



**SoonerCare Demonstration 11-W-00048/6**  
**§1115(a) Quarterly Report**  
**Demonstration Year: 22 (01/1/2017 – 12/31/2017)**  
**Federal Fiscal Year Quarter: 1/2017 (1/2017 – 3/2017)**

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## I. INTRODUCTION

The Oklahoma Health Care Authority (OHCA) is required to submit quarterly progress reports to the Centers for Medicare and Medicaid Services (CMS). The purpose of the quarterly report is to inform CMS of any significant demonstration activities of Oklahoma's SoonerCare 1115(a) demonstration waiver from the time of approval through completion of the demonstration. The reports are due to CMS 60 days after the end of each quarter. The report must follow the guidelines outlined in the [Special Terms and Conditions](#) (STC) set forth by CMS for the demonstration.

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

- To improve access to preventive and primary care services;
- To provide each member with a medical home;
- To integrate Indian health Services (IHS) eligible beneficiaries and IHS and tribal providers into the SoonerCare delivery system;
- To expand access to affordable health insurance for low-income working adults and their spouses; and
- To optimize quality of care through effective care management.

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 ran from January 1, 2013 through December 31, 2015. The State submitted a request to CMS for the SoonerCare Choice and Insure Oklahoma 2016 – 2018 demonstration waiver renewal for a three-year extension. On December 29, 2014 the Oklahoma Health Care Authority received official notification from CMS on July 9, 2015 that federal funding for the SoonerCare Demonstration was extended from January 1, 2016 through December 31, 2016. The State acknowledged the approval of the demonstration waiver and accepted the Special Terms and Conditions on August 9, 2015. The SoonerCare Demonstration extension was submitted September 28, 2016 for demonstration year 2017-2018. On November 30, 2016 the OHCA received official notification from CMS granting the "SoonerCare" 1115 Demonstration a one year extension beginning January 1, 2017 to December 31, 2017.

## II. ENROLLMENT INFORMATION

### Demonstration Populations

Demonstration Populations are identified Mandatory and Optional State plan groups that qualify for Medicaid coverage. The chart below reflects the Oklahoma SoonerCare Choice and Insure Oklahoma demonstration populations qualified for the 1115 Demonstration Waiver.

Demonstration Populations (as hard coded in the Form CMS-64)	Current Enrollees as of 03/31/17
TANF-Urban	349,368
TANF-Rural	234,654
ABD-Urban	31,417
ABD-Rural	22,931
Non-Disabled Working Adults (Employer Plan)	14,343
Disabled Working Adults (Employer Plan)	0
TEFRA Children	597
CHIP Medicaid Expansion Children	106,801
Full-Time College Students (Employer Plan)	120
Foster Parents (Employer Plan)	0
Not-for-Profit Employees (Employer Plan)	0
Non-Disabled Working Adults (Individual Plan)	468
Disabled Working Adults (Individual Plan)	0
Full-Time College Students (Individual Plan)	221
Foster Parents (Individual Plan)	0
Not-for-Profit Employees (Individual Plan)	0

## III. OUTREACH/ INNOVATIVE ACTIVITIES

The OHCA's outreach goals and objectives are to reduce health risks and improve the health status of SoonerCare members. This is accomplished through building community partnerships with organizations to promote healthier communities throughout the state of Oklahoma.

### A. Member Outreach

#### Member Services (MS)

The OHCA Member Services unit is responsible for sending outreach letters to assist specific SoonerCare members with accessing care coordination. These members include expectant mothers and mothers with newborns. Members receiving letters may call the SoonerCare helpline and ask for the appropriate outreach representative to receive information about their medical home and other health related program education.



<b>2017 Member Services Outreach Letters</b>	<b># of Letters Mailed</b>	<b>Response Rate</b>
Prenatal Outreach	6,902	11%
Households with Newborns Outreach	2,757	5%

The OHCA Member Services unit provides assistance to members so they can access medically necessary services. The MS unit works in collaboration with the SoonerCare Eligibility Unit to answer members' and applicants' calls and questions regarding Online Enrollment and to resolve issues regarding member eligibility, thereby promoting continuity of coverage in the SoonerCare program.

The OHCA Member Services unit is also responsible for contacting members who have a confirmed cancer diagnosis to assist in their care coordination. Additionally, the MS unit conducts outreach calls to members when it is time to renew their benefits in order to continue treatment and continuity of care. The following letters were issued for the January through March quarter.

<b>2017 Member Services Activity</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Qtr. Totals</b>
Calls to BCC members with Confirmed Cancer Diagnosis	18	38	10	66
Calls to BCC Members at Renewal Period	11	9	4	24
Member Service Calls Handled in English	6,020	5,350	5,850	<b>17,220</b>
Member Service Calls Handled in Spanish	411	351	325	<b>1,087</b>
Member Inquiries				<b>15,608</b>

## B. Community Outreach

This quarter, The Office of Health Promotion (OHP) staff has undergone reorganization. OHP staff has transitioned to the following units: Provider Services, Population Care Management and the Health Management Program.

### Health Promotion Strategists

Health Promotion Strategists (HPS) primary goals and objectives are to reduce health risks and improve the health status of targeted groups. These objectives may be accomplished by developing productive relationships with local partners and organizations to promote and improve the health of SoonerCare members.



The OHCA Health Promotion Strategists are continuing their outreach efforts and promotion of the Oklahoma Tobacco Helpline, SoonerFit initiative and Text4Baby messaging service with the Oklahoma State Department of Health (OSDH). These programs are covered quarterly to promote best practices for agencies and members involved.

HPS Highlights this quarter:

- HPS manager Kelly Willingham presented at the “National Conference on Tobacco or Health in Austin.” She presented on communication outreach strategies that OHCA uses to reduce the rate of tobacco among Medicaid members: and
- HPS partners worked with the provider services unit in efforts to recruit more Registered Dietitians to contract with SoonerCare.

#### Health Promotion Community Strategist

Health Promotion Community Strategists (HPCS) primary goals and objectives are to build positive relationships, educate and address any questions regarding SoonerCare, Insure Oklahoma, Text4Baby messaging service and other initiatives that would benefit members.

The OHCA Health Promotion Community Strategist outreach is done through a variety of outreach efforts including attending coalitions committee, and task force meetings, performing public outreach around the state, distributing printed resources and more.



HPCS highlight this quarter:

- HPCS attended Pushmataha, Marshall and Hughes, Kay county coalitions and talked about Insure Oklahoma Program;
- HPCS provided 200 SoonerCare cards to Woodward Oklahoma Mission of Mercy event for distribution to individuals over the course of the two-day event; and
- HPCS has worked with Guymon Public Schools to help identify and assist in resource coordination efforts to aid the 620 children that were identified as having dental needs in Guymon. In addition, they identified and coordinated care for over 170 individuals to receive free dental services with the Oklahoma Mission of Mercy efforts. Through this process, they coordinated efforts and care for 6 children who required immediate dental attention for severe dental needs. HPCS also identified and assisted families who qualify for SoonerCare to start the eligibility process.

### SoonerFit

The SoonerFit initiative was implemented in 2014 and continues to be a key goal for SoonerCare providers to promote best practices for obesity reduction. OHCA's goal is to innovatively communicate the need for physical activity and to give proper nutrition recommendations to SoonerCare members through interactive methodologies. This program is promoted through member and provider newsletters and promotional materials that are given out at community events, health fairs. The information is also shared with partners by the Health Promotion Community Strategists.



The [SoonerFit](#) website page is available for SoonerCare members and all Oklahomans. The website has tools, resources and vital information about leading a fit and healthy lifestyle in a fun, affordable and easy way.

SoonerFit signed a contract with an outside vendor, StapleGun that will assist OHCA in redesigning the SoonerFit website.

### The SoonerQuit Provider Engagement Grant

The SoonerQuit Provider Engagement grant is an educational program for primary care and other provider types to assist them in integrating best practice methods for tobacco cessation into routine patient care via the practice facilitation methodology. The main objectives of the SoonerQuit Provider Engagement program are to increase cessation by using best practices and to reduce tobacco prevalence among SoonerCare members. Programmatic measurements focus on increased referrals to the Oklahoma Tobacco Helpline (OTH) and pharmacotherapy utilization.

The yearly goals and objectives for Provider Engagement are to increase knowledge, awareness, confidence in and utilization of the 5A's Frame work, questions a provider ask members who smoke, to increase pharmacotherapy prescriptions, and to increase the number of fax referrals to the Oklahoma Tobacco Helpline.

#### SoonerQuit Provider Engagement Grant Highlight:

- The Provider Engagement program recruited three (3) clinics with a total of five (5) providers to participate in tobacco cessation practice facilitation.
- The Provider Quit Engagement program assisted with practice facilitation of 35 primary care practices (79 providers) as of March 2017.
- SoonerQuit finalized a Data Use Agreement with Oklahoma Tobacco Research Center to provide nicotine replacement therapy to SoonerCare members through the Oklahoma Tobacco Helpline cost-share agreement.



### C. Outreach Materials

The Oklahoma HealthCare Authority coordinates outreach material distribution in order to inform, educate and potentially enroll qualifying children and families in the SoonerCare Program and to help qualified members access services. The outreach materials are distributed at various health fairs, meetings, schools, and conferences. The OHCA newsletters communicate information to providers and members through email and/or text messaging.

Below are the outreach materials distributed for the first quarter of 2017:

- 20,459 New Member Welcome Packets
- 205,000 Information/Enrollment Fair fliers
- 690 Postcards with ER utilization guidelines
- 1,760 SoonerRide Postcards
- 15,176 Provider Newsletters
- 912 Dental Provider Newsletters

### D. Population Care Management Outreach

#### **OKLAHOMA CARES**

#### **Breast and cervical cancer treatment program**



The Population Care Management (PCM) division is comprised of three main functional units, Case Management, Chronic Care and the Health Management program. The PCM division focuses on strengthening the overall infrastructure of the SoonerCare program as well as developing and operationalizing new programs and endeavors with the goal of responding to health care needs.



The PCM division's main goals are:

- To support provision for identified primary care practices with a high chronic disease incidence on their member panels; and
- To provide social service support to SoonerCare members as identified through OHCA's existing programs and outside referrals as necessary.

This quarter the PCM division is working on a new initiative for members with diabetes that are at high risk for diabetes related complications. The Diabetes Management initiative (DMi) assists SoonerCare members in self-management of their disease. The Chronic Care Unit (CCU) nurse case managers partner with the member to actively participate in the self-management of diabetes. The nurse provides guidance and education as requested by the member and is a resource for the member and the providers. Through partnership with Oklahoma State Department of Health and the Oklahoma Healthy Aging Initiative, CCU staff is kept apprised of evidence-based programs such as Diabetes Self-Management Education (DSME) and the Diabetes Empowerment Education Program (DEEP) that are available in the state. Classes are recommended to the DMi member when available in their area. The goals of the DMi are to:

- Strengthen the members' self-management skills;
- Improve quality of life for SoonerCare members with diabetes;
- Provide resources and support to members, families, and providers;
- Partner with members and providers in prevention of complications of the disease; and
- Reduce overall health care costs.

The PCM division also operates the Breast and Cervical Cancer Treatment (BCC) program and the Fetal Infant Mortality Rate (FIMR) program:

- The BCC program provides treatment for breast and cervical cancer and pre-cancerous conditions to eligible women. The Breast and Cervical Cancer Program requires women to be screened for breast or cervical cancer under the Breast and Cervical Cancer Early Detection program (BCCEDP). Qualifications for this program are abnormal screening results or precancerous or 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 OHCA.
- Under the FIMR program each infant goes into active case management through their first birthday. During this time continued education is given to the mother, including safety precautions and education on tobacco use in the home. The case managers ensure that the newborn is enrolled in SoonerCare and that the mother has chosen a provider. They also conduct a postpartum depression screening for the mother to ensure a smooth transition to home as well as making sure the infant is taken to the doctor for Well Child Checks and immunizations. If the infant has extenuating needs after one year, the family will stay in active case management until all issues are resolved.

## E. Stakeholder Engagement



### Tribal Consultation

Tribal Consultations serve as a venue for discussions between the OHCA and tribal governments on proposed SoonerCare policy changes, State Plan amendments, waiver amendments and updates that may impact the agency and tribal partners. The OHCA seeks tribal input and addresses any concerns that arise as a result of the proposed changes.

Tribal Consultations are held the first Tuesday of every odd month. All tribal clinics, hospitals, Urban Indian health facilities, Indian Health Services (IHS), stakeholders and tribal leaders are invited to attend. For those who are not able to attend physically, the OHCA provides online and teleconference technology.

Two Tribal Consultations were held during the first quarter of 2017. The consultations were held on January 3, 2017 and March 7, 2017 at the OHCA. The consultations provided information on proposed rule revisions that include changes to policy in the following areas:

- Member cost sharing;
- Inpatient and outpatient behavioral health;
- TEFRA evaluations;
- Provider contracting;
- Insure Oklahoma;
- Long term care;
- Therapeutic foster care;
- Program Integrity audits; and
- Member trusts.

In addition, the following proposed State Plan amendments, waiver requests and other various items were discussed:

- A proposed State Plan amendment regarding the waiting period for dependent children eligible for Insure Oklahoma who already have creditable coverage. The amendment also updates language for dependent children under the Insure Oklahoma, Individual Plan;
- A proposed State Plan amendment revising language to reflect the OHCA's participation in the Sovereign States Drug Consortium for supplemental rebate negotiation. The amendment also updates the pharmacy coverage to specify that investigational drugs are not covered, even if they have Federal Drug Administration (FDA) approval but are part of a post marketing study or trial;
- A proposed amendment will be requested to clarify over the counter coverage and align the State Plan to current practice;
- Four other proposed amendments to the State Plan were brought before the tribes including allowance of members to access genetic counseling after genetic testing, an increase in blood lead screening test awareness, and allowance for the provision of safe sleep cribs to hospitals to distribute to families in need;
- A1915(b)(4) waiver request, in order to waive freedom of choice for Incontinence supplies for children under the EPSDT program;
- Renewal applications for the In-Home Supports for Adults and In-Home Supports for Children 1915(c) waivers;
- Items of discussion also included establishing rates for mammography codes; 100 percent federal matching for referral through tribal facilities; Sponsor's Choice; provider contract renewal and SoonerRide contracting availability; and
- The last items of discussion included a reminder of provider contracting timelines, customizable outreach materials and an update of the 100 percent federal match for referral from tribal facilities.

Additional information about tribal relations can be found on the OHCA website at [Tribal Government Relations](#).

The [Native American Consultation Website](#) is utilized as a means to notify tribal representatives of all programs and policy changes, as well as allow any feedback or comments. The OHCA posts notifications to the website for a minimum of 30 days. The OHCA considers all recommendations from the website when making operational decisions, policy revisions and proposed waiver and State Plan amendments.



### Member Advisory Task Force (MATF)

The Member Advisory Task Force was launched in October 2010 in an effort to provide a structured process focused on consumer engagement, dialogue and leadership in the identification of program issues and solutions. The MATF is used to inform agency policy and programmatic decision makers of opportunities for ongoing program improvements from the members perspective. The MATF performs four primary roles.

- It provides information to the OHCA regarding issues that are an important part of the members' health care needs;
- It educates the OHCA staff regarding the needs of consumers to assure services are received in a way preferred by members;
- It recommends potential changes to current services/policies; and
- It offers new ideas for identified areas for policy, services, program, and process improvement resulting in positive changes for the agency and members.

The MATF had two meetings this quarter on February 11 and April 8. The minutes from these meetings can be viewed at: [Member Advisory Task Force \(MATF\)](#)

## IV. OPERATIONAL/POLICY DEVELOPMENTS

### A. Policy Developments

#### Rule Changes

The Oklahoma Health Care Authority (OHCA) seeks advice and consultation from medical professionals, tribal and professional organizations, and the general public in developing new or amended policies (e.g., administration, state plan, waivers, etc.). The proposed policy page is designed to give all constituents an opportunity to review and make comments regarding upcoming changes.



This quarter 34 permanent rules were approved by the OHCA Board of Directors. Permanent rules are codified in the Oklahoma Administrative Code and remain there unless superseded by another permanent rule. To create a permanent rule, there must be a notification, review and approval process. The process consists of the following:

- Public Notice of Rule Making Intent;
- Notification to the Governor’s Office and Cabinet Secretary;
- Tribal Consultation;
- Permanent Rule Public Hearing;
- Medical Advisory Committee review;
- Oklahoma Health Care Authority Board approval;
- Legislative approval; and
- Governor’s approval.

Information about each permanent rule can be accessed at the following location: [OHCA Proposed Rule Changes](#)

#### Federal Waiver Authority

The Federal Authorities & Reporting unit works in collaboration with the Centers for Medicare & Medicaid Services (CMS) on waiver issues, ensuring compliance with state and federal laws. Both units work under the authority of the 1115 demonstration waiver to provide the managed care system of care and the premium assistance programs throughout the state. The Federal Authority Unit works to monitor services covered through the Medicaid State Plan and reimbursed on a Fee-For-Service basis. They also analyze data and information for access monitoring from providers and beneficiaries for impact of any changes to the Medicaid State Plan. The Waiver reporting Unit works under the authority of the 1115 demonstration waiver to provide the managed care delivery system and the premium assistance programs throughout the state. The unit reports information in accordance with the special terms and conditions on the programs covered under the demonstration waiver inclusive of the Health management Program, Health Access Networks and premium assistance programs.



CMS monthly monitoring status calls for the CMS Quarterly Report during the period January-March 2017.

### **1. SoonerCare 1115 Waiver Renewal**

- 2018 SoonerCare Choice 1115 Demonstration Extension requested a call with CMS on 2/28/17 provided that the State still has one year remaining from the request submitted for the 2016 -2018 extension period. CMS suggested OHCA utilize that final year to help meet public notice requirement deadlines and submit for a three year extension (2019 - 2021) by December 31, 2017.
- **2017 SoonerCare Choice and 1115 Demonstration Renewal request for 2018.** The state continues to await the approval of the Technical Corrections (TC) from CMS. The state continues to follow up with the CMS project officer regarding TC for approval.
- **3% Reduction Waiver Program Services:** The project officer indicated that she would send an approval for 3% reduction to the care coordination fees and SoonerExcel payment, however, technical corrections information would be included in the 2018 waiver extension.

### **2. Sponsor's Choice Amendment**

There has been no action by OHCA or CMS at this time; in part due to transition of new administration.

### **3. Authority for Sooner Health +, 1115 wavier vs. a State Plan authority**

Tammy Sampson at CMS offered to host a call with OHCA and other CMS staff to discuss pros and cons of an 1115 waiver versus State Plan authority. The state was considering looking at the authority for the Sooner Health + being a 1915B and 1915C waiver combination. The agency was also looking at a timeline being developed to work on future of the ABD populations with the 1115 waiver.

### **4. 1115 waiver to include deeming for newborns of Insure Oklahoma members**

CMS Project Officer will send authority regarding this. On 01/19/17 CMS stated in the Monthly Monitoring Call (MMC), they would provide regulations for the continuing of deeming of newborns in IO in the near future. The state may have authority under Title XXI State Plan. The Federal Authorities group identified this is the case and this issue is resolved.

### **5. Quarterly Report Monthly Monitoring Call**

An Email was sent 01/24/17 to CMS requesting a targeted call regarding Supplemental Payments to Medical Schools (otherwise known as Dean's GME). The Call was held with CMS & State 02/09/17. CMS stated they could not offer guidance due to current administration transition, but were willing to hear questions and work on next steps. Tasks were given to both CMS & OHCA to assist with resolution of this issue. An internal meeting was scheduled 2/27/17 to continue talks regarding stakeholders for the Dean's GME. After the internal meeting on 02/27/17, OHCA had a meeting with the Universities 3/27/17 to gain feedback on ways to better address this issue.



## **6. 1115 waiver Cost Sharing with Native Americans**

The OHCA Insure Oklahoma (IO) unit had some policy questions for CMS. IO has been working to coordinate a technical assistance call to resolve two of their concerns. The concerns are regarding 1. Cost sharing not accessed to the Native American member and 2. The State's verification of a Native American member "ever" receiving services at tribal facility. A call with CMS was held on 03/08/17. Following the call, there were increased questions regarding state share for cost sharing and premiums for individuals with the IO program. The OHCA is researching historical information to have a follow up call with CMS.

### Legislative Activity

The OHCA tracks House bills, Senate bills and interim studies, as they relate to Medicaid, public health and state government operations.

The following are the OHCA's Legislative Activity for the CMS Quarterly Report during the period January-March 2017:

The Governor's State of the State address and the 1st legislative session for the 56th Legislature began Monday, February 6, 2017.

As of January 30, 2017, the legislature had filed a total of 2,249 bills. The OHCA began tracking a total of 141 bills.

After legislative deadlines as of March 31, 2017, OHCA was tracking 83 bills, with six OHCA request bills. Below are some key bills:

- HB 1270 requires the Oklahoma Health Care Authority and the Department of Human Services (DHS) to verify eligibility information prior to awarding assistance under Medicaid.
- HB 1579 is an OHCA request bill that requires the Department of Public Safety (DPS) to cooperate in accordance with federal and state law with OHCA to establish procedures for the secure electronic transfer of an applicant's individual identification data to the Authority.
- SB 715 provides a new procedure by which speech-language pathologists may receive a temporary license.
- SB 726 provides standards for delivery of telemedicine services.
- SB 741 to develop and administer a program with the Oklahoma Health Care Authority that will encourage the timely and appropriate use of primary care services in lieu of emergency room utilization.





- SB 773 is an OHCA request bill that requires OHCA to initiate a request for proposal for care coordination models for newborns through children 18 years of age in the custody of the Department of Human Services.
- SB 787 allows a dental student intern with a valid dental student permit to work under the direct supervision of a licensed dentist for compensation given provided criteria is met.

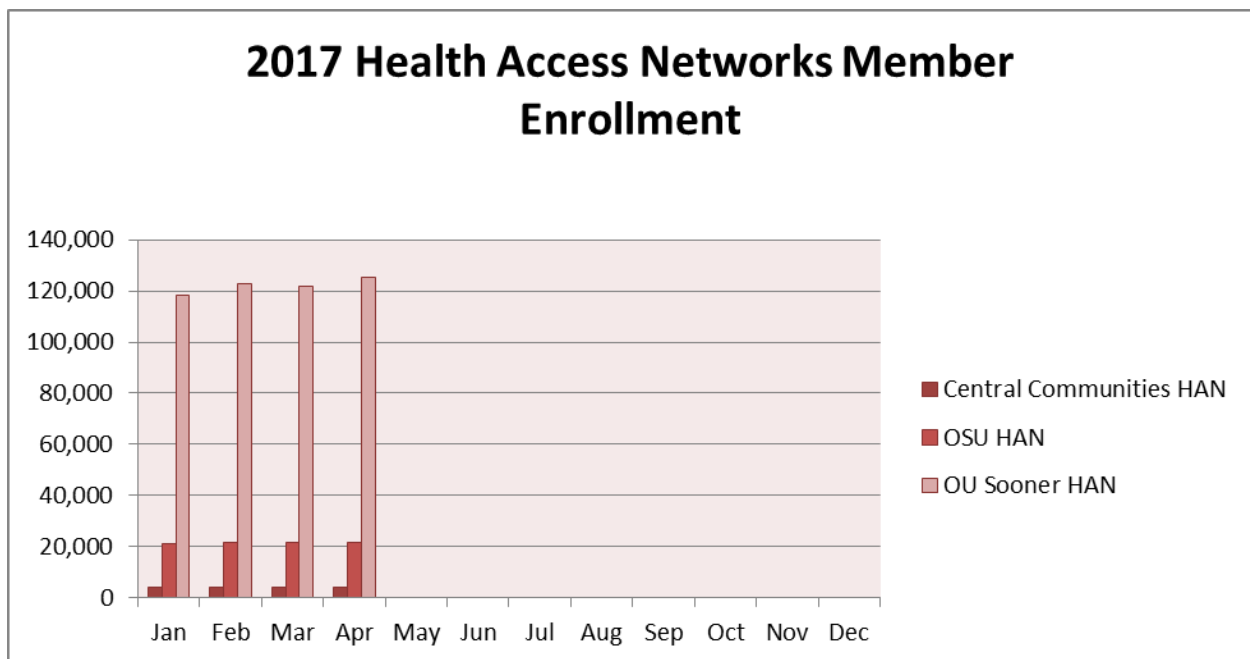
## B. Operational Policy Developments

### Health Access Networks

The Health Access Networks (HAN) are non-profit, administrative entities that work with providers to coordinate and improve the quality of care for SoonerCare beneficiaries. The HAN's offer care management and care coordination to persons with complex health care needs as specified in the state-HAN provider agreement. There are currently three HAN pilot programs in the state. For additional information on health access networks refer to attachments one, two and three.

Active HANs in Oklahoma include:

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



## Health Management Program (HMP)

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

The HMP uses registered nurses on location in selected Primary Care Physician (PCP) offices to provide educational support and care management services to providers and members that are a part of the HMP.

<b>2017 Health Coaches</b>	<b>Jan-Mar</b>
Number of Health Coaches	39

In January 2017, Comprehensive Primary Care Plus (CPC+) was implemented in Oklahoma. Comprehensive Primary Care Plus (CPC+) is a national advanced primary care medical home model that aims to strengthen primary care through regionally-based multi-payer payment reform and care delivery transformation. CPC+ includes two primary care practice tracks with incrementally advanced care delivery requirements and payment options to meet the diverse needs of primary care practices in the United States.

This new initiative had a direct impact on the number of HMP engaged members and providers. Services and funding for CPC+ and HMP are considered duplications since both programs aim to redesign medical home practices and contain a care management component. Oklahoma received approval to expand CPC+ statewide and six large HMP practices were accepted into CPC+. As a result, HMP practice facilitators and health coaches transitioned out of these clinics and nearly 700 members were transitioned from HMP to CPC+. Telligen staff are actively recruiting new practices and managing a larger percent of members telephonically until new practice sites are secured for embedded coaches.

The Oklahoma State Department of Health (OSDH) was awarded two grants that focus on promoting healthy behaviors, chronic disease prevention and self-management. Through these grants, the OSDH can pay for at-risk Oklahomans to participate in a Diabetes Prevention Program (DPP) through a partnership with the Choctaw Nation. The OHCA recently implemented a diabetes prevention pilot program in collaboration with the Oklahoma State Department of Health (OSDH) and the Choctaw Nation. This new pilot program screens SoonerCare Choice members at risk for developing Type II Diabetes who are aligned with an identified Patient-Centered Medical Home (PCMH) practice and refers those members with a positive screen to an established DPP program where classes are offered at no cost to the member due to the availability of grant funding.

In February 2017, health coaches with the SoonerCare Health Management Program began using the Centers for Disease Control (CDC) pre-diabetes screening test to identify SoonerCare Choice members at risk for developing Type II Diabetes. Members with positive screen results are given

the opportunity to accept a referral to the CDC recognized Diabetes Prevention Program (DPP) administered by the Choctaw Nation Diabetes Wellness Center. These members are also given the option to receive ongoing health coaching services and support through the HMP.

Current outreach efforts focus on counties within Choctaw Nation, but plans to expand this new pilot are being considered as well as establishing a referral process to other organizations with a CDC-recognized DPP and options for a telehealth DPP when on-site programs are not available.

Insure Oklahoma (IO)

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



An Insure Oklahoma highlight this quarter:

Effective March 1, 2017 Insure Oklahoma began accepting non-profit organizations with up to 500 employees for the Employer-Sponsored (ESI) program. (Refer to Attachment four, five and six)

<b>2017 Employer-Sponsored Insurance (ESI) Program Participating Employers</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Approved Businesses with Participating Employees	4,245	4,297	4,336

<b>2017 Average ESI Member Premium</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Member Premium	\$357.76	\$355.11	\$358.60

<b>2017 ESI Subsidies</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Employers Subsidized	4,245	4,298	4,336
Employees and Spouses Subsidized	9,130	11,510	10,801
Total Subsidies	\$3,928,931.73	\$5,830,489.70	\$4,993,911.94

<b>2017 Average Individual (IP) Member Premiums</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Member Premiums	\$38.05	\$35.75	\$35.88
Average FPL of IP Members	62.56%	61.64%	61.85%
<b>2017 ESI Average Per Member Per Month</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Average Payment Per Employee	\$326.09	\$325.36	\$328.28
Average Payment Per Spouse	\$531.64	\$532.28	\$525.83
Average Per College Student	\$326.73	\$313.20	\$343.04
Average Per Dependents	\$221.82	\$206.04	\$226.41

<b>2017 IP Subsidies</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Qtr. Totals</b>
Total Premiums Received	\$141,750.51	\$161,350.13	\$152,865.12	<b>\$455,965.76</b>
Total Member Months	4,871	5,094	4,883	<b>14,848</b>
Total Paid Claims	\$1,581,528.02	\$2,049,579.46	\$2,663,774.37	<b>\$6,294,881.85</b>
Average Claim Per Member Per Month (PMPM)	\$295.58	\$370.68	\$514.21	

<b>2017 Insure Oklahoma Average Cost</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
ESI	\$104	\$104	\$105
IP	\$29	\$32	\$31

<b>2017 ESI Program Enrollment as of March</b>	<b>0-100% FPL</b>	<b>101-138% FPL</b>	<b>139% and Over</b>	<b>Totals</b>
Employee	1,575	2,509	7,699	<b>11,783</b>
Spouse	327	483	1,518	<b>2,328</b>
Student	17	20	83	<b>120</b>
Dependent	4	0	228	<b>232</b>
<b>IO ESI Totals</b>	<b>1,923</b>	<b>3,012</b>	<b>9,528</b>	<b>14,463</b>

<b>2017 IP Program Enrollment 0-100% FPL</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
Employee	3,728	3,894	3,738
Spouse	954	975	950
Student	191	232	221
<b>IO IP Totals</b>	<b>4,873</b>	<b>5,101</b>	<b>4,909</b>

## V. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT

### Budget Neutrality Model

Section 1115 Medicaid Demonstrations should be budget neutral. This means the demonstration cannot cost the federal government more than what it would have otherwise spent absent the demonstration. Oklahoma's actual per member per month expenditures are less than the allowed per member per month expenditures for all categories. In the overall life of the waiver, the state has \$5.8 billion in Budget Neutrality savings and ending this quarter; the state has \$283,503,636 in savings. There are no significant developments, issues or problems with budget neutrality during this quarter. (Refer to Attachment seven).

## VI. MEMBER MONTH REPORTING

### A. Budget Neutrality Calculations

Eligibility Group	Jan	Feb	Mar	Qtr. Ending Totals
TANF-Urban	347,435	351,149	349,368	<b>1,047,952</b>
TANF-Rural	234,786	237,052	234,654	<b>706,492</b>
ABD-Urban	31,501	31,506	31,417	<b>94,424</b>
ABD-Rural	23,059	22,981	22,931	<b>68,971</b>

### B. Informational Purposes Only

Eligibility Group	Jan	Feb	Mar	Qtr. Ending Totals
Working Disabled Adults (Employer Plan)	0	0	0	<b>0</b>
Working Disabled Adults (Individual Plan)	0	0	0	<b>0</b>
Working Non-Disabled Adults (Employer Plan)	15,141	15,461	14,343	<b>44,945</b>
Working Non-Disabled Adults (Individual Plan)	1,682	4,869	468	<b>7,019</b>
Full-Time College Student (Employer Plan)	118	122	120	<b>360</b>
Full-Time College Student (Individual Plan)	191	232	221	<b>644</b>
Foster Parents (Employer Plan)	0	0	0	<b>0</b>
Foster Parents (Individual Plan)	0	0	0	<b>0</b>
Not-For-Profit Employees (Employer Plan)	0	0	0	<b>0</b>
Not-For-Profit Employees (Individual Plan)	0	0	0	<b>0</b>
TEFRA	613	612	597	<b>1,822</b>
CHIP Medicaid Expansion Children	106,156	110,129	106,801	<b>323,086</b>

## VII. CONSUMER ISSUES

Consumer issues are member inquiries, member grievances and complaints or problems consumers have encountered this quarter and how those complaints have been tracked, resolved and actions taken to prevent other occurrences.

### A. Member Inquiries/issues

The Member Services Tier II staff, take various inquiries from members that are identified according to call categories. The member services unit has worked on ways to better identify the types of member inquiries categories.



2017 Member Inquiries	Jan-Mar
Program Complaint	24
Complaint on Provider	89
Fraud and Abuse	46
Access to Care	2
Program Policy Questions	4,251
Specialty Request	320
Eligibility Inquiry	3,792
SoonerRide	1,966
Other <sup>1</sup>	3,316
Primary Care Physician (PCP) Change	309
Primary Care Physician (PCP) Inquiry	420
Dental History	6
Drug/NDC Inquiry	1
Medical ID Card	201
Prior Authorization (PA) Inquiry	865
<b>Totals</b>	<b>15,608</b>

### B. Helplines

The SoonerCare Helpline is available to members Monday through Friday from 8am to 5pm. The helpline provides assistance with Online SoonerCare Application, ordering a SoonerCare card, or other questions and concerns about SoonerCare.

#### Insure Oklahoma Helpline

<sup>1</sup> This category has been redefined to include inquiries on Applications, Claims, Medicare, Compensability of Procedures/Services, Policy, Referrals, Enrollment Packet Requests and Form Requests.

<b>2017 Insure Oklahoma ESI Helpline</b>	<b>Jan-Mar</b>
Affordable Care Act (ACA) Insure Oklahoma 2014	1
Application	545
Eligibility Inquiry	2,259
Financial Information	3
Information Request	3
Invoice Inquiry	108
Password Reset/Request	17
PIN Number	2
Policy Question	5
Program Complaint	1
Rates	13
Remittance Advice	1
Renewals	1
Other <sup>2</sup>	13
<b>Totals</b>	<b>2,972</b>

<b>2017 Insure Oklahoma IP Helpline</b>	<b>Jan-Mar</b>
Access to Care	1
Application	3,323
Claim Inquiry	77
Eligibility Inquiry	13,394
Financial Information	26
Information Request	16
Invoice Inquiry	484
Medical ID Card	26
Prior Authorization (PA) Inquiry	13
Password Reset/Request	58
Primary Care Physician (PCP) Change	251
Pharmacy Point of Sale (POS)/Lock In	7
PIN Number	17
Program Complaint	1
Policy Question	38
Rates	14
Remittance Advice	5
SC/BC Orientation Call	1
Sooner Ride	2
Specialty Request	29
Third Party Liability (TPL) Inquiry	5
Other <sup>3</sup>	42
<b>Totals</b>	<b>17,830</b>

<sup>2</sup> This category has been redefined to include inquiries on Contract Compliance, EDEA Agreement, and EDI Medicare X-over, EDI X-Walk Inquiry.

<sup>3</sup> This category has been redefined to include inquiries on EMR Inquiry, EDEA Agreement, and EDI Medicare X-over, EDI X-Walk Inquiry, Agency Partner, BH Inquiry.



Online Enrollment Helpline

<b>2017 Online Enrollment Helpline</b>	<b>Jan-Mar</b>
Access to Care	82
Application	3,406
Claim Inquiry	394
Contract Inquiry	8
Complaint on Provider	1
Dental History	1
Drug/NDC Inquiry	4
Eligibility Inquiry	46,873
Emergency Room (EMR) Inquiry	28
Form Request	11
Fraud & Abuse	6
Information Request	32
Insure Oklahoma	68
Medicare	5
Medical ID Card	722
New Born Letter Response	18
Prior Authorization (PA) Inquiry	39
Primary Care Physician (PCP) Inquiry	1,134
Pharmacy Point of Sale (POS)	129
Policy Question	1,192
Renewals	112
Soon to be Sooners	10
Sooner Ride	143
Specialty Request	43
Term Letter/Denial Letter	17
TPL Inquiry	320
<b>Totals</b>	<b>54,845</b>

SoonerCare Helpline

<b>2017 SoonerCare Helpline</b>	<b>Jan-Mar</b>
Access to Care	6
Application	1,029
Behavioral Health (BH) Inquiry	80
Claim Inquiry	4,904
Dental History	23
Eligibility Inquiry	65,518
Emergency Room (EMR) Inquiry	57
Financial Information	2
Form Request	54
Fraud & Abuse	53
Information Request	281
Insure Oklahoma	161
Lock-In	19
Medicare	46
Medical ID Card	10,789
New Born (NB) Letter Response	767
Invoice Inquiry	26
Renewals	150
Referral	235
Policy Question	7,905
Program Complaint	36
Prior Authorization (PA) Inquiry	24,487
Pharmacy Point of Sale (POS)	2,745
SC/BC Orientation Call	4
Sooner Ride	3,627
Soon to be Sooners	12
Specialty Request	1,083
Term Letter/Denial Letter	102
Third Party Liability (TPL) Inquiry	6,113
<b>Totals</b>	<b>130,468</b>

C. Member Grievances

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

<b>2017 Jan-March SoonerCare Choice Grievances</b>	<b>Pending</b>	<b>Closed Reason</b>	<b>Totals</b>
SoonerCare Eligibility	2	1 Dismissed 1 Withdrew 4 Resolved	8
Panel Dismissal			
Private Duty Nursing (PDN)	9	1 Granted 1 Untimely 1 Withdrew	12
Prior Authorization: Pharmacy	0	1 Resolved 2 Untimely 4 Withdrew	7
Prior Authorization: Other	2	0	2
Prior Authorization: Other Surgery	1	3 Untimely	4
Prior Authorization: Other Speech	0	2 Untimely	2
Prior Authorization: DME	3	1 Untimely	4
Prior Authorization: Dental	0	1 Dismissed 1 Resolved	2
Misc.	0	1 Denied 1 Resolved	2
Misc. SoonerRide	1	0	1
Misc. Unpaid/Underpaid Claim (Member)	3	0	3

<b>2017 Jan-Mar Insure Oklahoma Grievances</b>	<b>Pending</b>	<b>Closed Reason</b>	<b>Totals</b>
Eligibility	0	5 Resolved	5

## VIII. QUALITY ASSURANCE/MONITORING ACTIVITIES

### Quality Assurance Monitoring Activities

The OHCA has various methods used to ensure quality of services for members. The SoonerRide member satisfaction survey is conducted quarterly and requests information from over four hundred members that utilize non-emergency transportation provided through SoonerCare. Additionally, OHCA conducts a Provider Access Survey to ensure members have twenty-four hour access and timely services.



### SoonerRide

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

This quarter, 198,321 SoonerRide trips were made with the average cost per trip of \$35.23. SoonerCare members from all 77 Oklahoma counties utilized the SoonerRide program.

A SoonerRide member satisfaction survey was conducted this quarter. A random selection of 440 SoonerCare members that utilized services within this quarter were selected to participate in this survey. There was a 56 percent response rate to the survey. Survey results indicated that 84 percent of survey respondents gave the program a positive rating, five percent gave the program a poor rating and eleven percent either refused or did not provide an overall rating.

### Access Survey

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

<b>2017 Access Survey</b>	<b>Jan-Mar</b>
Number of Providers Called	829
Percent of Providers with 24-hr Access on Initial Survey	89%
Percent of Providers Educated for Compliance	11%

## **IX. DEMONSTRATION EVALUATION**

The OHCA continues to track and trend quarterly data associated with the following waiver demonstration hypotheses 3 and 3b. Please refer to attachment eight.

## **X. ENCLOSURES/ATTACHMENTS**

### ATTACHMENTS

1. OSU HAN Quarterly Report
2. OU Sooner HAN Quarterly Report
3. PHCC HAN Quarterly Report
4. Insure Oklahoma ESI IP Fast Facts January 2017
5. Insure Oklahoma ESI IP Fast Facts February 2017
6. Insure Oklahoma ESI IP Fast Facts March 2017
7. Oklahoma 1115 Budget Neutrality Model Worksheet, March 2017
8. Hypotheses

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

### State Contact(s)

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## **XII. DATE SUBMITTED TO CMS**

May 31, 2017