

Strategic Planning Conference 2015

Wednesday, August 12, 2015

Embassy Suites, Oklahoma City, OK



WEDNESDAY: SESSION 4

Interactive Planning Session

**Medicaid Quality
Measures**

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Oklahoma
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WEDNESDAY: SESSION 4

Medicaid Quality Measures

Facilitators:

- Garth Splinter, State Medicaid Director, OHCA
- Sylvia Lopez, Chief Medical Officer, OHCA

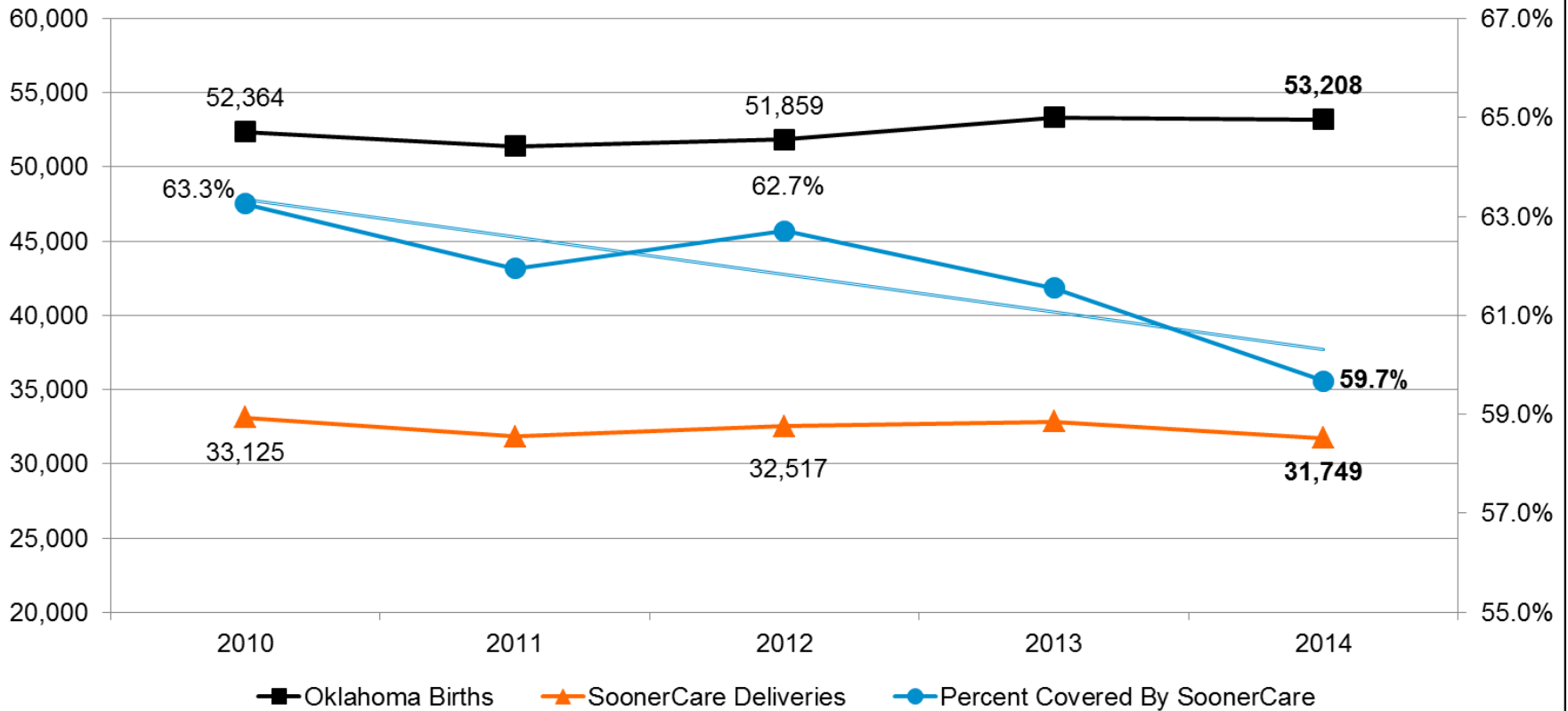
Subject Matter Experts:

- Connie Steffee, Director of Reporting and Statistics
- Mike Herndon, Sr. Medical Director, OHCA

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SoonerCare Deliveries

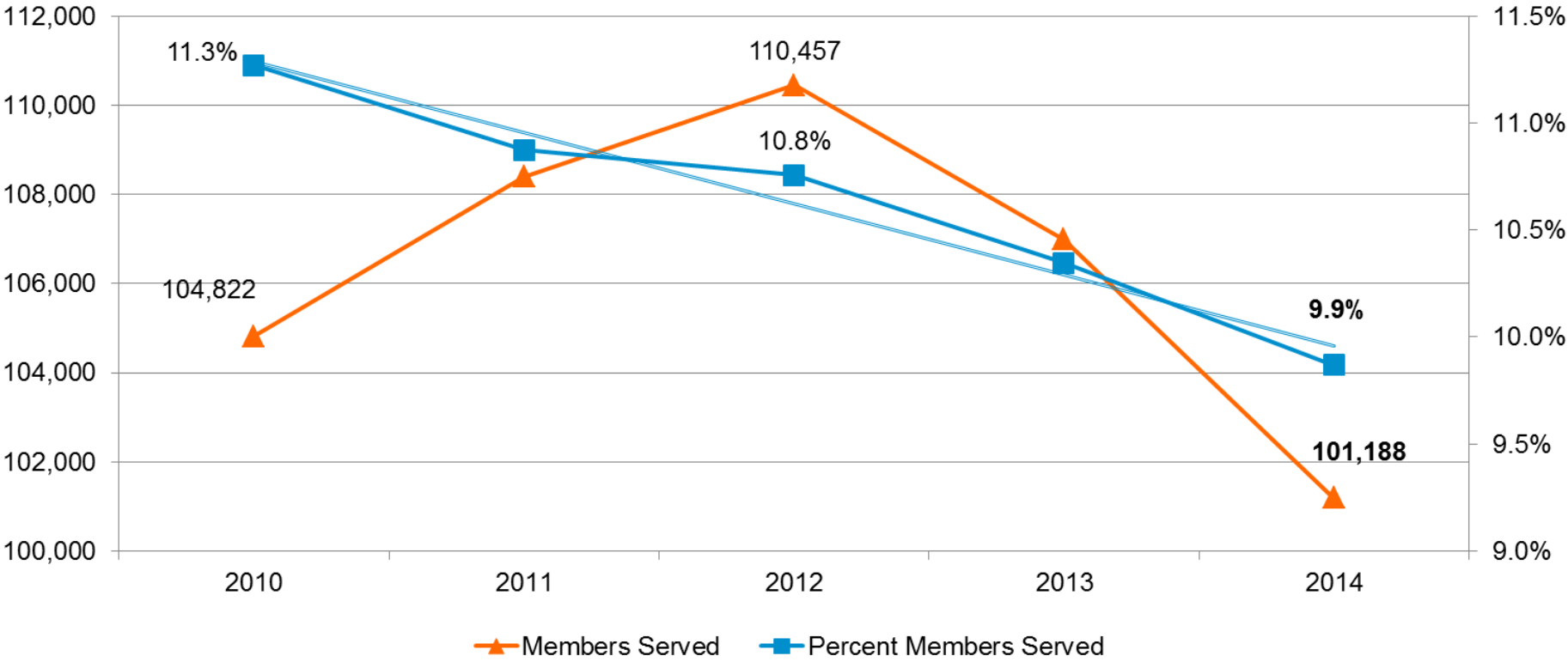


SoonerCare deliveries are based on paid claims with delivery codes. Oklahoma births refer to live births and data is from Oklahoma State Department of Health. Data is Calendar Year. 2014 Oklahoma birth data is preliminary and subject to change.

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Hospitalization

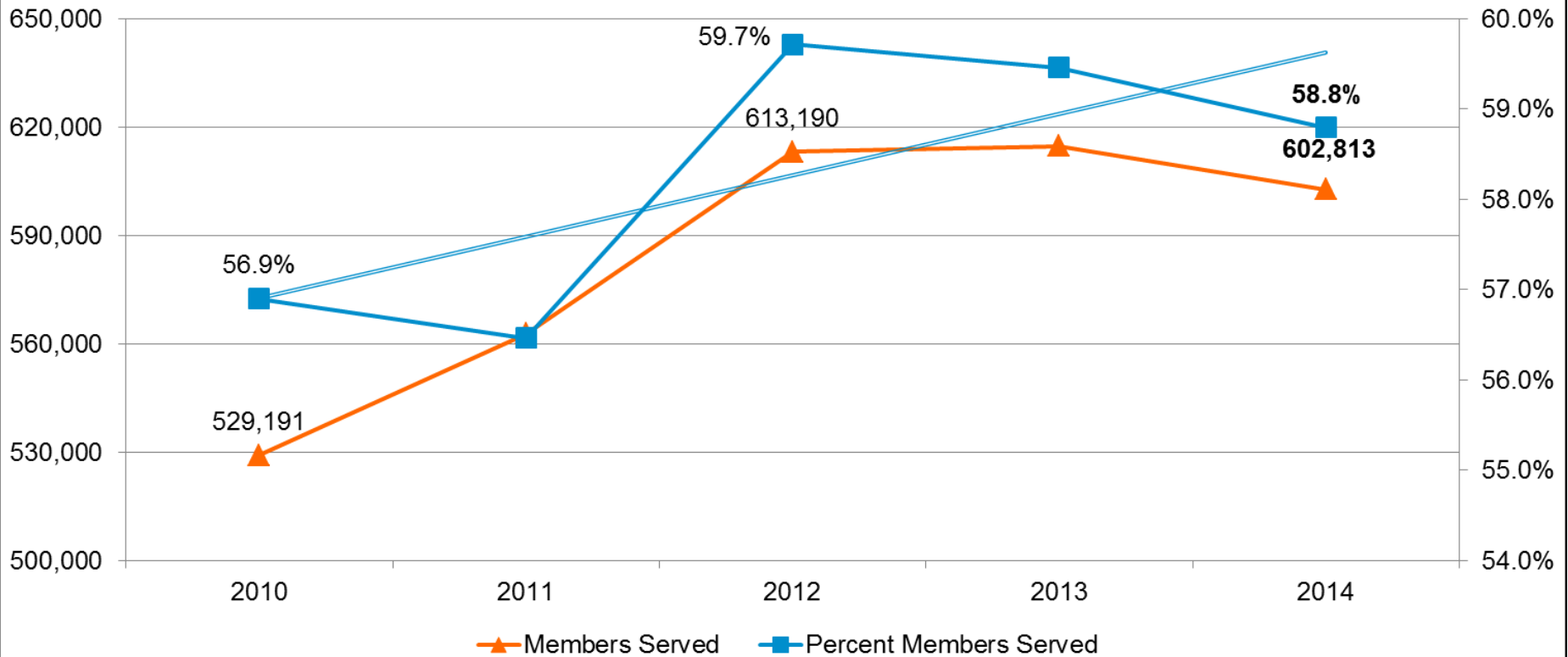


Based on paid and denied inpatient hospital claims incurred during the calendar year. Excludes psychiatric, rehabilitation and residential treatment center.

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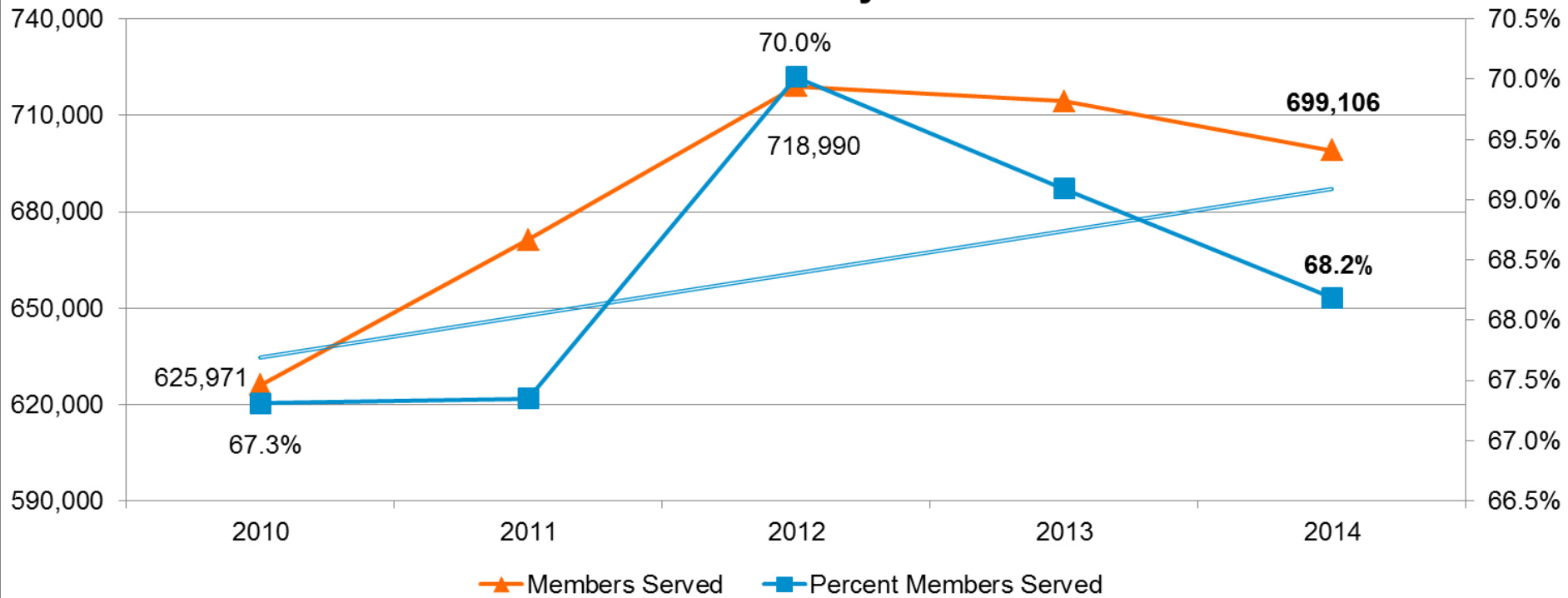
PCP Visits



Based on paid and denied claims incurred during the calendar year. PCPs were the rendering provider and include Certified Registered Nurse Practitioners, Family Practitioners, General Pediatricians, General Practitioners, Internists, General Internists and Physician Assistants.

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Pharmacy



Based on paid and denied pharmacy claims incurred during the calendar year.

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Medicaid Quality Measures

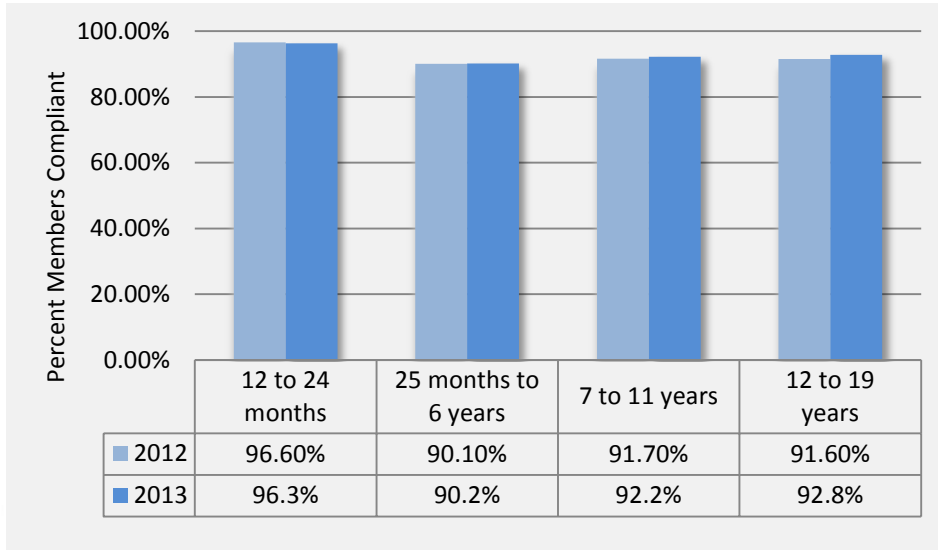
2014 (2013 data) Quality Measures

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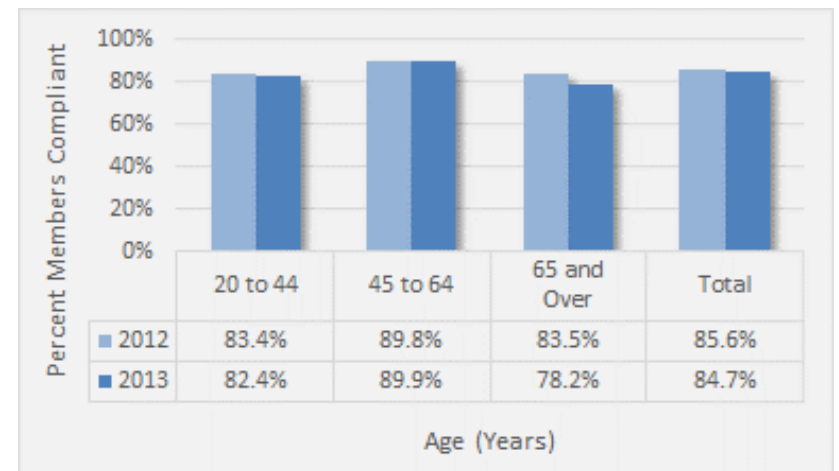


ACCESS TO CARE

Children & Adolescents' Visiting a Primary Care Practitioner



Adults with at least One Ambulatory or Preventive Care Visit

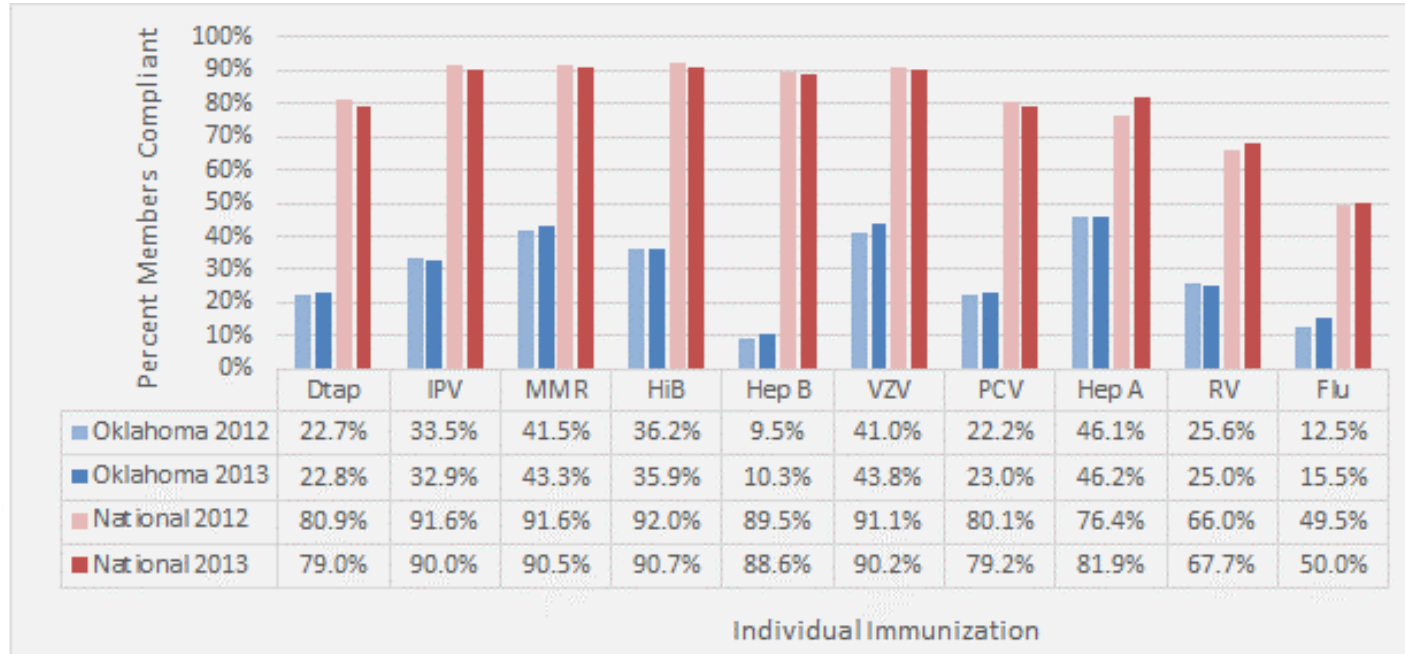


Source: Selected 2014 OHCA Quality Measure results (2013 data) as reported by PHPG. For the complete report go to the OHCA public website www.okhca.org under Research, then Studies and Evaluations.

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ACCESS TO CARE

SoonerCare Children Receiving Immunizations before Second Birthday



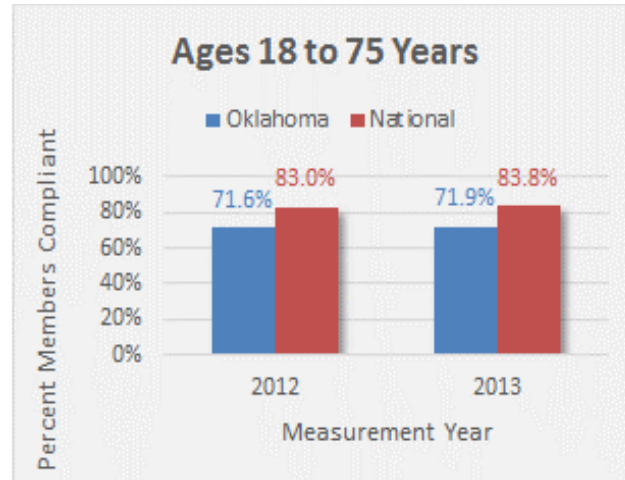
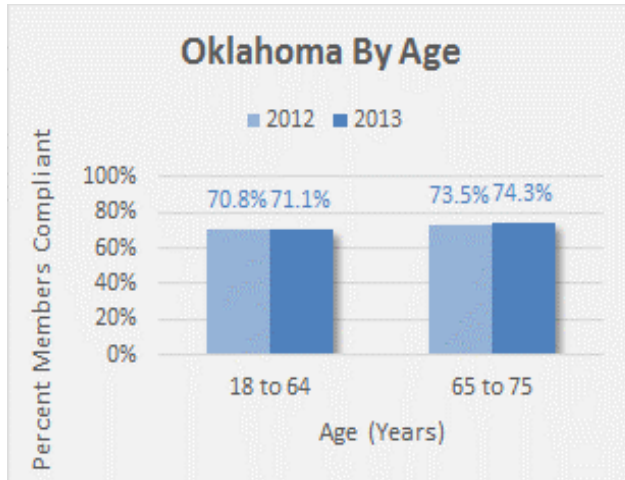
Source: Selected 2014 OHCA Quality Measure results (2013 data) as reported by PHPG. For the complete report go to the OHCA public website www.okhca.org under Research, then Studies and Evaluations.

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EFFECTIVENESS OF CARE

Members with Diabetes, HbA1c Testing



Source: Selected 2014 OHCA Quality Measure results (2013 data) as reported by PHPG. For the complete report go to the OHCA public website www.okhca.org under Research, then Studies and Evaluations.

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Medicaid Quality Measures

Adult Medicaid Quality Grant (AMQG)

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ADULT MEDICAID QUALITY GRANT (AMQG)

TWO-PRONGED APPROACH:

Provider Outreach

Academic Detailing

Process Improvement: Plan-Do-
Study-Act

Quality Improvement
Interventions - Toolkit

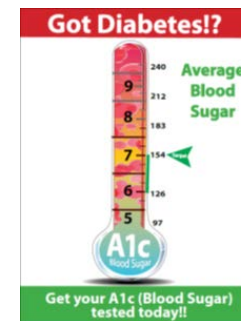
Provider Feedback Reports &
Unmet Need Reports

Member Outreach

Telephonic Educational
Outreach

Motivational Interviewing

Mass Call-to-Action Mailings



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PROVIDER PERFORMANCE FEEDBACK REPORT



Provider Performance Feedback Report

Provider Name: Dr. Jane Doe	Address: 123 4 th St., Arcadia, OK, 73036
Report Date: November 18, 2014	

- Outlines the provider's **compliance rate**
- Compares the provider's rates to the **state average**
- Reports distributed **quarterly**

Report Date	Cervical Cancer Screening: Compliant	Cervical Cancer Screening: NOT Compliant	Total Eligible	Percent Compliant (Compliant/ Total Eligible)	AMQG State Mean	AMQG State Median
Jan 15 th	40	63	103	38.83%	49.5%	47.3%
Feb 15 th	45	68	113	39.82%	45.1%	46.1%
Mar 15 th	49	70	119	41.18%	44.3%	53.8%
Apr 15 th	44	66	110	40%	43.3%	43.8%
May 15 th	49	54	103	47.57%	45.9%	46.5%
June 15 th	48	47	95	50.53%	46.2%	47.4%
July 15 th	48	44	92	52.17%	46.95%	47.37%
Aug 15 th	48	43	91	52.75%	47.24%	46.94
Sept 15 th	45	41	86	52.33%	46.22%	45.39%
Oct 15 th	52	40	92	56.52%	46.69%	46.15%
Nov 15 th	51	39	90	56.67%	46.91%	46.84%

Report Date	HbA1c Testing: Compliant	HbA1c Testing: NOT Compliant	Total Eligible	Percent Compliant (Compliant/ Total Eligible)	AMQG State Mean	AMQG State Median
Jan 15 th	12	1	13	92.31%	69.2%	72.4%
Feb 15 th	12	1	13	92.31%	68.6%	71.4%
Mar 15 th	12	4	16	75%	64.4%	66.7%
Apr 15 th	11	3	14	78.57%	63%	66.7%
May 15 th	10	3	13	76.92%	68.0%	72.7%
June 15 th	11	2	13	84.62%	69.8%	72.2%
July 15 th	13	1	14	92.86%	71.73%	72.73%
Aug 15 th	12	2	14	85.71%	71.62%	74.29%
Sept 15 th	9	2	11	81.82%	71.56%	72.73%
Oct 15 th	8	2	10	80%	65.97%	68.21%
Nov 15 th	8	2	10	80%	66.66%	68.29%



UNMET NEEDS REPORT

- An active list of SoonerCare members on the providers' panels who currently have a **gap in service**
- Distributed with the Provider Performance Feedback Report

Actual Hemoglobin A1C Unmet Needs Report For: H. Bennett										
Time Period: November 7, 2013- November 7, 2014										
Date: November 7, 2014										
Client ID	Full Client Name	Date of Birth	PMP Provider ID & Service Location	PMP Provider Name	Months of Program Eligibility	Sex Code	Age As Of Specified Date	Full Street Address	City/State/Zip Code	Phone Number With Area Code
00-XXXXXXX	Doe, Jane	1/1/1983	123456789A	Bennett, H.	8	F	31	123 S. 1st Street	Tulsa, OK,XXXXX	918-XXX-XXXX
00-XXXXXXX	Doe, John	2/2/1978	123456789A	Bennett, H.	1	M	36	321 S. 2nd Street	Tulsa, OK,XXXXX	918-XXX-XXXX
00-XXXXXXX	Doe, Jamie	3/3/1980	123456789A	Bennett, H.	9	F	34	147 N. 3rd Street	Tulsa, OK,XXXXX	918-XXX-XXXX
00-XXXXXXX	Doe, James	4/1/1975	123456789A	Bennett, H.	3	M	39	753 NW 59th Street	Tulsa, OK,XXXXX	918-XXX-XXXX
00-XXXXXXX	Doe, Jim	5/3/1989	123456789A	Bennett, H.	7	M	25	369 N. 58th Ave	Tulsa, OK,XXXXX	918-XXX-XXXX
00-XXXXXXX	Doe, Kirstin	1/2/1983	123456789A	Bennett, H.	5	F	31	789 E. 20th Blvd	Tulsa, OK,XXXXX	918-XXX-XXXX
00-XXXXXXX	Doe, Harriet	2/4/1979	123456789A	Bennett, H.	12	F	35	456 E. 70th Street	Tulsa, OK,XXXXX	918-XXX-XXXX
00-XXXXXXX	Doe, Melissa	10/12/1975	123456789A	Bennett, H.	4	F	39	123 W. 10th Street	Tulsa, OK,XXXXX	918-XXX-XXXX
00-XXXXXXX	Doe, Kendrick	12/25/1990	123456789A	Bennett, H.	10	M	24	159 SW. 39th Ave	Tulsa, OK,XXXXX	918-XXX-XXXX
00-XXXXXXX	Doe, Ameena	11/25/1953	123456789A	Bennett, H.	2	F	61	147 N. 3rd Street	Tulsa, OK,XXXXX	918-XXX-XXXX
00-XXXXXXX	Doe, Misha	11/29/1984	123456789A	Bennett, H.	9	F	30	769 Tulsa Ave	Tulsa, OK,XXXXX	918-XXX-XXXX
00-XXXXXXX	Doe, Jane	2/14/1965	123456789A	Bennett, H.	7	F	49	147 N. 3rd Street	Tulsa, OK,XXXXX	918-XXX-XXXX
00-XXXXXXX	Doe, John	5/17/1959	123456789A	Bennett, H.	11	M	55	321 S. 2nd Street	Tulsa, OK,XXXXX	918-XXX-XXXX
00-XXXXXXX	Doe, James	7/4/1992	123456789A	Bennett, H.	1	M	22	123 S. 1st Street	Tulsa, OK,XXXXX	918-XXX-XXXX

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MEMBER ENGAGEMENT (JUNE 1, 2013 – JUNE 30, 2015)

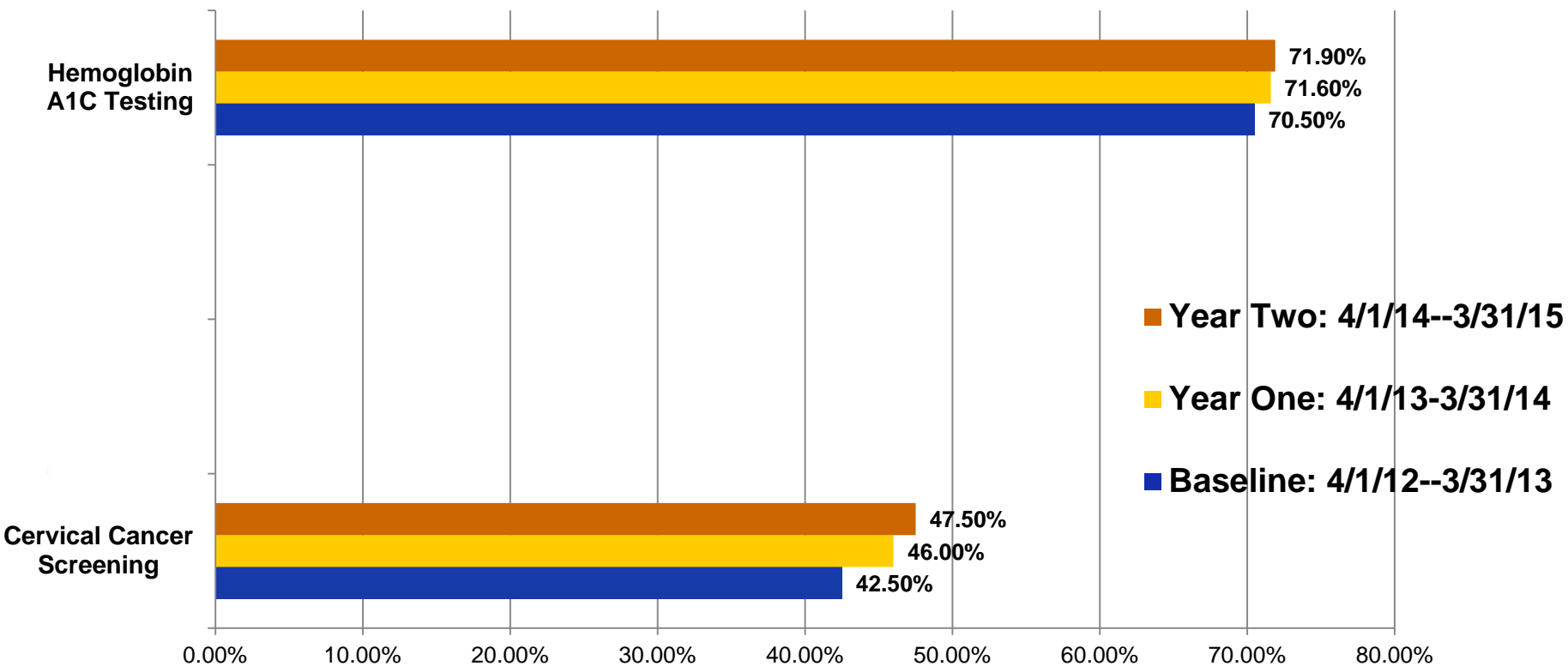
Outreach Type/Participation	Total
Members Contacted	3,804
Hemoglobin A1C Testing Assessments Completed	119
Cervical Cancer Screening Assessments Completed	748
Educational Materials Mailed to Members Contacted	2,751
Call-to-Action Postcards (March 2015)	73,934

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AMQG INITIAL GOAL

{CCS ↑3.5% & HBA1C ↑5%}



114 Providers Participating with AMQG out of the

Selected 354 Providers (Patient Centered Medical Homes) who were not working with any other initiative at OHCA.

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WEDNESDAY: SESSION 5

**Interactive Planning Sessions Recap
in
Stanton L. Young, ABC**

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Strategic Planning Conference 2015

Thursday, August 13, 2015
Embassy Suites, Oklahoma City, OK

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THURSDAY: SESSION 8

Presentation Session

Member Engagement

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THURSDAY: SESSION 8

Member Engagement

Moderator:

- Ed Long, Chief of Communications, Outreach and Reporting, OHCA

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THURSDAY: SESSION 8

Presenters:

- Kendall Brown, Digital Communications Coordinator, OHCA
- Daryn Kirkpatrick, Health Promotions Program Manager, OHCA
- Melody Bays, SoonerQuit Health Promotions Manager, OHCA
- Joni Bruce, Oklahoma Family Network

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Member Engagement

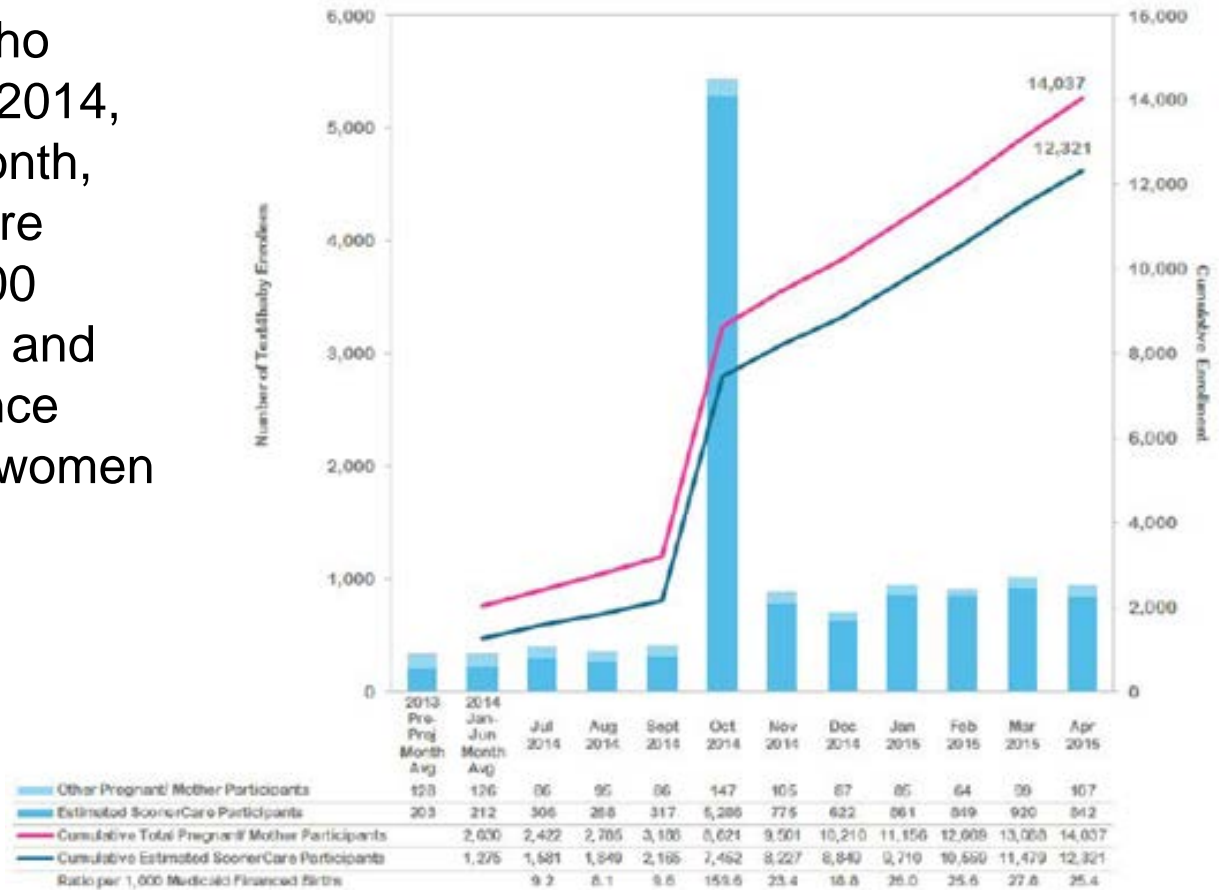
Oklahoma's Mobile Health Enrollment
Strategies

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INNOVATIVE AND NATION'S LEADER

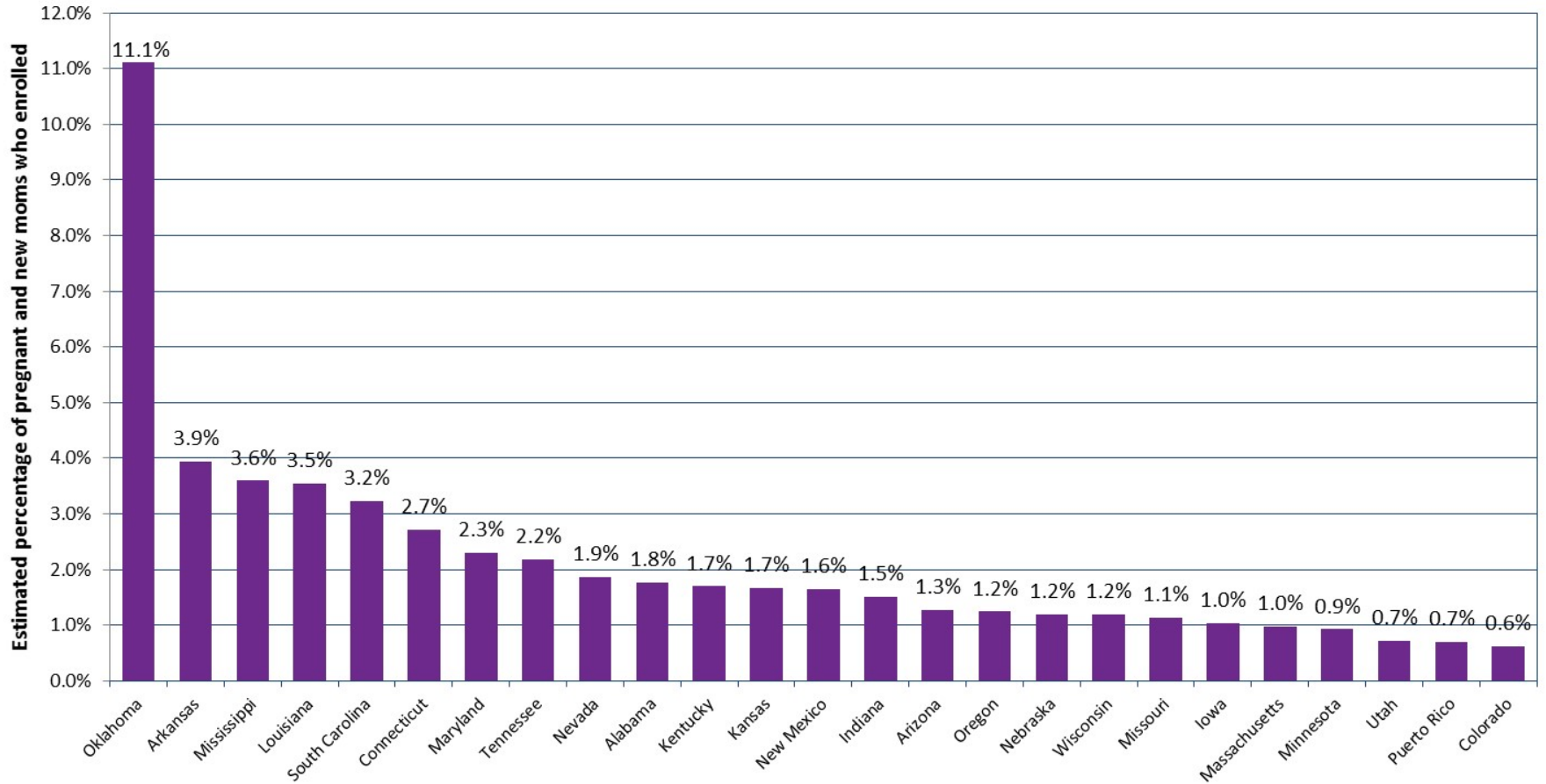
Text4Baby participants who enrolled between July 1, 2014, and April 30, 2015, by month, with estimated SoonerCare status and ration per 1,000 Medicaid-financed births, and cumulative enrollment since project launch, pregnant women and mothers, Oklahoma



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Ranking of Medium States by Cumulative New Unique Users Since Contest Start 5/10/15 - 7/18/15



Rates expressed as a percentage of new Text4baby users out of estimated new pregnancies and births in state since contest start

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Member Advisory Task Force



- Mission: To improve the SoonerCare Choice program by receiving input and feedback from members and their families
- Role:
 - Provide information to the Oklahoma Health Care Authority (OHCA) regarding issues which are an important part of the members' health care needs
 - Educate the OHCA staff regarding the needs of consumers to assure services are received in a way preferred by the members
 - Recommend potential changes to current services and/or policies
 - Offer new ideas for services/policies

Member Advisory Task Force

MATF Impact for FY 2015

- Incontinent Supplies now covered for children through EPSDT
 - Challenge: Working through educating other agencies, providers, families
- 5 Member Publications Reviewed and Edited
 - Recommendation of “MATF Stamp of Approval”
- Families Reviewed 29 Policy Changes to Provide Consumer Wisdom
 - Included 3 MATF Members and other consumers
 - Outcome: Family perspective of impact on family provided to OHCA
 - Challenge: Input needed earlier to assure OHCA had time to review comments and act
- MATF/Advisory Panel of Physicians Combined Meeting
 - Outcome: Understanding across perspectives of all participants, desire to work together on challenges
 - Challenge: Scheduling



Member Advisory Task Force

MATF Plans for FY 2016

Need for additional perspectives:

- Foster Families
- American Indian Families
- Family Member from SW Oklahoma
- Urban Family Member

Identify Additional Opportunities for Consumer Voice

Solidify Advocacy Network for SoonerCare Members

Question for Participants: How might OFN engage a larger number of SoonerCare Members for input to the agency?

THURSDAY: SESSION 9

Interactive Planning Session

Infant to Adult Care

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THURSDAY: SESSION 9

Infant to Adult Care

Facilitator:

- Shelly Patterson, Director of Health Promotions and Community Relations, OHCA

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THURSDAY: SESSION 9

Subject Matter Experts:

- Rebekah Gossett, Care Management Supervisor, OHCA
- Leon Bragg, Chief Dental Officer, OHCA
- Courtney Barrett, Dentist, OHCA
- Paul Darden, Associate Professor of Pediatrics, Head of the Division of General and Community Pediatrics, OUHSC
- John F. Raizen, Child Psychiatrist, OHCA

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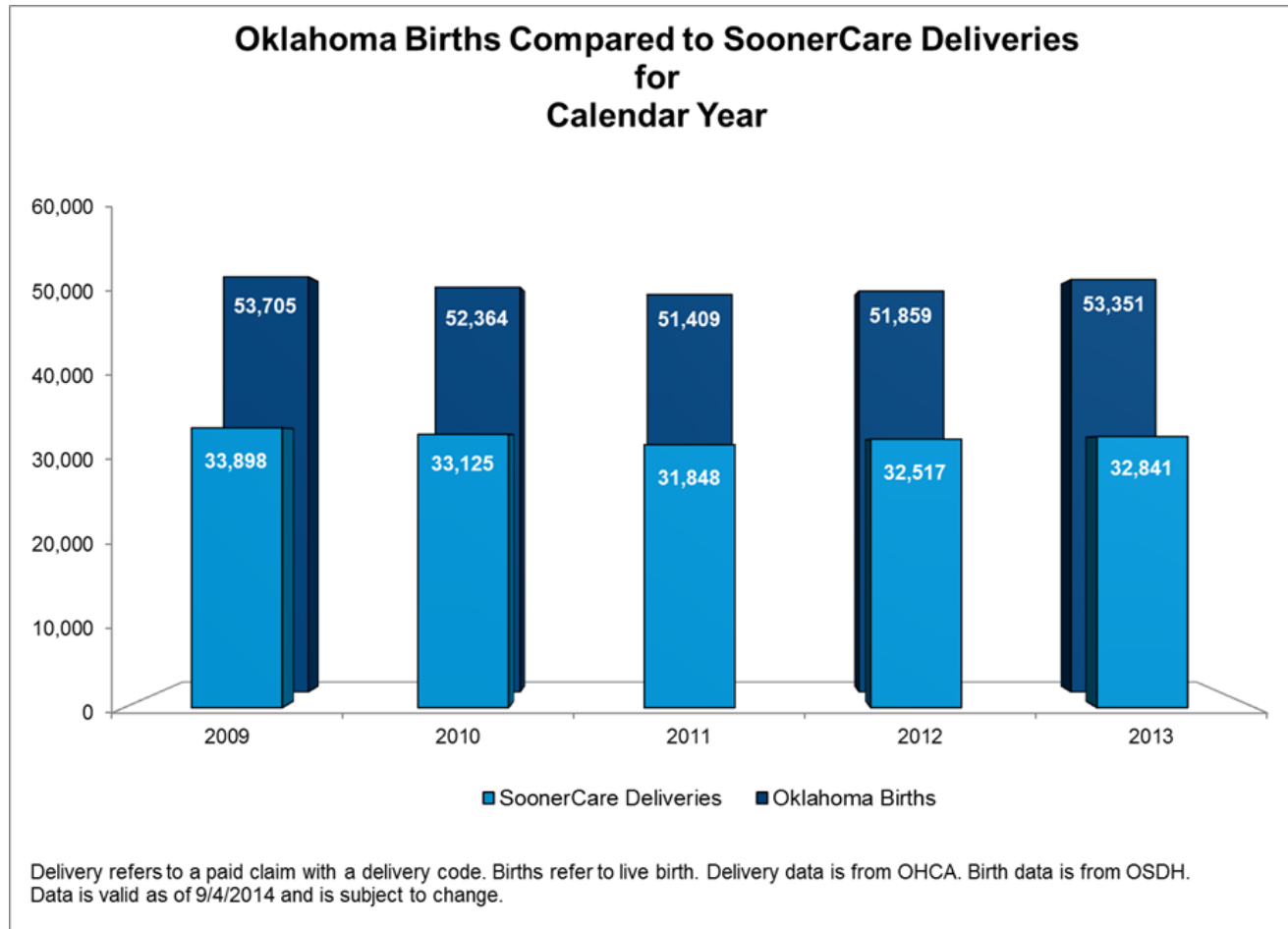
Infant to Adult Care

SoonerCare & Pregnancy

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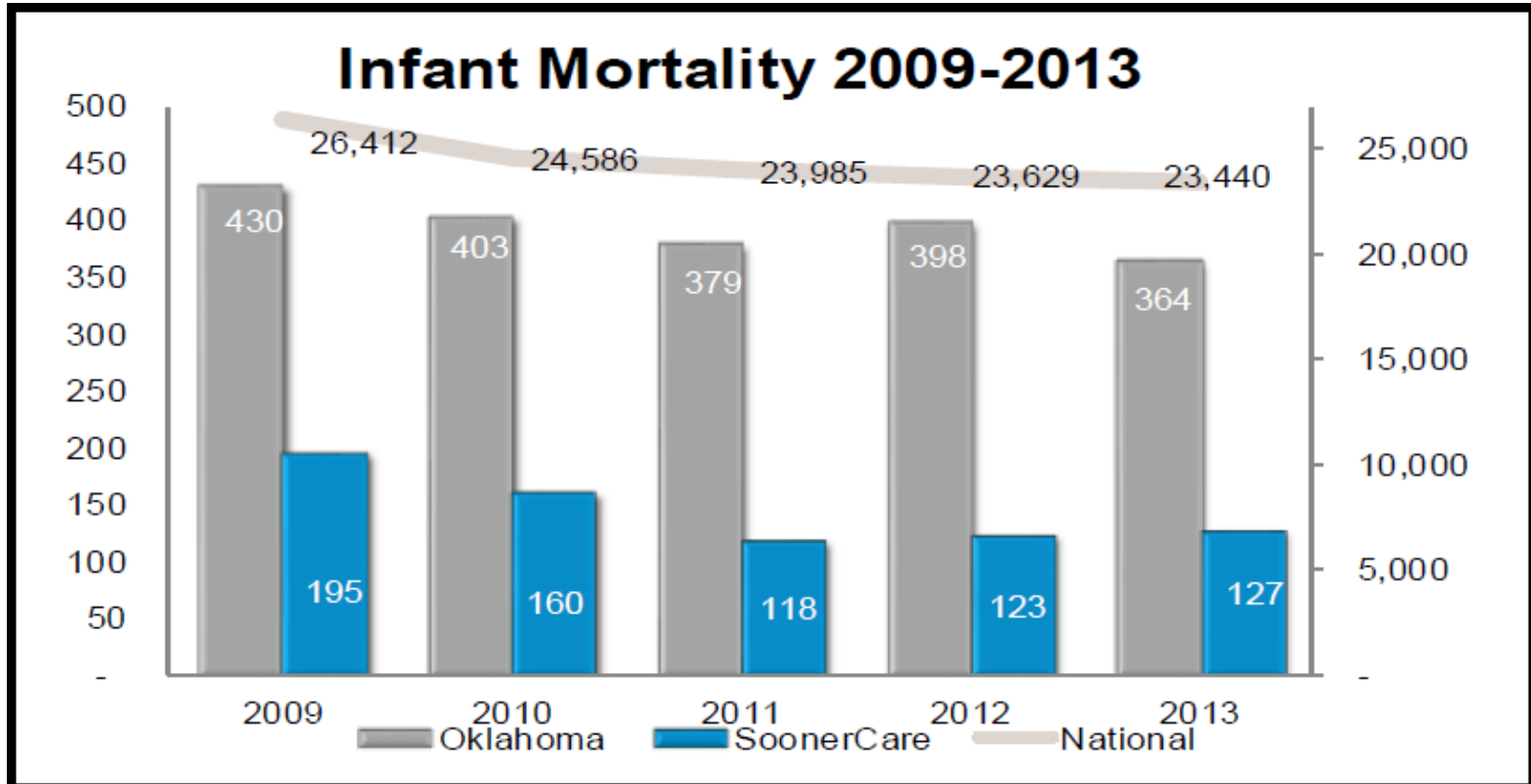


SOONERCARE & PREGNANCY



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INFANT MORTALITY 2009 - 2013



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EARLY CHILDHOOD CARE



- **Infant Mortality Reduction**
- **Centering Infant Outreach**
- **At – Risk Newborn Case Management**
- **Synagis Case Management**

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TARGETED COUNTIES & THEIR IMR

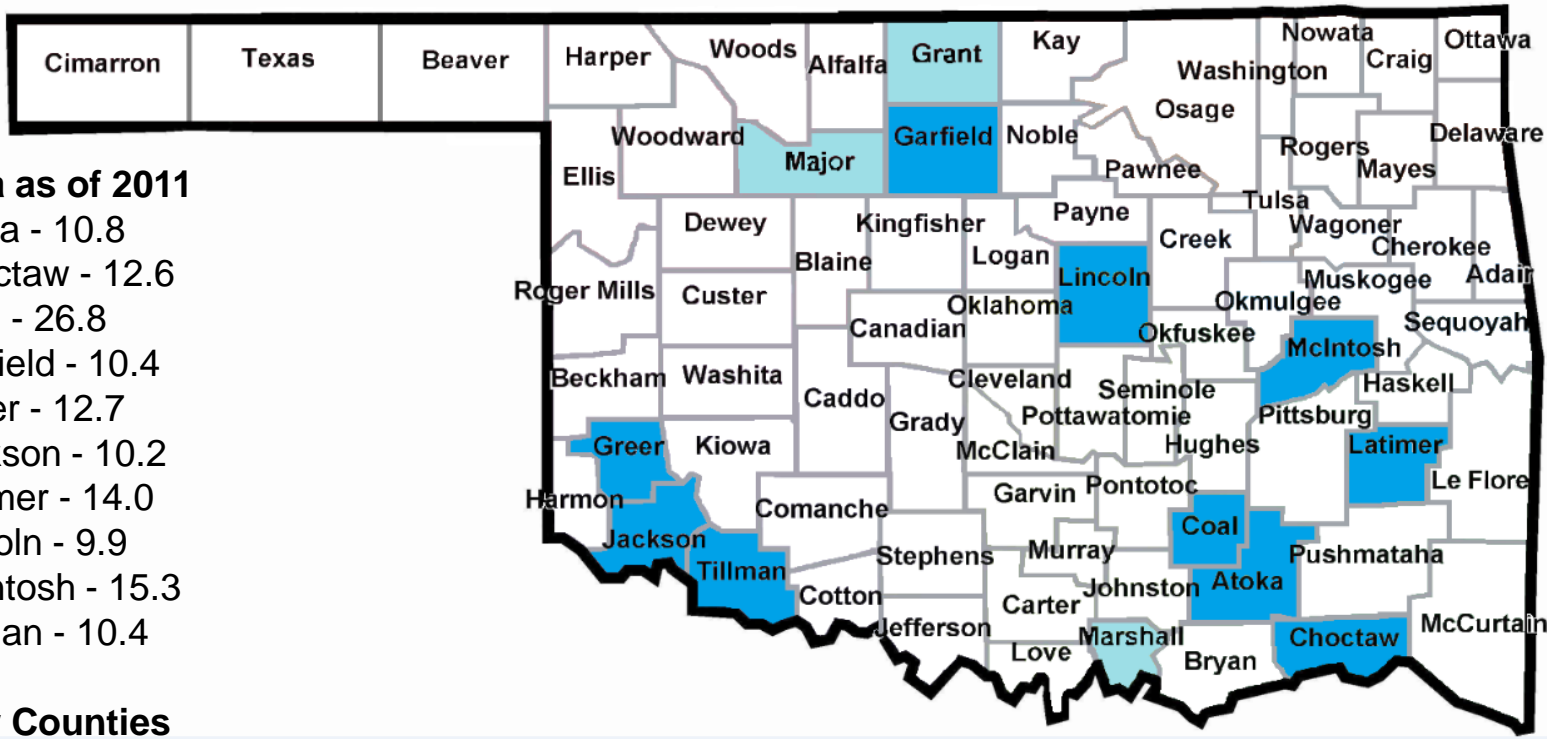
Data as of 2011

Atoka - 10.8
 Choctaw - 12.6
 Coal - 26.8
 Garfield - 10.4
 Greer - 12.7
 Jackson - 10.2
 Latimer - 14.0
 Lincoln - 9.9
 McIntosh - 15.3
 Tillman - 10.4

New Counties

Grant - 19.3
 Major - 43.3
 Marshall - 24.9

*IMR per 1,000 live births



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PROJECT IMR EVALUATION

**IMR for the program
sample is lower than the
comparison sample**



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ADOLESCENT CARE

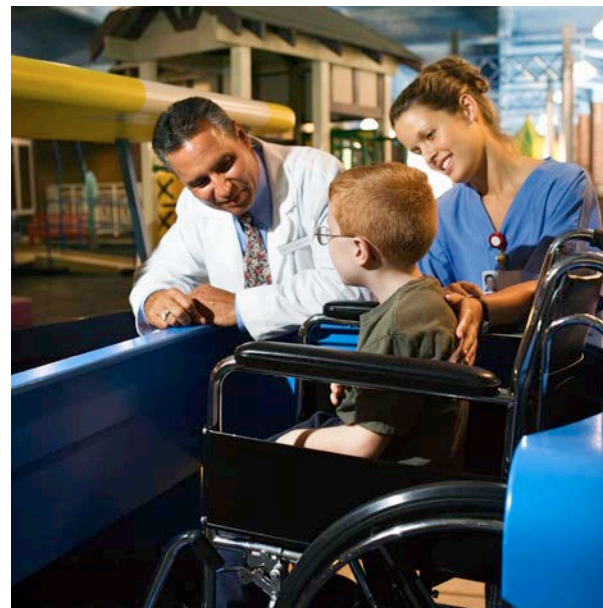


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MEMBERS WITH CHRONIC CONDITIONS OR SPECIAL NEEDS

- Hemophilia
- Sickle Cell
- Asthma
- Private Duty Nursing



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Infant to Adult Care

SoonerCare Dental Benefits

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Providers

- Types
- Claim Tools
- Enrollment
- Forms
- Secure Sites
- Policies & Rules
- Training
- Updates
- Help

[Home](#) > [Providers](#) > [Types](#)

Dental



What We Do

- Administrative Rules
- Fee Schedules
- Forms
- Prior Authorizations
- Reconsiderations
- Periodicity
- Smiles for Children
- X-Rays
- Special Waivers
- OHCA Dental Newsletter

SOONERCARE DENTAL BENEFITS

Children under 21

Diagnostic

Preventive

Restorative

Endodontics

Periodontics

Fixed Prosthodontics

Removable Prosthodontics

Oral & Maxillofacial Surgery

Orthodontics

Adults

Limited Diagnostic

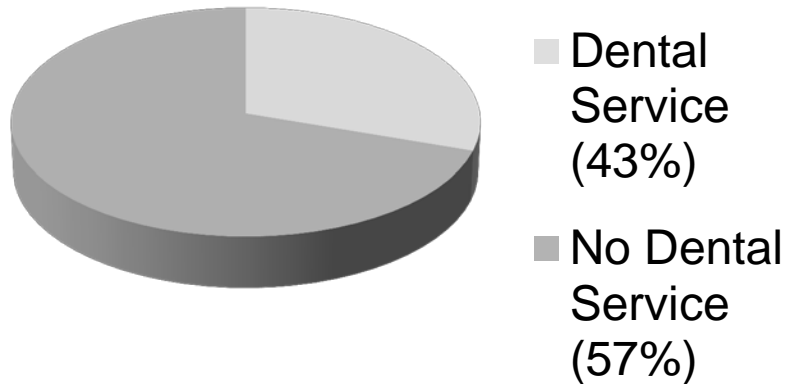
Emergency Extractions

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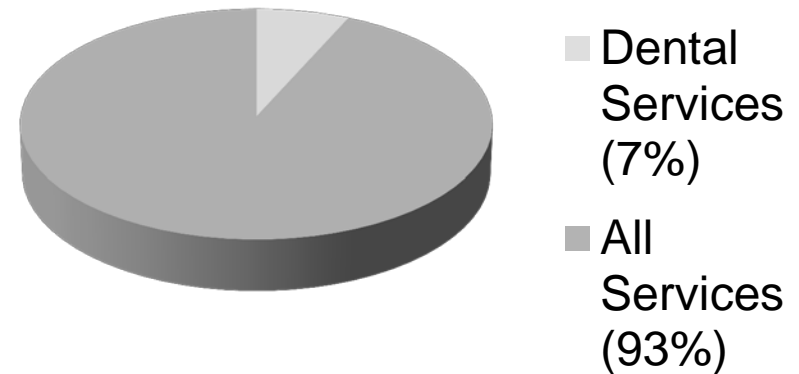
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DENTAL UTILIZATION AND EXPENDITURES SOONERCARE CHILDREN SFY 2014

SoonerCare Child Members Served



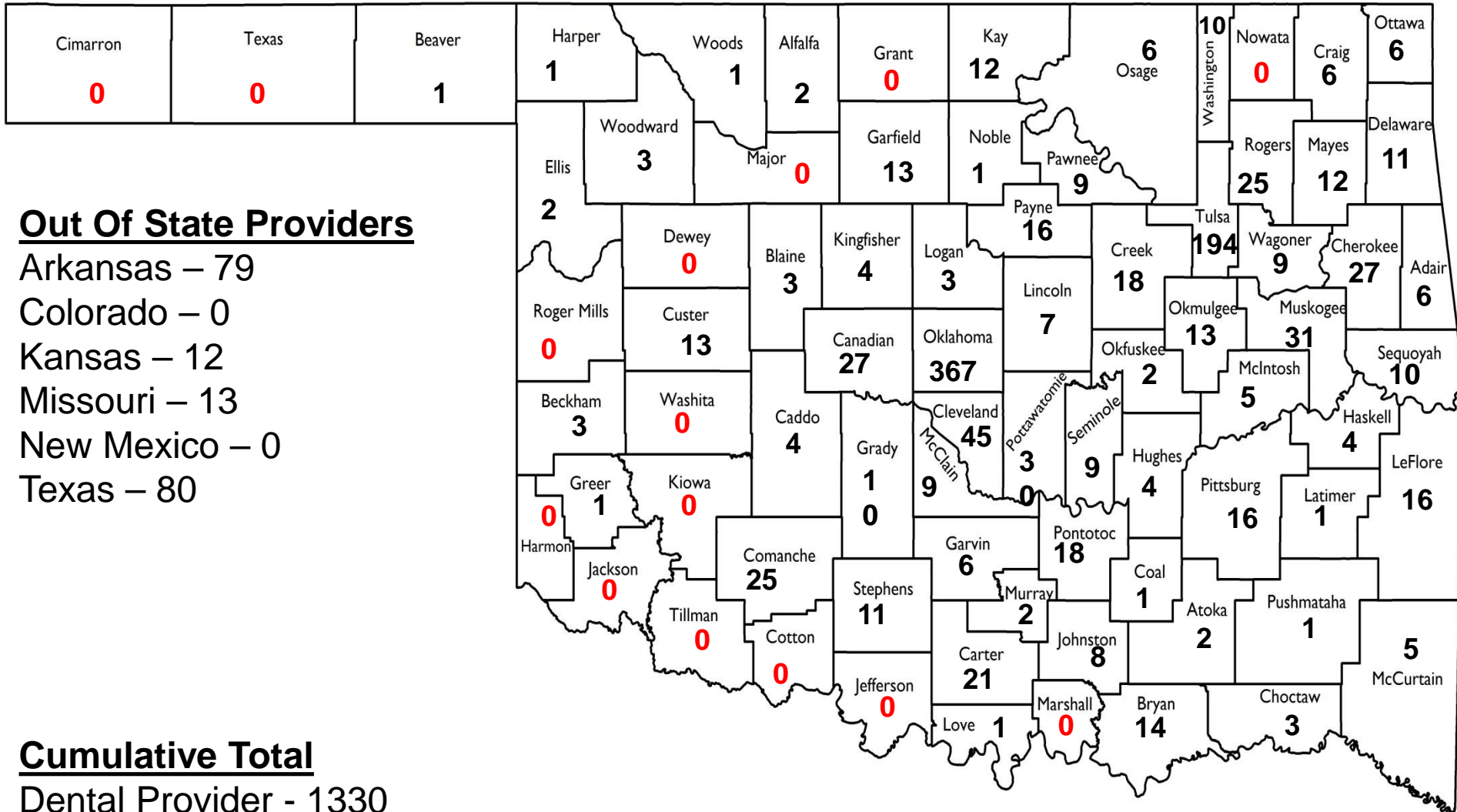
SoonerCare Children Expenditures



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Dental Providers

July 2015



Tooth decay is the most common childhood disease.



**Early Childhood
Caries**



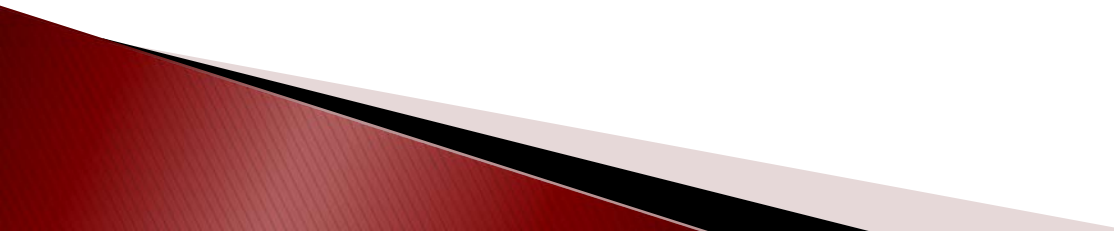
**Although all children are at risk, tooth decay is preventable.
The dental health of our kids is a priority.**



Infant to Adult Care

Paul M. Darden, M.D.
Professor and James Paul Linn Chair
Chief, Section of General and Community Pediatrics
Department of Pediatrics
OUHSC

August 13, 2015



Pediatric Specialists (OK) vs. National Avg.

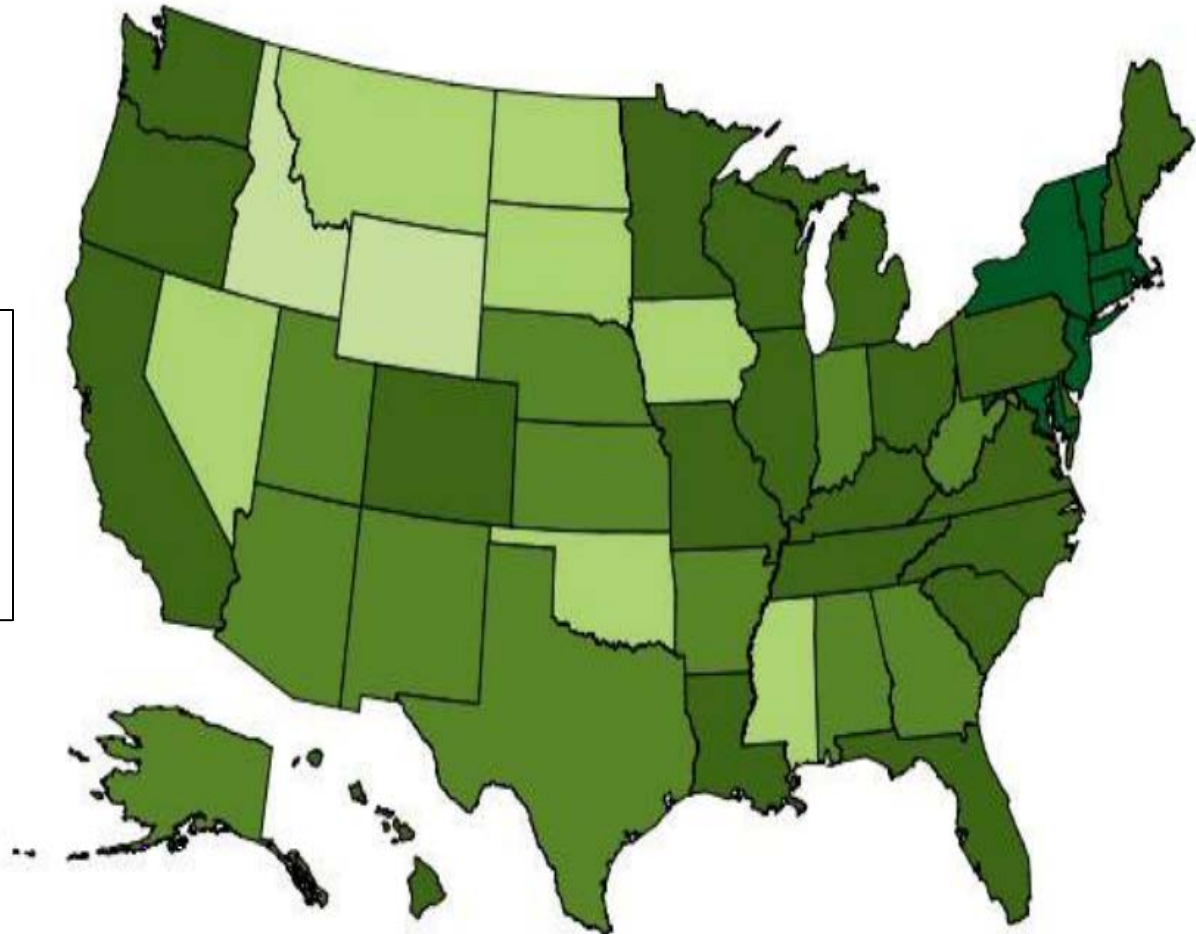
Specialty	Dept. of Peds	National Avg.
Adolescent Medicine	0.3	0.7
Cardiology	1.3	2.9
Critical Care	1.1	2.9
Dev/Behavioral Peds	0.3	0.8
Emergency Medicine	1.1	2.5
Endocrinology	1.1	1.6
Gastroenterology	0.9	1.7
Hematology/Oncology	1.4	2.6
Infectious Diseases	0.5	1.5
Neonatal Perinatal	3.3	5.7
Nephrology	0.6	0.8
Pulmonology	0.3	1.3
Rheumatology	0.0	0.4
Gen Peds (Statewide)	42.8	77.1

(per 100,000 children, 2014)

Relative Distribution of ABP General Pediatrics Diplomates by State

(Total diplomates ever certified* as of December 31, 2014)

US - 1 pediatrician for every 1,297 children
 OK - 1 pediatrician for every 2,338 children



Pediatrician-to-Child Ratio

1:2,500+
 1:2,000-2,499
 1:1,500-1,999
 1:1,000-1,499
 1:1-999

*Note: The number of diplomates includes only generalists under the age of 66 with known addresses as of 12/31/2014.

Access-Challenge Index Scores for States, According to Rank.*

State	Rank	Access-Challenge Index	State	Rank	Access-Challenge Index
<i>Average</i>		100.0	North Dakota	26	97.1
Oklahoma	1	212.6	New Mexico	27	92.0
Georgia	2	190.7	New Hampshire	28	90.9
Texas	3	187.1	New Jersey	29	89.4
Louisiana	4	177.5	California	30	88.8
Arkansas	5	158.6	Maryland	31	86.8
Nevada	6	154.3	Iowa	32	86.6
North Carolina	7	144.5	South Dakota	33	83.3
Kentucky	8	140.4	Arizona	34	81.8
Alabama	9	129.3	Montana	35	81.6
Ohio	10	128.2	Wisconsin	36	79.7
South Carolina	11	126.1	Alaska	37	79.1
Indiana	12	125.3	Illinois	38	78.0
Wyoming	13	125.0	Colorado	39	77.4
Mississippi	14	123.7	Pennsylvania	40	75.6
Virginia	15	120.7	Hawaii	41	64.7
Florida	16	117.9	Delaware	42	62.7
Utah	17	116.9	West Virginia	43	58.7
Oregon	18	115.0	Washington	44	57.8
Michigan	19	114.8	Connecticut	45	48.8
Tennessee	20	112.1	Rhode Island	46	46.0
Kansas	21	110.8	New York	47	43.4
Nebraska	22	108.8	Maine	48	37.2
Missouri	23	108.2	District of Columbia	49	28.1
Idaho	24	103.8	Vermont	50	17.0
Minnesota	25	100.2	Massachusetts	51	15.2

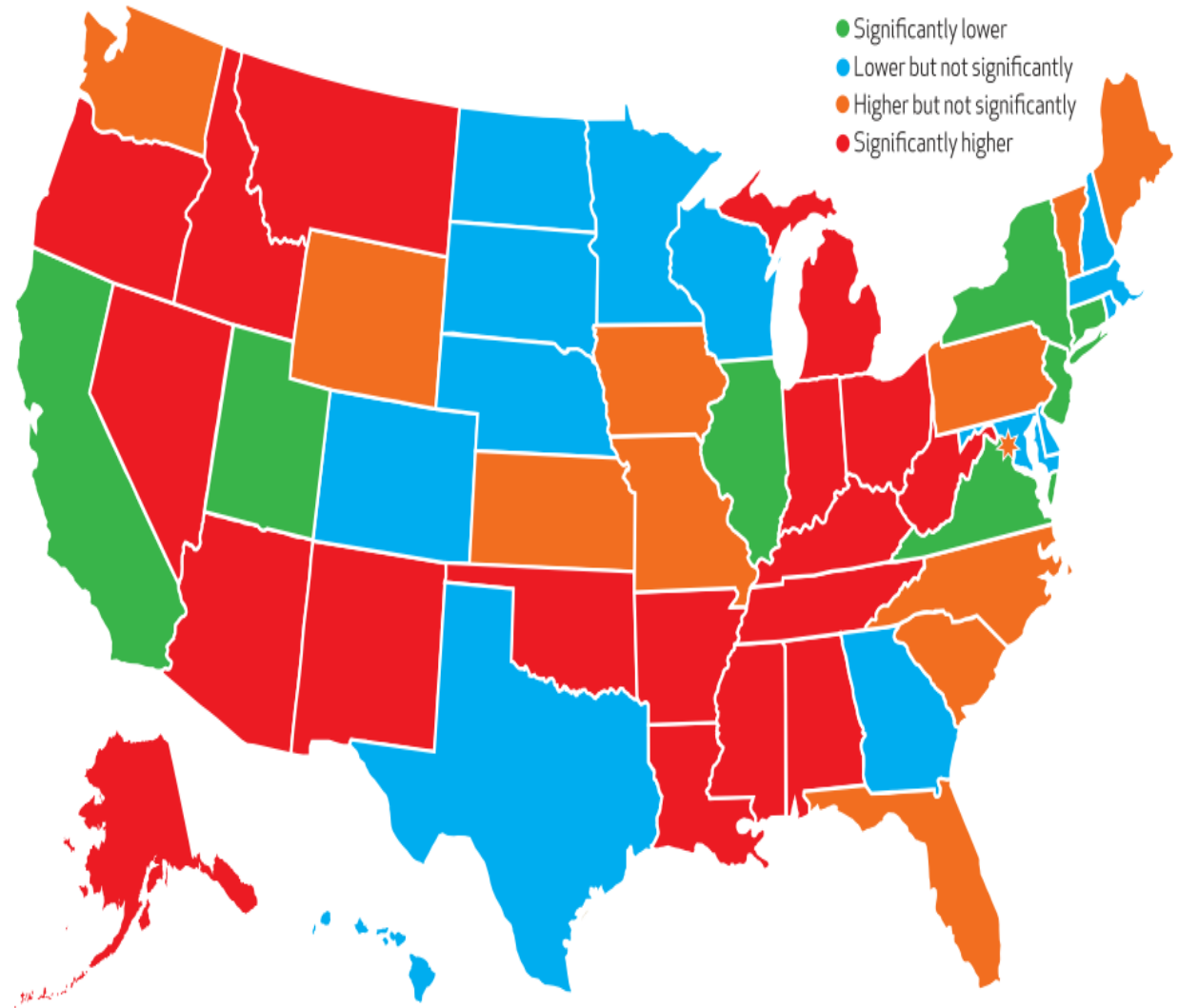
* Access-challenge index scores were calculated as the ratio of Medicaid expansion to primary care capacity in each state, with an average score of 100. States with access-challenge scores above 100 are predicted to have higher-than-average Medicaid expansions relative to their current primary care capacity.

Ku L, Jones K, Shin P, Bruen B, Hayes K. The states' next challenge—securing primary care for expanded Medicaid populations. *The New England journal of medicine*. 2011;364(6):493-495.

Social Gradients In US Children’s Health Outcomes, School Outcomes, And Adverse Family Experiences, 2011-12

	Percent of federal poverty level			
	<100	100-199	200-399	400+
HEALTH OUTCOMES				
Children in fair or poor overall health	7.1	3.5	2.0	0.8
Children ages 0-17 with a special health care need	20.8	19.9	19.6	19.2
Children ages 0-17 with asthma	11.6	8.7	8.1	7.3
Children ages 1-17 with an oral health problem	25.9	23.1	16.7	11.8
Children ages 10-17 who are overweight or obese by parent report	44.7	37.3	28.7	21.9
Children ages 2-17 with attention deficit hyperactivity disorder	9.5	8.4	7.5	6.7
Children ages 2-17 with behavioral or conduct problems	5.9	3.8	2.6	1.3
Children ages 2-17 with depression	3.5	2.5	2.0	1.0
Children ages 2-17 with developmental delay	4.7	3.9	3.4	2.6
Children ages 3-17 with learning disability	12.2	7.9	7.4	5.6
SCHOOL OUTCOMES				
Children ages 6-17 who missed 11 or more school days in past year	8.2	6.8	6.1	4.4
Children ages 6-17 who have an individualized education program	14.4	11.0	11.5	9.2
Children ages 6-17 who have repeated a grade	18.0	10.8	6.5	4.0
ADVERSE CHILDHOOD EXPERIENCES				
Children with one or more adverse childhood experiences ^a	66.6	59.0	45.1	27.0

Prevalence Of Children Ages 0-17, By State, Who Experienced Two Or More Of The Nine Adverse Childhood Experiences Evaluated In The 2011-12 National Survey Of Children's Health



Bethell CD, Newacheck P, Hawes E, Halfon N.
 Adverse childhood experiences: assessing
 the impact on health and school engagement
 and the mitigating role of resilience.
Health affairs (Project Hope).
 2014;33(12):2106-2115.

SOURCE Authors' analysis of data from the 2011-12 National Survey of Children's Health. **NOTES** The map shows prevalence in each state compared to the US average. In the key, lower indicates better performance. Nationwide, 22.6 percent of children experienced two or more of the nine adverse childhood experiences. The state with the lowest percentage of such children (16.3 percent) was New Jersey; the state with the highest percentage (32.9 percent) was Oklahoma. Statistical significance indicates $p < 0.05$.

Infant to Adult Care

OHCA Behavioral Health

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OHCA BEHAVIORAL HEALTH DEPARTMENT

- 1. Authorize inpatient psychiatric hospitalizations for children up to the age of 21.**
- 2. Monitors for quality of care, least restrictive level of care, and for meeting active treatment requirements.**
- 3. Comprised of 14 Licensed Therapists (LPC, LMFT or LCSW), 1 Registered Nurse and 4 child and Adult Psychiatrists.**
- 4. On average 3,000 inpatient psychiatric reviews are prior authorized per month.**
- 5. Oversees the expenditure of \$106,300,725, of psychiatric inpatient prior authorizations (Acute and Residential levels of care) Oklahoma Medicaid dollars per year.**

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ADVANTAGES / DISADVANTAGES OF INPATIENT TREATMENT

Advantages: More intensive and maintaining safety to self / others.

Disadvantages: Separation from family and community, learned negative behaviors.

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Authority

PREDICTORS OF BEST OUTCOME OF PSYCHIATRIC INPATIENT TREATMENT

- 1. Active family or guardian involvement**
- 2. Active discharge planning**
- 3. Effective and appropriate transition planning back home to outpatient treatment setting.**
- 4. Availability of sufficient outpatient resources and support.**

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WISH LIST

1. **Medicaid to fund outpatient and inpatient alcohol and substance abuse treatment.**
2. **Increased funding and services for developmental disabled children and adolescents.**
3. **More foster care homes for custody children.**
4. **Earlier screening, identification and treatment for trauma.**

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THURSDAY: SESSION 10

Interactive Planning Session

**Obstetric Initiatives,
Successes and
Challenges**

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THURSDAY: SESSION 10

Obstetric Initiatives, Successes and Challenges

Facilitator:

- Sylvia Lopez, Chief Medical Officer, OHCA

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THURSDAY: SESSION 10

Subject Matter Experts:

- Yasmine Barve, Medical Administration Manager, OHCA
- Chad Michael Smith, OUHSC OKC, Department of OB-Gyn, Assistant Professor
- Jill Nobles Botkin, Administrative Program Manager, Maternal and Child Health Services, Perinatal and Reproductive Health Division, OSDH
- Christine Taylor, private medical practice, Durant, OK

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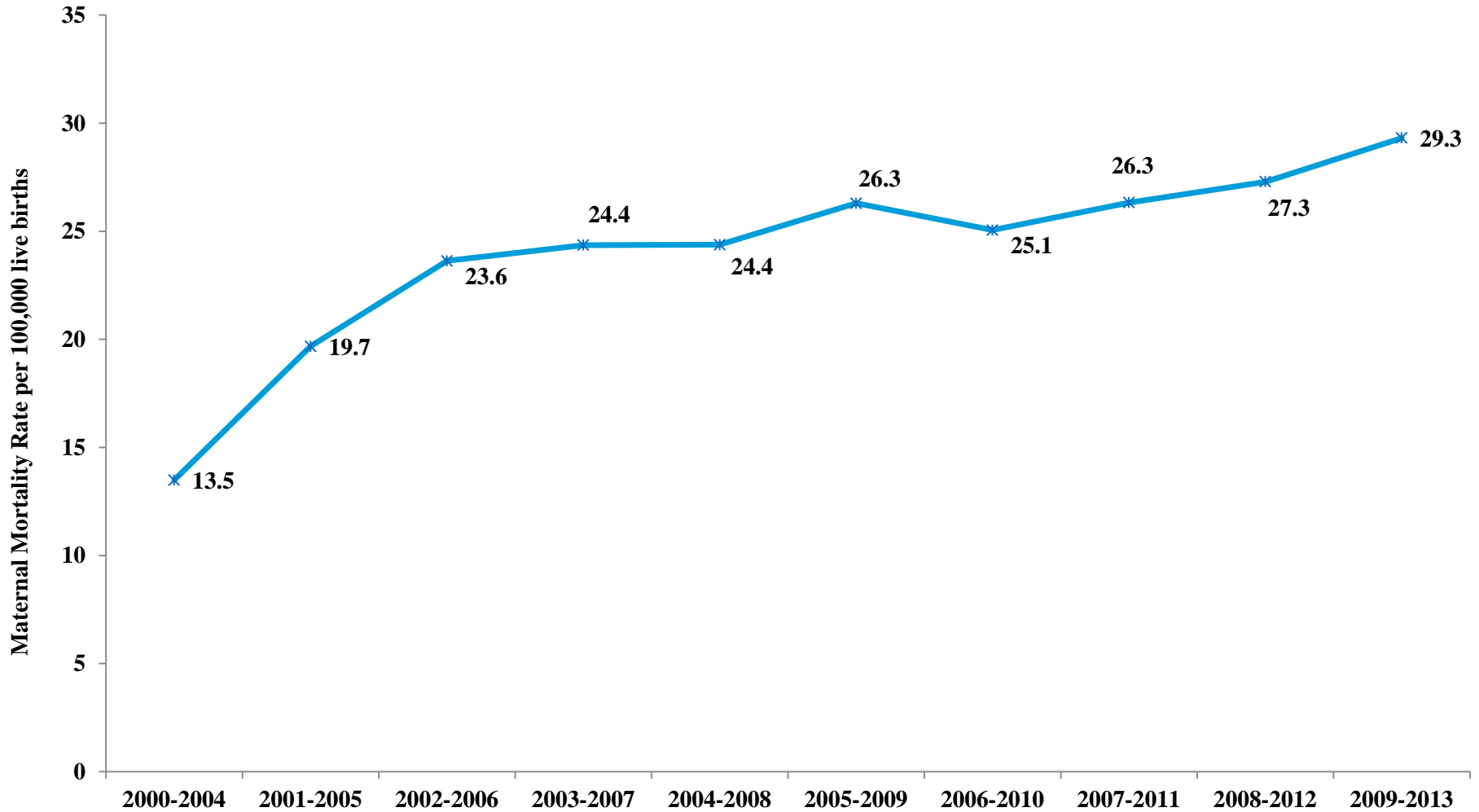
Maternal Mortality in Oklahoma

AMCHP
Every Mother Initiative
Site Visit
July 24, 2015

Dana Coles, MPH
Oklahoma State Department of Health
Perinatal & Reproductive Health Epidemiologist



Maternal Mortality 5 Year Rate, Oklahoma, 2000–2013



Maternal Mortality Review

- ▶ Joint Effort between the OSDH and OSMA
- ▶ Originated in 1950
 - Maternal Mortality Ratio in 1950 – 95.1 / 100,000 live births
 - By 1979, decreased 91.5% to 8.1
 - 2009–2013 the MMR was 29.3
- ▶ Healthy People 2010 Goal = 3.3
- ▶ Healthy People 2020 Goal = 11.4
- ▶ After several years of inactivity, OSDH re-established the MMR committee in 2009



Preconception Health Status of New Mothers in Oklahoma, PRAMS 2009–2011

Pre-pregnancy Health	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic American Indian	Non-Hispanic Other	Hispanic
<u>Pre-pregnancy BMI</u>					
Underweight	4.2	5.7	6.1	7.1	–
Normal	50.1	41.3	41.7	49.4	41.9
Overweight	24.4	27.0	23.6	25.8	24.7
Obese	21.3	26.1	28.6	17.6	29.0
Smoking 3 months before pregnancy	37.3	27.9	46.0	27.7	12.1
Drinking 3 months before pregnancy	57.3	38.8	48.6	48.2	27.3
Checked or treated for high BP	6.6	17.8	10.5	7.8	9.5
Checked or treated for diabetes	4.4	12.8	15.5	3.3	10.9

Risk Factors for Poor Health

- ▶ Among women 18–44 years old in the state the 2013 BRFSS found:
 - 14.0% reported having high blood pressure
 - 9.9% reported current asthma
 - 25.5% current smokers
 - 59.9% overweight and obese
 - 4.0% Diabetes

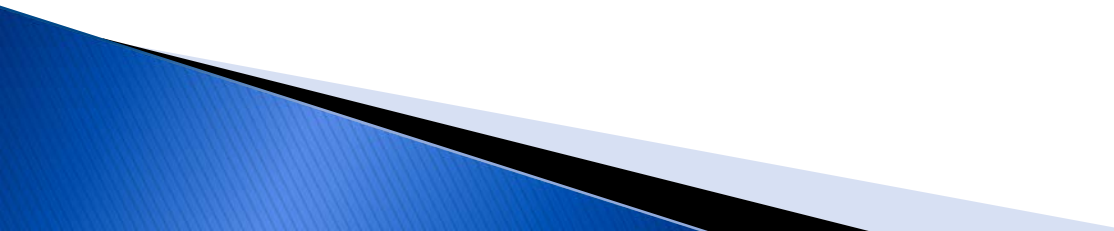
Obesity

- In 2013, 31.4% of adult Oklahoma women were classified as obese. (BRFSS)
- Less than half of females in Oklahoma were at a normal weight (BMI between 18.9–24.9) prior to pregnancy (PRAMS, 2011)

Diabetes

- ▶ In 2013, Oklahoma ranked the 4th highest in diabetes mortality rate in the nation (NSVR, final death data, 2013)
- ▶ 10.6% of Oklahoma women (\geq 18 years old) reported having diabetes in 2012 (Diabetes Prevention and Control Program)
- ▶ Non-Hispanic American Indian women reported higher prevalence of diabetes (19.3%) than non-Hispanic white women (10.3%) (Diabetes Prevention and Control Program)
- ▶ In 2012, there were 7,007 hospital admissions with diabetes as the primary diagnosis with charges totaling \$206.7million (Oklahoma State Department of Health, Chronic Disease Service)

Tobacco

- ▶ In 2013, 25.5% of adult women (aged 18–44) in Oklahoma were current smokers (BRFSS)
 - ▶ 30.6% of women reported smoking in the 3 months prior to pregnancy (PRAMS, 2011)
 - ▶ 18% of women continued smoking through the last 3 months of pregnancy (PRAMS, 2011)
- 

Heart Disease

- ▶ In 2012, 19,058 hospital stays related to heart disease at a cost of \$857 million
- ▶ In 2012, heart disease death rates were highest among non-Hispanic African Americans/Blacks and American Indians. These rates were nearly twice as high as the rate among Hispanics.
- ▶ In 2010–2012 combined, the percent of premature deaths from heart disease (those occurring in individuals under the age of 75) was 38.4% for non-Hispanic Whites, 58.2% for non-Hispanic African Americans/Blacks, 55.5% for non-Hispanic American Indians, and 58.8% for Hispanics.

Data sources for this fact sheet include Vital Records (available on www.health.ok.gov/ok2share and <http://wonder.cdc.gov>), Inpatient Hospital Discharge Data, and the Oklahoma Behavioral Risk Factor Surveillance System (BRFSS).
Oklahoma State Department of Health, Chronic Disease Service

Heart Disease

- ▶ 2011–2013, 3rd leading cause of death in Oklahoma for females aged 15–44
- ▶ In 2013, 1 in 25 Oklahoma adult females reported having had a heart attack (BRFSS)
- ▶ In 2013, 39.7% females have been told they have high cholesterol (BRFSS)
- ▶ In 2013, 35.6% females have been told they have high blood pressure (BRFSS)

Data sources for this fact sheet include Vital Records (available on www.health.ok.gov/ok2share and <http://wonder.cdc.gov>), Inpatient Hospital Discharge Data, and the Oklahoma Behavioral Risk Factor Surveillance System (BRFSS)
Oklahoma State Department of Health, Chronic Disease Service

Thank You



THURSDAY: SESSION I I

**Interactive Planning Sessions Recap
in
Stanton L. Young, ABC**

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Strategic Planning Conference 2015

Friday, August 14, 2015

Embassy Suites, Oklahoma City, OK



FRIDAY: SESSION 12

Presentation Session

**Emergency Room (ER)
Utilization**

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FRIDAY: SESSION 12

Emergency Room (ER) Utilization

Presenters:

- Kevin Rupe, Director, Member Services, OHCA
- Heather Huff, Senior Associate, Mercer

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Oklahoma Health Care Authority AFTER HOURS PROVIDER LOCATOR

Welcome to the Oklahoma Health Care Authority's
After Hours Provider Locator Application

Oklahoma HealthCare Authority AFTER HOURS PROVIDER LOCATOR

If this is a true medical emergency, call 911 or go immediately to the nearest emergency room. Examples of medical emergencies include difficulty breathing, excessive bleeding, or chest pain.

Welcome to the Oklahoma Health Care Authority's After Hours Provider Locator Application. You should always call your Medical Home provider first and follow their instructions before using this app. Always call the provider suggested by the app first before driving to their location. They may be closed or are unable to treat your medical condition.

Oklahoma HealthCare Authority

AFTER HOURS PROVIDER LOCATOR

Zip code:

73120

Age:

5

Radius:

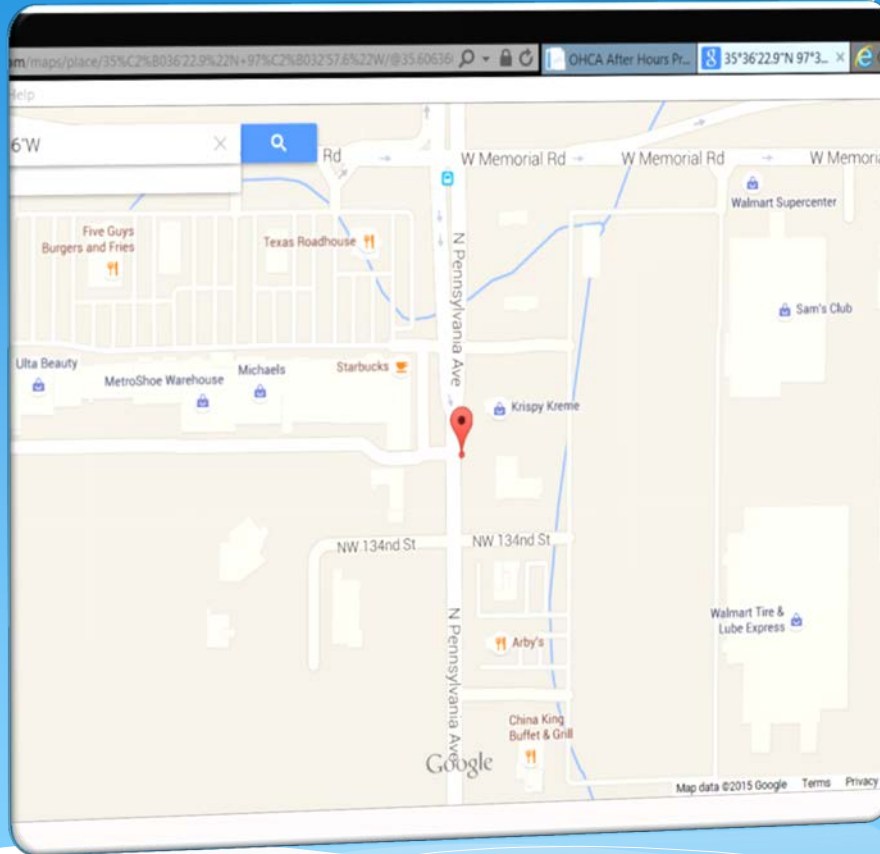
2

2 miles, 5 miles, 10 miles, 20 miles, and 50 miles

Search:

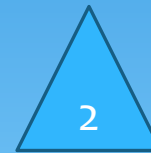
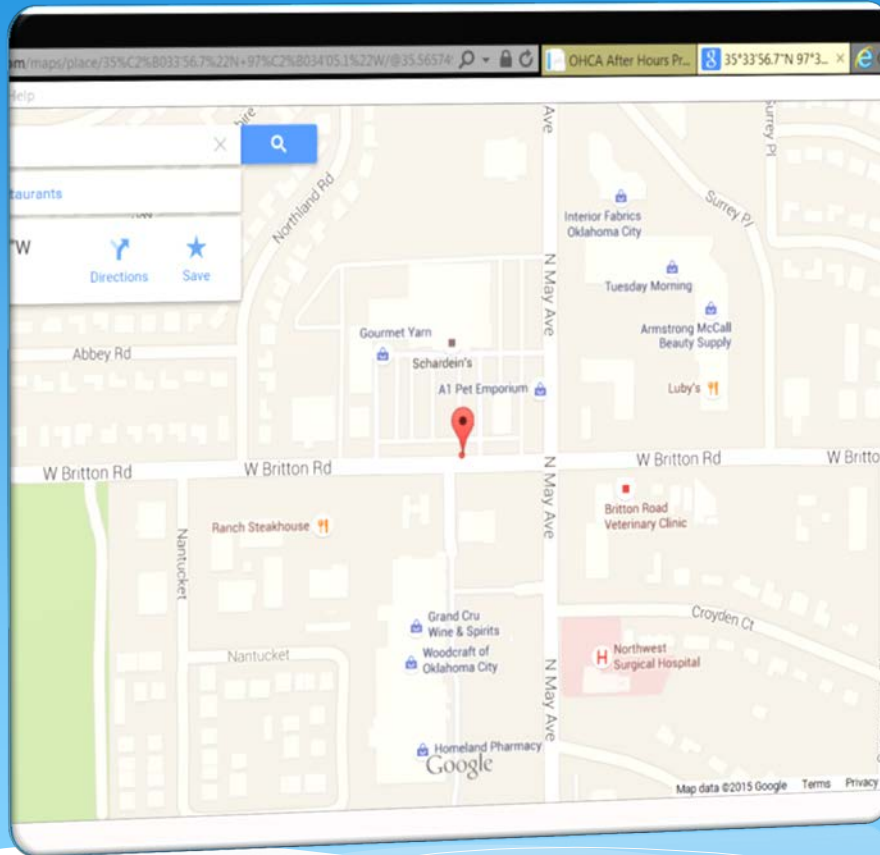
Click
Here

FIRST MED URGENT CARE LLC



13420 N PENNSYLVANIA AVE
OKLAHOMA CITY, OK. 73120
PHONE: (405) 478-0633
Map| Hours of Operation

CENTRAL OKLAHOMA CLINICAL ASSOCIATES, PLLC

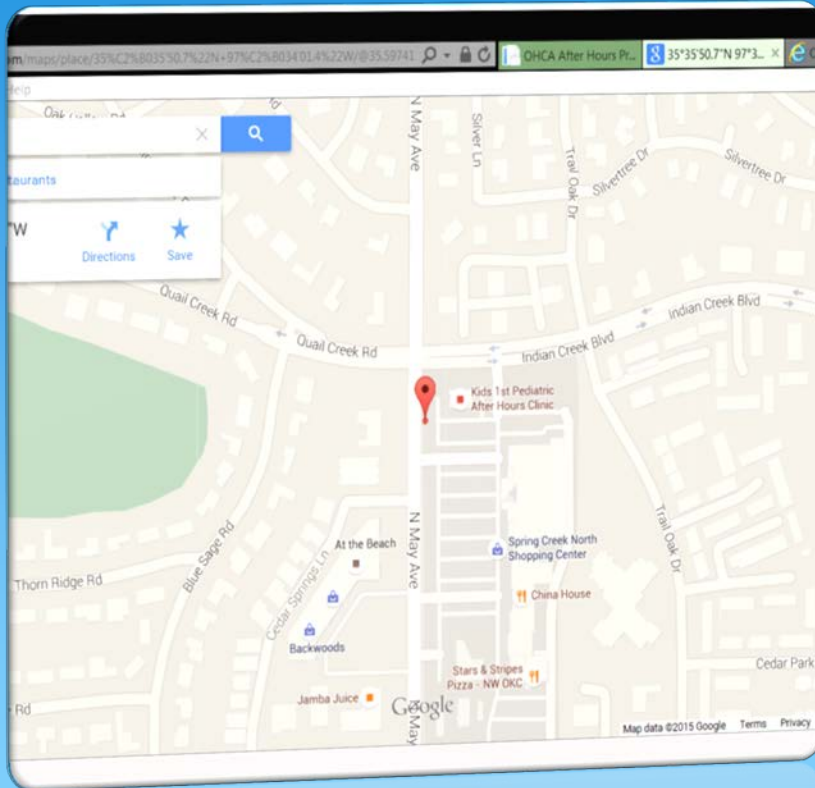


2903 WEST BRITTON RD,
OKLAHOMA CITY, OK. 73120

Phone: (405) 755-8028

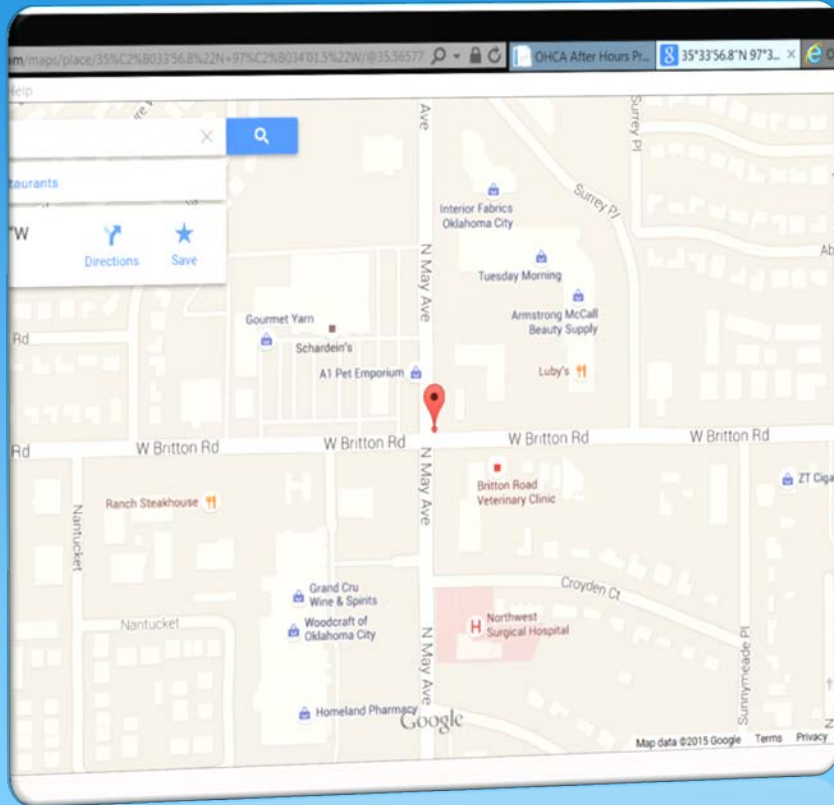
Map| Hours of Operation

KIDS 1ST PEDIATRIC AFTER HOURS CLINIC



12516 N MAY AVE, SUITE B
OKLAHOMA CITY, OK 73120
PHONE: (405) 751-5437
Map | Hours of Operation

INTEGRATED MEDICAL INCORPORATED



9402 N MAY AVENUE,
OKLAHOMA CITY, OK 73120
PHONE: (405) 755-8000

OKLAHOMA MEDICAID EMERGENCY DEPARTMENT UTILIZATION

LOW ACUITY NON-EMERGENT ANALYSIS

AUGUST 14, 2015

Heather K. Huff
Sr. Associate
Phoenix

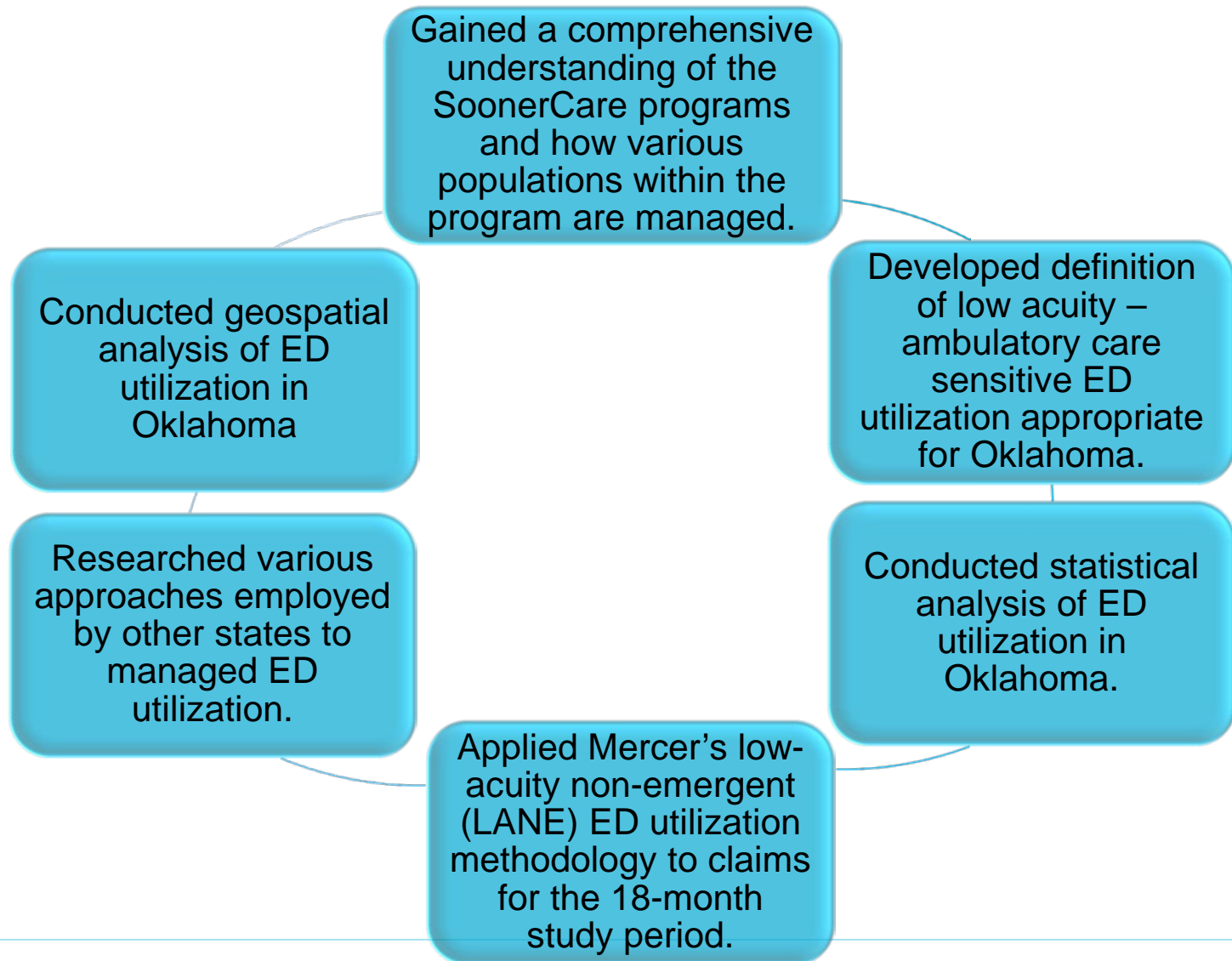
Mercer

Government Human Services Consulting



Since 1985, Mercer has consulted to more than 30 states and the federal government on a wide variety of health care and human service issues, including actuarial, data/systems analysis, clinical, policy, operations, and procurement.

MERCER'S APPROACH TO ANALYZING OKLAHOMA ED UTILIZATION

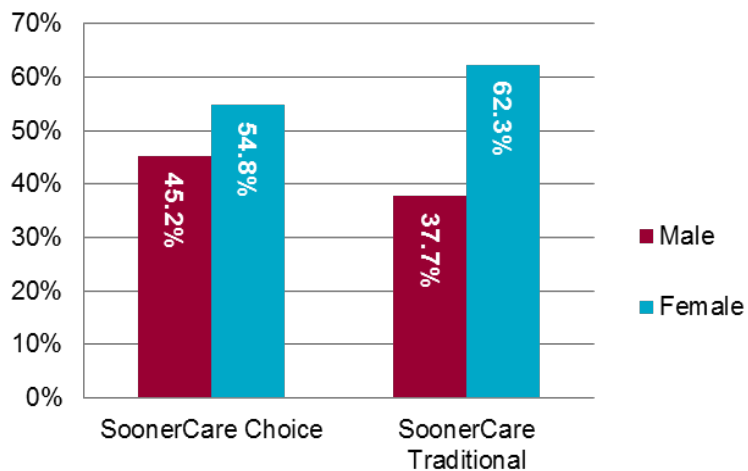


OKLAHOMA MEDICAID DEMOGRAPHICS

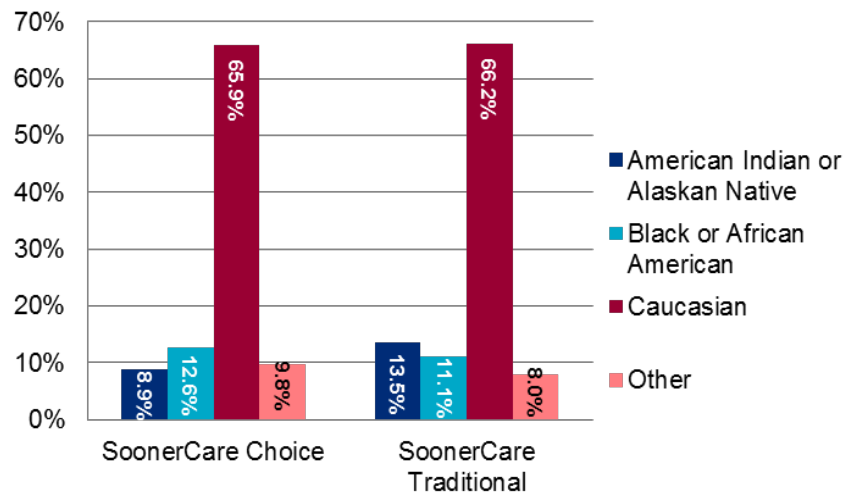
- Study population
 - Nearly 60% of the population was under the age of 21
 - Majority were female and Caucasian
 - Just over 50% of Medicaid members lived in urban areas.
 - Almost 70% were part of the Temporary Assistance to Needy Families (TANF) aid category.
 - 12% were dual eligible (Medicaid and Medicare)
 - Just over 5% were pregnant
 - More than 82% of the Medicaid members were within 10 miles of a hospital and 94% were within 10 miles to the closest PCP.
- More than 65% had zero ED visits during the 18 month study period.
- 82.6% of members had less than two ED visits during the study period.
- 2.5% had six or more ED visits.

PROGRAM POPULATION DEMOGRAPHIC COMPARISON

Gender

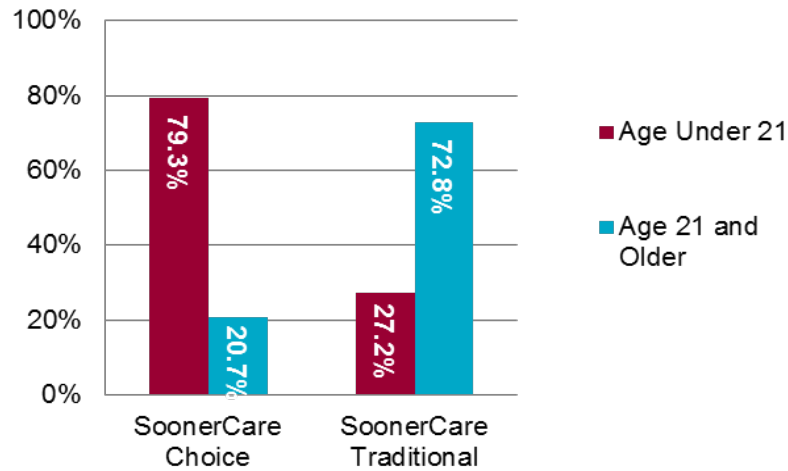


Race

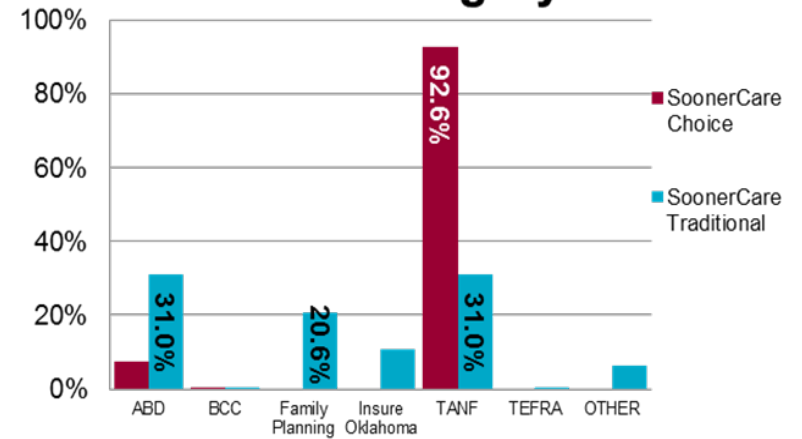


PROGRAM POPULATION DEMOGRAPHIC COMPARISON

Age




Aid Category



MERCER'S LANE METHODOLOGY

Methodology is underpinned by extensive health services research with additional input from an expert panel




List of 701 ICD-9 codes that have the potential to be LANE conditions



Percent preventable



Evaluation and management codes
99281, 99282, 99283 (lower level clinical complexity)
99284, 99285 (higher level clinical complexity)



Used for clinical efficiency analysis in 9 states

LANE ANALYSIS RESULTS

SoonerCare Traditional Low Acuity Non-Emergent (LANE) Analysis Results

Category of Aid Grouping ¹	Total ED Dollars ²	LANE Dollars	Potentially Preventable Dollars	Equivalent Physician Office Costs ³	Net Potentially Preventable Dollars	Net Potentially Preventable Percent
ABD	\$ 22,337,343	\$ 9,643,118	\$ 1,736,052	\$ 1,638,179	\$ 97,872	0.4%
BCC	\$ 198,495	\$ 121,292	\$ 16,087	\$ 8,108	\$ 7,979	4.0%
Family Planning	\$ 12,344	\$ 7,937	\$ 1,635	\$ 1,036	\$ 599	4.9%
Insure Oklahoma	\$ 3,076,612	\$ 1,775,845	\$ 296,077	\$ 115,006	\$ 181,071	5.9%
TANF	\$ 23,634,169	\$ 14,177,154	\$ 3,120,372	\$ 1,308,325	\$ 1,812,047	7.7%
TEFRA	\$ 7,379	\$ 4,021	\$ 706	\$ 376	\$ 329	4.5%
OTHER	\$ 40,592	\$ 14,392	\$ 2,831	\$ 1,436	\$ 1,395	3.4%
Total	\$ 49,306,934	\$ 25,743,760	\$ 5,173,759	\$ 3,072,467	\$ 2,101,292	4.3%

Category of Aid Grouping	Total ED Visits	LANE Visits	Potentially Preventable Visits	Preventable Visits as % of Total ED	Total ED Utilization per 1,000	Adjusted Utilization per 1,000
ABD	212,525	85,691	33,191	15.6%	1,266.4	1,068.6
BCC	579	367	150	25.9%	910.9	675.1
Family Planning	84	48	19	22.7%	1.2	0.9
Insure Oklahoma	8,925	5,841	2,185	24.5%	201.0	151.8
TANF	97,213	65,390	24,464	25.2%	627.4	469.5
TEFRA	35	18	7	19.8%	117.4	94.2
OTHER	129	68	26	20.5%	4.0	3.2
Total	319,490	157,423	60,041	18.8%	676.5	549.4

1. Grouping criteria established by OHCA. Members with multiple aid categories were assigned to only one grouping. "ABD" = Aged, Blind, and Disabled. "BCC" = Breast and Cervical Cancer. "TANF" = Temporary Assistance to Needy Families. "TEFRA" = Tax Equity and Fiscal Responsibility Act of 1982. "Other" includes Soon to Be Sooners and other aid categories.

2. "Total ED" represents the combined cost of all claims for a member for the same facility and date of service and includes both facility charges and professional fees.

3. Physician office visits costs are based on the average cost of 99201-99215 procedures during the review period. The calculation is limited to six visits per member in the 18 month span.

Please note crossover claims are not included for SoonerCare Traditional members who are dual eligible.

LANE ANALYSIS RESULTS

SoonerCare Choice Low Acuity Non-Emergent (LANE) Analysis Results

Category of Aid Grouping ¹	Total ED Dollars ²	LANE Dollars	Potentially Preventable Dollars	Equivalent Physician Office Costs ³	Net Potentially Preventable Dollars	Net Potentially Preventable Percent
ABD	\$ 29,249,247	\$ 16,042,033	\$ 3,005,395	\$ 1,824,236	\$ 1,181,159	4.0%
BCC	\$ 147,941	\$ 77,733	\$ 8,348	\$ 7,039	\$ 1,309	0.9%
Family Planning	\$ 202	\$ 202	\$ 132	\$ 61	\$ 71	35.1%
Insure Oklahoma	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
TANF	\$ 119,716,599	\$ 80,430,743	\$ 17,933,935	\$ 12,401,499	\$ 5,532,436	4.6%
TEFRA	\$ 16,272	\$ 7,128	\$ 1,284	\$ 1,375	\$ -	0.0%
OTHER	\$ 5,459	\$ 4,207	\$ 1,157	\$ 803	\$ 354	6.5%
Total	\$ 149,135,722	\$ 96,562,046	\$ 20,950,250	\$ 14,235,012	\$ 6,715,238	4.5%

Category of Aid Grouping	Total ED Visits	LANE Visits	Potentially Preventable Visits	Preventable Visits as % of Total ED	Total ED Utilization per 1,000	Adjusted Utilization per 1,000
ABD	93,549	58,899	22,690	24.3%	1,395.3	1,056.8
BCC	385	214	78	20.3%	853.8	680.5
Family Planning	1	1	1	65.0%	444.4	155.6
Insure Oklahoma	-	-	-	0.0%	-	-
TANF	518,722	378,967	139,163	26.8%	758.1	554.7
TEFRA	85	44	15	17.4%	224.3	185.3
OTHER	27	21	11	39.4%	408.1	247.1
Total	612,769	438,146	161,957	26.4%	814.7	599.3

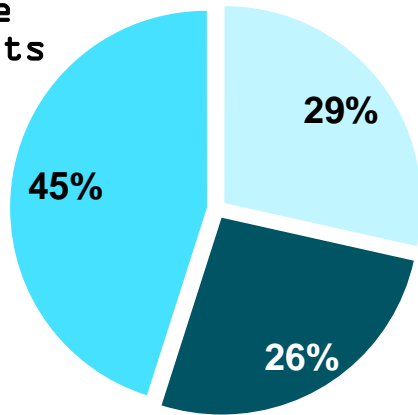
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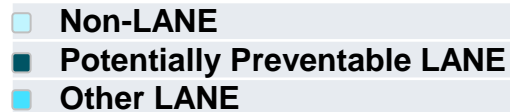
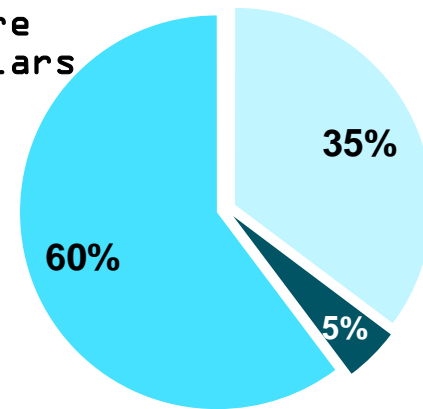
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SOONERCARE CHOICE LANE ANALYSIS RESULTS

SoonerCare
Choice Visits



SoonerCare
Choice Dollars



LANE ANALYSIS RESULTS

TOP 10 LANE DIAGNOSES BY COUNT OF VISITS FOR SOONERCARE TRADITIONAL			
ICD-9 CODE	DESCRIPTION	COUNT OF VISITS ASSOCIATED WITH DIAGNOSIS	SUM OF DOLLARS ASSOCIATED WITH DIAGNOSIS
599.0	UTI SITE NOT SPECIFIED	5,829	\$ 1,067,134
465.9	ACUTE URIS OF UNSPECIFIED SITE	5,787	\$ 884,057
789.00	ABDOMINAL PAIN, UNSPECIFIED SITE	5,039	\$ 1,183,002
382.9	UNSPECIFIED OTITIS MEDIA	4,330	\$ 648,303
784.0	HEADACHE	3,879	\$ 738,005
462	ACUTE PHARYNGITIS	3,509	\$ 530,257
724.2	LUMBAGO	3,008	\$ 345,683
558.9	UNS NONINF GASTROENTERIT&COLITIS	2,435	\$ 503,775
490	BRONCHITIS NOT SPEC AS ACUT/CHRONIC	2,432	\$ 370,161
729.5	PAIN IN SOFT TISSUES OF LIMB	2,420	\$ 290,658

TOP 10 LANE DIAGNOSES BY COUNT OF VISITS FOR SOONERCARE CHOICE			
ICD-9 CODE	DESCRIPTION	COUNT OF VISITS ASSOCIATED WITH DIAGNOSIS	SUM OF DOLLARS ASSOCIATED WITH DIAGNOSIS
465.9	ACUTE URIS OF UNSPECIFIED SITE	32,792	\$ 5,611,842
382.9	UNSPECIFIED OTITIS MEDIA	27,221	\$ 4,441,615
462	ACUTE PHARYNGITIS	15,750	\$ 2,711,413
780.60	FEVER, UNSPECIFIED	14,410	\$ 2,983,537
599.0	UTI SITE NOT SPECIFIED	10,879	\$ 3,244,099
789.00	ABDOMINAL PAIN, UNSPECIFIED SITE	10,502	\$ 3,834,786
079.99	UNSPEC VIRAL INF CCE & UNS SITE	8,517	\$ 1,555,580
787.03	VOMITING ALONE	7,888	\$ 1,705,499
558.9	UNS NONINF GASTROENTERIT&COLITIS	7,812	\$ 1,958,946
784.0	HEADACHE	7,812	\$ 2,435,007

NEXT STEPS FOR ANALYSIS

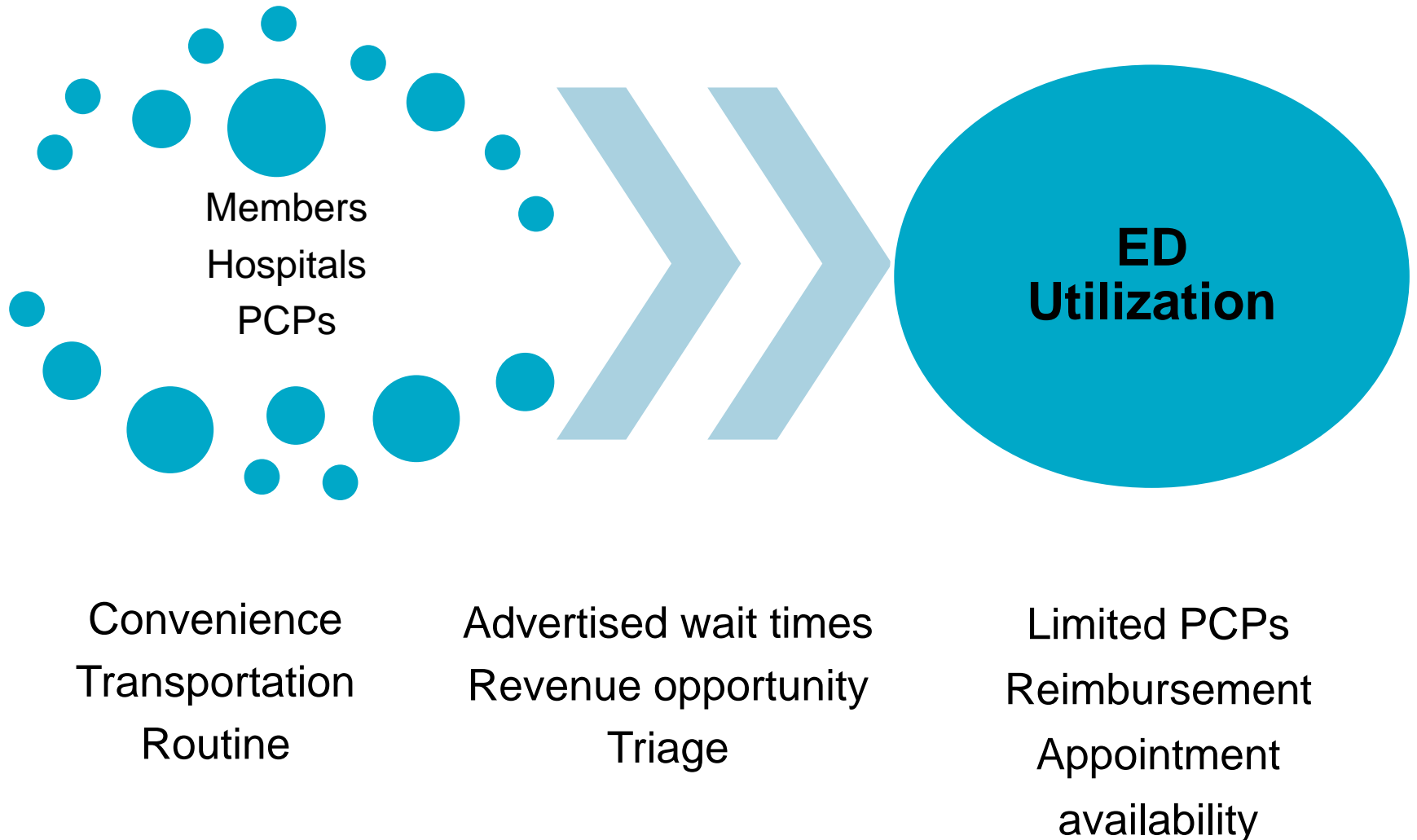


Year over
year LANE
analysis

LANE
analysis for
high touch
members

Risk
adjustment
and LANE
utilization

WHAT DOES IT ALL MEAN FOR OKLAHOMA?



MAKE



**TOMORROW,
TODAY**

FRIDAY: SESSION 13

**ABD Care Coordination Stakeholder Meeting
in
Stanton L. Young, ABC**

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