Oklahoma Health Care Authority

SoonerCare Choice Demonstration 11-W-00048/6
§1115(a) Annual Report
Demonstration Year: 19 (1/1/2014 – 12/31/2014)
Federal Fiscal Quarter: 3/2015 (1/14 – 12/14)

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I. INTRODUCTION

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

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

The SoonerCare demonstration was approved for a three-year extension on December 31, 2012. The extension period runs from January 1, 2013, through December 31, 2015. On January 7, 2014, OHCA submitted a request for a correction to our Special Terms and Conditions (STC) regarding the HAN care management populations. This correction was approved by CMS on April 23, 2014. The HAN care management change also required an OHCA policy change and the request was presented to the OHCA Board on February 13, 2014. The policy change was approved on February 13, 2014. On May 14, 2014, OH CA submitted an amendment for the ineligibility of SoonerCare Choice individuals who have other major medical health insurance coverage. This amendment was in response to OHCA's compliance with the Oklahoma Constitution, Article X, Section 23, which prohibits OHCA from spending more money than is allocated. The amendment was approved August 13, 2014. On May 27, 2014 OHCA sent CMS an amendment for the removal of Sunset language pertaining to Insure Oklahoma. The amendment was approved June 27, 2014. The State submitted a request for the SoonerCare Choice and Insure Oklahoma 2016-2018 demonstration waiver renewal for a three-year extension. The request was submitted to CMS on December 29, 2014.

II. ACCOMPLISHMENTS

The SoonerCare Choice program has had many accomplishments and highlights in its nineteenth year of the demonstration. Below are just a few of the program high points for 2014.

- The SoonerCare Choice and Insure Oklahoma programs enrolled 557,063 individuals as of December 2014, providing health coverage to approximately 14 percent of the total Oklahoma population[1].
- CEO Nico Gomez was named an Oklahoman of the Year by Oklahoma Magazine. Mr. Gomez was one of only six men and women honored with this designation.
- In the first quarter of 2014, OHCA began implementation of the SoonerFit Initiative, which was initiated during the third quarter of 2014. The initiative's main goals are to promote obesity reduction best practices to SoonerCare providers and to innovatively communicate physical activity and nutrition recommendations to SoonerCare members through interactive methodologies.
- The SFY 2014 per member per month (PMPM) average for HAN members was $291.09 while the PMPM average for non-HAN members was $312.56.
- From December 2013 to December 2014, the Electronic Health Records incentive program had a forty-six percent increase in the number of qualified professionals and hospitals who received incentive payments. An overall total of $99 million in incentive payments was paid out in 2014.
- Through the collaborative effort of OHCA, State leadership and CMS, the Insure Oklahoma program was approved on June 27, 2014, by CMS for removal of Sunset provision, continuing Insure Oklahoma through December 31, 2015.
- Budget neutrality calculations for 2014 denote estimated state savings of some $697 million dollars, with an overall cumulative savings of $3 billion over the life of the demonstration.
- Through the partnership with the Oklahoma State Department of Health (OSDH) and other collaborators including the OHCA, the state of Oklahoma received a $2 million dollar State Innovation Model (SIM) grant in December 2014 to improve health care quality and affordability. Beginning February 1, 2015, the state will begin a 12-month project to design a model that will improve health system performance, increase quality of care and decrease costs.

[1] U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, Economic Census; March 2015.

III. ENROLLMENT INFORMATION

A. Member Enrollment[2]

2014 Members Enrolled in SoonerCare Choice and Insure Oklahoma	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec
Total Number of Qualified Individuals Enrolled in SoonerCare Choice	**583,231**	**560,887**	**538,008**	**539,647**
SoonerCare Choice Percentage of total Medicaid Population	75%	73%	69%	70%
A) Title XXI	82,192	83,708	82,622	87,681
B) Title XIX	501,039	477,179	455,386	451,966
C) Adults	114,962	109,617	105,784	103,448
D) Children	468,269	451,270	432,224	436,199
E) Ratio – Adult/Child:				
Adult	20%	20%	20%	19%
Child	80%	80%	80%	81%
Total Number Enrolled in Insure Oklahoma	**19,570**	**18,466**	**17,309**	**17,416**
A) Individual Program (IP)	4,820	4,737	4,536	4,531
B) Employee Sponsored Insurance (ESI)	14,750	13,729	12,773	12,885
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma	**602,801**	**579,353**	**555,317**	**557,063**

December 2014 Demonstration Populations: Enrolled and Potential Members	Currently Enrolled	Potential Population	Total Qualified
TANF-Urban	283,079	54,591	337,670
TANF-Rural	211,901	18,010	229,911
ABD-Urban	23,021	6,969	29,990
ABD-Rural	21,219	2,665	23,884
Other[3]	427		427
Non-Disabled Working Adults (IO)			16,929
Working Disabled Adults (IO)			0
TEFRA Children			523
SCHIP Medicaid Expansion Children Enrollees	87,681		87,681
Full-Time College Students (IO)			277
Foster Parents (IO)			0
Not-for-Profit Employees (IO)			0

[2] Enrollment numbers are point in time numbers.
[3] Other includes BCC, TEFRA and other SoonerCare Choice members who are not part of TANF or ABD.

III. ENROLLMENT INFORMATION (Cont'd)

2014 Demonstration Populations: Member Months	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec
TANF-Urban	993,809	975,405	1,006,431	1,020,100
TANF-Rural	687,564	668,292	687,950	695,687
ABD-Urban	91,344	91,570	91,839	90,779
ABD-Rural	73,425	72,912	73,090	72,337
Non-Disabled Working Adults (ESI)	42,902	40,696	37,954	37,420
Working Disabled Adults (ESI)	0	0	0	0
TEFRA Children	1,508	1,515	1,534	1,575
SCHIP Medicaid Expansion Children Enrollees	222,091	250,466	252,956	259,436
Full-Time College Students (ESI)	647	851	835	835
Foster Parents (ESI)	0	0	0	0
Not for Profit Employees (ESI)	0	0	0	0
Non-Disabled Working Adults (IP)	14,111	14,092	13,503	13,091
Working Disabled Adults (IP)	0	0	0	2
Full-Time College Student (IP)	517	519	502	505
Foster Parents (IP)	0	0	0	0
Not for Profit (IP)	0	0	0	0

Breast and Cervical Cancer Program (BCC)

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

2014 Oklahoma Cares Member Enrollments	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec
SoonerCare Choice	302	301	277	294
SoonerCare Choice and Traditional Total Current Enrollees	572	549	542	490

Electronic Newborn Enrollment

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

2014 Electronic Newborn Enrollment	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec
Number of Newborns Assigned to a Primary Care Provider (PCP)	1,776	1,830	2,122	2,304
Number Needing Assistance with Eligibility or PCP Selection	328	251	504	384

Health Management Program's CareMeasures™ Disease Registry

The CareMeasures™ disease registry is a tool used for tracking patient care opportunities and measuring patient care outcomes for diabetes, hypertension, coronary artery disease, congestive heart failure and asthma. Preventive care measures are also available in the registry. Although practices are encouraged to use CareMeasures™ for their patients, the number of members reportedly enrolled in CareMeasures™ does not reflect patients of payer sources other than SoonerCare Choice. By the end of December 2014, there were some 3,514 members enrolled in the CareMeasures Disease Registry.

Insure Oklahoma Employer Sponsored Insurance Program (ESI)

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

2014 ESI Program Enrollments	Jan-Mar			Apr-Jun			Jul-Sept			Oct-Dec		
	0-100% FPL	101-133% FPL	134% FPL and Over	0-100% FPL	101-133% FPL	134% FPL and Over	0-100% FPL	101-133% FPL	134% FPL and Over	0-100% FPL	101-133% FPL	134% FPL and Over
Employee	1,956	3,825	6,297	1,834	3,537	5,909	1,708	3,259	5,536	1,756	3,189	5,656
Spouse	394	741	1,174	360	682	1,069	342	626	999	351	585	1,037
Student	28	32	57	22	27	57	18	26	57	17	23	61
Dependent Child[4]	0	0	246	0	0	232	0	0	202	0	0	210
ESI Total	2,378	4,598	7,774	2,216	4,246	7,267	2,068	3,911	6,794	2,124	3,797	6,964
Total Enrollment	**14,750**			**13,729**			**12,773**			**12,885**		

Insure Oklahoma Individual Plan (IP)

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

2014 IP Program Enrollments	Jan- Mar	Apr-Jun	Jul-Sept	Oct- Dec
	0-100% FPL	0-100% FPL	0-100% FPL	0-100% FPL
Employee	3,557	3,507	3,370	3,372
Spouse	1,098	1,056	1,008	983
Student	165	174	158	176
IP Total	4,820	4,737	4,536	4,531
Total Enrollment	**4,820**	**4,737**	**4,536**	**4,531**

Over the course of the year, OHCA has seen total program enrollment decreases in both the ESI and IP programs. The decrease in enrollments resulted from an uncertainty in the future of the IO programs. New program modifications to the IO IP program took effect January 1, 2014. Individuals with income up to and including 100 percent FPL may be enrolled in IP if qualified.

[4] Title XXI stand-alone CHIP population.

Perinatal Dental Access Program (PDEN)

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

2014 PDEN Member Participation	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Women Qualified for Services	19,258	18,961	15,028	0
Women Who Received Services	1,981	2,160	971	0
Percentage of Qualified Individuals Receiving Services	10%	11%	6%	0

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

Children with physical or intellectual disabilities that are not qualified for Supplemental Security Income because of their parent's income can qualify for SoonerCare benefits if they meet the TEFRA requirements. TEFRA program eligibility for SoonerCare Choice reduced participation in July 2014 due to an amendment excluding individuals that have Creditable Health Insurance Coverage.

2014 TEFRA Member Enrollments	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec
SoonerCare Choice	329	322	81	74
SoonerCare Choice and Traditional Total Current Enrollees	506	532	534	553

B. Provider Enrollment

Within 77 Oklahoma counties, there are some 9,386 providers contracted for the SoonerCare program, along with some 7,228 providers contracted for Insure Oklahoma.

SoonerCare Choice Provider Enrollment by Type

Providers include physicians, physician assistants (PA) and advanced practice nurses (APNs).

2014 Provider Types[5]	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
MD/DO	1,472	1,490	1,573	1,592
PA	307	316	330	335
APN	435	462	523	551
Total PCPs	**2,214**	**2,268**	**2,426**	**2,478**

[5] All provider type counts are duplicated for the quarter; therefore, the total does not match the total SoonerCare Choice providers currently enrolled in a given month of the Fast Fact report.

III. ENROLLMENT INFORMATION (Cont'd)

SoonerCare Medical Home Providers by Tier

2014 Providers by Tier	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Percentage in Tier 1: Entry Level Medical Home	57%	57%	56%	55%
Percentage in Tier 2: Advanced Medical Home	24%	24%	25%	25%
Percentage in Tier 3: Optimal Medical Home	19%	19%	19%	20%

Insure Oklahoma Individual Plan (IP) Providers

Insure Oklahoma IP providers include physicians, physician assistants (PA) and registered nurse practitioners (APNs).

2014 Provider Types	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
MD/DO	1,117	1,132	1,182	1,183
PA	264	276	284	291
APN	334	358	394	413
Total PCPs	**1,715**	**1,766**	**1,860**	**1,887**

Indian Health

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

2014 Indian Health Provider Enrollment	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Clinics	57	57	57	56

Perinatal Dental Access Program (PDEN)

2014 PDEN Provider Enrollment	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Active Participating Dentists[6]	315	297	0	0

PCP Capacities

The total capacity represents the maximum number of members that PCPs request to have assigned within OHCA's limit.

2014 SoonerCare and Insure Oklahoma PCP Capacity	Quarter March Ending		Quarter June Ending		Quarter September Ending		Quarter December Ending	
	Contracted Capacity	% Capacity Used	Contracted Capacity	% Capacity Used	Contracted Capacity	% Capacity Used	Contracted Capacity	% Capacity Used
SoonerCare Choice	1,161,708	45%	1,177,398	42%	1,101,570	43%	1,155,455	44%
SoonerCare Choice I/T/U	99,900	18%	99,900	19%	98,400	20%	98,400	20%
Insure Oklahoma IP	432,357	1%	424,822	1%	426,748	1%	430,118	1%

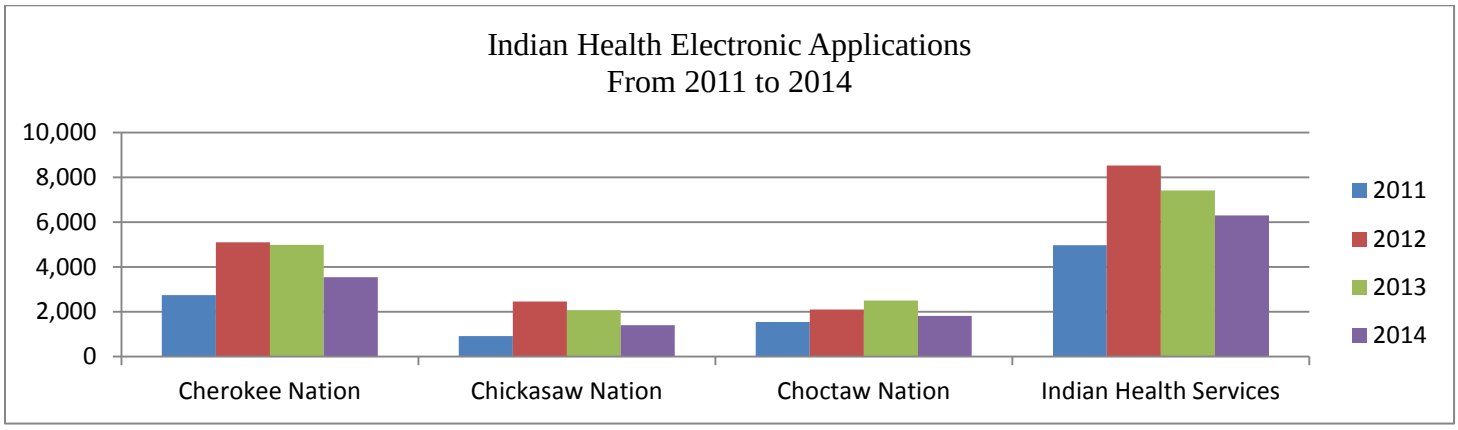
[6] PDEN program ended July 2014.

C. Systems

2014 Media Type of Applications for SoonerCare	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	**Total**
Home Internet	42,449	37,714	31,371	29,052	**140,586**
Paper	18	0	0	0	**18**
Agency Internet	25,670	24,802	21,636	19,384	**91,492**
Agency Electronic	0	0	0	0	**0**
Total	**68,137**	**62,516**	**53,007**	**48,436**	**232,096**

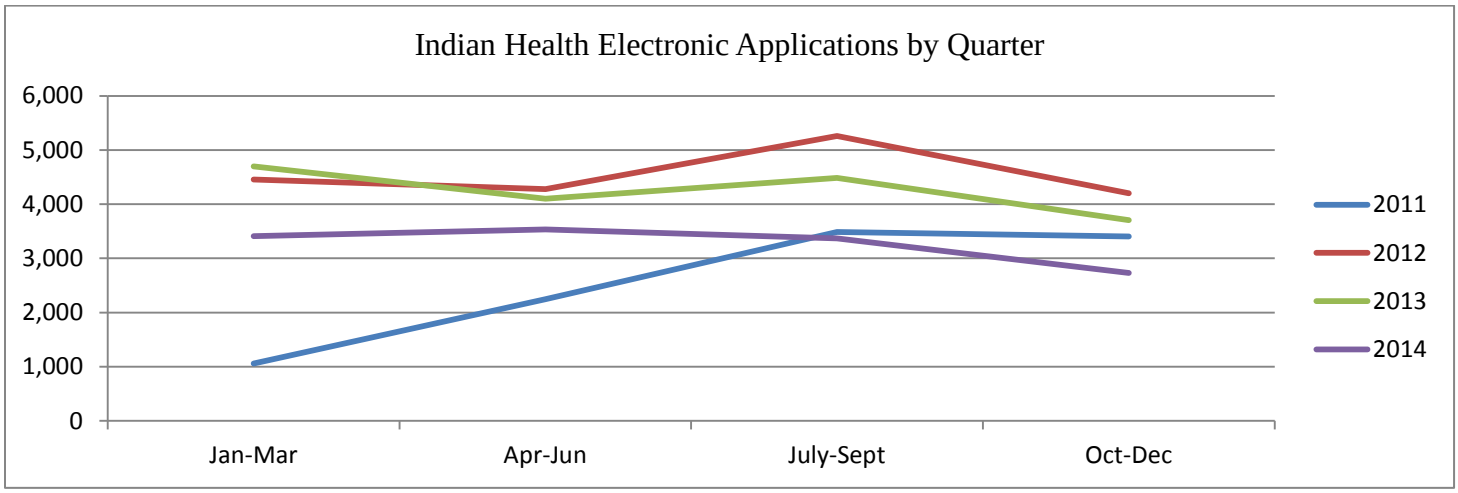
There were a total of 232,096 SoonerCare applications submitted of which 18 were paper applications. All other applications were submitted electronically through either Home or Agency Internet. On October 1, 2013, the agency discontinued OHCA paper applications being used for enrollment. Individuals can however, still enroll using federal paper applications.

The number of Indian Health electronic applications has stayed relatively stable from 2013 to 2014. OHCA continues to partner and communicate with tribal partners on the online and enrollment eligibility system.



2014 Indian Health Online Enrollment Applications for SoonerCare	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	**Total**
Cherokee Nation	886	968	937	736	**3,527**
Chickasaw Nation	405	421	301	280	**1,407**
Choctaw Nation	522	496	433	360	**1,811**
Indian Health Services	1,595	1,649	1,697	1,352	**6,293**
Total	**3,408**	**3,534**	**3,368**	**2,728**	**13,038**

III. ENROLLMENT INFORMATION (Cont'd)



SoonerCare Choice Outreach, Innovative Activities and Stakeholder Engagement

Insure Oklahoma

Outreach Publications

A. Outreach

2014 Outreach Materials Printed and/or Distributed[7]	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Member Materials Printed/Distributed				
SoonerCare Member Handbook Mailing	266	210,250	3,315	0
New Member Welcome Packets				
English/Spanish Combined	33,232	40	13,897	22,280
Individual Orders	0	0	3,315	0
Information/Enrollment Fair Fliers[8]	58,095	73,836	41,965	8,620
BCC Brochures				
English	620	880	0	0
Spanish	320	310	150	130
SoonerRide				
English	Out of Stock	1,100	0	100
Spanish	Out of Stock	0	0	0
SoonerCare Provider Directory (English/Spanish)	320	2,141	920	90
Postcard with ER Utilization Guidelines	1,210	4,810	3,520	2,520
SoonerCare and IO Outreach Material				
Sooner Bear Color Books	4,420	7,740	10,310	0
SoonerCare Health Club (Activity Book)	2,170	6,100	10,150	3,190
SoonerCare Companion Member Newsletter	280,000	0	270,000	272,500
Miscellaneous Promotional Items (Magnets, Bandages, Hand Cleaner)	8,440	15,850	38,260	3,340
No Smoking Card (English/Spanish Combined)	780	1,540	1,950	140
Insure Oklahoma Brochures (Ordered online)	0	0	0	922
Oklahoma Indian Tribe-Specific Posters and Fliers	30	140	90	50
Provider Newsletter	10,918	21,620	27,522	11,210
Toll-Free SoonerCare Helpline				
Number of Calls	169,841	172,394	252,366	141,150

[7] Significant changes throughout this table may be due to agency outreach efforts and logo updates.
[8] This includes TEFRA brochures.

B. Innovative Activities

Cesarean Section Quality Initiative

OHCA initiated the Cesarean Section (C-section) Quality Initiative in January 2011, in an attempt to lower the primary C-section rate performed without medical indication. The goal of the initiative is to reduce the first time C-section rate to 18 percent by ensuring providers and hospitals are using practices best suited in performing C-Sections. The OHCA medical staff performs a primary role in this initiative. Medical nurses review the received documentation from providers and determine the medical necessity for the C-section; they also determine if it should be reviewed by the OHCA OB physician.

For the SFY 2014, there were 32,254 SoonerCare deliveries with a 16.8 C-section percentage rate. This figure includes both in state and out-of-state deliveries.

Since implementation of the C-section Quality Initiative program, the primary C-section rate has remained relatively stable. While the initiative has successfully reduced the primary C-section rate to the intended goal, OHCA continues this initiative to further decrease the rate.

Electronic Health Records (EHR)

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

CMS released a new final rule in September of 2014 providing flexibility for providers affected by a delay in implementing 2014 certified EHR technology. To enable OHCA to process attestations for providers affected by this delay, OHCA had to make some system modifications. OHCA completed and made available these changes in December 2014.

During the third quarter (July – September) of 2014, the OHCA Electronic Health Operations staff sent out a survey to EHR providers geared toward the providers experience and adoption of the incentive program. The EHR survey has closed and OHCA is currently analyzing the results for future outreach efforts. Additionally, three qualified professionals and 16 hospitals attested to Stage 2 of meaningful use.

Throughout 2014, OHCA incorporated various changes to the EHR incentive program in accordance with CMS' Stage 2 final rule (42 CFR Parts 412, 413 and 495). Such modifications include changes to the SoonerCare contract effective date, the definition of an encounter, patient volume time period and changes to the Meaningful Use measures. For a complete list and description of the 2013 EHR incentive program changes, refer to EHR Incentive Program Changes.

As of December 31, 2014, a total of 2,226 professionals and 104 hospitals have been paid for the incentive program, which is an 18 percent increase in qualified providers from 2013. The qualified providers have received a total of $99,914,237.00 in incentive payments for December 2014. OHCA continues to see an increasing trend in the number of qualified professionals and hospitals who choose to participate in the EHR incentive program.

2014 EHR Qualified Providers	Jan-March	Apr-Jun	July-Sept	Oct-Dec
Number of Qualified Professionals	1,954	2,178	2,217	2,226
Number of Qualified Hospitals	94	100	104	104
Total	**2,048**	**2,278**	**2,321**	**2,330**

2014 Cumulative EHR Incentives Paid	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Qualified Professionals	40,183,752	44,554,170	45,361,670	45,510,420
Qualified Hospitals	57,352,718	54,233,263	54,403,817	54,403,817
Total	**$97,536,470.00**	**$98,787,433.00**	**$99,765,487.00**	**$99,914,237.00**

High ER Utilization Program

OHCA staff work together to educate and train members and providers how to lower the use of the ER. High ER utilizers include members who visit the ER four or more times in a quarter. Throughout the SFY 2014 the OHCA Member Services (MS) staff performed the outreach activity of sending letters to the High ER Utilization members. These letters are sent to the super users who utilize the ER, four to 14 visits in a quarter. This letter educates the members as to why they should contact their PCP before visiting the ER.

Letters Mailed SFY 2014 to High ER Superusers	Jan-Mar	April-June	July-Sept	Oct-Dec
SoonerCare	1,922	1,656	1,680	1,814

Medicaid Management Information System (MMIS) Reprocurement

The MMIS reprocurement project is an initiative to implement system enhancements to the Oklahoma MMIS system. Hewlett Packard Enterprise Services (HP) has conducted the MMIS project using a phased-in approach. Phase I includes the systems takeover and Phase II includes mandates, agency priorities and system enhancements. Some important focal points of the reprocurement enhancements were: the claims tracking system, iCE, the Data Support System (DSS), the Care Management System and Atlantes.

The Secure Provider Portal and the Rules Engine enhancement went live January 2014. In the second quarter HP completed the claims resolution workflow. The claims resolution workflow allows more flexibility in how claims are assigned and routed, thus, streamlining the process.

During the third and fourth quarter OHCA's contractor, Hewlett-Packard Enterprise (HP), reported the reprocurement project to be in its final stages of enhancements and being ready to transition from ICD-9 to ICD-10. ICD is a coding system that tracks medical records including diseases, symptoms, abnormal findings and external causes of injury. HP is currently in the second wave of allowing providers to test ICD-10 usage.

OHCA has prepared and issued two Requests For Information (RFI) for implementation of MMIS reprocurement enhancements. One RFI is for a Data Warehouse and Analytics system and the other is for a Medical Case Management System. OHCA is interviewing candidates and reviewing their demos from the RFI responses and will continue planning at this time. This enhancement is scheduled to go live in October 2015.

C. Stakeholder Engagement

Tribal Consultation

OHCA convenes consultation meetings with tribal partners throughout the state in order to better collaborate with the tribes on all program and policy updates and changes. Tribal consultation meetings are held on the first Tuesday of every odd numbered month. In 2014, OHCA held eight tribal consultation meetings with participants from the Absentee Shawnee Tribe of Oklahoma, Cherokee Nation, Cheyenne and Arapaho Health Board, Chickasaw Nation, Choctaw Nation, Citizen Potawatomi Nation, Indian Health Care Resource Center of Tulsa, Indian Health Service's Oklahoma City Area Office, the Indian Health Service's Pawnee Service Unit, Inter-Tribal Health Board, Oklahoma City Indian Clinic, Seminole Nation and Wewoka Indian Health Services, Ponca Tribe of Oklahoma Tribal Epidemiology Center, as well as representatives from Hewlett Packard (HP), the Oklahoma Department of Mental Health and Substance Abuse (ODMHSAS), the Oklahoma State Department of Health (OSDH) and the OHCA.

Throughout the year, OHCA staff presented numerous policy changes, state plan amendments, 1115 Demonstration Waiver and 1915 waiver amendments at the tribal consultation meetings. During the 2014 first quarter Health Policy and Waiver Development and Reporting staff presented proposed policy changes related to updates of Insure Oklahoma (IO) coverage. The policy was revised to align with changes to the waiver Special Terms and Conditions. Additional rule changes were proposed to reflect updated business practices for eligibility regarding TEFRA children. During the 2014 second quarter the Waiver and Policy staff presented final proposed program cuts and changes due to budget constraints, including the exclusion of SoonerCare Choice members with other creditable coverage and raising co-pays to the federal maximum. During the 2014 third quarter the Waiver staff also presented a summary of the 1115 SoonerCare Choice renewal application for extension of the SoonerCare Choice and Insure Oklahoma programs for 2016-2018. A draft of the application was posted on OHCA website, September 9 through November 30, for comment. During the 2014 fourth quarter, the Oklahoma Department of Mental Health and Substance Abuse Services staff presented proposed policy changes to meet budget needs, none of which had a direct impact to the SoonerCare Choice program.

As a follow-up to the Seventh Annual Tribal Consultation, that occurred on October 23, 2013, in Catoosa, Oklahoma, the Tribal Relations unit hosted the 2014 OHCA Tribal Partnership Planning Session on February 26, 2014, in Tulsa. A list of all tribal and non-tribal consultation participants can be found in Attachment 1. The focus of this meeting was to develop a strategic plan to address the health care issues of SoonerCare's tribal citizens. Some of the topics covered were uncompensated care within the tribal health care system, health disparities in tribal communities and dialysis reimbursement.

To continue effective communication with Oklahoma tribes, OHCA also uses the Native American Consultation Website as a means to notify tribal representatives of all program and policy changes, as well as to receive any feedback or comments. OHCA posts notifications to the website for a minimum of 30 days. OHCA has and will continue to incorporate all suggestions and recommendations from the website and tribal consultation into the decisions, policy and amendments proposed to the agency and CMS.

V. OPERATIONAL/POLICY DEVELOPMENTS

A. SoonerCare and Insure Oklahoma Operations

1. Department Operations

Health Promotion and Community Relation

Community Relations Coordinators

The Community Relations Coordinators (CRC) main objectives and goals are to always answer community, partner and member questions in their respective areas of the state. They also take on the task of educating and answering questions for partners regarding SoonerCare, Insure Oklahoma and other initiatives that may benefit our members. CRC's are able to accomplish this through a variety of ways, such as attending coalition, committee, and task force meetings, performing public outreach around the state and providing printed resources.

The CRCs work with some 700 public, private and nonprofit entities within Oklahoma's 77 counties to enroll qualified children in SoonerCare and promote the importance of preventive care. Furthermore, CRCs facilitate ongoing dialogue between community partners and OHCA to address local issues and collaborate in the development of strategies for improving the health of SoonerCare members. New partnerships were developed over the course of the year bringing the total of active partnerships to nearly 200.

The four regions of the state in which the CRCs collaborate with partners and potential partners include: Northeast, Southeast, Northwest and Southwest. This year some of the collaboration activities included meeting with the Chamber of Commerce in one Northeast community to discuss Insure Oklahoma; attending Garfield County Certified Healthy Luncheons and providing Insure Oklahoma information as well as facilitation of the Community Forum in Ponca City; in the Central/Southwest region working with the Boys and Girls Club on a video project promoting "Healthy is More Fun Than You Think" from the kids' perspective; meeting with various groups, including but not limited to KIBOIS Captain Team and Choctaw Country DHS, to educate on Insure Oklahoma and delivered pharmacy bags to D&D Pharmacy in Poteau and Choctaw Nation Pharmacy in McAlester.

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

Health Promotions Coordinator

OHCA entered into a three-year contractual agreement with the Tobacco Settlement Endowment Trust (TSET) to fund a Health Promotions Coordinator position. The primary responsibility for the coordinator is to implement tobacco cessation and wellness efforts into existing OHCA projects, including practice facilitation.

In 2014 the Health Promotions Coordinator continued working on the implementation of the OHCA Oklahoma Tobacco Helpline Fax Referral project, as well as working with Member Services to complete the process evaluation for the project. The OHCA Oklahoma Tobacco Helpline Fax Referral program began operation July 2014. This program was designed to decrease the number of SoonerCare pregnant women who use tobacco. The Fax Referral project was expanded to include the Population Care Management unit.

In the first quarter of 2014, OHCA began implementation of the SoonerFit initiative. The initiative's main goals are to promote best practice for obesity reduction to SoonerCare providers and to innovatively communicate physical activity and nutrition recommendations to SoonerCare members through interactive methodologies. The SoonerFit website is now live SoonerFit.org. This program is promoted through member and provider newsletters and promotional materials are given out at community events, health fairs and shared with partners by the Community Relations Coordinators.

SoonerQuit/Health Provider Engagement Grant

The SoonerQuit Provider Engagement grant went live July 2014. For this grant's initiative, OHCA will utilize participating PCPs from the Health Management Program practice facilitation model and infuse a tobacco cessation module in the quality improvement activities. OHCA will also continue practice facilitation efforts with obstetrics providers and possibly dental providers.

The practice facilitators completed initial three-week facilitation with six providers during the last quarter of SFY 2014. Four of the providers have integrated the 5A's tobacco cessation counseling methodology into their electronic medical records. All six providers have their own pre-populated Oklahoma Tobacco Helpline fax referral form, which provides OHCA with a monthly fax referral outcome report.

Medical Authorization Unit (MAU)

In 2014, the MAU processed an average of 23,743 prior authorizations a month for an average approval rate of 98 percent.

At the beginning of 2014, MAU staff created a new MAU page on the OHCA website. Providers are now able to click on the MAU Link and find prior authorization information such as required forms, general information, MAU FAQs and information on imaging and scans. Data has been updated since the December 2014 quarterly report.

2014 MAU Activity	Jan- Mar	Apr-Jun	Jul-Sept	Oct-Dec	**Totals**
Total MAU Calls Handled	1,425	1,544	1,302	1,215	**5,486**
Total Prior Authorizations	28,068	26,629	20,358	19,920	**94,975**
Avg. Number of Reviewers (Analyst or Nurse)	12	12	11	12	
Average Number of PAs per Reviewer	498	507	379	324	**427**
Percentage of Total PA Denials	1%	1%	2%	4%	**2%**
Number of Denials	240	183	256	422	**1,101**

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

OHCA issued a Request for Proposal (RFP) for a new Therapy Management Program toward the end of 2013 and awarded the contract to MedSolutions/Triad in February 2014. The Program was implemented on July 1, 2014. The first few months ran smoothly and MedSolutions/Triad averaged 5,624 prior authorization requests each month.

2014 MedSolutions Activity	Jan- Mar	Apr-Jun	Jul-Sept	Oct-Dec	**Totals**
Total MedSolutions Calls Handled	5,679	6,041	6,001	5,375	**23,096**
Total Prior Authorizations	17,220	16,925	16,690	16,653	**67,488**
Avg. Number of Reviewers (Analyst or Nurse)	115	115	115	115	
Average Number of PAs per Reviewer	50	49	48	48	**49**
Percentage of Total PA Denials	10%	10%	11%	10%	**10%**
Number of Denials	1,677	1,717	1,836	1,718	**6,947**

Member Services

Member Services (MS) continue to send outreach letters to assist specific SoonerCare members with care coordination. These letters include; high ER utilizers, persons with four or more visits to the ER in a quarter; Prenatal and newborn outreach for expectant mothers and mothers with newborns to access prenatal and well child care and immunization early on and Soon-to-be-Sooners outreach for individuals who are initially eligible for SoonerCare as deemed newborns. Members receiving letters may call the SoonerCare helpline and ask for the appropriate "outreach representative" to receive information about their medical home and the particular beneficial education they need.

2014 MS Outreach Letters	Jan-Mar		Apr-Jun		July-Sept		Oct-Dec		**Total Letters Mailed**	**Avg. Response Rate**
	# of Letters Mailed	Response Rate	# of Letters Mailed	Response Rate	# of Letters Mailed	Response Rate	# of Letters Mailed	Response Rate		
Prenatal Outreach – Pat Letters	3,481	38%	3,599	35%	2,758	33%	1,049	33%	**10,887**	**35%**
Households with Newborns Outreach – Jean Letters	6,050	13%	5,979	14%	6,691	12%	2,450	13%	**21,170**	**13%**
Soon-to-be-Sooners Outreach – Sonja and Sally Letters	1,442	38%	1,375	37%	1,458	29%	1,288	38%	**5,563**	**35%**
High ER Utilization Outreach – Ethel Letters	1,922	16%	1,656	18%	1,680	16%	1,814	15%	**7,072**	**16%**

2014 MS Activity	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
High ER Utilizers Identified for Calls	27	25	26	32
Calls to BCC Members with Confirmed Cancer Diagnosis	64	85	60	81
Calls to BCC Members at Renewal Period	64	41	65	84
Member Service Calls Handled in English	22,476	20,084	18,463	17,360
Member Service Calls Handled in Spanish	1,280	966	986	981
Member Inquiries	15,943	14,126	12,937	11,838

Population Care Management (PCM)

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

Case Management (CM)

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

Existing Open Cases are considered open if successful contact with member is made. Educational materials are sent via mail regarding cases that are not considered open.

2014 Phase I: Outreach to FIMR Population – Participating Mothers	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
New Cases	133	124	186	147	140	116	155	125	105	138	118	133
Existing Open Cases	549	571	605	614	618	610	622	611	523	502	492	474

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

2014 Phase II: Outreach to FIMR Population – Infants Younger than 1	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
New Cases	184	157	194	145	150	149	166	169	148	191	139	186
Existing Open Cases	1,825	1,854	1,880	1,854	1,853	1,861	1,854	1,714	1,506	1,476	1,390	1,371

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

In order to provide an evaluation of the FIMR project, CM has developed a Logic Model for the external evaluation by the Primary Care Health Policy Division in the Department of Family & Preventive Medicine at the OU Health Sciences Center. The evaluation is in process and OHCA staff is working on an Executive summary. The final evaluation report is expected to be available at the end of the CY2015 second quarter.

CM began a new outreach effort as an outgrowth from the FIMR initiative, known as the Interconception Care (ICC) project. The ICC outreach is for pregnant women ages 13 to 18 who have been identified in the 10 FIMR counties who can remain in active care management until one year post delivery. Care management will specifically focus on contraception utilization, medical and dental well checks, return to school/graduation/or vocation training and increased PCP visits. As of December 2014, approximately 59 members are enrolled in the initiative.

During the first quarter of 2013, CM and OHCA's Information Services staff implemented a new non-member health survey located on the Online Health Assessment on OHCA Enrollment Page. The survey was developed to gain basic aggregate statistical health information about persons enrolling in SoonerCare. The survey includes questions relating to chronic illness, tobacco use, obesity and pregnancy. The survey also includes agency telephone numbers for OHCA service areas that non-members can call for assistance. OHCA continued this project through June of 2014. From that time, the PCM unit utilized the information differently based on being able to respond to individual members based on actual results from the questions. The PCM has plans to provide additional case management to members relevant to their survey responses in January 2015.

2014 Non-Member Health Survey Results[9]	Jan-Mar	Apr-June	July-Sept	Oct-Dec
Non-members who reported to be pregnant	214	220	0	0
Non-members who reported to have chronic disease	705	564	0	0
Non-members who reported that s/he is overweight	634	476	0	0
Non-members who have a serious medical issue for which they believe they need immediate help	546	346	0	0
Non-members who reported to use tobacco	647	555	0	0
Total number of survey responses	5,335	1,701	0	0

2014 CM Activity	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec
Active Cases under Care Management	3,778	3,786	3,324	3,141
Case Load per Adjusted RN FTE	154	147	113	107
High-Risk and At-Risk OB - Following	387	362	328	339
High-Risk and At-Risk OB – New	184	207	178	214
OK Cares New Enrollment	54	57	54	56
OK Cares Total Enrollment	572	549	542	490
Private Duty Nursing Cases – New	6	10	2	9
Private Duty Nursing Cases - Following	193	207	200	200
Onsite Evaluations (TEFRA, Private Duty Nursing)	56	55	52	51
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	68	81	102	79
Out of State – Clinical Review - New	52	74	64	46
Out of State – Clinical Review - Following	37	37	49	31

[9] Results are no longer tracked as of July 2014 due to change in process.

Health Management Program (HMP)

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

2014 Health Coaches	Jan-March	April-June	July-Sept	Oct-Dec
Number of Health Coaches	26	24	28	29

Next Generation HMP also incorporates practice facilitators which are assigned to each practice participating in the program. Practice Facilitation (PF) occurs in each of the participating practices in the HMP program. Some of the essential functions and core components that the practice facilitators are facilitating in the practices include:

- Practice Facilitator and Health Coach Integration
- Foundation Intervention
- Academic Detailing

In addition to health coaches, the Next Generation HMP also incorporates practice facilitation, which goes hand-in hand with health coaching. Practice facilitators have health coach training and certification, as well as work with the health coaches to coordinate efforts within the practices. By the end of December 2014, there were six practice facilitators assigned to the 40 practices participating in the program. The chart below breaks out the level of practice facilitation services, as well as the number of practices in each practice facilitation tier. The number of Tier 3 practices has been updated since the December 2014 quarterly report.

Practice Facilitation Tiers	Description	Number of Practices
Tier 1	Practice has never received practice facilitation; clinic needs full practice facilitation services before deployment of a health coach.	8
Tier 2	Practice has received prior practice facilitation but requires additional training before deployment of a health coach.	5
Tier 3	Practice has received full practice facilitation, high-functioning practice and ready for deployment of a health coach.	26
Tier 4	High-functioning practice; has embedded care management staff due to participation in another initiative or grant program, but practice still requests inclusion in academic detailing and other educational services.	0

Over the course of state fiscal year 2014, practice facilitators and health coaches conducted some 201 academic detailing sessions with practices, as well as provided some 335 educational presentations. A few of the topics covered during these trainings included "What is Asthma," "Obesity Mortality in Oklahoma," "Importance of Micro Albumin" and "10 Things a Diabetes Patient Should Know."

During the third quarter, August 2014, a new initiative called mHealth was launched through Telligen. The mHealth initiative is a mobile engagement solution that allows HMP to connect with members via text message. With the assistance of mHealth, HMP members are able to receive text messages that remind members to get their flu shots or other health educational messages, as well as text their blood sugar reading and receive a message based on the result. As of December 2014 the HMP had enrolled 419 members in mHealth.

Chronic Care Unit

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

The Chronic Care Unit continues to partner with the HMP to assist with case managing SoonerCare members with chronic conditions, whose PCPs do not have an embedded health coach. The Chronic Care unit is currently case managing some 444 SoonerCare members with multiple chronic conditions

With approval of Oklahoma House Bill 2384, OHCA is allowed to prior authorize Hepatitis C medications. Effective July 1, 2014, the Chronic Care Unit partners with agency pharmacy staff as well as the OU College of Pharmacy to implement a process to case manage individuals receiving Hepatitis C who are referred by their providers.

As of December 2014, the Chronic Care Unit has received approximately 665 referrals since the implementation of the new OHCA unit in January 2013.

Provider Services

On January 1, 2014 an annual Behavioral Health Screening for all SoonerCare members ages 5 and older, who are enrolled in a Patient-Centered Medical Home, was implemented. This new requirement will allow providers to receive a SoonerExcel incentive payment for conducting the new screen.

Providers and medical homes are continuously updated by Provider Services regarding updates that are needed to continue services with the OHCA. An annual update letter was sent out to providers requiring attestation form regarding compliance with the Deficit Reduction Act of 2005.

During the second quarter of SFY 2014, OHCA sent school administrators a letter, #2014-14, regarding a *Child Health Guide for Schools*, in an effort to promote well-child visits, refer to Attachment 2. This letter focused on the importance of preventive health care for children, the ages well-child checkups should be performed and explains how the Child Health Guide informs parents how to apply for SoonerCare. Included in this letter was an electronic link to the Child Health Guide on the OHCA website page.

Several other provider letters were sent out over the course of SFY 2014 to inform providers of changes for various programs inclusive of Behavioral Health and Prescriptions.

Waiver Development & Reporting (WD&R)

In accordance with required CMS quarterly report documents the WD&R unit submits additional reporting information to CMS during the year. The unit also worked closely with CMS on collaborative efforts to help with outreach efforts and implementation of changes made through amendments to the waiver.

Some of the highlights from the 1115 Waiver unit this year included the unit's submission of the 2013 Sooner Care Choice Annual report, submission of the 2016-2018 SoonerCare Choice/Insure Oklahoma renewal application and removal of the Sunset language from the Insure Oklahoma program. The Waiver staff conducted the annual Post Award Forum on July 8 at the Oklahoma Health Improvement Plan (OHIP) Child Health workgroup, refer to Attachment 3. During the forum, the WD&R Coordinator provided education on the 1115 authority and the use of medical homes, as well as discussed the benefits, services and main objectives of the program.

Monthly monitoring calls with CMS were instrumental in sharing information regarding Insure Oklahoma, Health Management Program, Health Access Network and several State of Oklahoma legislative bills that may have had an impact on the SoonerCare Choice Demonstration Waiver. Other issues that were collaborated on with CMS were Sunset language removal for the Insure Oklahoma program, approval of the State receiving program match for the HMP program and technical corrections for the waiver approval package documents.

On May 14, 2014, the Waiver unit submitted a Third Party Liability amendment to CMS. OHCA amended Special Terms and Conditions #22, by adding individuals with other creditable coverage to the Eligibility Exclusions list. CMS approved the amendment on August 13, 2014 and on October 1, 2014 OHCA submitted to CMS the acceptance letter for the amendment approval contingent on a few technical corrections.

OHCA and State leadership continue to collaborate with CMS on how to sustain the Insure Oklahoma program in the future. The Waiver unit continued to work with CMS on the appropriate federal financial match for the Health Management Program. In June 2014 CMS determined the Health Management Program could claim a program match rather an administration match. OHCA also participated in six formal monthly monitoring calls with CMS, as well as other calls on an as-needed basis.

In addition to the above highlights, the chart below is a comprehensive list of the 2014 documents that the OHCA worked with CMS to complete.

#	Document	Submitted to CMS	Status	Date Approved
1.	Acceptance Letter for the SoonerCare 2013-2015 Extension	May 14, 2014	CMS Received	August 13, 2014
2.	SoonerCare 2014 Amendment individuals with creditable healthcare coverage to SoonerCare demonstration eligibility exclusion list	May 14, 2014	CMS Received	August 13, 2014
3.	SoonerCare Quarterly Report, Jan-Mar 2014	May 30, 2014	CMS Received	N/A
4.	Acceptance of the September 6 Special Terms and Conditions, Waiver List and Expenditure Authorities	August 13, 2014	CMS Received	October 1, 2014
5.	SoonerCare Quarterly Report, Apr-June 2014	August 29, 2014	CMS Received	N/A
6.	SoonerCare Quarterly Report, July-Sept 2014	November 26, 2014	CMS Received	N/A
7.	SoonerCare Choice and Insure Oklahoma 1115(a) demonstration application for extension of the demonstration, 2016-2018	December 29, 2014	CMS Received	Pending
8.	SoonerCare Quarterly Report, Oct-Dec 2014	February 27, 2015	CMS Received	N/A

2. Program-Specific Operations

Breast and Cervical Cancer Program (BCC)

In 2014, OHCA received over 1,121 applications for the BCC program. Of these applications, 377 were denied for reasons including no medical records, no qualifying abnormality and DHS denials. A total of 744 applications were approved for the BCC program in 2014.

2014 BCC Applications	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	**Total**
Total Applications Received	293	297	290	241	**1,121**
Number of Applications Denied	95	116	97	69	**377**
Number of Applications Approved	198	181	193	172	**744**
Of Applications Received, Diagnosis of Breast Cancer	118	106	111	214	**549**
Of Applications Received, Diagnosis of Cervical Cancer	170	187	178	138	**673**
Of Applications Received, Diagnosis of Breast and Cervical Cancer	5	3	1	0	**9**

2014 BCC Certified Screeners	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Certified Screeners	1,012	1,025	1,021	1,029

2014 Outreach Activities Related to BCC Members	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Care Management Activities Related to BCC Members	3,337	3,101	2,949	3,024
Number of Calls Made by Member Services to BCC Members at Renewal Period	64	41	65	84
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	64	85	60	81

Health Access Networks (HAN)

Active HANs in Oklahoma include:

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

Since December 2013, the HAN enrollment has stayed relatively stable for the OU Sooner HAN, while enrollment has increased for the OSU Network HAN and PHCC HAN. The OSU Network HAN had a one percent growth and PHCC HAN had a two percent growth in member enrollment. Data has been updated since the December 2014 quarterly report.

2014 HAN Enrollment	OU Sooner HAN	PHCC HAN	OSU Network
January	99,300	3,459	15,150
February	103,003	3,740	15,592
March	101,400	3,828	15,647
April	93,531	3,592	14,432
May	97,879	3,724	15,078
June	99,087	3,716	15,304
July	95,585	3,376	14,627
August	96,401	3,387	15,007
September	97,191	3,379	15,052
October	97,682	3,402	15,118
November	97,914	3,486	15,215
December	96,863	3,449	14,899

University of Oklahoma Sooner Health Access Network (OU Sooner HAN)
The OU Sooner HAN completed its fourth year of the pilot program in June 2014. The Sooner HAN has expanded member enrollment across 54 care practices. The total member enrollment as of December 2014 was 96,863.

During the latter part of FY 2014, the OU Sooner HAN began development of an interface between Doc2Doc and the OHCA Provider Portal. This interface aids in the integration of the prior authorization process directly into the Doc2Doc referral tool. The Doc2Doc electronic referral management system continues to be an important part of the OU Sooner HAN's access to specialty care providers. In fiscal year 2014, the Sooner HAN had some 150 specialty locations served by 392 specialty providers actively using Doc2Doc.

In March of 2014, the OU Sooner HAN was invited to Washington, DC to present at the Fundamentals of Care Management training. This training was held at the Institute of Health's International (IHI) Summit. The presentation topic was Improving Patient Care in the Office Practice and Community. Several trainers were able to attend the conference and were able to share their success and challenges with others in the industry. They were also able to network with other organizations that were interested in care management training.

For more detailed information on the OU Sooner HAN's provider network or Doc2Doc, refer to Attachment 4 for the OU Sooner HAN Annual Report.

Oklahoma State University Health Access Network (OSU Network HAN)
The OSU Network HAN completed its third year of the pilot program in June 2014 with an enrollment total of 14,899 individuals by the end of December 2014. For fiscal year 2014, the HAN had some 77 primary care providers in seven practice locations. Providers in the OSU Network HAN continue to work toward the implementation of the Doc2Doc referral tool.

In fiscal year 2014, OSU Network HAN staff developed marketing strategies that include brochures in card-format and case management forms, as well as updated and revised member/provider packets designed for distribution.

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

The OSU Network HAN provides ongoing outreach, follow-up educational, support, care coordination and self-management tools to its members. The OSU HAN continues to coordinate its case management efforts with Humana Advantage programs for complex cases served by the OSU physician group.

Refer to Attachment 5 for the OSU Network HAN's Annual report.

Partnership for Healthy Central Communities Health Access Network (PHCC HAN)
The PHCC HAN completed its third year of the pilot program in June 2014. By the end of December 2014, enrollment was up to 3,449 participants. For fiscal year 2014, the PHCC HAN had some 21 primary care providers and 602 specialty providers.

PHCC HAN's third year work on the implementation of Doc2Doc in PCP practices made substantial gains. Efforts to achieve full implementation are ongoing. In 2014, the OU Sooner HAN provided on-site training at four PHCC HAN practices.

The PHCC HAN staff developed six brochures base on common ER visit diagnoses, each with health education and health promotion content as well as emphasis on preventive care and services. The topics include: abdominal pain, back pain, cellulitis, and children with fever, headache and urinary tract infection.

The purpose of each brochure is to educate and emphasize the following: specific health problems as specified by the brochure title, appropriate use of PCP visits vs. ER visits and preventive measures associated with each topic.

The PHCC HAN presented at the August Strategic Planning Conference with OHCA, refer to Attachment 6. Their discussion was Asthma Improvement Plan (AIP), which is their care management initiative. The AIP began March 2012 with ten members engaged. By the end of September 2014, there were some 39 members engaged. Outcome measures show improvement since the launch of the initiative, as well as decrease in hospitalizations and emergency room visits and an increase in flu vaccinations.

Additionally, staff participated in multiple meetings and community outreach groups such as: Canadian County Coalition for Children and Families, Infant Mental Health group, Strategic Prevention Framework (SPF)-State Incentive Grant (SIG) through Red Rock, Canadian County against Tobacco Coalition and Canadian County Coalition (CCC) Special Events Committee.

Refer to Attachment 7 to review PHCC HAN's Annual report.

OHCA continued individualized HAN review meetings in fiscal year 2014 and on an as-needed basis.

Insure Oklahoma (IO)

Sunset removal language for Insure Oklahoma was submitted to CMS on May 27, 2014, and was approved June 27, 2014. Oklahoma's Governor announced the successful negotiations and extension of the program in a June 30, 2014, press release refer to Attachment 8.

Insure Oklahoma Outreach Activities for 2014 included activities with approximately 8,639 participants and the distribution of 25,570 Insure Oklahoma Brochures. This number does not include brochures ordered online.

Since the Insure Oklahoma program was extended beyond the 2014 calendar year, continued efforts were made to help with sustainability of the program. An Outreach marketing staff person was hired to do outreach around the state with presentations, media, radio and social media regarding Insure Oklahoma. There were also continued efforts in October 2014 toward the completion of the online application for Insure Oklahoma participants.

2014 Employer-Sponsored Insurance (ESI) Program Participating Employers	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec
Approved Businesses with Participating Employees	4,367	4,299	4,147	4,063

2014 Average ESI Member Premium[10]	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
Member Premium	$299.71	$292.21	$295.84	$297.94

2014 ESI Subsidies	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sept	Quarter Ending Dec
Employers Subsidized	6,705	7,314	7,024	6,579
Employees and Spouses Subsidized	26,572	28,835	26,832	24,855
Total Subsidies	**$10,756,385**	**$11,463,530**	**$10,430,459**	**$9,748,407**

2014 Average Individual Plan (IP) Member Premiums	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
Member Premiums	$46.29	$37.95	$37.56	$36.85
Average FPL of IP Members	64%	64%	63%	62%

2014 IP Subsidies	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Total Premiums Received	$406,461	$379,986	$357,723	$350,541
Total Member Months	14,770	14,704	14,090	13,687
Total Paid Claims	$9,613,279	$7,458,934	$6,620,195	$6,516,548
Average Claim PMPM	$621.16	$480.67	$443.06	$450.62

[10] Financial data is based on the previous month; e.g. November premiums are reported in December.

SoonerRide

The SoonerRide program was developed to assure that necessary transportation is made available to all eligible SoonerCare members who are in need. The agency contracts directly with ambulance and air providers for all other transportation needs. SoonerRide is contracted with the vendor Logisticare for the non-emergency transportation needs.

For 2014, the SoonerRide program provided some 846,356 trips for SoonerCare Choice and other OHCA covered program members within the 77 state counties.

Throughout the SFY 2014 a random selection of SoonerCare members were selected to participate in a member satisfaction survey. Members were able to rate the program as Excellent, Good, Fair or Poor. The survey results for each quarter revealed overall positive feedback regarding the program.

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

The Governor appointed members to the Blue Ribbon Panel for Developmental Disabilities in response to the significant number of Oklahoma men, women and children with intellectual disabilities. One of the panel's objectives is to address the Developmental Disabilities Service's (DDS) ever-growing waiting list for services. The panel also reviewed more than 3,000 child cases to determine if required criteria are being met for the TEFRA program. To date the Governor's Blue Ribbon panel is moving to finalize their recommendations to the Governor's office regarding numerous ideas that are currently being explored.

In 2014 TEFRA staff also provided educational training for the TEFRA program at the DDS meeting. Two other trainings took place in the fourth quarter of 2014, one in October and one in November.

OHCA internal TEFRA staff continues to have workgroup meetings that focus on review of active cases, operational procedures for level of care criteria for TEFRA and policy that may impact TEFRA.

Additionally, to effectively manage possible growth in the program during the SFY of 2014, TEFRA staff hired a new TEFRA nurse to handle all initial and recertification cases. A new TEFRA analyst and TEFRA coordinator were also hired.

B. Policy Developments

1. Policy and Administrative Status

Throughout SFY 2014, OHCA staff presented numerous proposed permanent rule changes to the Medical Advisory Committee and to the OHCA Board meeting.

During the first quarter of 2014 proposed rule changes specific to the 1115 demonstration included revising Insure Oklahoma program rules to align with the Special Terms and Conditions of the Section 1115 Demonstration Waiver. Rules were also revised to remove children covered under the Individual Plan (IP) and limit adult Individual Plan enrollment to persons with household income at or below 100 percent FPL. Revisions were also made concerning the IP co-payment structure and to remove the references to eligibility income determination. Changes were also presented regarding the TEFRA program rules in order to better match current business practices and federal regulations.

During the second quarter there were rule changes presented that related to program cuts due to the budget shortfall. Other changes included increasing SoonerCare co-pays, eliminating the perinatal dental benefit and making individuals who have creditable health insurance coverage not qualified for the SoonerCare Choice program. The third quarter rule changes related to program cuts in order to comply with Oklahoma Constitution Article X, Section 23. The last quarter rule changes were concerning the 1915c waiver populations.

All proposed rule changes, including 2014 federally mandated changes, were passed through the Oklahoma Legislature during the 2014 legislative session with an effective date of July 1, 2014, with some provisions not going into effect until January 1, 2015.

OHCA continues to encourage stakeholders, providers and the public to make comments on all proposed rule changes by utilizing the OHCA webpage Proposed Rule Changes Website for comment. Individuals may receive rule-change updates through email notification or the OHCA web alert banner.

The State continues to see growth in the current operations of the SoonerCare Choice program. At the end of SFY 2014 the Insure Oklahoma program experienced a slight decrease in program enrollment in both the Employer Sponsored Insurance (ESI) program and the Individual Plan (IP) program, as there is uncertainty regarding the program's future.

2. Legislative Activity

On February 3, 2014, Governor Mary Fallin delivered her State of the State address at the opening of the legislative session. The governor identified several areas of focus which included: making education and safety in schools a priority, informing State agencies that many State agencies may see up to a five percent budget cut, highlighting much needed repair to our State Capitol building, continuing the State's Insure Oklahoma premium assistance program and proposing provisions for tax breaks.

During the second quarter, May 23, 2014, the Oklahoma's 55th Legislature adjourned with the official sine die on May 30, 2014. OHCA continued to discuss resolutions for the agency's budget shortfall as OHCA prepared the SFY 2015 budget. After receiving a flat appropriation from the Governor, it was determined that the agency would have to make up for a $104 million shortfall in order to maintain the program as it was administered the year before. The deficit was a combination of a 2.7 percent decrease in Federal Medical Assistance Percentage (FMAP), a $13.7 million loss in tobacco tax revenue and loss in funds from the Legislature for normal growth and utilization cost.

VI. CONSUMER ISSUES

During the 2014 session, the Oklahoma Legislature tracked a total of 5,152 legislative bills, of which 845 were carry-over bills from the previous session. The OHCA tracked 223 bills, of which 110 were carry-over. Of these bills, few had impact on the SoonerCare demonstration. The legislative bill that was approved and signed by the Governor, which does impact the SoonerCare Choice demonstration, was HB 2402, which permits remaining funeral trust account funds to be placed in an irrevocable trust for the OHCA to recover reimbursement of medical assistance.

After adjournment of the 2014 legislative session, Oklahoma legislators continued addressing State needs through interim studies. Legislators conducted research on some 150 interim studies. The studies with potential impact to the SoonerCare Choice demonstration include the studies relating to health care funding – House study 14-001, 14-007, 14-090 and Senate study 14-03 – as well as studies relating to Access to Care and providing insurance to the uninsured – House study 14-050 and 14-079, and Senate study 14-051. Oklahoma's 55th Legislature will convene on February 2, 2015. In addition, on May 21, 2014, the Governor approved HB 2906, which directs the OHCA to conduct a study of current and potential emergency department diversion models for persons enrolled in Medicaid and explore options for cost containment that are consistent with the patient-centered medical home program.

A. Member Advisory Task Force (MATF)

The Member Advisory Task Force (MATF) performs four primary roles. It provides information to OHCA regarding issues that are an important part of the members' health care needs; educates OHCA staff regarding the needs of consumers to assure services are received in a way preferred by members; recommends potential changes to current services/policies; and offers new ideas for services and policies. The MATF is comprised of OHCA staff, staff from the agency contractor, and representatives from the Oklahoma Family Network (OFN)[11] and SoonerCare members.

In 2014, the MATF met seven times throughout the year. During the meetings, the MATF made recommendations to the OHCA for improvement and further analysis in OHCA programs, processes and meetings. The chart below includes some of the recommendations from the MATF.

MATF Highlights
MATF met February 1, 2014 and the meeting was focused on decreased federal match which was due to Oklahoma's economy doing better than most states.
The main focus of the April and May meetings continued to center around OHCA's flat budget and the agency's proposed cuts in order to make up for the shortfall. MATF members gave recommendations on how to better communicate with members through electronic media, what should be included in member newsletters and other outreach techniques for the new SoonerFit initiative.
The July and September meetings continued talks on the budget, SoonerFit program and outreach recommendations for member notification. The MATF co-chairperson represented the task force in the "Personal Responsibility" conference session of OHCA's Strategic Planning Conference in August.
The December 5 meeting centered on Member Newsletter review, review of the new member packet and review of upcoming rules.

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

B. Member Inquiries

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

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

2014 Member Inquiries	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Program Complaint	58	49	35	17
Complaint on Provider	63	81	66	93
Fraud and Abuse	58	60	66	60
Access to Care	38	35	7	2
Program Policy	3,205	2,800	1,993	1,917
Specialty Request	269	242	338	624
Eligibility Inquiry	7,246	6,756	6,448	4,771
SoonerRide	1,575	1,461	1,618	2,052
Other[12]	0	0	0	0
PCP Change	1,252	851	756	655
PCP Inquiry	800	739	630	640
Dental History	145	79	31	26
Drug/NDC Inquiry	103	78	80	56
Medical ID Card	409	260	198	207
PA Inquiry	722	635	671	718
Total[13]	**15,943**	**14,126**	**12,937**	**11,838**

C. Helplines

Insure Oklahoma Helpline

2014 Insure Oklahoma IP Helpline	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	20,786	16,437	14,695	14,531
Number of Calls Answered	17,289	14,994	13,311	13,406
Number of Calls Abandoned[14]	3,308	1,443	1,384	1,125
Percentage of Calls Answered	83%	91%	90%	91%

[12] Currently, this is a category that is rarely used as the categories are more specifically defined and the use for "other" is less likely to occur.
[13] 100% of Member Inquiries are initiated timely, within 72 hours of receipt.
[14] Abandoned calls may never reach an agent due to wait in queue and hang ups.

2014 Insure Oklahoma ESI Helpline	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	4,418	3,573	3,145	3,318
Number of Calls Answered	3,967	3,404	2,993	3,206
Number of Calls Abandoned	392	169	152	112
Percentage of Calls Answered	89%	93%	92%	93%

Online Enrollment (OE) Helpline[15]

2014 OE Helpline Calls in English	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	32,705	29,150	25,743	24,519
Number of Calls Answered	27,693	26,212	19,297	21,401
Number of Calls Abandoned	4,738	2,938	6,446	3,118
Average Percentage of Calls Answered	85%	89%	74%	87%

2014 OE Helpline Calls in Spanish	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	563	470	467	365
Number of Calls Answered	503	439	417	327
Number of Calls Abandoned	44	31	50	38
Average Percentage of Calls Answered	89%	93%	89%	89%

SoonerCare Helpline

2014 SoonerCare Helpline Calls	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Calls	187,268	181,934	195,604	163,295
Number of Calls Answered	160,089	162,347	139,631	140,689
Number of Calls Abandoned	25,608	19,587	55,973	22,606
Average Percentage of Calls Answered	85%	88%	71%	85%

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

D. Grievances

Grievances are formal complaints that are logged by the quarter in which they are filed. Our legal department tracks the grievance by the type of appeal.

2014 SoonerCare Grievances	Jan-Mar		Apr-Jun		Jul-Sept		Oct-Dec	
	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed
BCC	0	1 Dismissed	0	0	1	1 Resolved	1	0
Eligibility	6	1 Denied	5	1 Dismissed 3 Resolved	1	2 Denied	3	1 Resolved 1 Withdrew
Dental Services	2	2 Denied; 1 Resolved	0	0	0	0	0	0
Miscellaneous	1	0	0	0	0	0	0	0
Miscellaneous: Unpaid Claim Member	6	1 Denied; 1 Resolved	1	0	0	0	0	0
Miscellaneous: Unpaid Claim Provider	1	0	0	0	0	0	0	0
Prior Auth: Durable Medical Equipment	3	0	0	1 Denied	0	0	0	0
Prior Auth: Other	5	1 Resolved	0	0	2	0	0	0
Prior Auth: Pharmacy	3	1 Denied	0	0	0	0	0	0
Prior Auth: Radiology Services	1	0	0	0	0	0	0	0
Private Duty Nursing	3	1 Dismissed	2	1 Denied 1 Granted	2	0	4	1 granted
Provider Panel Dismissal	2	0	0	1 Dismissed	0	0	1	0

2014 Insure Oklahoma Grievances	Jan-Mar		Apr-Jun		Jul-Sept		Oct-Dec	
	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed
Eligibility	5	4 Withdrew; 5 Resolved	2	1 Resolved 1 Denied 7 Withdrew	1	5 Resolved 1 Dismissed 6 Withdrew	1	1 Closed 7 Resolved

VII. QUALITY ASSURANCE / MONITORING ACTIVITIES

A. Quality Assurance (QA)

CAHPS® Member Surveys

OHCA's contracted External Quality Review (EQR) organization, Morpace; to conduct a *Consumer Assessment of Health Care Providers and Systems (CAHPS®) Adult Medicaid Member Satisfaction Survey*, refer to Attachment 9 and *CAHPS® Child Medicaid with CCC Member Satisfaction Survey*, refer to Attachment 10 *for* the period 2013. OHCA received these reports in June 2014. The objective of the surveys is to capture accurate and complete information about consumer-reported experiences with SoonerCare Choice by:

- Measuring satisfaction levels, health plan use, health and socio-demographic characteristics of members;
- Identifying factors that affect the level of satisfaction;
- Providing a tool that can be used by plan management to identify opportunities for quality improvement; and
- Providing plans with data for HEDIS® and NCQA accreditation.

CAHPS® Adult Survey

Based on Morpace's report for the Adult member satisfaction survey, 309 qualified members completed the survey from the sample size of 1,350 SoonerCare Choice members who received the survey; the survey response rate was 23 percent. Overall results for the adult survey showed fairly high levels of satisfaction in the overall program. The highest summary rate was for the reporting measure *How Well Doctors Communicate* (89.92 percent). The lowest summary rate was for the reporting measure *Shared Decision Making (49.95 percent).*

CAHPS® Child Survey

The CAHPS® child survey had a response rate of 839 members who completed the survey from the sample of 1,650 SoonerCare Choice children who were randomly selected. This is a response rate of 51 percent.

Similar to the CAHPS® adult survey, the overall level of satisfaction for the program was relatively high with the highest reporting measure rating 96.57 percent for *How Well Doctors Communicate* and the lowest rating at 59.75 percent for *Shared Decision Making.* Refer to Appendix A to review the major findings from the CAHPS® survey.

Access Survey

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

2014 Access Survey	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec
Number of Providers Called	844	880	879	887
Percent of Providers with 24-hr Access on Initial Survey	95	95	89	96
Percent of Providers Educated for Compliance	5%	5%	11%	4%

B. Monitoring Activities

HEDIS® Report[16]

SoonerCare HEDIS® Quality Measures

Reported per report year - not data year	2010	2011	2012	2013
Annual Dental Visit	**2010**	**2011**	**2012**	**2013**
Aged 2-3 years	37.8%	39.3%	41.0%	40.9%
Aged 4-6 years	63.5%	64.6%	67.2%	66.6%
Aged 7-10 years	69.0%	70.5%	72.6%	72.3%
Aged 11-14 years	66.1%	68.3%	70.3%	70.2%
Aged 15-18 years	58.8%	61.2%	62.9%	63.1%
Aged 19-21 years	42.6%	43.2%	40.2%	40.0%
Total	60.2%	62.0%	64.0%	64.1%
Children & Adolescents' Access to PCP	**2010**	**2011**	**2012**	**2013**
Aged 12-24 months	97.8%	97.2%	96.6%	97.0%
Aged 25 months-6 years	89.1%	88.4%	90.1%	90.6%
Aged 7-11 years	89.9%	90.9%	91.7%	92.4%
Aged 12-19 years	88.8%	89.9%	91.6%	92.8%
Total	90.1%	90.3%	91.6%	92.3%
Adults' Access to Preventive/Ambulatory Health Services	**2010**	**2011**	**2012**	**2013**
Aged 20-44 years	83.6%	84.2%	83.1%	82.8%
Aged 45-64 years	90.9%	91.1%	91.0%	90.8%
Aged 65+ years	92.6%	92.1%	92.2%	92.4%
Total	88.7%	88.8%	88.5%	88.3%
Well-Child Visits	**2010**	**2011**	**2012**	**2013**
Aged <15 months 1+ visits	95.4%	98.3%	98.3%	97.3%
Aged <15 months 6+ visits	48.8%	59.0%	58.6%	59.6%
Aged 3-6 years 1+ visits	61.9%	59.8%	57.4%	57.6%
Aged 12-21 years 1+ visits	37.1%	33.5%	34.5%	31.6%

[16] The HEDIS® chart represents HEDIS® year 2014, for calendar year 2013. Data shaded in light gray represents data with a statistically significant increase from the previous year. Data shaded in the darker gray represents data with a statistically significant decrease from the previous year.

Appropriate Medications for the Treatment of Asthma	2010	2011		
Aged 5-11 years	90.9%	90.6%		
Aged 12-50	83.1%	81.9%		
Total	87.7%	86.9%		
Appropriate Medications for the Treatment of Asthma (Change in HEDIS 2012)			2012	2013
Aged 5-11 years			90.3%	94.0%
Aged 12-18 years			85.2%	95.2%
Aged 19-50 years			60.4%	68.9%
Aged 51-64 years			56.9%	74.1%
Total			85.0%	92.0%
Comprehensive Diabetes Care (Aged 18-75 years)	2010	2011	2012	2013
Hemoglobin A1C Testing	71.0%	71.1%	70.5%	71.5%
Eye Exam (Retinal)	32.8%	31.8%	31.8%	32.0%
LDL-C Screening	63.6%	62.9%	62.0%	63.1%
Medical Attention for Nephropathy	54.4%	55.9%	56.8%	58.7%
Screening Rates	2010	2011	2012	2013
Lead Screening in Children (By 2 years of age)	43.5%	44.5%	44.7%	48.2%
Appropriate Treatment for Children with URI (Aged 3 months-18	67.7%	69.5%	66.8%	73.1%
Appropriate Testing for Children with Pharyngitis (Aged 2-18 y	38.8%	44.8%	49.1%	53.2%
Breast Cancer Screening (Aged 40-69 years)	41.1%	41.3%	36.9%	36.5%
Chlamydia Screening in Women (CHL) (Ages 16-24)			49.1%	46.8%
Cervical Cancer Screening (Aged 21-64 years)	44.2%	47.2%	42.5%	41.0%
Cholesterol Management for Patients with Cardiovascular Conditions (Aged 18-75)	69.5%	69.9%	68.6%	68.2%
Race/Ethnicity Diversity of Membership	2010	2011	2012	2013
American Indian/Alaskan Native	12.0%	11.7%	11.6%	11.3%
Asian	1.2%	1.3%	1.3%	1.4%
Black/African American	14.2%	13.9%	13.5%	13.2%
Native Hawaiian/Pacific Islander	0.2%	0.2%	0.3%	0.3%
White	67.9%	68.8%	67.4%	66.6%
Multiple Races	4.5%	4.0%	5.9%	7.3%
Total	100.0%	100.0%	100.0%	100.0%
Hispanic (percentage of total)	13.1%	13.2%	14.3%	15.1%

VIII. FINANCIAL / BUDGET NEUTRALITY DEVELOPMENT

A. Budget Neutrality Model

Oklahoma continues to exceed per member per month expenditures for members categorized as Aged, Blind and Disabled. The state believes this situation to be reflective of provider rate increases that will continue to have particular impact for this eligibility group. In the overall life of the waiver, the state has $3.7 billion in Budget Neutrality savings. Ending December 2014, the state has $697,896,548 million in savings for the year, refer to Attachment 11.

Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Years
Through December 31, 2014

Waiver Year	Member Months (Enrolled and Unenrolled)	Costs Without Waiver	Waiver Costs on HCFA-64	Variance
Waiver Year #1-1996	2,337,532	$286,138,649	$249,006,422	$37,132,227
Waiver Year #2-1997	2,282,744	$297,653,392	$281,953,273	$15,700,119
Waiver Year #3-1998	2,550,505	$354,302,018	$303,644,031	$50,657,987
Waiver Year #4-1999	3,198,323	$538,659,237	$426,247,022	$112,412,215
Waiver Year #5-2000	3,496,979	$690,766,574	$592,301,080	$98,465,494
Waiver Year #6-2001	4,513,310	$981,183,083	$773,255,432	$207,927,651
Waiver Year #7-2002	4,823,829	$1,115,197,420	$850,084,088	$265,113,332
Waiver Year #8-2003	4,716,758	$1,087,570,219	$917,176,458	$170,393,761
Waiver Year #9-2004	4,886,784	$1,199,722,904	$884,795,047	$314,927,857
Waiver Year #10-2005	5,038,078	$1,316,858,687	$1,001,434,761	$315,423,926
Waiver Year #11-2006	5,180,782	$1,436,886,838	$1,368,966,664	$67,920,174
Waiver Year #12-2007	5,451,378	$1,582,588,945	$1,445,598,253	$136,990,692
Waiver Year #13-2008	5,386,004	$1,660,246,277	$1,620,066,352	$40,179,924
Waiver Year #14-2009	5,839,782	$1,883,856,292	$1,877,829,088	$6,027,204
Waiver Year #15-2010	6,367,794	$2,154,894,736	$1,994,807,073	$160,087,663
Waiver Year #16-2011	6,420,012	$2,297,585,363	$2,129,385,450	$168,199,914
Waiver Year #17-2012	6,819,943	$2,543,469,377	$2,227,024,758	$316,444,619
Waiver Year #18-2013	7,011,670	$2,749,107,136	$2,188,257,442	$560,849,694
Waiver Year #19-2014	7,392,534	$3,026,121,382	$2,328,224,834	$697,896,548
Total Waiver Cost	**93,714,741**	**$27,202,808,527**	**$23,460,057,527**	**$3,742,751,001**

IX. MEMBER MONTH REPORTING

A. Budget Neutrality Calculation

2014 Eligibility Groups	Quarter Totals Ending Mar	Quarter Totals Ending Jun	Quarter Totals Ending Sept	Quarter Totals Ending Dec
TANF – Urban	993,809	975,405	1,006,431	1,020,100
TANF – Rural	687,564	668,292	687,950	695,687
ABD – Urban	91,344	91,570	91,839	90,779
ABD – Rural	73,425	72,912	73,090	72,337

B. Informational Purposes Only

2014 Eligibility Groups	Quarter Total Ending Mar	Quarter Totals Ending Jun	Quarter Totals Ending Sept	Quarter Totals Ending Dec
Non-Disabled Working Adults (ESI)	42,902	40,696	37,954	37,420
Working Disabled Adults (ESI)[17]	0	0	0	0
TEFRA	1,508	1,515	1,534	1,575
Full-Time College Students (ESI)	347	322	322	308
SCHIP Medicaid Expansion Children Enrollees	222,091	250,442	252,956	259,436
Foster Parents (ESI)[17]	0	0	0	0
Not for Profit Employees (ESI)[17]	0	0	0	0
Non-Disabled Working Adults (IP)	14,111	14,092	13,503	13,091
Working Disabled Adults (IP)	0	0	0	2
Full-Time College Students (IP)	517	519	502	505
Foster Parents (IP)[17]	0	0	0	0
Not for Profit (IP)[17]	0	0	0	0
HAN Expenditures				$4,440,457.28
HMP Expenditures				$6,644,615.36

[17] OHCA has authority to enroll this population, but do not at this time due to systems updates.

X. DEMONSTRATION EVALUATION

A. Hypotheses

Hypothesis	Do 2014 Outcomes of the Demonstration Confirm the Hypothesis?
1. A Child health checkup rates for children 0 to 15 months old will be maintained at or above 95 percent over the life of the extension period.	Yes
1. B Child health checkup rates for children 3 through 6 years old will increase by three percentage points over the life of the extension period.	No – OHCA has not yet met this measure. OHCA will continue to track this data over the extension period.
1. C Adolescent child health checkup rates will increase by three percentage points over the life of the extension period.	No – OHCA has not yet met this measure. OHCA will continue to track this data over the extension period.
2. The rate of adult members who have one or more preventive health visits with a primary care provider in a year will improve by three percentage points as a measure of access to primary care in accordance with HEDIS® guidelines between 2013-2015.	No – OHCA has not yet met this measure. OHCA will continue to track this data over the extension period.
3. The number of SoonerCare primary care practitioners enrolled as medical home PCPs will maintain at or above the baseline data between 2013-2015.	Yes
4. A There will be adequate PCP capacity to meet the health care needs of the SoonerCare members between 2013-2015. The available capacity will equal or exceed the baseline capacity data over the duration of the waiver extension period.	Yes
4. B The time it takes for the member to schedule an appointment should exceed the baseline data between 2013-2015.	Yes
5. The percentage of American Indian members who are enrolled with an Indian Health Services, Tribal or Urban Indian Clinic (I/T/U) with a SoonerCare Choice American Indian primary care case management contract will increase nine percentage points during the 2013-2015 extension period (this is three percentage points each year).	No – OHCA has not yet met this measure. OHCA will continue to track this data over the extension period.
6. The proportion of members qualified for SoonerCare Choice who do not have an established PCP will decrease within 90 days of the primary care claims analysis report.	Yes
7. A Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2013-2015. Decrease asthma-related ER visits for HAN members with an asthma diagnosed identified in the medical record.	Yes

Hypothesis	Do 2015 Outcomes of the Demonstration Confirm the Hypothesis?
7. B Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2013-2015. Decrease 90-day readmissions for related asthma conditions for HAN members with an asthma diagnosis identified in their medical record.	Yes
7. C Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2013-2015. Decrease overall ER use for HAN members.	Yes
8. Average per member per month expenditures for members belonging to a HAN affiliated PCP will continue to be less than those members enrolled with non-HAN affiliated PCPs during the period of 2013-2015.	Yes
9a.(A) The percentage of SoonerCare members identified as qualified for nurse care management, who enroll and are actively engaged, will increase as compared to baseline.	Unknown- OHCA will receive updated data after the reporting time period.
9a.(B) The percentage of members actively engaged in nurse care management in relation to the providers' total SoonerCare Choice panel.	Unknown- OHCA will receive updated data after the reporting time period.
9b. The incorporation of Health Coaches into primary care practices will result in increased PCP contact with nurse care managed members, versus baseline for two successive years and a comparison group of qualified but not enrolled members.	Pending - OHCA will receive updated data after the reporting time period
9c (A). The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, will improve the process for identifying qualified members and result in an increase in average complexity of need within the nurse care managed population. Number of members engaged in nurse care management with two or more chronic conditions.	Pending - OHCA will receive updated data after the reporting time period

Hypothesis	Do 2015 Outcomes of the Demonstration Confirm the Hypothesis?
9c (B). The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, will improve the process for identifying qualified members and result in an increase in average complexity of need within the nurse care managed population. Sum of chronic conditions across all members engaged at any time in a 12-month period.	Pending - OHCA will receive updated data after the reporting time period
9c(C). The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, will improve the process for identifying qualified members and result in an increase in average complexity of need within the nurse care managed population. Number of members engaged in nurse care management at any time in a 12-month period with at least one chronic condition and one behavioral health condition.	Pending - OHCA will receive updated data after the reporting time period
9c (D). The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, will improve the process for identifying qualified members and result in an increase in average complexity of need within the nurse care managed population. Sum of chronic impact scores across all members engaged at any time in a 12-month period.	Pending - OHCA will receive updated data after the reporting time period
9d. The use of a disease registry by Health Coaches will improve the quality of care for nurse care managed members.	Pending - OHCA will receive updated data after the reporting time period
9e. Nurse care managed members will utilize the emergency room at a lower rate than members in a comparison group comprised of qualified but not enrolled members.	Pending - OHCA will receive updated data after the reporting time period
9f. Nurse care managed members will have fewer hospital admissions and readmissions than members in a comparison group comprised of qualified but not enrolled members.	Pending - OHCA will receive updated data after the reporting time period

Hypothesis	Do 2015 Outcomes of the Demonstration Confirm the Hypothesis?
9g. Nurse care managed members will report higher levels of satisfaction with their care than members in a comparison group comprised of qualified but not engaged members.	Pending - OHCA will receive updated data after the reporting time period
9h. Total and per member per month expenditures for members enrolled in HMP will be lower than would have occurred absent their participation in nurse care management.	Pending - OHCA will receive updated data after the reporting time period
10. The state's systems performance will ensure seamless coverage between Medicaid and the Marketplace after changes outlined in the Affordable Care Act are effectuated.	Yes

OHCA reports the following 2015 annual data and analysis for the SoonerCare Choice program's hypotheses. Refer to page 2, Introduction, of this report to reference the waiver objectives.

Hypothesis 1 - This hypothesis directly relates to SoonerCare Choice waiver objective #1 and #1 of CMS's Three Part Aim:

The rate for age-appropriate well-child and adolescent visits will improve between 2013-2015.

A. Child health checkup rates for children 0 to 15 months old will be maintained at or above 95 percent over the life of the extension period.
B. Child health checkup rates for children 3 through 6 years old will increase by three percentage points over the life of the extension period.
C. Adolescent child health checkup rates will increase by three percentage points over the life of the extension period.

This hypothesis posits that the number of members who have regular visits with their primary care providers is a measure of how much access members have to primary care. One of the objectives of the medical home model of primary care delivery is improvement of access to regular primary care. The measure predicts that as a result of the waiver, rates will be maintained and/or improved for well-child and adolescent visits over the duration of the waiver extension period (2013-2015).

The data used is administrative, derived from paid claims and encounters, following HEDIS® measure guidelines. The members included in the measurement group are divided by age cohorts (0-15 months, 3 to 6 years and adolescents 12-21 years) and are limited to those who were enrolled in SoonerCare for 11 or 12 months of the measurement year allowing for a maximum gap in enrollment of 45 days.

The medical home model was implemented in January 2009, so initial effects of the waiver's primary care model begin in CY2009 data.

Percentage of Child and Adolescent Members with at Least One Checkup Per Year	CY2009 HEDIS® 2010[18]	CY2010 HEDIS® 2011	CY2011 HEDIS® 2012	CY2012 HEDIS® 2013	CY2013 HEDIS® 2014
0-15 months	95.4%	98.3%	98.3%	95.7%	96.3%
3-6 years	61.9%	59.8%	57.4%	59.9%	58.5%
12-21 years	37.1%	33.5%	34.5%	22.5%	21.8%

Hypothesis 1.A Results:
This hypothesis specifies that checkup rates for children 0 to 15 months will be maintained at or above 95 percent over the course of the extension period. OHCA met this measure in HEDIS® year 2010 when the percentage of child visits was at 95.4 percent. OHCA has maintained at or above this rate through the baseline data in HEDIS® year 2013 (95.7 percent), and through HEDIS® year 2014 (96.3 percent).

[18] OHCA started producing HEDIS® data internally using a different formula; thus, recalculating 2009 data. In previous years, HEDIS® data was produced by a Quality Improvement Organization contractor.

Hypothesis 1.B Results:
In accordance with the hypothesis, the checkup rates for children ages 3 to 6 years are to increase by 3 percentage points over the extension period, 2013-2015, which would be an average of 1 percentage point per year. Children ages 3-6 years have seen a 1.4 percent decrease in health checkup rates during HEDIS® year 2014. In order to meet this measure, OHCA will continue to monitor this group during the 2013-2015 extension period.

Hypothesis 1.C Results:
The evaluation measure hypothesizes that the checkup rate for adolescent's ages 12 to 21 years will also increase 3 percentage points over the period from 2010-2012, which is an average of 1 percentage point per year. Adolescents' ages 12-21 years have had a .7 percent decrease in health checkup rates from HEDIS® year 2013, to HEDIS® year 2014. OHCA analysis indicates that there is an inverse relationship between increasing age of the child and screening/participation rates. In order to meet this measure, OHCA will continue to monitor this group during the 2013-2015 extension period.

Hypothesis 2 - This hypothesis directly relates to SoonerCare Choice waiver objective #1 and #1 of CMS's Three Part Aim:
The rate of adult members who have one or more preventive health visits with a primary care provider in a year will improve by three percentage points as a measure of access to primary care in accordance with HEDIS® guidelines between 2013-2015.

Access to PCP/Ambulatory Health Care: HEDIS® Measures for Adults	CY2009 HEDIS® 2010	CY2010 HEDIS® 2011	CY2011 HEDIS® 2012	CY2012 HEDIS® 2013	CY2013 HEDIS® 2014
20-44 years	83.6%	84.2%	83.1%	82.8%	81.9%
45-64 years	90.9%	91.1%	91.0%	87.9%	87.7%

Access to primary care providers is determined in accordance with HEDIS® guidelines: a member with at least one paid claim or encounter with a primary care provider in a 12-month period is determined to have access to primary care. Only members who were enrolled for 11 or 12 months of the data year who did not have gaps in enrollment of more than 45 days during the year are included in the population for whom the access rate is determined. The adult rate excludes claims for inpatient procedures, hospitalizations, emergency room visits and visits primarily related to mental health and/or chemical dependency.

Hypothesis 2 Results:
This hypothesis postulates that adults' rate of access to primary care providers will improve by three percentage points over the life of the extension, 2013-2015. SoonerCare adults ages 20-44 and 45-64 have not yet attained a three percentage point increase over the 2013-2015 extension period. For HEDIS® year 2013, adults' ages 20-44 years with access to a PCP or ambulatory health care decreased 0.9 percentage points, while adults ages 45-64 with access to a PCP or ambulatory health care decreased .2 percentage points. OHCA continues to trend the adult access rates over the extension period to monitor for significant changes in rates for these age groups.

Hypothesis 3 – This hypothesis directly relates to SoonerCare Choice waiver objective #2 and #1 of CMS's Three Part Aim:

The number of SoonerCare primary care practitioners enrolled as medical home PCPs will maintain at or above the baseline data (1,932 providers) between 2013-2015.

PCP Enrollments	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014
Number of SoonerCare Choice PCPs	2,067	2,119	2,141	2,192	2,225	2,231	2,252	2,335	2,361	2,376	2,393	2,431	2,454

Hypothesis 3 Results:
This hypothesis measures the state's access to care by tracking the number of SoonerCare primary care providers enrolled as medical home PCPs. OHCA exceeded the baseline data during the first quarter of 2013 and has continued to exceed the baseline through the end of 2014. OHCA exceeded the baseline data by 27 percent at the end of 2014. OHCA believes that the number of Choice PCPs will continue to increase throughout the extension period.

Hypothesis 4 – This hypothesis directly relates to SoonerCare Choice waiver objectives #1 and #2, and #1 of CMS's Three Part Aim:

There will be adequate PCP capacity to meet the health care needs of the SoonerCare members between 2013-2015. Also, as perceived by the member, the time it takes to schedule an appointment should improve between 2013-2015.

A. *The available capacity will equal or exceed the baseline capacity data over the duration of the waiver extension period.*
B. *As perceived by the member, the time it takes for the member to schedule an appointment should exceed the baseline data between 2013-2015.*

Hypothesis 4.A Results:

SoonerCare Choice PCP Capacity	Baseline Data (December 2012)	PCP Capacity (December 2013)	PCP Capacity (December 2014)
Number of SoonerCare Choice PCPs	1,932	2,067	2,454
SoonerCare Choice PCP Capacity	1,092,850	1,149,541	1,155,455
Average Members per PCP	279	268	219

This hypothesis postulates that OHCA will equal or exceed the baseline capacity data (1,092,850; average of 279 members per PCP) over the duration of the extension period. OHCA exceeded the baseline capacity in the beginning of 2014 and has continued to exceed it through the end of 2014.

In addition, the number of SoonerCare Choice PCP providers has increased slightly over the course of the year. There are 2,454 contracted SoonerCare Choice providers who serve SoonerCare members, which is a twenty-seven percent increase from the number of providers in December 2012 the baseline year. SoonerCare Choice providers serve an average of 219 members per provider.

Hypothesis 4.B Results:

CAHPS® Adult Survey Results	Baseline Data: 2012 CAHPS® Survey Response	2013 CAHPS® Survey Response	2014 CAHPS® Survey Response
Positive Responses from the Survey Question: *"In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?"*	89% Responded "Usually" or "Always"	80% Responded "Usually" or "Always"	82% Responded "Usually" or "Always"

CAHPS® Child Survey Results	Baseline Data: 2012 CAHPS® Survey Response	2013 CAHPS® Survey Response	2014 CAHPS® Survey Response
Positive Responses from the Survey Question: *"In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?"*	93% Responded "Usually" or "Always"	90% Responded "Usually" or "Always"	91% Responded "Usually" or "Always"

This hypothesis posits that the member's response to the time it takes to schedule an appointment should exceed the baseline data. OHCA's contracted External Quality Review Organization (EQRO) Morpace, conducted the CAHPS® survey for the period 2013. Results from the CAHPS® survey indicate that the majority of survey respondents for both the Adult and Child surveys had satisfactory responses for scheduling an appointment as soon as needed. Eighty two percent of the adult survey respondents felt satisfied in the time it took to schedule an appointment with their PCP, while ninety one percent of child survey respondents indicated they were "Usually" or "Always" satisfied.

More than three-quarters of survey respondents had a positive response about the time it takes to get an appointment with their PCP; OHCA saw a slight increase in positive responses in 2014 compared to the 2013 responses. Compared to the 2012 baseline data, there was a 7 percent decrease in the adult composite response and 2 percent decrease for the child composite response.

Hypothesis 5 – This hypothesis directly relates to SoonerCare Choice waiver objective #4, and #1 of CMS's Three Part Aim:

The percentage of American Indian members who are enrolled with an Indian Health Services, Tribal or Urban Indian Clinic (I/T/U) with a SoonerCare Choice American Indian primary care case management contract will increase nine percentage points during the 2013-2015 extension period (this is three percentage points each year).

2014 I/T/U Providers	Dec 2012 Base line	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Total American Indian/ Alaska Native Members with SoonerCare Choice and I/T/U PCP	86,465	95,221	96,503	98,547	93,557	94,133	93,997	88,970	89,123	89,762	90,814	91,350	90,336
IHS Members with I/T/U PCP	18,195	21,838	22,579	22,658	20,803	21,480	21,699	21,908	22,387	22,035	22,339	22,558	21,901
Percent of IHS Members with I/T/U PCP	21.04	22.93%	23.40%	22.99%	22.24%	22.82%	23.08%	24.62%	25.12%	24.55%	24.60%	24.69%	24.24%
I/T/U Capacity	124,400	99,400	99,400	99,900	99,900	99,900	99,900	99,900	99,900	98,400	98,400	98,400	98,400

Hypothesis 5 Results:
This hypothesis postulates that the percentage of American Indian members who are enrolled with an I/T/U PCP with a SoonerCare American Indian primary care case management contract will increase nine percentage points during the extension period. The proportion of American Indian members with an I/T/U PCP has increased 3.2 percentage points when comparing December 2012 to December 2014. At this time, OHCA expects the increase of IHS members with an I/T/U PCP to continue. In order to meet this measure, OHCA will continue to monitor this group during the 2013-2015 extension period.

Hypothesis 6 – This hypothesis directly relates to SoonerCare Choice waiver objective #1 and #1 of CMS's Three Part Aim:

The proportion of members qualified for SoonerCare Choice who do not have an established PCP will decrease within 90 days of the primary care claims analysis report.

Percentage of Members Aligned with a PCP	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Primary Care Claims Analysis Report – Members with Claims with no Selected PCP	848	558	550	727	890	955	1,341	1,718	1,737	924	956	836
Total Number of Members OHCA Aligned with PCP	292	501	316	342	383	531	559	686	861	641	444	503
Percentage	**34.4%**	**89.8%**	**57.5%**	**47.0%**	**43.0%**	**55.6%**	**41.7%**	**39.9%**	**49.6%**	**69.4%**	**46.4%**	**60.2%**

Hypothesis 6 Results:
OHCA's Primary Care Claims Analysis Report is a monthly report that includes every SoonerCare Choice eligible member with one or more claims who does not have an established PCP. In January, for example, the Primary Care Claims Analysis Report indicated that 848 SoonerCare Choice eligible members had one or more claims, but were not aligned with a PCP. In December, approximately 503 SoonerCare Choice eligible members with claims were not aligned with a PCP.

Once OHCA receives the report, staff aligns SoonerCare Choice eligible members with a PCP from whom they received services. As indicated in the above chart, of the 848 Choice members who were not aligned with a PCP in January, OHCA staff successfully aligned 1,159 members within 90 days of receiving the Primary Care Claims Analysis Report. OHCA aligned over 50 percent of members in February, March, June, October and December at the end of 2014. During the months of July, August and September 2014 there was an increase in SoonerCare enrollment which caused an increase in claims for those months. OHCA has successfully met this measure as OHCA staff has decreased the number of SoonerCare Choice eligible members who do not have an established PCP.

Hypothesis 7 – This hypothesis directly relates to SoonerCare Choice waiver objective #3 and #2 of CMS's Three Part Aim:

Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2013-2015.

A. Decrease asthma-related ER visits for HAN members with an asthma diagnosis identified in their medical record.
B. Decrease 90-day readmissions for related asthma conditions for HAN members with an asthma diagnosis identified in their medical record.
C. Decrease overall ER use for HAN members.

Hypothesis 7 Results:

This hypothesis posits that the percentage of HAN members with asthma who visit the ER will decrease, 90-day re-admission for asthma conditions will decrease and percent of ER use for HAN members will decrease. During calendar year 2013, OHCA had a meeting with the HANs to refine their reporting methodology for this measure.

A. 2014 Asthma-Related ER Visits	Total Number of ER Visits by HAN Members with Asthma	All HAN Members with Asthma	**Percent of HAN Members with Asthma who Visited the ER**
OU Sooner HAN	3,950	58,055	**7%**
PHCC HAN	72	885	**8%**
OSU Network HAN	415	4,548	**9%**

B. 2014 90-Day Readmissions for HAN Members with Asthma	HAN Members with Asthma who were Readmitted to the Hospital 90 Days after Previous Asthma-Related Hospitalization	HAN Members with Asthma with at least One Inpatient Stay Related to Asthma	**Percent of HAN Members with Asthma who had a 90-Day Readmission for Related Asthma Condition(s)**
OU Sooner HAN	589	7,133	**8%**
PHCC HAN	0	4	**0%**
OSU Network HAN	2	66	**3%**

C. 2014 ER Use for HAN Members	ER Visits for HAN Members	Total HAN Members	**Percent of ER Use for HAN Members**
OU Sooner HAN	29	504	**6%**
PHCC HAN	1,938	5,273	**37%**
OSU Network HAN	10,073	61,405	**16%**

Hypothesis 8 – This hypothesis directly relates to SoonerCare Choice waiver objective #3 and #3 of CMS's Three Part Aim:

Reducing costs associated with the provision of health care services to SoonerCare beneficiaries served by the HANs.

A. Average per member per month expenditures for members belonging to a HAN affiliated PCP will continue to be less than those members enrolled with non-HAN affiliated PCPs during the period of 2013-2015.

HAN Per Member Per Month Dates of Service for SFY 2013	July 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014
HAN Members	$295.86	$316.43	$295.77	$304.31	$282.98	$262.44	$312.61	$273.60	$289.47	$298.97	$292.06	$268.83
Non-HAN Members	$371.12	$293.59	$286.47	$391.41	$298.06	$261.84	$317.51	$267.06	$293.95	$408.11	$288.34	$274.17

Hypothesis 8 Results:
This hypothesis postulates that the average per member per month (PMPM) expenditure for HAN members will be less than the PMPM expenditure for non-HAN members. The SFY 2014 per member per month (PMPM) average for HAN members was $291.09 while the PMPM average for non-HAN members was $312.56. Although a few points in time the expenditure is slightly higher for HAN members, the overall totals for PMPM expenditures continue to be lower for SoonerCare members enrolled with a HAN PCP, than for SoonerCare members who are not enrolled with a HAN PCP. OHCA expects this trend to continue.

Hypothesis 9a – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #3, and #1 of CMS's Three Part Aim:

The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, will yield increased enrollment and active participation (engagement) in the program.

A. The percentage of SoonerCare members identified as qualified for nurse care management, who enroll and are actively engaged, will increase as compared to baseline.

B. The percentage of members actively engaged in nurse care management in relation to the providers' total SoonerCare Choice panel.

Hypothesis 9a (A) Results:

SoonerCare HMP Members in Nurse Care Management	Engaged in Nurse Care Management
January 2014	3,674
February 2014	4,329
March 2014	5,040
April 2014	5,621
May 2014	5,493
June 2014	5,360
July 2014	5,057
August 2014	4,900
September 2014	4,745
October 2014	4,628
November 2014	4,544
December 2014	4,370

SFY 2013 Baseline Data	3,252	8,091	**40.19%**

This hypothesis posits that the percentage of SoonerCare members identified as qualified for nurse care management, who enroll and are actively engaged, will increase as compared to the baseline data. In July 2013, the methodology for identifying and reporting members eligible for and engaged in the HMP changed due to programmatic and contractual changes. OHCA is confident in the accuracy of the number of members engaged and in the total number of members assigned to HMP practices. However, the methodology used to count the number of members eligible for the HMP did not capture the total eligible population and the data is not available retrospectively. As a result, changes are being implemented and OHCA will begin reporting these numbers in the July-Sept 2015 quarterly report.

Hypothesis 9a (B) Results:

Actively Engaged HMP Members Aligned with a Health Coach	Total SoonerCare Members Assigned to Panels of Practices with Health Coaches	Individuals Qualified for the HMP Program	Number of HMP Members Actively Engaged in Nurse Care Management	Percentage of HMP Members Aligned with a Health Coach who are Actively Engaged in Nurse Care Management
Members	58,173	Not available	4,370	**7.51%**[19]

In July 2013, the methodology for identifying and reporting members eligible for and engaged in the HMP changed due to programmatic and contractual changes. OHCA is confident in the accuracy of the number of members engaged and in the total number of members assigned to HMP practices. However, the methodology used to count the number of members eligible for the HMP did not capture the total eligible population and the

[19]The percent of engaged members out of the total SoonerCare Choice panels who were participating in the HMP.

data is not available retrospectively. As a result, changes are being implemented and OHCA will begin reporting these numbers in the July-Sept 2015 quarterly report.

Hypothesis 9b – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #4, and #1 of CMS's Three Part Aim:

The incorporation of Health Coaches into primary care practices will result in increased PCP contact with nurse care managed members, versus baseline for two successive years and a comparison group of qualified but not enrolled members.

Hypothesis 9b Results:
The Health Management Program (HMP) transitioned to Phase II of the program, Next Generation HMP, in July 2013.
The contract to evaluate the HMP was renewed in 2014, which resulted in the timeline for report deliverables being altered. Annual evaluation reports are now due to OHCA by June 30 of each year to evaluate the work performed during the previous fiscal year. The data necessary to provide outcome for hypothesis 9b-9h are reported in the claims analysis portion of the annual evaluation report, which will not be available until June 30, 2015. The measures in this hypothesis will be updated in the July-Sept 2015 quarterly report.

Hypothesis 9c – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #2, and #2 of CMS's Three Part Aim:

The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation will improve the process for identifying qualified members and result in an increase in average complexity of need within the nurse care managed population.

Hypothesis 9c Results:
For Hypothesis 9c, the Health Management Program (HMP) transitioned to Phase II of the program, Next Generation HMP, in July 2013.
The contract to evaluate the HMP was renewed in 2014, which resulted in the timeline for report deliverables being altered. Annual evaluation reports are now due to OHCA by June 30 of each year to evaluate the work performed during the previous fiscal year. The data necessary to provide outcome for hypothesis 9b-9h are reported in the claims analysis portion of the annual evaluation report, which will not be available until June 30, 2015. The measures in this hypothesis will be updated in the July-Sept 2015 quarterly report.

Hypothesis 9c (A) Results:
This measure indicates the number of members in nurse care management with multiple chronic conditions.
The contract to evaluate the HMP was renewed in 2014, which resulted in the timeline for report deliverables being altered. Annual evaluation reports are now due to OHCA by June 30 of each year to evaluate the work performed during the previous fiscal year. The data necessary to provide outcome for hypothesis 9b-9h are reported in the claims analysis portion of the annual evaluation report, which will not be available until June 30, 2015. The measures in this hypothesis will be updated in the July-Sept 2015 quarterly report.

Hypothesis 9c (B) Results:
This measure provides the sum of chronic conditions across all members engaged at any time within a 12-month period.
The contract to evaluate the HMP was renewed in 2014, which resulted in the timeline for report deliverables being altered. Annual evaluation reports are now due to OHCA by June 30 of each year to evaluate the work performed during the previous fiscal year. The data necessary to provide outcome for hypothesis 9b-9h are reported in the claims analysis portion of the annual evaluation report, which will not be available until June 30, 2015. The measures in this hypothesis will be updated in the July-Sept 2015 quarterly report.

Hypothesis 9c(C) Results:
This measure provides the number of HMP members with a chronic condition and at least one behavioral health condition.
The contract to evaluate the HMP was renewed in 2014, which resulted in the timeline for report deliverables being altered. Annual evaluation reports are now due to OHCA by June 30 of each year to evaluate the work performed during the previous fiscal year. The data necessary to provide outcome for hypothesis 9b-9h are reported in the claims analysis portion of the annual evaluation report, which will not be available until June 30, 2015. The measures in this hypothesis will be updated in the July-Sept 2015 quarterly report.

Hypothesis 9c (D) Results:
This measure provides the sum of chronic impact scores across all HMP members engaged at any time in a 12-month period.
The contract to evaluate the HMP was renewed in 2014, which resulted in the timeline for report deliverables being altered. Annual evaluation reports are now due to OHCA by June 30 of each year to evaluate the work performed during the previous fiscal year. The data necessary to provide outcome for hypothesis 9b-9h are reported in the claims analysis portion of the annual evaluation report, which will not be available until June 30, 2015. The measures in this hypothesis will be updated in the July-Sept 2015 quarterly report.

Hypothesis 9d – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #5, and #2 of CMS's Three Part Aim:

The use of a disease registry by Health Coaches will improve the quality of care for nurse care managed members.

Hypothesis 9d Results:
The Health Management Program (HMP) transitioned to Phase II of the program, Next Generation HMP, in July 2013.
The contract to evaluate the HMP was renewed in 2014, which resulted in the timeline for report deliverables being altered. Annual evaluation reports are now due to OHCA by June 30 of each year to evaluate the work performed during the previous fiscal year. The data necessary to provide outcome for hypothesis 9b-9h are reported in the claims analysis portion of the annual evaluation report, which will not be available until June 30, 2015. The measures in this hypothesis will be updated in the July-Sept 2015 quarterly report.

Hypothesis 9e – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1, and #2 of CMS's Three Part Aim:

Nurse care managed members will utilize the emergency room at a lower rate than members in a comparison group comprised of qualified but not enrolled members.

Hypothesis 9e Results:
In accordance with OHCA's 2013-2015 Evaluation Design, this hypothesis relates to Phase II of the HMP program. The HMP program transitioned to Phase II of the program in July 2013.
The contract to evaluate the HMP was renewed in 2014, which resulted in the timeline for report deliverables being altered. Annual evaluation reports are now due to OHCA by June 30 of each year to evaluate the work performed during the previous fiscal year. The data necessary to provide outcome for hypothesis 9b-9h are reported in the claims analysis portion of the annual evaluation report, which will not be available until June 30, 2015. The measures in this hypothesis will be updated in the July-Sept 2015 quarterly report.

Hypothesis 9f – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1, and #2 of CMS's Three Part Aim:

Nurse care managed members will have fewer hospital admissions and readmissions than members in a comparison group comprised of qualified but not enrolled members.

Hypothesis 9f Results:
In accordance with OHCA's 2013-2015 Evaluation Design, this hypothesis relates to Phase II of the HMP program. The HMP program transitioned to Phase II of the program in July 2013.
The contract to evaluate the HMP was renewed in 2014, which resulted in the timeline for report deliverables being altered. Annual evaluation reports are now due to OHCA by June 30 of each year to evaluate the work performed during the previous fiscal year. The data necessary to provide outcome for hypothesis 9b-9h are reported in the claims analysis portion of the annual evaluation report, which will not be available until June 30, 2015. The measures in this hypothesis will be updated in the July-Sept 2015 quarterly report.

Hypothesis 9g – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #3, and #2 of CMS's Three Part Aim:

Nurse care managed members will report higher levels of satisfaction with their care than members in a comparison group comprised of qualified but not engaged members.

Hypothesis 9g Results:
In accordance with OHCA's 2013-2015 Evaluation Design, this hypothesis relates to Phase II of the HMP program. The HMP program transitioned to Phase II of the program in July 2013.
The contract to evaluate the HMP was renewed in 2014, which resulted in the timeline for report deliverables being altered. Annual evaluation reports are now due to OHCA by June 30 of each year to evaluate the work performed during the previous fiscal year. The data necessary to provide outcome for hypothesis 9b-9h are reported in the claims analysis portion of the annual evaluation report, which will not be available until June 30, 2015. The measures in this hypothesis will be updated in the July-Sept 2015 quarterly report.

Hypothesis 9h – This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1, and #3 of CMS's Three Part Aim:

Total and PMPM expenditures for members enrolled in HMP will be lower than would have occurred absent their participation in nurse care management.

Hypothesis 9h Results:
In accordance with OHCA's 2013-2015 Evaluation Design, this hypothesis relates to Phase II of the HMP program. The HMP program transitioned to Phase II of the program in July 2013.
The contract to evaluate the HMP was renewed in 2014, which resulted in the timeline for report deliverables being altered. Annual evaluation reports are now due to OHCA by June 30 of each year to evaluate the work performed during the previous fiscal year. The data necessary to provide outcome for hypothesis 9b-9h are reported in the claims analysis portion of the annual evaluation report, which will not be available until June 30, 2015. The measures in this hypothesis will be updated in the July-Sept 2015 quarterly report.

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

The state's systems performance will ensure seamless coverage between Medicaid and the Marketplace after changes outlined in the Affordable Care Act are effectuated.

Hypothesis 10 Results:

A. Eligibility Determinations	October 2014	November 2014	December 2014
MAGI Determination – Qualified	70,525	46,218	50,859
Determined Qualified – Direct or Transfer Application	29,750	22,745	24,028
Determined Qualified at Annual Renewal	40,775	23,473	26,831

B. Individuals Determined Not Qualified	October 2014	November 2014	December 2014
Ineligibility Established	24,137	15,213	12,652
Inadequate Documentation	2,790	2,900	2,313

C. Individuals Disenrolled	October 2014	November 2014	December 2014
Determined Not Qualified at Application (new applicant)	9,983	8,873	7,318
Determined Not Qualified at Annual Renewal (current member)	14,154	9,400	7,647

This hypothesis postulates that the OHCA will ensure seamless coverage between Medicaid and the Marketplace after federal changes are effectuated. OHCA went live with outbound (State to Hub) account transfers on January 23, 2014. The outbound account transfer includes all individuals who are found not qualified for full-benefit Medicaid. Between January 2014 and December 2014, OHCA had some 373,000 applications queued up for the outbound account transfer.

Inbound (Hub to State) account transfers had a go-live date of February 12, 2014. This includes all individuals who apply through the federally facilitated marketplace who are assessed as 'potentially qualified' for full-benefit Medicaid. Approximately 36,000 applications were queued to be sent to OHCA between February 2014 and December 2014.

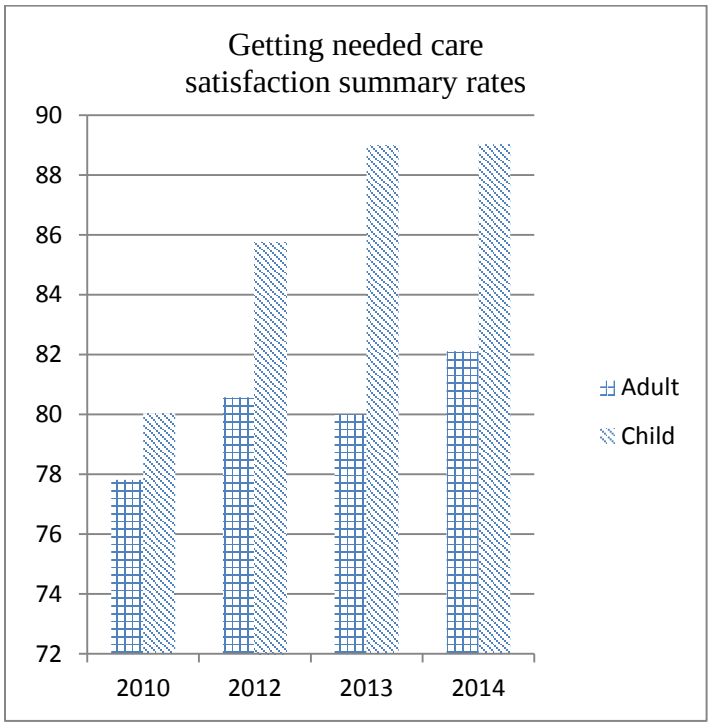
XI. APPENDICES

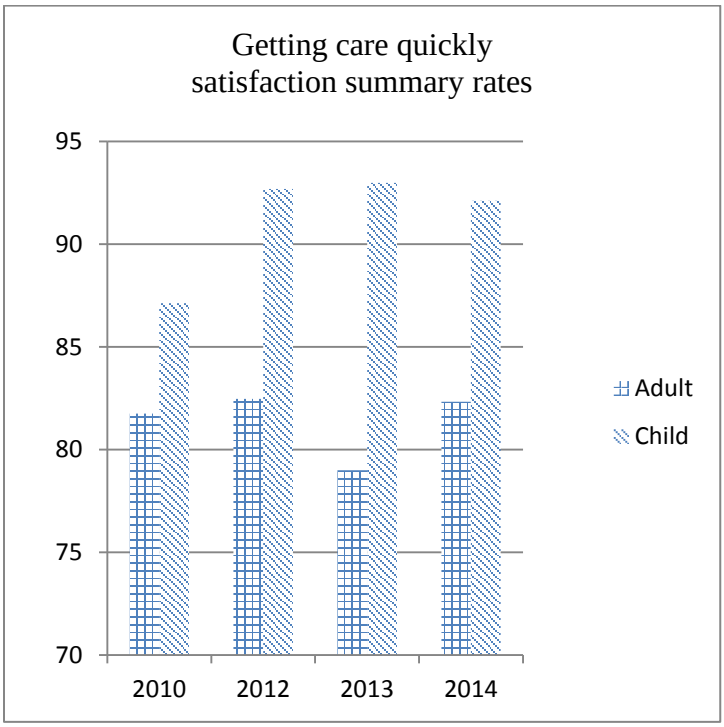
Appendix A

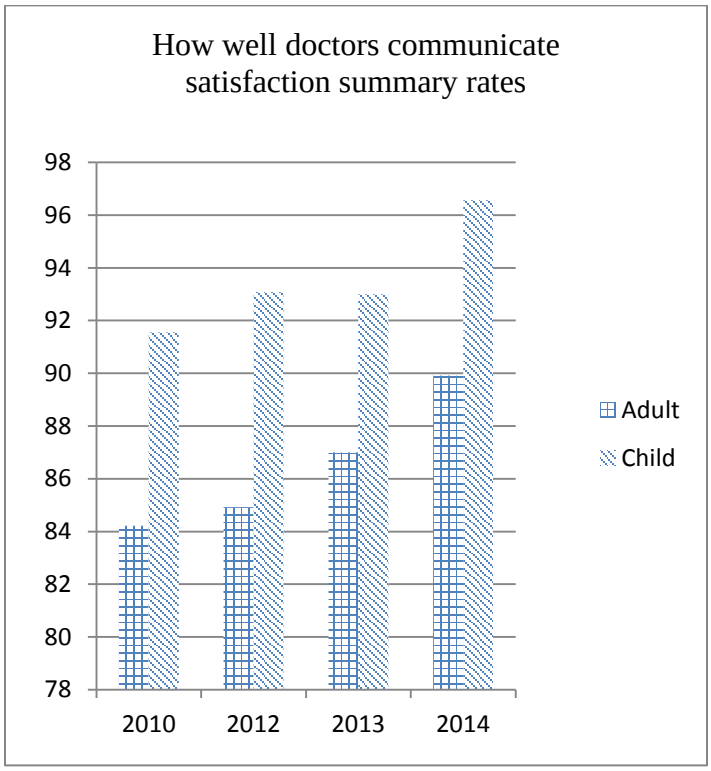
CAHPS® 5.0 Medicaid Adult and Child Member Satisfaction Surveys

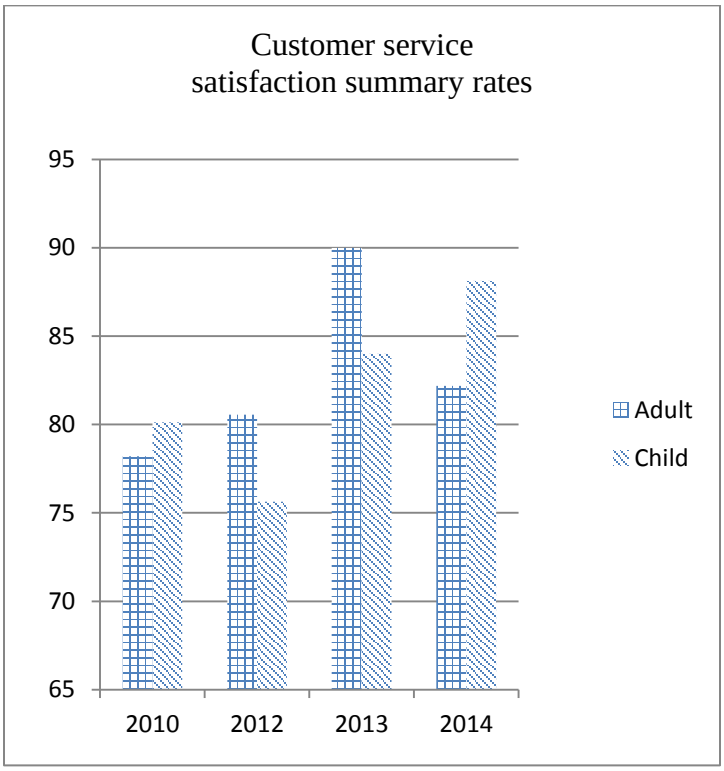
HPS® Adult Survey Reporting Measures	2010 Summary Rate	2012 Summary Rate	2013 Summary Rate	2014 Summary Rate
Getting Needed Care	77.82%	80.58%	79.98%	82.12%
Getting Care Quickly	81.76%	82.47%	79.37%	82.33%
How Well Doctors Communicate	84.22%	84.93%	87.12%	89.92%
Customer Service	78.21%	80.56%	90.34%	82.20%
Shared Decision Making	52.50%	57.95%	47.81%	49.95%
Rating of Health Care	61.62%	66.12%	64.02%	68.38%
Rating of Personal Doctor	71.77%	75.80%	70.73%	78.95%
Rating of Specialist	74.90%	79.08%	74.52%	82.54%
Rating of Health Plan	64.32%	68.41%	61.34%	73.10%

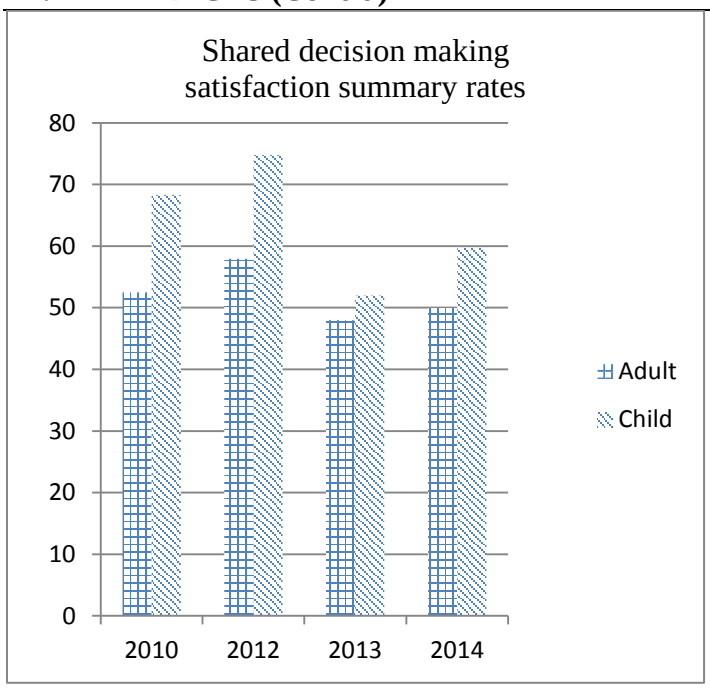
CAHPS® Child Survey Reporting Measures	2010 Summary Rate	2012 Summary Rate	2013 Summary Rate	2014 Summary Rate
Getting Needed Care	80.04%	85.75%	88.73%	89.04%
Getting Care Quickly	87.13%	92.70%	92.74%	92.12%
How Well Doctors Communicate	91.55%	93.09%	93.31%	96.57%
Customer Service	80.14%	75.65%	83.84%	88.13%
Shared Decision Making	68.31%	74.82%	52.45%	59.75%
Rating of Health Care	78.13%	85.15%	82.00%	85.06%
Rating of Personal Doctor	82.17%	84.32%	85.20%	88.31%
Rating of Specialist	84.69%	83.49%	89.33%	88.73%
Rating of Health Plan	78.40%	83.85%	84.05%	86.17%

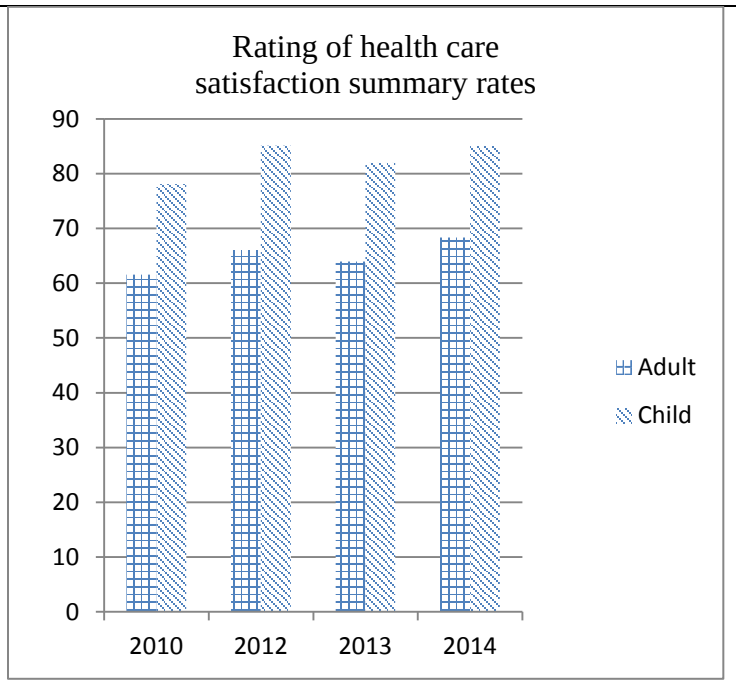

Getting needed care
satisfaction summary rates
90
88
86
84
82
80
78
76
74
72
2010
2012
2013
2014
Adult
Child

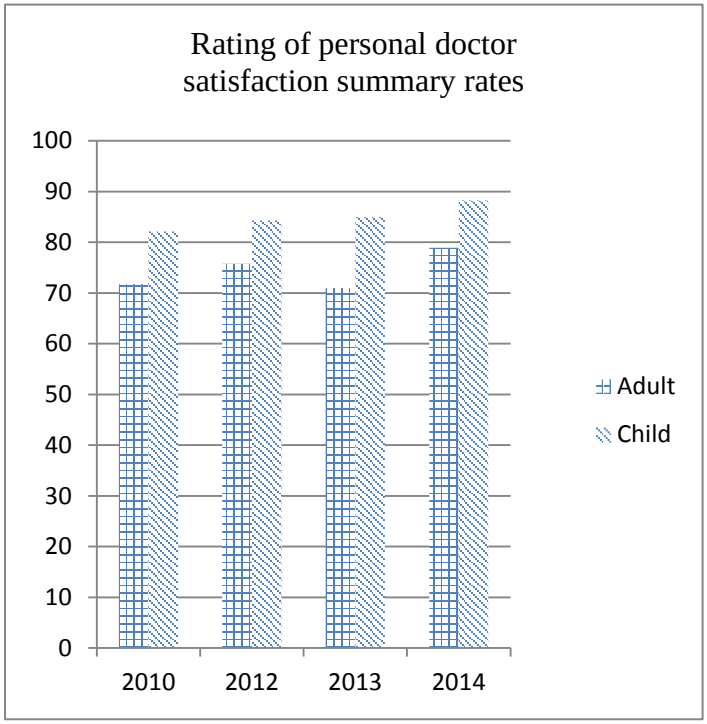

Getting care quickly
satisfaction summary rates
95
90
85
80
75
70
2010
2012
2013
2014
Adult
Child

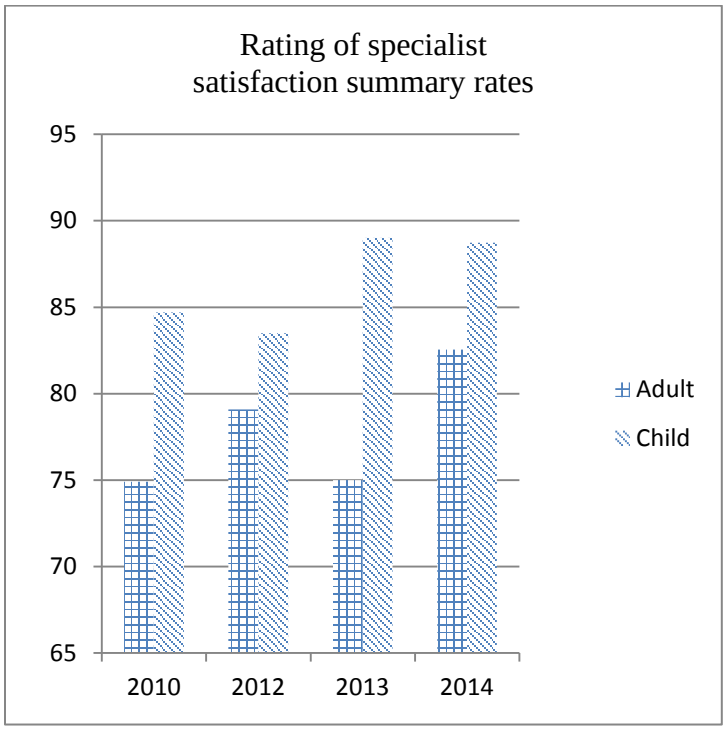

How well doctors communicate
satisfaction summary rates
98
96
94
92
90
88
86
84
82
80
78
2010
2012
2013
2014
Adult
Child

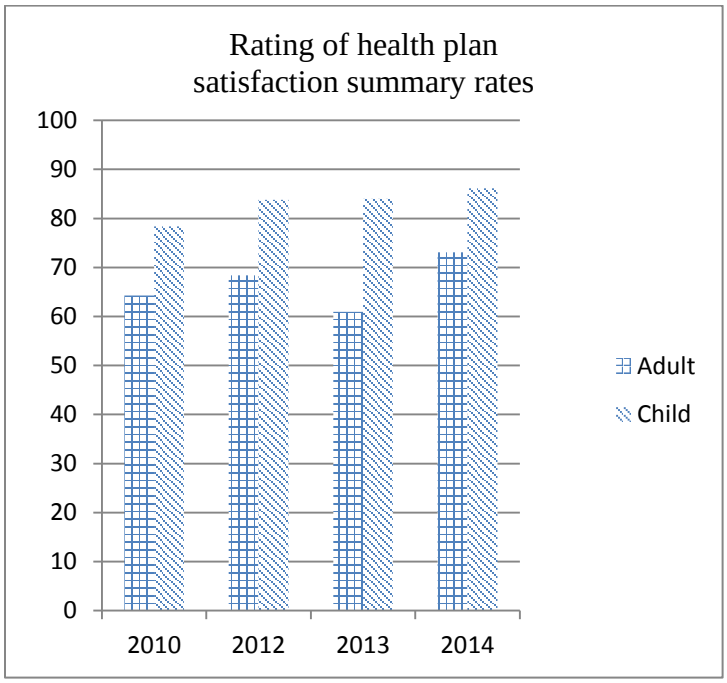

Customer service
satisfaction summary rates
95
90
85
80
75
70
65
2010
2012
2013
2014
Adult
Child


Shared decision making satisfaction summary rates
80
70
60
50
40
30
20
10
0
2010
2012
2013
2014
Adult
Child


Rating of health care satisfaction summary rates
90
80
70
60
50
40
30
20
10
0
2010
2012
2013
2014
Adult
Child


Rating of personal doctor satisfaction summary rates
100
90
80
70
60
50
40
30
20
10
0
2010
2012
2013
2014
Adult
Child


Rating of specialist satisfaction summary rates
95
90
85
80
75
70
65
2010
2012
2013
2014
Adult
Child


Rating of health plan satisfaction summary rates
100
90
80
70
60
50
40
30
20
10
0
2010
2012
2013
2014
Adult
Child

XII. ENCLOSURES/ATTACHMENTS

1. Annual Tribal Consultation Participants
2. 2014-14 Child Health Guide Letter to Schools
3. 2014 Post Award Forum CHWG Agenda
4. OU Sooner HAN Annual Report
5. OSU HAN Annual Report
6. 2014 OHCA Strategic Planning Conference Agenda
7. PHCC HAN Annual Report
8. 2014 Insure Oklahoma Press Release
9. 2014 OK Health Care Authority Adult Medicaid CAHPS Report
10. 2014 OK Health Care Authority Child Medicaid with CCC CAHPS Report
11. Oklahoma 1115 Budget Neutrality Model Worksheet
12. SoonerCare 2013-2015 Evaluation Design

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XIV. DATE SUBMITTED TO CMS

Submitted to CMS on April 30, 2015.