Oklahoma Health Care Authority

SoonerCare Demonstration 11-W-00048/6
§1115(a) Quarterly Report
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Federal Fiscal Year Quarter: 1/2016 (10/15 – 12/15)

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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. The SoonerCare Choice program objectives include:

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

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

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

II. ENROLLMENT INFORMATION

A. Member Enrollment[1]

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

2015 Members Enrolled in SoonerCare Choice and Insure Oklahoma	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Total Number of [2] Qualified Individuals Enrolled in SoonerCare Choice	546,156	548,162	540,708	528,202
SoonerCare Choice Percentage of total Medicaid Population	70%	70%	69%	69%
A) Title XXI	92,432	89,490	91,494	93,868
B) Title XIX	453,724	458,672	449,214	434,334
C) Adults	103,241	104,172	102,811	98,926
D) Children	442,915	443,990	437,897	429,276
E) Ration – Adult/Child				
Adult	19%	19%	19%	19%
Child	81%	81%	81%	81%
Total Number Enrolled in Insure Oklahoma	17,835	17,611	17,098	18,444
A) Individual Program (IP)	4,353	4,316	3,981	3,846
B) Employer Sponsored Insurance (ESI)	13,482	13,295	13,117	14,598
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma	**563,991**	**565,773**	**557,806**	**546,646**

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

II. ENROLLMENT INFORMATION (cont'd)

Demonstration Populations

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

Demonstration Populations: Enrolled and Potential Members 2015	Currently Enrolled	Potential Population	**Total Qualified**
TANF-Urban	271,830	61,389	**333,219**
TANF-Rural	212,334	14,266	**226,600**
ABD-Urban	22,270	7,902	**30,172**
ABD-Rural	21,365	2,382	**23,747**
Other[3]	403		**403**
Non-Disabled Working Adults (IO)	17,917		**17,914**
Disabled Working Adults (IO)	0		**0**
TEFRA Children	575		**575**
SCHIP Medicaid Expansion Children Enrollees	93,868		**93,868**
Full-time College Students (IO)	345		**345**
Foster Parents[4]	0		**0**
Not-for-Profit Employees[4]	0		**0**

Demonstration Populations: Member Months 2015	October	November	December
TANF-Urban	337,595	337,964	333,219
TANF-Rural	233,879	230,094	226,600
ABD-Urban	30,505	30,420	30,172
ABD-Rural	23,957	23,899	23,747
Non-Disabled Working Adults (IO)	17,106	17,642	17,914
Disabled Working Adults (IO)	1	0	0
TEFRA Children	581	569	575
SCHIP Medicaid Expansion Children Enrollees	93,081	94,906	93,868
Full-Time College Students (IO)	279	289	300

[3] Other Includes BCC, TEFRA and other SoonerCare Choice members who are not part of TANF or ABD.

[4] OHCA has authority to enroll this population, but does not at this time due to systems modifications (OHCA is moving Insure Oklahoma's' current system from PowerBuilder to Interchange Exchange (iCE)).

II. ENROLLMENT INFORMATION (cont'd)

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

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

The Executive Council was formed as a part of the Governor's Blue Ribbon Panel to continue improving the range and quality of services accessible to Oklahomans with developmental disabilities. Two members of the Executive Council met with a representative from the OHCA Member Services, in December to receive information on all aspects of the Medicaid program as it relates to TEFRA children.

TEFRA Member Enrollments 2015	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
SoonerCare Choice	79	79	80	76
Total Current Enrollees	**571**	**589**	**601**	**606**

B. Provider Enrollment

SoonerCare Provider Enrollment by Type

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

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

2015 Provider Types	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
MD/DO	1,604	1,593	1,653	1,655
PA	343	350	360	367
APN	556	572	603	634
Total PCPs	**2,503**	**2,515**	**2,616**	**2,666**

2015 Insure Oklahoma Provider Types	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
MD/DO	1,193	1,214	1,254	1,289
PA	300	306	314	325
APN	414	431	458	490
Total PCPs	**1,907**	**1,915**	**2,026**	**2,104**

II. ENROLLMENT INFORMATION (cont'd)

SoonerCare Medical Home Provider by Tier

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

Providers by Tier 2015[5]	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Percentage in Tier 1: Entry Level Medical Home	54%	54%	54%	54%
Percentage in Tier 2: Advanced Medical Home	25%	25%	25%	25%
Percentage in Tier 3: Optimal Medical Home	21%	21%	21%	21%

Primary Care Physician (PCP) Capacities

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

	Jan-Mar		Apr-Jun		July-Sept		Oct-Dec	
SoonerCare Choice and Insure Oklahoma PCP Capacities 2015	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used
SoonerCare Choice	1,124,592	44%	1,151,757	43%	1,098,018	43%	1,146,767	41%
SoonerCare Choice I/T/U	100,900	19%	100,900	19%	98,400	18%	96,999	17%
Insure Oklahoma IP	437,938	1%	438,898	1%	429,269	1%	449,850	1%

[5] These counts were computed using a different method than indicated elsewhere on the report and are not comparable to any other figures. Non-participating PCMH are excluded.

II. ENROLLMENT INFORMATION (cont'd)

Indian Health

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

2015 Indian Health Provider Enrollment	Jan – Mar	Apr – Jun	July-Sept	Oct-Dec
Number of Clinics	57	57	56	58

C. Systems

Applications/Recertification

Online enrollment enhances eligibility determination by accepting applications over the internet. Individuals now have the opportunity to apply for SoonerCare, SoonerPlan, Soon-to-be Sooners and Behavioral Health programs on the internet and receive immediate results from the information they have submitted. Members are enrolled within 72 hours after receiving a completed application. Some rural areas may not have internet access; therefore, a paper application can be submitted.

2015 OHCA Media Type of Applications for SoonerCare	October	November	December	**Totals**
Home Internet	19,344	18,951	22,775	**61,070**
Paper[6]	0	0	0	**0**
Agency Internet	9,131	8,180	9,638	**26,949**
Totals[7]	**28,475**	**27,131**	**32,413**	

2015 Indian Health Online Enrollment Applications for SoonerCare[5]	October	November	December	**Totals**
Cherokee Nation	324	296	405	**1,025**
Chickasaw Nation	199	170	177	**546**
Choctaw Nation	280	202	235	**717**
Indian Health Services	640	618	690	**1,948**
Totals	**1,443**	**1,286**	**1,507**	

[6] A drastic drop in paper applications occurred on October 1, 2013; OHCA stopped using its agency paper application and began using federal paper applications in accordance with the Patient Protection Affordable Care Act (PPACA).

[7] Increases in totals are due to systems updates.

III. OUTREACH AND INNOVATIVE ACTIVITIES

A. Outreach

The Oklahoma Health Care Authority coordinates outreach efforts in order to inform, educate and potentially enroll qualifying children and families in the SoonerCare Program and to help qualified members access services. The SoonerCare Provider Directory is no longer printed and is available for download or viewing on the SoonerCare website. Due to current agency budget constraints, some outreach items are now only available for download through the SoonerCare Website. The OHCA continues to communicate information to our providers and members through newsletters for outreach and records.

2015 Outreach Materials Printed and/or Distributed[8]	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Member Materials Printed/Distributed				
Annual Benefit Update Packet[9]	Pending	0	215,280	0
New Member Welcome Packets	22,885	24,112	27,599	28,254
Information/Enrollment fair fliers	59,400	84,590	35,820	7,840
Postcard w/ER utilization guidelines	4,630	13,820	1,630	1,030
TEFRA Brochures	770	1,860	1,000	100
BCC Brochures				
a. English	100	5,070	1,090	430
b. Spanish	780	1,180	160	110
SoonerRide				
a. English	25	75	0[10]	2,210
b. Spanish	780	0	0[10]	0
SoonerCare Outreach Material				
SoonerCare Color and Activity Books	5,160	40,230	0	Out of stock
Misc. Promotional items (magnets, bandages, hand cleaner)	13,520	82,700	16,520	8,740
Smoking Cessation (English/Spanish combined)	600	2,690	1,642	5,700
SoonerCare Newsletters				
SoonerCare Companion Member Newsletter	0[11]	211,618	211,618	229,000
Provider Newsletters	11,207	11,207	10,931	20,500
Dental Provider Newsletters[12]	0	582	582	599
Provider Outreach Materials	2,477	2,980	2,110	0
Oklahoma Indian Tribe-Specific Materials	40	160	50	250

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

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

Member Services (MS)

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

2015 Member Services Outreach Letters	# of Letters Mailed	Response Rate
Prenatal Outreach	6,068	19%
Households with Newborns Outreach	9,128	12%
High ER Utilization Outreach	1,511	17%

2015 Member Services Activity	October	November	December	**Qtr. Totals**
Calls to BCC members with Confirmed Cancer Diagnosis	35	24	43	**102**
Calls to BCC Members at Renewal Period	12	9	9	**30**
Member Service Calls Handled in English	7,350	6,243	6,196	**19,789**
Member Service Calls Handled in Spanish	447	350	331	**1,128**
Member Inquiries				**13,176**

B. Innovative Activities

Electronic Health Records

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

This quarter, OHCA has paid out approximately $306,000 in EHR incentive payments to 19 qualified professionals. The "total qualified" in the chart below represents the total number of SoonerCare providers with a qualifying provider type. There were no new qualified professionals and hospitals that have attested to Stage 2 of meaningful use this quarter. The majority of providers are required to attest to an entire year of Meaningful Use, therefore they will not be able to attest until January 2016, hence the large drop in incentive payments this quarter. Since inception of the EHR program, incentives have been paid to a total of 2,586 eligible professionals and 107 eligible hospitals. OHCA is working on implementing the modified stage 2 rule changes and plans to have the changes implemented in January of 2016.

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

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

2015 Cumulative EHR Incentives Paid	Jan-Mar	Apr-Jun	July- Sept	Oct-Dec
Qualified Professionals	$48,251,670.00	$49,676,837.00	$50,732,254.00	$50,987,254.00
Qualified Hospitals	$54,878,817.00	$54,878,817.00	$54,878,817.00	$54,878,817.00
Cumulative Totals	**$103,130,487.00**	**$104,555,654.00**	**$105,611,071.00**	**$105,866,071.00**

Medicaid Management Information System (MMIS) Reprocurement

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

The MMIS division had movement on several projects they are currently working on and have initiated this quarter inclusive of:

- Eligibility and Enrollment enhanced match funding was approved through September 30, 2016.
- As part of the MMIS modernization, OHCA has initiated a Request for Information (RFI) for replacing the current Care Management Atlantes system.
- The OHCA MMIS modernization effort and enterprise architecture network diagram will be completed by March 2016.
- The Oklahoma Transformed Medicaid Statistical Information System (T-MSIS) Phase I and the Drug Rebate changes are operational. OHCA continues to wait for CMS to finalize T-MSIS Phase II requirements.

- The Drug Rebate Phase II changes are operational. There are some additional on-going changes that relate to drug rebates and the National Council for Prescription Drug Program (NCPDP).
- OHCA has obtained improved Business Objects functionality for the data warehouse, but continues to research other possible strategies at this time.
- OHCA has completed the transition of ICD-9 to ICD-10 to MMIS system as of October 1, 2015. The MMIS system is completely operational to receive ICD-10 claims.

Data Governance Policies and Procedures

The Data Governance Director works closely with the Data Governance Committee (DGC) around data policies and procedures. The DGC is made up of a cross section of OHCA employees. The DGC efforts take a proactive approach in ensuing that OHCA has reliable and comprehensive data to support good decision-making. In addition, this group manages sharing OHCA data with other state agencies and organizations to benefit the State overall and comply with applicable laws. The Data Governance Director also represents OHCA in similar activities involving multiple agencies with considerations given to services that can be shared.

DGC established new Data Governance Policies and Procedures:

- Established a process for ensuring that Data Use Agreement (DUA) exists where applicable in the sharing of data with external entities.
- Established a process that requires an executive sponsor and unit champion to perform oversight when data is requested and shared.
- Established a process for granting data warehouse access to users outside OHCA where appropriate.

C. Stakeholder Engagement

Tribal Consultation

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

This quarter, OHCA held a tribal consultation meeting on November 19, 2015. Participants included persons from the Absentee Shawnee Tribe, Citizen Potawatomi Nation, Chickasaw Nation, Oklahoma City Indian Clinic, and Indian Health Service.

During the tribal consultation meeting, the OHCA Federal and State Policy staff presented proposed policy changes, none of which had a direct impact to the SoonerCare Choice 1115

Demonstration Waiver. However, the OHCA did make tribal members aware that it is proposing to amend I/T/U rules for purposes of clarity and consistency with other sections of policy. Additionally, for Primary Care Providers at Indian Health Services Facilities, the OHCA proposed clarification of policy regarding authorization of medical residents as Primary Care Physicians.

The Native American Consultation Website is utilized as a means to notify tribal representatives of all programs and policy changes, as well as allow any feedback or comments. OHCA posts notifications to the website for a minimum of 30 days. OHCA has and will continue to consider all recommendations from the website and tribal consultations when making operational decisions, policy revisions and proposed amendments submitted to the Centers for Medicare & Medicaid Services.

Member Advisory Task Force (MATF)

The Member Advisory Task Force (MATF) performs four primary roles. It provides information to OHCA regarding issues that are an important part of the members' health care needs; educates OHCA staff regarding the needs of consumers to assure services are received in a way preferred by members; recommends potential changes to current services/policies; and offers new ideas for services and policies. The MATF is comprised of OHCA staff, representatives from the Oklahoma Family Network[13] (OFN), agency contractors and SoonerCare members.

MATF members met twice this quarter, October third and December fifth. Some of the topics discussed were the Oklahoma Durable Medical Equipment Reuse Program (OKDMERP), the ABD Care Coordination updates and the MATF Debrief of the 2015 OHCA Strategic Planning Conference. Oklahoma ABLE Tech, the statewide assistive Technology Act Program, partners with the OHCA to provide the OKDMERP which is designed to reuse durable medical equipment that is no longer needed and re-assign it to Oklahoma residents who are in need at no cost. OKDMERP now provides nebulizers for adult SoonerCare members, blood pressure monitors and knee walkers. MATF has suggested that more member stories with targeted messages about the reuse program be included in their newsletters. The program has challenges with getting donated items and individuals returning DME once they no longer need it. Some recommended solutions were to add more drop off sites such as Pediatric offices and libraries and putting stickers on the equipment to remind members how and where to donate DME no longer needed. The new member newsletter now includes OKDMERP as requested by MATF.

MATF members were updated on the HB1566 ABD Care Coordination process. In addition to the Stakeholder meetings there are regional focus group, tribal regional group and other small group meetings being held across the State. One concern was that the voice of the low income elderly population has not been well represented at the meetings so there is an initiative to get that population involved. One suggestion for the ABD Care Coordination meeting from the

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

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

MATF was to show where participants were calling from when livestreaming in order to show statewide input. Self-Directed Service (SDS) families were concerned that once ABD Care Coordination takes place, OHCA may not know of any system problems if members are divided between three organizations of a Choice program (ABD not included), the Insure Oklahoma program and a revamped MCO model with the ABD population. It was assured that the HMO's would be required to share any trends and concerns with OHCA as part of the monitoring process.

MATF members had a debrief meeting of outcomes and "take aways" from the 2015 Strategic Planning Conference. The topic most discussed was Health Information Exchange (HIE) with members being able to access their information through telemedicine and appointment reminders through mobile phones. Members were also impressed with the ability to develop dashboards on the OHCA website.

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

A. SoonerCare and Insure Oklahoma Operations

1. Department Operations

Health Promotions and Community Relations

Health Promotion Coordinators

This quarter, Health Promotion and Community Relations have changed their name to the Office of Health Promotion. Community Relation Coordinators (CRC) are now Health Promotion Community Strategists (HPCS).

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

For more information regarding the approved cessation products members may visit website FDA Approved Tobacco Cessation Products.

The Oklahoma Tobacco Helpline Fax Referral program was designed to decrease the number of SoonerCare pregnant women who use tobacco. The Oklahoma Tobacco Helpline is a free service for all Oklahomans seeking to quit their tobacco use. The helpline can be assessed by phone at 1-800-QUIT-NOW or online at Oklahoma Tobacco Helpline.

This quarter, HPCs provided tobacco cessation training for providers at:

- Memorial Medical Group Center for Health, Lawton;
- Express Family Clinic was provided Quit Kits;
- The Lawton Indian Hospital; and
- Lawton Indian hospitals on SoonerCare tobacco cessation benefit coverage and billing.

HPCs also worked on completing the policy change to remove duration limits for tobacco cessation products excluding Chantix. In addition, HPCs collaborated with Office of Creative Media and Design (OCMD) to help create social media content for the Great American Smokeout. The content was a quit smoking success story from one of our own employees and the social media post did very well. Lastly, there was interview segment featured on Oklahoma Educational Television Authority (OETA) local television station, discussing the SoonerCare tobacco cessation benefits and the Oklahoma Tobacco Helpline.

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

Highlights of SoonerFit include:

- "SoonerFit moment" at the State Agency Soccer League All Star game. During half time kids and adults got up and danced while HPCs passed out SoonerFit promo items.
- SoonerFit Art contest featured the top two winners at the end of SoonerCare Work Activities and Projects (SWAP) and sent them home with a SoonerFit basket of goodies. The artwork from the first place winner will be used for the cover of the SoonerCare member handbook.
- With the assistance of the HPCs, OHCA earned the Excellence certification award, which is the highest of the award's three levels.
- HPCs attended Open Streets on the south side of OKC, talked with families about the SoonerFit.org website and had them play some games to win a SoonerFit incentive item.
- Soonerfit was featured on the State Agency Soccer League Website advertisements were announced at the All Star Game as well as promotion in the "Advocate" – a newsletter from Oklahoma Public Employee Association (OPEA).

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

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

Health Promotion Community Strategists
The HPCS represent the OHCA as outreach liaisons to the partners, members and community. Their primary goals and objectives are to build positive relationships, educate and address any questions regarding SoonerCare, Insure Oklahoma, Text4Baby messaging service, and other initiatives that would benefit our members.

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

The Office of Health Promotion team established thirteen new partnerships this quarter resulting in approximately 538 active partnerships. The HPCS's outreach efforts throughout the state have produced several major highlights and accomplishments this quarter.

HPCS highlights for each region this quarter include:

Northeast:

- Participated in community health assessment for Ottawa, Okmulgee and Wagoner County
- Promotion of the new SoonerRide publications
- Worked with FQHC in Northeast Oklahoma at an Enrollment event, enrollment was provided for SoonerCare and Insure Oklahoma

Northwest:

- Made a presentation before the Board about our community engagement in the Northwest

Central/Southwest:

- Working to distribute the new SoonerRide card
- Setup an Insure Oklahoma/SoonerCare talking session for the Lions Club of Purcell

Southeast:

- Presented to Tri-County Parent Support group about SoonerCare Programs
- Worked with Stigler Health & Wellness to bring an OB/GYN provider to Haskell, McIntosh and Latimer counties, due to the high numbers of fetal and infant mortality in those counties by sharing OHCA data

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

Medical Authorization Unit (MAU)

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

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

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

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

Oklahoma Health Care Authority continues to collaborate with eviCore Innovative Solutions regarding the implementation of the Therapy Management program and the Radiology Management program. This collaboration has successfully resulted in cost-effective care, more appropriate diagnostic imaging services and a quicker turnaround time for prior authorizations.

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

This quarter, MAU processed 12,902 PARs and handled 1,166 calls. The OHCA sent a letter to providers in August of 2015 notifying them of changes that would take place October 1, 2015 of ability to bill allergy services. This would account for decrease in the PARs MAU processed this quarter due to the procedure codes and additional documentation that would be required (Refer to Attachment 4). This however did not create an access to care issue for members. The Therapy Management Program received an average of 5,805 PARs per month with a turnaround time of two business days. The Radiology Management Program received an average of 5,607 requests per month and handled 1,953 calls.

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

2015 Medical Authorization Unit Activity	October	November	December	**Qtr. Totals**
MAU Calls Handled	336	292	348	**976**
Total Prior Authorizations[14]	4,325	3,489	3,876	**11,690**
Number of Reviewers (Analysis or Nurse)	12	12	12	
Average Number of PAs per Reviewer	314	255	268	
Percentage Total of PA Denials	3%	4%	3%	
Number of Denials	130	139	116	**385**

2015 eviCore Activity	October	November	December	**Qtr. Totals**
eviCore Calls Handled	2,111	1,795	1,859	**5,765**
Total Prior Authorizations	5,923	5,291	5,200	**16,414**
Number of Reviewers (Analyst or Nurse)	115	115	115	
Average Number of PAs per Reviewer	52	46	45	
Percentage of Total PA Denials	14%	14%	9%	
Number of Denials	806	733	447	**1,986**

Population Care Management (PCM)

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

The PCM division serves an average of approximately 8,800 SoonerCare members per month with Care Management Services.

[14] The decrease in number is due to the Medical Authorization Unit redefining their prior authorization procedures regarding Immunotherapy.

Case Management Unit (CMU)
The Case Management Unit (CMU) provides event-based case management and certain supportive eligibility determinations and utilization management functions to other areas of the agency such as: the Long Term Care Administration Unit, the Program of All-Inclusive Care for the Elderly (PACE), and the Tax Equity and Fiscal Responsibility Act eligibility unit (TEFRA). This quarter the CMU has averaged 4,072 active cases per quarter and 3,509 new cases have been opened and worked by the CMU.

Phase I of the Fetal Infant Mortality Rate (FIMR) initiative monitors prenatal women for the duration of their pregnancy through their infants' first birthday. This quarter, the CMU reported 373 new FIMR mother cases with an average of 553 FIMR mom members in active case management during any given month.

Phase II of the initiative, which focuses on educating prenatal women on their newborn's needs, reported 550 new FIMR infant (younger than one year old) cases with an average of 1,563 FIMR baby members in active case management.

The Interconception Care (ICC) initiative is also included in the FIMR evaluation. This initiative centers on pregnant women, ages 13 to 18, which have been identified in the 13 FIMR counties who can remain in active care management until one-year post delivery. The CMU staff enrolled 11 new ICC cases this quarter with an average of 59 members managed in this program during any given month. As of December 2015, four ICC babies are being followed.

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

This quarter, the Chronic Care Unit has averaged 502 open cases per quarter and a total of 234 new cases have been opened. The Chronic Care Unit continues to use data mining to identify members with Hemophilia, Sickle Cell Disease and Hepatitis C for specific case management programs that may benefit from case management of this program. Members with Hemophilia and Sickle Cell Disease who have high cost and ER utilization, members with prior authorization for the Bariatric surgery process and prior authorization for Hepatitis C pharmaceutical treatment are all considered candidates and outreach efforts are initiated for those members. In addition to those targeted groups, the CCU also receives referrals from members with chronic conditions and providers seeking services for members with chronic conditions that are potential participants of this program.

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

The CCU continues its collaboration with the OHCA pharmacy unit, Jimmy Everest Center at OU Medical Center and works closely with the OHCA HMP unit. To date, the CCU has assisted more than 150 Hepatitis C treatment cases, coordinating care between the members, prescriber, PCP, supplying pharmacy and OHCA pharmacy staff. They also continue to enhance case management for high cost members with sickle cell disease and hemophilia through quarterly meetings with nurses and social workers from the Jimmy Everest center. This unit also initiated outreach efforts on select members who have completed the online health risk assessment whose results showed a specific chronic disease profile. The CCU continues to work with HMP on select populations with Chronic Diseases.

Breast and Cervical Cancer Program (BCC)

The Breast and Cervical Cancer Program requires women to screen for breast or cervical cancer under the Breast and Cervical Cancer Early Detection program (BCCEDP). Qualifications for this program are abnormal screening results or a precancerous condition. This program, also known as Oklahoma Cares, is a partnership of the Oklahoma State Department of Health (OSDH), the Oklahoma Department of Human Services (DHS), the Cherokee Nation, The Kaw Nation and the OHCA. (Refer to Attachment 5). The BCC total enrollment, which is a subset of the CMU cases, has averaged 443 cases this quarter with an average of 41 new cases received per month.

Care Management Activity 2015	October	November	December
Active Cases under Care Management	4,031	4,121	4,065
Case Load per Adjusted RN FTE	176	166	157
High-Risk and At-Risk OB – Following[15]	816	880	864
High-Risk and At-Risk OB – New	398	366	355
OK Cares New Enrollment	49	44	31
OK Cares Total Enrollment	460	448	422
Private Duty Nursing Cases - New	6	3	7
Private Duty Nursing Cases - Following	190	190	188
Onsite Evaluations (TEFRA, Private Duty Nursing)	43	44	43
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	69	63	58
Out of State – Clinical Review – New	57	72	56
Out of State – Clinical Review – Following	37	42	37

2015 Oklahoma Cares Member Enrollments	October	November	December
SoonerCare Choice	262	254	248
Traditional Enrollees	198	194	174
Totals	**460**	**448**	**422**

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

2015 BCC Certified Screeners	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Certified Screeners	1,046	1,019	1,054	1,070

2015 Outreach Activities Related to BCC Members	October	November	December	**Totals**
Care Management Activities Related to BCC Members	840	697	742	**2,279**
Number of Calls Made by Member Services to BCC Members at Renewal Period	12	9	9	**30**
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	35	24	43	**102**

Provider Services

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

This quarter, the Oklahoma Health Care Authority sent out seven letters to inform providers of changes in various programs. Several letters may have indirect impact on the waiver, but one will have direct impact to the PCMH model in the waiver.

Provider Letter 2015-25, (Refer to Attachment 6) notified providers of PCMH new contract requirement for behavioral health screening. Effective January 1, 2016, Quality Assurance/Quality Improvement (QA/QI) nurse review will begin documenting compliance with behavioral health screening in both the medical home and the medical record components of the three-component review.

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

2. Program-Specific Operations

Health Access Network (HAN)

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

Active HANs in Oklahoma include:

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

- The Oklahoma State University (OSU) Network HAN is administered by Oklahoma State University Center for Health Services.

The University of Oklahoma OU Sooner HAN
The University of Oklahoma OU Sooner HAN had an unduplicated enrollment of 103,470 members for the quarter ending December 2015.

This quarter the Sooner HAN served 1,085 unique members. Care management was provided to these members with conditions related to:

- High Risk Pregnancy
- Breast and Cervical Cancer
- Hemophilia
- Asthma
- Diabetes
- Emergency Room Visits
- Other General Health Conditions

Sooner HAN continues to work on improvement of Behavioral Health services through a learning series for Sooner HAN care managers. The managers participated in an internal learning session on Mindfulness, with the goal to enhance care services regarding how they pay attention to their members. Mindfulness is an exercise in paying attention on purpose, in the present moment and in a nonjudgmental state.

This quarter 81,763 referrals were initiated in Doc2Doc which included an updated interface between Doc2Doc and the OHCA portal for specialty care authorizations. In addition, the Doc2Doc team is in the process of making updates to include implementation of ICD-10 codes.

The Partnership for Healthy Central Communities (PHCC) HAN
The PHCC HAN had an unduplicated enrollment of 3,528 members by the end of December 2015. PHCC continues to work toward implementation of the Doc2Doc referral tool.

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

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

In addition, the PHCC HAN continues outreach to members who meet the criteria for the Asthma Improvement Plan initiative. As a result of this initiative, one peak flow meter was distributed during the quarter.

Oklahoma State University Health Access Network (OSU Network HAN)
The OSU Network HAN had an unduplicated enrollment of 12,950 members by the end of December 2015.

The OSU Network HAN has a current staff of HAN Director, Medical Director and three case managers. Future plans include the addition of a Data Analytics/Quality Assurance position and a Licensed Clinical Social Worker. The program continues to explore staffing needs to grow the program throughout the Tulsa and surrounding areas.

The OSU HAN met with the OHCA on two separate occasions this quarter to receive more in depth training on case management as well as general information about the OHCA and the history of the HAN programs across the state. The OSU HAN also met with the operations manager of the OU Sooner HAN to discuss departmental processes, roles and reporting.

The OSU HAN continues to meet with providers in order to ensure awareness of the network. This quarter the OSU HAN Director met with representatives from the Muskogee Children's Clinic, Houston Park Internal Medicine and Specialty Services Clinic, HCC Family Medicine Clinic and the North Health and Wellness Clinic. OSU HAN representatives also visited with several other providers throughout the state during the OSU Primary Care Update conference.

Creation of an OSU Han website was completed this quarter and was designed to cater to both physicians and patients. The website can be accessed at OSU HAN.

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

2015 HAN Enrollment	OSU Network HAN	OU Sooner HAN	PHCC HAN
October	13,112	103,030	3,380
November	13,241	103,865	3,485
December	12,950	103,470	3,528
Totals	**39,303**	**310,365**	**10,393**

Health Management Program (HMP)

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

The HMP uses registered nurses on location in selected PCP offices to provide educational support and care management services to providers and members that are a part of the HMP. The 42 practices sites are staffed with 33 embedded health coaches and incorporate practice facilitation services. With health coaches embedded into PCP practices this provides for more one-on-one care management to the members.

As of December 31, 2015 there were a total of 4,490 members engaged with a health coach. Practice facilitators have health coach training and certification in Nursing and Chronic care and work with the health coaches to coordinate efforts for members and providers within the practices. By the end of December, 2015 there were eight practice facilitators for HMP. Additionally, the (OHCA) HMP Senior Nurse Analyst visited seven HMP practices this quarter to see how effective the utilization of Telligen has been to date. Areas of discussion included the benefit of having Telligen staff in the practice, success in meeting the required chronic disease measures, practice workflow and educational needs and member enrollment/engagement.

There are a total of 42 practice site clinics with four to be determined pending tier assignment. The four practices pending tier assignment have been delayed for various reasons including construction, satellite site assessment or an incomplete assessment. Practice facilitation is divided into the following four tiers based on the level of services the practice is receiving:

Practice Facilitation Tiers	Description	Number of Practices
Tier 1	Practice has never received practice facilitation; clinic needs full practice facilitation services before deployment of a health coach.	4
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.	29
Tier 4	High-functioning practice; has embedded care management staff due to participation in another initiative or grant program, but practice still requests inclusion in academic detailing and other educational services.	0

The Practice Facilitators and Health Coaches conducted 46 Academic Detailing sessions with the practices and had 253 in attendance. Academic detailing sessions are meetings with practices and providers to review areas of improvement and assess job success through methods such as the Plan-Do-Study-Act (PDSA) process, additional training, focusing on quality and staying current

with the Centers for Disease Control (CDC) reports. The Practice Facilitators and Health Coaches conducted 109 Educational Presentations to providers and their staff with 450 in attendance. Some of the topics covered this quarter were Food and Drug Administration (FDA) Drug update and releases, Behavioral Health Screening for Adults, Diabetic resource education and Strategies and tips for improved Health Literacy.

Health Coaches 2015	Jan-Mar	April-June	July-Sept	Oct-Dec
Number of Health Coaches	29	32	30	33

The mHealth initiative is a mobile engagement solution that allows the HMP staff to communicate with members through text messages. The Health Coaches engage with the members regarding mHealth and educate them on how to enroll during the coaching sessions. There are 626 members enrolled in the mobile engagement solution called mHealh. The HMP can send out messages/scripts such as the flu shot reminder or other health education messages as well as allowing a member to text their blood sugar reading and receive a message based on the result.

Insure Oklahoma (IO)

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

The State leadership announced Insure Oklahoma's increased employer size limit to 250 employees. This announcement allows Insure Oklahoma to maximize program usage and improve health outcomes and expand health care coverage. The OHCA continues to present educational information on Insure Oklahoma to business organizations, including local groups such as Lion Club and Statewide insurance agent organizations. OHCA staff is continuing outreach efforts for college students. OHCA presented to the board of State Regents for Higher Education twice this period and attended eight college health fairs. The goal is to raise awareness among the board of State Regents for Higher Education and Oklahoma college students of the eligibility category under Insure Oklahoma. The OHCA continues its statewide broadcast, digital and print campaign that launched in August 2015. The first phase of the campaign concluded in December 2015. During the campaign social media posts reached thousands of Oklahomans with one post reaching more than 120,000 people. English and Spanish radio ads played statewide and television and internet video ads aired over broadcast and cable networks sharing information about the Insure Oklahoma programs. Enrollment increased from 17,137 in August to 18,444 in

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

December 2015. OHCA has renewed its contract with the advertising vendor for 2016. The new website redesign project OHCA began last quarter is still under development. The Oklahoma Tax Commission distributed 1,800 ESI Insure Oklahoma brochures[16] in English and 460 in Spanish. They also distributed 3,850 IP brochures in English and 1,560 IP in Spanish.

2015 Employer-Sponsored Insurance (ESI) Program Participating Employers	October	November	December
Approved Businesses with Participating Employees	3,565	3,559	3,575

2015 Average ESI Member Premium	October	November	December
Member Premium[17]	$314.93	$311.48	$314.11

2015 ESI Subsidies	October	November	December
Employers Subsidized	2,398	2,387	2,216
Employees and Spouses Subsidized	9,250	9,640	9,408
Total Subsidies	**$3,633,748.17**	**$3,809.835.51**	**$3,992,371.38**

2015 Average Individual (IP) Member Premiums	October	November	December
Member Premiums	$37.04	$36.88	$37.07
Average FPL of IP Members	61.42%	61.53%	61.64%

2015 ESI Average Per Member Per Month	October	November	December
Average Payment Per Employee	$286.67	$289.21	$297.60
Average Payment Per Spouse	$462.02	$471.36	$468.35
Average Per College Student	$282.29	$276.52	$291.57
Average Per Dependents	$164.06	$159.31	$169.11

2015 IP Subsidies	October	November	December	**Qtr. Totals**
Total Premiums Received	$99,750.47	$107,847.89	$107,545.19	**$315,143.55**
Total Member Months	3,954	3,912	3,869	**$11,735.00**
Total Paid Claims	$1,524,545.16	$1,712,572.81	$2,212,134.30	**$5,449,252.27**
Average Claim Per Member Per Month (PMPM)	$360.34	$410.21	$543.96	

[16] ESI brochures were removed from the ordering site during this quarter in order to revise outdated information.
[17] Financial data is based on the previous month's (e.g. January premiums are reported in February). Premium averages will fluctuate based on members' income for the month.

2015 Insure Oklahoma Average Cost[18]	October	November	December
ESI	$92.00	$93.00	$96.00
IP	$25.00	$28.00	$28.00

2015 ESI Program Enrollment as of December[19]	0-100% FPL	101-138% FPL	139% and Over	**Totals**
Employee	2,133	3,745	6,316	**12,194**
Spouse	420	626	1,009	**2,055**
Student	29	28	62	**119**
Dependent	0	0	230	**230**
IO ESI Totals	**2,582**	**4,399**	**7,617**	**14,598**

2015 IP Program Enrollment 0-100% FPL	October	November	December[19]
Employee	2,931	2,893	2,870
Spouse	811	809	795
Student	178	176	181
IO IP Totals	**3,920**	**3,878**	**3,846**

B. Policy Developments

Waiver Development & Reporting (WD&R)

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

The OHCA is in discussion with CMS regarding changes to the Demonstration waiver as allowed in the Special Terms and Conditions, which does not require formal waiver amendment actions. The summary of the changes include: Enhancement to the Health Management Program with an anticipated implementation date of January 1, 2016:

a) Telephonic health coaching will be added as modality for educating members; and
b) The SoonerCare pain management program will be implemented in the HMP. Practice facilitators will provide evidence-based education to providers regarding pain management. Practice facilitators will assist selected practices with quality improvement initiatives related to pain management.

[18] See Attachment 7: Insure Oklahoma Fast Fact Summary, January 2016
[19] See Attachment 8: Insure Oklahoma Data by FPL, December 2015. Totals will fluctuate based on members enrolling and dis-enrolling on a monthly basis.

In addition, the OHCA proposed to initiate an across-the-board rate reductions impacting the demonstration with respect to care coordination payments to the SoonerCare Choice PCMH PCPs, and the SoonerExcel performance incentives payments pool. The new payments are anticipated to become effective February 1, 2016. The SoonerExcel performance incentives payment pool will be reduced to $2,764,500 (formerly $2,850 million).

The waiver staff continued to follow-up with routine operations to keep the demonstration in compliance with the waiver authority. The draft Evaluation Design for 2016-2018 waiver renewal requests was submitted to CMS on November 9, 2015 with anticipated response comments from CMS early January 2016. The waiver staff are currently working on drafting the Final Waiver Evaluation results for 2013-2015 demonstration years to submit to CMS by the end of April 2016. The OHCA participated in three CMS monthly monitoring calls on October 15, November 19 and December 17 as well as other CMS calls on an as-needed basis.

Rule Changes

During the OHCA Board meetings, the OHCA State and Federal Policy and Waiver staff discussed proposed rule changes. One rule was approved regarding the operation of 1915(c) waivers, however, this rule does not impact the 1115 Demonstration Waiver.

Two rule changes that involve programs set out in the 1115 waiver were drafted during this quarter. The first rule clarifies inconsistent and conflicting language authorizing medical residents as Primary Care Physicians and will be voted on by the OHCA Board of Directors in February of 2016. The second rule change revises policy of the Insure Oklahoma Program to be in better alignment with future business processes, online enrollment and the Patient Protection Affordable Care Act (PPACA). This rule change is anticipated to be voted on during the March 2016 OHCA Board Meeting. Currently the 1115 waiver authority does not speak to Insure Oklahoma business processes for premium assistance programs, therefore there are no anticipated amendments to the waiver. In addition to language revisions, Emergency transportation will be added to the Insure Oklahoma Individual Plan, if approved by the OHCA Board of Directors in March 2016.

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

Legislative Activity

Pursuant to HB 1566, OHCA continues to work with its consultant, Pacific Health Policy Group (PHPG), to move forward with the development of the next stages of this bill. After careful review and analysis of the information received through various venues for stakeholder engagement, and through responses to the RFI, the OHCA has chosen a fully capitated statewide model of care coordination. The model was announced on November 30, 2015. (Refer to Attachment 9)

OHCA believes this model will meet the intent of the legislation by providing the highest quality of care for the ABD population, while helping to control cost and improve health outcomes. RFP development began in December 2015 with an anticipated release of June 2016. For a complete overview of HB1566, visit ABD Care Coordination Web Page.

V. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES

Budget Neutrality Model

Oklahoma's actual per member per month expenditures are less than the allowed per member per month expenditures for all categories except the Aged, Blind and Disabled-Rural. In the overall life of the waiver, the state has $4 billion in Budget Neutral savings and, ending this quarter; the state has $995,302,172 in savings for the year. (Refer to Attachment 10)

Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Year
December 31, 2015

Waiver Year	Member Months (Enrolled & Unenrolled	Costs Without Waiver	Waiver costs on HCFA-64	Variance
Waiver Year #1 – 1996	2,337,532	$286,138,649	$249,006,422	$37,132,227
Waiver Year #2 – 1997	2,282,744	$297,653,392	$281,953,273	$15,700,119
Waiver Year #3 – 1998	2,550,505	$354,302,018	$303,644,031	$50,657,987
Waiver Year #4 – 1999	3,198,323	$538,659,237	$426,247,022	$112,412,215
Waiver Year #5 – 2000	3,496,979	$690,766,574	$592,301,080	$98,465,494
Waiver Year #6 – 2001	4,513,310	$981,183,083	$773,255,432	$207,927,651
Waiver Year #7 – 2002	4,823,829	$1,115,197,420	$850,084,088	$265,113,332
Waiver Year #8 – 2003	4,716,758	$1,087,570,219	$917,176,458	$170,393,761
Waiver Year #9 – 2004	4,886,784	$1,199,722,904	$884,795,047	$314,927,857
Waiver Year #10– 2005	5,038,078	$1,316,858,687	$1,001,434,761	$315,423,926
Waiver Year #11 – 2006	5,180,782	$1,436,886,838	$1,368,966,664	$67,920,174
Waiver Year #12 – 2007	5,451,378	$1,582,588,945	$1,445,598,253	$136,990,692
Waiver Year #13 – 2008	5,386,004	$1,660,246,277	$1,620,066,352	$40,179,924
Waiver Year #14 – 2009	5,839,782	$1,883,856,292	$1,877,829,088	$6,027,204
Waiver Year #15 – 2010	6,367,794	$2,154,894,736	$1,994,807,073	$160,087,663
Waiver Year #16 – 2011	6,420,012	$2,297,585,363	$2,129,385,450	$168,199,914
Waiver Year #17 – 2012	6,819,943	$2,543,469,377	$2,227,024,758	$316,444,619
Waiver Year #18 – 2013	7,011,670	$2,749,107,136	$2,188,257,442	$560,849,694
Waiver Year #19 – 2014	7,392,534	$3,026,121,382	$2,328,224,834	$697,896,548
Waiver Year #20 – 2015	7,559,632	$3,164,107,136	$2,285,951,930	$995,302,172
Total Waiver Cost	**101,274,373**	**$30,366,915,663**	**$25,746,009,457**	**$4,620,906,206**

VI. MEMBER MONTH REPORTING

A. Budget Neutrality Calculations

Eligibility Group	October	November	December	**Qtr. Ending Totals**
TANF-Urban	337,595	337,964	333,219	**1,008,778**
TANF-Rural	233,879	230,094	226,600	**690,573**
ABD-Urban	30,505	30,420	30,172	**91,097**
ABD-Rural	23,957	23,899	23,747	**71,603**

B. Informational Purposes Only

Eligibility Group	October	November	December	**Qtr. Ending Totals**
Working Disabled Adults-ESI	0	0	0	**0**
Working Disabled Adults-IP	1	0	0	**1**
Working Non-Disabled Adults-ESI	13,364	13,940	14,249	**41,553**
Working Non-Disabled Adults-IP	3,742	3,702	3,665	**11,109**
Full-Time College Student-IP	101	113	119	**333**
Full-Time College Student-ESI	178	176	181	**535**
Foster Parents-ESI[4]	0	0	0	**0**
Foster Parents-IP[4]	0	0	0	**0**
Not-For-Profit Employees-IP[4]	0	0	0	**0**
Not-For-Profit Employees-ESI[4]	0	0	0	**0**
TEFRA	581	569	575	**1,725**
SCHIP Medicaid Expansion Children	93,081	94,906	93,868	**281,855**

Demonstration Expenditures	October	November	December	**Qtr. Ending Totals**
HAN	531,850	536,565	534,765	**1,603,180**
HMP	692,880	685,663	709,381	**2,087,924**

VII. CONSUMER ISSUES

A. Member Inquiries

The Member Service Tier II takes various inquiries from members that are identified according to call categories. The member services unit has worked on ways to better identify the type of member inquiry to place calls in identified categories.

2015 Member Inquiries	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Program Complaint	20	39	26	31
Complaint on Provider	125	119	99	72
Fraud and Abuse	57	54	57	51
Access to Care	6	17	9	8
Program Policy	2,274	2,550	3,442	3,069
Specialty Request	381	454	275	202
Eligibility Inquiry	4,890	4,033	5,496	5,508
SoonerRide	1,839	2,091	2,570	2,110
Other[20]	0	0	0	0
PCP Change	727	605	703	593
PCP Inquiry	684	750	622	548
Dental History	50	19	29	11
Drug/NDC Inquiry	134	82	64	5
Medical ID Card	278	257	326	271
PA Inquiry	775	750	986	697
Totals[21]	**12,240**	**11,820**	**14,704**	**13,176**

B. Helplines

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

Insure Oklahoma Helpline

2015 Insure Oklahoma IP Helpline	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	15,673	13,531	13,463	15,880
Number of Calls Answered	14,991	13,327	13,258	15,138
Number of Calls Abandoned	682	204	205	364
Percentage of Calls Answered	94%	98%	98%	95%

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

VII. CONSUMER ISSUES (cont'd)

2015 Insure Oklahoma ESI Helpline	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	3,928	3,057	3,469	4,228
Number of Calls Answered	3,790	3,007	3,449	4,174
Number of Calls Abandoned	138	50	20	54
Percentage of Calls Answered	91%	98%	99%	98%

Online Enrollment Helplines

2015 Online Enrollment Helpline Calls (English)	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	24,723	20,735	28,341	30,188
Number of Calls Answered	23,476	20,350	27,588	29,489
Number of Calls Abandoned	1,247	385	753	699
Percentage of Calls Answered	94%	98%	97%	97%

2015 Online Enrollment Helpline Calls (Spanish)	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	301	214	245	249
Number of Calls Answered	283	184	218	234
Number of Calls Abandoned	18	30	27	15
Percentage of Calls Answered	91%	86%	88%	94%

SoonerCare Helpline

2015 SoonerCare Helpline Calls	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	178,868	151,368	178,896	174,807
Number of Calls Answered	166,161	145,849	170,110	168,614
Number of Calls Abandoned	12,707	5,519	8,786	6,193
Percentage of Calls Answered	89%	97%	95%	96%

C. Grievances

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

2015 SoonerCare Choice Grievances Oct-Dec	Pending	Closed Reason	**Totals**
Eligibility	8	2 Dismissed 1 Resolved 1 Withdrew	**12**
Prior Authorization: Dental	3	1 Withdrew 1 Resolved	**5**
Prior Authorization: Pharmacy	6	2 Dismissed 1 Untimely	**9**
Prior Authorization: Durable Medical Equipment	2	1 Dismissed	**3**
Prior Authorization: Other	3	1 Resolved	**4**
Prior Authorization: Other Surgery	2	0	**2**
Prior Authorization: Radiology Services	2	0	**2**
Private Duty Nursing (PDN)	2	0	**2**
Miscellaneous	1	1 Untimely	**2**
Miscellaneous: Unpaid Claim (Member)	3	1 Dismissed	**4**
TEFRA	0	1 Dismissed	**1**

2015 Insure Oklahoma Grievances Oct-Dec	Pending	Closed Reason	**Total**
Eligibility	3	2 Dismissed 2 Resolved 1 Withdrew	**8**

VIII. QUALITY ASSURANCE/MONITORING ACTIVITIES

A. Quality Assurance (QA)

SoonerRide

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

This quarter, 195,413 SoonerRide trips were made with the average cost per trip of $37.77. SoonerCare individuals from all 77 Oklahoma counties utilized the SoonerRide program.

A SoonerRide member satisfaction survey was conducted this quarter. A random selection of 500 SoonerCare members that utilized the services within this quarter was selected to participate in this survey. There was a 61 percent response rate to the survey. Survey results indicated that 91 percent of survey participants gave the program a positive rating, five percent gave the program a poor rating and four percent either refused or did not provide an overall rating.

Access Survey

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

2015 Access Survey	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Providers Called	895	904	906	922
Percent of Providers with 24-hr Access on Initial Survey	93%	95%	94%	94%
Percent of Providers Educated for Compliance	7%	5%	6%	6%

IX. DEMONSTRATION EVALUATION

Hypothesis

OHCA is initiating reporting on all hypotheses for the 2013-2015 extension periods. This quarter interim data for hypothesis 9B, 9F, 9G and 9H are available.

Hypothesis 9B directly relates to Sooner Care Choice waiver objective three providing active, comprehensive care management to members with complex and/or exceptional health care needs and HMP objective four improving the effectiveness of providers in caring for members with chronic disease or at risk for such disease and one of CMS's three part aim improving access to and experience of care.

The incorporation of Health Coaches into primary care practices will result in increased PCP contact with nurse care managed members, versus baseline for two successive years and a comparison group of eligible but not enrolled members.

Numerator:

A. Total PCP visits for members engaged in nurse care management for a 12-month continuous period, starting in SFY2014 (engaged group).

B. Total PCP visits for members engaged in nurse care management for the 12-month continuous period comprising SFY2013 when nurse care management occurred through telephonic outreach and in-home visits (baseline group).

C. Total PCP visits for members' eligible but not enrolled in either nurse care management or the OHCA Chronic Care Unit for a 12-month continuous period, starting in SFY2014 (comparison group).

Denominator:

A. Total member months in SFY2014 for engaged group.

B. Total member months in SFY2013 for baseline group.

C. Total member months in SFY2014 for comparison group.

Part A Results: The methodology has changed to now report the compliance of health coached participants 20 years of age and older who had an ambulatory/preventive care visit during this measurement year. The outcome of the participants measured (3,617 of 3,757), yielded 96.3 percent of members having contact with primary care physicians.

Part B Results: As a result of the changes made to the HMP, members engaged in telephonic nurse care management were transitioned to the CCU, which is part of the agency's PCM department. These members were not included in the annual HMP evaluation and therefore, we do not have results for this measure. The OHCA will continue to monitor the care of members in this department.

Part C Results: The comparison group is the general SoonerCare population. The compliance rate of participants 20 years of age and older who had an ambulatory/preventive care visit during the measurement year was 84.7 percent. Hypothesis language has been updated to report this measure going

forward, these numbers will be used as the baseline. The OHCA will continue to monitor the impact of this measure on members.

HMP Preventive Measures-Practice Facilitation Members vs. Comparison Group	Comparison Group Compliance Rate
Adult Access to Preventive/Ambulatory Care	84.7%

Hypothesis 9F directly relates to Sooner Care Choice waiver objective three providing active, comprehensive care management to members with complex and/or exceptional health care needs and HMP objective one improving health outcomes and reducing medical costs of the population served and two of CMS's three part aim improving quality of health care.

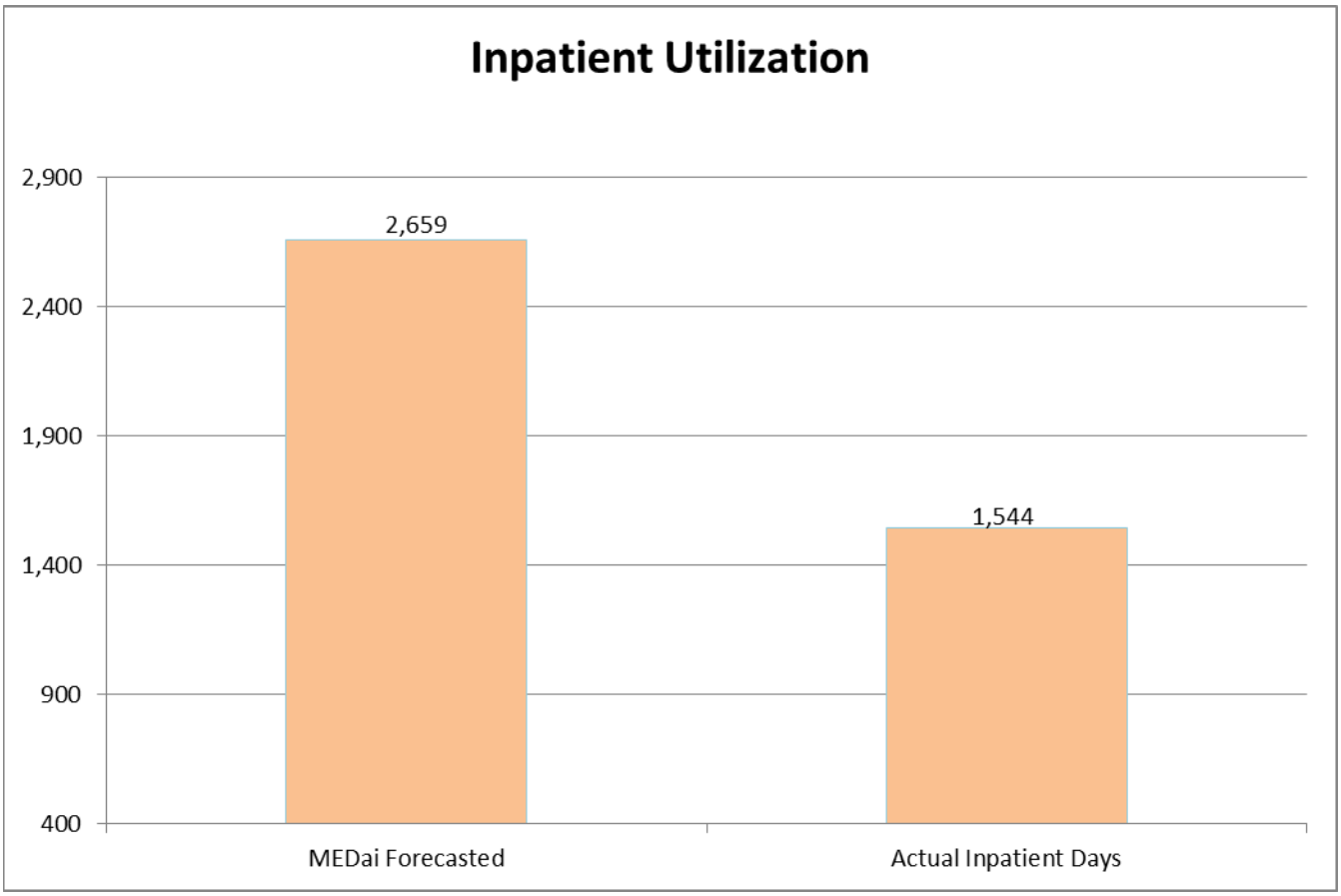
Nurse care managed members will have fewer hospital admissions and readmissions than members in a comparison group comprised of eligible but not enrolled members.

Numerator:
A. Total hospital admissions in a 12-month period for members engaged in nurse care management for at least a 3-month continuous period within the 12 months, starting in SFY2014 (engaged group).
B. Total hospital readmissions within 30 days of discharge for members engaged in nurse care management for at least a 3-month continuous period within the 12 months, starting in SFY2014 (engaged group).
C. Total hospital admissions for members eligible but not enrolled in nurse care management or the OHCA Chronic Care Unit, starting in SFY2014 (comparison group).
D. Total hospital readmissions within 30-days of discharge for members eligible but not enrolled in nurse care management or the OHCA Chronic Care Unit, starting in SFY2014 (comparison group).

Denominator:
A. Total nurse care managed member months in SFY2014 for engaged group included in analysis.
B. Total nurse care managed member months in SFY2014 for engaged group included in analysis.
C. Total member months in SFY2014 for comparison group members.
D. Total member months in SFY2014 for comparison group members.

Part A Results: MEDai forecasted that SoonerCare HMP participants as a group would incur 2,659 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,544, or 58 percent of forecast. This demonstrated members receiving nurse care

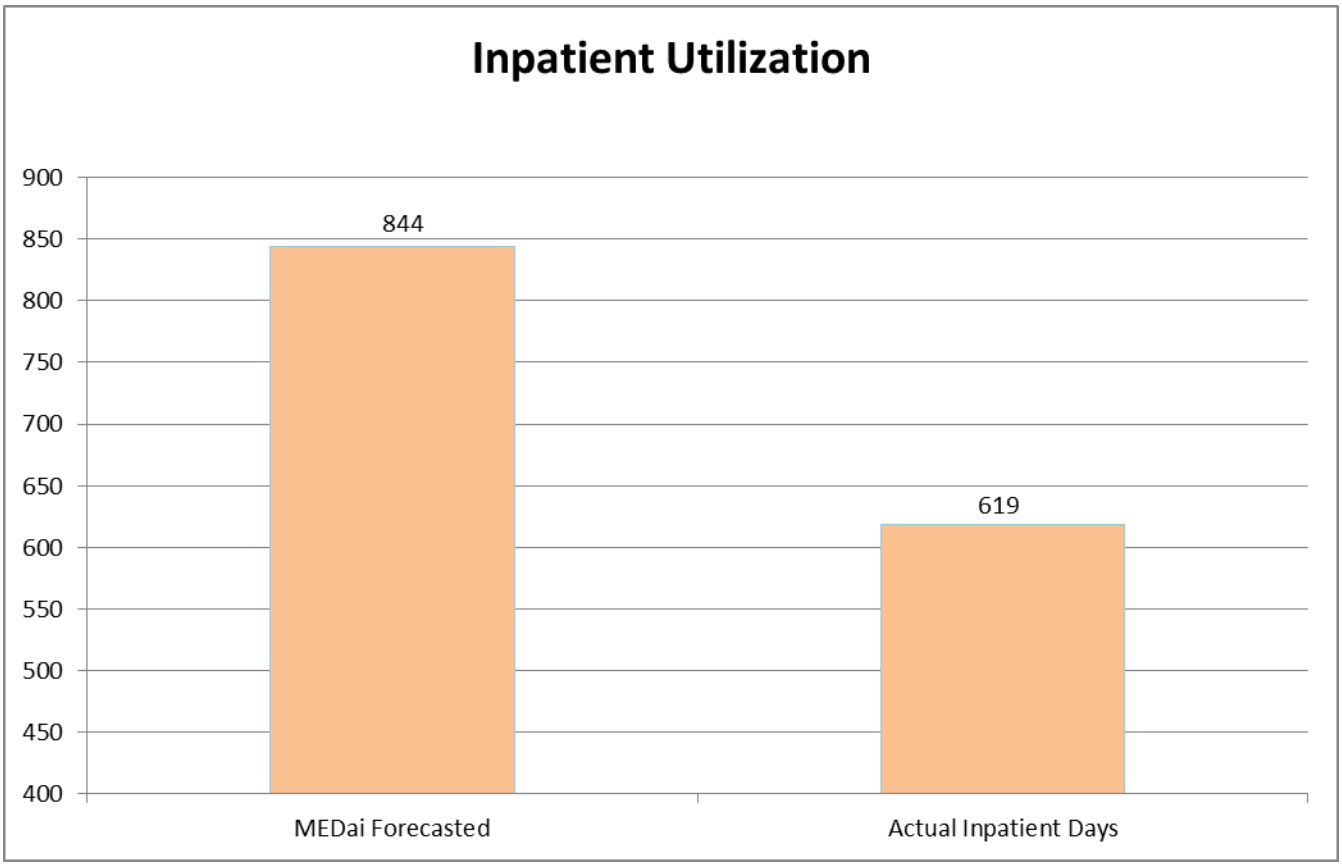
management services in the HMP were successfully impacted with fewer hospitalizations over the reporting period.



Part B Results: Hospital readmissions data tracking was not completed on health coached members during this reporting period, however, HMP staff continuously monitors hospital discharge data to identify members engaged in health coaching with a recent discharge. Health coaches assess individual needs and provide appropriate follow-up. As a result of this work, the

HMP has recognized the need to enhance health coaching services for this identified population. The HMP is adding transitional care health coaches that will specialize in successfully transitioning members from an inpatient hospitalization back into the community and receiving outpatient services as needed to avoid re-hospitalizations. Core functions of these coaches will include intense follow-up, assessments and ongoing monitoring in the weeks of post discharge. The OHCA will continue to monitor this over time.

Part C Results: The HMP elected to measure members who were in a Practice Facilitation practice but not health coached as a comparison group. MEDai projected members in total would incur 844 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 619, or 73 percent of the forecast group. This demonstrated that the nurse care managed group with 58 percent of the forecast group was lower than the comparison group. The HMP posits that that the HMP will continue to work to help improve health outcomes while reducing hospital cost.



Part D Results: Hospital readmissions data tracking was not completed on health coached members for this reporting period. The HMP staff however, continuously monitors hospital discharge data to identify members engaged in health coaching to a recent discharge. One of the health coaches roles are to assess individual needs and provide appropriate follow-up. The HMP recognized as a result of this work, the need to enhance health coaching services for this

identified population. The HMP is adding transitional care health coaches that will specialize in successfully transitioning members from an inpatient hospitalization back into the community and receiving outpatient services as needed to avoid re-hospitalizations. Core functions of these coaches will include intense follow-up, assessments and ongoing monitoring in the weeks post discharge. The OHCA will continue to monitor this work of the HMP over time.

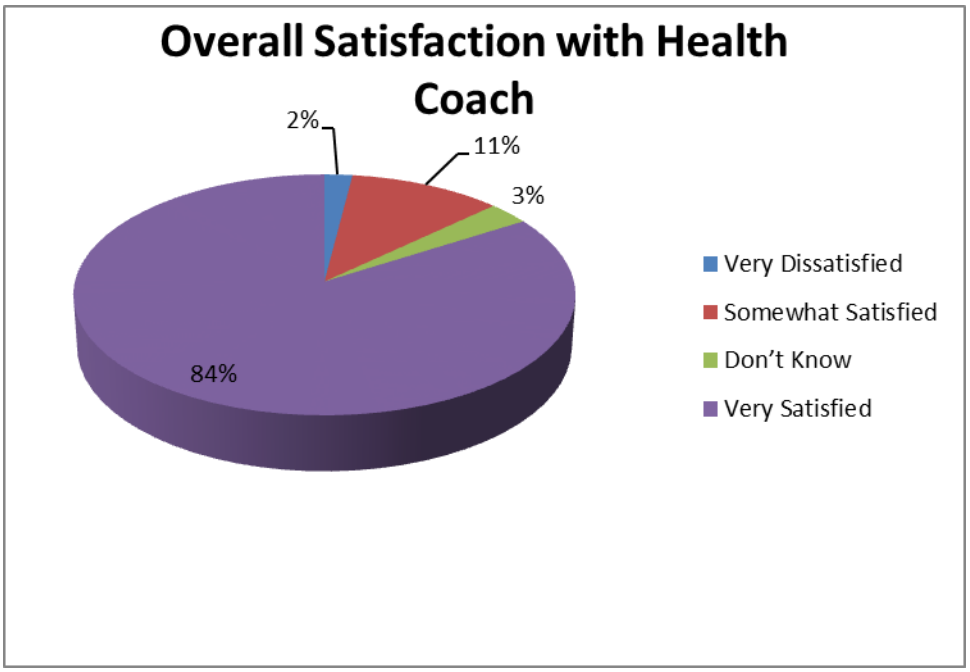
Hypothesis 9G directly relates to Sooner Care Choice waiver objective three providing active, comprehensive care management to members with complex and/or exceptional health care needs and HMP objective three encouraging and enabling members to better manage their own health and two of CMS's three part aim improving quality of health care.

Nurse care managed members will report higher levels of satisfaction with their care than members in a comparison group comprised of eligible but not engaged members.

Numerator:
A. Nurse care managed members surveyed in a 12-month period and reporting satisfaction level of 8, 9 or 10 on a 10-point scale (engaged group).
B. Members eligible but not enrolled in nurse care management or the OHCA Chronic Care Unit surveyed in a 12-month period and reporting satisfaction level of 8, 9 or 10 on a 10-point scale (comparison group).

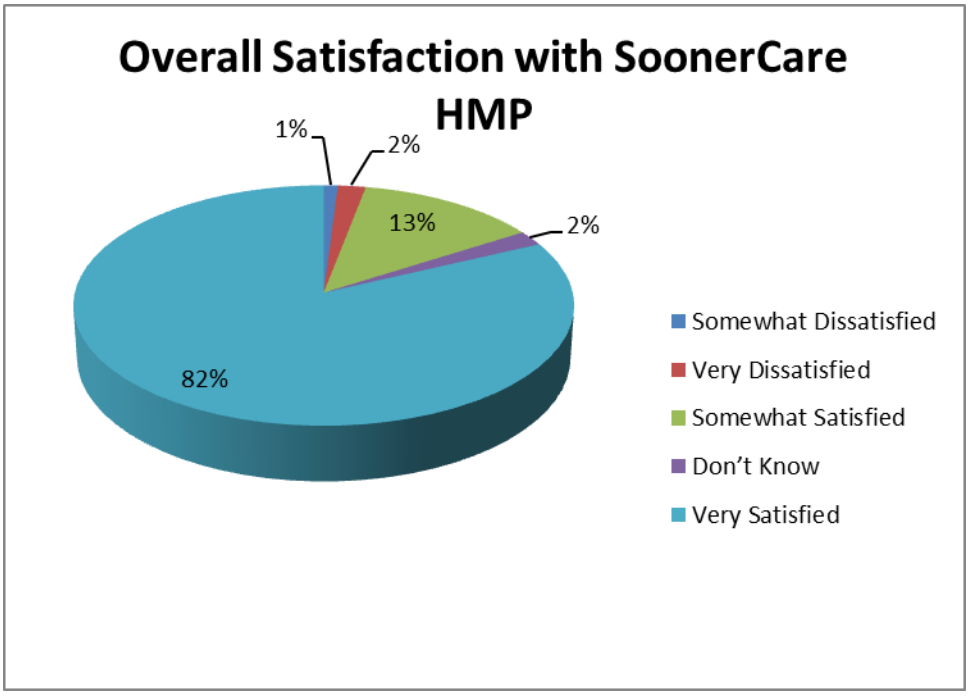
Denominator:
A. Total nurse care managed members surveyed in a 12-month period.
B. Total comparison group members surveyed in a 12-month period.

Part A Results: Regardless of their status, members were overwhelmingly positive about the role of the health coach, with 94 percent stating that their coach had been “very helpful” to them in achieving their goal and six percent stating that their coach had been “somewhat helpful”. This attitude carried over to the members’ overall satisfaction with their health coaches, which was again very high.



Part B Results: Survey respondents reported very high levels of satisfaction with the SoonerCare HMP overall, consistent with their opinion of the health coach, who serves as the face of the program. Nearly all respondents around 92 percent of the persons surveyed. As stated in the HMP annual report said they would recommend the program to a friend with health care needs like theirs.

Efforts were made to gather information for the survey for a comparison group. There were limited responses from members that were discharged from this program or the previous program to analyze. The overall outcome appears to show participants experienced satisfaction with the HMP.



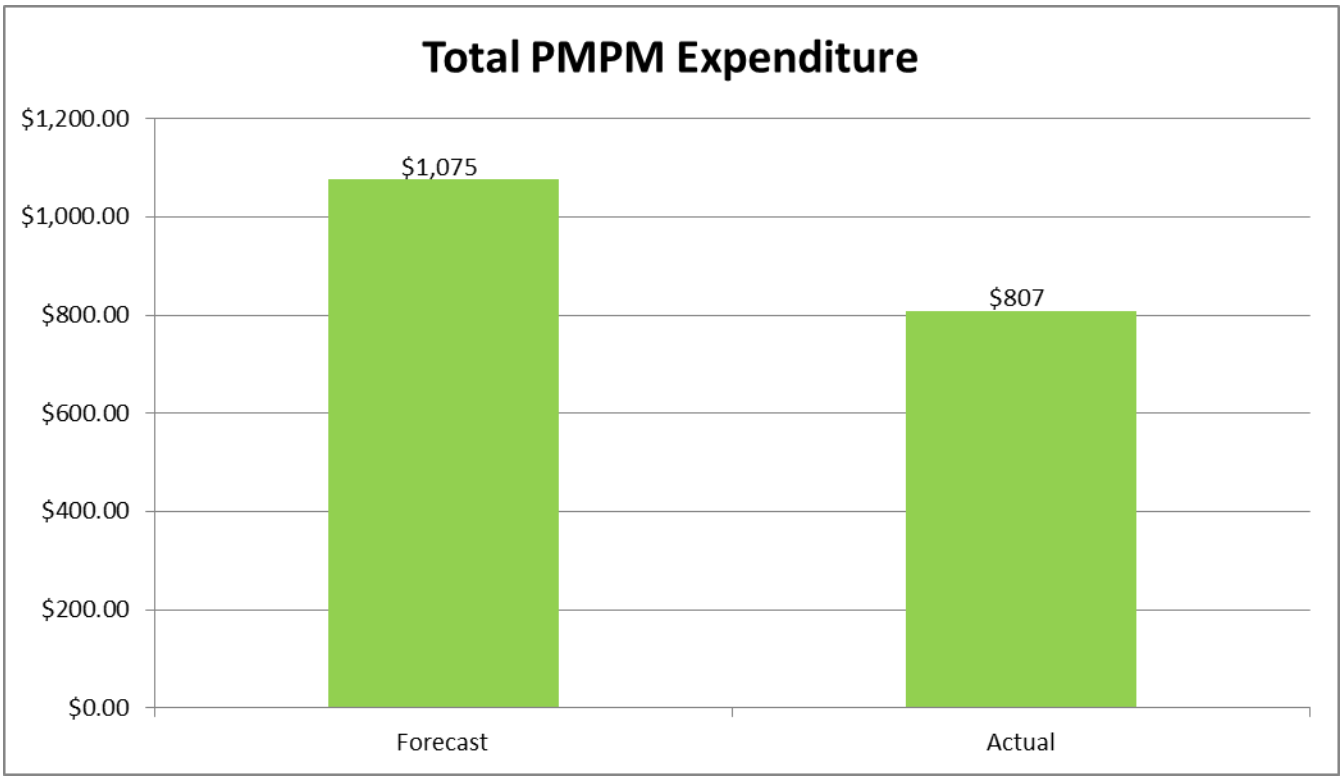
Hypothesis 9H directly relates to Sooner Care Choice waiver objective three providing active, comprehensive care management to members with complex and/or exceptional health care needs and HMP objective one improving health outcomes and reducing medical costs of the population served and three of CMS's three part aim decreasing per capita costs.

Total and PMPM expenditures for members enrolled in HMP will be lower than would have occurred absent their participation in nurse care management.

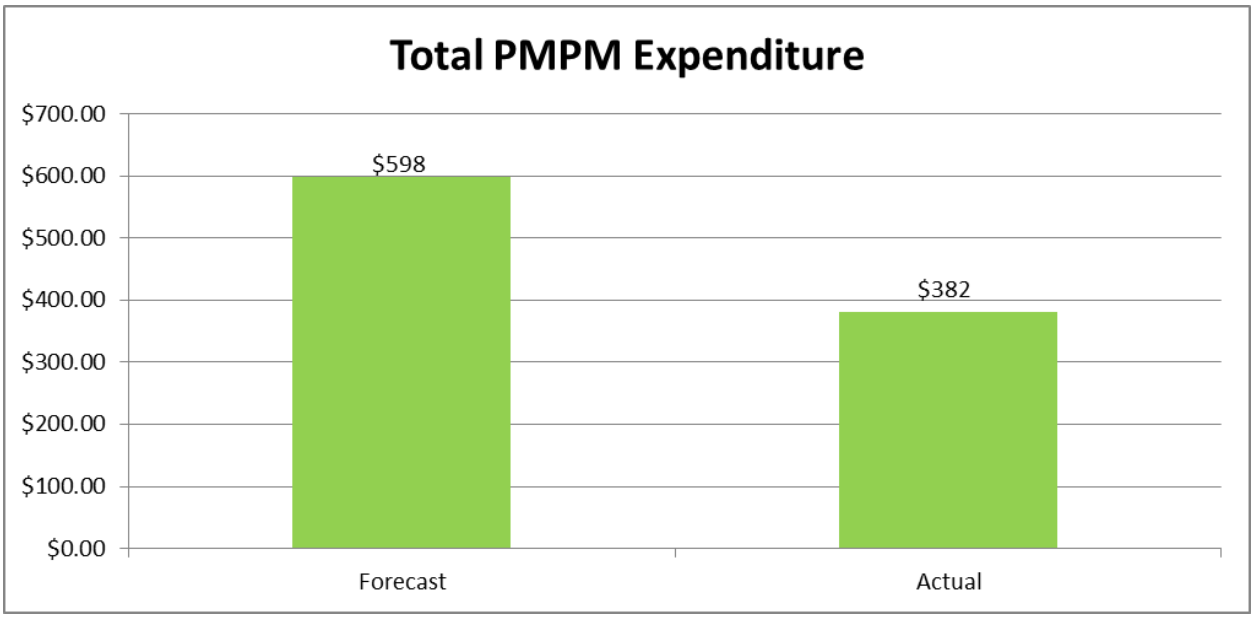
Numerator:
A. Total and PMPM expenditures incurred over a 12-month period by members engaged in nurse care management for at least a 3-month continuous period within the 12 months, starting in SFY2014 (engaged group).
B. Total and PMPM expenditures incurred over a 12-month period for members eligible but not enrolled in nurse care management or the OHCA Chronic Care Unit, starting in SFY2014 (comparison group).

Denominator:
A. Total and PMPM projected health expenditures in the initial 12-month period for nurse care managed members, as calculated by MEDai predictive modeling software. (Subsequent 12-month periods to be trended based on actual experience of comparison group).
B. Total projected health expenditures in the initial 12-month period for comparison group beneficiaries, as calculated by MEDai predictive modeling software.

Part A Results: PHPG documented total PMPM medical expenditures for all SoonerCare HMP participants as a group and compared actual medical expenditures to forecasted expenditures for the first 12 months of engagement. MEDai forecasted that the participant population would incur an average of $1,075 in PMPM expenditures in the first 12 months of engagement. The actual amount was $807, or 75 percent of forecast. The HMP continues to demonstrate savings over the course of the program.



Part B Results: MEDai projected that members in total would incur an average of $598 in PMPM expenditures over the 12-month forecast period. The actual amount was $382, or 64 percent of the forecast. At the category-of-service level, expenditures increased for all services except behavioral health. Behavioral health demonstrated a three percentage decrease. The overall percentage of change in PMPM expenditures was a total increase of 11 percent. The HMP will continue to monitor the program for impact of the reducing medical cost of the population served.


Total PMPM Expenditure
$700.00
$600.00
$500.00
$400.00
$300.00
$200.00
$100.00
$0.00
$598
$382
Forecast
Actual

X. ENCLOSURES/ATTACHMENTS

1. SoonerCare Choice Fast Facts, December 2015
2. TEFRA Fast Facts, December 2015
3. Provider Fast Facts, December 2015
4. Immunotherapy Prior Authorization Overview
5. Oklahoma Cares, Fast Facts December 2015
6. 2015-25 SoonerCare Choice Behavioral Health Screening
7. Insure Oklahoma Fast Fact Summary, January 2016
8. Insure Oklahoma Data by FPL, December 2015
9. Agency Selects Care Coordination Model for Aged, Blind and Disabled Populations
10. Oklahoma 1115 Budget Neutrality Model Worksheet, December 2015

XI. STATE CONTACT(S)

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XII. DATE SUBMITTED TO CMS

February 18, 2016