Oklahoma Health Care Authority

SoonerCare Demonstration 11-W-00048/6
§1115(a) Quarterly Report
Demonstration Year: 18 (1/1/2013 – 12/31/2013)
Federal Fiscal Year Quarter: 2/2013 (1/13 – 3/13)

Submitted May 31, 2013

Table of Contents

I. INTRODUCTION

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

- Improving access to preventive services, primary care, and early prenatal care;
- Ensuring that every Title XIX member is able to choose a primary care provider who will serve as his or her family physician;
- Integrating Indian Health Service members and providers into the SoonerCare delivery system;
- Optimizing quality of care through effective care management.
- Expanding coverage through public/private partnerships (Insure Oklahoma Employer-Sponsored Insurance and Individual Plan).

The SoonerCare demonstration was approved for a three-year extension on December 31, 2012. The State acknowledged the approval of the renewal application and accepted the Special Terms and Conditions on January 30, 2013. The waiver extension period runs from January 1, 2013 through December 31, 2015.

II. ENROLLMENT INFORMATION

A. Member Enrollment[1]

Members Enrolled in SoonerCare Choice[2] and Insure Oklahoma[3]	Quarter Ending Jun 2012	Quarter Ending Sept 2012	Quarter Ending Dec 2012[4]	Quarter Ending Mar 2013	% Change
Total Number of Eligibles Enrolled in SoonerCare Choice[5]	**479,492**	**478,690**	**539,243**	**515,200**	**-4%**
SoonerCare Choice Percentage of total Medicaid Population	67%	66%	73%	71%	
A) Title XXI	57,692	58,007	Not available[6]	Not Available[6]	Not Available[6]
B) Title XIX	421,800	420,683	539,243	515,200	-4%
C) Adults	89,648	90,160	103,487	96,597	-7%
D) Children	389,844	388,530	435,756	418,603	-4%
E) Ratio – Adult/Child:					
Adult	19%	19%	19%	19%	
Child	81%	81%	81%	81%	
Total Number Enrolled in Insure Oklahoma	**30,376**	**30,219**	**30,693**	**30,161**	**-2%**
A) Individual Program (IP)	13,511	13,694	14,073	13,227	-6%
B) Employee Sponsored Insurance (ESI)	16,865	16,525	16,620	16,934	2%
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma	**509,868**	**508,909**	**569,936**	**545,361**	**-4%**

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[1] Enrollment numbers are point in time numbers.

[2] See Attachment 1, SoonerCare Choice Fast Facts, March 2013.

[3] See Attachment 2, Insure Oklahoma Fast Facts Summary, March 2013.

[4] December SoonerCare enrollment numbers reflect a significant increase as a result of system changes that occurred in November and December.

[5] Members enrolled in SoonerCare Choice must meet all eligibility criteria and have a current PCP assignment.

[6] The quarterly enrollment data for SCHIP Medicaid Expansion Children is not available due to an error in counting. Once the data are finalized these numbers will be updated and included in future reports.

II. ENROLLMENT INFORMATION (Cont'd)

Demonstration Populations: Enrolled and Potential[7] Members	Currently Enrolled	Potential Population	Total Eligible
TANF-Urban	263,508	40,979	304,487[8]
TANF-Rural	205,662	8,104	213,766[8]
ABD-Urban	23,467	6,141	29,608[8]
ABD-Rural	21,835	2,132	23,967[8]
Other[9]	728		728
Non-Disabled Working Adults (IO)			33,141
Disabled Working Adults (IO)			4
TEFRA Children			415[10]
SCHIP Medicaid Expansion Children Enrollees	Not available[11]		Not available[11]
Full-Time College Students			537

Demonstration Populations: Member Months	Quarter Ending June 2012	Quarter Ending Sept 2012	Quarter Ending Dec 2012	Quarter Ending Mar 2013
TANF-Urban	895,402	903,046	933,127	921,955
TANF-Rural	635,146	638,729	657,469	647,724
ABD-Urban	86,331	87,575	88,362	88,961
ABD-Rural	70,977	71,600	71,989	72,050
Non-Disabled Working Adults (IO)	97,109	96,597	98,497	99,005
Disabled Working Adults (IO)	17	16	7	11
TEFRA Children	1,234	1,248	1,256	1,256
SCHIP Medicaid Expansion Children Enrollees	165,200	170,733	Not available[11]	Not available[11]
Full-Time College Students	1,659	1,666	1,758	1,758

[7] Potential members meet SoonerCare Choice eligibility criteria, but do not have a PCP assignment. This can occur several different ways:

- With the onset of the Patient-Centered Medical Home in 2009, PCP auto assignment was disabled. For members who enroll through DHS or paper application, members are no longer assigned to a PCP if one is not selected at enrollment, if the member is terminated from a practice, or if the provider terminates their SoonerCare contract.
- If a member selects or changes PCPs after the 15th of the month, the switch is immediate and transparent to the member, but the system will not recognize the change until the first of the following month or the next month.
- Following the implementation of online enrollment, the system was terminating PCP assignments when recertification letters were generated, which subsequently placed members in the potential population. A fix has since been implemented for this issue, but not all of the members have been re-enrolled with a PCP.
- During the online enrollment process, individuals that are new to the system and approved for SoonerCare Choice are assigned to a PCP in real-time. All other PCP assignments are placed on a report and worked manually. A delay in the manual process could place members in the potential population. A requested enhancement to the online enrollment process is to make more of the PCP assignments in real-time.
  All of these factors contribute to the number of members in the potential population. Once the PCP assignment is made in the system, the member will be included in the current enrollment number.

[8] As reported on the CMS-64 form.

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

[10] Includes all TEFRA children not just SoonerCare Choice.

[11] The quarterly enrollment data for SCHIP Medicaid Expansion Children is not available due to an error in counting. Once the data are finalized these numbers will be updated and included in future reports.

II. ENROLLMENT INFORMATION (Cont'd)

Breast and Cervical Cancer Program (BCC)
The BCC program provides treatment to eligible women with breast cancer, cervical cancer, or pre-cancerous conditions. This program, also known as Oklahoma Cares, is a partnership of the Oklahoma State Department of Health (OSDH), the Oklahoma Department of Human Services (OKDHS), the Cherokee Nation, the Kaw Nation, and the Oklahoma Health Care Authority (OHCA).

Oklahoma Cares Member Enrollments[12]	January 2013	February 2013	March 2013
SoonerCare Choice	**379**	**378**	**368**
Choice and Traditional Total Current Enrollees	826	794	806

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

Electronic Newborn Enrollment	January 2013	February 2013	March 2013
Number of Newborns Assigned to a PCP	2,242	1,874	**2,019**
Number Needing Assistance with Eligibility or PCP Selection	309	217	**266**

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

CareMeasures Member Enrollments	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Members Enrolled in CareMeasures Registry[13]	4,798	4,720	4,446	4,852

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[12] See Attachment 3, Oklahoma Cares Fast Facts, March 2013.
[13] These are duplicated numbers as some members might have more than one chronic disease.

II. ENROLLMENT INFORMATION (Cont'd)

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

ESI Program Current Enrollments[14]	0-100% FPL	101-133%[15] FPL	134%[15]-185% FPL	186% and Over	Total
Employee	2,291	3,938	6,001	1,442	**13,672**
Spouse	526	853	1,087	305	**2,771**
Student	19	26	56	19	**120**
Dependent Child[16]	0	0	42	329	**371**
IO ESI Total	2,836	4,817	7,186	2,095	**16,934**

Insure Oklahoma Individual Plan (IP)
The IP is a premium assistance program created to bridge the gap in health care coverage for individuals who are low-income working adults, self-employed, temporarily unemployed, a college student, or a dependent child who meets income qualifications. These individuals do not qualify for ESI.

IP Program Current Enrollments[14]	0-100% FPL	101-133%[15] FPL	134%[15]-185% FPL	186% and Over	Total
Employee	4,162	2,366	2,485	593	**9,606**
Spouse	1,197	843	811	211	**3,062**
Student	204	103	100	16	**423**
Dependent Child[16]	0	0	6	130	**136**
IO IP Total	5,563	3,312	3,402	950	**13,227**

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[14] See Attachment 4, Insure Oklahoma Data by FPL, March 2013.
[15] This includes the five percent disallowance.
[16] Title XXI stand-alone CHIP population.

II. ENROLLMENT INFORMATION (Cont'd)

Perinatal Dental Access Program (PDEN)
The OHCA's PDEN program provides a limited benefit package to pregnant and postpartum women ages 21 and older. Qualified SoonerCare and Insure Oklahoma IP members receive full dental exams, X-rays, cleanings (including scaling and root planing), and certain types of fillings.

PDEN Member Participation	Apr-June 2012	July-Sept 212	Oct-Dec 2012	Jan-Mar 2013
Women Eligible for Services	19,347	20,025	20,048	19,903
Women Who Received Services	2,460	2,494	2,428	2,184
Percentage of Eligibles Receiving Services	13%	12%	12%	11%

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

STBS Member Enrollments	January 2013	February 2013	March 2013
Enrollees	2,620	2,540	2,597

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)
Children with physical or mental disabilities that are not eligible for Supplemental Security Income because of their parent's income can qualify for SoonerCare benefits if they meet the TEFRA requirements.

TEFRA Member Enrollments[17]	January 2013	February 2013	March 2013
SoonerCare Choice	287	291	294
Choice and Traditional Total Current Enrollees	444	443	446

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[17] See Attachment 5, TEFRA Fast Facts, March 2013.

II. ENROLLMENT INFORMATION (Cont'd)

B. Provider Enrollment
Within 77 Oklahoma counties, there are 2,028 primary care providers contracted for the SoonerCare program, along with 1,514 providers contracted for Insure Oklahoma.

SoonerCare Provider Enrollment by Type
Primary care providers include physicians, physician assistants (PA), and advanced practice nurses (APNs).

Provider Types[18]	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
MD/DO	1,319	1,417	1,333	1,364
PA	253	268	282	294
APN	313	327	351	370
Total Unduplicated PCPs	**1,885**	**2,012**	**1,966**	**2,028**

SoonerCare Medical Home Providers by Tier

Providers by Tier	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Percentage in Tier 1: Entry Level Medical Home	65%	65%	65%	59%
Percentage in Tier 2: Advanced Medical Home	26%	26%	25%	27%
Percentage in Tier 3: Optimal Medical Home	9%	9%	10%	13%

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

Provider Types	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
MD/DO	918	996	963	989
PA	193	204	212	231
APN	252	267	278	294
Total Unduplicated PCPs	**1,363**	**1,467**	**1,453**	**1,514**

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

II. ENROLLMENT INFORMATION (Cont'd)

Health Management Program (HMP)
To improve the health of SoonerCare members with a chronic disease, OHCA has partnered with Telligen[19] to administer the HMP. This program allows nurse care managers to focus their efforts on helping members become more invested in their health outcomes and improve self-management of chronic disease. Nurse care managers partner with the Community Resource Specialist and the Behavioral Health Specialist to assist members with referrals to community resources, assessments of general needs, and to provide follow-up for behavioral health issues.

Nurse Care Managers	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Tier 1 Nurse Care Managers	11	12	13	14
Tier 2 Nurse Care Managers	17	18	19	12[20]

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

Indian Health Provider Enrollment	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Number of Clinics	56	58	58	58

Perinatal Dental Access Program (PDEN)

PDEN Provider Enrollment[21]	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Active Participating Dentists	290	308	325	313

PCP Capacities

	March 2013	
SoonerCare and Insure Oklahoma[22]	Capacity Available	% of Capacity Used
SoonerCare Choice	1,135,495	45%
SoonerCare Choice I/T/U	101,900	18%
Insure Oklahoma IP	427,300	3%

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[19] Formerly the Iowa Foundation for Medical Care (IFMC).
[20] There are fewer Tier 2 nurse care managers as the program is in transition with the contractor, as well as transitioning to Phase II of the program.
[21] See Attachment 6, Dental and PDEN Fast Facts, January-March 2013.
[22] See Attachment 7, Provider Fast Facts, March 2013.

II. ENROLLMENT INFORMATION (Cont'd)

C. Systems

This quarter, the total number of SoonerCare applications submitted has increased 14 percent, or 14,350 applications, since the last quarter. OHCA has seen a significant increase in the number of electronic applications submitted. Nearly 81 percent of SoonerCare applications submitted this quarter were submitted electronically, through either home internet or agency internet. This is a three percent increase since last quarter for the number of individuals that used an electronic application.

Media Type[23] of Applications for SoonerCare	January 2013	February 2013	March 2013	Total
Home Internet	27,311	20,199	20,625	**68,135**
Paper	2,215	1,660	1,593	**5,468**
Agency Internet	10,833	8,284	10,033	**29,150**
Agency Electronic	5,955	5,445	6,176	**17,576**
Total	**46,314**	**35,588**	**38,427**	**120,329**

The number of Indian Health online enrollment applications remained relatively stable this quarter with slight increases in applications for the Chickasaw Nation, Choctaw Nation, and Indian Health Services. OHCA continues working partnerships and communication with tribal partners on the online enrollment eligibility system.

Indian Health Online Enrollment Applications for SoonerCare	January 2013	February 2013	March 2013	Total
Cherokee Nation	518	387	377	**1,282**
Chickasaw Nation	276	194	204	**674**
Choctaw Nation	221	207	243	**671**
Indian Health Services	777	569	723	**2,069**
Total	**1,792**	**1,357**	**1,547**	**4,696**

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[23] See Attachment 8, Online Enrollment Fast Facts, March 2013.

III. OUTREACH AND INNOVATIVE ACTIVITIES

A. Outreach

Outreach Materials Printed and/or Distributed	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Member Materials Printed/Distributed				
Annual Benefit Update Packet	0	0	0	284,817
New Member Welcome Packets				
English/Spanish Combined	19,507	22,007	20,396	33,232
Individual Orders	2,820	2,420	530	0
Packets for OKDHS	9,585	9,780	9,630	0
Information/Enrollment Fair Fliers[24]	43,907	15,070	12,895	26,525
BCC Brochures				
English	1,630	630[25]	780	560
Spanish	150	100	220	230
SoonerRide				
English	4,070	5,250	2,890	3,470
Spanish	1,330	680	390	1,030
SoonerCare Provider Directory (English/Spanish)	3,800	3,540	530	35,736
Postcard with ER Utilization Guidelines[26]	2,850	1,160	1,430	1,570
Perinatal Dental (PDEN)				
Provider Flier	0	0	0	0
Member Flier	1,580	470	0	1,530
Postcards	830	540	430	0
Posters	110	50	100	0
SoonerCare and IO Outreach Material				
Sooner Bear Color Books	6,440	8,660	2,830	8,300
SoonerCare Health Club (Activity Book)	5,760	6,480	2,590	4,830
SoonerCare Companion Member Newsletter	263,000	247,040	262,000	266,000
Miscellaneous Promotional Items (Magnets, Bandages, Hand Cleaner)	10,710	17,730	5,280	21,250
No Smoking Card (English/Spanish Combined)[27]	1,100	1,450	480	920
Insure Oklahoma Brochures[28]	0	0	0	0
Oklahoma Indian Tribe-Specific Posters and Fliers	1,110	110	260	7,610
Provider Newsletter	8,010	0	0	11,019
Toll-Free SoonerCare Helpline				
Number of Calls	218,261	210,961	203,258	132,316

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[24] This includes TEFRA brochures.

[25] Ran out of brochures in the middle of the quarter; OHCA ordered more.

[26] Postcards are also included in the new member welcome packets.

[27] This flier also appears as an ad in the member handbook and the SoonerCare Companion newsletter.

[28] Insure Oklahoma brochures can also be ordered through the Oklahoma Insurance Department.

III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

B. Innovative Activities

Electronic Health Records (EHR)
Under the Health Information Technology for Economic and Clinical Health (HITECH Act), which was enacted under the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments are available to eligible professionals, critical access hospitals, and eligible hospitals that successfully demonstrate meaningful use of certified Electronic Health Record (EHR) technology.

At the end of March 2013, OHCA has paid out over $90 million for EHR incentive payments to over 1,600 eligible professionals and 90 eligible hospitals. Of the 1,600 eligible professionals, over 200 have achieved Stage 1 of Meaningful Use and of the 90 eligible hospitals, 32 have achieved Stage 1 of Meaningful Use under the Oklahoma EHR inventive program.

Stage 2 for Meaningful Use will be implemented for eligible hospitals during the fourth quarter of 2013 and for eligible professionals during the first quarter of 2014.

EHR Eligible Providers	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Number of Eligible Professionals	1,408	1,509	1,605
Number of Eligible Hospitals	81	85	90
Total	**1,489**	**1,594**	**1,695**

Cumulative EHR Incentives Paid	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Eligible Professionals	$29,721,667	$31,782,917	$33,539,584
Eligible Hospitals	$53,462,635	$55,515,184	$57,102,718
Total	**$83,184,302**	**$87,298,101**	**$90,642,302**

High ER Utilization Initiative
OHCA staff members work together to educate and train members and providers how to lower the use of the ER. High ER utilizers include members who visit the ER four or more times in a quarter. Member Services (MS) staff also reach out to super users who use the ER 15 or more times in a quarter. Due to other resource needs, MS has temporarily suspended this initiative.

Members with 4 or more ER Visits	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
SoonerCare	1,590[29]	1,758	2,060	2,086

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[29] This number has been corrected from what has previously been reported.

III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

Medicaid Management Information System (MMIS) Reprocurement
The MMIS reprocurement project is an initiative to implement system enhancements to the Oklahoma MMIS system. At the beginning of this year, OHCA's contractor, Hewlett-Packard Enterprise Services (HP), had completed 60 percent of the project.

This quarter, HP completed Phase I of the ICD-10 acceptance testing. Round 1 and 2 testing for Phase II is scheduled to be completed in July 2013 and provider testing is scheduled for July and September 2013. While the ICD-10 final rule published in the Federal Register on September 5, 2012, moved the ICD-10 compliance date from October 2013 to October 2014, OHCA maintains a schedule to complete the project by October 2013, to allow time to resolve any issues encountered during testing.

HP completed the Security enhancement in early February 2013. HP continues to work on the provider portal system testing, which is scheduled to go live in July 2013. In addition, HP is working on the Medical Policy enhancement, which identifies and documents specific medical policy related to edits, audits, and group tables. The enhancement should be completed by next quarter.

HP has begun work on the claims resolution workflow, the rules engine enhancement, and the member portal enhancement. These are the last of the system enhancements for the MMIS reprocurement project for HP to complete.

C. Stakeholder Engagement

Tribal Consultation
OHCA held two tribal consultation meetings this quarter, in January and March. Participants included representatives from the Absentee Shawnee Tribe of Oklahoma, Cheyenne and Arapaho Health Board, Chickasaw Nation, Citizen Potawatomi Nation, Indian Health Care Resource Center of Tulsa, Oklahoma City Area Inter-Tribal Health Board, Seminole Nation, and Wewoka Indian Health Services, as well as representatives from the Oklahoma Department of Mental Health and Substance Abuse, the Oklahoma State Department of Health, and the OHCA. The purpose of these meetings is to better collaborate with the tribes on all OHCA program updates and changes.

This quarter, OHCA Policy staff presented proposed rule changes at the tribal consultation and posted the rules to the OHCA policy website for a 30-day comment period. Rule changes specific to the 1115 demonstration include the Insure Oklahoma revised rule that aligns adult outpatient behavioral health services with the children's outpatient behavioral health services in the Individual Plan, as well as rules relating to the new federal Medicaid requirements. These rules take effect July 1, 2013, with some provisions not going into effect until January 1, 2014.

OHCA continues to use the Native American Consultation website page[30] to communicate to the tribes and receive comment on all new or amended state plans, waiver amendments, or policy changes.

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[30] Native American Consultation Page

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

A. SoonerCare and Insure Oklahoma Operations

### 1. Department Operations

<u>Child Health</u>
Community Relations Coordinators
OHCA has four Community Relations Coordinators (CRCs) that maintain much of the work performed during the SoonerEnroll initiative, as well as expand the approach to promotion of other agency programs and initiatives. CRCs work with more than 750 public, private, and nonprofit entities within the 77 Oklahoma counties to enroll qualified children in SoonerCare and promote the importance of preventive care. Furthermore, CRCs facilitate ongoing dialogue between community partners and OHCA to address local issues and collaborate in the development of strategies for improving the health of SoonerCare members.

This quarter, the CRCs focused on developing partnerships with new entities throughout the state. This includes partnerships with the Boys and Girls Club of McAlester, and Twin Rivers Headstart in Hughes and Okfuskee County. Additionally, CRCs provided targeted outreach to local Hispanic radio stations in southeast Oklahoma, as well as outreach to employers with large groups of Hispanic employees. CRCs also filmed two *Tell Us Your Story* videos this quarter, which will be posted to the Community Relations website soon.

In addition, CRC's created an OHCA Community Relations website page[31] to provide OHCA partners with tools, resources, and vital information in linking members to the community.

The four CRCs each have a region of the state – northeast, southeast, northwest, and southwest – in which they connect with partners and potential partners.

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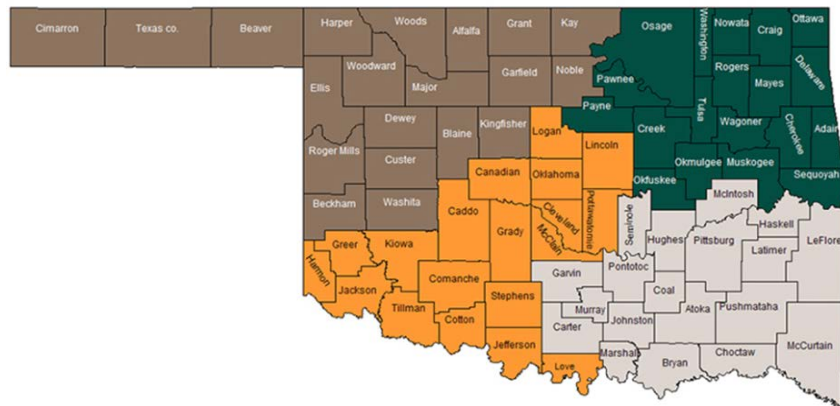
[31] OHCA Community Relations Website

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

Health Promotions Coordinator
Grant funding ended for the SoonerQuit program on December 31, 2012; OHCA Child Health staff, however, have applied for another grant, the SoonerQuit Provider Engagement grant, which is expected to go before the Tobacco Settlement Endowment Trust (TSET) board on May 9. If OHCA is awarded the new grant, the grant initiative will be similar to SoonerQuit, however, the OHCA will be working with an expanded pool of providers. With the new initiative, the OHCA will utilize the participating primary care providers from the Health Management Program practice facilitation model and infuse a tobacco cessation module into the quality improvement activities. Simultaneously, the OHCA will be continuing the practice facilitation efforts with obstetrics providers and possibly dental providers.

This quarter, the Health Promotions Coordinator focused on tobacco cessation outreach with providers, internal OHCA units for infusion of tobacco cessation into existing programs, and OHCA Communication's staff to produce tobacco cessation articles for written media.

Additionally, the Health Promotions Coordinator worked with the Community Relations Coordinators to disperse SoonerQuit materials to OHCA's some 750 community partners. This included some 1,044 Quit Kits[32] handed out by the Health Promotions Coordinator and Community Relations Coordinators. The Health Promotions Coordinator also discussed tobacco cessation during the spring provider trainings held on April 11 in Durant, Oklahoma and April 18 held in Enid Oklahoma.

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[32] Quit Kits include a Quit Smoking guide, the Oklahoma Tobacco Helpline information, breath mints with the *Tobacco Stops With Me* logo, a plastic nail file with the Tobacco Helpline logo, and a lip balm tin with a smoke-free message.

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

Medical Authorization Unit (MAU)

This year, the MAU processed an average of 4,861 prior authorizations a month for an average approval rate of 98 percent.

MAU Activity	January 2013	February 2013	March 2013	Qtr Totals
MAU Calls Handled	430	488	509	**1,427**
Total Prior Authorizations	4,601	4,726	5,255	**14,582**
Number of Reviewers (Analyst or Nurse)	13	13	13	
Average Number of PAs per Reviewer	353	363	404	**373**
Percentage of Total PA Denials	2%	2%	1%	**2%**
Number of Denials	92	95	53	**240**

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

With the MedSolutions contract ending by the end of fiscal year 2013, this quarter, OHCA issued a request for proposal (RFP) for the Radiology Management Program on March 19, 2013, with an expected contract award date to the new administrator on July 1, 2013.

MedSolutions has processed an average of 5,588 prior authorization requests a month this quarter with an 84 percent approval rate.

MedSolutions Activity	January 2013	February 2013	March 2013	Qtr Totals
MedSolutions Calls Handled	1,285	1,314	1,220	**3,819**
Total Prior Authorizations	5,835	5,479	5,449	**16,763**
Number of Reviewers (Analyst or Nurse)	114	114	115	
Average Number of PAs per Reviewer	51	48	47	**49**
Percentage of Total PA Denials	17%	16%	14%	**16%**
Number of Denials[33]	1,018	895	738	**2,651**

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

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

Member Services (MS)

The Patient Advice Line accepted Tier one member assistance calls through February 28, 2013. In the fourth quarter of 2012, OHCA began the transition to a new SoonerCare Helpline contractor, Maximus, with an effective date of January 1, 2013.

MS Outreach Letters	# of Letters Mailed	Response Rate
Prenatal Outreach – Pat Letters	5,544	43%
Households with Newborns Outreach – Jean Letters	6,499	17%
Soon-to-be-Sooners Outreach – Sonja Letters	1,182	42%

MS Activity	January 2013	February 2013	March 2013	Qtr Totals
NAL/911/ER Reports Reviewed	81	236	0	**317**
NAL/ER Follow-Up	3	15	0	**18**
High ER Utilizers Identified for Calls				**0[34]**
Calls to BCC Members with Confirmed Cancer Diagnosis	42	36	33	**111**
Calls to BCC Members at Renewal Period	7	13	12	**32**
Member Service Calls Handled in English	7,929	6,201	6,849	**20,979**
Member Service Calls Handled in Spanish	521	433	514	**1,468**
Member Inquiries				**15,061**

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[34] Outreach not performed during this quarter.

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

Population Care Management (PCM)

At the beginning of January 2013, OHCA renamed the Care Management division to Population Care Management (PCM) and incorporated three units within the division: case management, the Health Management Program, and the Chronic Care Unit.

Case Management

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

Phase I: Outreach to FIMR Population – Participating Mothers	July 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013
New Cases	151	228	194	180	182	133	198	130	148
Existing Open Cases[35]	727	712	707	634	644	674	621	588	591

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

Phase II: Outreach to FIMR Population – Infants Under Age 1	July 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013
New Cases	174	214	189	163	150	198	184	168	164
Existing Open Cases	1,688	1,755	1,796	1,831	1,850	1,916	1,918	1,929	1,938

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

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

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

This quarter, CM and Information Services (IS) staff implemented a new non-member health survey located on the OHCA SoonerCare online enrollment web page[36]. The survey includes questions relating to chronic illness, tobacco use, obesity, and pregnancy. The survey also includes agency telephone numbers for OHCA service areas that non-members can call for assistance. Within the first eight days of implementation, the CM unit had received 162 responses from non-SoonerCare members. OHCA is working on ways to increase the number of non-members who call the agency for assistance or the number of non-members that OHCA can reach out to. Results of the surveys indicate:

Non-Member Health Survey Responses	Survey Results
Non-members who reported to be pregnant	24
Non-members who reported to have chronic disease	36
Non-members who reported that s/he is overweight	56
Non-members who have a serious medical issue for which they believe they need immediate help	56
Non-members who reported to use tobacco	66

OHCA continues the Cesarean Section (C-section) initiative, which was implemented in January 2011, in an attempt to lower the primary C-section rate performed without medical indication. The initiative helps reduce the first time C-section rate to 18 percent. The CM staff performs a primary role in this initiative. CM nurses review the received documentation and determine the medical necessity for the C-section and if it should be reviewed by the OHCA OB physician. The CM unit tracks the number of C-section claims received for review, how many are sent to the OHCA physician for medical review, and the outcome of the claims sent for medical review.

Jan-Mar C-Section Reviews	Total	Outcomes
Claims Reviewed by CM	958	
Claims Sent for OHCA Physician Review	81	
Physician Review Outcomes:		
Paid at the C-section rate		43
Adjusted Claims		36
Denied		2

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[36] Online Health Assessment on OHCA Enrollment Page

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

CM Activity[37]	January 2013	February 2013	March 2013
Active Cases under Care Management	3,839	3,911	4,029
Case Load per Adjusted RN FTE	175	167	160
High-Risk and At-Risk OB - Following	360	368	378
High-Risk and At-Risk OB - New	216	191	192
OK Cares New Enrollment	826	794	806
OK Cares Total Enrollment	61	70	81
Private Duty Nursing Cases - New	5	9	3
Private Duty Nursing Cases - Following	205	213	203
Onsite Evaluations (TEFRA, Private Duty Nursing)	30	27	58
Caesarean Section Reviews Received	368	306	284
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	82	75	78
Out of State – Clinical Review - New	59	52	59
Out of State – Clinical Review - Following	51	61	59

Health Management Program
With the current HMP administrator contract ending June 30, 2013, OHCA issued a request for proposal (RFP) in October 2012, with an expected award date for the new administrator in March 2013. The agency actually awarded the HMP contract in April. The effective date of the new contract is July 1, 2013.

Currently, a total of 90 practices have either completed practice facilitation or are currently receiving a core component of practice facilitation. Practice facilitators follow-up with each practice to offer continuing support and monitoring and also go back into practices to work on improvement in new disease processes or advanced concepts.

In addition, two regional collaboratives were held this quarter in Krebs and Pryor for providers and their staff who had completed practice facilitation. During the collaboratives participants are asked for feedback on the facilitation by asking questions such as how the practice facilitation was helpful and how the facilitation can be more helpful.

HMP Outreach through Nurse Care Managers	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Tier 1: Face-to-Face Visits	888	776	769	818
Tier 2: Telephone Contact	3,242	2,817	2,742	2,129
Total	**4,130**	**3,593**	**3,511**	**2,947**

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[37] CM Activity measures were updated this quarter to reflect more accurate CM activities.

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

HMP Outreach Activities	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Number of Activities	2	2	5	2
Number of Attendees	30	11	55	25

The provider incentive structure was changed in July 2012, to include only four categories for which to earn incentive payments. These four categories include Pay for Reporting, Pay for Participating in Collaborative, Pay for Performance Improvement, and Pay for Process Improvement. The payment incentives are paid on an annual basis (after four quarters) except for incentives in the Pay for Process Improvement category, which are paid at the end of the quarter.

Provider Incentive Payments	2012 Annual Incentives Paid In January 2013	Jan-Mar 2013
Pay for Reporting	$0	
Pay for Participating in Collaborative	$0	
Pay for Performance Improvement	$28,500	
Pay for Process Improvement		No payment made
Total	$28,500	$0

Waiver Development & Reporting (WD&R)
After CMS approved the 1115(a) renewal application on December 31, 2012, for the 2013-2015 extension period, the State acknowledged CMS's approval and accepted the Special Terms and Conditions on January 30, 2013.

On February 25, OHCA submitted a *Maintenance of Effort* letter to the CMS CHIP Division Director after seeking guidance from CMS on the provision of maintenance of effort (MOE) for the Insure Oklahoma dependent children from 186 to 200 percent of the FPL. CMS responded to the State on April 3, 2013, stating that it is not a MOE violation to cease coverage for these Insure Oklahoma children after the Insure Oklahoma premium assistance program expires on December 31, 2012, as the implementation date for this group of children was subsequent to the federal law's MOE date of March 23, 2010.

Toward the end of the quarter, on March 26, 2013, OHCA submitted a letter to the Director of Medicaid at CMS requesting an extension of the Insure Oklahoma program through December 31, 2014. OHCA awaits a response from CMS.

OHCA continues to work on a SoonerCare Choice amendment for federally-mandated provisions for the Choice demonstration, as well as an Insure Oklahoma Expiration Plan. In addition, OHCA is working with CMS on the appropriate federal financial match for the Health Management Program.
OHCA participated in three monthly CMS calls this quarter and continues to participate in CMS monitoring calls as scheduled.

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

2. Program-Specific Operations

Breast and Cervical Cancer Program (BCC)

BCC Certified Screeners	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Certified Screeners	861	898	892	940

Outreach Activities Related to BCC Members	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Care Management Activities Related to BCC Members	4,949	4,328	3,785	4,105
Number of Calls Made by Member Services to BCC Members at Renewal Period	100	88	72	32
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	108	77	96	111

Health Access Network (HAN)

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

University of Oklahoma Sooner Health Access Network (OU Sooner HAN)
As of March 30, 2013, there are 42,780 members and 590 providers in the OU Sooner HAN. The number of members enrolled decreased approximately six percent since December 2012. Staff members in the OU Sooner HAN continue to provide care management services to all populations. OHCA staff members meet monthly with representatives from the OU Sooner HAN to discuss issues affecting members enrolled in the OU Sooner HAN. During this quarter, staff members from the OU Sooner HAN participated in a strategic planning session with staff members from the OHCA, the OSU HAN, and the PHCC HAN.

Oklahoma State University Health Access Network (OSU HAN)
As of March 30, 2013, there are 14,118 members and 113 providers in the OSU HAN. The number of members enrolled decreased approximately five percent since December 2012. Staff members in the OSU HAN continue to provide care management services to all populations. OHCA staff members continue to meet with representatives from the OSU HAN to discuss issues affecting members enrolled in the OSU HAN.

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

Partnership for Healthy Central Communities (PHCC HAN)
Formerly the Partnership for a Health Canadian County, in this quarter the HAN's name was changed to the Partnership for Health Central Communities. This HAN maintains a web presence at PHCC HAN Website, including a secure section for its enrolled patient-centered medical homes.

As of March 30, 2013, there are 2,921 members and 10 providers in the PHCC HAN. The number of members enrolled decreased approximately six percent since December 2012. Staff members in the PHCC HAN continue to provide care management services to all populations. OHCA staff members meet monthly with representatives from the PHCC HAN to discuss issues affecting members enrolled in the PHCC HAN.

HAN Enrollment	OU Sooner HAN	PHCC HAN	OSU Network
January 2012	36,248	2,911	14,224
February 2012	36,024	2,877	14,269
March 2012	38,795	2,908	14,540
April 2012	38,713	2,882	14,557
May 2012	38,480	2,937	14,419
June 2012	43,565	3,006	14,507
July 2012	43,697	2,994	14,468
August 2012	42,448	2,859	13,950
September 2012	43,571	2,971	14,276
October 2012	44,253	2,966	14,437
November 2012	45,267	3,028	14,792
December 2012	45,606	3,118	14,998
January 2013	43,300	2,906	14,283
February 2013	44,186	3,003	14,441
March 2013	42.780	2,921	14,118

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

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

Care Management Populations[38] Transitioned	High Risk OB	Hemophilia	ER Utilization	Pharmacy Lock-in	OK Cares (BCC)	Total
April 2011	13	0	0	1	7	**21**
May 2011	5	0	251	4	2	**262**
June 2011	10	0	0	14	1	**25**
July 2011	6	0	0	2	3	**11**
August 2011	26	3	326	5	12	**372**
September 2011	16	2	10	6	11	**45**
October 2011	8	0	0	0	9	**17**
November 2011	6	0	0	0	3	**9**
December 2011	12	0	462	4	7	**485**
January 2012	40	0	0	0	0	**40**
February 2012	17	0	0	9	3	**29**
March 2012	15	0	496	12	2	**525**
April 2012	38	1	0	5	12	**56**
May 2012	32	0	0	0	5	**37**
June 2012	23	1	316	0	1	**341**
July 2012	19	0	0	0	6	**25**
August 2012	22	0	0	0	4	**26**
September 2012	29	2	474	5	0	**510**
October 2012	21	0	14	5	1	**41**
November 2012	35	0	0	0	2	**37**
December 2012	38	0	0	0	1	**39**
January 2013	30	0	0	0	4	**34**
February 2013	35	5	0	0	4	**44**
March 2013	28	2	0	0	3	**33**
Total:	**572**	**24**	**2,741**	**126**	**134**	**3,597**

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[38] This includes OU Sooner HAN, PHCC HAN, and OSU HAN.

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

Insure Oklahoma (IO)

This quarter, updates were made to the Employer Portal. The Employer Portal is a web page on the Insure Oklahoma website where employers currently enrolled in Insure Oklahoma are able to view their businesses' qualified health plan information, banking information, and business information. Employers can also view subsidy payments and the status of the current employees' enrollment. One challenge to the Employer Portal is the system would lock an employer out of the portal if the employer had not used the portal after a certain amount of time. The system has been fixed to no longer lock employers out due to inactivity.

On January 8, IO outreach staff sent out member satisfaction surveys to 1,000 IP members and 1,000 ESI members. The survey included questions pertaining to the application into and renewal of the Insure Oklahoma program, customer service, access to primary care, as well as the overall satisfaction of the program. Results will be included in a future quarterly report.

IO Outreach Activities	January - March 2013	
	Number of Activities	Number of Participants
Blast	4	8,514
Brochures	201	17,153
Civic Meeting	4	576
Education	100	109
Enrollment	33	49
Health/Job Fair	10	4,901
New Employer Checklist	8	90
Outreach Administration	78	79
Presentation	8	279
Recruitment	204	218

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

Employer-Sponsored Insurance (ESI) Program Participating Employers[39]	Quarter Ending Sept 2012	Quarter Ending Dec 2012	Quarter Ending Mar 2013
Approved Businesses with Participating Employees	4,811	4,791	4,746

Average ESI Member Premium[40]	January 2013	February 2013	March 2013
Member Premium	$288.93	$284.69	$288.25

ESI Subsidies	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Employers Subsidized	3,808	3,760	3,758
Employees and Spouses Subsidized	15,903	15,540	15,774
Total Subsidies	**$12,774,304**	**$12,810,413**	**$13,051,086**

Average Individual Plan (IP) Member Premiums[39]	January 2013	February 2013	March 2013
Member Premiums	$61.81	$62.18	$62.33
Average FPL of IP Members	107%	108%	107%

IP Subsidies	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Total Premiums Received	$1,700,150	$1,651,324	$1,848,289	$1,712,360
Total Member Months	40,830	40,394	42,088	40,637
Total Paid Claims	$16,315,242	$15,308,200	$15,771,876	$15,817,766
Average Claim PMPM	$357.95	$338.09	$330.82	$347.11

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

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

SoonerRide
The SoonerRide vendor, LogistiCare, operates under the fifth of five one-year options for contract renewal. The renewal options are available through June 30, 2013, with the same terms and conditions. With the LogistiCare contract ending, OHCA issued a request for proposal (RFP) for the SoonerRide non-emergency transportation on October 24, 2012. The contract is expected to be awarded to the new administrator next quarter.

The SoonerRide Manager performed compliance reviews, which includes new drivers/vehicles working for transportation providers who have a current contract with LogistiCare. This review is accomplished prior to the subcontractor being authorized to transport members. This process ensures continued compliance with contractual guidelines.

This quarter, 207,572[41] SoonerCare[42] individuals from all 77 Oklahoma counties utilized the SoonerRide program.

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)
This quarter, Oklahoma's Governor appointed members to the Blue Ribbon Panel for Developmental Disabilities. The Governor created the panel in response to the significant number of Oklahoma men, women, and children with intellectual disabilities. One of the panel's objectives is to address the Developmental Disabilities Service Division's (DDSD) ever-growing waiting list for services. The panel will also review more than 3,000 child cases to determine if criteria are met for the TEFRA program.

In addition, this quarter TEFRA staff presented the program at the February 19 "On the Road Family Perspective" conference in Guthrie, Oklahoma.

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

B. Policy Developments

1. Rule Changes
This quarter, OHCA Policy staff presented proposed permanent rule changes to the Medical Advisory Committee on March 13 and at the OHCA Board meeting on March 14. Both meetings' times and locations are published beforehand in accordance with Oklahoma's Open Meeting Act. The rules were also posted on the OHCA Policy website for a 30-day comment period. Proposed rule changes specific to the 1115 demonstration include the Insure Oklahoma revised rule that aligns adult outpatient behavioral health services with the children's outpatient behavioral health services in the Individual Plan, as well as rules relating to the new federal Medicaid requirements. These rules take effect July 1, 2013, with some provisions not going into effect until January 1, 2014.

All OHCA rule changes can be found on the OHCA webpage[43]. The webpage is for the general public and stakeholders to comment and submit feedback. Providers may receive all rule-change updates through email notification, the OHCA web alert banner, or by fax blast.

2. Legislative Activity
Oklahoma's 54th Legislature convened on February 4 with the Governor's State of the State address. In her report, the Governor discussed an 'Oklahoma Plan' that will focus on improving the health of Oklahoma citizens; lowering the frequency of preventable illnesses, such as diabetes and heart disease; and improving access to quality and affordable health care. In a January 10, 2013, meeting of the OHCA Board, Board members passed a proposal to hire a Utah consulting firm, Leavitt Partners, to evaluate the current SoonerCare program and develop an 'Oklahoma Plan' demonstration proposal. A draft presentation of the 'Oklahoma Plan' proposal is set to be heard at the May 9 Board meeting.

The Governor also proposed a $16 million increase for the Department of Mental Health and Substance Abuse Services for a variety of programs, funding to expand the crisis center program, and allocating state dollars to strengthen suicide and drug abuse prevention. The Governor stated that these targeted strategies are all part of the 'Oklahoma Plan.'

OHCA is currently tracking 78 of the 935 active Oklahoma legislative bills. Of the 78 bills, few impact the SoonerCare demonstration – House Bill 2055 proposes to repeal the Administrative Procedures Act; House Bill 1552 is a managed care bill that would transition SoonerCare to a capitated managed care program; House Bill 1031 extends the Supplemental Hospital Offset Payment Program (SHOPP), which currently expires at the end of calendar year 2014 and would extend the program to year 2017; and Senate bill 272 directs the OHCA to conduct a feasibility study that would look at a managed care model for dual eligibles.

It should also be noted that on January 10, 2013, the OHCA Board appointed a new Chief Executive Officer for the OHCA, Joel Nico Gomez, who replaces Mike Fogarty after his retirement in March 2013.

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[43] Proposed Rule Changes Website

V. CONSUMER ISSUES

A. Member Advisory Task Force (MATF)
The MATF performs four primary roles. It provides information to OHCA regarding issues that are an important part of the members' health care needs; educates OHCA staff regarding the needs of consumers to assure services are received in a way preferred by members; recommends potential changes to current services/policies; and offers new ideas for services and policies. The MATF is comprised of nine OHCA staff, two staff from the agency contractor, representatives from the Oklahoma Family Network[44], and sixteen SoonerCare members.

The MATF met in February. At the meeting, OHCA staff discussed the member portal, which allows members to gather their healthcare information and communicate with OHCA. Staff communicated that MATF members may attend an educational session for the member portal on February 19.

OHCA staff also presented information on churning; how to make comments on the OHCA website for proposed rule changes; as well as how to find forms on the OHCA website, such as the prior authorization form.

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

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

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

V. CONSUMER ISSUES (Cont'd)

Member Inquiries	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013[45]
Program Complaint	60	33	68	40
Complaint on Provider	113	152	124	85
Fraud and Abuse	53	14	42	34
Access to Care	29	159	39	32
Program Policy	3,527	5,077	3,943	3,187
Specialty Request	630	1,401	939	491
Eligibility Inquiry	6,211	2,341	5,791	5,091
SoonerRide	1,078	166	1,631	1,614
Other	190	157	905	1,294[46]
PCP Change	1,344	2,713	1,529	1,259
PCP Inquiry	1,058	1,068	825	821
Dental History	144	31	94	131
Drug/NDC Inquiry	187	97	186	164
Medical ID Card	416	635	424	422
PA Inquiry	325	915	404	396
Total[47]	**15,365**	**14,959**	**16,944**	**15,061**

C. Helplines[48]

Insure Oklahoma Helpline

Insure Oklahoma IP Helpline	Apr-June 2012	July-Sept 2012	Oct-Dec 2012[49]	Jan-Mar 2013
Number of Calls	36,781	39,322	22,832	38,319
Number of Calls Answered	35,574	37,378	19,918	29,316
Number of Calls Abandoned[50]	869[51]	1,386	2,823	8,676
Percentage of Calls Answered	97%	95%	86%	76%

Insure Oklahoma ESI Helpline	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Number of Calls	7,163	6,516	5,150	4,768
Number of Calls Answered	6,971	6,389	5,057	3,864
Number of Calls Abandoned	192	127	93	867
Percentage of Calls Answered	97%	95%	96%	81%

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[45] Inquiries are lowest during the first quarter of the calendar year as members are mailed SoonerCare handbooks.

[46] OHCA staff continues to train the new call center contractor staff in appropriate member inquiry categories.

[47] 100% of Member Inquiries are initiated timely.

[48] This quarter, OHCA was in the process of transitioning to a new call center vendor. Due to this transition, the Helplines experienced an increase in abandonment rates. It should also be noted that in addition to the new vendor, the criteria for pulling the helpline data changed.

[49] This decrease is due to a change in vendor for the Insure Oklahoma Helpline

[50] Abandoned calls may never reach an agent due to wait in queue and hang ups.

[51] This quarter's abandonment rate was higher due to a migration to a new telephony platform, as well as a move for the Insure Oklahoma unit from the fiscal agent local site to an OHCA unit.

V. CONSUMER ISSUES (Cont'd)

Online Enrollment (OE) Helpline[52]

OE Helpline Calls in English	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Number of Calls	31,538	29,894	17,445	32,917
Number of Calls Answered	28,491	24,910	15,927	22,059
Number of Calls Abandoned	3,030	4,725	1,255	10,201
Average Percentage of Calls Answered	90%	84%	91%	67%

OE Helpline Calls in Spanish	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Number of Calls	637	353	172	268
Number of Calls Answered	611	334	167	236
Number of Calls Abandoned	25	16	3	29
Average Percentage of Calls Answered	95%	95%	97%	87%

SoonerCare Helpline

SoonerCare Helpline Calls	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013
Number of Calls	245,920	255,352	156,586	232,420
Number of Calls Answered	218,261	210,961	141,743	153,375
Number of Calls Abandoned	25,412	42,323[53]	12,613	74,493
Average Percentage of Calls Answered[54]	90%	87%	92%	66%

Patient Advice Line
The Patient Advice Line ended on February 28, 2013. Providers now are responsible for 24-hour voice-to-voice access for their members.

SoonerCare Patient Advice Line Calls[55]	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Feb 2013
Number of Calls	6,159	4,104	1,501	1,342
Number of Calls with Symptoms/Triaged	3,183	1,998	683	613
Number of Calls Triaged to ER/911 from Symptoms/Triage	1,337	842	255	229
Percentage Triaged to ER or 911 Activated	42%	42%	37%	25%

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[52] These calls are included in the number of calls to the SoonerCare Helpline.

[53] There was an increase in calls abandoned this quarter due to systems issues and staffing challenges.

[54] This is an average of the percentage of calls answered for each month of the quarter.

[55] These numbers include all SoonerCare and Insure Oklahoma IP Helpline calls after 5pm.

V. CONSUMER ISSUES (Cont'd)

D. Grievances

Grievances	Pending	Closed
BCC	1	0
Dental	1	1 denied
Prior Authorization: Pharmacy	2	1 resolved
Prior Authorization: Durable Medical Equipment	3	1 granted
Prior Authorization: Other	5	1 approved; 1 resolved
Prior Authorization: Radiology Services	3	2 withdrawn
Private Duty Nursing	9	1 dismissed; 1 resolved
Online Enrollment	4	9 resolved; 3 withdrawn

Insure Oklahoma Grievances	Pending	Closed
Eligibility	0	1 dismissed; 19 resolved; 11 withdrawn

VI. QUALITY ASSURANCE/MONITORING ACTIVITIES

A. Quality Assurance (QA)

SoonerRide
On January 30, February 26, and March 26, six customer service representatives were selected for audit and a total of thirty live calls were audited by the SoonerRide Manager. All calls were within contractual compliance.

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

Access Survey	Apr-June 2012	July-Sept 2012	Oct-Dec 2012	Jan-Mar 2013[56]
Number of Providers Called	642	670	654	Not Available
Percent of Providers with 24-hr Access on Initial Survey	80%	86%	82%	Not Available
Percent of Providers Educated for Compliance	20%	14%	12%	Not Available

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

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

B. Monitoring Activities

1. HEDIS Report[57]

SoonerCare HEDIS Quality Measures			
Reported per HEDIS Year			
Annual Dental Visit	**2010**	**2011**	**2012**
Aged 2-3 years	37.8%	39.3%	41.0%
Aged 4-6 years	63.5%	64.6%	67.2%
Aged 7-10 years	69.0%	70.5%	72.6%
Aged 11-14 years	66.1%	68.3%	70.3%
Aged 15-18 years	58.8%	61.2%	62.9%
Aged 19-21 years	42.6%	43.2%	40.2%
Total	60.2%	62.0%	64.0%
Children & Adolescents' Access to PCP	**2010**	**2011**	**2012**
Aged 12-24 months	97.8%	97.2%	96.6%
Aged 25 months-6 years	89.1%	88.4%	90.1%
Aged 7-11 years	89.9%	90.9%	91.7%
Aged 12-19 years	88.8%	89.9%	91.6%
Adults' Access to Preventive/Ambulatory Health Services	**2010**	**2011**	**2012**
Aged 20-44 years	83.6%	84.2%	83.1%
Aged 45-64 years	90.9%	91.1%	91.0%
Aged 65+ years	92.6%	92.1%	92.2%
Total	88.7%	88.8%	88.5%
Well Child Visits	**2010**	**2011**	**2012**
Aged <15 months 1+ visits	95.4%	98.3%	98.3%
Aged <15 months 6+ visits	48.8%	59.0%	58.6%
Aged 3-6 years 1+ visits	61.9%	59.8%	57.4%
Aged 12-21 years 1+ visits	37.1%	33.5%	34.5%
Appropriate Medications for the Treatment of Asthma	**2010**	**2011**	
Aged 5-11 years	90.9%	90.6%	
Aged 12-50	83.1%	81.9%	
Total	87.7%	86.9%	

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[57] The full HEDIS report for calendar year 2012 will be available by the end of 2013.

Appropriate Medications for the Treatment of Asthma (Change in HEDIS 2012)			2012
Aged 5-11 years			90.3%
Aged 12-18 years			85.2%
Aged 19-50 years			60.4%
Aged 51-64 years			56.9%
Total			85.0%
Comprehensive Diabetes Care (Aged 18-75 years)	2010	2011	2012
Hemoglobin A1C Testing	71.0%	71.1%	70.5%
Eye Exam (Retinal)	32.8%	31.8%	31.8%
LDL-C Screening	63.6%	62.9%	62.0%
Medical Attention for Nephropathy	54.4%	55.9%	56.8%
	2010	2011	2012
Lead Screening in Children (By 2 years of age)	43.5%	44.5%	44.7%
Appropriate Treatment for Children with URI (Aged 3 months-18 years)	67.7%	69.5%	66.8%
Appropriate Testing for Children with Pharyngitis (Aged 2-18 years)	38.8%	44.8%	49.1%
Breast Cancer Screening (Aged 40-69 years)	41.1%	41.3%	36.9%
Cervical Cancer Screening (Aged 21-64 years)	44.2%	47.2%	42.5%
Cholesterol Management for Patients with Cardiovascular Conditions (Aged 18-75 years)	69.5%	69.9%	68.6%
Race/Ethnicity Diversity of Membership	2010	2011	2012
American Indian/Alaskan Native	12.0%	11.7%	11.6%
Asian	1.2%	1.3%	1.3%
Black/African American	14.2%	13.9%	13.5%
Native Hawaiian/Pacific Islander	0.2%	0.2%	0.3%
White	67.9%	68.8%	67.4%
Multiple Races	4.5%	4.0%	5.9%
Total	100.0%	100.0%	100.0%
Hispanic (percentage of total)	13.1%	13.2%	14.3%
Updated: September 4, 2012			

2. Insure Oklahoma Expiration Plan

Section VI of the Special Terms and Conditions (STCs) for the 2013-2015 extension period state that the Insure Oklahoma premium assistance program expires December 31, 2013, and that the state must abide by the expiration requirements outlined in STC 10.

Pursuant to the STCs, the OHCA is developing an expiration plan for the Insure Oklahoma premium assistance program and intends to submit the plan to CMS no later than six months prior to the program's expiration date (STC #10).

3. SoonerCare Choice Amendment for 2014 Changes

OHCA continues to work on a SoonerCare Choice amendment that modifies the current demonstration to include 2014 federal mandated requirements. OHCA is expected to submit the amendment to CMS by the second quarter of 2013.

VII. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES

A. Budget Neutrality Model

Oklahoma continues to exceed per member per month expenditures for members categorized as Aged, Blind, and Disabled. The state believes this situation to be reflective of provider rate increases that will continue to have particular impact for this eligibility group. In the overall life of the waiver, the state has $2.6 billion in Budget Neutrality savings and, ending this quarter, the state has $120,214,248 million in savings for the year[58].

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Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Years
Through March 31, 2013[59]

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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	1,730,690	$678,745,084	$558,530,835	$120,214,248
Total Waiver Cost	**81,041,227**	**$22,106,325,093**	**$19,502,106,087**	**$2,604,219,007**

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[58] See Attachment 9, Oklahoma 1115 Budget Neutrality Model Worksheet.

[59] Data for Title XXI children for November and December 2012 and Jan-March 2013 are not available due to an error with counting parental income. The revised Title XXI enrollment numbers for this quarter will be reported in 2013.

VIII. MEMBER MONTH REPORTING

A. Budget Neutrality Calculation

Eligibility Group	January 2013	February 2013	March 2013	Qtr Totals
TANF – Urban	308,315	309,153	304,487	**921,955**
TANF – Rural	216,869	217,089	213,766	**647,724**
ABD – Urban	29,692	29,661	29,608	**88,961**
ABD – Rural	24,054	24,029	23,967	**72,050**

B. Informational Purposes Only

Eligibility Group	January 2013	February 2013	March 2013	Qtr Totals
Non-Disabled & Disabled Working Adults	32,863	33,008	33,145	**99,016**
TEFRA Children	421	420	415	**1,256**
SCHIP Medicaid Expansion Children	Unavailable	Unavailable	Unavailable	**Unavailable**

IX. DEMONSTRATION EVALUATION

A. Hypotheses
OHCA is initiating reports on all hypotheses for the 2013-2015 extension period. This quarter, interim data for Hypothesis 2 and 4a is available.

Hypothesis 2 (this hypothesis directly correlates with SoonerCare 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.

Hypothesis 2 Results:
SoonerCare adults ages 20-44 and 45-64 have not yet attained a three percentage point increase over the 2013-2015 extension peri The quarterly enrollment data for SCHIP Medicaid Expansion Children is not available due to an error in counting. Once the data are finalized these numbers will be updated and included in future reports. od. For calendar year 2012, adults' ages 20-44 years with access to a PCP or ambulatory health care decreased 0.3 percentage points, while adults ages 45-64 with access to a PCP or ambulatory health care decreased 0.2 percentage points. OHCA continues to trend the adult access rates to monitor if there is significant changes in rates for these age groups. OHCA reports the HEDIS data annually.

Access to PCP/Ambulatory Health Care: HEDIS Measures	CY2010 HEDIS 2011	CY2011 HEDIS 2012	CY2012 HEDIS 2013
20-44 years	84.2%	83.1%	82.8%
45-64 years	91.1%	91.0%	90.8%

Hypothesis 4a (this hypothesis directly relates to SoonerCare Choice waiver objective #2 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. The available capacity will equal or exceed the baseline capacity data over the duration of the waiver extension period.

Hypothesis 4a Results:
In the first quarter of the 2013 extension period, the number of Choice PCPs has increased four percent, or by 76 providers. Similarly, PCP capacity has exceeded the December 2012 baseline data by four percent. As of March 2013, the percent of total SoonerCare Choice PCP capacity used is 44.85 percent, which leaves 55.15 percent of capacity available for SoonerCare members.

Choice PCP Capacity	Baseline Data (December 2012)	PCP Capacity (Qtr Ending March)
Number of Choice PCPs	1,932	2,008
Choice PCP Capacity	1,092,850	1,135,495
Average Members per PCP	279.11	256.57

IX. DEMONSTRATION EVALUATION (Cont'd)

SoonerCare Choice PCPs

SoonerCare Choice Capacity

Average Number of Members per PCP
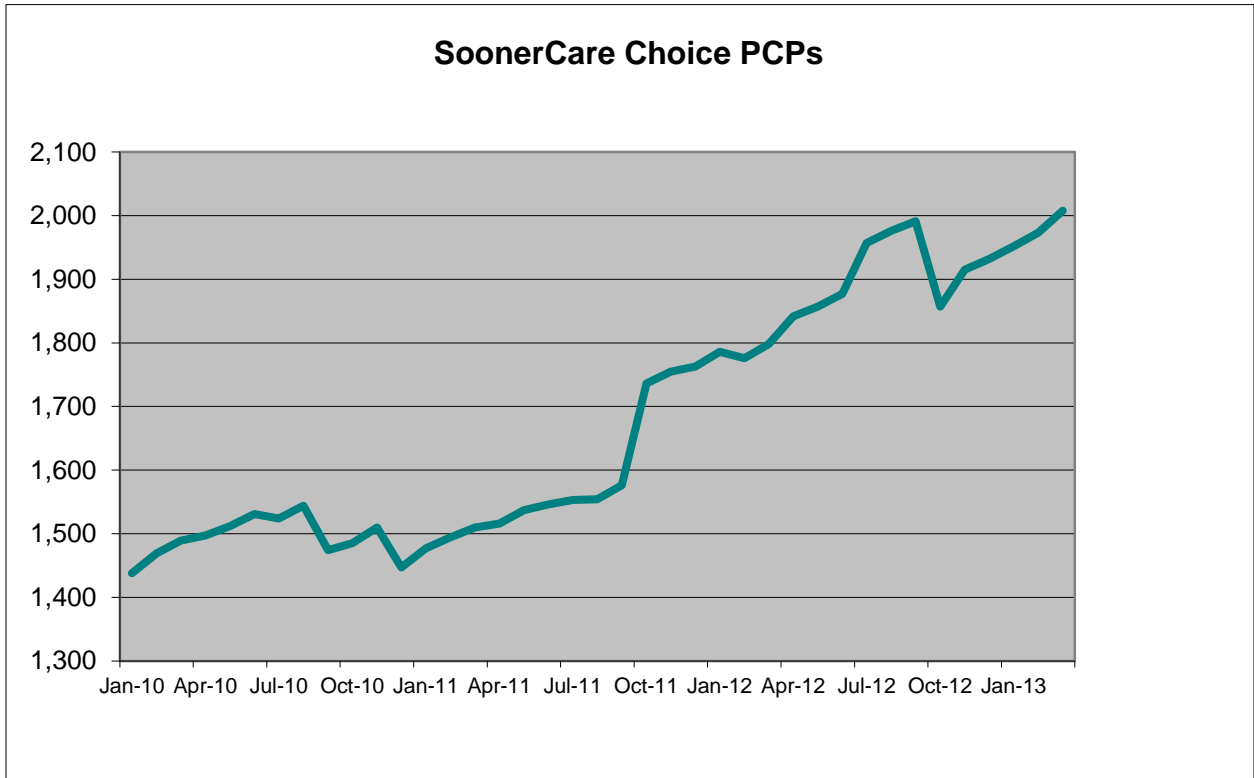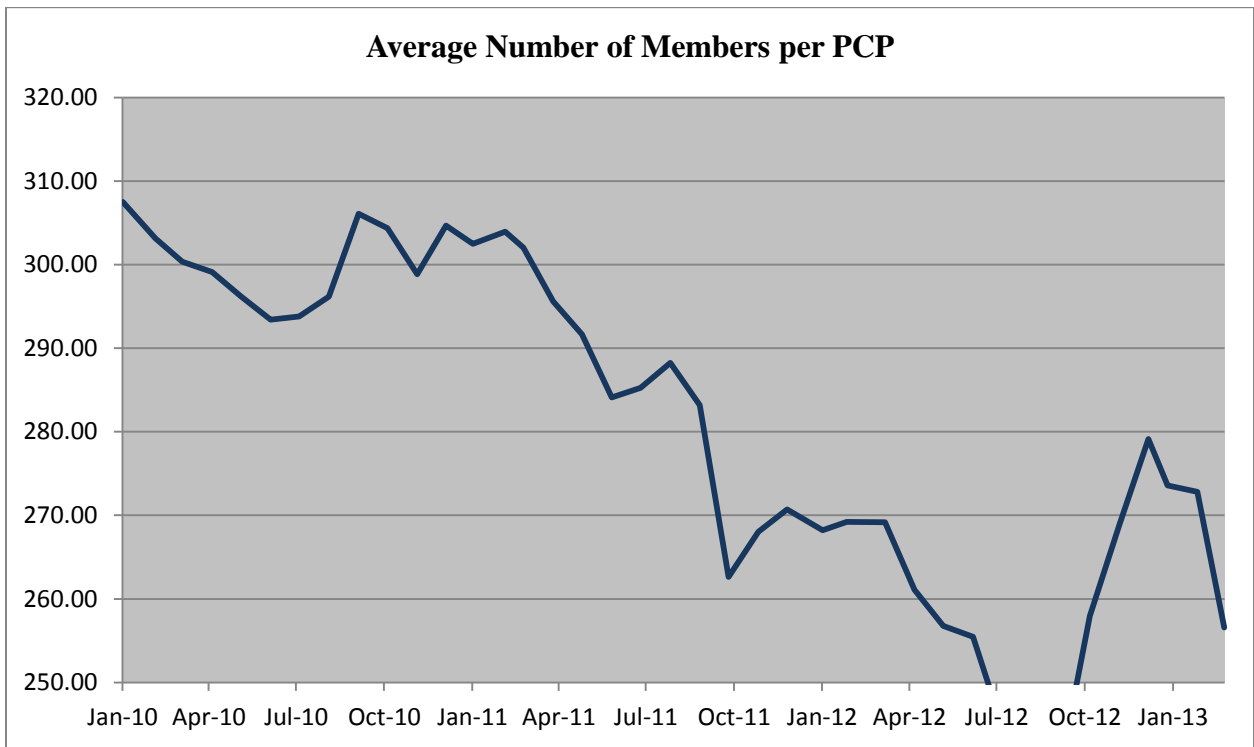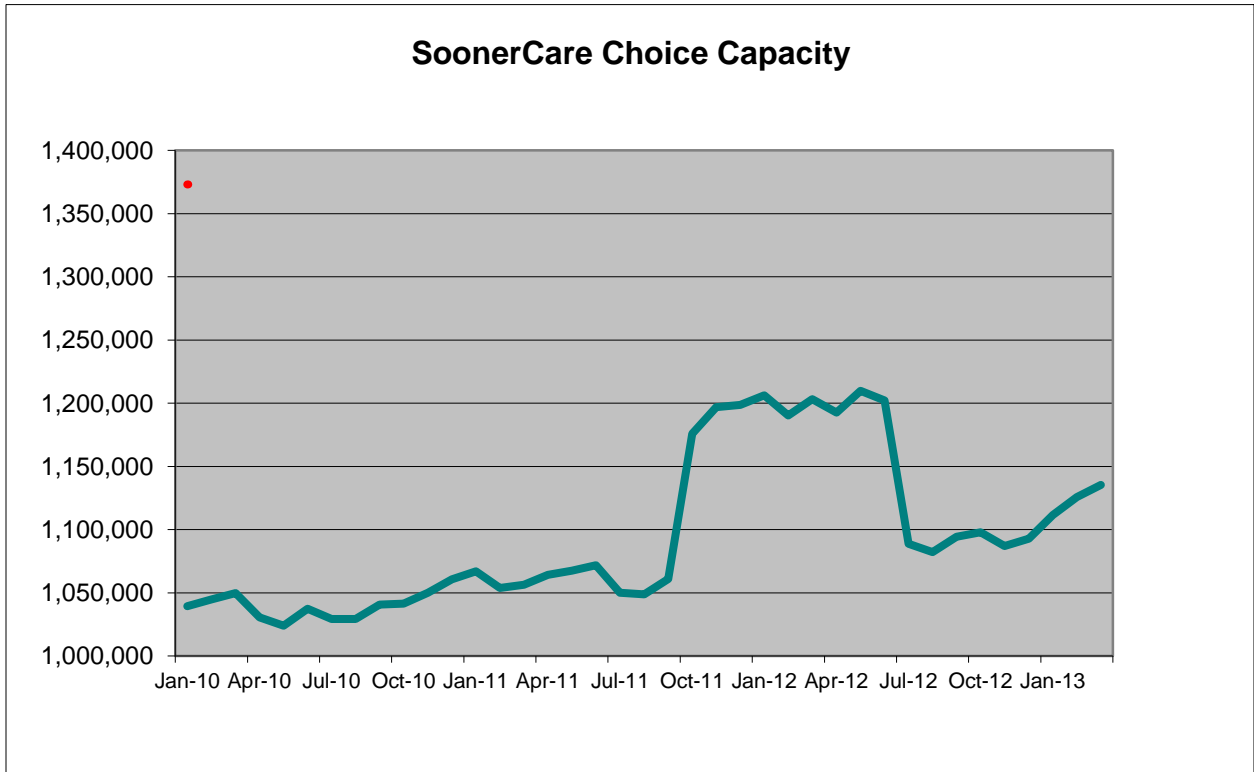
X. ENCLOSURES/ATTACHMENTS

1. SoonerCare Choice Fast Facts, March 2013.
2. Insure Oklahoma Fast Facts Summary, March 2013.
3. Oklahoma Cares Fast Facts, March 2013.
4. Insure Oklahoma Data by FPL, March 2013.
5. TEFRA Fast Facts, March 2013.
6. Dental and PDEN Fast Facts, January-March 2013.
7. Provider Fast Facts, March 2013.
8. Online Enrollment Fast Facts, March 2013.
9. Oklahoma 1115 Budget Neutrality Model Worksheet, March 2013.

XI. STATE CONTACT(S)

Rebecca Pasternik-Ikard, JD, MS, RN
State Medicaid Chief Operating Officer
Oklahoma Health Care Authority
2401 NW 23rd St., Suite 1-A, Oklahoma City, OK 73107
Phone: 405.522.7208 Fax: 405.530.330

Tywanda Cox
Director, Health Policy
Oklahoma Health Care Authority
2401 NW 23rd St., Suite 1-A, Oklahoma City, OK 73107
Phone: 405.522.7153 Fax: 405.530.3462

Lathonya Shivers
Waiver Development Coordinator
Waiver Development & Reporting
Oklahoma Health Care Authority
2401 NW 23rd St., Suite 1-A, Oklahoma City, OK 73107
Phone: 405.522.7507 Fax: 405.530.7238

XII. DATE SUBMITTED TO CMS

Submitted to CMS on May 31, 2013.