Oklahoma Health Care Authority

SoonerCare Demonstration 11-W-00048/6
§1115(a) Quarterly Report
Demonstration Year: 18 (1/1/2013 – 12/31/2013)
Federal Fiscal Year Quarter: 1/2014 (10/13 – 12/13)

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I. INTRODUCTION

Oklahoma's SoonerCare Choice demonstration program utilizes an enhanced primary care case management delivery system to serve eligible 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 Mar 2013	Quarter Ending June 2013	Quarter Ending Sept 2013	Quarter Ending Dec 2013	% Change
Total Number of Eligibles Enrolled in SoonerCare Choice[4]	**515,200**	**539,670**	**548,679**	**555,436**	**1%**
SoonerCare Choice Percentage of total Medicaid Population	71%	74%	73%	74%	
A) Title XXI	Not Available[5]	Not Available[5]	66,635	67,026	1%
B) Title XIX	515,200	539,670	482,044	488,410	1%
C) Adults	96,597	103,784	107,605	110,028	2%
D) Children	418,603	435,886	441,074	445,408	1%
E) Ratio – Adult/Child:					
Adult	19%	19%	20%	20%	
Child	81%	81%	80%	80%	
Total Number Enrolled in Insure Oklahoma	**30,161**	**29,860**	**28,591**	**25,734**	**-10%**
A) Individual Program (IP)	13,227	13,358	12,974	11,355	-12%
B) Employee Sponsored Insurance (ESI)	16,934	16,502	15,617	14,379	-8%
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma	**545,361**	**569,530**	**577,270**	**581,170**	**1%**

[1] Enrollment numbers are point in time numbers.
[2] See Attachment 1, SoonerCare Choice Fast Facts, December 2013.
[3] See Attachment 2, Insure Oklahoma Fast Facts Summary, December 2013.
[4] Members enrolled in SoonerCare Choice must meet all eligibility criteria and have a current PCP assignment.
[5] The quarterly enrollment data for SCHIP Medicaid Expansion Children is not available due to an error in counting. Once the data are finalized these number will be included in future reports.

II. ENROLLMENT INFORMATION (Cont'd)

Demonstration Populations: Enrolled and Potential Members	Currently Enrolled	Potential Population	Total Eligible
TANF-Urban	287,011	33,066	320,077[6]
TANF-Rural	222,151	-200	221,951[6]
ABD-Urban	23,754	6,418	30,172[6]
ABD-Rural	21,844	2,415	24,259[6]
Other[7]	676		676
Non-Disabled Working Adults (IO)			30,847
Disabled Working Adults (IO)			3
TEFRA Children			470[8]
SCHIP Medicaid Expansion Children Enrollees	67,026		67,026
Full-Time College Students			380
Foster Parents			0
Not-for-Profit Employees			0

Demonstration Populations: Member Months	Quarter Ending Mar 2013	Quarter Ending June 2013	Quarter Ending Sept 2013	Quarter Ending Dec 2013
TANF-Urban	921,955	914,679	946,194	958,989
TANF-Rural	647,724	643,669	648,070	666,857
ABD-Urban	88,961	89,136	220,498	91,004
ABD-Rural	72,050	72,080	162,280	73,309
Non-Disabled Working Adults (IO)	99,005	98,439	97,074	93,487
Disabled Working Adults (IO)	11	11	11	9
TEFRA Children	1,256	1,325	1,395	1,419
SCHIP Medicaid Expansion Children Enrollees	Not available[5]	Not available[5]	66,635	67,026
Full-Time College Students	1,758	1,328	1,328	1,216

[6] As reported on the CMS-64 form.
[7] Other includes BCC, TEFRA, and other SoonerCare Choice members who are not part of TANF or ABD.
[8] Includes all TEFRA children not just SoonerCare Choice.

II. ENROLLMENT INFORMATION (Cont'd)

Breast and Cervical Cancer Program (BCC)

The BCC program provides treatment to eligible 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 (OKDHS), the Cherokee Nation, the Kaw Nation, and the Oklahoma Health Care Authority (OHCA).

Oklahoma Cares Member Enrollments[9]	Oct 2013	Nov 2013	Dec 2013
SoonerCare Choice	**312**	**312**	**311**
Choice and Traditional Total Current Enrollees	637	615	600

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 (OKDHS).

Electronic Newborn Enrollment	October 2013	November 2013	December 2013
Number of Newborns Assigned to a PCP	2,289	1,973	2,066
Number Needing Assistance with Eligibility or PCP Selection	302	370	627

Health Management Program's CareMeasures Disease Registry

The CareMeasures disease registry is a tool used for tracking patient care opportunities and measuring patient care outcomes for diabetes, hypertension, coronary artery disease, congestive heart failure, and asthma. Preventive care measures are also available in the registry. Although practices are encouraged to use CareMeasures for their patients, the number of members reportedly enrolled in CareMeasures does not reflect patients of payer sources other than SoonerCare Choice.

Beginning July 1, practices that receive a health coach and practices that continue utilizing practice facilitation services continue to use CareMeasures. Practices that are not facilitated, but have used CareMeasures previously, have the option of purchasing a license to continue the CareMeasures disease registry.

CareMeasures Member Enrollments	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Members Enrolled in CareMeasures Registry	5,122[10]	Unavailable[11]	Unavailable[11]

[9] See Attachment 3, Oklahoma Cares Fast Facts, December 2013.
[10] This is a duplicated number as some members might have more than one chronic disease.
[11] With the implementation of Phase II of the HMP program in July 2013, the CareMeasures registry was adjusted for the new program. Practice facilitators are currently working on the CareMeasures data.

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 Current Enrollments[12]	0-100% FPL	101-133%[13] FPL	134%[13] and Over	**Total**
Employee	1,927	3,625	6,143	**11,695**
Spouse	393	708	1,177	**2,278**
Student	24	26	52	**102**
Dependent Child[14]	0	0	304	**304**
IO ESI Total	2,344	4,359	7,676	**14,379**

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, a college student, or a dependent child who meets income qualifications. These individuals do not qualify for ESI.

IP Program Current Enrollments[12]	0-100% FPL	101-133%[13] FPL	134%[13] and Over	**Total**
Employee	3,647	1,949	2,601	**8,197**
Spouse	1,079	703	904	**2,686**
Student	179	97	105	**381**
Dependent Child[14]	0	0	91	**91**
IO IP Total	4,905	2,749	3,701	**11,355**

[12] See Attachment 4, Insure Oklahoma Data by FPL, December 2013.
[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.

PDEN Member Participation	Jan-Mar 2013	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Women Eligible for Services	19,903	20,673	20,784	20,289
Women Who Received Services	2,184	2,422	2,397	2,293
Percentage of Eligibles Receiving Services	11%	12%	12%	11%

Soon-to-be-Sooners (STBS)

Expectant women, who would not otherwise qualify for SoonerCare because of their citizenship status, are eligible for the STBS program. Under the STBS program, these women have limited pregnancy-related care available to them.

STBS Member Enrollments	October 2013	November 2013	December 2013
Enrollees	2,593	2,532	2,559

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

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

TEFRA Member Enrollments[15]	Qtr Ending June 2013	Qtr Ending Sept 2013	Qtr Ending Dec 2013
SoonerCare Choice	**314**	**315**	**320**
Choice and Traditional Total Current Enrollees	468	478	492

[15] See Attachment 5, TEFRA Fast Facts, December 2013.

II. ENROLLMENT INFORMATION (Cont'd)

B. Provider Enrollment

Within 77 Oklahoma counties, there are 2,206 primary care providers contracted for the SoonerCare program, along with 1,663 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]	Jan-Mar 2013	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
MD/DO	1,364	1,413	1,496	1,454
PA	294	310	319	306
APN	370	407	431	446
Total Unduplicated PCPs	**2,028**	**2,130**	**2,246**	**2,206**

SoonerCare Medical Home Providers by Tier

Providers by Tier	Jan-Mar 2013	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Percentage in Tier 1: Entry Level Medical Home	59%	59%	59%	59%
Percentage in Tier 2: Advanced Medical Home	27%	28%	27%	27%
Percentage in Tier 3: Optimal Medical Home	13%	14%	14%	14%

Insure Oklahoma Individual Plan (IP) Providers

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

Provider Types	Jan-Mar 2013	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
MD/DO	989	1,036	1,088	1,075
PA	231	241	246	244
APN	294	323	335	344
Total Unduplicated PCPs	**1,514**	**1,600**	**1,669**	**1,663**

[16] All provider counts are unduplicated for the quarter; therefore, the total does not match the total 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	July-Sept 2013	Oct-Dec 2013
Number of Health Coaches[17]	24	22

Indian Health

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

Indian Health Provider Enrollment	Jan-Mar 2013	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Number of Clinics	58	60	58	57

Perinatal Dental Access Program (PDEN)

PDEN Provider Enrollment[18]	Jan-Mar 2013	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Active Participating Dentists	313	317	344	286

PCP Capacities

SoonerCare and Insure Oklahoma[19]	December 2013	
	Capacity Available	% of Capacity Used
SoonerCare Choice	1,149,541	45%
SoonerCare Choice I/T/U	99,400	19%
Insure Oklahoma IP	423,972	1%

[17] Health coaches cover more than one practice site.
[18] See Attachment 6, Dental and PDEN Fast Facts, October-December 2013.
[19] See Attachment 7, Provider Fast Facts, December 2013.

II. ENROLLMENT INFORMATION (Cont'd)

C. Systems

This quarter, there were a total of 66,255 SoonerCare applications submitted. Of the applications, 98 percent were submitted electronically through either home internet or agency internet. Only two percent of applications this quarter were submitted through a paper application. This is a two percent decrease from last quarter.

It should be noted that the implementation of Federal mandates on October 1 changed how this data is obtained. This can be seen, for example, in the Agency Electronic category. OHCA will continue to track how this data is pulled.

Media Type of Applications for SoonerCare	October 2013	November 2013	December 2013	**Total**
Home Internet	14,164	12,446	11,691	**38,301**
Paper	687	212	197	**1,096**
Agency Internet	10,732	8,407	7,719	**26,858**
Agency Electronic	0	0	0	**0**
Total	**25,583**	**21,065**	**19,607**	**66,255**

The number of Indian Health online enrollment applications remained relatively stable this quarter, except for a 35 percent decrease in Choctaw Nation applications. OHCA is currently reviewing why there was a drop in enrollment.

Indian Health Services continues to enroll the most applicants through online enrollment, but all tribal partners continue to consistently enroll individuals in the online enrollment system.

Indian Health Online Enrollment Applications for SoonerCare	October 2013	November 2013	December 2013	**Total**
Cherokee Nation	518	397	273	**1,188**
Chickasaw Nation	151	135	127	**413**
Choctaw Nation	221	152	123	**496**
Indian Health Services	640	529	441	**1,610**
Total	**1,530**	**1,213**	**964**	**3,707**

III. OUTREACH AND INNOVATIVE ACTIVITIES

A. Outreach

Outreach Materials Printed and/or Distributed	Jan-Mar 2013	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Member Materials Printed/Distributed				
Annual Benefit Update Packet	284,817	0	0	0
New Member Welcome Packets				
English/Spanish Combined	33,232	12,874	7,822	7,087
Individual Orders	0	0	0	0
Packets for OKDHS	0	0	0[20]	0[20]
Information/Enrollment Fair Fliers[21]	26,525	44,392	53,064	26,495
BCC Brochures				
English	560	1,840	2,990	2,190
Spanish	230	850	1,650	800
SoonerRide				
English	3,470	4,470	5,570	1,330
Spanish	1,030	1,870	2,640	760
SoonerCare Provider Directory (English/Spanish)	35,736	14,568	1,043	1,180
Postcard with ER Utilization Guidelines[22]	1,570	3,660	5,570	2,720
Perinatal Dental (PDEN)				
Provider Flier	0	0	0	0
Member Flier	1,530	700	730	1,100
Postcards	0	1,860	0	200
Posters	0	0	0	0
SoonerCare and IO Outreach Material				
Sooner Bear Color Books	8,300	6,420	8,740	5,940
SoonerCare Health Club (Activity Book)	4,830	6,710	7,750	3,320
SoonerCare Companion Member Newsletter	266,000	264,000	0	270,000
Miscellaneous Promotional Items (Magnets, Bandages, Hand Cleaner)	21,250	21,620	22,810	13,190
No Smoking Card (English/Spanish Combined)[23]	920	2,300	1,960	1,600
Insure Oklahoma Brochures[24]	0	0	0	0
Oklahoma Indian Tribe-Specific Posters and Fliers	7,610	100	140	50
Provider Newsletter	11,019	0	0	0
Toll-Free SoonerCare Helpline				
Number of Calls	132,316	196,552	217,635	185,539

[20] This outreach is no longer being provided.
[21] This includes TEFRA brochures.
[22] Postcards are also included in the new member welcome packets.
[23] This flier also appears as an ad in the member handbook and the SoonerCare Companion newsletter.
[24] 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 eligible professionals, critical access hospitals, and eligible hospitals that successfully demonstrate meaningful use of certified Electronic Health Record (EHR) technology.

OHCA has incorporated various changes to the EHR incentive program in accordance with CMS's Stage 2 final rule (42 CFR Parts 412, 413, and 495). Such modifications include changes to the SoonerCare contract effective date, the definition of an encounter, patient volume time period, and changes to the meaningful use measures. For a complete list and description of the 2013 EHR incentive program changes, refer to: EHR Incentive Program Changes.

At the end of December 2013, OHCA has paid out more than $96 million in EHR incentive payments to 1,891 eligible professionals and 91 eligible hospitals. Of the 1,891 eligible professionals, some 561 have achieved Stage 1 of Meaningful Use and of the 91 eligible hospitals, 42 have achieved Stage 1 of Meaningful Use under the Oklahoma EHR incentive program.

Stage 2 for Meaningful Use will be implemented during the first quarter of 2014.

EHR Eligible Providers	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Number of Eligible Professionals	1,737	1,808	1,891
Number of Eligible Hospitals	90	90	91
Total	**1,827**	**1,898**	**1,982**

Cumulative EHR Incentives Paid	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Eligible Professionals	$36,238,334	$37,633,751	$39,333,751
Eligible Hospitals	$57,102,718	$57,102,718	$57,352,718
Total	**$93,341,052**	**$94,736,469**	**$96,686,469**

High ER Utilization Initiative

OHCA staff members work together to educate and train members and providers 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 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	Jan-Mar 2013	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
SoonerCare	2,086	1,927	1,756	1,756

III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

Medicaid Management Information System (MMIS) Reprocurement

The MMIS reprocurement project is an initiative to implement system enhancements to the Oklahoma MMIS system. At the beginning of this year, OHCA's contractor, Hewlett-Packard Enterprise (HP), had completed 60 percent of the project. As of December 2013, HP has successfully completed 80 percent of the project.

This quarter, OHCA continued discussions involving the range and depth of provider testing for ICD-10. Prior to the ICD-10 go-live date on October 1, 2014, HP will conduct a final translation of all data sets to ensure the translations are current with production data.

System test results were approved for the Secure Provider Portal in late November. In early December, HP completed user acceptance testing for this project. Follow-up pre-implementation tasks, related to duplicate User ID cleanup, are scheduled to be completed in early January 2014. HP is scheduled for a go-live date for the provider portal system in early January 2014.

HP is also ahead of schedule for the claims resolution workflow and the rules engine enhancement[25]. HP will continue work on the claims resolution workflow[26] with a projected go-live date of May 2014. HP completed user acceptance testing for the rules engine enhancement in late December 2013 and has a projected go-live date of January 2014.

HP continues to finish the last of the enhancements for the MMIS reprocurement project.

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[27] 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. While the initiative has successfully reduced the primary C-section rate to the intended goal, OHCA continues this initiative to further decrease the rate.

An evaluation was conducted for the C-section initiative; OHCA is expected to receive the results from the evaluation during the next quarter.

[25] The rules engine enhancement reduces the number of suspended claims by systematically processing some of the claim based on the rules confirmed by the policy department and implementation into the rules engine.

[26] The claims resolution workflow allows more flexibility in how claims are assigned and routed, thus, streamlining the process.

[27] The OHCA medical staff began conducting this review in October 2013. Prior to this, the review was conducted by PCM staff.

C. Stakeholder Engagement

Tribal Consultation

The Tribal Relations unit convened the 7th annual tribal consultation meeting this quarter on October 23, in Catoosa, Oklahoma. A list of all the tribal and non-tribal consultation participants can be found in Attachment 8. During the consultation, discussion revolved around the SoonerCare medical home, effective communication in tribal communities, SoonerCare changes in 2014, as well as updates from each tribe on healthcare issues and suggestions. As a follow-up to the discussions at the consultation meeting, the OHCA Tribal Relations Unit is in the process of developing a strategic plan for the OHCA and their tribal partners. OHCA will also host a follow-up meeting with the tribes, during the first quarter of 2014, to discuss next steps for 2014.

In October, the Tribal Relations unit also added an I/T/U provider representative to the Provider Services unit. Since Tribal Relations will be doing more outreach in the future, the new I/T/U provider representative will be able to help I/T/U providers with questions and day-to-day issues.

OHCA held one tribal consultation meeting at OHCA this quarter in November. Participants included representatives from the Cherokee Nation, Chickasaw Nation, Choctaw Nation, Citizen Potawatomi Nation, Indian Health Services, Oklahoma City Area Inter-Tribal Health Board, Oklahoma City Indian Clinic, as well as representatives from the Oklahoma Department of Mental Health and Substance Abuse, and the Oklahoma Health Care Authority. The purpose of these meetings is to better collaborate with the tribes on all OHCA program updates and changes.

This quarter, Waiver and Policy staff presented proposed changes related to the Health Access Networks. In addition, all questions that were asked during the consultation are being taken into consideration by OHCA.

OHCA continues to use the Native American Consultation website page[28] to communicate to the tribes and receive comment on all new or amended state plans, waiver amendments, or policy changes.

[28] Native American Consultation Page

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

A. SoonerCare and Insure Oklahoma Operations

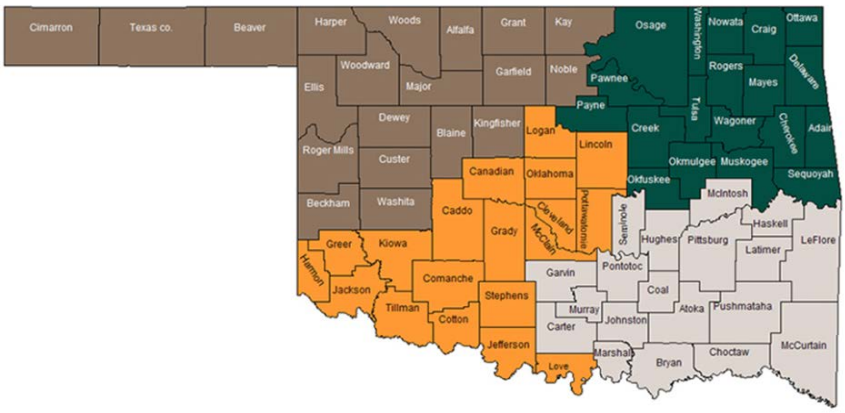
1. Department Operations

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 some 700 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.



This quarter, the CRCS attended numerous conferences, trainings, and health fairs across the state as it related to education on SoonerCare and health outcomes. CRCs also continued providing trainings to partners and stakeholders on SoonerCare 2014 changes. Partners and stakeholders are given a web address, SoonerCare2014@okhca.org, to use if they have any questions or comments about upcoming changes. This quarter, CRCs also established two more local partnerships, as well as four more statewide partnerships, and they are working on partnerships with local news channels, radio stations, and newspaper contacts.

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

In addition, this quarter OHCA welcomed a new Community Relations Manager, who started October 30, 2013.

Health Promotions Coordinator
Last quarter, the Health Promotions Coordinator focused on the implementation of the Oklahoma Tobacco Helpline Fax Referral process, which went live on August 6. The Oklahoma Tobacco Helpline Fax Referral process is designed to decrease the number of SoonerCare pregnant women who use tobacco. When a newly eligible SoonerCare pregnant woman calls the SoonerCare helpline, OHCA actively refers the SoonerCare woman to the Oklahoma Tobacco Helpline rather than have the member wait for a clinic visit to obtain the referral. This quarter the project was expanded to include the referral process in the Soon-to-be-Sooners call scripts. The Health Promotions Coordinator also worked with Member Services this quarter to coordinate the process evaluation for the project. The evaluation is expected to be completed in March.

The Health Promotions Coordinator also focused this quarter on incorporating the 5 A's of tobacco cessation counseling into the medical home tiers, as well as providing education to providers. The principles of the 5 A's of tobacco cessation counseling include – ask, advise, assess, assist, and arrange.

SoonerQuit Provider Engagement Grant
OHCA Health Promotion and Community Relations staff applied for a SoonerQuit Provider Engagement (SQPE) grant, which went before the Tobacco Settlement Endowment Trust (TSET) board on May 9, 2013 and was awarded to OHCA in June. For this grant initiative, OHCA will utilize the participating primary care providers 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 has delayed the implementation of this grant until July 2014 in order to ensure that subcontractor efforts will be fully ready to focus efforts on the SoonerQuit initiative. OHCA will, however, hire a SoonerQuit Coordinator in April 2014 so training and transition for the grant can begin July 1, 2014.

Medical Authorization Unit (MAU)

This quarter, the MAU processed an average of 5,372 prior authorizations a month for an average approval rate of 98 percent.

Last quarter staff created a new MAU page on the OHCA website. 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	October 2013	November 2013	December 2013	**Qtr Totals**
MAU Calls Handled	582	430	478	**1,490**
Total Prior Authorizations	6,213	5,192	4,711	**16,116**
Number of Reviewers (Analyst or Nurse)	12	12	12	
Average Number of PAs per Reviewer	517	432	392	**447**
Percentage of Total PA Denials	2%	1%	2%	**2%**
Number of Denials	124	52	94	**270**

OHCA partners with MedSolutions, an organization that specializes in managing diagnostic radiologic services, 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.

With the MedSolutions contract ending by the end of fiscal year 2013, OHCA issued a request for proposal (RFP) for the Radiology Management Program on March 19, 2013. The contract was awarded to MedSolutions in July for another six[29] years.

MedSolutions has processed an average of 5,728 prior authorization requests a month this quarter with an 89 percent approval rate.

MedSolutions Activity	October 2013	November 2013	December 2013	**Qtr Totals**
MedSolutions Calls Handled	2,337	1,863	1,748	**5,948**
Total Prior Authorizations	6,627	5,511	5,046	**17,184**
Number of Reviewers (Analyst or Nurse)	115	115	115	
Average Number of PAs per Reviewer	58	48	44	**50**
Percentage of Total PA Denials	13%	10%	11%	**11%**
Number of Denials[30]	847	559	540	**1,946**

[29] This was a change from last quarter.

[30] 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	3,883	38%
Households with Newborns Outreach – Jean Letters	6,295	15%
Soon-to-be-Sooners Outreach – Sonja Letters	845	37%
High ER Utilization Outreach – Ethel Letters	1,756	14%

MS Activity	October 2013	November 2013	December 2013	**Qtr Totals**
High ER Utilizers Identified for Calls				**38**
Calls to BCC Members with Confirmed Cancer Diagnosis	18	20	15	**53**
Calls to BCC Members at Renewal Period	18	16	20	**54**
Member Service Calls Handled in English	8,905	7,093	6,425	**22,423**
Member Service Calls Handled in Spanish	541	390	409	**1,340**
Member Inquiries				**16,372**

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	Apr 2013	May 2013	June 2013	July 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
New Cases	198	165	138	172	159	146	111	148	128
Existing Open Cases[31]	606	665	681	689	712	687	642	643	594

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 Under Age 1	Apr 2013	May 2013	June 2013	July 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
New Cases	179	128	148	238	167	197	161	203	184
Existing Open Cases	1,903	1,881	1,853	1,865	1,859	1,781	1,799	1,837	1,817

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. This quarter, CM identified six infants for care management.

In order to provide an evaluation of the FIMR project, CM has developed a Logic Model for the external evaluation by the Primary Care Health Policy Division in the Department of Family & Preventive Medicine at the OU Health Sciences Center. Data from the evaluation is just beginning to be reported. CM staff is expected to report evaluation findings at the March Board.

[31] 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.

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

Beginning July 1, 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 focus on contraception utilization, medical and dental well checks, return to school/graduation/or vocation training, and increased PCP visits. Since inception, approximately, 39 members have been enrolled in the initiative.

In the first quarter of 2013, CM and Information Services (IS) staff implemented a non-member health survey located on the OHCA SoonerCare online enrollment web page[32]. The survey was developed to gain basic aggregate statistical health information about persons enrolling in SoonerCare. The survey includes questions relating to chronic illness, tobacco use, obesity, and pregnancy. The survey also includes agency telephone numbers for OHCA service areas that non-members can call for assistance. OHCA is also working on plans to use the survey information to coordinate targeted outreach efforts.

This quarter, a total number of 2,018 health surveys were filled out.

Non-Member Health Survey Responses	October Survey Results	% of Respondents	November Survey Results	% of Respondents	December Survey Results	% of Respondents
Non-members who reported to be pregnant	104	12%	90	15%	60	10%
Non-members who reported to have chronic disease	279	33%	180	30%	190	33%
Non-members who reported that s/he is overweight	240	28%	166	28%	164	29%
Non-members who have a serious medical issue for which they believe they need immediate help	234	28%	144	24%	126	22%
Non-members who reported to use tobacco	242	29%	180	30%	162	28%
Total Number of Survey Responses	**846**		**597**		**575**	

[32] Online Health Assessment on OHCA Enrollment Page

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

At the end of this quarter, CM staff added four additional questions to the non-member health survey with the appropriate referral contact information provided to assist those who would like access to services. The four additional questions include:

- Do you believe or has a health care provider ever told you that you have a mental illness?
- Do you need help finding services?
- Do you ever worry that you use too much alcohol or drugs?
- Would you like to hear more about help you could get?

CM Activity[33]	October 2013	November 2013	December 2013
Active Cases under Care Management	3,860	3,894	3,769
Case Load per Adjusted RN FTE	152	149	145
High-Risk and At-Risk OB - Following	501	504	453
High-Risk and At-Risk OB - New	247	253	248
OK Cares New Enrollment	66	60	59
OK Cares Total Enrollment	637	614	600
Private Duty Nursing Cases - New	3	6	5
Private Duty Nursing Cases - Following	191	185	187
Onsite Evaluations (TEFRA, Private Duty Nursing)	75	56	47
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	95	72	60
Out of State – Clinical Review - New	65	66	45
Out of State – Clinical Review - Following	45	51	42

[33] CM Activity measures were updated during the first quarter of 2013 to reflect more accurate CM activities.

Health Management Program

The HMP administrator contract ended June 30, 2013; OHCA awarded the new contract on April 15, 2013, to the former contractor, Telligen. Last quarter, OHCA was in planning and coordination meetings with Telligen to prepare for Phase II, Next Generation HMP, which took effect July 1, 2013.

Next Generation HMP embeds health coaches into practices. As of December 2013, there are approximately 27 practices with embedded health coaches who serve some 3,000 HMP members. The health coaches have all been trained in Motivational Interviewing by a national expert from the Health Sciences Institute. In addition, each health coach is required to complete further training to be certified as a Chronic Care Professional and a Registered Health Coach I.

Next Generation HMP also incorporates practice facilitation. As of July 1, 2013, practice facilitation services go 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. Beginning in the third quarter, practice facilitation is divided into the following four tiers:

Practice Facilitation Tiers[34]	Description
Tier 1	Practice has never received practice facilitation; clinic needs full practice facilitation services before deployment of a health coach.
Tier 2	Practice has received prior practice facilitation but requires additional training before deployment of a health coach.
Tier 3	Practice has received full practice facilitation, high-functioning practice, and ready for deployment of a health coach.
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.

As of December 2013, there are eight practice facilitators. Some of the essential functions and core components that the practice facilitators facilitate within the practices include:

- Assessing QA processes;
- Performing medical record data abstractions;
- Developing an action plan for implementing change; and
- Preparing the practice for an embedded health coach.

This quarter, the practice facilitators and health coaches conducted 24 academic detailing sessions with the practices, as well as 36 educational presentations. Some of the topics covered included "Kidney Disease," "Hypertension," "Measure Specification," "Colorectal Screening," and "Tobacco Cessation."

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

To be noted, under the new contract, effective July 1, 2013, providers no longer receive provider incentive payments. Telligen continues provider education through webinars, and academic detailing meetings; however, there are no more formal collaboratives.

Chronic Care Unit

OHCA implemented an internal Chronic Care Unit in January 2013 to provide 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.

In July, the Chronic Care Unit started providing similar services as the HMP, but telephonically to members with chronic conditions who are not aligned with a PCP that has an embedded health coach. As of December 2013, the Chronic Care Unit has received approximately 668 referrals since the implementation of the new OHCA unit.

Provider Services

OHCA's Director of Provider/Medical Home services is currently engaged in developing a requirement that will be implemented January 1, 2014. The new requirement includes an annual behavioral health screening for all SoonerCare members ages 5 and older who are enrolled in a patient-centered medical home.

OHCA informed providers this quarter of the new behavioral health screening by sending out a provider letter. Refer to Attachment 9 to review a copy of the provider letter. Additionally, providers will receive a SoonerExcel incentive payment for conducting the new screen.

This quarter, providers also received another letter introducing the new, enhanced Provider Portal, which providers will be able to access beginning in January 2014. Through the Provider Portal, providers are able to request electronic referrals for specialty care. To review a copy of the provider letter, refer to Attachment 10.

Waiver Development & Reporting (WD&R)

On July 19, 2013, OHCA submitted to CMS the SoonerCare Choice 2014 amendment, which included federally mandated changes to eligibility groups and a new formula for counting income. CMS approved the SoonerCare amendment on September 6, 2013 and on October 1 OHCA submitted to CMS the acceptance letter for the amendment approval, expenditure authority, and waiver list contingent upon a few technical corrections. OHCA continues to wait for the final submission of the waiver documents from CMS.

As requested by CMS, OHCA updated the SoonerCare 2014 Transition Plan from when it was originally submitted to CMS on June 29, 2012, in order to incorporate the State's most current transition processes for the SoonerCare populations after January 1, 2014. OHCA submitted the updated Transition Plan to CMS on October 14. After further discussions with CMS, Waiver staff re-submitted the Transition Plan to CMS, on October 30, with updated notification processes for the Insure Oklahoma program. OHCA received CMS's approval letter for the Transition Plan, along with an addendum outlining Transition Plan highlights, on December 11. On December 31, OHCA sent a confirmation letter with a technical corrections document for the addendum to CMS.

On December 4, OHCA submitted to CMS the SoonerCare Quarterly Report for quarter three of 2013.

In addition, OHCA has continued to work with CMS, this quarter, on the appropriate federal financial match for the Health Management Program.

This quarter, OHCA has participated in Transition Plan calls with CMS, as well as two monthly CMS calls.

Finally, the WD&R unit welcomed a new Waiver Development & Reporting Coordinator in November of this quarter.

2. Program-Specific Operations

Breast and Cervical Cancer Program (BCC)

BCC Certified Screeners	Jan-Mar 2013	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Certified Screeners	940	970	1,001	988

Outreach Activities Related to BCC Members	Jan-Mar 2013	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Care Management Activities Related to BCC Members	4,105	4,302	3,766	3,286
Number of Calls Made by Member Services to BCC Members at Renewal Period	32	66	84	54
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	111	46	59	53

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 96,658 members for quarter ending December 2013. This is a 47 percent increase in enrollment from December 2012.

By the end of the fourth quarter, OHCA has met twice with the OU Sooner HAN. In the meetings discussions included the SFY 2013 annual report, as well as the new enhanced Provider Portal that will go live January 2014, which will include the functionality to request electronic referrals for specialty care.

The OU Sooner HAN signed on a larger primary care provider group in the Tulsa area. The HAN provides ongoing training with the provider group on HAN policies and procedures. The addition of this provider group adds some 20,000 members to the HANs enrollment number. As stated in the OU Sooner HANs annual report, unless additional funds are made available through the state match, the OU Sooner HAN will cease active enrollment and cap membership at 100,000 members.

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

The Partnership for Healthy Central Communities (PHCC) HAN
The PHCC HAN had an unduplicated enrollment total of 3,381 members by the end of the fourth quarter. This is a 92 percent increase in enrollment from December 2012.

The PHCC HAN staff remains active this quarter by participating in the Red Rock Behavioral Health Strategic Project Framework coalition, to reduce the non-medical use of prescription drugs, under-age drinking and binge drinking by adults in Canadian county. The Canadian County Coalition has also developed a new subgroup to focus on Infant Mental Health promotion in Canadian county.

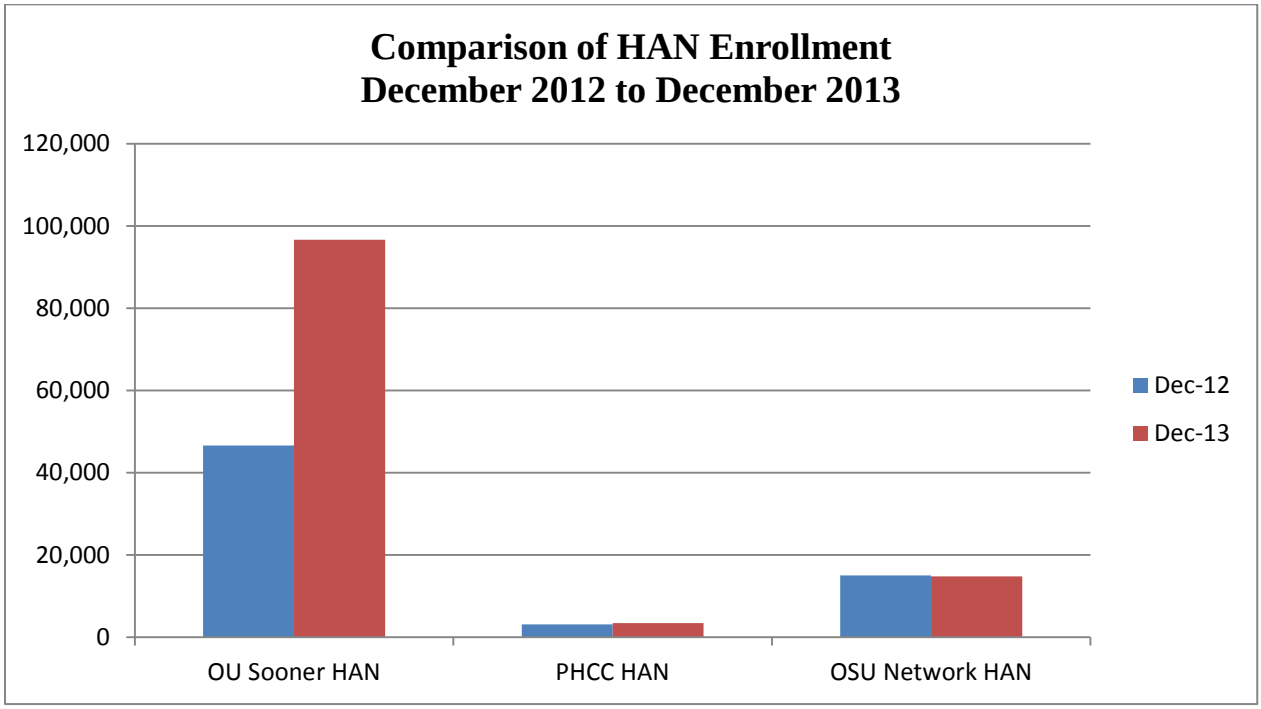
The OSU Network HAN
By the end of the fourth quarter, the OSU Network HAN had an unduplicated enrollment total of 14,797 members for December 2013. Membership has stayed relatively stable since state fiscal year 2012. OSU continues to work towards implementation of the Doc2Doc referral tool.

In the administrative meeting this quarter, OSU HAN representatives were updated about the new enhanced Provider Portal that will go live in January 2014. The Provider Portal includes the ability to request electronic referrals for specialty care. In addition, the OSU HAN is in the process of hiring a nurse and a case manager for their practice.

OHCA continues to work with CMS on minor program changes to HAN care management and the care coordination of HMP health coaches within the HAN practices. 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
October 2012	44,253	2,966	14,437
November 2012	45,267	3,028	14,792
December 2012	45,606	3,118	14,998
January 2013	43,300	2,906	14,283
February 2013	44,186	3,003	14,441
March 2013	42,780	2,921	14,118
April 2013	50,154	3,072	14,386
May 2013	50,891	2,941	13,616
June 2013	73,530	3,165	13,993
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



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

The chart below displays the number of members transitioned to the HANs for targeted care management populations.

Care Management Populations[35] Transitioned	High Risk OB	Hemophilia	ER Utilization	Pharmacy Lock-in	OK Cares (BCC)	**Total**
January 2012	40	0	0	0	0	**40**
February 2012	17	0	0	9	3	**29**
March 2012	15	0	496	12	2	**525**
April 2012	38	1	0	5	12	**56**
May 2012	32	0	0	0	5	**37**
June 2012	23	1	318	0	1	**343**
July 2012	19	0	0	0	6	**25**
August 2012	22	0	0	0	4	**26**
September 2012	29	2	474	5	0	**510**
October 2012	21	0	14	5	1	**41**
November 2012	35	0	0	0	2	**37**
December 2012	38	0	419	0	4	**461**
January 2013	30	0	0	0	4	**34**
February 2013	35	5	0	0	4	**44**
March 2013	28	2	0	0	3	**33**
April 2013	43	0	0	13	11	**67**
May 2013	48	0	0	18	6	**72**
June 2013	45	3	0	0	20	**68**
July 2013	67	2	0	0	2	**71**
August 2013	46	0	0	8	3	**57**
September 2013	51	2	0	0	6	**59**
October 2013	63	0	0	0	2	**65**
November 2013	60	0	0	0	9	**69**
December 2013	52	4	0	0	3	**59**
Total:	**897**	**22**	**1,721**	**75**	**113**	**2,828**

[35] Data includes OU Sooner HAN, PHCC HAN, and OSU HAN.

Insure Oklahoma (IO)

The successful negotiation of a one-year extension (January 1, 2014 to December 31, 2014) was announced by Oklahoma's Governor on September 6, 2013. Negotiations included maintaining the Employer Sponsored Insurance Program as it currently exists, while making eligibility and coverage changes to the Individual Plan (IP) program. Eligibility criteria for the IP program will be reduced from 200 percent to 100 percent of the Federal Poverty Level (FPL). There will also be changes in copays in order to comply with federal requirements. Those individuals earning above 100 percent FPL will have the opportunity to access coverage assistance through the federal Health Insurance Marketplace. Program changes take effect January 1, 2014. OHCA accepted the Special Terms and Conditions, expenditure authority, and waiver list on October 1, contingent on technical corrections.

As outlined in OHCA's 2014 Transition Plan, Insure Oklahoma staff sent out notifications this quarter to IO agents, employers, providers, and members informing them of the program modifications that will take place January 2014.

This quarter, OHCA's Public Information unit sent out a press release[36] on December 4, informing the public that the Insure Oklahoma program is still actively accepting qualified applicants for the program.

	October - December 2013	
IO Outreach Activities	Number of Activities	Number of Participants
Brochures	113	6,655
Outreach Administration	3	3

[36] Insure Oklahoma Press Release

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

Employer-Sponsored Insurance (ESI) Program Participating Employers[37]	Quarter Ending June 2013	Quarter Ending Sept 2013	Quarter Ending Dec 2013
Approved Businesses with Participating Employees	4,697	4,557	4,483

Average ESI Member Premium[38]	October 2013	November 2013	December 2013
Member Premium	$294.70	$301.53	$300.55

ESI Subsidies	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Employers Subsidized	4,510	8,358	7,825
Employees and Spouses Subsidized	22,912	32,688	30,235
Total Subsidies	**$12,869,511**	**$12,378,662**	**$11,304,018**

Average Individual Plan (IP) Member Premiums[38]	October 2013	November 2013	December 2013
Member Premiums	$63.57	$64.30	$64.49
Average FPL of IP Members	109%	108%	106%

IP Subsidies	Jan-Mar 2013	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Total Premiums Received	$1,712,360	$1,721,720	$1,720,746	$922,167
Total Member Months	40,637	40,159	39,817	36,507
Total Paid Claims	$15,817,766	$15,252,154	$16,236,553	$15,858,878
Average Claim PMPM	$347.11	$336.85	$364.26	$408.05

[37] See Attachment 2; Insure Oklahoma Fast Facts Summary, December 2013.
[38] Financial data is based on the previous month; e.g. November premiums are reported in December.

SoonerRide

This quarter, 206,492[39] SoonerCare[40] individuals from all 77 Oklahoma counties utilized the SoonerRide program.

LogistiCare staff provided outreach this quarter at the Susan G. Komen walk/run, as well as the United We Ride meeting.

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

In 2013, Oklahoma's Governor appointed members to the Blue Ribbon Panel for Developmental Disabilities. The Governor created the panel in response to the significant number of Oklahoma men, women, and children with intellectual disabilities. One of the panel's objectives is to address the Developmental Disabilities Service Division's (DDSD) ever-growing waiting list for services. The panel will also review more than 3,000 child cases to determine if criteria are met for the TEFRA program.

During the second quarter of 2013, the Blue Ribbon Panel interviewed TEFRA parents regarding their experience with the TEFRA application and annual recertification process. In August, representatives from the OHCA TEFRA program made a presentation to the Panel informing them of the program's criteria, goals, and processes. OHCA answered the Panel's questions and continues to provide the Panel with additional information as needed. OHCA waits to hear next steps from the Blue Ribbon Panel.

This quarter, TEFRA staff attended the *Sooner Success: On the Road Family Perspective* conference and presented the TEFRA program. Also this quarter, the number of pending TEFRA cases was significantly reduced due to additional workers processing TEFRA cases and the removal of closed TEFRA cases from the pending file.

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

B. Policy Developments

1. Rule Changes

In accordance with 75 Oklahoma Statute §253, this quarter OHCA promulgated emergency rules for the recent Insure Oklahoma program changes at the Board meeting in October. The Board approved the emergency rules. Similar to the 1115 waiver, these rules have an effective date of January 1, 2014.

All OHCA rule changes can be found on the OHCA webpage[41]. 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

OHCA received notification from the Centers of Medicare & Medicaid Services (CMS) this quarter that Oklahoma's Federal Medical Assistance Percentage (FMAP) will decrease, effective October 1, 2014. The decrease will be a 2.7 percent reduction in federal funds. While OHCA has already submitted their state fiscal year 2015 budget request to the capitol, OHCA is working to amend the request in order to account for the loss in federal funds.

After adjournment of the 2013 legislative session, Oklahoma legislators have continued to address State needs through interim studies. Currently, Oklahoma legislators are conducting research on some 190 interim studies.

One of the interim studies legislators have explored is the possibility of reforming the current Medicaid program to include updates and improvements through holistic, patient-centered care through a managed care model. During the interim study, legislators and stakeholders reviewed Medicaid programs from other states, such as Florida, Georgia, and Kansas, to look at new options for the Oklahoma Medicaid program. Legislators also explored another interim study on access to health care for positive health and social outcomes for women, children, and families; as well as leveraging technology to improve health care access and outcomes.

Additionally, the legislature is studying the appropriation of the tobacco tax revenue for the Insure Oklahoma premium assistance program. The interim study looks at how this revenue should be used for future purposes past 2014.

Oklahoma legislators will use the findings gathered in the interim studies to possibly author related bills in the upcoming legislative session. Oklahoma's 55th Legislature will convene on February 3, 2014.

[41] 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[42], and SoonerCare members.

This quarter, the MATF met in October and December. During the October meeting, OHCA staff presented policy and waiver changes related to the Insure Oklahoma program. Staff also presented an overview of the August OHCA Board Retreat and took suggestions from MATF members for how to improve OHCA's Board Retreat next year.

In December, the MATF discussed the possible budget shortfall, and possible managed care legislation. SoonerCare MATF members recommended sharing their medical home success stories with their legislators. During this meeting, the MATF also made recommendations for the TEFRA brochure, as well as suggestions for the member handbook. Additionally, OHCA staff encouraged MATF members to review and post comments for the proposed rule changes that are posted on the OHCA website. Staff explained that the rule changes will be presented at the Board and MAC meetings during the first quarter of 2014.

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.

[42] 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	Jan-Mar 2013[43]	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Program Complaint	40	90	93	77
Complaint on Provider	85	91	97	66
Fraud and Abuse	34	47	40	56
Access to Care	32	53	33	35
Program Policy	3,187	3,934	3,717	2,792
Specialty Request	491	396	511	560
Eligibility Inquiry	5,091	6,627	8,936	7,810
SoonerRide	1,614	1,918	2,334	1,930
Other	1,294[44]	369	259	0[45]
PCP Change	1,259	1,022	1,846	1,151
PCP Inquiry	821	802	885	718
Dental History	131	147	102	119
Drug/NDC Inquiry	164	155	118	46
Medical ID Card	422	413	483	316
PA Inquiry	396	707	666	696
Total[46]	**15,061**	**16,771**	**20,120**	**16,372**

C. Helplines

Insure Oklahoma Helpline

Insure Oklahoma IP Helpline	Jan-Mar 2013[47]	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Number of Calls	38,319	35,382	32,186	28,598
Number of Calls Answered	29,316	32,555	27,579	25,487
Number of Calls Abandoned[48]	8,676	2,391	4,327	2,764
Percentage of Calls Answered	76%	92%	86%	90%

Insure Oklahoma ESI Helpline	Jan-Mar 2013[47]	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Number of Calls	4,768	3,941	3,617	3,691
Number of Calls Answered	3,864	3,707	3,245	3,378
Number of Calls Abandoned	867	167	279	218
Percentage of Calls Answered	81%	94%	90%	94%

[43] Inquiries are lowest during the first quarter of the calendar year as members are mailed SoonerCare handbooks.
[44] OHCA staff was in the process of training the new call center contractor staff in appropriate member inquiry categories.
[45] OHCA has changed the criteria for this category. Currently, this is a category that is rarely used.
[46] 100% of Member Inquiries are initiated timely.
[47] This quarter, OHCA was in the process of transitioning to a new call center vendor. Due to this transition, the Helplines experienced an increase in abandonment rates. It should also be noted that in addition to the new vendor, the criteria for pulling the helpline data changed.
[48] Abandoned calls may never reach an agent due to wait in queue and hang ups.

V. CONSUMER ISSUES (Cont'd)

Online Enrollment (OE) Helpline[49]

OE Helpline Calls in English	Jan-Mar 2013[47]	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Number of Calls	32,917	28,795	26,970	29,986
Number of Calls Answered	22,059	24,817	24,737	29,314
Number of Calls Abandoned	10,201	3,286	1,917	472
Average Percentage of Calls Answered	67%	86%	92%	98%

OE Helpline Calls in Spanish	Jan-Mar 2013[47]	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Number of Calls	272	127	319	505
Number of Calls Answered	236	122	299	485
Number of Calls Abandoned	29	4	16	15
Average Percentage of Calls Answered	87%	96%	94%	97%

SoonerCare Helpline

SoonerCare Helpline Calls	Jan-Mar 2013[47]	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Number of Calls	232,425	189,225	187,651	174,137
Number of Calls Answered	153,375	161,597	171,087	169,448
Number of Calls Abandoned	74,493	23,306	14,482	3,244
Average Percentage of Calls Answered[50]	66%	85%	91%	98%

[49] These calls are included in the number of calls to the SoonerCare Helpline.
[50] 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	0	2 resolved
Dental	1	1 resolved
Eligibility	6	3 resolved; 1 dismissed; 1 withdrawn
Miscellaneous	0	2 resolved
Miscellaneous: ER Overuse	1	0
Miscellaneous: Unpaid Claim	6	0
Prior Authorization: Pharmacy	1	1 withdrawn
Prior Authorization: Durable Medical Equipment	6	0
Prior Authorization: Other	4	3 resolved; 2 withdrawn
Prior Authorization: Radiology Services	1	0
Private Duty Nursing	11	1 resolved; 1 withdrawn
Provider Panel Dismissal	0	1 dismissed

Insure Oklahoma Grievances	Pending	Closed
Eligibility	9	42 resolved; 4 dismissed; 24 withdrawn; 4 denied; 1 granted

VI. QUALITY ASSURANCE/MONITORING ACTIVITIES

A. Quality Assurance (QA)

Payment Error Rate Measurement (PERM)

In accordance with the Improper Payments Information Act of 2002, Federal agencies review Medicaid and CHIP programs for improper payments every three years, this is known as the PERM program. When Oklahoma was reviewed in 2006, the State received an error rate of 2.51 percent; in 2009 the State received an error rate of 1.24 percent; and for 2012 the State received an error rate of 0.28 percent. Oklahoma's 2012 PERM rate was close to twenty times lower than the national average rate of 5.7 percent. In addition, Oklahoma was reviewed for the first time in 2012 for the CHIP program; the State received an error rate of 1.4 percent. Oklahoma has the third lowest payment error rate in the nation for both Medicaid and CHIP.

To continue ensuring proper payments, OHCA annually conducts a payment accuracy review; this review is similar to the PERM initiative review.

SoonerRide

On October 15, November 21-22, and December 19, an onsite annual audit was conducted. Of the 439 files that were reviewed, 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 pm 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	Jan-Mar 2013[51]	Apr-June 2013	July-Sept 2013	Oct-Dec 2013
Number of Providers Called	Not Available	854	848	855
Percent of Providers with 24-hr Access on Initial Survey	Not Available	71%	80%	85%
Percent of Providers Educated for Compliance	Not Available	29%	20%	16%

[51] The Access Survey results are not available during this quarter due to other resource needs.

B. Monitoring Activities

1. HEDIS Report[52]

SoonerCare HEDIS Quality Measures

For internal OHCA use only

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%
Well-Child Visits	**2010**	**2011**	**2012**	**2013**
Aged <15 months 1+ visits	95.4%	98.3%	98.3%	97.3%
Aged <15 months 6+ visits	48.8%	59.0%	58.6%	59.6%
Aged 3-6 years 1+ visits	61.9%	59.8%	57.4%	57.6%
Aged 12-21 years 1+ visits	37.1%	33.5%	34.5%	31.6%

[52] 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%
Race/Ethnicity Diversity of Membership	**2010**	**2011**	**2012**	**2013**
American Indian/Alaskan Native	12.0%	11.7%	11.6%	11.3%
Asian	1.2%	1.3%	1.3%	1.4%
Black/African American	14.2%	13.9%	13.5%	13.2%
Native Hawaiian/Pacific Islander	0.2%	0.2%	0.3%	0.3%
White	67.9%	68.8%	67.4%	66.6%
Multiple Races	4.5%	4.0%	5.9%	7.3%
Total	100.0%	100.0%	100.0%	100.0%
Hispanic (percentage of total)	13.1%	13.2%	14.3%	15.1%

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 billion in Budget Neutrality savings and, ending this quarter, the state has $560,849,694 in savings for the year[53].

Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Years
Through December 31, 2013

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
Total Waiver Cost	**86,322,207**	**$24,176,687,145**	**$21,131,832,693**	**$3,044,854,452**

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

VIII. MEMBER MONTH REPORTING

A. Budget Neutrality Calculation

Eligibility Group	October 2013	November 2013	December 2013	**Qtr Totals**
TANF – Urban	319,470	319,442	320,077	**958,989**
TANF – Rural	222,633	222,273	221,951	**666,857**
ABD – Urban	30,479	30,353	30,172	**91,004**
ABD – Rural	24,591	24,459	24,259	**73,309**

B. Informational Purposes Only

Eligibility Group	October 2013	November 2013	December 2013	**Qtr Totals**
Non-Disabled & Disabled Working Adults	31,626	31,020	30,850	**93,496**
TEFRA Children	477	472	470	**1,419**
SCHIP Medicaid Expansion Children	72,490	71,971	73,867	**206,625**

Eligibility Group	Quarter Ending December 2013
Full-Time College Students (Employer Plan)	20,059
Foster Parents (Employer Plan)	0
Not-for-Profit Employees (Employer Plan)	0

IX. DEMONSTRATION EVALUATION

A. Hypotheses

OHCA is initiating reports on all hypotheses for the 2013-2015 extension period. This quarter, interim data for Hypothesis 4b, 7, 9, and 10 are available. OHCA is still working on Hypothesis 8 data, but will submit this data to CMS as soon as it is available.

Hypothesis 4b – This hypothesis directly relates to SoonerCare Choice waiver objective #1 and #2, and #1 of CMS's Three Part Aim:

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

CAHPS® Adult Survey Results	Baseline Data: 2012 CAHPS® Survey Response	2013 CAHPS® Survey Response
Positive Responses from the Survey Question: *"In the last 6 months, how often did you get an appointment for a check-up 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"

CAHPS® Child Survey Results	Baseline Data: 2012 CAHPS® Survey Response	2013 CAHPS® Survey Response
Positive Responses from the Survey Question: *"In the last 6 months, when you made an appointment for a check-up 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"

Hypothesis 4b Results:
Results from the CAHPS® survey 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 percent of the adult survey respondents felt satisfied in the time it took to schedule an appointment with their PCP, while ninety percent of child survey respondents indicated they were "Usually" or "Always" satisfied.

While more than three-quarters 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 9 percent decrease in the adult composite response and a slight 3 percent decrease for the 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. OHCA is reviewing Morpace's action plan in order to continue improving member satisfaction.

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:
OHCA is tracking the first year baseline data for Hypothesis 7. OHCA will be able to provide analysis on the data as more data is received.

A. Asthma-Related ER Visits	Total Number of ER Visits by HAN Members with Asthma	All HAN Members with Asthma	% of HAN Members with Asthma who visited the ER
OU Sooner HAN	2,588	31,364	8%
PHCC HAN[54]	Not Available	Not Available	Not Available
OSU Network HAN	0	462	0%

B. 90-Day Readmissions for HAN Members with Asthma	HAN Members with Asthma who were Readmitted to the Hospital 90 Days after Previous Asthma-Related Hospitalization	HAN Members with Asthma with at least One Inpatient Stay Related to Asthma	% of HAN Members with Asthma who had a 90-day Readmission for Related Asthma Condition(s)
OU Sooner HAN	16	26	62%
PHCC HAN[54]	Not Available	Not Available	Not Available
OSU Network HAN	0	24	0%

C. ER Use for HAN Members	ER Visits for HAN Members	Total HAN Members	% of ER Use for HAN Members
OU Sooner HAN	31,364	238,208	13%
PHCC HAN[54]	Not Available	Not Available	Not Available
OSU Network HAN	2,191	14,617	15%

[54] The PHCC HAN continues to work on the data for this hypothesis. OHCA will provide CMS this data as soon as it is available.

Hypothesis 9a – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #3, and # 1of CMS's Three Part Aim:

The implementation of phase two 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 yield increased enrollment and active participation (engagement) in the program.

A. *The percentage of SoonerCare members identified as eligible for nurse care management, who enroll and are actively engaged, will increase as compared to baseline.*
B. *The percentage of members actively engaged in nurse care management in relation to the providers' total SoonerCare Choice panel.*

Hypothesis 9a(A) Results:

SoonerCare HMP Members in Nurse Care Management	Eligible for Nurse Care Management	Engaged in Nurse Care Management	Percentage of Individuals Engaged in Nurse Care Management
July 2013	848	184	21.70%
August 2013	1,574	511	32.47%
September 2013	2,653	1,132	42.67%
October 2013	3,849	1,952	50.71%
November 2013	4,968	2,737	55.09%
December 2013	5,684	3,083	54.24%

SFY 2013 Baseline Data	3,252	8,091	40.19%

At the beginning of Phase II (July 2013), Next Generation HMP, 21.7 percent of HMP individuals were actively engaged in nurse care management. This is 18.49 percent lower than the SFY 2013 baseline data. OHCA met this measure, however, during the end of the third quarter as engagement increased to 42.7 percent; a 2.51 percent increase from the baseline data. The number of HMP members who were actively engaged in nurse care management continued to increase through the fourth quarter of 2013 with slightly more than half (54.2 percent) of HMP individuals in the program actively being engaged.

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 Actively Engaged in Nurse Care Management
Members[55]	29,723	5,684	3,083	54%

Approximately 29,723 SoonerCare Choice individuals are assigned to panels of practices that have embedded health coaches. Of those individuals, some 5,684 individuals qualify for the HMP program. Individuals who qualify for the HMP program include individuals who meet HMP criteria – they have chronic illness and are at highest risk for adverse outcomes and increased health care expenditures. Of the members who qualify for the HMP program, 54 percent, or 3,083 members, are actively engaged in nurse care management. The baseline data for this hypothesis is July 2013 and forward, as this is the time period that OHCA started embedding health coaches into the practices. As OHCA continues to track and trend this data, OHCA expects that this data will trend upwards as more HMP individuals are actively engaged in nurse care management.

OHCA will receive hypotheses results and data for hypotheses 9b-9h during the next quarter. OHCA's evaluator, Pacific Health Policy Group is currently conducting a 2013 evaluation of the HMP program as it relates to Phase I and Phase II of the program. OHCA is expected to receive the results of the evaluation during Quarter 1 of 2014, at which time OHCA will incorporate the hypotheses results in the next quarterly report.

Hypothesis 10 – This hypothesis directly relates to SoonerCare Choice waiver objective #5 and #1 of CMS's Three Part Aim:

The state's systems performance will ensure seamless coverage between Medicaid and the Exchange after changes outlined in the Affordable Care Act are effectuated.

Hypothesis 10 Results:
OHCA went live with outbound (State to Hub) account transfers on January 23, 2014. The outbound account transfer includes all individuals who are found not eligible for full-benefit Medicaid. Between October 1, 2013 and January 23, 2014, OHCA had some 90,000 applications queued up for the outbound account transfer.

[55] Data represents the time period of July 2013 through December 2013.

Inbound (Hub to State) account transfers had a go-live date of February 12, 2014. This includes all individuals who apply through the federally facilitated marketplace who are assessed as 'potentially eligible' for full-benefit Medicaid. Approximately 20,000 applications were queued to be sent to OHCA between October 1, 2013 and February 12, 2014.

OHCA reports performance indicators and account transfer data to CMS on a weekly and monthly basis. Refer to the charts below.

A. Eligibility Determinations

Eligibility Determinations	October 2013	November 2013	December 2013
MAGI Determination - Eligible	55,242	46,735	86,447
Determined Eligible - Direct or Transfer Application	22,664	18,295	28,624
Determined Eligible at Annual Renewal	32,578	28,440	57,823

B. Individuals Determined Ineligible

Individuals Determined Ineligible	October 2013	November 2013	December 2013
Ineligibility Established[56]	11,830	10,107	20,171
Inadequate Documentation	804	848	842

C. Individuals Disenrolled

Individuals Disenrolled	October 2013	November 2013	December 2013
Determined ineligible at application (new applicant)	4,950	4,339	7,097
Determined ineligible at annual renewal (current member)	7,684	6,616	20,000

[56] An individual might be ineligible due to income, household size, etc.

XII. ENCLOSURES/ATTACHMENTS

1. SoonerCare Choice Fast Facts, December 2013.
2. Insure Oklahoma Fast Facts Summary, December 2013.
3. Oklahoma Cares Fast Facts, December 2013.
4. Insure Oklahoma Data by FPL, December 2013.
5. TEFRA Fast Facts, December 2013.
6. Dental and PDEN Fast Facts, October-December 2013.
7. Provider Fast Facts, December 2013.
8. Annual Tribal Consultation Participants.
9. 2013-41 SoonerCare Choice Behavioral Health Screening Provider Letter.
10. 2013-49 Provider Portal Provider Letter.
11. Oklahoma 1115 Budget Neutrality Model Worksheet, December 2013.

XIII. STATE CONTACT(S)

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XIV. DATE SUBMITTED TO CMS

Submitted to CMS on February 28, 2013.