Oklahoma Health Care Authority

SoonerCare Demonstration 11-W-00048/6
§1115(a) Quarterly Report
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I. INTRODUCTION

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

II. ENROLLMENT INFORMATION

A. Member Enrollment[1]

Members Enrolled in SoonerCare Choice[2] and Insure Oklahoma[3]	Quarter Ending Dec 2013	Quarter Ending March 2014	Quarter Ending June 2014	Quarter Ending Sept 2014	% Change
Total Number of Qualified Individuals Enrolled in SoonerCare Choice[4]	**555,436**	**583,231[5]**	**560,887**	**538,008**	**-4%**
SoonerCare Choice Percentage of total Medicaid Population	74%	75%	73%	69%	
A) Title XXI	67,026	82,192[6]	83,708	82,622	23%
B) Title XIX	488,410	583,231	477,179	455,386	-18%
C) Adults	110,028	114,962	109,617	105,784	-5%
D) Children	445,408	468,269	451,270	432,224	-4%
E) Ratio – Adult/Child:					
Adult	20%	20%	20%	20%	
Child	80%	80%	80%	80%	
Total Number Enrolled in Insure Oklahoma	**25,734**	**19,570**	**18,466**	**17,309**	**-6%**
A) Individual Program (IP)	11,355	4,820	4,737	4,536	-2%
B) Employee Sponsored Insurance (ESI)	14,379	14,750	13,729	12,773	-7%
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma	**581,170**	**602,801**	**579,353**	**555,317**	**-4%**

[1] Enrollment numbers are point in time numbers.
[2] See Attachment 1, SoonerCare Choice Fast Facts, September 2014.
[3] See Attachment 2, Insure Oklahoma Fast Facts Summary, September 2014.
[4] Members enrolled in SoonerCare Choice must meet all eligibility criteria and have a current PCP assignment.
[5] Enrollment this quarter is relatively high due to federal regulations regarding redetermination and eligibility.
[6] This number has been added since last quarter.

II. ENROLLMENT INFORMATION (Cont'd)

Demonstration Populations: Enrolled and Potential Members	Currently Enrolled	Potential Population	Total Qualified
TANF-Urban	282,398	57,451	339,849[7]
TANF-Rural	210,661	21,486	232,147[7]
ABD-Urban	23,186	7,209	30,395[7]
ABD-Rural	21,310	2,910	24,220[7]
Other[8]	453		453
Non-Disabled Working Adults (IO)			24,774
Disabled Working Adults (IO)			0
TEFRA Children			506[9]
SCHIP Medicaid Expansion Children Enrollees	82,622		82,622
Full-Time College Students			264
Foster Parents			0
Not-for-Profit Employees			0

Demonstration Populations: Member Months	Quarter Ending Dec 2013	Quarter Ending March 2014	Quarter Ending June 2014	Quarter Ending Sept 2014
TANF-Urban	958,989	993,809	975,405	1,006,431
TANF-Rural	666,857	687,564	668,292	687,950
ABD-Urban	91,004	91,344	91,570	91,839
ABD-Rural	73,309	73,425	72,912	73,090
Non-Disabled Working Adults (IO)	93,487	80,316	78,314	75,263
Disabled Working Adults (IO)	9	0	0	0
TEFRA Children	1,419	1,451	1,515	1,533
SCHIP Medicaid Expansion Children Enrollees	67,026	222,091[10]	250,466	253,078
Full-Time College Students	1,216	647	851	835

[7] As reported on The Centers for Medicare and Medicaid Services (CMS) -64 form.
[8] Other includes BCC, TEFRA and other SoonerCare Choice members who are not part of TANF or ABD.
[9] Includes all TEFRA children not just SoonerCare Choice.
[10] This number has been updated since last quarter.

II. ENROLLMENT INFORMATION (Cont'd)

Breast and Cervical Cancer Program (BCC)

The BCC program provides treatment to qualified women with breast cancer, cervical cancer or pre-cancerous conditions. 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 (OHCA).

Oklahoma Cares Member Enrollments[11]	July 2014	Aug 2014	Sept 2014
SoonerCare Choice	**282**	**275**	**277**
SoonerCare Choice and Traditional Total Current Enrollees	521	552	537

Electronic Newborn Enrollment

With the Electronic Newborn Enrollment process, OHCA receives a newborn's information directly from the hospital. OHCA generates a member ID and the newborn is enrolled in SoonerCare. Once benefits are established, OHCA shares the information with the Oklahoma Department of Human Services (DHS).

Electronic Newborn Enrollment	July 2014	Aug 2014	Sept 2014
Number of Newborns Assigned to a Primary Care Provider (PCP)	2,186	2,081	2,122
Number Needing Assistance with Eligibility or PCP Selection	283	406	504

[11] See Attachment 3, Oklahoma Cares Fast Facts, September 2014.

II. ENROLLMENT INFORMATION (Cont'd)

Insure Oklahoma Employee-Sponsored Insurance Program (ESI)

ESI is a premium assistance program created to bridge the gap in health care coverage for low-income working adults, self-employed, unemployed adults, college students and dependent children meeting income qualifications.

ESI Program Enrollment[12] for Quarter Ending Sept 2014	0-100% FPL	101-133%[13] FPL	134%[13] and Over	**Total**
Employee	1,708	3,259	5,536	**10,503**
Spouse	342	626	999	**1,967**
Student	18	26	57	**101**
Dependent Child[14]	0	0	202	**202**
IO ESI Total	**2,068**	**3,911**	**6,794**	**12,773**

Insure Oklahoma Individual Plan (IP)

The IP is a premium assistance program created to bridge the gap in health care coverage for individuals who are low-income working adults, self-employed, temporarily unemployed, or college students who meet income qualifications. These individuals do not qualify for ESI.

IP Program Enrollment[12]	Quarter Ending March 2014 0-100% FPL	Quarter Ending June 2014 0-100% FPL	Quarter Ending Sept 2014 0-100% FPL
Employee	3,557	3,507	3,370
Spouse	1,098	1,056	1,008
Student	165	174	158
IO IP Total	**4,820**	**4,737**	**4,536**

[12] See Attachment 4, Insure Oklahoma Data by FPL, September 2014.
[13] This includes the five percent disallowance.
[14] Title XXI stand-alone CHIP population.

II. ENROLLMENT INFORMATION (Cont'd)

Perinatal Dental Access Program (PDEN)

The OHCA's PDEN program provides a limited benefit package to pregnant and postpartum women ages 21 and older. Qualified SoonerCare and Insure Oklahoma IP members receive full dental exams, X-rays, cleanings (including scaling and root planning) and certain types of fillings. To comply with Oklahoma Constitution, Article X, Section 23, which prohibits a state agency from spending more money than is allocated, OHCA approved ending the PDEN benefit effective July 1, 2014. In OHCA's analysis of the PDEN service, the State determined that of the members who qualified, very few members utilized the service.

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

Children with physical or mental disabilities that are not qualified for Supplemental Security Income because of their parent's income can qualify for SoonerCare benefits if they meet the TEFRA requirements.

To comply with Oklahoma Constitution, Article X, Section 23, which prohibits a state agency from spending more money than is allocated, OHCA excluded individuals with other forms of creditable insurance from the SoonerCare Choice program. TEFRA children affected by this change are able to keep their primary care provider and continue their coverage through the SoonerCare Traditional program. This change took effect July 1, 2014.

TEFRA Member Enrollments[15]	Qtr Ending March 2014	Qtr Ending June 2014	Qtr Ending Sept 2014
SoonerCare Choice	**329**	**322**	**81**
SoonerCare Choice and Traditional Total Current Enrollees	506	532	534

[15] See Attachment 5, TEFRA Fast Facts, September 2014.

II. ENROLLMENT INFORMATION (Cont'd)

B. Provider Enrollment

Within 77 Oklahoma counties, there are 2,426 primary care providers contracted for the SoonerCare program, along with 1,860 providers contracted for Insure Oklahoma.

SoonerCare Provider Enrollment by Type

Primary care providers include physicians, physician assistants (PA) and advanced practice nurses (APNs).

Provider Types[16]	Oct-Dec 2013	Jan-March 2014	April-June 2014	July-Sept 2014
MD/DO	1,454	1,472	1,490	1,573
PA	306	307	316	330
APN	446	435	462	523
Total Unduplicated PCPs	**2,206**	**2,214**	**2,268**	**2,426**

SoonerCare Medical Home Providers by Tier

Providers by Tier	Oct-Dec 2013	Jan-March 2014	April-June 2014	July-Sept 2014
Percentage in Tier 1: Entry Level Medical Home	59%	57%	57%	56%
Percentage in Tier 2: Advanced Medical Home	27%	24%	24%	25%
Percentage in Tier 3: Optimal Medical Home	14%	19%	19%	19%

Insure Oklahoma Individual Plan (IP) Providers

Insure Oklahoma IP providers include physicians, physician assistants (PA) and advanced practice nurses (APNs).

Provider Types	Oct-Dec 2013	Jan-March 2014	April-June 2014	July-Sept 2014
MD/DO	1,075	1,117	1,132	1,182
PA	244	264	276	284
APN	344	334	358	394
Total Unduplicated PCPs	**1,663**	**1,715**	**1,766**	**1,860**

[16] All provider counts are unduplicated for the quarter; therefore, the total does not match the total SoonerCare Choice providers currently enrolled in a given month of the quarter.

II. ENROLLMENT INFORMATION (Cont'd)

Health Management Program (HMP)

To improve the health of SoonerCare members with chronic disease, OHCA has partnered with Telligen to administer the HMP. This program embeds health coaches into the practices to help members become more invested in their health outcomes and improve self-management of chronic disease. Health coaches coordinate closely with the member's provider on health-related goals, as well as allow the provider to easily refer members to the health coach.

Health Coaches	Oct-Dec 2013	Jan-March 2014	April-June 2014	July-Sept 2014
Number of Health Coaches[17]	22	26	24	28

Indian Health

Indian Health clinics include Indian Health Services, Tribal clinics and Urban Indian Clinics (I/T/U).

Indian Health Provider Enrollment	Oct-Dec 2013	Jan-March 2014	April-June 2014	July-Sept 2014
Number of Clinics	57	57	57	57

PCP Capacities

SoonerCare Choice and Insure Oklahoma[18] PCP Capacities	September 2014	
	Capacity Available	% of Capacity Used
SoonerCare Choice	1,101,570	43%
SoonerCare Choice I/T/U	98,400	20%
Insure Oklahoma IP	426,748	1%

[17] Health coaches may cover more than one practice site.
[18] See Attachment 6, Provider Fast Facts, September 2014.

II. ENROLLMENT INFORMATION (Cont'd)

C. Systems

This quarter, some 53,000 individuals enrolled for SoonerCare using either Home Internet or Agency Internet. At the onset of new federal mandates on October 1, 2013, the agency discontinued OHCA paper applications being used for enrollment; individuals can, however, use federal paper applications to enroll.

From the total number of online applications, 60 percent were new applications and 40 percent were recertifications.

OHCA Media Type of Applications for SoonerCare	July 2014	Aug 2014	Sept 2014	**Total**
Home Internet	10,522	10,439	10,410	**31,371**
Paper	0	0	0	**0**
Agency Internet	7,083	7,169	7,384	**21,636**
Total	**17,605**	**17,608**	**17,794**	**53,007**

Indian Health Online Enrollment Applications for SoonerCare	July 2014	Aug 2014	Sept 2014	**Total**
Cherokee Nation	259	347	331	**937**
Chickasaw Nation	96	104	101	**301**
Choctaw Nation	156	121	156	**433**
Indian Health Services	442	647	608	**1,697**
Total	**953**	**1,219**	**1,196**	**3,368**

OHCA is currently working on a long-term plan to include additional populations into the online enrollment and eligibility system.

III. OUTREACH AND INNOVATIVE ACTIVITIES

A. Outreach

Outreach Materials Printed and/or Distributed	Oct-Dec 2013	Jan-March 2014[19]	April-June 2014	July-Sept 2014
Member Materials Printed/Distributed				
Annual Benefit Update Packet	0	0	0	0
SoonerCare Member Handbook[20]		266	2,231	3,315
New Member Welcome Packets				
English/Spanish Combined	7,087	33,232	40	13,897
Individual Orders[21]	0	0	0	3,315
Information/Enrollment Fair Fliers[22]	26,495	58,095	73,836	41,965
BCC Brochures				
English	2,190	620	880	0
Spanish	800	320	310	150
SoonerRide				
English	1,330	0	1,100	0
Spanish	760	0	0	0
SoonerCare Provider Directory (English/Spanish)	1,180	320	2,141	920
Postcard with ER Utilization Guidelines[23]	2,720	1,210	4,810	3,520
SoonerCare and IO Outreach Material				
Sooner Bear Color Books	5,940	4,420	7,740	10,310
SoonerCare Health Club (Activity Book)	3,320	2,170	6,100	10,150
SoonerCare Companion Member Newsletter	270,000	280,000	0	270,000
Miscellaneous Promotional Items (Magnets, Bandages, Hand Cleaner)	13,190	8,440	15,850	38,260
No Smoking Card (English/Spanish Combined)[24]	1,600	780	1,540	1,950
Insure Oklahoma Brochures[25]	0	0	0	0
Oklahoma Indian Tribe-Specific Posters and Fliers	50	30	140	90
Provider Newsletter	0	10,918	21,620	27,522
Provider Outreach Materials[20]		6,940	16,000	22,522
Toll-Free SoonerCare Helpline				
Number of Calls	185,539	169,841	172,394	252,366

[19] OHCA updated its logo this quarter.
[20] Waiver staff began tracking this outreach at the beginning of 2014.
[21] Information is available for individual ordering requests on the OHCA website.
[22] This includes TEFRA brochures.
[23] Postcards are also included in the new member welcome packets.
[24] This flier also appears as an ad in the member handbook and the SoonerCare Companion newsletter.
[25] Insure Oklahoma brochures can also be ordered through the Oklahoma Insurance Department.

III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

B. Innovative Activities

Electronic Health Records (EHR)

Under the Health Information Technology for Economic and Clinical Health (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.

CMS issued a final rule[26] in August allowing providers that were unable to fully implement EHR technology due to delays in EHR vendor's ability to install them to attest using an older certified EHR. Beginning in 2015, however, all providers must begin using 2014 certified EHR technology.

This quarter, the OHCA Electronic Health Operations staff sent out a survey to EHR providers geared toward the providers' experience and adoption of the incentive program. OHCA will receive the results of the survey within the next few quarters. Additionally, one qualified professional has attested to Stage 2 of meaningful use, but no payments have been made at this time.

EHR Qualified Providers	Jan-March 2014	April-June 2014	July-Sept 2014
Number of Qualified Professionals	1,954	2,178	2,217
Number of Qualified Hospitals	94	100	104
Total	**2,048**	**2,278**	**2,321**

Cumulative EHR Incentives Paid	Jan-March 2014	April-June 2014	July-Sept 2014
Qualified Professionals	$40,183,752	$44,554,170	$45,361,670
Qualified Hospitals	$57,352,718	$54,233,263	$54,403,817
Total	**$97,536,470**	**$98,787,433**	**$99,765,487**

Electronic Provider Notification

The OHCA is in the process of transitioning all provider communication to paperless, electronic notifications. The OHCA will use email, electronic data interchange (EDI) and the secure Provider Portal to communicate with providers regarding provider letters, contract changes and renewal correspondence, newsletters and other business communications. To inform providers of this change, OHCA sent a provider letter out on September 8, as well as included a *Going Green* training class at the fall provider training. OHCA will initiate all paperless communication to providers effective November 1, 2014.

[26] 42 Code of Federal Regulations (CFR) Part 495 and 45 CFR Part 170.

III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

High ER Utilization Initiative

OHCA staff members work together to educate and train members and providers on how to lower the use of the ER. High ER utilizers include members who visit the ER four or more times in a quarter. These members receive a letter that educates them as to why they should call their PCP before visiting the ER. Member Services (MS) staff also reach out to super users who use the ER 15 or more times in a quarter. Due to other resource needs, MS has temporarily suspended the super user initiative.

Members with 4 or more ER Visits	Oct-Dec 2013	Jan-March 2014	April-June 2014	July-Sept 2014
SoonerCare	1,756	1,922	1,656	1,680

Medicaid Management Information System (MMIS) Reprocurement

The MMIS reprocurement project is an initiative to implement system enhancements to the Oklahoma MMIS system. The reprocurement is in its final stages of enhancements; this quarter, OHCA's contractor, Hewlett-Packard Enterprise (HP), continues the testing phase for the transition from ICD-9 to ICD-10. This enhancement has a go-live date of October 2015.

OHCA is working towards implementing another round of MMIS reprocurement enhancements, this time on the claims tracking system, iCE; the Data Support System (DSS) and the care management system, Atlantes. OHCA is currently in the beginning stages of planning sessions.

Cesarean Section Quality Initiative

OHCA continues the Cesarean Section (C-section) Quality Initiative, which was implemented in January 2011, in an attempt to lower the primary C-section rate performed without medical indication. The goal of the initiative is to reduce the first time C-section rate to 18 percent. The OHCA medical staff performs a primary role in this initiative. Medical nurses review the received documentation and determine the medical necessity for the C-section and if it should be reviewed by the OHCA OB physician.

In state fiscal year (SFY) 2009, the C-section rate was 20.3 percent. Since implementation of the C-section initiative in 2011, the C-section rate dropped to 19.5 percent in SFY 2011, which is a 0.8 percent decrease from the SFY 2009 rate. In SFY 2012 the rate dropped 2.9 percentage points to 16.6 percent and maintained relatively stable in SFY 2013 with 16.9 percent and 16.8 percent in SFY 2014. While the initiative has successfully reduced the primary C-section rate to the intended goal, OHCA continues this initiative to further decrease the rate.

C. Stakeholder Engagement

Tribal Consultation

OHCA convenes consultation meetings with tribal partners throughout the State in order to better collaborate with the tribes on all program and policy updates and changes. Tribal consultation meetings are held on the first Tuesday of every odd-numbered month.

This quarter, OHCA held tribal consultation meetings on July 1, July 22 and September 2. Meeting participants included representatives from the Chickasaw Nation, Citizen Potawatomi Nation, the Indian Health Care Resource Center of Tulsa, Muscogee Creek Nation, and the Oklahoma City Indian Clinic, as well as representatives from the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and the OHCA.

During the meetings OHCA and ODMHSAS staff presented proposed policy changes, none of which had direct impact to the SoonerCare Choice program. At the September 2 consultation meeting, Waiver staff presented a summary of the 1115 SoonerCare Choice renewal application for extension of the SoonerCare Choice and Insure Oklahoma programs for 2016-2018. Staff presented that a draft of the application will be on the OHCA website[27] for comment from September 9 through November 30. OHCA will submit the renewal to CMS by December 31, 2014. OHCA received no comments from tribal consultation participants.

Strategic Planning Conference

The OHCA held their annual Strategic Planning Conference on August 13-15. The purpose of the conference is to look at what OHCA has done over the past year and look ahead at what the agency will do in the future. OHCA invited anyone who is interested to attend the conference and to provide feedback. Specifically, OHCA invited stakeholders from across the State to speak as conference session panelists. Participants included the Deputy Secretary of Health, the Commissioner of the Department of Mental Health and Substance Abuse Services, the Oklahoma Department of Commerce, the Senior Director of Health Services from the Cherokee Nation and the President of Blue Cross Blue Shield of Oklahoma, to name a few.

The Strategic Planning Conference was facilitated at two off-site locations in Durant and Guymon, Oklahoma in order to make participation more accessible to a wider audience. Some of the conference sessions included *Financing and Reimbursement, Personal Responsibility, Satisfaction and Quality and Program Development.* To review the conference agenda, refer to Attachment 7.

[27] Renewal Application on OHCA Website

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

A. SoonerCare and Insure Oklahoma Operations

1. Department Operations

Health Promotion and Community Relations

Community Relations Coordinators

OHCA has four Community Relations Coordinators (CRCs) that maintain much of the work performed during the SoonerEnroll initiative, as well as expand the approach to promotion of other agency programs and initiatives. CRCs work with numerous public, private and nonprofit entities within the 77 Oklahoma counties to enroll qualified children in SoonerCare and promote the importance of preventive care. Furthermore, CRCs facilitate ongoing dialogue between community partners and OHCA to address local issues and collaborate in the development of strategies for improving the health of SoonerCare members.

The four CRCs each have a region of the state – Northeast, Southeast, Northwest and Southwest – in which they connect with partners and potential partners.

In order to ensure positive communication and collaboration with community partners, last quarter the CRCs worked with OHCA's Planning unit to develop a survey that will capture data on how OHCA collaborations are perceived by community partners. The survey is in the final stages of development.

This quarter, the CRCs continued to travel the State attending conferences, coalition meetings, community meetings, community initiatives and health fairs, and providing education on programs such as SoonerCare and Insure Oklahoma.

This quarter, the CRCs also researched states that have the best early and periodic screening, diagnostic and treatment (EPSDT) participation rates overall, as well as for defined age groups, and then contacted those states for best practices. This is in an effort to increase the number of EPSDT visits.

Additionally, the CRCs are working with Insure Oklahoma staff to develop a communication and marketing plan to increase Insure Oklahoma awareness.

OHCA's Community Relations website page provides OHCA partners with tools, resources and vital information in linking members to the community. The website can be found at: OHCA Community Relations website.

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

Health Promotions Coordinator

The Oklahoma Tobacco Helpline Fax Referral project is designed to decrease the number of SoonerCare pregnant women who use tobacco. When a newly qualified SoonerCare pregnant woman calls the SoonerCare helpline, OHCA actively refers the woman to the Oklahoma Tobacco Helpline rather than have the member wait for a clinic visit to obtain the referral. This quarter, the Health Promotions Coordinator worked with OHCA's Information Services unit to develop a database to further automate the fax referral process for greater efficiency. OHCA began using the database to refer members on August 1.

In the first quarter of 2014, OHCA began implementation of the SoonerFit initiative. The initiative's main goals are to promote obesity reduction best practices to SoonerCare providers, and to innovatively communicate physical activity and nutrition recommendations to SoonerCare members through interactive methodologies. OHCA built a SoonerFit website, SoonerFit.org, and executed a soft launch of the website in August for OHCA's Strategic Planning Conference. OHCA will execute a hard launch on November 3. Through SoonerFit.org members are able to connect with local resources to encourage them to live a healthy lifestyle, as well as notify them of SoonerCare nutritional benefits. OHCA staff has filmed motivational video spots and cooking demonstrations, which are also included on the website.

SoonerQuit Provider Engagement Grant

OHCA's Health Promotion and Community Relations staff was awarded a SoonerQuit Provider Engagement (SQPE) grant in June 2013. For this grant initiative, OHCA will utilize participating PCPs from the Health Management Program practice facilitation model and infuse a tobacco cessation module into the quality improvement activities. Simultaneously, the OHCA will be continuing the practice facilitation efforts with obstetrics providers and possibly dental providers. OHCA went live with this initiative on July 1, 2014.

For the first quarter of this initiative, OHCA staff developed a "pitch packet," which contains several documents explaining the SoonerQuit Provider Engagement program and the program's benefits. Staff also trained practice facilitators on the tobacco problem in Oklahoma, as well as the SoonerCare tobacco cessation counseling, billing and benefits.

Medical Authorization Unit (MAU)

This quarter, the MAU processed an average of 4,154 prior authorizations a month for an average approval rate of 98 percent.

OHCA issued a Request For Proposal (RFP) for a new Therapy Management Program towards the end of 2013 and awarded the contract to MedSolutions/Triad in February 2014. The new Therapy Management Program allows the OHCA to assist providers and members in obtaining the most appropriate therapy-related services[28], while improving access to high-quality, cost-effective care in a timely manner. This program was implemented on July 1, 2014. The first few months of the Therapy Management Program have run smoothly; MedSolutions/Triad averaged 3,700 prior authorization requests each month.

Additionally, this quarter the MAU has added five new items to the prior authorization list in order to help hold down costs associated with those items.

The MAU page on the OHCA website continues to be an added resource for providers. Providers are now able to click on the MAU Link and find prior authorization information such as required forms, general information, MAU FAQs and information on imaging and scans.

MAU Activity	July 2014	Aug 2014	Sept 2014	**Qtr Totals**
MAU Calls Handled	453	420	429	**1,302**
Total Prior Authorizations	3,257	4,827	4,378	**12,462**
Number of Reviewers (Analyst or Nurse)	11	11	11	
Average Number of PAs per Reviewer	296	442	398	**379**
Percentage of Total PA Denials	1%	1%	4%	**2%**
Number of Denials	33	48	175	**256**

OHCA also partners with MedSolutions to implement a radiology management program for outpatient radiology scans. All authorization requests for outpatient scans are submitted to MedSolutions via mail, fax, telephone or Internet. This partnership allows providers and members to obtain the most appropriate diagnostic imaging service and improve access to high quality, cost-effective care.

MedSolutions has processed an average of 5,563 prior authorization requests a month this quarter with a 89 percent approval rate.

MedSolutions Activity	July 2014	Aug 2014	Sept 2014	**Qtr Totals**
MedSolutions Calls Handled	1,980	1,974	2,047	**6,001**
Total Prior Authorizations	5,422	5,342	5,926	**16,690**
Number of Reviewers (Analyst or Nurse)	115	115	115	
Average Number of PAs per Reviewer	47	46	52	**48**
Percentage of Total PA Denials	11%	11%	11%	**11%**
Number of Denials[29]	583	611	642	**1,836**

[28] Therapy services include physical therapy, speech therapy and occupational therapy.

[29] The appeals process is the same for any denial of a prior authorization request, including denials from MedSolutions. The member receives a denial letter in the mail and has 20 days to file an appeal with the OHCA Legal department.

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

Member Services (MS)

MS Outreach Letters	# of Letters Mailed	Response Rate
Prenatal Outreach – Pat Letters	2,758	33%
Households with Newborns Outreach – Jean Letters	6,691	12%
High ER Utilization Outreach – Ethel Letters	1,680	16%

MS Activity	July 2014	Aug 2014	Sept 2014	**Qtr Totals**
High ER Utilizers Identified for Calls				**26**
Calls to BCC Members with Confirmed Cancer Diagnosis	15	24	21	**60**
Calls to BCC Members at Renewal Period	19	24	22	**65**
Member Service Calls Handled in English	6,012	5,995	6,456	**18,463**
Member Service Calls Handled in Spanish	306	338	342	**986**
Member Inquiries				**12,937**

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

Population Care Management (PCM)

The Population Care Management division is comprised of three units: case management, the Health Management Program and the Chronic Care Unit.

Case Management (CM)

The CM unit implemented Phase I of the Fetal Infant Mortality Rate (FIMR) initiative in January 2011. Staff identified the top ten rural counties with the highest infant mortality; counties include Atoka, Choctaw, Coal, Garfield, Greer, Jackson, Latimer, Lincoln, McIntosh and Tillman. CM staff monitors the prenatal women within these counties for the duration of their pregnancy through their infants' first birthday.

Phase I: Outreach to FIMR Population – Participating Mothers	Jan 2014	Feb 2014	March 2014	April 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014
New Cases	133	124	186	147	140	116	155	125	105
Existing Open Cases[30]	549	571	605	614	618	610	622	611	523

Phase II of the FIMR initiative began in July 2011. Phase II focuses on educating the prenatal women on their newborn's needs. Staff calls the women after 1 month, 2 months, 4 months, 6 months, 9 months and one year (following the EPSDT periodicity schedule), educating them on topics such as breastfeeding, immunizations, well-child visits, safe sleep and smoking cessation.

Phase II: Outreach to FIMR Population – Infants Younger than Age 1	Jan 2014	Feb 2014	March 2014	April 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014
New Cases	184	157	194	145	150	149	166	169	148
Existing Open Cases	1,825	1,854	1,880	1,854	1,853	1,861	1,854	1,714	1,506

Phase III of this initiative was implemented in August 2012. Phase III targets care management for infants identified with special needs at their first birthday. Since Phase III implementation, CM staff has had very few infants who have needed further care management services. For this quarter, for example, CM staff has identified six infants needing additional care management services beyond their first birthday.

An external evaluation of the FIMR project has been conducted by the Primary Care Health Policy Division in the Department of Family & Preventive Medicine at the OU Health Sciences Center. The evaluation is in process and a draft copy is currently being reviewed by OHCA staff. The final evaluation report will be available in future quarters.

[30] Cases are considered open if successful contact with member is made. In cases where successful contact has not been made (unable to contact, past delivery date, etc.), educational materials are sent via mail, but case is not considered open.

Beginning July 1, 2013, CM began a new outreach effort as an outgrowth from the FIMR initiative, known as the Interconception Care (ICC) project. The ICC outreach is for pregnant women ages 13 to 18 who have been identified in the 10 FIMR counties who can remain in active care management until one year post delivery. Care management specifically focuses on contraception utilization, medical and dental well-checks, return to school/graduation/or vocation training and increased PCP visits. As of September, CM staff enrolled 17 new members into the initiative.

The ICC initiative is also included in the FIMR evaluation being conducted by the Primary Care Health Policy Division in the Department of Family & Preventive Medicine at the OU Health Sciences Center.

The State's infant mortality rate[31] has dropped from 8.6 in 2007 to 6.8 in 2013, a 1.8 percent decrease. The State can attribute the improvement in rate to the State's numerous infant mortality initiatives, such as FIMR and ICC.

In the first quarter of 2013, PCM and Information Services (IS) staff implemented Phase I, a Potential-Member Health Survey,[32] which was located on the OHCA SoonerCare online enrollment web page[33]. The survey was developed to gain basic aggregate statistical health information about persons enrolling in SoonerCare. The survey included questions relating to chronic illness, tobacco use, obesity and pregnancy. The survey also included agency telephone numbers for OHCA service areas that non-members may call for assistance.

OHCA analysis of the Potential-Member Health Survey reports concluded that, while there are few survey respondents who call the OHCA resource telephone numbers (that OHCA can track), OHCA found that the uptake on survey completion was very good. In addition, OHCA found that the tobacco, obesity and chronic disease statistics from the survey fell in line with the statewide health statistics.

In 2014, PCM and IS staff implemented Phase II of the online health initiative, which went live in July. Phase II, the Health Assessment survey, is a voluntary, comprehensive assessment for individuals who apply for Medicaid through online enrollment. The assessment may also be updated at the time of subsequent enrollments or file updates. Some of the health assessment questions are logic driven, thereby, pregnancy questions are asked only to females, tobacco questions are asked to individuals age 10 or older, etc. OHCA will use the information gathered from the assessments as a resource when reviewing current programs, outreach efforts and grant opportunities.

During the first quarter of the new Health Assessment survey, OHCA received 3,603 survey responses. Different OHCA units are able to analyze the survey results to use the data for potential outreach efforts and initiatives.

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[31] The infant mortality rate is the number of infant deaths per 1,000 live births.
[32] The name of this survey has been updated for accuracy.
[33] Online Health Assessment on OHCA Enrollment Page

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

CM Activity	July 2014	Aug 2014	Sept 2014
Active Cases under Care Management	3,816	3,763	3,324
Case Load per Adjusted RN FTE	130	128	113
High-Risk and At-Risk OB - Following	403	426	328
High-Risk and At-Risk OB - New	210	214	178
OK Cares New Enrollment	39	71	54
OK Cares Total Enrollment	521	552	542
Private Duty Nursing Cases - New	5	4	2
Private Duty Nursing Cases - Following	204	201	200
Onsite Evaluations (TEFRA, Private Duty Nursing)	51	42	52
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	101	92	102
Out of State – Clinical Review - New	74	68	64
Out of State – Clinical Review - Following	42	42	49

Health Management Program
By the end of September 2014, there were 39 practice sites with embedded health coaches and a total of 4,768 members engaged with a health coach.

In addition to health coaches, the Next Generation HMP also incorporates practice facilitation, which goes hand-in-hand with health coaching. 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 2014, there were six practice facilitators assigned to each of the 39 practices participating in the program. The chart below breaks out the level of practice facilitation services, as well as the number of practices in each practice facilitation tier.

Practice Facilitation Tiers[34]	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.	27
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

In August, HMP staff launched a new initiative through Telligen, called mHealth. The mHealth initiative is a mobile engagement solution that allows the HMP to connect with members through text messages. Through mHealth, HMP members can receive text messages, such as flu shot reminders or other health education messages, as well as text their blood sugar reading and receive a message based on the result. As of September 30, 112 HMP members had enrolled in mHealth. The health coaches engage the members about mHealth and tell them how to enroll during the coaching sessions held with the member.

This quarter, practice facilitators and health coaches conducted 74 academic detailing sessions with the practices, as well as 79 education presentations. Topics for the sessions and presentations included "Importance of Micro Albumin," "2-1-1 Community Resources" and "Program Update/Goal Development."

HMP's CareMeasures disease registry was modified at the onset of Phase II of the program. Practices no longer interact directly with the registry; health coaches and practice facilitators input the data into the registry and review the data reports with the practices. The reports are reviewed to see what care opportunities and measures are needed for certain members.

[34] Practice facilitators provide facilitation for Tiers 1 and 2 practices, as well as provide academic detailing sessions for Tiers 3 and 4.

Chronic Care Unit

OHCA implemented an internal Chronic Care Unit in January 2013 to provide telephonic care management services to SoonerCare members identified with chronic disease. Members are identified through comprehensive risk profiling, self-referral and provider referrals. The nurse care managers conduct a comprehensive initial evaluation consisting of a 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. The nurse care managers employ behavior change principles, such as motivational interviewing, to engage the member to become an active participant in their health care.

The Chronic Care unit continues to partner with the HMP to assist with case managing SoonerCare members with chronic conditions who are not aligned with a PCP with an embedded health coach. The Chronic Care unit is currently case managing 484 SoonerCare members with multiple chronic conditions.

Due to the approved legislation of Oklahoma House Bill 2384, which allows OHCA to prior authorizes Hepatitis C medications effective July 1, the Chronic Care Unit is partnering with agency pharmacy staff as well as the OU College of Pharmacy to implement a process to case manage individuals receiving Hepatitis C who are referred by their providers. The Chronic Care Unit began receiving referrals this quarter.

Provider Services

OHCA sent three provider letters out this quarter to inform providers of a change in the SoonerCare Choice program. Provider letter 2014-29 updated providers on the HAN change that gives providers greater flexibility to provide care management to populations with complex health care needs in the HAN, as well as for HAN members to receive care coordination from either the HAN or HMP. To review the provider letter, refer to Attachment 8.

Provider letter 2014-42 informed providers of the recent SoonerCare changes to reduce program costs in order to comply with the Oklahoma Constitution, Article X, Section 203. Specifically relating to SoonerCare Choice, this letter included the ineligibility of individuals in SoonerCare Choice who have other forms of creditable coverage. To review the provider letter, refer to Attachment 9.

Finally, provider letter 2014-44 communicated OHCA's transition to electronic correspondence with providers. The letter states that, effective November 1, providers will receive all official correspondence from the agency through electronic notification. OHCA will communicate with providers through email, the electronic data interchange (EDI) and the Provider Portal. To review the provider letter, refer to Attachment 10.

This quarter, OHCA Provider Services staff hosted training classes to PCPs throughout the state. Classes included *Navigating the OHCA Public Website*, *OHCA Policy*, *Provider Enrollment* and *SoonerCare Basics and Beyond*, to name a few. The first few classes began on September 23 and 24 and continue into the next quarter.

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

Waiver Development & Reporting (WD&R)

The WD&R unit continues to work on waiver reporting, as well as working in collaboration with the Centers for Medicare & Medicaid Services (CMS) on waiver issues. Below is a summary list of waiver reports, amendments and approvals for this quarter.

Document	Submitted to CMS	Date CMS Approved	Status
Third Party Liability Amendment	May 14, 2014	August 13, 2014	OHCA sent an acceptance letter to CMS on October 1, 2014
April-June SoonerCare Choice Quarterly	August 28, 2014	N/A	No comments received from CMS

This quarter, Waiver staff conducted the annual Post Award Forum on July 8 at the Oklahoma Health Improvement Plan (OHIP) Child Health workgroup. During the forum, the WD&R Coordinator provided education on the 1115 authority and the use of medical homes, as well as discussed the benefits, services and main objectives of the program. Staff is also working on the 2016-2018 SoonerCare Choice Renewal Application, which will be submitted to CMS on December 31, 2014.

OHCA and State leadership continue to collaborate with CMS on how to sustain the Insure Oklahoma program in the future.

This quarter, OHCA participated in three CMS monthly monitoring calls, as well as other CMS calls on an as-needed basis.

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

2. Program-Specific Operations

Breast and Cervical Cancer Program (BCC)

BCC Certified Screeners	Oct-Dec 2013	Jan-March 2014	April-June 2014	July-Sept 2014
Certified Screeners	988	1,012	1,025	1,021

Outreach Activities Related to BCC Members	Oct-Dec 2013	Jan-March 2014	April-June 2014	July-Sept 2014
Care Management Activities Related to BCC Members	3,286	3,337	3,101	2,949
Number of Calls Made by Member Services to BCC Members at Renewal Period	54	64	41	65
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	53	64	85	60

Health Access Network (HAN)

Active HANs in Oklahoma include:

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

OU Sooner HAN

The OU Sooner HAN had an unduplicated enrollment total of 97,191 members for quarter ending September 2014, which has grown more than 32 percent since September 2013.

The OU Sooner HAN continues to expand its care management staff. The Sooner HAN has seven registered nurse care managers, three licensed clinical social workers and one social worker. During this quarter, three additional registered nurse care managers and one licensed clinical social worker are being added. In addition, a new position was created in order to target providers in the Oklahoma City area to build the Doc2Doc referral network.

The OU Sooner HAN continues to expand the use of the Doc2Doc referral tool. The OU Sooner HAN is in the development phase of an interface between the Doc2Doc tool and the OHCA Provider Portal to integrate the OHCA prior authorization process directly into Doc2Doc.

The OU Sooner HAN has made substantial gains toward development of the Pediatric Risk Stratification/Care Management Form/Tool. The workgroup had its first meeting to design an accurate risk assessment tool. The workgroup is composed of Utica Park Physicians, OU Pediatric Physicians and OU Sooner HAN staff.

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

The Partnership for Healthy Central Communities (PHCC) HAN
The PHCC HAN had an unduplicated enrollment total of 3,379 members by the end of September 2014. This is an eight percent increase from September 2013. PHCC continues to work toward implementation of the Doc2Doc referral tool.

The PHCC HAN presented at the August Strategic Planning Conference with OHCA. Their discussion topic was Asthma Improvement Plan (AIP), which is their care management initiative. The AIP began March 2012 with ten members engaged. By the end of August 2014, there were some 30 members engaged. Outcome measures show improvement since the launch of the initiative, as well as a decrease in hospitalizations, decrease in emergency room visits and increase in flu vaccinations.

PHCC HAN is active in the Canadian County Coalition for Children and Families. The PHCC HAN is currently working with the Special Events committee to plan and implement a "Give Back Campaign" to community-wide charitable organizations for holiday needs and distribution of goods.

The OSU Network HAN
By the end of the third quarter, the OSU Network HAN had an unduplicated enrollment total of 15,052 members for September 2014. This is a six percent increase from September 2013. OSU continues to work toward implementation of the Doc2Doc referral tool.

The OSU HAN provides ongoing outreach, follow-up, education, support, care coordination and self-management tools to its members. The OSU HAN continues to coordinate its case management efforts with Humana Advantage programs for complex cases served by the OSU physician group.

OSU Network has completed implementation of MyHealth, the community health information exchange (HIE). The OSU HAN Health Information Technology team is currently working with the MyHealth team to implement Health Information Technology policies and procedures for the HIE. The goal is to share patient information across health systems with the city of Tulsa and surrounding areas.

Finally, OHCA continued individualized HAN review meetings this quarter, and on an as-needed basis.

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

HAN Enrollment	OU Sooner HAN	PHCC HAN	OSU Network HAN
July 2013	72,393	3,011	13,891
August 2013	72,686	3,096	13,904
September 2013	73,490	3,138	14,240
October 2013	91,396	3,124	14,036
November 2013	93,086	3,246	14,248
December 2013	96,658	3,381	14,797
January 2014	99,300	3,459	15,150
February 2014	102,003	3,740	15,592
March 2014	101,400	3,828	15,647
April 2014	93,531	3,592	14,432
May 2014	97,879	3,724	15,078
June 2014	99,087	3,716	15,304
July 2014	95,585	3,376	14,627
August 2014	96,401	3,387	15,007
September 2014	97,191	3,379	15,052

Insure Oklahoma (IO)

Through the collaborative effort of OHCA, State leadership and CMS, the Insure Oklahoma program was approved on June 27, 2014, by CMS for a one-year extension of the program through December 31, 2015. The program continues to maintain current operations.

State leadership continues negotiations with CMS on how to sustain the program in the future. Insure Oklahoma staff is working with Community Relations Coordinators to develop a communications and marketing plan to increase awareness for the program. This quarter, IO staff mailed out some 13,774 Insure Oklahoma brochures.

OHCA contracted with the Primary Care Health Policy Division of the University of Oklahoma Department of Family and Preventive Medicine (DFPM) in early 2014 to conduct a survey for 17 individuals who have experience with the IO program. Of the 17 individuals who were offered the survey, four participated. A summary of the results can be found below:

Question: How long have you been involved specifically with the IO program?
Response 1: "Since 2007."
Response 2: "Since 2006."
Response 3: "Long time. After tobacco tax funding."
Response 4: "From the earliest beginnings."

Question: What aspects of the IO program work best?
Response 1: "Helping reduce premiums for employee and employer. So important for a non-profit."
Response 2: "State-based solution to meet health care needs of employers and employees."
Response 3: "Saved employees premiums and helped many accept coverage that otherwise would decline on the group side."
Response 4: "The people."

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

Question: If you knew at the onset what you know now, what would you do differently?
Response 1: "Be more verbal to legislature about its importance."
Response 2: "Contact legislature earlier and more often to keep a program that is working."
Response 3: "Once you learn the process you just adjust our timeframe for submitting form."
Response 4: "Keep one name."

Question: In just a couple of words or phrases, what would you identify as the strengths of the IO program?
Response 1: "Helping those who need it most."
Response 2: "A God-send to most folks that could have not otherwise afforded to get quality healthcare."
Response 3: "Group side."
Response 4: "Accessible, teaching tool, doorway to health care."

Question: In just a couple of words or phrases, what would you identify as the weaknesses of the IO program?
Response 1: "Difficulty of enrollment."
Response 2: "The uncertainty of the program going forward and the inability to have to submit employee apps instead of applying with immediate approval or declination."
Response 3: "Sending in forms 3-4 times. Correspondence to ER's on employers' status."
Response 4: "Lack of consumer knowledge."

OHCA's Information Services staff continues to work through the process of possibly transitioning the Insure Oklahoma system from PowerBuilder into the iCE claims tracking system.

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

Employer-Sponsored Insurance (ESI) Program Participating Employers[35]	Quarter Ending March 2014	Quarter Ending June 2014	Quarter Ending Sept 2014
Approved Businesses with Participating Employees	4,367	4,299	4,147

Average ESI Member Premium[36]	July 2014	Aug 2014	Sept 2014
Member Premium	$299.23	$294.07	$294.23

ESI Subsidies	Jan-March 2014	April-June 2014	July-Sept 2014
Employers Subsidized	6,705	7,314	7,024
Employees and Spouses Subsidized	26,572	28,835	26,832
Total Subsidies	**$10,756,385**	**$11,463,530**	**$10,430,459**

Average Individual Plan (IP) Member Premiums[36]	July 2014	Aug 2014	Sept 2014
Member Premiums	$37.66	$37.69	$37.33
Average FPL of IP Members	63%	63%	63%

IP Subsidies	Oct-Dec 2013	Jan-March 2014	April-June 2014	July-Sept 2014
Total Premiums Received	$922,167	$406,461	$379,986	$357,723
Total Member Months	36,507	14,770[37]	14,704	14,090
Total Paid Claims	$15,858,878	$9,613,279	$7,458,934	$6,620,195
Average Claim Per Member Per Month (PMPM)	$408.05	$621.16	$480.67	$443.06

[35] See Attachment 2; Insure Oklahoma Fast Facts Summary, Sept 2014.
[36] Financial data is based on the previous month; e.g. August premiums are reported in September.
[37] Number was changed to reflect more accurate data.

SoonerRide

A SoonerRide member satisfaction survey was conducted this quarter. A random selection of 275 SoonerCare members that utilized SoonerRide services within this quarter was selected to participate in the survey. Survey results indicate that 66 percent of survey participants gave the SoonerRide program a positive rating. Three percent of survey participants gave the program a poor rating. Approximately 31 percent of survey participants could not be reached.

This quarter, 217,761[38] SoonerCare[39] individuals from all 77 Oklahoma counties utilized the SoonerRide program.

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

This quarter, OHCA TEFRA staff provided education on the TEFRA program at the Developmental Disabilities Services Division (DDS) meeting. Staff is also working closely with the Oklahoma Department of Human Services (DHS) at the state office level and with the local county DHS office workers when questions about TEFRA arise.

[38] This is a duplicated number.
[39] This includes members in SoonerCare Choice and other OHCA-covered programs.

B. Policy Developments

1. Rule Changes

Last quarter, OHCA presented proposed rule changes to the Medical Advisory Committee and to the OHCA Board relating to program cuts in order to comply with Oklahoma Constitution Article X, Section 23. The proposed rule changes having impact to the SoonerCare Choice demonstration included increasing SoonerCare copays to the federal maximum, eliminating the perinatal dental benefit and making individuals who have creditable health insurance coverage not qualified for the SoonerCare Choice program. The Medical Advisory Committee approved the rules on May 15, 2014, and the OHCA Board approved the rules on June 26, 2014. The rules took effect this quarter.

All OHCA rule changes can be found on the OHCA webpage[40]. The webpage is for the general public and stakeholders to comment and submit feedback. Providers may receive all rule-change updates through email notification, the OHCA web alert banner or by fax blast.

2. Legislative Activity

Oklahoma's 55th Legislature adjourned this year on May 23, 2014, with official sine die on May 30. After adjournment of the legislative session, Oklahoma legislators continue to address State needs through interim studies. Currently, Oklahoma legislators are conducting research on some 150 interim studies.

The OHCA is currently watching 14 of the interim studies. The studies with potential impact to the SoonerCare Choice demonstration include the studies relating to health care funding – House study 14-001, 14-007, 14-090 and Senate study 14-03 – as well as studies relating to access to care and providing insurance to the uninsured – House study 14-050 and 14-079, and Senate study 14-051.

In addition, on May 21, 2014, the Governor approved House Bill 2906, which directs the OHCA to conduct a study of current and potential emergency department diversion models for persons enrolled in Medicaid and explore options for cost containment that are consistent with the patient-centered medical home program. OHCA is currently working on this study internally and with stakeholders from around the State. Tentatively, OHCA is expected to submit the findings of the study to the Legislature during the first part of 2015.

[40] Proposed Rule Changes website.

V. CONSUMER ISSUES

A. Member Advisory Task Force (MATF)

The 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, staff from the agency contractor, representatives from the Oklahoma Family Network[41] and SoonerCare members.

The MATF met in July and September. The main focus of the MATF meetings this quarter centered around the discussion of OHCA's flat budget and the agency's proposed cuts. The MATF also discussed the SoonerFit program and made recommendations for outreach to members and information for the SoonerFit website. Members continue to provide recommendations to OHCA staff on SoonerCare outreach materials and member notification.

MATF members also attended OHCA's Strategic Planning Conference in August, and the co-chairperson of the MATF represented the task force in the conference session, *Personal Responsibility*.

B. Member Inquiries

OHCA offers members access to a toll-free customer service line for all of their inquiries. Calls are classified live on a call-tracking system and detailed notes about the call may be recorded. The call-tracking system takes inquiries across all programs that the OHCA operates so the Member Inquiries data cannot be attributed solely to the SoonerCare Choice program.

Member inquiry results fluctuate as programs change and/or grow. If there is a complaint about a SoonerCare Choice PCP, specifically, the complaint is forwarded to the appropriate provider representative for review and resolution. If the representative notes a quality concern, the matter is referred to the Quality Assurance department for investigation. For all member inquiries, the Member Services Director is provided the information for monitoring and researching significant changes occurring quarterly and annually.

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

V. CONSUMER ISSUES (Cont'd)

Member Inquiries	Oct-Dec 2013	Jan-March 2014	April-June 2014	July-Sept 2014
Program Complaint	77	58	49	35
Complaint on Provider	66	63	81	66
Fraud and Abuse	56	58	60	66
Access to Care	35	38	35	7
Program Policy	2,792	3,205	2,800	1,993
Specialty Request	560	269	242	338
Eligibility Inquiry	7,810	7,246	6,756	6,448
SoonerRide	1,930	1,575	1,461	1,618
Other[42]	0	0	0	0
PCP Change	1,151	1,252	851	756
PCP Inquiry	718	800	739	630
Dental History	119	145	79	31
Drug/NDC Inquiry	46	103	78	80
Medical ID Card	316	409	260	198
PA Inquiry	696	722	635	671
Total[43]	**16,372**	**15,943**	**14,126**	**12,937**

C. Helplines

Insure Oklahoma Helpline

Insure Oklahoma IP Helpline	Oct-Dec 2013	Jan-March 2014	April-June 2014	July-Sept 2014
Number of Calls	28,598	20,786	16,437	14,695
Number of Calls Answered	25,487	17,289	14,994	13,311
Number of Calls Abandoned[44]	2,764	3,308	1,443	1,384
Percentage of Calls Answered	90%	83%	91%	90%

Insure Oklahoma ESI Helpline	Oct-Dec 2013	Jan-March 2014	April-June 2014	July-Sept 2014
Number of Calls	3,691	4,418	3,573	3,145
Number of Calls Answered	3,378	3,967	3,404	2,993
Number of Calls Abandoned	218	392	169	152
Percentage of Calls Answered	94%	89%	93%	92%

[42] Beginning October 2013, OHCA changed the criteria for this category. Currently, this is a category that is rarely used.
[43] 100% of Member Inquiries are initiated timely.
[44] Abandoned calls may never reach an agent due to wait in queue and hang ups.

V. CONSUMER ISSUES (Cont'd)

Online Enrollment (OE) Helpline[45]

OE Helpline Calls in English	Oct-Dec 2013	Jan-March 2014	April-June 2014	July-Sept 2014
Number of Calls	29,986	32,705	29,150	25,743
Number of Calls Answered	29,314	27,693	26,212	19,297
Number of Calls Abandoned	472	4,738	2,938	6,446
Average Percentage of Calls Answered	98%	85%	89%	74%

OE Helpline Calls in Spanish	Oct-Dec 2013	Jan-March 2014	April-June 2014	July-Sept 2014
Number of Calls	505	563	470	467
Number of Calls Answered	485	503	439	417
Number of Calls Abandoned	15	44	31	50
Average Percentage of Calls Answered	97%	89%	93%	89%

SoonerCare Helpline

SoonerCare Helpline Calls	Oct-Dec 2013	Jan-March 2014	April-June 2014	July-Sept 2014
Number of Calls	174,137	187,268	181,934	195,604
Number of Calls Answered	169,448	160,089	162,347	139,631
Number of Calls Abandoned	3,244	25,608	19,587	55,973
Average Percentage of Calls Answered[46]	98%	85%	88%	71%

[45] These calls are included in the number of calls to the SoonerCare Helpline.
[46] This is an average of the percentage of calls answered for each month of the quarter.

V. CONSUMER ISSUES (Cont'd)

D. Grievances

SoonerCare Grievances	Pending	Closed
BCC	1	1 resolved
Eligibility	1	2 denied
Prior Authorization: Other	2	0
Private Duty Nursing	2	0

Insure Oklahoma Grievances	Pending	Closed
Eligibility	1	5 resolved; 1 dismissed; 6 withdrawn

VI. QUALITY ASSURANCE/MONITORING ACTIVITIES

A. Quality Assurance (QA)

SoonerRide

On July 15, August 7 and September 11, 31 live calls were randomly selected for review from nine customer service representatives. Of the 31 calls, all were within contractual compliance. Also during these dates, OHCA SoonerRide staff conducted on-site reviews of 137 new files, consisting of three contractors, 45 vehicles and 89 drivers. Of the 137 files, all inspections, licenses' and required documentation were present.

1. Access Survey

OHCA requires that providers give members 24-hour access and ensure that members receive timely and appropriate services. Provider Services staff place calls to providers after 5:00 p.m. and report the type of access available. Provider representatives educate any providers who need to improve after-hours access to comply with contractual standards.

Access Survey	Oct-Dec 2013	Jan-March 2014	April-June 2014	July-Sept 2014
Number of Providers Called	855	844	880	879
Percent of Providers with 24-hr Access on Initial Survey	85%	95%	95%	89%
Percent of Providers Educated for Compliance	16%	5%	5%	11%

B. Monitoring Activities

1. HEDIS® Report[47]

SoonerCare HEDIS® Quality Measures

Reported per report year - not data year	2010	2011	2012	2013
Annual Dental Visit	**2010**	**2011**	**2012**	**2013**
Aged 2-3 years	37.8%	39.3%	41.0%	40.9%
Aged 4-6 years	63.5%	64.6%	67.2%	66.6%
Aged 7-10 years	69.0%	70.5%	72.6%	72.3%
Aged 11-14 years	66.1%	68.3%	70.3%	70.2%
Aged 15-18 years	58.8%	61.2%	62.9%	63.1%
Aged 19-21 years	42.6%	43.2%	40.2%	40.0%
Total	60.2%	62.0%	64.0%	64.1%
Children & Adolescents' Access to PCP	**2010**	**2011**	**2012**	**2013**
Aged 12-24 months	97.8%	97.2%	96.6%	97.0%
Aged 25 months-6 years	89.1%	88.4%	90.1%	90.6%
Aged 7-11 years	89.9%	90.9%	91.7%	92.4%
Aged 12-19 years	88.8%	89.9%	91.6%	92.8%
Total	90.1%	90.3%	91.6%	92.3%
Adults' Access to Preventive/Ambulatory Health Services	**2010**	**2011**	**2012**	**2013**
Aged 20-44 years	83.6%	84.2%	83.1%	82.8%
Aged 45-64 years	90.9%	91.1%	91.0%	90.8%
Aged 65+ years	92.6%	92.1%	92.2%	92.4%
Total	88.7%	88.8%	88.5%	88.3%

[47] The HEDIS® chart represents HEDIS® year 2013 for calendar year 2012. In addition, data shaded in light gray represents data that has had a statistically significant increase from the previous year. Data shaded in the darker gray represents data that has had a statistically significant decrease from the previous year.

VI. QUALITY ASSURANCE/MONITORING ACTIVITIES (Cont'd)

Appropriate Medications for the Treatment of Asthma	**2010**	**2011**		
Aged 5-11 years	90.9%	90.6%		
Aged 12-50	83.1%	81.9%		
Total	87.7%	86.9%		
Appropriate Medications for the Treatment of Asthma (Change in HEDIS 2012)			**2012**	**2013**
Aged 5-11 years			90.3%	94.0%
Aged 12-18 years			85.2%	95.2%
Aged 19-50 years			60.4%	68.9%
Aged 51-64 years			56.9%	74.1%
Total			85.0%	92.0%
Comprehensive Diabetes Care (Aged 18-75 years)	**2010**	**2011**	**2012**	**2013**
Hemoglobin A1C Testing	71.0%	71.1%	70.5%	71.5%
Eye Exam (Retinal)	32.8%	31.8%	31.8%	32.0%
LDL-C Screening	63.6%	62.9%	62.0%	63.1%
Medical Attention for Nephropathy	54.4%	55.9%	56.8%	58.7%
Screening Rates	**2010**	**2011**	**2012**	**2013**
Lead Screening in Children (By 2 years of age)	43.5%	44.5%	44.7%	48.2%
Appropriate Treatment for Children with URI (Aged 3 months-18	67.7%	69.5%	66.8%	73.1%
Appropriate Testing for Children with Pharyngitis (Aged 2-18 y	38.8%	44.8%	49.1%	53.2%
Breast Cancer Screening (Aged 40-69 years)	41.1%	41.3%	36.9%	36.5%
Chlamydia Screening in Women (CHL) (Ages 16-24)			49.1%	46.8%
Cervical Cancer Screening (Aged 21-64 years)	44.2%	47.2%	42.5%	41.0%
Cholesterol Management for Patients with Cardiovascular Conditions (Aged 18-75)	69.5%	69.9%	68.6%	68.2%

VII. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES

A. Budget Neutrality Model

Oklahoma exceeds per member per month expenditures for members categorized as Aged, Blind and Disabled-Rural. The state believes this situation to be reflective of provider rate increases that will continue to have particular impact for this eligibility group. In the overall life of the waiver, the state has $3.7 billion in Budget Neutrality savings and, ending this quarter, the state has $715,413,683 in savings for the year[48].

Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Years
Through September 30, 2014

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	5,513,631	$2,259,936,875	$1,544,523,192	$715,413,683
Total Waiver Cost	91,835,838	$26,436,624,021	$22,676,355,885	$3,760,268,135

[48] See Attachment 11, Oklahoma 1115 Budget Neutrality Model Worksheet.

VIII. MEMBER MONTH REPORTING

A. Budget Neutrality Calculation

Eligibility Group	July 2014	Aug 2014	Sept 2014	**Qtr Totals**
TANF – Urban	326,478	340,104	339,849	**1,006,431**
TANF – Rural	223,482	232,321	232,147	**687,950**
ABD – Urban	30,756	30,688	30,395	**91,839**
ABD – Rural	24,472	24,398	24,220	**73,090**

B. Informational Purposes Only

Eligibility Group	July 2014	Aug 2014	Sept 2014	**Qtr Totals**
Non-Disabled and Disabled Working Adults	25,414	25,075	24,774	**75,263**
TEFRA Children	516	511	506	**1,533**
SCHIP Medicaid Expansion Children	84,455	86,001	82,622	**253,078**

Eligibility Group	Quarter Ending March 2014	Quarter Ending June 2014	Quarter Ending Sept 2014
Full-Time College Students	23,915	24,739	24,863
Foster Parents	0	0	0
Not-for-Profit Employees	0	0	0

IX. DEMONSTRATION EVALUATION

A. Hypotheses

OHCA is initiating reports on all hypotheses for the 2013-2015 extension period. This quarter, interim data for Hypotheses 4b, 6 and 7 are available.

Hypothesis 4b – This hypothesis directly relates to SoonerCare Choice waiver objective #1, and #1 of CMS's Three Part Aim.

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

CAHPS® Adult Survey Results	Baseline Data: SFY 2012 CAHPS® Survey Response	SFY 2013 CAHPS® Survey Response	SFY 2014 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?"*	89% Responded "Usually" or "Always"	80% Responded "Usually" or "Always"	82% 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
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?"*	93% Responded "Usually" or "Always"	90% Responded "Usually" or "Always"	91% Responded "Usually" or "Always"

Hypothesis 4b Results:
This hypothesis posits that the member's response to the time it takes to schedule an appointment should exceed the baseline data. OHCA's contracted External Quality Review Organization (EQRO) Telligen, contracted with an outside vendor, Morpace, to conduct the CAHPS® survey for State Fiscal Year (SFY) 2013 and 2014. Results from the surveys indicate that the majority of survey respondents for both the adult and child surveys had satisfactory responses for scheduling an appointment as soon as needed. Eighty and eighty-two percent of the adult survey respondents felt satisfied in the time it took to schedule an appointment with their PCP, while ninety and ninety-one percent of child survey respondents indicated they were "Usually" or "Always" satisfied.

While the majority of survey respondents had a positive response about the time it takes to get an appointment with their PCP, OHCA saw a decrease in these positive responses in 2013.

Compared to the 2012 baseline data, there was a nine percent decrease in the 2013 adult composite response and a slight three percent decrease for the 2013 child composite response. OHCA believes the decrease can be attributed to an updated version (5.0H) of the member surveys with modifications to questions and new survey goals. The survey question for this hypothesis, for example, was reworded from CAHPS® survey 2012 to CAHPS® survey 2013.

Hypothesis 6 – This hypothesis directly relates to SoonerCare Choice waiver objective #1 and #2, and #1 of CMS's Three Part Aim:

The proportion of members qualified for SoonerCare Choice who do not have an established PCP will decrease within 90 days of the primary care claims analysis report.

Percentage of Members Aligned with a PCP	Primary Care Claims Analysis Report – Members with Claims with no Selected PCP	Total Number of Members OHCA Aligned with a PCP	**Percentage**
Jan 2013	3,503	1,584	**45.2%**
Feb 2013	3,229	1,260	**39.0%**
Mar 2013	640	562	**87.8%**
Apr 2013	1,642	717	**43.7%**
May 2013	546	738	**135.2%**
June 2013	492	661	**134.4%**
July 2013	648	635	**98.0%**
Aug 2013	639	788	**123.3%**
Sept 2013	447	402	**89.9%**
Oct 2013	759	538	**70.9%**
Nov 2013	642	127	**19.8%**
Dec 2013	501	333	**66.5%**
Jan 2014	848	292	**34.4%**
Feb 2014	558	501	**89.8%**
Mar 2014	550	316	**57.5%**
Apr 2014	727	342	**47.0%**
May 2014	890	383	**43.0%**
June 2014	955	531	**55.6%**
July 2014	1,341	559	**41.7%**
Aug 2014	1,718	686	**39.9%**
Sept 2014	1,737	861	**49.6%**

Hypothesis 6 Results:
OHCA's Primary Care Claims Analysis Report is a monthly report that includes every SoonerCare Choice qualified member with one or more claims who does not have an established PCP. In January 2013, for example, the Primary Care Claims Analysis Report indicated that 3,503 SoonerCare Choice qualified members had one or more claims, but were not aligned with a PCP. In September 2014, approximately 1,737 SoonerCare Choice qualified members with claims were not aligned with a PCP.

Once OHCA receives the report, staff aligns the qualified members with a PCP. As indicated in the chart, of the 3,503 SoonerCare Choice members who were not aligned with a PCP in January 2013, OHCA staff successfully aligned 1,584 members within 90 days of receiving the Primary Care Claims Analysis Report. Of the 9,300 members in 2014 who were not aligned with a PCP, OHCA staff has aligned 48 percent of those members with a PCP within 90 days of receiving the Primary Care Claims Analysis Report. OHCA has successfully met this measure as OHCA staff has decreased the number of SoonerCare Choice qualified members who do not have an established PCP.

Hypothesis 7 – This hypothesis directly relates to SoonerCare Choice waiver objective #3 and #2 of CMS's Three Part Aim:

Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2013-2015.

> *A. Decrease asthma-related ER visits for HAN members with an asthma diagnosis identified in their medical record.*
> *B. Decrease 90-day readmissions for related asthma conditions for HAN members with an asthma diagnosis identified in their medical record.*
> *C. Decrease overall ER use for HAN members.*

Hypothesis 7 Results:
For calendar year 2013, OHCA collected the first-year baseline data for this hypothesis. OHCA will be able to provide analysis on the data as more data becomes available.

A. Asthma-Related ER Visits	All HAN Members with Asthma	Total Number of ER Visits by HAN Members with Asthma	Percent of HAN Members with Asthma who Visited the ER
OU Sooner HAN	31,364	2,588	8%
PHCC HAN	839	86	10%
OSU Network HAN	1,903	317	17%

B. 90-Day Readmissions for HAN Members with Asthma	HAN Members with Asthma with at least One Inpatient Stay Related to Asthma	HAN Members with Asthma who were Readmitted to the Hospital 90 Days after Previous Asthma-Related Hospitalization	Percent of HAN Members with Asthma who had a 9-Day Readmission for Related Asthma Condition(s)
OU Sooner HAN	26	16	62%
PHCC HAN	7	0	0%
OSU Network HAN	30	2	7%

C. ER Use for HAN Members	Total HAN Members	ER Visits for HAN Members	Percent of ER Use for HAN Members
OU Sooner HAN	238,208	31,364	13%
PHCC HAN	5,192	2,153	41%
OSU Network HAN	14,764	9,048	61%

XII. ENCLOSURES/ATTACHMENTS

1. SoonerCare Choice Fast Facts, September 2014.
2. Insure Oklahoma Fast Facts Summary, September 2014.
3. Oklahoma Cares Fast Facts, September 2014.
4. Insure Oklahoma Data by FPL, September 2014.
5. TEFRA Fast Facts, September 2014.
6. Provider Fast Facts, September 2014.
7. Strategic Planning Conference Agenda, August 2014.
8. Provider Letter 2014-29, HAN Policy Changes.
9. Provider Letter 2014-42, Budget Reduction Changes.
10. Provider Letter 2014-44, Electronic Provider Communication.
11. Oklahoma 1115 Budget Neutrality Model Worksheet, September 2014.

XIII. STATE CONTACT(S)

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XIV. DATE SUBMITTED TO CMS

Submitted to CMS on November 25, 2014.