

# Oklahoma Health Care Authority



*Here When It Counts*

*Service Efforts and Accomplishments  
SFY2012*

*July 2011–June 2012*

## Foreword

During the last year, healthcare continued to be an issue that drew the attention of the entire country. Americans debated and discussed issues such as the rising costs of insurance and Medicaid, the aging population, and the Affordable Care Act. Throughout all the debates, court rulings, election campaigning and lobbying, the Oklahoma Health Care Authority (OHCA) remained committed to its core mission of purchasing health care in the most efficient and comprehensive manner possible while ensuring that the care provided to eligible Oklahomans was accessible and of high quality.



Since January 1995, the OHCA has been the primary entity purchasing state and federally funded health care coverage for low income Oklahomans in accordance with the Medicaid program created under Title XIX of the Social Security Act in 1965. OHCA must assure that purchased health care meets acceptable standards of care and ensure that citizens who rely on state-purchased health care are served in a comprehensive and effective manner.

This report covers state fiscal year 2012 and describes key measures tracked by OHCA to ensure agency efforts are consistent with the state-mandated mission and the strategic goals and objectives set forth by the OHCA's Board of Directors. This report is intended to provide the reader with information needed to evaluate the agency's performance.

While the information contained in this report will enable the reader to evaluate the agency, it doesn't tell the entire story. All of the charts and graphs, dollars and numbers, and programs and policy exist to tell the story of the individual lives that are helped, changed, and saved by SoonerCare.

During SFY2012, OHCA asked members about the positive impact that access to quality health care had on their lives. Below are three stories collected during "Tell Us Your Story" campaign launched by OHCA.

### Piper - Wilburton, Oklahoma

Seven-year-old Piper Johnson's mother, Barbara, said the call she got from a SoonerCare outreach staff member reminding her to renew her daughter's health insurance came just in time. A few days later, Piper had to be flown from her Wilburton home to a Tulsa hospital, where she was diagnosed with severe complications from diabetes.

"The call and appointment came at just the right time to save her life," Barbara Johnson said. "She's a happy, healthy child, and we didn't know anything was wrong."



OHCA employee Latrita McFadden spent about 20 minutes on the phone with Barbara recertifying Piper's health insurance and then McFadden reminded her to make a well-child appointment with Piper's doctor.

The night before her well-child appointment, Piper complained of being thirsty and nauseous, and then started vomiting. When Piper saw her medical home doctor the next day, he immediately told the Johnsons she had "textbook symptoms" of diabetes.

Piper's blood sugar reading was more than 1,000 mg/dL – a random blood sugar level of 200 mg/dL or more plus symptoms like Piper's was a serious indicator for diabetes.

Piper is now back home with her parents, and her diabetes is under control. Barbara Johnson said treatments have not slowed down her inquisitive, happy child, and she has nothing but praise for the OHCA SoonerCare outreach program.

### **Jason - Oklahoma City, Oklahoma**

Doris and her husband were willing to take their grandson Jason into their home when he needed a place to live; however they weren't sure how they were going to pay for his many medical needs.

They needed financial help so they could provide the medical tests and treatment their grandson needed. That's when SoonerCare came into the picture.



Although, Doris had always been Jason's main caregiver, she and her husband weren't awarded permanent custody until March of 2005.

"SoonerCare made a big difference in my life and Jason's life," Doris said. "He had so many problems, and we are so thankful SoonerCare could help us keep our grandson healthy."

Once she enrolled Jason in SoonerCare, he started seeing a psychologist and having needed medical tests. Doris finally got Jason an appointment with a specialist who diagnosed Jason with Asperger's, ADHD and severe allergies. When Jason got the medication he needed, it really helped with his Asperger's.

Everything was going well until August 2011 when Jason began to experience some changes in his behavior. Jason spent three weeks at St. Anthony's Management Behavior Unit where they changed his medications.

"He went back to school and has been fine since," Doris said.

Doris said her husband has Alzheimer's disease, and currently, they live on their Social Security benefits and her state retirement. "I couldn't do it without SoonerCare and all the

medical treatment they provide for Jason,” she said. “SoonerCare has helped me and him tremendously.”

### **Karen Poteet - Oklahoma City, Oklahoma**

In 1999, Karen Poteet and her husband became foster parents of two young girls who were biological sisters. Both girls were prenatally exposed to alcohol and other drugs. As a result, they both had medical and behavioral health issues which are directly related to this exposure.

Studies show that children who are traumatized due to abuse and/or neglect are at heightened risk of moderate to severe health problems, learning disabilities, developmental delays, physical impairments, and mental health difficulties.

In 2001, when they finalized the adoption proceeding for their daughters, they continued to receive Medicaid benefits as an adoption assistance benefit. Even though they had private health insurance, which provided the primary insurance coverage on the girls, the knowledge that they had the safety net of Medicaid as secondary insurance eased their concerns regarding their ability to financially afford to care for these medically complex children.



In 2002, they moved to Oklahoma from Illinois, and the Medicaid coverage continued in Oklahoma as an adoption assistance benefit. Over the years, their daughters have required the services of pediatric cardiologists, pediatric endocrinologists, child psychiatrists, speech and language pathologists, pediatric neurologists, physical therapists, occupational therapists, psychologists, pediatric urologists, orthopedic surgeons, and pediatricians. They also have benefited from prescription drug coverage.

Having SoonerCare (Oklahoma Medicaid) provide secondary coverage for their daughters has allowed them to benefit from additional experiences that they would not have been able to afford if they hadn't had both private health insurance and, most notably, SoonerCare. Peggy said, “SoonerCare, thank you for assisting us in meeting the physical, emotional, and developmental needs of our daughters who – through no fault of their own – were traumatized before they were ever born.”

While the numbers, dollars, and facts contained in this report are important tools to measure the performance of the agency, OHCA promises its members, stakeholders and all Oklahomans that it will always be committed to providing access to high quality medical care to all qualified Oklahomans.

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For additional copies of this report, visit OHCA online at:

[www.okhca.org/research](http://www.okhca.org/research)

Or email Paul Gibson at:

[Paul.Gibson@okhca.org](mailto:Paul.Gibson@okhca.org)

(405) 522 - 7917

## WELCOME TO OHCA'S 2012 SERVICE EFFORTS AND ACCOMPLISHMENTS REPORT

Welcome to OHCA's 2012 Service Efforts and Accomplishment Report. OHCA has the mission of ensuring that low income individuals have access to medical care. OHCA's SoonerCare programs, including Insure Oklahoma, are critical in providing medical care to Oklahomans. The performance and administration of these programs must be examined and evaluated.

Stakeholders must have access to understandable and relevant performance data to make effective decisions as progress is made toward a healthier Oklahoma. This report describes key 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 OHCA's Board of Directors.

OHCA wants to equip the reader with information needed to assess its performance and ultimately play a strategic role in improving Oklahomans' health.

**Content.** This report provides performance information on 100 percent of the agency's operations. It covers three fiscal periods, State Fiscal Year (SFY) 2010, 2011, and 2012. Oklahoma's fiscal period runs from July through June. Additional performance data dating back as far as SFY2007 can be found in the tables located at the end of this report.

This year, OHCA added a page addressing the future challenges facing the agency. Economic and political challenges, at both the state and federal level, are addressed.

The key performance measures reported are intended to provide data about the resources

### OHCA VISION

***For Oklahomans to enjoy optimal health status through having access to quality health care regardless of their ability to pay.***

*Who might benefit from this report?*

#### CITIZENS

*Resource Providers*

#### CUSTOMERS

*Members and providers directly impacted by benefits and reimbursements*

#### POLICY MAKERS

*Officials responsible for allocating resources*

#### OHCA'S BOARD OF DIRECTORS & MANAGEMENT

*Leadership tracking our progress in meeting goals*

#### RESEARCHERS / OTHER HEALTH CARE ORGANIZATIONS / FEDERAL PARTNERS

*Entities comparing performance to benchmarks, targets, and other participants in medical care access*

OHCA has been allocated (inputs), the work done (outputs), and the success in meeting objectives (outcomes). Resources expended will be compared to those outcomes and outputs (efficiencies). Estimates of future performance, future targets, and comparative benchmarks have also been included.

**Layout.** Three levels of data are provided so users can seek out detail based on their degree of interest. The report is structured to show how the agency has performed in each of six goal areas.

*Performance Highlights* - In summary, results from a few key indicators for each of the six agency goals are reported at the beginning of each section to provide a slice of information regarding the agency's performance.

*Detailed Performance Measures* - For in-depth analysis, each agency goal is stated along with the objectives and performance measures related to it. Targets, estimates, and benchmarks are also reported. Narrative is included to provide context, explanatory information, and anticipated future events that may impact the goal area.



*Tables* - For quick review and trend analysis, agency measures are reported by goal in a table format at the end of this report. Actual data is reported from SFY2007 through SFY2012. Budgeted data is reported for SFY2013 and estimated data is provided for SFY2014.

For additional information on the steps OHCA has taken to ensure the information in this report is reliable, consistent, and shaped by public feedback, see Supplemental Information beginning on page 96.

## 2011 BRONZE AWARD FOR EXCELLENCE IN SEA REPORTING

*For SFY2011, OHCA received the Bronze Award for Outstanding Efforts in Producing a High Quality SEA Report from the Association of Governmental Accountants*



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# OHCA Mission

TO PURCHASE STATE AND FEDERALLY FUNDED HEALTH CARE IN THE MOST EFFICIENT AND COMPREHENSIVE MANNER POSSIBLE AND TO STUDY AND RECOMMEND STRATEGIES FOR OPTIMIZING THE ACCESSIBILITY AND QUALITY OF HEALTH CARE.

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## **Goal # 1: Eligibility**

To provide and improve health care access to the underserved and vulnerable populations of Oklahoma.

- To reduce the number of Oklahomans without access to medical coverage.
- To partner with others to enroll qualifying children, parents and other adults into SoonerCare.

## **Goal # 2: Quality and Satisfaction**

To protect and improve member health and satisfaction, as well as ensure quality with programs, services and care.

- To seek and evaluate member feedback on satisfaction with services received when accessing SoonerCare benefits.
- To partner with Oklahoma's long-term care facilities to strive for quality long-term care services.

## **Goal # 3: Member Personal Responsibility**

To promote members' personal responsibilities for their health services utilization, behaviors, and outcomes.

- To strive for SoonerCare children to receive necessary preventive care through Child Health / EPSDT services.
- To partner with other child-serving organizations in the state to strive for Oklahoma's children to meet the federal immunization goal of 80 percent compliance.
- To increase ambulatory/preventive care use by adults.
- To decrease emergency room utilization by increased use of ambulatory care services.
- To educate members on the use of pharmacy services and monitor their behavior through the Lock-In program.
- To increase the number of pregnant women seeking medical care before delivery.

**Goal # 4: Member Benefits**

To ensure that programs and services respond to the needs of members by providing necessary medical benefits to our members.

- To ensure that SoonerCare Choice members receive coordinated health care services through a medical home.
- To maintain a provider network that can adequately meet the needs of members.
- To provide necessary benefits as indicated by the number of member appeals whose benefit complaints elevate to the appeals process.

**Goal # 5: Responsible Financing / Purchasing**

To purchase the best value health care for members by paying appropriate rates and exploring all available valid options for program financing to ensure access to medical services by our members.

- To reimburse providers, when applicable Medicare rates are available, at 100 percent of Medicare rates.
- To reimburse hospital providers a reasonable percentage of costs.
- To reimburse long-term care facilities a reasonable percentage of costs.
- To reimburse eligible professionals for participation in the Electronic Health Records (EHR) Incentive Program.
- To reimburse hospitals for participation in the Electronic Health Records (EHR) Incentive Program.

**Goal # 6: Administration**

To foster excellence in the design and administration of the SoonerCare program.

- To consistently perform administrative responsibilities within funding budgeted.
- To strive to accurately project the future costs of providing health care to Oklahomans.
- To strive to accurately project the future costs of providing Insure Oklahoma to Oklahomans.
- To pay SoonerCare claims within an accuracy rate of at least 97 percent, considering policy and systems issues and member eligibility.
- To maintain and/or increase program and payment integrity efforts which may result in recoveries.
- To actively pursue all third party liability payers, rebates and fees and recover or collect funds due to the SoonerCare and federal Medicare program.
- To train and educate SoonerCare providers, both on an “as-needed” and a proactive basis, through group and/or individual training and other communication.
- To ensure members and providers have access to assistance through member and provider services.



## Analysis of Future Challenges

### THE AFFORDABLE CARE ACT AND LIMITED FINANCIAL RESOURCES

OHCA faces a number of challenges during the coming years. Primarily, OHCA must deal with the complexities of the Affordable Care Act while working within the limitations imposed by federal and state government, yet at the same time trying to get the most value from limited financial resources.



The federal Affordable Care Act requires all states to modernize their eligibility systems and convert their eligibility criteria to comply with new national standards by October 1, 2013. While Oklahoma leads the nation in development of its on-line enrollment system, the conversion will require synchronization with a federal technology structure whose development is emerging slowly and perilously close to the go-live date. OHCA is consulting with federal officials to ensure the conversion to national standards – known as Modified Adjusted Gross Income or MAGI – can be accomplished as smoothly as possible, without delaying vital services to SoonerCare members or service providers.

The federal ACA has also brought uncertainty to Oklahoma regarding the scope of provision of health care to uninsured citizens. For example, the ACA Medicaid expansion to “new adults” was originally considered mandatory. A month later, the U.S. Supreme Court decision in *NFIB v. Sebelius* rendered the expansion optional to each state. Oklahoma’s Governor announced on November 19 that Oklahoma would not enact the Medicaid expansion, nor pursue development of a state-based health insurance exchange. Oklahoma, along with other states, continues legal challenge of the constitutional support for some aspects of the ACA.



Although federal architects of the ACA envisioned a nationwide standard of Medicaid eligibility – all persons under 133% of the federal poverty level – changes to the federal regulatory interpretation and decisions by Oklahoma leaders have resulted in a different course. As a result, OHCA remains engaged to receive timely guidance on the direction state leaders choose for the SoonerCare program, as well as guidance from our federal partners regarding future interoperability. OHCA remains prepared to make necessary changes, some simple and others profound, in increasingly short time frames.

During this time of uncertainty, the federal government has shown signs of allowing states to be flexible in their programs. Most recently, in a federal notice of proposed rule-making issued in January of 2013, the federal partner CMS has made additional cost-sharing flexibilities potentially available to states. In Oklahoma, there has been longstanding interest in more-than-nominal cost sharing for non-emergency use of the emergency room. This proposed rule appears to allow such flexibility in emergency room, certain pharmacy, and for persons above the federal poverty level. The OHCA will need to be attentive to the potential impact such a change could create for members, providers, and the health system. Additional information from CMS will be necessary before the OHCA can fully ascertain the benefits and issues.



At the state government level, reductions in appropriations from state general revenue are requiring the agency to operate on revenues that have not kept pace with enrollment demands. This requires OHCA to deliver services ever more efficiently. Although the agency has been committed to reinstatement of a 3.25 percent provider rate cut enacted in April of 2010, appropriations to the OHCA have not yet provided for the filling of this reimbursement gap. Meanwhile, the OHCA continues to recruit and retain a Medicaid provider network meeting both federal requirements as well as the needs of all SoonerCare members.

The OHCA is also fielding questions about whether current programs are worthwhile and sustainable. In the midst of revenue shortfalls, the agency is being asked to identify minimum mandatory levels of coverage and services. The OHCA is responsible for providing accurate and timely information for current programs so that decision-makers have all necessary information to make the sometimes difficult decisions regarding scope and coverage. The challenges require commitment by OHCA to continue to fulfill the agency's statutory mission in an efficient and effective manner. The OHCA has employed such practices that have built SoonerCare over the past two decades, and will allow the program to evolve to meet demands for sustainability.



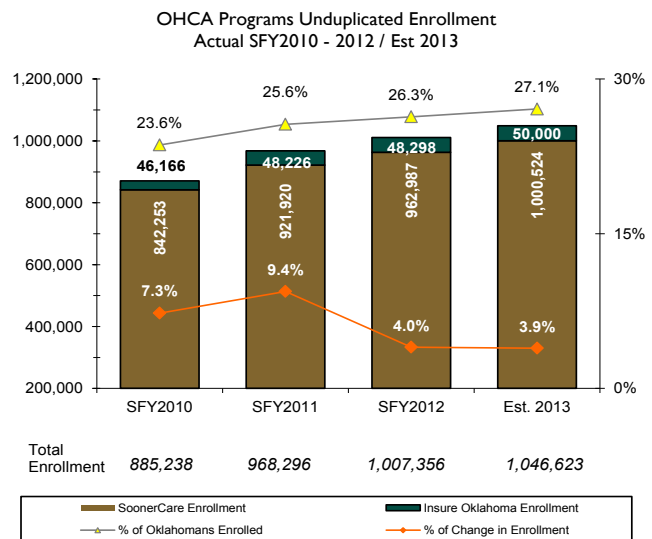
## Goal # 1: Eligibility

TO PROVIDE AND IMPROVE HEALTH CARE ACCESS TO THE UNDERSERVED AND VULNERABLE POPULATIONS OF OKLAHOMA.

### Performance Highlights

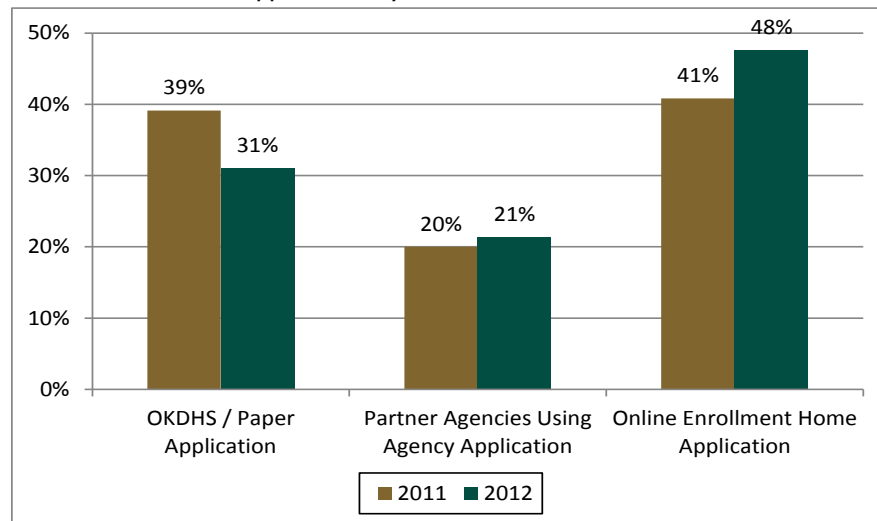
The Performance Highlights provide a concise overview of the agency's progress towards achieving this goal. Performance Measures are provided in this section and include descriptive information as to what a measure means, why it is important, helpful information to offer context, and actions the agency has planned or taken that pertains to the measure or goal.

Figure 1



Source: OHCA MMIS, US Census Bureau

### Online Enrollment Applications by Source



Source: OHCA Information Services Division

Figure 2



# Goal # 1: Eligibility

TO PROVIDE AND IMPROVE HEALTH CARE ACCESS TO THE UNDERSERVED AND VULNERABLE POPULATIONS OF OKLAHOMA.

### Oklahoma's Uninsured

The Oklahoma Health Care Authority (OHCA) plays an important role in providing healthcare in Oklahoma. As of June 30, 2012, over 25 percent of Oklahomans received health insurance or another form of medical benefit from OHCA.

*Oklahoma's uninsured rate decreased from 18.8 percent to 16.9 percent between 2006 and 2011.*

*Source: US Census Bureau, www.census.gov*

A lack of health insurance limits Oklahomans' access to needed medical care. The barriers the uninsured face in getting the care they need means they are less likely to receive preventive care, are more likely to be hospitalized for preventable conditions, and are more likely to die in the hospital than those with insurance. Uninsured families may struggle financially to meet basic needs, and medical bills, even for minor problems, can quickly lead to medical debt.

With over 636,000 Oklahomans uninsured in 2011, according to U.S. Census Bureau estimates, 17 percent of the state's population lacks basic coverage versus the national average of 15.7 percent. When the uninsured seek care and cannot pay for it, the cost of their care is shifted to the state, providers, and consumers, thereby creating a "hidden tax" on medical services. Reducing the rate of uninsured Oklahomans would result in a substantial reduction in the cost of uncompensated care.

According to the Kaiser Commission on Medicaid and the Uninsured, most uninsured individuals came from working families with low incomes. Adults were more likely to be uninsured than children because of children's access to programs like SoonerCare. The most

### UNINSURED IN OKLAHOMA BY AGE

	2006	2011
< 19	13.3%	6.8%
19-64	25.3%	25.2%
65+	1.6%	1.0%
Total	18.8%	16.9%

common reasons given by the uninsured for not having health insurance are the high cost of purchasing an insurance plan and the lack of access to employer-sponsored coverage. The complexity of these problems are expected to increase because of the ongoing economic crisis and the full implementation of the ACA. This will place even greater importance on OHCA's efforts to create avenues of access to health care.

Federal law provides the state with guidelines as to whom OHCA may cover under SoonerCare, providing

Source: State Health Access Data Assistance Center, www.shadac.org & OHCA Uninsured Fast Facts

Medicaid funding only for qualifying, low-income children, pregnant women and the aged, blind, or disabled. According to the Department of Health and Human Services (HHS), parents of children enrolled in SoonerCare may qualify for benefits if their income is 30 percent or below the federal poverty level (\$6,915 for a family of four based on 2012 FPL).

Access to medical services is paramount to the overall health of Oklahomans. Oklahoma continues to make progress in reducing the number of uninsured citizens through innovative initiatives and improvements to existing programs. OHCA strives to implement methods to ensure those who are uninsured and eligible have access to public insurance.

### **Insure Oklahoma**

Insure Oklahoma (IO) is a program to help small businesses and their qualified employees afford health care. IO works in two ways. First, it will help pay for small group commercial insurance offered by an employer or second, if no group coverage is available there is an individual plan option available which is operated by the state.



The Employer Sponsored Insurance (ESI) plan provides premium assistance to qualified employees and spouses of an Oklahoma small business that has 99 or fewer workers. With ESI, the employer, the employee and IO share the cost of their commercial health insurance premiums. Children of the ESI members whose gross family income is between 185 and 200 percent of the federal poverty level may also receive premium assistance.

The Individual Plan (IP) is a health option for qualified Oklahomans who do not have access to an ESI plan. IP members receive a membership card and pay premiums like a commercial plan but the program is operated by the state.

For both programs (ESI and IP), members are required to be between the ages of 19 and 64, working for a small business in Oklahoma, be Oklahoma residents and U.S. citizens, not be eligible for Medicaid or Medicare and meet the income qualification guidelines.

Because of the ACA, the future of IO remains uncertain. ACA provisions may prevent Insure Oklahoma from continuing past 2013. At the same time, Governor Mary Fallin is considering using Insure Oklahoma as part of her Oklahoma Plan to cover more uninsured citizens.

### **OHCA Community Relations**

The OHCA Community Relations Team began in 2009 as SoonerEnroll, a program funded through the Children's Health Insurance Program Reauthorization Act (CHIPRA). The program had a goal to reach the approximately 60,000 Oklahoma children uninsured but qualified for SoonerCare. SoonerEnroll had two primary goals: 1) enroll children that would be qualified for SoonerCare but are not currently enrolled; and, 2) improve the rate of successful and timely recertification of children in SoonerCare.

OHCA received overwhelming positive feedback from agency partners, providers, and SoonerCare members regarding the presence of staff in their communities through the SoonerEnroll program. OHCA decided to continue these positions on a permanent basis and to expand their focus on both enrollment of eligible families into SoonerCare, and as a source of information for other programs administered by OHCA. For more information on OHCA outreach, go to [www.okhca.org/soonerenroll](http://www.okhca.org/soonerenroll).



### Online Enrollment

In September 2010, OHCA launched online enrollment. The goal of Online Enrollment is to eliminate barriers that might prevent potential members from applying for an OHCA program by allowing Oklahomans with internet access to apply at any time and anywhere. A comprehensive electronic rules engine uniformly applies policy and the applicant receives a real-time eligibility decision when the application is submitted. OHCA processes between 30,000 and 40,000 applications a month and approved applicants select their Primary Care Provider at the time of application. The online system eliminates the reliance on traditional, restrictive business hours and the typical 20-30 day lag in processing eligibility.

### Health Care in Oklahoma

The Patient Protection and Affordable Care Act (ACA) was enacted on March 23, 2010. The federal law contains numerous provisions affecting nearly every area of the health care industry. One provision of the law includes a significant Medicaid expansion beginning January 1, 2014.

In SFY 2011, OHCA began implementing mandated portions of the law. In November 2012, Governor Mary Fallin decided that Oklahoma will not be taking part in the ACA Medicaid Expansion. OHCA continues to prepare for and implement the sections of the ACA that apply to Oklahoma.

### Get Connected

As a government agency, OHCA works hard at being transparent and offering as much information as possible. Oklahomans can keep up with OHCA's latest marketing efforts and public information by following OHCA on Twitter, Facebook, or YouTube. Feel free to follow OHCA to keep up to date with the latest developments in SoonerCare and Insure Oklahoma.



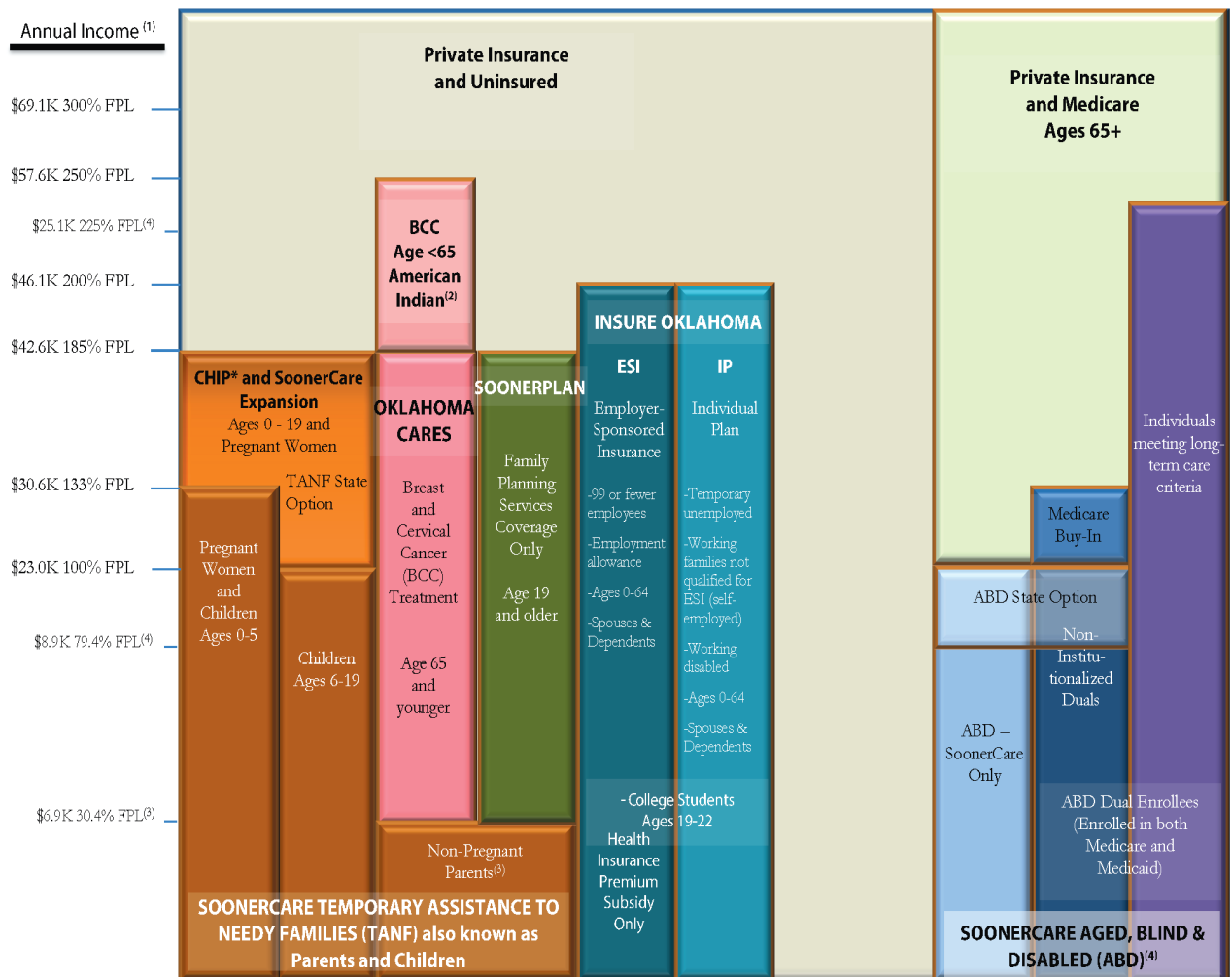


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2012 FEDERAL POVERTY GUIDELINES (FPL) AND COVERAGE



<b>OBJECTIVE</b>	TO REDUCE THE NUMBER OF OKLAHOMANS WITHOUT ACCESS TO MEDICAL COVERAGE.	
Outcome:	% Enrolled in SoonerCare & Insure Oklahoma <i>2012 Actual - 26.3%</i> 2013 Estimate - 27.1%	
Output:	Unduplicated SoonerCare Enrollment <i>2012 Actual - 962,987</i> 2013 Estimate - 1,005,524	
Output:	Unduplicated Insure Oklahoma Enrollment <i>2012 Actual - 48,298</i> 2013 Estimate - 50,000	
Outcome:	% Change in Total Enrollment <i>2012 Actual - 4.0%</i> 2013 Estimate - 3.9%	

**What do these measures report?**

These measures report the unduplicated number and percent of Oklahomans enrolled in SoonerCare and Insure Oklahoma and the percentage change from year to year.

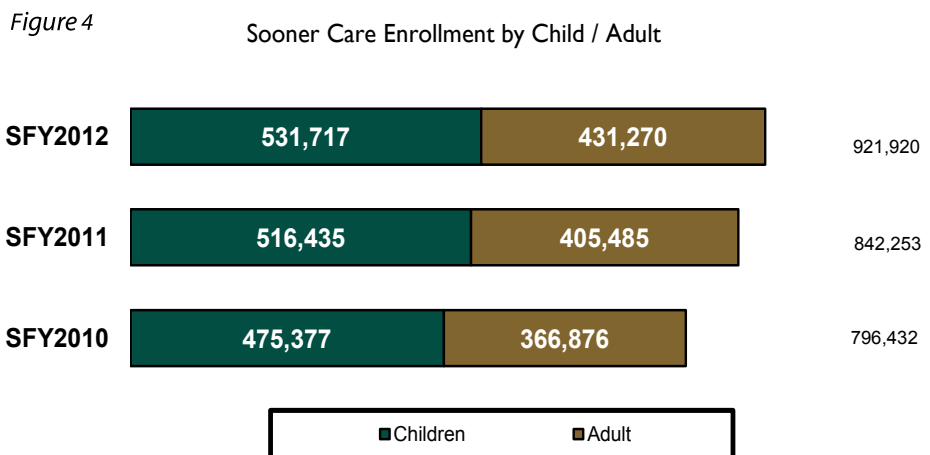
**What do the latest results mean?**

The steadily increasing number of Oklahomans receiving medical coverage through OHCA suggests the difficulty many are having in finding affordable health care insurance in the private market or through employers.

Due to the counter-cyclical nature between public health programs and economic conditions, SoonerCare continues to experience steady growth in enrollment. As individuals lose jobs, or employers opt out of offering health insurance, the demand for OHCA services increase.

The unduplicated enrollment in SoonerCare and IO reflect the number of Oklahomans who had access to medical services through OHCA’s programs. See the information beginning on page 18 to find out more about the demographics of SoonerCare and IO populations.

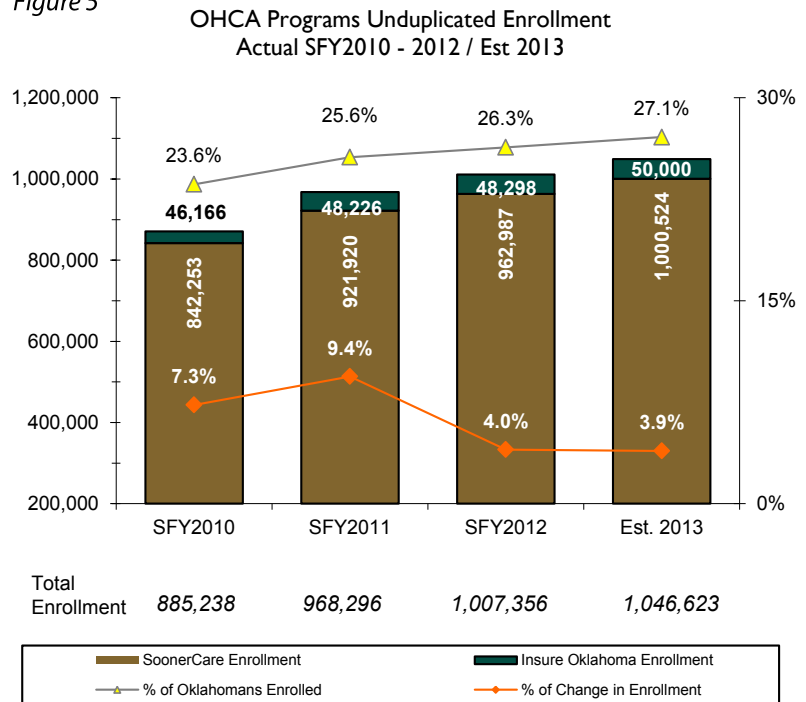
The IO program is limited by the amount of tobacco tax revenue generated in the state. OHCA expects the current provision to cover approximately 35,000 individuals.



IO growth declined in SFY2012, making it difficult to predict when or if the enrollment cap will be reached.

\* Note: The enrollment number of 48,298 for Insure Oklahoma mentioned above includes all Oklahomans who were in the program at some point during the year. Many members enter the program then leave as their situation changes, such as when they acquire health insurance through an employer that is not enrolled in Insure Oklahoma. As of June 30, 2012, Insure Oklahoma enrollment totaled 30,376.

Figure 5



**What is OHCA doing to affect these measures?**

According to the Census Bureau’s 2011 Current Population Survey, more than 636,000 Oklahomans were uninsured in 2011. Of that number, 89.5 percent were adults over 18 years old. Federal Medicaid laws prevent SoonerCare from covering specific populations including childless adults and parents earning over 30 percent of the FPL.

Qualified full-time college students began enrolling in ESI and IP during March 2009. This expansion was allowed by a waiver amendment that was approved the previous year. At the end of SFY 2012, 122 students were enrolled in the ESI program and 410 were enrolled in the IP program.

In July of 2010, a state plan amendment allowed OHCA to enroll children of employees in families that earn more than 185% but less than 200% of the poverty level. Enrollment began in early SFY 2012, and by the end of the year, 473 children were enrolled in the ESI or IP plan. In October 2010, a dental program was added for the children of enrollees.

After steady growth every year since its introduction, IO growth has declined recently. A total of 5,460 businesses participated in IO in July 2010, up 11 percent from the prior year. The number of employees in ESI rose 23 percent to 18,743. Another 13,251 individuals participated in the IP program, up 60 percent from 2009. That brought the IO program total to 31,994 participants in July 2010. In July 2011, IO enrolled businesses declined to 5,261, and their employee



count fell to 18,591. However, the number of enrollments in IP rose 4 percent to 13,840. In SFY2012, IO ended with 4,867 participating businesses, 7 percent below 2011 levels. The enrolled employee count fell 10 percent to 16,723. IP enrollments fell 4 percent to 13,297.



The decline in enrollment can possibly be attributed to the continued effects of the depressed economy. Small businesses may have to make tough choices regarding employee benefits. Political and economic factors also played into the uncertainty regarding the future of IO and may have played a role in its declining enrollment.



Additional information about Insure Oklahoma is available online at [www.insureoklahoma.org](http://www.insureoklahoma.org).

Figure 6

Insure Oklahoma Enrollment at June 30, 2012			
Employer Sponsored Insurance:	SFY2010	SFY2011	SFY2012
Number of Businesses	5,496	5,276	4,907
Number of People Enrolled*	18,753	18,816	16,865
Percent Change in Enrollment	32%	0%	-10.4%
Individual Plan			
Number of People Enrolled*	13,107	13,784	13,511
Percent Change in Enrollment	78%	5%	2%

\* These are not unduplicated. Numbers reflect status at a point in time - June 30, 2012.

Source: OHCA Fast Facts

**OBJECTIVE** TO PARTNER WITH OTHERS TO ENROLL QUALIFYING CHILDREN, PARENTS, AND OTHER ADULTS INTO SOONERCARE.

Output: Unduplicated Number of Children Enrolled in SoonerCare

Output: Unduplicated Number of Adults Enrolled in SoonerCare

**What do these measures report?**

These measures break out enrollment for adults and children. OHCA continues to follow the demographics of its membership by tracking enrollment through eligibility categories. This page displays the breakdown of individuals enrolled.

**What do the latest results mean?**

These measures indicate the demographic characteristics, nature, and scope of several OHCA populations. OHCA uses past and current enrollment when estimating future enrollment. These numbers are also used to formulate ideas for new programs or recommend changes to existing programs.

**What is OHCA doing to affect these measures?**

**QUALIFYING FOR SOONERCARE**

To qualify for health benefits through SoonerCare, individuals must meet specific criteria. Besides income, other factors determine the category of membership and define the benefits for which they qualify.

**CHIP.** The federal Children’s Health Insurance Program (CHIP) allows states to increase the federal poverty level (FPL) limit for children. SoonerCare covers children with family income up to 185 percent of the FPL (federal Medicaid minimum is 133 percent). The state receives an enhanced federal matching rate for children above 133 percent.

**ABD.** Aged, blind or disabled (ABD) members make up a small percentage of SoonerCare, but account for a large portion of **expenditures (53%).**

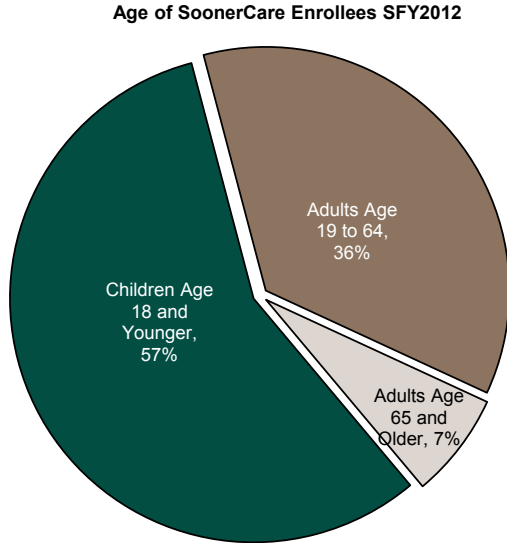
**TEFRA.** The Tax Equity and Fiscal Responsibility Act (TEFRA) population are children under the age of 19 years old with physical or mental disabilities that meet

Figure 7

Qualifying Category*	SFY2010	SFY2011	SFY2012
CHIP	116,968	117,229	113,717
ABD	200,457	197,021	172,566
TEFRA	385	429	467
Oklahoma Cares	6,522	5,141	3,029
SoonerPlan	39,479	58,693	79,881
Dual Eligibles	115,693	119,797	123,320

Source: OHCA MMIS

\* Members may be counted in more than one category, i.e. a child counted in TEFRA may also be counted in the ABD population.



Source: SFY2011 Annual Report

Figure 8

the criteria to receive institutional care. TEFRA allows a child to qualify on his/her own income rather than the family, whose income is above SoonerCare limits. Children qualifying through TEFRA are able to remain in the home and receive medical benefits. TEFRA is a subset of the ABD population.

**Oklahoma Cares.** This category is made up of women under the age of 65 who have been diagnosed with breast or cervical cancer, have a precancerous condition, or require further testing due to abnormal results from previous tests. They have access to all SoonerCare benefits until they no longer need treatment for breast or cervical cancer or they no longer meet the qualifying criteria.

**SoonerPlan.** SoonerPlan is a family planning, limited benefits package available to men and women ages 19 and older with income at or below 185% of FPL.

**Other Demographics.** OHCA releases an Annual Report that includes information about its programs, members, and administration. The surrounding charts are from the SFY2012 Annual Report and provide a look at some of the characteristics of the members served by OHCA. The Annual Report can be accessed on OHCA’s website at [www.okhca.org/research/Reports](http://www.okhca.org/research/Reports).

The agency also releases monthly Fast Facts on several key areas including enrollment, programs, specific member groups and the uninsured. The Fast Facts are available on the OHCA website at [www.okhca.org/research/Statistics and Data](http://www.okhca.org/research/Statistics and Data).

OHCA is constantly looking to improve the enrollment process for members. SoonerEnroll is one program currently helping to enroll eligible Oklahomans.

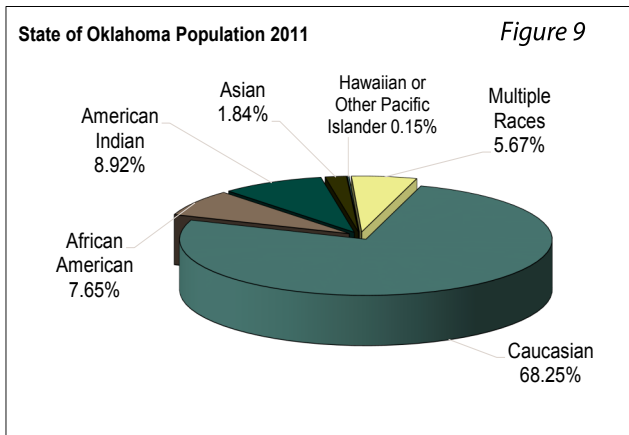


Figure 9

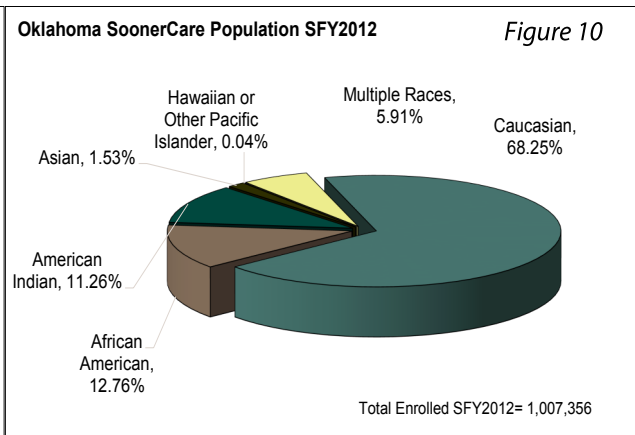


Figure 10

Total Estimated Population 2011 - 3,791,508 (Hispanic or Latino Ethnicity = 347,260)  
 Oklahoma totals based on U.S. Census Bureau, Oklahoma State Data Center 2011  
 Population - single race reported alone counts. Census collects Other Race, not listed in the other 5 major categories.

Total Enrolled in SoonerCare and/or Insure Oklahoma - 1,007,356 (Hispanic or Latino Ethnicity = 149,203) The multiple race group has two or more races reported. Race is self-reported by members at the time of enrollment.

## OHCA Community Relations

The Community Relations Team at OHCA was originally borne from the Children’s Health Insurance Program Reauthorization Act (CHIPRA) that President Obama signed in 2009. One of the goals of the legislation was to support states in developing efficient and effective strategies to identify, enroll, and retain health coverage for uninsured children who were eligible for Medicaid or CHIP (Children’s Health Insurance Program) but were not enrolled.



Under CHIPRA, OHCA received a grant from the Centers for Medicare & Medicaid Services to begin SoonerEnroll, an outreach effort designed to effectively enroll eligible children and their families into the SoonerCare program. In addition to enrollment efforts, SoonerEnroll also focused on improving the rate of successful and timely recertification of children and families currently enrolled in the SoonerCare program.

As grant work was coming to an end in the fall of 2012, OHCA began receiving overwhelming positive feedback from agency partners, providers, and SoonerCare members regarding the outreach efforts and presence of agency staff in their communities. The agency acknowledged the need for local community engagement and a continuation of outreach and recertification efforts, and in September 2012 the OHCA Board of Directors voted to maintain these efforts on a permanent basis beginning on October 1, 2012, thereby creating the Community Relations team.

Community Relations Coordinators serve as liaisons to facilitate effective communication between OHCA, community partners, and stakeholders in their assigned geographic areas of Oklahoma. Coordinators develop new and maintain existing OHCA partnerships that were acquired during the SoonerEnroll initiative. The partners include public, private, and nonprofit entities all working toward effective and efficient outreach and enrollment strategies, as well as promotion of other OHCA goals. Coordinators also coordinate and host regional stakeholder meetings designed to address local issues and collaborate with partners to develop strategies for improving the health of SoonerCare members.



**OBJECTIVE** TO PARTNER WITH OTHERS TO ENROLL QUALIFYING CHILDREN, PARENTS, AND OTHER ADULTS INTO SOONERCARE.

Input: % of Online Enrollment Applications by Source

**What does this measure report?**

This measure reports the percent of Oklahomans applying for SoonerCare through the Online Enrollment application.

**What do the latest results mean?**

After implementation, Online Enrollment immediately became the preferred method of applying for SoonerCare. With the program only in its second year, OHCA is constantly developing measures to track the success of the program.

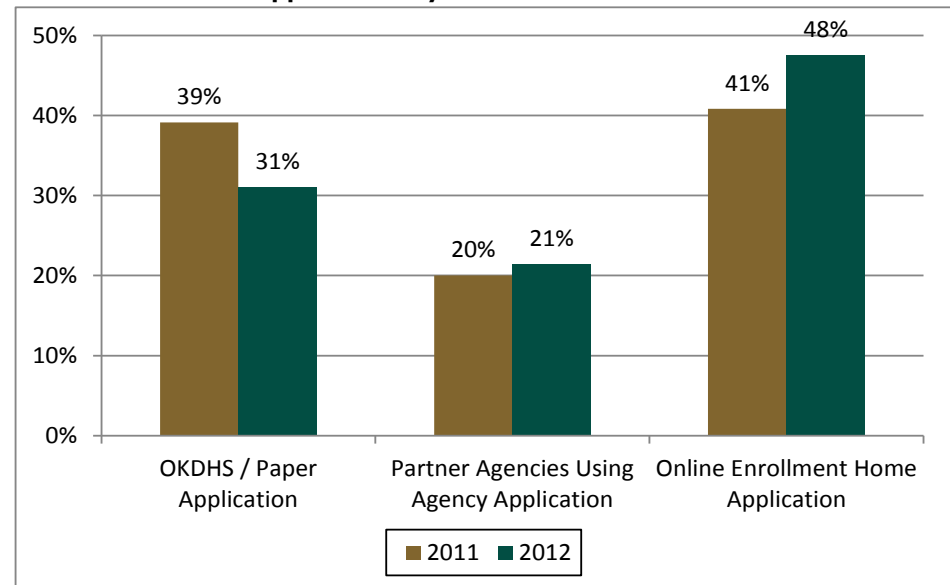
**What is OHCA doing to affect this measure?**

In September 2010, OHCA implemented Online Enrollment. This implementation included the transfer of responsibility to determine eligibility and enroll more than 500,000 Oklahomans from the Oklahoma Department of Human Services (OKDHS) to OHCA. Prior to Online Enrollment, applicants were required to visit an OKDHS County office in person, or fill out a paper application and mail it to OKDHS. In either case, the eligibility determination and ensuing enrollment could take up to a month to complete.



Online enrollment provides many enrollment possibilities for SoonerCare applicants. An online home application can be submitted from any computer that has internet access. An agency application is used by agency partners, including OKDHS, the Oklahoma State Department of Health (OSDH), Indian Health Services, and several Tribes to assist members in the enrollment process. With online enrollment, a member can receive eligibility results within minutes instead of weeks.

**Online Enrollment Applications by Source**



Source: OHCA Information Services Division

Figure 11



The paper application still exists, but it is now received at OHCA, where it is scanned, data entered, and processed for enrollment in a matter of days.

The online enrollment process uses an electronic rules engine to determine eligibility for programs including SoonerCare, SoonerPlan, as well as state sponsored behavioral health services. This process ensures that policy is applied uniformly for all Oklahomans. When the applicant clicks the “submit” button, and is qualified to receive benefits, they receive a real-time SoonerCare enrollment. The member is provided a SoonerCare identification number, is aligned with a Medical Home, and can seek services immediately.

Online Enrollment Applications			
By Disposition		By Type	
Approved	380,479	New Applications	274,083
Denied	99,982	Recertification	206,378
Approval Rate	79.19%	Percent of New Applications	57.05%

Source: OHCA Information Services Division

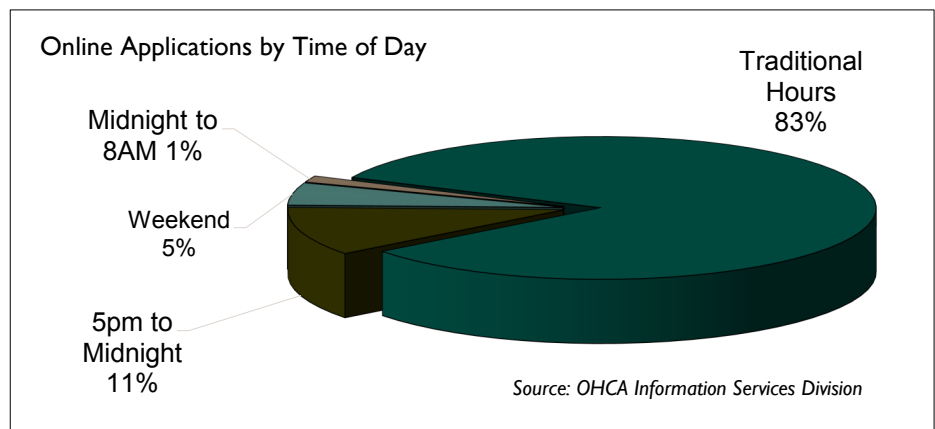
Figure 12

A recent improvement in Online Enrollment allows for real time validation of applicants’ social security numbers. This system check looks compares data in the application such as full name and birth dates and checks it against comparable Social Security Data. This allows OHCA to check for errors during the application process and accept members immediately without having to wait for Social Security validation.

OHCA has also created a formalized training system for all OHCA staff and agency partners. Anytime an enhancement or change is made to Online Enrollment, OHCA is able to train staff and agency partners on site and using webinars. Webinars allow many people to be trained at a time without OHCA personnel having to travel to each agency partner location.

As of June 2012, with less than two years in operation, OHCA had processed 824,578 applications, and enrolled or re-enrolled 670,590 members through online enrollment. Approximately 31 percent of the total applications received originated at OKDHS or were paper applications, 21 percent were from other partner agencies using the agency application, and 48 percent came through use of the home application.

This innovative system received a Governor’s Commendation and the “Motivating the Masses” award at the 2011 Team Day awards. Online Enrollment and SoonerEnroll were jointly honored by the Centers for Medicare & Medicaid Services (CMS) in November 2011, by being one of ten awards given nationwide for Excellence in Children’s Health Outreach and Enrollment (ECHOE).



Source: OHCA Information Services Division

Figure 13

\* Not including Paper Applications.  
 \* "Weekend" includes any time during a weekend.  
 \* Non-traditional hours are non-weekend nights.

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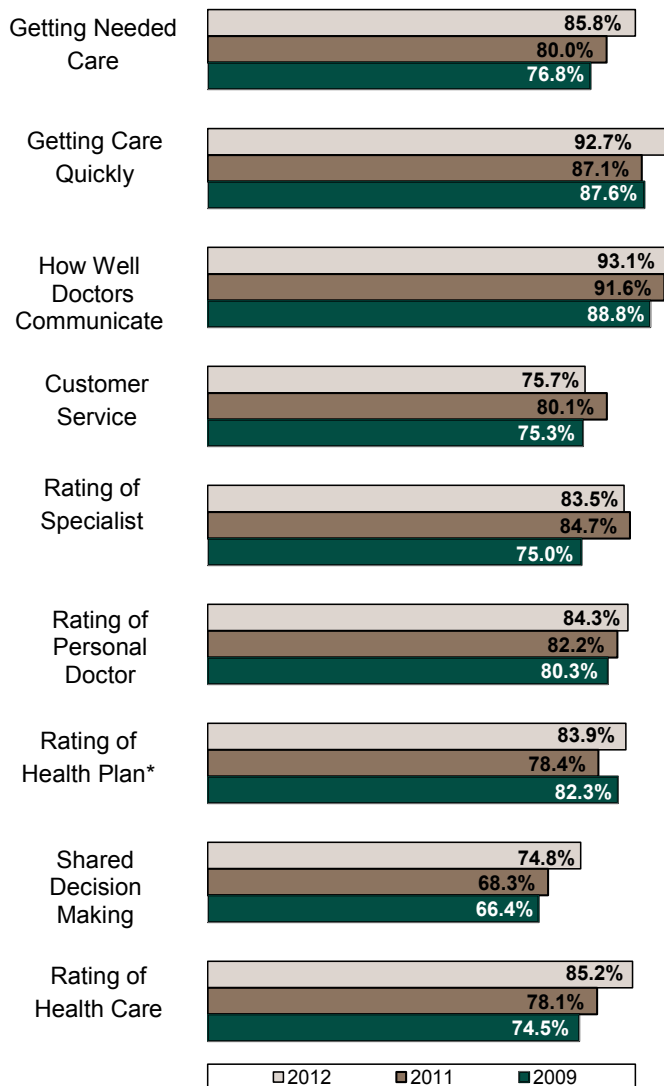


## Goal # 2: Satisfaction and Quality

TO PROTECT AND IMPROVE MEMBER HEALTH AND SATISFACTION, AS WELL AS ENSURE QUALITY WITH PROGRAM SERVICES AND CARE.

Figure 14

Customer Survey (CAHPS®) - Child



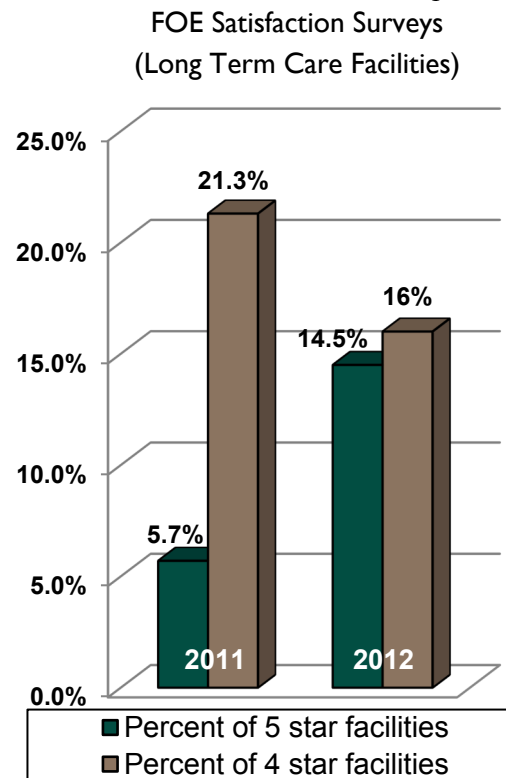
\*The CAHPS measures are rating the SC plan.

Source: CAHPS® Child Health Survey for SoonerCare Choice: 2012 Report

### Performance Highlights

The Performance Highlights provide a concise overview of the agency's progress towards achieving this goal. Performance Measures are provided in this section and include descriptive information as to what a measure means, why it is important, helpful information to offer context, and actions the agency has planned or taken that pertains to the measure or goal.

Figure 15



Source: OHCA FOE Division



## Goal # 2: Satisfaction and Quality

TO PROTECT AND IMPROVE MEMBER HEALTH AND SATISFACTION, AS WELL AS ENSURE QUALITY WITH PROGRAM SERVICES AND CARE.

SoonerCare encompasses a number of benefits and services joined by federal and state legislation and administrative and procedural requirements to ensure medical care for low income individuals meets qualifying criteria for available programs. SoonerCare also includes several waiver programs. The agency makes every effort to ensure that members are able to access the benefits they are qualified to receive in a timely manner and with a high degree of satisfaction. SoonerCare and Insure Oklahoma programs serve members with diverse health conditions and needs. Each member bases individual satisfaction on different factors. Quantifying quality and levels of satisfaction for such an array of members and benefits is a challenge. One of the ways OHCA gathers information about members' health care experiences is through the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey.

Adding to this challenge is the constantly changing health care industry, new innovations in delivery of care, and operating changes. OHCA is continuously adapting to provide the services needed by our members. For purposes of monitoring quality and satisfaction, OHCA conducts on-site reviews, performs research studies, and contracts for independent annual surveys of our members. OHCA collaborates with stakeholders to explore new opportunities for improving our services.

The Quality Assurance and Quality Improvement (QA/QI) unit of OHCA leads agency quality and satisfaction efforts. Below are some of the activities OHCA is engaged in to ensure quality and to report results.

### Patient-Centered Medical Home (PCMH) Reviews

As discussed in previous reports, the Patient-Centered Medical Home model of health care delivery was implemented in 2009 and is discussed in more detail within this report. The Quality Assurance/Quality Improvement unit spent 2009 educating providers about the medical home concept as well as conveying requirements of the model. The SoonerCare Compliance unit began reviewing Medical Home practices in 2010. Currently, the audit staff is comprised of 4 registered nurses with clinical experience; the reviews incorporate compliance and medical



home education. For SFY2012, some 313 Medical Home contracted providers received an evaluation.

As part of the process of becoming a SoonerCare Medical Home, providers must complete and submit a self-evaluation declaration regarding the Medical Home tier they have chosen. Submitted forms are reviewed in the SoonerCare Compliance unit and Medical Home education is furnished as needed. The audit measures are based on the tier level selected by individual providers. Tier 1, considered entry level, includes requirements for all Medical Home providers, while tiers 2 and 3 include additional requirements for each level.

The SoonerCare Compliance unit utilizes a review tool that combines contract requirements with medical home processes and medical quality indicators. Administrative and medical record reviews are the two major elements examined. The possible results of a review are: 1) fully compliant and returned to the review pool for the next cycle; 2) non-compliant and a corrective action plan must be submitted and approved within 45 days; and/or 3) a tier decrease.

If the review results in a tier decrease, it is effective for a 12-month period from the date of the initial review. At the end of the 12-month period, the provider may reapply for the previous tier level. A SoonerCare Compliance staff member reexamines the provider to ensure compliance with Medical Home requirements prior to the reinstatement of the Medical Home level requested. If a corrective action plan concerning medical records is approved, a supplementary review is completed 6 to 12 months following the approval, to ensure corrective action plan follow through as well as Medical Home compliance.

### Quality Research

The QA/QI unit at OHCA, in conjunction with Telligen, the contracted External Quality Review Organization (EQRO), conducts member satisfaction surveys and participates in several quality studies. Telligen, formerly named Iowa Foundation for Medical Care, has many years of experience in improving the quality of health care for consumers and providers.

Two studies were completed during SFY2012; an annual update of Comprehensive Diabetes Care and a study on Atypical Antipsychotic Use Among Children in the SoonerCare Population. The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) member satisfaction



survey was conducted for both the child and adult SoonerCare Choice populations. The child version of the Experience of Care and Health Outcomes (ECHO®) survey, which gauges member satisfaction for behavioral health services, was conducted for the child SoonerCare Choice population. CAHPS® and ECHO® will be discussed in greater detail within this section. Proposed studies for SFY2013 include: 1) Comprehensive Diabetes Care; 2) Patient-Centered Medical Home, Emergency Room Services; 3) Patient-Centered Medical Home, Child Asthma; 4) Atypical Antipsychotic Use Among Adults in the SoonerCare Population; and 5) Maternity Services.

To meet the Children's Health Insurance Program Reauthorization ACT (CHIPRA) reporting requirements, the child CAHPS® satisfaction survey will be sampled on members that qualify for services under the Title XXI expansion. The ECHO® survey will be conducted for the adult SoonerCare Choice population.

Reports prepared for previous years' quality activities are maintained on OHCA's website at [www.okhca.org/research/studies](http://www.okhca.org/research/studies).

### CAHPS®

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys have been developed by the Agency for Healthcare Research and Quality (AHRQ) in coordination with public and private research organizations known as the CAHPS® Consortium. The purpose of the CAHPS® survey is to evaluate patients' satisfaction with their health care experiences. Beginning in SFY2011, the CAHPS® survey for children will be conducted annually because of Children's Health Insurance Program (CHIP) reporting requirements. The adult survey will be completed every two years. Results of the CAHPS® child and adult surveys are provided on page 33.

According to the AHRQ website, the CAHPS® survey is a standardized questionnaire that allows a comparison of results over time. AHRQ considers the consumer/patient to be the best source of information. Significant emphasis has been placed on issues relevant to both consumers/patients.

### ECHO®

The Experience of Care and Health Outcomes (ECHO®) surveys were developed to gauge consumer satisfaction with the behavioral health treatment that they received. The SFY2012 child ECHO® survey was administered to a random sample of SoonerCare children that received behavioral health services during a specific 12-month period. A report, comprised of responses received to questions ranging from getting treatment quickly to how well clinicians communicated, provided OHCA with valuable member feedback. The results are compared to responses given in previous years (2008 and 2010) to determine if the satisfaction levels have changed in the various categories. A significant increase in the measure concerning access to treatment and information from health plan was found when compared to 2008 survey results

as well as in the rating of health plan measure. An improvement over office wait times was also found compared to 2010 data. This report is available on OHCA's website at [www.okhca.org/research/quality-reports/studies](http://www.okhca.org/research/quality-reports/studies).

### **MINDING OUR P'S & Q'S**

Ongoing quality initiatives had previously been reported in the annual Minding Our P's & Q's – Performance and Quality report. For SFY2013, information about updates to important programs being conducted at the OHCA will be available in the Annual Report. This report is available on OHCA's website at [www.okhca.org/research/annual-reports](http://www.okhca.org/research/annual-reports).

### **OHCA'S PERFORMANCE**

Following are key measures selected to inform the audience of the evaluation of agency performance in providing quality services and meeting members' needs.



**OBJECTIVE:**

TO SEEK AND EVALUATE MEMBER FEEDBACK ON SATISFACTION WITH SERVICES RECEIVED WHEN ACCESSING SOONERCARE BENEFITS.

## Outcome:

Customer Satisfaction Survey Results  
*Benchmark – Trend information*

**What does this measure report?**

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey is a survey measuring members' satisfaction with medical services they received.

Measures range from "Rating of Health Plan" to "How Well Doctors Communicate." Formerly, the survey alternated annually between the adult and child populations.

Effective 2011, the child's experiences are surveyed annually due to CHIP reporting requirements. Adults continue to be surveyed every other year; this year OHCA is able to provide data for both groups (adult and child).

It should be noted that the information reported for 2012 was based on surveys of members enrolled in SoonerCare Choice as of December 31, 2011 and enrolled in the program for the six months prior to the survey from July 1, 2011 to December 31, 2011.

The SoonerCare program is the plan being rated by this measure.

**What do the latest results mean?**

Responding to the survey gives members an opportunity to express their feelings about the program and treatment they received. Issues that come up in the survey may be used as possible training points during provider training sessions. Provider training is discussed in more detail in Goal 6. The responses received from SoonerCare members are compared to responses from previous years because the national averages are not available from the Agency for Healthcare Research and Quality (AHRQ) at the release of this report.

Both of the surveys continue to show that SoonerCare members indicate high levels of overall satisfaction.



Figure 16

Customer Survey (CAHPS®) - Child

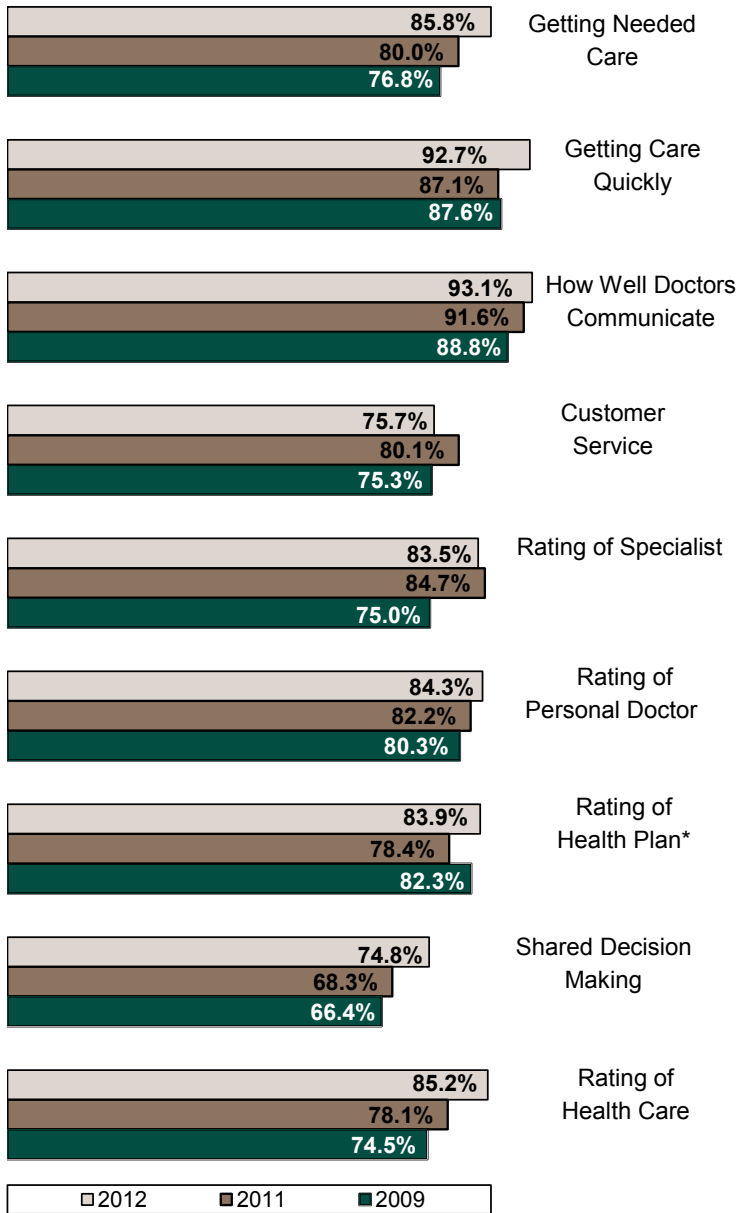
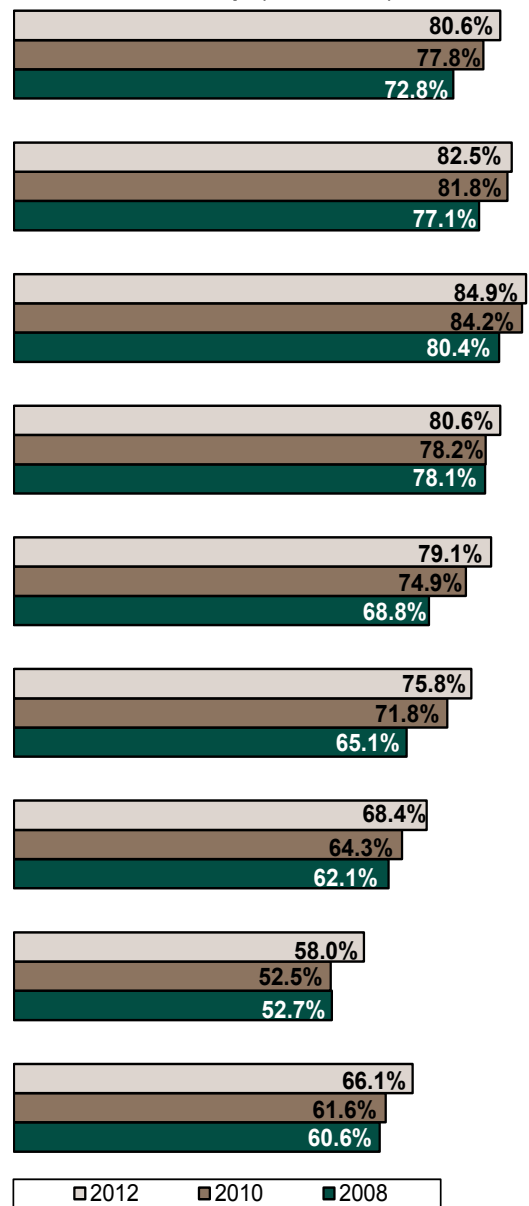


Figure 17

Customer Survey (CAHPS®) - Adult



Source: CAHPS® Child & Adult Health Surveys for SoonerCare Choice: 2012 Reports

\* The SoonerCare program is the plan being rated by this measure.

**What is OHCA doing to affect this measure?**

The overarching aim is to fulfill OHCA’s mission of providing satisfaction and quality. The measures discussed in Goal 2 are instrumental in providing OHCA with member insight. By obtaining this key information, it allows OHCA to target areas for improvement as well demonstrate the effectiveness of other areas. The satisfaction studies, in conjunction with the quality improvement activities completed, ensure that SoonerCare monitors its performance in these areas.

The Member Advisory Task Force, created in 2011, is still being utilized to improve the SoonerCare Choice program through input and feedback from members and their families. These meetings are held every other month.



<b>OBJECTIVE:</b>	TO PARTNER WITH OKLAHOMA'S LONG TERM CARE FACILITIES TO STRIVE FOR QUALITY LONG TERM CARE SERVICES.
Outcome:	Percent of 5 star long term care facilities <i>Benchmark – Trend information</i>
Outcome:	Percent of 4 star long term care facilities <i>Benchmark – Trend information</i>
Outcome:	Percent of residents participating in the resident satisfaction survey rating overall quality as excellent or good <i>Benchmark – Trend information</i>
Outcome:	Percent of employees participating in the employee satisfaction survey (including quality) rating overall satisfaction as excellent or good <i>Benchmark – Trend information</i>

**Focus on Excellence — What is it?**

Because of the essential role nursing homes play in the health care system as a result of the long term care they provide, the Focus on Excellence (FOE) program was designed to encourage nursing home improvements in quality, life, and care. OHCA initiated this program in 2007 and continues its focus on facilities established and rooted in Oklahoma. This helps the state with its aim of having top-rated care in its nursing facilities and enhancing the lives of residents as well as their families. All contracted Oklahoma long term care (LTC) facilities are voluntarily enrolled as participants in the program. The rate of Oklahoma nursing facilities regularly participating in FOE vacillates around 95 percent.

During 2011, the Focus on Excellence program went through a transition in conjunction with the recommendations of its Advisory board which is comprised of a broad cross-section of organizational stakeholders. Nine new quality program measures were established and released to increase precision and fairness in ratings and payment allocation, expand information to consumers, improve program accountability, and to focus on residents' personal needs and desires in a home-like atmosphere. This information is of significant importance to those making choices about nursing home care and those who provide the services. Additionally, payments may also be affected by a citation issued on a Department of Health State survey.

The new quality measures are:

- |                                    |                           |
|------------------------------------|---------------------------|
| 1. Person-centered care;           | 6. CNA retention;         |
| 2. Direct care staffing;           | 7. Distance Learning;     |
| 3. Resident / Family Satisfaction; | 8. Peer Monitoring; and   |
| 4. Employee Satisfaction;          | 9. Leadership commitment. |
| 5. Licensed Nurse Retention;       |                           |

In SFY2011, OHCA staff conducted regional state trainings to ensure adequate preparation for the launching of the revised program. Training materials have also been made available through OHCA FOE website for easy access.

The development of a FOE Partner Portal, is one of the innovative system enhancements established, allowing the LTC facilities to view and update necessary information and forms within the system. The portal list displays FOE data for upcoming submissions needed by the facility, overdue submissions, as well as completed submissions. The portal allows for the printing of completed forms for record keeping, accessing reports, and many other helpful functions. Formerly, these functions would have been completed by a previous contractor. Each month, long term care facilities input information through the web portal and incentive payments and star ratings are compiled and announced by OHCA on a quarterly basis.

Graphs below reflect change in FOE program between SFY2011 and SFY2012.

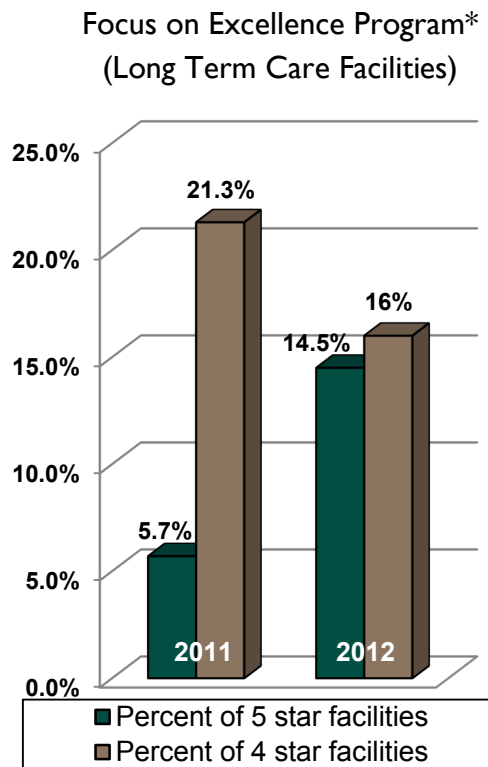


Figure 18

Source: OHCA FOE Division

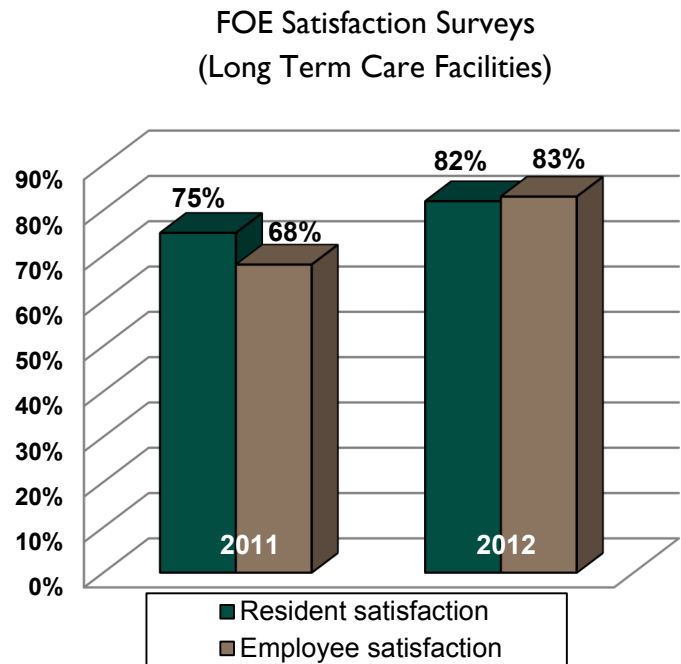


Figure 19

Source: OHCA FOE Division

\* SFY2012 is representative of 2 quarters of data.

Focus on Excellence continues to utilize a '1 to 5' star rating system. The more stars received denotes a higher performance rating for the measure. Points are awarded to the facilities that meet or exceed established threshold requirements for the 9 separate quality performance measures; additional Medicaid payments are made to these facilities. The number of stars a facility has for each measure allows comparison of areas of importance for the family, consumer, and/or loved one. Participating FOE facility star ratings and satisfaction survey reports are posted online for public viewing. The new performance measures' data was received beginning with the January 2012 quarter reports.

Focus on Excellence utilized new satisfaction survey tools, interspersing elements from the new performance measures, for evaluation of satisfaction for residents, family members, and employees with SFY2012 surveys. They are scheduled to be administered once annually beginning with SFY2012; the satisfaction surveys are slightly longer than the previous surveys because they are focused on collecting specific information about this population. Applied Marketing Research is the contractor responsible for resident, family, and employee satisfaction surveys. The surveys are available in English and Spanish.

For example, the new surveys for the resident and family members continue to focus on critical areas such as the residents’ rooms and living environments, food and dining experiences, and overall satisfaction as well as other areas. The opportunity to respond to statements such as, “I can choose where and when to eat my meals,” or “Overall, I am satisfied with my room,” is tremendously helpful in gauging the level of satisfaction for the resident and family members regarding the nursing facility. Consistent with past program practices, paper surveys will be distributed by mail to residents and family members.

The new surveys for employees focus on the workplace with emphasis added to elements like safety, cleanliness, quality of training, and commitment to meeting residents’ needs. These surveys provide a constructive venue for responses to statements like, “This facility is clean,” or “I am satisfied with the training I continue to receive at this facility”. The compilation of responses is valuable in gauging the level of satisfaction for the employees of the LTC facilities. Employees will be able to complete a paper survey and an electronic form will also be offered.

**What do these measures report?**

These measures report the progress the Focus On Excellence program, in partnership with Oklahoma’s long term care facilities, has made in the area of quality, life, and care for nursing home residents. With the state’s goal of having top-rated care in its nursing home facilities, it is important to examine the percent of 4 and 5 star facilities in conjunction with resident and employee satisfaction.

**What do the latest results mean?**

It is noteworthy to acknowledge that the performance measures, in combination with the satisfaction surveys, changed between SFY2011 and SFY2012 so it will be necessary for OHCA to study the results over time.

It is believed this will be an advantageous approach to focusing on the quality residents receive in nursing facilities. It is prudent to reexamine goals and objectives to make useful changes for desired outcomes.



### What is OHCA doing to affect these measures?

As before, Focus on Excellence uses regularly-collected performance data to:

- Enable additional Medicaid payments to be earned by nursing facilities that meet or exceed targets on any of the 9 separate performance measures;
- Give providers data and feedback to help them set and meet their own quality improvement goals, increase Medicaid payments, and earn higher star ratings; and
- Provide information to support a public star rating system for use by consumers in evaluating and selecting nursing facilities in their areas.

The website that is available to provide nursing home ratings based on performance measures can be found at [www.oknursinghomeratings.com](http://www.oknursinghomeratings.com).

The technology provided allows long term care facilities to compare their performances with facilities across the state. The incentive payments received, based upon the ratings, allow those facilities that are performing well to be compensated at the highest rate.

The Opportunity for Living Life (OLL) Division advisory board continues to meet. As a result of their collaboration, major positive revisions have been incorporated in the Oklahoma FOE program.





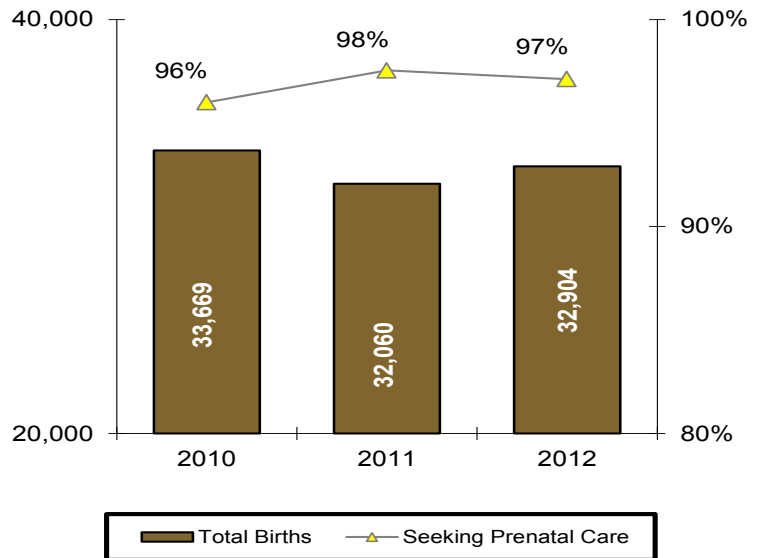
## Goal # 3: Members' Personal Responsibilities

TO PROMOTE MEMBERS' PERSONAL RESPONSIBILITIES FOR THEIR HEALTH SERVICES UTILIZATION, BEHAVIORS, AND OUTCOMES.

### Performance Highlights

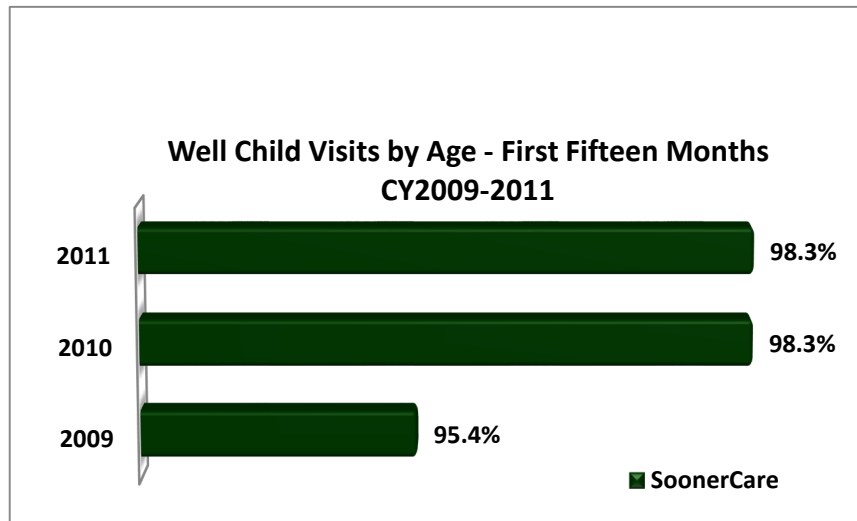
The Performance Highlights provide a concise overview of the agency's progress towards achieving this goal. Performance Measures are provided in this section and include descriptive information as to what a measure means, why it is important, helpful information to offer context, and actions the agency has planned or taken that pertains to the measure or goal.

Total SoonerCare Births and Percent of Mothers Seeking Prenatal Care for SFY2010-2012



Source: OHCA MMIS

Figure 20



Source: OHCA's MMIS Claims Processing System using HEDIS criteria.

Figure 21



## Goal # 3: Members' Personal Responsibilities

TO PROMOTE MEMBERS' PERSONAL RESPONSIBILITIES FOR THEIR HEALTH SERVICES UTILIZATION, BEHAVIORS, AND OUTCOMES.

Being healthy involves making good choices about exercise, diet, and personal behavior. To become healthier, individually, and as a state, Oklahomans must take personal responsibility for their health choices and behaviors. This is particularly true of individuals accessing SoonerCare services. SoonerCare serves low-income populations who are more likely to report themselves in poor health. Professor Sara Rosenbaum of George Washington University states that the Medicaid "...population is markedly less healthy than average."

According to the United Health Foundation, Oklahoma's overall health ranked 43<sup>rd</sup> in the nation, down three spots from 2011. Oklahoma's low ranking is related to conditions that Oklahomans must live with every day, including poverty, limited access to primary care, lack of insurance, and inadequate prenatal care. Oklahoma ranks low in certain categories such as prevalence of smoking and obesity, and OHCA doesn't serve a large majority of those populations. In 2014, when the Affordable Care Act is fully implemented, OHCA may have more of an impact on these populations.

Poor health outcomes can only be improved when Oklahomans take more personal responsibility for their health habits. Properly utilizing health care, following physician's recommendations, and maintaining healthy lifestyles are critical to an individual's health.

OHCA continually seeks to ensure members are taking personal responsibility for their health by providing access to preventive and early intervention services and guiding members as they navigate the health care delivery maze. The Medical Home concept helps providers track their SoonerCare patients' health development and provide better continuity of care (See page 58). OHCA also give providers the opportunity to educate members on how to lead more healthy lifestyles, such as being more active and eating healthier.

In addition to emphasizing healthy behavior, OHCA is also focusing on the operational aspect of personal responsibility in terms of utilization of services. For example, OHCA monitors persistent ER utilization by SoonerCare members. Many of these highly expensive ER visits are unnecessary and the member's primary care physician could have effectively delivered the care being sought. To address this issue, OHCA has developed outreach programs to educate members on their responsibilities as health care consumers. In the



case of persistent ER utilization, simple outreach in the form of letters and phone calls has helped drastically reduce the number of members persistently utilizing the ER. Members receive higher quality care at a lower cost to the state when they visit their primary care physician instead of the ER.



OHCA recently implemented the SoonerQuit Program, which aims to help pregnant women quit smoking. OHCA also partnered with several other state agencies on the Shape Your Future Campaign which has a goal of improving the health of all Oklahomans.

### SMOKING CESSATION/TSET PROGRAM

Smoking before and during pregnancy is the single most preventable cause of illness and death among mothers and infants. An estimated 58 percent of Oklahoma’s SoonerCare population smokes. Women who quit smoking before or early in pregnancy significantly increase the prospects of improved health for both them and their baby.

OHCA adopted different initiatives related to tobacco cessation and TSET such as SoonerQuit Prenatal, SoonerQuit for Women, Oklahoma Tobacco Helpline contractual agreement, and a new shared position with TSET (Health Promotions Coordinator).

The SoonerQuit Prenatal Initiative has resulted in increased knowledge and use of best practices for tobacco cessation among 41 health care providers with a reach of over 14,000 SoonerCare patients annually. There was a 36% increase in the use of the Oklahoma Tobacco Helpline by pregnant women within 18 months of the start of the SoonerQuit Prenatal Initiative and SoonerQuit for Women Marketing campaign.



The number of SoonerCare members using the Oklahoma Tobacco Helpline in the last year has nearly doubled in comparison to previous years, as OHCA has engaged in multiple efforts to increase awareness and use of tobacco cessation benefits and the Oklahoma Tobacco Helpline by SoonerCare members.

In July 2011, OHCA and TSET partnered to support Oklahoma Tobacco Helpline services for SoonerCare members resulting in a total savings of nearly \$400,000 state dollars to date.

In July 2012, OHCA and TSET partnered to fund a new position at OHCA, a Health Promotions Coordinator, that works internally to educate OHCA staff on tobacco and wellness-related best practices.



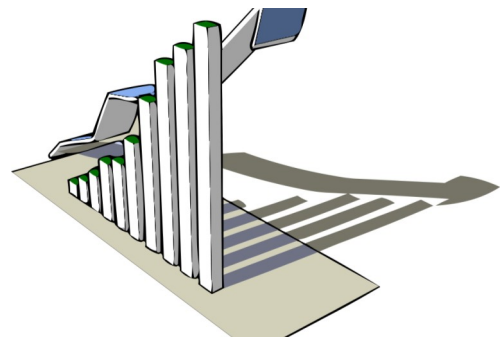
Oklahoma was recognized nationally for its efforts in the “text4baby” campaign, which focuses on getting pregnant women and new mothers to enroll in a program designed to improve infant care. Oklahoma won the first week of the contest, which began May 17, then won again the first week of June 2012. Oklahoma competed in the middle-sized state/territory category against 25 states. Text4baby provides timely tips and

expert advice sent directly to the cell phones of pregnant women and new moms. Pregnant women and new mothers who text “BABY” to 511411 receive weekly text messages, timed to their due date or their baby’s birth date through the baby’s first year. In its first 2 years, text4baby has already reached more than 335,000 users. By engaging a vast network of more than 775 text4baby outreach partners around the country, the contest aims to reach more potential participants through healthy competition among the states.



**OHCA’S PERFORMANCE**

Following are key measures selected to represent OHCA’s efforts to assist members in taking personal responsibility for their health and measures that help in assessing members’ utilization of OHCA services.



**OBJECTIVE**

TO STRIVE FOR SOONERCARE CHILDREN TO RECEIVE NECESSARY PREVENTIVE CARE THROUGH CHILD (EPSDT) SERVICES.

Outcome: % of Children Accessing Well-Child Visits - Child Health / EPSDT  
First 15 Months - 3 - 6 Years - Adolescents

**What does this measure report?**

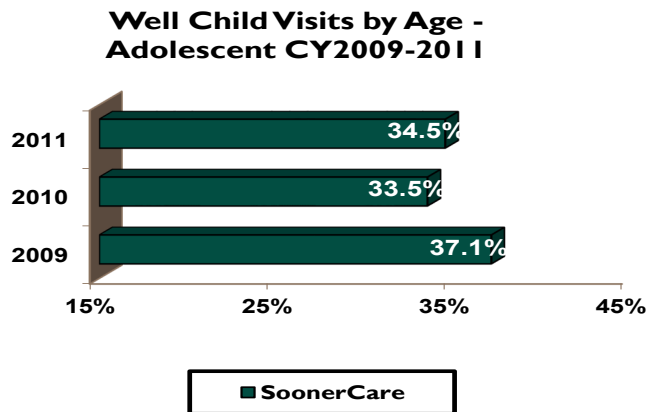
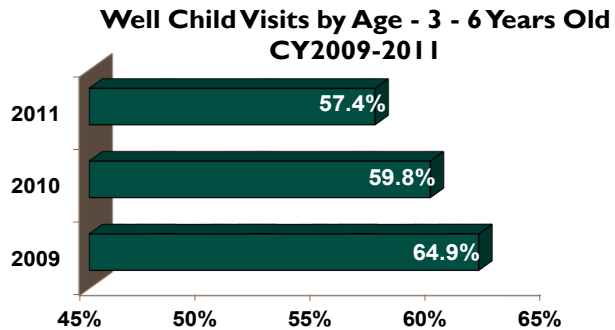
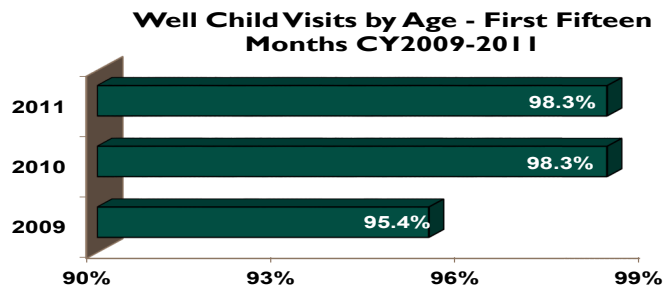
This HEDIS measure reports the rate of at least one well-child visit for children enrolled in Oklahoma's SoonerCare Choice health care program. These visits are part of the EPSDT (Early and Periodic Screening, Diagnosis and Treatment) program comprised of comprehensive and preventive health services for children. (ages 15 months to 3 years are not calculated).

\*HEDIS, the Healthcare Effectiveness Data and Information System, is a set of standardized performance measures originally developed to compare health insurance plans. CMS has worked with the National Committee for Quality Assurance (NCQA) to incorporate Medicaid – specific measures into HEDIS.



Well-Child Visits by Age—Calendar Years 2009—2011

Figure 22



Source: OHCA's MMIS Claims Processing System using HEDIS criteria.

**What do the latest results mean?**

Babies, kids, and teenagers need to get regular check-ups to stay healthy. Seeing a health care provider on a regular schedule, even when feeling well, may help prevent serious health problems in the future. Children and teens enrolled in SoonerCare should take part in these preventive health care services.



Regular check-ups are one of the best ways to detect physical, developmental, behavioral, and emotional problems. They also provide an opportunity for the clinician to offer guidance and counseling to the parents.

Babies in Oklahoma continue to visit their primary care provider for well-child visits at a rate above the national average. As children get older however, their rate of visits fall.

**What is OHCA doing to affect this measure?**

OHCA is doing several things to encourage members to visit their primary care physicians, including:

- Sending reminder letters to members when well-child visits are due or past due.
- 1,029,724 quarterly newsletters sent to SoonerCare members.
- Child Health Unit staff providing information about well-child visits to OSDH immunization representatives with the hope that these representatives will promote the importance of well-child visits when meeting/talking with providers and members.

CMS 416: Annual EPSDT Screening Ratio

Screening Ratio	
FY 2007	70%
FY 2008	73%
FY 2009	83%
FY 2010	77%
FY 2011	74%

Through a CHIPRA Outreach Grant from CMS, OHCA is working with state and community partners across the state to provide information on well-child visits.

In SFY2011 (the latest data available), the CMS 416 report reflected that 74 percent of SoonerCare Children are surpassing the expected number of EPSDT visits each year, down from 77 percent the previous year. The national screening goal is 80 percent.

Source: OHCA Child Health Unit

Figure 23

**OBJECTIVE** TO PARTNER WITH OTHER CHILD SERVING ORGANIZATIONS IN THE STATE TO STRIVE FOR OKLAHOMA'S CHILDREN TO MEET THE FEDERAL IMMUNIZATION GOAL OF 80 PERCENT.

Outcome: Oklahoma's Percentage Compliance with Healthy People by 2020 Campaign

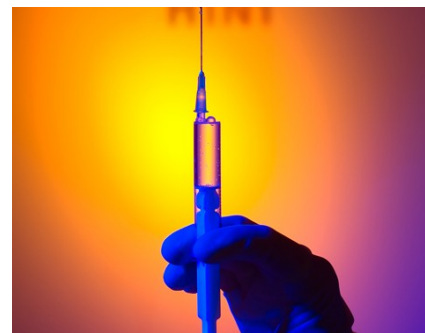
$$\text{Immunization Rate} - \text{Target} / 80\%$$

**What does this measure report?**

This measure reports the percentage of Oklahoma's children receiving recommended immunizations in the age group of 19 - 35 months based on vaccination series 4:3:1:3:3:1:4

Doses / Immunizations in the 4:3:1:3:3:1:4 vaccination series are:

- 4 - DTP
- 3 - Polio
- 1 - MCV (measles)
- 3 - Hib (bacterial meningitis)
- 3 - Hepatitis B
- 1 - Varicella
- 4 - PCV



Beginning in SFY2011, OHCA began reporting on the 4:3:1:3:3:1:4 series after reporting on the 4:3:1:3:3:1 series in SFY2010 and the 4:3:1:3:3 series for several years prior. The change in the series measured was due to CDC changing the vaccination series that will now be used to measure compliance with Healthy People by 2020 Campaign to the 4:3:1:3:3:1:4 series.

**What do the latest results mean?**

Vaccines save lives and protect people against permanent disabilities or death. Before the development of vaccines, thousands of infants and children died or were disabled from infectious diseases such as measles, polio, pertussis (whooping cough), and rubella. Because of vaccines, Oklahoma doctors rarely see diseases that once devastated families and disrupted

Immunization Rates for Oklahoma and Surrounding States for Calendar Years 2007-2011

Figure 24

	Oklahoma	Kansas	Missouri	Arkansas	Louisiana	Texas	New Mexico
2007	53.3%	64.8%	64.7%	57.4%	66.9%	68.5%	65.4%
2008	56.4%	69.5%	61.5%	64.9%	72.5%	70.5%	72.9%
2009	61.0%	65.6%	58.1%	60.0%	73.4%	65.0%	62.5%
2010	61.6%	65.6%	65.5%	73.2%	69.0%	70.1%	65.4%
2011	72.0%	79.0%	67.6%	71.5%	74.6%	74.6%	75.2%

Source: Centers for Disease Control, National Immunization Program at [www.cdc.gov/vaccines/stats-surv/limz-coverage.htm#chart](http://www.cdc.gov/vaccines/stats-surv/limz-coverage.htm#chart)

lives. Unfortunately, vaccine-preventable diseases continue to pose a threat to children in Oklahoma. Vaccination remains a critical health strategy as cures are unavailable for most vaccine-preventable diseases. Young children especially need vaccines early and often to ensure their immune systems are able to respond when needed. Maintaining high childhood immunization levels is vital to assuring the public's health.

Immunization rates in Oklahoma and surrounding states have remained stable, fluctuating only a few percentage points since last year. Immunization rates are often dependent upon the available supply of vaccines and the public perception of the need for vaccinations.

Children that do not receive recommended immunizations are susceptible to life-threatening illness. It is important that OHCA and SoonerCare continue to strive to increase the percentage of children receiving these vaccinations.



#### **What is OHCA doing to affect this measure?**

Children enrolled in SoonerCare receive free medical, vision, hearing and dental check-ups, and services. Immunizations are a part of SoonerCare covered well-child visits. The goal of the program is to improve the health status of children by making sure they receive preventive services and follow-through care. Seeing a health care provider regularly, even when feeling well, may help prevent serious health problems in the future.

**OBJECTIVE** TO INCREASE PREVENTIVE/AMBULATORY CARE USE BY ADULTS

Outcome: Percent of Adults' Health Care Use of Preventive / Ambulatory Care

**What does this measure report?**

This measure reports HEDIS data for adults ages 20 to 44 and 45 to 64 years that have accessed preventive / ambulatory care during the period. Many adults do not seek care until a medical issue elevates to an emergency. Adult health care use is reported as an indication that individuals are participating in their health care by seeking medical services responsibly.

\*HEDIS, the Healthcare Effectiveness Data and Information System, is a set of standardized performance measures originally developed to compare health insurance plans. CMS has worked with the National Committee for Quality Assurance (NCQA) to incorporate Medicaid – specific measures into HEDIS.

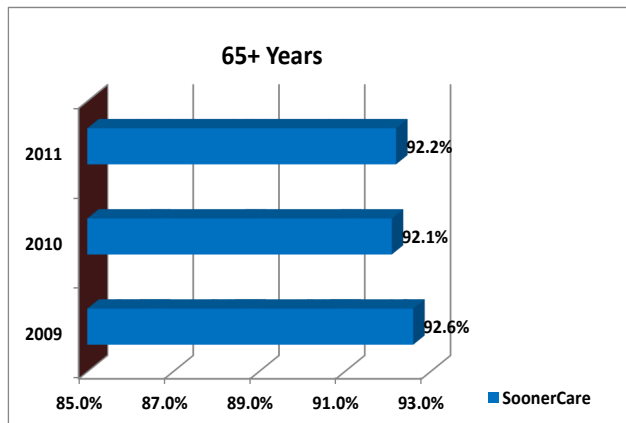
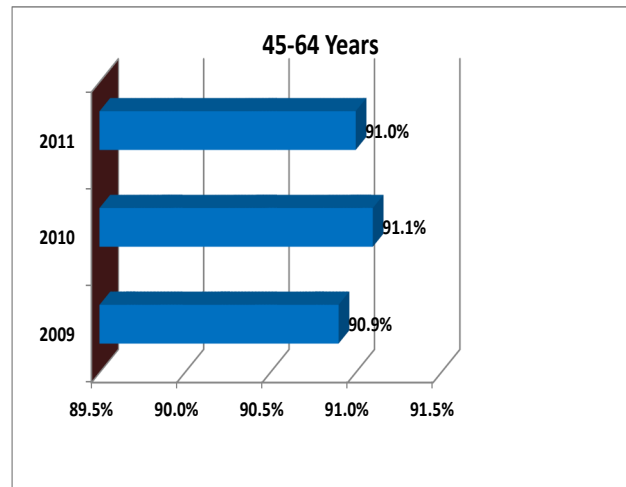
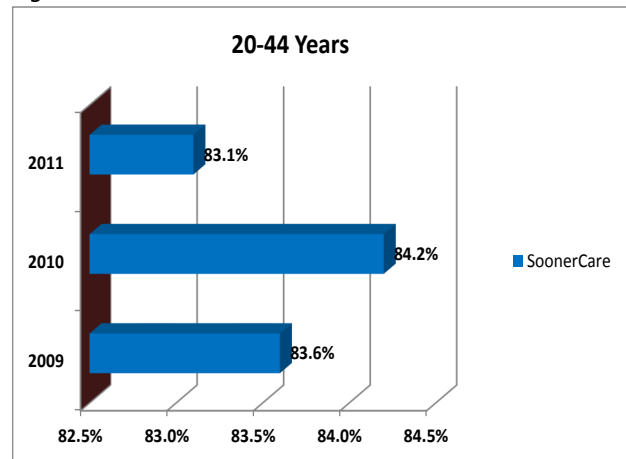


**What do the latest results mean?**

Access to primary care correlates with reduced hospital and emergency room use while also preserving quality. Studies show that costly and inappropriate care can be reduced through shared decision-

**Adults use of Preventive / Ambulatory Care by Age for Calendar Years 2009—2011**

Figure 25



Source: OHCA's MMIS Claims Processing System using HEDIS criteria.

making between well-informed physicians and patients. Physicians play a central role in nurturing these quality-enhancing strategies that can help to 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. Encouraging and making access to primary and preventive care services available is one strategy to lower hospital utilization while maintaining the quality of care delivered.

SoonerCare members in the 20 to 44 year old age group and the 45 to 64 year old age group have continued to use preventive/ambulatory care at slightly decreasing rates over the previous year. Members 65+ have maintained steady usage over the years 2009-2011.

### **What is OHCA doing to affect this measure?**

In February 2008, OHCA launched the SoonerCare Health Management Program (HMP). The program is designed to benefit SoonerCare Choice members who show a high-risk for chronic disease and their primary care providers (PCP). Predictive modeling software is used to select members who, based on their medical history, are at the highest risk for adverse outcomes.

The HMP uses the chronic care model, in which the main principle is to pair an informed and engaged patient with a prepared and proactive provider in order to create the best possible health outcome. The Nurse Case Management portion of the HMP program emphasizes self-management principles and serves up to 5,000 of our members identified as high risk. The other key component to the HMP is Practice Facilitation, which is support offered to assist the provider in becoming more prepared and proactive.

Initially, the program estimated its targeted group to include 5,000 Choice members. As of June 30, 2012, 4,130 members were engaged in the HMP. Over the life of the HMP, 17,256 members have been enrolled. The Pacific Health Policy Group, an independent evaluator, credits practice facilitation with saving 2.8 million dollars in the first 17 months of operation. Through practice facilitation, one component of the HMP, OHCA has provided services to 90 practices that touch over 105,000 SoonerCare member lives.





**HMP SERVICES AVAILABLE:**

*Nurse Care Management* - In person or by phone, a nurse provides education, support, care coordination and self-management tools aimed at improving the member's health.

*Behavioral Health Screening* - It is very common for members with chronic health conditions to feel stressed or concerned about their health. Sometimes poor emotional health can make the medical condition worse. All HMP members will be asked to complete a behavioral health screening to identify areas they may need help with managing.

*Pharmacy Review* - Each HMP member fills out a medication list with the help of their nurse care manager. The nurse can ask for this list to be reviewed by a pharmacist if any problems are identified. This will lessen the chance of a medication error.

*Community Resources* - All nurse care managers are in contact with a resource specialist to help members locate appropriate resources.

*Primary Care Provider Involvement* - Nurse care managers send monthly updates to their members' PCPs. These updates include self-management goals, progress made, and the health status of the member.

*Practice Facilitation* - A professional, highly-trained practice facilitator works with participating practices to redesign office systems. This redesign focuses on applying quality improvement techniques in order to improve care delivered to members with chronic conditions.



**OBJECTIVE**

TO EDUCATE MEMBERS ON THE USE OF PHARMACY SERVICES AND MONITOR THEIR BEHAVIOR THROUGH THE LOCK-IN PROGRAM.

Output:

Average Number of SoonerCare Members Assigned to the Lock-In Program

**What does this measure report?**

This measure reports the number of members locked into a specific pharmacy due to misuse of services.

**What do the latest results mean?**

The SoonerCare pharmacy benefit is designed to ensure that members have access to the medications they need for health maintenance. The Pharmacy Lock-In program monitors members who have inappropriately used pharmacy services. Identified members are “locked-in” to one pharmacy to structure their access to pharmacy benefits. Members remain in the program until their behavior becomes consistent with acceptable standards.



SoonerCare members in the lock-in program have increased steadily the last three years. Members are locked-in for two years, and can be extended one year if warranted by a review.

**What is OHCA doing to affect this measure?**

In order to be assigned to the lock-in review program, an individual must be currently enrolled in SoonerCare or the Insure Oklahoma Individual Plan.

If the member’s utilization is determined to be potentially inappropriate, the lock-in process is started, and the member is required to fill all prescriptions at a single pharmacy. The member is able to choose a designated pharmacy. This pharmacy is contacted for consent prior to the member being locked-in.

SoonerCare Members Assigned to the Lock-In Program for SFY2010-2012

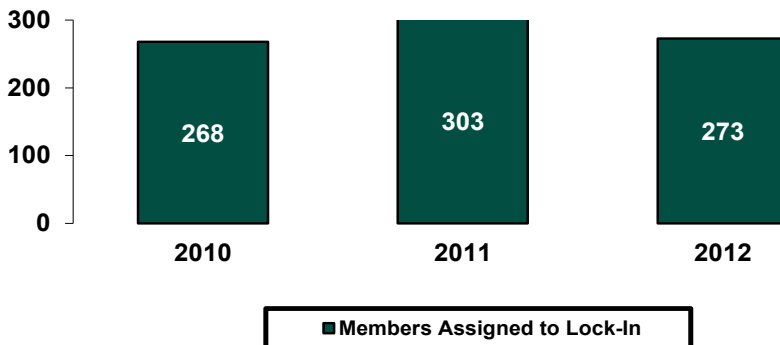


Figure 27

Source: OHCA Program Integrity; Oklahoma University College of Pharmacy

GOAL # 3: MEMBER PERSONAL RESPONSIBILITY

<b>OBJECTIVE</b>	TO INCREASE THE NUMBER OF PREGNANT WOMEN SEEKING MEDICAL CARE BEFORE DELIVERY.
Outcome:	Percent of SoonerCare Members Seeking Prenatal Care-Target /90%
Output:	Number of Births to SoonerCare Members—Estimate / None
Output:	Number of Members Seeking Prenatal Care



**What do these measures report?**

These measures track the number and percent of births in which the mother sought prenatal care before delivery. The percentages are disaggregated by the trimester in which care was first accessed.

The method of calculation for this measure was changed from SFY2010. The total number of births did not change, but the breakdown by trimester was

changed from months to weeks.

Previously: 1st Trimester (first 3 months), 2nd Trimester (4-6 months), and 3rd Trimester (7-9 months)

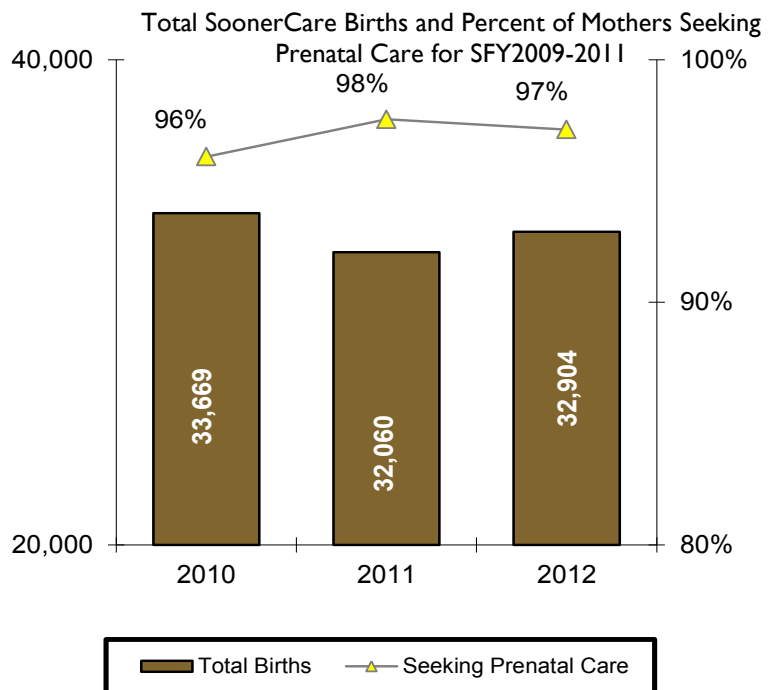
Now: 1st Trimester (first 13 weeks), 2nd Trimester (14-26 weeks), and 3rd Trimester (27-40 weeks)

**What do the latest results mean?**

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.

According to the March of Dimes, “The goal of prenatal care is to monitor the progress of a pregnancy and to identify potential problems before they become serious for either mom or baby.” For more information,

<http://www.marchofdimes.com/Pregnancy/prenatalcare.html>.



Source: OHCA MMIS

Figure 28

The number of SoonerCare mothers-to-be seeking prenatal care at some point in their pregnancies in 2011 was 98 percent. The number of women seeking prenatal care in the first trimester of their pregnancies (59%) is still drastically below the Healthy People 2020 campaign benchmark of 78 percent. However, the number of women seeking care in the first trimester increased 2 percent (57.2 percent to 58.75 percent) from SFY2011 to SFY2012. In Calendar Year 2011, 50,890 babies were born in Oklahoma, 31,848 of them were covered by SoonerCare (63 percent.)

**What is OHCA doing to affect these measures?**

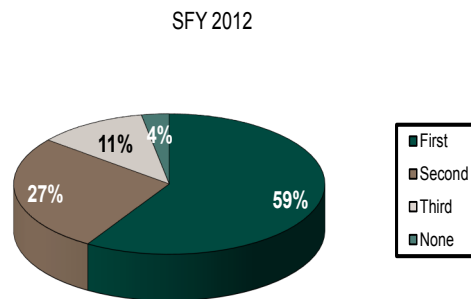
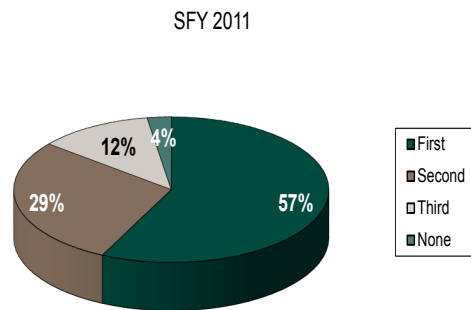
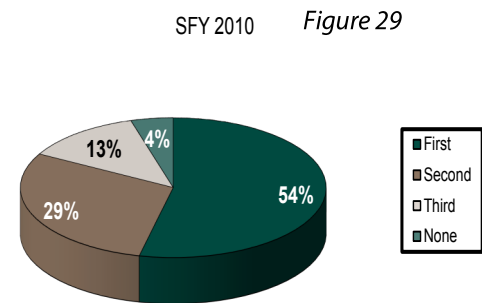
OHCA continuously seeks to increase the benefits and services available to mothers and babies. Since its first meeting in May 2005, the OHCA-OSDH Perinatal Advisory Task Force has made several recommendations regarding expansion of benefits and services to pregnant women. OHCA has been able to implement many of these recommendations. Learn more at [www.okhca.org/about us/ Perinatal Task Force](http://www.okhca.org/about-us/Perinatal-Task-Force).

These changes include:

- Smoking/Tobacco Use Cessation Counseling,
- Ultrasounds,
- Perinatal Dental,
- Prenatal Risk Assessment,
- Obstetrical High Risk Care,
- Maternal & Infant Health Social Work Services,
- Lactation Consultation Services, and
- Genetic Counseling Services.

On March 21, 2011, OHCA launched Fetal and Infant Mortality Review (FIMR), a program aimed at lowering infant mortality rates in the ten worst performing counties in Oklahoma. In 2009, Oklahoma ranked 44<sup>th</sup> in the country with an infant mortality rate of 7.85 per 1,000 live births. Women who deliver at full term have healthier babies and the costs associated with the birth are much lower. Women come into the FIMR program through online enrollment as early as 6 to 8 weeks into their gestation period. This includes a screening for eligibility into OHCA’s High Risk OB program.

SoonerCare Members Who Sought Prenatal Care - By Trimester - SFY2010—2012



Source: OHCA MMIS

### GOAL # 3: MEMBER PERSONAL RESPONSIBILITY

In the program, women receive case management until the end of their pregnancy. Topics addressed in the pregnancy include:

- Access to SoonerRide
- Reminder calls about follow up appointments
- Education about pregnancy-related issues
- Compliance with the prescribed regimen
- Assistance with other related issues regarding medical care



In addition, the women are encouraged to sign up for Women, Infants and Children (WIC) assistance and other needs, such as cribs, car seats, and strollers, are addressed.

As of June 30, 2012, the program had 2,274 women enrolled. The program continues to grow, adding approximately 48 members per week. While the program is only a few months old, OHCA hopes it will be a factor in lowering Oklahoma's Infant Mortality Rate to the national average of 8 percent.

Newborn case management up to the first birthday is the second phase of the program. Topics addressed in this program for mother and baby include:

- Safe sleep
- Immunizations
- Well child appointments
- Safety in the home for the newborn
- Tobacco cessation



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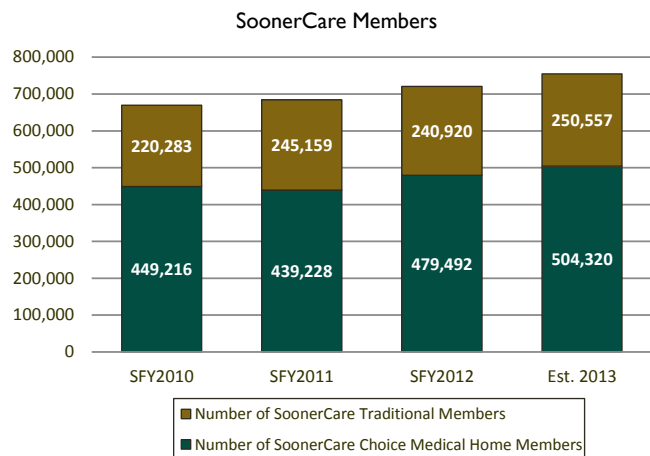
## Goal # 4: Member Benefits

TO ENSURE THAT PROGRAMS AND SERVICES RESPOND TO THE NEEDS OF MEMBERS BY PROVIDING NECESSARY MEDICAL BENEFITS TO MEMBERS.

### Performance Highlights

Figure 30

The Performance Highlights provide a concise overview of the agency's progress towards achieving this goal. Performance Measures are provided in this section and include descriptive information as to what a measure means, why it is important, helpful information to offer context, and actions the agency has planned or taken that pertains to the measure or goal.

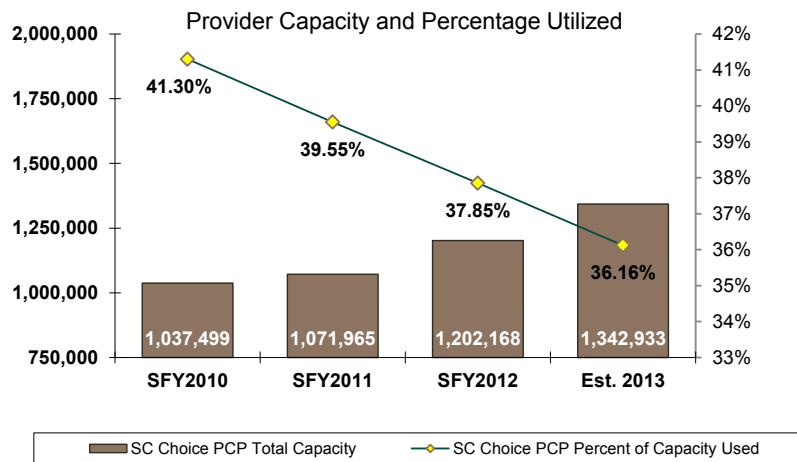


These numbers reflect point in time data - June 30, 2012.  
Indian Health Services' (IHS) members are included in SC

Source: OHCA Fast Facts Medical

*During implementation of Medical Home, providers renewed their contracts with OHCA. Part of the renewal process included a self-assessment that requested updated Medical Home Panel capacity and the number of hours the provider was available for appointments. OHCA staff set Panel capacity maximum limits based on available hours reported. Medical Home primary care providers can now go online and adjust their capacity at any time.*

Figure 31



Source: OHCA Fast Facts

These numbers reflect point in time data - June 30, 2012.



## Goal # 4: Member Benefits

TO ENSURE THAT PROGRAMS AND SERVICES RESPOND TO THE NEEDS OF MEMBERS BY PROVIDING NECESSARY MEDICAL BENEFITS TO MEMBERS.

### Introduction

In order to receive federal funds, state Medicaid agencies must provide a basic level of benefits to their members. In addition to these basic benefits, federal law provides some flexibility in allowing states to provide additional services. Because of this, OHCA can tailor the SoonerCare benefits package to better address the needs of its members.

For a list of SoonerCare benefits go to <http://www.okhca.org/individuals>

Many factors influence the delivery of medical care to SoonerCare members. The implementation of a Patient-Centered Medical Home (PCMH) model of health care delivery, maintaining a strong and diverse provider network, and the ability of members to appeal decisions related to their care contributes to the effectiveness in which programs and services respond to the needs of SoonerCare members.

### Medical Home

At the request of the provider community and in collaboration with the Medical Advisory Task Force, OHCA implemented a patient-centered medical home primary care delivery system on January 1, 2009. This model incorporates a managed care component with traditional fee-for-service and incentive payments. The intent is to build on the successes already achieved in SoonerCare Choice to establish a patient-centered medical home for all SoonerCare Choice members.

### Medical Home Principles

The American Academy of Pediatrics introduced the medical home concept in 1967, initially referring to a central location for archiving the medical records of a child. In 2002, the medical home concept was expanded to include operational characteristics.

In February 2007, the AAP, the American Academy of Family Physicians, the American Osteopathic Association, and the American College of Physicians used this concept to develop a set of joint principles. These principles address the medical home partnership for which access is facilitated to specialty care, educational services, out-of-home care, family support,



<b>OBJECTIVE</b>	TO ENSURE THAT SOONERCARE CHOICE MEMBERS RECEIVE COORDINATED HEALTH CARE SERVICES THROUGH A MEDICAL HOME
Output:	Number of Members Enrolled in a Medical Home <i>2012 Actual - 479,492</i> <i>2013 Estimate - 504,320</i>
Output:	Number of Members Enrolled in SoonerCare Traditional <i>2012 Actual - 240,920</i> <i>2013 Estimate - 250,557</i>
Outcome:	% of SoonerCare Members Enrolled in a Medical Home <i>2012 Actual - 67%</i> <i>2013 Estimate - 67%</i>

**What do these Measures Report?**

These measures report the number of SoonerCare members enrolled in medical homes through SoonerCare Choice, the percentage of SoonerCare members enrolled in a medical home, and the number of SoonerCare members enrolled in the SoonerCare Traditional fee-for-service plan.

The identification of a group excluded from the original reported number of members enrolled in a Medical Home resulted in a revision from 2011 forward. The inclusion of this group resulted in a more accurate percentage of SoonerCare members enrolled in a Medical Home.

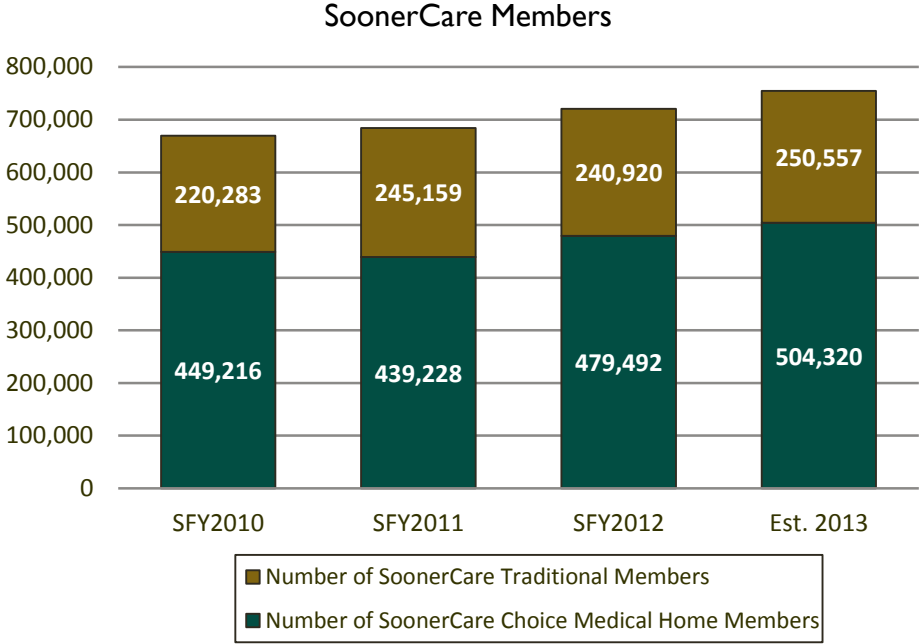
**SoonerCare Choice** is Oklahoma’s statewide managed care model in which each member is linked to a primary care provider who serves as a 'medical home'. PCPs manage the basic health care needs, including after-hours care, and specialty referrals for the members on their panel. In exchange for this service, each PCP is prepaid a fixed monthly capitated payment for care coordination. Visit-based services are paid under the fee-for-service system.

**SoonerCare Traditional** fee-for-service has a statewide network of providers that includes hospitals, family practice doctors, pharmacies, and durable medical equipment companies. SoonerCare members in this program may choose any of these contracted providers for needed services.

Some members are initially enrolled in SoonerCare Traditional, however only a small percentage remain in the program. They include:

- residents of long-term care facilities;
- dually eligible SoonerCare/Medicare members;
- individuals with private HMO coverage;
- those eligible for the Home and Community-Based Services (HCBS) waivers; and
- children in state or tribal custody.

Figure 32



Source: OHCA Fast Facts *These numbers reflect point in time data - June 30, 2012. Indian Health Services' (IHS) members are included in SC Medical Home count.*

**What do the latest results mean?**

Historically, the enrollment pattern has shown steady year-to-year growth. In SFY2012, SoonerCare enrollment continued to show growth at a steady pace. The proportion of SoonerCare Choice members to SoonerCare Traditional members also remained consistent at around 2 to 1.

**What is OHCA doing to affect these measures?**

Online Enrollment is eliminating barriers that might prevent potential members from applying for an OHCA program by allowing Oklahomans with internet access to apply at any time and any place. The approved applicant selects a PCP as part of the application process; this has been a very successful feature of Online Enrollment.

In the event this enrollment process is not used, members who qualify for SoonerCare Choice Medical Home are enrolled in Traditional fee-for-service. Every month, these members are identified through an automated process and are sent letters encouraging them to enroll with a PCP. Over a period of 60 days, up to five letters may be sent to these identified members. Letters include lists of available PCPs who are taking new patients in the members' areas combined with contact information. Additionally, the OHCA Member Services division is available to assist members with the choice of a PCP to advance the members into their selected medical home.

<b>OBJECTIVE</b>	TO MAINTAIN A PROVIDER NETWORK THAT CAN ADEQUATELY MEET THE NEEDS OF MEMBERS
Output:	Total Provider Count <i>2012 Actual – 40,825</i> 2013 Estimate – 39,720
Output:	SoonerCare Providers' Total Capacity <i>2012 Actual – 1,202,168</i> 2013 Estimate – 1,342,933
Outcome:	SoonerCare Providers' % of Capacity Used <i>2012 Actual – 37.9%</i> 2013 Estimate – 36.2%

**What do these measures report?**

These measures report the number of provider ID numbers in the system as of the end of SFY2012. They also report the difference between the total capacity, which represents the total number of members that could be served, with the actual percentage of capacity being utilized for the time period shown. Providers designate the maximum number of members they will serve.

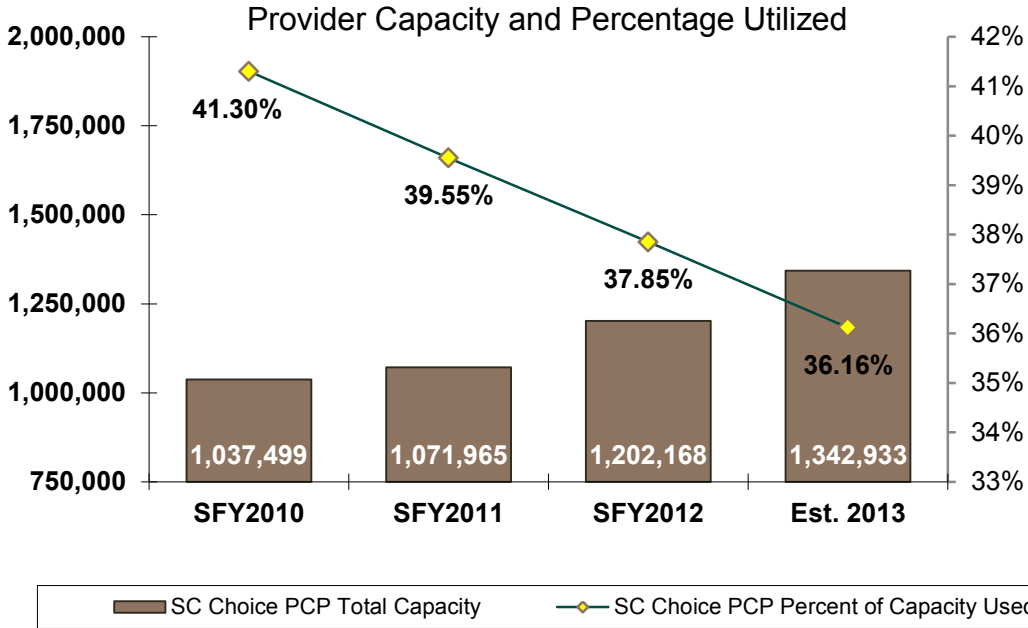
Effective SFY2013, the methodology for counting providers changed to count provider networks. A Provider Network is comprised of providers who are contracted to provide health care services by location, program, type, and specialty. This change will provide a more accurate representation of the provider network. For example, if a provider is serving in multiple locations, this allows for the provider to be counted multiple times. If the new methodology that was established for reporting the SFY2013 Provider Network had been utilized for SFY2012, the number would have been reported as 38,968.

**What do the latest results mean?**

The SoonerCare Program ensures that a comprehensive, adequate provider volume is maintained across the state of Oklahoma; providing access to services for SC members. The results convey that provider counts have remained relatively stable for SFY2012 in conjunction with estimates for SFY2013, with an increase noted in capacity levels. Changes in provider counting methodologies are discussed in this section.



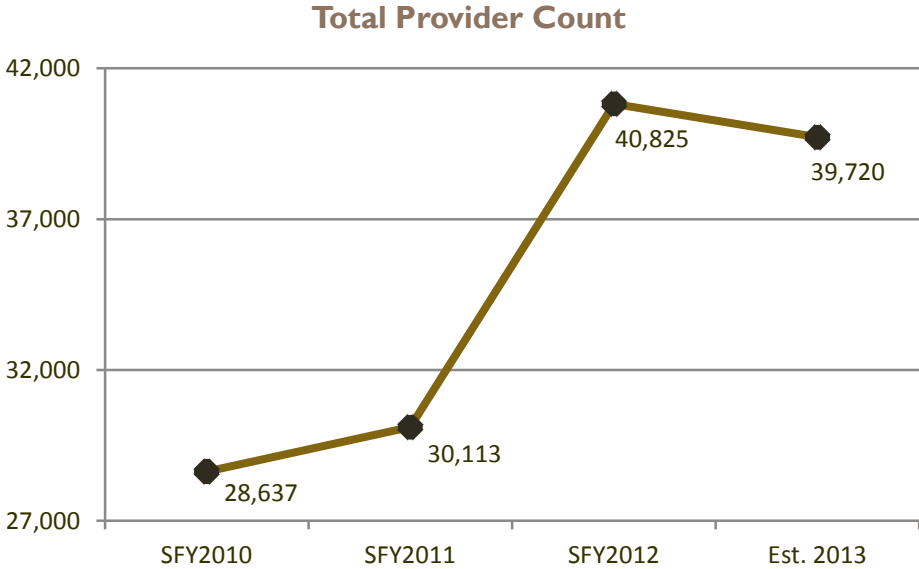
Figure 33



Source: OHCA Fast Facts

Numbers reflect status at a point in time - June 30, 2012.

Figure 34



Source: OHCA Fast Facts

Due to federal regulations, the OHCA must have an approved agreement on file for all providers providing care to our members. To meet this requirement, we now contract with providers that previously billed through a group or agency. Licensed Behavioral Health Practitioners and Mental Health Providers contributed to the increase in the provider counts. This change occurred after SFY2011 ended, but the reported numbers for SFY2012 demonstrate the impact.

**OBJECTIVE** TO PROVIDE NECESSARY BENEFITS AS INDICATED BY THE NUMBER OF MEMBER APPEALS WHOSE BENEFIT COMPLAINTS ELEVATE TO THE APPEALS PROCESS

Outcome:	% of SoonerCare Members Filing Appeals <i>2012 Actual</i> – < 1/4 of 1% <i>2013 Estimate</i> – < 1/4 of 1%	
Output:	# of SoonerCare Member Appeals Filed <i>2012 Actual</i> – 85 <i>2013 Estimate</i> – < 150	
Outcome:	% of OHCA Decisions Overturned <i>2012 Actual</i> – 8.2% <i>2013 Estimate</i> – < 20%	

**What do these measures report?**

These measures report the comparison of member-filed appeals to: 1) the total unduplicated count of members enrolled during the year, 2) the number of members' complaints related to benefits that elevated to the appeal level, and 3) the percentage of members' appeals in which the agency's initial conclusions were adjudicated and overturned upon review. The appeal process allows members to have their cases reviewed for legal, regulatory, and discriminatory issues. The number of appeals varies from year to year.



**What do the latest results mean?**

The relatively low number of member benefit appeals is an overall indication that members are receiving care that meets their needs and expectations. Similarly, the low percentage of overturned decisions indicates, for the majority of cases, that policies and rules regarding member benefits are being applied correctly and uniformly.

**What is OHCA doing to affect these measures?**

In SFY2010, OHCA began hearing appeals that had historically been handled by the Oklahoma Department of Human Services (OKDHS). Upon review of the increase in appeals, it was discovered that a number of eligibility issues had been included. Effective SFY2011, this measure was revised to include only enrolled members who filed an appeal relating to their benefits. As a result, the number of appeals decreased significantly when appeals relating to eligibility were removed from the count.

The estimate for the number of appeals for SFY2013 and forward should not be considered a goal to achieve, but applied as a yardstick for trend analysis.

Figure 35

Member Appeals	SFY2010	SFY2011	SFY2012	Est. 2013
Ratio of Filed Benefits Appeals to Total Beneficiaries	<1/4 of 1%	<1/4 of 1%	<1/4 of 1%	<1/4 of 1%
Number of Beneficiary Benefits Appeals Filed	158	61	85	<150
Percent of Benefits Appeals Decisions Overturned	6%	13%	8.2%	<20%

Source: OHCA Legal Division



## Goal # 5: Responsible Financing / Purchasing



TO PURCHASE THE BEST VALUE HEALTH CARE FOR MEMBERS BY PAYING APPROPRIATE RATES AND EXPLORING ALL AVAILABLE VALID OPTIONS FOR PROGRAM FINANCING TO ENSURE ACCESS TO MEDICAL SERVICES.

The Performance Highlights will provide the reader with a concise overview of the agency's performance in this goal. Greater detail will be provided in the section to supply descriptive information on what exactly a measure means, why it is important, helpful information to offer context, and actions the agency has planned or taken that pertains to the measure or goal.

Cost of Physicians / Other Providers and Rate of Reimbursement Compared to Medicare Rates for SFY2010 - 2013

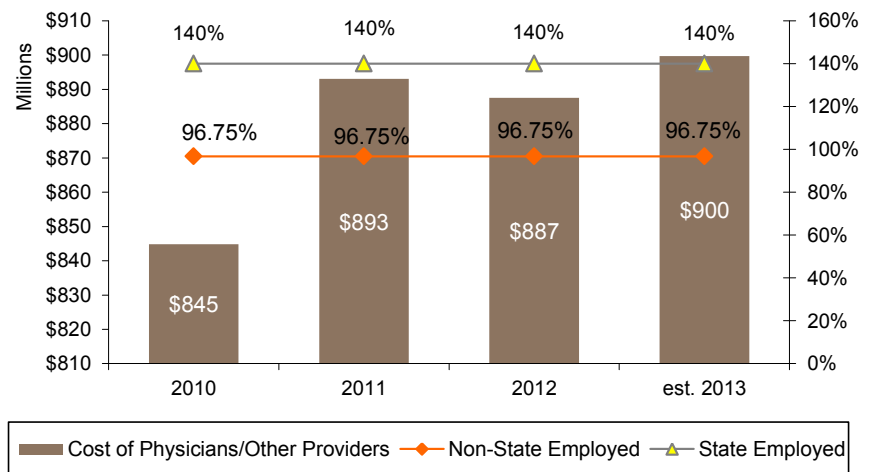


Figure 36

EHR Incentive Payments	SFY 2012
Number of Eligible Professionals Receiving EHR Pmt	703
Cost of EHR Pmts To Eligible Professionals	\$ 15,159,750
Number of Hospitals Receiving EHR Incentive Pmt	42
Cost of EHR Pmts To Hospitals	\$ 28,839,044

Figure 37



TO PURCHASE THE BEST VALUE HEALTH CARE FOR MEMBERS BY PAYING APPROPRIATE RATES AND EXPLORING ALL AVAILABLE VALID OPTIONS FOR PROGRAM FINANCING TO ENSURE ACCESS TO MEDICAL SERVICES.

The cost of healthcare is an issue that OHCA must deal with every day. OHCA faces the challenge of balancing the efficient use of resources with health care providers' need to cover expenses, while keeping current with new medical practices and equipment, and maintaining overall quality. For SFY 2012, OHCA saw a 2 percent increase in expenditures while the number of members served increased by 1.5 percent.

Even as the Oklahoma economy showed signs of improving, the state still faced a budget shortfall of \$500 million for SFY2012. This projected shortfall resulted in OHCA being unable to restore the 3.25 percent cut in provider rates implemented in SFY2010.

In an effort to boost funding for Oklahoma hospitals, in SFY 2011 the legislature enacted the Supplemental Hospital Offset Payment Program. This program assesses some hospitals a 2.5 percent fee on annual net patient revenue based on 2009 cost reports. The revenue generated is then matched by the federal government and used primarily to maintain hospital reimbursement from the SoonerCare program. Oklahoma Senate has voted in February 2013 to extend this program through 2019. OHCA raised about \$154 million in SFY 2012 which was matched by Federal matching funds of \$269 million. About \$336 million supports hospital that provide Medicaid services, while about \$87 million balance supports other health care providers including doctors, pharmacists, and nursing homes. The SHOPP program is expected to bring another \$160 million in SFY 2013 for hospital payments.

Oklahoma is leading the way in implementing the Electronic Health Records (EHR) incentive program. The program, launched by CMS through funding from the American Recovery and Reinvestment Act of 2009, provides incentive payments to providers to adopt and meaningfully use electronic health records. The Oklahoma EHR Incentive program began January 3, 2011. Oklahoma was the first in the nation to issue an incentive payment to a qualifying provider. The first incentive payment issued to a Tribal Health provider also occurred in Oklahoma.

OHCA will continue to look for ways to provide the best services to members while paying appropriate rates to providers. The following measures report on OHCA's performance related to purchasing health care.



<b>OBJECTIVE</b>	TO REIMBURSE PROVIDERS WHEN APPLICABLE MEDICARE RATES ARE AVAILABLE, AT 100% OF MEDICARE RATES
Input:	Cost of Physicians & Other Practitioners' Services <i>2012 Actual – \$ 887,498,582      Estimate 2013 – \$899,687,557</i>
Outcome:	Reimbursement as a Percentage of Medicare Rates <i>Target – 100% of Medicare Rate</i>

**What do these measures report?**

These measures track the costs of medical services provided to members. Providers include: physicians, labs, radiologists, dentists, home health care providers, ambulatory clinics, and other practitioners. These measures track costs over time which allows for year-to-year analysis of trends. Reimbursement of costs is also tracked as a percentage of Medicare reimbursement rates for comparison.

**What do the latest results mean?**

It is vital to the health of SoonerCare members that they have a medical home in which to seek health care services, including advice and education. In order to ensure that SoonerCare providers are able to maintain quality services, ensure technical expertise and utilize current best practices, it is critical that they are reimbursed at appropriate rates.



In SFY2012, non-state employed providers were reimbursed at 96.75 percent of the Medicare reimbursement rates.

The 140 percent rate is paid for services provided by state-employed physicians serving through the Colleges of Medicine at Oklahoma State University and Oklahoma University. The universities pay the state share of cost above the regular SoonerCare reimbursement rates.

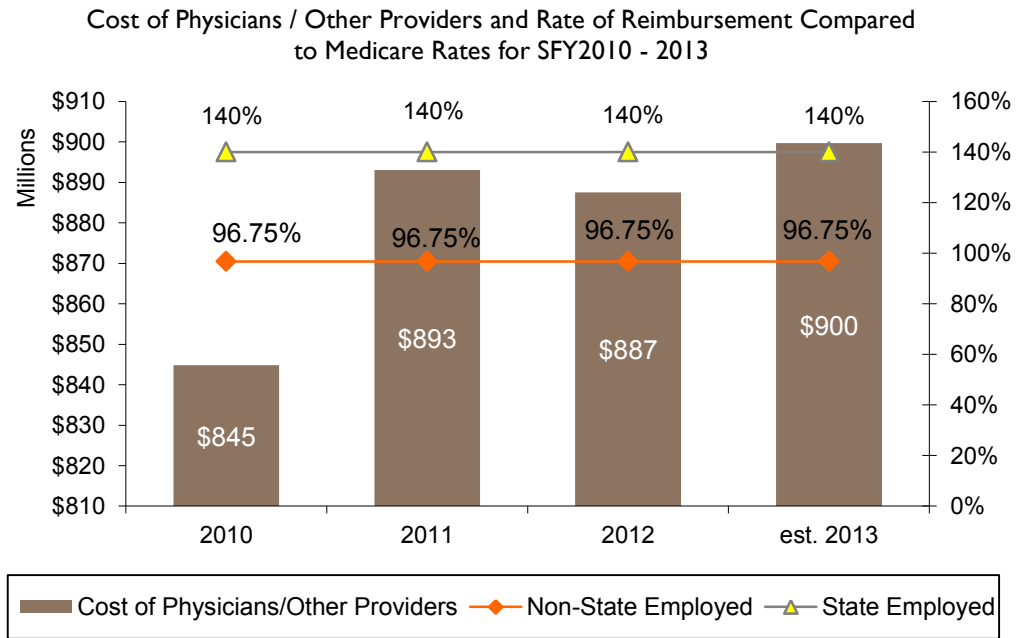
**What is OHCA doing to affect these measures?**

OHCA is committed to reimbursing providers at appropriate rates. In the past, OHCA worked diligently to increase provider reimbursement to 100% of Medicare rates. However, in SFY2010 it was necessary to cut those rates by 3.25 percent. Every effort was made to minimize provider rate cuts.

Providers receive the traditional fee-for-service along with incentive payments like those in managed care models.

Under PCMH, providers receive visit-based payments and additional reimbursements for providing each panel member enrolled these enhanced services and supporting infrastructure. SoonerExcel is the performance-based component that recognizes Primary Care Providers' achievement of quality and efficiency goals. In CY 2012, a total of 875 providers actively participated in SoonerExcel program. The percentage of providers who received the various SoonerExcel incentive payments for CY 2012 were: 91% for General Prescription, 82% for ER, 62% for BCC, 28% for Inpatient Administration, and 43% for EPSDT.

Figure 38



Source: OHCA Financial Services Division

<b>OBJECTIVE</b>	<b>TO REIMBURSE HOSPITAL PROVIDERS A REASONABLE PERCENTAGE OF COSTS</b>
Input:	Cost of Hospital Services <i>2012 Actual – \$899,395,782</i> 2013 Budget – \$951,854,746
Outcome:	Reimbursement as a Percentage of Hospitals' Costs <i>Target – 100% of Reimbursable Costs</i>

**What does this measure report?**

This measure reports the costs incurred by hospitals in providing services to SoonerCare members and the percentage of those costs reimbursed. Hospital reimbursement percentages are based on federally required cost reports provided by hospitals.

**What do the latest results mean?**

Hospitals have always been a critical component of the state’s health care safety net. In today’s climate of increasing medical costs, coupled with the recent financial recession and ongoing recovery, it is a struggle for hospitals to provide services to a wide range of Oklahomans with diverse medical needs while covering costs and remaining in compliance with state and federal regulations.

The SFY2013 reimbursement percentage estimate assumes implementation of the Supplemental Hospital Offset Payment (SHOPP).



**What is OHCA doing to affect these measures?**

Beginning in SFY2012, the Supplemental Hospital Offset Payment Program authorizes the Oklahoma Health Care Authority to assess hospitals, unless exempted, a fee equal to 2.5 percent of their annual net patient revenue based upon 2009 Medicare cost reports. The program generated approximately \$154 million in SFY 2012, which was paid by the hospitals. This money received an approximate federal match of \$219 million. Of the total funds, \$342 million was paid to hospitals, psychiatric and rehabilitation facilities as a supplemental payment. The SHOPP Act is expected to bring \$160 million in SFY 2013. The program helps bring Medicaid hospital payment rates up to the rates paid by Medicare and the amount it generates may vary from year to year.

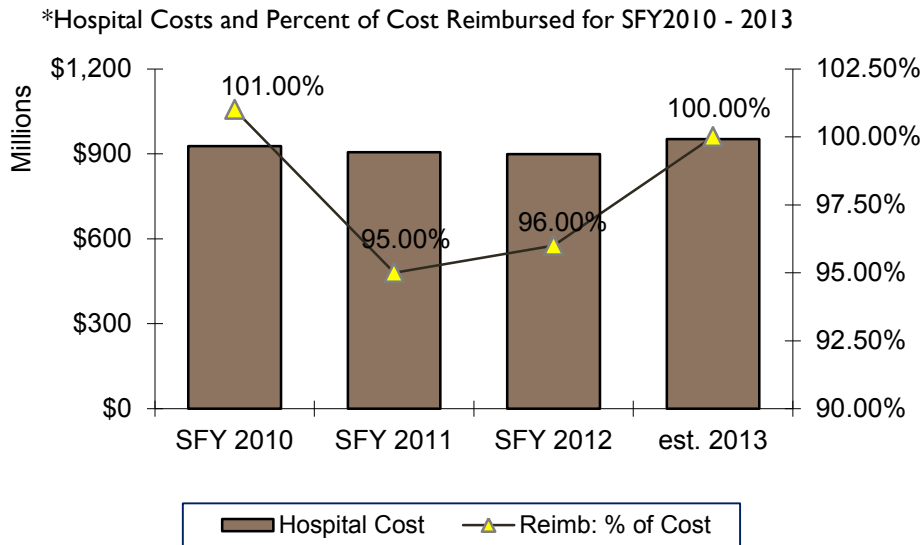


Figure 39

Source: OHCA Financial Services Division

\*Both inpatient and outpatient costs are included in 2012 figures and will be included in future years.

**OBJECTIVE**

TO REIMBURSE LONG-TERM CARE FACILITIES A REASONABLE PERCENTAGE OF COSTS

Outcome: Average % Reimbursement for Nursing Home Costs per Patient Day  
*2012 Actual – 91%                      2013 Estimate – 100%*

Outcome: Average % Reimbursement for ICF/ID Facility Costs per Patient Day  
*2012 Actual – 110.9%                      2013 Estimate – 100%*

**What do these measures report?**

This measure reports the average percent of reimbursement for long term care facilities’ costs per patient day for both nursing homes and ICF/ID (Intermediate Care Facility for the Intellectually Disabled). Costs are based on audited reports that facilities are required to submit at the end of the fiscal year. Information received following the issuance of the report may result in slight changes to historical data presented.

**What do the latest results mean?**

OHCA strives to reimburse long term care facilities a reasonable percentage of costs. As the results show, the average rate of reimbursement per patient day for ICF/MR facilities was 110.9 percent for SFY2012. Also, reimbursement per patient day for nursing homes was 91 percent for SFY2012.

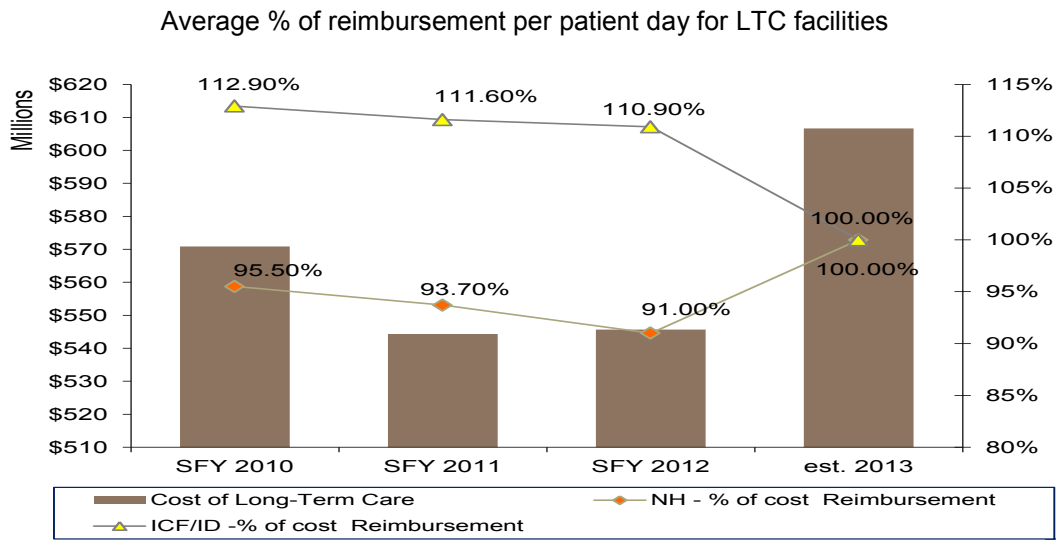
As explained in other sections of this report, the agency was forced to institute a 3.25 percent rate reduction for all SoonerCare providers in SFY2010. This was an unavoidable action due to the agency’s reduced state appropriations and OHCA’s constitutional responsibility of maintaining a balanced budget. The provider rate reduction remained in place through SFY2012 and the impact of the rate change can be seen in the graph presented on the following page. For SFY2012, the average percentage of reimbursement per day for nursing homes was 91 percent, a slight increase of 1.8% from SFY2011 (89.2%). The goal is to reimburse LTC facilities at 100% rate in SFY 2013.

**What is OHCA doing to affect these measures?**

As many as 1.5 million Americans currently reside in nursing homes according to the National Conference of State Legislatures (<http://www.ncsl.org/issues-research/health/long-term-care-faq.aspx>). Medicaid continues to be the main source of long term care financing in the U.S. with estimates that Medicaid is responsible for reimbursing some 40 percent of nursing home care costs. Maintaining sound reimbursement rates to help preserve the stability that long term care facilities provide is a goal of OHCA.

OHCA understands the important function of long term care facilities: providing the best

Figure 40



Source: OHCA Financial Services Division

quality of life for residents. SoonerCare covered the costs for some 21,148 Oklahomans residing in nursing homes during SFY2012 and covered the costs of approximately 1,989 individuals residing in ICF/ID facilities during the same time period.

Currently, the average occupancy rate for Oklahoma nursing homes is approximately 71.7 percent while the average occupancy rate for Oklahoma ICF/ID facilities is 74 percent . Additionally, about 7 out of 10 nursing home residents' costs are being covered by SoonerCare and 99 percent of ICF/ID facilities' residents' costs are covered by SoonerCare.

It is possible as the population ages that long-term care placements may increase due to illness or disability. The first of the Baby Boom generation turned 65 in 2011 and the number of individuals over the age of 65 is expected to edge up to 71.5 million by 2030 according to a publication by the National Association of Area Agencies on Aging (n4a), "The Maturing of America: Getting Communities on Track for an Aging population".

The Focus on Excellence program was designed to encourage nursing home improvements in quality, life, and care. OHCA initiated this program in 2007 with the aim of having top-rated care in nursing facilities thereby enhancing the lives of residents as well as their families. Additional Medicaid payments are made to facilities that meet or exceed established FOE threshold requirements for the quality performance measures.



The audited cost reports submitted by long term care facilities at the end of the fiscal year are useful to OHCA in establishing rates, making appropriate budget projections as well as ensuring that current rates are within the upper payment limits established by regulation.

**OBJECTIVE**

TO REIMBURSE ELIGIBLE PROFESSIONALS FOR PARTICIPATION IN THE ELECTRONIC HEALTH RECORDS (EHR) INCENTIVE PROGRAM

Output: # of Eligible Professionals/Hospitals Receiving an EHR Incentive Payment—SFY 2012 Professionals: 703, Hospitals: 42

Output: Total EHR Incentive Payments to Eligible Professionals/Hospitals—SFY 2012 Professionals: \$15,159,750, Hospitals: \$28,839,044

**EHR Incentive Program—what is it?**

The Centers for Medicare and Medicaid Services (CMS) has implemented the EHR Incentive program to incentivize eligible professionals and eligible hospitals that successfully demonstrate meaningful use of certified Electronic Health Record technology through the provisions of the American Recovery and Reinvestment Act of 2009.



On January 3, 2011, the Oklahoma Health Care Authority launched the Oklahoma EHR Incentive program as one of the first in the nation. Through CMS, OHCA provides an incentive payment assisting eligible providers in adopting, implementing, and upgrading certified EHR technology and using it in a meaningful way.

The Office of the National Coordinator (ONC) established a certification program to certify EHR systems for use in the EHR Incentive program. Without a certified EHR system, eligible providers will not qualify to receive an incentive payment.

The ultimate goals for the State of Oklahoma are to improve population health and quality of healthcare for Oklahomans; to use clinical information obtained through adoption, implementation, or upgrading of certified EHR technology to measure the health outcomes; and to reduce cost of healthcare by eliminating duplication of services.

**What do these measures report?**

These measures report the amount of incentive payments made to the total number of eligible professionals and hospitals. The incentive payments are not considered a reimbursement, instead these payments are used to incentivize the adoption, implementation, or upgrade and meaningful use of certified EHR technology.

**What do the latest results mean?**

Oklahoma was one of eleven states prepared to launch its program in January 2011. Oklahoma was nationally recognized as the first state in the nation to approve a medical doctor for payment through the Oklahoma EHR Incentive Program. In July 2011, delivering the first tribal incentive payment to the Cherokee Nation brought Oklahoma additional national recognition.

By September 2011, Oklahoma was able to report that among participating states it ranked fourth in overall issued payments. For eligible professionals, Oklahoma ranked second in the amount of dispersed funds. Texas ranked first in payments to eligible hospitals while Oklahoma ranked fourth. When examining the ratio of total payments to total Medicaid enrollment numbers for other participating states, including both professionals and hospitals, the degree of participation for Oklahoma is comparatively higher.

Figure 41

EHR Incentive Payments	SFY 2012
<i>Number of Eligible Professionals Receiving EHR Pmt</i>	703
<i>Total EHR Pmt To Eligible Professionals</i>	\$15,159,750

Source: OHCA Financial Services Division

Figure 42

EHR Incentive Payments	SFY 2012
<i>Number of Hospitals Receiving EHR Incentive Pmt</i>	42
<i>Total EHR Pmts To Hospitals</i>	\$28,839,044

Source: OHCA Financial Services Division





**What is OHCA doing to affect these measures?**

Some of the preparatory actions taken by OHCA staff during the implementation phase of the EHR incentive payments included communication and outreach to the provider community and hospitals. OHCA representatives participated in numerous meetings with associations and providers as well conducting workshops to explain the program and encourage those eligible to participate. OHCA conducted 15 formal training sessions in 2012, showcasing eligibility requirements, the enrollment process, and answering questions about the program. A web page was developed to inform providers of the EHR Incentive program with access to an updated provider manual, publications, and resource links.

For SFY 2012, over 872 calls have been received by the Health Information Technology (HIT) Provider Education Specialist and 1,631 EHR related emails were handled. The inquiries ranged from training requests to assistance with all aspects of the program. Overall, a high-volume of EHR calls/emails have been handled by the HIT staff that work in the incentive payment process: Provider Services, Finance, Provider Audits, Information Services and Legal/Contract Services.

For program integrity purposes, reviews are completed to ensure all requirements of the EHR incentive agreement are followed. Reviews are performed both in pre-payment and post-payment operations.

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## Goal # 6: Administration

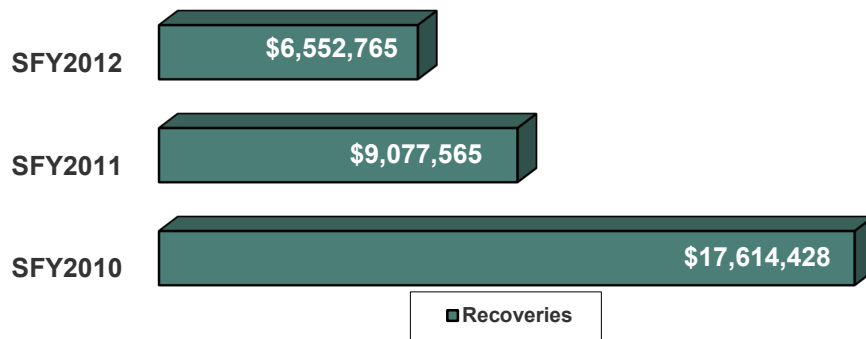
TO FOSTER EXCELLENCE IN THE DESIGN AND ADMINISTRATION OF THE SOONERCARE PROGRAM.

### Performance Highlights

The Performance Highlights provide a concise overview of the agency's progress towards achieving this goal. Performance Measures are provided in this section and include descriptive information as to what a measure means, why it is important, helpful information to offer context, and actions the agency has planned or taken that pertains to the measure or goal.

Payment Integrity Recoveries

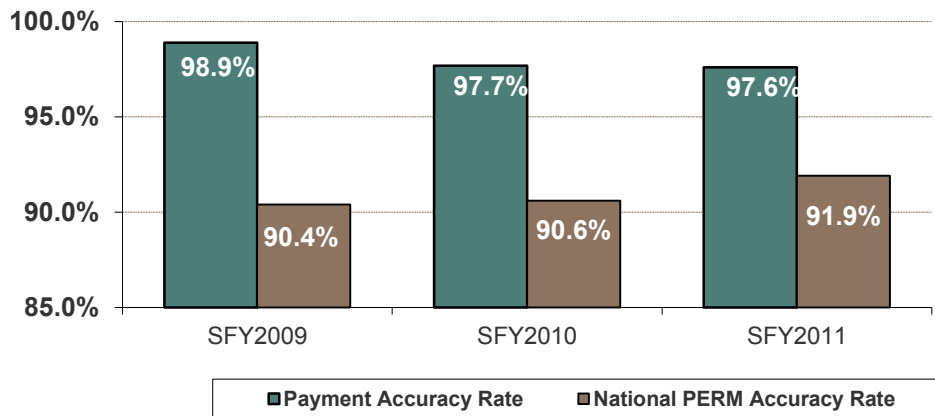
Figure 43



Source: OHCA Program Integrity Division

Figure 44

Payment Accuracy Measurement Rate



Source: OHCA Program Integrity Division



## Goal # 6: Administration

TO FOSTER EXCELLENCE IN THE DESIGN AND ADMINISTRATION OF THE SOONERCARE PROGRAM.

Using both state and federal resources, the Oklahoma Health Care Authority administers the SoonerCare program for the state. OHCA continually takes proactive steps to guarantee organizational efficiencies are in place to ensure members are provided access to services while maintaining good relationships with providers.

Accurate forecasting, including immediate and long term, is essential to determining agency funding and staffing needs. Each year, the agency must estimate and recalculate projections to ensure that the assumptions for the expected number of members enrolled and estimated costs for members are accurately projected. Over one million fellow Oklahomans are counting on the decisions that are made.



SoonerCare is affected by many external and internal factors. Major components that influence the administration of the program include: the budget, the number of enrollees, and the local and national economic climate. Unduplicated enrollment increased 4 percent from 968,296 in 2011 to 1,007,356 in 2012 while the unemployment rate in Oklahoma fluctuated from 4.9 to 6.2 percent during SFY2012 according to the Oklahoma Employment Security Commission. The total number of claims paid increased from 32,298,927 in SFY2011 to 36,636,568 in SFY2012. These variables impact the SoonerCare program yet OHCA continues to effectively manage program operations to guarantee optimum service delivery and program performance.



Due to increased growth and utilization combined with a decreased program budget, OHCA was forced to institute a 3.25 percent rate reduction for all SoonerCare providers in SFY2010. This was an unavoidable action due to the agency's reduced state appropriations. This provider rate reduction remained in place through SFY2012. In spite of the reduction, OHCA currently pays 96.75 percent of Medicare provider rates.

OHCA has experienced exceptional success in holding

SoonerCare costs down. As shown in this report, the average per SoonerCare member cost growth decreased 4.1 percent in SFY2011 and 7.7 percent in SFY2012. This compares favorably to a national health care inflation rate of 3.95 percent for SFY2012.

Care coordination is a foundational component of the SoonerCare program. The SoonerCare program utilizes care coordination to emphasize preventive health measures as a commitment to improving the overall health of enrollees, preventing avoidable health problems, and emphasizing self-management of chronic conditions on a day-to-day basis. Programs such as SoonerCare HMP, the SoonerCare Care Management Unit, and the SoonerCare ER Utilization program coupled with targeted outreach initiatives such as SoonerQuit and FIMR are a few ways OHCA demonstrates its ongoing commitment to improving health outcomes. As a result, OHCA is able to achieve an overall reduction in expenditures and members can improve their health.





**OBJECTIVE**

TO STRIVE TO ACCURATELY PROJECT THE FUTURE COSTS OF PROVIDING HEALTH CARE TO OKLAHOMANS.

Input:

Total SoonerCare Administration Costs

2012 Actual – \$137.3 Million

2013 Estimate – \$146.8 Million

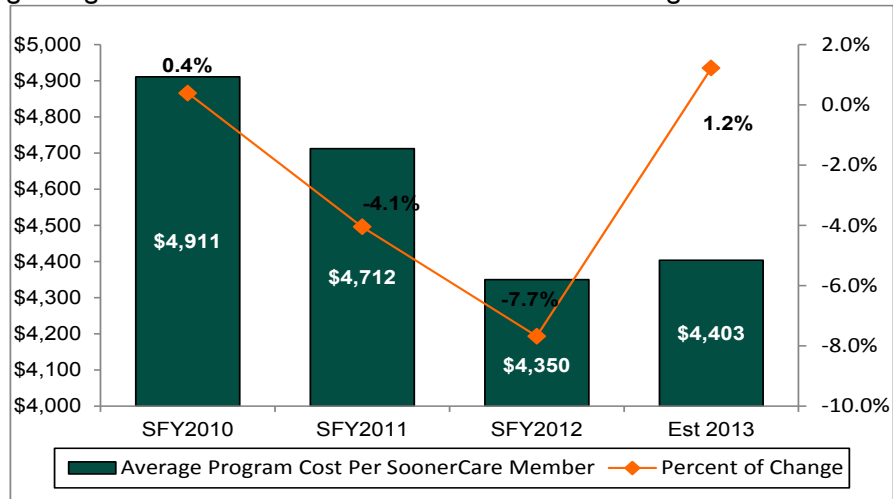
Efficiency:

Average SoonerCare Program Cost per Member

2012 Actual – \$4,350

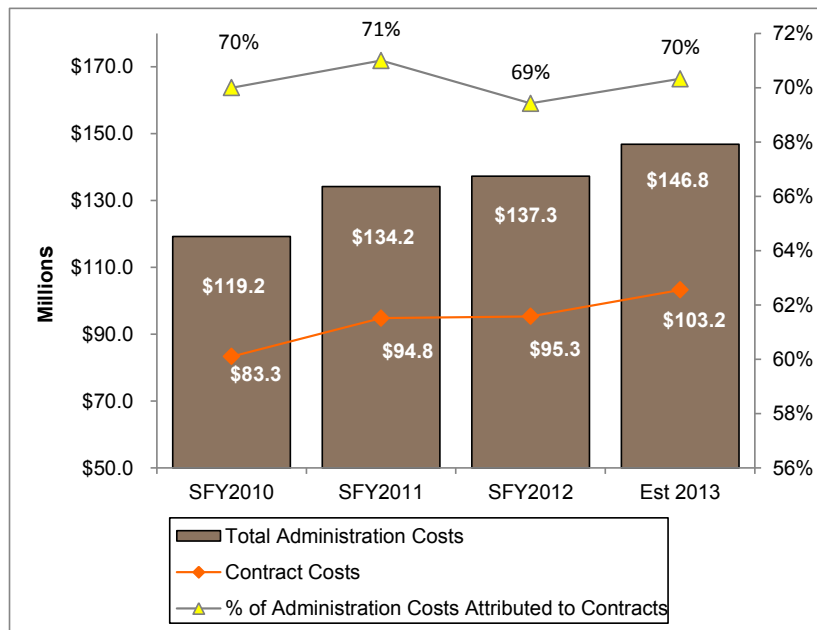
2013 Estimate – \$4,403

Average Program Cost Per SoonerCare Member / % of Change *Figure 46*



Source: OHCA Financial Services Division and OHCA MMIS

Total SoonerCare Administration Costs / Contract Costs *Figure 47*



Source: OHCA Financial Services Division and OHCA MMIS

**What do these measures report?**

These measures report the average program costs per SoonerCare member as well as the total administrative costs for providing health care to qualifying Oklahomans.

**What do the latest results mean?**

The SoonerCare average cost per member growth for SFY2011 and SFY2012 (-4.1% and -7.7%, respectively) are well below the average national health insurance inflation figure of 3.95 percent at the end of SFY2012 reported by the Bureau of Labor Statistics.



OHCA carefully weighs both internal and external factors affecting SoonerCare costs. For SFY2012, the total administrative budget was \$137.3 million with \$95.3 million in contracts with private businesses. Seventy percent of administrative costs in SFY2012 can be attributed to contracts with the same percentage anticipated in SFY2013. Contracted services are utilized in daily operations where feasibility, cost-effectiveness, and a high-level of efficiency and expertise can be proven. OHCA continually monitors its contracts to ensure agreed upon benchmarks are met.

**What is OHCA doing to affect these measures?**

OHCA carefully monitors the expenditures and works closely with other state officials to ensure responsible stewardship of program funds. Cost information is used to evaluate trends in expenditures, forecast and prepare for future financial needs, and to analyze policy and program effectiveness and efficiency.

Although affected by the local and national economic climate, OHCA diligently managed program operations to ensure the objectives of optimum service delivery and program performance were met. The unemployment rate in Oklahoma fluctuated from 4.9 to 6.2 percent during SFY2012 according to the Oklahoma Employment Security Commission. The SoonerCare program experienced a 4 percent increase in unduplicated enrollment from SFY2011 to SFY2012. From SFY2011 to SFY2012, both total expenditures and number of members served increased by 2 percent. OHCA was once again able to realize a decrease in the average program cost per SoonerCare member between SFY2011 and SFY2012.

Care coordination is a foundational component of the SoonerCare program. By utilizing care coordination, OHCA is able to emphasize preventive health measures. As a result, OHCA was able to achieve an overall reduction in expenditures per member.



**OBJECTIVE**

TO STRIVE TO ACCURATELY PROJECT THE FUTURE COSTS OF PROVIDING INSURE OKLAHOMA TO OKLAHOMANS.

Efficiency:

Average Cost per Insure Oklahoma Member

2012 Actual – \$3,761

2013 Estimate – \$3,956

**What’s does this measure report?**

This measure reports the average cost per Insure Oklahoma member. As discussed in Goal 1, Insure Oklahoma offers two plans (ESI and IP). IO continues to achieve the objective of providing access to health care for qualifying Oklahomans with unduplicated enrollment totaling 48,298 for SFY2012.

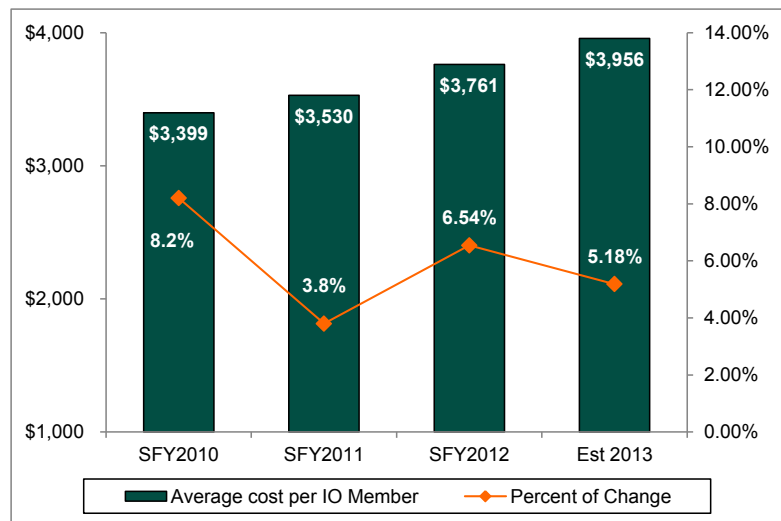
**What do the latest results mean?**

Figure 48

Average Cost Per Insure Oklahoma Member / % of Change

The IO average per member cost growth for SFY2012 is 6.54%, a slight increase in the 3.8% rate for SFY2011.

In SFY2009, the ESI plan was made available to businesses with up to 99 employees (formerly up to 50). The program was expanded to offer coverage for full-time Oklahoma college students meeting eligibility criteria. These two changes resulted in a significant increase in enrollment. In SFY2010, qualifying dependent children were enrolled in both plans further increasing the enrollment numbers.



The Oklahoma Health Care Authority administers the program and has made affordable coverage available for many Oklahomans meeting qualification guidelines while keeping the average per member cost growth comparable to the national health insurance inflation figure.

**What is OHCA doing to affect this measure?**

Insure Oklahoma carefully monitors available funds, expenditures, and the number of enrollees entering the program. Members are provided care coordination by their primary care providers and ER usage is monitored. Outreach is completed for members with 3 or more ER visits in a quarter that does not result in an inpatient stay.

**OBJECTIVE**

TO PAY SOONERCARE CLAIMS WITHIN AN ACCURACY RATE OF AT LEAST 97 PERCENT, CONSIDERING POLICY AND SYSTEMS ISSUES AND MEMBER ELIGIBILITY.

Output:	Number of Claims Paid <i>2012 Actual – 36,636,568      2013 Estimate – &gt;35,000,000</i>
Outcome:	Payment Accuracy Measurement Rate <i>Target – &gt;97%</i>

**What do these measures report?**

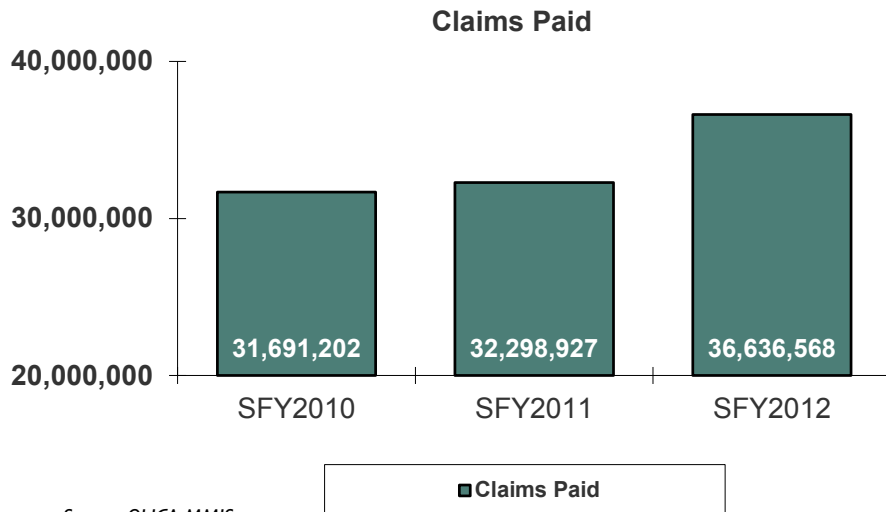


The Payment Accuracy Measurement (PAM) reports improper payments in the program and produces a payment accuracy rate. By identifying and measuring payment errors, the agency can take action to correct mistakes and resolve problems.

The Payment Accuracy program does this through a retrospective review of paid claims. A sample of paid claims is randomly selected for review to validate the accuracy of the processed claims, to determine the appropriateness of the documentation submitted for the services provided, and to examine medical necessity for the services performed.

OHCA performs the internal PAM review on an annual basis.

Figure 49

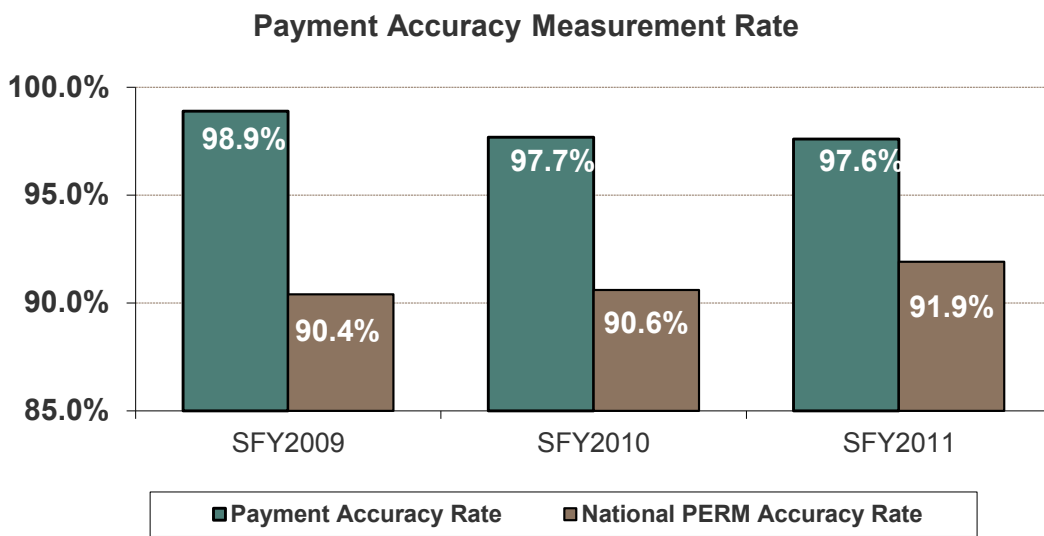


Source: OHCA MMIS

**What do the latest results mean?**

OHCA modeled its PAM program after the Federal Payment Error Rate Measurement (PERM) program. The Federal program reports an error rather than an accuracy rate. The state undergoes a PERM review every three years. The most recent PERM review of OHCA claims was conducted on Medicaid claims paid in federal fiscal year 2009 and resulted in a 1.24 percent error rate/98.76 percent accuracy rate. Due to changing legislation, the CHIP program was excluded from the 2009 PERM measurement. For purposes of comparison, the National PERM percentages in the chart below were converted to accuracy rates.

Figure 50



Source: OHCA Program Integrity Division

In SFY2011, the internal Payment Accuracy program measured both Medicaid and CHIP programs. The Medicaid PAM rate was 97.6 percent and the CHIP rate was 98.37 percent. The SFY2012 internal PAM rate is still being compiled, the findings will be included in next year’s report.

**What is OHCA doing to affect these measures?**



The Payment Accuracy program is an integral part of the agency’s program integrity efforts. This program has been instrumental in identifying and correcting areas of concern through provider education, initiation of policy changes, and referrals to other OHCA Program Integrity Units for further review.

Additionally, OHCA continually seeks to generate system improvements. A secure site is maintained on the Oklahoma Medicaid Management Information System (MMIS). This allows SoonerCare providers to set up an account free of charge. The web site can be easily accessed from the OHCA home page once the account is initialized. Global messages from OHCA are posted on the first page after accessing the secure web site. The messages may be directed to an individual provider, a specific provider type, or to the entire provider community.

An added system enhancement was developed to assist providers with prompt and accurate payments. Filing claims online through the secure web site was well received by the provider community. The providers are allowed to enter the information online and submit the claim electronically. The claim is settled immediately, if successfully submitted, and the claim disposition will display in real time. The provider will receive prompts on any errors received for claims that are denied and the claims can be corrected and resubmitted without delay. Training and ongoing on-site assistance is made available to providers by the dedicated and professional staff in the SoonerCare Provider Services Department. This is another way that OHCA has responded to the needs of the provider community.

Federal requirements stipulate that OHCA pay 90 percent of all claims within 30 days of receipt. Controls function to ensure that claims do not exceed the federal requirements currently in place. OHCA paid 96.75 percent of claims electronically in SFY2012. The electronic process provides an improved means of claims reimbursement. This advanced level of processing has made filing claims uncomplicated and the real time notification allows the provider assurance that the claims have been completed. Through technological modernizations, OHCA has enhanced operational efficiencies for the agency and the provider network.



**OBJECTIVE**

TO MAINTAIN AND/OR INCREASE PROGRAM AND PAYMENT INTEGRITY EFFORTS WHICH MAY RESULT IN RECOVERIES.

Output:

Payment Integrity Recoveries  
 2012 Actual – \$6,552,765      2013 Estimate – \$4,500,000

**What does this measure report?**

This measure reports the amount of recoupments identified in post-payment and program integrity reviews. It is one of the activities the agency performs to ensure that claims are paid accurately.

Achieving the optimal level of program integrity is a complex undertaking that involves all areas of program management, from policy development to day-to-day operations. 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.

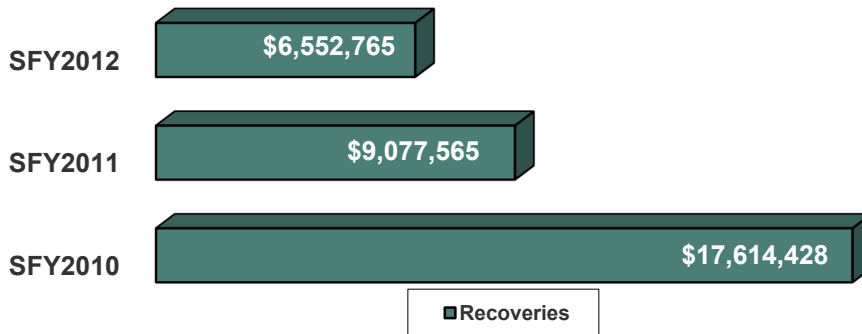


**What do the latest results mean?**

Actual Payment Integrity Recoveries decreased from SFY2011 to SFY2012. Recovery amounts can vary depending on staffing levels and types of audits being conducted. Recoveries can also decrease when system edits or policy changes are made, which will reduce improper payments.

Payment Integrity Recoveries

Figure 51



Source: OHCA Program Integrity Division

Program integrity requires having all available and appropriate policies in place so that the overall program is operating efficiently, including, but not limited to, preventing inappropriate payments from occurring and recovering them when they are identified. OHCA understands the impact of unnecessary services, inappropriate billing practices, and noncompliance with OHCA policies and has taken action to decrease these vulnerabilities.



Effective collaboration between the Program Integrity Unit and other OHCA departments promotes the charge that program integrity is everyone's responsibility.

### **What is OHCA doing to affect this measure?**

Various units within OHCA are responsible for separate areas of potential recoveries, cost avoidance, and fee collection. The Program Integrity Unit safeguards against unnecessary utilization of care and services, performing audits and reviews of external providers in regard to inappropriate billing practices and noncompliance with OHCA policy. Reviews can be initiated based on complaints from SoonerCare providers, members, concerned citizens, or other state agencies, as well as through risk-based assessments.

OHCA also works closely with its federal partner, CMS, in addressing program integrity efforts. The Medicaid Integrity Program (MIP) is an activity that was a result of the Deficit Reduction Act of 2005. OHCA is also currently working with CMS and other state Medicaid agencies to develop uniform procedures report a Medicaid Program Integrity Return on Investment. This number will compare total recoupments and costs avoided through program integrity activities with the actual costs associated with conducting program integrity activities.



## MEDICAID INTEGRITY PROGRAM (MIP)

The Medicaid Integrity Group (MIG) was formed by the federal government to prevent fraud and abuse. This group oversees the MIP, which reviews state Medicaid programs, providers, and members. It also provides technical assistance and training to states.

OHCA underwent a comprehensive review during SFY2011 by the MIG review team. Results of the review were received in August 2011 and five effective practices were detailed which demonstrated OHCA's commitment to program integrity. The first identified practice included the agency's referral process following the CMS *Best Practices for Medicaid Program Integrity Units' Interactions with Medicaid Fraud Control Units* guidance. The agency has referred 62 cases over the past four SFYs (2007-2010) to the Patient Abuse and Medicaid Fraud Control Unit (PAMFCU), with all of the cases being accepted. The second highlighted practice was the agency's integration of its program integrity operations throughout the agency, including the Quality Assurance Committee, Medical Authorization Unit, and Policy Department. The third featured practice was the state's MMIS system allowing the provider enrollment section to capture, monitor, and maintain all disclosure information submitted by providers during the enrollment and re-enrollment process. The fourth practice focused on the provider enrollment information being shared among relevant state agencies. And, the final highlighted practice was the state-developed Payment Accuracy Measurement program that mirrors the Federal PERM program.



<b>OBJECTIVE</b>	TO ACTIVELY PURSUE ALL THIRD PARTY LIABILITY PAYORS, REBATES AND FEES AND RECOVER OR COLLECT FUNDS DUE TO THE SOONERCARE AND FEDERAL MEDICARE PROGRAM.
Output:	Third Party Liability Collections <i>2012 Actual – \$40,258,563</i> <i>2013 Estimate – \$35 million</i>

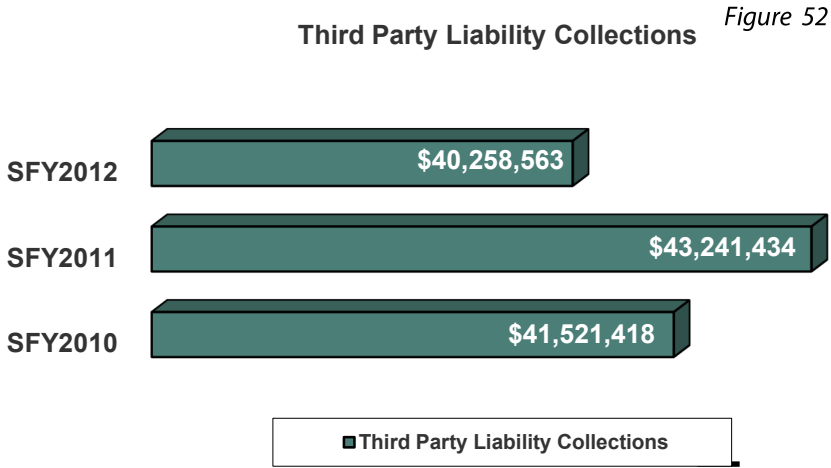
**What does this measure report?**

Third Party Liability (TPL) comes into action when other parties have an obligation to pay for medical costs besides Medicaid. By law, SoonerCare is the payer of last resort so it is not considered primary when there is a third party payer. Some common third party payers are private health insurers and Medicare.

When members are enrolled in SoonerCare, they assign their right to third party payments to OHCA. If a claim is paid, OHCA will initiate recovery from the liable third party. This measure reports the amount of dollars collected from third party payers through the “pay and chase” method.

**What do the latest results mean?**

The measure indicates that the agency is ensuring that appropriate payments and recoveries are made as required by law when SoonerCare resources are utilized. Recoveries decreased slightly in SFY2012 from SFY2011.



Source: OHCA Financial Services Division



### What is OHCA doing to affect this measure?

OHCA hired HMS, a national contracting firm in 2003, and the contract was most recently renewed in 2010. HMS searches its national database of eligibility files for insurers across the nation and adds any verified policies to the OHCA system. They bill private carriers while acting as OHCA's electronic billing agent.

This would occur in instances where a policy can't be cost avoided by law or it was discovered after OHCA had already paid a claim on behalf of the member. Cost avoidance occurs if another party is liable but the claim is sent to OHCA first and rejected or information is included to reflect that the TPL has already paid its share or denied the claim. Since OHCA hired HMS, the recoveries and total costs avoided have increased substantially.



HMS has a 25 year history in helping state Medicaid programs meet federal mandates and ensure that Medicaid is the payer of last resort.

OHCA's Third Party Liability Department is comprised of a cost avoidance section, a cost recovery section, as well as a tort and estate recovery section.

**OBJECTIVE**

TO TRAIN AND EDUCATE SOONERCARE PROVIDERS, BOTH ON AN "AS-NEEDED" AND A PROACTIVE BASIS, THROUGH GROUP AND/OR INDIVIDUAL TRAINING AND OTHER COMMUNICATION.

Output:

- Number of Provider Trainings
- *Seminars/Workshops & Attendees*
  - *Onsite Trainings*
  - *Written Communications*

**What does this measure report?**

OHCA offers several different training opportunities to providers. This measure tracks the number of providers reached in trainings through seminars/workshops, on-site trainings, and written communications.

Figure 53

Provider Training	SFY2010	SFY2011	SFY2012
Seminars/Workshops	185	117	43
Attendees	11,739	11,672	5,200
On-Site Training	4,043	6,644	8,913

Source: OHCA Program Integrity Division

Figure 54

Written Communication	SFY2010		SFY2011		SFY2012	
	Total Sent	Total Providers	Total Sent	Total Providers	Total Sent	Total Providers
Policy Letters	62	291,562	91	213,798	104	124,673
Newsletters	1	18,658	6	13,200	1	8,010
Fax Blasts	14	10,031	24	21,789	32	32,946
Banners	69	941,614	60	848,745	83	1,477,573

Source: OHCA Program Integrity Division

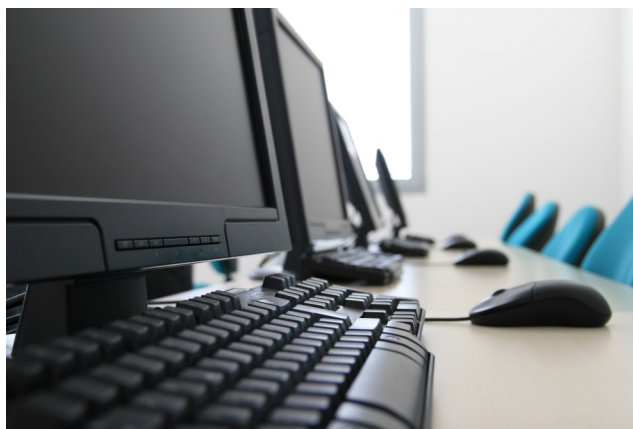
**What do the latest results mean?**

OHCA must ensure that providers are billing accurate, necessary, and appropriate claims since a massive number of claims are submitted for payment each year. There are several different training options available to providers: seminars, workshops, bi-annual regional trainings, on-site



trainings, and written communications. Written communication comes in several forms including the following: provider letters, fax blasts, and global messages/banners. These training opportunities cover topics such as: claims processing procedures, new or changing policies, and other topics relevant to the providers' efforts. These forums also give providers the chance to have questions answered.

The number of policy letters fluctuates depending on identified provider types the letters are sent to, the changes that have taken place during the year, and the specific new programs added. The number of different letters produced during the year went up while the number of providers that received the letters went down.



**What is OHCA doing to affect this measure?**

OHCA has a strong commitment to its provider community and continues to invest in the established partnership. In order to ensure providers are kept up-to-date with program changes and policy clarifications, OHCA uses multiple methods of outreach such as print, web, and training videos.

OHCA now has Provider Training Videos on its web site. These videos contain information regarding current policy and procedures. The videos can be accessed at [www.okhca.org/about-us/trainings](http://www.okhca.org/about-us/trainings) under Providers homepage and then Training.

A quick and efficient method of transmitting correspondence is now an option for providers in the SoonerCare program: letters can be received by email, fax, and through web alerts. OHCA is replacing paper with computer-generated documents when possible. To participate in the GO GREEN mission, OHCA must have a provider's current email address and/or fax number. For the web alerts, a website banner on the OHCA secure site will notify providers of newly posted letters and include a link to the letters. In addition, OHCA's fiscal agent and partner, Hewlett-Packard Enterprise Systems (HPES), has developed monthly webinars as another training aid in addition to the current, statewide Spring and Fall Workshops.



This change will save the agency postage costs and costs associated with preparing correspondence for mail out.

**OBJECTIVE**

TO ENSURE MEMBERS AND PROVIDERS HAVE ACCESS TO ASSISTANCE THROUGH MEMBER AND PROVIDER SERVICES.

Output:

Number of Member and Provider Calls  
*2011 Actual – 497,467*      *2013 Estimate – >500,000*

**What’s does this measure report?**

This measure reports the number of calls answered by OHCA Provider Services and Member Services along with the agency’s fiscal agents Hewlett-Packard, Co. (HP) and LifeCare Health Services, LLC. (LifeCare). HP is the first line of contact and answers questions regarding general program coverage and claims processing for providers while LifeCare is the first line of contact for Member Services. Provider Services researches and answers the more complex questions transferred to them as does the Member Services Unit.

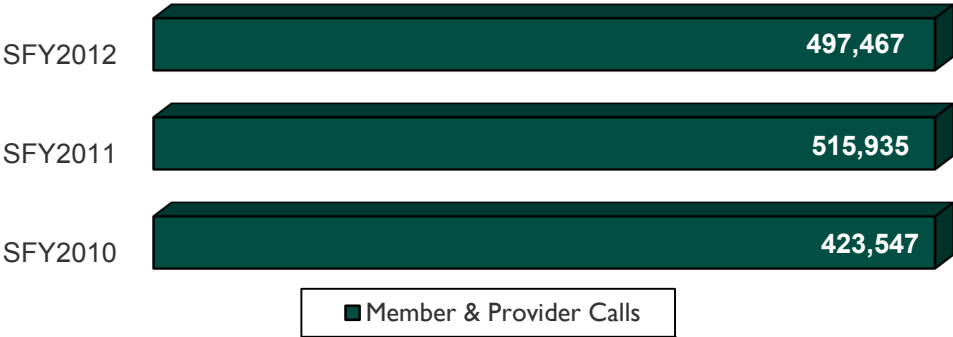
Tracking this measure illustrates to the taxpayers of Oklahoma that OHCA is available to assist both SoonerCare members and providers.

**What do the latest results mean?**

There is no target set for the number of calls answered, although the number of calls answered indicates that Oklahomans continue to receive the help and assistance they need.

Member & Provider Calls

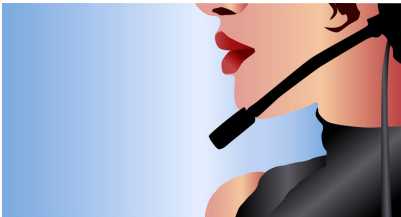
Figure 55



Source: OHCA Call Tracking Integration System

**What is OHCA doing to affect this measure?**

OHCA understands it is very important for its providers and members to be able to speak to a representative concerning their issues. Therefore, departments are dedicated to that service.



**OBJECTIVE**

TO MAINTAIN A QUALITY PROVIDER COMMUNITY BY FOLLOWING APPROPRIATE PROCEDURES TO IDENTIFY NONCOMPLIANT PROVIDERS AND DETERMINE THE APPROPRIATE COURSE OF ACTION TO RESOLVE ISSUES.

Output:

Number of Involuntary Provider Contract Terminations  
*2012 Actual – 59      2013 Benchmark – < 55*

**What does this measure report?**

This measure reports the number of SoonerCare providers with whom contractual relationships were ended due to noncompliance or for rendering services that were not provided in an appropriate and/or necessary manner.

OHCA does not set a target for this measure to achieve, but a benchmark to stay beneath. Due to increased oversight of SoonerCare providers by OHCA and other entities, including the federal government, it is difficult to project the number of providers that may be terminated in future years.

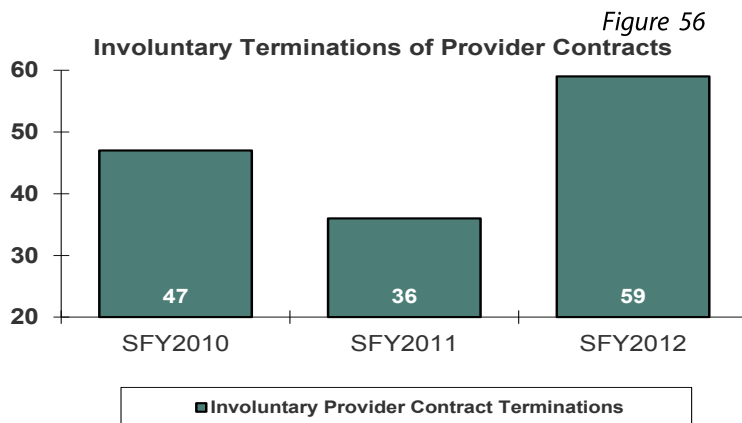
**What do the latest results means?**

The number of terminated provider contracts increased from SFY2011 to SFY2012.

SoonerCare provider contracts are terminated in the following circumstances: 1) if they are identified through program integrity efforts as not meeting quality standards, medical necessity, or contractual requirements, 2) if their license is suspended or revoked, or 3) if they appear on a federal or state exclusion list such as OIG Medicare Exclusion Database (MED).

**What is OHCA doing to affect this measure?**

OHCA contracts with a variety of providers in a number of specialty areas to ensure members have access to appropriate, timely, and quality care. Having access to a member’s doctor or dentist of choice can add a sense of satisfaction and encourage the relationship



Source: OHCA Reporting & Statistics Unit

necessary to maintain the best possible health.

Quality care and integrity of operations are key factors in ensuring a positive outcome for a patient. Specific requirements outlined in the provider contract must be met in order to maintain a working relationship with OHCA and serve our members. When noncompliance or unsatisfactory quality of services is identified and remains unresolved by the provider, OHCA terminates the provider contract.

OHCA communicates with and educates providers in many ways. Through formal training events, individual office visits, a dedicated helpdesk line, and written and electronic communication, OHCA keeps providers informed of policy issues, procedural instructions, and relevant topics to ensure providers have what they need to successfully serve SoonerCare members.

The QA/QI Department receives from 20-40 provider complaint referrals weekly. The referrals that are received come from a myriad of sources: 1) other departments within OHCA, 2) members, 3) providers, 4) legislators, and 5) review findings completed by OHCA. The QA/QI Department reviews medical records when the referral is centered on quality issues and forwards complaints to other areas of OHCA when the referral falls outside the scope of the QA/QI Department. When quality issues are identified with a provider, OHCA refers the provider to the agency's Quality Improvement Organization, Telligen, for peer to peer education and assistance with a corrective action plan.

OHCA has a Quality Assurance Committee that was formed in 2004 and is comprised of key members of the agency. Committee members are staff physicians, nursing professionals, and other agency representatives. Regularly scheduled meetings are held each month with impromptu meetings as necessary. Primarily, the meetings focus on individual cases, but diverse and targeted program issues are also covered to maintain quality control. All information that could impact a provider's status is given to each group member for review. A provider may be terminated from the SoonerCare program by decision of the committee for issues surrounding the quality of care supplied as well as inappropriate utilization of SoonerCare services.



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**Supplemental Information**

OHCA originally developed the SEA Report to deliver timely, accurate data that can be used for designing programs, managing services, setting policies, budgeting, and improving results. The report was also designed to inform stakeholders about how the agency is meeting its purpose of maintaining or improving the wellbeing of its citizens and is achieving specific goals and objectives related to that purpose.

**Reliability.** The information included in this report is only as good as the data itself. OHCA has many accountability controls and oversight procedures in place to monitor the integrity of the data. Where performance measures are reported, the source of the data will be reported as well. This will allow the user to gauge the reliability of the information.

*Medicaid Management Information System (MMIS).* The MMIS refers to the complex data processing system through which SoonerCare and Insure Oklahoma claims are paid. Much of the data reported in the performance measures come from the MMIS. The MMIS processed over 38 million claims in SFY2012.

PROGRAM INTEGRITY AND  
ACCOUNTABILITY DEPARTMENT (PID)

PROVIDER AUDITS UNIT

*Reviews providers for appropriate reimbursement based on federal and state policy, medical necessity, and utilization.*

PAYMENT ERROR RATE MEASUREMENT  
UNIT

*Performs payment accuracy measurement functions (internal and external PERM processes) and reviews internal controls, operational effectiveness and efficiency.*

*CMS Certification.* OHCA’s MMIS system has been certified by the Centers for Medicare and Medicaid Services (CMS). CMS found it to be efficient, economical, and effective for the administration of funding.

*Federal Accountability.* As the state agency designated to account for Medicaid funding, OHCA undergoes close federal scrutiny. The Centers for Medicare and Medicaid Services (CMS) is the federal entity responsible for OHCA’s oversight.

*CMS Reviews.* CMS reviews OHCA’s quarterly statements to ensure the “prudent use of program funds” and a “reasonable degree of assurance” that federal resources are used in accordance with the Social Security Act and Oklahoma’s State Plan.

*Medicaid Integrity Program Audit.* The Deficit Reduction Act of 2005 emphasized the need to ensure Medicaid funding is diligently monitored for fraud and abuse. The Medicaid Integrity Group (MIG) was created to identify various strategies to support and improve the states’ program integrity functions.

According to the federal guidelines, states will be reviewed once every three years on program integrity procedures such as provider and utilization audits and provider enrollment procedures. OHCA was reviewed in the fall of 2010 for the federal fiscal year (FFY) 2010. OHCA received a positive audit report for FFY2010 with four minor findings which have been



corrected. The agency was also recognized in the report for five effective practices that impact program integrity.

*Payment Error Rate Measurement (PERM).* Oklahoma was one of the first states chosen for the federal Payment Error Rate Measurement (PERM) review. SoonerCare claims were reviewed for medical necessity and payment accuracy. For FFY2009 (the latest data available), OHCA’s error rate was 1.24 percent compared to the national average of 1.89 percent. The results are reported in the Goal 6 section, ([page 83](#)) which contains more information about the federal review.



*State Accountability.* OHCA is audited annually under the Single Audit Act. All state entities receiving federal funds are reviewed to ensure that the resources were spent according to the parameters they were granted. The State Auditor and Inspector (SAI) conducts the review and the most recent Single Audit Report is available on their website at [www.sai.ok.gov](http://www.sai.ok.gov) under annual audits.

*Internal Accountability Controls.* OHCA’s Program Integrity and Accountability Department (PID) is located in the Policy, Planning and Integrity Division. The PID staff works closely with other departments within the agency to ensure that program integrity is maintained.

Similar to the federal PERM review, which is performed every three years, the agency conducts an intensive internal review on an annual basis. For the SFY2011 internal review, the agency reported a 97.6 percent payment accuracy measurement (PAM) rate. Details on this measure can be found on [page 83](#).

**Consistency.** The agency reports the same performance measures from year to year to provide consistent and reliable information over time. When the agency determines a more appropriate measure should be reported or a change in the method of calculation is needed, the change will be explained in the narrative and the impact of the change will be explained.

**Public Forums.** To be sure OHCA stays in line with the expectations of its constituents, OHCA offers many forums to allow the public an opportunity to weigh in on the issues that matter to them.

OHCA BOARDS AND COMMITTEES

Learn about OHCA Boards and Committees including meeting dates and agendas on our website at [www.okhca.org/about-us/boards-and-committees](http://www.okhca.org/about-us/boards-and-committees).

*Annual Board Retreat.* Every year in August, the Board of Directors, agency management, and key personnel gather away from the office to focus on plans for the coming year. The meeting is open to the public and attendees have included elected officials, other agencies’ directors, commissioners and key staff members, providers and provider associations, and individuals and organizations representing members including Native American tribal representatives.



The retreat offers information about national and local issues that are affecting health care and/or OHCA, updates on agency projects and programs, and an open forum to discuss issues to be considered in current and future planning. The retreat coincides with the state budget process, allowing the agency to incorporate outcomes from the meeting into the upcoming budget request. Information about the upcoming retreat can be found on the OHCA website in July.

*Medical Advisory Committee (MAC).* The MAC is comprised of medical professionals and consumer organizations who meet bi-monthly to discuss the interests and needs of the SoonerCare population. Meeting dates are posted on the agency's public website at [www.okhca.org/about us/Medical Advisory Committee](http://www.okhca.org/about-us/Medical-Advisory-Committee).

*Drug Utilization Review (DUR).* The DUR board is comprised of medical professionals with expertise in pharmaceuticals. The advises OHCA on appropriate use and best practices related to medications. The DUR reviews such topics as drug therapies, and formularies, and also reviews public requests related to medication. Meeting dates are posted on the agency's public website at [www.okhca.org/about us/Drug Utilization Review Board](http://www.okhca.org/about-us/Drug-Utilization-Review-Board).

**Advisory Committees and Task Forces.** In addition to public meetings, the agency has several task forces and committees in which the public advises the agency on targeted topics. More information on the following groups can be found on OHCA's website at [www.okhca.org/about us/boards and committees](http://www.okhca.org/about-us/boards-and-committees).

*Child Health Advisory Task Force.* OHCA, in collaboration with the Oklahoma State Department of Health (OSDH), established a Child Health Advisory Task Force to assist both agencies in developing improved benefits and services for Oklahoma's low income families. Information about the Child Health Advisory Task Force can be found at [www.okhca.org/about us/Child Health Advisory Task Force](http://www.okhca.org/about-us/Child-Health-Advisory-Task-Force).

*Perinatal Task Force.* This task force is composed of more than 20 agencies and organizations involved with perinatal care. It was developed to focus on issues concerning pregnant women covered by SoonerCare or other public health sources. Information about the Perinatal Task Force can be found at [www.okhca.org/about us/Perinatal Task Force](http://www.okhca.org/about-us/Perinatal-Task-Force).

*Living Choice Advisory Committee.* This committee advises and assists OHCA and its partner agencies in the design, development, and implementation of the Living Choice program. The program serves nursing home level of care members in the community and the committee provides the consumer and family perspective. Information about the Living Choice Advisory Committee can be found at [www.okhca.org/about us/Living Choice Advisory Committee](http://www.okhca.org/about-us/Living-Choice-Advisory-Committee).

*DME Advisory Council.* This council began in January 2010 and provides input on OHCA policy and specific issues related to Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS). Members on the council include DME providers and stakeholders representing DME organizations. More information is available at [www.okhca.org/providers/DME Advisory Council](http://www.okhca.org/providers/DME%20Advisory%20Council).

*Focus on Excellence Advisory Committee.* Established in the fall of 2010, this committee advises OHCA on the Medically Fragile, My Life: My Choice, and Sooner Seniors Waiver. This committee meets monthly.

*Dental Workgroup.* The Dental Workgroup was established in 2010 with the objective of developing ways to establish a SoonerCare oral health care standard. This workgroup is designed to be a time limited task force and will meet eight times per year.

*Behavioral Health Advisory Council.* This council was established in 1999 and meets quarterly. The mission of the Council is to provide input to the OHCA and designated agents regarding behavioral health care within Oklahoma's Medicaid programs. The Council hopes to foster communication, understanding and participation from the stakeholders and to recommend policy changes to OHCA leadership.

*Medical Advisory Task Force.* The purpose of this task force is to be a direct line of communication between OHCA and the practicing physician. The task force hopes review and advise physicians on OHCA programs and policy. The task force was formed in 2006 and meets monthly.

*Member Advisory Task Force.* This new task force was established in 2011 and meets every other month. The purpose of this task force is to improve the SoonerCare choice program by receiving input and feedback from members and their families.



Feedback, please!

OHCA hopes this report will give you the right information to evaluate our performance. Let us know if we succeeded. If we did not, then we need your help! Please let us know what would make it better. Call or send your input to:



Performance & Reporting  
405.522.7917, [Paul.Gibson@okhca.org](mailto:Paul.Gibson@okhca.org)



GOAL # 1: ELIGIBILITY

<i>Performance Measure</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
Outcome - % of Oklahomans Enrolled in Medicaid	21.1%	21.91%	22.38%
Output - Unduplicated Medicaid Enrollment - Total	763,565	797,556	825,138
Outcome - % of Enrollment Change (includes Insure Oklahoma)	2.9%	4.5%	3.5%
Online Enrollment Applications (at home or partner agency)	Not Available	Not Available	Not Available
Insure Oklahoma –Employee Sponsored Enrollment	Not Available	Not Available	14,217
Insure Oklahoma –Individual Plan Enrollment	Not Available	Not Available	7,381

OKLAHOMA HEALTH CARE AUTHORITY

TO PROVIDE AND IMPROVE HEALTH CARE ACCESS TO THE  
UNDERSERVED AND VULNERABLE POPULATIONS OF OKLAHOMA.

Here When It Counts

<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013 (Est.)</i>	<i>2014 (Est.)</i>
23.6%	25.54%	26.34%	27.14%	27.93%
885,238	968,296	1,007,356	1,046,623	1,086,289
7.3%	9.3%	4.0%	3.9%	3.8%
Not Available	60%	69%	Not Available	Not Available
18,753	18,816	16,865	17,128	17,593
13,107	13,784	13,511	13,648	13,922



GOAL # 2: QUALITY AND SATISFACTION

<i>Performance Measure</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
----------------------------	-------------	-------------	-------------

<i>Customer Survey Results (CAHPS®)*</i>	<i>CHILD</i>	<i>ADULT</i>	<i>CHILD</i>
<i>Outcome - Rating of Health Plan</i>	72.3%	62.1%	82.3%
<i>Outcome - Rating of Health Care</i>	74.2%	60.6%	74.5%
<i>Outcome - Rating of Personal Doctor</i>	75.1%	65.1%	80.3%
<i>Outcome - Rating of Specialist</i>	76.1%	68.8%	75.0%
<i>Outcome - Customer Service</i>	72.1%	78.1%	75.3%
<i>Outcome - How Well Doctors Communicate</i>	88.7%	80.4%	88.8%
<i>Outcome - Getting Care Quickly</i>	74.8%	77.1%	87.6%
<i>Outcome - Getting Needed Care</i>	78.4%	72.8%	76.8%
<i>Outcome—Shared Decision Making</i>	N/A	N/A	66.4%

*Focus on Excellence*

<i>Percent of 5 star facilities</i>	Not Available	7.5%	8.2%
<i>Percent of 4 star facilities</i>	Not Available	20%	21.2%
<i>Resident Satisfaction Survey</i>	Not Available	Not Available	74%
<i>Employee Satisfaction Survey</i>	Not Available	Not Available	67%

OKLAHOMA HEALTH CARE AUTHORITY

TO PROTECT AND IMPROVE MEMBER HEALTH AND SATISFACTION, AS WELL AS ENSURE QUALITY WITH PROGRAMS, SERVICES, AND CARE.

Here When It Counts

2010					2011					2012					2013 (Est)					2014 (Est)				
ADULT					CHILD					CHILD					ADULT									
64.3%	61.6%	71.8%	74.9%	78.2%	78.4%	78.1%	82.2%	84.7%	80.1%	83.9%	85.2%	84.3%	83.5%	75.7%	68.4%	66.1%	75.8%	79.1%	80.6%	Not Available	Not Available	Not Available	Not Available	Not Available
84.2%	81.8%	77.8%	52.5%		91.6%	87.1%	80.0%	68.3%		93.1%	92.7%	85.8%	74.8%		84.9%	82.5%	80.6%	58.0%		Not Available	Not Available	Not Available	Not Available	Not Available

6.3%	20.4%	92%	79%		5.7%	21.3%	75%	68%		14.5%	16.0%	82%	83%		N/A	N/A	N/A	N/A		10.5%	15.7%	87%	86%	
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GOAL # 3: MEMBER PERSONAL RESPONSIBILITY

<i>Performance Measure</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
<i>% of Children Accessing Well-Child Visits/EPSTD</i>			
<i>First 15 months</i>	96.8%	97.3%	97.4%
<i>3 to 6 years</i>	57.1%	60.0%	64.9%
<i>Adolescents</i>	28.6%	32.1%	40.1%
<i>Outcome - immunization rate</i>			
	53.3%	56.4%	61.0%
<i>Adults Health Care Use - Preventive / Ambulatory Care</i>			
<i>20 to 44 years</i>	75.6%	78.4%	83.3%
<i>45 to 64 years</i>	85.2%	86.8%	89.7%
<i>ER Visits per 1,000 Visits</i>			
<i>TANF</i>	70	72	70
<i>ABD</i>	48	50	51
<i>Total Population</i>	64	66	64
<i>EPSTD Screening Ratio</i>			
	70%	73%	83%
<i>Average # of Members in Pharmacy Lock-In</i>			
	199	145	165
<i>% of Members Seeking Prenatal Care</i>			
<i># of Births</i>	32,303	32,438	33,228
<i>First trimester</i>	43%	44%	46%
<i>Second trimester</i>	35%	34%	36%
<i>Third trimester</i>	16%	16%	15%



TO PROMOTE MEMBERS' PERSONAL RESPONSIBILITIES FOR THEIR HEALTH SERVICES UTILIZATION, BEHAVIORS, AND OUTCOMES.

<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013 (Est.)</i>	<i>2014 (Est.)</i>
98.3%	Not Available		Not Available	
59.8%	Not Available		Not Available	
33.5%	Not Available		Not Available	
61.6%	80% (Target)		80% (Target)	
84.2%	Not Available		Not Available	
91.1%	Not Available		Not Available	
51	48	Not Available	Not Available	
45	47	Not Available	Not Available	
49	47	Not Available	Not Available	
77%	NA	Not Available	Not Available	
268	303	Not Available	Not Available	
96%	98%	90% (Target)	90% (Target)	
33,669	32,060	Not Available	Not Available	
54%	57%	90% (Target)	90% (Target)	
29%	29%	Not Available	Not Available	
13%	12%	Not Available	Not Available	

GOAL # 4: MEMBER BENEFITS



<i>Performance Measure</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
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<i>Medical Home</i>			
<i>Number of SoonerCare Members Enrolled in Medical</i>	Not Available	Not Available	412,473
<i>Number of SoonerCare Traditional Members</i>	Not Available	Not Available	213,073
<i>Percent of SoonerCare Members Enrolled in Medical</i>	Not Available	Not Available	66%

<i>Provider Capacity**</i>			
<i>SoonerCare Choice PCP Total Capacity</i>	Not Available	Not Available	1,829,549
<i>SoonerCare Choice PCP Percent of Capacity Used</i>	Not Available	Not Available	21.90%
<i>Total Provider Count</i>	Not Available	Not Available	28,446

<i>Outcome - % of SoonerCare Members filing appeals</i>	<1/4 of 1%	<1/4 of 1%	<1/4 of 1%
<i>Output - # of SoonerCare Member Appeals Filed</i>	45	46	56
<i>Output - % of OHCA Decisions Overturned</i>	7%	4%	7%

\* The identification of a group excluded from the original reported number of members enrolled in a Medical Home resulted in a revision from 2009 forward. The inclusion of this group resulted in a more accurate percentage of SoonerCare members enrolled in a Medical Home.

\*\*During implementation of Medical Home, providers renewed their contracts with OHCA. Part of the renewal process included a self-assessment that requested updated Medical Home Panel capacity and the number of hours the provider is available for appointments. OHCA staff set Panel capacity maximum limits based on available hours reported. Medical Home primary care providers can now go online and adjust their capacity at any time.

OKLAHOMA HEALTH CARE AUTHORITY

TO ENSURE THAT PROGRAMS AND SERVICES RESPOND TO THE NEEDS OF MEMBERS BY PROVIDING NECESSARY MEDICAL BENEFITS TO OUR MEMBERS.

Here When It Counts

<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013 (Est.)</i>	<i>2014 (Est.)</i>
449,216	439,228	479,492	504,320	530,475
220,283	245,159	240,920	250,557	260,579
67%	64%	67%	67%	67%
1,037,499	1,071,965	1,202,168	1,342,933	1,368,865
41.30%	39.55%	37.85%	36.16%	37.24%
28,637	30,113	40,825	39,720	40,487
<1/4 of 1%	<1/4 of 1%	<1/4 of 1%	<1/4 of 1%	<1/4 of 1%
158	61	85	<150	<150
6%	13%	8.2%	<20%	<20%



GOAL # 5: RESPONSIBLE FINANCING /  
PURCHASING

<i>Performance Measure</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
<i>Input - Cost of Physicians &amp; Other Providers</i>	\$526,971,220	\$584,390,421	\$646,348,284
<i>State Employed</i>	140%	140%	140%
<i>Non-State Employed</i>	99.99%	100%	100%
<i>Input - Cost of Hospital Services</i>	\$811,684,896	\$835,440,046	\$862,201,042
<i>Outcome - Hospital Reimbursement as % of "Costs"</i>	102.7%	102.5%	99.66%
<i>Input - Cost of Nursing Facilities &amp; ICF/MR</i>	\$544,216,963	\$572,973,234	\$574,114,181
<i>Outcome - Nursing Facility Rates as % of Cost</i>	95%	96.2%	97.5%
<i>Outcome - ICF/MR Rates as % of Cost</i>	101%	103.7%	100.6%
Cost of EHR Payments to Eligible Professionals	Not Applicable	Not Applicable	Not Applicable
Cost of EHR Payments to Hospitals	Not Applicable	Not Applicable	Not Applicable
Number of Eligible Professionals Receiving EHR Payments	Not Applicable	Not Applicable	Not Applicable
Number of Hospitals Receiving EHR Payments	Not Applicable	Not Applicable	Not Applicable

OKLAHOMA HEALTH CARE AUTHORITY

TO PURCHASE THE BEST VALUE HEALTH CARE FOR MEMBERS BY PAYING APPROPRIATE RATES AND EXPLORING ALL AVAILABLE VALID OPTIONS FOR PROGRAM FINANCING TO ENSURE ACCESS TO MEDICAL SERVICES BY OUR MEMBERS.

<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013 (Est.)</i>	<i>2014 (Est.)</i>
\$844,813,899	\$893,069,345	\$828,902,342	\$909,782,021	
140%	140%	140%	140%	
99.19%	96.75%	95.75%	96.75%	
\$927,614,585	\$906,160,879	\$934,025,971	\$1,003,801,893	
101%	95%	124%	100%	
\$570,884,055	\$544,321,297	\$531,935,402	\$621,534,452	
94.5%	89.2%	100%	100%	
100.3%	100.6%	100%	100%	
Not Applicable	\$12,572,917	Not Available	Not Available	
Not Applicable	\$22,698,793	Not Available	Not Available	
Not Applicable	592	Not Available	Not Available	
Not Applicable	33	Not Available	Not Available	

GOAL # 6: ADMINISTRATION



<i>Performance Measure</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
Outcome - % of Administration Dollars Used	NA	80.2%	90.7%

Total SoonerCare Administration Costs	NA	\$87,000,000	\$97,300,000
Total Contract Cost (Component of Administration Costs)	NA	\$5,150,000	\$59,800,000
% of Administration Costs Attributed to Contracts	NA	59%	61%
Average SoonerCare Program Cost per member	NA	\$4,816	\$4,892
Average Cost Per Insured Oklahoma Member	NA	\$2,791	\$3,140

Total Claims Paid	23,332,124	25,309,251	28,428,254
Payment Accuracy Rate	91%	98.91%	98.91%

<i>Payment Integrity Recoveries</i>	\$9,261,371	\$6,394,754	\$3,988,042
<i>Third Party Liability Recoveries</i>	\$12,517,646	\$13,068,272	\$24,910,078

Provider Training			
<i>Group Training-Seminars/Workshops/Bi-Annual</i>	100	85	149
<i>Group Training-Attendees</i>	7,215	8,590	9,584
<i>Individual - On-Site Trainings</i>	5,112	3,961	4,172
<i>Total Member and Provider Calls</i>	334,016	375,575	415,157

Involuntary Terminations of Provider Contracts	34	22	36
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OKLAHOMA HEALTH CARE AUTHORITY

TO FOSTER EXCELLENCE IN THE DESIGN AND ADMINISTRATION OF THE SOONERCARE PROGRAM.

Here When It Counts

<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013 (Est.)</i>	<i>2014 (Est.)</i>
82.1%	89.5%	86.6%	100%	100%

\$119,200,000	\$134,200,000	\$137,278,588	\$140,239,711	NA
\$83,300,000	\$94,800,000	95,300,000	98,245,389	NA
70%	71%	71%	71%	NA
\$4,911	\$4,712	\$4,350	\$4,568	\$4,478
\$3,399	\$3,530	\$3,761	\$3,956	\$4,155

31,691,202	32,298,927	36,636,568	>35,000,000	>35,000,000
97.68%	97.6%	>97%	>97%	>97%

\$17,614,428	\$9,077,565	\$6,552,765	\$4,500,000	\$4,500,000
\$41,521,418	\$43,241,434	\$40,258,563	\$35,000,000	\$35,000,000

185	117	43	NA	NA
11,739	11,672	5,200	NA	NA
4,043	6,644	8,913	NA	NA
423,547	515,935	497,467	>500,000	>500,000

47	36	59	>55	>55
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