Oklahoma Health Care Authority

SoonerCare Demonstration 11-W-00048/6
§1115(a) Quarterly Report
Demonstration Year: 17 (1/1/2012 – 12/31/2012)
Federal Fiscal Quarter: 2/2012 (4/12 – 6/12)

Submitted
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I. INTRODUCTION

The State of Oklahoma SoonerCare demonstration program utilizes an enhanced primary care case management delivery system to serve eligible populations statewide. SoonerCare program objectives include:

- Improving access to preventive services, primary care, and early prenatal care;
- Ensuring that every title XIX beneficiary is able to choose a primary care provider who will serve as his or her family physician;
- Building managed care in Oklahoma's rural communities;
- Instilling a greater degree of budget predictability into the program by incorporating a managed care component of capitated payments with traditional fee-for-service and incentive payments; and
- Expanding coverage through public/private partnerships (Insure Oklahoma Employer-Sponsored Insurance and Individual Plan).

The demonstration was approved to change its managed care SoonerCare Choice program from a prepaid ambulatory health plan to primary care case management effective January 1, 2009. At that time the state also implemented a Patient-Centered Medical Home model.

The SoonerCare demonstration was approved for a three-year extension on December 30, 2009. The extension period runs from January 1, 2010, through December 31, 2012.

The State submitted the SoonerCare Choice Renewal Application to the Centers for Medicare & Medicaid Services (CMS) on December 31, 2011, requesting an extension of the program for the period January 1, 2013 to December 31, 2015. The State requested one amendment to the waiver, specifically, the Insure Oklahoma (IO) Individual Plan (IP) program. The State is requesting that the adult outpatient behavioral health benefit for IO IP be limited to 48 visits per year to match the children's benefit.

II. ENROLLMENT INFORMATION

A. Member Enrollment[1]

Members Enrolled in SoonerCare Choice[2] and Insure Oklahoma[3]	Quarter Ending Sept 2011	Quarter Ending Dec 2011	Quarter Ending Mar 2012	Quarter Ending June 2012	% Change
Total Number of Eligibles Enrolled in SoonerCare Choice[4]	**446,297**	**477,285**	**483,976**	**479,492**	**-1%**
SoonerCare Choice Percentage of total Medicaid Population	64%	67%	67%	67%	
A) Title XXI	51,941	52,371	54,356	57,692	6%
B) Title XIX	394,356	424,914	429,620	421,800	-2%
C) Adults	83,504	87,834	88,753	89,648	1%
D) Children	362,793	389,451	395,223	389,844	-1%
E) Ratio – Adult/Child:					
Adult	19%	18%	18%	19%	
Child	81%	82%	82%	81%	
Total Number Enrolled in Insure Oklahoma	**32,159**	**31,624**	**31,138**	**30,376**	**-2%**
A) Individual Program (IP)	13,965	13,877	13,574	13,511	-0.5%
B) Employee Sponsored Insurance (ESI)	18,194	17,747	17,564	16,865	-4%
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma	**478,456**	**508,909**	**515,114**	**509,868**	**-1%**

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[1] Enrollment numbers are point in time numbers.
[2] See Attachment 1, SoonerCare Choice Fast Facts, June 2012.
[3] See Attachment 2, Insure Oklahoma Fast Facts Summary, June 2012.
[4] Members enrolled in SoonerCare Choice must meet all eligibility criteria and have a current PCP assignment.

II. ENROLLMENT INFORMATION (Cont'd)

June 2012 Demonstration Populations: Enrolled and Potential[5] Members	Currently Enrolled	Potential Population	Total Eligible
TANF-Urban	242,998	55,732	298,730[6]
TANF-Rural	192,006	18,913	210,919[6]
ABD-Urban	22,278	6,383	28,661[6]
ABD-Rural	21,454	2,107	23,561[6]
Other[7]	756		756
Non-Disabled Working Adults (IO)			32,303
Disabled Working Adults (IO)			5
TEFRA Children			409[8]
SCHIP Medicaid Expansion Children Enrollees	57,692		57,692
Full-Time College Students			544

Demonstration Populations: Member Months	Quarter Ending Sept 2011	Quarter Ending Dec 2011	Quarter Ending Mar 2012	Quarter Ending June 2012
TANF-Urban	838,453	866,939	888,688	895,402
TANF-Rural	606,561	622,390	633,779	635,146
ABD-Urban	86,546[9]	86,347	86,667	86,331
ABD-Rural	71,521[10]	71,103	71,056	70,977
Non-Disabled Working Adults (IO)	96,793	97,265	98,828	97,109
Disabled Working Adults (IO)	28	28	26	17
TEFRA Children	1,128	1,182	1,240	1,234
SCHIP Medicaid Expansion Children Enrollees	51,941	155,966	161,413	165,200
Full-Time College Students	1,395	1,482	1,641	1,659

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[5] Potential members meet SoonerCare Choice eligibility criteria, but do not have a PCP assignment. This can occur several different ways:

- With the onset of the Patient-Centered Medical Home in 2009, PCP auto assignment was disabled. For members who enroll through DHS or paper application, members are no longer assigned to a PCP if one is not selected at enrollment, if the member is terminated from a practice, or if the provider terminates their SoonerCare contract.
- If a member selects or changes PCPs after the 15th of the month, the switch is immediate and transparent to the member, but the system will not recognize the change until the first of the following month or the next month.
- Following the implementation of online enrollment, the system was terminating PCP assignments when recertification letters were generated, which subsequently placed members in the potential population. A fix has since been implemented for this issue, but not all of the members have been re-enrolled with a PCP.
- During the online enrollment process, individuals that are new to the system and approved for SoonerCare Choice are assigned to a PCP in real-time. All other PCP assignments are placed on a report and worked manually. A delay in the manual process could place members in the potential population. A requested enhancement to the online enrollment process is to make more of the PCP assignments in real-time.
  All of these factors contribute to the number of members in the potential population. Once the PCP assignment is made in the system, the member will be included in the current enrollment number.

[6] As reported on the CMS-64 Form.

[7] Other includes BCC, TEFRA, and other SoonerCare Choice members who are not part of TANF or ABD.

[8] Includes all TEFRA children not just SoonerCare Choice.

[9] ABD numbers increased due to the addition of ABD Title XXI population.

II. ENROLLMENT INFORMATION (Cont'd)

Breast and Cervical Cancer Program (BCC)

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

Oklahoma Cares Member Enrollments[10]	April 2012	May 2012	June 2012
SoonerCare Choice	**435**	**425**	**419**
Choice and Traditional Total Current Enrollees	958	931	912

Electronic Newborn Enrollment

With the Electronic Newborn Enrollment process, OHCA now receives a newborn's information directly from the hospital. OHCA generates a member ID and the newborn is enrolled in SoonerCare. Once benefits are established, OHCA shares the information with the Oklahoma Department of Human Services (OKDHS).

Electronic Newborn Enrollment	April 2012	May 2012	June 2012	**Total**
Number of Newborns Assigned to a PCP	1,815	1,867	1,919	**5,601**
Number Needing Assistance with Eligibility or PCP Selection	245	276	269	**790**

Health Management Program's CareMeasures Disease Registry

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

CareMeasures Member Enrollments	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Members Enrolled in CareMeasures Registry	5,487	6,053	5,158[11]	5,320

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[10] See Attachment 3, Oklahoma Cares Fast Facts, June 2012.
[11] This number dropped from last quarter due to a decrease in providers.

II. ENROLLMENT INFORMATION (Cont'd)

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

ESI Program Current Enrollments[12]	0-133%[13] FPL	134%[13]-185% FPL	186% and Over	Total
Employee	6,149	5,951	1,464	**13,564**
Spouse	1,366	1,079	358	**2,803**
Student	47	52	16	**115**
Dependent Child[14]	0	26	357	**383**
IO ESI Total	**7,562**	**7,108**	**2,195**	**16,865**

Insure Oklahoma Individual Plan (IP)
The IP is a premium assistance program created to bridge the gap in health care coverage for individuals who are low-income working adults, self-employed, temporarily unemployed, a college student, or a dependent child who meets income qualifications.

IP Program Current Enrollments[12]	0-133%[13] FPL	134%[13]-185% FPL	186% and Over	Total
Employee	6,424	2,714	705	**9,843**
Spouse	1,931	956	241	**3,128**
Student	287	116	19	**422**
Dependent Child[14]	0	5	113	**118**
IO IP Total	**8,642**	**3,791**	**1,078**	**13,511**

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[12] See Attachment 4, Insure Oklahoma Data by FPL, June 2012.

[13] This includes the five percent disallow.

[14] Title XXI stand-alone CHIP population.

II. ENROLLMENT INFORMATION (Cont'd)

Perinatal Dental Access Program (PDEN)

The OHCA's PDEN program provides a limited benefit package to pregnant and postpartum women ages 21 and older. Qualified SoonerCare and Insure Oklahoma IP members receive full dental exams, X-rays, cleanings (including scaling and planing), and certain types of fillings.

PDEN Member Participation	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Women Eligible for Services	20,391	19,053	19,056	19,347
Women Who Received Services	2,521	2,543	2,279	2,460
Percentage of Eligibles Receiving Services	12%	13%	12%	13%

Soon-to-be-Sooners (STBS)

Expectant women, who would not otherwise qualify for SoonerCare because of their citizenship status, are eligible for the STBS program. Under the STBS program, these women have limited pregnancy-related care available to them.

STBS Member Enrollments	April 2012	May 2012	June 2012
Enrollees	2,616	2,678	2,709

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

Children with physical or mental disabilities that are not eligible for Supplemental Security Income because of their parent's income can qualify for SoonerCare benefits if they meet the TEFRA requirements.

TEFRA Member Enrollments[15]	April 2012	May 2012	June 2012
SoonerCare Choice	**297**	**292**	**290**
Choice and Traditional Total Current Enrollees	433	429	431

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[15] See Attachment 5, TEFRA Fast Facts, June 2012.

II. ENROLLMENT INFORMATION (Cont'd)

B. Provider Enrollment
Within 77 Oklahoma counties, there are 1,885 providers contracted for the SoonerCare program, along with 1,363 providers contracted for Insure Oklahoma.

SoonerCare Provider Enrollment by Type
Providers include physicians, physician assistants (PA), and registered nurse practitioners (ARNPs).

Provider Types[16]	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
MD/DO	1,136	1,265	1,286	1,319
PA	217	236	260	253
ARNP	254	276	299	313
Total Unduplicated PCPs	**1,607**	**1,777**	**1,845**	**1,885**

SoonerCare Medical Home Providers by Tier

Providers by Tier	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Percentage in Tier 1: Entry Level Medical Home	68%	67%	64.75%	65%
Percentage in Tier 2: Advanced Medical Home	26%	27%	26.5%	26%
Percentage in Tier 3: Optimal Medical Home	6%	6%	8.75%	9%

Insure Oklahoma Individual Plan (IP) Providers
Insure Oklahoma IP providers include physicians, physician assistants (PA), and registered nurse practitioners (ARNPs).

Provider Types	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
MD/DO	859	882	891	918
PA	190	185	198	193
ARNP	216	224	247	252
Total Unduplicated PCPs	**1,265**	**1,291**	**1,336**	**1,363**

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[16] All provider counts are unduplicated for the quarter; therefore, the total does not match the total Choice providers currently enrolled in a given month of the quarter.

II. ENROLLMENT INFORMATION (Cont'd)

Health Management Program (HMP)

To improve the health of SoonerCare members with a chronic disease, OHCA has partnered with Telligen[17] to administer the HMP. This program allows nurse care managers to focus their efforts on helping members become more invested in their health outcomes and improve self-management of chronic disease. Nurse care managers partner with the Community Resource Specialist and the Behavioral Health Specialist to assist members with referrals to community resources, assessments of general needs, and to provide follow-up for behavioral health issues.

Nurse Care Managers	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Tier 1 Nurse Care Managers	14	14	14	11[18]
Tier 2 Nurse Care Managers	24	24	22	17[19]

Indian Health

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

Indian Health Provider Enrollment	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Number of Clinics	52	54	55	56

Perinatal Dental Access Program (PDEN)

PDEN Provider Enrollment[20]	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Active Participating Dentists	326	302	319	290

PCP Capacities

SoonerCare and Insure Oklahoma[21]	June 2012	
	Capacity Available	% of Capacity Used
SoonerCare Choice	1,202,168	38%
SoonerCare Choice I/T/U	121,150	14%
Insure Oklahoma IP	418,309	3%

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[17] Formerly the Iowa Foundation for Medical Care (IFMC).

[18] Two Tier 1 nurse care manager positions are open.

[19] Three Tier 2 nurse care manger positions are open.

[20] See Attachment 6, Dental and PDEN Fast Facts, Apr-June 2012.

[21] See Attachment 7, Provider Fast Facts, June 2012.

II. ENROLLMENT INFORMATION (Cont'd)

C. Systems

OHCA Information Systems (IS) staff continues to improve the online enrollment system. To effectively track system errors as they occur, IS has added an automatic logger designed to log where the individual was on the application when the error occurred and what action triggered the error. The automatic logger allows IS staff to capture system errors as they happen versus staff trying to recreate the occurrence. Additionally, staff improved the letter notification process when transferring a member from OHCA to Oklahoma Department of Human Services (OKDHS) by sending out only one letter explaining the member's approval for the new program.

Media Type[22] of Applications for SoonerCare	April 2012	May 2012	June 2012	Total
Home Internet	17,437	20,399	20,293	**58,129**
Paper	2,782	3,100	2,449	**8,331**
Agency Internet	7,729	7,664	6,578	**21,971**
Agency Electronic	6,662	6.068	5,952	**18,682**
Total	**34,610**	**37,231**	**35,272**	**107,113**

OHCA staff continues to collaborate with the Oklahoma tribes to make sure all contracted tribes are educated in online enrollment and have the necessary tools to connect to the OHCA agency view.

Indian Health Online Enrollment Applications for SoonerCare	April 2012	May 2012	June 2012	Total
Cherokee Nation	374	341	336	**1,051**
Chickasaw Nation	201	262	212	**675**
Choctaw Nation	148	159	125	**432**
Indian Health Services	666	798	659	**2,123**
Total	**1,389**	**1,560**	**1,332**	**4,281**

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[22] See Attachment 8, Online Enrollment Fast Facts, June 2012.

III. OUTREACH AND INNOVATIVE ACTIVITIES

A. Outreach

Outreach Materials Printed and/or Distributed	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Member Materials Printed/Distributed				
Annual Benefit Update Packet	0	0	263,000	0
New Member Welcome Packets				
English/Spanish Combined	21,616	24,400	20,315	19,507
Individual Orders	6,200	780	4,170	2,820
Packets for OKDHS	10,005	9,575	9,315	9,585
Information/Enrollment Fair Fliers[23]	35,645	14,085	58,450	43,907
BCC Brochures				
English	1,670	1,370	1,030	1,630
Spanish	680	1,290	450	150
SoonerRide				
English	9,510	2,670	4,290	4,070
Spanish	7,840	800	650	1,330
SoonerCare Provider Directory (English/Spanish)	4,990	1,060	3,630	3,800
Postcard with ER Utilization Guidelines	2,610	1,030	1,630	2,850
Perinatal Dental (PDEN)				
Provider Flier	1,250	0	0	0
Member Flier	7,220	550	830	1,580
Postcards	1,310	0	770	830
Posters	180	360	380	110
SoonerCare and IO Outreach Material				
Sooner Bear Color Books	15,920	3,680	7,380	6,440
SoonerCare Health Club (Activity Book)	8,940	2,840	3,210	5,760
SoonerCare Companion Member Newsletter	257,000	263,500	0	263,000
Miscellaneous Promotional Items (Magnets, Bandages, Hand Cleaner)	7,730	6,750	15,850	10,710
No Smoking Card (English/Spanish Combined)[24]	3,680	1,150	1,160	1,100
Insure Oklahoma Brochures[25]	0	0	0	0
Oklahoma Indian Tribe-Specific Posters and Fliers	180	2,060	300	1,110
Provider Newsletter	28,465	0[26]	0	8,010
Toll-Free SoonerCare Helpline				
Number of Calls	232,228	207,119	226,579	218,261

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[23] This includes TEFRA brochures.

[24] This flier also appears as an ad in the member handbook and the SoonerCare Companion newsletter.

[25] Insure Oklahoma brochures can also be ordered through the Oklahoma Insurance Department.

[26] Newsletter postponed due to change in vendor.

III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

B. Innovative Activities

Electronic Health Records (EHR)

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

April 1, 2012, eligible professionals began submitting attestations for Stage 1 Meaningful Use. To be eligible to attest for Stage 1, eligible professionals must have 90 days of Meaningful Use. OHCA began accepting Stage 1 Meaningful Use measures at the beginning of 2012. Eligible professionals and hospitals must have 90 days of Meaningful Use data within their respective reporting period (October-September for hospitals and January-December for professionals), which is submitted to OHCA.

This quarter, OHCA received the Governor's Accommodation Award for the EHR incentive program during the annual *Quality Oklahoma Team Day* at the State capitol. Team Day projects demonstrate new initiatives and accomplishments from different Oklahoma State agencies.

EHR Eligible Providers	Oct-Dec 2011	Jan-March 2012	Apr-June 2012
Number of Eligible Professionals	1,038	1,170	1,295
Number of Eligible Hospitals	68	73	75
Total	**1,106**	**1,243**	**1,370**

Cumulative EHR Incentives Paid	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Eligible Professionals	$22,071,667	$24,876,667	$27,732,667
Eligible Hospitals	$49,482,490	$50,762,837	$51,537,837
Total	**$71,554,157**	**$75,639,504**	**$79,270,504**

High ER Utilization Initiative

OHCA staff works together to educate and train members and providers how to lower the use of the ER. High ER utilizers include members who visit the ER four or more times in a quarter. Member Services (MS) staff also reach out to super users who use the ER 15 or more times in a quarter. MS distributed eight letters this quarter to super users.

Members with 4 or more ER Visits	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
SoonerCare	1,581	1,607	1,484	1,608
Insure OK	18	3[27]	17	Not Available[28]

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[27] For this quarter, there was low utilization of the ER for Insure OK members.
[28] This number will be available next quarter.

III. OUTREACH AND INNOVATIVE ACTIVITIES (Cont'd)

MMIS Reprocurement
Hewlett Packard (HP) continues to develop the system changes necessary to remediate the system for ICD-10. The newest version of 3M's Code Translation Tool was released June 2012 and translations of the ICD-9 data extracts from the MMIS have been restarted. Additionally, an ICD-10 provider readiness survey has been created and will be available to providers via global and banner messaging by July 17, 2012. The ICD-9 to ICD-10 transition is federally mandated to occur by October 1, 2013.

HP is finalizing current system enhancements including call tracking/call center/CTI, COLD, Security, Insure Oklahoma, and online enrollment. Additional eligibility-related work will be tracked under the Eligibility and Enrollment (E&E) Advanced Planning Document (APD) and tied to various releases. CMS has provided formal approval on the E&E APD for the enhanced funding of system development. The first E&E release includes required data model changes scheduled for implementation in December 2012.

This quarter HP staff began the Medical Policy enhancement, which identifies and documents specific medical policy related to edits, audits, and group tables. The new policy document will be incorporated as a link into the edit, audit and group table descriptions.

C. Stakeholder Engagement

Medical Advisory Task Force (MAT)
The MAT was formed to collaborate with the OHCA and review possible program changes and/or processes. There were no MAT meetings this quarter; the next meeting is scheduled for next quarter.

Tribal Consultation
OHCA held one tribal consultation meeting this quarter. Participants included representatives from the Chickasaw Nation, Indian Health Services area office, Oklahoma City Area Inter-Tribal Health Board, and OHCA. The purpose of these meetings is to better collaborate with the tribes on all OHCA programs updates and changes.

This quarter, OHCA proposed one rule change to the Homeward Bound Waiver and six proposed State Plan changes. The Waiver Administration Director also presented the 1915(j) Self-Directed Personal Care Waiver proposal. The proposal request comes from HB2528 approved in the 2010 legislature and asks for federal approval for personal assistance and related services as an option under the State Plan.

OHCA continues to use the Native American Consultation website page[29] to communicate to the tribes and receive comment on all new or amended state plans, waiver amendments, or policy changes.

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[29] Native American Consultation Website: http://www.okhca.org/providers.aspx?id=12801

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

A. SoonerCare and Insure Oklahoma Operations

1. Department Operations

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

Phase I: Outreach to FIMR Population – Participating Mothers	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012
New Cases	184	186	216	278	168	188	158	150	192
Existing Open Cases[30]	682	726	740	771	769	756	758	738	744
Cumulative Cases Worked	1,453	1,639	1,855	2,133	2,301	2,489	2,647	2,797	2,989
Cumulative Cases Closed[31]	754	873	1,047	1,195	1,283	1,558	1,711	1,876	2,061
Percent of Open Cases	98%	95%	92%	82%	76%	81%	81%	80%	80%

Phase II of the FIMR initiative began in July 2011. Phase II focuses on educating the prenatal women on their newborn's needs. Staff calls the women after 1 month, 2 months, 4 months, 6 months, 9 months, and one year (following the EPSDT periodicity schedule), educating them on topics such as breastfeeding, immunizations, well-child visits, safe sleep, and smoking cessation. Phase III of this initiative will not be implemented until August 2012. Phase III will target care management for infants identified with special needs at their first birthday.

Phase II: Outreach to FIMR Population – Infants Under Age 1	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012
New Cases	145	145	177	157	139	193	160	143	182
Existing Open Cases	407	542	696	840	964	1,129	1,271	1,389	1,540
Cumulative Cases Open	417	562	739	876	1,015	1,208	1,368	1,511	1,693

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[30] Cases are considered open if successful contact with member is made. In cases where successful contact has not been made (unable to contact, past delivery date, etc.), educational materials are sent via mail, but case is not considered open.

[31] Closures due to viable birth, fetal demise, loss of eligibility, opt out, etc.

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

The synagis therapy outreach for households with infants ceased after last quarter. Nurse care managers started this outreach[32] in November 2011 through the end of Respiratory Syncytial Virus[33] (RSV) season in March 2012. Staff continues to provide case management for necessary members.

RSV Outreach	November 2011	December 2011	January 2012	February 2012	March 2012
New Cases	6	14	12	6	4
Total Cases Following	6	20	32	38	42

CM Activity	April 2012	May 2012	June 2012
Active Cases under Care Management	3,275	3,310	3,253
Average Caseload Per Employee	117	118	120
Children Receiving Private Duty Nursing	206	212	215
Oklahoma Cares (BCC) New Cases	104	82	83
Transplant Candidates	11	11	11
PAL/ER/911 Follow-Up	25	19	14
Referrals of Members from High-Risk OB Outreach	66	67	50
Referrals of Members from High ER Utilization Project	29		
Operational Activities			
Phone Calls Handled	7,958	8,167	8,071
Private Duty Nursing Evaluations	50	30	35
Coordination Activities			
Out-of-State Cases	57	48	56

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[32] Outreach includes an initial call to assess the parent/caregiver's knowledge of the infant's chronic conditions and tracking ER visits, as well as educating them on influenza immunizations, good hand washing, and keeping compliance with the medical regimen (i.e. keeping appointments).

[33] RSV is a virus that causes respiratory tract infections in infants and children.

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

Child Health
This quarter, Child Health staff utilized a contract with Oklahoma State University and filmed three SoonerCare messages around the State relating to well-child visits, oral health, and developmental screenings. At the end of the messages, SoonerCare is offered as a resource for accessing care and the online enrollment web address is displayed for enrollment. These messages will be broadcast on television, social media, and at specific events.

Medical Authorization Unit (MAU)

MAU Activity	April 2012	May 2012	June 2012	Qtr Totals
MAU Calls Handled	400	343	254	**997**
Total Prior Authorizations	4,081	4,421	4,119	**12,621**
Number of Reviewers (Analyst or Nurse)	12	12	12	
Average Number of PAs per Reviewer	340	368	343	**350**
Percentage of Total PA Denials	3%	3%	2%	**3%**
Number of Denials	122	133	82	**337**

OHCA partners with MedSolutions, an organization that specializes in managing diagnostic radiologic services, to implement a radiology management program for outpatient radiology scans. All authorization requests for outpatient scans are submitted to MedSolutions via mail, fax, telephone, or internet. This partnership allows providers and members to obtain the most appropriate diagnostic imaging service and improve access to high quality, cost-effective care. Since partnership with MedSolutions in November 2010, the program has saved the OHCA $1,157,061.00 in State funds during the first year of operations.

This quarter, MedSolutions has processed an average of 1,523 requests a month with an 88 percent approval rate. During the monthly MedSolutions meeting with the regional representative, discussions involved system upgrades, monthly audits, and changing to bi-monthly meetings.

MedSolutions Activity	April 2012	May 2012	June 2012	Qtr Totals
MedSolutions Calls Handled	1,535	1,587	1,449	**4,571**
Total Prior Authorizations	6,207	6,264	5,458	**17,929**
Number of Reviewers (Analyst or Nurse)	100	91	113	
Average Number of PAs per Reviewer	62	69	48	**60**
Percentage of Total PA Denials	11%	13%	13%	**12%**
Number of Denials[34]	683	814	710	**2,207**

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[34] The appeals process is the same for any denial of a prior authorization request, including denials from MedSolutions. The member receives a denial letter in the mail and has 20 days to file an appeal with the OHCA Legal department.

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

Member Services (MS)

MS continues to send outreach letters to necessary SoonerCare members, such as high ER utilizers with four or more visits to the ER and pregnant women. Members receiving letters may call the SoonerCare helpline and ask for the appropriate "outreach representative" to receive information about their medical homes and the particular benefits education they need.

Apr-June 2012 MS Outreach Letters	# of Letters Mailed	Response Rate
Prenatal Outreach – Pat Letters	5,360	41%
Households with Newborns Outreach – Jean Letters	5,831	16%
Soon-to-be-Sooners Outreach – Sonja Letters	940	45%
High ER Utilization Outreach – Ethel Letters	1,527	9%

MS Activity	April 2012	May 2012	June 2012	**Qtr Totals**
NAL/911/ER Reports Reviewed	459	437	416	**1,312**
NAL/ER Follow-Up	33	25	32	**90**
High ER Utilizers Identified for Calls				**1,608**
Calls to BCC Members with Confirmed Cancer Diagnosis	32	31	45	**108**
Calls to BCC Members at Renewal Period	36	22	42	**100**
Member Service Calls Handled in English	7,087	7,378	6,523	**20,988**
Member Service Calls Handled in Spanish	335	382	302	**1,019**
Member Inquiries				**15,365**

Provider Services

This quarter, the Provider Services unit held trainings for providers in Durant on April 12, Enid on May 9, Oklahoma City on May 16 and 17, and Tulsa on May 22 and 23. Staff provided training on eligibility, policy, Electronic Health Records/Meaningful Use, adjustments/third party liability, and SoonerCare beyond the basics.

Waiver Development & Reporting (WD&R)

To better communicate with constituents and the general public, the WD&R unit has created a *Proposed Waiver Applications, Renewals and Amendments* page[35] on the OHCA website. This page educates the community on 1115 and 1915 waivers and affords the community the opportunity for verbal, written, and face-to-face collaboration and dialogue on proposed program changes. Individuals can sign up for Web Alerts, which allows them to receive an email when a new proposed change has been posted.

OHCA participated in one CMS call this quarter and continues to participate in CMS monitoring calls as scheduled.

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[35] Proposed Waiver Applications, Renewals and Amendments: http://www.okhca.org/providers.aspx?id=13319

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

2. Program-Specific Operations

Breast and Cervical Cancer Program (BCC)

BCC Certified Screeners	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Certified Screeners	859	853	865	861

Outreach Activities Related to BCC Members	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Care Management Activities Related to BCC Members	9,071	8,562	6,621	4,949
Number of Calls Made by Member Services to BCC Members at Renewal Period	116	82	114	100
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	106	95	121	108

Health Access Network (HAN)
Active HANs in Oklahoma include:
- The OU Sooner HAN administered by the University of Oklahoma Health Science Center, College of Community Medicine;
- The Partnership for a Healthy Canadian County (PHCC) HAN; and
- The OSU Network administered by the Oklahoma State University Center for Health Services.

Monthly meetings with the HANs include delegates from the following OHCA units: Health Management, Contracts, Policy, Care Management, Waiver, and Provider Services. Additionally, monthly care management calls are held with OHCA and HAN care management staff.

HAN Enrollment	OU Sooner HAN	PHCC HAN	OSU Network
July 2011	26,467	2,715	
August 2011	31,365	2,757	
September 2011	33,491	2,744	12,730
October 2011	34,450	2,826	13,397
November 2011	35,307	2,855	13,763
December 2011	35,803	2,888	14,125
January 2012	36,248	2,911	14,224
February 2012	36,024	2,877	14,269
March 2012	38,795	2,908	14,540
April 2012	38,713	2,882	14,557
May 2012	38,480	2,937	14,419
June 2012	43,565	3,006	14,507

Care Management Populations Transitioned	High Risk OB	Hemophilia	ER Utilization	Pharmacy Lock-in	OK Cares (BCC)	**Total**
October 2010	8	5	0	0	0	**13**
November 2010	1	0	222	34	0	**257**
December 2010	14	2	0	5	19	**40**
January 2011	5	0	170	3	1	**179**
February 2011	12	0	0	10	9	**31**
March 2011	8	1	0	2	2	**13**
April 2011	13	0	0	1	7	**21**
May 2011	5	0	251	4	2	**262**
June 2011	10	0	0	14	1	**25**
July 2011	6	0	0	2	3	**11**
August 2011	26	3	318	1	12	**360**
September 2011	16	2	10	6	11	**45**
October 2011	8	0	0	0	9	**17**
November 2011	6	0	0	0	3	**9**
December 2011	12	0	462	4	7	**485**
January 2012	40	0	0	0	0	**40**
February 2012	17	0	0	9	3	**29**
March 2012	15	0	496	12	2	**525**
April 2012	38	1	0	5	12	**56**
May 2012	32	0	0	0	5	**37**
June 2012	24	1	316	0	1	**342**
Total:	**316**	**15**	**2,245**	**112**	**109**	**2,797**

The OSU Network
The OSU Network has a total of 63 affiliated providers, 14,507 members, and 404 members in care management. Meetings between OHCA and the OSU Network are ongoing and focus on outreach, data exchange, and quality measures. The first claims file was delivered to the HAN this quarter. The HAN is analyzing the data and developing reports in order to monitor health outcomes.

Implementation of the new electronic health records (EHR) system in all OSU clinics began in December 2011 and will continue through 2012. The HAN is assisting the affiliated providers with qualifying providers for EHR and meaningful use incentives. The OSU Network has opted to utilize the Doc2Doc electronic referral system for providing and coordinating specialty care. Training on this system began in January 2012, and will expand over the next few months to all OSU Network providers.

In addition to the required populations, the HAN is providing care management services for SoonerCare members with HIV. The care manager is working with the members to ensure they are aware of and taking full advantage of the resources and services available in network as well as in their community.

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

PHCC HAN
The PHCC HAN has a total of 10 providers, 3,006 members, and 64 members in care management. The HAN made significant progress this quarter and is making a large impact in the community despite the small size and lack of university-based infrastructure that the other two HANs have. They are involved in numerous outreach activities in the community and are utilizing social media to communicate with the community and promote special events. They have focused their outreach at these events on how to enroll in SoonerCare and promoting the medical home concept. They are also actively participating in a coalition with a large local behavioral health care provider to reduce the non-medical use of prescription drugs in Canadian county.

The HAN is also providing support at the clinic level to the affiliated PCPs in the network and is currently focusing on tobacco cessation education, training, and resources.

The care management populations and activities continue to expand, which required the HAN to hire a second nurse care manager. In addition to the required populations, the HAN is providing care management for members with asthma. This initiative includes both member and provider outreach. This outreach has already started seeing a positive impact for these individuals. For example, in one asthma case, the care manager received anecdotal feedback that a complex situation involving a child's medication received resolution due to this outreach. Additionally, the care managers are now accepting care management referrals from PCPs affiliated with the network.

OU Sooner HAN
The OU Sooner HAN has 43,565 members enrolled with its 236 providers. The HAN provides care management support to over 2,000 members. The network completed the second year of the Health Access Network pilot in June and will provide OHCA with a formal annual report in September, which will be included in the next quarterly report.

Care management for the required populations is ongoing and has been expanded to include high risk, high utilization, and high cost members. The HAN has been in contact with several area hospitals researching possible strategies to reduce ER utilization and hospital admission rates.

Support at the practice site continues as practices complete online training and implement disease-specific protocols for members with diabetes, COPD, and asthma. The HAN hired a physician liaison to conduct a quarterly needs assessment for each affiliated provider. The liaison will then work with the provider to identify goals and create a plan to meet the goals by the next needs assessment. The goals and action plan are specific to the clinic and will assist in PCMH tier advancement.

All three HANs will be featured at the OHCA Board Retreat in August. Each HAN will provide an overview of their network, which will be followed by a discussion panel regarding the Patient Centered Medical Home.

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

Health Management Program (HMP)

This quarter, nurse care managers provided case management either telephonically or face-to-face to 4,130 HMP beneficiaries.

HMP Outreach through Nurse Care Managers	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Tier 1: Face-to-Face Visits	833	751	801	888
Tier 2: Telephone Contact	3,833	3,267	3,141	3,242
Total	**4,666**	**4,018**	**3,942**	**4,130**

HMP Outreach Activities	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Number of Activities	4	2	3	2
Number of Attendees	45	100	102	30

Currently, a total of 80 practices have either completed practice facilitation or are currently receiving a core component of practice facilitation. Practice facilitators follow-up with each practice to offer continuing support and monitoring or go back into practices to work on improvement in new disease processes or advanced concepts. As of June 2012, HMP practice facilitators are active in 52 practices.

There were multiple activities for practice facilitation this quarter. HMP staff held three regional collaboratives for providers and staff who completed practice facilitation. Each practice in attendance reviewed the process improvement cycles that were conducted in the office to ensure guidelines gaps were met and clinical care was enhanced. In addition, the OHCA Medical Director and HMP Manager held two pitch meetings for practices to complete an *Application for Practice Facilitation Services* if interested. Finally, HMP staff conducted one oversight survey regarding practice facilitation. The results of the survey reported positive feedback for the practice facilitator as well as the CareMeasures registry.

Currently, 51 practices are using the CareMeasures disease registry to track patient care opportunities and measure patient care outcomes for diabetes, hypertension, coronary artery disease, congestive heart failure, and asthma. For using the CareMeasures disease registry, providers may receive incentive payments for Reporting, Improvement, Process Improvement, and Participating/Attending Collaborative. Last quarter an additional incentive was added; an annual incentive payment for Quality Improvement[36].

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[36] The Quality Improvement incentive is paid to providers who demonstrate use of reports from the CareMeasure registry. Different reports include the Patient Summary Report, the Outstanding Care Opportunities Report, and the Measures Results Report.

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

Beginning January 2012, providers will receive incentive payments for Reporting, Improvement, Process Improvement, and Quality Improvement on an annual basis. Providers will continue to receive quarterly payments for Participating/Attending Collaboratives.

Provider Incentive Payments	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Pay for Reporting	$31,250	18,250		
Pay for Improvement	$0	$30,000		
Pay for Process Improvement/PDSA Deployment	$39,000	$13,250		
Pay for Process Improvement/Education/ No-Call, No-Show Follow Up Processes	$39,250	$8,750		
Pay for Quality Improvement	N/A	$55,750		
Pay for Participating/Attending Collaborative	$5,300	$3,900	$5,650	$3,300
Reducing Disparities at the Practice Site	$3,000	N/A[37]		
Total	**$117,800**	**$129,900**	**$5,650**	**$3,300**

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[37] The Reducing Disparities at the Practice Site initiative came to a close during the third quarter of 2011. Review of the grant initiative concluded that the participating clinics had an average performance improvement rate of 32.19 percent, while eight of the nine diabetic measures improved since the start of the project.

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

<u>Insure Oklahoma (IO)</u>
This quarter, IO outreach coordinators dropped off a total of 384 employer packets to small businesses in Midwest City, Guthrie, and Edmond. IO staff also mailed 7,740 fliers to small businesses in the Tulsa County area and 1,261 flyers to small businesses in 20 different cities, including Achille, Adams, Addington, Agra, Albany, Allen, Altus, Amber, Ames, Amorita, Anadarko, Antlers, Apache, Arapaho, Arcadia, Claremore, Clarita, Clayton, and Cleo Springs. Additionally, IO promoted the ESI and IP programs by advertising through commercial and newspaper with Perry Publishing. These fliers speak to employers about the benefits of the ESI program and inform the employers that the IO Outreach Team is available to provide in-person education on the program.

This quarter, 25 Hewlett Packard (HP) staff joined the IO team including a summer intern to assist with outreach.

IO Outreach Activities	April - June 2012	
	Number of Activities	Number of Participants
3-Hour CE	2	25
Blast	4	8,916
Brochures	116	13,521
Brown Bag	2	34
Civic Meeting	1	250
Education	127	157
Enrollment	21	35
Health/Job Fair	14	5,330
Legislative Request	5	5
Marketing Letter	2	9,001
New Employer Checklist	8	66
Outreach Administration	41	50
Presentation	5	38
Recruitment	553	585

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

Employer-Sponsored Insurance (ESI) Program Participating Employers[38]	Quarter Ending Dec 2011	Quarter Ending Mar 2012	Quarter Ending June 2012
Approved Businesses with Participating Employees	5,129	5,061	4,907

Average ESI Member Premium[39]	April 2012	May 2012	June 2012
Member Premium	$283.07	$287.36	$287.94

ESI Subsidies	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Employers Subsidized	3,920	3,874	3,811
Employees and Spouses Subsidized	16,999	16,749	16,390
Total Subsidies	**$13,869,493**	**$13,807,189**	**$13,384,810**

Average Individual Plan (IP) Member Premiums[39]	April 2012	May 2012	June 2012
Member Premiums	$62.12	$62.07	$62.51
Average FPL of IP Members	110%	110%	110%

IP Subsidies	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Total Premiums Received	$1,719,375	$1,826,499	$1,779,316	$1,700,150
Total Member Months	41,942	42,046	41,319	40,830
Total Paid Claims	$15,939,099	$16,672,863	$15,214,273	$16,315,242
Average Claim PMPM	$339.03	$353.10	$325.15	$357.95

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[38] See Attachment 2, Insure Oklahoma Fast Facts Summary, June 2012.

[39] Financial data is actuarial from the previous month; e.g. May premiums are reported in June.

IV. OPERATIONAL/POLICY DEVELOPMENTS/ISSUES (Cont'd)

SoonerEnroll
The first quarter of 2012 ended the Child Health unit's final year of the Outreach and Enrollment Grant provided through the CHIP Reauthorization Act of 2009. The grant initiative, SoonerEnroll, received a no-cost extension through September 2012. OHCA's Member Services unit has since picked up some of the SoonerEnroll functions. SoonEnroll aims to create a sustainable infrastructure for outreach and enrollment efforts, which continues beyond the grant. SoonerEnroll's primary goals are enrollment of eligible but uninsured children in SoonerCare and improvement of the rate of success and timely recertification of children's enrollments, elimination gaps in coverage.

This quarter, the SoonerEnroll outreach initiative received a 2012 Governor's Commendation as part of Quality Oklahoma Team Day hosted by the State of Oklahoma.

SoonerQuit
OHCA partners with the Tobacco Settlement Endowment Trust (TSET), the Oklahoma State Department of Health (OSDH), the Oklahoma Helpline, Telligen, the Pacific Health Policy Group, and the Perinatal Advisory Task Force to administer the SoonerQuit program. The goal of the program is to improve birth outcomes for Oklahoma babies by reducing tobacco use among pregnant SoonerCare members. The project is funded for a three-year period from January 2010 to December 2012. OHCA has recently entered into a three-year contractual agreement with TSET to fund a Health Promotions Coordinator position. This person will focus on tobacco, fitness and nutrition for strategies to affect SoonerCare members and providers.

This quarter, staff educated Oklahoma City providers from the Mahoney Clinic on the 5A's of tobacco cessation counseling – ask, advise, assess, assist, and arrange. Additionally, a total of 370 Quit Kits[40] were handed out this quarter to providers throughout the state and staff provided practice facilitation for tobacco cessation to eight providers. Finally, OHCA staff presented SoonerQuit initiatives at the Break Free Alliance Promising Practices National Conference in New Orleans, Louisiana.

SoonerRide
The SoonerRide vendor, LogistiCare, operates under the fourth of five one-year options for contract renewal. The renewal options are available through June 30, 2013, with the same terms and conditions.

The SoonerRide Manager expanded compliance reviews to include new drivers/vehicles working for transportation providers who have a current contract with LogistiCare. This review is accomplished prior to the subcontractor being authorized to transport members. Previous reviews were limited to new providers only, while this expansion applies to all new drivers and vehicles for all providers.

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[40] Quit Kits include a Quit Smoking guide, the Oklahoma Tobacco Helpline information, breath mints with the *Tobacco Stops With Me* logo, a plastic nail file with the Tobacco Helpline logo, and a lip balm tin with a smoke-free message.

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)
This quarter, the TEFRA Coordinator presented the TEFRA program to individuals within the Anadarko area and to OHCA Care Management nurses educating them on home visits. The TEFRA Coordinator also attended the Autism and Asperger's Syndrome Conference in Norman. The TEFRA work group did not meet this quarter.

B. Policy Developments

1. Rule Changes
All OHCA rule changes can be found on the OHCA webpage[41]. The webpage is for the general public and stakeholders to comment and submit feedback. Providers may receive all rule-change updates through email notification, the OHCA web alert banner, or by fax blast.

2. Legislative Activity
Oklahoma's 53rd Legislature officially adjourned May 25, 2012. Amidst the 768 bills tracked by the Oklahoma Legislature, there were few approved bills to impact the SoonerCare Choice demonstration. Specifically, one bill that increases access to care in rural areas is the Oklahoma Hospital Residency Training Program Act, signed by Governor Fallin in May 2012, which appropriates $3.08 million for residency programs in rural Oklahoma hospitals. This bill is part of the Governor's efforts to integrate primary care physicians into Oklahoma's underserved areas.

Amidst the challenges surrounding the Federal Patient Protection and Affordable Care Act (PPACA), the Oklahoma Legislature attempted to pass Senate bill 1629, the Health Insurance Private Market Place Network Trust. This bill would establish an Oklahoma Trust for individuals to buy affordable health insurance. The bill was initiated by the Chairman of the Oklahoma Joint Health Care Committee after an interim study of the PPACA. The bill did not pass the Senate and no other health reform bills were proposed during this legislative session.

Currently, some 118 legislative interim study proposals are being researched. This includes the study of the Complex Needs Patient Act; a study to raise awareness about the potential impact of Medicaid cuts to people with complex disabilities. Other studies include insurance availability for Oklahoma students, a review of state programs that receive federal matching or private dollars, and teen health.

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[41] Proposed Rule Changes Website: http://www.okhca.org/providers.aspx?id=12801

V. CONSUMER ISSUES

A. Member Advisory Task Force (MATF)
The MATF performs four primary roles. It provides information to OHCA regarding issues that are an important part of the members' health care needs; educates OHCA staff regarding the needs of consumers to assure services are received in a way preferred by members; recommends potential changes to current services/policies; and offers new ideas for services and policies. The MATF is comprised of nine OHCA staff, two staff from the agency contractor, representatives from the Oklahoma Family Network[42], and sixteen SoonerCare members.

This quarter, OHCA staff updated the MATF on legislative updates, including the OHCA budget and OHCA's ten-year history of provider rate changes. Staff also spoke on the Patient Protection and Affordable Care Act (PPACA) and discussed the decision to be made by the Supreme Court by the end of June. Staff encouraged members to share their legislative thoughts and concerns with legislators during summer town hall meetings. Additionally, MATF members discussed outreach techniques for low-income individuals, no-shows, and the Assuring Better Child Health & Development 3 grant project[43].

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

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

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[42] The OFN is a non-profit entity that provides parent-to-parent support, resource coordination and training to families of children with special health care needs of all ages.
[43] The goal of the ABCD 3 grant is to increase formal developmental screening and improve follow-up referrals and care for children, ages 0-5, at risk of developmental delays.

V. CONSUMER ISSUES (Cont'd)

Member Inquiries	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Program Complaint	82	76	41	60
Complaint on Provider	126	125	69	113
Fraud and Abuse	29	19	23	53
Access to Care	11	24	9	29
Program Policy	4,148	3,343	3,196[44]	3,527
Specialty Request	1,014	580	513	630
Eligibility Inquiry	7,035	7,091	6,648	6,211
SoonerRide	950	850	875	1,078
Other	200	391	222	190
PCP Change	1,396	1,500	1,498	1,344
PCP Inquiry	863	927	1,050	1,058
Dental History	127	113	97	144
Drug/NDC Inquiry	175	140	203	187
Medical ID Card	586	442	483	416
PA Inquiry	863	589	373	325
Total[45]	**17,605**	**16,210**	**15,300**	**15,365**

C. Helplines

Insure Oklahoma Helpline

Insure Oklahoma IP Helpline	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Number of Calls	35,447	31,740	35,721	36,781
Number of Calls Answered	35,267	31,588	35,446	35,574
Number of Calls Abandoned[46]	156	128	228	869[47]
Percentage of Calls Answered	99.5%	99.5%	99%	97%

Insure Oklahoma ESI Helpline	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Number of Calls	8,031	7,160	7,429	7,163
Number of Calls Answered	7,937	7,077	7,345	6,971
Number of Calls Abandoned	94	83	84	192
Percentage of Calls Answered	99%	99%	98%	97%

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[44] Inquiries are lowest during the first quarter of the calendar year as members are mailed SoonerCare handbooks.

[45] 100% of Member Inquiries are initiated timely.

[46] Abandoned calls may never reach an agent due to wait in queue and hang ups.

[47] This quarter's abandonment rate was higher due to a migration to a new HPES telephony platform, as well as a move for the Insure Oklahoma unit from HPES local site to OHCA South.

V. CONSUMER ISSUES (Cont'd)

Online Enrollment (OE) Helpline[48]

OE Helpline Calls in English	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Number of Calls	27,839	25,732	28,589	31,538
Number of Calls Answered	25,615	24,090	25,573	28,491
Number of Calls Abandoned	2,120	1,481	2,866	3,030
Average Percentage of Calls Answered	92%	94%	90%	90%

OE Helpline Calls in Spanish	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Number of Calls	575	682	907	637
Number of Calls Answered	562	660	875	611
Number of Calls Abandoned	11	14	26	25
Average Percentage of Calls Answered	98%	97%	96%	95%

SoonerCare Helpline

SoonerCare Helpline Calls	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Number of Calls	255,678	224,165	260,031	245,920
Number of Calls Answered	232,228	207,119	226,579	218,261
Number of Calls Abandoned	22,526	15,711	31,869	25,412
Average Percentage of Calls Answered[49]	93%	93%	90%	90%

Patient Advice Line

SoonerCare Patient Advice Line Calls[50]	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Number of Calls	7,533	7,654	7,607	6,159
Number of Calls with Symptoms/Triaged	3,966	4,127	3,961	3,183
Number of Calls Triaged to ER/911 from Symptoms/Triage	1,583	1,569	1,579	1,337
Percentage Triaged to ER or 911 Activated	40%	38%	40%	42%

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

[49] This is an average of the percentage of calls answered for each month of the quarter.

[50] These numbers include all SoonerCare and Insure Oklahoma IP Helpline calls after 5pm.

V. CONSUMER ISSUES (Cont'd)

D. Grievances

Grievances	Pending	Closed
Prior Authorization: Durable Medical Equipment	1	3 dismissed
Prior Authorization: Other	4	2 granted
Prior Authorization: Radiology Services	1	2 denied
Eligibility	4	1 dismissed; 1 denied
Private Duty Nursing	1	0
Online Enrollment	5	1 withdrawn; 1 dismissed; 1 denied

Insure Oklahoma Grievances	Pending	Closed
IP Denial of Coverage	5	3 withdrawn; 1 granted; 1 dismissed; 1 denied
Prior Authorization: Pharmacy	0	1 dismissed
Prior Authorization: Radiology	1	1 dismissed

VI. QUALITY ASSURANCE/MONITORING ACTIVITIES

A. Quality Assurance (QA)
This quarter, the QA unit held committee meetings on April 26, May 24, and June 28. QA staff sends out Provider Profiles twice a year containing statistical overviews of emergency room utilization, breast cancer screenings, cervical cancer screenings, and child health checkups. This quarter, staff sent out 544 ER utilization profiles, 176 breast cancer profiles, and 318 cervical cancer profiles. Staff also conducted 67 provider audits this quarter.

1. Audits

SoonerRide
This quarter, twelve Customer Service Representatives were selected for audit and a total of 24 live calls were audited by the SoonerRide Manager. All calls were within contractual compliance.

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

Access Survey	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-June 2012
Number of Providers Called	608	628	627	642
Percent of Providers with 24-hr Access on Initial Survey	83%	82%	82%	80%
Percent of Providers Educated for Compliance	17%	18%	18%	20%

VI. QUALITY ASSURANCE/MONITORING ACTIVITIES (Cont'd)

B. Monitoring Activities

1. HEDIS Report

SoonerCare HEDIS Quality Measures		
Reported per HEDIS Year		
Annual Dental Visit	**2010**	**2011**
Aged 2-3 years	37.8%	39.3%
Aged 4-6 years	63.5%	64.6%
Aged 7-10 years	69.0%	70.5%
Aged 11-14 years	66.1%	68.3%
Aged 15-18 years	58.8%	61.2%
Aged 19-21 years	42.6%	43.2%
Total	60.2%	62.0%
Children & Adolescents' Access to PCP	**2010**	**2011**
Aged 12-24 months	97.8%	97.2%
Aged 25 months-6 years	89.1%	88.4%
Aged 7-11 years	89.9%	90.9%
Aged 12-19 years	88.8%	89.9%
Adults' Access to Preventive/Ambulatory Health Services	**2010**	**2011**
Aged 20-44 years	83.6%	84.2%
Aged 45-64 years	90.9%	91.1%
Aged 65+ years	92.6%	92.1%
Total	88.7%	88.8%
Well Child Visits	**2010**	**2011**
Aged <15 months 1+ visits	95.4%	98.3%
Aged <15 months 6+ visits	48.8%	59.0%
Aged 3-6 years 1+ visits	61.9%	59.8%
Aged 12-21 years 1+ visits	37.1%	33.5%
Appropriate Medications for the Treatment of Asthma	**2010**	**2011**
Aged 5-11 years	.	.
Aged 12-50	.	.
Total	.	.
Comprehensive Diabetes Care (Aged 18-75 years)	**2010**	**2011**
Hemoglobin A1C Testing	71.0%	71.1%
Eye Exam (Retinal)	32.8%	31.8%
LDL-C Screening	63.6%	62.9%
Medical Attention for Nephropathy	54.4%	55.9%
	2010	**2011**
Lead Screening in Children (By 2 years of age)	43.5%	44.5%
Appropriate Treatment for Children with URI (Aged 3 months-18 years)	.	69.5%
Appropriate Testing for Children with Pharyngitis (Aged 2-18 years)	.	40.6%
Breast Cancer Screening (Aged 40-69 years)	41.1%	41.3%
Cervical Cancer Screening (Aged 21-64 years)	44.2%	47.2%
Cholesterol Management for Patients with Cardiovascular Conditions (Aged 18-75 years)	69.5%	69.9%
Race/Ethnicity Diversity of Membership	**2010**	**2011**
American Indian/Alaskan Native	12.0%	11.7%
Asian	1.2%	1.3%
Black/African American	14.2%	13.9%
Native Hawaiian/Pacific Islander	0.2%	0.2%
White	67.9%	68.8%
Multiple Races	4.5%	4.0%
Total	100.0%	100.0%
Hispanic (percentage of total)	13.1%	13.2%
*Updated:- April 16, 2012 *Additional years of previous HEDIS data will be available in Spring 2012.*		

2. Patient Protection and Affordable Care Act Transition Plan

OHCA is working towards 2014 health care reform as outlined in the Patient Protection and Affordable Care Act (PPACA). This quarter, OHCA's Planning Unit developed twelve workgroups designed to bring Oklahoma's Medicaid program into compliance with the PPACA by implementing all system, policy, and program changes. These workgroups include: Benefits Package; Policy; Information Systems; SoonerCare Operations; Provider Network; Member Services/Call Center; Insure Oklahoma; Marketing, Outreach and Education; Finance and Reporting; Human Resources; Audit; and Administrative Agreements/Professional Contracts.

On June 28, 2012 the Supreme Court Justices made the proclamation that the PPACA in its entirety, including the individual mandate, is constitutional. The Justices did, however, interpret the Medicaid expansion component to be optional for states; states that chose not to participate are not at risk for losing Federal Financial Participation. Oklahoma State leadership has made no determinations at this time as to the direction the State will take regarding the optional Medicaid expansion. OHCA continues to move forward with health reform until there is a change in direction from State leadership.

This quarter, OHCA staff has attended numerous CMS PPACA implementation calls, CMS webinars, and state-only Q&A calls. OHCA has also participated in one State Only Technical Assistance (SOTA) call. Staff is working on a final working draft PPACA Transition Plan that focuses on identifying 2014 SoonerCare population groups, the SoonerCare eligibility determination process, and access to care, as well as clarifying coverage options for individuals not covered under Medicaid. OHCA submitted an outline of the Transition Plan to CMS on July 1, 2012 and is scheduled to submit the final working draft to CMS by September 1, 2012.

VII. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES

A. Budget Neutrality Model

Oklahoma continues to exceed per member per month expenditures for members categorized as Aged, Blind, and Disabled. The state believes this situation to be reflective of provider rate increases that will continue to have particular impact for this eligibility group. In the overall life of the waiver, the state has $2.3 billion in Budget Neutrality savings and, ending this quarter, the state has $163 million in savings for the year[51].

<div align="center">

Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Years
Through June 30, 2012

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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	3,368,046	$1,257,173,234	$1,093,658,476	$163,514,758
Total Waiver Cost	**75,858,640**	**$20,141,283,866**	**$17,810,208,970**	**$2,331,074,897**

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[51] See Attachment 9, Oklahoma 1115 Budget Neutrality Model Worksheet.

VIII. MEMBER MONTH REPORTING

A. Budget Neutrality Calculation

Eligibility Group	April 2012	May 2012	June 2012	Qtr Totals
TANF – Urban	298,094	298,578	298,730	**895,402**
TANF – Rural	212,310	211,917	210,919	**635,146**
ABD – Urban	28,903	28,767	28,661	**86,331**
ABD – Rural	23,744	23,672	23,561	**70,977**

B. Informational Purposes Only

Eligibility Group	April 2012	May 2012	June 2012	Qtr Totals
Non-Disabled & Disabled Working Adults	32,450	32,368	32,303	**97,121**
TEFRA Children	415	410	409	**1,234**
SCHIP Medicaid Expansion Children	54,205	53,303	57,692	**165,200**

IX. DEMONSTRATION EVALUATION

A. Hypotheses
This quarter, interim data for hypothesis 6 has been included.

Hypothesis 6 (this hypothesis directly correlates with Objective 5):
The OHCA will enroll at least 500 qualified children through the Title XXI State Plan for stand-alone CHIP children (186%-300%) FPL over the duration of the waiver extension period (2010-2012).[52]

Research Methodology: The number of members will be tracked each year for the following population:
- *Insure Oklahoma ESI children enrolled in the Title XXI State Plan stand-alone CHIP*
- *Insure Oklahoma IP children enrolled in the Title XXI State Plan stand-alone CHIP*

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[52] Outreach and enrollment for the Title XXI State Plan stand-alone CHIP program began in August 2010 and targets children with a parent enrolled in Insure Oklahoma ESI or IP with a household income at 186% and up to 200% of FPL.
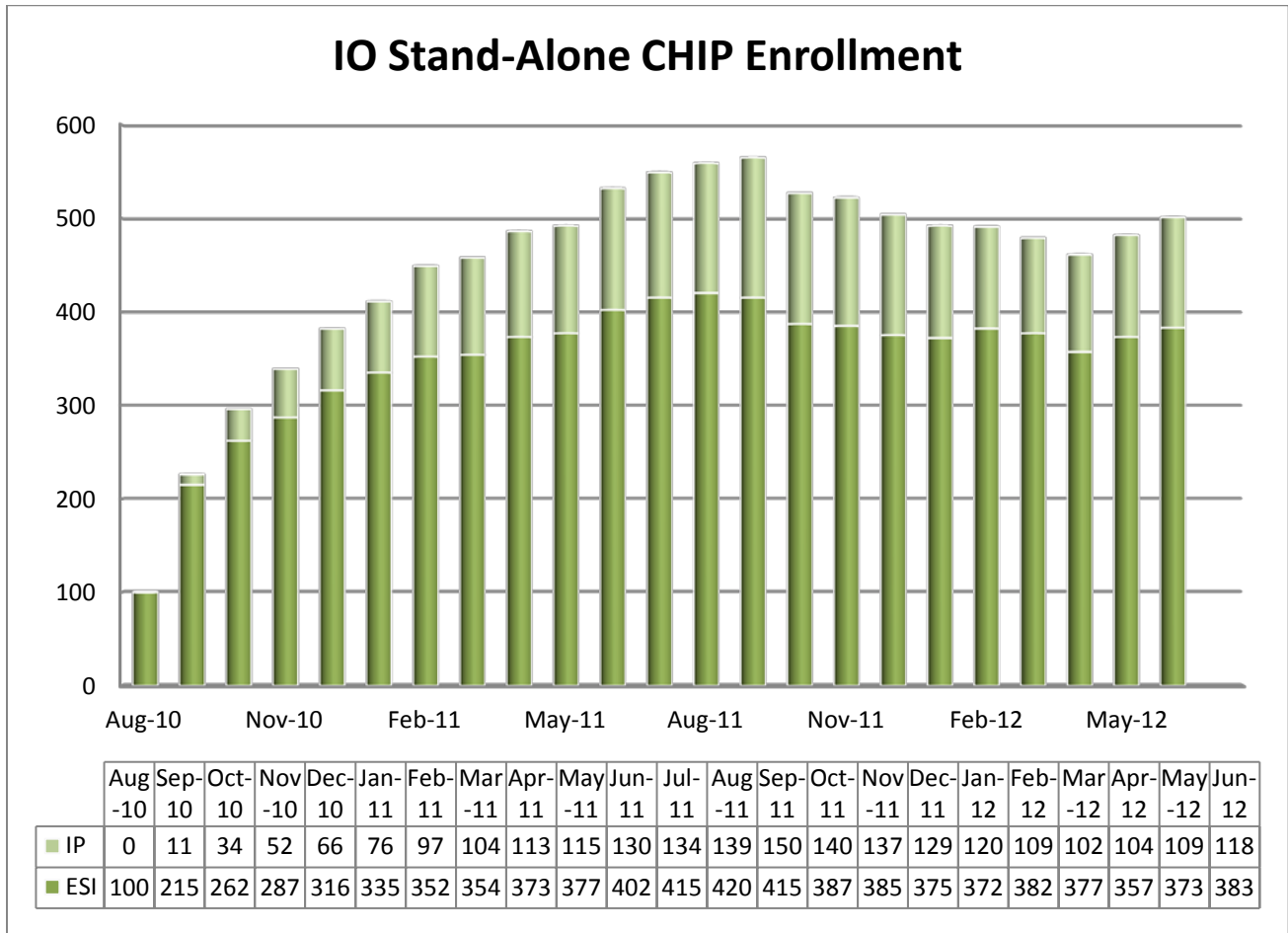
IX. DEMONSTRATION EVALUATION (Cont'd)

Hypothesis 6 results:

OHCA reached the goal of enrolling 500 Insure Oklahoma (IO) CHIP children well before the end of the evaluation period on December 31, 2012. IO enrolled 100 children at the start of the CHIP program in August of 2010, and has seen a 401 percent increase in total enrollment. The ESI plan has more than tripled since inception for a 283 percent increase, while the IP plan has seen an average month-to-month enrollment increase of sixteen percent.

Enrollment reached 532 members in June 2011 and remained above 500 through the next six months. The beginning of 2012 saw a slight decline in CHIP enrollment due to an overall enrollment decrease in the IO program. The decrease stems from uncertainty of the future of the program due to the Patient Protection and Affordable Care Act. Enrollment climbed up to 501 children in June 2012, to end the second quarter.

IO Enrollment 2010-2012	ESI Dependent Children	IP Dependent Children	Total of Title XXI CHIP Stand-Alone Children
August 2010	100	0	100
September 2010	215	11	226
October 2010	262	34	296
November 2010	287	52	339
December 2010	316	66	382
January 2011	335	76	411
February 2011	352	97	449
March 2011	354	104	458
April 2011	373	113	486
May 2011	377	115	492
June 2011	402	130	532
July 2011	415	134	549
August 2011	420	139	559
September 2011	415	150	565
October 2011	387	140	527
November 2011	385	137	522
December 2011	375	129	504
January 2012	372	120	492
February 2012	382	109	491
March 2012	377	102	479
April 2012	357	104	461
May 2012	373	109	482
June 2012	383	118	501

IO Stand-Alone CHIP Enrollment

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
IP	0	11	34	52	66	76	97	104	113	115	130	134	139	150	140	137	129	120	109	102	104	109	118
ESI	100	215	262	287	316	335	352	354	373	377	402	415	420	415	387	385	375	372	382	377	357	373	383

X. ENCLOSURES/ATTACHMENTS

1. SoonerCare Choice Fast Facts, June 2012.
2. Insure Oklahoma Fast Facts Summary, June 2012.
3. Oklahoma Cares Fast Facts, June 2012.
4. Insure Oklahoma Data by FPL, June 2012.
5. TEFRA Fast Facts, June 2012.
6. Dental and PDEN Fast Facts, April-June 2012.
7. Provider Fast Facts, June 2012.
8. Online Enrollment Fast Facts, June 2012.
9. 1115 Budget Neutrality Model Worksheet, June 2012.

XI. STATE CONTACT(S)

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XII. DATE SUBMITTED TO CMS

Submitted to CMS on August 31, 2012.