruption in the stable base and claims payment system. In compliance with new CMS requirements, this division is modernizing its MMIS by breaking subsystems into modules that can be individually developed and operated. This approach has resulted in significant cost savings.

In addition to the MMIS Reprocurement Project, the division is also working on eligibility and enrollment projects. Eligibility system improvements this quarter included enhancements to the member portal, improved data matching with other organizations and disaster recovery software and infrastructure. As part of the ongoing effort to incorporate the Insure Oklahoma program into online enrollment, system design and development have been completed for Home View and Agency View application modifications, income standards, workflow processing, data exchange and passive renewal. Testing will begin soon on the recent improvements and a projection of operation is set for March 2016.

In July 2015, OHCA hired a Data Governance Director and established a Data Steering Committee. The Data Governance Director has the responsibility of ensuring that OHCA has reliable and comprehensive data to support decisions to be made. The Data Steering Committee also manages sharing OHCA data with other state agencies and organizations to benefit the State overall and comply with applicable laws and security requirements. Other MMIS remediation and modernization projects include Care Management and Decision Support Systems, Information Security and Enterprise Architecture.

Lastly, providers have completed the final round of external testing for transitioning ICD-9 to ICD-10. The programming changes will apply to all claims filed with the date of service on or after October 1, 2015.

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 tribal consultation meetings on July 7 and September 1, 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 both tribal consultation meetings, the OHCA Federal and State Policy staff presented proposed policy changes, none of which had a direct impact to the SoonerCare Choice 1115 Demonstration Waiver. At the September 1, 2015 consultation meeting, the waiver staff advised that the State has prepared a draft 1115 Waiver amendment and is seeking guidance from CMS regarding the 100 percent FMAP for premiums before moving forward with this amendment.

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[13] (OFN), agency contractors and SoonerCare members.

There were no MATF meetings during this quarter except a debriefing on the final day of the OHCA Strategic Planning Conference and a steering committee meeting to discuss the agenda for the October MATF meeting.

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

A. SoonerCare and Insure Oklahoma Operations

1. Department Operations

Health Promotions 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 in promoting health, local partners and SoonerCare members. This quarter, the OHCA Health Promotion Coordinators, are continuing their outreach efforts and promotion of The Oklahoma Tobacco Helpline, SoonerFit initiative, and Text4Baby with the Oklahoma State Department of Health (OSDH). For more information regarding the approved cessation products members may visit website FDA Approved Tobacco Cessation Products.

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 their tobacco use. The helpline can be assessed by phone at 1-800-QUIT-NOW or online at Oklahoma Tobacco Helpline. With collaboration from OSDH the Pharmacy Bag initiative continues to be a promotional tool for the Oklahoma Tobacco Helpline, Text4Baby and folic acid use. This quarter, the HPCs delivered pharmacy bags to five Indian Health Care pharmacies. The unit has developed and finalized a member surveillance survey with The University Health Sciences Center in order to capture prevalence, behaviors, attitudes

[13] 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.

and beliefs around tobacco use and wellness within the SoonerCare population. The unit's goal is to reach 1,000 respondents.

The SoonerFit initiative was implemented in 2014 and continues to be a key goal for each coordinator. The coordinators educate the members and community about this program. The initiative's main goals are to promote best practices for obesity reduction to SoonerCare providers; and to innovatively communicate physical activity and nutrition recommendations to SoonerCare members through interactive methodologies. This program is promoted through member and provider newsletters and promotional materials are given out at community events, health fairs and shared with partners by the Community Relations Coordinators. This quarter, SoonerFit coordinated outreach efforts such as the SoonerFit Challenge with Senator AJ Griffin, Oklahoma Farm and Food Alliance with Rita Scott, Play in Park in Moore, OK, and the SoonerFit Art Contest. The SoonerFit website page is available for SoonerCare members and all Oklahomans with tools, resources and vital information regarding leading a fit and healthy lifestyle in a fun, affordable and easy way.

Lastly, the HPC's organized a cooking demo at Francis Tuttle and conducted "Chopped: The SoonerFit Edition", which was featured on Mitchell in the Morning with OHCA's CEO Nico Gomez and OHCA's Chief Communications Officer, Ed Long. Other outreach efforts included the HPCs participating in the Turning Point Conference in Norman, OK, the Zarrow Mental Health Symposium in Tulsa, Ok and the 2nd Annual Oklahoma Perinatal Quality Improvement Collaborative (OPQIC) Summit, which took place in Oklahoma City, OK.

The SoonerQuit Provider Engagement Grant

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 has focused on two specific SoonerCare populations and developed the SoonerQuit for Women program and the SoonerQuit Prenatal program. The Oklahoma Health Care Authority, partnered with Oklahoma's Tobacco Settlement Endowment Trust (TSET) and the Oklahoma State Department of Health (OSDH) fund 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 program works very similar to the regular practice facilitation of the HMP, but these facilitators focus primarily on tobacco cessation, the 5A's, and fax referrals to the Oklahoma Tobacco Helpline (1-800-QUIT-NOW) as their management duties. They also facilitated education with ten different practices and introduced the SoonerQuit program to five additional practices for consideration.

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

Community Relations Coordinators

The Community Relations Coordinators' (CRCs) represent Oklahoma HealthCare Authority (OHCA) as outreach liaisons to the partners, members and community. Their primary goals and objectives are to build positive relationships, educate and address any questions regarding SoonerCare, Insure Oklahoma, Text4Baby, and other initiatives that would benefit our 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 and forums throughout the state.

Two surveys were conducted this quarter at the Purcell, OK forum. One survey focused on determining who the participants were that attended the forum and the other focused on obtaining feedback on the CRCs outreach efforts. The feedback survey measured the different categories of individuals in attendance, customer satisfaction on information provided and questioning participants on the dates, times and formats of the forums.

This quarter, the Community Relations team established 18 new partnerships resulting in approximately 525 active partnerships. The CRCs have a base of over 800 partners, but do not actively engage with them for all events. 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:

- Participated in community health assessments for Ottawa, Muskogee, Wagoner, and Delaware County
- Presented lock-in program information from the Strategic Planning Conference at the Sallisaw New Opportunities Working (NOW) meeting

Northwest:

- Set up Twitter account and participated in the first ever Twitter chat during OHCA's Strategic Planning Conference
- Educated the Micronesian population regarding SoonerCare coverage of diabetic materials for children, as well as special minority group eligibility for state and federal aid programs

Central/Southwest:

- Participated in the Kiowa Tribe Back2School health and safety fair
- Promoted and hosted a community forum in Purcell, OK

Southeast:

- Participated in Evidence Based Public Health Decision Making training through Oklahoma State Department of Health
- Participated in teacher orientation with Buffalo Valley Public School by presenting SoonerFit.org and SoonerCare.org

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 eviCore Innovative Solutions (formerly known as 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.

Effective August 1, 2015, eviCore Innovative Solutions (formerly known as MedSolutions) added Cardiology Services and Radiation Therapy to the Radiology Management program. Joint Surgeries, Pain Management and Spine Surgeries were also added to the Therapy Management program.

This quarter, MAU processed 18,178 PARs and handled 1,048 calls. The Therapy Management Program received an average of 5,625 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 2,004 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 Frequently Asked Questions (FAQs) and information on imaging and scans.

2015 Medical Authorization Unit Activity	July	August	September	**Qtr. Totals**
MAU Calls Handled	449	306	293	**1,048**
Total Prior Authorizations	6,191	5,331	6,438	**17,960**
Number of Reviewers (Analysis or Nurse)	12	12	12	
Average Number of PAs per Reviewer	326	299	314	
Percentage Total of PA Denials[14]	3%	5%	5%	
Number of Denials	186	267	322	**775**

2015 eviCore Activity	July	August	September	**Qtr. Totals**
eviCore Calls Handled	1,853	2,154	2,108	**6,115**
Total Prior Authorizations	5,580	5,583	5,856	**17,019**
Number of Reviewers (Analyst or Nurse)	115	115	115	
Average Number of PAs per Reviewer	49	49	51	
Percentage of Total PA Denials	12%	11%	13%	
Number of Denials	676	636	761	**2,073**

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 (CMU)

The Case Management Unit (CMU) provides event-based case management and certain supportive eligibility determinations and utilization management functions to other areas of the agency 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 CMU has averaged 3,792 active cases per month and 3,768 new cases have been opened and worked by the CMU.

In an effort to better assign telephonic and travel related cases, on August 1, 2015, the CMU carried out a reorganization of its team structure. Historically, the CMU was organized into six teams arranged geographically by specifically assigned counties. Over time, this method became less meaningful regarding specific programs that were concentrated in specific counties or regions such as: FIMR, FIMR Baby and High Risk OB. Due to increasing difficulties in gauging the necessary size of each team, anticipation of staff turnover, FMLA events and assuring

[14] Medical Authorization Unit refined reporting methodology as of this quarter.

equitable division of duties the unit created five more equally-sized teams. This action will aid in new cases being proportionally assigned to each team, which is based on the number of staff.

Phase I of the Fetal Infant Mortality Rate (FIMR) initiative monitors prenatal women for the duration of their pregnancy through their infants' first birthday. On July 1, 2015 the CMU unit incorporated three new counties: Marshall, Major and Grant. This quarter, the CMU reported 526 new FIMR Mother Cases with an average of 567 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 644 new FIMR infant (younger than one year old) cases with an average of 1,540 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 13 FIMR counties who can remain in active care management until one year post delivery. The CMU staff enrolled 12 new ICC cases this quarter with an average of 61 members managed in this program during any given month. As of September 2015, six ICC babies are being followed.

Chronic Care Unit

The Chronic Care Unit (CCU) works to provide members and providers telephonic support for members 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, the 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 has averaged 425 open cases per month and a total of 143 new cases have been open. The Chronic Care Unit continues to identify members with Hemophilia, Sickle Cell Disease and Hepatitis C for specific programs by data mining that may benefit from case management of the program. Members with Hemophilia and Sickle Cell Disease who have high cost and ER utilization, members with prior authorization for the Bariatric surgery process and prior authorization for Hepatitis C pharmaceutical treatment are all considered candidates and outreach efforts are initiated for those members. In addition to those targeted groups, the CCU also receives referrals from members with chronic conditions and providers seeking services for members with chronic conditions that are potential participants of this program.

The CCU also continues its collaboration with the OHCA pharmacy, Jimmy Everest Center at OU Medical Center and works closely with the OHCA HMP unit. To date, the CCU has assisted more than 100 Hepatitis C treatment cases, coordinating care between the members, prescriber, PCP, supplying pharmacy and OHCA pharmacy staff. They have also worked 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 and results showed a specific chronic disease profile. The CCU continues work with HMP on select populations on Chronic Disease.

Breast and Cervical Cancer Program (BCC)

The Breast and Cervical Cancer Program requires women to screen for breast or cervical cancer under the Breast and Cervical Cancer Early Detection program (BCCEDP). Qualifications for this program are abnormal screening results or a precancerous condition. This program, also known as Oklahoma Cares, is a partnership of the Oklahoma State Department of Health (OSDH), the Oklahoma Department of Human Services (DHS), the Cherokee Nation, The Kaw Nation and the Oklahoma Health Care Authority. (Refer to Attachment 4). The BCC total enrollment, which is a subset of the CMU cases, has averaged 449 cases with an average of 53 new cases received per month.

Care Management Activity 2015	July	August	September
Active Cases under Care Management	3,624	3,814	3,919
Case Load per Adjusted RN FTE	124	135	138
High-Risk and At-Risk OB – Following[15]	558	739	776
High-Risk and At-Risk OB – New[15]	449	443	440
OK Cares New Enrollment	39	47	71
OK Cares Total Enrollment	447	453	448
Private Duty Nursing Cases - New	6	6	9
Private Duty Nursing Cases - Following	195	187	187
Onsite Evaluations (TEFRA, Private Duty Nursing)	53	37	58
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	63	57	64
Out of State – Clinical Review – New	81	75	62
Out of State – Clinical Review – Following	45	33	42

2015 Oklahoma Cares Member Enrollments	July	August	September
SoonerCare Choice	254	247	265
Traditional Enrollees	193	206	183
Totals	**447**	**453**	**448**

[15] Increases in numbers are due to a policy change that took effect September 2015. Provider letter OHCA 2015-23.

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

2015 BCC Certified Screeners	Jan-Mar	Apr-Jun	July-Sept
Certified Screeners	1,046	1,019	1,054

2015 Outreach Activities Related to BCC Members	July	August	September	**Totals**
Care Management Activities Related to BCC Members	724	771	756	**2,251**
Number of Calls Made by Member Services to BCC Members at Renewal Period	14	6	10	**30**
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	15	9	12	**36**

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.

This quarter, the Oklahoma Health Care Authority sent out three letters dated July 30, 2015 to inform providers of changes in various programs. Provider Letter 2015-15 (Refer to Attachment 5) notified providers of policy revisions and program updates including the TEFRA program eligibility rules to match federal guidelines for level of care (LOC). Provider Letter 2015-16 (Refer to Attachment 6) was sent notifying providers that the agency eligibility policy for the Aged, Blind and Disabled individuals has been amended in order to come into compliance with federal regulations. The third Provider Letter 2015-17 (Refer to Attachment 7) addressed policy regarding the SoonerRide program advising providers that policy is being revised to remove coverage for transport to state Veterans Affair hospitals as these facilities are not contracted with OHCA.

On August 31, 2015, the OHCA sent out Provider Letter 2015-19 (Refer to Attachment 8). This letter addressed new electronic referral requirements for claims processing for SoonerCare Choice. Providers were advised that beginning November 1, 2015 only electronic referrals will be valid for claims processing.

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.

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

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.

The University of Oklahoma OU Sooner HAN
The University of Oklahoma OU Sooner HAN had an unduplicated enrollment of 103,030 members for the quarter ending September 2015.

The Doc2Doc team continues to actively build and recruit in the Oklahoma City area in an effort to expand the use of the Doc2Doc referral tool. Approximately 20,324 referrals were initiated in Doc2Doc this quarter. The Doc2Dcoc team is also continuing its development of the interface between the OHCA Provider Portal and Doc2Doc referral tool for specialty authorizations.

The OU Sooner HAN staff participated in several trainings and conferences inclusive of: Internal Medicine Academic Afternoon, Generational Diversity Workshop, Zarrow Mental Health Symposium, OHCA Annual Strategic Planning Conference, Behavioral Health Learning series and Diabetes Learning sessions.

The Partnership for Healthy Central Communities (PHCC) HAN
The PHCC HAN had an unduplicated enrollment of 3,380 members by the end of September 2015. PHCC continues to work toward implementation of the Doc2Doc referral tool.

As of September 2015, the HAN actively participated in community groups such as Healthy Living Committee for Canadian County Health Department, Red Rock Community group, and the Canadian County Board of Health. The PHCC HAN continues to chair the Canadian County Coalition for Children and Families as well as the Infant Mental Health Committee.

This quarter, the PHCC HAN has 11 educational brochures educating members about appropriate use of emergency room and management of common health problems. The new brochures will be disbursed at provider offices, public libraries, as well as other care management contacts.

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, one peak flow meter was distributed during the quarter.

Oklahoma State University Health Access Network (OSU Network HAN)
The OSU Network HAN had an unduplicated enrollment of 13,112 members by the end of September 2015. The OSU Network HAN continues to work toward implementation of the

Doc2Doc referral tool. Currently the HAN is evaluating the possibility of utilizing Coordinated Care as their referral tool.

During the month of August the OSU HAN participated in the OHCA Strategic Planning Conference and case management staff attended Care Management training at University of Oklahoma Tulsa. Additionally, the OSU HAN organized an on-site training with OU Sooner HAN to educate them on their organizational layout, current process flows and reporting structure.

As of quarter ending September 2015, OSU HAN has a total of three registered nurse case managers. They have also had staffing changings to bring on a new program director that is also a registered nurse. The program continues to explore staffing needs to grow the program throughout the Tulsa and surrounding areas.

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
July	14,590	111,292	3,582
August	13,833	108,392	3,559
September	13,286	105,543	3,457
Totals	**41,709**	**325,227**	**10,598**

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 September 2015, there were eight practice facilitators for HMP and two practice facilitators for the SoonerQuit Provider Engagement. This quarter, the HMP collaborated along with the SoonerQuit Provider Engagement program and facilitated nine practices, which included 19 providers.

There are a total of 39 practice sites (with three to be determined) clinics pending tier assignment. Practice facilitation is divided into the following four tiers based on the level of services the practice is receiving:

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

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.	6
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.	28
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 49 Academic Detailing sessions with the practices with 193 in attendance. They also conducted 79 Educational Presentations with 287 in attendance. Some of the topics covered this quarter were diabetic foot exams, asthma assessments and childhood obesity. Seasonal awareness issues such as flu vaccine, heat related illnesses, and back to school immunizations were also covered.

The 39 practice sites are staffed with 30 embedded health coaches. Some health coaches cover more than one practice site. This quarter there were a total of 4,298 members engaged with a health coach. The health coaches outreach efforts produced 137 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	April-June	July-Sept
Number of Health Coaches	29	32	30

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 760 members enrolled in this initiative.

Insure Oklahoma (IO)

The Insure Oklahoma (IO) program was developed in April 2004 authorizing the Oklahoma Health Care Authority to use money set aside from the Tobacco Tax funds to assist with health care coverage for persons meeting income qualifications. There are currently two programs operating under the Insure Oklahoma programs which are Employer-Sponsored Insurance (ESI) and the Individual Plan Insurance (IP). The ESI program gives small businesses the option to purchase commercial employer-sponsored insurance state approved health care coverage for their employees and families. The IP is for individuals 19 to 64 years of age that are low-income, working adults, self-employed, temporarily unemployed, and/or a college student. Individuals with the IP plan are not qualified for coverage with the ESI program. (Refer to Attachment 9).

This quarter, the IO program successfully achieved several major highlights. On July 9, 2015, though the collaborative efforts of OHCA, State leadership and the Insure Oklahoma program, Centers for Medicare and Medicaid Services (CMS) approved a one-year extension and funding through December 2016. Regarding this matter CMS and State leadership are continuing negotiations on how to sustain the program in the future. In August a new college-themed Individual Plan publication was created and 800 copies were provided to Langston University to include in new student orientation packets. During the month of September the program increased its employer size limit from 99 to 250 employees. A new e –newsletter was also launched for insurance agents who assist their clients with enrolling in the Employer-Sponsored Insurance option.

Last quarter, Insure Oklahoma partnered with Oklahoma City based advertising agency, Staplegun Design. As a result of this partnership, in August 2015, a statewide broadcast, digital and print campaign was launched. This launch included social media, radio, television, digital and outdoor advertising. As part of the radio and television media outreach Insure Oklahoma conducted radio interviews with stations across the state of Oklahoma such as: KJMZ in Lawton, KTUZ in OKC and KOKC in Oklahoma City. This portion of the campaign concluded on September 28, 2015. Social media, digital and outdoor advertising will continue through the end of the year. The advertising campaign was designed to promote the IO website and aid in directing traffic to the website. Web traffic from July 1 through September 30 shows a 132.71 percentage increase over traffic from April 1 through June 30.

The Oklahoma Tax Commission distributed 3,250 ESI Insure Oklahoma brochures in English and 520 in Spanish. They also distributed 3,410 IP brochures in English and 700 in Spanish.

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

2015 Employer-Sponsored Insurance (ESI) Program Participating Employers	July	August	September
Approved Businesses with Participating Employees	3,639	3,597	3,564

2015 Average ESI Member Premium	July	August	September
Member Premium[16]	$308.45	$312.03	$314.56

2015 ESI Subsidies	July	August	September
Employers Subsidized	2,289	2,351	2,444
Employees and Spouses Subsidized	9,187	9,281	9,623
Total Subsidies	**$3,721,319.46**	**$3,614,036.02**	**$4,012,874.50**

2015 Average Individual (IP) Member Premiums	July	August	September
Member Premiums	$36.80	$36.73	$36.90
Average FPL of IP Members	61.14%	61.36%	61.36%

2015 ESI Average Per Member Per Month	July	August	September
Average Payment Per Employee	$288.77	$288.46	$290.38
Average Payment Per Spouse	$463.56	$463.32	$466.34
Average Per College Student	$280.41	$253.73	$261.51
Average Per Dependents	$172.42	$183.42	$179.39

2015 IP Subsidies	July	August	September	**Qtr. Totals**
Total Premiums Received	$113,196.59	$106,213.21	$101,079.30	**$320,489.10**
Total Member Months	4,203	4,099	4,013	**12,315**
Total Paid Claims	$2,190,156.14	$1,806,046.20	$2,154,172.28	**$6,150,374.62**
Average Claim Per Member Per Month (PMPM)	$494.16	$414.69	$511.61	

[16] Financial data is based on the previous month's (e.g. January premiums are reported in February). Premium averages will fluctuate based on members' income for the month.

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

2015 Insure Oklahoma Average Cost[17]	July	August	September
ESI	$94.00	$91.00	$93.00
IP	$27.00	$26.00	$25.00

2015 ESI Program Enrollment as of September[18]	0-100% FPL	101-138% FPL	139% and Over	**Totals**
Employee	1,925	3,247	5,707	**10,879**
Spouse	384	571	973	**1,928**
Student	22	19	51	**92**
Dependent	0	0	218	**218**
IO ESI Totals	**2,331**	**3,837**	**6,949**	**13,117**

2015 IP Program Enrollment 0-100% FPL[18]	July	August	September
Employee	3,124	3,042	2,990
Spouse	867	841	824
Student	171	170	167
IO IP Totals	**4,162**	**4,053**	**3,981**

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 Development and Reporting Coordinator conducted the annual Post Award Forum on July 14, 2015 at the University of Oklahoma Health Sciences Center campus to the Oklahoma Health Improvement Plan (OHIP) Children's Health Advisory Task Force (CHATF). During the forum, the WD&R Coordinator provided an overview of the 1115 Waiver, current programs offered under the waiver, as well as services and main objectives of the program. The WD&R Coordinator advised that staff is currently working on a draft amendment of the 2016-2018 demonstration to request additional premium assistance options from CMS to the waiver program which are known as IO Sponsor's Choice option.

This quarter, OHCA participated in three CMS monthly monitoring calls on July 16, August 20 and September 17 as well as other CMS calls on an as-needed basis.

[17] See Attachment 10: Insure Oklahoma Fast Fact Summary, October 2015

[18] See Attachment 11: Insure Oklahoma Data by FPL, September 2015. Totals will fluctuate based on members enroll and dis-enrolling on a monthly basis.

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

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 proposed rule and waiver amendments that did not have an impact on the 1115 Demonstration Waiver.

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

Legislative Activity

In pursuance to HB1566 Care Coordination for the Aged, Blind and Disabled the Request For Information (RFI) was released June 2015 for open comment and responses through August 3, 2015. In the month of July, the ABD Care Coordination Stakeholder Kickoff meeting was held with members, advocates, providers, health care systems and the general public in attendance. Additional stakeholder meetings were held on August 14 and September 8. Topics of discussion included review of the different types of ABD members and review/discussion of the responses to the RFI. 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 $995,302,172 in savings for the year. (Refer to Attachment 12)

Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Year
September 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 #2 – 1997	2,282,744	$297,653,392	$281,953,273	$15,700,119
Waiver Year #3 – 1998	2,550,505	$354,302,018	$303,644,031	$50,657,987
Waiver Year #4 – 1999	3,198,323	$538,659,237	$426,247,022	$112,412,215
Waiver Year #5 – 2000	3,496,979	$690,766,574	$592,301,080	$98,465,494
Waiver Year #6 – 2001	4,513,310	$981,183,083	$773,255,432	$207,927,651
Waiver Year #7 – 2002	4,823,829	$1,115,197,420	$850,084,088	$265,113,332
Waiver Year #8 – 2003	4,716,758	$1,087,570,219	$917,176,458	$170,393,761
Waiver Year #9 – 2004	4,886,784	$1,199,722,904	$884,795,047	$314,927,857
Waiver Year #10– 2005	5,038,078	$1,316,858,687	$1,001,434,761	$315,423,926
Waiver Year #11 – 2006	5,180,782	$1,436,886,838	$1,368,966,664	$67,920,174
Waiver Year #12 – 2007	5,451,378	$1,582,588,945	$1,445,598,253	$136,990,692
Waiver Year #13 – 2008	5,386,004	$1,660,246,277	$1,620,066,352	$40,179,924
Waiver Year #14 – 2009	5,839,782	$1,883,856,292	$1,877,829,088	$6,027,204
Waiver Year #15 – 2010	6,367,794	$2,154,894,736	$1,994,807,073	$160,087,663
Waiver Year #16 – 2011	6,420,012	$2,297,585,363	$2,129,385,450	$168,199,914
Waiver Year #17 – 2012	6,819,943	$2,543,469,377	$2,227,024,758	$316,444,619
Waiver Year #18 – 2013	7,011,670	$2,749,107,136	$2,188,257,442	$560,849,694
Waiver Year #19 – 2014	7,392,534	$3,206,121,382	$2,328,224,834	$697,896,548
Waiver Year #20 – 2015	5,990,752	$2,713,213,438	$1,717,911,266	$995,302,172
Total Waiver Cost	**99,705,493**	**$29,916,021,966**	**$25,177,968,793**	**$4,738,053,172**

VI. MEMBER MONTH REPORTING

A. Budget Neutrality Calculations

Eligibility Group	July	August	September	**Qtr. Ending Totals**
TANF-Urban	346,934	346,498	341,099	**1,034,531**
TANF-Rural	238,402	237,007	232,702	**708,111**
ABD-Urban	30,228	30,163	29,942	**90,333**
ABD-Rural	23,922	23,865	23,655	**71,442**

B. Informational Purposes Only

Eligibility Group	July	August	September	**Qtr. Ending Totals**
Working Disabled Adults-ESI	0	0	0	**0**
Working Disabled Adults-IP	1	1	1	**3**
Working Non-Disabled Adults-ESI	12,846	12,772	12,807	**38,425**
Working Non-Disabled Adults-IP	3,991	3,883	3,814	**11,688**
Full-Time College Student-IP	98	92	92	**282**
Full-Time College Student-ESI	171	170	167	**508**
Foster Parents-ESI[4]	0	0	0	**0**
Foster Parents-IP[4]	0	0	0	**0**
Not-For-Profit Employees-IP[4]	0	0	0	**0**
Not-For-Profit Employees-ESI[4]	0	0	0	**0**
TEFRA	570	568	567	**1,705**
SCHIP Medicaid Expansion Children	90,810	91,646	91,791	**274,247**

Demonstration Expenditures	July	August	September	**Qtr. Ending Totals**
HAN	$574,155	$559,555	$544,805	**$1,678,515**
HMP	$653,290	$720,570	$694,972	**$2,068,832**

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	July-Sept
Program Complaint	20	39	26
Complaint on Provider	125	119	99
Fraud and Abuse	57	54	57
Access to Care	6	17	9
Program Policy	2,274	2,550	3,442
Specialty Request	381	454	275
Eligibility Inquiry	4,890	4,033	5,496
SoonerRide	1,839	2,091	2,570
Other[19]	0	0	0
PCP Change	727	605	703
PCP Inquiry	684	750	622
Dental History	50	19	29
Drug/NDC Inquiry	134	82	64
Medical ID Card	278	257	326
PA Inquiry	775	750	986
Totals[20]	**12,240**	**11,820**	**14,704**

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	July-Sept
Number of Calls	15,673	13,531	13,463
Number of Calls Answered	14,991	13,327	13,258
Number of Calls Abandoned	682	204	205
Percentage of Calls Answered	94%	98%	98%

[19] Beginning October 2013, OHCA changed the criteria for this category. Currently, this is a category that is rarely used as the categories are more specifically defined and the use for “other” is less likely to occur.
[20] Substantial Increase may be due to updated rules and policies that went into effect during the quarter.

VII. CONSUMER ISSUES (cont'd)

2015 Insure Oklahoma ESI Helpline	Jan-Mar	Apr-Jun	July-Sept
Number of Calls	3,928	3,057	3,469
Number of Calls Answered	3,790	3,007	3,449
Number of Calls Abandoned	138	50	20
Percentage of Calls Answered	91%	98%	99%

Online Enrollment Helplines

2015 Online Enrollment Helpline Calls (English)	Jan-Mar	Apr-Jun	July-Sept
Number of Calls	24,723	20,735	28,341
Number of Calls Answered	23,476	20,350	27,588
Number of Calls Abandoned	1,247	385	753
Percentage of Calls Answered	94%	98%	97%

2015 Online Enrollment Helpline Calls (Spanish)	Jan-Mar	Apr-Jun	July-Sept
Number of Calls	301	214	245
Number of Calls Answered	283	184	218
Number of Calls Abandoned	18	30	27
Percentage of Calls Answered	91%	86%	88%

SoonerCare Helpline

2015 SoonerCare Helpline Calls	Jan-Mar	Apr-Jun	July-Sept
Number of Calls	178,868	151,368	178,896
Number of Calls Answered	166,161	145,849	170,110
Number of Calls Abandoned	12,707	5,519	8,786
Percentage of Calls Answered	89%	97%	95%

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 July-Sept	Pending	Closed Reason	**Totals**
Eligibility	10	4 Dismissed 3 Resolved	**17**
Prior Authorization: Dental	2	1 Untimely	**3**
Prior Authorization: Pharmacy	2	4 Dismissed 2 Resolved	**8**
Prior Authorization: Durable Medical Equipment	0	1 Dismissed	**1**
Prior Authorization: Other	1	1 Dismissed 1 Withdrew	**3**
Prior Authorization: Other Speech	1	2 Dismissed 1 Untimely	**4**
Prior Authorization: Other Surgery	4	1 Dismissed	**5**
Prior Authorization: Radiology Services	0	1 Dismissed	**1**
Panel Dismissal	1	1 Untimely	**2**
Miscellaneous	1	2 Dismissed 1 Resolved	**2**
Miscellaneous: Unpaid Claim (Member)	2	2 Pending 1 Resolved	**5**
TEFRA	2	0	**2**

2015 Insure Oklahoma Grievances July-Sept	Pending	Closed Reason	**Total**
Eligibility	4	2 Dismissed 3 Resolved	**9**

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, 206,066 SoonerRide trips were made with the average cost per trip of $35.81. SoonerCare individuals from all 77 Oklahoma counties utilized the SoonerRide program.

A SoonerRide member satisfaction survey was conducted this quarter. A random selection of 475 SoonerCare members that utilized the services within this quarter was selected to participate in this survey. There was a 62 percent response rate to the survey. Survey results indicated that 93 percent of survey participants gave the program a positive rating, four percent gave the program a poor rating and three 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	July-Sept
Number of Providers Called	895	904	906
Percent of Providers with 24-hr Access on Initial Survey	93%	95%	94%
Percent of Providers Educated for Compliance	7%	5%	6%

IX. DEMONSTRATION EVALUATION

Hypothesis

OHCA is initiating reporting on all hypotheses for the 2013-2015 extension period. This quarter interim data for hypothesis 4 and 9 are available.

Hypothesis 4b directly relates to SoonerCare Choice waiver objective one improving access to preventive and primary care services and one of CMS's three part aim improving access to and experience of care.

As perceived by the member, the time it takes for the member to schedule an appointment should exceed the baseline data between 2013-2015.

Hypothesis 4b Results:

CAHPS® Adult Survey Results	Baseline Data: SFY 2012 CAHPS® Survey Response[21]	SFY 2013 CAHPS® Survey Response	SFY 2014 CAHPS® Survey Response	SFY 2015 CAHPS® Survey Response
Positive Responses from the Survey Question: *"In the last 6 months, how often did you get an appointment for a checkup or routine care at a doctor's office or clinic as soon as you needed?"*	85% Responded "Usually" or "Always"	80% Responded "Usually" or "Always"	82% Responded "Usually" or "Always"	87% Responded "Usually" or "Always"

CAHPS® Child Survey Results	Baseline Data: SFY 2012 CAHPS® Survey Response	SFY 2013 CAHPS® Survey Response	SFY 2014 CAHPS® Survey Response	SFY 2015 CAHPS® Survey Response
Positive Responses from the Survey Question: *"In the last 6 months, when you made an appointment for a checkup or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?"*	91% Responded "Usually" or "Always"	90% Responded "Usually" or "Always"	91% Responded "Usually" or "Always"	93% Responded "Usually" or "Always"

This hypothesis posits that the member's response to the time it takes to schedule an appointment should exceed the baseline data. Results from the surveys indicate that the majority of survey

[21] Data has been updated since last reporting period as well as refine reporting methodology.

respondents for both the adult and children surveys had satisfactory responses for scheduling an appointment as soon as needed. For SFY 2015, 87 percent of adult and 93 percent of the children survey respondents felt satisfied in the time it took to schedule an appointment with their PCP.

With a majority of survey respondents having a positive response about the time it takes to get an appointment with their PCP, OHCA saw an increase of two percent for adult and child for SFY 2015.

Hypothesis 9a HMP Impact on Enrollment Figures directly relates to SoonerCare Choice waiver objective three providing active, comprehensive care management to members with complex and/or exceptional health care needs. Health Management program objective three encouraging and enabling members to better manage their own health and one of CMS's three part aim improving access to and experience of care.

Implementation of Phase II of the SoonerCare HMP, including introduction of physician's office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, will yield increased enrollment and active participation (engagement) in the program.

A. The percentage of SoonerCare members identified as qualified for nurse care management, who enroll and are actively engaged, will increase as compared to baseline.

Hypothesis 9a (A) Results:

SoonerCare HMP Members in Nurse Care Management	Engaged in Nurse Care Management
January 2015	4,153
February 2015	3,997
March 2015	4,023
April 2015	4,113
May 2015	4,170
June 2015	4,298
July 2015	4,531
August 2015	4,574
September 2015	4,644

This hypothesis posits that the percentage of SoonerCare members identified as qualified for nurse care management, who enroll and are actively engaged, will increase as compared to the baseline data. In July 2013, the methodology for identifying and reporting members eligible for and engaged in the HMP changed due to programmatic and contractual changes. OHCA is confident in the accuracy of the number of members engaged and in the total number of members assigned to HMP practices. However, the methodology used to count the number of

members eligible for the HMP did not capture the total eligible population and the data is not available retrospectively.

B. The percentage of members actively engaged in nurse care management in relation to the provider's total SoonerCare Choice panel.

Hypothesis 9a (B) Results:

Actively Engaged HMP Members Aligned with a Health Coach	Total SoonerCare Members Assigned to Panels of Practices with Health Coaches	Individuals Qualified for the HMP Program	Number of HMP Members Actively Engaged in Nurse Care Management	Percentage of HMP Members Aligned with a Health Coach who are Actively Engaged in Nurse Care Management
Members	48,528	Not Available	4,499	9.27%[22]

This hypothesis posits that the percentage of SoonerCare members identified as qualified for nurse care management, who enroll and are actively engaged, will increase as compared to the baseline data. In July 2013, the methodology for identifying and reporting members eligible for and engaged in the HMP changed due to programmatic and contractual changes. OHCA is confident in the accuracy of the number of members engaged and in the total number of members assigned to HMP practices. However, the methodology used to count the number of members eligible for the HMP did not capture the total eligible population and the data is not available retrospectively.

Hypothesis 9c HMP Impact on Identifying Appropriate Target Population: directly relates to SoonerCare Choice waiver objective three providing active, comprehensive care management to members with complex and/or exceptional health care needs, Health Management program objective two reducing the incidence and severity of chronic disease in the member population and two of CMS's three part Aim improving quality of health care.

The implementation of phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation will improve the process for identifying eligible members and result in an increase in average complexity of need within the nurse care managed population.

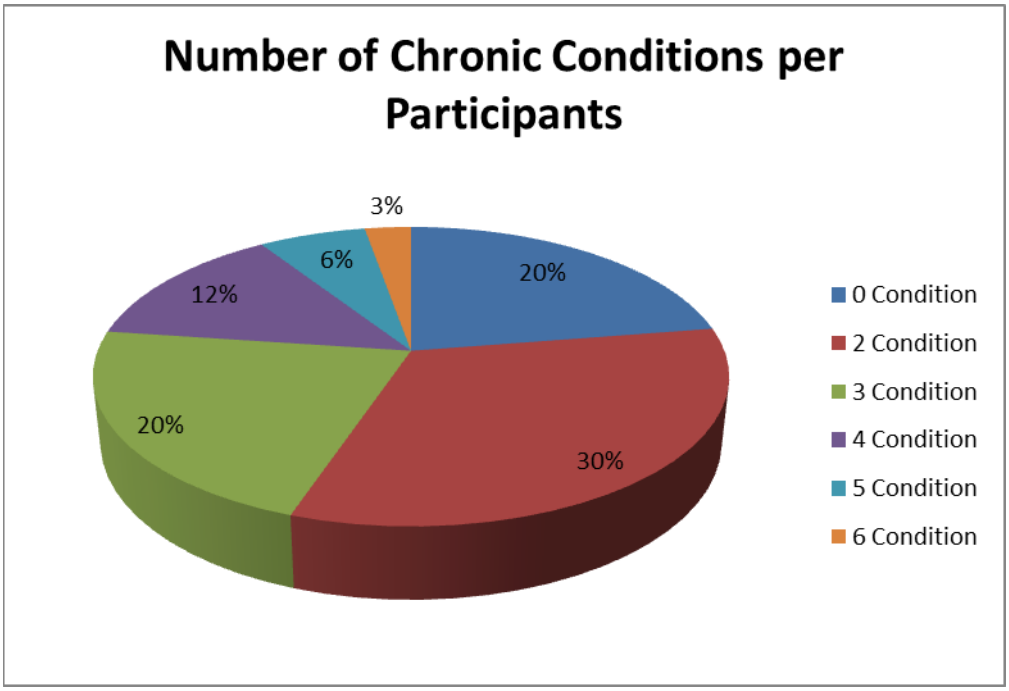
Hypothesis 9c (A) Number of members engaged in nurse care management at any time in a 12-month period with chronic physical health conditions.

[22] The percent of engaged members out of the total SoonerCare Choice panels who were participating in the HMP.

Chronic diseases are the leading cause of death and disability in the United States according to the Centers for Disease Control and Prevention in 2012. One in four adults had two or more chronic health conditions. [23]In Oklahoma, the CDC estimates that the total expenditures related to treating selected major chronic conditions will surpass $8.0 billion in 2015. OHCA's goal was to provide health coaching at any given time to as many as 7,500 members at around 46 enrolled practices, but the actual numbers found during the Pacific Heath Policy Group evaluation was closer to 5,000. Program participants are treated for numerous chronic and acute physical conditions.

B. This measure provides the sum of chronic conditions across all members engaged at any time within a 12-month period.

Hypothesis 9c HMP (B) Results:

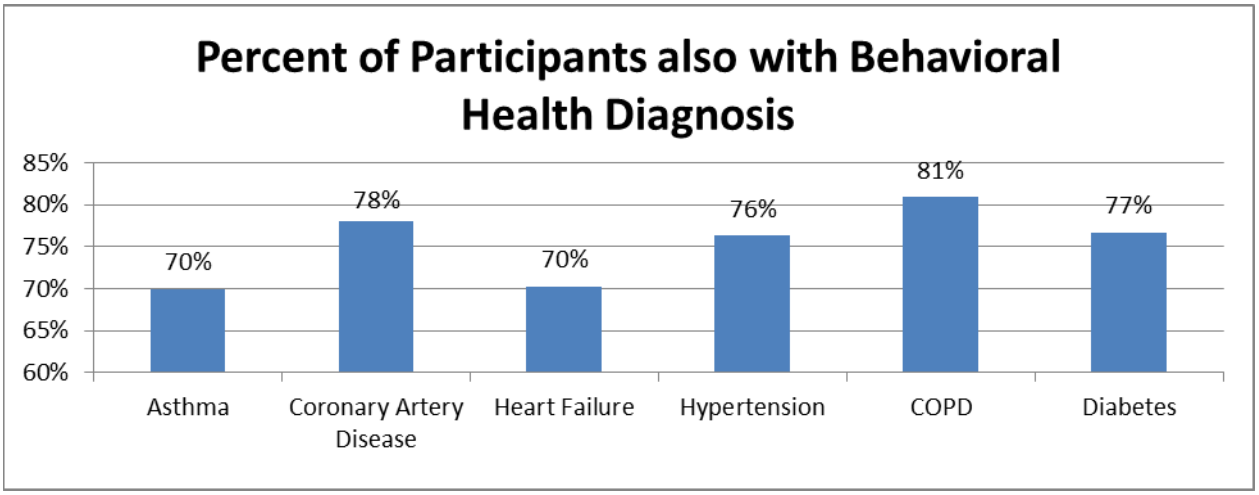


Independent research group (Pacific Health Policy Group) examined the number of physical chronic conditions per participant in the health management program during this time and found that nearly 80 percent have at least two of six high priority chronic physical conditions (asthma, COPD, coronary artery disease, diabetes, heart failure and hypertension)[24] as demonstrated in the table above.

[23] CDC Website
[24] These conditions are used by MEDai as part of its calculation of chronic impact scores.

C. Number of members engaged in nurse care management at any time in a 12-month period with at least one chronic physical health condition and one behavioral health condition.

Hypothesis 9c (C) Results:



Nearly 75 percent of the participant of the HMP population also has both a physical and behavioral health condition. Among the six physical health conditions, the co-morbidity prevalence ranges from approximately 81 percent in cases of persons with COPD which is the highest to 70 percent among person with asthma noted as the lowest.

Hypothesis 9c (D) Results:

D.[25] Sum of chronic impact scores across all members engaged at any time in a 12-month period.

	SFY 2014
HMP Preventive Measures - Practice Facilitation Members vs. Comparison Group	**Percent Compliant**
Measure	
Adult Access to Preventive/Ambulatory Care	96.5%
Child Access to PCP	98.9%
Adult BMI	9.2%

[25] Due to refined reporting and methodology changes, data has been updated since last reporting period.

	SFY 2014
HMP Preventive Measures - Health Coaching vs. Comparison Group	**Percent Compliant**
Measure	
Adult Access to Preventive/Ambulatory Care	96.3%
Child Access to PCP	98.4%
Adult BMI	14.3%

The HMP made significant programmatic changes in how members are assigned to the program during the second generation of the program. MEDai calculates the chronic impact scores that can be impacted by case management based on their profile and continue to be used to help with enrollment into the HMP program. This measure was changed to compare members in the program to general SoonerCare populations since the measure was changed and new this SFY2014. OHCA will continue to monitor for progress.

Hypothesis 9d HMP Impact on Health Outcomes: directly relates to SoonerCare Choice waiver objective three providing active, comprehensive care management to members with complex and/or exceptional health care needs, Health Management program objective five having the ability to provide services to providers and members in any area of the state, urban or rural and two of CMS's three part Aim improving quality of health care.

The use of a disease registry by Health Coaches will improve the quality of care for nurse care managed members.

Hypothesis 9d Results:

	SFY 2014
HMP Members' Compliance Rates with Care Measures ™ Clinical Measures	**Percent Compliant**
Asthma	
Use of appropriate medications for people with Asthma	95.3%
Medication management for people with Asthma - 50 percent	68.3%
Medication management for people with Asthma - 75 percent	26.8%
Cardiovascular Disease	
Persistence of beta blocker treatment after heart attack	50.0%
LDL-C screening	76.0%

COPD	SFY 2014
	Percent Compliant
Use of spirometry testing in the assessment/diagnosis of COPD	31.5%
Pharmacotherapy management of COPD exacerbation - 14 days	49.5%
Pharmacotherapy management of COPD exacerbation - 30 days	73.9%
	SFY 2014
HMP Members' Compliance Rates with Care Measures ™ Clinical Measures	**Percent Compliant**
Asthma	
Use of appropriate medications for people with Asthma	95.3%
Medication management for people with Asthma - 50 percent	68.3%
Medication management for people with Asthma - 75 percent	26.8%
Cardiovascular Disease	
Persistence of beta blocker treatment after heart attack	50.0%
LDL-C screening	76.0%
COPD	
Use of spirometry testing in the assessment/diagnosis of COPD	31.5%
Pharmacotherapy management of COPD exacerbation - 14 days	49.5%
Pharmacotherapy management of COPD exacerbation - 30 days	73.9%

The HMP made significant programmatic changes in collaboration with the practices during the second generation of the program. Although it is imperative to share information regarding the members for the best outcomes, disease registry can be expensive and often not cross referenced with other providers. HMP found the ability of Patient Center Medical Home staff and clinicians to evaluate progress and improve ongoing collaboration with physicians and members most important part of Care measures (access reports, identify labs, referrals, arrange follow-up services, etc.)This measure was changed to compare members' compliance to Care measures. OHCA will continue to monitor for progress.

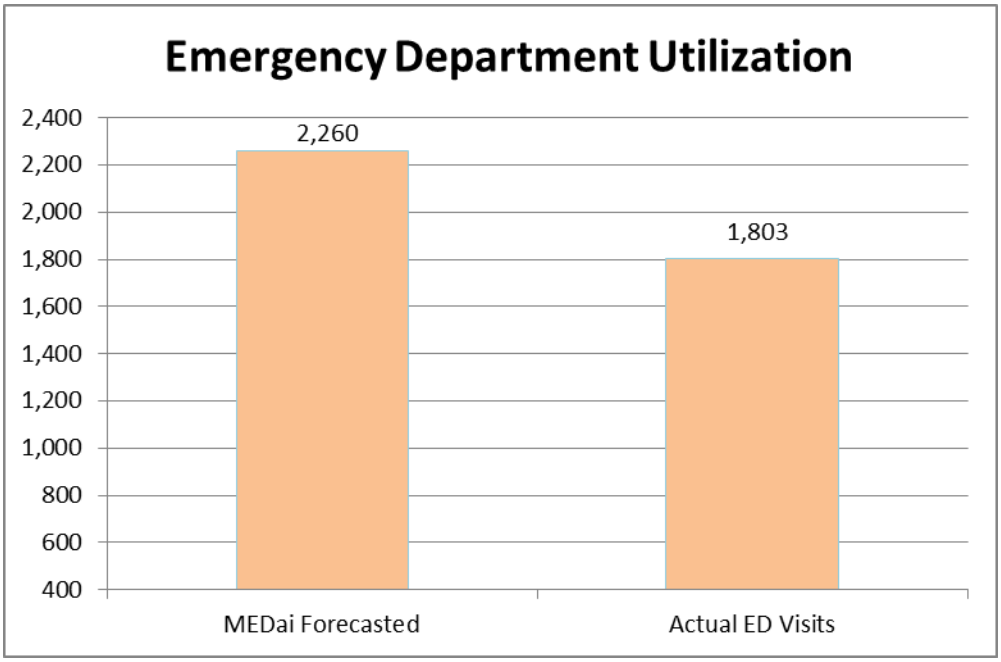
	SFY 2014
HMP Members' Compliance Rates with Care Measures ™ Clinical Measures	**Percent Compliant**
Diabetes	
LDL-C Test	77.0%
Retinal Eye Exam	37.8%
HbA1c Test	86.7%
Medical attention for nephropathy	77.1%
ACE/ARB Therapy	66.8%
Hypertension	
LDL-C Test	67.3%
ACE/ARB Therapy	66.5%
Diuretics	45.1%
Annual monitoring for patients prescribed ACE/ARB or diuretics	84.2%
Mental Health	
Follow-up after hospitalization for mental illness - seven days	34.8%
Follow-up after hospitalization for mental illness - 30 days	67.4%
Prevention	
Adult Access to preventive/ambulatory care	96.3%
Child access to PCP	98.4%
Adult BMI	14.3%

Hypothesis 9e HMP Impact on Cost/Utilization of Care: directly relates to SoonerCare Choice waiver objective three providing active, comprehensive care management to members with complex and/or exceptional health care needs, Health Management program objective one improving health outcomes and reducing medical costs of the population served and two of CMS's three part Aim improving quality of health care.

Nurse Care managed members will utilize the emergency room at a lower rate than members in a group comprised of eligible but not enrolled members.

A. Total emergency room visits over a 12-month period for members engaged in nurse care management for at least a 3-month continuous period within the 12 months, starting in SFY2014 (engaged group).

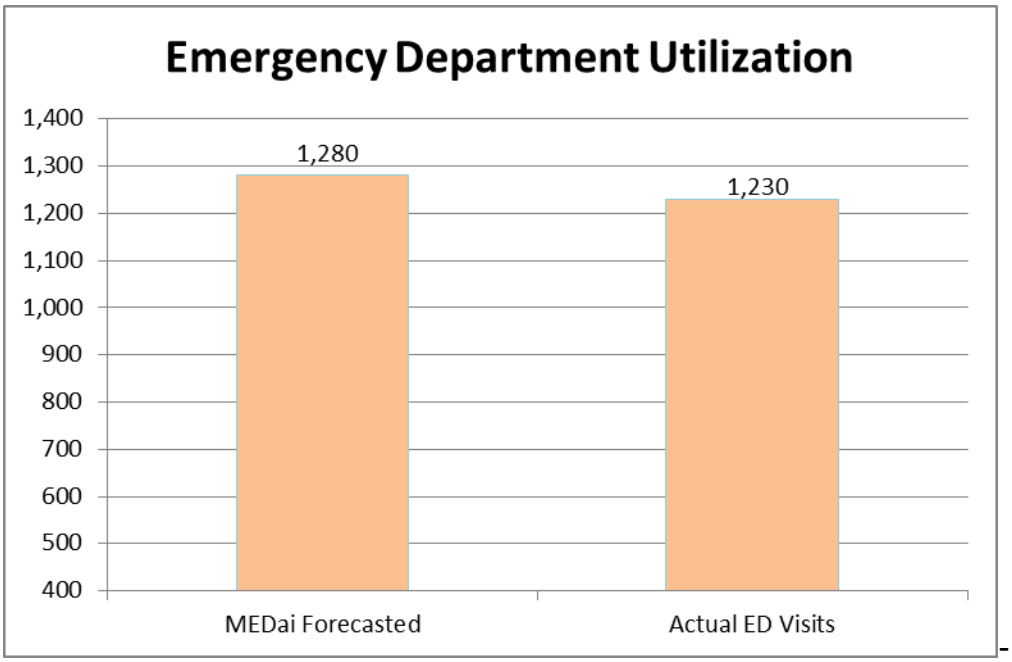
Hypothesis 9e (A) Results:



MEDai forecasted that SoonerCare HMP participants as a group would incur 2,260 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,803 or 80 percent of forecast.

B. Total emergency room visits over a 12-month period for members eligible but not enrolled in nurse care management or the OHCA Chronic Care Unit, starting in SFY2014 (comparison group).

Hypothesis 9e (B) Results:



All 9,529 members aligned with a practice facilitation provider who did not participate in health coaching but met the other criteria for inclusion in the analysis. MEDai projected members in total would incur 1,280 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,230 or 96 percent of forecast as displayed in the table.

X. ENCLOSURES/ATTACHMENTS

1. SoonerCare Choice Fast Facts, September 2015
2. TEFRA Fast Facts, September 2015
3. Provider Fast Facts, September 2015
4. Oklahoma Cares, Fast Facts September 2015
5. 2015-15 Policy Revisions and Program Updates
6. 2015-16 Policy Revisions and Program Updates
7. 2015-17 Policy Revisions and Program Updates
8. 2015-19 Electronic Referrals for Claims Processing
9. Insure Oklahoma Fast Fact Summary, September 2015
10. Insure Oklahoma Fast Fact Summary, October 2015
11. Insure Oklahoma Data by FPL, September 2015
12. Oklahoma 1115 Budget Neutrality Model Worksheet, September 2015

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

November 24, 2015