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# Oklahoma Health Care Authority



**SoonerCare Demonstration 11-W-00048/6**  
**§1115(a) Quarterly Report**  
**Demonstration Year: 19 (1/1/2014 – 12/31/2014)**  
**Federal Fiscal Year Quarter: 3/2014 (04/14 – 06/14)**

**Submitted**  
**August 28, 2014**

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## **I. INTRODUCTION**

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

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

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

## II. ENROLLMENT INFORMATION

### A. Member Enrollment<sup>1</sup>

Members Enrolled in SoonerCare Choice <sup>2</sup> and Insure Oklahoma <sup>3</sup>	Quarter Ending Sept 2013	Quarter Ending Dec 2013	Quarter Ending March 2014	Quarter Ending June 2014	% Change
<b>Total Number of Qualified Individuals Enrolled in SoonerCare Choice<sup>4</sup></b>	<b>548,679</b>	<b>555,436</b>	<b>583,231<sup>5</sup></b>	<b>560,887</b>	<b>-4%</b>
SoonerCare Choice Percentage of total Medicaid Population	73%	74%	75%	73%	
A) Title XXI	66,635	67,026	82,192 <sup>6</sup>	83,708	23%
B) Title XIX	482,044	488,410	583,231	477,179	-18%
C) Adults	107,605	110,028	114,962	109,617	-5%
D) Children	441,074	445,408	468,269	451,270	-4%
E) Ratio – Adult/Child:					
Adult	20%	20%	20%	20%	
Child	80%	80%	80%	80%	
<b>Total Number Enrolled in Insure Oklahoma</b>	<b>28,591</b>	<b>25,734</b>	<b>19,570</b>	<b>18,466</b>	<b>-6%</b>
A) Individual Program (IP)	12,974	11,355	4,820	4,737	-2%
B) Employee Sponsored Insurance (ESI)	15,617	14,379	14,750	13,729	-7%
<b>Total Number Enrolled in SoonerCare Choice and Insure Oklahoma</b>	<b>577,270</b>	<b>581,170</b>	<b>602,801</b>	<b>579,353</b>	<b>-4%</b>

<sup>1</sup> Enrollment numbers are point in time numbers.

<sup>2</sup> See Attachment 1, SoonerCare Choice Fast Facts, June 2014.

<sup>3</sup> See Attachment 2, Insure Oklahoma Fast Facts Summary, June 2014.

<sup>4</sup> Members enrolled in SoonerCare Choice must meet all eligibility criteria and have a current PCP assignment.

<sup>5</sup> Enrollment this quarter is relatively high due to federal regulations regarding redetermination and eligibility.

<sup>6</sup> This number has been added since last quarter.

## II. ENROLLMENT INFORMATION (Cont'd)

Demonstration Populations: Enrolled and Potential Members	Currently Enrolled	Potential Population	Total Qualified
TANF-Urban	292,184	30,273	322,457 <sup>7</sup>
TANF-Rural	222,070	-1,826	220,244 <sup>7</sup>
ABD-Urban	24,030	6,260	30,290 <sup>7</sup>
ABD-Rural	21,901	2,200	24,101 <sup>7</sup>
Other <sup>8</sup>	702		702
Non-Disabled Working Adults (IO)			25,698
Disabled Working Adults (IO)			0
TEFRA Children			504 <sup>9</sup>
SCHIP Medicaid Expansion Children Enrollees	83,708		83,708
Full-Time College Students			608
Foster Parents			0
Not-for-Profit Employees			0

Demonstration Populations: Member Months	Quarter Ending Sept 2013	Quarter Ending Dec 2013	Quarter Ending March 2014	Quarter Ending June 2014
TANF-Urban	946,194	958,989	993,809	975,405
TANF-Rural	660,443 <sup>10</sup>	666,857	687,564	668,292
ABD-Urban	91,104 <sup>10</sup>	91,004	91,344	91,570
ABD-Rural	73,526 <sup>10</sup>	73,309	73,425	72,912
Non-Disabled Working Adults (IO)	97,074	93,487	80,316	78,314
Disabled Working Adults (IO)	11	9	0	0
TEFRA Children	1,395	1,419	1,451	1,515
SCHIP Medicaid Expansion Children Enrollees	66,635	67,026	222,091 <sup>11</sup>	250,466
Full-Time College Students	1,328	1,216	647	851

<sup>7</sup> As reported on The Centers for Medicare and Medicaid Services (CMS) -64 form.

<sup>8</sup> Other includes BCC, TEFRA and other SoonerCare Choice members who are not part of TANF or ABD.

<sup>9</sup> Includes all TEFRA children not just SoonerCare Choice.

<sup>10</sup> This data has been updated to reflect more accurate information.

<sup>11</sup> This number has been updated since last quarter.

## II. ENROLLMENT INFORMATION (Cont'd)

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### Breast and Cervical Cancer Program (BCC)

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

Oklahoma Cares Member Enrollments <sup>12</sup>	April 2014	May 2014	June 2014
<b>SoonerCare Choice</b>	<b>304</b>	<b>302</b>	<b>301</b>
SoonerCare Choice and Traditional Total Current Enrollees	562	551	549

### Electronic Newborn Enrollment

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

Electronic Newborn Enrollment	April 2014	May 2014	June 2014
Number of Newborns Assigned to a Primary Care Provider (PCP)	1,952	1,922	1,830
Number Needing Assistance with Eligibility or PCP Selection	277	308	251

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<sup>12</sup> See Attachment 3, Oklahoma Cares Fast Facts, June 2014.

## II. ENROLLMENT INFORMATION (Cont'd)

### Insure Oklahoma Employee-Sponsored Insurance Program (ESI)

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

ESI Program Enrollment <sup>13</sup> for Quarter Ending June 2014	0-100% FPL	101-133% <sup>14</sup> FPL	134% <sup>14</sup> and Over	<b>Total</b>
Employee	1,834	3,537	5,909	<b>11,280</b>
Spouse	360	682	1,069	<b>2,111</b>
Student	22	27	57	<b>106</b>
Dependent Child <sup>15</sup>	0	0	232	<b>232</b>
<b>IO ESI Total</b>	<b>2,216</b>	<b>4,246</b>	<b>7,267</b>	<b>13,729</b>

### 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 Enrollment <sup>13</sup>	Quarter Ending March 2014 0-100% FPL	Quarter Ending June 2014 0-100% FPL
Employee	3,557	3,507
Spouse	1,098	1,056
Student	165	174
Dependent Child <sup>15</sup>	0	0
<b>IO IP Total</b>	<b>4,820</b>	<b>4,737</b>

<sup>13</sup> See Attachment 4, Insure Oklahoma Data by FPL, June 2014.

<sup>14</sup> This includes the five percent disallowance.

<sup>15</sup> Title XXI stand-alone CHIP population.



## II. ENROLLMENT INFORMATION (Cont'd)

### Perinatal Dental Access Program (PDEN)

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

PDEN Member Participation	July-Sept 2013	Oct-Dec 2013	Jan-March 2014	April-June 2014
Women Qualified for Services	20,784	20,289	19,258	18,961
Women Who Received Services	2,397	2,293	1,981	2,160
Percentage of Qualified Women Receiving Services	12%	11%	10%	11%

### Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

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

TEFRA Member Enrollments <sup>16</sup>	Qtr Ending Dec 2013	Qtr Ending March 2014	Qtr Ending June 2014
<b>SoonerCare Choice</b>	<b>320</b>	<b>329</b>	<b>322</b>
SoonerCare Choice and Traditional Total Current Enrollees	492	506	532

<sup>16</sup> See Attachment 5, TEFRA Fast Facts, June 2014.

## II. ENROLLMENT INFORMATION (Cont'd)

### B. Provider Enrollment

Within 77 Oklahoma counties, there are 2,268 primary care providers contracted for the SoonerCare program, along with 1,766 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 <sup>17</sup>	July-Sept 2013	Oct-Dec 2013	Jan-March 2014	April-June 2014
MD/DO	1,496	1,454	1,472	1,490
PA	319	306	307	316
APN	431	446	435	462
<b>Total Unduplicated PCPs</b>	<b>2,246</b>	<b>2,206</b>	<b>2,214</b>	<b>2,268</b>

#### SoonerCare Medical Home Providers by Tier

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

#### Insure Oklahoma Individual Plan (IP) Providers

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

Provider Types	July-Sept 2013	Oct-Dec 2013	Jan-March 2014	April-June 2014
MD/DO	1,088	1,075	1,117	1,132
PA	246	244	264	276
APN	335	344	334	358
<b>Total Unduplicated PCPs</b>	<b>1,669</b>	<b>1,663</b>	<b>1,715</b>	<b>1,766</b>

<sup>17</sup> All provider counts are unduplicated for the quarter; therefore, the total does not match the total SoonerCare Choice providers currently enrolled in a given month of the quarter.

## II. ENROLLMENT INFORMATION (Cont'd)

### Health Management Program (HMP)

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

Health Coaches	July-Sept 2013	Oct-Dec 2013	Jan-March 2014	April-June 2014
Number of Health Coaches <sup>18</sup>	24	22	26	24

### Indian Health

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

Indian Health Provider Enrollment	July-Sept 2013	Oct-Dec 2013	Jan-March 2014	April-June 2014
Number of Clinics	58	57	57	57

### Perinatal Dental Access Program (PDEN)

PDEN Provider Enrollment <sup>19</sup>	July-Sept 2013	Oct-Dec 2013	Jan-March 2014	April-June 2014
Active Participating Dentists	344	286	315	297

### PCP Capacities

SoonerCare Choice and Insure Oklahoma <sup>20</sup> PCP Capacities	June 2014	
	Capacity Available	% of Capacity Used
SoonerCare Choice	1,177,398	42%
SoonerCare Choice I/T/U	99,900	19%
Insure Oklahoma IP	424,822	1%

<sup>18</sup> Health coaches may cover more than one practice site.

<sup>19</sup> See Attachment 6, Dental and PDEN Fast Facts, April-June 2014.

<sup>20</sup> See Attachment 7, Provider Fast Facts, June 2014.

## II. ENROLLMENT INFORMATION (Cont'd)

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### C. Systems

This quarter, some 62,500 individuals enrolled for SoonerCare using either Home Internet or Agency Internet. At the onset of federal mandates on October 1, 2013, the agency discontinued OHCA paper applications being used for enrollment; individuals could, however, use federal paper applications to enroll.

From the total number of online applications, 54 percent were new applications and 46 percent were recertifications.

OHCA Media Type of Applications for SoonerCare	April 2014	May 2014	June 2014	Total
Home Internet	16,184	11,070	10,460	<b>37,714</b>
Paper	0	0	0	<b>0</b>
Agency Internet	10,464	7,484	6,854	<b>24,802</b>
Agency Electronic	0	0	0	<b>0</b>
<b>Total</b>	<b>26,648</b>	<b>18,554</b>	<b>17,314</b>	<b>62,516</b>

Indian Health Online Enrollment Applications for SoonerCare	April 2014	May 2014	June 2014	Total
Cherokee Nation	382	299	287	<b>968</b>
Chickasaw Nation	175	134	112	<b>421</b>
Choctaw Nation	215	123	158	<b>496</b>
Indian Health Services	619	508	522	<b>1,649</b>
<b>Total</b>	<b>1,391</b>	<b>1,064</b>	<b>1,079</b>	<b>3,534</b>

### III. OUTREACH AND INNOVATIVE ACTIVITIES

#### A. Outreach

Outreach Materials Printed and/or Distributed	July-Sept 2013	Oct-Dec 2013	Jan-March 2014 <sup>21</sup>	April-June 2014
<b>Member Materials Printed/Distributed</b>				
Annual Benefit Update Packet	0	0	0	0
SoonerCare Member Handbook <sup>22</sup>			266	2,231
<b>New Member Welcome Packets</b>				
English/Spanish Combined	7,822	7,087	33,232	40
Individual Orders <sup>23</sup>	0	0	0	0
Information/Enrollment Fair Fliers <sup>24</sup>	53,064	26,495	58,095	73,836
<b>BCC Brochures</b>				
English	2,990	2,190	620	880
Spanish	1,650	800	320	310
<b>SoonerRide</b>				
English	5,570	1,330	0	1,100
Spanish	2,640	760	0	0
SoonerCare Provider Directory (English/Spanish)	1,043	1,180	320	2,141
Postcard with ER Utilization Guidelines <sup>25</sup>	5,570	2,720	1,210	4,810
<b>Perinatal Dental (PDEN)</b>				
Provider Flier	0	0	0	0
Member Flier	730	1,100	250	800
Postcards	0	200	400	200
Posters	0	0	0	0
<b>SoonerCare and IO Outreach Material</b>				
Sooner Bear Color Books	8,740	5,940	4,420	7,740
SoonerCare Health Club (Activity Book)	7,750	3,320	2,170	6,100
SoonerCare Companion Member Newsletter	0	270,000	280,000	0
Miscellaneous Promotional Items (Magnets, Bandages, Hand Cleaner)	22,810	13,190	8,440	15,850
No Smoking Card (English/Spanish Combined) <sup>26</sup>	1,960	1,600	780	1,540
Insure Oklahoma Brochures <sup>27</sup>	0	0	0	0
Oklahoma Indian Tribe-Specific Posters and Fliers	140	50	30	140
Provider Newsletter	0	0	10,918	21,620
Provider Outreach Materials <sup>22</sup>			6,940	16,000
<b>Toll-Free SoonerCare Helpline</b>				
Number of Calls	217,635	185,539	169,841	172,394

<sup>21</sup> OHCA updated its logo this quarter.

<sup>22</sup> Waiver staff began tracking this outreach at the beginning of 2014.

<sup>23</sup> Information is available for individual ordering requests on the OHCA website.

<sup>24</sup> This includes TEFRA brochures.

<sup>25</sup> Postcards are also included in the new member welcome packets.

<sup>26</sup> This flier also appears as an ad in the member handbook and the SoonerCare Companion newsletter.

<sup>27</sup> Insure Oklahoma brochures can also be ordered through the Oklahoma Insurance Department.

### III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

#### B. Innovative Activities

##### Electronic Health Records (EHR)

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

OHCA has paid out more than \$98 million in EHR incentive payments to some 2,100 qualified professionals and 100 qualified hospitals. Of the 2,100 qualified professionals, some 859 have achieved Stage 1 of Meaningful Use and of the 100 qualified hospitals, 68 have achieved Stage 1 of Meaningful Use under the Oklahoma EHR incentive program.

This quarter, one qualified professional has attested to Stage 2 of meaningful use, but no payments have been made at this time.

EHR Qualified Providers	Oct-Dec 2013	Jan-March 2014	April-June 2014
Number of Qualified Professionals	1,891	1,954	2,178
Number of Qualified Hospitals	91	94	100
<b>Total</b>	<b>1,982</b>	<b>2,048</b>	<b>2,278</b>

Cumulative EHR Incentives Paid	Oct-Dec 2013	Jan-March 2014	April-June 2014
Qualified Professionals	\$39,333,751	\$40,183,752	\$44,554,170
Qualified Hospitals	\$57,352,718	\$57,352,718	\$54,233,263
<b>Total</b>	<b>\$96,686,469</b>	<b>\$97,536,470</b>	<b>\$98,787,433</b>

##### High ER Utilization Initiative

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

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

### **III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)**

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#### Medicaid Management Information System (MMIS) Reprocurement

The MMIS reprocurement project is an initiative to implement system enhancements to the Oklahoma MMIS system. The reprocurement is in its final stages of enhancements; this quarter, OHCA's contractor, Hewlett-Packard Enterprise (HP), completed the claims resolution workflow<sup>28</sup>. The changes to transition from ICD-9 to ICD-10 have been made and are currently in the testing phase. These enhancements have a go-live date of October 2015.

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

#### Cesarean Section Quality Initiative

OHCA continues the Cesarean Section (C-section) Quality Initiative, which was implemented in January 2011, in an attempt to lower the primary C-section rate performed without medical indication. The goal of the initiative is to reduce the first time C-section rate to 18 percent. The OHCA medical staff<sup>29</sup> performs a primary role in this initiative. Medical nurses review the received documentation and determine the medical necessity for the C-section and if it should be reviewed by the OHCA OB physician.

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

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<sup>28</sup> The claims resolution workflow allows more flexibility in how claims are assigned and routed, thus, streamlining the process.

<sup>29</sup> The OHCA medical staff began conducting this review in October 2013. Prior to this the review was conducted by PCM staff.

### **III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)**

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#### **C. Stakeholder Engagement**

##### Tribal Consultation

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

This quarter, OHCA held a special meeting with the tribes on April 11, 2014, to discuss program reductions in order to make up for the agency's budget shortfall. OHCA took all comments and feedback into consideration.

This quarter, OHCA held one regularly scheduled tribal consultation meeting on May 6. Meeting participants included representatives from the Absentee Shawnee Tribe of Oklahoma, Chickasaw Nation, Citizen Potawatomi Nation, the Indian Health Care Resource Center of Tulsa, the Indian Health Service's Oklahoma City Area Office, the Indian Health Service's Pawnee Service Unit and the Oklahoma City Indian Clinic, as well as representatives from Hewlett Packard (HP), the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), the OHCA and the Oklahoma State Department of Health (OSDH). During the meeting, Waiver and Policy staff presented final proposed program cuts and changes, including the exclusion of SoonerCare Choice members with other creditable coverage and raising copays to the federal maximum. OHCA discussed the proposed changes in great detail with the tribes, answered all questions and took into account all comments received from the tribes.

A follow-up to the meeting was had with the tribes on May 30, where OHCA provided additional information and clarity on some of the proposed changes that were discussed during the May 6 tribal consultation.

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

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<sup>30</sup> [Native American Consultation Page](#)



## IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

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### A. SoonerCare and Insure Oklahoma Operations

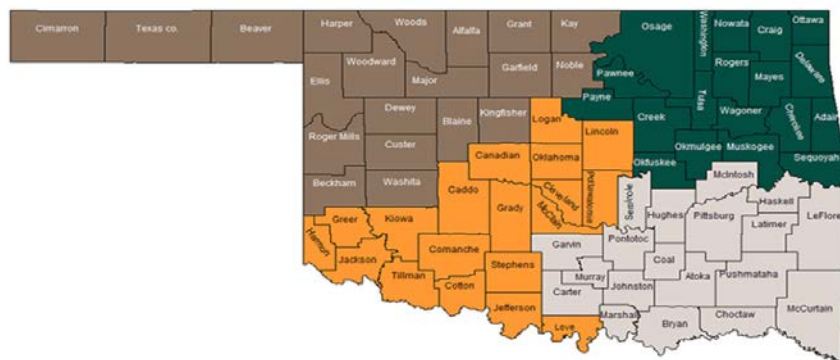
#### 1. Department Operations

##### Health Promotion and Community Relations

###### *Community Relations Coordinators*

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

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



This quarter, the CRCs continued to travel the State attending conferences, coalition meetings, community meetings, community initiatives and health fairs, and providing education on programs such as SoonerCare and Insure Oklahoma, as well as resources and initiatives including the SoonerCare Quitline and Text4Baby. The CRCs also established four additional community partnerships this quarter.

The CRCs also work with the Health Promotions Coordinator on some 50 collaborative efforts that focus on targeted areas such as preventive health, infant mortality, tobacco and wellness, enrollment and education.

In order to ensure positive communication and collaboration with community partners, the CRCs are working with OHCA's Planning unit to develop a survey that will capture data on how OHCA collaborations are perceived by community partners. In addition, a Community Relations Newsletter was sent to 581 partners. The newsletter included information on immunizations, vision coverage, community forums and prescription drugs, to name a few.

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

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

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##### *Health Promotions Coordinator*

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

This quarter, OHCA received the process evaluation for the Oklahoma Tobacco Helpline Fax Referral project. The evaluation indicates that OHCA's goal is to decrease the tobacco smoking rate among pregnant Medicaid women by 3 percent. The evaluation indicates that OHCA has seen a 5 percent decrease in members who previously reported smoking. The process evaluation provides examples of Oklahoma's tobacco cessation campaigns; initiatives, such as SoonerQuit; and an overall process evaluation of the Tobacco Helpline Fax Referral project. To review the process evaluation in its entirety, refer to Attachment 8.

The Health Promotions Coordinator has also been in collaboration with the Oklahoma State Department of Health (OSDH) to remove some of the tobacco cessation coverage barriers. It is the State's goal to not only improve access to tobacco cessation coverage, but to also improve the State's ranking in tobacco cessation. Through OHCA's and OSDH's collaboration, the State has successfully removed the copays for all pharmacotherapy medications, as well as removed the prior authorization for the second round of pharmacotherapy medications. These changes take effect beginning July 1, 2014.

This quarter, the Health Promotions Coordinator partnered with 30 pharmacies around the State to initiate the Pharmacy Bag Outreach Campaign. The coordinator provides the pharmacies with Oklahoma Tobacco Helpline fax referral forms, as well as SoonerQuit and Text-4-Baby educational materials and branded pharmacy bags to handout.

In the first quarter of 2014, OHCA began implementation of the SoonerFit initiative, which is projected to go-live during the third quarter of 2014. The initiative's main goals are to promote obesity reduction best practices to SoonerCare providers, and to innovatively communicate physical activity and nutrition recommendations to SoonerCare members through interactive methodologies. OHCA is in the process of building a SoonerFit website for both provider and member use. On the website, providers will find the resources they need to educate their patients on improving their health, and members may use the website as an interactive tool to talk with a health coach, to talk to other members and to find community resources. OHCA continues to work on other marketing and outreach techniques for this initiative.

##### *SoonerQuit Provider Engagement Grant*

OHCA's Health Promotion and Community Relations staff was awarded a SoonerQuit Provider Engagement (SQPE) grant in June 2013. For this grant initiative, OHCA will utilize participating PCPs from the Health Management Program practice facilitation model and infuse a tobacco cessation module into the quality improvement activities. Simultaneously, the OHCA will be continuing the practice facilitation efforts with obstetrics providers and possibly dental providers. OHCA still projects a go-live date of July 2014 for this initiative. This quarter, OHCA hired a SoonerQuit Coordinator to administer and manage the activities for this grant initiative.

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

##### Medical Authorization Unit (MAU)

This quarter, the MAU processed an average of 6,094 prior authorizations a month for an average approval rate of 99 percent.

OHCA issued a Request For Proposal (RFP) for a new Therapy Management Program towards the end of 2013 and awarded the contract to MedSolutions in February 2014. The new Therapy Management Program will allow the OHCA to assist providers and members in obtaining the most appropriate therapy-related services<sup>31</sup>, while improving access to high-quality, cost-effective care in a timely manner. This program will be implemented July 1, 2014.

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

MAU Activity	April 2014	May 2014	June 2014	Qtr Totals
MAU Calls Handled	579	493	472	<b>1,544</b>
Total Prior Authorizations	6,449	5,981	5,854	<b>18,284</b>
Number of Reviewers (Analyst or Nurse)	12	12	12	
Average Number of PAs per Reviewer	537	498	487	<b>507</b>
Percentage of Total PA Denials	1%	1%	1%	<b>1%</b>
Number of Denials	64	60	59	<b>183</b>

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

MedSolutions has processed an average of 5,641 prior authorization requests a month this quarter with a 90 percent approval rate.

MedSolutions Activity	April 2014	May 2014	June 2014	Qtr Totals
MedSolutions Calls Handled	2,183	1,901	1,957	<b>6,041</b>
Total Prior Authorizations	5,941	5,673	5,311	<b>16,925</b>
Number of Reviewers (Analyst or Nurse)	115	115	115	
Average Number of PAs per Reviewer	52	49	46	<b>49</b>
Percentage of Total PA Denials	10%	11%	10%	<b>10%</b>
Number of Denials <sup>32</sup>	566	617	533	<b>1,717</b>

<sup>31</sup> Therapy services include physical therapy, speech therapy and occupational therapy.

<sup>32</sup> The appeals process is the same for any denial of a prior authorization request, including denials from MedSolutions. The member receives a denial letter in the mail and has 20 days to file an appeal with the OHCA Legal department.

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

##### Member Services (MS)

MS Outreach Letters	# of Letters Mailed	Response Rate
Prenatal Outreach – Pat Letters	3,599	35%
Households with Newborns Outreach – Jean Letters	5,979	14%
High ER Utilization Outreach – Ethel Letters	1,656	18%

MS Activity	April 2014	May 2014	June 2014	Qtr Totals
High ER Utilizers Identified for Calls				25 <sup>33</sup>
Calls to BCC Members with Confirmed Cancer Diagnosis	24	36	25	85
Calls to BCC Members at Renewal Period	13	15	13	41
Member Service Calls Handled in English	7,309	6,434	6,341	20,084
Member Service Calls Handled in Spanish	381	277	308	966
Member Inquiries				14,126

<sup>33</sup> Note: Last quarter OHCA did provide this outreach and there were 27 individuals identified for calls.

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

##### Population Care Management (PCM)

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

##### *Case Management (CM)*

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

Phase I: Outreach to FIMR Population – Participating Mothers	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	March 2014	April 2014	May 2014	June 2014
New Cases	111	148	128	133	124	186	147	140	116
Existing Open Cases <sup>34</sup>	642	643	594	549	571	605	614	618	610

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

Phase II: Outreach to FIMR Population – Infants Younger than Age 1	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	March 2014	April 2014	May 2014	June 2014
New Cases	161	203	184	184	157	194	145	150	149
Existing Open Cases	1,799	1,837	1,817	1,825	1,854	1,880	1,854	1,853	1,861

Phase III of this initiative was implemented in August 2012. Phase III targets care management for infants identified with special needs at their first birthday. Since Phase III implementation, CM staff has had very few infants who have needed further care management services. For this quarter, for example, CM staff has not identified any new infants needing additional care management services beyond their first birthday.

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

<sup>34</sup> 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)**

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

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

In the first quarter of 2013, PCM and Information Services (IS) staff implemented a Potential-Member Health Survey<sup>35</sup> located on the OHCA SoonerCare online enrollment web page<sup>36</sup>. The survey was developed to gain basic aggregate statistical health information about persons enrolling in SoonerCare. The survey includes questions relating to chronic illness, tobacco use, obesity and pregnancy. The survey also includes agency telephone numbers for OHCA service areas that non-members may call for assistance.

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

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<sup>35</sup> The name of this survey has been updated for accuracy.

<sup>36</sup> [Online Health Assessment on OHCA Enrollment Page](#)

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

This quarter, a total number of 1,701 Potential Member Health Surveys were filled out.

Potential Member Health Survey Responses	April Survey Results	% of Respondents	May Survey Results	% of Respondents	June Survey Results	% of Respondents
Non-members who reported to be pregnant	95	12%	65	14%	60	13%
Non-members who reported to have chronic disease	270	35%	134	28%	160	34%
Non-members who reported that s/he is overweight	223	29%	131	28%	122	26%
Non-members who have a serious medical issue for which they believe they need immediate help	138	18%	95	20%	113	24%
Non-members who reported to use tobacco	267	35%	145	31%	143	31%
Non-members who reported that s/he has a mental illness	175	23%	90	19%	115	25%
Non-members who reported that s/he needs help finding services	279	37%	189%	40%	192	41%
Non-members who reported that s/he use too much alcohol or drugs	23	3%	17	4%	18	4%
Non-members who reported that s/he would like help with alcohol or drugs	327	43%	194	41%	204	44%
<b>Total Number of Survey Responses</b>	<b>763</b>		<b>471</b>		<b>467</b>	

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

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

CM Activity	April 2014	May 2014	June 2014
Active Cases under Care Management	3,768	3,806	3,786
Case Load per Adjusted RN FTE	150	146	147
High-Risk and At-Risk OB - Following	368	412	362
High-Risk and At-Risk OB - New	290	228	207
OK Cares New Enrollment	52	54	57
OK Cares Total Enrollment	562	551	549
Private Duty Nursing Cases - New	4	7	10
Private Duty Nursing Cases - Following	195	198	207
Onsite Evaluations (TEFRA, Private Duty Nursing)	61	47	55
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	77	97	81
Out of State – Clinical Review - New	59	65	74
Out of State – Clinical Review - Following	38	36	37



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

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##### *Health Management Program*

This quarter marked the end of the first year of Phase II, Next Generation HMP. By the end of June 2014, there were 35 practice sites with embedded health coaches and a total of 5,362 members engaged with a health coach.

Next Generation HMP also incorporates practice facilitation, which goes hand-in-hand with health coaching. Practice facilitators have health coach training and certification, as well as work with the health coaches to coordinate efforts within the practices. By the end of June 2014, there were seven practice facilitators assigned to each of the 35 practices participating in the program. The chart below breaks out the level of practice facilitation services, as well as the number of practices in each practice facilitation tier.

Practice Facilitation Tiers <sup>37</sup>	Description	Number of Practices
Tier 1	Practice has never received practice facilitation; clinic needs full practice facilitation services before deployment of a health coach.	5
Tier 2	Practice has received prior practice facilitation but requires additional training before deployment of a health coach.	6
Tier 3	Practice has received full practice facilitation, high-functioning practice and ready for deployment of a health coach.	24
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

Practice facilitators and health coaches conducted 40 academic detailing sessions with the practices this quarter, as well as 104 educational presentations. Topics for the sessions and presentations included “Obesity Mortality in Oklahoma,” “Obesity Mortality: Implications and Solutions” and “Smoking Cessation.”

Additionally, this quarter the HMP Program Coordinator visited nine HMP practices to observe the health coach arrangements within the practices, and to talk with the health coaches and practice facilitators about successes of coaching patients in the clinic setting, as well as barriers. The Program Coordinator also talked with the health coaches and practice facilitators about how to redesign practice processes for improved chronic care.

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

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<sup>37</sup> Practice facilitators provide facilitation for Tiers 1 and 2 practices, as well as provide academic detailing sessions for Tiers 3 and 4.

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

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##### *Chronic Care Unit*

OHCA implemented an internal Chronic Care Unit in January 2013 to provide telephonic care management services to SoonerCare members identified with chronic disease. Members are identified through comprehensive risk profiling, self-referral and provider referrals. The nurse care managers conduct a comprehensive initial evaluation consisting of a health risk assessment, health literacy survey and depression screening. Once all components of the assessment are completed, the nurse care manager works with the member to develop and/or improve self-management skills through member education, action planning and health coaching. The nurse care managers employ behavior change principles, such as motivational interviewing, to engage the member to become an active participant in their health care.

The Chronic Care unit continues to partner with the HMP to assist with case managing SoonerCare members with chronic conditions who are not aligned with a PCP with an embedded health coach. The Chronic Care unit is currently case managing 536 SoonerCare members with multiple chronic conditions.

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

##### Provider Services

In an outreach effort to promote well-child visits, this quarter, OHCA sent to school administrators a letter, #2014-14, regarding a *Child Health Guide for Schools*. The letter explains the importance of preventive health care for children, the ages well-child checkups should be performed and explains how the Child Health Guide informs parents how to apply for SoonerCare. The OHCA letter also provides school administrators with an electronic link to the Child Health Guide available on the OHCA website page at no cost to the schools. To review a copy of the letter, refer to Attachment 9.

This quarter OHCA also sent out a letter to Insure Oklahoma dental providers regarding dental coverage for Insure Oklahoma ESI children. The letter clarified the dental coverage guidelines for the ESI program, as well as clarified the copay structure. To review a copy of the letter, refer to Attachment 10.

Additionally, in June of this quarter, OHCA's Provider Services Director, Melody Anthony, received the 2014 Patient Advocate of the Year award by the Oklahoma Academy of Family Physicians.

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

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##### Waiver Development & Reporting (WD&R)

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

Document	Submitted to CMS	Date CMS Approved	Status
Health Access Networks Clarification Language	January 7, 2014	April 23, 2014 received confirmation email	CMS will update STC language
2013 SoonerCare Choice Annual Report	April 30, 2014	N/A	No comments received from CMS
TPL Amendment	May 14, 2014	Pending	OHCA continues to answer CMS questions
Jan-March 2014 SoonerCare Quarterly Report	May 30, 2014	N/A	No comments received from CMS
Sunset Removal of Insure Oklahoma	May 7, 2014	June 27, 2014	N/A

Representatives from the CMS Regional office visited the OHCA the week of May 5; agency staff answered questions from CMS and reviewed with them the SoonerCare program processes and budget reporting.

Additionally, the WD&R staff collaborated with CMS on many issues this quarter including the extension of the Insure Oklahoma program, as well as the approval of the State receiving program match for the HMP program. OHCA is currently working on adjusting the budget to reflect the program match changes. The WD&R unit also had a call with CMS on June 25 to discuss technical corrections from the updated February 25, 2014, Special Terms and Conditions (STCs). OHCA currently waits for the updated STC documents from CMS.

On May 14, 2014, OHCA sent CMS an amendment for the ineligibility of SoonerCare Choice individuals who have other major medical health insurance coverage. This amendment is in response to OHCA's compliance with the Oklahoma Constitution, Article X, Section 23, which prohibits OHCA from spending more money than is allocated. OHCA is currently answering questions from CMS regarding the amendment and will continue to provide CMS any necessary information.

Waiver staff is working on the Post Award Forum which will be presented at the Oklahoma Health Improvement Plan (OHIP) Child Health workgroup on July 8. Staff is also beginning work on the 2016-2018 SoonerCare Choice Renewal Application, which will be submitted to CMS on December 31, 2014.

This quarter, OHCA participated in two CMS monthly monitoring calls in April and June, as well as other CMS calls on an as-needed basis.

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

### 2. Program-Specific Operations

#### Breast and Cervical Cancer Program (BCC)

BCC Certified Screeners	July-Sept 2013	Oct-Dec 2013	Jan-March 2014	April-June 2014
Certified Screeners	1,001	988	1,012	1,025

Outreach Activities Related to BCC Members	July-Sept 2013	Oct-Dec 2013	Jan-March 2014	April-June 2014
Care Management Activities Related to BCC Members	3,766	3,286	3,337	3,101
Number of Calls Made by Member Services to BCC Members at Renewal Period	84	54	64	41
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	59	53	64	85

#### Health Access Network (HAN)

Active HANs in Oklahoma include:

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

#### *OU Sooner HAN*

The OU Sooner HAN had an unduplicated enrollment total of 99,087 members for quarter ending June 2014, which has grown more than 35 percent since June 2013.

The OU Sooner HAN expanded the use of the Doc2Doc referral tool. Variety Care has begun to utilize Doc2Doc for referrals. Five specialty providers were added to Doc2Doc in the first month of targeted marketing. Variety Care has designated staff to assist with marketing Doc2Doc to other specialty providers.

During this quarter, the OU Sooner HAN participated at OU-Tulsa OB/GYN Grand Rounds. This resulted in an excellent discussion with residents, as well as increased communications with clinical social workers and Sooner HAN care management staff.

The OU Sooner HAN is improving its clinic referral process, which will allow physicians or other clinic staff to make quick and easy referrals for care management services. This improved process has been well received and continues to increase referrals and HAN awareness in the clinics.

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

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Additionally, the OU Sooner HAN is in the development stages of a Pediatric Risk Stratification/Care Management Form/Tools workgroup. This group will be composed of Utica Park Physicians, OU Pediatric Physicians and OU Sooner HAN staff. The goal of the workgroup is to create an evidenced-based pediatric risk stratification process.

##### *The Partnership for Healthy Central Communities (PHCC) HAN*

The PHCC HAN had an unduplicated enrollment total of 3,716 members by the end of June 2014. This is a 17 percent increase from June 2013. PHCC continues to work toward implementation of the Doc2Doc referral tool.

PHCC participates in the Red Rock Behavioral Health Strategic Project Framework Coalition to reduce the non-medical use of prescription drugs, under-age drinking and binge drinking by adults in Canadian county, as well as the Canadian County against Tobacco Coalition. Additionally, PHCC is active in the Canadian County coalition for Children and Families.

PHCC continues ongoing improvement of its website: [PHCC Website](#). The website features information on common health problems, as well as prevention information.

##### *The OSU Network HAN*

By the end of the first quarter, the OSU Network HAN had an unduplicated enrollment total of 15,304 members for June 2014. This is a 9 percent increase from June 2013. OSU continues to work toward implementation of the Doc2Doc referral tool.

This quarter, the OSU Network HAN staff developed marketing strategies, which include brochures in card-format and case management forms, as well as updated and revised member/provider packets designed for distribution.

The OSU Network HAN has participated in Motivational Interview Training sessions provided by the OHCA, as well as established membership with the Case Management Society of America.

OHCA convened a meeting of HAN representatives for a discussion of the waiver HAN measure at the agency on May 5. The purpose of the meeting was to evaluate the criteria that each of the HANs was using to mine the data set for the measure. A portion of the discussion was devoted to questions, answers and comments. HAN representatives are moving forward with reporting under the refined methodology established during the meeting.

OHCA continued to work with CMS on minor program changes to HAN care management and the care coordination of HMP health coaches within the HAN practices. OHCA received an email confirmation on April 23, confirming the HMP and HAN changes. Finally, OHCA continued individualized HAN review meetings this quarter, and on an as-needed basis.

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

HAN Enrollment	OU Sooner HAN	PHCC HAN	OSU Network HAN
April 2013	50,154	3,072	14,386
May 2013	50,891	2,941	13,616
June 2013	73,530	3,165	13,993
July 2013	72,393	3,011	13,891
August 2013	72,686	3,096	13,904
September 2013	73,490	3,138	14,240
October 2013	91,396	3,124	14,036
November 2013	93,086	3,246	14,248
December 2013	96,658	3,381	14,797
January 2014	99,300	3,459	15,150
February 2014	102,003	3,740	15,592
March 2014	101,400	3,828	15,647
April 2014	93,531	3,592	14,432
May 2014	97,879	3,724	15,078
June 2014	99,087	3,716	15,304

#### Insure Oklahoma (IO)

Through the collaborative effort of OHCA, State leadership and CMS, the Insure Oklahoma program was approved on June 27, 2014, by CMS for a one-year extension of the program through December 31, 2015. The program will continue to maintain current operations. Oklahoma's Governor announced the successful negotiations and extension of the program in a June 30, 2014, press release. Refer to Attachment 11.

A survey, *Lessons Learned from Interviews with Key Personnel*, was conducted by the University of Oklahoma Health Sciences Center during the first quarter of 2014. Survey respondents included small business employers, insurance agents and OHCA employees. OHCA received the results from the survey on June 30. The results will be available during the next few quarters.

In addition, staff is in the process of updating all Insure Oklahoma documents that are distributed, as well as all material on the Insure Oklahoma website. With the approval of the one-year extension, staff is also in the process of reviewing all outreach efforts to small businesses, individuals and agents. OHCA's Information Services staff is also in the process of migrating the Insure Oklahoma system into the iCE claims tracking system.

This quarter, Insure Oklahoma staff sent out 6,358 brochures.

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

Employer-Sponsored Insurance (ESI) Program Participating Employers <sup>38</sup>	Quarter Ending Dec 2013	Quarter Ending March 2014	Quarter Ending June 2014
Approved Businesses with Participating Employees	4,483	4,367	4,299

Average ESI Member Premium <sup>39</sup>	April 2014	May 2014	June 2014
Member Premium	\$293.67	\$290.32	\$292.65

ESI Subsidies	Oct-Dec 2013	Jan-March 2014	April-June 2014
Employers Subsidized	7,825	6,705	7,314
Employees and Spouses Subsidized	30,235	26,572	28,835
<b>Total Subsidies</b>	<b>\$11,304,018</b>	<b>\$10,756,385</b>	<b>\$11,463,530</b>

Average Individual Plan (IP) Member Premiums <sup>39</sup>	April 2014	May 2014	June 2014
Member Premiums	\$38.03	\$37.99	\$37.83
Average FPL of IP Members	64%	64%	63%

IP Subsidies	July-Sept 2013	Oct-Dec 2013	Jan-March 2014	April-June 2014
Total Premiums Received	\$1,720,746	\$922,167	\$406,461	\$379,986
Total Member Months	39,817	36,507	14,770 <sup>40</sup>	14,704
Total Paid Claims	\$16,236,553	\$15,858,878	\$9,613,279	\$7,458,934
Average Claim Per Member Per Month (PMPM)	\$364.26	\$408.05	\$621.16	\$480.67

<sup>38</sup> See Attachment 2; Insure Oklahoma Fast Facts Summary, June 2014.

<sup>39</sup> Financial data is based on the previous month; e.g. May premiums are reported in June.

<sup>40</sup> Number was changed to reflect more accurate data.

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

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##### SoonerRide

This quarter, staff sent out a SoonerRide member satisfaction survey to SoonerCare members who utilized SoonerRide within this quarter. Of the 260 members who received the survey, 60 percent of members rated the program as Excellent or Good, 8 percent of members rated the program as Fair and 4 percent of members rated the program as Poor. The other 28 percent of members who received the survey did not complete the survey.

This quarter, 213,196<sup>41</sup> SoonerCare<sup>42</sup> individuals from all 77 Oklahoma counties utilized the SoonerRide program.

##### Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

This quarter, TEFRA staff hired a new TEFRA nurse to handle all initial cases and recertification cases. A new TEFRA Analyst was also hired and is being trained to handle all TEFRA cases. Additionally, TEFRA staff has completed a new TEFRA Desktop Guide for internal use.

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<sup>41</sup> This is a duplicated number.

<sup>42</sup> This includes members in SoonerCare Choice and other OHCA-covered programs.



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

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### B. Policy Developments

#### 1. Rule Changes

This quarter, OHCA presented proposed rule changes to the Medical Advisory Committee and to the OHCA Board relating to program cuts due to the budget shortfall. Proposed rule changes having impact to the SoonerCare Choice demonstration included increasing SoonerCare copays to the federal maximum, eliminating the perinatal dental benefit and making individuals who have creditable health insurance coverage not qualified for the SoonerCare Choice program. The Medical Advisory Committee approved the rules on May 15, 2014, and the OHCA Board approved the rules on June 26, 2014. The Governor is expected to sign and approve the rules on July 1. The rules take effect July 1, 2014.

All OHCA rule changes can be found on the OHCA webpage<sup>43</sup>. 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 55<sup>th</sup> Legislature adjourned this year on May 23, 2014, with official sine die on May 30. As of May 2014, the Legislature was tracking a total of 649 legislative bills; OHCA was tracking 25 of those bills. A few of the agency request bills include:

- House Bill 2402 – This bill permits remaining funeral trust account funds to be placed in an irrevocable trust for the OHCA to recover for reimbursement of medical assistance. The bill also modifies some requirements on when OHCA may place a lien on an individual's homestead for payments for medical assistance. This bill is to take effect November 1, 2014.
- House Bill 2384 – This bill grants OHCA the authority to prior authorize Hepatitis C treatments. This bill is to take effect July 1, 2014.

The Governor signed the above bills into law on May 28, 2014. In addition, on May 21, 2014, the Governor approved House Bill 2906, which directs the OHCA to conduct a study of current and potential emergency department diversion models for persons enrolled in Medicaid and explore options for cost containment that are consistent with the patient-centered medical home program.

This quarter, OHCA continued to discuss resolutions for the agency's budget shortfall as OHCA prepared the SFY 2015 budget. After receiving a flat appropriation from the Governor, the Agency has to make up a \$104 million shortfall in order to maintain the program as it was administered last year. The deficit is a combination of a 2.7 percent decrease in Federal Medical Assistance Percentage (FMAP), a \$13.7 million loss in tobacco tax revenue and a loss in funds from the Legislature for normal growth and utilization costs. As OHCA began preparing the SFY 2015 budget, it was the agency's commitment to include stakeholders, members and providers in the discussion of OHCA's necessary program reductions. OHCA conducted twelve targeted

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<sup>43</sup> [Proposed Rule Changes website.](#)

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

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meetings for individuals and provider groups throughout the State between March 10, 2014, and April 18, 2014. The proposed program reductions, including a 7.5 percent provider rate cut, were approved at the June 11 Medical Advisory Committee meeting and the June 26 Board meeting. In accordance with the Oklahoma Constitution, Article X, Section 23, OHCA will submit the SFY 2015 balanced budget on July 1, 2014.

## **V. CONSUMER ISSUES**

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### **A. Member Advisory Task Force (MATF)**

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

The MATF met in April and May. The main focus of the MATF meetings this quarter centered around the discussion of OHCA's flat budget and the agency's proposed cuts in order to make up for the shortfall. MATF members were encouraged to attend the June Board meeting where the proposed cuts would be voted on, and to notify OHCA prior to the Board meeting if they wanted to make a comment during the meeting.

Additionally, MATF members made recommendations to OHCA regarding how to better the August Strategic Planning Conference, previously known as the OHCA Board Retreat. MATF members also gave recommendations on how to better communicate with members (i.e. through Facebook and other electronic media), what to include in member newsletters and member outreach techniques for the new SoonerFit initiative.

### **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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<sup>44</sup> 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	July-Sept 2013	Oct-Dec 2013	Jan-March 2014	April-June 2014
Program Complaint	93	77	58	49
Complaint on Provider	97	66	63	81
Fraud and Abuse	40	56	58	60
Access to Care	33	35	38	35
Program Policy	3,717	2,792	3,205	2,800
Specialty Request	511	560	269	242
Eligibility Inquiry	8,936	7,810	7,246	6,756
SoonerRide	2,334	1,930	1,575	1,461
Other <sup>45</sup>	259	0	0	0
PCP Change	1,846	1,151	1,252	851
PCP Inquiry	885	718	800	739
Dental History	102	119	145	79
Drug/NDC Inquiry	118	46	103	78
Medical ID Card	483	316	409	260
PA Inquiry	666	696	722	635
<b>Total<sup>46</sup></b>	<b>20,120</b>	<b>16,372</b>	<b>15,943</b>	<b>14,126</b>

### C. Helplines

#### Insure Oklahoma Helpline

Insure Oklahoma IP Helpline	July-Sept 2013	Oct-Dec 2013	Jan-March 2014	April-June 2014
Number of Calls	32,186	28,598	20,786	16,437
Number of Calls Answered	27,579	25,487	17,289	14,994
Number of Calls Abandoned <sup>47</sup>	4,327	2,764	3,308	1,443
Percentage of Calls Answered	86%	90%	83%	91%

Insure Oklahoma ESI Helpline	July-Sept 2013	Oct-Dec 2013	Jan-March 2014	April-June 2014
Number of Calls	3,617	3,691	4,418	3,573
Number of Calls Answered	3,245	3,378	3,967	3,404
Number of Calls Abandoned	279	218	392	169
Percentage of Calls Answered	90%	94%	89%	93%

<sup>45</sup> Beginning October 2013, OHCA changed the criteria for this category. Currently, this is a category that is rarely used.

<sup>46</sup> 100% of Member Inquiries are initiated timely.

<sup>47</sup> Abandoned calls may never reach an agent due to wait in queue and hang ups.

## V. CONSUMER ISSUES (Cont'd)

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### Online Enrollment (OE) Helpline<sup>48</sup>

OE Helpline Calls in English	July-Sept 2013	Oct-Dec 2013	Jan-March 2014	April-June 2014
Number of Calls	26,970	29,986	32,705	29,150
Number of Calls Answered	24,737	29,314	27,693	26,212
Number of Calls Abandoned	1,917	472	4,738	2,938
Average Percentage of Calls Answered	92%	98%	85%	89%

OE Helpline Calls in Spanish	July-Sept 2013	Oct-Dec 2013	Jan-March 2014	April-June 2014
Number of Calls	319	505	563	470
Number of Calls Answered	299	485	503	439
Number of Calls Abandoned	16	15	44	31
Average Percentage of Calls Answered	94%	97%	89%	93%

### SoonerCare Helpline

SoonerCare Helpline Calls	July-Sept 2013	Oct-Dec 2013	Jan-March 2014	April-June 2014
Number of Calls	187,651	174,137	187,268	181,934
Number of Calls Answered	171,087	169,448	160,089	162,347
Number of Calls Abandoned	14,482	3,244	25,608	19,587
Average Percentage of Calls Answered <sup>49</sup>	91%	98%	85%	88%

<sup>48</sup> These calls are included in the number of calls to the SoonerCare Helpline.

<sup>49</sup> This is an average of the percentage of calls answered for each month of the quarter.

## V. CONSUMER ISSUES (Cont'd)

### D. Grievances

SoonerCare Grievances	Pending	Closed
Eligibility	5	1 dismissed; 3 resolved
Miscellaneous: Unpaid Claim	1	0
Prior Authorization: Durable Medical Equipment	0	1 denied
Private Duty Nursing	2	1 denied; 1 granted
Provider Panel Dismissal	0	1 dismissed

Insure Oklahoma Grievances	Pending	Closed
Eligibility	2	1 resolved; 1 denied; 7 withdrawn

## VI. QUALITY ASSURANCE/MONITORING ACTIVITIES

### A. Quality Assurance (QA)

#### SoonerRide

On April 15, May 20 and June 18, 42 live SoonerRide calls were randomly selected for review from 18 customer service representatives. Of the 42 calls, all 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 p.m. and report the type of access available. Provider representatives educate any providers who need to improve after-hours access to comply with contractual standards.

Access Survey	July-Sept 2013	Oct-Dec 2013	Jan-March 2014	April-June 2014
Number of Providers Called	848	855	844	880
Percent of Providers with 24-hr Access on Initial Survey	80%	85%	95%	95%
Percent of Providers Educated for Compliance	20%	16%	5%	5%

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

### B. Monitoring Activities

#### 1. HEDIS® Report<sup>50</sup>

#### SoonerCare HEDIS® Quality Measures

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

<sup>50</sup> The HEDIS® chart represents HEDIS® year 2013 for calendar year 2012. In addition, data shaded in light gray represents data that has had a statistically significant increase from the previous year. Data shaded in the darker gray represents data that has had a statistically significant decrease from the previous year.

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

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

## VII. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES

### A. Budget Neutrality Model

Oklahoma exceeds per member per month expenditures for members categorized as Aged, Blind and Disabled-Rural. The state believes this situation to be reflective of provider rate increases that will continue to have particular impact for this eligibility group. In the overall life of the waiver, the state has \$3.3 billion in Budget Neutrality savings and, ending this quarter, the state has \$331,066,972 in savings for the year<sup>51</sup>.

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

Waiver Year	Member Months (Enrolled & Unenrolled)	Costs Without Waiver	Waiver costs on HCFA-64	Variance
Waiver Year #1 - 1996	2,337,532	\$286,138,649	\$249,006,422	\$37,132,227
Waiver Year #2 - 1997	2,282,744	\$297,653,392	\$281,953,273	\$15,700,119
Waiver Year #3 - 1998	2,550,505	\$354,302,018	\$303,644,031	\$50,657,987
Waiver Year #4 - 1999	3,198,323	\$538,659,237	\$426,247,022	\$112,412,215
Waiver Year #5 - 2000	3,496,979	\$690,766,574	\$592,301,080	\$98,465,494
Waiver Year #6 - 2001	4,513,310	\$981,183,083	\$773,255,432	\$207,927,651
Waiver Year #7 - 2002	4,823,829	\$1,115,197,420	\$850,084,088	\$265,113,332
Waiver Year #8 - 2003	4,716,758	\$1,087,570,219	\$917,176,458	\$170,393,761
Waiver Year #9 - 2004	4,886,784	\$1,199,722,904	\$884,795,047	\$314,927,857
Waiver Year #10 - 2005	5,038,078	\$1,316,858,687	\$1,001,434,761	\$315,423,926
Waiver Year #11 - 2006	5,180,782	\$1,436,886,838	\$1,368,966,664	\$67,920,174
Waiver Year #12 - 2007	5,451,378	\$1,582,588,945	\$1,445,598,253	\$136,990,692
Waiver Year #13 - 2008	5,386,004	\$1,660,246,277	\$1,620,066,352	\$40,179,924
Waiver Year #14 - 2009	5,839,782	\$1,883,856,292	\$1,877,829,088	\$6,027,204
Waiver Year #15 - 2010	6,367,794	\$2,154,894,736	\$1,994,807,073	\$160,087,663
Waiver Year #16 - 2011	6,420,012	\$2,297,585,363	\$2,129,385,450	\$168,199,914
Waiver Year #17 - 2012	6,819,943	\$2,543,469,377	\$2,227,024,758	\$316,444,619
Waiver Year #18 - 2013	7,011,670	\$2,749,107,136	\$2,188,257,442	\$560,849,694
Waiver Year #19 - 2014	3,654,321	\$1,499,098,807	\$1,168,031,835	\$331,066,972
Total Waiver Cost	89,976,528	\$25,675,785,952	\$22,299,864,528	\$3,375,921,424

<sup>51</sup> See Attachment 12, Oklahoma 1115 Budget Neutrality Model Worksheet.



## VIII. MEMBER MONTH REPORTING

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### A. Budget Neutrality Calculation

Eligibility Group	April 2014	May 2014	June 2014	Qtr Totals
TANF – Urban	328,240	324,708	322,457	<b>975,405</b>
TANF – Rural	225,596	222,452	220,244	<b>668,292</b>
ABD – Urban	30,672	30,608	30,290	<b>91,570</b>
ABD – Rural	24,461	24,350	24,101	<b>72,912</b>

### B. Informational Purposes Only

Eligibility Group	April 2014	May 2014	June 2014	Qtr Totals
Non-Disabled and Disabled Working Adults	26,499	26,117	25,698	<b>78,314</b>
TEFRA Children	504	507	504	<b>1,515</b>
SCHIP Medicaid Expansion Children	82,426	84,332	83,708	<b>250,466</b>

Eligibility Group	Quarter Ending Dec 2013	Quarter Ending March 2014	Quarter Ending June 2014
Full-Time College Students	20,059	23,915	24,739
Foster Parents	0	0	0
Not-for-Profit Employees	0	0	0

## IX. DEMONSTRATION EVALUATION

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### A. Hypotheses

OHCA is initiating reports on all hypotheses for the 2013-2015 extension period. This quarter, interim data for Hypothesis 4a and 10 are available.

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

SoonerCare Choice PCP Capacity	Baseline Data (December 2012)	PCP Capacity (Qtr Ending June 2014)
Number of SoonerCare Choice PCPs	1,932	2,252
SoonerCare Choice PCP Capacity	1,092,850	1,177,398
Average Members per PCP	279.11	249.06

#### Hypothesis 4a Results:

In the second quarter of 2014, the number of SoonerCare Choice PCPs has increased 17 percent since the December 2012 baseline data. This is an increase of 320 providers. Similarly, PCP capacity has exceeded the December 2012 baseline data by eight percent. As of June 2014, the percent of total SoonerCare Choice PCP capacity used is 42.26 percent, which leaves 57.74 percent of capacity available for SoonerCare members.

Towards the beginning of 2014, OHCA staff conducted an analysis on SoonerCare provider capacity. Refer to Attachment 13 to review the analysis report.

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

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

#### Hypothesis 10 Results:

This hypothesis postulates that the OHCA will ensure seamless coverage between Medicaid and the Marketplace after federal changes are effectuated. OHCA went live with outbound (State to Hub) account transfers on January 23, 2014. The outbound account transfer includes all individuals who are found not qualified for full-benefit Medicaid. This quarter, OHCA transferred some 64,489<sup>52</sup> applications to the Hub.

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<sup>52</sup> This number reflects data for May and June as OHCA began automatic tracking beginning in May 2014.

## IX. DEMONSTRATION EVALUATION (Cont'd)

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Inbound (Hub to State) account transfers had a go-live date of February 12, 2014. This includes all individuals who apply through the federally facilitated marketplace who are assessed as 'potentially qualified' for full-benefit Medicaid. This quarter, OHCA received nearly 3,000<sup>52</sup> applications from the Hub.

### A. Eligibility Determinations

Eligibility Determinations	April 2014	May 2014	June 2014
MAGI Determination – Qualified	76,312	71,282	63,087
Determined Qualified – Direct or Transfer Application	31,311	32,391	30,153
Determined Qualified at Annual Renewal	45,001	38,891	32,934

### B. Individuals Determined Not Qualified

Individuals Determined Not Qualified	April 2014	May 2014	June 2014
Ineligibility Established <sup>53</sup>	22,202	20,017	15,954
Inadequate Documentation	1,833	1,971	1,652

### C. Individuals Disenrolled

Individuals Disenrolled	April 2014	May 2014	June 2014
Determined Not Qualified at Application (new applicant)	10,743	10,264	8,821
Determined Not Qualified at Annual Renewal (current member)	13,292	11,724	8,785

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<sup>53</sup> An individual might not qualify due to income, household size, etc.

## **XII. ENCLOSURES/ATTACHMENTS**

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1. SoonerCare Choice Fast Facts, June 2014.
2. Insure Oklahoma Fast Facts Summary, June 2014.
3. Oklahoma Cares Fast Facts, June 2014.
4. Insure Oklahoma Data by FPL, June 2014.
5. TEFRA Fast Facts, June 2014.
6. Dental and PDEN Fast Facts, April-June 2013.
7. Provider Fast Facts, June 2014.
8. Oklahoma Tobacco Helpline Fax Referral Project Evaluation.
9. Child Health Guide for Schools Letter.
10. Dental Coverage for Insure Oklahoma ESI Children Letter.
11. Insure Oklahoma Press Release.
12. Oklahoma 1115 Budget Neutrality Model Worksheet, June 2014.
13. Provider Capacity Analysis Report.

## **XIII. STATE CONTACT(S)**

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## **XIV. DATE SUBMITTED TO CMS**

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Submitted to CMS on August 28, 2014.