
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: 3/2016 (4/16 – 6/16)

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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.

II. ENROLLMENT INFORMATION

A. Member Enrollment¹

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). The OHCA continues to refine the system data for Insure Oklahoma in order to ensure more accurate reporting of data; therefore the Insure Oklahoma enrollment numbers and totals will be available later in the year.

Members Enrolled in SoonerCare Choice and Insure Oklahoma	Jan-Mar	Apr-Jun
Total Number of Qualified Individuals Enrolled in SoonerCare Choice	528,847	529,917
SoonerCare Choice Percentage of total Medicaid Population	70%	70%
A) Title XXI	93,957	91,632
B) Title XIX	434,890	438,285
C) Adults	100,317	100,051
Children	428,530	429,866
Breakdown		
Adult	19%	19%
Child	81%	81%
Total Number Enrolled in Insure Oklahoma	Pending	Pending
A) Individual Program (IP)	Pending	Pending
B) Employer Sponsored Insurance (ESI)	Pending	Pending
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma	Pending	Pending

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	272,909	56,801	329,710
TANF-Rural	213,209	8,206	221,415
ABD-Urban	22,826	8,237	31,060
ABD-Rural	20,650	2,223	22,837
Other	326		326
Non-Disabled Working Adults (IO) ²	18,125		18,125
Disabled Working Adults (IO) ²	0		0
TEFRA Children	585		585
SCHIP Medicaid Expansion Children Enrollees	91,632		91,632
Full-time College Students (IO) ²	258		258
Foster Parents ³	0		0
Not-for-Profit Employees Employees ³	0		0

Demonstration Populations: Member Months 2016	April	May	June
TANF-Urban	329,520	328,757	329,710
TANF-Rural	223,402	221,071	221,415
ABD-Urban	31,478	31,369	31,060
ABD-Rural	23,138	23,037	22,873
Non-Disabled Working Adults (IO) ²	16,263	17,347	18,125
Disabled Working Adults (IO) ²	0	0	0
TEFRA Children	609	600	585
SCHIP Medicaid Expansion Children Enrollees	92,052	91,687	91,632
Full-Time College Students (IO) ²	368	332	258

II. ENROLLMENT INFORMATION (cont'd)

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 due to OHCA does not expect enrollment in this population at this time.

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. The OHCA TEFRA staff participated in Little Lighthouse Health Fair that took place in Tulsa, Oklahoma. TEFRA staff answered questions and provided information to parents regarding TEFRA benefits. (Refer to Attachment 2)

This quarter, the OHCA and Oklahoma Department of Human Services (DHS) had discussions about internal business process changes. As a result of the informal meetings the OHCA now has a dedicated DHS worker stationed at the OHCA who will work on TEFRA applications. The DHS county offices send all TEFRA cases to this DHS worker. TEFRA cases are worked in a more efficient manner with this dedicated DHS worker. With this business process change, the wait time for transferring cases from DHS to the OHCA has decreased from days or weeks to a matter of hours.

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 voted to integrate a web portal with the goal to develop content, design features and functionalities, and identify non-waiver services and improve customer service. The Advisory Committee for the Executive Council will serve as end user testers throughout all phases of portal development. They will also, advise the Executive Council on interoperable, coordinated solutions, and serve as member advocates.

There was a survey conducted, Wait List Study Follow Up survey. The results showed 73% of the 71 families surveyed indicated they need help getting services, and 77.5% indicated they need help accessing the system. The Portal will help agencies reduce those numbers. The Portal will be a tool so that agencies can better serve this population and other agencies with getting services and accessing the system for services.

TEFRA Member Enrollments	Jan-Mar	Apr-Jun
SoonerCare Choice	74	61
Total Current Enrollees	611	612

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 does not match the total SoonerCare Choice providers currently enrolled in a given month of the Fast Fact report.

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

Insure Oklahoma Provider Types	Jan-Mar	Apr-Jun
MD/DO	1,302	1,303
PA	345	299
APN	502	525
Total PCPs	2,149	2,127

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 ⁴	Quarter Ending March	Quarter Ending June
Percentage in Tier 1: Entry Level Medical Home	478	472
Percentage in Tier 2: Advanced Medical Home	228	222
Percentage in Tier 3: Optimal Medical Home	203	198

⁴ These counts were computed using methods defined by OHCA Reporting and Statistics unit.

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	
	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used
SoonerCare Choice	1,162,242	41%	1,166,074	42%
SoonerCare Choice I/T/U	99,499	16%	99,499	17%
Insure Oklahoma IP	447,412	1%	445,872	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
Number of Clinics	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	April	May	June	Totals
Home Internet	22,964	20,553	19,799	63,316
Agency Internet	10,148	8,656	8,953	27,757
Totals	33,112	29,209	28,752	

2016 Indian Health Online Enrollment Applications for SoonerCare	April	May	June	Totals
Cherokee Nation	359	279	298	936
Chickasaw Nation	181	218	224	623
Choctaw Nation	293	313	464	1,070
Indian Health Services	924	805	904	2,663
Totals	1,757	1,615	1,890	

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 all sent electronically through email or email blast; a select group of members and providers are receiving them through text messaging. The SoonerCare Provider Directory is no longer printed but is available for download and viewing on the SoonerCare website along with other outreach items that are no longer distributed due to current agency budget constraints.

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

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 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	6,527	31%
Households with Newborns Outreach	8,759	14%

2016 Member Services Activity	April	May	June	Qtr. Totals
Calls to BCC members with Confirmed Cancer Diagnosis	17	4	6	27
Calls to BCC Members at Renewal Period	15	3	8	26
Member Service Calls Handled in English	6,906	6,768	6,732	20,406
Member Service Calls Handled in Spanish	455	377	432	1,264
Member Inquiries				12,198

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 second quarter of 2016, the OHCA paid out approximately \$5,039,938 in EHR incentive payments to 311 qualified professionals and 11 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. The increase in payments this quarter is due to limited availability of the modified objectives and measures for attestation of Meaningful Use during the previous quarter. There were a total of 616 hospitals and professionals that attested to Meaningful Use this quarter.

102 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)

Since inception of the EHR program, incentives have been paid to a total of 2,750 eligible professionals and 107 eligible hospitals. The chart below indicates the cumulative amounts paid to providers since inception of the program through the end of this quarter.

Cumulative EHR Incentives Paid	Jan-Mar	Apr-Jun
Qualified Professionals	\$69,586,672 ⁷	\$73,199,173
Qualified Hospitals	\$117,662,651	\$119,090,088
Cumulative Totals	\$187,249,323	\$192,289,261

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), the Care Management System.

This quarter, the OHCA continues progress on current projects and starting the beginning stages of various new objectives for the agency. Many include the following:

- The MMIS team is actively working on defining the requirements for the Care Management Request for Proposal (RFP).
- A new Medicaid Enterprise Certification toolkit was released in April by CMS. The new certification toolkit requires new processes and artifact development for procurement and funding requests. The OHCA has rebase lined the project schedule to reflect the changes. Independent contractor Qualis Health is providing Independent Validation and Verification (IV&V) for the project.
- The OHCA completed the enterprise architecture network diagrams in May 2016. Additional modernization documentation including Logical and Conceptual Database diagrams are scheduled to begin in July 2016.

⁷ Beginning in 2016 the Qualified Professionals and Hospitals totals include A/I/U and Meaningful Use amounts rather than A/I/U only.

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

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.

In addition, 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 following are updates since the first quarter report:

- The Memorandum of Understanding (MOU) was signed and the data subcommittee (this committee was formed out of the DGC) is putting together a document that will help OHCA be consistent in the implementation of the MOU
- Oklahoma State Department of Health has a go-live date of September 2016 for Master Patient Index (MPI) birth and death data. Testing is going well and the team continues to work on refining the algorithms; and
- The Office of Data Governance (ODG) has completed a new procedure for how Contractor Telework requests are handled while working offsite.

The Data Governance Director is working with agency staff to review agency reports and has made updates to the reports so they are consistent across the board. The Data Governance steering committee continues to meet at least once a month to develop a framework that proactively manages the data assets of the agency. This quarter, four meetings were held and a new interagency agreement was signed that allows more data collaboration between agencies. The Department of corrections is a new partner that has signed the interagency agreement.

Lastly, Cognosante (consultant contractor) is providing consulting services to assist with the establishment of the OHCA Data Governance team. They will review the current Decision Support System (DSS) for possible improvements.

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

C. Stakeholder Engagement

Tribal Consultation

The Tribal Consultations serves 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 the agency and tribal partners. The goal of the Tribal Consultations is to inform tribal governments of policy changes, seek their advice and input regarding those changes and addresses 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 May third of this quarter. Several tribes were represented, including members from the Citizen Potawatomie Nation, Chickasaw Nation, Choctaw Nation, Kaw Nation, Muscogee (Creek) Nation, Seminole Nation and Modoc Tribe. Representatives from the Indian Health Service and Oklahoma City Indian Clinic were also present as well as staff from the Oklahoma Health Care Authority.

Tribes were reminded of the 1115(a) Demonstration waiver time extension request through December 31, 2018 and were informed that they could go to the OHCA website and post comments and feedback until June third regarding the extension request. Tribes were also made aware of the proposed 1115(a) waiver amendment regarding the Insure Oklahoma program. It was explained to tribal members that the proposed amendment will allow coverage of adults, ages 19-64 who have incomes at or below 133 percent of the FPL, offer a choice of commercial insurance plans, and require that new eligible premiums are based on income on a sliding scale.

Additionally, tribes were made aware of proposed provider rate cuts to providers of the SoonerCare Choice 1115(a) Demonstration waiver, Medically Fragile waiver, Living Choice Program and PACE program. The tribes were informed that rate reductions will be in amounts as high 25 percent for the majority of providers, with the amount of reduction contingent upon the level of annual appropriations from the Oklahoma Legislature for State fiscal year 2017.

During the consultation tribes were also informed of a proposed State Plan Amendment to reduce payments for coinsurance and deductibles on Medicare crossover claims. It was explained that the amendment does not affect I/T/U provided services or tribal members seeking services outside of I/T/U's.

Finally, tribal members were informed of proposed changes to the Tribal Medicaid Administrative Match (TMAM) agreements, effective the first day of July. Tribal members were informed that eleven tribes currently have TMAM agreements and were provided drafts of the proposed changes for review and comment.

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

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 inform agency policy and programmatic decision making. 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 meeting for this quarter was held on June 4 at the OHCA boardroom. There were various topics discussed. Ed Long, OHCA's Chief communications Officer, updated the group on the OHCA Budget, Medicaid Rebalance Act 20/20, and other Legislative decisions. Dr. Garth Splinter, State Medicaid Director of the OHCA, presented on the Autism Bill and Virtual Visits. The MATF also made recommendations on the Health Literacy Toolkit.

Medicaid Rebalance Legislative and Budget

MATF members were informed that the Medicaid Rebalancing Act 20/20 proposed by OHCA's CEO was not approved by the legislature. This proposal was to help stabilize the Medicaid agency in light of the proposed additional 25 percent provider rate cuts and ensure the long-term sustainability of programs and services. The OHCA's budget fared much better than expected allowing them to not implement the provider rate cut.

Autism Bill

Dr. Splinter provided an update on the Autism Bill which incorporates Applied Behavioral Analysis, a one-on-one long term approach to treat certain children with autism. The OHCA will be required to complete a study on the impact and submit it to the legislature by the end of the calendar year. The MATF members will recommend language to help articulate the information in literature that will be sent to members.

Health Literacy Toolkit

Several months ago the MATF began conversations regarding health literacy. The OHCA wants to ensure members are as health literate as possible so they have retrieved an organizational assessment from the School of Health at Emory. The Four OHCA units that have completed the assessment include Member Services, Case Management, Behavioral Health, and the Office of Creative Media and Design. Once the assessments were complete, they were able to see strengths and opportunities. MATF recommends having a combined meeting with the Advisory Physicians panel to discuss the Health Literacy of members and their families.

III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

Virtual Visits

Dr. Garth Splinter provided an update on virtual visits as the OHCA moves forward. The American Medical Association (AMA) is working on a set of new codes for telemedicine which will match the new system better than the current codes. Two new codes have also been added for lower level visits. There will be future discussions on how to use telemedicine to expand it to rural areas. The plan is to have medical homes with software that will allow members to schedule appointments as well as be “seen” virtually by providers. The OHCA believes there is a lot of value in this idea and will continue to evaluate which symptoms can be cared for virtually.

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. This is 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 is working with the Quality Improvement (QI) Childhood Obesity Workgroup to complete a report for the work provided by the obesity workgroup last year.
- The Health Promotion Strategist have partnered with the Community Health Promotion Strategists to develop and implement an action plan to help our units stay aligned with the agency goals. This is now the Office of Health Promotion Action Plan.
- HPC created a March for Babies workgroup that did fundraising; which included a bake sale and t-shirt sale. HPC raised \$900 for March for Babies.
- Oklahoma Tobacco Helpline received 22 referrals from the OHCA Care Management and Member Services departments.

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

In addition, HPC have started to work with the Office of Creative Media and Design to help OHCA create production known as “SoonerFit Produce: How to videos”. Once a week, the agency is featuring a healthy fruit or vegetable that’s in season. The objective is to teach our members how to pick produce at the right time, chop it up and include it in their meals. Below are the analytics for the videos:

- **Bell Pepper video:** Reached – 2,038 people
- **Parfait video:** Reached – 1,424 people
- **Asparagus video:** Reached – 2,594 people

Health Promotion surveys conducted by the University of Oklahoma Evaluation team was completed during this quarter. The overview analysis of the survey is expected to be completed by July 31 and the final analysis outcomes from the survey are anticipated by September.

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 also 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 is available for SoonerCare members and all Oklahomans with tools, resources and vital information regarding leading a fit and healthy lifestyle in a fun, affordable and easy way.

Highlights of SoonerFit include:

- HPC hosted activities at the X-treme Summer Day Camp in Pauls Valley
- HPC had 150 SoonerFit-ness Break participants over this quarter

The SoonerQuit Provider Engagement Grant

The SoonerQuit Provider Engagement programs 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) and the Oklahoma State Department of Health (OSDH) fund 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 doctor 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

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

for all Oklahomans seeking to quit their tobacco use. The helpline can be assessed 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 public 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 public 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.

The Office of Health Promotion team established 21 new partnerships this quarter resulting in approximately 566 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

- Healthy Kids Day at Cleveland County YMCA
- Attended first Creative Oklahoma meeting in Altus
- Presented to the Safety Net clinic group

Northwest

- Participated in Garfield County Picnic for Progress Rx Drug Take-Back event
- Participated in Inaugural Grant County Family Fun Day
- Participated in Clinton IHS Community Baby Shower event

Northeast

- Panelist in the launch of the Teen Pregnancy Prevention Taskforce in Okmulgee County
- Worked with county stakeholders to launch a Teen Pregnancy Prevention network in Sequoyah County
- Presentation of OHCA programs at the Wholly Healthy Health Fair
- Provided information regarding OHCA services at the Wagoner County Family Fun Fair event

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

Southeast

- Participated in Pushmataha County Community Baby Shower
- Attended Pittsburg County Mobilizing for Action through Planning and Partnerships (MAPP) Core Team meeting. Finalization of Community Health Assessment (CHA) in progress
- Assisted Healthy Start grantee with clarification on SoonerCare eligibility
- Partnered with Kibois Head Start in order to establish common language to be used for well child checkups within the 8 counties where Kibois has Head Starts

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](#).

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 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.

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

2016 Medical Authorization Unit Activity	April	May	June	Qtr. Totals
Calls Handled	398	357	364	1,119
PARs Received	5,816	4,962	5,537	16,315
Line Items Received	10,381	9,651	11,281	31,313
PARs Approved ⁸				
Percent of PAR Denials ⁹	2%	3%	1%	2%
Number of Reviewers	11	11	10	11
Average Number of PAs/Reviewer	528	451	553	511

2016 eviCore Activity	April	May	June	Qtr. Totals
eviCore Calls Handled	1,763	1,601	1,559	4,923
Total Prior Authorizations	5,762	5,636	5,559	16,930
Number of Reviewers (Analyst or Nurse)	115	115	115	
Average Number of PAs per Reviewer	50	49	48	
Percentage of Total PA Denials	9.77%	11.37%	14.75%	
Number of Denials	563	638	820	2,021

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

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)

agency. This quarter the CMU has averaged 3,032 active cases per quarter and 3,057 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 April, May and June, 407 total new women were enrolled with an average of 416 FIMR Mom members in active case management during any given month.

Phase II of the Fetal Infant Mortality Rate initiative focuses on educating prenatal women on their newborn's needs. This quarter, the initiative reported 508 new FIMR infant (younger than one year old) cases, with an average of 1,104 FIMR baby members in active case management.

The Interconception Care (ICC) initiative is also included in the FIMR evaluation. This initiative 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 20 new ICC cases this quarter with an average of 53 members managed in this program during any given month. As of June 30, 13 ICC babies were being followed.

Population Care Management has taken steps to decrease caseload size in order to best serve the most members in need. In order to assist with this goal, PCM allows for staff to close FIMR baby cases at 5 months of age if the following conditions are met:

- The child is seeing his/her PCP at recommended times and is getting immunizations on schedule.
- The children's parent/caregiver verbalizes understanding of the child's care, has no further expressed need for assistance and has been connected to appropriate services.

This change has resulted in a drop of about 500 cases in the overall FIMR baby caseload since the start of this calendar year.

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 whose 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 425 active cases per month this quarter with 178 new cases opened.

This quarter the CCU has provided member and provider support for more than 250 Hepatitis C treatment cases, coordinating care between the member, prescriber, PCP, supplying pharmacy and OHCA pharmacy staff. Additionally, CCU collaborates with 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

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

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).

Care Management Activity 2016	April	May	June
Active Cases under Care Management	3,190	3,046	2,860
Case Load per Adjusted RN FTE	143	143	132
High-Risk and At-Risk OB – Following	887	841	697
High-Risk and At-Risk OB – New	328	358	213
OK Cares New Enrollment	30	28	39
OK Cares Total Enrollment	420	411	405
Private Duty Nursing Cases - New	7	5	4
Private Duty Nursing Cases - Following	197	193	186
Onsite Evaluations (TEFRA, Private Duty Nursing)	53	55	27
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	54	47	66
Out of State – Clinical Review – New	75	102	93
Out of State – Clinical Review – Following	41	39	33

Breast and Cervical Cancer Program (BCC)

This program provides treatment for breast and cervical cancer and pre-cancerous conditions to eligible women. The Breast and Cervical Cancer Program requires women 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 412 cases this quarter with an average of 32 new cases received per month.

2016 Oklahoma Cares Member Enrollments ¹⁰	April	May	June
SoonerCare Traditional	176	165	174
SoonerCare Choice	244	246	231
Totals	420	411	405

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

¹⁰ See Attachment 4: Quarterly Oklahoma Cares Fast Fact, June 2016.

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

2016 Outreach Activities Related to BCC Members	April	May	June	Totals
Care Management Activities Related to BCC Members	577	632	906	2,115
Number of Calls Made by Member Services to BCC Members at Renewal Period	15	3	8	26
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	17	4	6	27

Provider Services

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

This quarter, the OHCA sent out one letter to inform providers of changes in various programs. The following OHCA Provider Letter is located on [OHCA Website](#).

- Provider Letter 2016-05, dated April 25, 2016. Beginning May 1, 2016, the Oklahoma Health Care Authority (OHCA) will introduce coverage of dental codes D0601, D0602, and D0603.

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.

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.

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

The University of Oklahoma OU Sooner HAN

The OU Sooner HAN care managed 2,678 unique individuals by the end of June 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 behavioral health as well as other topics; some of which are as follows:

- Recognizing Child Abuse and Neglect
- Cycle of Violence/Healthcare Workers Role with Intimate Partner Violence
- Substance Abuse
- Opioid Use in Oklahoma and Current Initiatives to Combat the Problem
- Pain Management Tool Kit for PCP's
- Everyone was Once a Child: Early Childhood Stress, Health and Resiliency

The Doc2Doc team added three new specialty care clinics and three new primary care practices by the end of June. In this quarter there was 22,595 Doc2Doc referrals initiated.

In May, OU Sooner HAN Doc2Doc staff participated in the OHCA Provider Spring Training to increase awareness of health access network offering. Participants in this event were given information regarding upcoming educational opportunities, as well as care management, referrals management and quality management support information. Sooner HAN staff was available to answer questions about the Doc2Doc interface with the OHCA Secure Provider Portal as well. This opportunity also allowed the Sooner HAN to develop relationships with OHCA Provider Services Representatives and further understand the benefits that both teams could offer provider practices.

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

The Partnership for Healthy Central Communities (PHCC) HAN

The PHCC HAN care managed 609 unique individuals by the end of June with the following conditions:

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

The PHCC HAN continues to collaborate with PCPs on the Asthma Improvement Plan (AIP) initiative. As of June the total number of AIP members engaged was 34 and one peak flow meters was distributed. In order to better inform providers about the AIP outcomes and to encourage more referrals, a brochure was created entitled “Provider Education: CC-HAN Asthma Improvement Plan”. The brochure was distributed to all HAN providers during this quarter. The brochure outlined the following outcomes to support the effectiveness of the AIP:

- Improvements in quality and coordination of care for members with asthma as a diagnosis;
- Increased access to care for members with asthmas as a diagnosis;
- Provision of coordinated care management for members with asthma;
- Cost reductions (fewer ER visits and hospitalizations) for members with asthma as a diagnosis;

During this quarter, the PHCC HAN requested training on Doc2Doc. All providers and staff participated in this training.

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
- Regional Epidemiological Outcomes Workgroup (REOW) through Red Rock community groups
- Canadian County Coalition for Children and Families
- Coalition’s Special Events Committee

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

Oklahoma State University Health Access Network (OSU Network HAN)

The OSU HAN Case Managers attended their final Motivational Interviewing training this quarter. The OSU HAN also participated in the 116th Annual Osteopathic Convention Conference: Medicine's New Frontier in Norman, Oklahoma.

The OSU HAN care managed 193 unique individuals by the end of June with the following conditions:

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

During this quarter, the OSU HAN staff participated in various community organizations. The groups include but were not limited to the following:

- Muskogee Health Department
- Blue Sky Health Clinic
- Muskogee Head Start
- Access to Healthcare Solutions
- Martin Luther King Community Center

By visiting with these community resources locations and building relationship with staff, this has had a positive impact on patient populations through referrals and general medical need with the community. Additionally, the OSU HAN volunteered at the Remote Access Medical Event where free dental, vision and medical exams were given. During this outreach event 529 patients received medical services.

2016 HAN Enrollment	OSU Network HAN	OU Sooner HAN	PHCC HAN
April	12,272	98,481	3,597
May	12,467	98,898	3,658
June	12,785	101,247	3,718
Totals	37,979	298,626	10,973

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

Health Management Program (HMP)

The Health Management Program (HMP) serves SoonerCare Choice beneficiaries ages 4 through 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 44 practice sites are staffed with 36 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 30 percent of the members engaged in the HMP are being followed telephonically. As of June 30, 2016 there were a total of 4,544 members engaged with a health coach.

Health Coaches	Jan-Mar	Apr-Jun
Number of Health Coaches	34	36

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 June, 2016 there were seven practice facilitators for HMP. At the time of this report, 21 practices have received or are currently receiving practice facilitation.

Additionally, OHCA HMP Senior Nurse Analyst visited eight HMP practices this quarter to see how effective the utilization of Telligen has been to date. Areas of discussion included the benefit of having Telligen staff in the practice, success in meeting the required chronic disease measures, practice workflow, educational needs and member enrollment/engagement.

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.	28
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

The Practice Facilitators and Health Coaches conducted 36 Academic Detailing sessions with the practices and had 188 in attendance. Academic detailing sessions are meetings with practices and providers to review areas of improvement and assess job success through methods such as the Plan-Do-Study-Act (PDSA) process, additional training, focusing on quality and staying current with the Centers for Disease Control (CDC) reports. The Practice Facilitators and Health Coaches conducted 106 Educational Presentations to providers and their staff with 505 in attendance. Some of the topics covered this quarter were motivational interviewing, diabetic eye exams, behavioral health awareness and improving office communication and efficiency.

The mHealth initiative is a mobile engagement solution that allows the HMP staff to communicate with members through text messages. The Health Coaches engage with the members regarding mHealth and educate them on how to enroll during the coaching sessions. The HMP can send out messages/scripts such as the flu shot reminder or other health education messages as well as allowing a member to text their blood sugar reading and receive a message based on the result. There were 834 members enrolled in mHealth as of June 30, 2016.

The SoonerCare Pain Management Program continues to use the HMP programs 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. The OHCA developed a proper prescribing toolkit that is distributed to participating providers. Practice facilitators are delegated to implement the components of the toolkit, which includes treatment protocols, Oklahoma Opioid Prescribing Guidelines, patient education and office visit forms. In addition, 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 location: [Pain Management Toolkit](#).

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

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.

During this quarter, IO continues to accept applications from the re-application time period (March 14-31), as well as working to refine the internal processes on the new online enrollment system. Additionally, OHCA Operations Workgroup is in the process of reviewing the new employer and member portals to look for opportunities to improve the user experience.

The website re-design project continues to be in process. The State has made a decision to transition to a Content Management System, which is a computer application that supports the creation and modification of digital content using a common user interface, supporting multiple users working in a collaborative environment. The IO website project is being modified to fit the new Content Management System requirement.

The IO employers and insurance agents continue to receive monthly emails about the ESI program, as well as instruction regarding the new online enrollment system. In addition, an email newsletter is being developed for IP members. The goal of this newsletter is to educate IP members on how to use the program and provide general health information. Additionally, IO staff continues to make presentations at business meetings with employers and insurance agents in Choctaw, Laverne, Tulsa and Oklahoma City.

During the months of April- June there were 4,250 ESI brochures and 640 Individual Plan brochures distributed. These figures are for hard copies of the English versions were available online as well. The Spanish versions were being redesigned.

In March 2016 there was a system change that affected the method in which data is retrieved for the IO report. Insure Oklahoma enrollment migrated into the iCE production system and the agency has been working to refine the accuracy of enrollment numbers since that time. The hope is to have this system provide real time enrollment numbers as the remainder of the OHCA system. Some information is available due to business process of churn data reporting.

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

2016 Employer-Sponsored Insurance (ESI) Program Participating Employers	April	May	June
Approved Businesses with Participating Employees	3,749	3,786	3,825

2016 ESI Subsidies	April	May	June
Employers Subsidized	861	2,063	2,105
Employees and Spouses Subsidized	3,771	10,047	10,291
Total Subsidies	\$2,102,194.69	\$6,538,487.09	\$4,480,803.20

2016 ESI Average Per Member Per Month	April	May	June
Average Payment Per Employee	\$312.26	\$307.31	\$308.11
Average Payment Per Spouse	\$507.06	\$506.90	\$503.68
Average Per College Student	\$266.03	\$283.74	290.48
Average Per Dependents	\$186.47	\$181.97	\$197.15

2016 IP Subsidies	April	May	June	Qtr. Totals
Total Premiums Received	\$53,478.74	\$70,043.50	\$90,754.27	\$214,276.51
Total Member Months	3,510	3,700	4,129	11,339
Total Paid Claims	\$1,686,357.55	\$1,667,981.80	\$1,617,094.15	\$4,971,433.50
Average Claim Per Member Per Month (PMPM)	\$465.21	\$431.88	\$369.66	

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 and federal laws and authority. Both units work under the authority of the 1115 demonstration waiver to provide the managed care system of care and the premium assistance programs throughout the state.

This quarter, there were some changes to CMS 1115 Demonstration Waiver team. It was announced in June that Patricia Hansen would take over for Shanna Janu as the new CMS Project Officer for 1115 Demonstration Waiver. The OHCA was also fortunate to have Stacey Shuman from the CMS Region office in Dallas, in attendance for an on-site visit to the Oklahoma Health Care Authority from June 7 through June 9.

The OHCA had three CMS monthly monitoring calls this quarter. During the call conducted June 16, the OHCA informed CMS of its plan to submit the 2017- 2018 Demonstration Waiver additional two year extension request to CMS by the third quarter. Additionally, CMS advised the OHCA they were currently reviewing the 2016 first quarterly report, the 2015 Annual report and the 2013-2015 Evaluation Design close out report.

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 the OHCA Board of Directors approved the following emergency rules:

- **WF 16-04 # AMENDING** Agency rules at **OAC 317:30-5-241.2** to set daily and weekly limits for the amount of individual, group and family psychotherapy that is reimbursable by SoonerCare.
- **WF 16-05 # AMENDING** Agency rules at **OAC 317:30-5-281** to reduce the monthly limits of psychotherapy reimbursable by SoonerCare for Licensed Behavioral Health Professionals who choose to practice on their own.
- **WF 16-06 # AMENDING** Agency rules at **OAC 317:30-5-241.1**, for Outpatient behavioral health agencies, to reduce the number of SoonerCare compensable service plan updates to one every six months.

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.

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

Legislative Activity

The Second Session of the 55th Oklahoma Legislature adjourned on May 27, 2016. At the close of session, State lawmakers sent a total of 400 bills to Governor Mary Fallin's desk for signature. The governor signed 395 of the bills and vetoed five of the measures.

One of the major bills the OHCA and most of the state was watching was Senate Bill 1616 (SB 1616), better known as the state fiscal year 2017 general appropriations bill. This bill was introduced on May 17, ten days before the state constitutionally required adjournment of the State Legislature. The bill had great impact on the future of the agency and the direction of all the State agency budgets. The SB1616 appropriated \$6.8 billion to agencies for SFY2017. The OHCA received \$991 million in state appropriations for SFY2017, and was one of only a very few State agencies that received an increase in appropriations from their SFY2016 base. This was significant in that it would have impact on how the OHCA would proceed with actions for providers and rate cuts to the state Medicaid budget.

There were two other key bills that the OHCA was watching closely that would have had an impact on the state. Both of which did not pass. There were other important bills the agency was watching that will impact the agency that passed and have an effective date. All of which include the following:

OHCA Requested Bills that did not pass

1. **HB2803** – Medicaid Rebalancing Act of 2020
2. **HB3210** - \$1.50 increase to cigarette tax

Other Key Bills that passed with effective dates:

- **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;*
- **HB 2549** modifies the definition of the term "owner" in the Nursing Home Care Act for purposes of the OHCA Nursing Home UPL program. – *Passed, Effective date 7/1/2016;*
- **HB 2962** requires the Oklahoma Health Care Authority, 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. *Passed, Effective Date 11/1/2016;*
- **SB 1091** establishes statute of limitations (7 years) for Medicaid fraud – *Passed, Effective Date 11/1/2016;*
- **SB 1149** (Relates to HB2549, Nursing Home UPL project) 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

IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

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.*
- **SB 1515** modifies definitions under the Oklahoma Medicaid False Claims Act; raises the civil penalty from between \$5,000 and \$10,000 to \$5,500 and \$11,000; stipulates that action cannot be taken three years after the date when retaliation occurs; – *Passed, Effective 11/1/2016.*

The OHCA has also resumed work on HB1566 after budget resolution. Stakeholder meetings will take place in July. For a complete overview of HB1566, 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. In the overall life of the waiver, the state has \$5.9 billion in Budget Neutrality savings and ending this quarter; the state has \$1,282,748,800 in savings (Refer to Attachment 5).

Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Year
June 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	5,486,912	\$2,397,356,694	\$1,114,607,894	\$1,282,748,800
Total Waiver Cost	106,761,285	\$32,764,272,358	\$26,860,617,351	\$5,903,655,007

VI. MEMBER MONTH REPORTING

A. Budget Neutrality Calculations

Eligibility Group	April	May	Jun	Qtr. Ending Totals
TANF-Urban	329,520	328,757	329,710	987,987
TANF-Rural	223,402	221,071	221,415	665,888
ABD-Urban	31,478	31,369	31,060	93,907
ABD-Rural	23,138	23,037	22,873	69,048

B. Informational Purposes Only

Eligibility Group	April	May	June	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	12,163	13,310	13,944	39,417
Working Non-Disabled Adults-IP ²	4,100	4,037	4,181	12,318
Full-Time College Student-IP ²	160	135	93	388
Full-Time College Student-ESI ²	208	197	165	570
Foster Parents-ESI ²	0	0	0	0
Foster Parents-IP ²	0	0	0	0
Not-For-Profit Employees-IP ²	0	0	0	0
Not-For-Profit Employees-ESI ²	0	0	0	0
TEFRA	609	600	585	1,794
SCHIP Medicaid Expansion Children	92,051	91,687	91,632	275,370

Demonstration Expenditures	April	May	June	Qtr. Ending Totals
HAN	\$510,160.00	\$512,585.00	\$524,625.00	\$1,547,370.00
HMP	\$888,490.07	\$793,473.54	\$0 ¹¹	\$1,681,963.61

¹¹ HMP pay cycle was suspended for June 2016 and will be paid in July 2016.

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
Program Complaint	31	27
Complaint on Provider	75	53
Fraud and Abuse	57	41
Access to Care	6	5
Program Policy	3,613	258
Specialty Request	291	210
Eligibility Inquiry	5,764	4,383
SoonerRide	2,086	1,948
Other ¹²	2,821	2,963
PCP Change	655	421
PCP Inquiry	622	654
Dental History	23	20
Drug/NDC Inquiry	16	9
Medical ID Card	285	264
PA Inquiry	803	942
Totals	17,148	12,198

¹² 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
Number of Calls	31,154	21,691
Number of Calls Answered	17,447	15,341
Number of Calls Abandoned	13,707	6,350
Percentage of Calls Answered	55%	70%

Insure Oklahoma ESI Helpline	Jan-Mar	Apr-Jun
Number of Calls	6,393	3,952
Number of Calls Answered	5,614	3,337
Number of Calls Abandoned	779	615
Percentage of Calls Answered	87%	83%

Online Enrollment Helplines

Online Enrollment Helpline Calls (English)	Jan-Mar	Apr-Jun
Number of Calls	37,033	25,358
Number of Calls Answered	36,136	24,985
Number of Calls Abandoned	897	373
Percentage of Calls Answered	97%	96%

Online Enrollment Helpline Calls (Spanish)	Jan-Mar	Apr-Jun
Number of Calls	230	139
Number of Calls Answered	217	132
Number of Calls Abandoned	13	7
Percentage of Calls Answered	92%	85%

VII. CONSUMER ISSUES (cont'd)

SoonerCare Helpline

SoonerCare Helpline Calls	Jan-Mar	Apr-Jun
Number of Calls	204,064	157,080
Number of Calls Answered	196,663	153,830
Number of Calls Abandoned	7,401	3,250
Percentage of Calls Answered	96%	98%

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 Apr-Jun	Pending	Closed Reason	Totals
Eligibility	2	1 Withdrew	3
Prior Authorization: Dental	1	1 Denied 2 Untimely 1 Withdrew	5
Prior Authorization: Durable Medical Equipment	0	1 Denied 1 Resolved	2
Prior Authorization: Other	3	0	3
Prior Authorization: Other Speech	0	1 Untimely	1
Prior Authorization: Other Surgery	1	1 Untimely	2
Prior Authorization: Pharmacy	4	1 Resolved	5
Prior Authorization: Radiology Services	1	1 Withdrew	2
Panel Dismissal	1	0	1
Private Duty Nursing (PDN)	2	1 Resolved	3
Miscellaneous	0	1 Resolved	1
Miscellaneous: Unpaid Claim (Member)	1	1 Withdrew	2
TEFRA	1	0	1

2016 Insure Oklahoma Grievances Apr-Jun	Pending	Closed Reason	Total
Eligibility	0	1 Resolved	1

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 partners 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, 192,335 SoonerRide trips were made with the average cost per trip of \$38.57. SoonerCare individuals from all 77 Oklahoma counties utilized the SoonerRide program.

A SoonerRide member satisfaction survey was conducted this quarter. A random selection of 455 SoonerCare members that utilized the services within this quarter was selected to participate in this survey. There was a 60 percent response rate to the survey. Survey results indicated that 91 percent of survey participants gave the program a positive rating, four percent gave the program a poor rating and five 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
Number of Providers Called	905	900
Percent of Providers with 24-hr Access on Initial Survey	93%	93%
Percent of Providers Educated for Compliance	7%	7%

IX. DEMONSTRATION EVALUATION

Hypothesis

The OHCA is initiating reporting on all hypotheses for the 2016 extension period. This quarter interim data for hypothesis 1, 2, and 5 are available.

The Pacific Health Policy Group (PHPG) was retained by the OHCA in July 2015 to report results for the 2015 HEDIS reporting year, which evaluates care provided in the 2014 measurement year.

The PHPG analyzed historical and demographic trends and compared the State's results to national benchmarks. Where provided, national averages refer to the national average for Medicaid HMOs. Results for measures included in this report were calculated using administrative data only, i.e., only adjudicated claims data, following the specifications developed by the National Committee for Quality Assurance (NCQA) and the Agency for Healthcare Research and Quality (AHRQ).

Hypothesis 1- Child Health Checkup Rates this hypothesis directly relates to SoonerCare Choice waiver objective #1 and #1 of CMS's Three Part Aim.

The rate for age-appropriate well-child and adolescent visits will improve between 2015-2016.

A. Child health check-up rates for children 0 to 15 months old will be maintained at or above 95 percent over the life of the extension period.

B. Child health check-up rates for children 3 through 6 years old will increase by one percentage point over the life of the extension period.

C. Adolescent child health check-up rates will maintain over the life of the extension period.

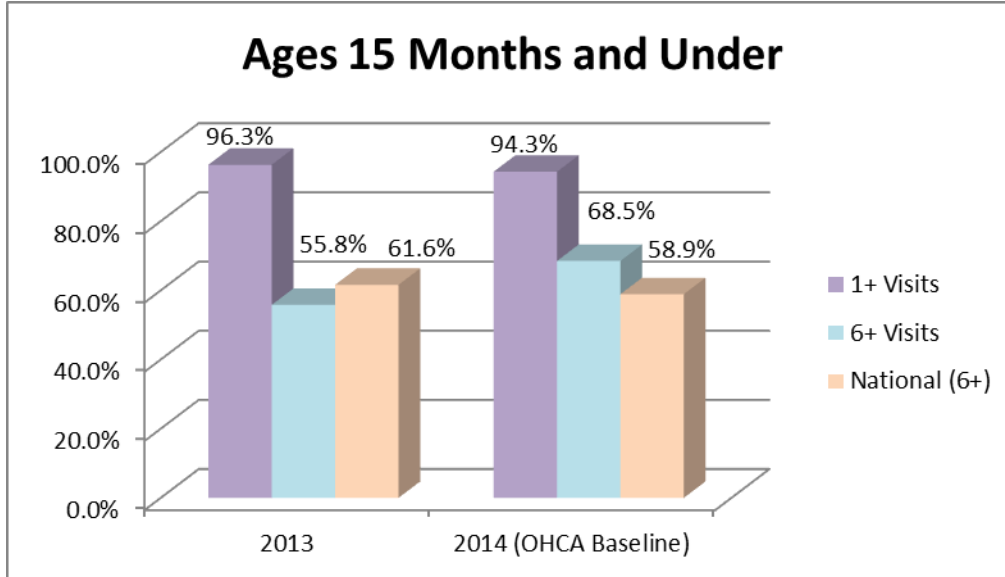
Hypothesis 1A Results:

These three measures calculate the percentage of children or adolescents who receive well-child visits during the measurement year. Well-child visits were defined as visits with primary care providers (PCPs) using specific procedure codes indicating well-child visits. The PCP does not have to be the child's assigned PCP.

The 2014 compliance rates for 15 month olds and under show an overall slight decrease consistent with the national average trend¹³. The six or more visits for this category though had a 12.7% increase over 2013 rates.

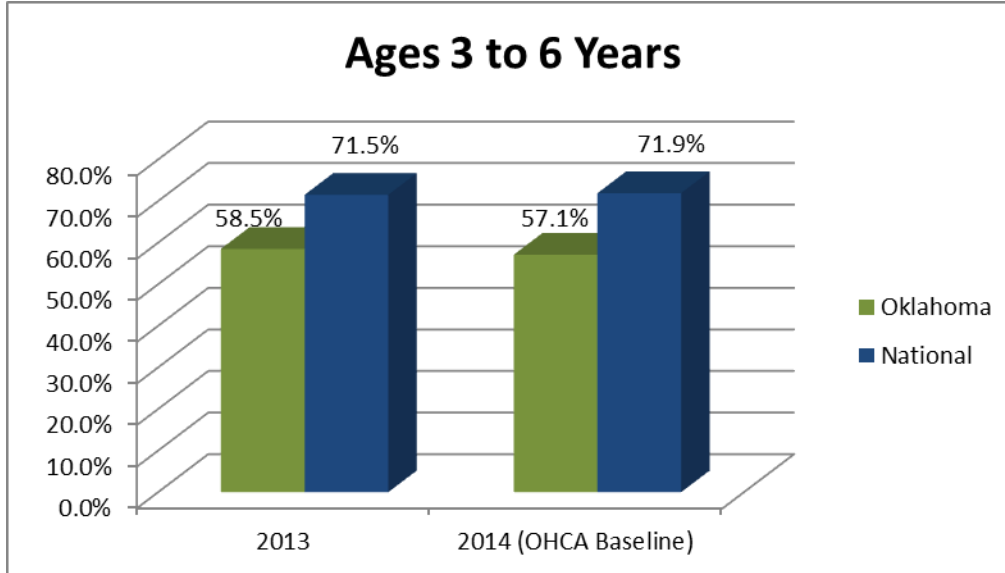
¹³ Pacific Health Policy Group (PHPG) was retained to evaluate the SoonerCare program performance over time in relation to national trends as of July of 2015. April 2016 is the first reporting period for the group.

IX. DEMONSTRATION EVALUATION (Cont'd)



Hypothesis 1B Results:

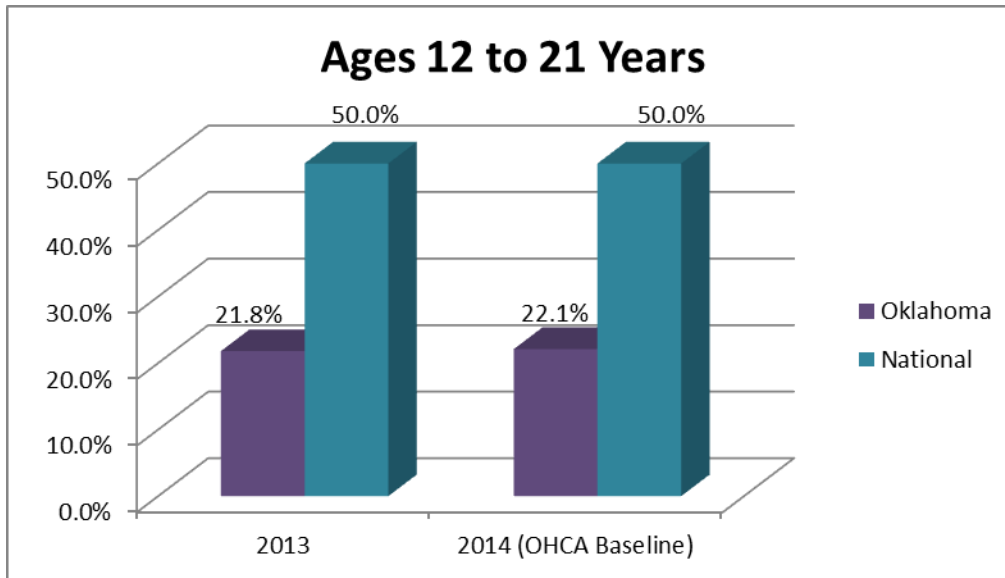
The 3 to 6 age category in 2014 had a slight decrease in compliance rates while national average was a slight increase for 2014¹³.



IX. DEMONSTRATION EVALUATION (Cont'd)

Hypothesis 1C Results:

The 12 to 21 age category had a marginal decrease in compliance while national averages remained constant¹³.



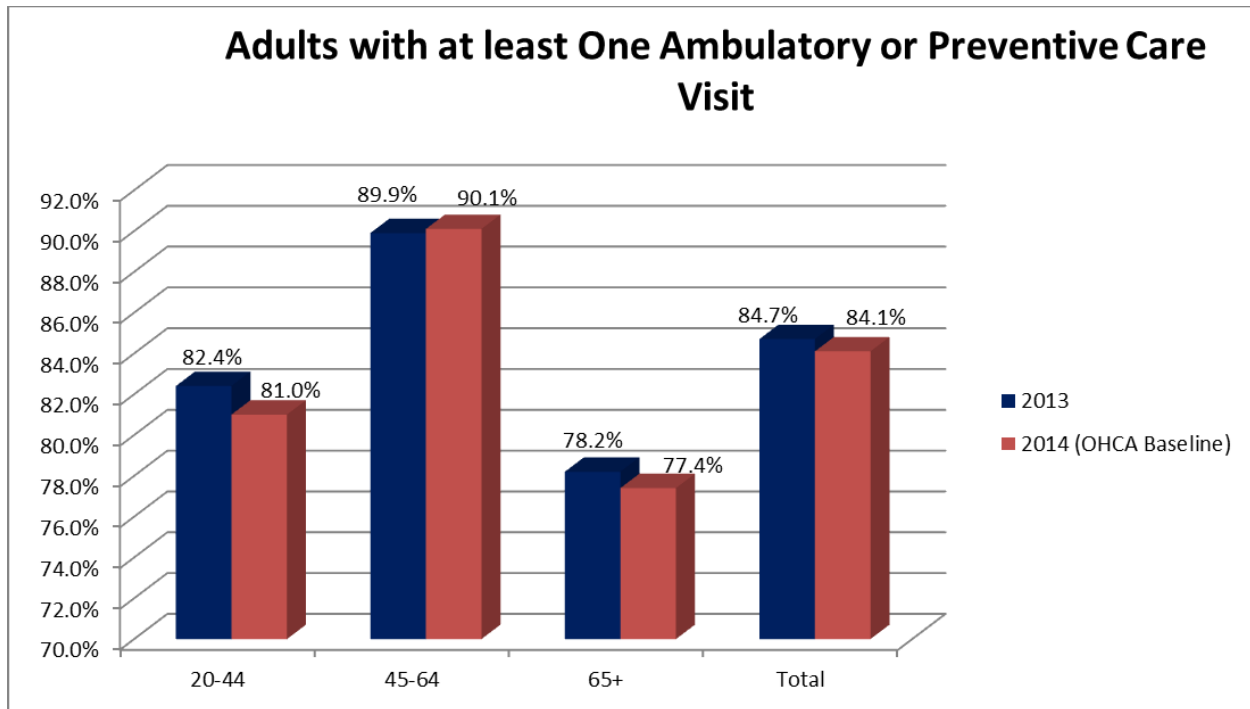
Hypothesis 2 - PCP Visits this hypothesis directly relates to SoonerCare Choice waiver objective #1 and #1 of CMS's Three Part Aim.

The rate of adult members who have one or more preventive health visits with a primary care provider in a year will improve by one percentage points as a measure of access to primary care in accordance with HEDIS® guidelines between 2015-2016.

Hypothesis 2 Results:

This measure calculates the percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year. The overall compliance rate in 2014 for members was 84.1%, down 0.6% from 2013.

IX. DEMONSTRATION EVALUATION (Cont'd)



IX. DEMONSTRATION EVALUATION (Cont'd)

Hypothesis 5 – PCP Availability this Hypothesis directly relates to SoonerCare Choice waiver objectives #1, #2, and #1 of CMS's Three Part Aim.

There will be adequate PCP capacity to meet the health care needs of the SoonerCare members with Children's Health Insurance Program (CHIP) eligibility between 2015-2016. Also, as perceived by the member, the time it takes to schedule an appointment should improve during 2015-2016. As perceived by the member, the time it takes for the member to schedule an appointment should exceed the baseline data between 2015-2016.

CAHPS® measures health care consumers' satisfaction with the quality of care and customer service provided by their health plan. Plans which are collecting HEDIS® data for NCQA accreditation are required to field the CAHPS® survey among their eligible populations.

In February, the OHCA randomly selected 2,073 members to participate in the 2016 CAHPS®5.0H Child Survey. The survey results presented in the report are compiled from 441 OHCA members who responded to the survey. Also in February, the OHCA randomly selected 1,823 members to participate in the 2016 CAHPS®5.0H Adult Survey. The survey results presented are compiled from 474 OHCA members who responded to the survey.

Hypothesis 5 Results:

This hypothesis theorizes that the member's response to the time it takes to schedule an appointment should exceed the baseline data. Results from the surveys indicate that the majority of survey respondents for both the adult and children surveys had satisfactory responses for scheduling an appointment as soon as needed. The OHCA's contracted External Quality Review Organization (EQRO) Morpace, conducted the CAHPS® survey for the extension period 2016.

The OHCA has maintained above the baseline data in consecutive years as evidenced by CAHPS® data for SFY2013 through SFY2016.

For SFY2016, 82 percent of adults and 92 percent of children survey respondents felt satisfied in the time it took to schedule an appointment with their PCP. With a majority of survey respondents having a positive response about the time it takes to get an appointment with their PCP, OHCA saw an increase of two percent for adult and child for SFY2016 compared to the baseline data.

IX. DEMONSTRATION EVALUATION (Cont'd)

CAHPS [®] Adult	Baseline Data: SFY 2013 CAHPS [®]	SFY 2014 CAHPS [®]	SFY 2015 CAHPS [®]	SFY 2016 CAHPS [®]
Positive Responses from the Survey Question:	80%	82%	87%	82%
<i>“In the last 6 months, how often did you get an appointment for a checkup or routine care at a doctor’s office or clinic as soon as you needed?”</i>	Responded “Usually” or “Always”	Responded “Usually” or “Always”	Responded “Usually” or “Always”	Responded “Usually” or “Always”
CAHPS [®] Child	Baseline Data: SFY 2013 CAHPS [®]	SFY 2014 CAHPS [®]	SFY 2015 CAHPS [®]	SFY 2016 CAHPS [®]
Positive Responses from the Survey Question:	90%	91%	93%	92%
<i>“In the last 6 months, when you made an appointment for a checkup or routine care for your child at a doctor’s office or clinic, how often did you get an appointment as soon as your child needed?”</i>	Responded “Usually” or “Always”	Responded “Usually” or “Always”	Responded “Usually” or “Always”	Responded “Usually” or “Always”

X. ENCLOSURES/ATTACHMENTS

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

XI. STATE CONTACT(S)

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XII. DATE SUBMITTED TO CMS

August 19, 2016