Oklahoma Health Care Authority

SoonerCare Demonstration 11-W-00048/6
§1115(a) Quarterly Report
Demonstration Year: 21 (01/1/2016 – 12/31/2016)
Federal Fiscal Year Quarter: 7/2016 (7/16 – 9/16)

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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. The SoonerCare Choice program objectives include:

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

The SoonerCare demonstration was approved for a three-year extension on December 31, 2012. The State acknowledged the approval of the renewal application and accepted the Special Terms and Conditions on January 30, 2013. The waiver extension period runs from January 1, 2013 through December 31, 2015. 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 the Centers for Medicare and Medicaid Services (CMS) on December 29, 2014.

The Oklahoma Health Care Authority received official notification from CMS on July 9, 2015 that federal funding for the SoonerCare Demonstration was extended from January 1, 2016 through December 31, 2016. The State acknowledged the approval of the demonstration waiver and accepted the Special Terms and Conditions on August 9, 2015. The State will continue to work with CMS towards a potential multi-year extension. The SoonerCare Demonstration extension was submitted September 28, 2016 for demonstration year 2017-2018.

II. ENROLLMENT INFORMATION

A. Member Enrollment[1]

Member enrollment for SoonerCare Choice and Insure Oklahoma is based on meeting requirements for citizenship, state residency, categorical and financial guidelines. SoonerCare Choice members may enroll with a Primary Care Physician (PCP) that is contracted with the Oklahoma HealthCare Authority (OHCA) as long as capacity is available (Refer to Attachment 1).

Members Enrolled in SoonerCare Choice and Insure Oklahoma	Jan-Mar	Apr-Jun	Jul-Sep
Total Number of Qualified Individuals Enrolled in SoonerCare Choice	528,847	529,917	541,863
SoonerCare Choice Percentage of total Medicaid Population	70%	70%	70%
A) Title XXI	93,957	91,632	97,726
B) Title XIX	434,890	438,285	444,137
C) Adults	100,317	100,051	100,833
D) Children	428,530	429,866	441,030
Breakdown			
Adult	19%	19%	19%
Child	81%	81%	81%
Total Number Enrolled in Insure Oklahoma	Pending	Pending	19,170
A) Individual Program (IP)	Pending	Pending	4,596
B) Employer Sponsored Insurance (ESI)	Pending	Pending	14,574
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma	Pending	Pending	561,033

[1] Enrollment numbers are point in time numbers.

II. ENROLLMENT INFORMATION (cont'd)

Demonstration Populations

Demonstration Populations are identified Mandatory and Optional State plan groups that qualify for Medicaid coverage. The chart below reflects the Oklahoma SoonerCare Choice and Insure Oklahoma demonstration populations qualified for the 1115 Demonstration Waiver. The State Children's Health Insurance Program (SCHIP) numbers are point in time numbers from the budget neutrality worksheet.

Demonstration Populations: Enrolled and Potential Members 2016	Currently Enrolled	Potential Population	**Total Qualified**
TANF-Urban	279,501	59,667	**339,168**
TANF-Rural	219,112	9,656	**228,768**
ABD-Urban	22,487	8,785	**31,272**
ABD-Rural	20,411	2,368	**22,779**
Other	352		**352**
Non-Disabled Working Adults (IO)[2]	18,861		**18,861**
Disabled Working Adults (IO)[2]	0		**0**
TEFRA Children	597		**597**
SCHIP Medicaid Expansion Children Enrollees	97,726		**97,726**
Full-time College Students (IO)[2]	416		**416**
Foster Parents[3]	0		**0**
Not-for-Profit Employees Employees[3]	0		**0**

Demonstration Populations: Member Months 2016	Jul	Aug	Sep
TANF-Urban	333,087	337,772	339,168
TANF-Rural	225,174	228,563	228,768
ABD-Urban	31,295	31,370	31,272
ABD-Rural	23,065	23,009	22,779
Non-Disabled Working Adults (IO)[2]	18,601	18,817	18,861
Disabled Working Adults (IO)[2]	0	0	0
TEFRA Children	602	597	597
SCHIP Medicaid Expansion Children Enrollees	95,706	97,877	97,726
Full-Time College Students (IO)[2]	282	285	309

[2] The OHCA continues to refine the data system for Insure Oklahoma reporting. In order to ensure more accurate reporting of data all number are within an approximate two percent variance.
[3] The OHCA has authority to enroll this population, but does not at this time.

II. ENROLLMENT INFORMATION (cont'd)

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

Tax Equity and Fiscal Responsibility is a program for children with physical or intellectual disabilities who are not qualified for Supplemental Security Income benefits because of their parent's income or resources, but are able to qualify for SoonerCare benefits if they meet the TEFRA requirements. This option allows children who are eligible for institutional services to be cared for in their homes. (Refer to Attachment 2)

This quarter the wait time for working applications and re-certification of TEFRA cases has decrease with the dedicated TEFRA worker from DHS. In August, the TEFRA program staff met with the OHCA medical consultant and policy subject matter expert regarding potential changes to the OHCA TEFRA policy.

TEFRA Member Enrollments	Jan-Mar	Apr-Jun	Jul-Sep[4]
SoonerCare Choice	74	61	
Total Current Enrollees	**611**	**612**	**597**

The Executive Council was formed as a part of the Governor's Blue Ribbon Panel (the Blue Ribbon Panel sunset March 2015) to continue to improve the range and quality of services accessible to Oklahomans with developmental disabilities. The primary purpose of the council is to coordinate and improve the information tools that key state agencies make publicly available regarding developmental disability services and community resources. The OHCA is represented by Becky Pasternik-Ikard (State Medicaid Director).

The Executive Council continues to work on the Single Sign-On (SSO) project that is overseen by Deliver Interoperable Solution Components Utilizing Shared Services (DISCUSS), which is an information technology (IT) governance body organized by the Secretary of Health and Human Services, Dr. Terry Cline. One of the primary goals of the SSO portal is to provide a streamlined application allowing users to access multiple state systems without having to enter information multiple times. It also coordinates supports and services, and provides pre-screening for Medicaid.

Lastly, the Executive Council continues to work towards implementation of a web portal with the goal to develop content, design features and functionalities. As well as, identify non-waiver services and improve customer service. The council has reviewed the Accessibility for Persons with Disabilities guidance and it was decided that the website should be 508 compliant. It was also decided that a sub-committee be created with those subject matter expert agencies to discuss the needs of the website. The sub-committee will include a representative from the advisory committee, ABLE Tech and DHS IT department.

[4] Data resource has been updated since last reporting period.

II. ENROLLMENT INFORMATION (cont'd)

B. Provider Enrollment

SoonerCare Provider Enrollment by Type

Provider types include physicians, physician assistants (PA) and advanced practice nurses (APNs). Providers are contracted to provide health care services by locations, programs types, and specialties. The term "contracted" is defined as a provider that was enrolled with Oklahoma SoonerCare within the reporting period, it does not necessarily indicate participation.

Providers are counted multiple times if they have multiple locations, program types and/or specialties. Provider type counts are duplicated for the quarter; therefore the total cannot be compared to the total SoonerCare Choice providers currently enrolled in a given month of the Fast Fact report.

Provider Types	Jan-Mar	Apr-Jun	Jul-Sep
MD/DO	1,680	1,688	1,783
PA	384	338	338
APN	644	669	685
Total PCPs	**2,708**	**2,695**	**2,806**

Insure Oklahoma Provider Types	Jan-Mar	Apr-Jun	Jul-Sep
MD/DO	1,302	1,303	1,373
PA	345	299	298
APN	502	525	545
Total PCPs	**2,149**	**2,127**	**2,216**

SoonerCare Medical Home Provider by Tier

Patient Centered Medical Home (PCMH) providers are arrayed into three tiers depending on the number of standards they agree to meet. SoonerCare PCMH assists members with managing basic and special health care needs. The PCMH are responsible for providing or otherwise assuring the provision of medically necessary primary care and case management services and for making specialty care referrals (Refer to Attachment 3).

Providers by Tier	Quarter Ending March	Quarter Ending June	Quarter Ending September
Percentage in Tier 1: Entry Level Medical Home	478	472	466
Percentage in Tier 2: Advanced Medical Home	228	222	219
Percentage in Tier 3: Optimal Medical Home	203	198	192

II. ENROLLMENT INFORMATION (cont'd)

Primary Care Physician (PCP) Capacities

The total capacity represents the maximum number of members that are assigned to a PCP by the physician's request (Refer to Attachment 3).

SoonerCare Choice and IO PCP Capacities	Quarter Ending Mar		Quarter Ending Jun		Quarter Ending Sep	
	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used
SoonerCare Choice	1,162,242	41%	1,166,074	42%	1,200,593	42%
SoonerCare Choice I/T/U	99,499	16%	99,499	17%	99,499	18%
Insure Oklahoma IP	447,412	1%	445,872	1%	452,847	1%

Indian Health

Indian Health clinics include Indian Health Services, Tribal Clinics and Urban Indian Clinics (I/T/U). Indian Health refers to services that are available to American Indians through the Indian Health Services (IHS) tribal clinics, hospitals and urban Indian health facilities.

Indian Health Provider Enrollment	Jan-Mar	Apr-Jun	Jul-Sep
Number of Clinics	58	58	58

II. ENROLLMENT INFORMATION (cont'd)

C. Systems

Applications/Recertification

Online enrollment enhances eligibility determination by accepting applications over the internet. Individuals now have the opportunity to apply for SoonerCare, SoonerPlan, Soon-to-be Sooners and Behavioral Health programs on the internet and receive immediate results from the information they have submitted. Members are enrolled within 72 hours after receiving a completed application. Some rural areas may not have internet access; therefore, a paper application can be submitted.

2016 OHCA Media Type of Applications for SoonerCare	Jul	Aug	Sep	**Totals**
Home Internet	18,421	20,501	16,365	**55,287**
Agency Internet	8,036	9,614	7,648	**25,298**
Totals	**26,457**	**30,115**	**24,013**	

2016 Indian Health Online Enrollment Applications for SoonerCare	Jul	Aug	Sep	**Totals**
Cherokee Nation	310	406	325	**1,041**
Chickasaw Nation	212	231	204	**647**
Choctaw Nation	306	311	291	**908**
Indian Health Services	871	1,198	875	**2,944**
Totals	**1,699**	**2,146**	**1,695**	

III. OUTREACH AND INNOVATIVE ACTIVITIES

A. Outreach

The Oklahoma Health Care Authority coordinates outreach efforts in order to inform, educate and potentially enroll qualifying children and families in the SoonerCare Program and to help qualified members access services. The OHCA newsletters communicate information to our providers and members and are sent electronically through email or email blast. A select group of members and providers are receiving them through text messaging.

Outreach Materials Printed and/or Distributed	Jan-Mar	Apr-Jun	Jul-Sep
Member Materials Printed/Distributed			
Annual Benefit Update Packet[5]	0	0	0
New Member Welcome Packets	19,554	27,832	27,402
Information/Enrollment fair fliers	15,440	19,442	95,520
Postcard w/ER utilization guidelines	1,500	30,322	5,100
TEFRA Brochures	0	Out of stock	Out of Stock
BCC Brochures			
a. English	1,070	Out of stock	Out of stock
b. Spanish	490	160	150
c. Postcards[6]			2,200
SoonerRide			
a. English	6,520	7,980	Out of stock
b. Spanish	0	0	0
SoonerCare Outreach Material			
SoonerCare Color and Activity Books	Out of stock	Out of stock	12,610
Misc. Promotional items (magnets, bandages, hand cleaner)	1,700	3,200	0
Smoking Cessation[7] (English/Spanish combined)	0	0	0
SoonerCare Newsletters			
SoonerCare Companion Member Newsletter	0	0	0
Provider Newsletters	20,980	8,788	16,659
Dental Provider Newsletters	1,110	550	363
Provider Outreach Materials	7,438	10,049	4,652
Oklahoma Indian Tribe-Specific Materials	5	8	0

[5] This item will appear only once a year on the report since it is sent out once a year to every member household.
[6] This is a new item as of this quarter
[7] Due to budget constraints these items will not be available throughout the remainder of the year.

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

Member Services (MS)

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

2016 Member Services Outreach Letters	# of Letters Mailed	Response Rate
Prenatal Outreach	7,222	32%
Households with Newborns Outreach	10,279	12%

2016 Member Services Activity	Jul	Aug	Sep	**Qtr. Totals**
Calls to BCC members with Confirmed Cancer Diagnosis	9	51	23	**83**
Calls to BCC Members at Renewal Period	14	13	21	**48**
Member Service Calls Handled in English	6,556	8,118	7,206	**21,880**
Member Service Calls Handled in Spanish	365	452	376	**1,193**
Member Inquiries				**18,248**

B. Innovative Activities

Electronic Health Records

Under the Health Information Technology for Economic and Clinical Health Act (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. The EHR Incentive Program technology has enabled providers to easily track the members' health information as well as enable the member to become more engaged in their health care.

During the third quarter of 2016, the OHCA paid out approximately $2,977,655 in EHR incentive payments to 226 qualified professionals and 4 qualified hospitals. Modified rules were implemented during the first quarter of this year, eliminating the three stages of Meaningful Use and leaving only one set of measures and objectives that must be met. There were a total 92 hospitals and professionals that attested to Meaningful Use this quarter.

Sixty hospitals and professionals attested to "Adopt/Implement/Upgrade" (AIU) this quarter. AIU involves preparing for utilization of the electronic health record technology and must be accomplished before Meaningful Use attestation can take place.

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

Medicaid Management Information System (MMIS) Reprocurement

The Medicaid Management Information System (MMIS) reprocurement project is an initiative to implement system enhancements to the Oklahoma MMIS system. Hewlett Packard Enterprise Services (HPES) 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 are the claims tracking system, iCE, the Data Support System (DSS) and the Care Management System.

This quarter, the following MMIS projects have been completed; and the following MMIS projects are pending:

- The MMIS team is actively working on defining the requirements for the Care Management RFP.
- The MMIS team completed the 2016 Insure Oklahoma improvement project.
- The TMSIS project has moved to operational readiness testing.
- The MMIS team completed requirements for the MMIS allowing services referred by an Indian Health Services (IHS) provider to a non-IHS provider to be claimed at 100% match with certain restrictions.

Data Governance Policies and Procedures

The Data Governance Director works closely with the Data Governance Committee (DGC) around data policies and procedures. The DGC is made up of representatives from a cross section of various divisions and units of OHCA employees. The DGC efforts take a proactive approach in ensuring that OHCA has reliable and comprehensive data to support good decision-making.

Additionally, this group manages sharing OHCA data (this includes member and claims data) with other state agencies and organizations to benefit the State overall and to comply with applicable laws. The Data Governance Director also represents the OHCA in similar activities involving multiple agencies with consideration given to data services that can be shared.

The data subcommittee continues to explore opportunities for more efficient collaboration among the various state and non-state agencies especially in the Health and Human Services arena. The state Health Information Exchange (HIE) project is a great opportunity for collaboration therefore the effort to bring more agencies to the table for data sharing is ongoing and promising.

Oklahoma State Department of Health has completed the testing for the last iteration of the Master Patient Index (MPI) birth and death data. In this last testing phase some additional changes to algorithms needed to be refined. Collaboration continues with the vendor and a training schedule will be developed for staff who will be using the MPI tool.

The Data Governance Director continues to lead the effort of revamping applicable reports with the goal of making the information consistent, accurate and user friendly. In addition, work continues on the assessment of the current Decision Support System (DSS) to identify improvement needs. The steering committee continues to meet at least monthly and work on a clear framework that proactively manages the data assets of the agency.

Lastly, Cognosante (consultant contractor) is providing consulting services to assist with the establishment of the OHCA Data Governance team. During this quarter meetings were held with end users to get their feedback on how adequately the system is functioning and took suggestions on proposed changes.

C. Stakeholder Engagement

Tribal Consultation

The Tribal Consultations serve as a venue for discussion between the OHCA and tribal governments on proposed SoonerCare policy changes, State Plan amendments, waiver amendments and updates that may impact members, the agency and tribal partners. The purpose of Tribal Consultations is to inform tribal governments of policy changes, seek their advice and input regarding those changes and address any concerns that arise as a result of the proposed changes. Tribal Consultations are held the first Tuesday of every odd month. All tribal clinics, hospitals, Urban Indian health facilities (I/T/U), Indian Health Services (IHS) stakeholders and tribal leaders are invited to attend. For those who are not able to attend physically, the OHCA provides online and teleconference technology.

The OHCA held a Tribal Consultation on September sixth of this quarter. Tribes represented included members from the Citizen Potawatomie Nation and Chickasaw Nation, as well as representatives from the Indian Health Service, Oklahoma City Indian Clinic, Indian Health Care Resource Center of Tulsa, Oklahoma Department of Veterans Affairs and U.S. Department of Veteran's Affairs. Several staff from the Oklahoma Health Care Authority were also in attendance.

During the consultation Tribes and tribal stakeholders we made aware of proposed pharmacy changes. The changes are a result of new federal regulations and the Affordable Care Act (ACA) regarding covered outpatient drugs. This change will impact reimbursement rates for the Indian Health Service, Tribally Operated Programs and Urban Indian Clinics (I/T/U) and non-I/T/U pharmacy providers. Changes will allow I/T/U pharmacies to be reimbursed at the federal OMB encounter rate. The OMB rate will be paid based on a per member, per facility, per day payment. Current methodology for Non-I/T/U pharmacies includes ingredient cost and a dispensing fee; both are affected by this change. Further clarification concerning timing and impact was provided by OHCA staff after receiving questions from the Tribes about the proposed changes.

Additionally Tribes and tribal stakeholders were informed of proposed changes to Medical Residents' licensure requirements, the Home Health face to face encounter, molecular pathology reimbursement methodology, diagnosis related group relative weights methodology, the Supplemental Hospital Offset Payment Program (SHOPP) and obstetrical reimbursement

methodology. The majority of comments and questions centered around the impact of changes to Medical Residents' licensure requirements and obstetrical reimbursement methodology.

Tribes and tribal stakeholders were also provided updates on the status of the Title XXI Health Service Initiative (HSI), payment of 100% FMAP through I/T/U's, Aged, Blind and Disabled Care Coordination Model (SoonerHealth), I/T/U Outpatient Behavioral Health time limit, Sponsor's Choice Program, Nursing Home Upper Payment Limit Program and physicians contract renewal deadline. Questions from Tribes and tribal stakeholders concerned the Title XXI Health Services Initiative (HSI) with no comments or questions regarding the other update topics.

Member Advisory Task Force (MATF)

The Member Advisory Task Force was launched in October 2010 in an effort to provide a structured process focused on consumer engagement, dialogue and leadership in the identification of issues and solutions to assist agency policy and program decision makers with seeing and understanding the member perspective. The MATF performs four primary roles. It provides information to the OHCA regarding issues that are an important part of the members' health care needs; educates the 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 identified areas for policy, services, program, and process improvement resulting in positive changes for the agency and members.

The MATF met in August, and September of this quarter and discussions included the following:

August

Connect 4 Health

The OHCA currently has a successful pilot program called Text 4 Baby which is a free mobile texting service for mothers with infants under the age of one year to receive health information texts such as flu shots reminders for moms and babies. The OHCA would like to add texting capabilities for its other members as well, and is adding Connect 4 health which is a special pilot program that connects members to services specific to their health needs. Pregnant moms can receive smoking cessation assistance through the Quit 4 Baby texting program. This program has been noted to be very successful especially since it's apparent that many people would prefer to text than to actually talk about their tobacco addictions. Claims data will be reviewed for outcomes of all texting programs. OHCA currently has the cellphone numbers of 300,000 SoonerCare members; 12,889 members opted in within 3 days. Members with young children will received more texts messages than adults. The MATF's earlier recommendations to make sure text messages are child specific and offering handbooks and newsletters via text messaging has been fulfilled.

Long Acting Reversible Contraceptives (LARCs).

In order to reduce teen pregnancy and abortion rate in Oklahoma, the OHCA is attempting to promote long acting birth control methods. OU Health Science Center's Tara Jackson and Kim Levridge are working with multiple partners to educate providers on talking to moms while still in the hospital. The MATF suggests having a youthful presenter who had a LARC share her

perspective with other young audiences. They also recommend using social media such as snapchat, Facebook to promote LARCs. Another suggestion came out of the meeting to expand texts to Non SoonerCare members including potential moms on LARCs.

Electronic Newsletters

Newsletters will be sent electronically beginning in September which will be the summer/fall version. It is currently planned to be published twice a year. Emailing of the newsletters will be a cost savings measure as well as allow tracking of links opened, newsletters and handbooks read, etc. Members can opt in for text messages; access the member handbook, newsletter, etc. Members were recently sent a list of possible newsletter articles and asked to rate as most important to them and to list other articles they would like to see which are not currently included. There was a strong concern about there being no printed newsletters; however these will be available through the helpdesk. It is estimated that the electronic newsletters will have a savings of $370,000. An electronic Member Handbook, which will include hyperlinks, is also being planned.

September

Review of recommendations

Members and Steering Committee Members were asked to provide input on what outcomes have changed because of their recommendations and to provide input on the current status of these recommendations. Members were advised that this input will be sent to the OHCA. The following are just a few recommendations and outcomes.

Member Handbook – The SoonerCare Member Handbook was reduced to half its original size.

- The savings has been over $100,000 during a 2-3 year period.
- The group would like to review and revise the member Handbook to be a Health Guide vs. a Member Handbook.
- Members will be asked to highlight the pieces that should be discussed at a future meeting.

ABD Population – It was suggested that MATF members and other SoonerCare choice members with knowledge regarding the care coordination of the ABD population should be a part of the stakeholder group and assist in developing the RFP process. This was fulfilled. It was suggested to allow the ABD population to receive newsletters and updates via email. This was also fulfilled.

MATF/Advisory Physician Panel (APP) Advisory Committee – Because of several executive changes at the OHCA, there is uncertainty about the viability of the MATF/APP Advisory Committee. In light of this, the MATF Advisory board is pursuing regional forums to gain input from SoonerCare physicians. The MATF would also like to look at a possibly launching the redesign of the patient centered medical home program. The MATF is partnering with the OU Coliseum Research Group to do specific surveys of PCP medical home providers to see what is working and not working. MATF members feel that developing a relationship with providers'

receptionists is important and would like to construct a fact sheet for members on how to cultivate those relationships. The MATF is working to determine how they can get a few providers to meet with the MATF a few times a year to discuss these types of issues.

IV. OPERATIONAL/POLICY DEVELOPMENTS

A. SoonerCare and Insure Oklahoma Operations

1. Department Operations

Office of Health Promotions and Health Promotion Community Strategists

Health Promotion Strategists

Health Promotion Strategists (HPS) and Health Promotion Coordinators (HPCs) primary goals and objectives are to reduce health risks and improve the health status of targeted groups. The objectives are accomplished by developing productive relationships with organizations in promoting health, local partners and SoonerCare members.

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

This quarter, HPC highlights:

- HPC partnered with health promotion strategists to work with the Health & Wellness Federally Qualified Health Centers (FQHC's) in Southeast Oklahoma to create an EPSDT report to help increase well child checks.
- HPC participated in the Payne County Coalition meetings. As part of the Office of Health Promotion action plan, the partnership will be working together to increase nutritional services in the Payne County area.
- HPC collaborated with Cleveland County Health Department and Child Health Workgroup to make a Norman Farm Market video showcasing the double up program. Posted August 10th to OHCA's Facebook.

The SoonerFit initiative was implemented in 2014 and continues to be a key goal to promote best practices for obesity reduction to SoonerCare providers. Our goal is to innovatively communicate physical activity and nutrition recommendations to SoonerCare members through interactive methodologies. 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 Health Promotion Community Strategists. The SoonerFit website page which has tools, resources and vital information regarding leading a fit and healthy lifestyle in a fun affordable and easy way is available for SoonerCare members and all Oklahomans.

Highlights of SoonerFit include: SoonerFit How to Videos posted to OHCA's Facebook and SoonerFit.org. A video has been posted once a week starting in June.

- July - Onions, Plums, Squash, Spinach Smoothie
- August - Watermelon, Tomato, Corn
- September - Hard boiled Eggs, Green Beans, and Apple Sandwich, Sweet Potato, Peanut Butter Monster Bars

The SoonerQuit Provider Engagement Grant
The SoonerQuit Provider Engagement program's main objective is to improve birth outcomes by reducing rates of tobacco use during pregnancy and postpartum. The results of this program show improvement of health care quality and reduced Medicaid cost associated with smoking.

The Oklahoma Health Care Authority has focused on two specific SoonerCare populations and developed the SoonerQuit for Women program and the SoonerQuit Prenatal program. The Oklahoma Health Care Authority partnered with Oklahoma's Tobacco Settlement Endowment Trust (TSET) fund and the Oklahoma State Department of Health (OSDH) to administer the SoonerQuit Prenatal program. This program focuses on educating SoonerCare obstetric providers on tobacco cessation practices. The SoonerQuit for Women program targets women of child-bearing age and encourages them to speak with their medical provider regarding smoking cessation.

The Oklahoma Tobacco Helpline Fax Referral program was designed to decrease the number of SoonerCare pregnant women who use tobacco. The Oklahoma Tobacco Helpline is a free service for all Oklahomans seeking to quit their tobacco use. The helpline can be accessed by phone at 1-800-QUIT-NOW or online at Oklahoma Tobacco Helpline.

For more information regarding the approved cessation products members may visit the website FDA Approved Tobacco Cessation Products.

Health Promotion Community Strategists
The HPCS represent the OHCA as outreach liaisons to the partners, members and community. Their primary goals and objectives are to build positive relationships, educate and address any questions regarding SoonerCare, Insure Oklahoma, Text4Baby messaging service and other initiatives that would benefit members. This is done through a variety of outreach efforts inclusive of: attending coalitions, committee and task force meetings, performing outreach around the state, distributing printed resources and more.

Outreach efforts for HPCS are accomplished through a variety of ways, such as: attending coalitions, committee and task force meetings, performing outreach around the state and distributing printed resources. Community relations efforts also include establishing a strong presence at health fairs and forums throughout the state.

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

The Office of Health Promotion team established 12 new partnerships this quarter resulting in approximately 578 active partnerships. The HPCS's outreach efforts throughout the state have produced several major highlights and accomplishments this quarter.

HPCS highlights for each region this quarter include:

Central/Southwest:

- HPCS is working with TSET and Turning Point to start a new community collaborative in Newcastle.
- HPCS participated in an Autism and Safety Fair in Moore.
- HPCS is working with a Registered Dietician at Comanche County Health Department to look for ways to increase nutritional counseling to our members.

Northwest:

- HPCS attended Texas County Children's Health Fair. Results: 44 community entities represented; 863 total sign-ins; 300 bags of school supplies given; 120 vision screenings performed; 400 meals provided; 300 books; five insurance enrollments; and eight school physicals.

Northeast:

- HPCS attended the CMS visit with OSDH to learn more about lead education efforts at the State level.

Southeast:

- HPCS finalized Head Start Well Child Check Up brochures with KiBois and staff started implementing new brochures with Head Start families.
- HPCS finalized Head Start Well Child Check Up forms to be used by providers when completing required EPSDT screenings for Head Start children in Pittsburg, Latimer, Leflore, Haskell, Sequoyah, McIntosh, Cherokee and Adair counties.
- HPCS enrolled Hugo Pharmacy Express (HPE) as a fax referral provider for Quitline. HPE has also agreed to distribute information on Quitline and Text4Baby to all customers.

Oklahoma Health Care Authority's Community Relations website page provides OHCA partners with tools, resources and vital information to connect members to their communities. The website can be found at: OHCA Community Relations website.

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

Medical Authorization Unit (MAU)

The purpose of the Medical Authorizations Unit (MAU) is to review medical Prior Authorization Requests (PARs) from providers assuring medical necessity has been met for the service and/or supply being requested per established guidelines. This includes CMS criteria, Federal and State guidelines as well as OHCA Policy. Prior Authorization Requests submitted by providers are for the following services:

- Medical;
- Behavioral Health;
- Dental;
- Durable Medical Equipment; and
- Pharmacy

Providers have the option to submit PARs via internet, phone or fax. The primary goals for this unit are to ensure timely reviews of PARs provide access to medically-appropriate equipment, services and increase the quality of care that SoonerCare members receive.

The MAU page on the OHCA website continues to be an added resource for providers. Providers are now able to use the MAU Link in order to access required forms for PARs, general information, MAU Frequently Asked Questions (FAQs) and information on imaging and scans.

2016 Medical Authorization Unit Activity	Jul	Aug	Sep	**Qtr. Totals**
Calls Handled	233	340	490	**1,063**
PARs Received	4,605	5,258	4,564	**14,427**
Line Items Received	8,822	9,807	8,788	**27,417**
PARs Approved[8]				
Percent of PAR Denials[9]	1%	2%	2%	**1.7%**
Number of Reviewers	9	9	9	**9**
Average Number of PAs/Reviewer	511	584	507	**534**

2016 eviCore Activity	Jul	Aug	Sep	**Qtr. Totals**
eviCore Calls Handled	1,389	1,715	1,652	**4,756**
Total Prior Authorizations	4,946	6,358	5,975	**17,279**
Number of Reviewers (Analyst or Nurse)	115	115	115	
Average Number of PAs per Reviewer	43	55	52	
Percentage of Total PA Denials	15.49%	10.71%	9.47%	
Number of Denials	766	681	566	**2,013**

[8] MAU is currently not reporting the approved PARs; they are pursuing methods of obtaining more accurate numbers (MAU is modifying reporting criteria for this category).
[9] The Percent of PAR Denials is from a system generated report of PA Workflow.

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

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

The PCM division's main goals are:

- Timely case management, including appropriate referrals, in accordance with established OHCA desktop procedures for specifically targeted intervention groups and self-identified or provider identified members;
- Support provision for identified primary care practices with a high chronic disease incidence on their member panels; and
- Social service support to SoonerCare members as identified through OHCA existing programs and outside referrals as necessary.

Case Management Unit (CMU)
The Case Management Unit (CMU) provides event-based case management and certain supportive eligibility determinations and utilization management functions to other areas of the agency. This quarter, the CMU has averaged 2,771 active cases per quarter and 2,702 new cases have been opened and worked by the CMU.

Phase I of the Fetal Infant Mortality Rate (FIMR) initiative monitors prenatal women for the duration of their pregnancy through their infants' first birthday. In July, August and September, there were no new women were enrolled with an average of 182 FIMR Mom members in active case management during any given month.

Population Care Management has made the decision to discontinue the FIMR Mom case management program as of July 1, 2016. PCM serves a wide-variety of obstetrical case management types, and while they were all determined to be successful by an independent evaluation, the High-Risk OB and At-Risk OB case management programs had better overall outcomes. Population Care Management will continue to deliver case management services to FIMR baby cases in 13 counties and will also continue to operate the Inter-conception Care project. Additionally, the CMU will continue to follow any FIMR Moms, with whom they have achieved successful engagement prior to July 1, until they deliver.

An average of 163 new women per month were enrolled in the High-Risk Obstetrical care case management program this quarter, including Soon-to-be-Sooners eligible women. Additionally, an average of 111 new women per month were enrolled in the At-Risk Risk Obstetrical care case management program this quarter, and also includes Soon-to-be-Sooners eligible women.

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

The Interconception Care (ICC) centers on pregnant women, ages 13 to 18, which have been identified in the 13 FIMR counties who can remain in active care management until one-year post delivery. The CMU staff enrolled 17 new ICC cases this quarter with an average of 55 members managed in this program during any given month. As of September 30, 27 ICC babies were being followed.

Chronic Care Unit

The Chronic Care Unit (CCU) works to provide members and providers telephonic support for members who are high-risk or at risk for chronic conditions and whose Primary Care Physician (PCP) is not aligned with an in-office health coach. Members are identified through comprehensive risk profiling, self-referral and provider referral. The CCU averaged 451 active cases per month this quarter with 182 new cases opened.

This quarter the CCU has provided member and provider support for more than 275 Hepatitis C treatment cases, coordinating care between the member, prescriber, PCP, the supplying pharmacy and OHCA pharmacy staff. Additionally, the CCU collaborates with the Health Management Program (HMP) health coaches to assist with bariatric surgery and hepatitis C cases.

Currently the CCU case manages approximately 500 members diagnosed with chronic illness providing education and developing self-efficacy through empathy and Motivational Interviewing (MI). Of the six CCU nurses, two have achieved Health Coach I (beginning MI competency), one has achieved Health Coach II (MI proficient) and one has achieved Health Coach III (Expert in MI). They are progressive achievements in that a person advances from level I to level III. Two CCU nurses are certified Chronic Care Professionals (CCP) and the remaining four are currently enrolled in the CCP course.

Care Management Activity 2016	Jul	Aug	Sep
Active Cases under Care Management	2,801	2,752	2,759
Case Load per Adjusted RN FTE	131	117	117
High-Risk and At-Risk OB – Following	685	742	774
High-Risk and At-Risk OB – New	324	285	286
OK Cares New Enrollment	37	39	62
OK Cares Total Enrollment	402	404	411
Private Duty Nursing Cases - New	6	13	8
Private Duty Nursing Cases - Following	183	195	194
Onsite Evaluations (TEFRA, Private Duty Nursing)	28	34	43
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	64	79	81
Out of State – Clinical Review – New	86	81	84
Out of State – Clinical Review – Following	29	34	33

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

Breast and Cervical Cancer Program (BCC)

This program provides treatment for breast and cervical cancer and pre-cancerous conditions to eligible women. The eligibility for the Breast and Cervical Cancer Program requires women to be screened for breast or cervical cancer under the Breast and Cervical Cancer Early Detection program (BCCEDP). Qualifications for this program are abnormal screening results or a precancerous or cancerous condition. This program, also known as Oklahoma Cares, is a partnership of the Oklahoma State Department of Health (OSDH), the Oklahoma Department of Human Services (DHS), the Cherokee Nation, the Kaw Nation and the OHCA. The BCC total enrollment, which is a subset of the CMU cases, has averaged 406 cases this quarter with an average of 45 new cases received per month.

2016 Oklahoma Cares Member Enrollments[10]	Jul	Aug	Sep
SoonerCare Traditional	172	173	154
SoonerCare Choice	230	231	257
Totals	**402**	**404**	**411**

BCC Certified Screeners	Jan-Mar	Apr-Jun	Jul-Sep
Certified Screeners	1,091	1,109	1,113

2016 Outreach Activities Related to BCC Members	Jul	Aug	Sep	**Totals**
Care Management Activities Related to BCC Members	621	950	721	**2,292**
Number of Calls Made by Member Services to BCC Members at Renewal Period	14	13	21	**48**
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	9	51	23	**83**

[10] See Attachment 4: Quarterly Oklahoma Cares Fast Fact, Sep 2016.

Provider Services

The Provider Services unit's purpose is to maintain one provider network in order to support the members and to ensure provider satisfaction.

This quarter, the OHCA sent out 20 letters to inform providers of changes in various programs. The following OHCA Provider Letter are located on OHCA Website.

- Provider Letter 2016-08: Effective August 1, 2016; the OHCA is expanding Makena® and Vaginal Progesterone Coverage.
- Provider Letter 2016-21: Prior Authorization of Molecular Pathology CPT Codes Related to Hereditary Cancer Susceptibility Testing – Effective September 1, 2016; the OHCA will require a PA for Molecular pathology codes related to hereditary cancer susceptibility testing.
- Provider Letter 2016-24: Effective Immediately – Face to Face Requirements for Home Health Services; In accordance with 42 CFR 440.70, the ordering physician is required to document face to face encounter with the member prior to the initial ordering of home health services.
- Provider Letter 2016-25: Ordering/Referring/Rendering Provider; the purpose of this letter is to provide additional guidance for Provider Letter 2013-14 and the Global Notification for CMS Federal Requirements for Ordering and Referring providers.
- Provider Letter 2016-26: Prior Authorization Process for Definitive Urine Drug Testing; this letter is to inform providers of the OHCA documentation requirements when submitting a Prior authorization request for definitive urine drug testing.
- Provider Letter 2016-28: Prior Authorization of Medications Used to Treat Prostate Cancer – Effective November 1, 2016; the OHCA will require a prior authorization for the following medications: Zytiga® (abirateone), Jevtana® (cabazitaxel), Xtandi® (enzalutamide), Xofigo® (radium – 223 dichloride), and Provenge® (sipuleucel-T).

Please note that OHCA sent out 14 additional provider letters notifying providers of Policy Revisions and Program Updates: Beginning with provider letter[11]; 2016-09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, and 23.

2. Program-Specific Operations

Health Access Network (HAN)

The Health Access Networks (HAN) are community-based, administrative, integrated networks intended to advance program access, quality and cost-effectiveness goals by offering greater care coordination support to affiliated Patient Centered Medical Home (PCMH) providers. There are currently three HAN pilot programs in the state.

[11] Policy Revisions and Program Updates are rules changes made during the 2015-2016 Legislative Rulemaking Session.

Active HANs in Oklahoma include:

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

The University of Oklahoma OU Sooner HAN

The OU Sooner HAN care managed 956 unique individuals by the end of September with the following conditions:

- Asthma
- Breast Cancer
- Cervical Cancer
- Diabetes
- Emergency Room Use
- General HAN
- Hemophilia
- High-Risk OB
- Pharmacy Lock-In

The OU Sooner HAN continues to participate in monthly learning series. The trainings and conferences focus on cardiovascular health as well as other topics; some of which are as follows:

- OU Sooner HAN staff presented at the OU School of Social Work continuing education event in August
- Diabetes – Presented by Dr. Alderman and Stephen Ludiker
- Engaging and Working with Families and School Systems – Presented by Dr. Sara Coffey, D.O. and Emily Wade, MS
- Cardiovascular Health – Presented by Dr. Alderman
- Just In Time Learning Sessions on Eating Disorders presented by Laureate's Eating Disorders Unit
- Oklahoma Drug Endangered Children Training
- Impact of Trauma on Infants and Young Children workshop
- Zarrow Symposium – Mapping Care Management Across Community Landscape

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

The Doc2Doc team added 17 new specialty care clinics by the end of September. In this quarter there were 8,309 Doc2Doc referrals initiated by the end of September.

The OU Sooner HAN is actively recruiting new primary care providers to join the Sooner HAN. The following clinics and providers are being targeted:

- Milestones Pediatrics
- Axis Medical
- NEO Health
- Community Physicians Group
- Family Healthcare Clinic
- Crossover Health Services
- Westview Pediatrics
- Wellspring Family Clinic
- Pediatric Practitioners of Oklahoma
- Cardiology of Muskogee
- Dr. Javviji
- Okmulgee Pediatrics
- TL Carey Family Medicine
- Broken Arrow Pediatrics

The Partnership for Healthy Central Communities (PHCC) HAN
The PHCC HAN care managed 402 unique individuals by the end of September with the following conditions:

- Asthma
- Chronic Care
- Emergency Room
- High Risk Obstetrics
- Pharmacy

The PHCC HAN public website continues to be a primary tool for member education and community outreach. During this quarter efforts continue to maximize utilization of the website. This includes distribution of pens, post-it notes and brochures through various public locations and events.

The PHCC HAN staff also participated in in various community groups. The groups include but were not limited to the following:

- Healthy Living Committee for Canadian County Health Department
- Infant Mental Health Committee
- Strategic Prevention Framework State Incentive Grant (SPF-SIG) through Red Rock

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

- Regional Epidemiological Outcomes Workgroup (REOW) through Red Rock community groups
- Canadian County Coalition for Children and Families
- Coalition's Special Events Committee
- Red Rock Prevention Group
- Canadian County Infant Mental Health and Trauma Resource Team
- Planning continues for a fall 20th Anniversary Celebration for the Canadian County Coalition for Children and Families.

The PHCC HAN continues to collaborate with PCPs on the Asthma Improvement Plan (AIP) initiative. As of September, the total number of members engaged is 36 and no peak flow meters were distributed this quarter.

The OU Sooner HAN presented information on Doc2Doc at the PHCC HAN primary care physician meeting last quarter. Lastly, the PHCC HAN has received a proposal from the OU Sooner HAN for Doc2Doc and the contract has been signed.

Oklahoma State University Health Access Network (OSU Network HAN)

The OSU HAN care managed 325 unique individuals by the end of September with the following conditions:

- Asthma
- Breast and Cervical Cancer
- Diabetes Mellitus
- Emergency Room Utilization
- Hemophilia
- High-Risk Obstetrics

The OSU HAN is collaborating with the Center for Health Systems Innovation (CHSI) on a quality improvement initiative in regard to transportation inefficiencies in the rural health care setting. The purpose of the CHSI rural clinic transportation QI project is to improve the delivery of care by decreasing inefficiencies in transportation to rural primary care clinics. According to rural primary practice constituents, residents in rural Oklahoma, have extensive barriers with getting to their appointments on time or at all. Subsequently, primary practice clinic in these underserved areas face multiple workflow interruptions/delays due to these incidents. The goal of the project is to improve transportation services for rural patient in hopes of decreasing workflow inefficiencies caused by cancellations, delays and no shows to clinic appointments. The CHSI and OSU HAN have identified the Muskogee Children's Clinic in Muskogee, Oklahoma as a possible rural clinic that would be included in the pilot transportation efficiency program. The CHSI lead on the project has met the practice administration who has expressed a concern for the clinic 'no show' rates due to transportation issues. Currently the CHSI team lead and practice administration are working on a project timeline and a mechanism in which to monitor office practice activities.

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

The OSU HAN Director and Case Managers created and implemented an Asthma Care Plan. The OSU HAN is currently working towards developing other care plans in other diagnostic areas. The Care plan includes a basic template from which to work and provides the case managers a targeted set of goals that is individualized for each patient who has a chronic condition. This allows the case manager to choose goals for an individual patient that meets the needs of that specific member. The plan also allows case managers to track progress toward meeting those goals.

2016 HAN Enrollment	OSU Network HAN	OU Sooner HAN	PHCC HAN
July	14,818	102,825	3,703
Aug	14,831	104,901	3,726
Sep	19,549	108,948	3,769
Totals	**49,198**	**316,674**	**11,198**

Health Management Program (HMP)

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

The HMP uses registered nurses on location in selected PCP offices to provide educational support and care management services to providers and members that are a part of the HMP. The 47 practice sites are staffed with 39 embedded health coaches and incorporate practice facilitation services. With health coaches embedded into PCP practices this provides for more one-on-one care management with members. The HMP also has embedded health coaches to provide telephonic outreach in addition to their clinic based outreach. Approximately 40 percent of the members engaged in the HMP are being followed telephonically. As of September 30, 2016 there were a total of 3,771members engaged with a health coach.

Health Coaches	Jan-Mar	Apr-Jun	Jul-Sep
Number of Health Coaches	34	36	39

Practice facilitators have health coach training and certification in Nursing and Chronic care. The Practice Facilitators work with the health coaches to coordinate efforts for members and providers within the practices. By the end of September, 2016 there were eight practice facilitators for HMP.

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

Practice facilitation is divided into the following four tiers based on the level of services the practice is receiving:

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.	11
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.	29
Tier 4	High-functioning practice; has embedded care management staff due to participation in another initiative or grant program, but practice still requests inclusion in academic detailing and other educational services.	0

Practice Facilitators and Health Coaches conducted 49 Academic Detailing sessions with the practices during the quarter with 283 in attendance and conducted 86 Educational Presentations with 332 in attendance. Some of the topics covered this quarter were Controlling Diabetes at Home with the Diabetic Stop Light from the Sutter Center for Integrated Care, the Center for Disease Control (CDC) on Vaccines recommended for persons with chronic diseases and Asthma Measures and Exercises for improving Chronic Obstruction Pulmonary Disease (COPD) symptoms.

The HMP Sr. Nurse Analyst visited nine HMP practices with 30 attendees this quarter, to observe and talk to the Health Coach, Practice Facilitator and the provider or their representative such as the office manager. The Pain Management Program Sr. Nurse Analyst visited nine practices with 27 attendees this quarter to follow up with the clinics at the three and nine month point after the initial facilitation on pain management to evaluate the effectiveness of the program and to determine how well the practice facilitator is doing. At the time of this report, 26 of the 29 Tier 3 practices are currently involved in practice facilitation for the Pain Management program.

Oklahoma ranks fifth in the nation for both the number of accidental overdose deaths and the number of opioid pain relievers prescribed. In January 2016, the OHCA, in partnership with Telligen, launched the SoonerCare Pain Management Program as a strategy to address the opioid crisis. The program is designed to equip SoonerCare providers with the knowledge and skills to appropriately treat members with chronic pain. To accomplish this, OHCA developed a prescribing toolkit that is distributed to participating providers. Practice facilitators are dedicated to implement the components of the toolkit, which includes treatment protocols, Oklahoma Opioid Prescribing Guidelines, patient education and office visit forms. Additionally, dedicated behavioral health resource specialists are available to assist providers with linking members with substance use disorder, or other behavioral health needs, to the appropriate treatment.

The toolkit can be found on the OHCA website at http://www.okhca.org/pain-management.

There are 920 members enrolled in the mobile engagement solution called mHealth which was rolled out on August 1, 2014. Telligen calls mHealth a mobile engagement solution allowing the HMP to connect with members through text messages. The HMP can send out messages/scripts such as flu shot reminders or other health educations messages as well as allows a member to text their blood sugar reading and receive a message based on the result. During the coaching sessions held with each member the Health Coaches engage the members about mHealth and tell them how to enroll.

The SoonerQuit Provider Engagement program which is funded through the Tobacco Settlement Endowment Trust (TSET) has facilitated 23 practices (45 providers) as of the end of this quarter. This program works very similar to the regular practice facilitation of the HMP except that these facilitators go into SoonerCare primary care practices and focus on tobacco cessation, the 5 A's, and fax referrals to the Oklahoma Tobacco Helpline (1-800-QUIT-NOW).

Insure Oklahoma (IO)

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

This quarter, Insure Oklahoma changed its qualified benefit plan requirements to include self-funded employer plans. The self-funded employer plans must continue to meet the program's specifications. The Insure Oklahoma goal is to help additional employers qualify for the program. Lastly, Insure Oklahoma outreach for July thru September quarter included presentations at the Oklahoma City Association of Health Underwriters' monthly luncheon, the Enid Healthy Business Forum and employer open enrollment events. In addition, Insure Oklahoma received results from a survey of more than 1,800 former employers that were conducted in February. Former employer-members were asked to provide feedback, opinions and suggestions about the program. The feedback will be taken into consideration for operations and communications practices.

The Insure Oklahoma brochures distributed this quarter were:

- Employer-Sponsored Insurance 1,780
- Individual Plan (general): 6,050
- Individual Plan (college-focused): 2,190

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

Due to delays in the enrollment migration at this time, the following tables will not be reported this quarter:

- 2016 Average Individual (IP) Member Premiums
- 2016 Insure Oklahoma Average Cost
- 2016 ESI Program Enrollment as of September
- 2016 IP Program Enrollment 0-100% FPL

2016 Employer-Sponsored Insurance (ESI) Program Participating Employers	Jul	Aug	Sep
Approved Businesses with Participating Employees	3,868	3,911	3,956

2016 Average ESI Member Premium	Jul	Aug	Sep
Member Premium	$346.06	$334.69	$340.80

2016 ESI Subsidies	Jul	Aug	Sep
Employers Subsidized	2,115	2,132	2,283
Employees and Spouses Subsidized	10,546	10,658	11,284
Total Subsidies	$4,686,396.13	$4,468,103.76	$4,982,480.66

2016 ESI Average Per Member Per Month	Jul	Aug	Sep
Average Payment Per Employee	$317.12	$306.52	$311.59
Average Payment Per Spouse	$512.13	$498.99	$508.84
Average Per College Student	$286.84	$253.84	$334.91
Average Per Dependents	$203.24	$197.54	$196.48

2016 IP Subsidies	Jul	Aug	Sep	**Qtr. Totals**
Total Premiums Received	$105,181.96	$128,833.22	$129,398.02	**363,413.20**
Total Member Months	4,371	4,483	4,597	**13,451**
Total Paid Claims	**$2,023,382.32**	**$2,270,801.97**	**$1,691,773.39**	**$5,985,957.68**
Average Claim Per Member Per Month (PMPM)	$438.85	$477.80	$339.87	

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

B. Policy Developments

Federal Authorities & Reporting Units

The Federal Authorities & Reporting unit works in collaboration with the Centers for Medicare & Medicaid Services (CMS) on waiver issues ensuring compliance with state laws and federal regulations and authority. Both units work under the authority of the 1115 demonstration waiver to provide the managed care system and the premium assistance programs throughout the state.

This quarter, three monthly monitoring calls were conducted in order to ensure that CMS was well informed about Oklahoma's 1115 demonstration waiver for the SoonerCare Choice and Insure Oklahoma programs. The State kept CMS advised about the new posting of the 2017-2018 renewal application for public input on August 26, 2016; the 2017-2018 renewal application was sent to CMS on September 28, 2016; CMS posted 2017-2018 renewal application on October 13, 2016 through November 12, 2016.OHCA is aware that CMS continues its review of the Sponsor's Choice amendment request.

In addition, Technical Director Tonya Moore has also informed the state that a new discussion item will be added to the monthly monitoring call on a quarterly basis. This additional agenda item will be a review of the demonstration budget neutrality reporting on the CMS-64.

Rule Changes

The OHCA complies with the Oklahoma Administrative rules in publishing rules, providing a transparency process implementing the statutes created by legislation, announcing changes to agency rules and providing a forum for public comment. The waiver team continues to monitor rules that could have an impact on the 1115 SoonerCare Demonstration Wavier. This quarter no rule changes directly affecting the waiver were passed by the OHCA Board of Directors.

All OHCA rule changes can be found on the OHCA Proposed Rule Changes Website. The webpage is for the general public and stakeholders to comment and to submit feedback. Providers may receive all rule-change updates through email notification, the OHCA web alert banner or by fax blast.

Legislative Activity

The Second Session of the 55th Oklahoma Legislature adjourned on May 27, 2016. Oklahoma's State Fiscal Year 2017 began on July 1, 2016.

Since July 1, the Oklahoma Health Care Authority (OHCA) has been working on implementation efforts for the following**:**

- **HB 2267** extends the termination date of the hospital offset payment program fee from 12/31/17 to 12/31/2020. It requires OHCA review to occur within 20 days of the time of deferral approval and annually in November of each year. ***Passed, Effective Date - 11/1/2016;***

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

- **HB 2549** modifies the definition of the term "owner" in the Nursing Home Care Act for purposes of the OHCA Nursing Home Upper Payment Limit (UPL) program, which OHCA is developing now. **– *Passed, Effective date 7/1/2016;***
- **HB 2962** requires OHCA, in conjunction with the Department of Mental Health and Substance Abuse Service, the State Department of Health and the State Department of Education, to examine the feasibility of a state plan amendment to the Oklahoma Medicaid Program for applied behavior analysis treatment of autism spectrum disorders; the inter-agency workgroup is drafting a report to submit to the state legislature by the end of calendar year 2016. ***Passed, Effective Date 11/1/2016;***
- **SB 1149** (Related to HB2549 (see above) allows a municipal governing body or trust to engage in transactions to manage, lease or operate a medical facility outside the municipal limits; allows a Board of Control to undertake the management, lease or operation of any other medical facility or institution. - ***Passed, Effective 8/25/2016***
- **SB 1386** authorizes the creation and submission of a State Innovation Waiver (1332); provides that the State Innovation Waiver may include multiple waiver (1332 and 1115) submissions under federal waiver authorities; requires the waiver to be created consistent with OHIP; requires the waiver to be presented to Legislature along with a summary of comments received and identification of specific provisions of ACA to be waived in Oklahoma. ***Passed, Effective 11/1/2016***.

State legislative interim studies were published in July 2016. Of the 107 studies requested by state legislators, OHCA is tracking 33 studies as they relate to public health, health care and Medicaid programs. Interim studies began in September 2016 and will carry on through early November 2016. Thus far, OHCA has participated in a legislative interim study on the "Spread of Zika" and presented information on how the disease could impact Medicaid resources in the future.

The OHCA has also resumed work on HB1566. Stakeholder meetings will take place in July. For a complete overview of HB1566, and the new name for ABD Care Coordination - SoonerHealth, visit ABD Care Coordination Web Page.

V. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT

Budget Neutrality Model

Section 1115 Medicaid Demonstrations should be budget neutral. This means the demonstration cannot cost the federal government more than what would have otherwise been spent absent the Demonstration. Oklahoma's actual per member per month expenditures are less than the allowed per member per month expenditures for all categories except for the Aged, Blind and Disabled Rural. In the overall life of the waiver, the state has $5.3 billion in Budget Neutrality savings and ending this quarter; the state has $722,039,851 in savings (Refer to Attachment 5)[12].

[12] Data has been updated since last quarter.

V. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT (cont'd)

Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Year
September 30, 2016

Waiver Year	Member Months (Enrolled & Unenrolled	Costs Without Waiver	Waiver costs on HCFA-64	Variance
Waiver Year #1 – 1996	2,337,532	$286,138,649	$249,006,422	$37,132,227
Waiver Year #2 – 1997	2,282,744	$297,653,392	$281,953,273	$15,700,119
Waiver Year #3 – 1998	2,550,505	$354,302,018	$303,644,031	$50,657,987
Waiver Year #4 – 1999	3,198,323	$538,659,237	$426,247,022	$112,412,215
Waiver Year #5 – 2000	3,496,979	$690,766,574	$592,301,080	$98,465,494
Waiver Year #6 – 2001	4,513,310	$981,183,083	$773,255,432	$207,927,651
Waiver Year #7 – 2002	4,823,829	$1,115,197,420	$850,084,088	$265,113,332
Waiver Year #8 – 2003	4,716,758	$1,087,570,219	$917,176,458	$170,393,761
Waiver Year #9 – 2004	4,886,784	$1,199,722,904	$884,795,047	$314,927,857
Waiver Year #10– 2005	5,038,078	$1,316,858,687	$1,001,434,761	$315,423,926
Waiver Year #11 – 2006	5,180,782	$1,436,886,838	$1,368,966,664	$67,920,174
Waiver Year #12 – 2007	5,451,378	$1,582,588,945	$1,445,598,253	$136,990,692
Waiver Year #13 – 2008	5,386,004	$1,660,246,277	$1,620,066,352	$40,179,924
Waiver Year #14 – 2009	5,839,782	$1,883,856,292	$1,877,829,088	$6,027,204
Waiver Year #15 – 2010	6,367,794	$2,154,894,736	$1,994,807,073	$160,087,663
Waiver Year #16 – 2011	6,420,012	$2,297,585,363	$2,129,385,450	$168,199,914
Waiver Year #17 – 2012	6,819,943	$2,543,469,377	$2,227,024,758	$316,444,619
Waiver Year #18 – 2013	7,011,670	$2,749,107,136	$2,188,257,442	$560,849,694
Waiver Year #19 – 2014	7,392,534	$3,026,121,382	$2,328,224,834	$697,896,548
Waiver Year #20 – 2015	7,559,632	$3,164,107,136	$2,285,951,930	$995,302,172
Waiver Year #21 – 2016	5,507,093	$2,420,282,743	$1,698,242,891	$722,039,851
Total Waiver Cost	**106,781,466**	**$32,787,198,406**	**$27,444,252,349**	**$5,342,946,057**

VI. MEMBER MONTH REPORTING

A. Budget Neutrality Calculations

Eligibility Group	Jul	Aug	Sep	**Qtr. Ending Totals**
TANF-Urban	333,087	337,772	339,168	**1,010,027**
TANF-Rural	225,174	228,563	228,768	**682,505**
ABD-Urban	31,295	31,370	31,272	**93,937**
ABD-Rural	23,065	23,009	22,779	**68,853**

B. Informational Purposes Only

Eligibility Group	Jul	Aug	Sep	**Qtr. Ending Totals**
Working Disabled Adults-ESI	0	0	0	0
Working Disabled Adults-IP	0	0	0	0
Working Non-Disabled Adults-ESI[2]	14,411	14,513	14,459	**43,383**
Working Non-Disabled Adults-IP[2]	4,190	4,304	4,402	**12,896**
Full-Time College Student-IP[2]	177	182	194	**553**
Full-Time College Student-ESI[2]	105	103	115	**323**
Foster Parents-ESI[3]	0	0	0	0
Foster Parents-IP[3]	0	0	0	0
Not-For-Profit Employees-IP[3]	0	0	0	0
Not-For-Profit Employees-ESI[3]	0	0	0	0
TEFRA	602	597	597	**1,796**
SCHIP Medicaid Expansion Children	95,706	97,877	97,726	**291,309**

Demonstration Expenditures	Jul	Aug	Sep	**Qtr. Ending Totals**
HAN	$532,445.00	$542,910.00	$563,365.00	**$1,638,720.00**
HMP	$1,596,113.98	$817,359.80	$1,655,929.34	**$4,069,403.12**

VII. CONSUMER ISSUES

A. Member Inquiries

The Member Service Tier II takes various inquiries from members that are identified according to call categories. The member services unit has worked on ways to better identify the type of member inquiry to place calls in identified categories.

Member Inquiries	Jan-Mar	Apr-Jun	Jul-Sep
Program Complaint	31	27	14
Complaint on Provider	75	53	55
Fraud and Abuse	57	41	31
Access to Care	6	5	12
Program Policy	3,613	258	5,420
Specialty Request	291	210	191
Eligibility Inquiry	5,764	4,383	4,707
SoonerRide	2,086	1,948	2,500
Other [13]	2,821	2,963	2,960
PCP Change	655	421	477
PCP Inquiry	622	654	729
Dental History	23	20	33
Drug/NDC Inquiry	16	9	4
Medical ID Card	285	264	279
PA Inquiry	803	942	836
Totals	**17,148**	**12,198**	**18,248**

[13] This category has been redefined to include inquiries on Applications, Claims, Medicare, Compensability of Procedures/Services, Policy, Referrals, Enrollment Packet Requests and Form Requests.

VII. CONSUMER ISSUES (cont'd)

B. Helplines

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

Insure Oklahoma Helpline

2016 Insure Oklahoma IP Helpline	Jan-Mar	Apr-Jun	Jul-Sep
Number of Calls	31,248	21,750	14,719
Number of Calls Answered	17,447	15,341	14,143
Number of Calls Abandoned (includes missed calls)	13,801	6,409	576
Percentage of Calls Answered	55%	70%	96%

Insure Oklahoma ESI Helpline	Jan-Mar	Apr-Jun	Jul-Sep
Number of Calls	6,435	3,975	2,603
Number of Calls Answered	5,614	3,337	2,547
Number of Calls Abandoned (includes missed calls)	821	638	56
Percentage of Calls Answered	87%	83%	98%

Online Enrollment Helplines

Online Enrollment Helpline Calls (English)	Jan-Mar	Apr-Jun	Jul-Sep
Number of Calls	36,168	26,038	27,539
Number of Calls Answered	35,136	24,985	26,412
Number of Calls Abandoned (includes missed calls)	1,032	1,053	1,127
Percentage of Calls Answered	97%	96%	96%

Online Enrollment Helpline Calls (Spanish)	Jan-Mar	Apr-Jun	Jul-Sep
Number of Calls	236	155	210
Number of Calls Answered	217	132	185
Number of Calls Abandoned (includes missed calls)	19	23	25
Percentage of Calls Answered	92%	85%	88%

VII. CONSUMER ISSUES (cont'd)

SoonerCare Helpline

SoonerCare Helpline Calls	Jan-Mar	Apr-Jun	Jul-Sep
Number of Calls	204,662	157,638	154,217
Number of Calls Answered	196,663	153,830	148,848
Number of Calls Abandoned (includes missed calls)	7,999	3,808	5,369
Percentage of Calls Answered	96%	98%	97%

C. Grievances

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

2016 SoonerCare Choice Grievances Jul-Sept	Pending	Closed Reason	**Totals**
Eligibility	5	4 Resolved 1 Untimely 1 No Jurisdiction	**11**
BCC	0	1Resolved	**1**
Miscellaneous	0	2 No Jurisdiction	**2**
Prior Authorization: Dental	2	1 Resolved	**3**
Prior Authorization: Durable Medical Equipment	2	1 Resolved	**3**
Prior Authorization: Other	6	1 Resolved 1 untimely 2 No Jurisdiction	**10**
Prior Authorization: Other Speech	0	1 Resolved	**1**
Prior Authorization: Other Surgery	1	0	**1**
Prior Authorization: Pharmacy	1	4 Resolved	**5**
Prior Authorization: Radiology Services	1	2 Resolved 1 No Jurisdiction	**4**
Private Duty Nursing (PDN)	1	0	**1**

2016 Insure Oklahoma Grievances Apr-Jun	Pending	Closed Reason	**Total**
Eligibility	0	3 Resolved	**3**

VIII. QUALITY ASSURANCE/MONITORING ACTIVITIES

A. Quality Assurance (QA)

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

This quarter, 198,321 SoonerRide trips were made with the average cost per trip of $34.68. SoonerCare individuals from all 77 Oklahoma counties utilized the SoonerRide program.

A SoonerRide member satisfaction survey was conducted this quarter. A random selection of 420 SoonerCare members that utilized services within this quarter was selected to participate in this survey. There was a 58 percent response rate to the survey. Survey results indicated that 84 percent of survey participants gave the program a positive rating, three percent gave the program a poor rating and eight percent either refused or did not provide an overall rating.

Access Survey

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

2016 Access Survey	Jan-Mar	Apr-Jun	Jul-Sep
Number of Providers Called	905	900	884
Percent of Providers with 24-hr Access on Initial Survey	93%	93%	94%
Percent of Providers Educated for Compliance	7%	7%	6%

IX. DEMONSTRATION EVALUATION

Hypothesis

The OHCA is initiating reporting on all hypotheses for the 2016 extension period. This quarter interim data for hypothesis 9c, 9d, 9e, and 9f, 9g, 9h are available.

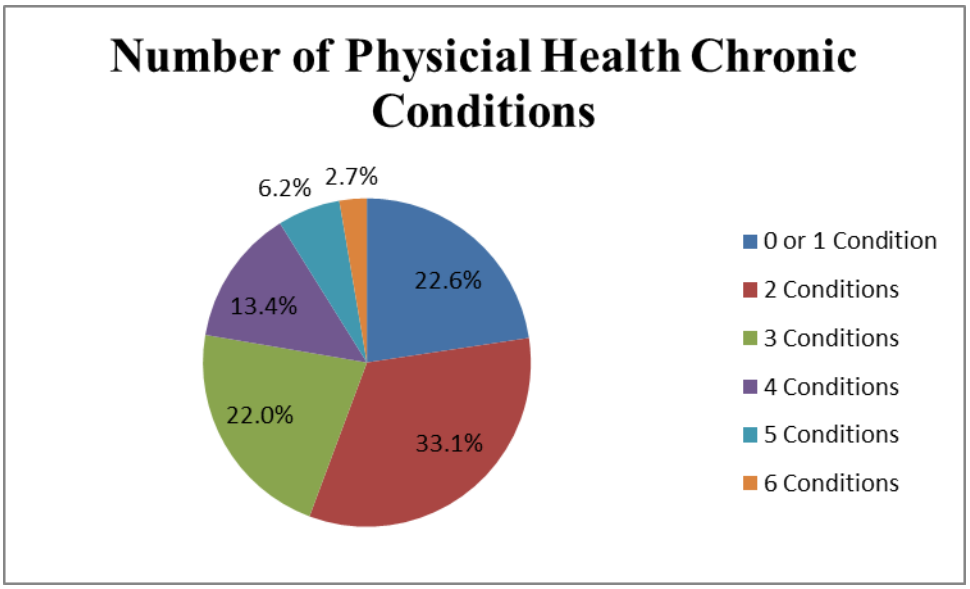
Chronic diseases are the leading causes of death and disability in the United States. According to the Centers for Disease Control and Prevention, in 2012 about half of all adults (117 million) people had one or more chronic health conditions such as diabetes or heart disease. More than one in four Americans has multiple chronic conditions, those that last a year or more and require ongoing medical attention or that limit activities of daily living.

The per capita impact of chronic disease is even greater in Oklahoma than for the nation as a whole. In 2013, 1,269 Oklahomans died due to complications from diabetes. This equated to a diabetes-related mortality rate of 29.9 persons per 100,000 residents, versus the national rate of 21.2. The mortality rate for other chronic conditions, such as heart disease and hypertension, is similarly higher in Oklahoma than in the nation overall.

Hypothesis 9c - Health Management Program (HMP); Impact on Identifying Appropriate Target Population: directly relates to SoonerCare Choice waiver objective three; to optimize quality of care through effective care management; HMP objective two; reducing the incidence and severity of chronic disease in the member population, Health Management program objective two of CMS's three part Aim is improving quality of health care.

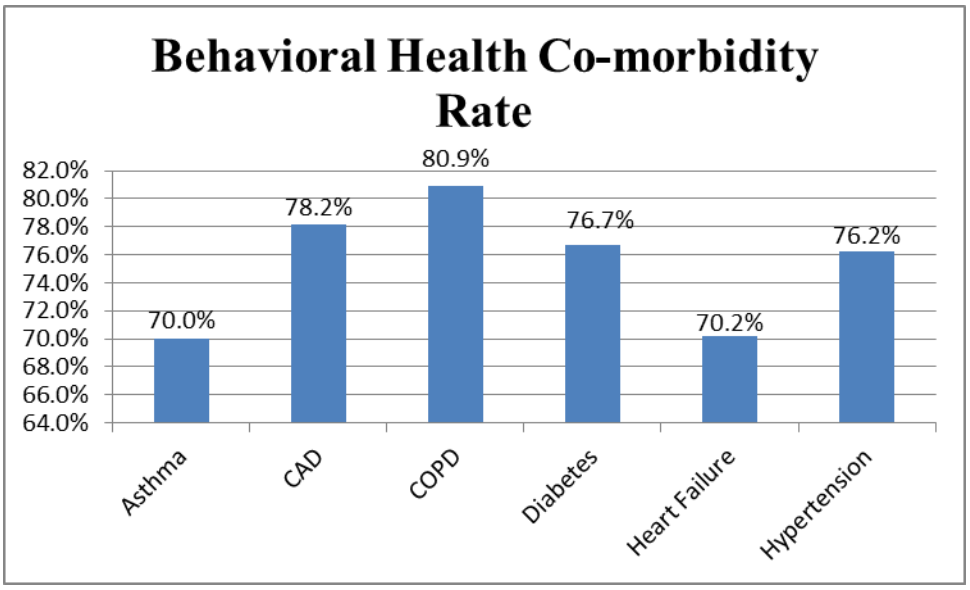
The implementation of phase two of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation will improve the process for identifying qualified members and result in an increase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

Hypothesis 9c (A) Results:



The Pacific Health Policy Group (PHPG) examined the number of physical chronic conditions per participant and found that nearly 80 percent in SFY 2015 had at least two of six high priority chronic physical conditions (asthma, COPD, coronary artery disease, diabetes, heart failure and hypertension). The SFY 2015 distribution was very similar to the distribution in SFY 2014.

Hypothesis 9c (B) Results:



Nearly 75 percent of the participant population also has both a physical and behavioral health condition. Among the six priority physical health conditions, the co-morbidity prevalence in SFY 2015 ranged from approximately 81 percent in the case of persons with COPD to 70 percent among persons with asthma. The percentage distributions were almost unchanged from SFY 2014.

Overall, health coaching participants demonstrate the characteristics expected of a population that could benefit from care management. Most have two or more chronic physical health conditions, often coupled with serious acute conditions. The population also has significant behavioral health needs that can complicate adherence to guidelines for self-management of physical health conditions and maintaining a healthy lifestyle.

Hypothesis 9d - Health Management Program (HMP); Impact on Health Outcomes: directly relates to SoonerCare Choice waiver objective three; to optimize quality of care through effective care management; HMP objective one; improving health outcomes and reducing medical costs of the population served; Health Management program objective two of CMS's three part Aim is improving quality of health care.

Health Coaches will improve quality measures for members who are engaged.

Hypothesis 9d Results:

HMP Members' Compliance Rates with CareMeasures ™ Clinical Measures	**SFY 2014**	**SFY 2015**
	Percent Compliant	**Percent Compliant**
Asthma		
Use of appropriate medications for people with Asthma	95.30%	93.50%
Medication management for people with Asthma - 50 percent	68.30%	68.20%
Medication management for people with Asthma - 75 percent	26.80%	27.30%
Cardiovascular Disease		
Persistence of beta blocker treatment after heart attack	50.00%	46.20%
LDL-C screening	76.00%	76.80%

COPD		
Use of spirometry testing in the assessment/diagnosis of COPD	31.50%	31.80%
Pharmacotherapy management of COPD exacerbation - 14 days	49.50%	50.40%
	SFY 2014	**SFY 2015**
Pharmacotherapy management of COPD exacerbation - 30 days	73.90%	76.50%
Diabetes		
LDL-C Test	77.00%	78.30%
Retinal Eye Exam	37.80%	38.10%
HbA1c Test	86.70%	87.20%
Medical attention for nephropathy	77.10%	77.00%
ACE/ARB Therapy	66.80%	66.50%
Hypertension		
LDL-C Test	67.30%	67.80%
ACE/ARB Therapy	66.50%	65.80%
Diuretics	45.10%	44.90%
Annual monitoring for patients prescribed ACE/ARB or diuretics	84.20%	83.70%
Mental Health		
Follow-up after hospitalization for mental illness - seven days	34.80%	34.30%
Follow-up after hospitalization for mental illness - 30 days	67.40%	67.20%
Prevention		
Adult Access to preventive/ambulatory care	96.30%	96.10%
Child access to PCP	98.40%	98.70%
Adult BMI	14.30%	14.20%

The health coaching participant compliance rate exceeded the comparison group rate on 12 of 17 measures for which there was a comparison group percentage (70.6 percent). The difference was statistically significant for 10 of the 12 measures (83.3 percent).

Conversely, the comparison group achieved a higher rate on five of the 17 measures (29.4 percent), including three for which the difference was statistically significant (60.0 percent).

The health coaching participant compliance rate improved on 10 of 22 measures (45.5 percent) from SFY 2014 to SFY 2015, although typically by small amounts. Twelve of 22 measures (54.5 percent) experienced a slight decline from SFY 2014 to SFY 2015. The most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care.

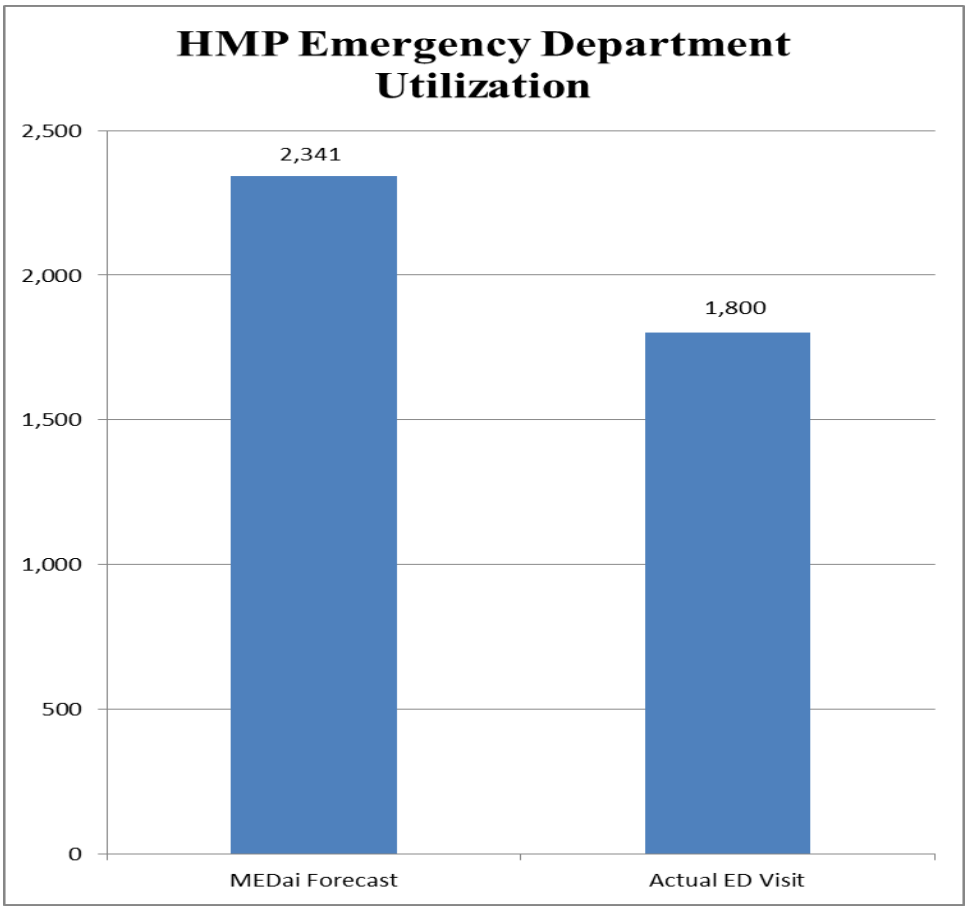
While it is still early in the evaluation process, the above findings suggest that health coaching is having a positive impact on the quality of care for program participants. The long term benefit to participants will continue to be measured.

Hypothesis 9e - Health Management Program (HMP); Impact on Cost/Utilization of Care: directly relates to SoonerCare Choice waiver objective three; to optimize quality of care through effective care management; HMP objective one; improving health outcomes and reducing medical costs of the population served; Health Management program objective two of CMS's three part Aim is improving quality of health care.

Nurse care managed members will utilize the emergency room at a lower rate than forecasted without nurse care management intervention.

Hypothesis 9e Results:

MEDai forecasted that SoonerCare HMP participants as a group would incur 2,341 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,800 or 77 percent of forecast.



Health coaching, if effective, should have an observable impact on participant service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits and hospitalizations, and lower acute care costs.

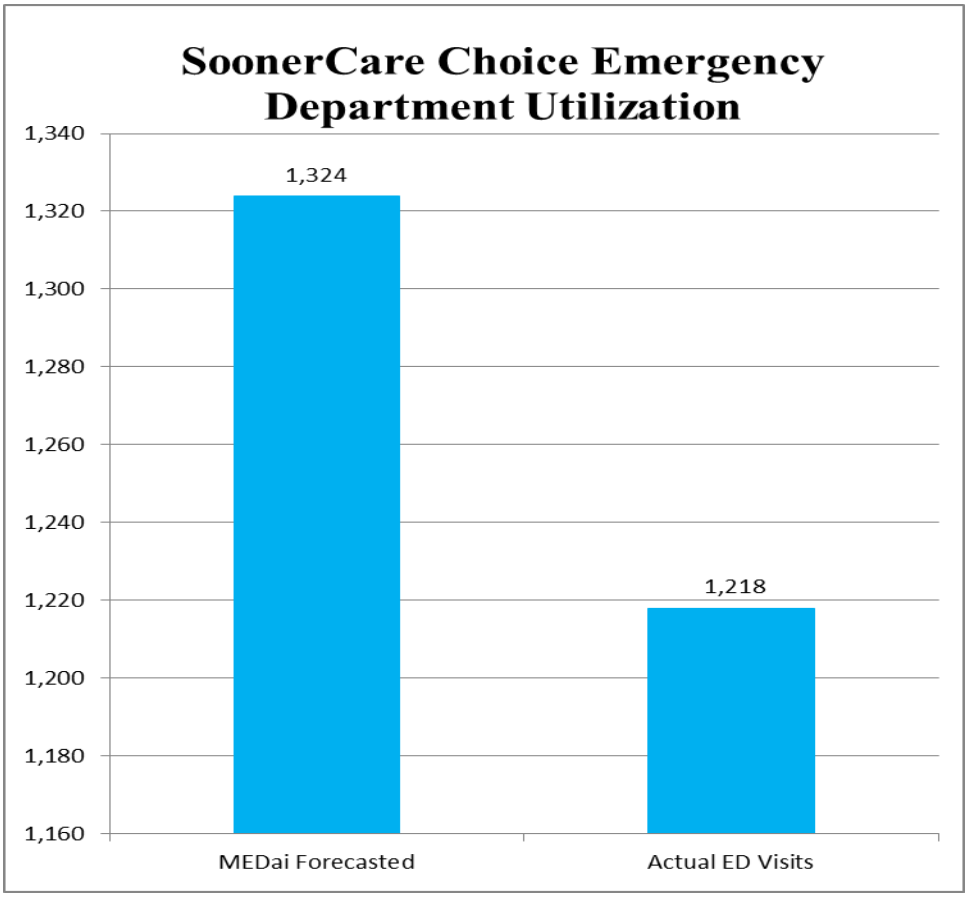
Most potential SoonerCare HMP participants are identified based on MEDai data, which includes a 12-month forecast of emergency department visits, hospitalizations and total expenditures. MEDai's advanced predictive modeling, as opposed to extrapolating historical trends, accounts for participants' risk factors and recent clinical experience.

Members also can be identified and referred to the program by providers with embedded health coaches at their sites. This includes members whose MEDai scores are relatively low, but are determined by the provider and health coach to be "at risk" based on the individual's total profile.

The PHPG conducted the utilization and expenditure evaluation by comparing participants' actual claims experience to MEDai forecasts absent health coaching.

IX. DEMONSTRATION EVALUATION (Cont'd)

MEDai projected members in total would incur 1,324 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,218 or 92 percent of forecast.



Practice facilitation, like health coaching, should demonstrate its effectiveness through an observable impact on member service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits and hospitalizations, and lower acute care costs.

PHPG conducted the practice facilitation utilization and expenditure evaluation by comparing the actual claims experience of members aligned with Patient Centered Medical Home (PCMH) practice facilitation providers to MEDai forecasts. The practice facilitation dataset was developed from the complete Medicaid claims and eligibility extract provided by the OHCA.

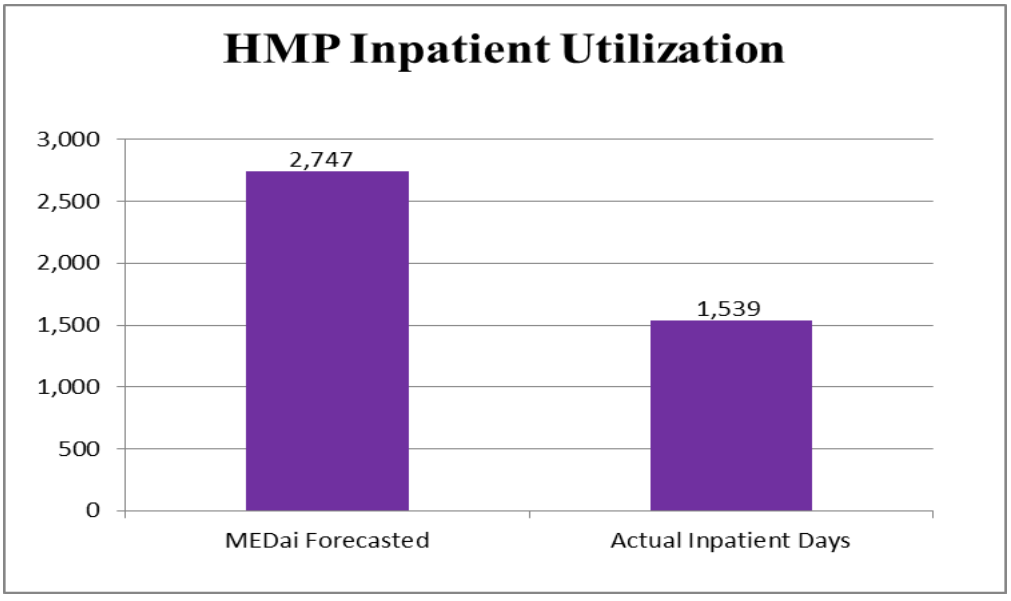
To be included in the analysis, members had to have been aligned with a PCMH provider who underwent practice facilitation. They also had to have been seen by a PCMH provider at least once following their own PCMH provider's initiation into practice facilitation. Members participating in the health coaching portion of the SoonerCare HMP were excluded from the analysis. This was done to avoid double counting the impact of the program.

Hypothesis 9f – Health Management Program (HMP); Impact on Cost/Utilization of Care: directly relates to SoonerCare Choice waiver objective three, HMP objective one, and two of CMS's Three Part Aim.

Nurse care managed members will have fewer hospital admissions than forecasted without nurse care management intervention.

Hypothesis 9f Results:

MEDai forecasted that SoonerCare HMP participants as a group would incur 2,747 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,539, or 56 percent of forecast.



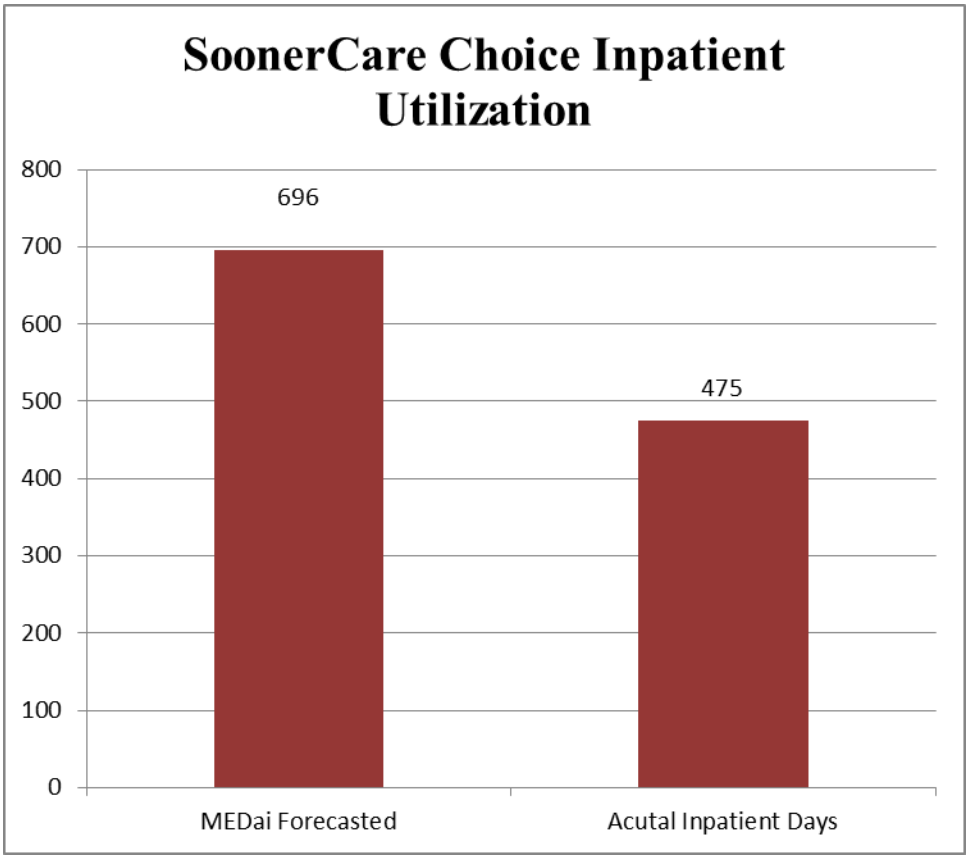
IX. DEMONSTRATION EVALUATION (Cont'd)

Health coaching, if effective, should have an observable impact on participant service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits and hospitalizations, and lower acute care costs.

Members also can be identified and referred to the program by providers with embedded health coaches at their sites. This includes members whose MEDai scores are relatively low, but are determined by the provider and health coach to be "at risk" based on the individual's total profile.

The PHPG conducted the utilization and expenditure evaluation by comparing participants' actual claims experience to MEDai forecasts absent health coaching.

MEDai projected members in the "all others" group would incur 696 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 475 or 68 percent of forecast.



Practice facilitation, like health coaching, should demonstrate its effectiveness through an observable impact on member service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits and hospitalizations, and lower acute care costs.

The PHPG conducted the practice facilitation utilization and expenditure evaluation by comparing the actual claims experience of members aligned with PCMH practice facilitation providers to MEDai forecasts.

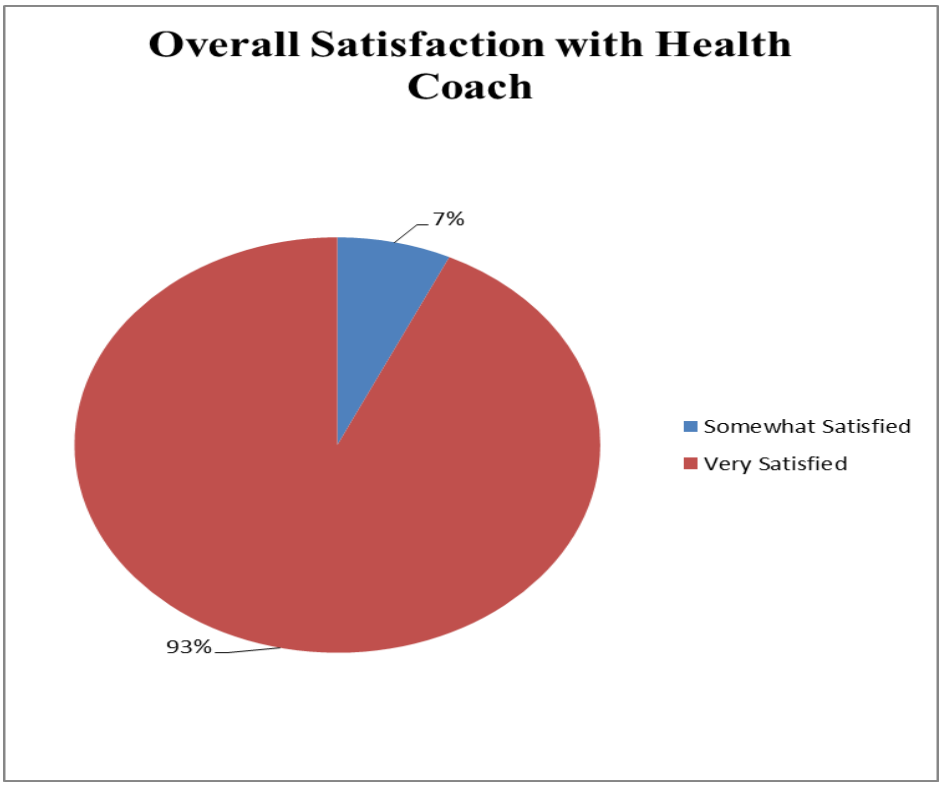
The practice facilitation dataset was developed from the complete Medicaid claims and eligibility extract provided by the OHCA.

To be included in the analysis, members had to have been aligned with a PCMH provider who underwent practice facilitation. They also had to have been seen by a PCMH provider at least once following their own PCMH provider's initiation into practice facilitation. Members participating in the health coaching portion of the SoonerCare HMP were excluded from the analysis.

Hypothesis 9g - Health Management Program (HMP); Impact on Satisfaction/Experience with Care: directly relates to SoonerCare Choice waiver objective three; to optimize quality of care through effective care management; HMP objective three; encouraging and enabling members to better manage their own health; Health Management program objective two of CMS's three part Aim is improving quality of health care.

Nurse care managed members will be surveyed regarding their satisfaction with their personal provider and overall health care. The survey will include validated questions derived from the CAHPS® instrument.

Hypothesis 9g Results:



Providers are an integral component of the SoonerCare HMP and the practice-based health coaching model. Prior to the initiation of health coaching within a practice, the provider and his or her staff participate in practice facilitation, to document existing process flows and devise a plan for enhancing care management of patients with chronic conditions.

The PHPG attempts to survey all provider offices that participate in practice facilitation to gather information on provider perceptions and satisfaction with the experience. The OHCA provides to PHPG the names of primary care practices and providers who have completed the initial onsite portion of practice facilitation.

The PHPG or the OHCA informs providers in advance that they will be contacted by telephone to complete a survey. Providers also are given the option of completing and returning a paper version of the survey by mail, fax or email.

The survey instrument consists of 19 questions in four areas:

- Decision to participate in the SoonerCare HMP
- Practice facilitation activities
- Practice facilitation outcomes
- Health coaching activities

Survey responses can be furnished by providers and/or members of the practice staff. Only practice staff members with direct experience and knowledge of the program are permitted to respond to the survey in lieu of the provider. PHPG screens non-physician respondents to verify their involvement with the program before conducting the survey.

Respondents next were asked to rate their satisfaction with health coaching activities, in terms of assistance provided to their patients. The level of satisfaction was extremely high across all activities. One hundred percent described themselves as very or somewhat satisfied with having coach assigned to their practice.

Eighty-one percent of the surveyed practices reported making changes in the management of their patients with chronic conditions as a result of participating in practice facilitation. The types of changes made included:

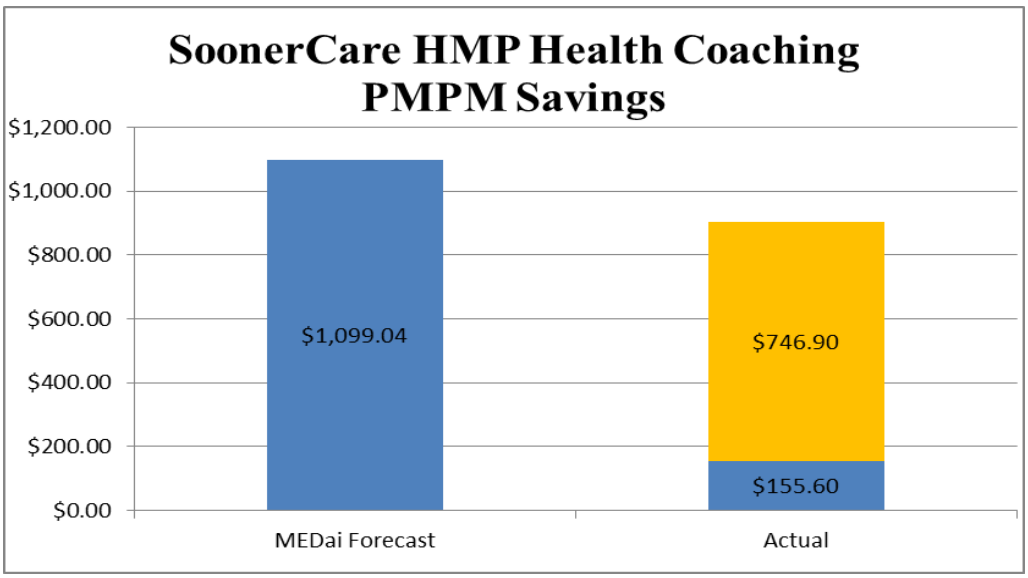
- More frequent foot/eye exams and/or HbA1c testing of diabetic patients (seven respondents)
- Improved documentation (seven respondents)
- Identification of tests/exams to manage chronic conditions (six respondents)
- Better education of patients with chronic conditions, including provision of educational materials (five respondents)
- Increased staff involvement in chronic care workups (four respondents)
- Use of flow sheets/forms provided by the practice facilitator or created through CareMeasures (two respondents)
- Better office organization overall (two respondents)

Fourteen of the 16 respondents (87.5 percent) stated that their practice had become more effective in managing patients with chronic conditions as a result of their participation in practice

facilitation. This translated into a high level of satisfaction with the overall practice facilitation experience.

Hypothesis 9h – Health Management Program (HMP); Impact of HMP on Effectiveness of Care: directly relates to SoonerCare Choice waiver objective three; to optimize quality of care through effective care management; HMP objective one; improving health outcomes and reducing medical costs of the population served; Health Management program objective two of CMS's three part Aim is improving quality of health care.

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:



The PHPG performed a cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 and SFY 2015, inclusive of SoonerCare HMP health coaching administrative expenses. SoonerCare HMP health coaching participants as a group were forecasted to incur average medical costs of $1,099.04. Their actual average PMPM medical costs were $746.90. With the addition of $155.60 in average PMPM administrative expenses, total actual costs were $902.50. Medical expenses accounted for 83 percent of the total and administrative expenses for the other 17 percent. Overall, SoonerCare HMP health coaching participant PMPM expenses, inclusive of administrative costs were 82.1 percent of forecast.

On an aggregate basis, the health coaching portion of the SoonerCare HMP achieved net savings during its initial 24 months of operation (July 2013 through June 2015) of nearly $12.8 million, up from only $3.4 million in its first 12 months. These results appear in line with the nurse care management component of the first generation SoonerCare HMP, which generated cumulative net savings of $5.5 million through its initial 17 months of operation (February 2008 implementation through June 2009) and $14.9 million in cumulative net savings through its initial 29 months of operation (February 2008 through June 2010).

X. ENCLOSURES/ATTACHMENTS

1. SoonerCare Choice Fast Facts September 2016
2. TEFRA Fast Facts September 2016
3. Provider Fast Facts September 2016
4. Oklahoma Cares Fast Facts September 2016
5. Oklahoma 1115 Budget Neutrality Model Worksheet, September 2016

XI. STATE CONTACT(S)

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XII. DATE SUBMITTED TO CMS

November 22, 2016