JOEL NICO GOMEZ
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA

OKLAHOMA HEALTH CARE AUTHORITY

MEDICAL ADVISORY COMMITTEE MEETING
AGENDA
November 21, 2013
1:00 p.m. – OHCA Ponca Conference Room
2401 N.W. 23rd St., Suite 1-A
Oklahoma City, OK 73107

I. Welcome, Roll Call, and Public Comment Instructions

II. Approval of minutes of the September 11, 2013 Medical Advisory Committee Meeting

III. MAC Member Comments/Discussion

IV. Financial Report: Gloria Hudson, Director, General Accounting
   a. September Summary
   b. September Detail

V. FY'15 FMAP Reduction: Carter Kimble, Government Relations Director

VI. SoonerCare Operations Update: Becky Pasternik-Ikard, Deputy State Medicaid Director

VII. SoonerCare Choice Program Independent Evaluation by Pacific Health Policy Group: Becky Pasternik-Ikard, Deputy State Medicaid Director - PCMH-HAN Evaluation | SCC Evaluations

VIII. Update on Previous Discussion of 90 Day Prior Authorization, Melody Anthony, Director, Provider Services

IX. a. 2014 SoonerCare Changes, Joseph Fairbanks, Policy Development Coordinator
   b. Summaries of Informational Items

X. Approval of Dates for the 2014 MAC Meeting Schedule, Sylvia Lopez, M.D., Chief Medical Officer

XI. New Business

XII. Adjourn

MEDICAL ADVISORY COMMITTEE MEETING
Meeting Minutes
September 11, 2013

Members attending: Ms. Bellah, Ms. Bierig, Wade Hamil for Dr. Bourdeau, Ms. Brinkley, Dr. Crawford, Ms. Felty, Ms. Fritz, Ms. Galloway, Dr. Grogg, Mr. Jones, Mr. Clay, Ms. Mays, Dr. McNeill, Lynette McLain for Dr. Ogle, Dr. Post, Dr. Rhoades for Dr. Kline, Dr. Rhynes, Traylor Rains for Ms. Slatton-Hodges, Mr. Snider, Dr. Wells,

Members absent: Ms. Case, Dr. Cavallaro, Mr. Goforth, Ms. Holliman-James, Mr. Patterson, Mr. Pilgrim, Dr. Simon, Mr. Tallent, Ms. Wheaton, Dr. Woodward, Dr. Wright

I. Welcome, Roll Call, and Public Comment Instructions

Dr. Crawford welcomed the committee members and called the meeting to order. Roll call established the presence of a quorum. There were no requests for public comment.

II. Approval of minutes of the July 18, 2013 Medical Advisory Committee Meeting

Dr. Rhynes made the motion to approve the minutes as presented. Dr. Post seconded. Motion carried.

III. MAC Member Comments/Discussion

90 Day Prior Authorization discussion with Dr. Crawford

Dr. Crawford started by saying, he was aware that the agency was transitioning to a new portal and some of his staff had told him referrals for care would be entered into the MMIS system. He was OK with that new process. However, he wanted to discuss the new limits for how long a referral is valid. According to the training materials new referrals are valid for 180 days and follow up referrals for 90 days.

Ms. Anthony stated that, yes that is correct. Since 2000 OHCA has no record of referrals from the PCP to the specialist, so basically the Agency is never aware of what is being referred or why.

Dr. Crawford asked how these changes would help the provider as it adds additional work to staff that already does over 80 referrals per day. He stated that he polled OKPRN members and none were aware of this change.

Ms. Anthony explained that the Agency spent all last spring training providers face to face and did specific training for large groups such as OU and OSU. Fall training is in September and October and the same training as in the spring will be performed. There is no way to know who is referring for what services. With this monitoring the agency can determine what changes to the referral process would benefit most.

Dr. Crawford stated that this is penalizing providers and wanted to know how the limits were determined.

Ms. Anthony responded that private insurance prior authorizations are good for 6 months and if it takes more than that to see a specialist does the member really need one? 90 days is standard which allows time for coordination with the specialist.

Dr. Crawford stated again that this needs to be reconsidered. Dr. Grogg agreed stating that he knew nothing about this and that it would be a problem for all pediatric providers.

Ms. Anthony asked what they were recommending; knowing any change will delay the portal and could cost additional money with HP? How do we get where OHCA need to be in knowing who is being referred and why?

Dr. Crawford asked that the agency retain the current procedure, but Ms. Anthony explained that it wasn't working. Dr. Crawford then suggested buttons where a provider could choose a date for which the referral could be valid. Dr. Grogg asked if the Committee could just state what they wanted and Dr. Crawford explained that no as the Committee is advisory only. Dr. Grogg then stated that the Committee advise the Agency to consider adding buttons which allow the providers options. Ms. Bellah seconded this suggestion.

Ms. Anthony stated that she would ask what can be done without stopping/delaying the portal, without any additional cost, and to get OHCA where it needs to be. She will update the Committee at the next scheduled meeting.

IV. Financial Report: Gloria Hudson, Director of General Accounting

a. Ms. Hudson reviewed the Financial Report Summary for the fiscal year ended June 30, 2013, Dr. McNeill asked about Insure Oklahoma. Ms. Hudson reported that the criteria for Insure Oklahoma eligibility will change, but even though there are positive dollars available through the Tobacco Tax which funds the program. For more detailed information see Item IV.a. in the MAC packet.

b. Ms. Hudson reviewed the June Financial Detail Report. There were no questions from the members. For more detailed information see Item IV.b. In the MAC packet.

c. Ms. Kersey reviewed the FY'14 Budget appropriated for the Agency which began July 1, 2013. There were no questions from the members. For more detailed information see Item IV.c. in the MAC packet.

V. SoonerCare Operations Update: Mary Triplet, Assistant Director, Member Services

Ms. Triplet reviewed the Medicaid Director's report included. There were no questions from the members. For more detailed information see Item V.a. in the MAC packet.

VI. Action Items: Melinda Jones, Assistant Director, Health Policy

a. Workfolder 13-08; Systems Simplification Implementation

Amending agency rules at OAC 317:35-5-43 through 35-5-46, 35-6-1, 35-6-15, 35-6-35 through 35-6-37, 35-6-60.1, 35-6-61, 35-7-48, 35-9-67, 35-10-10, 35-10-25, 35-10-26, 35-15-6, and 35-19-20 to implement Systems Simplification Implementation effective October 1, 2013, instead of January 1, 2014. Rules are also revised to delay periodic renewals that would fall during the period January – March, 2014 until April, 2014, and to delay the effective date of terminations of SoonerCare eligibility for reasons related to changes in household composition or income until April, 2014 when the agency is redetermining eligibility based on changes in circumstances from January to March, 2014. These emergency rule revisions allow the State to correct regulatory complications created by federal rules; they implement a waiver of the

federal requirement that the State use two sets of financial eligibility rules for pregnant women and families with children from October 1, 2013 to March 31, 2014, thereby avoiding serious prejudice to the public interest.

Dr. Grogg made the motion to approve. Dr. McNeill seconded. Motion passed.

b. **Workfolder 13-16: Insure Oklahoma—** Insure Oklahoma (IO) rules are revised to align with the Special Terms and Conditions of the Section 1115 Demonstration Waiver. In accordance with waiver special terms and conditions, the federal government has approved a one year (calendar) extension of the IO program. Rules are revised to remove Individual Plan children (while retaining Employer Sponsored Insurance (ESI) children) and limit adult Individual Plan enrollment to persons with household income at or below 100 percent of FPL. Revisions also include changes to the Individual Plan copayment structure; copayments cannot exceed current federal maximums with the exception of emergency room (ER) visits in which case the existing copay for ER visits will remain at $30.00. **Budget Impact:** Budget Neutral

Ms. Bellah made the motion to approve. Ms. Mays seconded. Motion passed.

X. New Business - None

XI. Adjourn – 2:30 p.m.

FINANCIAL REPORT

For the Three Months Ended September 30, 2013
Submitted to the CEO & Board

- Revenues for OHCA through September, accounting for receivables, were **$994,594,968** or **1.3% over** budget.
- Expenditures for OHCA, accounting for encumbrances, were **$930,542,812 or .7% under** budget.
- The state dollar budget variance through September is **$18,751,656 positive.**
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	1.4
Administration	1.1
Revenues:	
Unanticipated Revenue	15.7
Drug Rebate	.4
Taxes and Fees	.3
Overpayments/Settlements	(.1)
Total FY 14 Variance	**$ 18.8**

ATTACHMENTS

Summary of Revenue and Expenditures: OHCA 1
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OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
Fiscal Year 2014, For the Three Months Ended September 30, 2013

REVENUES	FY14 Budget YTD	FY14 Actual YTD	Variance	% Over/ (Under)
State Appropriations	$ 251,179,267	$ 251,179,267	$ -	0.0%
Federal Funds	509,114,908	504,579,889	(4,535,019)	(0.9)%
Tobacco Tax Collections	14,517,035	14,805,495	288,460	2.0%
Quality of Care Collections	20,420,673	20,420,673	-	0.0%
Prior Year Carryover	35,616,512	35,616,512	-	0.0%
Unanticipated Revenue	-	15,683,810	15,683,810	100.0%
Federal Deferral - Interest	60,624	60,624	-	0.0%
Drug Rebates	40,929,676	42,118,675	1,188,999	2.9%
Medical Refunds	11,277,891	11,166,624	(111,267)	(1.0)%
SHOPP	94,849,174	94,849,174	-	0.0%
Other Revenues	4,035,218	4,114,225	79,007	2.0%
TOTAL REVENUES	**$ 982,000,978**	**$ 994,594,968**	**$ 12,593,990**	**1.3%**

EXPENDITURES	FY14 Budget YTD	FY14 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	**$ 12,920,567**	**$ 11,310,470**	**$ 1,610,097**	**12.5%**
ADMINISTRATION - CONTRACTS	**$ 23,379,844**	**$ 22,433,242**	**$ 946,602**	**4.0%**
MEDICAID PROGRAMS				
Managed Care:				
SoonerCare Choice	8,970,068	8,690,138	279,929	3.1%
Acute Fee for Service Payments:				
Hospital Services	238,076,747	237,525,683	551,064	0.2%
Behavioral Health	4,948,230	5,337,289	(389,060)	(7.9)%
Physicians	120,766,193	120,477,955	288,238	0.2%
Dentists	37,157,563	36,847,737	309,827	0.8%
Other Practitioners	11,290,737	10,889,719	401,017	3.6%
Home Health Care	5,456,422	5,213,130	243,292	4.5%
Lab & Radiology	16,132,462	16,027,309	105,153	0.7%
Medical Supplies	12,014,501	11,775,217	239,284	2.0%
Ambulatory/Clinics	27,641,972	27,103,351	538,622	1.9%
Prescription Drugs	101,713,638	101,504,543	209,095	0.2%
OHCA TFC	659,731	449,764	209,967	0.0%
Other Payments:				
Nursing Facilities	142,941,385	142,818,213	123,172	0.1%
ICF-MR Private	15,144,714	15,117,136	27,578	0.2%
Medicare Buy-In	33,843,096	33,801,880	41,215	0.1%
Transportation	15,540,838	15,357,937	182,902	1.2%
MFP-OHCA	405,787	287,856	117,932	0.0%
EHR-Incentive Payments	2,519,595	2,519,595	-	0.0%
Part D Phase-In Contribution	19,594,762	19,562,404	32,358	0.2%
SHOPP payments	85,492,242	85,492,242	-	0.0%
Total OHCA Medical Programs	**900,310,684**	**896,799,100**	**3,511,585**	**0.4%**
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	**$ 936,700,477**	**$ 930,542,812**	**$ 6,157,666**	**0.7%**
REVENUES OVER/(UNDER) EXPENDITURES	**$ 45,300,500**	**$ 64,052,156**	**$ 18,751,656**	

OKLAHOMA HEALTH CARE AUTHORITY

Total Medicaid Program Expenditures
by Source of State Funds
Fiscal Year 2014, For the Three Months Ended September 30, 2013

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	Medicaid Program Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	$ 8,803,304	$ 8,685,619	$ -	$ 113,166	$ -	$ 4,519	$ -
Inpatient Acute Care	173,566,454	155,634,485	121,672	2,760,765	12,685,425	580,163	1,783,944
Outpatient Acute Care	71,328,515	67,356,922	10,401	2,824,576	-	1,136,616	-
Behavioral Health - Inpatient	5,983,883	3,231,825	-	168,895	-		2,583,162
Behavioral Health - Psychiatrist	2,105,464	2,105,464	-	-	-	-	-
Behavioral Health - Outpatient	6,102,256	-	-	-	-	-	6,102,256
Behavioral Health Facility- Rehab	60,957,029	-	-	-	-	27,261	60,957,029
Behavioral Health - Case Management	2,317,711	-	-	-	-	-	2,317,711
Behavioral Health - PRTF	23,495,807	-	-	-	-	-	23,495,807
Residential Behavioral Management	5,077,016	-	-	-	-	-	5,077,016
Targeted Case Management	16,252,974	-	-	-	-	-	16,252,974
Therapeutic Foster Care	449,764	449,764	-	-	-	-	-
Physicians	134,492,483	102,004,330	14,525	3,597,000	16,975,425	1,483,675	10,417,527
Dentists	36,873,784	34,869,819	-	26,048	1,972,859	5,059	-
Mid Level Practitioners	927,638	906,565	-	20,266	-	807	-
Other Practitioners	10,060,966	9,609,527	111,591	78,619	258,952	2,278	-
Home Health Care	5,213,130	5,210,224	-	-	-	2,906	-
Lab & Radiology	17,049,438	15,841,157	-	1,022,129	-	186,152	-
Medical Supplies	11,959,233	11,084,405	677,884	184,016	-	12,928	-
Clinic Services	29,595,213	24,799,645	-	390,617	-	75,764	4,329,188
Ambulatory Surgery Centers	2,342,594	2,221,896	-	114,652	-	6,047	-
Personal Care Services	3,379,758	-	-	-	-	-	3,379,758
Nursing Facilities	142,818,213	80,042,402	52,634,659	-	10,141,026	127	-
Transportation	15,288,140	13,814,289	659,057	-	800,562	14,231	-
GME/IME/DME	20,959,265	-	-	-	-	-	20,959,265
ICF/MR Private	15,117,136	12,103,785	2,799,571	-	213,780	-	-
ICF/MR Public	12,052,066	-	-	-	-	-	12,052,066
CMS Payments	53,364,284	53,163,535	200,749	-	-	-	
Prescription Drugs	106,578,552	89,227,045	-	5,074,009	11,809,262	468,236	-
Miscellaneous Medical Payments	69,876	67,633	-	79	-	2,165	-
Home and Community Based Waiver	42,662,804	-	-	-	-	-	42,662,804
Homeward Bound Waiver	22,221,210	-	-	-	-	-	22,221,210
Money Follows the Person	1,387,703	287,856	-	-	-	-	1,099,847
In-Home Support Waiver	5,924,855	-	-	-	-	-	5,924,855
ADvantage Waiver	46,106,588	-	-	-	-	-	46,106,588
Family Planning/Family Planning Waiver	2,836,766	-	-	-	-	-	2,836,766
Premium Assistance*	12,352,599	-	-	12,352,599		-	-
EHR Incentive Payments	2,519,595	2,519,595	-	-	-	-	-
SHOPP Payments**	85,492,242	85,492,242	-	-	-	-	-
Total Medicaid Expenditures	**$ 1,216,086,309**	**$ 695,237,787**	**$ 57,230,108**	**$ 28,727,435**	**$ 54,857,290**	**$ 4,008,933**	**$ 290,559,774**

* Includes $12,262,270.15 paid out of Fund 245 and **$85,492,242 paid out of Fund 205

OKLAHOMA HEALTH CARE AUTHORITY

Summary of Revenues & Expenditures:
Other State Agencies
Fiscal Year 2014, For the Three Months Ended September 30, 2013

		FY14
REVENUE		**Actual YTD**
Revenues from Other State Agencies	$	123,565,999
Federal Funds		186,918,141
TOTAL REVENUES	**$**	**310,484,140**

EXPENDITURES		**Actual YTD**
Department of Human Services		
Home and Community Based Waiver	$	42,662,804
Money Follows the Person		1,099,847
Homeward Bound Waiver		22,221,210
In-Home Support Waivers		5,924,855
ADvantage Waiver		46,106,588
ICF/MR Public		12,052,066
Personal Care		3,379,758
Residential Behavioral Management		3,718,908
Targeted Case Management		13,065,169
Total Department of Human Services		**150,231,205**
State Employees Physician Payment		
Physician Payments		10,417,527
Total State Employees Physician Payment		**10,417,527**
Education Payments		
Graduate Medical Education		-
Graduate Medical Education - PMTC		1,354,429
Indirect Medical Education		15,544,353
Direct Medical Education		4,060,483
Total Education Payments		**20,959,265**
Office of Juvenile Affairs		
Targeted Case Management		821,963
Residential Behavioral Management		1,358,108
Total Office of Juvenile Affairs		**2,180,071**
Department of Mental Health		
Case Management		2,317,711
Inpatient Psych FS		2,583,162
Outpatient		6,102,256
PRTF		23,495,807
Rehab		60,957,029
Total Department of Mental Health		**95,455,966**
State Department of Health		
Children's First		590,493
Sooner Start		583,222
Early Intervention		1,138,939
EPSDT Clinic		389,381
Family Planning		(94,092)
Family Planning Waiver		2,923,921
Maternity Clinic		17,114
Total Department of Health		**5,548,977**
County Health Departments		
EPSDT Clinic		235,765
Family Planning Waiver		6,938
Total County Health Departments		**242,702**
State Department of Education		**27,460**
Public Schools		**608,951**
Medicare DRG Limit		**-**
Native American Tribal Agreements		**3,103,706**
Department of Corrections		**682,688**
JD McCarty		**1,101,256**
Total OSA Medicaid Programs	**$**	**290,559,774**
OSA Non-Medicaid Programs	**$**	**19,915,464**
Accounts Receivable from OSA	**$**	**(8,902)**

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
Fiscal Year 2014, For the Three Months Ended September 30, 2013

REVENUES		FY 14 Revenue
SHOPP Assessment Fee	$	40,078,869
Federal Draws		54,715,035
Interest		53,728
Penalties		1,542
State Appropriations		(7,700,000)
TOTAL REVENUES	$	87,149,174

EXPENDITURES	Quarter		FY 14 Expenditures
Program Costs:	7/1/13 - 9/30/13		
Hospital - Inpatient Care	76,710,371	$	76,710,371
Hospital -Outpatient Care	2,748,407	$	2,748,407
Psychiatric Facilities-Inpatient	5,785,055	$	5,785,055
Rehabilitation Facilities-Inpatient	248,410	$	248,410
Total OHCA Program Costs	85,492,242	$	85,492,242
Total Expenditures		$	85,492,242
CASH BALANCE		$	1,656,932

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

Fund 230: Nursing Facility Quality of Care Fund

Fiscal Year 2014, For the Three Months Ended September 30, 2013

REVENUES	Total Revenue	State Share
Quality of Care Assessment	$ 19,388,725	$ 19,388,725
Interest Earned	12,502	12,502
TOTAL REVENUES	**$ 19,401,227**	**$ 19,401,227**

EXPENDITURES	FY 14 Total $ YTD	FY 14 State $ YTD	Total State $ Cost
Program Costs			
NF Rate Adjustment	$ 51,708,502	$ 18,615,061	
Eyeglasses and Dentures	70,277	25,300	
Personal Allowance Increase	855,880	308,117	
Coverage for DME and supplies	677,884	244,038	
Coverage of QMB's	258,189	92,948	
Part D Phase-In	200,749	200,749	
ICF/MR Rate Adjustment	1,418,517	510,666	
Acute/MR Adjustments	1,381,054	497,179	
NET - Soonerride	659,057	237,261	
Total Program Costs	**$ 57,230,108**	**$ 20,731,318**	**$ 20,731,318**
Administration			
OHCA Administration Costs	$ 113,101	$ 56,551	
PHBV - QOC Exp	-	-	
OSDH-NF Inspectors	-	-	
Mike Fine, CPA	-	-	
Total Administration Costs	**$ 113,101**	**$ 56,551**	**$ 56,551**
Total Quality of Care Fee Costs	**$ 57,343,210**	**$ 20,787,869**	
TOTAL STATE SHARE OF COSTS			**$ 20,787,869**

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are tranferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

Fund 245: Health Employee and Economy Improvement Act Revolving Fund

Fiscal Year 2014, For the Three Months Ended September 30, 2013

REVENUES	FY 13 Carryover	FY 14 Revenue	Total Revenue
Prior Year Balance	$ 10,427,850	$ -	$ 3,364,554
State Appropriations	-	-	(3,000,000)
Tobacco Tax Collections	-	12,176,965	12,176,965
Interest Income	-	63,497	63,497
Federal Draws	176,996	7,048,491	7,048,491
All Kids Act	(6,908,780)	74,724	74,724
TOTAL REVENUES	**$ 3,696,066**	**$ 19,363,677**	**$ 19,653,508**

EXPENDITURES		FY 13 Expenditures	FY 14 Expenditures	Total $ YTD
Program Costs:				
	Employer Sponsored Insurance		$ 12,092,347	$ 12,092,347
	College Students		90,329	90,329
	All Kids Act		169,923	169,923
Individual Plan				
	SoonerCare Choice		$ 108,561	$ 39,082
	Inpatient Hospital		2,750,809	990,291
	Outpatient Hospital		2,775,495	999,178
	BH - Inpatient Services-DRG		162,733	58,584
	BH -Psychiatrist		-	-
	Physicians		3,556,467	1,280,328
	Dentists		19,540	7,034
	Mid Level Practitioner		19,920	7,171
	Other Practitioners		75,433	27,156
	Home Health		-	-
	Lab and Radiology		1,009,350	363,366
	Medical Supplies		181,572	65,366
	Clinic Services		382,199	137,592
	Ambulatory Surgery Center		114,391	41,181
	Prescription Drugs		5,024,748	1,808,909
	Miscellaneous Medical		79	79
	Premiums Collected		-	(575,908)
Total Individual Plan			**$ 16,181,296**	**$ 5,249,410**
	College Students-Service Costs		**$ 156,038**	**$ 56,174**
	All Kids Act- Service Costs		**$ 37,502**	**$ 13,501**
Total OHCA Program Costs			**$ 28,727,435**	**$ 17,671,683**
Administrative Costs				
	Salaries	$ 7,360	$ 284,254	$ 291,614
	Operating Costs	56,861	149,232	206,093
	Health Dept-Postponing	-	-	-
	Contract - HP	267,291	-	267,291
Total Administrative Costs		**$ 331,512**	**$ 433,486**	**$ 764,998**
Total Expenditures				**$ 18,436,680**
NET CASH BALANCE		**$ 3,364,554**		**$ 1,216,827**

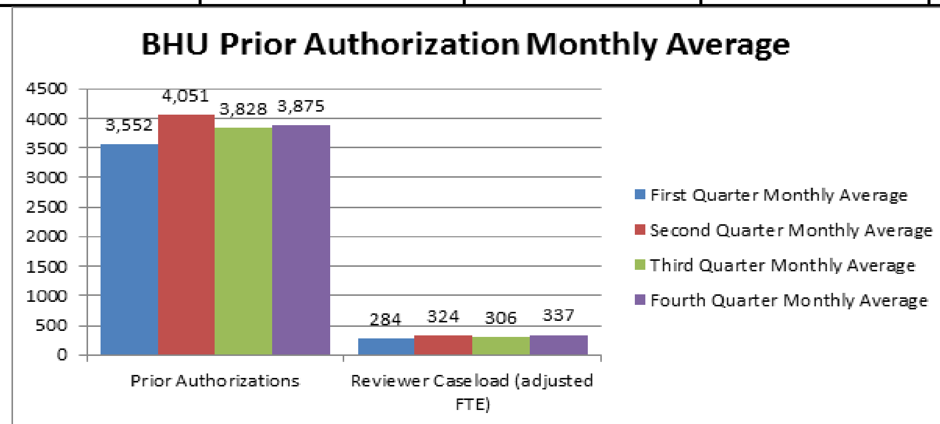
OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund
Fiscal Year 2014, For the Three Months Ended September 30, 2013

REVENUES	FY 14 Revenue	State Share
Tobacco Tax Collections	$ 243,031	$ 243,031
TOTAL REVENUES	**$ 243,031**	**$ 243,031**

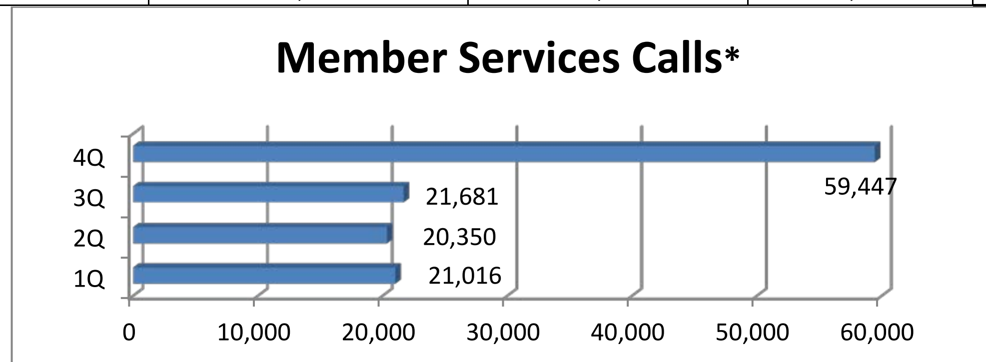
EXPENDITURES	FY 14 Total $ YTD	FY 14 State $ YTD	Total State $ Cost
Program Costs			
SoonerCare Choice	$ 4,519	$ 1,139	
Inpatient Hospital	580,163	146,201	
Outpatient Hospital	1,136,616	286,427	
Inpatient Services-DRG	-	-	
Psychiatrist	-	-	
TFC-OHCA	-	-	
Nursing Facility	127	32	
Physicians	1,483,675	373,886	
Dentists	5,059	1,275	
Mid-level Practitioner	807	203	
Other Practitioners	2,278	574	
Home Health	2,906	732	
Lab & Radiology	186,152	46,910	
Medical Supplies	12,928	3,258	
Clinic Services	75,764	19,092	
Ambulatory Surgery Center	6,047	1,524	
Prescription Drugs	468,236	117,996	
Transportation	14,231	3,586	
Miscellaneous Medical	2,165	545	
Total OHCA Program Costs	$ 3,981,672	$ 1,003,381	
OSA DMHSAS Rehab	$ 27,261	$ 6,870	
Total Medicaid Program Costs	$ 4,008,933	$ 1,010,251	
TOTAL STATE SHARE OF COSTS			**$ 1,010,251**

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are tranferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

BEHAVIORAL HEALTH UNIT SFY 2013	Monthly Average First Quarter	Monthly Average Second Quarter	Monthly Average Third Quarter	Monthly Average Fourth Quarter
Acute Inpatient PAs	517	564	634	577
Residential Treatment PAs	2,348	2,494	2,450	2,468
Therapeutic Foster Care PAs	732	749	684	699

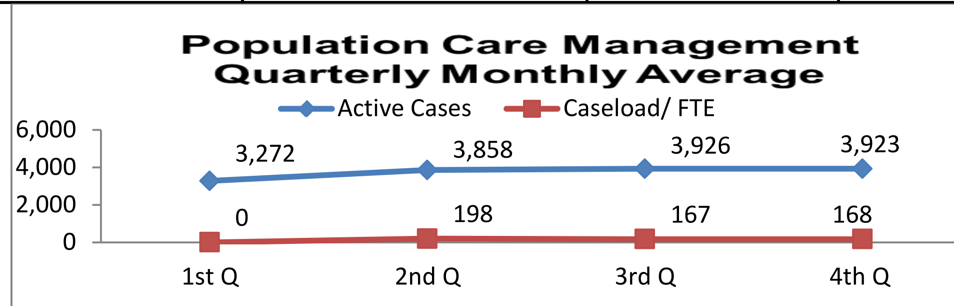


MEMBER SERVICES SFY 2013	Monthly Average First Quarter	Monthly Average Second Quarter	Monthly Average Third Quarter	Monthly Average Fourth Quarter
Electronic Newborn Enrollment	1,290	1,262	701	622
SoonerRide Calls	115,069	108,596	72,540	108,887
Patient Dismissals	1,965	2,458	2,018	2,411
Surveys & Outreach Letters	14,435	14,107	15,297	13,678

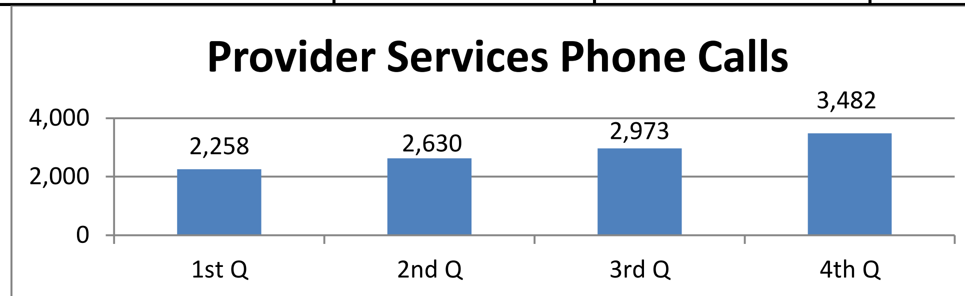


*Q4 data increase due to merger of Member Services and Online Enrollment

POPULATION CARE MANAGEMENT SFY 2013	Monthly Average First Quarter	Monthly Average Second Quarter	Monthly Average Third Quarter	Monthly Average Fourth Quarter
Oklahoma Cares Cases	914	883	809	763
High-Risk and At-Risk OB Cases	349	336	369	460
Fetal Infant Mortality Reduction (Mom) Cases	715	594	600	651
Fetal Infant Mortality (Baby) Cases	1,746	1,837	1,928	1,879
Private Duty Nursing Cases	205	209	207	201
Onsite Evaluations (TEFRA, Private Duty Nursing, Living Choice)	65	42	48	71
Caesarean Section Reviews	270	323	319	280
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	82	79	78	86



PROVIDER SERVICES SFY 2013	Monthly Average First Quarter	Monthly Average Second Quarter	Monthly Average Third Quarter	Monthly Average Fourth Quarter
PCMH Enrollments	485	814	553	458
Dental Prior Authorizations	4,388	3,977	3,221	1,947
Provider On-Site Education/Recruitment Visits	326	208	125	245
Inpatient Notifications to PCPs	1,038	1,124	1,327	1,187
Claim Reviews	1,488	1,446	1,077	1,417
No Show Letters	179	386	833	658
High ER Utilization Provider Education Hours	77	68	88	92



SOONERCARE CHOICE PROGRAM INDEPENDENT EVALUATION

THE PACIFIC HEALTH POLICY GROUP
NOVEMBER 2013

INTRODUCTION

- Andrew Cohen is a founding director of the Pacific Health Policy Group
- PHPG specializes in design, implementation and evaluation of health reform initiatives for publicly-funded populations (Medicaid, Medicare, TRICARE)
- PHPG has assisted over 30 state Medicaid programs since 1994
- In addition to Oklahoma, in the past three years PHPG has worked on Medicaid managed care engagements for public or managed care organization clients in the following fourteen states:

Arizona	***California***	***Florida***	***Hawaii***
Kansas	***Kentucky***	***Missouri***	***New Jersey***
New Mexico	***New York***	***Ohio***	***Tennessee***
Texas	***Vermont***		

INTRODUCTION *cont'd*

PHPG was retained to evaluate SoonerCare Choice and address the following:

- ***Trends*** - How has SoonerCare Choice performed since 2008 (most recent prior evaluation) on the critical measures of Access to Care, Quality and Cost Effectiveness?
- ***New Initiatives*** – What has been the impact to-date of the recent initiatives?
- ***National Perspective*** - How does SoonerCare Choice compare to programs elsewhere in the country, particularly "traditional MCO" managed care?

INTRODUCTION *cont'd*

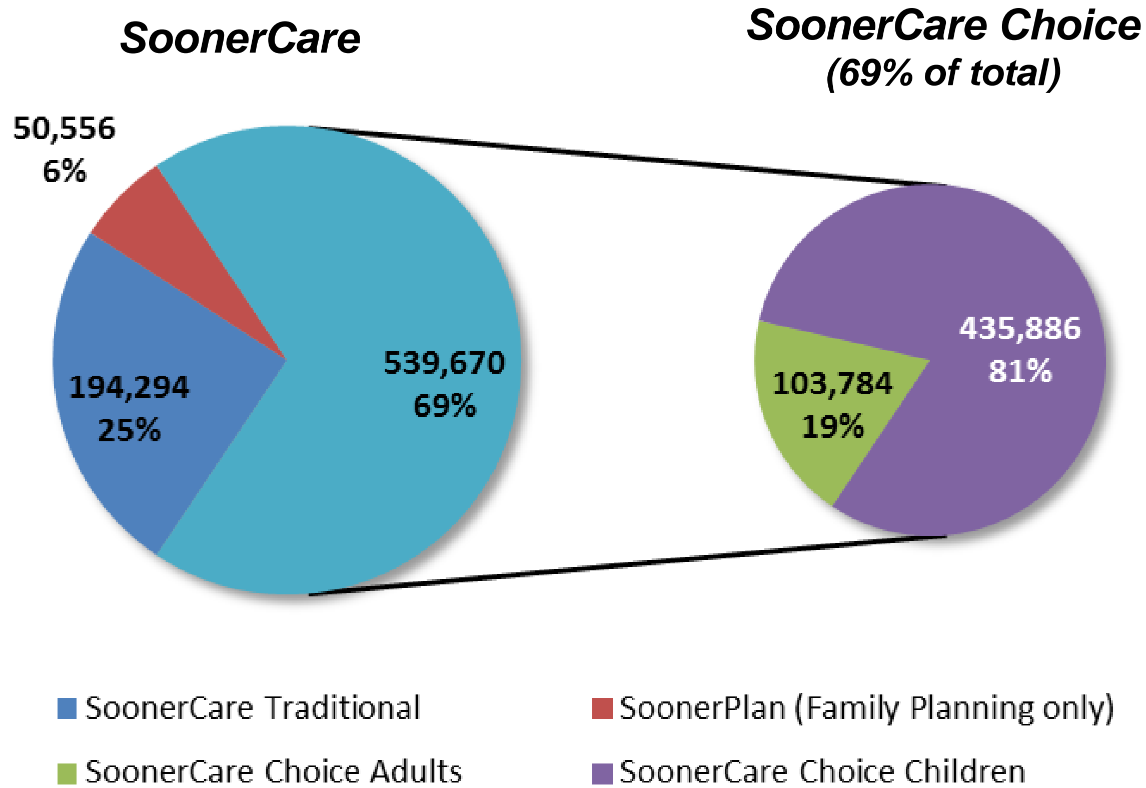
In the past five years, the OHCA has sought to transform SoonerCare Choice through introduction of:

- ***Patient Centered Medical Homes (PCMH)*** – every member is aligned with a primary care provider responsible for meeting access and quality standards
- ***Health Access Networks (HAN)*** – Community-based integrated networks intended to improve care coordination through support of affiliated PCMH providers
- ***SoonerCare Health Management Program (HMP)* –** holistic, person-centered care management for members with complex/chronic conditions and practice management support for their providers

INTRODUCTION *cont'd*

SoonerCare – June 2013

Total Enrollment – 784,520



INTRODUCTION *cont'd*

PCMH Tiers

- PCMH includes three tiers with escalating responsibilities and associated per member per month care coordination fees
- Providers also can earn "SoonerExcel" quality incentives for meeting performance targets, such as for preventive care, member use of the ER and prescribing of generic drugs

Tier 1

Entry Level

- **12 requirements**
- Includes 24/7 telephone coverage by medical professional
- $3.46 - $4.85 per month
- Practice with average caseload receives up to $16,005 per year in care coordination fees

Tier 2

Advanced

- **19 requirements**, including all Tier 1 requirements
- Includes offering at least 30 hours of office time to see patients
- $4.50 - $6.32 per month
- Practice with average caseload receives up to $20,856 per year in care coordination fees

Tier 3

Optimal

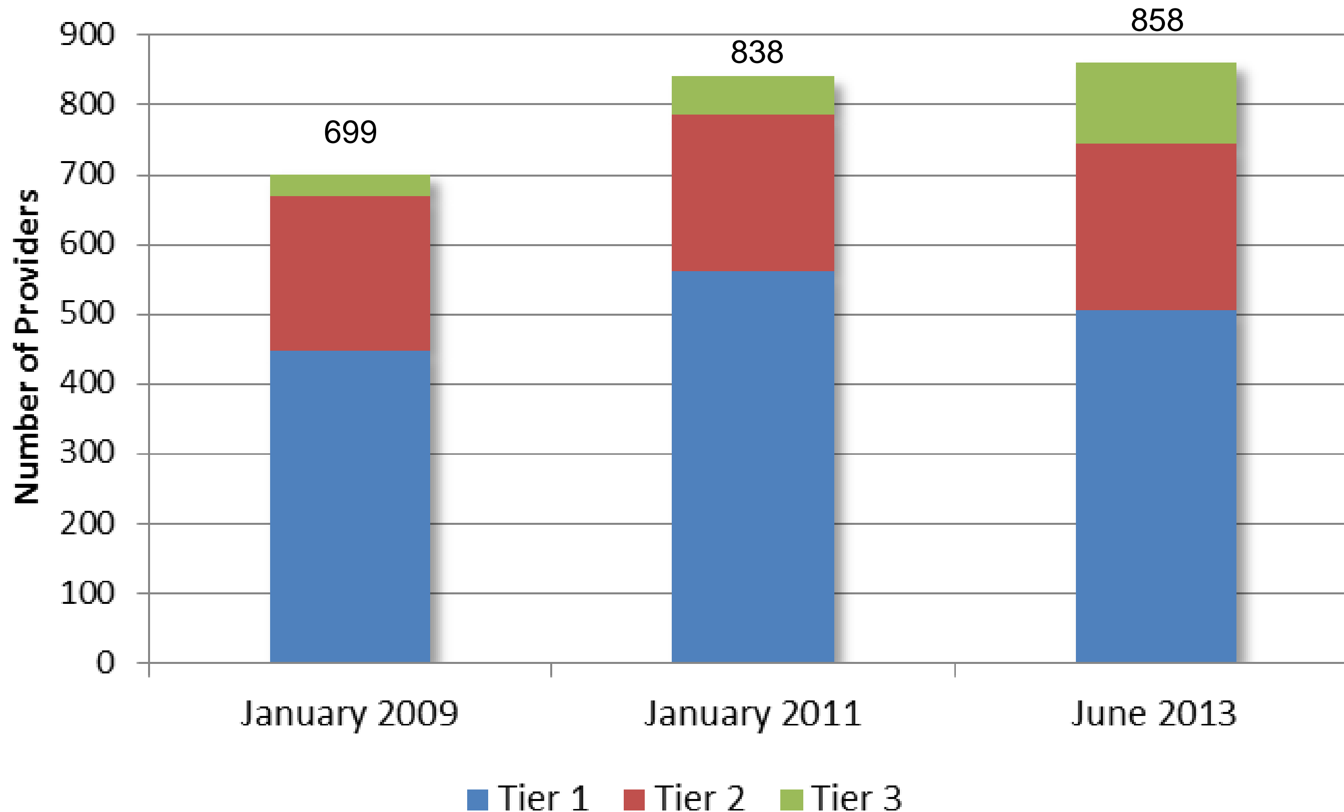
- **23 requirements**, including all Tier 1 and Tier 2 requirements
- Includes using health assessment tools to characterize patient needs/risks
- $5.99 - $8.41 per month
- Practice with average caseload receives up to $27,753 per year in care coordination fees

INTRODUCTION *cont'd*

PCMH Practice Participation

- The total number of participating practices increased significantly from 2009 to 2013
- Since 2009, Tier 3 practices, as a percent of total, have increased from six percent to nearly 14 percent
- About 60 percent of SoonerCare Choice members are now enrolled with a Tier 2 or Tier 3 practice

INTRODUCTION *cont'd*

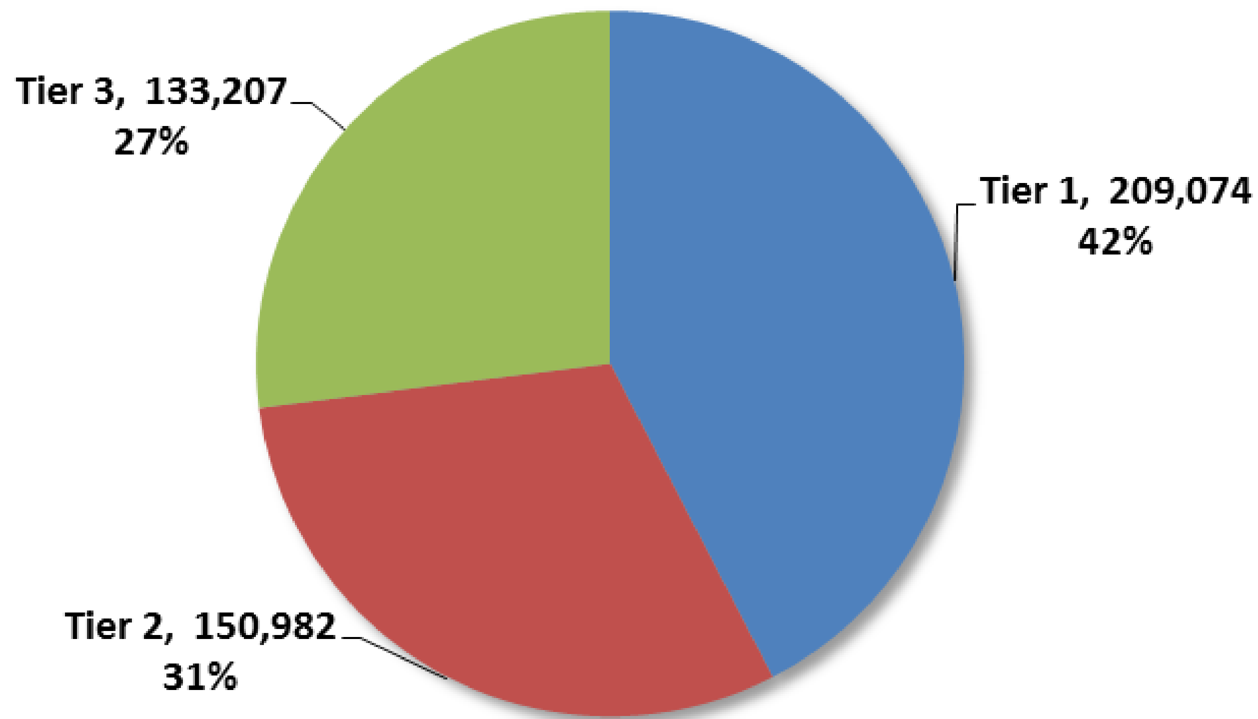


*Notes – Approximately 20 percent of practices surveyed in 2012 reported that their tier level had changed at some point; practices can include multiple providers

Sources: OHCA PCMH roster data; Patient-Centered Medical Home – Survey of SoonerCare-Contracted PCPs

INTRODUCTION *cont'd*

Enrollment by Tier Level – June 2013



Source: June 2013 Fast Facts

INTRODUCTION *cont'd*

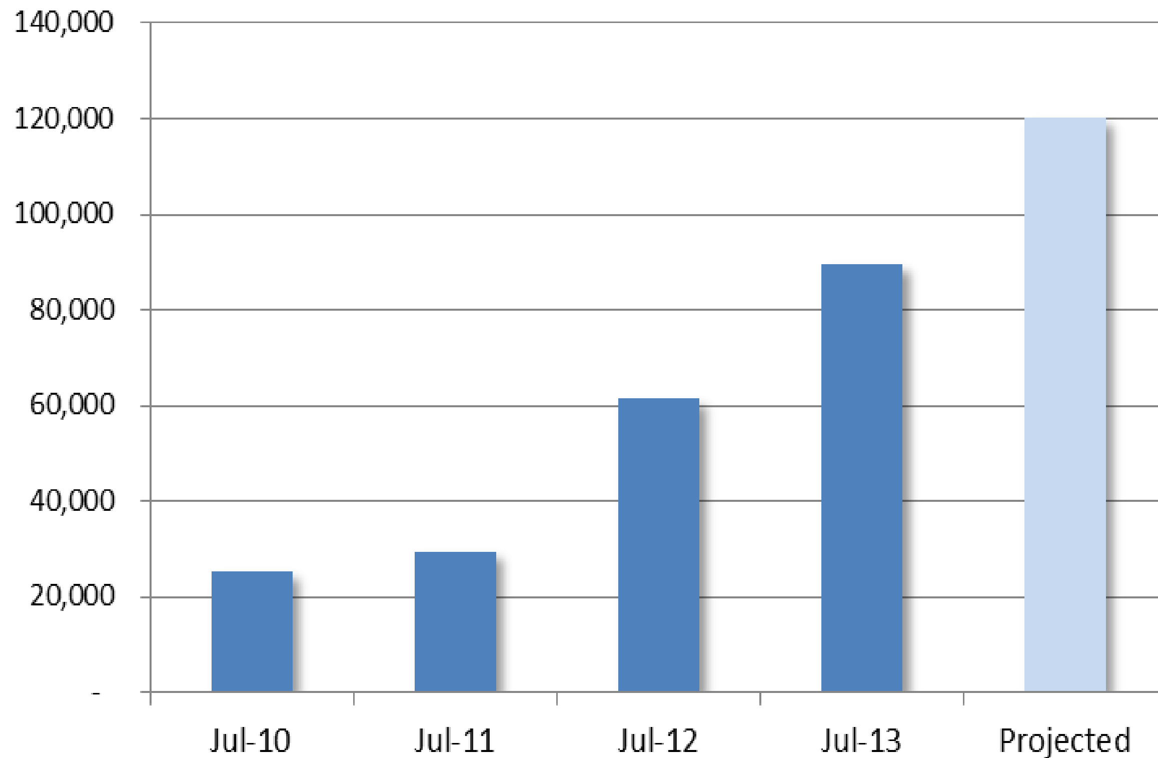
Health Access Networks (HANs)

- Launched in July 2010
- Expands on the PCMH by creating community-based, integrated networks
- Intended to increase access to health care services, enhance quality and coordination of care and reduce costs.
- There are three HAN contractors:

  Central Communities (Canadian County)
  Oklahoma State University (OSU) Center for Health Sciences
  Oklahoma University (OU) Sooner

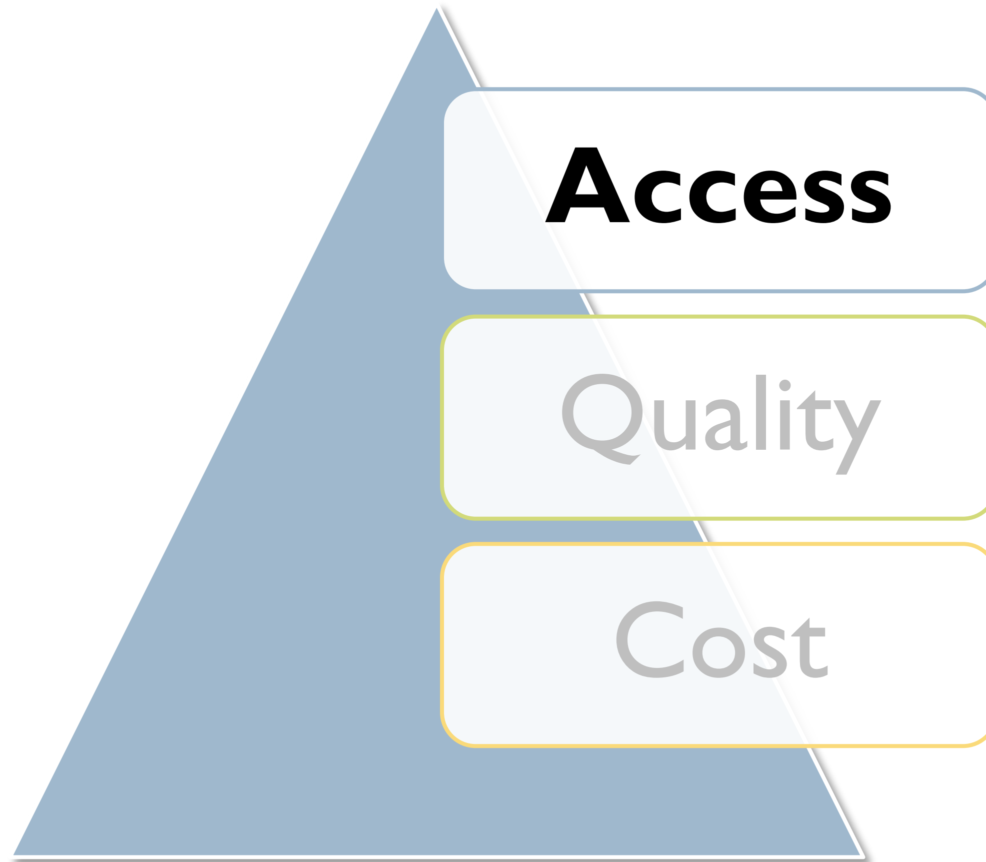
- The HANs receive $5.00 PMPM in return for certain enhancements, which include offering telemedicine, specialty care assistance and care management to PCMH providers and their members.

INTRODUCTION *cont'd*



Sources: OHCA enrollment and payment data for historical; OHCA for projection.

SoonerCare Choice Evaluation - TRENDS



TRENDS – ACCESS TO CARE

Evaluation Questions

- Is it easy or difficult to enroll in SoonerCare Choice?
- Once enrolled:
  - Is there an adequate selection of primary care providers?
  - Are services (primary care and specialty) accessible?
- Are members with complex or chronic conditions able to navigate the system?

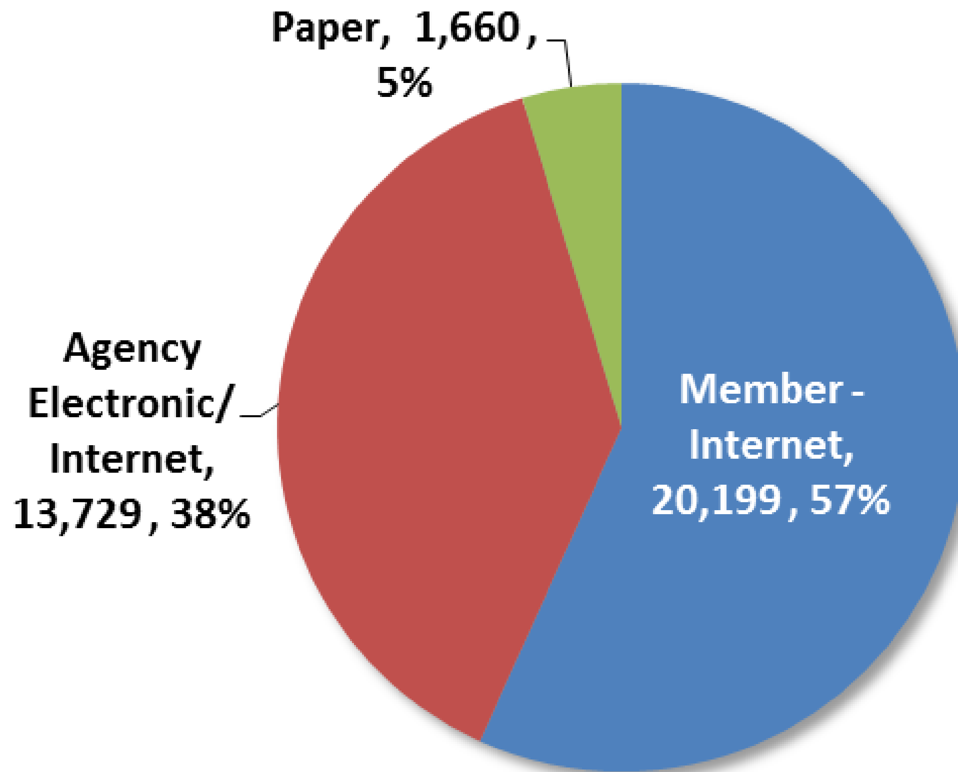
TRENDS – ACCESS TO CARE *cont'd*

Online Enrollment

- Over 30,000 applications for SoonerCare processed each month
- Online enrollment objectives:
  - Provide 24/7 access to enrollment and "real time" determination of eligibility
  - Facilitate selection of a medical home
  - Reduce staff hours required for processing applications
- Online enrollment was launched in September 2010
- Impact was immediate – paper applications have nearly ended

TRENDS – ACCESS TO CARE *cont'd*

Enrollment Method – February 2013 Snapshot



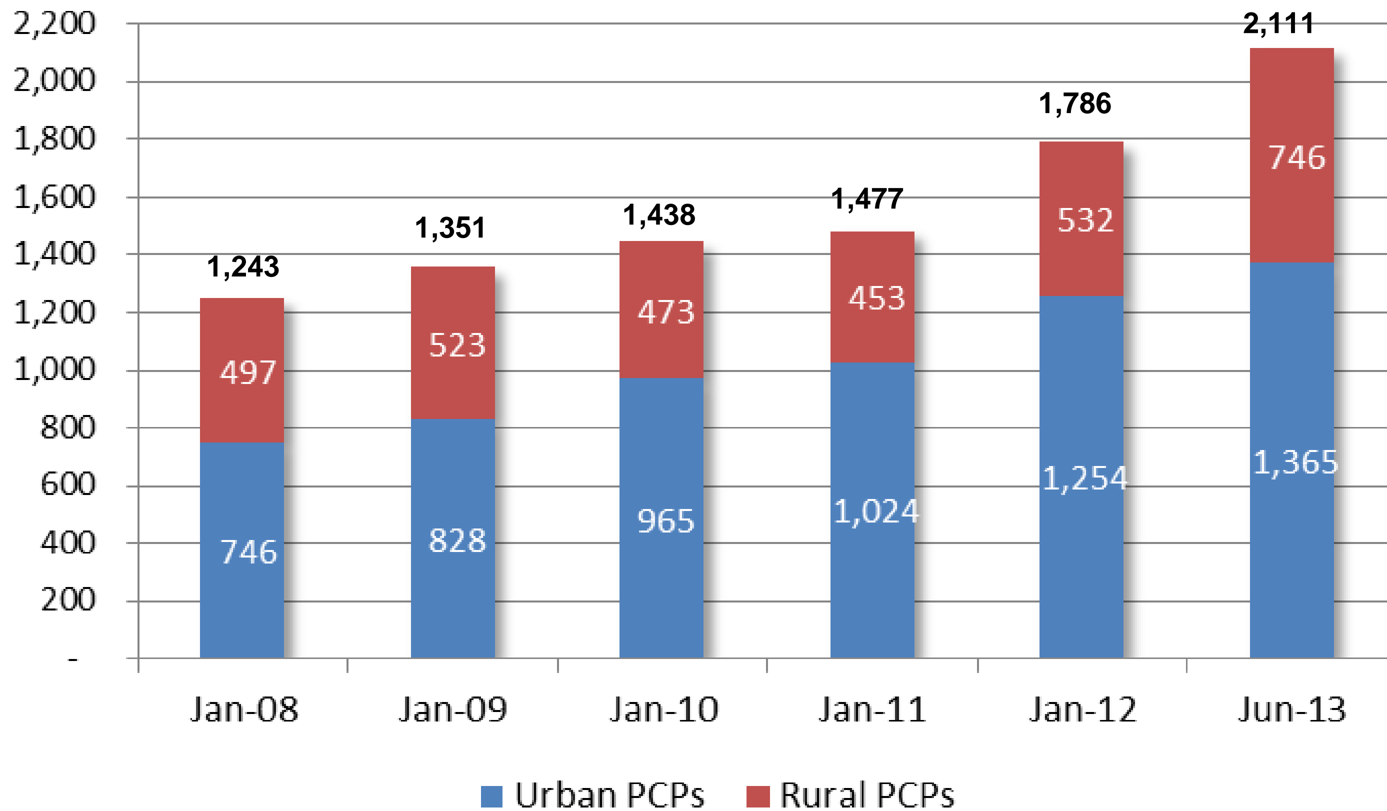
Source: OHCA Online Enrollment Fast Facts

TRENDS – ACCESS TO CARE *cont'd*

Online Enrollment Savings

- PHPG evaluated the "return on investment" for online enrollment by comparing state share of operational costs over the first five years to potential for reallocating caseworker resources
- A separate study was conducted by Mathematica Policy Research of "Express Lane Eligibility" in multiple states, with Oklahoma included as a comparison state
- Both firms estimated annual savings in the initial post go-live period of about **$1.5 million**; PHPG projected the savings would continue to grow in out years, as online enrollment volume increases
- The "savings" represent case worker resources freed-up for other activities, such as assisting individuals applying to DHS for cash assistance or Supplemental Security Income benefits

TRENDS – ACCESS TO CARE *cont'd*

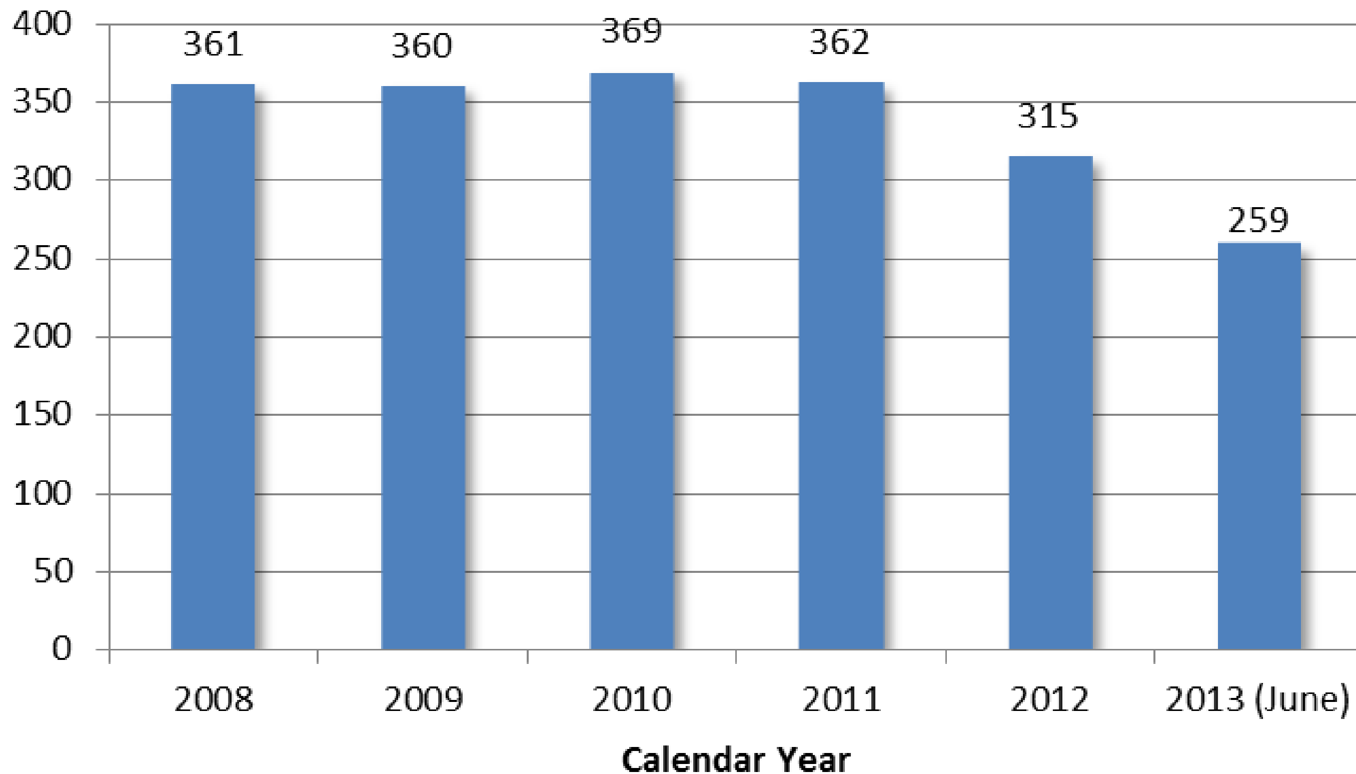


* Urban includes former SC Plus counties. A portion of the increase may be attributable to more precise taxonomy in 2012 - 2013; Cotton County had no PCPs in May 2013

Sources: OHCA Provider Fast Facts Report; KFF.org (total active PCP count)

TRENDS – ACCESS TO CARE *cont'd*

*Average SoonerCare Members per PCP (PCMH)**

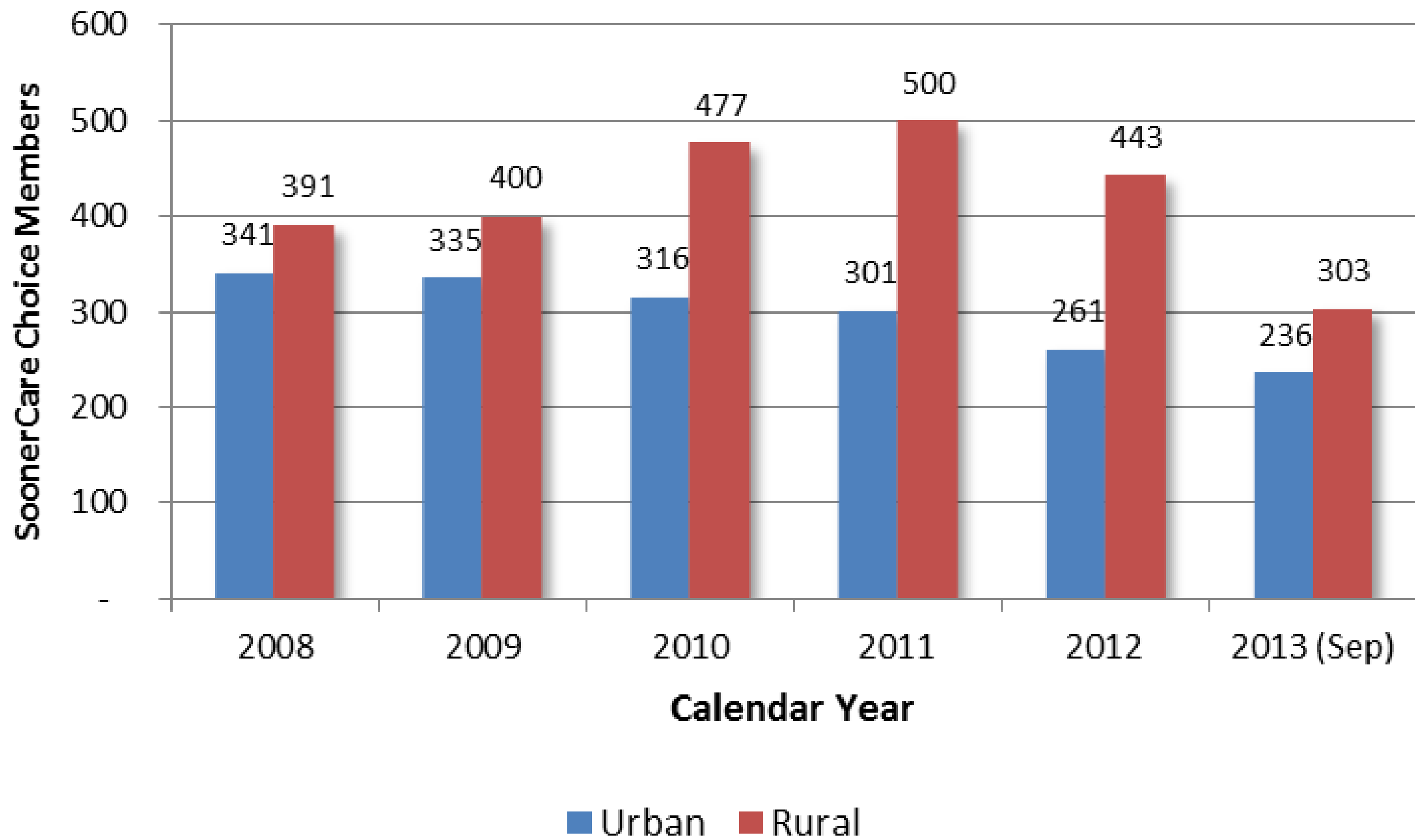


* Annualized member count divided by PCP count (2013 enrollment as of May)

Sources: OHCA Provider Fast Facts Report; Waiver Enrollment Reports; Enrollment Fast Facts (May 2013 data)

TRENDS – ACCESS TO CARE *cont'd*

Average SoonerCare Members per PCP – Urban/Rural



TRENDS – ACCESS TO CARE *cont'd*

Appointment Availability

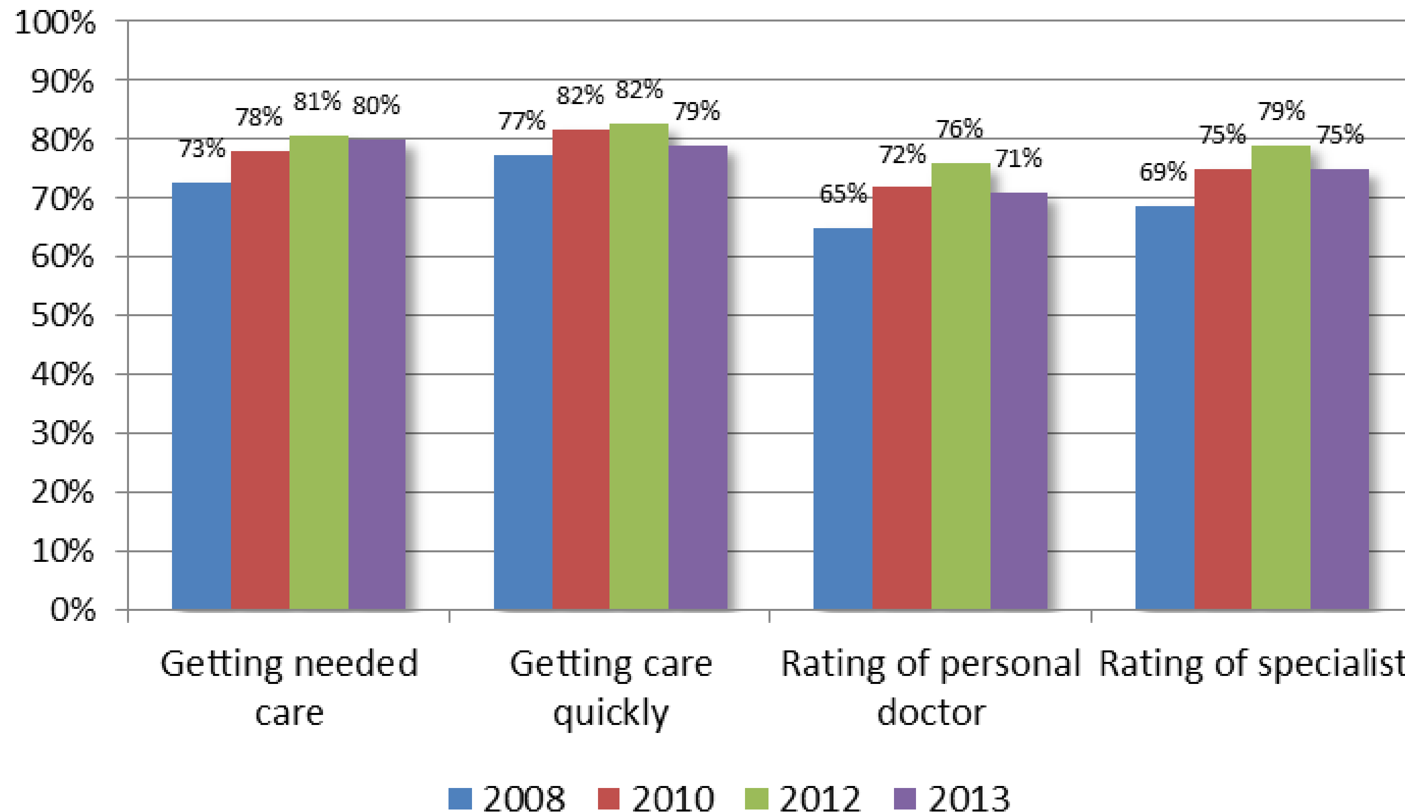
- PCP (and specialist) capacity must translate into appointment availability or members will bypass in favor of the emergency room
- SoonerCare Choice members are routinely surveyed on their ability to see their personal doctor and specialists
- PHPG evaluated appointment availability through
  - Review and trending of published survey data
  - Analysis and trending of total SoonerCare Choice emergency room utilization

TRENDS – ACCESS TO CARE *cont'd*

Member Satisfaction

- Consumer Assessment of Healthcare Providers and Systems survey (CAHPS)
- Satisfaction with adult services increased from 2008, though it dipped slightly in the most recent survey
- Satisfaction with services for children has shown an uninterrupted rise

TRENDS – ACCESS TO CARE *cont'd*

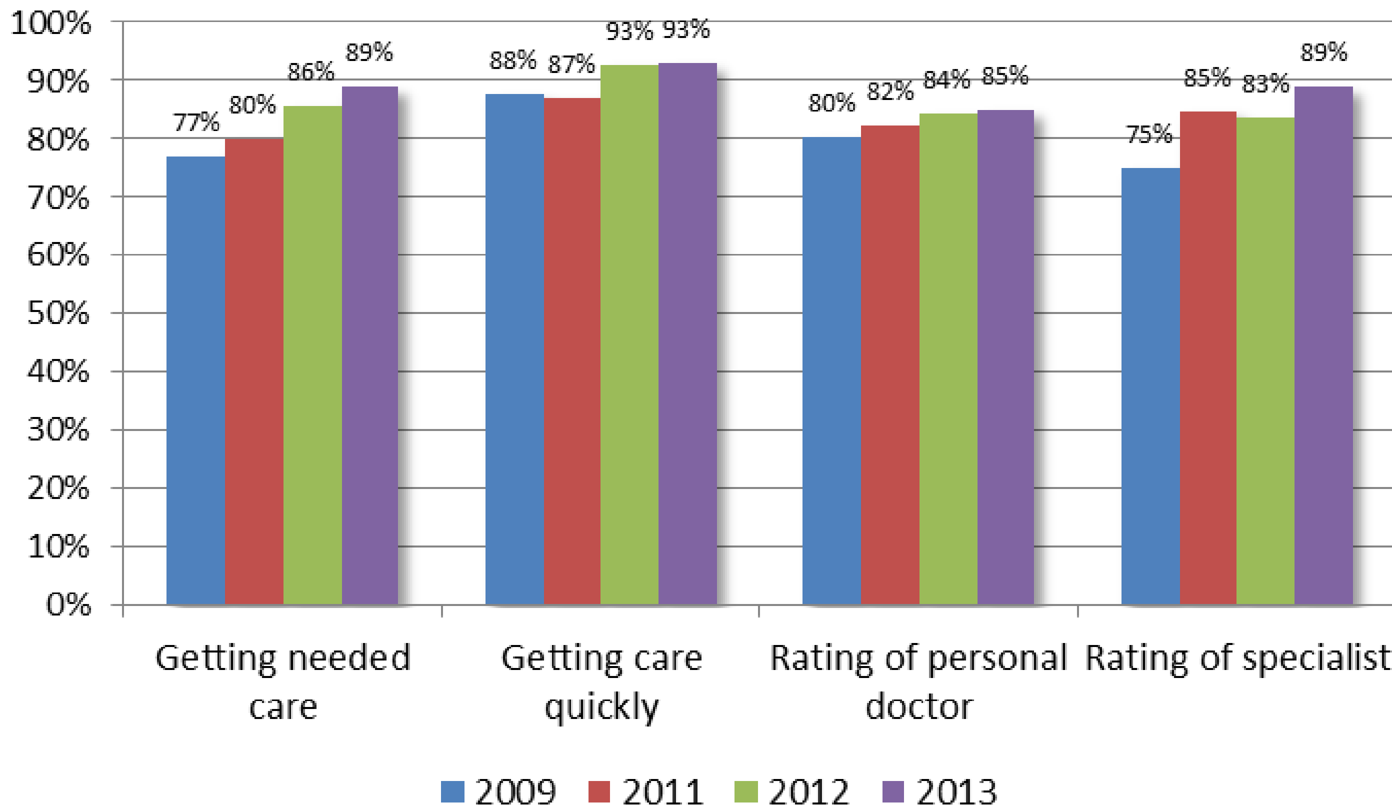


* Percent rating 8, 9 or 10 on a 10-point satisfaction scale; "Getting care quickly" is a composite measure based on questions regarding satisfaction with obtaining needed care, both urgent and non-urgent

Sources: CAHPS Health Plan Survey Adult Version – Telligen through 2012; Morpace for 2013 (surveys are conducted from July to December of year preceding reporting year)

TRENDS – ACCESS TO CARE *cont'd*

*High Satisfaction with Care for Children**

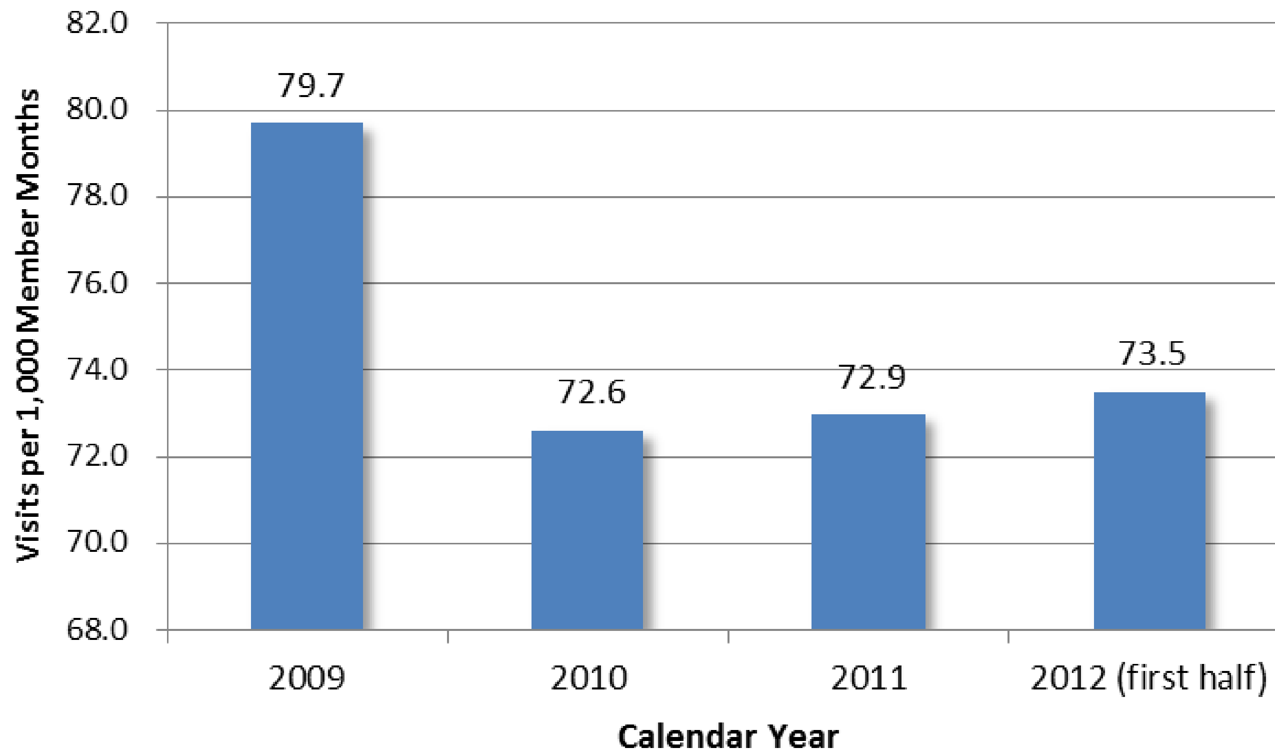


* Percent rating 8, 9 or 10 on a 10-point satisfaction scale

Sources: CAHPS Health Plan Survey Child Version – Telligen through 2012; Morpace for 2013 (surveys are conducted from July to December of year preceding reporting year)

TRENDS – ACCESS TO CARE *cont'd*

*Emergency Room Utilization per 1,000 Member Months**



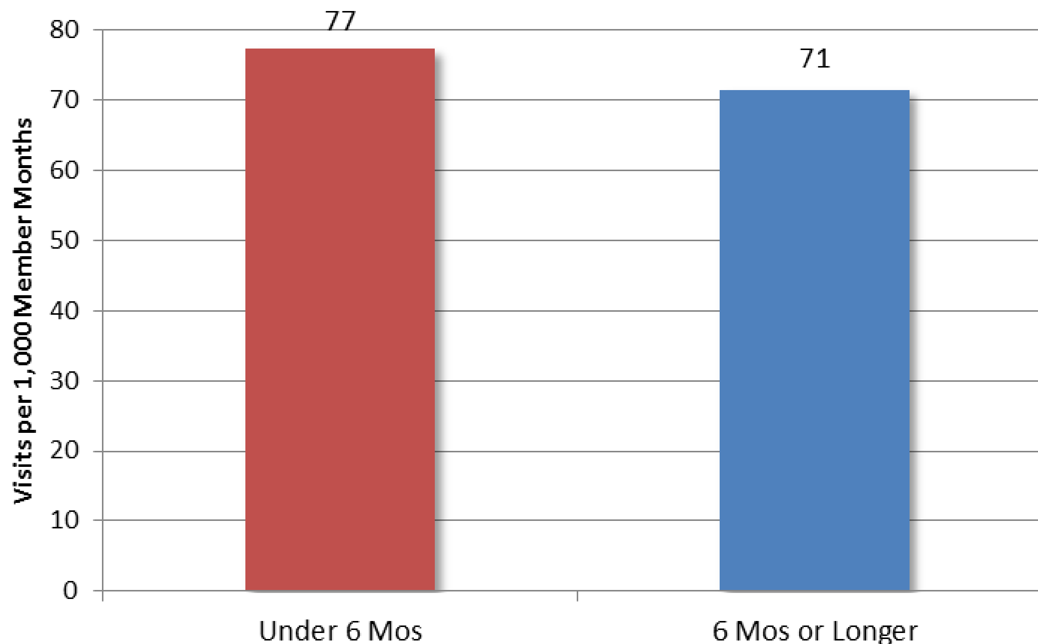
*SoonerCare Choice members enrolled in a Patient Centered Medical Home; 2012 rate includes seasonality adjustment; data excludes dual eligibles whose ER claims are paid by Medicare

Sources: Oklahoma rate derived from analysis of paid claims data; national Medicaid rate reported in Health Affairs

TRENDS – ACCESS T0 CARE *cont'd*

Emergency Room Utilization (Per 1,000 Member Months)

- ***Comparison by Tenure***: Members enrolled at least 6 months have lower ER utilization*, suggesting that the impact of PCMH care management increases over time



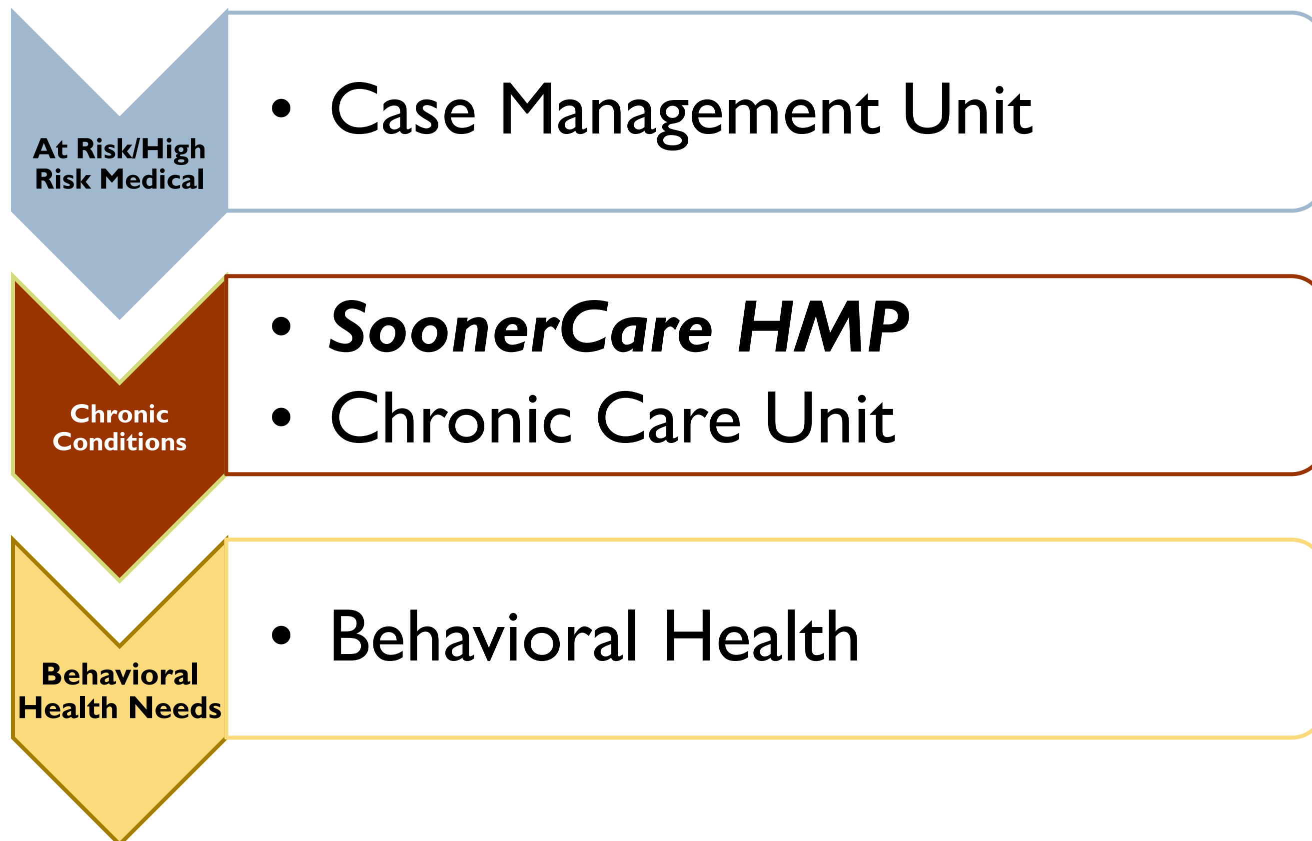
*Note: Average for 2009 – 2012

Source: OHCA paid claims data

TRENDS – ACCESS TO CARE *cont'd*

Assistance to Members with Complex/Chronic Needs

- The OHCA Population Care Management and BH Departments oversee a needs-based, multi-tiered care management structure



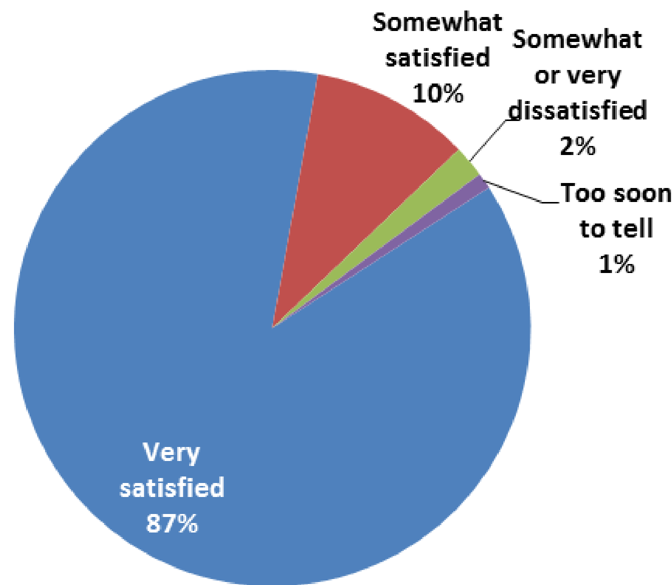
IN-DEPTH EVALUATION - HMP

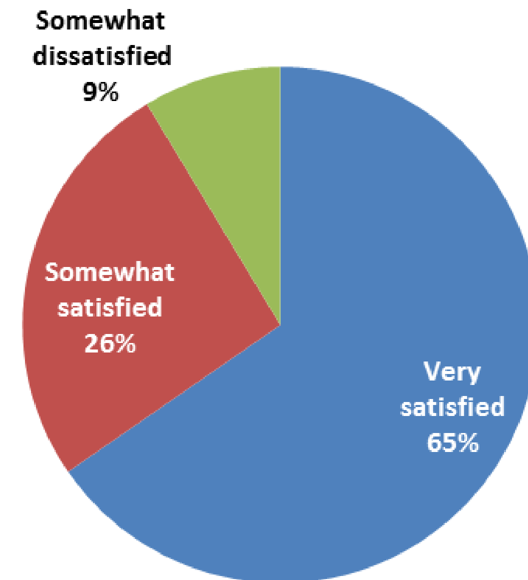
SoonerCare HMP

- The SoonerCare Health Management Program (HMP) was mandated by the Oklahoma Medicaid Reform Act of 2006 and implemented in 2008 to:
  - Better manage the needs of members with complex/chronic conditions (e.g., Asthma and Diabetes) through a holistic model of care (focus on the person, not the disease)
  - Prepare members to self-manage their conditions
  - Enhance the ability of primary care providers to manage the needs of patients with complex/chronic conditions
- The program has two components:
  - Nurse Care Management/Health Coaching – up to 7,500 members at any given time, selected based on projected risk of adverse health outcomes and high healthcare expenditures using predictive modeler
  - Practice Facilitation (88 practices since 2008)

Satisfaction

- Both members and providers have expressed high levels of satisfaction with the program





Source: 2013 SoonerCare HMP Satisfaction & Self-Management Impact Report

IN-DEPTH EVALUATION – HMP *cont'd*

SoonerCare HMP Participant Interviews

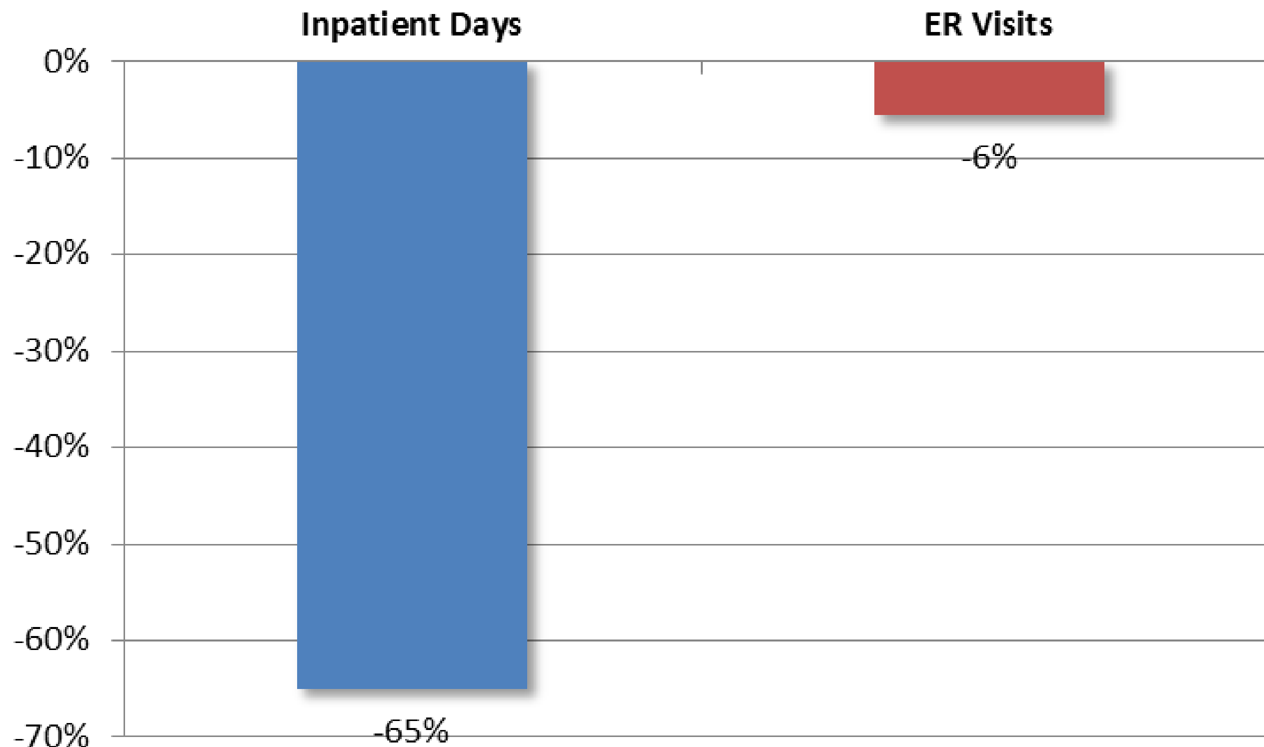
- *"Well, I mean, health-wise, I feel like I'm better. I lost, like, 92 pounds. I'm exercising three times a week...and when it's warm I try to walk as much as I can outside. When it's cold I walk inside my apartment building in the hall. There's other things going on too, but my nurse also helped me to come up with a plan to lose weight."*
- *"She keeps my health and my mind together. Exercising and eating right and taking my medication, my blood sugar and my blood pressure."*
- *"I love it that someone's checking up on me and making sure that I'm OK every month. I can't say that anybody I've given birth to would do that!"*

Source: 2013 SoonerCare HMP Satisfaction & Self-Management Impact Report

IN-DEPTH EVALUATION – HMP *cont'd*

HMP Impact on Inpatient and ER Utilization

- Inpatient days and ER visits were below forecast for all participants (results shown for highest risk cohort)



Source: SFY 2012 SoonerCare HMP Annual Evaluation Report

IN-DEPTH EVALUATION – HMP *cont'd*

HMP Impact on Cost

- The program's net cost effectiveness (accounting for administrative expenses) has increased each year, with total savings through SFY 2012 exceeding $139 million

SoonerCare HMP – Net Savings (Deficit) by State Fiscal Year (in millions)*

Program Component	2009	2010	2011	2012	Total
Care Management	($2.5)	$1.2	$45.8	$48.7	$93.1
Practice Facilitation	($0.6)	$7.1	$27.1	$12.5	$46.1
Total Program	($3.1)	$8.3	$72.9	$61.2	**$139.2**

*Savings are net of HMP administrative expenses (OHCA staff and vendor payments). Administrative expenses have totaled $26.6 million through SFY 2012, yielding a program return-on-investment of 524 percent

Source: SFY 2012 SoonerCare HMP Annual Evaluation Report

SoonerCare Choice Evaluation - TRENDS

Evaluation Questions

- Does the program have mechanisms to measure and reward quality?
- Are members receiving appropriate preventive and diagnostic services?
- Are health outcomes improving?

TRENDS – QUALITY OF CARE *cont'd*

Preventive and Diagnostic Services

- The OHCA tracks preventive and diagnostic service delivery for SoonerCare Choice through "Healthcare Effectiveness Data and Information Set" (HEDIS®) measures
- PHPG evaluated HEDIS results over time and in comparison to national HEDIS Medicaid MCO rates (where available)
- Measures included:
  - HEDIS Trends: Child/adolescent access to PCPs
  - HEDIS Trends: Adult access to preventive services
  - HEDIS Trends: Annual dental visit rates for members under 21
  - HEDIS Trends: Breast and cervical cancer screening rates

TRENDS – QUALITY OF CARE *cont'd*

HEDIS Trends

- SoonerCare Choice has achieved improvement in child/adolescent access to PCPs since 2008
- The SoonerCare Choice access rate is higher than the national rate for all groups

HEDIS Measure	2008	2009	2010	2011	2012	Change 2008 -12	National Rate
Child access to PCP, 12-24 months	94.1%	96.2.%	97.8%	97.2%	96.6%	**↑2.5%**	96.1%
Child access to PCP, 3-6 years	83.1%	86.9%	89.1%	88.4%	90.1%	**↑7.0%**	88.2%
Child access to PCP, 7-11 years	82.7%	87.6%	89.9%	90.9%	91.7%	**↑9.0%**	89.5%
Adolescent access to PCP, 12-18 years	81.4%	85.8%	88.8%	89.9%	91.6%	**↑10.2%**	87.9%

Source: Oklahoma Health Care Authority (OHCA) for Oklahoma HEDIS® results and National Committee for Quality Assurance (NQCA) for national Medicaid HMO rates. Reporting years represent results for activity in the prior year

TRENDS – QUALITY OF CARE *cont'd*

HEDIS Trends

- Annual dental visit rates for members under 21 have improved modestly and reached 64 percent in 2012
- Adult access to preventive/ambulatory services also has improved and is over 80 percent for members 20 – 44 and over 90 percent for members 45 - 64

HEDIS Measure	2008	2009	2010	2011	2012	Change 2008 -12	National Rate
Annual dental visit under 21 years	59.7%	62.1%	60.2%	62.0%	64.0%	**↑4.3%**	--
Adult access to preventive/ ambulatory services, 20 – 44 years	78.4%	83.3%	83.6%	84.2%	83.1%	**↑4.7%**	--
Adult access to preventive/ ambulatory services, 45 – 64 years	86.8%	89.7%	90.9%	91.1%	91.0%	**↑4.2%**	--

Source: Oklahoma Health Care Authority (OHCA) for Oklahoma HEDIS® results and National Committee for Quality Assurance (NQCA) for national Medicaid HMO rates. Reporting years represent results for activity in the prior year

TRENDS – QUALITY OF CARE *cont'd*

HEDIS Trends

- The exceptions to the broader positive trends are breast and cervical cancer screening rates
- Both rates are down slightly from 2008 and below the national rate
- Recommended screening age raised for mammograms and recommended cervical screening intervals lengthened in 2012 (both nationally) after several years of review; may have contributed to flat/declining trend

HEDIS Measure	2008	2009	2010	2011	2012	Change 2008 -12	National Rate
Breast cancer screening rate	38.3%	43.0%	41.1%	41.3%	36.9%	↓1.4%	50.4%
Cervical cancer screening rate	44.4%	46.6%	44.2%	47.2%	42.5%	↓1.9%	66.7%

Source: Oklahoma Health Care Authority (OHCA) for Oklahoma HEDIS® results and National Committee for Quality Assurance (NQCA) for national Medicaid HMO rates. Reporting years represent results for activity in the prior year

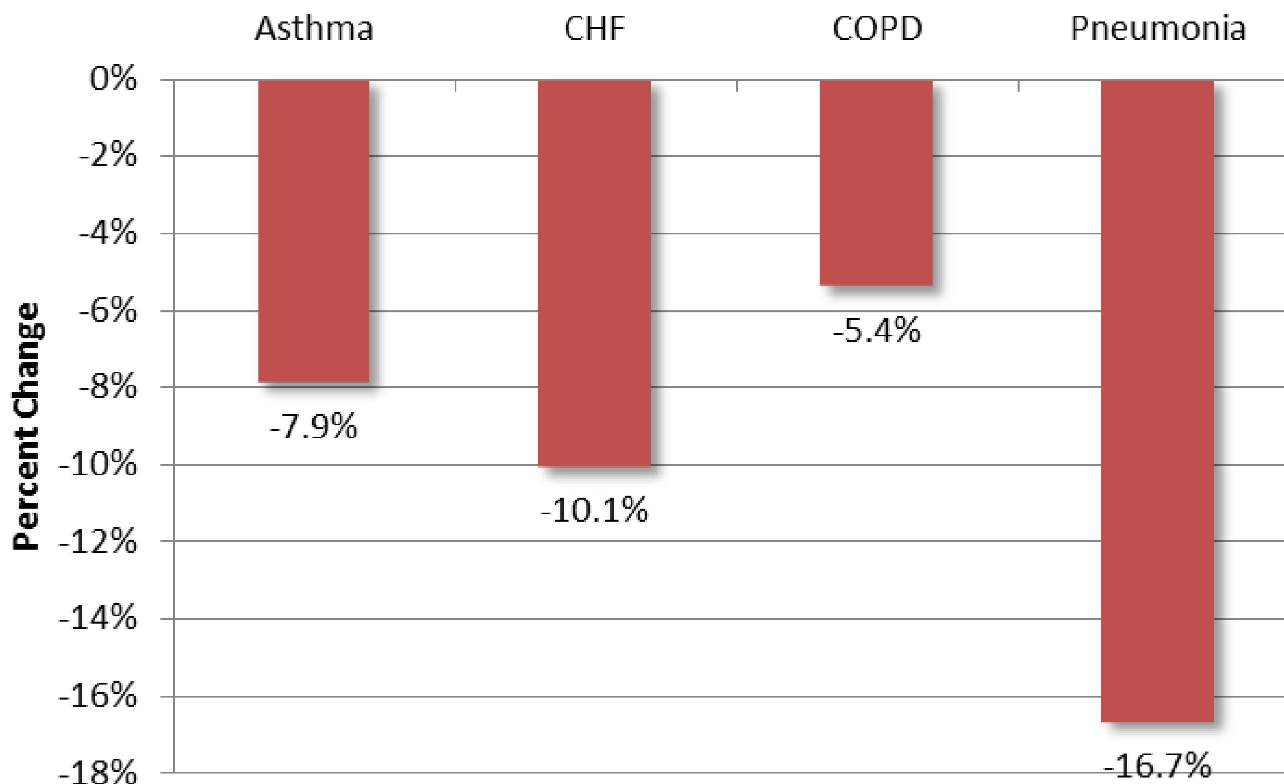
TRENDS – QUALITY OF CARE *cont'd*

Avoidable Hospitalizations

- Avoidable hospitalization rate is an effective indicator of the quality of ambulatory health care for persons with complex and chronic conditions
- PCMH and SoonerCare Choice care management activities are both directed in part to ensuring access to the right care in the right setting
- PHPG used paid claims data to evaluate the avoidable hospitalization rate among SoonerCare Choice members with Asthma, CHF, COPD and Pneumonia (based on admitting diagnosis)
- The rate fell for all four conditions from 2009 to 2012

TRENDS – QUALITY OF CARE *cont'd*

Avoidable Hospitalization Rate (2009 – 2012)



*SoonerCare Choice members enrolled in a Patient Centered Medical Home

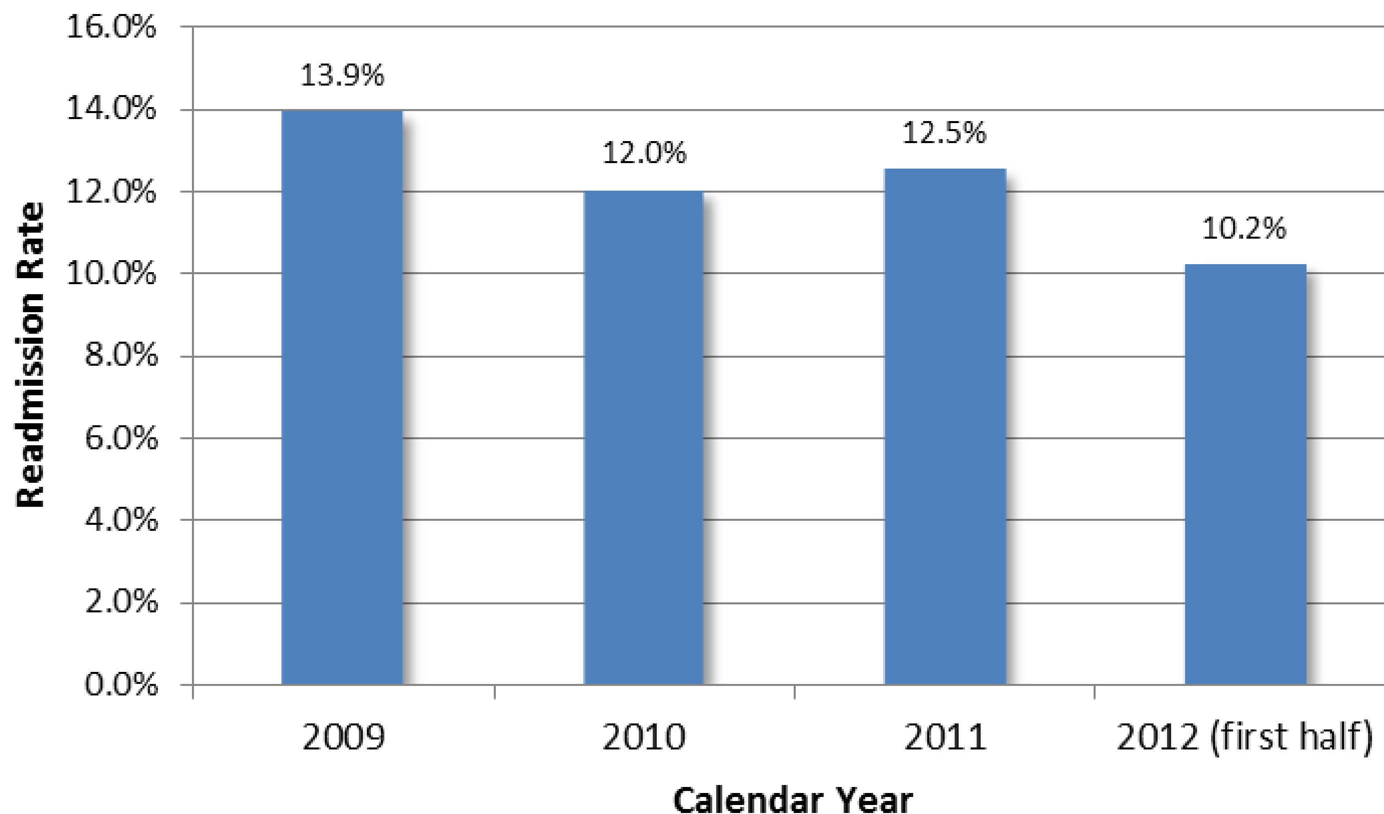
Source: OHCA paid claims

TRENDS – QUALITY OF CARE *cont'd*

Hospital Readmissions

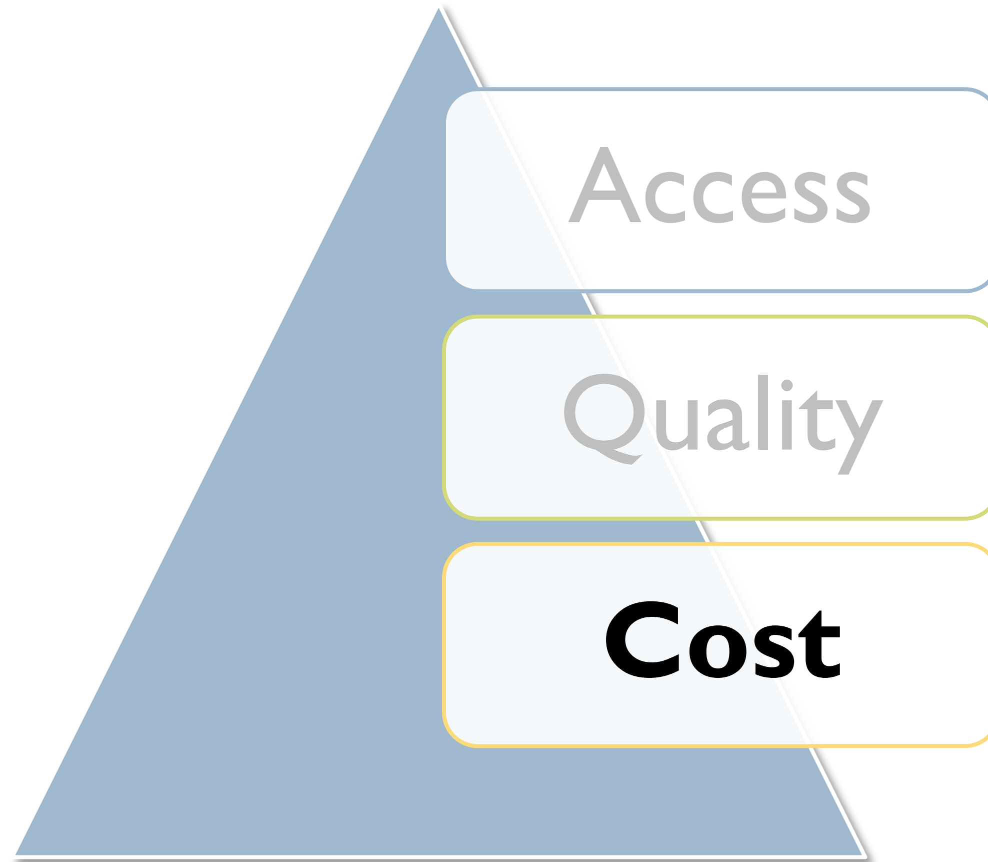
- The hospital 30-day readmission rate is an effective indicator of discharge planning activities, PCP post-discharge care and SoonerCare Choice case management
- PHPG used paid claims data to evaluate the 30-day readmission rate for 2009 – 2012 (first six months)
- The rate declined by 26 percent from 2009 - 2012

TRENDS – QUALITY OF CARE *cont'd*



*SoonerCare Choice members enrolled in a Patient Centered Medical Home
Source: OHCA paid claims

SoonerCare Choice Evaluation - TRENDS



Evaluation Questions

- Is the SoonerCare program cost effective in terms of health care expenditures?
- Is the SoonerCare program cost effective in terms of administrative expenses?

Health Expenditures

- Improved program performance must be cost effective to be sustainable
- PHPG used paid claims data to calculate per member per month expenditures for SoonerCare Choice members for the period Jan 2009 to June 2012
- PHPG also evaluated SoonerCare Choice expenditures against the national health care inflation rate

TRENDS – COST EFFECTIVENESS *cont'd*

Health Expenditures

- PMPM health expenditures for SoonerCare Choice members* rose modestly from 2009 – 2012, increasing an average of 1.4 percent per year
- During the same period, per capita national health expenditures increased by an average of 3.2 percent per year

SoonerCare Choice Member PMPM Expenditures

Admitting Diagnosis	2009	2010	2011	2012 (First 6 Mos.)	Avg. Annual Change
ABD (non-duals)	$863	$851	$848	$862	↓0.0%
TANF/Other	$205	$199	$206	$225	↑3.2%
TOTAL	$274	$264	$277	$286	↑1.4%

*Note – Data is for members assigned to a PCMH
Source: OHCA paid claims data

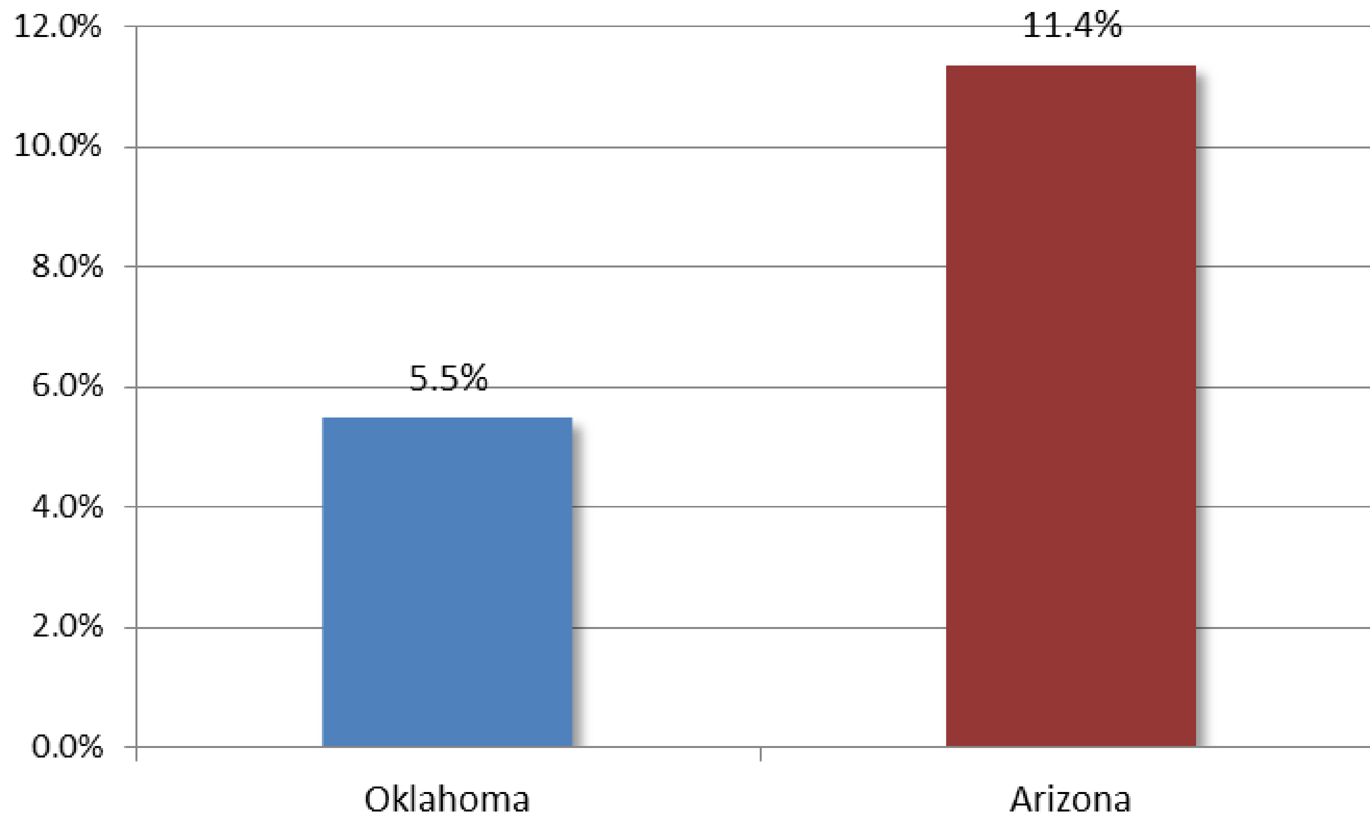
TRENDS – COST EFFECTIVENESS *cont'd*

Administrative Expenditures

- The OHCA contracts for some care management activities (e.g., SoonerCare HMP) but otherwise operates as a state managed care plan
- This structure enables the agency to devote a larger share of expenditures to the delivery of care
- States with MCO contracts can have slightly lower agency costs but the difference is typically offset by administrative costs incurred by the managed care organizations
- A national survey of 94 Medicaid MCOs found that 11.6 percent of capitation on average went to administration and an additional 1.3 percent was retained as profit
- PHPG compared Oklahoma to Arizona, which enrolls all Medicaid beneficiaries into MCOs

TRENDS – COST EFFECTIVENESS *cont'd*

Administrative Cost Comparison



Sources: OHCA 2012 Annual Report; Arizona AHCCCS FY 2013 budget

FINAL OBSERVATIONS

Managed Care Organization (MCO) Model

- The majority of states introducing or expanding managed care have done so through MCO contracts
- Among Oklahoma's neighbors, Missouri, Kansas, New Mexico and Texas contract with MCOs, including for ABD members and long term care (Missouri is TANF only)
- The industry is undergoing consolidation and a small number of national MCOs increasingly dominate (although qualified single state and regional plans also participate)
- Seven large plans (Aetna, Anthem Blue Cross, Centene, Health Net, Molina, United, WellCare) have combined enrollment of 6.2 million lives
- These MCOs can bring expertise from existing markets into states implementing or expanding managed care (e.g., Kansas)

MCO Model *cont'd*

- However, market consolidation and competition among national MCOs also has meant:
  - Lengthier procurements, to allow for resolution of protests by losing organizations (e.g., Ohio program)
  - Willingness on the part of national contractors to depart states if early profit expectations are not met (e.g., Florida and Kentucky programs)
  - MCO model works best when there is a strong partnership with the Medicaid agency, since reforms (e.g., PCMH) must be implemented through the MCOs

Community-Based Systems of Care

- A smaller number of states, like Oklahoma, have developed managed care programs that:
  - Combine community-based systems of care with support at the state level in the form of chronic care/health management and quality initiatives (either directly administered or purchased)
  - Use market-based incentives to drive and reward holistic, cost-effective care
- Examples of programs similar in concept to SoonerCare Choice include:
  - California – CalOptima Program (Orange County)
  - North Carolina – Community Care of NC/ACCESS
  - Oregon – Coordinated Care Organization (new)
  - Vermont – Global Commitment to Health

FINAL OBSERVATIONS – MANAGED CARE MODELS

Managed Care Models – Comparison of Features

Component	SoonerCare Choice	MCO Model
Contracted Network	*Yes*	*Yes*
Patient Centered Medical Homes	*Yes*	*Yes*
Provider Pay-for-Performance	*Yes*	*Yes*
Member Education	*Yes*	*Yes*
Medical Case Management	*Yes*	*Yes*
Chronic Care/Health Management	*Yes*	*Yes*
Quality Improvement Initiatives	*Yes*	*Yes*
Program Oversight/Administration	*State*	*Shared*
Stability	*High*	*Variable*
Administrative Expense	*5.46%*	*10%+*

SoonerCare Choice Independent Evaluation

2009 - 2012

Introduction

SoonerCare Choice is Oklahoma's managed care program for Medicaid beneficiaries. In June 2013, the program covered nearly 540,000 Oklahomans, of which over 80 percent were children. The program is administered by the Oklahoma Health Care Authority (OHCA).

> ### *Evaluator Findings*
>
>
>
> "SoonerCare Choice has fostered innovation while exhibiting stability for members and providers and has continued to advance its goals of delivering accessible, high quality and cost effective care to Oklahoma's Medicaid population."
>
> - Independent Evaluator

Although SoonerCare Choice has existed since 1996, the program has been transformed in recent years through introduction of three major initiatives: Patient Centered Medical Homes (PCMH), Health Access Networks (HAN) and the SoonerCare Health Management Program (HMP).

PCMH: Every SoonerCare Choice member is aligned with a primary care provider responsible for meeting strict access and quality of care standards. PCMH providers are arrayed into three levels, or tiers, depending on the number of standards they agree to meet. The OHCA pays monthly care management fees (in addition to regular fee-for-service payments) that increase at the higher tiers. Providers also can earn "SoonerExcel" quality incentives for meeting performance targets, such as for preventive care, member use of the ER and prescribing of generic drugs.

HAN: In 2010, the OHCA expanded upon the PCMH model by contracting with three Health Access Network provider systems, operated by Oklahoma University, Oklahoma State University and a consortium of Canadian County providers. The HANs are community-based, integrated networks intended to advance program access, quality and cost-effectiveness goals by offering greater care coordination support to affiliated PCMH providers.

HMP: In 2008, the OHCA implemented the Health Management Program, a holistic person-centered care management program for members with chronic conditions who have been identified as being at high risk for both adverse outcomes and increased health care expenditures. The SoonerCare HMP emphasizes development of member self-management skills and provider adherence to evidence-based guidelines and best practices.

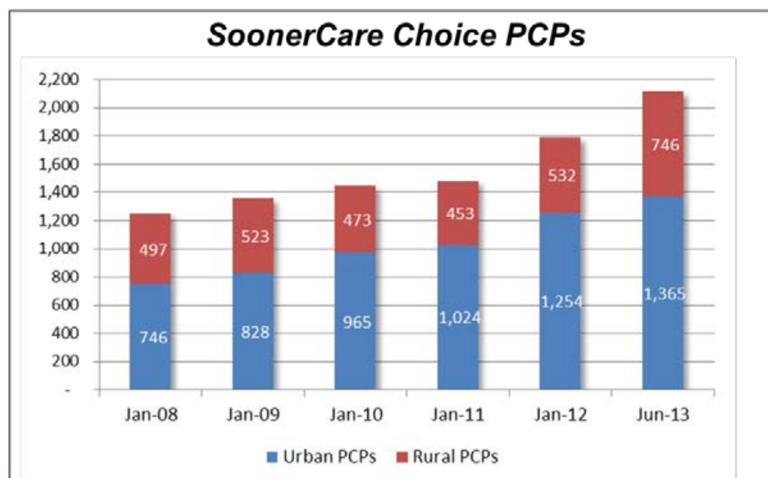
In 2012, the OHCA commissioned the Pacific Health Policy Group (PHPG) to conduct an independent evaluation of SoonerCare Choice. PHPG examined the program's overall performance, as well as the impact of the three recently-launched initiatives.

Performance against Program Goals

The SoonerCare Choice program's overarching goals are to provide accessible, high quality and cost effective care to the Oklahoma Medicaid population. The program demonstrated improved performance with respect to access and quality during the evaluation period, while maintaining cost effectiveness.

In terms of *ACCESS*:

- The OHCA successfully converted from paper to electronic applications for most SoonerCare Choice members in 2010, improving both the speed and accuracy of the enrollment process. In September 2013, **95 percent of applications were filed online** directly by applicants or with the assistance of one of the OHCA's partner agencies. The online enrollment system has significantly reduced application processing times. Under the paper system, new applications required an average of 20 days to process; renewals required 15 days. The online system can process a complete application in minutes.
- The OHCA's introduction of patient centered medical homes and significantly expanded the availability of primary care providers (PCPs) to serve SoonerCare Choice members. The total number of participating providers **increased by 70 percent** from 2008 to 2013.



- Emergency room utilization **declined by 10 percent** concurrent with introduction of patient centered medical homes and has remained at this lower level.

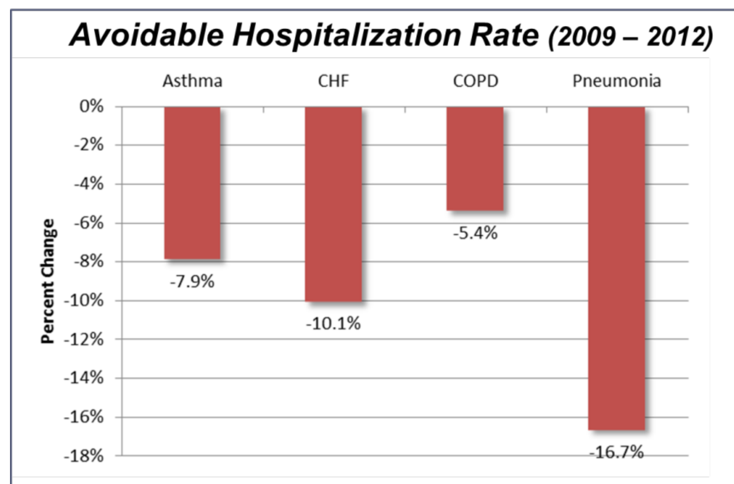
- SoonerCare Choice members report **high levels of satisfaction** with access to care for both children and adults. Seventy-nine percent of adults rate the program an 8, 9 or 10 out of 10 in terms of being able to get care quickly; 93 percent rate it an 8, 9 or 10 when it comes to getting care quickly for their children.

In terms of *QUALITY*:

- The OHCA has established methods to routinely measure quality of care and reward PCMH providers who meet or exceed quality benchmarks. In State Fiscal Year 2012, the OHCA made **over $3.5 million in quality payments** to primary care providers. To date, there is no clear indication that providers behave differently depending on their tier level, but evidence may emerge as providers gain more experience meeting PCMH performance standards.

- Primary and preventive care quality measures have improved for both children and adults and generally **exceed national Medicaid benchmarks**, where available. This includes both medical and dental care. (Two exceptions to these trends were breast and cervical cancer screening rates; the OHCA is developing strategies to increase adherence by members and providers to screening guidelines.)

- Member health outcomes showed improvement with respect to hospitalizations for ambulatory care sensitive conditions, which declined over the period 2009 – 2012 for all diagnoses evaluated. Pneumonia admissions showed the greatest decline, **falling by 16.7 percent**.

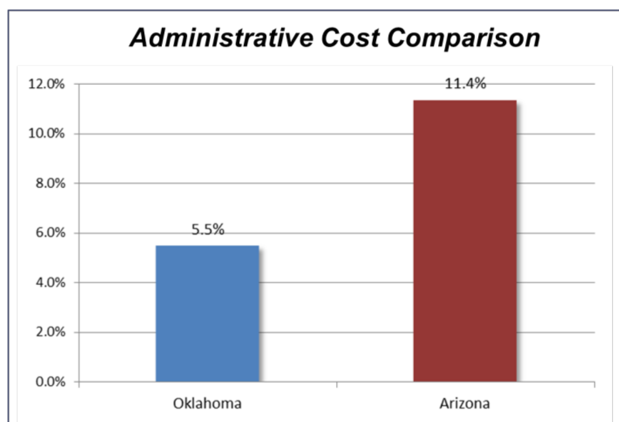


- Hospital thirty-day readmission rates, another important measure of quality, **fell by over 25 percent** from 2009 – 2012.

- The OHCA has implemented case and care management strategies to assist members with acute or chronic conditions in navigating the health care system and improving their self-management skills. The SoonerCare HMP in particular has had a significant positive impact through its provision of person-centered, holistic care management for members with complex and chronic conditions. The program has improved member adherence to care guidelines and has reduced emergency room and inpatient utilization, resulting in a corresponding reduction in health care expenditures versus what would have occurred absent the program. Since 2009, the SoonerCare HMP has **saved an estimated $139 million dollars** since 2009.

In terms of *COST EFFECTIVENESS*:

- Medical inflation for SoonerCare Choice members averaged 1.4 percent per year from 2009 – 2012, **less than half** the national per capita health care expenditure growth rate of 3.2 percent.



- OHCA (and partner agency) administrative costs were **less than half** that of Arizona, which has enrolled all Medicaid beneficiaries in managed care organizations since 1982, longer than any other state.

Conclusion

SoonerCare Choice combines community-based systems of care with support at the State level in the form of chronic care/health management and quality initiatives. The OHCA functions essentially as a statewide MCO, performing some administrative functions directly (e.g., member enrollment, member services, provider contracting, claims payments) and contracting with vendors offering specialized expertise for others (e.g., health coaching and transportation).

The program includes the types of market-based incentives commonly used by MCOs to encourage and reward high quality care. The OHCA's SoonerExcel payments to PCMH providers are consistent with "pay-for-quality" initiatives employed by private plans.

SoonerCare Choice also has served as an effective platform for innovation. The OHCA was able to introduce the PCMH model, Health Access Networks and the SoonerCare HMP across the State without relying on third party intermediaries, i.e., MCOs. This enabled the OHCA to roll-out the initiatives on a schedule of its choosing and to make adjustments swiftly to enhance program effectiveness.

In conclusion, SoonerCare Choice has fostered innovation while exhibiting stability for members and providers and has continued to advance its goals of delivering accessible, high quality and cost effective care to Oklahoma's Medicaid population.

2014 SOONERCARE CHANGES

October 2013

New Environment

- **Medicaid or CHIP and other coverage**
- **Health Insurance Marketplace**
  - **Advance Premium Tax Credits**
  - **Cost Sharing Reductions**

Medicaid Coverage

- Modified Adjusted Gross Income
- Household construction
- New coverage groups
  - Parent/Caretaker Relatives
  - Former Foster Care Adults
  - Targeted LI Child/grandfathered CHIP
- OHCA/OKDHS
- MEC/account transfers

FPL January 1, 2014

- Pregnant women up to 133% FPL – full scope (no one loses benefits)
- Pregnant women 134-185% FPL – Soon-To-Be-Sooners
- Family planning, men, women up to 133% FPL (notification letters in Dec)
- Soon-To-Be-Sooners members cannot have other creditable coverage

Insure Oklahoma

- Continues through Dec. 31, 2014
- ESI unchanged
- IP coverage for those up to 100% FPL (notifications began Oct. 4)
- IP new copay maximums
- IP benefits addressed
- Emergency rules to OHCA Board October 10

Authority

- SoonerCare 1115 waiver conforming
- State Plan Amendments
- Time-limited early MAGI waiver
- Permanent and emergency rules, IO and eligibility

Enrollment

- Online Enrollment for SoonerCare is still available at:

www.mySoonerCare.org

- The sequence and wording of some of the questions may be a little different—but it essentially works in the same way it always has.

Enrollment

SoonerCare PAPER applications are being phased out:

- SoonerCare paper applications are no longer available
- www.OKHCA.org provides a direct link to the Federal HIM paper application.

Enrollment

Interoperability with the Federal HIM:

- **If you apply for SoonerCare online and don't qualify, your data will automatically be transferred to the Federal Health Insurance Marketplace for consideration and vice-versa.**

FEDERAL HEALTH INSURANCE MARKETPLACE

www.HealthCare.gov

Phone: Individuals: 1-800-318-2596 (24/7)

TTY: 1-855-889-4325

Businesses: 1-800-706-7893 (M-F, 8:00 a.m. - 4:00 p.m.)

TTY: 1-800-706-7915

Navigator Program

- Oklahoma Community Health Centers
- Little Dixie Community Action Agency

OUTREACH MATERIALS

2014 Eligibility Categories (10/07/2013 REVISED)

All information on this document is subject to change pending Policy updates

Category	Sub-Group	*FPL %	OHCA Program Eligible	Health Insurance Marketplace
CHILDREN:				
SoonerCare	Age 0-18	≤185	x	
Former Foster Care	Age 0-26	N/A	x	
ADULTS:				
SoonerCare	Age 19+ (Parent/Caretaker)	≈30	x	
	Age 19+	≥30-99		Subsidy not Available
	Age 19+	≥100		x
SPECIAL POPULATIONS:				
Pregnant Women	Pregnant Women (Full Scope)	≤133**	x	
	Soon-To-Be-Sooners (STBS) (Limited Benefit Package)	≤185	x***	x***
SoonerPlan (Family Planning Services Only)	Age 19-64 Men & Women	≤133	x	x****
	Age 19-64 Men & Women	>133		x
Insure Oklahoma	Individual Plan (IP)	≤100	x	
	Individual Plan (IP)	>100		x
	Employee-Sponsored (ESI)	≤200	x	
	Employee-Sponsored (ESI)	>200		x

*2013 FPL's are currently listed. New, MAGI (Modified Adjusted Gross Income) equivalent rates will be established.

**Effective Jan. 1, 2014, newly eligible pregnant women 134-185% FPL will be covered in the Soon-To-Be-Sooners (STBS) category and receive benefits that apply to the unborn child (i.e., pregnancy-related services only.) Pregnant women who were found eligible prior to Jan. 1, 2014, will retain full scope benefits.

***Persons meeting eligibility requirements and covered under a group health plan or health insurance coverage (including the Health Insurance Marketplace) are not eligible for STBS coverage.

**** SoonerPlan members with income 100-133 FPL will also be eligible for Marketplace coverage. A subsidy will not be available for those with income < 100 FPL.

Current eligibility categories to be determined by MAGI	Current eligibility categories NOT to be determined by MAGI
Non-disabled Children	Long Term Care
Parents/Caretakers	Aged, Blind, Disabled
Pregnant Women	TEFRA
SoonerPlan	Oklahoma Cares (BCC)

SoonerCare 2014

What WILL Change In 2014?

The WAY income is calculated (MAGI) and the way a household is defined

What Is MAGI?

MAGI is Modified Adjusted Gross Income
MAGI is found by taking your household's adjusted gross income and adding back certain deductions.

How Is MAGI Calculated?

On your Income Tax Return:
Adjusted gross income is found by subtracting deductions in lines 23-26 on 1040 Income Types that will now be counted as Adjusted Gross Income include:

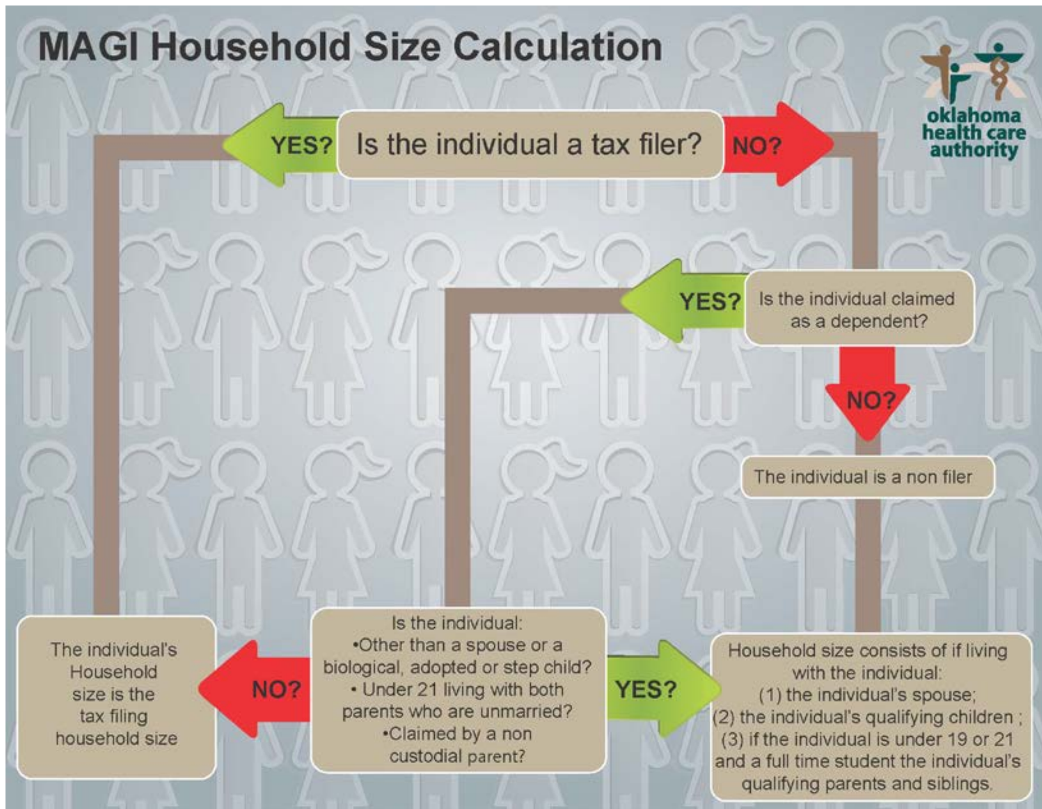
- Social Security Income
- Depreciation of business expenses
- Child support
- Worker's compensation
- Veteran's benefits
- Modified Adjusted Gross Income adds back in:

-Any amount excluded from gross income under section 911 (foreign earned income exclusion)
-Tax-exempt Interest

SoonerCare Household

*A SoonerCare household=tax household in most cases. (Certain exceptions apply)
Major Changes to the SoonerCare Household:
Income will be counted for the following WHEN/IF they are claimed as tax dependents:

- Stepparents and stepchildren
- Children/siblings with income
- Children ages 21+
- Rules for non-filers mirror rules for filers



FAQ: Below is a list of frequently asked questions compiled by OHCA community and outreach staff and stakeholders.

Q1. Who qualifies for SoonerCare?

A. The following groups qualify for SoonerCare: Children from age 1 to 18, up to 185 percent FPL; former foster care children up to age 26; adults up to 30 percent FPL; pregnant women up to 133 percent FPL; and pregnant women 134-185 percent FPL, formerly covered by SoonerCare in 2013, will be covered in the Soon-To-Be-Sooners program. Men and women age 19-64, up to 133 percent FPL, may qualify for SoonerPlan, a family planning program.

Q2. Is MySoonerCare.org going away? Will I still be able to sign up for SoonerCare online?

A. MySoonerCare.org is not going away and will continue to function as an enrollment site. Existing members are also encouraged to visit MySoonerCare.org to renew their benefits or update their information.

Q3. Can I enroll for SoonerCare through the Health Insurance Marketplace?

A. Yes. When you apply through the marketplace, if you qualify for SoonerCare, you will be directed to SoonerCare.

Q4. What does Household Income mean?

A. A SoonerCare household is a tax household in most cases. Income will be counted for the following when/if they are claimed as tax dependents: stepparents and stepchildren, children/siblings with income, and children ages 21 and up.

Q5. Where can I go for information about SoonerCare enrollment and services?

A. Visit the Oklahoma Health Care Authority's website (www.okhca.org) to inquire about SoonerCare enrollment and services that are available or visit www.mysoonercare.org to apply online.

Q6. How do I know if I still qualify for the Insure Oklahoma program?

A. One of the primary changes to the Insure Oklahoma Individual Plan is a reduction to the income limits for participants. Previously, Oklahomans who earned up to 200 percent of the Federal Poverty Level (FPL) and met other program criteria could participate in the program. Beginning Jan. 1, 2014, the income level will be scaled back to 100 percent of the FPL, which equals about $23,500 for a family of four. For additional information about the program, visit www.insureoklahoma.org

You can apply online at

www.mysoonercare.org

Information Needed to Apply

- Social Security numbers
- Income/employment information
- Birth names
- Addresses

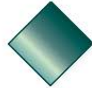
Why Enroll Online?

- Immediate enrollment
- Quick and easy to apply
- Can apply 24/7
- Re-enroll to keep your benefits
- Easy way to update your information

This publication, printed and issued by the Oklahoma Health Care Authority as authorized by Title VI and Title VII of the 1964 Civil Rights Act and the Rehabilitation Act of 1973. 15,000 copies have been prepared and distributed at a cost of $. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries. [74 O.S.2001 § 3105 (C)] Download and print additional copies from the OHCA Web site www.okhca.org. SBRENG-ENROL-2012

Remember to renew!

You can renew your SoonerCare status online!



SoonerCare Income Guidelines

Individuals and families may qualify for SoonerCare if they meet qualifications, including income.

SoonerCare Income Guidelines

Individuals and households may qualify for SoonerCare if their gross income (before taxes) is within the following guidelines.*

Size of Household	Monthly Income	Annual Income
1	$1,772	$21,257
2	$2,392	$28,694
3	$3,011	$36,131
4	$3,631	$43,568
5	$4,251	$51,005
6	$4,871	$58,442
7	$5,490	$65,879
8	$6,110	$73,316

Based on 2013 Federal Poverty Level Guidelines

Think your income may be a little too high? Apply anyway—some applicants qualify for SoonerCare with slightly higher incomes.

oklahoma health care authority

2401 NW 23rd, Suite 1-A
Oklahoma City, OK 73107
SoonerCare Helpline: 800.987.7767
www.mysoonercare.org

Oklahoma Health Care Authority

SoonerCare Helpline:
800-987-7767

www.mysoonercare.org

ITU Partners

ITUs have patient benefit coordinators who are able to assist their patients. For a listing of all ITUs:

http://www.okhca.org/tribalpartners

QUESTIONS?

soonercare2014@okhca.org

November 2013 MAC
Proposed Rule Changes Summaries

Information Only

The following are summaries of proposed rules, state plan amendments, and waiver amendments. These proposals are still in the research stage and are not final. As such, some of the proposals you see here may not advance beyond the research stage. OHCA prepared this document to give members of the MAC a preview of policy revisions that may be included in the first round of the public rulemaking process. This document is for informational purposes only.

Starting December 16, you may view the actual proposed rules at www.okhca.org/proposed-changes A feedback form will accompany each proposed rule so that questions and input about the rules can be collected and considered.

A public meeting about the rules will be hosted on January 27th in the Ponca meeting room of the OHCA.

13-04 Health Access Networks & Health Management Program — Policy is being revised to give providers greater flexibility in the populations with complex health care needs that can receive care management services through HANs. Policy is also amended to remove the HMP care management component as a responsibility of the HAN and to allow HMP to provide health coaching services to "high risk" or "at risk" members within the HAN identified through MEDai. These changes streamline policy in the waiver, contract, and OHCA rules.
Budget Impact: Budget neutral

13-07 Diabetic Testing Supplies — Rules are revised to clarify diabetic supplies (e.g., test strips and lancets) are covered items when medically necessary and prescribed by a physician using the appropriate diagnostic certification. In addition, the amended proposed rule change will allow OHCA flexibility to manage the dispensed quality and refill limit of glucose testing supplies related to gestational diabetes.
Budget Impact: Budget neutral

13-10 Therapeutic & Hospital Leave — Policy is revised to remove reference to OKDHS form Adm 41, a form used to claim therapeutic and hospital leave. The form has not been utilized in over 7 years and the agency now tracks leave through its claims system; therefore, the process to claim leave in the rules is obsolete and must be amended to reflect current practice.
Budget Impact: Budget neutral

13-11 340B Drug Discount Program - The proposed 340B Drug Discount program rules are implemented to comply with Federal Mandate. The 340B mandate requires states to include their 340B Drug Discount program rules in their State plan and Medicaid policy.
Budget Impact: Budget neutral

13-12 Prior authorization for manually-priced items — Policy rules are revised to remove current Manufacturer Suggested Retail Price (MSRP) minus 20% reimbursement from the State plan and OHCA policy. The proposed rule change will now allow OHCA to reimburse manually-priced DME items at invoice cost plus 20% as opposed to using two separate methodologies for manually-priced DME items.

Budget Impact: Budget neutral

13-17 Tobacco cessation counseling- OHCA tobacco cessation counseling policy is amended to expand the provider types allowed to provide and bill such services. Proposed amendments will now include Licensed Clinical Social Workers with a certification as a Certified Tobacco Treatment Specialist (CTTS) as a eligible provider of cessation counseling services.
Budget Impact: $30,015.00 Total Cost; $19,491.74 Federal Share, $10,523.26 State Share

13-18 Tuberculosis Policy Clean Up— Rules are revised to update references to other areas of policy within the text. The policy that is referenced in the tuberculosis rules is outdated and it has been revoked. Additionally, correct policy references are inserted to replace the revoked policy.
Budget Impact: Budget neutral

13-19A ADvantage Assisted Living — Policy will be revised to provide clarification that ADvantage program residential units are deemed to be rental units and that members in the program are to be provided with a lockable compartment within each member's rental unit for valuables. Additionally, minor grammatical changes will be made through the policy.
Budget Impact: Budget neutral

13-19B ADvantage Assisted Living — Policy will be revised to provide clarification regarding interdisciplinary team (IDT) meetings for case management services in the ADvantage Assisted Living waiver as well as other minor changes. Policy changes specify that IDT meetings, except for extraordinary circumstances, are to be held in the member's home.
Budget Impact: Budget neutral

13-20 PACE revisions — PACE rules are revised to replace ADvantage policy reference with a more precise ADvantage policy that defines the PACE eligibility criteria and the PACE eligibility determination for the PACE program. The proposed rule change to the PACE program will align rules to reflect the PACE model and PACE CFR Part 460.
Budget Impact: Budget neutral

13-21 Pharmacy revisions — Pharmacy rules are revised to update and make general clean up changes and to comply with Federal Law on claims for covered over-the counter (OTC) products, which must be prescribed by a health care professional with prescriptive authority. Additional revisions include removing hard coded dates that no longer apply, removing the "Upper limit" reference from brand necessary certification product policy, and clarifying the product-based prior authorization for tier one and tier two products.
Budget Impact: Budget neutral

13-28 Education Services — Education services rules are established to clarify policy coverage for certified educator to provide education training to SoonerCare members.
Budget Impact: $685,428 Total Cost; $429,969 Federal Share, $255,549 State Share

13-29 Ventilator-dependent and tracheostomy care — Rules are revised to comply with Federal Law, 42 CFR 440.185, for ventilator-dependent individuals and clarify Nursing Home admission for ventilator-dependent and tracheostomy care services for residents in a nursing home facility.
Budget Impact: Budget neutral

13-32 Waiver Change for Sooner Seniors, and My Life, My Choice — Policy will be amended to remove language regarding the Level of Care Evaluation Unit (LOCEU) and to state that only categorical relationship to age is necessary per SSA guidelines for Sooner Senior Waiver Services only. In addition, policy will be amended to change the scope of waiver services regarding Pharmacological Evaluations for both Sooner Seniors and My Life, My Choice Waivers. This service will be redefined as Pharmacological Therapy Management, and its scope of work will be changed to include a case management approach to reviewing medication profiles of qualified members who meet medication utilization criteria or if they are referred for this service by a care manager.
Budget Impact: Budget Neutral

13-39 Dental revisions — Dental policy rules are revised to clarify documentation requirements. Furthermore, rules are revised to align ambulatory surgery center (ASC) policy with Title 63 Oklahoma Statue §2567 to recognize dental ambulatory surgical center (DASC) as an established ambulatory surgical center.
Budget Impact: Budget neutral

13-40 Hospitals — OHCA rules for hospitals are revised to clarify the definition of inpatient and outpatient status. Current policy is silent to the appropriate claim filing guidelines for members who are admitted as inpatient, but leave or are discharged before the midnight census. The proposed revisions would clarify that hospitals may submit an outpatient claim for the ancillary services provided to the member while they were on inpatient status. Most hospitals already re-bill the denied inpatient claims; a policy change would provide written clarification for hospitals that they are not violating OHCA policy.
Budget Impact: Budget neutral

Proposed Waiver Changes

Proposed Amendment to the ADvantage Waiver for Home Delivered Meals— The ADvantage waiver is a 1915(c) Home and Community based services waiver serving adults with physical disabilities and the elderly. One of the services available to ADvantage members is home delivered meals. In order to ensure an adequate number of providers for home delivered meals, the OHCA is proposing to allow out of state vendors to supply frozen, pre-packaged meals to ADvantage members. Out of state providers will be paid at the same rate as in state providers and the budget impact is anticipated to be budget neutral. This amendment requires approval by the Centers for Medicare and Medicaid Services (CMS).

Sooner Seniors Renewal Request— The State intends to submit a request for renewal of the Sooner Seniors 1915(c) Home and Community Based Services Waiver to the Centers for Medicare and Medicaid Services (CMS), extending the waiver from March 1, 2014 – February 29, 2019.

Changes requested in this renewal are: 1) to increase the enrollment capacity over the five year renewal period; 2) to amend performance measures to strengthen quality and reporting and; 3) to amend language to bring waiver into compliance with current practices.

Medically Fragile Amendment Request— The State intends to submit a request to increase the current waiver year (WY1) enrollment slots from 75-90 to reduce the Medically Fragile

waiting list. The Medically Fragile waiver serves members who are 19 years and over who have a medically fragile condition and meet skilled nursing facility or hospital level of care.

Compiled by Health Policy and Waiver Development & Reporting
11.13.2013

JOEL NICO GOMEZ
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA

OKLAHOMA HEALTH CARE AUTHORITY

2014 MAC MEETING SCHEDULE

January 16, 2014
March 26, 2014*
May 15, 2014

July 17, 2014
September 17, 2014*
November 20, 2014

*Wednesday