SERVICE EFFORTS AND ACCOMPLISHMENTS

STATE FISCAL YEAR 2018

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OHCA MISSION AND GOALS

Mission Statement
Our mission is to responsibly purchase state and federally funded health care in the most efficient and comprehensive manner possible; and to analyze and recommend strategies for optimizing the accessibility and quality of health care; and to cultivate relationships to improve the health outcomes of Oklahomans.

Goal #1 - Responsible Financing
Purchase cost-effective health care for members by maintaining appropriate rates that strengthen the state's health care infrastructure.

Goal #2 - Responsive Programs
Develop and offer medically-necessary benefits and services that meet the healthcare needs of our members.

Goal #3 - Member Engagement
Inform and engage members about how their choices and behaviors affect their own health status and services.

Goal #4 - Satisfaction and Quality
Protect and improve member health and satisfaction with health care services, as well as ensuring quality.

Goal #5 - Effective Enrollment
Ensure that qualified individuals in Oklahoma receive health care coverage.

Goal #6 - Administrative Excellence
Promote efficiency and innovation in the administration of OHCA.

Goal #7 – Collaboration
Foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma.

OHCA BOARD MEMBERS

- Stanley Hupfeld, Interim Chairman
- Alex Yaffe, Interim Vice Chairman
- Jean Hausheer
- Marc Nuttle
- Phillip Kennedy
- Laura Shamblin
- Tanya Case
- Randy Curry
- Robert Boyd

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- Shelley Zumwalt, Chief of Communications and Strategic Engagement
- Trae Rahill, Chief of Strategic Innovation
- Melody Anthony, Chief Operating Officer/State Medicaid Director
- Aaron Morris, Chief Financial Officer
- Michael Herndon, Chief Medical Officer
- Kyle Janzen, Chief of Business Operations

INTRODUCTION

Welcome to the Oklahoma Health Care Authority Service Efforts and Accomplishment Report for state fiscal year 2018.

Since January 1995, OHCA has been the primary purchaser of state and federally funded health care for low income Oklahomans. OHCA operates as the state's Medicaid agency by authority created under Title XIX of the Social Security Act of 1965. The agency strives to ensure the health care provided meets acceptable standards of care and those citizens who rely on state-purchased health care are served in a comprehensive and effective manner.

Because OHCA's programs, including SoonerCare and Insure Oklahoma, are critical in providing care to Oklahomans, the performance and administration of these programs must be continuously examined and evaluated. Stakeholders need understandable, relevant performance data to stay informed about the progress being made towards a healthier Oklahoma.

This report provides information needed to evaluate the agency's performance. It includes key performance measures tracked by the agency to ensure OHCA's efforts are consistent with its state-mandated mission and the strategic goals and objectives set forth by its board of directors. The report shows how the agency has performed in each of seven goal areas. For quick reference, agency goals, objectives and key performance measures are presented in a dashboard format to allow the reader to see performance data "at-a-glance" along with an indication of how it is trending. The technical notes section includes specifics on the data presented in the dashboard. For more in-depth analysis, each agency goal is presented along with the objectives and performance measures related to it. Narrative is included to provide context, and anticipate future events that may impact the goal area.

The key performance measures reported are intended to provide data about the resources OHCA has been allocated (inputs), the work done (outputs), and the success in meeting objectives (outcomes). Expended resources can be compared to those outcomes and outputs (efficiencies).

While the information contained in this report will help the reader evaluate the performance of the agency, it doesn't tell the entire story. The dashboards and charts are a quantitative glimpse of how Oklahomans are affected by SoonerCare through greater access to health care and services.

For more information visit the OHCA SoonerCare webpage.

PERFORMANCE MEASURES TABLES TREND KEY

⬆	Green	Indicates movement in the desired direction
⬇	Red	Indicates movement is not in the desired direction
⟷	Yellow	Indicates no significant change over time.
//	//	Indicates no desired direction. The data presented is informational and provides context to the objective.

GOAL 1 - RESPONSIBLE FINANCING

Purchase cost-effective health care for members by maintaining appropriate rates that strengthen the state's health care infrastructure

		2014	2015	2016	2017	2018	Variance	Trend
1.1	**Objective: To reimburse providers at appropriate rates within available funding**							
1.1.1	Reimbursement as a Percentage of Medicare Rates	96.75%	89.25%	86.57%	86.57%	86.57%	0%	⟷
1.2	**Objective:** To reimburse hospitals at appropriate rates within available funding							
1.2.1	Reimbursement as a Percentage of Federal Upper Payment Limit	87.96%	90.21%	94.19%	97.21%	96.71%	-1%	⟷
1.3	**Objective:** To reimburse long-term care facilities at appropriate rates within available funding							
1.3.1	Average Reimbursement Percentage of Federal Upper Payment Limit (UPL) for Nursing Facility (NF) Expenditure (per Patient Day)	94.42%	92.66%	90.67%	91.79%	90.70%	-1%	⟷
1.3.2	Average Reimbursement Percentage of Federal Upper Payment Limit (UPL) for ICF/IID Facility Expenditure (per Patient Day)	99.81%	98.85%	98.21%	96.90%	98.60%	2%	⟷
1.4	**Objective:** To reimburse eligible professionals/hospitals for participation in the Electronic Health Records (EHR) Incentive Program							
1.4.1	# of Eligible Professionals Receiving an EHR Incentive Payment	1,022	1,003	569	808	680	-16%	//
1.4.2	# of Eligible Hospitals Receiving an EHR Incentive Payment	55	70	16	24	5	-79%	//
1.4.3	Total EHR Incentive Payments to Eligible Professionals/Hospitals	$32,553,188	$32,050,254	$10,640,175	$17,204,062	$8,895,276	-48%	//
1.4.4	% of Eligible Professionals in compliance with meaningful use of EHR	60.96%	70.29%	64.70%	70.00%	95.60%	37%	⬆
1.4.5	% of Eligible Hospitals in compliance with meaningful use of EHR	98.18%	97.14%	100.00%	75.00%	100.00%	33%	⬆
1.5	**Objective:** To report the costs of providing SoonerCare health benefits to Oklahomans							
1.5.1	Average SoonerCare Program Expenditure per Member enrolled	$4,257	$4,260	$4,103	$4,370	$4,407	1%	⟷
1.5.2	Total # of Unduplicated SoonerCare Members Enrolled	1,033,114	1,021,359	1,052,826	1,014,983	1,020,726	1%	⟷
1.6	**Objective:** To report the costs of providing Insure Oklahoma health benefits to Oklahomans							
1.6.1	Average Expenditure per Insure Oklahoma Member Enrolled	$2,359	$2,369	$2,068	$2,648	$2,745	4%	⬆
1.6.2	Total # of Unduplicated Insure Oklahoma Members Enrolled	40,103	28,345	32,378	32,356	32,186	-1%	//
1.7	**Objective:** To restructure and improve the access, quality, and continuity of care for members enrolled in the Health Access Networks (HANs)							
1.7.1	Average monthly enrollment in Health Access Networks (HANs)	109,194	121,891	117,707	131,859	150,389	14%	⬆
1.7.2	Total # of HAN member months	1,310,322	1,462,695	1,412,479	1,582,311	1,804,673	14%	⬆
1.7.3	Total payments made to HANs	$6,551,610	$7,063,475	$6,359,145	$7,655,365	$8,424,185	10%	//

Objective .1.1
To reimburse providers at appropriate rates within available funding

Measured by:
1.1.1 – Reimbursement as a percentage of Medicare rates

Why is this objective important?
Reimbursement rates may affect providers' decisions to participate in SoonerCare. It is critical providers are reimbursed at appropriate rates within available funding to ensure OHCA is able to maintain an adequate provider network that allows sufficient access for members. Sufficient reimbursement rates also ensure providers are able to maintain quality services, technical expertise and use of current best practices.

What trends do the measures indicate?
Reimbursement as a percentage of Medicare rates remained stable at 96.75% from 2011 to 2014 but was decreased in SFY15 to 89.25%. In SFY16, OHCA reduced the rate to 86.57% due to a challenging state budget situation. In SFY17 and SFY18, the rate remained at 86.57%.

What is the agency doing to influence performance towards the objective?
OHCA is committed to reimbursing providers at appropriate rates.

Provider reimbursement rates are dependent, in large part, upon annual appropriations of state tax dollars. Appropriations and budgeting are part of the legislative process and is governed by state statutes.

The amount of tax revenue collected and available varies from year to year based on the state economy. In Oklahoma, oil and gas tax collections make up a large part of yearly revenue. Generally, a downturn in the oil and gas industry equates to fewer funds available to state agencies. Oklahoma's Federal Medical Assistance Percentage federal matching fund rate has increased four years in a row after several years of decreases. This helps to alleviate some of the pressure on OHCA's provider rates.

Annual agency budget requests are made seeking to restore the provider rates back to 100%. OHCA recognizes its responsibility to operate in transparent and collaboration way. Thus, any time reimbursement cuts are under consideration, the agency makes efforts to involve stakeholders through various public stakeholder meetings, press releases and other means to share information, receive input and make decisions.

Objective 1.2:
To reimburse hospitals at appropriate rates within available funding

Measured by:
1.2.1 – Reimbursement as a Percentage of Federal Upper Payment Limit

Why is this objective important?
Hospitals are an important part of Oklahoma's health care safety net. They are major providers of care for low-income and uninsured Oklahomans and those living in rural areas. It is important to maintain reimbursement amounts at appropriate rates to ensure continued availability of hospital care to Oklahomans.

What trends do the measures indicate?
Reimbursement as a percentage of the UPL had a very slight decrease in SFY18 but is still 96.71%. The upward trend since SFY12 is positive as hospitals continue to be paid at reasonable rates that are moving towards the target of 100% of UPL.

What is the agency doing to influence performance towards the objective?
To assure access to quality care for SoonerCare members, the Oklahoma legislature enacted the Supplemental Hospital Offset Payment Program in 2011. In accordance with federal rules and regulations, hospitals in Oklahoma are assessed a fee that is then used as state match to draw down federal funds. These funds are reinvested in hospitals as supplemental payments to those who pay the fee. This enables OHCA to reimburse hospitals as close to the Federal UPL as possible without passing this fee on to patients. It is intended to supplement the existing state appropriations used to maintain rates paid to hospitals. The SHOPP fee has allowed reimbursements to hospitals to gradually increase over the years.

Objective 1.3:
To reimburse long-term care facilities at appropriate rates within available funding

Measured by:
1.3.1 – Average Reimbursement Percentage of Federal Upper Payment Limit for Nursing Facility Expenditures (per Patient Day)
1.3.2 – Average Reimbursement Percentage of Federal Upper Payment Limit for Intermediate Care Facilities for Individuals with an Intellectual Disability Expenditures (per Patient Day)

Why is this objective important?
Medicaid continues to be the main source of long-term care financing in the United States. Medicaid is estimated to be responsible for reimbursing approximately 65% of NF care costs. OHCA understands the important function of long-term care facilities in providing the best quality of life for residents. Maintaining appropriate reimbursement rates helps to preserve the stability long-term care facilities provide to Oklahoma's most vulnerable citizens.

What trends do the measures indicate?
Average Percentage Reimbursement for NF Costs and Average Percentage Reimbursement for ICF/IID costs both continues to remain steady. NFs are reimbursed at 90.70% of audited cost and ICF/IID facilities at 98.64% of audited cost. The target is reimbursement at 100% of Federal UPL.

What is the agency doing to influence performance towards the objective?
The OHCA continues to work with CARE Providers-Oklahoma, LeadingAge and other stakeholders to find ways to increase Medicaid payments to long-term care providers. The state has passed legislation to increase nursing facilities rate to equal to the statewide average audited cost. The additional funding will help improve quality of care in long-term care facilities. Specifically, the additional funding will increase staffing ratios in nursing facilities, redesign the Focus on Excellence program, and require additional training for direct care staff.

Objective 1.4:
To incentivize eligible professionals/hospitals for participation in the Electronic Health Records Incentive Program

Measured by:
1.4.1 – Number of Eligible Professionals Receiving an EHR Incentive Payment
1.4.2 – Number of Eligible Hospitals Receiving an EHR Incentive Payment
1.4.3 – Total EHR Incentive Payments to Eligible Professionals/Hospitals
1.4.4 – Percentage of Eligible Professionals in compliance with meaningful use of EHR
1.4.5 – Percentage of Eligible Hospitals in compliance with meaningful use of EHR

Why is this objective important?
The Centers for Medicare and Medicaid Services implemented the EHR Incentive Program to encourage eligible professionals and eligible hospitals to adopt, implement, upgrade and successfully demonstrate meaningful use of certified electronic health record technology. The goals of the program are to improve population health, quality of care and to reduce the cost of healthcare by eliminating duplication of services.

What trends do the measures indicate?
The participation for both EPs and EHs have decreased because some providers and hospitals are aging out of the program. The majority of hospitals have received all of the payment they are eligible to receive. In addition, CMS modified the program to require EPs to report on a full year of Clinical Quality Measures, which has delayed participation in the program. CMS requires that hospitals participate in consecutive years to remain eligible for participation, which makes Program Year 2018 the last year for hospitals to be eligible to participate. Previously, EPs only had to report on a 90-day period for CQMs which enabled them to participate as early as April 1, of the State Fiscal Year. However, with the program change, they cannot participate any earlier than Jan. 1 of the following State Fiscal Year, causing a shift in the participation timeline.

What is the agency doing to influence performance towards the objective?
OHCA staff provides communication and outreach to the provider community. OHCA representatives participate in meetings with associations and providers, and conduct workshops to explain the program and encourage participation. OHCA also conducts formal training sessions to showcase eligibility requirements, explain the enrollment process and answer questions about the program. Provider Education Specialists at OHCA respond to inquiries from providers covering all aspects of the EHR program.

For more information about EHR visit the Oklahoma EHR Incentive Program webpage.

Objective 1.5:

To report the costs of providing SoonerCare health benefits to Oklahomans

Measured by:

1.5.1 – Average SoonerCare Program Expenditure per Member Enrolled

1.5.2 – Total number of unduplicated SoonerCare members enrolled

Why is this objective important?

As a state agency, OHCA is bound by law to spend appropriated tax dollars and other funds in a responsible manner and be accountable to the citizens of Oklahoma. Reporting expenditures ensures OHCA is maintaining an appropriate level of transparency in operations and allows stakeholders to see how effectively the agency is controlling expenditures per member.

What trends do the measures indicate?

The average program expenditure per member enrolled increased, which is indicative of rising health care costs. The slight increase of unduplicated member enrollment is consistent with the current Oklahoma economy which has been showing signs of strengthening.

What is the agency doing to influence performance towards the objective?

The OHCA seeks to keep the average SoonerCare program expenditures per member as low as possible.

There are many ways the agency works to control expenditures. For example, the Population Care Management division manages and coordinates the care of SoonerCare populations considered at risk due to chronic or acute conditions. Care management services can help members get the care they need to keep their conditions from worsening. This can help contain costs by eliminating avoidable emergency room visits and higher costs associated with conditions that have become more acute.

The Finance and Medical Authorization divisions help ensure claims are paid appropriately. The OHCA Program Integrity division staff performs post-payment reviews to ensure claims have been paid for medically appropriate procedures. The agency has also implemented system verifications in the online enrollment application process to ensure the integrity of member enrollment applications. These include verifications of employment, income and validity of social security numbers.

Objective 1.6:

To report the costs of providing Insure Oklahoma health benefits to Oklahomans

Measured by:

1.6.1 – Average expenditure per Insure Oklahoma member enrolled

1.6.2 –Total number of unduplicated Insure Oklahoma members enrolled

Why is this objective important?
As a state agency, OHCA is bound by law to spend appropriated tax dollars and other funds in a responsible manner and be accountable to the citizens of Oklahoma. Reporting expenditures helps ensure OHCA is maintaining an appropriate level of transparency in operations and allows stakeholders to see how effectively the agency is controlling expenditures per member.

What trends do the measures indicate?
The average program expenditure per member enrolled increased, which is indicative of rising health care costs. In SFY18, enrollment remained largely unchanged.

For more information about Insure Oklahoma health benefits visit the [Insure Oklahoma](#) webpage.

What is the agency doing to influence performance towards the objective?
In SFY18, Insure Oklahoma was able to implement enrollment of a new population to continue growth. The category of not-for-profit employers with a business size between 250 and 500 was added, resulting in coverage for additional lives.

Oklahoma anticipates CMS will soon finalize an extension of the waiver for a five-year period, lending more certainty to the Insure Oklahoma program.

Objective 1.7:
To restructure and improve the access, quality and continuity of care for members enrolled in the Health Access Networks

Measured by:
1.7.1 – Average monthly enrollment in HANs
1.7.2 –Total number of HAN member months
1.7.3 – Total payments made to HANs

Why is this objective important?
The HANs are non-profit administrative entities that work with providers to coordinate care and improve the quality of care for participating SoonerCare members. They receive payments based on a per member per month rate and the number of member months paid to affiliated primary care physicians. Located in communities where their patients' lives, HANs are connected to local resources and providers. Participating members have access to local care coordinators who help them navigate the health care system.

What trends do the measures indicate?
Enrollment in the HANs and the corresponding number of HAN member months increased 14% while total payments made increased 10%. The increase is due to ongoing growth and development of each HAN in an effort to provide support to members and providers statewide.

What is the agency doing to influence performance towards the objective?
OHCA has developed rules that govern the participation and service delivery of the HANs. These rules provide assurance that HANs work with providers to coordinate and improve the quality of

care for SoonerCare members. To monitor performance, OHCA requires HANs to submit annual reports detailing the number of providers participating in the network and the number of member services coordinated.

GOAL 2 – RESPONSIVE PROGRAMS
Develop and offer medically necessary benefits and services that meet the healthcare needs of our members.

		2014	2015	2016	2017	2018	Variance	Trend
2.1	**Objective**: To ensure that SoonerCare Choice members receive coordinated health care services through a medical home							
2.1.1	Total number of SoonerCare Members Enrolled	560,887	548,162	529,917	545,858	530,270	-3%	⇨
2.1.2	Percent of SoonerCare Members Enrolled in Medical Home	70%	66%	67%	67%	69%	2%	⇨
2.1.3	Percent of Members Aligned with Tier 1 Entry-Level Medical Homes	41%	40%	39%	39%	39%	0%	⇨
2.1.4	Percent of Members Aligned with Tier 2 Advanced Medical Homes	28%	27%	28%	28%	28%	0%	⇨
2.1.5	Percent of Members Aligned with Tier 3 Optimal Medical Homes	31%	34%	32%	33%	33%	0%	⇨
2.2	**Objective**: To maintain a provider network that can adequately meet the needs of members							
2.2.2	SoonerCare Choice Providers	2,309	2,558	2,719	2,844	2,720	-4%	⇨
2.2.3	SoonerCare Choice Providers' Total Capacity	1,177,398	1,151,757	1,166,074	1,233,680	1,290,858	5%	⬆
2.2.4	SoonerCare Choice Providers' Percentage of Capacity Used	42.26%	42.92%	41.96%	40.16%	37.47%	-3%	⇨
2.2.5	Percent of Tier 1 Entry-Level Medical Homes	56.90%	53.76%	52.91%	53.30%	50.00%	-3%	⬇
2.2.6	Percent of Tier 2 Advanced Medical Homes	23.98%	25.55%	24.88%	25.05%	27.55%	3%	⇨
2.2.7	Percent of Tier 3 Optimal Medical Homes	19.12%	20.69%	22.19%	21.64%	22.00%	0%	⬆
2.3	**Objective:** To offer coordination and improvement of quality, access and continuity of care for SoonerCare Choice members currently enrolled in Health Access Networks (HANs)							
2.3.1	Number of Contracted HANs	3	3	3	3	3	0%	⇨
2.3.2	Total Number of Enrollees	118,107	133,471	117,750	147,559	168,831	14%	⬆
2.3.3	Number of Members identified to be offered Care Management	740	8,405	13,200	11,787	15,728	33%	//
2.3.4	Number of Unduplicated Providers in HANs	584	698	767	957	798	-17%	⬇
2.4	**Objective:** To promote responsive health care delivery for SoonerCare members with episodic or event-based case management needs through services offered by the Population Care Management							
2.4.1	Number of New High-Risk OB Members	2,474	2,192	3,840	1,790	2,343	31%	//
2.4.2	Number of New At-Risk OB Members	618	459	1,278	1,192	1,508	27%	//
2.4.3	Number of New Interconception Care (ICC)	1,781	1,694	1,795	48	38	-21%	//
2.4.4	Infant Mortality Reduction (IMR) members	2,138	2,059	2,245	1,999	1,911	-4%	//
2.5	**Objective:** To promote responsive health care delivery through the Health Management Program (HMP) for SoonerCare members with or at-risk for developing chronic diseases							
2.5.1	Number of members in HMP	5,355	4,297	4,544	2,721	5,036	85%	⬆
2.5.2	Actual PMPMs for HMP Members	$960	$924	$881	$854	$723	-15%	⬇
2.5.3	Percent below forecast for HMP Members	11.00%	16.00%	20.00%	25.00%	37.00%	12%	⬆
2.5.4	Number of Providers with On-Site Practice Facilitation	33	41	44	38	42	11%	⬆
2.6	**Objective:** To promote responsive health care delivery through the Chronic Care Unit (CCU) for SoonerCare members diagnosed with or who are at-risk for a chronic condition(s)							
2.6.1	Number of Unduplicated Members in the Chronic Care unit	978	1,147	1,500	1,772	1,154	-35%	⬇
2.6.2	Percent of Members with a Diagnosis of Hemophilia	10.10%	4.70%	7.40%	4.10%	3.50%	-1%	//
2.6.3	Percent of Members with a Diagnosis of Sickle Cell Anemia	12.90%	5.40%	1.40%	1.70%	2.90%	1%	//
2.6.4	Percent of Members with a Combination of Chronic Conditions	77.00%	89.90%	91.20%	94.20%	93.60%	-1%	//

Objective 2.1:
To ensure SoonerCare Choice members receive coordinated health care services through a medical home

Measured by:
2.1.1 – Number of members enrolled in SoonerCare Choice

2.1.2 – Percentage of SoonerCare members enrolled in SoonerCare Choice
2.1.3 – Percentage of members aligned with tier 1 entry-level medical home
2.1.4 – Percentage of members aligned with tier 2 advanced medical homes
2.1.5 – Percentage of members aligned with tier 3 optimal medical homes

Why is this objective important?
Committed to a high-quality and cost effective health care delivery system, OHCA operates a patient-centered medical home model of care. SoonerCare Choice members select a medical home for individualized medical care and receive coordination of specialty care and other services. Individuals or groups of primary care providers contract as PCMHs and provide quality health care by focusing on a member's health care needs through the relationship formed with the member.

For more information about SoonerCare Choice, PCP/PCMH visit the SoonerCare Choice webpage.

What trends do the measures indicate?
The total number of SoonerCare members enrolled decreased 3% in enrollment for SFY18. The percent of members enrolled in medical home increased 2% for SFY18. The number and percentage of members aligned with each tier of the medical homes remained stable for SFY18.

What is the agency doing to influence performance towards the objective?
OHCA has made online enrollment available to allow Oklahomans with internet access to apply for SoonerCare from anywhere, at any time. The approved applicant selects a primary care physician as part of the application process. This has been a very successful feature of online enrollment. In the event a member does not use online enrollment, members who qualify for SoonerCare Choice PCMH are temporarily enrolled in SoonerCare Traditional fee for service. Every month, these members are identified through an automated process and sent letters encouraging them to enroll with a PCP. These letters include lists and contact information of available PCPs who are taking new patients in the members' areas.

Objective 2.2:
To maintain a SoonerCare Choice provider network that can adequately meet the needs of members

Measured by:
2.2.1 – SoonerCare Choice providers
2.2.2 – SoonerCare Choice providers' total capacity
2.2.3 – SoonerCare Choice providers' percentage of capacity used
2.2.4 – Percent of tier 1 entry-level medical homes
2.2.5 – Percent of tier 2 advanced medical homes
2.2.6 – Percent of tier 3 optimal medical homes

Why is this objective important?
Maintaining a strong provider network is important for ensuring members can access needed medical care, especially in a largely rural state. The SoonerCare provider network is able to

provide access by contracting with medical doctors, doctors of osteopathy, physician assistants and nurse practitioners. Access to care and overall capacity is increased as a result of SoonerCare recognizing PAs and NPs as part of the primary care team, functioning as medical home sites. Adequate primary care for SoonerCare members is vital and medical homes are the entry point to needed care, providing important access to preventive health care services. A good mix of primary and specialty care providers in both urban and rural areas is ideal.

What trends do the measures indicate?
The number of SoonerCare Choice providers decreased in SFY18 by 4%. Provider reimbursement rate cuts have the potential to reduce the provider network. OHCA will continue to monitor the provider network. Providers' self-reported capacity to serve members shows a slight increase in the percentage of utilized capacity. The provider network remains strong as evidenced by the fact that the percentage utilized is still less than half of the reported capacity. The rise in percentage of tier 3 medical homes is a positive indicator. In addition to regular fee for service rates, these medical homes earn higher care coordination payments in relation to the 3-tiered PCMH structure (tier 1 being considered entry level).

What is the agency doing to influence performance towards the objective?
OHCA is continuing recruitment efforts for new providers and retention efforts for currently contracted providers. Continued provider outreach and training is important to keep contracted providers informed of policies, procedures and changes, as well as maintain a good relationship by seeking input for suggested areas of improvement. Streamlining processes and offering more functionality is important for providers. In SFY14, the secure site was upgraded with an efficient and user-friendly SoonerCare provider portal. Some of the features it provides include the ability to search for specialty providers in the provider database, generate electronic referrals and email messages to OHCA representatives. OHCA recognizes maintaining competitive reimbursement rates and paying claims quickly are important in retaining a sufficient provider network. Anytime OHCA adjusts reimbursement rates, monitoring the provider network for changes in enrollment is essential.

Objective 2.3:
To offer coordination and improvement of quality, access and continuity of care for SoonerCare Choice members currently enrolled in Health Access Networks

Measured by:
2.3.1 – Number of contracted HANs
2.3.2 – Total number of enrollees
2.3.3 – Number of members identified to be offered Care Management
2.3.4 – Number of unduplicated providers in HANs

Why is this objective important?
The HANs were structured to enhance PCMHs by improving provider capabilities in the areas of access to care, coordination of care and quality improvement. The HANs play an important role by offering care management and care coordination to members with specific complex health care needs. Targeted populations were identified to receive care management services, but the HANs

are not limited to these populations, if other members are identified as needing care management. Some activities of the HANs can include helping to coordinate appointments for members and aligning members with specialty care. The HANs identify and integrate community resources, bringing together community-based services.

What trends do the measures indicate?
The number of contracted HANs remained constant while the total number of enrollees has risen significantly by 14%. The number of unduplicated providers in HANs decreased significantly by 17%. The increase in the number of enrollees is due to the growth and development of the HANs program. The decrease in the number of unduplicated providers appears to have no effect on HANs member enrollment and provider ratio coverage for members. OHCA will continue to monitor the downward trend of unduplicated providers in SFY19.

What is the agency doing to influence performance towards the objective?
OHCA understands the importance of the SoonerCare Choice initiative of adding community-based Health Access Networks to work with affiliated PCMH providers to coordinate and improve the quality of care for SoonerCare members. PCMH providers serve as the backbone for healthcare access to members. OHCA is pleased with the relationships built with the three pilot HANs. In an evaluation completed by Pacific Health Policy Group, released in December 2018, emergency room utilization for care-managed HAN members decreased by 31% in the 12 months following the initiation of HAN care coordination services. Because HANs have been required to offer care management services in targeted populations such as frequent ER utilizers, this discovery substantiates the efforts of the HAN. Additionally, HANs pursue quality improvement initiatives focused on the improvement of health outcomes.

Objective 2.4:
To promote responsive health care delivery for SoonerCare members with episodic or event-based case management needs through services offered by the Population Care Management department

Measured by:
2.4.1 – Number of new high-risk obstetrics members
2.4.2 – Number of new at-risk obstetrics members
2.4.3 – Number of new interconception care
2.4.4 – Infant mortality reduction members

Why is this objective important?
OHCA is committed to helping SoonerCare members achieve optimal health outcomes by intervening early with episodic or event-based needs. Resources are allocated to these designated populations to promote education, healthy lifestyles and proactive engagement in their own health care. Targeted groups receive early case management engagement and intervention. Case management workers ensure that the most appropriate care is received by the member. Maximizing positive outcomes can be brought about by engaging and educating members about making positive life-style changes and encouraging them to be active participants in their health care.

What trends do the measures indicate?

OHCA strives to deliver timely case management to as many members as possible. In our obstetrics case management programs, nurse care managers initiate and maintain contact with expectant mothers through the postpartum period. The high-risk obstetrics and at-risk obstetrics programs have had a previously documented positive impact on measures such as readmission rates, emergency department utilization rates, and early gestation and low birth-weight baby rates. The number of women managed by PCM in high-risk obstetrics in SFY18 increased as compared to SFY17. This increase is due to population care management assuming care management responsibilities for women in the high-risk obstetrics program who are also associated with a health access network. In early SFY18, the HANs were tasked with providing increased focus on the aged, blind and disabled population, and thus the high-risk obstetrics efforts were transitioned to population care management. The at-risk obstetrics program grew from SFY17 to SFY18. This was a result of persistent initial outreach and screening efforts. The number of new interconception care members dropped slightly in SFY18 from SFY17. Due to the small numbers associated with this program, it is difficult to ascertain the reason for this trend. The number of new infant mortality newborn members remained flat from SFY17 to SFY18. Because these cases are generated from all SoonerCare births in 13 specific counties, the volume of these cases would only change if the targeted counties are modified.

What is the agency doing to influence performance towards the objective?

OHCA is proactive in impacting positive outcomes for members with episodic or event-based needs. Clinically skilled staff intervenes early through outreach activities, utilizing specialized interventions for targeted populations. This is an optimal opportunity for members to be provided necessary tools and support to make better health decisions. Member awareness is advanced through education, and coordination of services is provided for the member in the outreach process. Fostering engagement of members in their health care allows for positive change while affecting health outcomes and reducing medical costs. Newly identified members entering the programs highlighted in this section represent a portion of the large number of case-managed members.

Objective 2.5

To promote responsive health care delivery through the health management program for SoonerCare members with or at-risk of developing chronic diseases

Measured by:
2.5.1 – Number of members in HMP
2.5.2 – Actual per member per month costs for HMP members
2.5.3 – Percentage below forecast for HMP members
2.5.4 – Number of providers with onsite practice facilitation

Why is this objective important?

Managing the medical needs of SoonerCare Choice members who have, or are at-risk, of developing a chronic condition is critical. Chronic diseases care is costly and significant amounts of

health care dollars are expended on treatment of these health issues. Developing self-management skills for their medical condition can aid SoonerCare Choice members in making lifestyle changes and taking a proactive role in their health which is paramount to a member's long-term success for improved health outcomes.

What trends do the measures indicate?
The forecasted versus the actual per member, per month costs show the actual cost is lower than the forecasted costs over the years. The number of members enrolled in HMP shows an 85% increase for SFY18. The number of providers with on-site practice facilitation also showed an increase in SFY18 compared to the previous year.

What is the agency doing to influence performance towards the objective?
OHCA remains committed to making necessary changes to continue its effectiveness in managing the care of patients enrolled in the HMP. There are 5,036 members and 42 practices currently participating in the HMP. Member growth is due in part to a focused effort to engage aged, blind, and disabled members who would not necessarily meet regular HMP criteria but, by virtue of being ABD, have higher levels of needs. The HMP will continue to be involved in activities that offer assistance to individuals with chronic diseases that promote better health outcomes. According to an independent evaluation by Pacific Health Policy Group, the OHCA HMP has been credited with achieving a return on investment of 288% since SFY14. The OHCA encourages programs that advance the development of self-management skills thereby reducing costs and affecting predictable utilization trends.

Objective 2.6:
To promote responsive health care delivery and improve health outcomes through the Chronic Care Unit for SoonerCare members diagnosed with or at-risk of a chronic condition or conditions

Measured by:
2.6.1 – Number of unduplicated members in the Chronic Care Unit
2.6.2 – Percentage of members with a diagnosis of hemophilia
2.6.3 – Percentage of members with a diagnosis of sickle cell anemia
2.6.4 – Percentage of members with a combination of chronic conditions

Why is this objective important?
Utilizing evidence-based approaches is important when assisting SoonerCare members with chronic conditions or those who are at-risk for developing a chronic condition(s). Educating members on their medical conditions while encouraging positive, healthy life-style changes is crucial. Promoting self-management of their health care needs is essential in helping members achieve the goal of overall better health. The aim is to provide members with the necessary tools to manage their own conditions and be active participants in their own health care. The Chronic Care Unit promotes self-management that produces healthier populations while reducing health costs.

What trends do the measures indicate?

The number of members served by Chronic Care Unit in 2018 decreased 35% due to departmental changes. Two staff members and certain case types in the unit transitioned from Population Care Management to the newly formed Health Care Systems Innovation department. Members with multiple chronic co-morbidities and the aged, blind and disabled population continue to receive services from Chronic Care Unit nurses and closely mirrors the work performed by the health management program. Nearly 94% of members in the program have a combination of chronic conditions. Participation in the Chronic Care Unit allows these members the opportunity to examine the challenges of their medical conditions while optimizing their health outcomes.

What is the agency doing to influence performance towards the objective?

OHCA recognizes the Chronic Care Unit as being critical to members becoming healthier, managing and making informed decisions about their care, and improving health outcomes while reducing costs.

OHCA offers telephonic care management support to members managed in the CCU with the aim of identifying and addressing gaps in the members' care. Productive interactions between OHCA clinically skilled staff help by forming partnership with members. These partnerships are beneficial for sharing the importance of self-management.

In addition, a depression screening and social determinants of health screening is completed to ensure that behavioral health and resource needs are met, and follow-up referrals are addressed completed as necessary.

GOAL 3 – MEMBER ENGAGEMENT

Inform and engage members about how their choices and behaviors affect their own health status and services

		2014	2015	2016	2017	2018	Variance	Trend
3.1	Objective: To strive for SoonerCare children to receive necessary preventive care through Child Health / EPSDT services							
3.1.1	First 15 months	96.3%	94.3%	96.4%	93.3%	97.6%	4%	⬆
3.1.2	3 to 6 years	58.5%	57.1%	56.1%	58.6%	57.1%	-2%	⬅➡
3.1.3	Adolescents	21.8%	22.1%	22.4%	23.2%	25.2%	2%	⬆
3.1.4	EPSDT Participation Ratio	60.0%	60.0%	63.0%	61.0%	65.0%	4%	⬆
3.2	Objective: To increase preventive care use by adults							
3.2.1	Percent of adults 20 to 44 years utilizing preventive care	82.4%	81.0%	80.3%	80.8%	79.6%	-1%	⬅➡
3.2.2	Percent of adults 45 to 64 years utilizing preventive care	89.9%	90.1%	90.0%	90.4%	89.9%	-1%	⬅➡
3.3	Objective: To reduce Oklahoman's dependence and abuse of Prescription Drugs							
3.3.1	Number of Medicaid members assigned to the lock-in program	404	406	390	283	241	-15%	//
3.4	Objective: To increase the percentage of pregnant women who receive prenatal care, especially beginning in the first trimester							
3.4.1	Percent of Medicaid members seeking prenatal care	97.7%	97.7%	96.5%	95.9%	95.6%	0%	⬅➡
3.4.2	Number of births to Medicaid members	32,254	31,237	30,594	29,644	28,787	-3%	//
3.4.3	Number of members seeking prenatal care	31,507	30,531	29,510	28,425	27,509	-3%	⬅➡
3.4.4	Percent of deliveries with prenatal care services beginning in the 1st Trimester	62.00%	60.26%	59.46%	58.00%	62.53%	5%	⬆
3.4.5	Percent of deliveries with prenatal care services beginning in the 2nd Trimester	24.57%	25.86%	26.45%	27.17%	23.21%	-4%	⬇
3.4.6	Percent of deliveries with prenatal care services beginning in the 3rd Trimester	10.74%	11.62%	10.55%	10.71%	9.73%	-1%	⬅➡
3.4.7	Percent of deliveries without prenatal care	2.27%	2.26%	3.54%	4.12%	4.44%	0%	⬅➡
3.5	Objective: To provide members the resources they need to decrease or prevent tobacco use							
3.5.1	Number of Medicaid Members Calling Tobacco Helpline	4,076	4,102	5,710	5,127	4,189	-18%	⬇
3.5.2	Number Of Medicaid Members Utilizing Tobacco Cessation Benefits Per Month	1,801	2,232	2,372	3,628	3,836	6%	⬆

Objective 3.1:

To strive for SoonerCare children to receive necessary preventive care through child health /and Early and Periodic Screening, Diagnostic Treatment services

Measured by:
3.1.1 – First 15 months
3.1.2 – 3 to 6 years
3.1.3 – Adolescents
3.1.4 – Early and Periodic Screening, Diagnostic Treatment services participation ratio

Why is this objective important?

Infants, children and teenagers need to get regular check-ups to stay healthy. These checkups are necessary to help prevent the usual range of childhood illnesses, and to allow the primary care doctor to track a child's development to help pinpoint any problems that may arise.

What trends do the measures indicate?

The total number of SoonerCare children receiving preventive care for SFY18 through child health/ Early and Periodic Screening, Diagnostic Treatment services during their first 15 months has slightly increased, care for 3 to 6 years olds has slightly decreased and adolescence care has slightly increased. The Early and Periodic Screening, Diagnostic Treatment services Participation Ratio indicating the number of children receiving recommended visits increased by 4% in SFY18.

For more information about children's health programs visit the Child Health/EPSDT webpage.

For more information about OHCA studies and evaluations visit the OHCA-Data and Reports webpage.

What is the agency doing to influence performance towards the objective?

OHCA is doing several things to encourage members to visit their primary care physicians. The following interventions are focused on increasing the participation of children getting the recommended well-child visits.

Interventions include:
- Send reminder letters to members when well-child visits are due.
- Provide incentive for providers that meet compliance rate for Early and Periodic Screening, Diagnostic and Treatment screenings.
- Provide incentive for members receiving fourth diphtheria, tetanus, and pertussis prior to age 2.
- Work with the Department of Education and the Department of Health to increase access to services for SoonerCare members through school-based and early intervention services.
  - Services include speech therapy and evaluation, occupational therapy and evaluation, hearing and vision services, nursing services, and psychological services.

Objective 3.2:

To increase preventive care use by adults

Measured by:
3.2.1 – Percent of adults 20 to 44 years utilizing preventive care
3.2.2 – Percent of adults 45 to 64 years utilizing preventive care

Why is this objective important?

Access to primary care correlates with reduced hospital and emergency room use while ensuring quality medical care for patients. Studies show that costly and inappropriate care can be reduced through shared decision-making between well-informed physicians and patients. Physicians play a

key role in nurturing these quality-enhancing strategies that can help slow the growth of health care expenditures. Continued rising health care costs in the U.S. affect all levels of the health care delivery system. Improving access to primary and preventive care services is one strategy to lower hospital utilization while maintaining the quality of care delivered.

What trends do the measures indicate?
The number of adults utilizing preventive care remained stable in SFY18. Healthcare Effectiveness Data and Information Set data is reported by calendar year, and data for SFY18 was not available at the time of publication.

For more information about (adult) preventive care visit the [Healthy Adults](#) webpage.

What is the agency doing to influence performance towards the objective?
In January 2017, OHCA began enrolling SoonerCare Choice members into Connect4health via the SoonerCare online enrollment application. Connect4health encompasses Txt4health for adults. Connect4health text messages promote evidence-based best practice messages related to targeted preventive health benefits, medication compliance, appropriate ER utilization and more on behalf of SoonerCare. In addition, OHCA is continually reaching out to members in hopes of improving the member's use of preventive/ambulatory care. Through the use of social media sites such as Facebook, Twitter, and YouTube, OHCA is sending the message of personal responsibility to both its members and all Oklahomans. OHCA utilizes social media to share messages and videos encouraging Oklahomans to eat healthy, exercise, and get routine checkups.

Objective 3.3:
To reduce Oklahoman's dependence and abuse of prescription drugs

Measured by:
3.3.1 – Number of SoonerCare members assigned to the lock-in program

Why is this objective important?
Prescription drug abuse has become the fastest growing drug-related health problem in the state of Oklahoma. OHCA's objective is to reduce prescription opioid drug overdoses and deaths.

What trends do the measures indicate?
The number of SoonerCare members assigned to the Pharmacy Lock-In Program decreased 15% in SFY18. The decrease in Pharmacy Lock-in Program members is due to the implementation morphine milligram equivalent and the seven day rule for prescription and prescription drug monitoring. The rule requires any provider registered with the Oklahoma Bureau of Narcotic and Dangerous Drugs must check the central repository prior to writing or re-filling a prescription for certain addictive drugs. The OHCA Pharmacy unit implemented morphine milligram equivalent into the Medicaid pharmacy database. The trends indicate the morphine milligram equivalent for OHCA members is moving downward.

For more information about pharmacy lock-in program visit the [OHCA's Lock-In Program](#) webpage.

What is the agency doing to influence performance towards the objective?

With the addition of morphine milligram equivalent into the Medicaid pharmacy database implemented in January 2018. OHCA will work to reduce morphine milligram equivalent to 90 MME beginning Jan. 2, 2019.

OHCA will increase access to naloxone for all beneficiaries by requiring no copay on such a prescription. All beneficiaries can obtain naloxone without a prescription or copay at any pharmacy and at treatment sites across the state of Oklahoma. OHCA will continue in partnership with Oklahoma Department of Mental Health and Substance Abuse Services on Health Service Initiatives CHIP naloxone initiative.

OHCA will continue participation with CMS – Innovator Accelerator Program in the development of a data dashboard. Oklahoma was one of ten states selected to participate in the CMS Innovative Accelerator Program data dashboards flash track. CMS provided technical assistance to the SoonerCare program by providing substance use disorder, medication assistance treatment and morphine milligram equivalent information to the agency. The IAP dashboard will serve as an educational tool for the agency, prescribers and pharmacies to bring awareness to the opioid crisis.

Objective 3.4:

To increase the percentage of pregnant women who receive prenatal care, especially beginning in the first trimester

Measured by:

3.4.1 – Percent of pregnant women seeking prenatal care anytime during pregnancy
3.4.2 – Percent of deliveries with prenatal care services beginning in the first trimester
3.4.3 – Percent of deliveries with prenatal care services beginning in the second trimester
3.4.4 – Percent of deliveries with prenatal care services beginning in the third trimester
3.4.5 – Percent of deliveries without prenatal care

Why is this objective important?

SoonerCare covers approximately 60% of the births in Oklahoma. Prenatal care is beneficial for all mothers-to-be. Women who see a health care provider regularly during pregnancy have healthier babies, are less likely to deliver prematurely and are less likely to have other serious problems related to pregnancy.

What trends do the measures indicate?

In SFY18, the total number of SoonerCare members giving birth and the total percent of SoonerCare members seeking care decreased by 3%.

For more information about prenatal care provided to SoonerCare members visit the prenatal services and pregnancy services webpage.

What is the agency doing to influence performance towards the objective?

OHCA continuously seeks to increase the benefits and services available to mothers and babies.

Connect4Health

In January 2017, OHCA began enrolling SoonerCare Choice members into Connect4health via the SoonerCare online enrollment application. Connect4health encompasses three mobile health programs: Text4baby for pregnant women and infants, Text4kids for caregivers of children ages one to 18 and Txt4health for adults. Connect4health text messages promote evidence-based best practice messages related to targeted preventive health benefits, EPSDT and well-child visits, immunizations, medication compliance, appropriate ER utilization and more on behalf of SoonerCare. In SFY18, 69,868 households with SoonerCare children ages one to 18 received the health-related messages. An additional 34,971 pregnant women and caregivers of infants also received mobile health messages through the Text4baby program and 64,064 adults covered by SoonerCare received messages. Across all programs (including customized administrative messages) more than 314,700 members received text messages in SFY18.

Objective 3.5:

To provide members the resources they need to decrease or prevent tobacco use

Measured by:

3.5.1 – Number of SoonerCare members calling Tobacco Helpline

3.5.2 – Number of SoonerCare members utilizing tobacco cessation benefits per month

Why is this objective important?

Smoking is the leading cause of preventable disease and death in the United States. The prevalence of cigarette smoking is especially high among certain groups of adults, particularly persons of lower socioeconomic status and persons with mental illness or substance use disorders. Prevalence rates among SoonerCare members (26.4%) continues to be higher than the state average (19.6%), with 30.3% of SoonerCare members reporting use of tobacco in any form.

What trends do the measures indicate?

The total number of Oklahomans and SoonerCare members calling the Oklahoma Helpline decreased in SFY18 by 9% and 18% respectively. The number of SoonerCare members utilizing tobacco cessation benefits per month increased by 6% in SFY18. The increases in use of tobacco cessation benefits can be partially attributed to the ongoing efforts of the SoonerQuit grant, which, in partnership with and funded through the Tobacco Settlement Endowment Trust, supports members and providers by creating awareness of and increasing access to SoonerCare cessation benefits.

For more information about the Oklahoma Tobacco Helpline visit the Tobacco Cessation webpage.

For more information about SoonerCare Tobacco Cessation Benefits visit the SoonerCare member webpage.

What is the agency doing to influence performance towards the objective?
OHCA, through the SoonerQuit grant conducts multiple, coordinated interventions to promote the helpline and cessation benefits available to SoonerCare members who wish to quit or reduce tobacco use.

Through the helpline, participants receive one-on-one quit coaching and nicotine replacement therapy. Participants are given the opportunity to select one or more coaching services including phone calls, web coaching, text messaging and email support.

SoonerCare offers a robust tobacco cessation benefit to help members with their effort to quit using tobacco. Members may receive eight counseling sessions per year as well as nicotine replacement therapy from their health care provider. SoonerCare covers nicotine replacement patches, gum, lozenges, nasal spray and inhalers as well as prescription medication cessation aids including Zyban and Chantix. Each of the products are available to members without prior authorization or copayment and they do not count against monthly prescription limits.

GOAL 4 – SATISFACTION & QUALITY

Protect and improve member health and satisfaction with health care services, as well as ensuring quality

		2014	2015	2016	2017	2018	Variance	Trend
4.1	**Objective:** To seek and evaluate member feedback on satisfaction with services received when accessing SoonerCare benefits							
	Customer Survey Results (CAHPS) Adults							
4.1.1	Customer Service	82%	92%	87%	N/A	86%	-1%	⬌
4.1.2	How Well Doctors Communicate	90%	90%	91%	N/A	92%	1%	⬌
4.1.3	Getting Care Quickly	82%	86%	84%	N/A	86%	2%	⬌
4.1.4	Getting Needed Care	82%	85%	85%	N/A	86%	1%	⬌
4.1.5	Shared Decision Making	50%	77%	77%	N/A	76%	-1%	⬌
	Customer Survey Results (CAHPS) Children							
4.1.6	Customer Service	88%	86%	86%	91%	87%	-4%	⬇
4.1.7	How Well Doctors Communicate	97%	96%	97%	96%	97%	1%	⬌
4.1.8	Getting Care Quickly	92%	92%	93%	92%	94%	2%	⬌
4.1.9	Getting Needed Care	89%	85%	89%	81%	89%	8%	⬆
4.1.10	Shared Decision Making	60%	78%	78%	80%	79%	-1%	⬌
4.2	**Objective:** To partner with Oklahoma's long-term care facilities to strive for quality long-term care services							
4.2.1	Percent of 5-Star Facilities in Focus on Excellence	17%	20%	18%	17%	18%	-1%	⬌
4.2.2	Percent of 4-Star Facilities in Focus on Excellence	29%	19%	29%	30%	52%	1%	⬌
4.2.3	Percent of Members Participating in the Resident Satisfaction Survey Rating Overall Quality as Excellent or Good	93%	93%	92%	92%	92%	0%	⬌
4.2.4	Percent of Employees Participating in the Employee Satisfaction Survey Who Rate Overall Satisfaction as Excellent or Good	85%	87%	85%	87%	87%	2%	⬌
4.3	**Objective:** To ensure members and providers have access to assistance through member and provider services							
4.3.1	Percent of Member Calls Answered	88%	90%	93%	95%	97%	2%	⬌
4.3.2	Percent of Provider Calls Answered	92%	95%	97%	96%	96%	0%	⬌
4.4	**Objective:** To maintain a quality provider community by following appropriate procedures to identify noncompliant providers and determine the							
4.4.1	# Involuntary Provider Contract Terminations	95	100	62	171	225	32%	//

Objective 4.1:

To ensure a high level of satisfaction among SoonerCare members

Measured by:

Customer survey results (CAHPS) adults

4.1.1 – Customer service

4.1.2 – How well doctors communicate

4.1.3 – Getting care quickly

4.1.4 – Getting needed care

4.1.5 – Shared decision-making

Customer survey results (CAHPS) children

4.1.6 – Customer service

4.1.7 – How well doctors communicate

4.1.8 – Getting care quickly
4.1.9 – Getting needed care
4.1.10 – Shared decision-making

Why is this objective important?
Member satisfaction is a key measure of the performance of any health plan. Satisfaction surveys give members an opportunity to express their opinions about SoonerCare and the services they receive, and the surveys are instrumental in providing OHCA with member insight. They help OHCA identify any gaps in the expectations members may have about services received compared to services rendered. Survey results can be used to adjust or enhance programs, services and care to ensure members are receiving the level of quality they need. Survey results may also be used as talking points during provider training sessions and to guide policy and planning discussions.

What trends do the measures indicate?
Customer survey results indicate stable levels of satisfaction in most survey areas for the child population.

Overall, member satisfaction ratings are at or above 85%. "Getting Needed Care", ratings are at or above 85% and, "Shared Decision Making", decreased 1%. The member satisfaction rating "Customer Service" has slightly decreased from 91% to 87% during the period. The stable levels of satisfaction indicate OHCA has sought member feedback and members are satisfied with the services and quality they have been receiving.

For more information about adult and child CAHPS surveys visit the OHCA - Data and Reports webpage.

What is the agency doing to influence performance towards the objective?
The agency will continue to have the CAHPS surveys administered for adults and for children. In order to meet reporting requirements, the child survey is administered for CHIP children every year and adult survey is administered every two years. Grant funding did not allow the agency to run the survey in SFY17. Running the surveys every year allows for year-to-year comparisons for decision-making. With CAHPS surveys, the agency has the flexibility to add questions to gain insight into particular areas of interest.

Objective 4.2:
To partner with Oklahoma's long-term care facilities to strive for quality long-term care services.

Measured by:
4.2.1 – Percent 5-star facilities
4.2.2 – Percent 4-star facilities
4.2.3 – Percent members rating quality as excellent or good
4.2.4 – Percent employees rating quality as excellent or good

Why is this objective important?
Approximately 19,663 nursing home residents received SoonerCare support over SFY18. The SoonerCare long-term care facilities population ages 65 and older is estimated to increase approximately 1,700 per year over the next 13 years. Quality assurance in our long-term care nursing facilities is crucial to the health and welfare of those we serve and the ever increasing population; therefore, the challenge to meet their needs at the highest level of quality and consistency is essential.

What trends do the measures indicate?
The percent of 5-star and 4-star facilities has remained stable. Adjustment to metrics are made annually in the areas the majority of facilities are meeting. These targeted changes allow a continuum of quality improvement and therefore scores each year will vary. Resident and employee satisfaction surveys remain stable with the percentage of members rating overall quality as excellent or good remaining at 92% and the percentage of employees rating overall quality as excellent or good remaining at 87%. The short-term trend shows that Focus on Excellence is a stable program. OHCA will continue to partner with long-term-care facilities to strive for quality care and services.

For more information about long-termcare facilities visit the [OHCA Focus on Excellence Reports](#) webpage.

What is the agency doing to influence performance towards the objective?
Focus on Excellence is a state mandated incentive program created to promote a focus of quality of service in long term care facilities. Focus on Excellence established and implemented its star rating; and quality reimbursement program in January 2008 and revamped in 2012 enlisting nine quality metrics. The program has always been mission-minded to improve and, enhance, the overall quality of care being provided in Oklahoma's long-term care industry. Oklahoma stakeholders – OHCA, the Focus on Excellence Advisory Board and family members throughout the state – focus on support for front-line caregivers, person-centered care and facility-specific artifacts of culture change. Focus on Excellence continues to utilize a 5-star rating system. Each of the nine quality metrics received a 0 to 5-star rating. In addition, the facility receives an overall star ranking based on total points earned. This system allows facilities, communities and loved ones the ability to choose specific area of interest and compare facilities.

Objective 4.3:
To ensure members and providers have access to assistance through member services and provider services

Measured by:
4.3.1 – Percent of member calls answered
4.3.2 – Percent of provider calls answered

Why is this objective important?
Members and providers often have questions and issues related to SoonerCare. Situations may arise that need timely solutions. OHCA strives to be vigilant in its support of SoonerCare members

and providers. One way OHCA ensures its responsiveness to the needs of these stakeholders is by providing assistance through call centers.

What trends do the measures indicate?
The percentage of calls answered for both members and providers indicates they have access to assistance through adequately staffed call centers with short wait times. The percentages of calls answered for both members and providers appear to be stable, with both indicators showing an answer rate of 90% or higher for SFY18.

What is the agency doing to influence performance towards the objective?
OHCA operates a system of two-tiered call centers to answer both member calls and provider calls. Tier one calls are first-line, more routine calls and are answered through agency contracted call centers. The more complex calls are routed to the tier two call centers operated by OHCA staff. Tier two calls may require research and a higher level of decision making.

Objective 4.4:
To maintain a quality provider community by following appropriate procedures to identify noncompliant providers and determine the appropriate course of action to resolve issues

Measured by:
4.4.1 – Number of provider contract terminations

Why is this objective important?
It is the responsibility of OHCA to ensure SoonerCare providers are complying with the rules, regulations, and contracts governing Medicaid providers. States are required to report the names of providers whose contracts are terminated for cause for inclusion in a national database, and states must terminate the participation of any provider, whether an individual or an entity, if such provider is terminated under Medicare or any other states' Medicaid program, or CHIP.

What trends do the measures indicate?
The number of provider contract terminations is an indication that OHCA is diligent and exercises due care in reviewing providers' compliance with the rules, regulations and contracts. There is no desired trend direction for the number of involuntary contract terminations. The data is informational and shown to provide context.

What is the agency doing to influence performance towards the objective?
Various OHCA divisions review complaints regarding providers to ensure providers are complying with the rules, regulations, and contracts. Providers who do not appear to be in compliance may have action taken against them, including having their provider contracts terminated by OHCA.

GOAL 5 – EFFECTIVE ENROLLMENT

Ensure that qualified individuals in Oklahoma receive health care coverage.

		2014	2015	2016	2017	2018	Variance	Trend
5.1	**Objective:** Maintain a responsive eligibility and enrollment system that results in qualified populations of Oklahoma gaining access to							
5.1.1	Number of Online Enrollment Applications Received	291,553	210,571	383,914	429,993	442,636	2.94%	//
5.1.2	Percent of Online Enrollment Applications That Are New	52%	60%	59%	63%	64%	1.00%	//
5.1.3	Percent of Online Enrollment Applications That Are Recertifications	48%	40%	41%	37%	35%	-2.00%	//
5.1.4	Number of Online Applications Approved	253,723	179,782	331,918	348,871	358,517	2.76%	//
5.1.5	Number of Online Applications Denied	37,830	30,789	51,916	81,122	84,119	3.69%	//
5.2	**Objective:** Make online enrollment available to qualified populations of Oklahoma in a variety of settings							
5.2.1	Home	60%	35%	65%	48%	59%	11%	//
5.2.2	Agency Internet/Agency Electronic	38%	22%	29%	21%	25%	4%	//
5.2.3	Federal Faciliated Exchange	0%	6%	6%	5%	4%	-1%	//
5.2.4	OHCA - Auto Passive Renewal	0%	37%	0%	26%	11%	-15%	//
5.2.5	Paper	2%	0%	0%	0%	0%	0%	//

Objective 5.1:

Maintain a responsive eligibility and enrollment system that results in qualified populations of Oklahoma gaining access to affordable medical coverage

Measured By:

5.1.1 – Number of online enrollment applications received

5.1.2 – Percent of online enrollment applications that are new

5.1.3 – Percent of online enrollment applications that are recertification's

5.1.4 – Number of online enrollment applications approved

5.1.5 – Number of online enrollment applications denied

Why is this objective important?

This objective is important because a responsive eligibility and enrollment system allows individuals and families to apply for health care coverage and receive a real time eligibility determination. Qualified individuals and families can then access preventive and health care services once determined eligible for coverage.

What trends do the measures indicate?

The trend indicated in the measures suggests more Oklahomans are accessing services online. The majority of members are applying for health care coverage and managing recertification through MySoonerCare.org. However, the fluctuation in applications received over the past three years is due largely to a change in business processes determining application eligibility and is not necessarily reflective of a significant trend in applications received.

What is the agency doing to influence performance towards the objective?

OHCA continually monitors the eligibility and enrollment system and makes enhancements to improve user experience and comply with regulatory changes. The online enrollment application is now compatible with multiple internet browsers (Internet Explorer, Google Chrome, Mozilla

Firefox and Safari) and has been adapted for mobile phone and tablet use. Members also have self-service options such as a secure log-in and an option to receive notifications via e-mail. During SFY16, OHCA integrated Insure Oklahoma into the existing eligibility and enrollment application, allowing applicants to use the same enrollment process as SoonerCare applicants.

Objective 5.2:
Make online enrollment available to qualified populations of Oklahoma in a variety of settings

Measured by:

5.2.1 – Percent of online enrollment applications by media type (home internet)

5.2.2 – Percent of online enrollment applications by media type (paper)

5.2.3 – Percent of online enrollment applications by media type (agency internet)

5.2.4 – Percent of online enrollment applications by media type (passive renewal)

5.2.5 – Percent of online enrollment applications by media type (telephone)

Why is this objective important?
Applicants access services from a variety of locations, and OHCA maintains enrollment options that are responsive to the needs of those seeking services. Allowing applicants to apply on a personal computing device, through an agency partner, over the phone or by paper application enables applicants to select a process that best meets their needs.

What trends do the measures indicate?
The measures indicate the majority of applicants are either applying for health care coverage from a personal computing device or are getting application assistance from an agency partner. A small portion of applicants are utilizing the paper and phone application options.

In SFY18, OHCA improved the selection criteria process for how applications and cases get passively renewed. The changes included how OHCA checks both internal and third-party data prior to updating the application for renewal. The changes decreased OHCA-passive renewal application by 15% for SFY18.

What is the agency doing to influence performance towards the objective?
OHCA monitors user trends and feedback to identify enhancement opportunities of MySoonerCare.org in order to make it more user-friendly. OHCA utilizes the Health Insurance Marketplace paper application to determine eligibility for Medicaid or the Children's Health Insurance Program coverage and accepts applications transferred from HealthCare.gov. OHCA also offers the option of submitting an application with the help of an OHCA member enrollment representative over the phone.

GOAL 6 – ADMINISTRATIVE EXCELLENCE
Promote efficiency and innovation in the administration of OHCA.

		2014	2015	2016	2017	2018	Variance	Trend
6.1	**Objective:** To control administrative costs while providing appropriate support and services to SoonerCare members							
6.1.1	Per Capita OHCA administrative cost	$138.96	$122.24	$116.65	$115.70	$115.45	0%	⟺
6.2	**Objective:** To pay SoonerCare claims within an accuracy rate of at least 97 percent, considering policy and systems issues and member eligibility							
6.2.1	Number of claims paid	51,226,118	51,039,537	49,362,595	51,200,808	48,990,981	-4%	//
6.2.2	Payment accuracy measurement rate	97.64%	95.38%	94.78%	97.87%	97.61%	0%	⟺
6.3	**Objective:** To maintain appropriate prior authorization requirements for the health of the member							
6.3.1	Number of prior authorizations generated for prescriptions	115,206	130,741	161,387	173,914	174,230	0%	//
6.3.2	Percent of prior authorizations that are automatic	22.10%	29.80%	37.26%	41.09%	42.5%	1%	//
6.3.3	Percent of prior authorizations that are manual	77.90%	70.20%	62.74%	58.91%	57.60%	-1%	//
6.4	**Objective:** To maintain and/or increase program and payment integrity efforts which may result in recoveries and/or cost prevention							
6.4.1	Payment integrity recoveries	$4,731,822	$4,524,690	$5,995,190	$5,806,096	$5,324,312	-8%	//
6.4.2	Number of provider audits	285	611	1,159	725	431	-41%	//
6.5	**Objective:** To actively pursue all third party liability payers, rebates and fees and recover or collect funds due to the SoonerCare and federal Medicare program							
6.5.1	Third party liability recoveries	$37,965,691	$39,050,461	$43,537,686	$27,362,860	$33,959,918	15%	⬆
6.5.2	Number of SoonerCare members with third party insurance	160,271	162,886	158,337	166,418	165,342	-1%	//
6.5.3	Percent of SoonerCare members with third party insurance	20.30%	15.95%	15.04%	20.50%	20.80%	0%	//

Objective 6.1:
To control administrative costs while providing support and services to SoonerCare members

Measured by:
6.1.1 – Per capita OHCA administrative cost

Why is this objective important?
Fluctuations in enrollment numbers may give the perception of increased or decreased spending as the total dollars spent on the SoonerCare may increase or decrease. By looking at the per capita cost for administration of the SoonerCare program, the efficiency of the SoonerCare program operations are accurately depicted.

What trends do the measures indicate?
OHCA consistently strives to improve efficiency in the administration of the SoonerCare programs, the success of these efforts is shown by effectively managing the per capita administrative costs. Despite some minor fluctuation, the per capita administrative costs for the SoonerCare program continue to be kept at a manageable level. Based on a January 2015 Kaiser Commission on Medicaid and the Uninsured analysis, Oklahoma spends significantly less per enrollee compared to neighboring states, evidencing the ongoing efforts of the OHCA to administer the SoonerCare program in the most efficient manner possible.

What is the agency doing to influence performance towards the objective?
OHCA closely monitors expenditures related to the administration of the SoonerCare program. Careful evaluation of cost information and spending trends allows agency staff to accurately predict future needs in the event policy changes are required to ensure program effectiveness.

Objective 6.2:
To pay SoonerCare claims within an accuracy rate of at least 95%, considering policy, systems issues and member eligibility

Measured by:
6.2.1 – Number of claims paid
6.2.2 – Payment accuracy measurement rate

Why is this objective important?
The payment accuracy measurement tracks and reports improper payments to providers in the SoonerCare program to create a payment accuracy rate. OHCA consistently strives to attain a high rate of accuracy at all times. When mistakes or payment errors are identified, action is taken to make corrections, recoup any funds paid improperly and, if necessary, make changes in policy to ensure claims are paid appropriately.

What trends do the measures indicate?
OHCA has modeled its payment accuracy measurement program after the federal Payment Error Rate Measurement program. The federal program measures errors instead of accuracy. Every three years, the state undergoes a federal Payment Error Rate Measurement review. OHCA has achieved an accuracy rate higher than the national rate despite having a significant increase in the number of claims processed. The number of claims processed is tied to member utilization of services. Therefore, this measure will fluctuate from year to year. However, the OHCA payment accuracy measurement program has consistently maintained a high rate of accuracy and appropriate payment of claims. This measure indicates OHCA efforts to ensure appropriate payments are successful.

What is the agency doing to influence performance towards the objective?
The OHCA payment accuracy measurement program measures the accuracy of paid claims through a retrospective review. A randomly selected sample of paid claims is selected and reviewed for payment. OHCA performs the internal payment accuracy measurement review annually in order to maintain high rates of accuracy. When areas of concern are identified, steps are taken to correct errors through provider education, policy changes and referrals to the OHCA Program Integrity unit for further investigation.

OHCA is also generating system improvements to ensure accurate payments. A secure site for providers on the Oklahoma Medicaid Management Information System allows providers to enter information online and submit claims electronically. This system assists providers with identifying errors and making corrections before resubmitting claims. These system enhancements help prevent inappropriate payments.

Objective 6.3:

To maintain appropriate prior authorization requirements for the health of the member

Measured by:
6.3.1 – Number of prior authorizations generated for prescriptions
6.3.2 – Percent of prior authorizations that are automatic
6.3.3 – Percent of prior authorizations that are manual

Why is this objective important?

In SFY18, OHCA spent more than $603 million on prescription medications for SoonerCare members. Requiring prior authorizations for certain medications ensures the most appropriate use of these dollars. Increased efficiency is achieved by allowing many of the prior authorizations to be done via an automated system if approved criteria are met. Other prior authorizations are processed manually to ensure medical necessity.

What trends do the measures indicate?

These measures report the total number of prescriptions prior authorized and a comparison of the automated authorizations versus the manual. A significant number of prior authorizations are completed manually to ensure proper utilization of prescription medications and medical necessity. Fluctuations in the number of prescriptions requiring prior authorization will occur as changes in utilization protocols and national prescription guidelines occur. OHCA staff continually monitors prescription drug claims and standards of care as well as input received from the Drug Utilization Review Board to ensure prescription prior authorization requirements are appropriate.

What is the agency doing to influence performance towards the objective?

Prior authorizations are used for several reasons, such as scope control, to ensure a drug is used for approved indications and its therapeutic appropriateness. Utilization controls are used to limit quantities or duration of use. Certain prior authorizations are used to divide categories of drugs into tiers. Tier one is the preferred first step for treatment. With each higher tier, step therapy criteria are required to ensure the member received the best treatment in the most cost effective manner.

Objective 6.4:

To maintain and increase program and payment integrity efforts that may result in recoveries and cost prevention.

Measured by:
6.4.1 – Payment integrity recoveries
6.4.2 – Number of provider audits

Why is this objective important?

OHCA needs to verify claims are paid correctly. This is critical to prevent fraud and abuse of the SoonerCare program. OHCA uses audit and review functions, internal controls monitoring and prepayment edits to prevent and detect erroneous claim payments and identify suspected fraud

and abuse. Provider audits are one of the activities performed to ensure accurate and efficient administration of the SoonerCare program.

What trends do the measures indicate?
OHCA maintains consistent audit and review practices in order to detect fraud and ensure maximum recovery of inappropriately paid claims every year. However, the amount of money recovered will fluctuate due to provider education and billing practices. The amount of recoveries is not an indicator of lack of vigilance, if providers are billing appropriately when audited, there is no recovery needed. Recovery amounts can also fluctuate depending on staffing levels and the types of audits being conducted. Additional variations in recovery amounts will occur when system edits or policy changes are made, which can reduce payment errors.

The number of provider audits in SFY16 and SFY17 were outliers because of a large data analytics run that involved more than 450 providers. This accounts for the difference in the number of provider audits between SFY17 and SFY18. Moving forward, the trend for the number of audits is expected to remain stable.

What is the agency doing to influence performance towards the objective?
OHCA has various units responsible for separate areas of potential recovery. The Program Integrity unit prevents unnecessary utilization and performs audits and reviews of external providers. These reviews can be initiated by complaints from providers, members, concerned citizens or other state agencies. Risk-based assessments are also used to initiate reviews. Reviews resulting in a suspicion of fraud are forwarded to the Medicaid Fraud Control Unit of the Oklahoma Attorney General's Office for further investigation.

Objective 6.5:
To actively pursue all third-party liability payers and recover or collect funds due to the SoonerCare program

Measured by:
6.5.1 – Third-party liability collections
6.5.2 – Number of SoonerCare members with third-party insurance

Why is this objective important?
Third-party liability occurs when other payers have a responsibility to pay for the medical costs of SoonerCare members. Sometimes members may have other health care coverage through a private health insurer or Medicare. Since SoonerCare is designated by law to be the payer of last resort for its members, any other available coverage must be applied before SoonerCare pays for the service.

What trends do the measures indicate?
If the third-party liability entity is known prior to OHCA paying a claim, the third-party liability entity acts as primary payer and the claim is cost avoided. If OHCA has already paid a medical claim before discovering the third-party liability entity, then the cost for the claim will be collected from the third-party liability entity. The number of members with third party insurance is subject

to change, therefore the (SFY18) 15% increase amount of third-party liability collections will fluctuate from year to year. OHCA works diligently to ensure appropriate payments and recoveries are made according to law.

What is the agency doing to influence performance towards the objective?
The different sections of the Third-Party Liability unit (cost avoidance, cost recovery and tort and /estate recovery) work with a private contracting firm to search national databases and identify members with private health insurance coverage. The private contracting firm, HMS, also acts as OHCA's billing agent in these cases.

GOAL 7 – COLLABORATION
Foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma.

		2014	2015	2016	2017	2018	Variance	Trend
7.1	**Objective:** To collaborate with other entities to enroll qualifying children, parents and other adults into SoonerCare							
7.1.1	Percent of applications submitted as agency internet and agency electronic media type	41%	37%	29%	21%	25%	4%	⬆
7.2	**Objective:** To collaborate with other state entities in activities with joint objectives targeting SoonerCare populations							
7.2.1	State and federal revenue generated by collaborations to provide services	$1,292,233,657	$1,429,947,269	$1,441,259,300	$1,452,181,746	$1,388,163,044	-4%	//
7.2.2	State and federal revenue generated by collaborations to provide medical education	$136,788,040	$140,931,567	$113,526,078	$141,002,176	$93,880,149	-33%	//
7.3	**Objective:** To effectively serve Oklahoma's SoonerCare and Insure Oklahoma qualified American Indian population by maintaining partnerships with tribal communities and tribal partners							
7.3.1	Number of tribes represented at tribal consultations	17	17	19	19	17	-11%	⬌
7.3.2	Number of tribal partners represented at tribal consultations (I/T/U)	4	4	4	4	4	0%	⬌

Objective 7.1:
To collaborate with other entities to enroll qualifying children, parents and other adults into SoonerCare

Measured by:
7.1.1 – Percent of applications submitted as agency internet and agency electronic media type

Why is this objective important?
OHCA implemented online enrollment in September 2010 and took on the responsibility of eligibility and enrollment of more than 500,000 Oklahomans from the Oklahoma Department of Human Services. Prior to online enrollment, applicants had to visit an OKDHS county office in person or fill out a paper application and mail it to OKDHS, where the eligibility determination and ensuing enrollment could take up to a month to complete. The transition to online enrollment provided real-time eligibility determination and enrollment and opened new possibilities for community-based enrollment assistance to SoonerCare applicants. Since the online application can be submitted from any computer with internet access and the online agency application is used by partners, SoonerCare applicants have the option to complete the application themselves

or access enrollment assistance in their community. Partners using the agency application include OKDHS, the Oklahoma State Department of Health, Indian Health providers, tribal nations, and Variety Care Family Health.

What trends do the measures indicate?
The trend for this measure indicates the majority of SoonerCare applicants are utilizing the home internet version of online enrollment or accessing application assistance through agency partners. These trends continue to move in the right direction as the vast majority of applications are submitted online. The change from a paper application to online enrollment provides a convenient option for those with internet access to complete the application online. Partners using the agency version of online enrollment are able to provide application assistance to SoonerCare applicants at various locations across the state.

What is the agency doing to influence performance towards the objective?
OHCA continually monitors online enrollment to identify issues and incorporate user feedback to best serve the needs of current SoonerCare members and those potentially qualified for services. OHCA has upgraded the online application to work with multiple internet browsers and make the online application compatible with mobile devices and tablets. Additionally, OHCA has a formalized training system enabling the agency to train partners on-site or through webinars when enhancements or changes are made to online enrollment. See Goal 5 for additional information on effective enrollment.

Objective 7.2:
To collaborate with other state entities in activities with joint objectives targeting SoonerCare populations

Measured by:
7.2.1 – State and federal revenue generated by collaborations to provide services
7.2.2 – State and federal revenue generated by collaborations to provide medical education

Why is this objective important?
Partnering with other state entities in activities with joint objectives targeting SoonerCare populations' results in a significant amount of combined state and federal dollars dedicated to providing medical services and medical education in Oklahoma. Other state agencies are able to leverage federal matching dollars as a result of the collaborative relationship with the OHCA. Without these relationships, other state agencies would have to find additional state dollars to provide an equivalent level of medical services and medical education. The Oklahoma Department of Human Services, the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma State Health Department, the Office of Juvenile Affairs and the Oklahoma Department of Corrections contribute the state share to provide services. The two entities contributing the state share to provide medical education are the University of Oklahoma and Oklahoma State University. However, as of December 2017, CMS ceased federal authority for the graduate medical education waiver.

What trends do the measures indicate?

The measures indicate trends related to state and federal financing of health care services and medical education. Changes in these trends indicate a budget impact on OHCA's collaborative entities and affect the financing of services and medical education. The trends show an increase over the past three years in accumulated state and federal revenue generated by collaborations to provide services, and medical education. The SFY18 trend show a 4% decrease in state and federal revenue generated by collaborations to provide services, and 25% decrease for medical education. The SFY18 decrease to medical education is due to CMS no longer funding supplemental payments to medical schools. The agency received additional appropriations from the legislature to cover CMS deferral payments to medical schools to June 2018.

What is the agency doing to influence performance towards the objective?

The OHCA continually monitors the accumulated state and federal revenue generated by collaborations to provide services and medical education to ensure these funds provide the maximum benefit to the citizens of Oklahoma. OHCA has various advisory committees, councils and task forces that work with OHCA to develop programs and identify areas mutually benefitting state entities. Some of the groups performing these duties include the Drug Utilization Review Board, the Living Choice Advisory Committee, the Medical Advisory Committee, the OHCA State Plan Amendment Rate Committee and Tribal Consultation meetings. Additional information is available on the <u>Boards and Committees</u> webpage.

Objective 7.3:

To effectively serve Oklahoma's SoonerCare and Insure Oklahoma qualified American Indian population by maintaining partnerships with tribal communities and tribal partners.

Measured by:

7.3.1 – Number of tribes represented at tribal consultations
7.3.2 – Number of tribal partners represented at tribal consultations (I/T/U)

Why is this objective important?

The OHCA Tribal Government Relations unit performs tribal stakeholder liaison services among OHCA, the Centers for Medicare & Medicaid Services, the Indian Health Service, Tribal service providers, and the tribes of Oklahoma for state and national level issues. These services include American Indian work groups, policy development and compliance, tribal consultation, payment issues, and elimination of health disparities. This objective is important because it guides the OHCA Tribal Government Relations unit to develop and implement a service delivery model within the current SoonerCare program and to increase access to services for American Indians.

What trends do the measures indicate?

The trend for the tribal consultation measures indicate the continual process by which OHCA engages with tribal stakeholders to best serve the American Indian population in Oklahoma. The number of tribal consultations per year remain the same, while the number of tribes and tribal partners represented at tribal consultations remain stable for SFY18.

What is the agency doing to influence performance towards the objective?

The OHCA expects tribal and partner participation increases due to active outreach efforts by tribal relations staff to maintain, solicit and strengthen partnerships with tribes and partners. Examples of active outreach efforts to tribal partners include frequent written and verbal communication to elected tribal officials and their designees, travel to tribal communities for face-to-face meetings with tribal leaders, and active participation with stakeholders, such as attendance at the Southern Plains Tribal Health Board and the Inter-Tribal Council of the Five Civilized Tribes quarterly meetings.

For more information about Tribal Relations visit [Tribal Government Relations](#) webpage.

TECHNICAL NOTES

The following notes pertain to goals, objectives and measures in the preceding Performance Measures Dashboards. Variances and trends are based on changes in the data between SFY17 through SFY18.

Goal 1

1 - Any variance less than 3% is considered to indicate no significant change over the previous year.

1.2.1 - Includes Supplemental Hospital Offset Payment Program

1.2.1-1.3.2 - The upper payment limit is the maximum amount of federal matching dollars the state may claim for aggregate payments to providers of a given type. Hospitals are required to submit cost reports to OHCA at the end of each fiscal year. OHCA must analyze the cost of care provided to Medicaid beneficiaries at these long-term care facilities and demonstrate the UPL by estimating a Medicare equivalent, which is what the care would have cost if Medicare had been the payer instead of Medicaid.

Goal 2

2 - Any variance less than 3% is considered to indicate no significant change over the previous year.

2.3 - This data represents a point-in-time. (June 30, 2018)

2.4.1 - A rule change related to the high-risk obstetrics program that went into effect at the beginning of SFY16 and affected the provider authorization process for services and subsequently the number of candidates for the high-risk obstetrics program based on the logic at the time. This resulted in a spike early SFY16 and has now leveled off.

2.4.3 - On July 1, 2016, OHCA made the decision to drop the fetal and infant mortality review mom component of the fetal and infant mortality review program. OHCA determined resources were better spent directed at the high-risk obstetrics and at risk obstetrics than the fetal and infant mortality review mom program.

2.4.4 - As of SFY18, the number of new infant mortality newborn members objective changed to infant mortality reduction members.

Goal 3

3 - Any variance less than 3% is considered to indicate no significant change over the previous year.

3.1-3.2 - Healthcare Effectiveness Data and Information Set data is reported by calendar year, not state fiscal year, and data for SFY18 was not available at the time of publication.(There is an OHCA-Data and Reports webpage link in Goal 3.1 that will have the HEDIS data at a later date.)

3.4 - The variance for prenatal care percentages before delivery is calculated by the difference between SFY17 and SFY18

Goal 4
4 - Any variance less than 3% is considered to indicate no significant change over the previous year.

4.2 - The Focus on Excellence Satisfaction Survey Report of Oklahoma's Nursing Facilities reports results every January for the prior year.

Goal 5
5 - Any variance less than 3% is considered to indicate no significant change over the previous year.

5.1.1 - The fluctuation in applications received over the past three years is due largely to a change in business processes determining application eligibility and is not necessarily reflective of a significant trend in applications received.

Goal 6
6 - Any variance less than 5% is considered to indicate no significant change over the previous year, with the exception of Objective 6.3.

Goal 7
7 - Any variance less than 5% is considered to indicate no significant change over the previous year.

7.1.1 - The fluctuation in applications received over the past three years is due largely to a change in business processes determining application eligibility and is not necessarily reflective of a significant trend in applications received.