Oklahoma Health Care

Authority

SoonerCare Demonstration 11-W-00048/6
§1115(a) Annual Report
Demonstration Year: 20 (01/01/2015 – 12/31/2015)
Federal Fiscal Year Quarter: 3/2016 (01/15 – 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 to the Centers for Medicare and Medicaid Services (CMS) on December 29, 2014.

The Oklahoma Health Care Authority (OHCA) 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.

The OHCA submitted its draft evaluation design plans to CMS November 9, 2015 for consideration. The draft evaluation design included updated research and hypothesis information to be tested over the extension period granted by CMS. The OHCA will continue to have discussion with CMS prior to submission of the final evaluation design in early 2016.

II. ACCOMPLISHMENTS

The SoonerCare Choice program has had many accomplishments and highlights in its twentieth year of the demonstration. Below are just a few of the program highlights for 2015.

- The Insure Oklahoma program celebrated its 10th Anniversary Campaign. Governor Mary Fallin declared March 23-27, 2015 "Insure Oklahoma Week". The campaign included a news release, which was distributed statewide.

- In June 2015, Leon Bragg, DDS, Chief Dental Officer for the OHCA was named President of the Medicaid-CHIP State Dental Association during their Annual Conference in Washington, D.C[1].

- On June 3, 2015, the OHCA received the Blue Pencil and Gold Screen Award for outstanding performance in the mobile communication category for Text4Baby enrollment in Oklahoma. The award was presented by the National Association of Government Communicators (NAGC) at the Blue Pencil & Gold Screen Awards Banquet.

- In July 2015, though the collaborative efforts of the OHCA, State leadership and the Insure Oklahoma program, CMS approved a one-year extension and funding for SoonerCare Choice and Insure Oklahoma demonstration through December 2016.

- In August 2015 a new college-themed Insure Oklahoma Individual Plan publication was created and 800 brochures were provided to Langston University to include in new student orientation packets.

- In August 2015, the Insure Oklahoma program partnered with Oklahoma City based advertising agency, Staplegun Design. As a result of this partnership, a statewide broadcast, digital and print campaign was launched. This launch included social media, radio, television, digital and outdoor advertising. As part of the radio and television media outreach Insure Oklahoma conducted radio interviews with stations across the state of Oklahoma such as: KJMZ in Lawton, KTUZ in OKC and KOKC in Oklahoma City.

- In August 2015 the Oklahoma Health Care Authority held its Annual Strategic Planning Conference.

- In September 2015, 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.

[1] Refer to Attachment 1.

III. ENROLLMENT INFORMATION

A. Member Enrollment[2]

Member enrollment for SoonerCare Choice and Insure Oklahoma is based on meeting requirements for citizenship, state residency, categorical and financial guidelines.

2015 Members Enrolled in SoonerCare Choice and Insure Oklahoma	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Total Number of 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 Plan (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**

[2] Enrollment numbers are point in time numbers.

III. ENROLLMENT INFORMATION (cont'd)

Demonstration Populations

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

Demonstration Populations: Enrolled and Potential Members December 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	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
TANF-Urban	1,025,563	1,032,864	1,034,531	1,008,778
TANF-Rural	701,314	707,838	708,111	690,573
ABD-Urban	90,877	90,503	90,333	91,097
ABD-Rural	72,379	71,826	71,442	71,603
Non-Disabled Working Adults (IO)	51,965	51,891	50,113	52,662
Disabled Working Adults (IO)	4	4	3	1
TEFRA Children	1,649	1,692	1,705	1,725
SCHIP Medicaid Expansion Children Enrollees	282,530	270,434	274,247	281,855
Full-Time College Students (IO)	849	836	790	868

[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 (iCE)).

III. ENROLLMENT INFORMATION (cont'd)

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)
Tax Equity and Fiscal Responsibility program is 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.

The Governor appointed members to the Blue Ribbon Panel for Developmental Disabilities in response to the significant number of Oklahoma men, women and children with intellectual disabilities. The Panel was tasked with addressing issues related to a growing waitlist for individuals with developmental disabilities, including TEFRA children. The Blue Ribbon Panel was initiated in March of 2013 and finalized its recommendations to the governor on March 31, 2015.

During 2015 an improved collaboration between the OHCA and the Oklahoma Department of Human Services (OKDHS) resulted in reducing half of the eligibility determination time frames from well over ninety days to ninety days or less. 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.

TEFRA Member Enrollments 2015	Jan-Mar	Apr-Jun	Jul-Sep	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	Jul-Sep	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**

III. ENROLLMENT INFORMATION (cont'd)

2015 Insure Oklahoma Provider Types	Jan-Mar	Apr-Jun	Jul-Sep	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**

SoonerCare Medical Home Provider by Tier

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

Providers by Tier 2015[5]	Jan-Mar	Apr-Jun	Jul-Sep	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%

[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.

III. ENROLLMENT INFORMATION (cont'd)

Primary Care Physician (PCP) Capacities

Total capacity represents the maximum number of members that PCPs request to have assigned to their panel.

	Jan-Mar		Apr-Jun		Jul-Sep		Oct-Dec	
SoonerCare Choice & IO 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%

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 and Alaskan Natives through the Indian Health Services (IHS) tribal clinics, hospitals and urban Indian health facilities.

2015 Indian Health Provider Enrollment	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Clinics	57	57	56	58

III. ENROLLMENT INFORMATION (cont'd)

C. Systems

Applications/Recertification

Online enrollment enhances eligibility determination by accepting applications over the internet. Individuals now have the opportunity to apply for SoonerCare, SoonerPlan, Soon-to-be Sooners and Behavioral Health programs on the internet and receive immediate results from the information they have submitted. 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 [6]	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	**Totals**
Home Internet	34,518	33,965	56,101	61,070	**185,654**
Paper[7]	0	0	0	0	**0**
Agency Internet	21,053	19,412	27,341	26,949	**94,755**
Totals	**55,571**	**53,377**	**83,442**	**88,019**	

2015 Indian Health Online Enrollment Applications for SoonerCare	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	**Totals**
Cherokee Nation	834	775	958	1,025	**3,592**
Chickasaw Nation	424	478	621	546	**2,069**
Choctaw Nation	606	575	828	717	**2,726**
Indian Health Services	1,409	1,363	2,028	1,948	**6,748**
Totals	**3,273**	**3,191**	**4,435**	**4,236**	

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

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

IV. 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 and some of the other outreach items are no longer printed and are available for download or viewing on 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	Jul-Sep	Oct-Dec
Member Materials Printed/Distributed				
Annual Benefit Update Packet[9]	0	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[11]	0	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.

IV. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

Member Services (MS)

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

2015 MS Outreach Letters	Jan-Mar		Apr-Jun		Jul-Sep		Oct-Dec		**Total Letters Mailed**	**Avg. Response Rate**
	# of Letters Mailed	Response Rate	# of Letters Mailed	Response Rate	# of Letters Mailed	Response Rate	# of Letters Mailed	Response Rate		
Prenatal Outreach –	2,692	34%	2,627	30%	3,250	21%	6,068	19%	**14,637**	**26%**
Households with Newborns Outreach –	6,464	11%	6,085	10%	8,116	9%	9,128	12%	**29,793**	**11%**
High ER Utilization Outreach –	1,671	14%	1,242	17%	768	32%	1,511	17%	**5,192**	**20%**

2015 Member Services Activity	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Calls to BCC Members with Confirmed Cancer Diagnosis	64	49	36	102
Calls to BCC Members at Renewal Period	63	71	30	30
Member Service Calls Handled in English	18,764	17,041	20,570	19,789
Member Service Calls Handled in Spanish	1,010	942	1,122	1,128
Member Inquiries	12,240	11,820	14,704	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.

IV. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

In 2014, OHCA Electronic Health Operations staff conducted a survey focusing on the EHR providers experience and adoption of the incentive program. The survey was sent out to about 12,751 email accounts representing approximately 23,969 providers. Approximately 359 individual providers and 360 group providers responded to the survey.

In 2015, the results were analyzed and revealed the majority of the survey respondents have adopted a certified EHR system with only twenty percent of the respondents indicating that they do not have any plans to acquire such a system. Some respondents indicated that the system improved access to patient information and it did not have much of an impact on improved outcomes or workflow. Other respondents stated that the certified EHR system had a negative impact on their workflow.

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

The EHR staff is currently working on contracting 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.

In 2015, CMS released a final rule that specifies criteria that eligible professionals, eligible hospitals and Critical Access Hospital (CAH) must meet in order to participate in the EHR Incentive Program. Stage 2 criterion encourages the use of health Information Technology (IT) for continuous quality improvement at the point of care and the exchange of information in the most structured format possible.

The OHCA is in the process of implementing system updates to meet the new requirement. Once the system updates are complete providers will again be able to attest to meaningful use. The OHCA plans to have modified stage 2 rule changes implemented in January of 2016.

2015 Cumulative EHR Incentives Paid	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Qualified Professionals	$48,251,670	$49,676,837	$50,732,254	$50,987,254
Qualified Hospitals	$54,878,817	$54,878,817	$54,878,817	$54,878,817
Cumulative Totals	**$103,130,487**	**$104,555,654**	**$105,611,071**	**$105,866,071**

Medicaid Management Information System (MMIS) Reprocurement

The Medicaid Management Information System (MMIS) reprocurement project is an initiative to implement system enhancements to the Oklahoma MMIS system. Hewlett Packard Enterprise Services (HPES) has conducted the MMIS project using a phased-in approach. Phase I includes system upgrades and Phase II includes mandates, agency priorities and system enhancements.

IV. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

Some important focal points of the reprocurement enhancements are the claims tracking system, iCE, the Data Support System (DSS), the New Care Management System. Due to budget constraints the OHCA is no longer pursing a DSS Request For Proposal.

Important focal points of the reprocurement enhancement initiated in 2015 include:

- The Medical Case Management System RFI received 12 responses from vendors and the OHCA viewed 12 product demos during January and February 2015.
- The MMIS division included implementing ePrescribing. ePrescribing allows the providers to view medical history, eligibility and formulary information for the Oklahoma SoonerCare patients through the provider's Electronic Health Records system.
- The OHCA received approval of its contract with HPES for the next two years and up to seven additional years.
- Eligibility and Enrollment enhanced match funding was approved through September 30, 2016.
- As part of the MMIS modernization, the OHCA initiated a Request for Information (RFI) for replacing its current Care Management system known as Atlantes.
- The OHCA made operational the Oklahoma Transformed Medicaid Statistical Information System (T-MSIS) Phase I and the Drug Rebate changes. There are some additional on-going changes that relate to drug rebates and the National Council for Prescription Drug Program (NCPDP). The OHCA will await finalization of T-MSIS Phase II requirements by CMS.
- While the OHCA obtained improved Business Objects functionality for its data warehouse, it continues to research other possible strategies at this time for improvement.
- The OHCA completed the transition of ICD-9 to ICD-10 to MMIS system October 1, 2015. The MMIS system is completely operational to receive ICD-10 claims.

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

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 the OHCA in similar activities involving multiple agencies with considerations given to data 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 the OHCA where appropriate.

C. Stakeholder Engagement

Tribal Consultation

The OHCA convenes consultation meetings with tribal partners throughout the state in order to better collaborate with the tribes on all program and policy updates and changes. Tribal consultation meetings are held on the first Tuesday of every odd numbered month. For those who are not able to attend physically, the OHCA provides online and teleconference technology. In 2015, the OHCA held six tribal consultation meetings with participants from the Absentee Shawnee Tribe of Oklahoma, Cherokee Nation, Cheyenne and Arapaho Health Board, Chickasaw Nation, Choctaw Nation, Citizen Potawatomi Nation, Muscogee (Creek) Nation, Northeastern Tribal Health Center, Indian Health Care Resource Center of Tulsa, Indian Health Service's Oklahoma City Area Office and the Oklahoma City Indian Clinic.

Throughout the year, the OHCA staff presented numerous proposed policy changes, state plan amendments, 1115 Demonstration Waiver and 1915(c) Waiver amendments at the tribal consultation meetings. While all proposed 1115 waiver amendments are still pending approval, several policy changes were approved by the OHCA Board of Directors. This is inclusive of:

- TEFRA policy was amended to align Level of Care eligibility with federal guidelines;
- Insure Oklahoma eligibility policy for both IP and ESI populations was amended to incorporate the Monthly Adjusted Gross Income (MAGI) methodology; and
- SoonerRide policy was revised to remove coverage for transport to state Veterans Affair hospitals as well as the addition of eligibility clarifications and other coverage clarifications.

The OHCA hosted the Ninth Annual Tribal Consultation on October 20, 2015. A list of all tribal and non-tribal consultation participants can be found in Attachment 2. The meeting was held as an open forum and topics of discussion included:

- Health care of tribal leaders
- Prevention for chronic conditions
- Advocacy for increased support of tribal health programs
- The need for behavioral health and substance abuse services
- Medicaid care models having an impact on tribal health care

IV. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

The OHCA Tribal Unit is in the process of developing an action plan that addresses many of the topics discussed. The action plan defines specific objectives, next steps in addressing the individual objectives and assistance to tribes with finding available resources.

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 considers all recommendations from the website when making operational decisions, policy revisions and proposed waiver and state plan amendments.

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.

The MATF met 5 times this year, February, April, June, October and December.
The February discussion included topics on updated communication and technology which the MATF members really liked and recommended tracking such as:

- The After Hours Provider Locator phone Application (App) which helps members find in-network providers located near the zip code they are in at the moment
- A phone App allowing members to cancel an appointment with a text
- A phone App allowing members to receive a text advising the member where to receive a particular provider service in response to their health risk form

The February meeting also included a plan for the collaboration of meetings between MATF and the Advisory Panel for Physicians. This was planned in order for the physicians to learn what would be more helpful from the members' perspective and vice versa.

The April and June MATF meeting highlights included a suggestion that the Reach Out and Read Initiative information be provided in a newsletter, weblink, OFN, or posted on Facebook. The Reach Out and Read Initiative encourages early literacy in 6 month to 5 year old patients and provides their physician with insight into their developmental skills. The MATF recommended several changes to the SoonerCare New Member Packet which resulted in cost savings to the agency.

During the last quarter meetings of October and December, the Oklahoma Durable Medical Equipment Reuse Program expressed challenges with getting donated items and individuals returning the durable medical equipment (DME) once they no longer needed it. The MATF

[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.

recommended adding some unconventional drop off sites for the DME such as libraries and putting stickers on the DME to remind members how and where to donate it. The MATF also suggested that their newsletters include more member stories with targeted messages about the DME program.

Additionally the MATF members were given updates on information that may impact SoonerCare members in the upcoming months. Information was provided in a debriefing of the Strategic Planning Conference that was held by the OHCA in August of this year. Inclusive of topics most discussed was Health Information Exchange (HIE) in which members are able to

access their health information through telemedicine and receive appointment reminders through their mobile phones. For more information regarding the conference see Attachment 3. The MATF members also received updates on the HB1566 ABD Care Coordination process. Communication regarding the current progression of this program was shared with the members.

V. OPERATIONAL/POLICY DEVELOPMENTS

A. SoonerCare and Insure Oklahoma Operations

1. Department Operations

Health Promotions and Community Relations

Health Promotion Coordinators

In 2015, the Health Promotion and Community Relations changed their name to The Office of Health Promotion. There were also title changes for staff including Community Relations Coordinators (CRC) to 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 while building positive relationships and educating on any issues regarding SoonerCare programs and initiatives that benefit r members. This is accomplished by developing productive relationships with organizations in promoting health, local partners and SoonerCare members. The OHCA HPCs continued their outreach efforts and promotion of The Oklahoma Tobacco Helpline, SoonerFit initiative, and Text4Baby with the OSDH.

The Oklahoma Tobacco Helpline is a free service for all Oklahomans seeking to quit tobacco use. The helpline can be accessed by phone at 1-800-QUIT-NOW or online at Oklahoma Tobacco Helpline. In 2015, the HPCs delivered pharmacy bags to five Indian Health Care pharmacies. In collaboration with the OSDH, the Pharmacy Bag initiative continues to be a promotional tool for the Oklahoma Tobacco Helpline, Text4Baby, and folic acid use.

The Health Promotions and Community Relations unit has developed and finalized a member surveillance survey with The University Health Sciences Center. The goal of the survey is to capture prevalence, behaviors, attitudes and beliefs around tobacco use and wellness within the SoonerCare population. The unit’s goal is to reach 1,000 respondents.

In 2015, Soonerfit was featured on the State Agency Soccer League Website advertisements and announced at the All Star Game. They were also promoted in the "Advocate" – a newsletter from Oklahoma Public Employee Association (OPEA). The SoonerFit initiative's main goals are to promote best practices to SoonerCare providers for obesity reduction and to innovatively communicate physical activity and nutrition recommendations to SoonerCare members through interactive methodologies. This program is promoted through member and provider newsletters and promotional materials that are given out at community events, health fairs and shared with partners by the HPCs. The SoonerFit website page is available for SoonerCare members and all Oklahomans it contains tools, resources and vital information regarding leading a fit and healthy lifestyle in a fun, affordable and easy way.

Health Promotion Community Strategists
The HPCS represent the OHCA as outreach liaisons to the agency partners, members and community. Their primary goals and objectives are to build positive relationships, educate and address any questions regarding SoonerCare, Insure Oklahoma and other initiatives that would benefit 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.
- Establishing a strong presence at health fairs and forums throughout the state.

The HPCS established new partnerships throughout the year bringing the total of active partnerships to approximately 538. The office of Health Promotion team established a total of 62 new partnerships in 2015.

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 OHCA, partnered with Oklahoma's Tobacco Settlement Endowment Trust (TSET) and the OSDH to administer the SoonerQuit Prenatal program. This program focuses on educating SoonerCare obstetric providers on tobacco cessation practices. The SoonerQuit for Women program targets women of child-bearing age and encourages them to speak with their doctor regarding smoking cessation.

The Oklahoma Tobacco 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 accessed by phone at 1-800-QUIT-NOW or online at Oklahoma Tobacco Helpline.

In 2015 the OSDH and the OHCA Tobacco Cessation Quality Improvement (QI) workgroup accomplished removing the barriers of co-pays and prior authorizations for the seven Food and Drug Administration's (FDA) approved tobacco cessation products. For more information regarding the approved cessation products visit the FDA Approved Tobacco Cessation Products Website.

The 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 and services and to increase the quality of care that SoonerCare members receive. In 2015:

- MedSolutions merged with Care Core National, which changed their name to eviCore Innovation Solutions.
- The MAU processed an average of 16,353 prior authorizations a quarter for average approval rate of 97 percent.
- eviCore processed an average of 16,828 prior authorizations a quarter for average approval of rate of 88 percent.
- Effective August 1, 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

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

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

2015 Medical Authorization Unit Activity	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	**Total**
MAU Calls Handled	905	1,046	1,048	976	**3,975**
Total Prior Authorizations[14]	17,872	17,890	17,960	11,690	**65,412**
Number of Reviewers (Analysis or Nurse)	12	12	12	12	
Average Number of PAs per Reviewer	303	292	313	279	
Percentage Total of PA Denials	2%	2%	4%	3%	
Number of Denials	295	415	774	386	**1,870**

2015 eviCore Activity	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	**Totals**
eviCore Calls Handled	4,941	5,166	6,115	5,765	**21,987**
Total Prior Authorizations	16,490	17,389	17,019	16,414	**67,312**
Number of Reviewers (Analyst or Nurse)	115	115	115	115	
Average Number of PAs per Reviewer	48	50	50	48	
Percentage of Total PA Denials	11%	10%	12%	12%	
Number of Denials[15]	1,744	1,750	2,073	2,306	**7,873**

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.

Case Management Unit (CMU)

The Case Management unit (CMU) provides event-based case management and certain supportive medical eligibility determinations and utilization management functions to other areas of the agency such as Long Term Care Administration Unit, PACE and the TEFRA Eligibility unit. The CMU implemented a new function this year called the Care Coordination Panel. Its purpose is to flag members' for participation in various programs that have a care coordination component. The data compiled, as a result of this panel, has aided in avoiding duplication of services and has promoted collaboration and coordination between programs.

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

[15] Some of the numbers have been updated since creation of the October-December 2015 quarterly report.

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

Phase I one of the Fetal Infant Mortality Rate (FIMR) initiative continued to progress successfully through 2015. The CMU reported a total of 1,378 new FIMR mother cases with an average of 543 FIMR mom members in active case management in any given month during the year.

2015 Phase I: Outreach to FIMR Population – Participating Mothers	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
New Cases	150	125	152	162	123	147	195	169	162	142	110	121
Existing Open Cases	487	505	490	494	506	529	561	569	570	581	555	523

Phase II of the initiative which focuses on educating prenatal women on their newborn's needs had a total of 2,240 cases with an average of 1,524 baby members per quarter during the year.

2015 Phase II: Outreach to FIMR Population – Infants Younger than 1	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
New Cases	175	169	166	157	236	143	249	205	190	199	148	203
Existing Open Cases	1,414	1,406	1,393	1,404	1,500	1,499	1,538	1,543	1,538	1,577	1,543	1,568

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 49 new ICC moms this year with an average of 60 moms managed in this program during any given month. At the end of the year, five ICC babies were being followed with an average of nine babies followed each month in 2015.

2015 Phase I: Outreach to FIMR Population – Participating Mothers	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
New FIMR/ICC	3	3	4	5	4	7	2	6	4	5	0	6
Existing FIMR/ICC	61	57	56	62	64	64	61	63	60	62	58	56

2015 Phase II: Outreach to FIMR Population – Infants Younger than 1	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
New Cases FIMR/ICC	0	0	0	2	3	0	0	0	0	0	0	0
Existing FIMR/ICC	11	9	8	10	10	11	11	8	6	6	6	4

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

Chronic Care Unit

The Chronic Care Unit (CCU) continued to provide members and providers with 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. The CCU targeted members with Hemophilia and Sickle Cell Disease who have high cost and ER utilization, members with prior authorization for Bariatric surgery process and prior authorization for Hepatitis C pharmaceutical treatment. 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. In 2015 the CCU averaged 473 cases per month and a total of 617 cases were opened during the year.

CCU Cases	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Avg. Cases per Quarter	495	444	425	502	473
New Cases per Quarter	160	80	143	234	617

The CCU continued its collaboration with the OHCA pharmacy unit, Jimmy Everest Center at OU Medical Center and worked closely with the OHCA HMP unit throughout the year. 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.

<u>Breast and Cervical Cancer Program (BCC)</u>

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 pre-cancerous condition. This program, also known as Oklahoma Cares, is a partnership of the OSDH, the OKDHS, the Cherokee Nation, The Kaw Nation and the OHCA.

The BCC total enrollment averaged 461 cases per quarter with an average of 64 new cases received per month in 2015.

In 2015, the OHCA received a total of 934 applications for the BCC program. Of these applications, 234 were denied for reasons including no medical records, DHS denials and no qualifying abnormality. A total of 701 applications were approved for the BCC program during 2015.

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

2015 BCC Applications	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	**Total**
Total Applications Received[16]	215	217	262	240	**934**
Number of Applications Denied	59	48	70	57	**234**
Number of Applications Approved	156	169	192	183	**700**
Of the Number of Applications Received, Diagnosed with Breast Cancer	69	92	106	114	**381**
Of the Number of Applications Received, Diagnosed with Cervical Cancer	146	125	154	126	**551**
Of the Number of Applications Received, Diagnosed with Breast and Cervical Cancer	0	0	2	0	**2**

Care Management Activity 2015	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Active Cases under Care Management	9,717	10,119	11,357	12,217
Case Load per Adjusted RN FTE	353	383	397	499
High-Risk and At-Risk OB – Following[17]	1,091	1,214	2,073	2,560
High-Risk and At-Risk OB – New	589	671	1,332	1,119
OK Cares New Enrollment	118	122	157	124
OK Cares Total Enrollment	1,384	1,377	1,348	1,330
Private Duty Nursing Cases - New	15	25	21	16
Private Duty Nursing Cases - Following	596	586	569	568
Onsite Evaluations (TEFRA, Private Duty Nursing)	153	149	148	130
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	178	159	184	190
Out of State – Clinical Review – New	156	169	218	185
Out of State – Clinical Review – Following	93	113	120	116

[16] The total of applications received equals the summation of breast and cervical applications.
[17] Increases in numbers are due to a policy change that took effect September 2015. Provider letter OHCA 2015-23.

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

2015 Oklahoma Cares Member Enrollments	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
SoonerCare Choice	831	790	766	764
Traditional Enrollees	553	587	582	566
Totals	**1,384**	**1,377**	**1,348**	**1,330**

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

2015 Outreach Activities Related to BCC Members	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	**Totals**
Care Management Activities Related to BCC Members	2,221	2,290	2,251	2,279	**9,041**
Number of Calls Made by Member Services to BCC Members at Renewal Period	64	71	30	30	**195**
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	63	49	36	102	**250**

Provider Services

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

Numerous letters were sent out over the course of the 2015calendar year to inform providers of changes for various programs.

- Provider letter 2015-02 informed providers of Patient-Centered Medical Home Audit updates. Effective March 15, 2015 the OHCA Sooner Care Compliance Department will implement updated criteria for medical home audits. The updates are a result of an extensive quality review focused on improving and standardizing the medical home audit.
- Provider Letter 2015-15 notified providers of policy revisions and program updates including the TEFRA program eligibility rules to match federal guidelines for level of care (LOC).
- Provider Letter 2015-16 was sent notifying providers that the agency eligibility policy for the Aged, Blind and Disabled individuals has been amended in order to come into compliance with federal regulations.
- Provider Letter 2015-17 addressed policy regarding the SoonerRide program advising providers that policy is being revised to remove coverage for transport to state Veterans Affair hospitals as these facilities are not contracted with OHCA.
- On August 31, 2015, the OHCA sent out Provider Letter 2015-19. This letter addressed new electronic referral requirements for claims processing for SoonerCare Choice.
- Provider Letter 2015-25, 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 OU Sooner HAN completed its fourth year of the pilot program in June 2015. The OU Sooner HAN expanded its SoonerCare Choice member enrollment across 59 primary care practices in 2015. The OU Sooner HAN continues to focus on the recruitment of specialty providers for enrollment into the OU Sooner HAN. Targeted recruitment in the Oklahoma City and Tulsa area will continue throughout the upcoming year. The OU Sooner HAN had approximately 213 specialty locations served by 229 specialty providers actively using Doc2Doc. The Doc2Doc electronic referral management system continues to be an important part of the OU Sooner HAN's access to specialty care providers. In 2015, the Sooner HAN initiated 20,352 referrals in the Doc2Doc system. The website can be accessed at OU Sooner HAN Website.

The OU Sooner HAN is working to develop a risk stratification tool for the pediatric population for better identification of care management needs, resource requirements and cost reduction. The OU Sooner HAN staff are working with their Business Intelligence staff to capture cost data from claims. OU Sooner HAN staff developed a sample report of the University of Oklahoma Tulsa Physicians Pediatrics and Utica Park clinics member data to populate elements in the risk stratification tool. Currently, ER visits and inpatient admissions are the data elements that are available.

The OU Sooner HAN served approximately 1,439 unique members during 2015. 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

For more detailed information on the OU Sooner HAN's provider network or Doc2Doc, refer to Attachment 4 for the OU Sooner HAN Annual report.

The Partnership for Healthy Central Communities (PHCC) HAN
The PHCC HAN completed its fourth year of the pilot program in June 2015. The Central Communities HAN website continues to provide health preventive/management information and resources for members and the public at large. Information about the PHCC HAN, participating providers and staff is also available through the website. Additionally a specialist list with contact information is housed on the website although password protected for provider access only. The PHCC HAN maintains a strong web presence at PHCC Website, including a secure section for its enrolled patient-centered medical homes. Staff continues to develop the website by

including preventive resources. The PHCC HAN began handing out promotional brochures and pens in 2015 to increase public awareness of the website.

Progress was delayed in implementation of Doc2Doc. There is a general agreement among the providers that access to health information through an HIE is a future goal that all can support when there is a reliable single data source that will facilitate coordination of care for members.

By the end of December 2015, the PHCC HAN created 11 different brochures educating members about appropriate use of emergency room and management of common health problems. The brochures were disbursed at provider offices, public libraries, as well as other care management contacts.

The Asthma Improvement Plan (AIP) began March 2012 with ten members engaged. The AIP is the PHCC HAN's care management initiative. By the end of June 2015, there were approximately 33 members engaged. Outcome measures show improvement since the launch of the initiative, as well as decrease in hospitalizations and emergency room visits and an 80 percent annual increase in flu immunizations.

Additionally, staff participated in multiple meetings and community outreach groups such as; Canadian County coalition for Children and families, Infant Mental Health group, Strategic Prevention Framework ((SPF) – State Incentive Grant (SIG) through Red Rock, Canadian County against Tobacco Coalition and Canadian County Coalition (CCC) Special Events Committee.

For more detailed information on the PHCC HAN refer to Attachment 5 to review the PHCC HAN's annual report.

Oklahoma State University Health Access Network (OSU Network HAN)
The OSU HAN completed its fourth year of the pilot program in June 2015. The OSU HAN has six clinics to date: Health Care Center & Women's Health Center Family Medicine, Physician's Office Building (POB) Family Medicine, Houston Parke Pediatrics, Internal Medicine/ Internal Medicine Specialty Services, Eastgate and AJ Children's Clinic Muskogee.

The OSU Network HAN has the current staff of a HAN director, a 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 Tulsa and surrounding areas.

The OSU HAN met with the OHCA on two separate occasions during 2015 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.

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

The OSU HAN continued to meet with providers in order to ensure awareness of the network. In 2015 the OSU HAN Director met with representatives from the Muskogee Children's Clinic, Houston Park Internal Medicine and Specialty Services Clinic, OSU Health Care Center Family Medicine Clinic and the North Health and Wellness Clinic. The OSU HAN representative also visited with several other providers throughout the state during the OSU Primary Care Updated conference.

The OSU HAN served approximately 507 unique members during 2015. Care management was provided to these members with conditions related to:

- High Risk Obstetrics
- Breast and Cervical Cancer
- Hemophilia
- Pharmacy Lock-In
- Hospital Follow-Up
- Emergency Room Utilization

The OSU HAN made a decision to move to a new Electronic Health Record (EHR) and implementation began in January 2015. The new EHR system EPIC provides a more seamless integration and robust functionality that will allow staff members of the OSU HAN to track referrals, meet meaningful use, report on clinical quality measure and trend data. The usage of the new EHR system has the same capability of the legacy EHR with added functionality mentioned above, this is to allow providers to also monitor clinical quality measures that have been set for the HAN as well as Behavioral Health, weight management and Tobacco Cessation counseling needs.

Additionally, the creation of the OSU HAN website was completed in 2015 and was designed to cater to both physicians and patients. The website can be accessed at OSU HAN Website.

For more detailed information on the OSU HAN refer to Attachment 6 to review the OSU HAN's annual report.

The OHCA continued individualized HAN review meetings in calendar year 2015 and on an as-needed basis.

2015 HAN Enrollment Quarter Totals	OSU Network HAN	OU Sooner HAN	PHCC HAN
Jan-Mar	45,087	318,075	10,516
Apr-Jun	45,587	340,606	10,791
Jul-Sep	41,709	325,227	10,598
Oct-Dec	39,303	310,365	10,393
Totals	**171,686**	**1,294,273**	**42,298**

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

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.

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 coaches. As of December 31, 2015, 42 practice sites were staffed with 33 embedded health coaches.

Health Coaches 2015	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Health Coaches	29	32	30	33

By the end of 2015 there were 8 practice facilitators assigned to each of the 42 practices with four to be determined pending tier assignment. Practice facilitation is divided into the following four tiers based on the level of services the practices is receiving.

Practice facilitators have health coach training and certification in Nursing and Chronic care, as well as work with the health coaches to coordinate efforts within the practices. The chart below breaks out the level of practice facilitation services, as well as the number of practices in each practice facilitation tier.

Practice Facilitation Tiers	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
Pending	The four practices pending tier assignment have been delayed for various reasons including construction, satellite site assessment or an incomplete assessment.	4

Over the course of the year, practice facilitators and health coaches conducted approximately 194 academic detailing sessions with practices, as well as provided approximately 370 educational presentations. A few of the topics covered during these trainings included "Flu vs. A Cold", "Sun Exposure", "Childhood Obesity" and the "Plan-Do-Study-Act (PDSA) process."

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

The mHealth initiative continued in 2015 with steady member utilization. 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 were 626 members enrolled in the mobile engagement solution called mHealh at the close of 2015.

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 program 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.

- January 2015 the IO program started the process of selecting an advertising vendor. The OHCA issued a Request For Proposal (RFP) for an advertising vendor and selected an agency to develop a statewide broadcast, digital and print campaign. The RFP process was completed at the end of March 2015.
- Insure Oklahoma conducted a new outreach effort concentrating on Business Incubators. Business Incubators are organizations that aid in the development of new businesses by incorporating a business process that will assist the business to grow and survive the early stages of development.
- IO partnered with the Oklahoma Employment Security Commission (OESC). This partnership allows OESC to equip more than 30 workforce development centers and other qualifying groups across the state with information about the Individual Plan.
- A new e-newsletter was launched for insurance agents who assist their client with enrolling in the ESI option.
- April 2015 the OHCA combined three of its units IO Public Information, Digital Media and Information Systems departments to redesign the Insure Oklahoma website.
- Collaboration of State leadership, the Insure Oklahoma program, and CMS resulted in an approval for a one-year extension and funding through December 2016.
- The State leadership announced Insure Oklahoma's increased employer size limit 250 employees. This announcement allows Insure Oklahoma to maximize program usage and improve health outcomes and expand health care coverage.
- State leaders and Insure Oklahoma employers participated in a social media campaign by providing video messages and testimonials. The campaign demonstrated the value of the IO program, impact on the lives of Oklahomans and supported awareness by reaching nearly 8,000 Oklahoma who had connections to small business through Facebook and Twitter (Refer to Attachment 7).
- In August 2015 OHCA launched a statewide broadcast, digital and print campaign. 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. The statewide advertising campaign showed an increase in member enrollment from 17,137 in August to 18,444 in December.

2015 Employer-Sponsored Insurance (ESI) Program Participating Employers	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Approved Businesses with Participating Employees	11,946	11,371	10,800	10,699

2015 Average ESI Member Premium	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Member Premium	$302.81	$307.08	$311.68	$313.51

2015 ESI Subsidies	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Employers Subsidized	6,456	7,272	7,084	7,001
Employees and Spouses Subsidized	25,816	29,064	28,091	28,298
Total Subsidies	**10,810,002.12**	**11,344,249.93**	**11,348,229.98**	**11,435,955.06**

2015 Average Individual (IP) Member Premiums	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Member Premiums	$36.53	$36.40	$36.81	$37.00
Average FPL of IP Members	61%	61%	61%	62%

2015 ESI Average Per Member Per Month	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Average Payment Per Employee	$281.06	$281.56	$289.20	$291.16
Average Payment Per Spouse	$453.25	$453.22	$464.41	$467.24
Average Per College Student	$256.67	$265.76	$265.22	$283.46
Average Per Dependents	$166.09	$165.71	$178.41	$164.16

2015 IP Subsidies	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Total Premiums Received	$361,908.31	$338,024.50	$320,489.10	$315,143.55
Total Member Months	13,391	13,204	12,315	11,735
Total Paid Claims	$5,983,024.15	$6,426,180.86	$6,150,374.62	$5,449,252.27
Average Claim PMPM	$419.92	$460.94	$473.49	$438.17

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

2015 Coverage Premium Responsibility	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
ESI	$89.67	$90.00	$92.67	$93.67
IP	$27.33	25.67	$26.00	$27.00

2015 ESI Program Enrollment	Jan-Mar			Apr-Jun			Jul-Sep			Oct-Dec		
	0-100% FPL	101-138% FPL	139% and Over	0-100% FPL	101-138% FPL	139% and Over	0-100% FPL	101-138% FPL	139% and Over	0-100% FPL	101-138% FPL	139% and Over
Employee	1,866	3,369	5,896	1,901	3,320	5,756	1,925	3,247	5707	2,133	3,745	6,316
Spouse	377	593	1,037	376	577	1024	384	571	973	420	626	1,009
Student	18	23	55	24	15	58	22	19	51	29	28	62
Dependent	0	0	248	0	0	244	0	0	218	0	0	230
IO ESI Totals	**2,261**	**3,985**	**7,236**	**2,301**	**3,912**	**7,082**	**2,331**	**3,837**	**6,949**	**2,582**	**4,399**	**7,617**

2015 IP Program Enrollment 0-100% FPL	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Employee	3,235	3,243	2,990	2,870
Spouse	933	906	824	795
Student	185	167	167	181
IO IP Totals	**4,353**	**4,316**	**3,981**	**3,846**

B. Policy Developments

1. Waiver Development & Reporting (WD&R)

The Waiver Development & Reporting unit works in collaboration with CMS on waiver issues ensuring compliance with state and federal laws and authority.

In accordance with required CMS quarterly report documents the WD&R unit submits additional reporting information to CMS throughout the year. The unit also worked closely with CMS on collaborative efforts to help with outreach efforts and implementation of changes made through amendments to the waiver.

Some of the highlights from the 1115 Waiver Unit this year included the unit's submission of the 2014 SoonerCare Choice Annual report and SoonerCare Choice Evaluation Design for 2015 – 2016.

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

Monthly monitoring calls with CMS were instrumental in sharing information regarding Insure Oklahoma, Health Management Program, Health Access Network and several State of Oklahoma legislative bills that may have an impact on the SoonerCare choice Demonstration Wavier. The OHCA also participated in 12 formal monthly monitoring calls with CMS , as well as other call on an as – needed basis.

The OHCA and State leadership continued to collaborate with CMS on how to sustain the Insure Oklahoma program in the future. The staff participated in Joint Application Design (JAD) sessions regarding the new developments of Insure Oklahoma online enrollment. The OHCA also worked with Tribal leaders and OSDH to draft an amendment to include Sponsor's Choice to the Insure Oklahoma program.

The OHCA began discussion with CMS regarding changes to the Demonstration waiver as allowed in the Special Terms and Conditions. The waiver did not require formal waiver amendment actions regarding changes to the HMP program. The summary of the changes included; Enhancement to the HMP 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.

In addition, the OHCA proposed to initiate an across-the-board rate reduction impacting the demonstration with respect to care coordination payments to the SoonerCare Choice Patient Centered Medical Home Primary Care Providers, and the SoonerExcel performance incentives payments pool. The new payments are anticipated to become effective February 1, 2016.

In addition to the above highlights, the chart below is a comprehensive list of the 2015 documents that the OHCA worked with CMS to complete.

Number	Document	Submitted to CMS	Status	Date Approved
1.	SoonerCare Choice and Insure Oklahoma 2016-2018 Demonstration Renewal	December 29, 2014	CMS Received	July 9, 2015
2.	SoonerCare Quarterly Report, Oct-Dec 2014	February 27, 2015	CMS Received	N/A
3.	SoonerCare Choice 2014 Annual Report	April 30, 2015	CMS Received	N/A
4.	SoonerCare Quarterly Report, Jan-Mar 2015	May 29, 2015	CMS Received	N/A
5.	Acceptance of the July 9 Special Terms and Conditions, Waiver List and Expenditure Authorities	August 9, 2015	CMS Received	N/A
6.	SoonerCare Quarterly Report, Apr-Jun 2015	August 27, 2015	CMS Received	N/A
7.	SoonerCare Quarterly Report, Jul-Sep 2015	November 24, 2015	CMS Received	N/A

2. Rule Changes

Throughout 2015, OHCA staff presented numerous proposed permanent rule changes to the Medical Advisory Committee and to the OHCA Board. During the first quarter of 2015 proposed rule changes specific to the 1115 demonstration included three eligibility policy revisions. The first revision was to Insure Oklahoma policy for IP and ESI members requiring conformance to the Modified Adjusted Gross Income (MAGI) methodology. The second rule change involved making members with other forms of creditable health insurance coverage and individuals in the former foster care eligibility group, no longer eligible for SoonerCare. Lastly, TEFRA policy was revised to align level of care eligibility with federal guidelines.

The remaining rule changes specific to the 1115 demonstration included clarification of SoonerRide guidelines and revisions allowing electronic notices to be sent to SoonerCare members' designated e-mail addresses.

All proposed rule changes were passed through the Oklahoma Legislature during the 2015 legislative session and signed by the Governor with an effective date of September 1, 2015.

The OHCA continues to encourage stakeholders, providers and the public to make comments on all proposed rule changes by utilizing the OHCA webpage Proposed Rule Changes Website for comment. Individuals may receive rule change updates through email notification or the OHCA web alert banner.

3. Legislative Activity

House Bill 1566 was passed by the Oklahoma Legislature and signed by Gov. Mary Fallin in April 2015. The bill charged the OHCA with issuing an RFP for care coordination model(s) for its ABD populations. The intent of the legislation was to provide better access to care, improve quality and health outcomes and control costs.

The Request For Information (RFI) was released in June 2015 for open comment and responses through August 3, 2015. In the month of July, the ABD Care Coordination Stakeholder Kickoff Meeting was held with ABD members, advocates, providers, healthcare systems and the general public in attendance. Additional stakeholder meetings were held throughout the state of Oklahoma on:

- July 21, 2015
- August 14, 2015
- September 8, 2015
- October 13, 2015
- November 10, 2015

Pursuant to HB 1566, the OHCA continues to work with its consultant, Pacific Health Policy Group , 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 chose a fully capitated statewide model of care coordination. The model was announced on November 30, 2015. The 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. The RFP development began in December 2015 with an anticipated release date in June 2016.

For a complete overview of HB1566, visit ABD Care Coordination Web Page.

VI. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT

A. 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 $4.6 billion in Budget Neutral savings and, ending December 2015; the state has $878,155,206 in savings for the reporting year.

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	$3,206,121,382	$2,328,224,834	$697,896,548
Waiver Year #20 – 2015	7,559,632	$3,164,107,136	$2,285,951,930	$878,155,206
Total Waiver Cost	**101,274,373**	**$30,366,915,663**	**$25,746,009,457**	**$4,620,906,206**

VII. MEMBER MONTH REPORTING

A. Budget Neutrality Calculations

Eligibility Group	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sep	Quarter Ending Dec
TANF-Urban	1,025,563	1,032,864	1,034,531	1,008,778
TANF-Rural	701,314	707,838	708,111	690,573
ABD-Urban	90,877	90,503	90,333	91,097
ABD-Rural	72,379	71,826	71,442	71,603

B. Informational Purposes Only

Eligibility Group	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sep	Quarter Ending Dec
Working Disabled Adults-ESI	1	0	0	0
Working Disabled Adults-IP	3	4	3	1
Working Non-Disabled Adults-ESI	39,253	39,312	38,425	41,553
Working Non-Disabled Adults-IP	12,712	12,579	11,688	11,109
Full-Time College Student-IP	308	294	282	333
Full-Time College Student-ESI	541	542	508	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	1,649	1,692	1,705	1,725
SCHIP Medicaid Expansion Children	282,530	270,434	274,247	281,855

Demonstration Expenditures	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sep	Quarter Ending Dec
HAN	1,867,940	1,984,305	1,678,515	1,603,180
HMP	1,277,967	1,863,344	2,068,832	2,087,924

VIII. 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	Jul-Sep	Oct-Dec	Total
Program Complaint	20	39	26	31	116
Complaint on Provider	125	119	99	72	415
Fraud and Abuse	57	54	57	51	219
Access to Care	6	17	9	8	40
Program Policy	2,274	2,550	3,442	3,069	11,335
Specialty Request	381	454	275	202	1,312
Eligibility Inquiry	4,890	4,033	5,496	5,508	19,927
SoonerRide	1,839	2,091	2,570	2,110	8,610
Other[18]	0	0	0	0	0
PCP Change	727	605	703	593	2,628
PCP Inquiry	684	750	622	548	2,604
Dental History	50	19	29	11	109
Drug/NDC Inquiry	134	82	64	5	285
Medical ID Card	278	257	326	271	1,132
PA Inquiry	775	750	986	697	3,208
Totals[19]	**12,240**	**11,820**	**14,704**	**13,176**	**51,940**

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	Jul-Sep	Oct-Nov
Number of Calls	15,673	13,531	13,463	15,502
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%

[18] 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.
[19] Substantial Increase may be due to updated rules and policies that went into effect during the quarter.

VIII. CONSUMER ISSUES (cont'd)

2015 Insure Oklahoma ESI Helpline	Jan-Mar	Apr-Jun	Jul-Sep	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	Jul-Sep	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	Jul-Sep	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%	89%	94%

SoonerCare Helpline

2015 SoonerCare Helpline Calls	Jan-Mar	Apr-Jun	Jul-Sep	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%

VIII. CONSUMER ISSUES (cont'd)

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.

	Jan-Mar		Apr-Jun		Jul-Sep		Oct-Dec	
2015 SoonerCare Grievances	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed
Eligibility	4	8 Resolved 1 Closed Dismissed 1 withdrew	2	1 Dismissed 1 Untimely	10	4 Dismissed 3 Resolved	8	2 Dismissed 1 Resolved 1 Withdrew
Prior Auth: Dental	7	1 Resolved	1	0	2	1 Untimely	3	1 Withdrew 1 Resolved
Prior Auth: Pharmacy	1	4 Resolved	3	4 Dismissed 1 Denied	2	4 Dismissed 2 Resolved	6	2 Dismissed 1 Untimely
Prior Auth: Durable Medical Equipment	4	0	1	1 Withdrew	0	1 Dismissed	2	1 Dismissed
Prior Auth: Other	2	3 Resolved 1 Withdrew	0	0	1	1 Dismissed 1 Withdrew	3	1 Resolved
Prior Auth: Other Speech	1	1 Resolved 1 Dismissed 1 Withdrew	0	1 Resolved	1	2 Dismissed 1 Untimely	0	0
Prior Auth: Other Surgery	3	0	2	1 Denied	4	1 Dismissed	2	0
Prior Auth: Radiology Services	2	1 Resolved 1 Withdrew	0	1 Granted 2 Resolved	0	1 Dismissed	2	0
Panel Dismissal	1	2 Resolved	0	0	1	1 Untimely	0	0
Panel Hearing	1	0	0	0	0	0	0	0
PDN	1	0	0	0	0	0	2	0
Miscellaneous	3	0	0	0	1	2 Dismissed 1 Resolved	1	1 Untimely
Miscellaneous: Unpaid Claim (Provider)	3	2 Dismissed	0	0	0	0	0	0
Miscellaneous: Unpaid Claim (Member)	3	1 Granted 1 Resolved 1 Dismissed	0	1 Untimely	2	2 Pending 1 Resolved	3	1 Dismissed
TEFRA	3	1 Withdrew	0	0	2	0	0	1 Dismissed

2015 Insure Oklahoma Grievances	Jan-Mar		Apr-Jun		Jul-Sep		Oct-Dec	
	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed
Eligibility	4	4 Resolved 1 Withdrew	5	5 Dismissed 4 Resolved 1 Withdrew	4	2 Dismissed 3 Resolved	3	2 Dismissed 2 Resolved 1 Withdrew

A. Quality Assurance

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 to and from medical appointments.

During 2015, the SoonerRide program provided approximately 803,419 trips for SoonerCare Choice and other OHCA covered program members within the 77 state counties.

Throughout the SFY 2015 member satisfaction surveys were conducted on a quarterly basis. Members ranked the SoonerRide program as excellent, good, fair or poor. The survey revealed very positive results during each quarter of 2015.

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	Jul-Sep	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%

X. DEMONSTRATION EVALUATION

A. Hypothesis

The contract to evaluate the HMP was renewed in 2014, which resulted in the timeline for report deliverables being altered. Annual evaluation reports are now due to OHCA by June 30th of each year and evaluate the work performed during the previous fiscal year. The data necessary to provide outcomes for hypothesis 9B through 9H are reported in the claims analysis portion of the annual evaluation report, which will not be available until June 30, 2016.

Hypothesis	Do 2015 Outcomes of the Demonstration Confirm the Hypothesis?
1A. Child Health checkup rates for children 0 to 15 months old will be maintained at or above 95 percent over the life of the extension period.	No – The OHCA has not yet met this measure. The OHCA will continue to track this data associated with this hypothesis over the extension period.
1B. Child Health checkup rates for children 3 through 6 years old will increase by three percentage points over the life of the extension period.	No – The OHCA has not yet met this measure. The OHCA will continue to track this data associated with this hypothesis over the extension period.
1C. Adolescent child health checkup rates will increase by three percentage points over the life of the extension period.	No – The OHCA has not yet met this measure. The OHCA will continue to track this data associated with this hypothesis over the extension period.
2. The rate of adult members who have one or more preventative health visits with a primary care provider in a year will improve by three percentage points as a measure of access to primary care in accordance with HEDIS guidelines between 2013-2015.	No – The OHCA has not yet met this measure. The OHCA will continue to track this data associated with this hypothesis over the extension period.
3. The number of SoonerCare primary care practitioners enrolled as medical home PCPs will maintain at or above the baseline data between 2013-2015.	Yes
4A. There will be adequate PCP capacity to meet the health care needs of the SoonerCare members between 2015-2015. The available capacity will equal or exceed the baseline data over duration of the waiver extension period.	Yes
4B. There will be adequate PCP capacity to meet the health care needs of the SoonerCare members between 2013-2015. As perceived by the member. The time it takes for the member to schedule an appointment should exceed the baseline data between 2013-2015.	Yes

X. DEMONSTRATION EVALUATION (cont'd)

5. The percentage of American Indian members who are enrolled with an Indian Health Services, Tribal or Urban Indian Clinic (I/T/U) with a SoonerCare Choice American Indian primary care case management contract will increase nine percentage points during the 2013-2015 extension period (this is three percentage points each year).	No – The OHCA has not yet met this measure. The OHCA will continue to track this data associated with this hypothesis over the extension period.
6. The proportion of members eligible for SoonerCare Choice who do not have an established PCP will decrease within 90 days of the primary care claims analysis report.	Yes
7A. key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2013-2015. Decrease asthma related ER visits for HAN members with an Asthma diagnosis identified in the medical record.	The health access networks continue to move forward with reporting under the refined methodology established in 2013. The OHCA will continue to track and trend hypothesis 7 over the extension period to monitor for significant changes in results.
7B. Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2013-2015. Decrease 90-day readmissions for related asthma conditions for HAN members with an Asthma diagnosis identified in their medical record.	The health access networks continue to move forward with reporting under the refined methodology established in 2013. The OHCA will continue to track and trend hypothesis 7 over the extension period to monitor for significant changes in results.
7C. Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2013-2015. Decrease overall ER use for HAN members.	The health access networks continue to move forward with reporting under the refined methodology established in 2013. The OHCA will continue to track and trend hypothesis 7 over the extension period to monitor for significant changes in results.
8. Average per member per month expenditures for members belonging to a HAN affiliated PCP will continue to be less than those members enrolled with non-Han affiliated PCPs during the period of 2013-2015.	Yes
9a(A). The percentage of SoonerCare members identified as qualified for nurse care management, who enroll and are actively engaged, will increase as compared to baseline.	No – The OHCA has not yet met this measure. The OHCA will continue to track data associated with this hypothesis over the extension period.
9a(B). The percentage of members actively engaged in nurse care management in relation to the providers' total SoonerCare Choice panel.	No – The OHCA has not yet met this measure. The OHCA will continue to track data associated with this hypothesis over the extension period.
9b. 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.	Pending – It is not clear if the HMP has met this measure at this time. HMP has updated this hypothesis with revised data and will provide the OHCA with updated SFY2015 data after the reporting time period of this evaluation.

X. DEMONSTRATION EVALUATION (cont'd)

9c(A). The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, will improve the process for identifying qualified members and result in an increase in average complexity of need within the nurse care managed population. Number of members engaged in nurse care management with two or more chronic conditions.	Pending – It is not clear if the HMP has met this measure at this time. HMP will provide the OHCA with updated SFY2015 data after the reporting time period of this evaluation.
9c(B). The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, will improve the process for identifying eligible members and result n an increase in average complexity of need within the nurse care managed population. Sum of chronic conditions across all members engaged at any time in a 12-month period.	Pending – It is not clear if the HMP has met this measure at this time. HMP will provide the OHCA with updated SFY2015 data after the reporting time period of this evaluation.
9c(C). The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, will improve the process for identifying eligible members and result in an increase in average complexity of need within the nurse care managed population. Number of members engaged in nurse care management at any time in a 12-month period.	Pending – It is not clear if the HMP has met this measure at this time. HMP will provide the OHCA with updated SFY 2015data after the reporting time period of this evaluation.
9c(D). The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, will improve the process for identifying eligible members and result in an increase in average complexity of need within the nurse care managed population. Sum of chronic impact scores across all members engaged at any time in a 12 month period.	Pending – It is not clear if the HMP has met this measure at this time. HMP will provide the OHCA with updated SFY2015 data after the reporting time period of this evaluation.

X. DEMONSTRATION EVALUATION (cont'd)

9d. The use of a disease registry by Health Coaches will improve the quality of care for nurse care managed members.	Pending – It is not clear if the HMP has met this measure at this time. HMP will provide the OHCA with updated SFY2015 data after the reporting time period of this evaluation.
9e. Nurse care managed members will utilize the emergency room at a lower rate than members in a comparison group comprised of eligible but not enrolled members.	Pending – It is not clear if the HMP has met this measure at this time. HMP will provide the OHCA with updated SFY2015 data after the reporting time period of this evaluation.
9f. Nurse care managed members will have fewer hospital admissions and readmissions than members in a comparison group comprised of eligible but not enrolled members.	Pending – It is not clear if the HMP has met this measure at this time. HMP will provide the OHCA with updated SFY2015 data after the reporting time period of this evaluation.
9g. Nurse care managed members will report higher levels of satisfaction with their care than in a comparison group comprised of eligible but not engaged members.	Pending – It is not clear if the HMP has met this measure at this time. HMP will provide the OHCA with updated SFY2015 data after the reporting time period of this evaluation.
9h. Total and per member per month expenditures for members enrolled in HMP will be lower than would have occurred absent their participation in nurse care management.	Pending – It is not clear if the HMP has met this measure at this time. HMP will provide the OHCA with updated SFY2015 data after the reporting time period of this evaluation.
10. The state's systems performance will ensure seamless coverage between Medicaid and the Marketplace after changes outlined in the Affordable Care Act effectuated.	Yes

Hypothesis

The OHCA reports the following 2015 annual data and analysis for the SoonerCare Choice program's hypotheses. Below are the waiver objectives for reference:
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.

X. DEMONSTRATION EVALUATION (cont'd)

CMS' Three Part Aim is also included for reference below for the SoonerCare Choice program hypotheses.

- Improving access to and experience of care;
- Improving quality of health care; and
- Decreasing per capita costs.

Health Management (HMP) program objectives include:

- Improving health outcomes and reducing medical costs of the population served;
- Reducing the incidence and severity of chronic disease in the member population;
- Encouraging and enabling members to better manage their own health;
- Improving the effectiveness of providers in caring for members with chronic disease or at risk for such disease; and
- Having the ability to provide services to providers and members in any area of the state, urban or rural.

Hypothesis 1- Child Health Checkup Rates this hypothesis directly relates to SoonerCare Choice waiver objective #1 and #1 of CMS's Three Part Aim.

The rate age-appropriate well-child and adolescent visits will improve between 2013-2015.

A. Child health check-up rates for children 0 to 15 months old will be maintained at or above 95 percent over the life of the extension period.
B. Child health checkup rates for children 3 through 6 years old will increase by three percentage points over the life of the extension period.
C. Adolescent child health checkup rates will increase by three percentage points over the life of the extension period.

Well-Child Adolescent Visits	HEDIS 2010 CY2009	HEDIS 2011 CY2010	HEDIS 2012 CY2011	HEDIS 2013 CY2012	HEDIS 2014 CY2013	HEDIS 2015 CY2014
0-15 months.1+visit	95.4%	98.3%	98.3%	95.7%	96.3%	94.3%
3-6 years	61.9%	59.8%	57.4%	59.9%	58.5%	57.1%
12-21 years	37.1%	33.5%	34.5%	22.5%	21.8%	22.1%

Hypothesis 1A Results:
This hypothesis specifies that checkup rates for children 0 to 15 months will be maintained at or above 95 percent over the course of the extension period. OHCA met this measure in HEDIS® year 2010 when the percentage of child visits was at 95.4 percent. OHCA has maintained at or above this rate in consecutive years as evidenced by HEDIS® data in year 2013 (95.7 percent), and through HEDIS® year 2014 (96.3). In HEDIS® year 2015 the child checkup rate fell

slightly below 95 percent rate to 94.3%. There is no clear reason for the slight drop in child checkup rates. The OHCA will continue to monitor this group during the 2016 extension period.

Hypothesis 1B Results:
In accordance with the hypothesis, the checkup rates for children ages 3 to 6 years are to increase by 3 percentage points over the extension period, 2013-2015, which would be an average of 1 percentage point per year. There was a 2.5 percent growth according to HEDIS® between year 2012 to 2013. This population saw a 1.4 percent decrease in health checkup rates during HEDIS® year 2015. Over the three year period, there was a 2.8 percent decrease in health checkups for this population group. In order to meet this measure, the OHCA will continue to monitor this group during the 2016 extension period.

Hypothesis 1C Results:
The evaluation measure hypothesizes that the checkup rate for adolescent's ages 12 to 21 years will also increase three percentage points over the period from 2010-2012, which is an average of 1 percentage point per year. Adolescents' ages 12-21 years have had a .4 percent decrease in health checkup rates from HEDIS® year 2014, to HEDIS® year 2015. The OHCA analysis indicates that there is an inverse relationship between increasing age of the child and screening participation rates. Other than the adverse relationship factor, there is no clear reason for the decrease in health checkup rates. The percentage appears to have slightly decreased from HEDIS® year 2013 to HEDIS® year 2014, however this decrease was due to a change in

methodology utilized by our partner PHPG to measure checkup rates. The percentage decrease does not reflect an actual drop in checkup rates. In order to meet this measure, the OHCA will continue to monitor this group during the 2016 extension period.

Hypothesis 2 - PCP Visits this hypothesis directly relates to SoonerCare Choice waiver objective #1 and #1 of CMS's Three Part Aim:

The rate of adult members who have one or more preventive health visits with a primary care provider in a year will improve by three percentage points as a measure of access to primary care in accordance with HEDIS® guidelines between 2013-2015.

Access to primary care providers is determined in accordance with HEDIS® guidelines: a member with at least one paid claim or encounter with a primary care provider in a 12-month period is determined to have access to primary care. Only members who were enrolled for 11 or 12 months of the data year who did not have gaps in enrollment of more than 45 days during the year are included in the population for whom the access rate is determined. The adult rate excludes claims for inpatient procedures, hospitalizations, emergency room visits and visits primarily related to mental health and/or chemical dependency.

X. DEMONSTRATION EVALUATION (cont'd)

Hypothesis 2 Results:

Access to PCP/Ambulatory Health Care: HEDIS® Measures	HEDIS® 2010 CY2009	HEDIS® 2011 CY2010	HEDIS® 2012 CY2011	HEDIS® 2013 CY2012	HEDIS® 2014 CY2013	HEDIS® 2015 CY2014
20-44 years	83.6%	84.2%	83.1%	83.4%	82.4%	81.0%
45-64 years	90.9%	91.1%	91.0%	89.8%	89.9%	90.1%

This hypothesis postulates that adults' rate of access to primary care providers will improve by three percentage points over the life of the extension, 2013-2015. SoonerCare adults ages 20-44 and 45-64 have not yet attained a three percentage point increase over the 2013-2015 extension period. For HEDIS® year 2015, adults' ages 20-44 years with access to a PCP or ambulatory health care decreased 1.4 percentage points, while adults ages 45-64 with access to a PCP or ambulatory health care increased 0.2 percentage points. The OHCA continues to track the adult access rates over the extension period to monitor for significant changes in rates for these age groups.

Hypothesis 3: PCP Enrollments this hypothesis directly relates to SoonerCare Choice waiver objective #2 and #1 of CMS's Three Part Aim:

The number of SoonerCare primary care practitioners enrolled as medical home PCPs will maintain at or above the baseline data (1,932 providers) between 2013-2015.

Hypothesis 3 Results:

PCP Enrollments	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015
Number of SoonerCare Choice PCPs	2,454	2,461	2,442	2,445	2,465	2,487	2,501	2,528	2,550	2,572	2,625	2,630	2,642

This hypothesis measures the State's access to care by tracking the number of SoonerCare primary care providers enrolled as medical home PCPs. The OHCA exceeded the baseline data during the first quarter of 2014 and has continued to exceed. The OHCA exceeded the baseline data by thirty-seven percent at the end of 2015. The OHCA believes that the number of Choice PCPs will continue to be maintained throughout the extension period.

X. DEMONSTRATION EVALUATION (cont'd)

Hypothesis 4 - PCP Capacity Available this hypothesis directly relates to SoonerCare Choice waiver objectives #1 and #2, and #1 of CMS's Three Part Aim:

There will be adequate PCP capacity to meet the health care needs of the SoonerCare members between 2013-2015. Also, as perceived by the member, the time it takes to schedule an appointment should improve between 2013-2015.

A. The available capacity will equal or exceed the baseline capacity data over the duration of the waiver extension period.
B. As perceived by the member, the time it takes for the member to schedule an appointment should exceed the baseline data between 2013-2015.

Hypothesis 4A Results:

SoonerCare Choice PCP Capacity	Baseline Data (December 2012)	PCP Capacity (December 2013)	PCP Capacity (December 2014)	PCP Capacity (December 2015)
SoonerCare Choice Enrollment	539,243	555,436	539,647	528,202
Number of SoonerCare Choice PCPs	1,932	2,067	2,454	2,642
SoonerCare Choice PCP Capacity	1,092,850	1,149,541	1,155,455	1,146,767
Average Members per PCP	279	268	219	200

This hypothesis postulates that OHCA will equal or exceed the baseline capacity data (1,092,850; average of 279 members per PCP) over the duration of the extension period. The OHCA exceeded the baseline capacity in the beginning of 2015 and has continued to exceed it through the end of 2015.

In addition, the number of SoonerCare Choice PCP providers has increased slightly over the course of the year. There are 2,642 contracted SoonerCare Choice providers who serve SoonerCare members, which is a 37 percent increase from the number of providers in December 2012 the baseline year. In 2015, SoonerCare Choice providers served an average of 200 members per provider.

X. DEMONSTRATION EVALUATION (cont'd)

Hypothesis 4B Results:

CAHPS® Adult Survey Results	Baseline Data: 2012 CAHPS® Survey Response	2013 CAHPS® Survey Response	2014 CAHPS® Survey Response	2015 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?"*	85% Responded "Usually" or "Always"	80% Responded "Usually" or "Always"	82% Responded "Usually" or "Always"	87% Responded "Usually" or "Always

CAHPS® Child Survey Results	Baseline Data: 2012 CAHPS® Survey Response	2013 CAHPS® Survey Response	2014 CAHPS® Survey Response	2015 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?"*	91% Responded "Usually" or "Always"	90% Responded "Usually" or "Always"	91% Responded "Usually" or "Always"	93% Responded "Usually" or "Always"

This hypothesis posits that the member's response to the time it takes to schedule an appointment should exceed the baseline data. The OHCA's contracted External Quality Review Organization (EQRO) Morpace, conducted the CAHPS® survey for the period 2015. 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 seven percent of the adult survey respondents felt satisfied in the time it took to schedule an appointment with their PCP, while ninety three 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; the OHCA saw a decrease in the number of positive

responses in 2013 for both the adult and children composite responses, compared to the baseline data. The OHCA saw a slight increase in positive responses in 2014 compared to the 2013 data, but still lower than the 2012 baseline. For 2015, compared to the 2012 baseline data, there was a two percent increase in the adult composite response and two percent increase for the child composite response

Hypothesis 5 – Integration of Indian Health Services, Tribal Clinics, and Urban Indian Clinic Providers this hypothesis directly relates to SoonerCare Choice waiver objective #4, and #1 of CMS's Three Part Aim:

The percentage of American Indian members who are enrolled with an Indian Health Services, Tribal or Urban Indian Clinic (I/T/U) with a SoonerCare Choice American Indian primary care case management contract will increase nine percentage points during the 2013-2015 extension period (this is three percentage points each year).

Hypothesis 5 Results:

2015 I/T/U Providers	Dec 2012 Base line	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total AI/AN Members with SoonerCare Choice and I/T/U PCP	86,465	90,240	89,578	89,850	88,881	90,379	92,412	89,991	87,306	85,070	83,181	84,364	83,360
IHS Members with I/T/U PCP	18,195	15,270	15,286	15,196	14,913	15,143	15,224	15,109	14,583	14,263	13,904	13,916	13,777
Percent of IHS Members with I/T/U PCP	21.04%	18.32%	18.48%	18.22%	18.17%	18.16%	17.93%	18.20%	18.07%	18.13%	18.07%	17.85%	17.90%
I/T/U Capacity	124,400	100,900	100,900	100,900	100,900	100.900	100,900	100,900	98,400	98,400	98,499	96,999	96,999

X. DEMONSTRATION EVALUATION (cont'd)

This hypothesis postulates that the percentage of American Indian members who are enrolled with an I/T/U with a SoonerCare American Indian primary care case management contract will increase nine percentage points during the extension period. The proportion of American Indian members with an I/T/U PCP has decreased 3.14 percentage points when comparing December 2012 to December 2015. At this time, the OHCA expects the percentage of IHS members who are enrolled with an I/T/U and a PCP will continue to be maintained or will improve throughout the extension period. The OHCA will continue to track this data associated with this hypothesis over the extension period

Hypothesis 6 - Eligible Member Enrollments in Medical Homes this hypothesis directly relates to SoonerCare Choice waiver objective #1 and #1 of CMS's Three Part Aim:

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

Hypothesis 6 Results:

Percentage of Members Aligned with a PCP	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Primary Care Claims Analysis Report – Members with Claims with no Selected PCP	1,150	1,018	885	911	738	850	850	756	1,106	1,110	938	678
Total Number of Members OHCA Aligned with PCP	409	541	540	473	607	479	483	400	566	511	560	456
Percentage	**35.57 %**	**53.14%**	**61.02%**	**51.92%**	**82.25%**	**56.35%**	**56.82%**	**52.91%**	**51.18%**	**46.04%**	**59.70%**	**67.26 %**

The OHCA's Primary Care Claims Analysis Report is a monthly report that includes every SoonerCare Choice eligible member with one or more claims who does not have an established PCP. In January, for example, the Primary Care Claims Analysis Report indicated that 1,150 SoonerCare Choice eligible members had one or more claims, but were not aligned with a PCP. In December, approximately 678 SoonerCare Choice eligible members with claims were not aligned with a PCP.

Once the OHCA receives the report, staff aligns SoonerCare Choice eligible members with a PCP from whom they received services. As indicated in the above chart, of the 1,150 Choice members who were not aligned with a PCP in January, OHCA staff successfully aligned 409 members within 90 days of receiving the Primary Care Claims Analysis Report. The OHCA aligned over 50 percent of members in all months except January and October during 2015. In January, 35.57 percent of members were aligned with a PCP and a higher percentage of alignment was attained all other months in 2015. The OHCA has successfully met this measure as the OHCA has decreased the number of SoonerCare Choice eligible members who do not have an established PCP.

Hypothesis 7 – Impact of Health Access Networks on Quality of Care 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. Total number of ER visits by HAN members with asthma identified in their problem list for an asthma-related diagnosis.
B. Total number of HAN members with asthma identified in their problem list who were readmitted to the hospital for an asthma-related illness within 90 days of a previous asthma-related hospitalization.
C. Total number of ER visits for HAN members

Hypothesis 7 Results:
This hypothesis posits that the percentage of HAN members with asthma who visit the ER will decrease, 90-day re-admission for asthma conditions will decrease and percent of ER use for HAN members will decrease.

X. DEMONSTRATION EVALUATION (cont'd)

Hypothesis 7A Results:

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

A. **2015** Asthma-Related ER Visits	HAN members with an Asthma diagnosis in their medical record	All HAN Members with ER visit in a calendar year	**Percent of HAN members with an Asthma diagnosis who visited the ER**
OU Sooner HAN	5,888	64,958	**9%**
PHCC HAN	41	858	**5%**
OSU Network HAN	560	7,390	**8%**

X. DEMONSTRATION EVALUATION (cont'd)

Hypothesis 7B Results:

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

B. **2015** 90-Day Re-admissions for HAN Members with Asthma	HAN Members with Asthma who were Re-admitted to the Hospital 90 Days after Previous Asthma-Related Hospitalization	HAN members with Asthma identified in their medical record and having at least one inpatient stay related to Asthma	**Percent of HAN Members with Asthma who had a 90-Day Re-admission for Related Asthma Condition(s)**
OU Sooner HAN	44	469	**9%**
PHCC HAN	2	9	**22%**
OSU Network HAN	2	71	**3%**

Hypothesis 7C Results:

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

C. **2015** ER Use for HAN Members	Total number of ER visits for HAN Members	Total Number of HAN members	**Percent of ER Use for HAN Members**
OU Sooner HAN	64,958	136,679	**48%**
PHCC HAN	2,256	5,137	**44%**
OSU Network HAN	9,937	57,895	**17%**

X. DEMONSTRATION EVALUATION (cont'd)

The health access networks continue to move forward with reporting under the refined methodology established in 2013 (calendar year 2013 will be the baseline for the health access networks). The OHCA will continue to track and trend hypothesis 7 over the extension period to monitor for significant changes in results.

Hypothesis 8 –Impact of Health Access Networks on Effectiveness of Care this hypothesis directly relates to SoonerCare Choice waiver objective #3 and #3 of CMS's Three Part Aim.

Reducing costs associated with the provision of health care services to SoonerCare beneficiaries served by the HANs.

A. Average per member per month expenditures for members belonging to a HAN affiliated PCP will continue to be less than those members enrolled with Non-HAN affiliated PCPs during the period of 2013-2015.

Hypothesis 8 Results:

HAN PMPM SFY 2015	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015
HAN Members	$274.53	$274.34	$274.70	$283.50	$249.48	$276.98	$297.24	$271.75	$283.64	$282.14	$260.49	$261.19
Non-HAN Members	$307.30	$302.33	$308.02	$318.93	$268.47	$309.24	$332.12	$297.22	$312.00	$318.22	$277.06	$284.21

The OHCA expects this trend to continue. The evaluation design gathers the data for this hypothesis on a state fiscal year basis. In order to allow for claims lag data to be reported. The analysis of the information is done in conjunction with the evaluation design reporting frequency within three to four month window following the calendar year. The information reported in the hypothesis is the most current available.

This hypothesis indicates that the average per member per month (PMPM) expenditure for HAN members will be less than the PMPM expenditure for Non-HAN members. The SFY 2015 PMPM average for HAN members was $274.16 while the PMPM average for Non-HAN members was $302.93. Per member per month expenditures, continue to be lower for SoonerCare Choice members enrolled with a HAN PCP, than for SoonerCare Choice members who are not enrolled with a HAN PCP. The OHCA expects this trend to continue.

Hypothesis 9a - Health Management Program (HMP); Impact on Enrollment Figures
this hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP program objective #3 and #1 of 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 qualified 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	Engaged in Nurse Care Management
January 2015	4,153
February 2015	3,997
March 2015	4,023
April 2015	4,113
May 2015	4,170
June 2015	4,298
July 2015	4,531
August 2015	4,574
September 2015	4,644
October 2015	4,499
November 2015	4,532
December 2015	4,526

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

Hypothesis 9a(B) Results:

Actively Engaged HMP Members Aligned with a Health Coach	Total SoonerCare Members Assigned to Panels of Practices with Health Coaches	Individuals Qualified for the HMP Program	Number of HMP Members Actively Engaged in Nurse Care Management	Percentage of HMP Members Aligned with a Health Coach who are Actively Engaged in Nurse Care Management
Members	71,621	Not Available	4,526	6.32%[20]

Note: not all SoonerCare Choice members are considered eligible for HMP. They must meet the HMP criteria with having (or be at risk for) an identified chronic illness etc.

The results show the total number of eligible SoonerCare members assigned to a panel of Practices with Health Coaches and the number of HMP members actively engaged in nurse care management. In addition, this chart shows the percentage of HMP members aligned with health coaches who are actively engaged in nurse care management.

Hypothesis 9b – Health Management Program (HMP); Impact on Access to Care this hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #4, and #1 of CMS's Three Part Aim.

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.

Hypothesis 9b 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 2015. The outcome of the participants measured (3,617 of 3,757), yielded 96.3 percent of members having contact with primary care physicians.

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

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 OHCA 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.

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 Group	Comparison Group Compliance Rate
Adult Access to Preventive/Ambulatory Care	84.7%

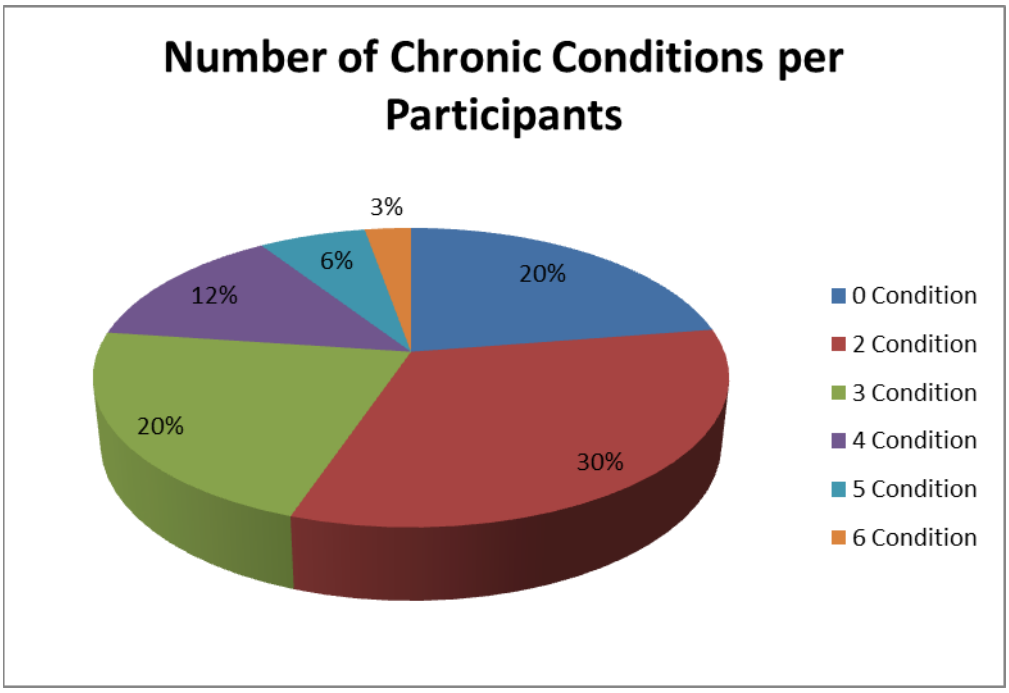
Hypothesis 9c – Health Management Program (HMP); Impact on Identifying Appropriate Target Population this hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #2, and #2 of CMS's Three Part Aim.

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 improve the process for identifying eligible members and result in an increase in average complexity of need within the nurse care managed population.

Hypothesis 9c Results: The Health Management Program (HMP) transitioned to Phase II of the program, Next Generation HMP, in July 2013. Phase II of the program embeds health coaches into the practices for face-to-face care management. The OHCA noted in earlier reporting the baseline data for this measure would begin SFY 2013 to allow the OHCA time to accumulate data for Phase II of the HMP program. The OHCA's contracted HMP evaluator, Pacific Health Policy Group (PHPG), conducts the evaluation of the program.

The contract to evaluate the HMP was renewed in 2014, which resulted in the timeline for report deliverables being altered for SFY 2015. Annual evaluation reports are now due to OHCA by June 30th of each year and evaluate the work performed during the previous fiscal year.

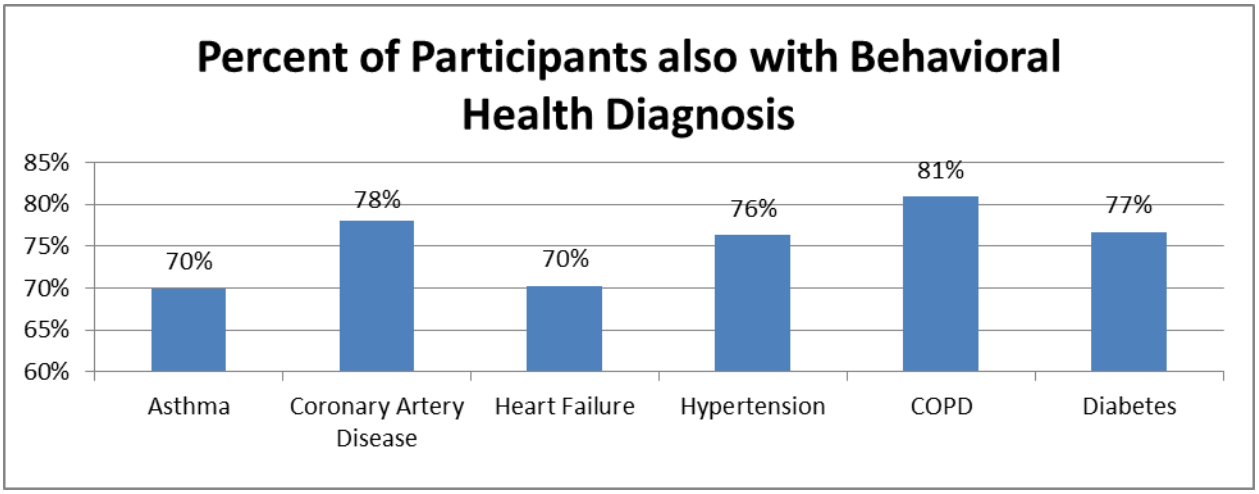
Chronic diseases are the leading cause of death and disability in the United States according to the Centers for Disease Control and Prevention in 2012. One in four adults had two or more chronic health conditions. [21]In Oklahoma, the CDC estimates that the total expenditures related to treating selected major chronic conditions will surpass $8.0 billion in 2015. The OHCA's goal was to provide health coaching at any given time to as many as 7,500 members at around 46 enrolled practices, but the actual numbers found during the PHPG evaluation was closer to 5,000. Program participants are treated for numerous chronic and acute physical conditions. PHPG found that 80 percent of participants had at least 2 chronic physical conditions.



The SoonerCare HMPs focus on holistic care rather than management of a single disease is appropriate given the prevalence of co-morbidities in the participating population. Independent

[21] CDC Website

research group Pacific Health Policy Group examined the number of physical chronic conditions per participant in the health management program during SFY14 and found that nearly 80 percent have at least two of seven high priority chronic physical conditions (asthma, COPD, coronary artery disease, diabetes, heart failure, behavioral health and hypertension)[22] as demonstrated in the table above.



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

The Chronic impact score total for engaged members = 350,230/4,526 (number of engaged members as of Dec 2015). Engaged members had an Average chronic impact score of 77.37.

Hypothesis 9d - Health Management Program (HMP); Impact on Health Outcomes this hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #5, and #2 of CMS's Three Part Aim.

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

[22] These conditions are used by MEDai as part of its calculation of chronic impact scores.

X. DEMONSTRATION EVALUATION (cont'd)

Hypothesis 9d Results:

HMP Members' Compliance Rates with CareMeasures ™ Clinical Measures	SFY 2014
	Percent Compliant
Asthma	
Use of appropriate medications for people with Asthma	95.3%
Medication management for people with Asthma - 50 percent	68.3%
Medication management for people with Asthma - 75 percent	26.8%
Cardiovascular Disease	
Persistence of beta blocker treatment after heart attack	50.0%
LDL-C screening	76.0%
COPD	
Use of spirometry testing in the assessment/diagnosis of COPD	31.5%
Pharmacotherapy management of COPD exacerbation - 14 days	49.5%
	SFY 2014
Pharmacotherapy management of COPD exacerbation - 30 days	73.9%
Diabetes	
LDL-C Test	77.0%
Retinal Eye Exam	37.8%
HbA1c Test	86.7%
Medical attention for nephropathy	77.1%
ACE/ARB Therapy	66.8%
Hypertension	
LDL-C Test	67.3%
ACE/ARB Therapy	66.5%
Diuretics	45.1%
Annual monitoring for patients prescribed ACE/ARB or diuretics	84.2%
Mental Health	
Follow-up after hospitalization for mental illness - seven days	34.8%
Follow-up after hospitalization for mental illness - 30 days	67.4%
Prevention	
Adult Access to preventive/ambulatory care	96.3%
Child access to PCP	98.4%
Adult BMI	14.3%

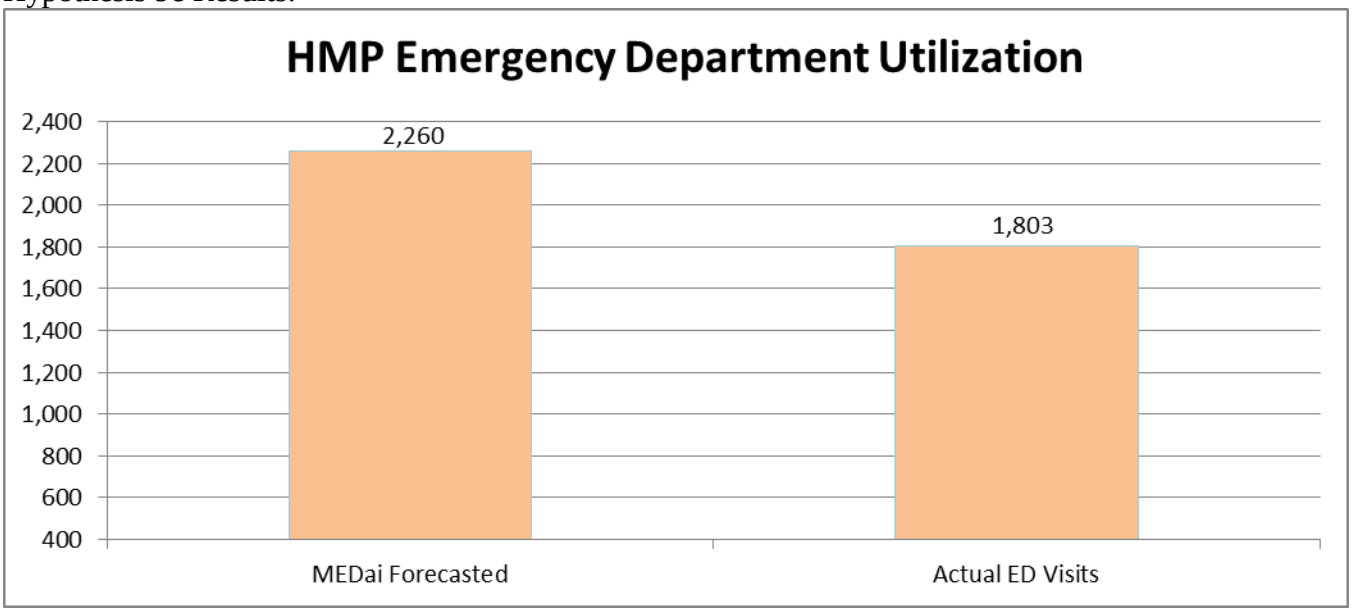
X. DEMONSTRATION EVALUATION (cont'd)

The health coaching participant compliance rate exceeded the comparison group rate on 11 of 18 measures for which there was a comparison group percentage. The difference was statistically significant for 9 of the 11, suggesting that the program is having a positive effect on quality of care, although there is room for continued improvement.

Hypothesis 9e – Health Management Program (HMP); Impact on Cost/Utilization of Care this hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1, and #2 of CMS's Three Part Aim.

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

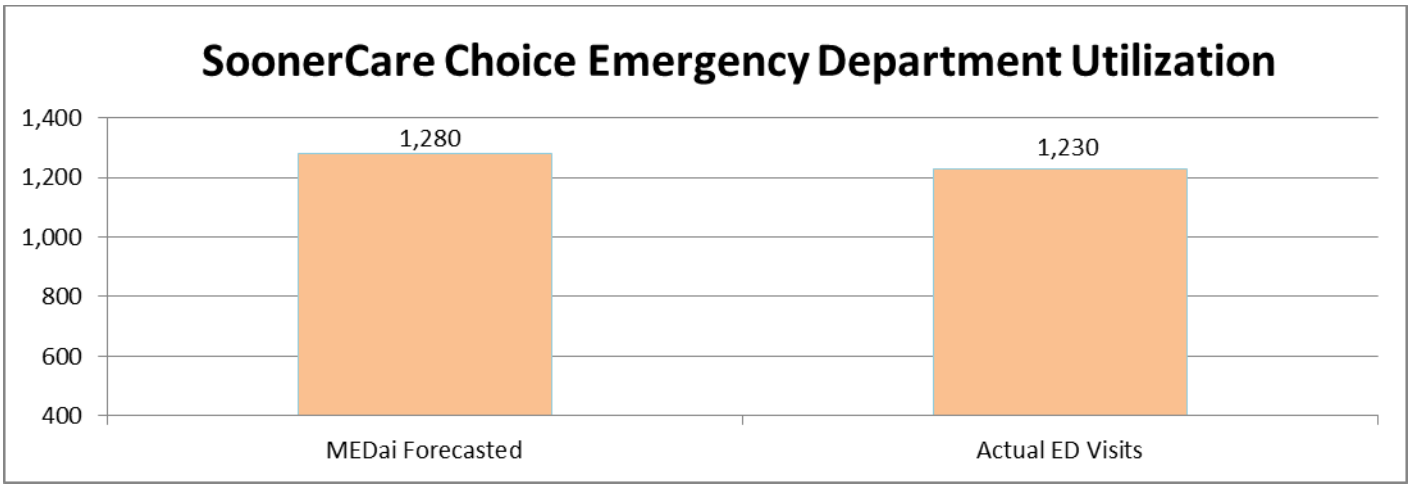
Hypothesis 9e Results:



MEDai forecasted that SoonerCare HMP participants as a group would incur 2,260 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,803 or 80 percent of forecast. The members that participated in the HMP program demonstrated better results overall regardless of the chronic illness indicated

X. DEMONSTRATION EVALUATION (cont'd)

Results:

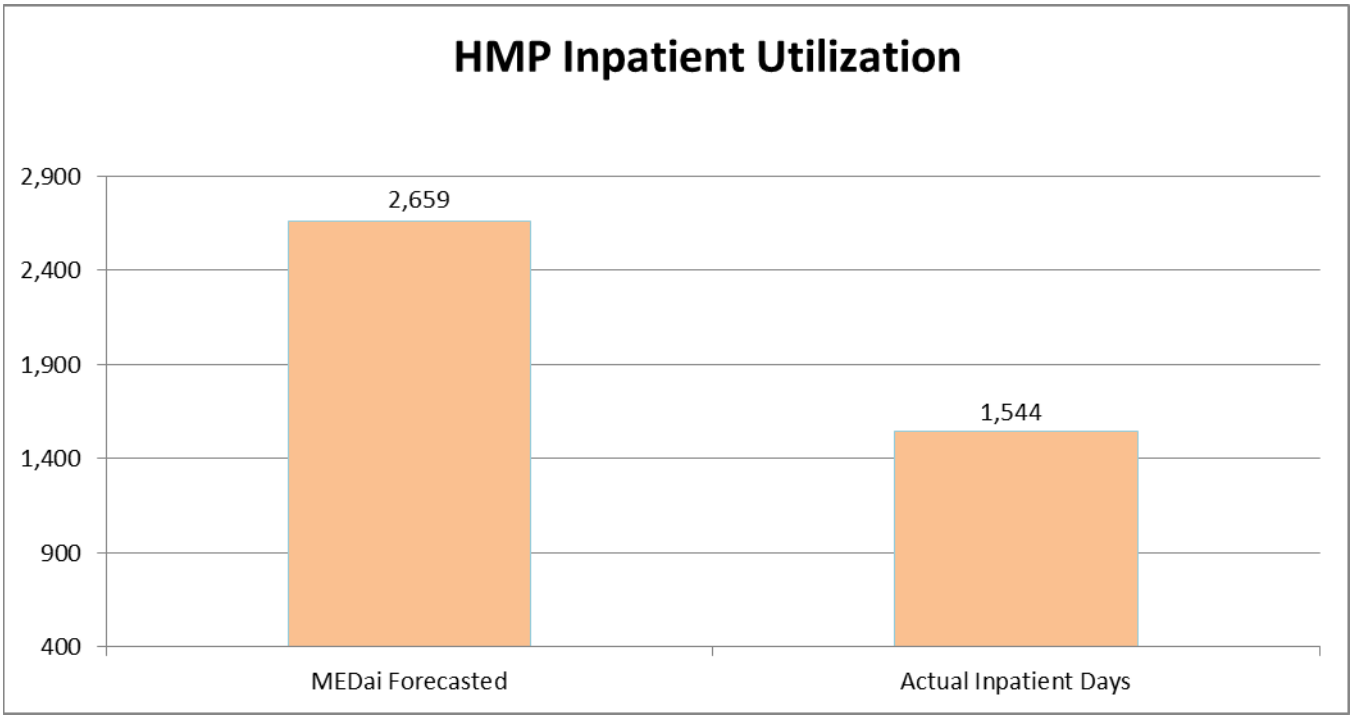


This section presents consolidated trend data across all 9,529 members aligned with a practice facilitation provider who did not participate in health coaching but met the other criteria for inclusion in the analysis. This group would be considered the comparison. MEDai projected members in total would incur 1,280 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,230 or 96 percent of forecast.

Hypothesis 9f – Health Management Program (HMP); Impact on Cost/Utilization of Care this hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1, and #2 of CMS's Three Part Aim.

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

Hypothesis 9f Results:



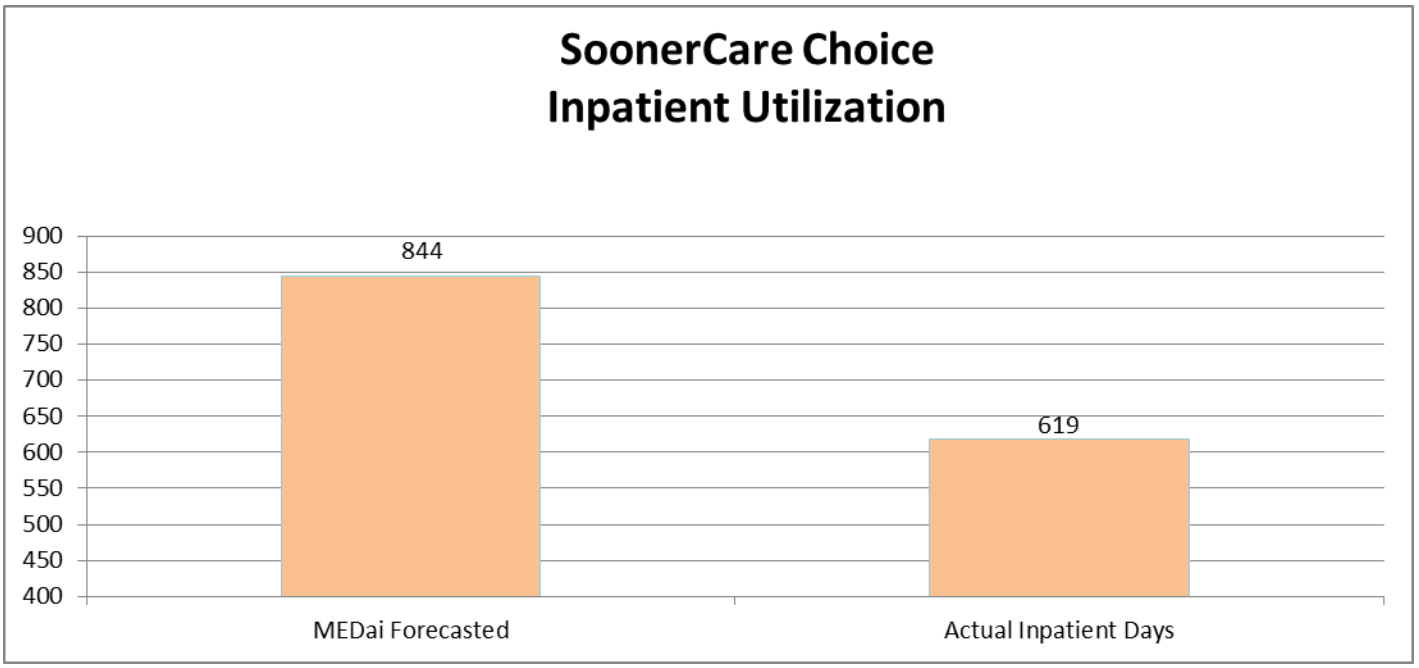
MEDai forecasted that SoonerCare HMP participants as a group would incur 2,659 inpatient days per 1,000 participants for the first 12 months of engagement. The actual rate was 1,544 or 58 percent of forecast. This demonstrated members receiving nurse care management services in the HMP were successfully impacted with fewer hospitalizations over the reporting period.

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.

X. DEMONSTRATION EVALUATION (cont'd)

Hypothesis 9f 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.

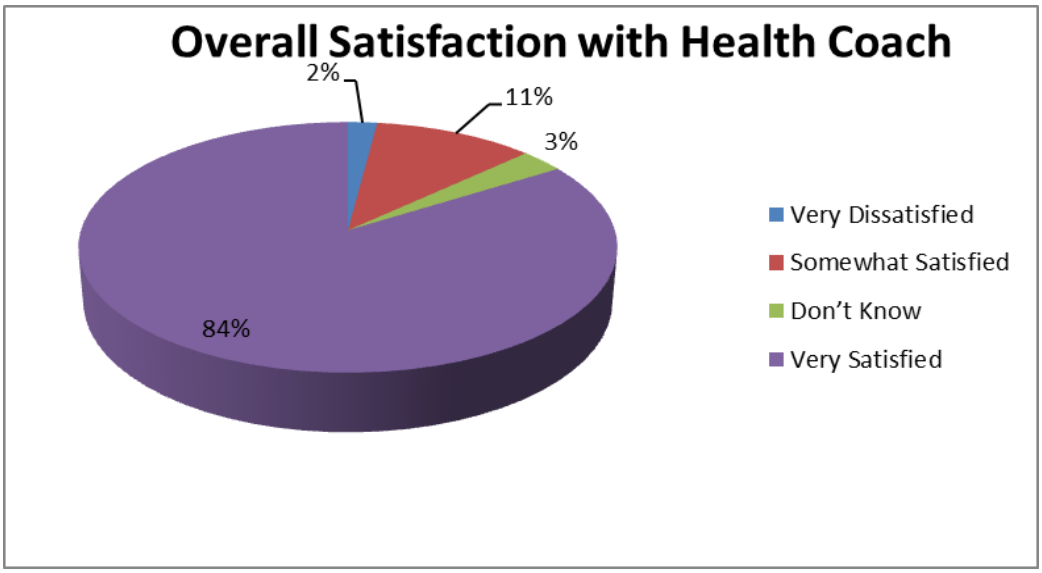
The HMP elected to measure members who were in a Practice Facilitation practice but not health coached as a comparison group. MEDai projected members in comparison group would incur 844 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 619, or 73 percent of the forecast 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.

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.

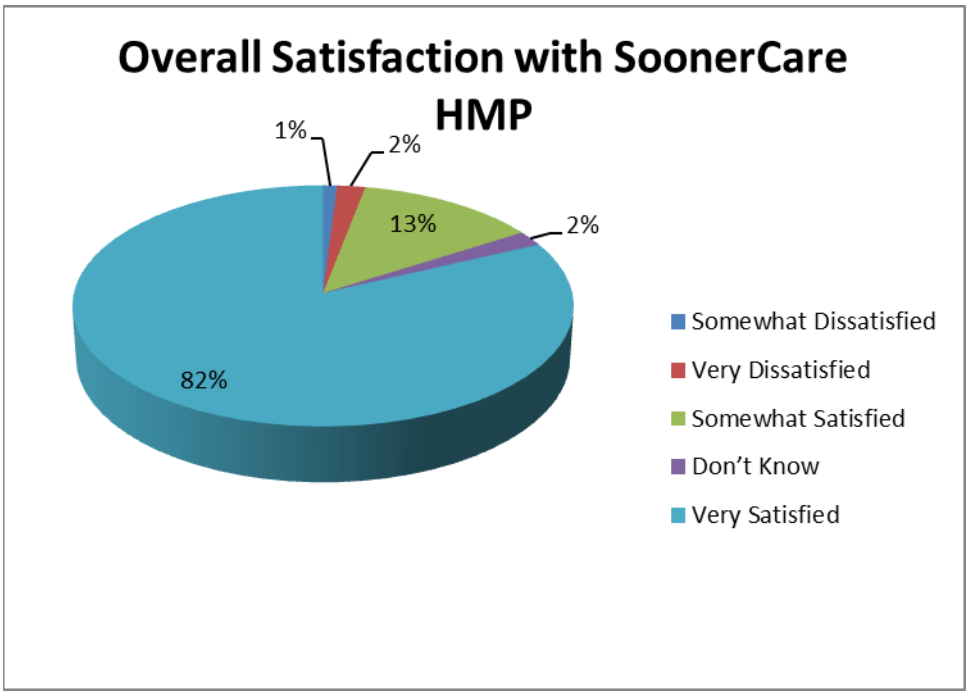
Hypothesis 9g – Health Management Program (HMP); Impact on Satisfaction /Experience with Care this hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #3, and #2 of CMS's Three Part Aim.

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.

Hypothesis 9g Results:



Regardless of their status, members were overwhelmingly positive about the role of the health coach, with 84 percent stating that their coach had been "very satisfied" to them in achieving their goal and six percent stating that their coach had been "somewhat satisfied". This attitude carried over to the members' overall satisfaction with their health coaches, which was again very high.

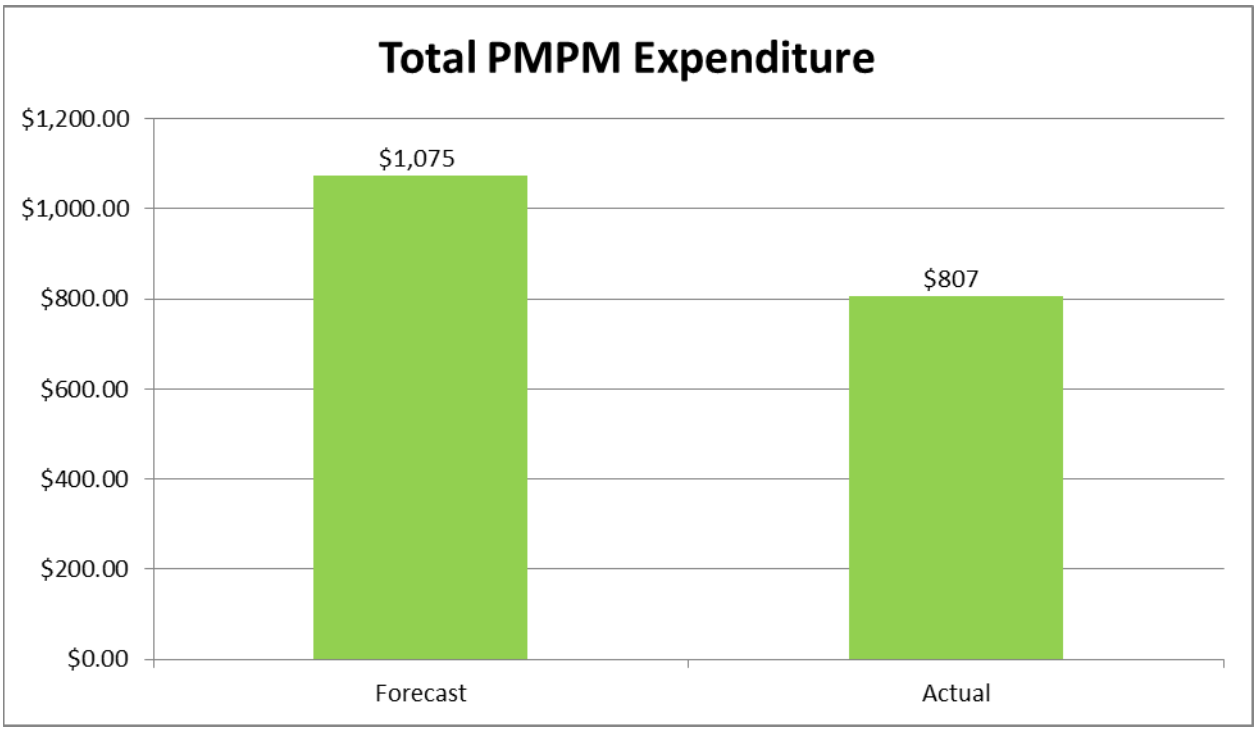


Survey respondents reported very high levels of satisfaction with the SoonerCare HMP overall, consistent with their opinion of the health coach, who serves as the face of the program. Nearly all respondents around 82 percent of the persons surveyed, as stated in the HMP annual report said they would recommend the program to a friend with health care needs like theirs.

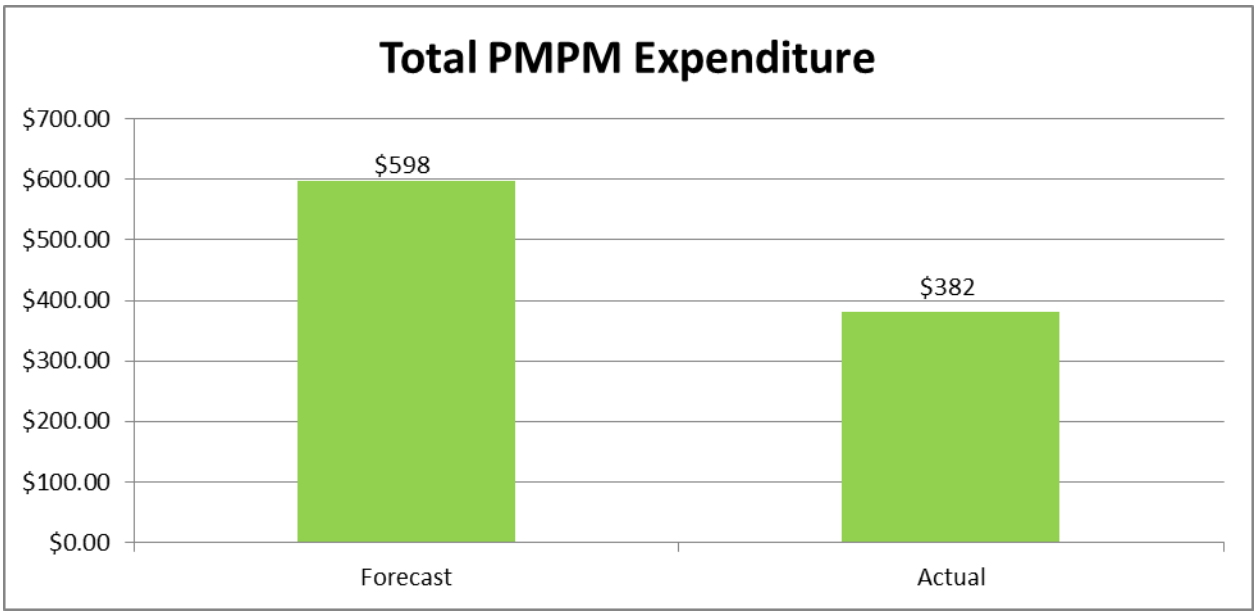
Efforts were made to gather information for the survey for a comparison group. There were limited responses from members that were discharged from this program or the previous program to analyze. The overall outcome appears to show participants experienced satisfaction with the HMP.

Hypothesis 9H - Health Management Program (HMP); Impact of HMP on Effectiveness of Care this hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1, and #3 of CMS's Three Part Aim.

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



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.



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 OHCA will continue to monitor the program for impact of the reducing medical cost of the population served.

X. DEMONSTRATION EVALUATION (cont'd)

Hypothesis 10 - Retroactive Eligibility 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:

Eligibility Determinations 2015	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Modified Adjusted Gross Income Determination Qualified	224,302	170,994	160,336	168,635
Determined Qualified Direct or Transfer Application	103,095	89,574	81,971	83,841
Determination at Annual Renewal	121,207	81,420	78,365	84,794

Individuals Determined Not Qualified 2015	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Ineligibility Established	61,032	45,799	43,412	43,204
Inadequate Documentation	10,677	11,075	14,041	13,559

Individuals Disenrolled 2015	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Determined Not Qualified at Application (new applicant)	34,304	30,308	29,447	28,672
Determined Not Qualified at Annual Renewal (current member)	37,405	26,566	28,006	28,091

This hypothesis postulates that the OHCA will ensure seamless coverage between SoonerCare and the Federally Facilitated Marketplace after federal changes are effectuated. The outbound account transfer includes all individuals who do not qualify for SoonerCare benefits. In 2015, the OHCA transferred approximately 527,425 applications to the Federal Hub. The Federal Hub verifies applicant information used to determine eligibility for enrollment in qualified health plans and insurance affordability programs.

XI. ENCLOSURES/ATTACHMENTS

1. 2015 Insure Oklahoma 10 Year Anniversary Press Release
2. 2015 OHCA Chief Dental Officer Press Release
3. 2015 OHCA Strategic Planning Conference Agenda
4. 2015 Care Coordination Model for ABD
5. Ninth Annual Tribal Consultation Participants
6. OU Sooner HAN Annual Report
7. PHCC HAN Annual Report
8. OSU HAN Annual Report
9. Oklahoma 1115 Budget Neutrality Model Worksheet, December 2015

XII. STATE CONTACT(S)

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XIII. DATE SUBMITTED TO CMS

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