Service Efforts and Accomplishments (SEA) Report | SFY2016

Because We Care

Oklahoma Health Care Authority

Oklahoma Health Care Authority

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INTRODUCTION

Welcome to the Oklahoma Health Care Authority (OHCA) Service Efforts and Accomplishment (SEA) Report for state fiscal year (SFY) 2016.

Since January 1995, OHCA has been the primary purchaser of state and federally funded health care for low income Oklahomans. OHCA operates as the state's Medicaid agency by authority created under Title XIX of the Social Security Act of 1965. The agency strives to ensure that the health care provided meets acceptable standards of care and those citizens who rely on state-purchased health care are served in a comprehensive and effective manner.

Because OHCA's programs, including SoonerCare and Insure Oklahoma, are critical in providing care to Oklahomans, the performance and administration of these programs must be continuously examined and evaluated. Stakeholders need understandable, relevant performance data to stay informed about the progress being made towards a healthier Oklahoma.

This report provides information needed to evaluate the agency's performance. It includes key performance measures tracked by the agency to ensure OHCA's efforts are consistent with its state-mandated mission and the strategic goals and objectives set forth by its Board of Directors. The report shows how the agency has performed in each of seven goal areas. For quick reference, agency goals, objectives and key performance measures are presented in a dashboard format to allow the reader to see performance data "at-a-glance" along with an indication of how it's trending. The technical notes section includes specifics on the data presented in the dashboard. For more in-depth analysis, each agency goal is presented along with the objectives and performance measures related to it. Narrative is included to provide context, and anticipate future events that may impact the goal area.

The key performance measures reported are intended to provide data about the resources OHCA has been allocated (inputs), the work done (outputs), and the success in meeting objectives (outcomes). Expended resources can be compared to those outcomes and outputs (efficiencies).

While the information contained in this report will help the reader to evaluate the performance of the agency, it doesn't tell the entire story. The dashboards and charts are a quantitative glimpse of how Oklahomans are impacted by SoonerCare through greater access to health care and services.

For more information about SoonerCare, please visit: http://www.okhca.org.

We hope you find this report informative and helpful.

OHCA MISSION & GOALS

MISSION STATEMENT

Our mission is to responsibly purchase state and federally funded health care in the most efficient and comprehensive manner possible; and to analyze and recommend strategies for optimizing the accessibility and quality of health care; and to cultivate relationships to improve the health outcomes of Oklahomans.

GOAL #1 – FINANCING AND REIMBURSEMENT

To responsibly purchase cost effective health care for members by maintaining appropriate rates and to continue to strengthen health care infrastructure

GOAL #2 – PROGRAM DEVELOPMENT

To ensure that medically necessary benefits and services are responsive to the health care needs of our members

GOAL #3 – PERSONAL RESPONSIBILITY

To educate and engage members regarding personal responsibilities for their health services utilization, behaviors and outcomes

GOAL #4 – SATISFACTION AND QUALITY

To protect and improve member health and satisfaction, as well as ensure quality, with programs, services and care

GOAL #5 – ELIGIBILITY AND ENROLLMENT

To provide and improve health care coverage to the qualified populations of Oklahoma

GOAL #6 – ADMINISTRATION

To foster excellence and innovation in the administration of the OHCA

GOAL #7 - COLLABORATION

To foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma

OKLAHOMA HEALTH CARE AUTHORITY

PERFORMANCE MEASURES DASHBOARD—SFY2016

	Trend Key	
↑	Green	Indicates movement in the desired direction
↓	Red	Indicates movement is not in the desired direction
↔	Yellow	Indicates no significant change over time.
//	//	Indicates no desired direction. The data presented is informational and provides context to the objective.

	Goal #1 – Financing and Reimbursement To responsibly purchase cost effective health care for members by maintaining appropriate rates and to continue to strengthen health care infrastructure					
		SFY 2014	SFY 2015	SFY2016	Variance	Trend
1.1	**Objective: To reimburse providers at appropriate rates within available funding**					
1.1.1	Reimbursement as a Percentage of Medicare Rates	96.75%	89.25%	86.57%	-3.00%	↓
1.2	**Objective:** To reimburse hospitals at appropriate rates within available funding					
1.2.1	Reimbursement as a Percentage of Federal Upper Payment Limit	87.96%	90.21%	94.19%	4.41%	↑
1.3	**Objective:** To reimburse long-term care facilities at appropriate rates within available funding					
1.3.1	Average % Reimbursement for Nursing Facility Costs per Patient Day	94.42%	92.66%	90.67%	-2.14%	↔
1.3.2	Average % Reimbursement for ICF/IID Facility Costs per Patient Day	99.81%	98.85%	98.21%	-0.64%	↔
1.4	**Objective:** To reimburse eligible professionals/hospitals for participation in the Electronic Health Records (EHR) Incentive Program					
1.4.1	# of Eligible Professionals Receiving an EHR Incentive Payment	1,022	1,003	569	-43.27%	//
1.4.2	# of Eligible Hospitals Receiving an EHR Incentive Payment	55	70	16	-77%	//
1.4.3	Total EHR Incentive Payments to Eligible Professionals/Hospitals	$32,553,188	$32,050,254	$10,640,175	-66.80%	//
1.4.4	% of Eligible Professionals in compliance with meaningful use of EHR	60.96%	70.29%	64.70%	-7.95%	↓
1.4.5	% of Eligible Hospitals in compliance with meaningful use of EHR	98.18%	97.14%	100.00%	2.94%	↔
1.5	**Objective:** To report the costs of providing SoonerCare health benefits to Oklahomans					
1.5.1	Average SoonerCare Program Expenditure per Member enrolled	$4,257	$4,260	$4,103	-3.69%	↓
1.5.2	Total # of Unduplicated SoonerCare Members Enrolled	1,033,114	1,021,359	1,052,826	3.08%	//
1.6	**Objective:** To report the costs of providing Insure Oklahoma health benefits to Oklahomans					
1.6.1	Average Expenditure per Insure Oklahoma Member Enrolled	$2,350	$2,365	$2,056	-13.07%	↓
1.6.2	Total # of Unduplicated Insure Oklahoma Members Enrolled	40,261	28,397	32,574	14.71%	//

1.7	**Objective:** To restructure and improve the access, quality, and continuity of care for members enrolled in the Health Access Networks (HANs)					
1.7.1	Average monthly enrollment in Health Access Networks (HANs)	109,194	121,891	116,553	-4.38%	↓
1.7.2	Total # of HAN member months	1,310,322	1,462,695	1,412,479	-3.43%	↓
1.7.3	Total payments made to HANs	$6,551,610	$7,063,475	$6,359,145	-9.97%	//
	Goal #2 – Program Development					
	To ensure that medically necessary benefits and services are responsive to the health care needs of our members					
		SFY 2014	SFY 2015	SFY2016	Variance	Trend
2.1	**Objective:** To ensure that SoonerCare Choice members receive coordinated health care services through a medical home					
2.1.1	Number of Members Enrolled in SoonerCare Choice	560,887	548,162	529,917	-3.33%	↓
2.1.2	Percent of SoonerCare Members Enrolled in SoonerCare Choice	70%	66%	67%	1.86%	↔
2.1.3	Percent of Members Aligned with Tier 1 Entry-Level Medical Homes	41%	40%	39%	-2.50%	↔
2.1.4	Percent of Members Aligned with Tier 2 Advanced Medical Homes	28%	27%	28%	3.70%	↑
2.1.5	Percent of Members Aligned with Tier 3 Optimal Medical Homes	31%	34%	32%	-5.88%	↓
2.2	**Objective:** To maintain a provider network that can adequately meet the needs of members					
2.2.2	SoonerCare Choice Providers	2,309	2,558	2,719	6.29%	↑
2.2.3	SoonerCare Choice Providers' Total Capacity	1,177,398	1,151,757	1,166,074	1.24%	↔
2.2.4	SoonerCare Choice Providers' Percentage of Capacity Used	42.26%	42.92%	41.96%	-2.24%	↔
2.2.5	Percent of Tier 1 Entry-Level Medical Homes	56.90%	53.76%	52.91%	-1.58%	↔
2.2.6	Percent of Tier 2 Advanced Medical Homes	23.98%	25.55%	24.88%	-2.62%	↔
2.2.7	Percent of Tier 3 Optimal Medical Homes	19.12%	20.69%	22.19%	7.25%	↑
2.3	**Objective:** To offer coordination and improvement of quality, access and continuity of care for SoonerCare Choice members currently enrolled in Health Access Networks (HANs)					
2.3.1	Number of Contracted HANS	3	3	3	0%	↔
2.3.2	Total Number of Enrollees	118,107	133,471	117,750	-11.78%	↓
2.3.3	Number of Members Identified to be Offered Care Management	740	8,405	13,200	57.05%	↑
2.3.4	Number of Unduplicated Providers in HANs	584	698	767	9.89%	↑
2.4	**Objective:** To promote responsive health care delivery through the Case Management unit for SoonerCare members with episodic or event-based case management needs					
2.4.1	Number of New High-Risk OB Members	2474	2192	3840	75.18%	↑
2.4.2	Number of New At-Risk OB Members	618	459	1,278	178.43%	↑
2.4.3	Number of New Fetal Infant Mortality Reduction Outreach to Moms	1,781	1,694	1,795	5.96%	//
2.4.4	Number of New Fetal Infant Mortality Reduction Outreach to Babies	2,138	2,059	2,245	9.03%	//

2.5	**Objective:** To promote responsive health care delivery through the Health Management Program (HMP) for SoonerCare members with or at-risk for developing chronic diseases					
2.5.1	Number of members in HMP	5,355	4,297	4,544	5.75%	↑
2.5.2	Actual PMPMs for HMP Members	$960	$979	$899	-8.17%	↓
2.5.3	Percent below forecast for HMP Members	11.00%	11.00%	21.00%	90.91%	↑
2.5.4	Number of Providers with On-Site Practice Facilitation	33	41	44	7.32%	↑
2.6	**Objective:** To promote responsive health care delivery through the Chronic Care Unit (CCU) for SoonerCare members diagnosed with or who are at-risk for a chronic condition(s)					
2.6.1	Number of Unduplicated Members in the Chronic Care unit	978	1,147	1,500	30.78%	//
2.6.2	Percent of Members with a Diagnosis of Hemophilia	10.10%	4.70%	7.40%	57.45%	//
2.6.3	Percent of Members with a Diagnosis of Sickle Cell Anemia	12.90%	5.40%	1.40%	-74.07%	//
2.6.4	Percent of Members with a Combination of Chronic Conditions	77.00%	89.90%	91.20%	1.45%	//
	Goal #3 – Personal Responsibility					
	To educate and engage members regarding personal responsibilities for their health services utilization, behaviors, and outcomes					
		SFY 2014	SFY 2015	SFY2016	Variance	Trend
3.1	**Objective:** To strive for SoonerCare children to receive necessary preventive care through Child Health / EPSDT services					
3.1.1	First 15 months	96.3%	94.3%	N/A	-2.1%	⟷
3.1.2	3 to 6 years	58.5%	57.1%	N/A	-2.4%	⟷
3.1.3	Adolescents	21.8%	22.1%	N/A	1.4%	⟷
3.1.4	EPSDT Participation Ratio	60.0%	60.0%	N/A	0.0%	⟷
3.2	**Objective:** To increase preventive care use by adults					
3.2.1	Percent of adults 20 to 44 years utilizing preventive care	82.4%	81.0%	N/A	-1.7%	⟷
3.2.2	Percent of adults 45 to 64 years utilizing preventive care	89.9%	90.1%	N/A	0.2%	⟷
3.3	**Objective:** To reduce Oklahoman's dependence and abuse of Prescription Drugs					
3.3.1	Number of Medicaid members assigned to the lock-in program	404	406	390	-3.94%	⟷
3.4	**Objective:** To increase the percentage of pregnant women who receive prenatal care, especially beginning in the first trimester					
3.4.1	Percent of Medicaid members seeking prenatal care	97.7%	97.7%	96.5%	-1.31%	⟷
3.4.2	Number of births to Medicaid members	32,254	31,237	30,594	-2.06%	//
3.4.3	Number of members seeking prenatal care	31,507	30,531	29,510	-3.34%	//
3.4.4	Percent of deliveries with prenatal care services beginning in the 1st Trimester	62.00%	60.26%	59.46%	-1.33%	⟷
3.4.5	Percent of deliveries with prenatal care services beginning in the 2nd Trimester	24.57%	25.86%	26.45%	2.28%	⟷
3.4.6	Percent of deliveries with prenatal care services beginning in the 3rd Trimester	10.74%	11.62%	10.55%	-9.21%	↓
3.4.7	Percent of deliveries withouth prenatal care	2.27%	2.26%	3.54%	56.64%	↓

3.5	**Objective:** To provide members the resources they need to decrease or prevent tobacco use					
3.5.1	Number of Medicaid Members Calling Tobacco Helpline	4,076	4,102	5,710	39.20%	↑
3.5.2	Number Of Medicaid Members Utilizing Tobacco Cessation Benefits	21,610	26,783	28,464	6.28%	↑
	Goal #4 – Satisfaction & Quality					
	To protect and improve member health and satisfaction, as well as ensure quality, with programs, services and care					
		SFY 2014	SFY 2015	SFY2016	Variance	Trend
4.1	**Objective:** To seek and evaluate member feedback on satisfaction with services received when accessing SoonerCare benefits					
	Customer Survey Results (CAHPS) Adults					
4.1.1	Customer Service	82%	92%	87%	-5%	↓
4.1.2	How Well Doctors Communicate	90%	90%	91%	1%	↔
4.1.3	Getting Care Quickly	82%	86%	84%	-2%	↔
4.1.4	Getting Needed Care	82%	85%	85%	0%	↔
4.1.5	Shared Decision Making	50%	77%	77%	0%	↔
	Customer Survey Results (CAHPS) Children					
4.1.6	Customer Service	88%	86%	86%	0%	↔
4.1.7	How Well Doctors Communicate	97%	96%	97%	1%	↔
4.1.8	Getting Care Quickly	92%	92%	93%	1%	↔
4.1.9	Getting Needed Care	89%	85%	89%	5%	↑
4.1.10	Shared Decision Making	60%	78%	78%	0%	↔
4.2	**Objective:** To partner with Oklahoma's long-term care facilities to strive for quality long-term care services					
4.2.1	% of 5-Star Facilities in Focus on Excellence	17%	20%	18%	2%	↓
4.2.2	% of 4-Star Facilities in Focus on Excellence	29%	19%	29%	10%	↑
4.2.3	% of Members Participating in the Resident Satisfaction Survey Rating Overall Quality as Excellent or Good	93%	93%	92%	-1%	↔
4.2.4	% of Employees Participating in the Employee Satisfaction Survey Who Rate Overall Satisfaction as Excellent or Good	85%	87%	85%	-2%	↔
4.3	**Objective:** To ensure members and providers have access to assistance through member and provider services					
4.3.1	% of Member Calls Answered	88%	90%	93%	3%	↔
4.3.2	% of Provider Calls Answered	92%	95%	97%	2%	↔
4.4	**Objective:** To maintain a quality provider community by following appropriate procedures to identify noncompliant providers and determine the appropriate course of action to resolve issues					
4.4.1	# Involuntary Provider Contract Terminations	95	100	62	-38%	//

	Goal #5 – Eligibility & Enrollment					
	To provide and improve health care coverage to the qualified populations of Oklahoma					
		SFY 2014	SFY 2015	SFY2016	Variance	Trend
5.1	**Objective:** Maintain a responsive eligibility and enrollment system that results in qualified populations of Oklahoma gaining access to affordable medical coverage					
5.1.1	Number of Online Enrollment Applications Received	291,553	210,571	383,914	//	⟷
5.1.2	% of Online Enrollment Applications That Are New	52%	60%	59%	//	⟷
5.1.3	% of Online Enrollment Applications That Are Recertifications	48%	40%	41%	//	⟷
5.1.4	Number of Online Applications Approved	253,723	179,782	331,918	//	⟷
5.1.5	Number of Online Applications Denied	37,830	30,789	51,916	//	⟷
5.2	**Objective:** Make online enrollment available to qualified populations of Oklahoma in a variety of settings					
5.2.1	Home Internet	55%	61%	70%	14.75%	↑
5.2.2	Paper	5%	1%	1%	0.00%	⟷
5.2.3	Agency Internet	26%	37%	29%	-21.62%	↓
5.2.4	Agency Electronic	14%	1%	0%	-100.00%	↓
5.2.5	Telephone	N/A	0%	0%	0.00%	⟷

	Goal #6 – Administration					
	To foster excellence and innovation in the administration of the OHCA					
		SFY 2014	SFY 2015	SFY2016	Variance	Trend
6.1	**Objective:** To consistently perform administrative responsibilities within funding budgeted					
6.1.1	Percent of administration budgeted dollars used	73.00%	64.00%	69.00%	7.81%	↑
6.2	**Objective:** To control administrative costs while providing appropriate support and services to SoonerCare members					
6.2.1	Per Capita OHCA administrative cost	$138.96	$122.24	$116.65	-4.57%	↓
6.3	**Objective:** To pay SoonerCare claims within an accuracy rate of at least 97 percent, considering policy and systems issues and member eligibility					
6.3.1	Number of claims paid	51,226,118	51,039,537	49,362,595	-3.29%	//
6.3.2	Payment accuracy measurement rate	95.38%	94.78%	97.87%	3.26%	↑
6.4	**Objective:** To maintain appropriate prior authorization requirements for the health of the member					
6.4.1	Number of prior authorizations generated for prescriptions	115,206	130,741	161,387	23.4%	↑
6.4.2	Percentage of automatic prior authorizations for prescriptions	22.10%	29.80%	37.26%	25.03%	//
6.4.3	Percentage of manual prior authorizations for prescriptions	77.90%	70.20%	62.74%	-10.63%	//
6.5	**Objective:** To maintain and/or increase program and payment integrity efforts which may result in recoveries and/or cost prevention					
6.5.1	Payment integrity recoveries	$4,731,822	$4,524,690	$5,995,190	32.50%	↑
6.5.2	Number of provider audits	285	611	1159	89.69%	↑
6.5.3	Number of providers referred to Medicaid Fraud Control Unit	0	0	1	100.00%	//

6.6	**Objective:** To actively pursue all third party liability payers, rebates and fees and recover or collect funds due to the SoonerCare and federal Medicare program					
6.6.1	Third party liability recoveries	$37,965,691	$39,050,461	$43,537,686	11.49%	↑
6.6.2	Number of SoonerCare members with third party insurance	160,271	162886	158337	-2.79%	//
6.6.3	Percent of SoonerCare members with third party insurance	20.30%	15.95%	15.04%	-5.71%	//
	Goal #7 – Collaboration					
	To foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma					
		SFY 2014	SFY 2015	SFY2016	Variance	Trend
7.1	**Objective:** To collaborate with other entities to enroll qualifying children, parents and other adults into SoonerCare					
7.1.1	Percent of applications submitted as agency internet and agency electronic media type	41.1%	37.4%	29.0%	-22%	↓
7.2	**Objective:** To collaborate with other state entities in activities with joint objectives targeting SoonerCare populations					
7.2.1	State and federal revenue generated by collaborations to provide services	$1,292,233,657	$1,429,947,269	$1,441,259,300	1%	//
7.2.2	State and federal revenue generated by collaborations to provide medical education	$136,788,040	$140,931,567	$113,526,078	-19%	//
7.3	**Objective:** To effectively serve Oklahoma's SoonerCare and Insure Oklahoma qualified American Indian population by maintaining partnerships with tribal communities and tribal partners					
7.3.1	Number of tribes represented at tribal consultations	17	17	19	12%	//
7.3.2	Number of tribal partners represented at tribal consultations (I/T/U and I.H.S.)	4	4	4	0%	//

TECHNICAL NOTES

The following notes pertain to goals, objectives and measures in the preceding Performance Measures Dashboards. Variances and trends are based on changes in the data between SFY2015 and SFY2016.

Goal 1

1 Any variance less than 3 percent is considered to indicate no significant change over the previous year.

1.2.1 Includes Supplemental Hospital Offset Payment Program (SHOPP)

1.2.1 - 1.3.2 The Upper Payment Level (UPL) is the maximum amount of federal matching dollars the state may claim for aggregate payments to providers of a given type. Hospitals are required to submit cost reports to OHCA at the end of each fiscal year. OHCA must analyze the cost of care provided to Medicaid beneficiaries at these long-term care facilities and demonstrate the UPL by estimating a Medicare equivalent, which is what the care would have cost if Medicare had been the payer instead of Medicaid

Goal 2

2 Any variance less than 3 percent is considered to indicate no significant change over the previous year.

2.4.1 A rule change related to the High Risk OB program that went into effect at the front end of SFY2016 and impacted the provider authorization process for services and subsequently the number of candidates for the High Risk OB program based on the logic at the time. This resulted in a spike early SFY2016 and has now leveled off.

2.4.3 On July 1, 2016, OHCA made the decision to drop the Fetal and Infant Mortality Review (FIMR) Mom component of the FIMR program. OHCA determined that resources were better spent directed at the High Risk OB and At Risk OB than the FIMR mom program

2.3 This data represents a point-in-time. (June 30)

Goal 3

3 Any variance less than 3% is considered to indicate no significant change over the previous year.

3.1 - 3.2 Healthcare Effectiveness Data and Information Set (HEDIS) data is reported by report year, not data year, and data for SFY2016 was not available at the time of publication.

3.4 The variance for prenatal care percentages before delivery is calculated by the difference between SFY2015 and SFY2016

TECHNICAL NOTES

Goal 4

4 Any variance less than 3 percent is considered to indicate no significant change over the previous year.

4.2 The Focus on Excellence Satisfaction Survey Report of Oklahoma's nursing facilities reports results every January for the prior year.

Goal 5

5 Any variance less than 3 percent is considered to indicate no significant change over the previous year.

5.1.1 The fluctuation in applications received over the past three years is due largely to a change in business processes determining application eligibility and is not necessarily reflective of a significant trend in applications received.

Goal 6

6 Any variance less than 5 percent is considered to indicate no significant change over the previous year, with the exception of Objective 6.3.

6.3 The SFY2016 Payment Accuracy Measurement (PAM) rate calculation was close to completion at the time of publication. The rate of 97.8 percent is an estimate.

Goal 7

7 Any variance less than 5 percent is considered to indicate no significant change over the previous year.

7.1.1 The fluctuation in applications received over the past three years is due largely to a change in business processes determining application eligibility and is not necessarily reflective of a significant trend in applications received**.**

GOAL 1 — FINANCING & REIMBURSEMENT

To responsibly purchase cost effective health care for members by maintaining appropriate rates and to continue to strengthen health care infrastructure

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Objective 1.1:

To reimburse providers at appropriate rates within available funding

Measured By:

1.1.1— Reimbursement as a percentage of Medicare rates

Why is this objective important?

Reimbursement rates may affect providers' decisions to participate in SoonerCare. It is critical that providers are reimbursed at appropriate rates within available funding to ensure OHCA is able to maintain an adequate provider network that allows sufficient access to members. Sufficient reimbursement rates also ensure that providers are able to maintain quality services, technical expertise and use of current best practices.

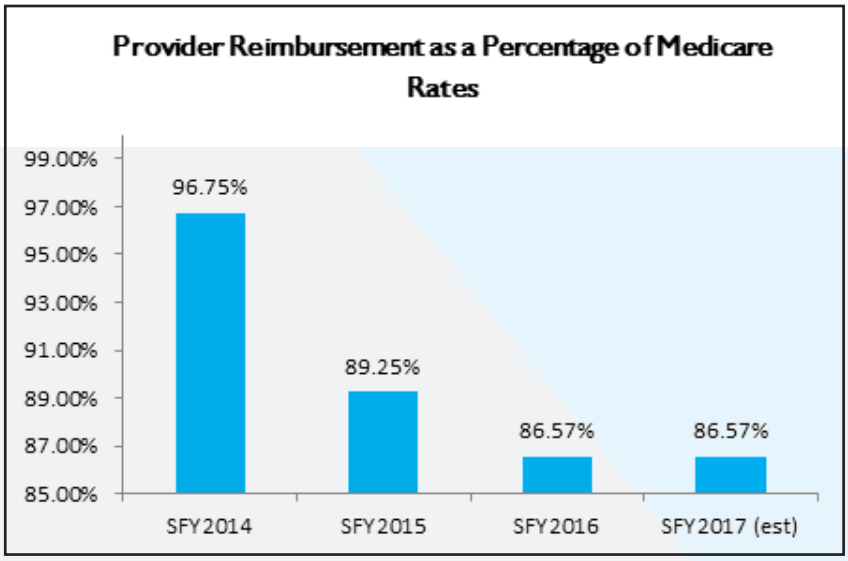
What trends do the measures indicate?

Reimbursement as a percentage of Medicare rates (Fig. 1.1.a) remained stable at 96.75 percent from 2011 to 2014 and was decreased in SFY2015 to 89.25 percent. In SFY2016, OHCA reduced the rate to 86.57 percent due to a challenging state budget situation. SFY2017 looks to be another challenging year for the state budget, and this could result in further cuts to provider reimbursement rates.

What is the agency doing to influence performance towards the objective?

OHCA is committed to reimbursing providers at appropriate rates. Provider reimbursement rates are dependent, in large part, upon annual appropriations of state tax dollars. Appropriations and budgeting is part of the legislative process and is governed by state statutes. The amount of tax revenue collected and available varies year-to-year based on the state economy. In Oklahoma, oil and gas tax collections make up a large part of yearly revenue. Generally, a downturn in the oil and gas industry equates to fewer funds becoming available to state agencies. Oklahoma's Federal Medical Assistance Percentage (FMAP) federal matching fund rate is now at its lowest point since the 1980s. This will place additional pressure on OHCA's provider rates. Annual agency budget requests are made seeking to restore the provider rates back to 100 percent. Agency leadership recognizes the responsibility of OHCA to operate in an environment of transparency and collaboration. Thus, any time reimbursement cuts are under consideration, the agency makes efforts to reach out to stakeholders through various public stakeholder meetings, press releases, and other means to share information, receive input and make decisions.

Fig. 1.1.a



Source: OHCA Financial Services Division

Objective 1.2:

To reimburse hospitals at appropriate rates within available funding

Measured By:

1.2.1— Reimbursement as a Percentage of Federal Upper Payment Limit (UPL)

Why is this objective important?

Hospitals are an important part of Oklahoma's health care safety net. They are major providers of care for low-income and uninsured Oklahomans as well as those living in rural areas. It is important to maintain reimbursement amounts at appropriate rates to ensure continued availability of hospital care to Oklahomans.

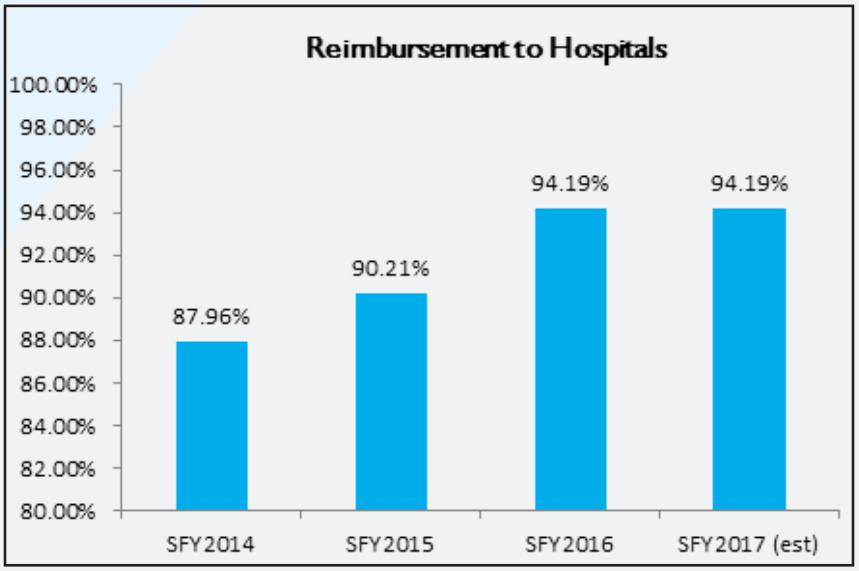
What trends do the measures indicate?

Reimbursement as a percentage of the UPL (Fig.1.2.a) continued a slight upward trend. The upward trend is a positive as hospitals continue to be paid at reasonable rates that are moving towards the target of 100 percent of UPL.

What is the agency doing to influence performance towards the objective?

To assure access to quality care for SoonerCare members, the Oklahoma legislature enacted the Supplemental Hospital Offset Payment Program (SHOPP) Act in 2011. In accordance with federal rules and regulations, hospitals in Oklahoma are assessed a fee that is then used as state match to draw down federal funds. These funds are then reinvested in hospitals as supplemental payments to those who pay the fee. This enables OHCA to reimburse hospitals at the Federal UPL without passing this fee on to patients. It is intended to supplement the existing state appropriations used to maintain rates paid to hospitals. The SHOPP fee has allowed reimbursements to hospitals to gradually increase over the years.

Fig. 1.2.a



Source: OHCA Financial Services Division

Objective 1.3:

To reimburse long-term care facilities at appropriate rates within available funding

Measured By:

1.3.1— Average Reimbursement Percentage of Federal Upper Payment Limit (UPL) for Nursing Facility (NF) Expenditures (per Patient Day)

1.3.2— Average Reimbursement Percentage of Federal Upper Payment Limit (UPL) for Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID) Expenditures (per Patient Day)

Why is this objective important?

Medicaid continues to be the main source of long-term care financing in the United States. Medicaid is estimated to be responsible for reimbursing some 65 percent of NF care costs. OHCA understands the important function of long-term care facilities in providing the best quality of life for residents. Maintaining appropriate reimbursement rates helps to preserve the stability that long-term care facilities provide to Oklahoma's most vulnerable citizens.

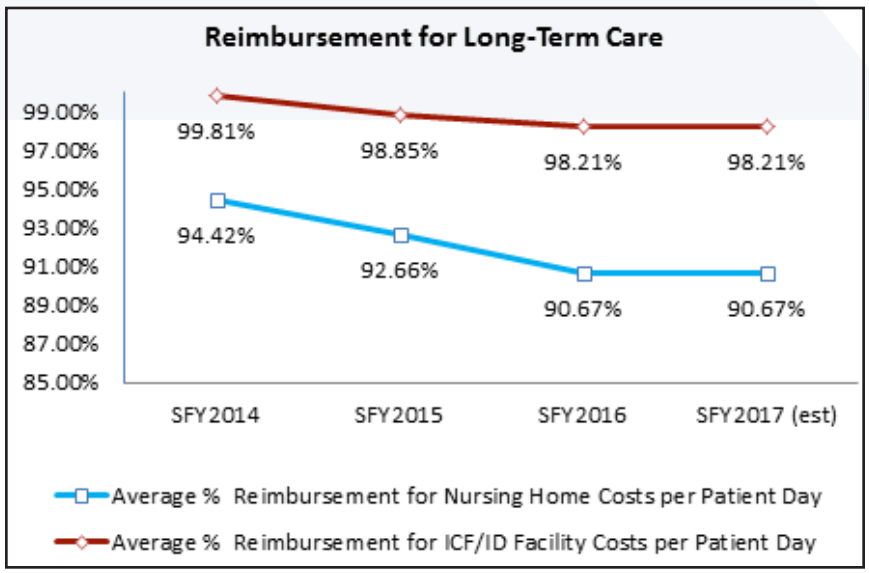
What trends do the measures indicate?

Average Percentage Reimbursement for NF Costs (Fig. 1.3.a) and Average Percentage Reimbursement for ICF/IID Costs (Fig.1.3.a) both continue to remain steady. The target is reimbursement at 100% of UPL.

What is the agency doing to influence performance towards the objective?

The Oklahoma Association of Health Care Providers (OAHCP) and OHCA are pursuing a Medicaid Supplemental Payment for Non-State Government-Owned (NSGO) nursing facilities which would increase Medicaid payments to the upper payment limit (UPL) for participating providers with the state portion funded by the Intergovernmental transfer. A portion of the supplemental payment will also be redistributed to the Oklahoma nursing home base rates for all Oklahoma nursing homes. The program will be initiated October 1, 2016 with a transitional process occurring over several months. This transition period will include setting the rate, getting approval of a State Plan Amendment (SPA) and implementing the UPL care criteria. The first payment will be allotted in the year 2017.

Fig. 1.3.a



Source: OHCA Financial Services Division

Objective 1.4:

To incentivize eligible professionals/hospitals for participation in the Electronic Health Records (EHR) Incentive Program

Measured By:

1.4.1 – Number of Eligible Professionals Receiving an EHR Incentive Payment

1.4.2 – Number of Eligible Hospitals Receiving an EHR Incentive Payment

1.4.3 – Total EHR Incentive Payments to Eligible Professionals/Hospitals

1.4.4 – Percentage of Eligible Professionals in compliance with meaningful use of EHR

1.4.5 – Percentage of Eligible Hospitals in compliance with meaningful use (MU) of EHR

Why is this objective important?

The Centers for Medicare and Medicaid Services (CMS) implemented the EHR Incentive Program to encourage eligible professionals and eligible hospitals to adopt, implement, upgrade and successfully demonstrate meaningful use of certified Electronic Health Record technology. The goals of the program are to improve population health, quality of care and to reduce the cost of healthcare by eliminating duplication of services.

What trends do the measures indicate?

The number of eligible professionals and eligible hospitals receiving a payment decreased significantly in SFY2016 because a large majority of eligible professionals and eligible hospitals have already taken advantage of the incentive. Overall, expenditures for the program decreased significantly due to the delay in accepting attestations until March 2016 (Fig. 1.4.a). The number of eligible professionals in compliance with meaningful use standards has increased while the number of hospitals in compliance with meaningful use standards has remained steady (Fig.1.4.a).

With 2016 being the last year to begin the Medicaid EHR Incentive Program, it is estimated that there will be a 20 to 30 percent increase in eligible professionals starting the program during 2016. The number of eligible hospitals entering the program will remain small because most eligible hospitals in the state are currently participating. After 2016, it is expected that participation levels will remain stable as eligible providers and eligible hospitals receive the last of 6 total payments.

What is the agency doing to influence performance towards the objective?

OHCA staff provides communication and outreach to the provider community and hospitals. OHCA representatives participate in meetings with associations and providers, and conduct workshops to explain the program and encourage participation. OHCA also conducts formal training sessions, showcasing eligibility requirements, the enrollment process and answering questions about the program. Provider Education Specialists at OHCA respond to inquiries from providers covering all aspects of the EHR program.

More information about the Oklahoma EHR Incentive Program can be found at www.okhca.org/ehr-incentive.

Fig. 1.4.a

EHR Incentive payments	2013	2014	2015	2016
# of Eligible Professionals Receiving an EHR Incentive Payment	780	1,022	1,003	569
% of Eligible Professionals in compliance with meaningful use of EHR	45.30%	61.00%	70.29%	64.70%
# of Eligible Hospitals Receiving an EHR Incentive Payment	46	55	70	16
% of Eligible Hospitals in compliance with meaningful use of EHR	73.90%	98.20%	97.14%	100.00%
Total EHR Incentive Payments to Eligible Professionals/Hospitals	$38,968,791	$32,553,188	$32,050,254	$10,640,175

Source: OHCA Business Enterprise Services Division

Objective 1.5

To report the costs of providing SoonerCare health benefits to Oklahomans

Measured By:

1.5.1— Average SoonerCare Program Expenditure per Member Enrolled

1.5.2— Total number of unduplicated SoonerCare members enrolled

Why is this objective important?

As a state agency, OHCA has a fiduciary duty to expend appropriated tax dollars and other funds in a responsible manner that is accountable to the citizens of Oklahoma. Reporting expenditures helps to ensure OHCA is maintaining an appropriate level of transparency in operations and allows stakeholders to see how well the agency is controlling expenditures per member.

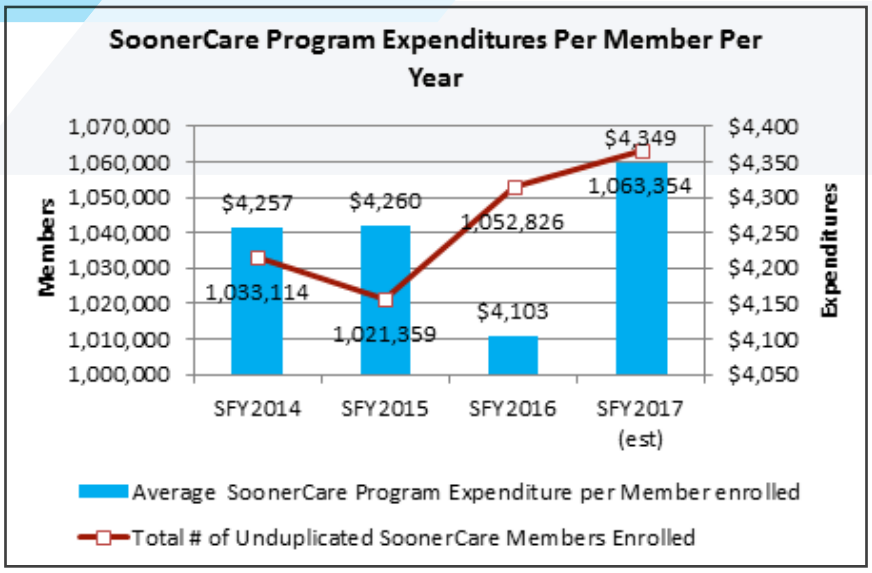
What trends do the measures indicate?

The average program expenditure per member enrolled decreased over 3 percent (Fig. 1.5.a), indicating OHCA is managing the financial resources of the program efficiently. The slight increase of unduplicated member enrollment (Fig. 1.5.a) is consistent with the current struggling Oklahoma economy.

What is the agency doing to influence performance towards the objective?

The OHCA seeks to keep the average SoonerCare program expenditures per member as low as possible. There are many ways that the agency works to control expenditures. For example, the Population Care Management division manages and coordinates the care of SoonerCare populations considered at risk due to chronic or acute conditions. Care management services can help members get the care they need to keep their conditions from worsening. This can help contain costs by eliminating avoidable ER visits and higher costs associated with conditions that have become more acute. The Finance and Medical Authorization divisions help ensure that a high percentage of claims are paid appropriately. The OHCA Program Integrity division staff performs post-payment reviews to ensure claims that have been paid for medically appropriate procedures. The agency has also implemented system verifications in the online enrollment application process to ensure the integrity of member enrollment applications. These include verifications of employment, income and validity of social security numbers.

Fig. 1.5.a



Source: OHCA Financial Services Division

Objective 1.6:

To report the costs of providing Insure Oklahoma health benefits to Oklahomans

Measured By:

1.6.1— Average expenditure per Insure Oklahoma member enrolled

1.6.2— Total number of unduplicated Insure Oklahoma members enrolled

Why is this objective important?

As a state agency, OHCA has a fiduciary duty to expend appropriated tax dollars and other funds in a responsible manner and is accountable to the citizens of Oklahoma. Reporting expenditures helps ensure OHCA is maintaining an appropriate level of transparency in operations and allows stakeholders to see how well the agency is controlling expenditures per member.

What trends do the measures indicate?

The average program expenditure per member enrolled decreased over 3 percent (Fig. 1.6.a), indicating OHCA is managing the financial resources of Insure Oklahoma efficiently. In SFY2016, enrollment increased by over 14 percent. This increase can be attributed to the September 2015 increase of employer requirement size for the ESI program to 250.

For more information about Insure Oklahoma, visit http://www.insureoklahoma.org.

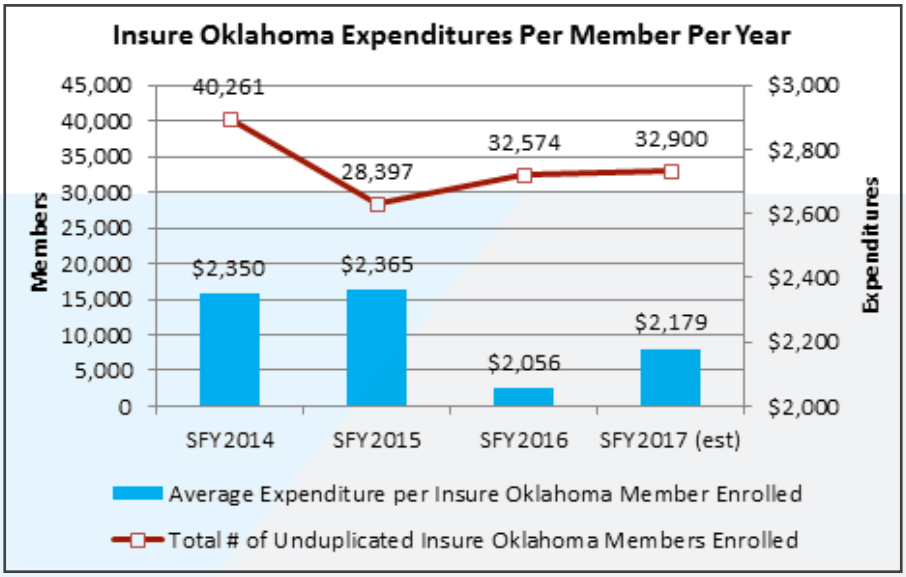
What is the agency doing to influence performance towards the objective?

Governor Mary Fallin and the Oklahoma Health Care Authority (OHCA) announced that the Insure Oklahoma program has increased its employer size limit from 99 to 250 employees. The change became effective in September 2015.

Insure Oklahoma's funding levels can support premium assistance for about 28,000 individuals. Increasing the employer size limit to 250 employees, which is authorized under the program's federal waiver, allows Insure Oklahoma to maximize program usage.

Also, OHCA received approval from CMS to extend the Insure Oklahoma program through calendar year 2016. Oklahoma continues to work with CMS, through the waiver process, to extend the program for the long-term.

Fig. 1.6.a



Source: OHCA Financial Services Division

Objective 1.7:

To restructure and improve the access, quality and continuity of care for members enrolled in the Health Access Networks (HANs)

Measured By:

1.7.1 – Average monthly enrollment in HANs

1.7.2 –Total number of HAN member months

1.7.3 – Total payments made to HANs

Why is this objective important?

The HANs are non-profit administrative entities that work with providers to coordinate care and improve the quality of care for participating SoonerCare members. They receive payments based on a per member per month (PMPM) rate and the number of member months paid to affiliated PCPs. Because they are located in the community where their patients live, the HANs are connected to local resources and providers. Participating members have access to a local care coordinator who helps the member navigate the health care system. It is important that OHCA provide appropriate payments to HANs in order for them to maintain financial viability.

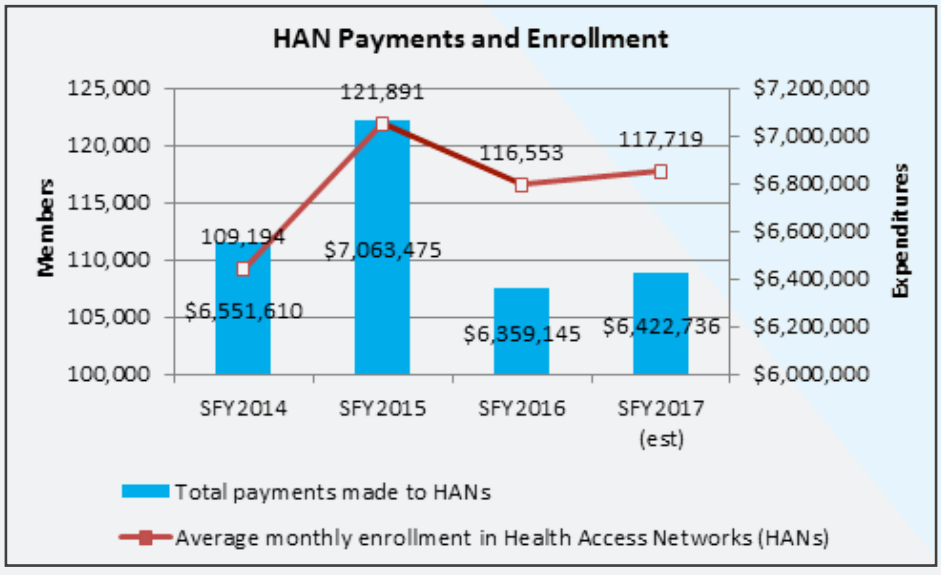
What trends do the measures indicate?

Enrollment in the HANs and the corresponding number of HAN member months decreased slightly in SFY2016 while total payments made decreased almost 10 percent (Fig. 1.7.a). The slight decrease could be a result in turning off passive renewals, and the reduction in membership would also explain the decrease in payments.

What is the agency doing to influence performance towards the objective?

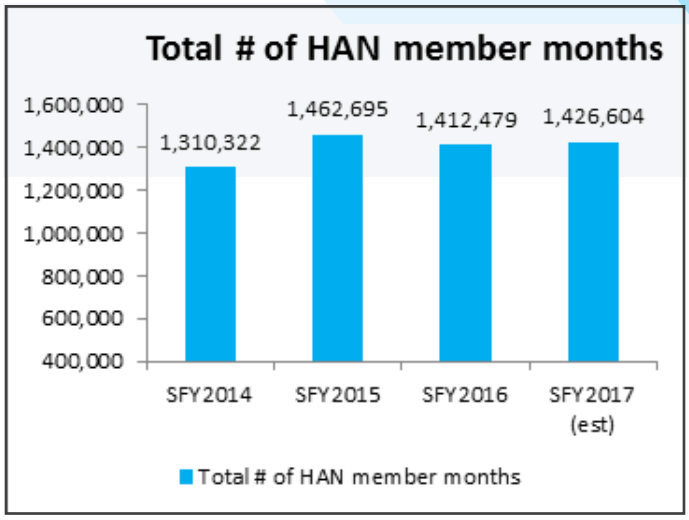
OHCA has developed rules that govern the participation and service delivery of the HANs. These rules provide assurance that HANs work with providers to coordinate and improve the quality of care for SoonerCare members. To monitor performance, OHCA requires HANs to submit annual reports detailing the number of providers participating in the network and the number of member services coordinated.

Fig. 1.7.a



Source: OHCA Financial Services Division

Fig. 1.7.b



Source: OHCA Financial Services Division

GOAL 2 — PROGRAM DEVELOPMENT

TO ENSURE THAT MEDICALLY NECESSARY BENEFITS AND SERVICES ARE RESPONSIVE TO THE HEALTH CARE NEEDS OF OUR MEMBERS

Objective 2.1:

To ensure that SoonerCare Choice members receive coordinated health care services through a medical home

Measured By:

2.1.1 – Number of members enrolled in SoonerCare Choice

2.1.2 – Percentage of SoonerCare members enrolled in SoonerCare Choice

2.1.3 – Percentage of members aligned with tier 1 entry-level medical homes

2.1.4 – Percentage of members aligned with tier 2 advanced medical homes

2.1.5 – Percentage of members aligned with tier 3 optimal medial homes

Why is this objective important?

Committed to a high-quality and cost effective health care delivery system, OHCA operates a Patient-Centered Medical Home (PCMH) model of care. SoonerCare Choice members select a medical home for individualized medical care and receive coordination of specialty care and other services. Individuals or groups of Primary Care Providers (PCPs) contract as PCMHs and provide quality health care by focusing on a member's health care needs through the relationship formed with the member. More information is provided at the SoonerCare Choice link.

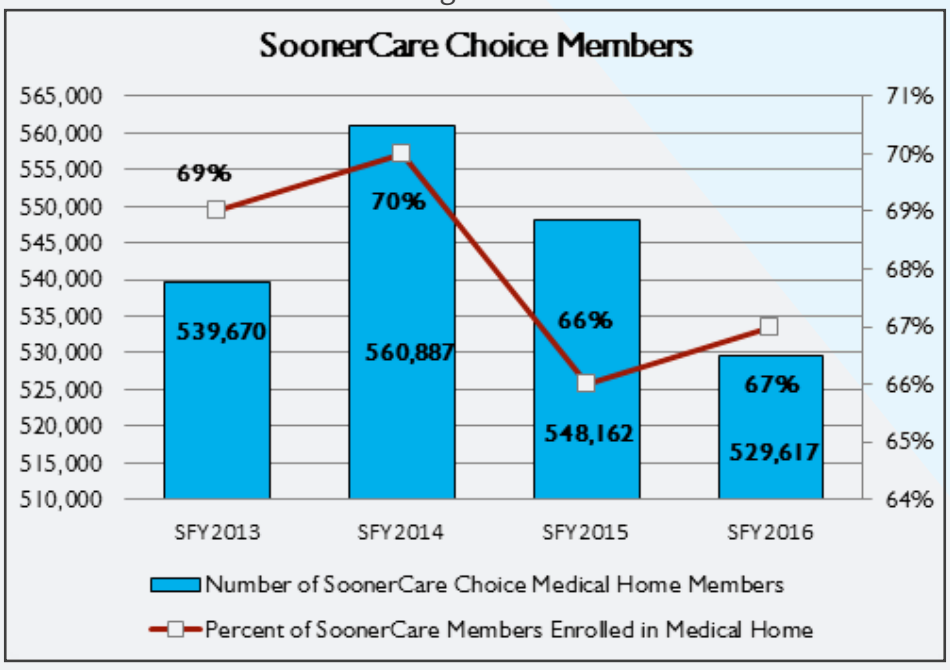
What trends do the measures indicate?

SoonerCare Choice experienced a slight decrease in enrollment numbers for SFY2015 and SFY2016. For SFY2016, the percent of SC members enrolled in SC Choice slightly increased (Fig. 2.1.a). The number and percentage of members aligned with each tier of the medical homes remained stable (Fig. 2.1.b).

What is the agency doing to influence performance towards the objective?

OHCA has made online enrollment available and it is allowing Oklahomans with internet access to apply for SoonerCare from anywhere, at any time. The approved applicant selects a PCP as part of the application process; this has been a very successful feature of Online Enrollment. In the event a member does not use Online Enrollment, members who qualify for SoonerCare Choice PCMH are temporarily enrolled in SC Traditional fee-for-service. Every month, these members are identified through an automated process and are sent letters encouraging them to enroll with a PCP. These letters include lists of available PCPs who are taking new patients in the members' areas including contact information.

Fig. 2.1.a



Source: OHCA Fast Facts – Numbers reflect point-in-time data at June 30, 2016

Fig. 2.1.b

SoonerCare Choice Members Aligned by Tiers						
	Tier 1	% of Members	Tier 2	% of Members	Tier 3	% of Members
SFY2013	226,661	42%	167,298	31%	145,711	27%
SFY2014	229,964	41%	157,048	28%	173,875	31%
SFY2015	205,814	40%	144,334	27%	175,071	34%
SFY2016	234,880	39%	169,374	28%	196,424	32%

Source: OHCA Provider Services – Numbers reflect point-in-time data at June 30, 2016

Objective 2.2:

To maintain a SoonerCare Choice provider network that can adequately meet the needs of members

Measured By:

2.2.1 – SoonerCare Choice providers

2.2.2 – SoonerCare Choice providers' total homes capacity

2.2.3 – SoonerCare Choice providers' percentage of capacity used

2.2.4 – % of tier 1 entry-level medical homes

2.2.5 – % of tier 2 advanced medical

2.2.6 – % of tier 3 optimal medical homes

Why is this objective important?

Maintaining a strong provider network is important in ensuring members can access needed medical care, especially in a largely rural state. The SoonerCare provider network is able to provide access by contracting with Medical Doctors, Doctors of Osteopathy, Physician Assistants (PAs) and Nurse Practitioners (NPs). Access to care and overall capacity is increased as a result of SoonerCare recognizing PAs and NPs as part of the primary care team, functioning as medical home sites. Adequate primary care for SoonerCare members is vital and medical homes are the entry point to needed care, providing important access to preventive health care services. A good mix of primary and specialty care providers in both urban and rural areas is ideal.

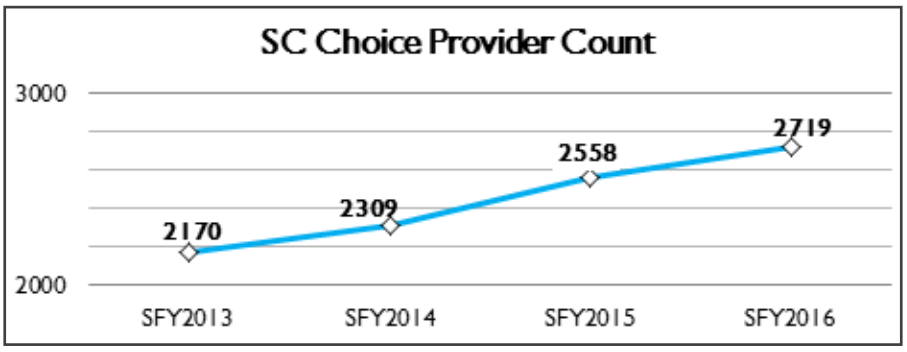
What trends do the measures indicate?

The number of SoonerCare Choice providers continues to trend upward (Fig. 2.2.a). Provider reimbursement rate cuts have the potential to reduce the provider network, but so far the network remains strong. OHCA will continue to monitor the provider network during these tough economic times. Self-reported providers' capacity to serve members shows a slight increase in the percentage of utilized capacity, remaining strong as the percentage utilized is still beneath half of the reported capacity (Fig. 2.2.b). The rise in percentage of Tier 3 medical homes is a positive indicator. In addition to regular fee-for service rates, these medical homes earn higher care coordination payments in relation to the 3-tiered PCMH structure (Tier 1 being considered entry-level). (Fig. 2.2.c).

What is the agency doing to influence performance towards the objective?

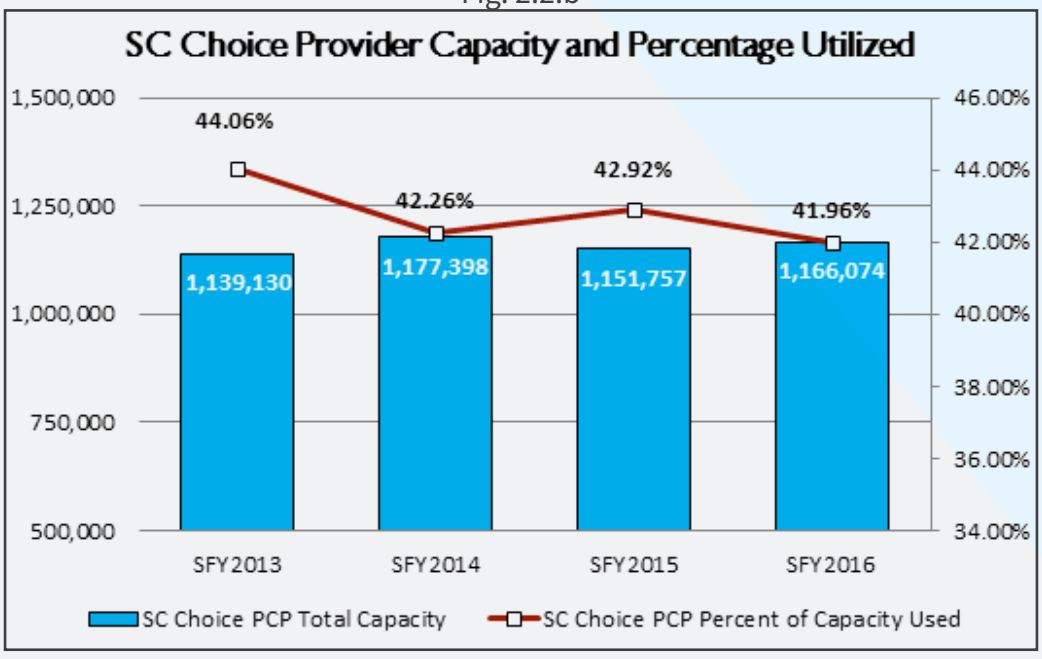
OHCA is continuing recruitment efforts for new providers and retention efforts for currently contracted providers. Continued provider outreach and training is important to keep contracted providers informed of policies, procedures and changes, as well as maintain a good relationship by seeking input for suggested areas of improvement. Streamlining processes and offering more functionality is important for providers; in SFY2014, the Secure Site was upgraded with an efficient and user-friendly SoonerCare Provider Portal. Some of the features it provides is the ability to search for specialty providers in the provider database, generate electronic referrals, and email messages to OHCA representatives. OHCA recognizes maintaining competitive reimbursement rates and paying claims quickly are important in retaining a sufficient provider network. Anytime OHCA adjusts reimbursement rates, monitoring the provider network for changes in enrollment is essential.

Fig. 2.2.a



Source: OHCA Provider Fast Facts – Numbers reflect point-in-time data June 30, 2016

Fig. 2.2.b



Source: OHCA Provider Fast Facts – Numbers reflect point-in-time data June 30, 2016

Fig. 2.2.c

	SC Choice PCMH Providers by Tiers								
	Tier 1			Tier 2			Tier 3		
	% in Tier	In-state PCMHs	and Out-of-state PCMHs	% in Tier	In-state PCMHs	and Out-of-state PCMHs	% in Tier	In-state PCMHs	and Out-of-state PCMHs
SFY2013	58.64%	485	502	27.69%	225	237	13.67%	116	117
SFY2014	56.90%	489	503	23.98%	199	212	19.12%	167	169
SFY2015	53.76%	473	486	25.55%	219	231	20.69%	184	187
SFY2016	52.91%	451	472	24.88%	213	222	22.19%	194	198

Source: OHCA Provider Fast Facts – Numbers reflect point-in-time data June 30, 2016

Objective 2.3:

To offer coordination and improvement of quality, access and continuity of care for SoonerCare Choice members currently enrolled in Health Access Networks (HANs)

Measured By:

2.3.1 – Number of contracted HANS

2.3.2 – Total number of enrollees

2.3.3 – Number of members identified to be offered Care Management

2.3.4 – Number of unduplicated providers in HANs

Why is this objective important?

The HANs were structured to enhance PCMHs tby improving provider capabilities in the areas of access to care, coordination of care and quality improvement. The HANs play an important role by offering care management/ care coordination to members with specific complex health care needs. Targeted populations were identified to receive care management services, but the HANs are not limited to these populations, if other members are identified as needing care management. Some activities of the HANs can include helping to coordinate appointments for members and aligning members with specialty care. The HANs identify and integrate community resources, bringing together community-based services.

What trends do the measures indicate?

The number of contracted HANs remained constant while the number of enrollees fell slightly. In SFY2016, the number of members identified to be offered care management appears to have increased substantially primarily due to improvements in tracking and reporting processes. Additionally, the number of unduplicated providers has shown steady upward growth over the years (Fig. 2.3.a).

What is the agency doing to influence performance towards the objective?

OHCA understands the importance of the SoonerCare Choice initiative of adding community-based Health Access Networks to work with affiliated PCMH providers to coordinate and improve the quality of care for SoonerCare members; PCMH providers serve as the backbone for healthcare access to members. OHCA is pleased with the relationships built with the three pilot HANs. In an evaluation completed by PHPG, released in July 2015, emergency room utilization was approximately 68.2 visits per 1,000 HAN member months, and 70.4 visits per 1,000 non-HAN member months. Because HANs have been required to offer care management services in targeted populations such as frequent ER utilizers; this discovery substantiates the efforts of the HAN. Additionally, HANs pursue quality improvement initiatives focused on the improvement of health outcomes.

Fig. 2.3.a

Health Access Networks (HAN)	SFY2014	SFY2015	SFY2016	Est. SFY2017
Number of Contracted HANs	*3*	*3*	*3*	*3*
Number of enrollees	*118,107*	*133,471*	*117,750*	*138,000*
Number of members offered CM	*740***	*8,405*	*13,200*	*10,000*
Number of unduplicated providers	*584*	*698*	*767*	*750*

Source: Provider Services— Numbers reflect point-in-time data at June 30, 2016 *** ER Referrals Removed*

Objective 2.4:

To promote responsive health care delivery through the Case Management unit for SoonerCare members with episodic or event-based case management needs

Measured By:

2.4.1 – Number of new high-risk OB members

2.4.2 – Number of new at-risk OB members

2.4.3 – Number of new fetal infant mortality reduction outreach to moms

2.4.4 – Number of new infant mortality reduction outreach to babies

Why is this objective important?

OHCA is committed to helping SoonerCare members achieve optimal health outcomes by intervening early with episodic or event-based needs. Resources are allocated to these designated populations to promote healthy lifestyles and health practices. Targeted groups receive early case management engagement and intervention. Case Management workers seek to ensure that the most appropriate care is received by the member. Maximizing positive outcomes can be brought about by engaging and educating members about making positive life-style changes while encouraging them to be active participants in their health care.

What trends do the measures indicate?

OHCA strives to deliver timely case management to as many members as possible. In our Obstetrics (OB) case management programs, nurse care managers initiate and maintain contact with expectant mothers through the postpartum period. The High-Risk OB and At-Risk OB programs have had a documented positive impact on measures such as readmission rates, Emergency Department rates and early gestation/low birth weight baby rates. The number of women managed in High-Risk OB in SFY2016 climbed significantly from SFY15. However, we expect that trend to flatten. This is secondary to some rule changes that were implemented in SFY2016 that temporarily caused a spike in women receiving the high-risk benefit package. However, not all of those women were truly in need of full case management. We expect a number for SFY17 nearer that of SFY15. We expect the At-Risk OB program to continue to grow as OHCA continues to strengthen initial outreach and screening efforts. While the Infant Mortality Outreach to Moms (MOM) program (targeting 13 counties with high infant mortality) increased slightly from 2015 to 2016, OHCA has determined that the outcomes on this program are not as strong as those of the High-Risk and At-Risk OB programs. The MOM program concluded at the end of SFY2016. However, OHCA is continuing outreach to parents of newborns in the 13 counties with highest infant mortality. This program is trending upward and we expect that will continue moving forward.

What is the agency doing to influence performance towards the objective?

OHCA is proactive in impacting positive outcomes for members with episodic or event-based needs. Clinically skilled staff intervenes early through outreach activities, utilizing specialized interventions for targeted populations. This is an optimal opportunity for members to be provided necessary tools and support to make better health decisions. Member awareness is advanced through education, and coordination of services is provided for the member in the outreach process. Fostering engagement of members in their health care allows for positive change while affecting health outcomes and preventing medical costs. Newly identified members entering the programs highlighted in this section represent a portion of the large number of case-managed members.

Fig. 2.4.a

Obstetrical Cases managed	SFY2014	SFY2015	SFY2016	Est. SFY2017
New High-Risk OB Members	*2,474*	*2,192*	*3,840*	*2,000*
New At-Risk OB Members	*618*	*459*	*1,278*	*1,500*
New FIMR OB Members	*1,781*	*1,694*	*1,795*	*0*

Source: ATLANTES, Population Care Management – Numbers reflect aggregate for 12-month period, SFY2016

Fig. 2.4.b

Newborn cases managed	SFY2014	SFY2015	SFY2016	Est. SFY2017
New FIMR Newborn Members (1 month & under)	*2,138*	*2,059*	*2,245*	*2,300*

Source: ATLANTES, Population Care Management – Numbers reflect aggregate for 12-month period, SFY2016

Objective 2.5

To promote responsive health care delivery through the Health Management program (HMP) for SoonerCare members with or at-risk for developing chronic diseases

Measured By:

2.5.1 – Number of members in HMP

2.5.2 – Actual PMPMs for HMP members

2.5.3 – % below forecast for HMP members

2.5.4 – Number of providers with onsite practice facilitation

Why is this objective important?

Managing the medical needs of SC members who have, or are at-risk, for developing a chronic condition is critical. Chronic diseases are costly and a significant amount of health care dollars are expended on treatment for these health issues. Developing self-management skills for their medical condition can aid SC members in making better decisions regarding their care. Education and motivation for making lifestyle changes and taking a proactive role in their health is paramount to a member's long-term success for improved health outcomes.

What trends do the measures indicate?

The forecasted versus the actual per member, per month (PMPM) costs show the actual PMPM cost is lower than the forecasted PMPM costs over the years (Fig. 2.5.a). The number of members enrolled in HMP shows a slight increase for SFY2016. The number of providers with on-site practice facilitation showed an increase in SFY2016 compared to the previous year (Fig. 2.5.b—HMP Enrollment and Practice Facilitation).

What is the agency doing to influence performance towards the objective?

OHCA remains committed to making necessary changes to continue its effectiveness in managing the care of patients enrolled in the HMP. The HMP will continue to be involved in activities that offer assistance to individuals with chronic diseases that promote better health outcomes. According to an independent evaluation by the Pacific Health Policy Group (PHPG), the OHCA HMP has been credited with achieving a net savings of nearly $222 million dollars since implementation. The OHCA encourages programs that advance the development of self-management skills thereby reducing costs and affecting predictable utilization trends.

Fig. 2.5.a

Forecasted versus Actual PMPM Medical Expenditures for HMP Members			
First 12 mos following participation in the HMP	*Forecast PMPM*	*Actual PMPM*	*% below forecast*
SFY2014	*$1,075*	*$960*	*11.00%*
SFY2015	*$1,095*	*$924*	*16.00%*
SFY2016	*$1,127*	*$899*	*21.00%*
Est. SFY2017	*$1,160*	*$873*	*25.00%*

Source: PHPG, Health Management Program – Numbers reflect point-in-time data at June 30, 2016

Fig. 2.5.b

HMP Enrollment and Practice Facilitation	SFY2014	SFY2015	SFY2016	Est. SFY2017
Number of members in HMP	*5,355*	*4,297*	*4,544*	*5,000*
# of providers with on-site practice facilitation	*33*	*41*	*44*	*47*

Source: PHPG, Health Management Program – Numbers reflect point-in-time data at June 30, 2016

Objective 2.6:

To promote responsive health care delivery and improve health outcomes through the Chronic Care Unit (CCU) for SoonerCare members diagnosed with or at-risk for a chronic condition(s)

Measured By:

2.6.1 – Number of unduplicated members in the Chronic Care unit

2.6.2 – Percentage of members with a diagnosis of hemophilia

2.6.3 – Percentage of members with a diagnosis of sickle cell anemia

2.6.4 – Percentage of members with a combination of chronic conditions

Why is this objective important?

Utilizing evidence-based approaches is important when assisting SoonerCare members with chronic conditions or those who are at-risk for developing a chronic condition(s). Educating members on their medical conditions while encouraging positive, healthy life-style changes is crucial; promoting self-management of their health care needs is essential in helping members to achieve the goal of overall better health. The desired aim is to provide

members with the tools necessary for managing their own conditions and being active participants in their own health care. The CCU unit promotes self-management that produces healthier populations while reducing health costs.

What trends do the measures indicate?

The number of members iserved by CCU increased significantly in SFY2016. Over 90 percent of members in the unit have a combination of chronic conditions. Participation in the CCU allows these members the opportunity to examine the challenges of their medical conditions while optimizing their health outcomes. (Fig. 2.6.a).

What is the agency doing to influence performance towards the objective?

OHCA offers telephonic care management support to members managed in the CCU with the aim of identifying and addressing gaps in the members' care while improving health-related behaviors. Productive interactions between OHCA clinically skilled staff help by forming a partnership with members; it is beneficial for sharing the importance of self-management as well as encouraging members to take an active role in understanding their medical condition(s). A depression screening is completed to ensure that Behavioral Health needs are met; follow-up referrals are addressed as necessary. The CCU unit is recognized by OHCA as being critical to members becoming healthier and moving toward managing their illness, making informed decisions regarding their care, and improving health outcomes while reducing costs.

Fig. 2.6.a

Chronic Care Unit (CCU)	SFY2013	SFY2014	SFY2015	SFY2016
Number of unduplicated members in Chronic Care unit	206*	978	1147	1,500
% of members with diagnosis of Hemophilia	31.0%	10.1%	4.7%	7.4%
% of members with diagnosis of Sickle Cell Anemia	41.3%	12.9%	5.4%	1.4%
% of members with a combination of chronic conditions	27.7%	77.0%	89.9%	91.2%

Source: Chronic Care Unit — Numbers reflect point-in-time data at June 30, 2016

GOAL 3 — PERSONAL RESPONSIBILITY

To educate and engage members regarding personal responsibility for their health services utilization, behaviors and outcomes

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Objective 3.1:

To strive for SoonerCare children to receive necessary preventive care through Child Health / EPSDT services

Measured By:

3.1.1 – First 15 months

3.1.2 – 3 to 6 years

3.1.3 – Adolescents

3.1.4 – EPSDT participation ratio

Why is this objective important?

Babies, kids and teenagers need to get regular check-ups to stay healthy. These checkups are necessary to help prevent the usual range of childhood illnesses, and to allow the primary care doctor to track a child's development in an effort to help pinpoint any problems that may arise. Babies, children and teens enrolled in SoonerCare should take part in these preventive health care services.

What trends do the measures indicate?

The total number of SoonerCare children receiving preventive care through Child Health/EPSDT services during their first 15 months, from 3 to 6 years of age, and during adolescence has remained stable(Fig. 3.1.b and Fig. 3.1.c). HEDIS data is reported by report year, not data year, and data for SFY2016 was not available at the time of publication. The EPSDT Participation Ratio indicating the number of children receiving recommended visits remained stable (Fig. 33.1.a).

More information about children's health programs can be found at www.okhca.org/individuals.aspx?id=15315.

What is the agency doing to influence performance towards the objective?

OHCA is doing several things to encourage members to visit their primary care physicians, including the following interventions geared toward increasing the participation of children getting the recommended well-child visits.

Interventions include:

- Sending reminder letters to members when well-child visits are due .
- Providing information about well-child visits to OSDH immunization representatives with the hope that these representatives will promote the importance of well-child visits when meeting/talking with providers and members. There are Health Promotion Strategists in each quadrant of the state work with community partners to promote child health screenings. For example – Healthy Start, educates teen mothers in parenting classes; works with county health departments doing community baby showers and provides child health information.
- MySoonerCare stories campaign promoting child health visits on OHCA's website and social media.
- An OSDH/OHCA joint effort targeting an increase in childhood immunizations in Bryan County.
- Partnering with SmartStart OK and OETA to air commercials promote children's health exams, dental health and developmental screening.
- Sending letters to school districts on how to order Child Health Guides online and the importance of these screenings.
- Meeting with partners in the counties with the lowest EPSDT rates in their area to better understand challenges and encourage them to share our materials around EPSDT screenings.
- Adding customized messages into Text4baby messages to let parents know that SoonerCare covers well child visits and that it is important to take your child into the doctor for a check-up even when they are not sick.
- Providing incentive for providers that meet compliance rate for EPSDT screenings.
- Providing incentive for members receiving fourth DTaP prior to age 2.
- Partnering with the George Kaiser Family Foundation, beginning in the Fall 2016, to launch Connect4health for SoonerCare members. Connect4health will provide customized health messages to caregivers of children covered by SoonerCare ages 1 to 18 as well as adults covered by SoonerCare.
- Working in Cleveland County to improve EPSDT visits through the SmartStart Coalition. A topic specific forum was held, as well as community surveys.
- Presenting EPSDT information to teen moms in the PEP program in Kay County for both themselves and their babies.
- Partnering with Kiamichi Head Start on improving their well child visits by working with the organization to update their brochure describing EPSDT, training staff, educating families on family night and helping the FQHC pull reports on those that have not had EPSDT checks from their panel.

- Providing SoonerCare Choice providers a Child Health Checkup provider profiles on a bi-annual basis. These profiles offer providers feedback to help them evaluate their performance compared to their peers, and contain information on the number of children on their panel for any part of a one-year review period and the number of Child Health Checkup screenings conducted during that period.
- Working with the Department of Education and the Department of Health to increase access to services for SoonerCare members through school-based and early intervention services. Services include speech therapy/evaluation, occupational therapy/evaluation, hearing and vision services, nursing services and psychological services.
- Paying an EPSDT incentive bonus to primary care providers (PCPs) in order to increase compliance with and access to initial and periodic screening services. A total pool of $970K is made available to PCPs that meet or exceed the EPSDT compliance rate for medical home members; qualifying PCPs receive an additional 25 percent of the rate for the age appropriate procedure code according to the fee schedule.

Fig. 3.1.a

EPSDT	Participation Ratio
FY 2012	*56%*
FY 2013	*56%*
FY 2014	*60%*
FY 2015	*60%*

Source: OHCA Office of Health Promotion

Fig. 3.1.b

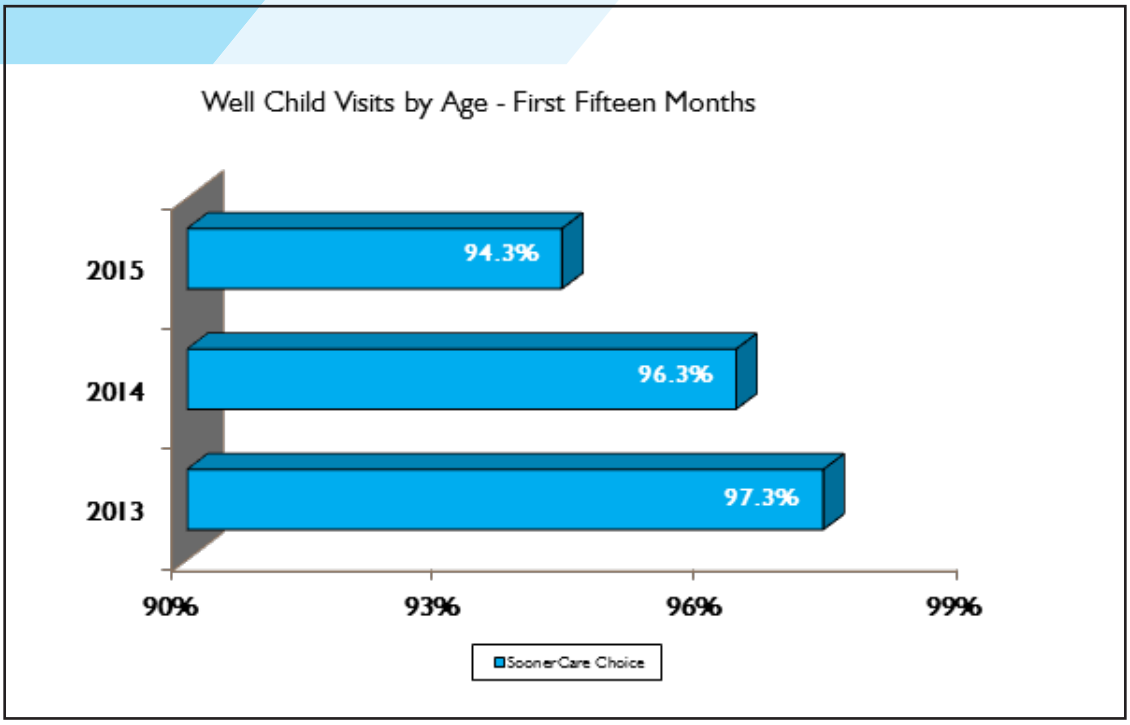


Fig. 3.1.c

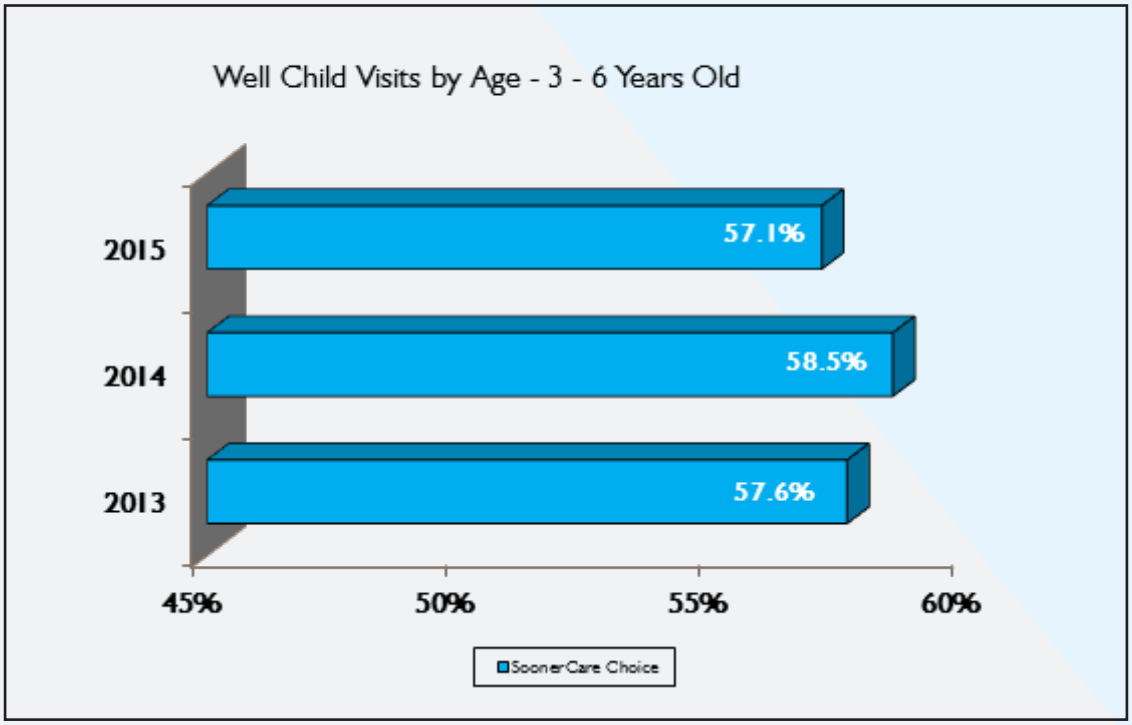
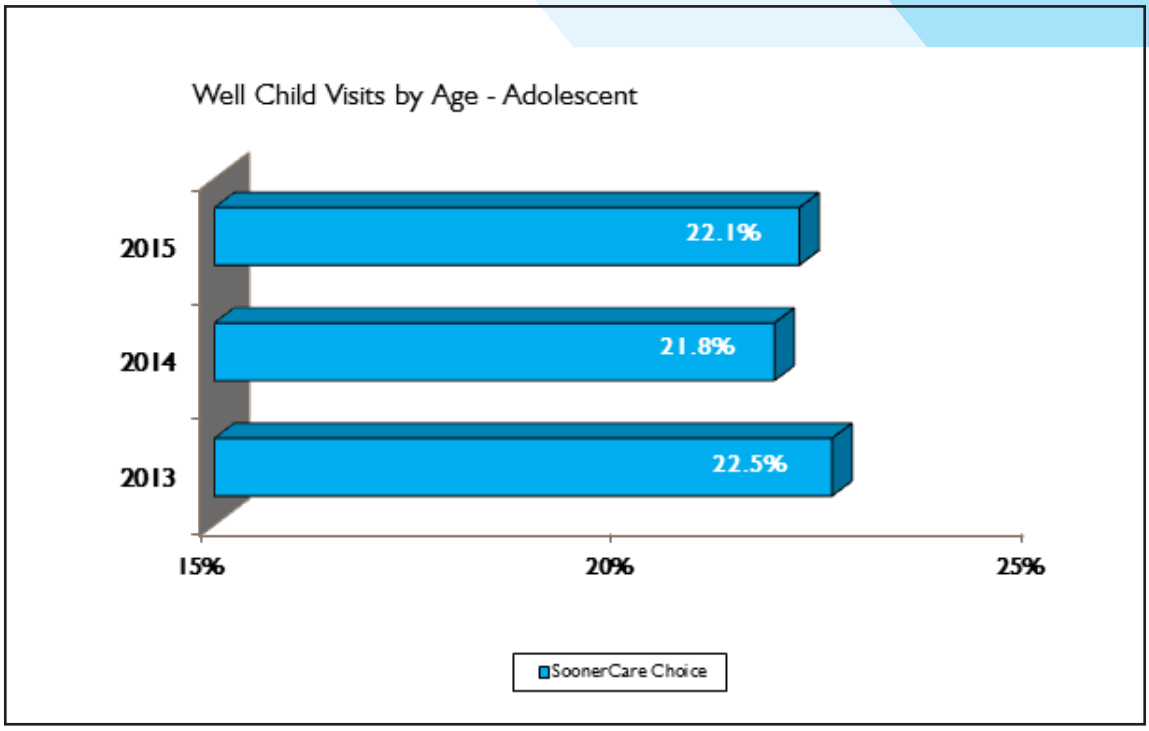


Fig. 3.1.d



Source: OHCA's MMIS Claims Processing System using HEDIS criteria.

Objective 3.2:

To increase preventive care use by adults

Measured By:

3.2.1 – Percent of adults 20 to 44 years utilizing preventive care

3.2.2 –Percent of adults 45 to 64 years utilizing preventive care

Why is this objective important?

Access to primary care correlates with reduced hospital and emergency room use while also ensuring quality medical care for patients. Studies show that costly and inappropriate care can be reduced through shared decision-making between well-informed physicians and patients. Physicians play a key role in nurturing these quality-enhancing strategies that can help to slow the growth of health care expenditures. Continued rising health care costs in the U.S. affect all levels of the health care delivery system. Encouraging and making access to primary and preventive care services available is one strategy to lower hospital utilization while maintaining the quality of care delivered.

What trends do the measures indicate?

The number of adults utilizing preventive care remained stable in SFY2015. (Fig. 3.2.a and Fig. 3.2.b), HEDIS data

is reported by report year, not data year, and data for SFY2016 was not available at the time of publication.

More information about the provider network and capacities can be found at http://www.okhca.org/individuals.aspx?id=12274.

What is the agency doing to influence performance towards the objective?

OHCA is continually reaching out to members in hopes of improving the member's use of preventive/ambulatory care. Through the use of social media sites such as Facebook, Twitter, Pinterest, Instagram and YouTube, OHCA is sending the message of personal responsibility to both its members and all Oklahomans. OHCA utilizes social media to share messages and videos urging Oklahomans to eat healthy, exercise, and get routine check-ups. We work with members to share their stories, in their own words, about the preventative benefits offered by SoonerCare. In 2015, OHCA shared the story of an employee who quit smoking and highlighted the impact preventative care such as tobacco cessation can make in a person's overall physical health and well-being. Stories such as these, as well as the emphasis placed on messaging targeted at improving member's overall health, underscore the significance of preventative care.

In early SFY2015, OHCA launched www.SoonerFit.org, a website devoted to the fitness and health of OHCA members as well as all Oklahomans. The objective of the SoonerFit program is to innovatively communicate physical activity and nutrition recommendations to members via the SoonerFit website and social media, newsletters, public service announcements, and community partners. SoonerFit provides information such as Farmers Markets that accept SNAP benefits, low-cost gyms, exercise demos and healthy recipe videos for a family on a budget. SoonerFit also conducts an annual Art Contest for children k-12 and "SoonerFit Summer" campaign highlighting free events and local parks around the state.

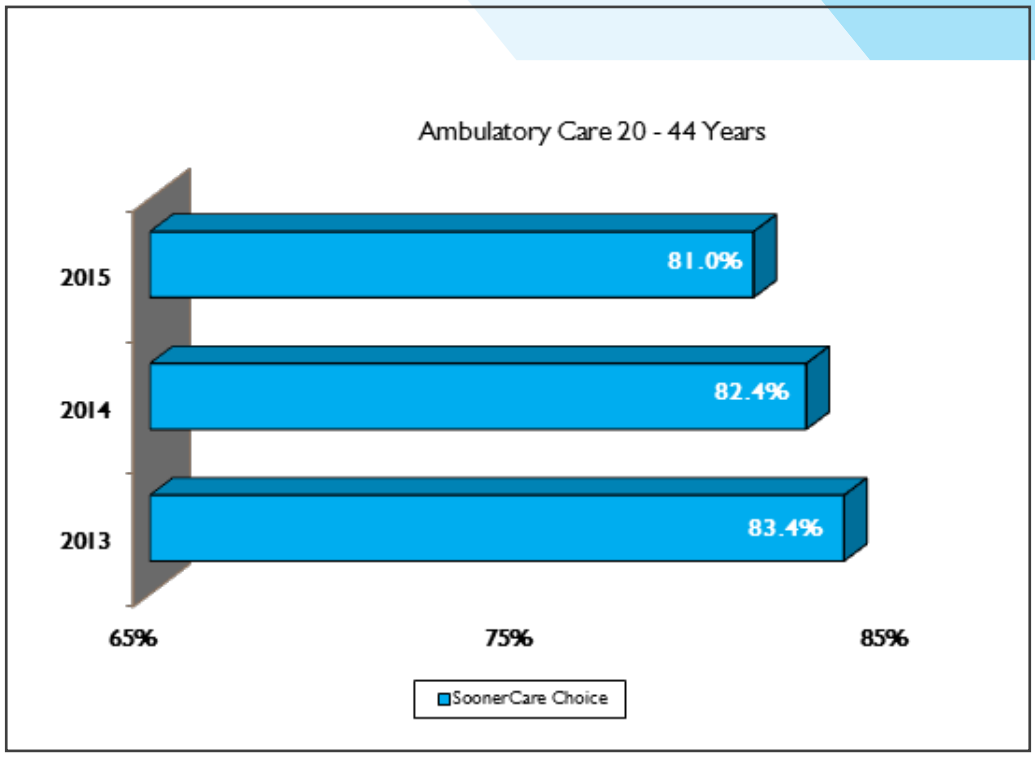
Follow the link below to OHCA's Community Relations web page

http://www.okhca.org/individuals.aspx?id=12274

Follow the link below to OHCA's Community Relations web page

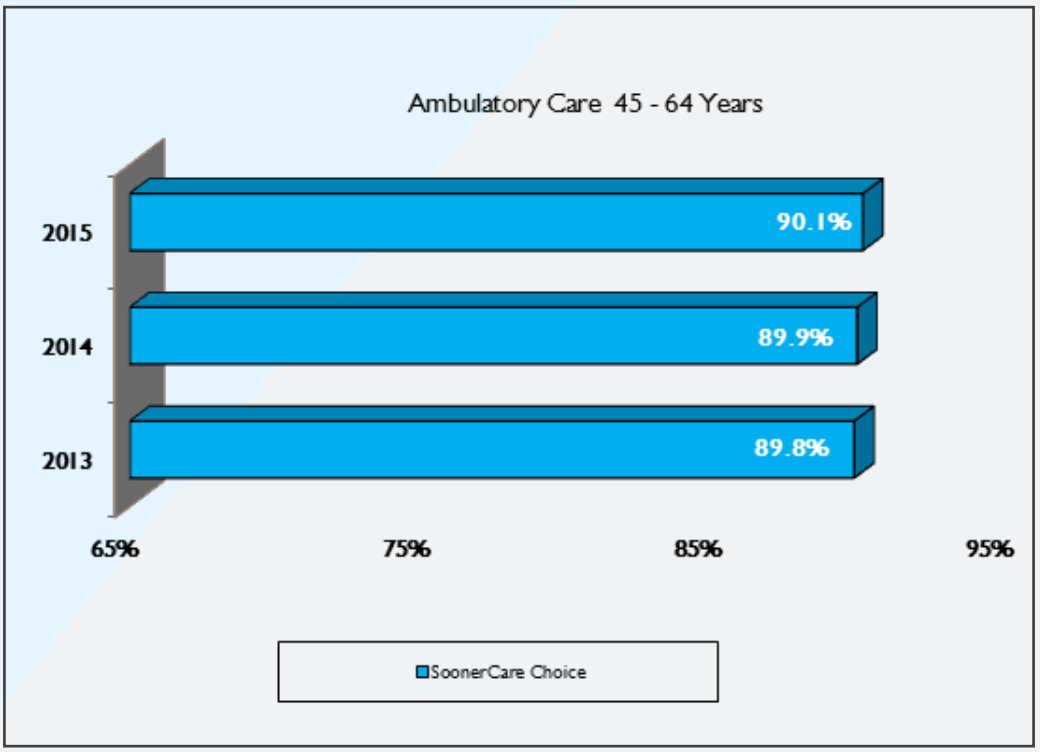
http://www.okhca.org/individuals.aspx?id=12274

Fig. 3.2.a



Source: OHCA's MMIS Claims Processing System using HEDIS criteria.

Figure 3.2.b



Source: OHCA's MMIS Claims Processing System using HEDIS criteria.

Objective 3.3:

To reduce Oklahoman's dependence and abuse of Prescription Drugs

Measured By:

3.3.1 – Number of Medicaid members assigned to the lock-in program

Why is this objective important?

The nation is in the midst of an unprecedented opioid epidemic. According to the U.S. Department of Health and Human Services, more people died from drug overdoses in 2014 than in any year on record, and the majority of drug overdose deaths (more than six out of ten) involved an opioid. Since 1999, the rate of overdose deaths involving opioids—including prescription opioid pain relievers and heroin—nearly quadrupled, and over 165,000 people have died from prescription opioid overdoses.

Prescription drug abuse has become the fastest growing drug-related health problem in the state of Oklahoma. Among overdose deaths, opioids are most commonly involved. In 2012, Oklahoma had the third highest rate of painkillers prescribed and a rate of unintentional prescription drug overdose deaths of 14.1 per 100,000 Oklahomans. The Medicaid population accounted for 206 of the 537 unintentional prescription drug overdose deaths in the state. Prescription Drug abuse is a growing and recognized problem both in Oklahoma and nationally, and OHCA is actively pursuing solutions internally and through collaborative efforts.

What trends do the measures indicate?

The number of SoonerCare members assigned to the Pharmacy Lock-In Program remained stable from SFY2015 to SFY2016 (Fig. 3.3).

More information about OHCA's Medicaid Lock-in Program can be found at http://www.okhca.org/providers.asp38.

What is the agency doing to influence performance towards the objective?

In order to be assigned to the lock-in review program, an individual must be currently enrolled in SoonerCare or the Insure Oklahoma Individual Plan.

To minimize overdoses and other harm associated with the misuse of prescription drugs, public and private insurance plans use patient review and restriction (PRR) programs or Lock-in Programs encourage the safe use of opioids and other controlled substances. Through PRRs, insurers assign patients who are at risk for substance use disorder (SUD) to predesignated pharmacies and prescribers to obtain these drugs.

The OHCA Pharmacy Lock-in Program aims to deter the practice of doctor shopping and reduce the possibility

of accidental overdose. The initiative limits SoonerCare members who are determined to be at risk of misusing prescribed controlled substances to using a single pharmacy and provider (prescriber). The initial lock-in period is for 24 months but may be continued every 12 months as needed. Pharmacy claims are blocked from prescribers who aren't authorized. The initiative only applies to controlled substances.

Pharmacy Lock-in is to promote appropriate utilization of health care resources for those members who may be misusing benefits and thereby limiting the opportunity for inappropriate behavior within the Oklahoma SoonerCare system.

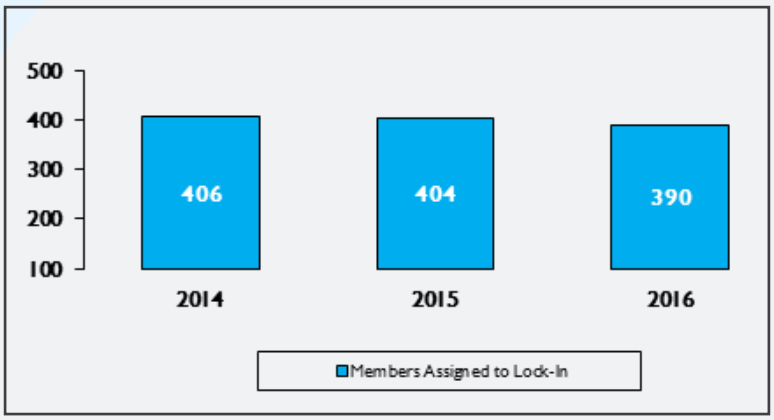
SoonerCare Pain Management Program

This program, launched in January 2016, is designed to equip SoonerCare providers with the knowledge and skills to appropriately treat members with chronic pain. As an initial step, agency medical staff developed a proper prescribing toolkit. The toolkit contains recommendations from national guidelines and evidence-based research on how to treat chronic pain patients. It includes patient education materials and risk assessment and functional assessment tools in addition to the prescribing guidelines.

OHCA has two practice facilitators, both registered nurses, who assist with implementing the components of the toolkit into SoonerCare provider practices. Additionally, two behavioral health resource specialists, both licensed drug and alcohol counselors, are available by phone to assist practices with linking members with substance use disorder or other behavioral health needs, to the appropriate treatment.

SoonerCare provider practices are selected for education based on: reviews of internal data, a practice may request assistance, and referrals from outside agencies and associations. OHCA Medical Director Dr. Mike Herndon works on the 'Opioid Prescribing Guidelines for Oklahoma' workgroup, which produced the *Opioid Prescribing Guidelines for Oklahoma Health Care Providers.*

Fig. 3.3
SoonerCare Members Assigned to the Lock-In Program
for SFY2014-2016



Source: OHCA Pharmacy Division

Objective 3.4:

To increase the percentage of pregnant women who receive prenatal care, especially beginning in the first trimester

Measured By:

3.4.1 – Percent of pregnant women seeking prenatal care anytime during pregnancy

3.4.2 – Percent of deliveries with prenatal care services beginning in the 1st Trimester

3.4.3 – Percent of deliveries with prenatal care services beginning in the 2nd Trimester

3.4.4 – Percent of deliveries with prenatal care services beginning in the 3rd Trimester

3.4.5 – Percent of deliveries without prenatal care

Why is this objective important?

SoonerCare covers approximately 63 percent of the births in Oklahoma. Prenatal care is beneficial for all mothers-to-be. Women who see a health care provider regularly during pregnancy have healthier babies, are less likely to deliver prematurely, and are less likely to have other serious problems related to pregnancy.

What trends do the measures indicate?

In SFY2016 the total SoonerCare members giving birth and the percent of those members seeking care decreased slightly. (Fig. 3.4.a). The biggest decrease came in women seeking care beginning in the third trimester. It would be ideal for mothers to seek prenatal care in the first trimester instead of the second or third, in order to provide the maximum amount of care for the baby (Fig. 3.4.b).

More information about prenatal care provided to Oklahoma Medicaid members can be found at http://www.okhca.org/individuals.prenatalcare.

What is the agency doing to influence performance towards the objective?

OHCA continuously seeks to increase the benefits and services available to mothers and babies.

Strong Start

Strong Start for Mothers and Newborns is a grant-funded initiative awarded by the Center for Medicare and Medicaid Services (CMS) Innovation Center to the Oklahoma Health Care Authority (OHCA). Strong Start promotes three different models of prenatal care: Birth Center, Group Prenatal Care and Maternity Care Home. The OHCA initially only participated in the Group Prenatal Care model but later added the Maternity Care Home model to its services. Currently the program is offered at three clinical sites: Oklahoma City Indian Clinic, Mary Mahoney and Variety Care.

Since the inception of the grant, 319 participants have delivered with 89.4% of them being full term deliveries

Text4baby

Text4baby is the nation's largest and only free mobile health messaging service for pregnant women and mothers with infants that sends important health and safety information. Oklahoma is one of four states where the Centers for Medicare and Medicaid Services (CMS) are supporting a project with Text4baby co-founders Voxiva, Inc. and Zero to Three. The pilot project began in August 2013; state-level implementation began January 1, 2014.

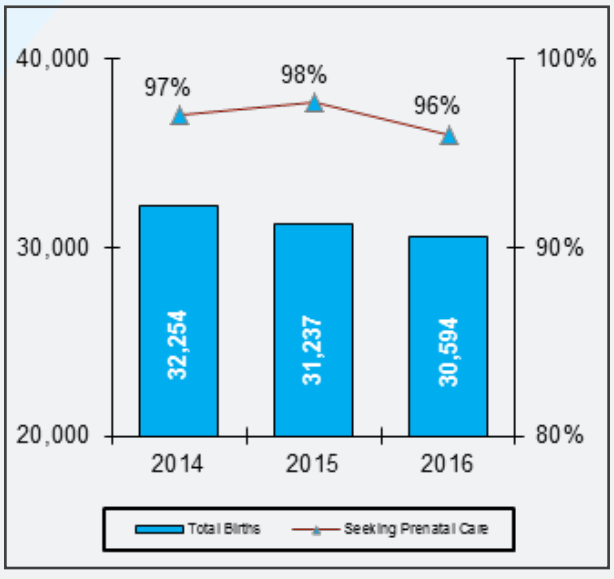
The pilot project is implementing innovative outreach and promotional efforts to achieve the following:

- Increase enrollment of pregnant SoonerCare recipients in Text4baby;
- Customize Text4baby content to include state-specific programs and resources; and
- Assess Text4baby's impact on improving health quality measures including postpartum visits and smoking cessation during pregnancy.

In October 2014, Oklahoma Health Care Authority became the first (and currently the only) state Medicaid agency to implement an automated process to notify and enroll pregnant women and new mothers covered by SoonerCare into Text4baby. The OHCA continues to collaborate with key partners to promote text4baby to targeted audiences via media outlets such as radio, billboards, bus shelters, PSA's, newsletters, social media and more.

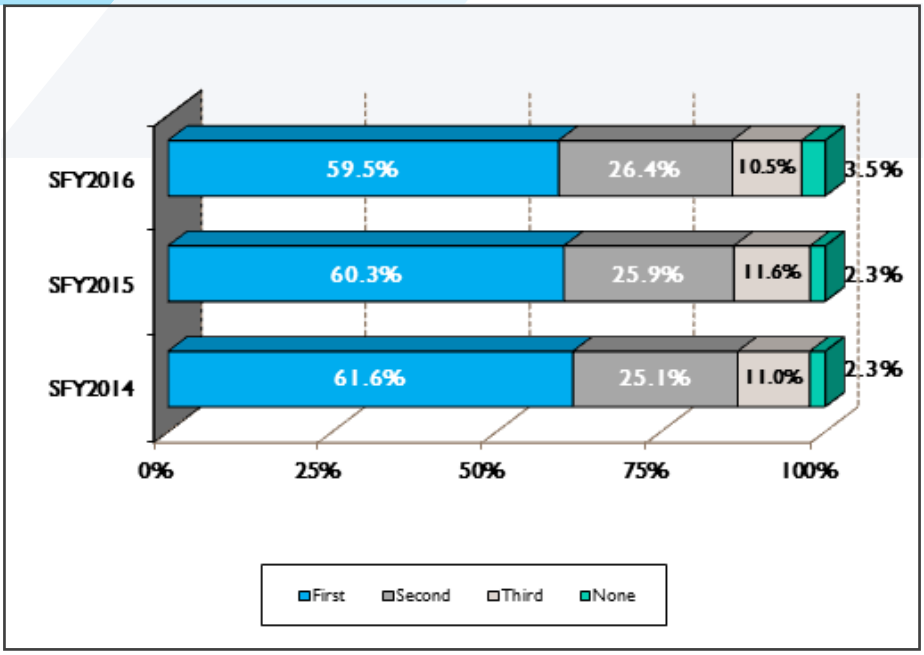
The early success of Text4baby in Oklahoma led OHCA to a new partnership with the George Kaiser Family Foundation to provide mobile messages beyond Text4baby. Beginning in the fall of 2015, OHCA will launch Connect4health for SoonerCare members. Connect4health will provide customized health messages to caregivers of children covered by SoonerCare ages 1 to 18, as well as adults covered by SoonerCare.

Fig. 3.4.a
Total SoonerCare Births and Percent of Mothers Seeking Prenatal Care for SFY2014-2016



Source: OHCA MMIS

Fig. 3.4.b



Source: OHCA MMIS

Objective 3.5:

To provide members the resources they need to decrease or prevent tobacco use

Measured By:

3.5.1 – Number of Medicaid members calling Tobacco Helpline

3.5.2 – Number Of Medicaid members utilizing tobacco cessation benefits

Why is this objective important?

Tobacco is Oklahoma's leading cause of preventable death, killing more Oklahomans each year than alcohol, auto accidents, AIDS, suicides, murders and illegal drugs combined. Over 6,000 Oklahomans die each year from tobacco related illness and approximately 1 in 4 Oklahoma adults smoke compared to one in five across the nation. Tobacco abuse is expensive as well. It costs Oklahomans over $2.8 billion annually in medical expenses and lost productivity. It is vitally important that OHCA does its part to reduce tobacco abuse among Oklahomans.

What trends do the measures indicate?

The total number of Oklahomans calling the TSET Tobacco Helpline increased significantly in SFY2016 (Fig. 3.7.1). The number of SoonerCare members utilizing smoking cessation benefits increased as well in SFY2016 (Fig. 3.7.2). The increases in use of the helpline and smoking cessation benefits can be partially attributed to the OHCA/OSDH Quality Improvement Tobacco Workgroup's efforts to eliminate copayments and prior authorizations for all the

tobacco cessation drugs covered by OHCA (Fig. 3.5.1).

More information about the Oklahoma Tobacco Helpline can be found at *www.ok.gov/tset*. For more information about SoonerCare Tobacco Cessation Benefits, visit http://www.okhca.org/individuals.aspx?id=2733.

What is the agency doing to influence performance towards the objective?

OHCA has collaborated with the Tobacco Settlement Endowment Trust (TSET) and the Oklahoma State Health Department (OSDH) to offer resources to Oklahomans that wish to quit or reduce tobacco use.

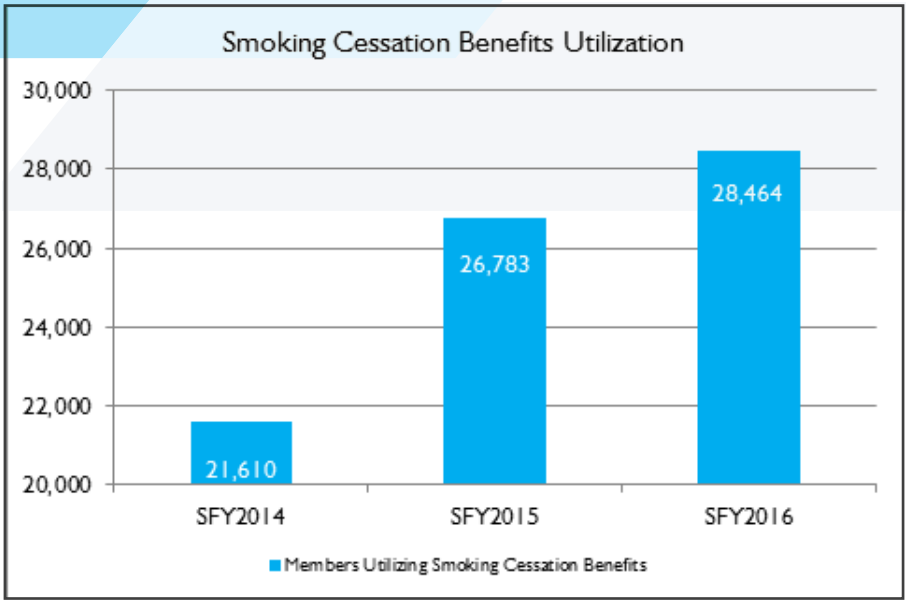
Through the Oklahoma Tobacco Helpline (OTH), callers receive one-on-one quit coaching and nicotine replacement therapy. Callers interested in receiving follow-up can enroll in the OTH multiple call program in which they will receive a series of telephone based coaching sessions with a Quit Coach throughout their quitting process (Fig. 3.5.2).

SoonerCare offers a tobacco cessation benefit to help members with their attempt in quitting tobacco. Members may receive counseling as well as pharmacotherapy medications with a prescription from their doctor.

Medications include patches, gum & lozenges and prescription medications which include Zyban, Chantix, inhaler & nasal spray.

Collaboration with the OSDH has produced a work group tasked with the long term objective of reducing the tobacco dependence of Oklahomans. Three strategies were targeted during SFY2016. Both agencies would first conduct a joint tobacco related systems assessment identifying data gaps, and infrastructures that support goals. Both agencies would also work jointly to develop requirements and recommendations for a systems change model focusing on the OSDH Public Health Oklahoma Client Information System (PHOCIS). Lastly, the group would continue to develop policy changes that will support the removal of barriers to access to tobacco cessation aids and services in Oklahoma.

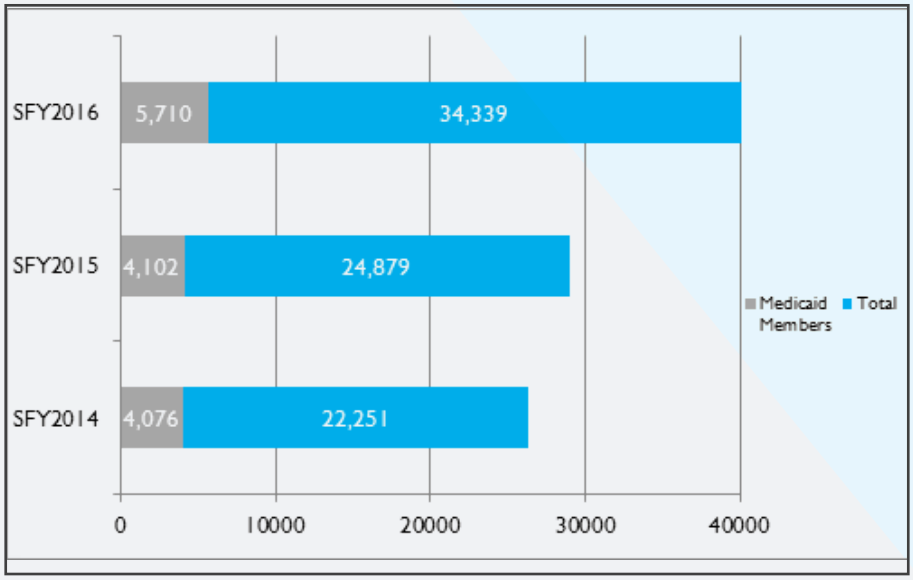
Fig. 3.5.1



Source: OHCA Office of Health Promotion

Fig. 3.5.2

Oklahomans calling the TSET Tobacco Helpline



Source: Oklahoma University Health Science Center

GOAL 4 — SATISFACTION & QUALITY

To protect and improve member health and satisfaction, as well as ensure quality, with programs, services and care

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Objective 4.1:

To ensure a high level of satisfaction among SoonerCare members

Measured By:

Customer Survey Results (CAHPS) Adults

4.1.1 – Customer service

4.1.2 – How well doctors communicate

4.1.3 – Getting care quickly

4.1.4 – Getting needed care

4.1.5 – Shared decision making

Customer Survey Results (CAHPS) Children

4.1.6 – Customer service

4.1.7 – How well doctors communicate

4.1.8 – Getting care quickly

4.1.9 – Getting needed care

4.1.10 – Shared decision making

Why is this objective important?

Member satisfaction is a key measure of the performance of any health plan. Satisfaction surveys give members an opportunity to express their opinions about SoonerCare and the services they receive and are instrumental in providing OHCA with member insight. They help OHCA to identify any gaps in the expectations that members may have about services received compared to services rendered. Survey results can be used to adjust or enhance programs, services and care to ensure members are receiving the level of quality they need. Survey results may also be used as talking points during provider training sessions and to guide policy and planning discussions.

What trends do the measures indicate?

Customer survey results indicate stable levels of satisfaction in most survey areas for both the adult and child populations. Member satisfaction ratings are at or above 85%, except “Shared Decision Making”, which is at 77 percent for adults and 78 percent for children. The questions that comprise the “Shared Decision Making” measure for the CAHPS survey reported for SFY2015 were changed and as a result, the measure is not directly comparable with SFY2013-14. The children’s survey rating for “Getting Needed Care” has risen 4 percent from 85 percent to 89 percent. The adult “Customer Service” measure fell from 92 percent to 87 percent. The stable levels of satisfaction indicate that OHCA has sought out member feedback and that members are satisfied with the services and quality they have been receiving (Fig. 4.1.a and 4.1.b). To see the 2015 Adult and Child CAHPS® surveys visit: OHCA - Data and Reports

What is the agency doing to influence performance towards the objective?

The agency will continue to have the CAHPS surveys administered for adults and for children. Normally, due to budgetary constraints, the adult survey is administered for OHCA every 2 years. However, grant funding did allow the agency to have the survey run during an off year (SFY2013) and will allow the survey to be run this year (SFY2015) as well. To meet reporting requirements, the child survey is administered for CHIP children every year. Running the surveys every year allows for year-to-year comparisons for decision making. With CAHPS surveys, the agency has the flexibility to add questions to gain insight into particular areas of interest (Fig. 4.1.a and Fig. 4.1.b).

Fig. 4.1.a

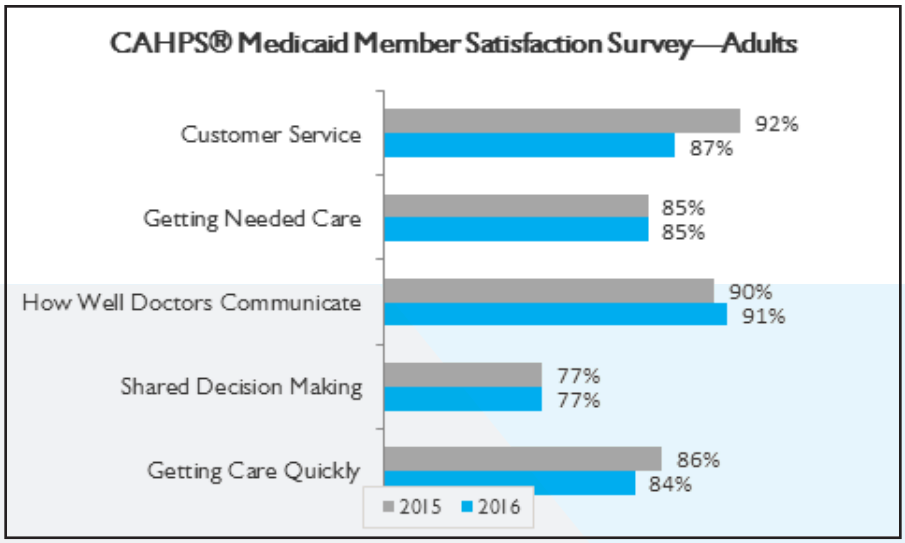
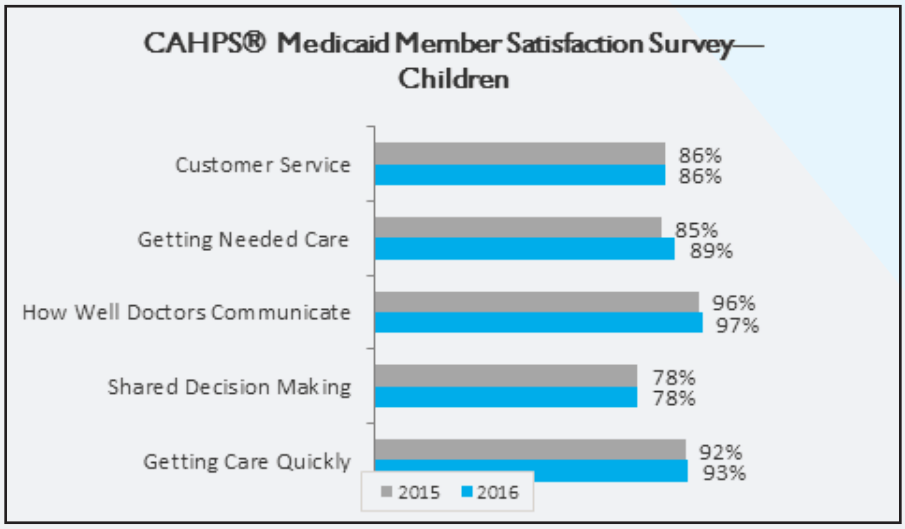


Fig. 4.1.b



Source: OHCA Data Governance and Analytics

Objective 4.2:

To partner with Oklahoma's long-term care facilities to strive for quality long-term care services.

Measured By:

4.2.1 – % 5-star facilities

4.2.2 – % 4-star facilities

4.2.3 – % members rating quality as excellent or good

4.2.4 – % employees rating quality as excellent or good

Why is this objective important?

Approximately 13,221 nursing home residents received SoonerCare support served over the course of a fiscal year 2016. Although this population has been declining over the past decade, as a group they are more frail and dependent, therefore the challenge to meet their needs at the highest level of quality and consistency is essential.

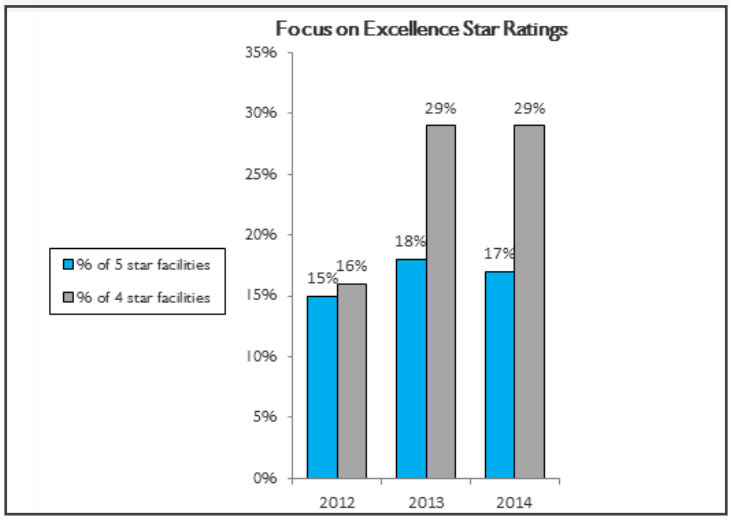
What trends do the measures indicate?

While the percent of 5-Star facilities has remained stable, 4-Star facilities have increased by 10 percent. This decrease is attributed to the fact that the emphasis is to improve the quality of nursing home care across the state; adjustments to metrics are made annually in the areas that the majority of facilities are meeting. These targeted changes allow a continuum of quality improvement and therefore scores each year will vary. Resident and employee satisfaction surveys remain stable with the percentage of members rating overall quality as excellent or good remaining at 92 percent and the percentage of employees rating overall quality as excellent or good decreased from 87 percent to 85 percent. The short-term trend shows that Focus on Excellence is a stable program. OHCA will continue to partner with Long-Term-Care (LTC) facilities to strive for quality care and services. See figure 4.2a –Focus on Excellence Star Ratings and figure 4.2b – Focus on Excellence Resident and Employee Satisfaction. More information about the Focus on Excellence program visit: OHCA Focus On Excellence Reports.

What is the agency doing to influence performance towards the objective?

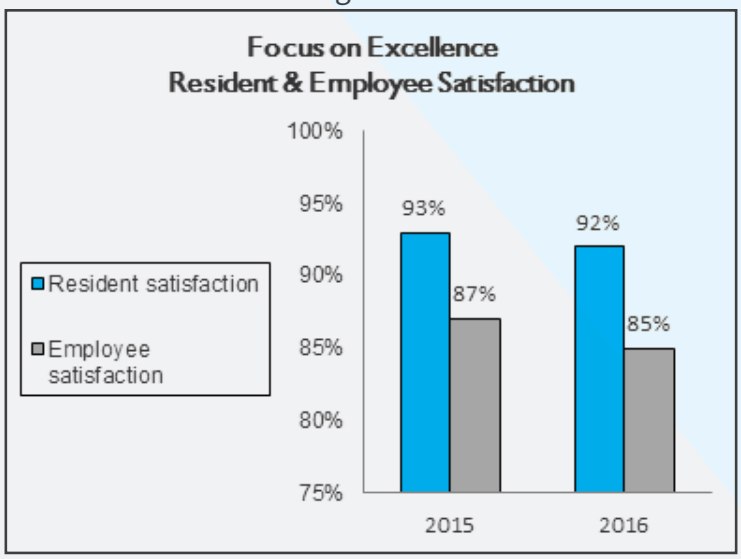
Focus on Excellence is a state mandated incentive program created to promote a focus of quality of service in long term care facilities. FOE established and implemented its star rating; quality reimbursement program in January of 2008. The program has always been mission minded to improve, enhance, and establish overall quality of care being provided in Oklahoma's LTC industry. Oklahoma Stakeholders; OHCA; FOE Advisory Board and family members throughout the State focus on support for frontline caregivers, person-centered care and facility specific artifacts of culture change. Focus on Excellence continues to utilize a 5 star rating system. Each of the 9 quality metrics receives a 0-5 star rating. In addition, the facility receives an overall star ranking based on total points earned. This system allows facilities; community and loved ones the ability to choose specific areas of interest as well as compare facilities.

Fig. 4.2.a



Source: OHCA FOE Annual Reports

Fig. 4.2.b



Source: OHCA FOE Annual Reports

Objective 4.3:

To ensure members and providers have access to assistance through member services and provider services

Measured By:

4.3.1 – Percent of member calls answered

4.3.2 – Percent of provider calls answered

Why is this objective important?

Members and providers often have questions and issues related to SoonerCare. Situations may arise that need timely solutions. OHCA strives to be vigilant in its support of SoonerCare members and providers. One way that OHCA ensures its responsiveness to the needs of these stakeholders is by providing assistance through call centers.

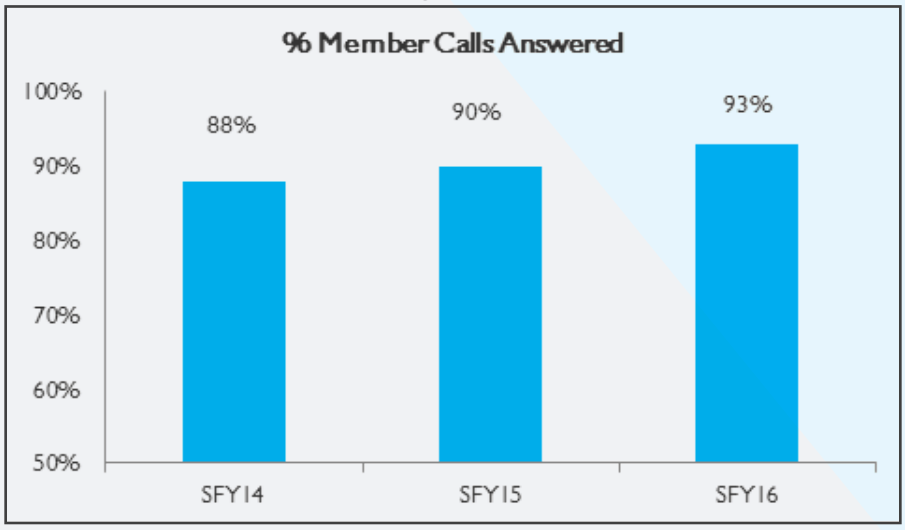
What trends do the measures indicate?

The percentage of calls answered for both members and providers indicates that they have access to assistance through adequately staffed call centers with short wait times. The percentage of calls answered for both members and providers appear to be stable, with both indicators showing an answer rate of 90 percent or higher for SFY2016 (Fig. 4.3.a and Fig. 4.3.b).

What is the agency doing to influence performance towards the objective?

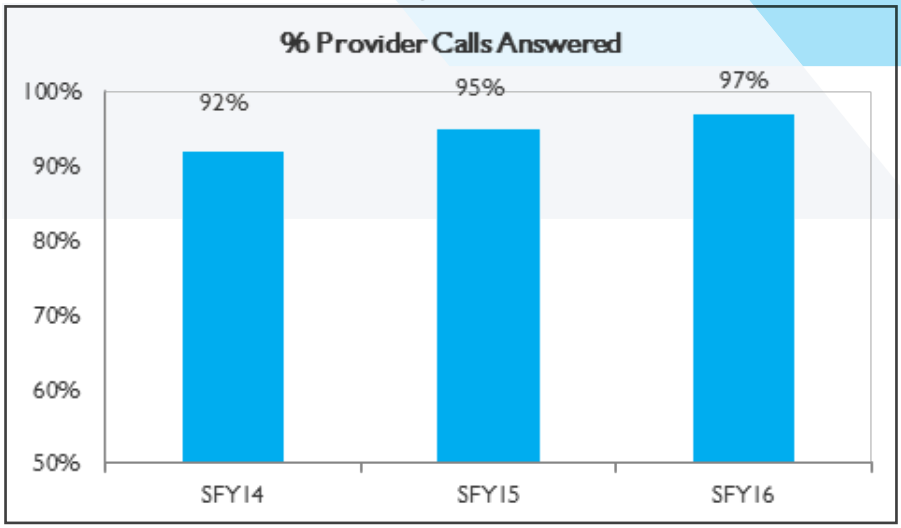
OHCA operates a system of two-tiered call centers to answer both member calls and provider calls. Tier one calls are first-line, more routine calls and are answered through agency contracted call centers. The more complex calls are routed to the tier two call centers that are operated by OHCA staff. Tier two calls may require research and a higher level of decision making.

Fig. 4.3.a



Source: OHCA Data Governance and Analytics

Fig. 4.3.b



Source: OHCA Data Governance and Analytics

Objective 4.4:

To maintain a quality provider community by following appropriate procedures to identify noncompliant providers and determine the appropriate course of action to resolve issues

Measured By:

4.4.1 – Number of provider contract terminations

Why is this objective important?

It is the responsibility of OHCA to ensure that SoonerCare providers are fulfilling the terms of their contracts and providing the quality of care expected by OHCA's members. States are required to report the names of terminated providers for inclusion in a national database, and must terminate the participation of any individual or entity if such individual or entity is terminated under Medicare or any other states' Medicaid program, or CHIP.

What trends do the measures indicate?

The number of involuntary provider contract terminations is an indication that OHCA is diligent and exercises due care in investigating provider complaint referrals. There is no desired trend direction for the number of involuntary contract terminations. The data is informational and shown to provide context.

What is the agency doing to influence performance towards the objective?

Referrals are received from many sources, including: departments within OHCA; members; providers; legislators; and through audit and review findings. The OHCA Quality Assurance/Quality Improvement (QA/QI) unit reviews

GOAL 5 — ELIGIBILITY & ENROLLMENT

To provide and improve health care coverage to the qualified populations of Oklahoma

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Objective 5.1:

Maintain a responsive eligibility and enrollment system that results in qualified populations of Oklahoma gaining access to affordable medical coverage

Measured By:

5.1.1 — Number of Online Enrollment Applications Received

5.1.2 — Percent of Online Enrollment Applications That are New

5.1.3 — Percent of Online Enrollment Applications That are Recertification's

5.1.4 — Number of Online Enrollment Applications Approved

5.1.5 — Number of Online Enrollment Applications Denied

Why is this objective important?

This objective is important because a responsive eligibility and enrollment system allows individuals and families to apply for health care coverage and receive a real time eligibility determination. Qualified individuals and families can then access preventive and health care services once determined eligible for coverage.

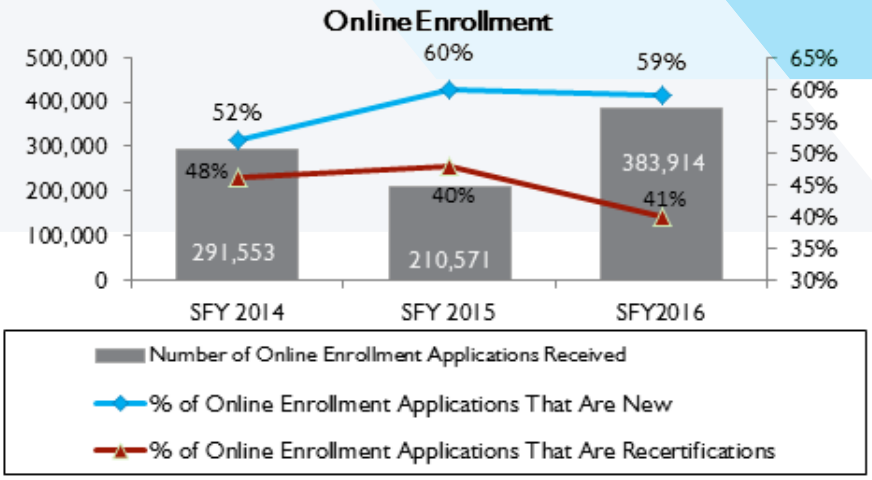
What trends do the measures indicate?

The trend indicated in the measures suggests more Oklahomans are accessing services online. The majority of members are applying for health care coverage and managing recertification through MySoonerCare.org. However, the fluctuation in applications received over the past three years is due largely to a change in business processes determining application eligibility and is not necessarily reflective of a significant trend in applications received.

What is the agency doing to influence performance towards the objective?

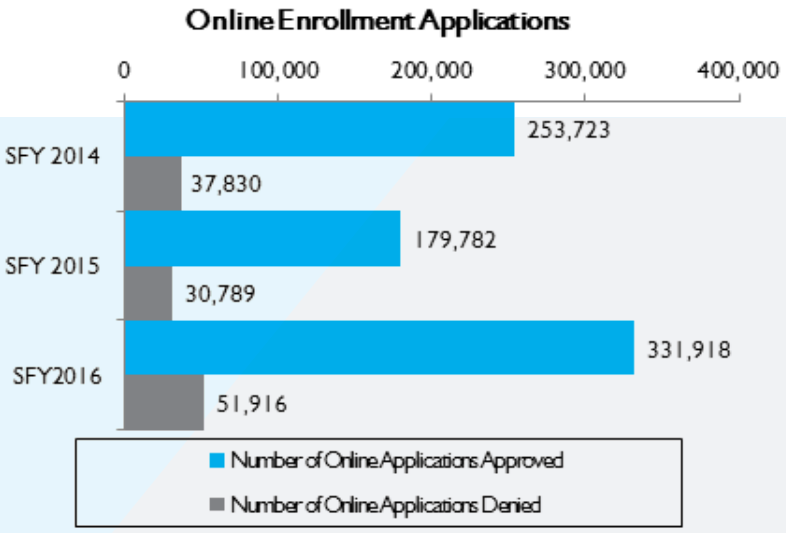
OHCA continually monitors the eligibility and enrollment system and makes enhancements to improve user experience and comply with regulatory changes. The online enrollment application is now compatible with multiple internet browsers (Internet Explorer, Google Chrome, Mozilla Firefox and Apple Safari) and has been adapted for mobile phone and tablet use. Members also have self-service options such as a secure log-on and an option to receive notifications via e-mail. During SFY2016, OHCA integrated Insure Oklahoma into the existing eligibility and enrollment application, allowing applicants to use the same enrollment process as SoonerCare applicants.

Fig. 5.1.a



Source: OHCA Online Enrollment Fast Facts

Fig. 5.1.b



Source: OHCA Online Enrollment Fast Facts

Objective 5.2:

Make online enrollment available to qualified populations of Oklahoma in a variety of settings

Measured By:

5.2.1 — Percent of online enrollment applications by media type (home internet)

5.2.2 — Percent of online enrollment applications by media type (paper)

5.2.3 — Percent of online enrollment applications by media type (agency internet)

5.2.4 — Percent of online enrollment applications by media type (agency electronic)

5.2.5 — Percent of online enrollmentapplications by media type (telephone)

Why is this objective important?

Applicants access services from a variety of locations and OHCA maintains enrollment options that are responsive to the needs of those seeking services. Allowing applicants to apply on a personal computing device, through an agency partner, over the phone or by paper application enables applicants to select a process that best meets their needs.

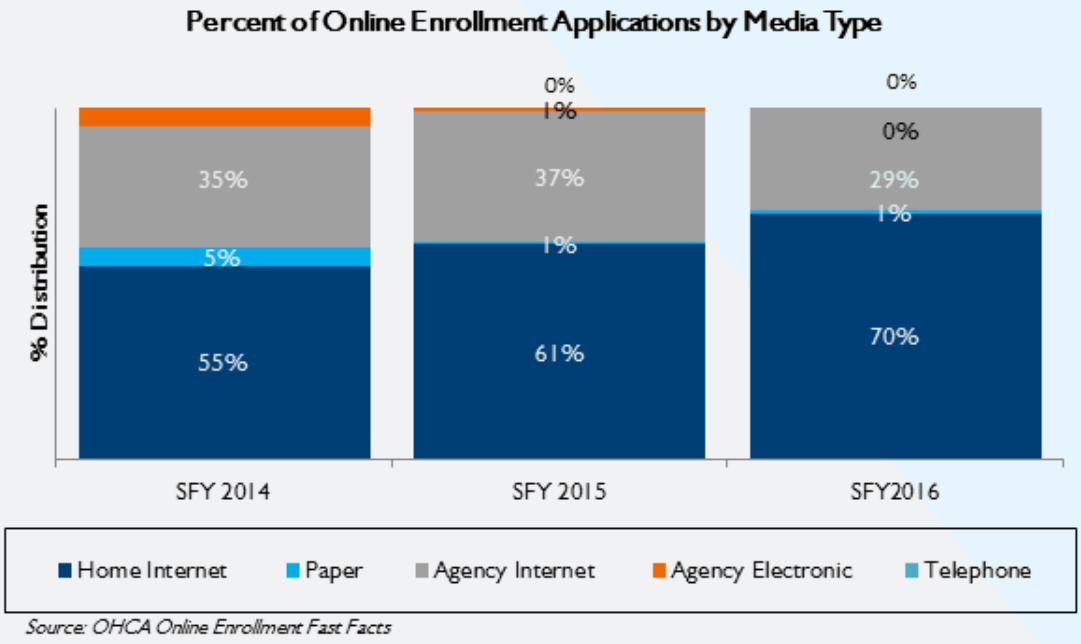
What trends do the measures indicate?

The measures indicate that the majority of applicants are either applying for health care coverage from a personal computing device or are getting application assistance from an agency partner. A small portion of applicants are utilizing the paper and phone application options.

What is the agency doing to influence performance towards the objective?

OHCA monitors user trends and feedback to identify enhancement opportunities of MySoonerCare.org in order to make it more user-friendly. OHCA utilizes the Health Insurance Marketplace paper application to determine eligibility for Medicaid or the Children's Health Insurance Program (CHIP) coverage and accepts applications transferred from HealthCare.gov. OHCA also offers the option of submitting an application with the help of an OHCA member enrollment representative over the phone. Comprehensively, these enrollment options improve the availability of methods for qualified Oklahomans to apply for health care coverage.

Fig. 5.2



Source: OHCA Online Enrollment Fast Facts

GOAL 6 — ADMINISTRATION

To foster excellence and innovation in the administration of the Oklahoma Health Care Authority

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Objective 6.1:

To consistently perform administrative responsibilities within funding budgeted

Measured By:

6.1.1 — Percentage of administration budgeted dollars used

Why is this objective important?

OHCA is committed to being a good steward of public funds. This is demonstrated by keeping administrative costs low and within the amount budgeted. Staying below the budgeted amount demonstrates OHCA's ability to administer the SoonerCare program efficiently.

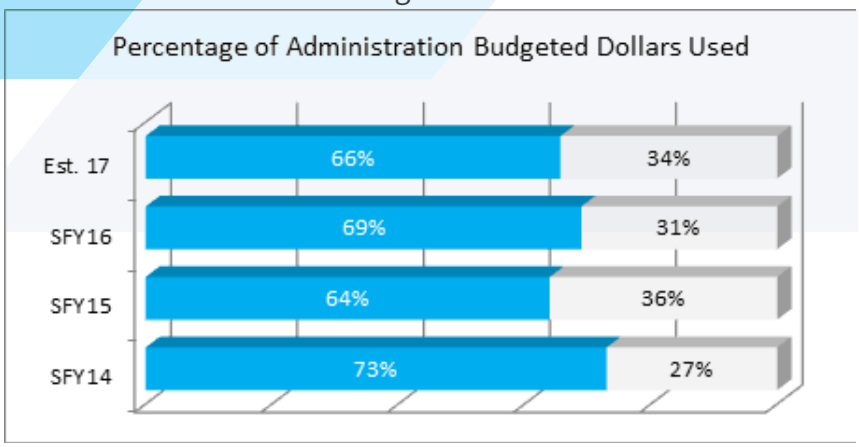
What trends do the measures indicate?

OHCA has consistently kept administrative costs within the budgeted funding amount. Responsible management of budgeted funds will continue to keep OHCA within the desired administrative budget. Administrative costs consistently under the amount budgeted demonstrate OHCA's continued effort to streamline services and provide the highest quality of care in the most efficient manner.

What is the agency doing to influence performance towards the objective?

In order to ensure that administrative expenses remain within the amount budgeted, OHCA creates projections by tracking expenses, changes in agency policy and growth in the program. By constantly monitoring the changing needs of the agency, OHCA is able to make adjustments that allow the agency to remain under the budgeted amount.

Fig. 6.1.a



Source: OHCA Financial Services Division

Objective 6.2:

To control administrative costs while providing support and services to SoonerCare members

Measured By:

6.2.1 — Per capita OHCA administrative cost

Why is this objective important?

Fluctuations in enrollment numbers may give the perception of increased or decreased spending as the total dollars spent on the SoonerCare may increase or decrease. By looking at the per capita cost for administration of the SoonerCare program, the efficiency of the SoonerCare program operations are accurately depicted.

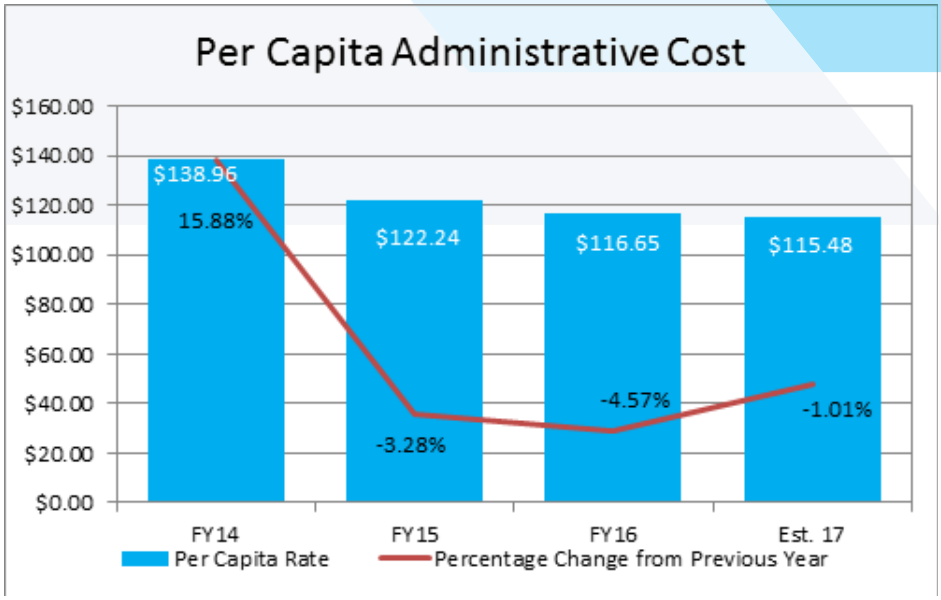
What trends do the measures indicate?

OHCA consistently strives to improve efficiency in the administration of the SoonerCare programs, the success of these efforts are shown by effectively managing the per capita administrative costs. Despite some minor fluctuation, the per capita administrative costs for the SoonerCare program continue to be kept at a manageable rate. Based on a January 2015 Kaiser Commission on Medicaid and the Uninsured analysis, Oklahoma spends significantly less per enrollee compared to neighboring states, evidencing the ongoing efforts of the OHCA to administer the SoonerCare program in the most efficient manner possible.

What is the agency doing to influence performance towards the objective?

OHCA closely monitors expenditures related to the administration of the SoonerCare program. Careful evaluation of cost information and spending trends allows agency staff to accurately predict future needs in the event policy changes are required to ensure program effectiveness.

Fig. 6.2.a



Source: OHCA Data Governance and Analytics and OHCA General Accounting

Objective 6.3:

To pay SoonerCare claims within an accuracy rate of at least 95 percent, considering policy, systems issues and member eligibility

Measured By:

6.3.1 — Number of claims paid

6.3.2 — Payment accuracy measurement rate

Why is this objective important?

The Payment Accuracy Measurement (PAM) tracks and reports improper payments to providers in the SoonerCare program to create a payment accuracy rate. OHCA consistently strives to attain a high rate of accuracy at all times. When mistakes or payment errors are identified, action is taken to make corrections, recoup any funds paid improperly and if necessary make changes in policy to ensure claims are paid appropriately.

What trends do the measures indicate?

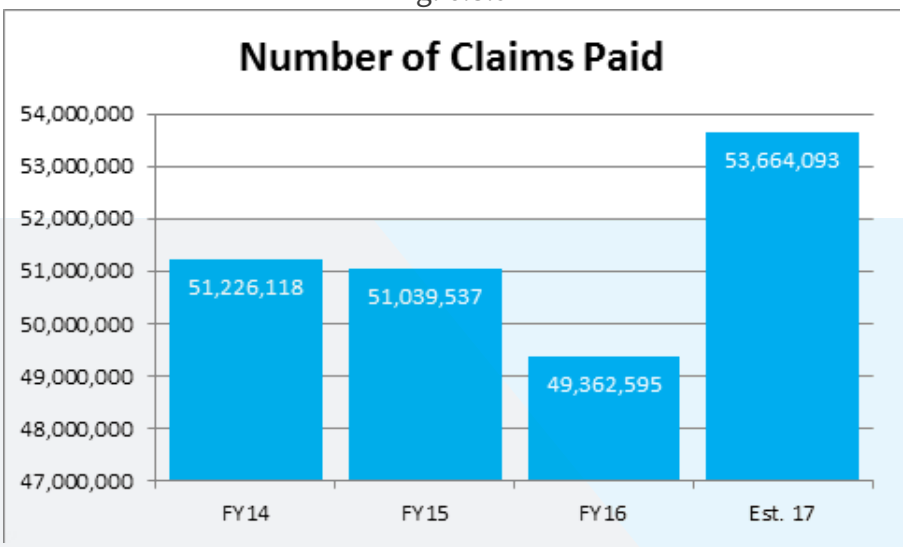
OHCA has modeled its PAM program after the Federal Payment Error Rate Measurement (PERM) program. The Federal PERM measures errors instead of accuracy. Every 3 years the state undergoes a PERM review. OHCA has achieved an accuracy rate higher than the National rate in spite of having a significant increase in the number of claims processed. The number of claims processed is tied to member utilization of services; therefore, this measure will fluctuate from year to year. However, the OHCA PAM program has consistently maintained a high rate of accuracy and appropriate payment of claims. This measure indicates OHCA efforts to ensure appropriate payments are successful.

What is the agency doing to influence performance towards the objective?

The OHCA PAM program measures the accuracy of paid claims through a retrospective review. A randomly selected sample of paid claims is selected and reviewed for payment. OHCA performs the internal PAM review annually in order to maintain high rates of accuracy. When areas of concern are identified, steps are taken to correct errors through provider education, policy changes and referrals to the OHCA Program Integrity unit for further investigation.

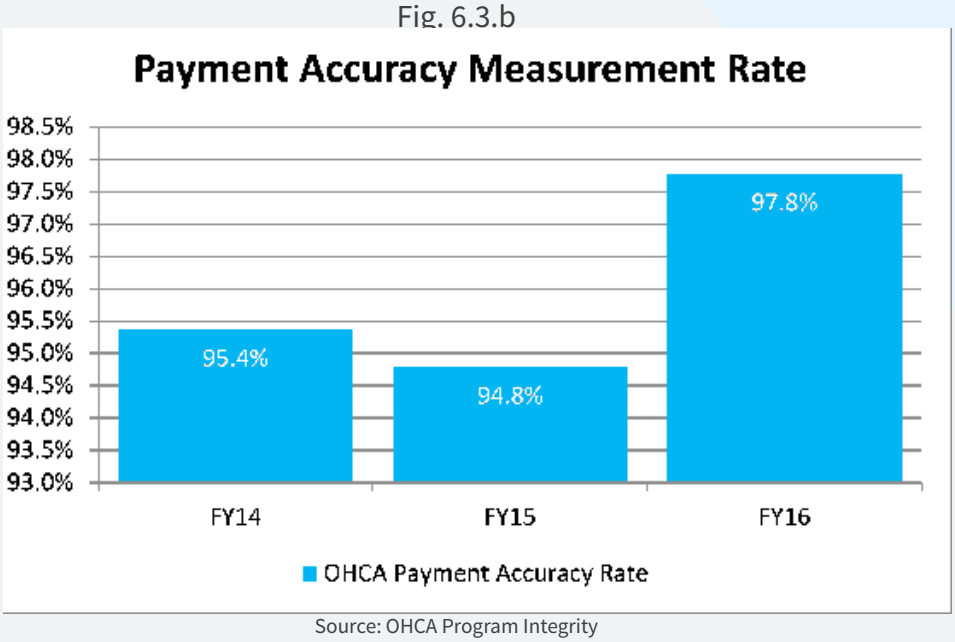
OHCA is also generating system improvements to ensure accurate payments. A secure site for providers on the Oklahoma Medicaid Management Information System allows providers to enter information online and submit claims electronically. This system assists providers with identifying errors and making corrections before resubmitting claims. These system enhancements help prevent inappropriate payments.

Fig. 6.3.a



Source: OHCA Budget and Fiscal Planning

Fig. 6.3.b



Source: OHCA Program Integrity

Objective 6.4:

To maintain appropriate prior authorization requirements for the health of the member

Measured By:

6.4.1 — Number of prior authorizations generated for prescriptions

6.4.2 — Percentage of automatic vs. manual prior authorizations for prescriptions

Why is this objective important?

In SFY2016, OHCA spent over $507 million dollars on prescription medications for SoonerCare members. Requiring prior authorizations for certain medications ensures the most appropriate use of these dollars. Increased efficiency is achieved by allowing many of the prior authorizations to be done via an automated system if approved criteria are met. Other prior authorizations are processed manually to ensure medical necessity.

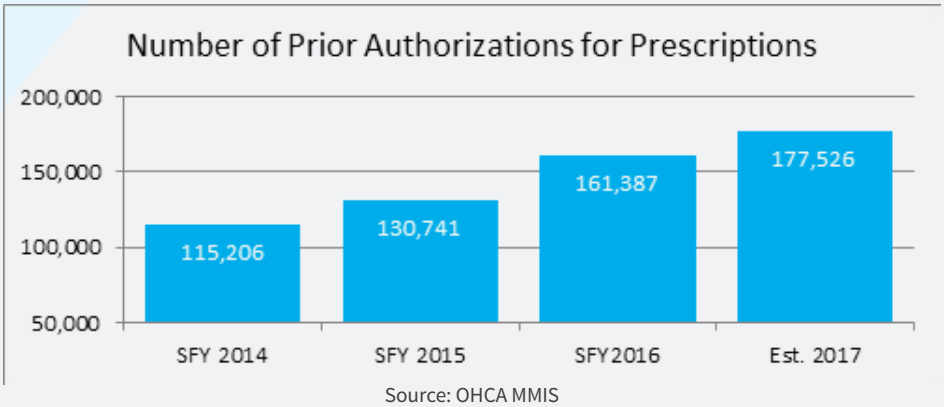
What trends do the measures indicate?

These measures report the total number of prescriptions prior authorized and a comparison of the automated authorizations versus the manual. A significant number of prior authorizations are completed manually to ensure proper utilization of prescription medications and medical necessity. Fluctuations in the number of prescriptions requiring prior authorization will occur as changes in utilization protocols and national prescription guidelines occur. OHCA staff continually monitors prescription drug claims and standards of care as well as input received from the Drug Utilization Review Board to ensure prescription prior authorization requirements are appropriate.

What is the agency doing to influence performance towards the objective?

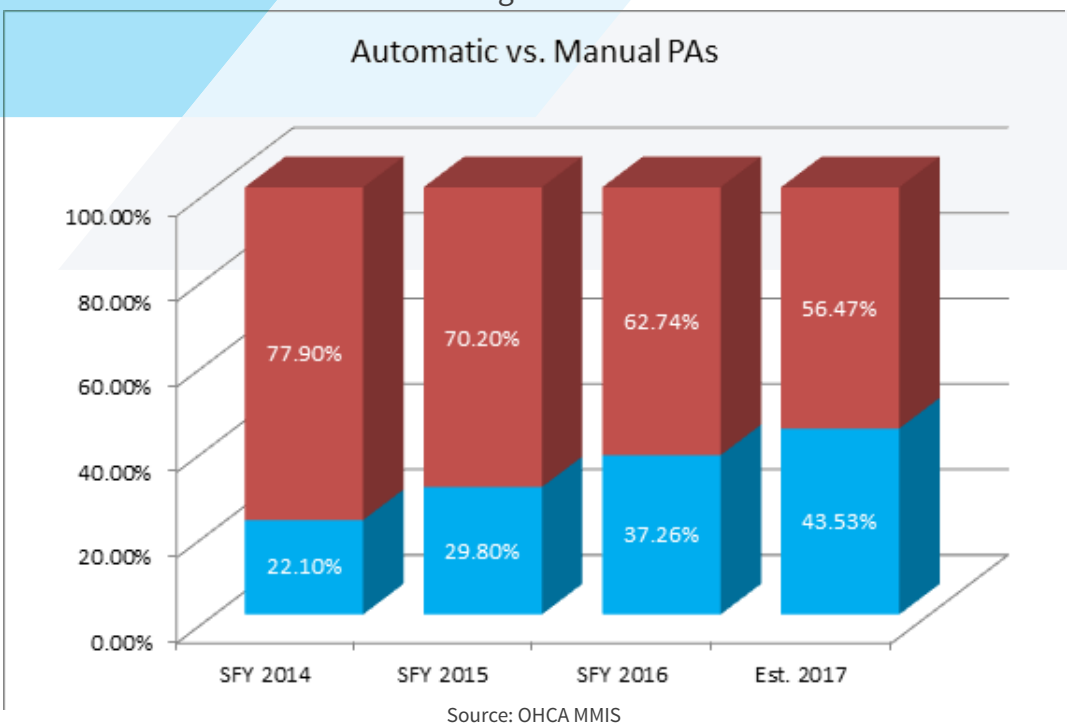
Prior authorizations are used for several reasons, such as scope control, to ensure a drug is used for approved indications and is therapeuticappropriateness. Utilization controls are used to limit quantities or duration of use. Certain prior authorizations are used to divide categories of drugs into tiers. Tier 1 is the preferred first step for treatment. With each higher tier, step therapy criteria are required to ensure the member received the best treatment in the most cost effective manner.

Fig. 6.4.a



Source: OHCA MMIS

Fig. 6.4.b



Source: OHCA MMIS

Objective 6.5:

To maintain and/or increase program and payment integrity efforts which may result in recoveries and/or cost prevention.

Measured By:

6.5.1 — Payment integrity recoveries

6.5.2 — Number of provider audits

6.5.3 — Number of providers referred to Medicaid Fraud Control Unit

Why is this objective important?

OHCA needs to verify that claims are paid correctly. This is critical to prevent fraud and abuse of the SoonerCare program. OHCA uses audit and review functions, internal controls monitoring and prepayment edits to prevent and detect erroneous claim payments and identify suspected fraud and abuse. Provider audits are one of the activities performed to ensure accurate and efficient administration of the SoonerCare program.

What trends do the measures indicate?

OHCA maintains consistent audit and review practices in order to detect fraud and ensure maximum recovery of inappropriately paid claims every year. However, the amount of money recovered will fluctuate due to provider education and billing practices. The amount of recoveries is not an indicator of lack of vigilance, if providers are

billing appropriately when audited, there is no recovery needed. Recovery amounts can also fluctuate depending on staffing levels and the types of audits being conducted. Additional variations in recovery amounts will occur when system edits or policy changes are made, which can reduce payment errors.

What is the agency doing to influence performance towards the objective?

OHCA has various units responsible for separate areas of potential recovery. The Program Integrity unit prevents unnecessary utilization and performs audits and reviews of external providers. These reviews can be initiated by complaints from providers, members, concerned citizens or other state agencies. Risk-based assessments are also used to initiate reviews. Reviews resulting in a suspicion of fraud are forwarded to the Medicaid Fraud Control Unit of the Oklahoma Attorney General's Office for further investigation.

Fig. 6.5.a

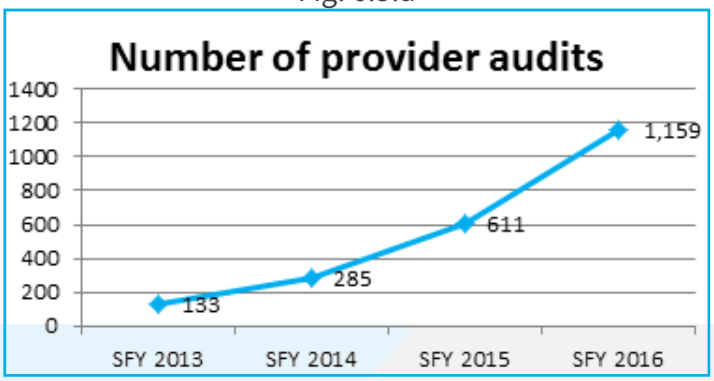


Fig. 6.5.b

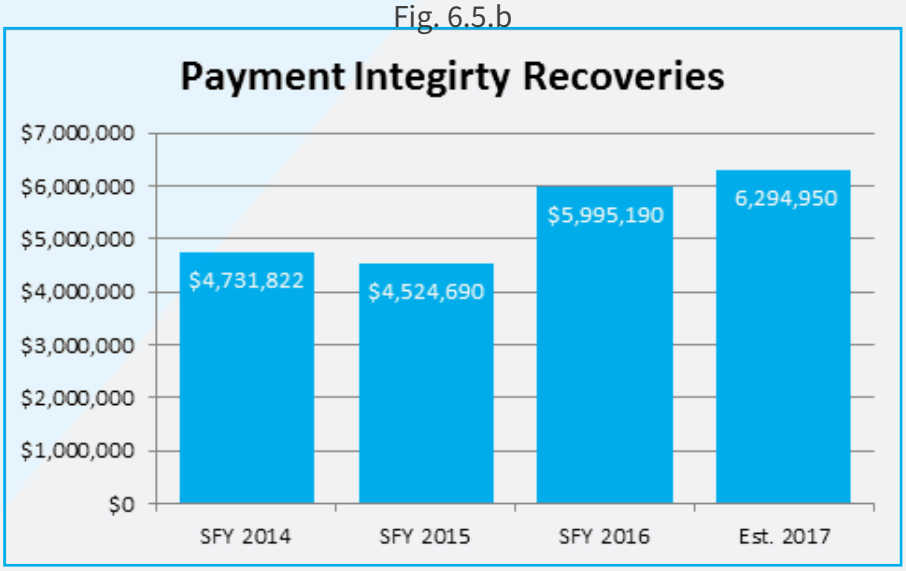


Fig. 6.5.c

Providers Referred to the Medicaid Fraud Control Unit				
	FY13	FY14	FY15	FY16
# Providers	1	0	0	1

Source: OHCA Program Integrity

Objective 6.6:

To actively pursue all third party liability payers, and recover or collect funds due to the SoonerCare program

Measured By:

6.6.1 — Third Party Liability Collections

6.6.2 — Number of SoonerCare members with third party insurance

Why is this objective important?

Third Party Liability (TPL) occurs when other payers have a responsibility to pay for the medical costs of SoonerCare members. Sometimes members may have other health care coverage through a private health insurer or Medicare. Since SoonerCare is designated by law to be the payer of last resort for its members, any other available coverage must be applied before SoonerCare pays for the service.

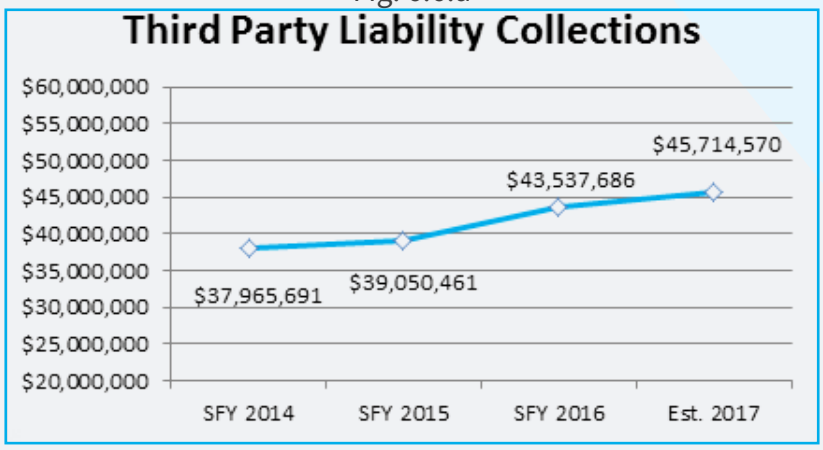
What trends do the measures indicate?

If the TPL entity is known prior to OHCA paying a claim, the TPL entity acts as primary payer and the claim is cost avoided. If OHCA has already paid a medical claim before discovering the TPL entity, then the cost for the claim will be collected from the TPL entity. The number of members with third party insurance is subject to change, therefore the amount of TPL collections will fluctuate from year to year. OHCA works diligently to ensure that appropriate payments and recoveries are made according to law.

What is the agency doing to influence performance towards the objective?

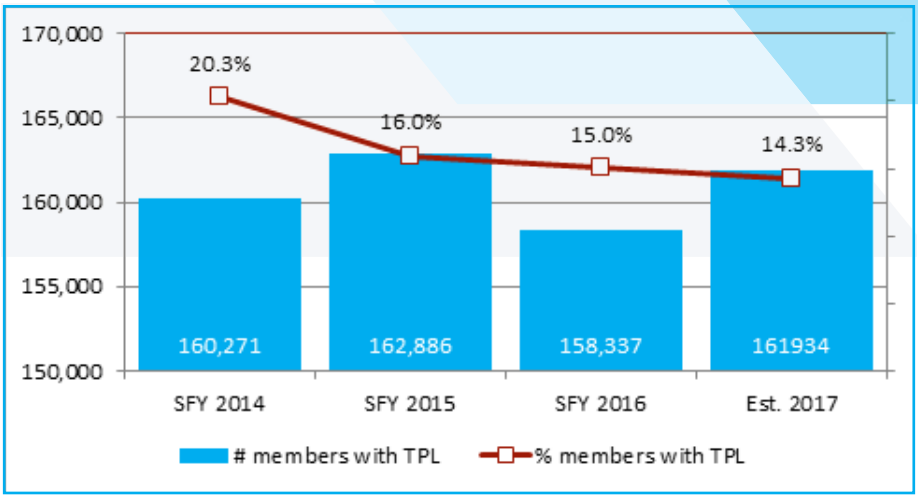
The different sections of the TPL unit (cost avoidance, cost recovery and tort/estate recovery) work with a private contracting firm to search national databases and identify members with private health insurance coverage. The private contracting firm, HMS, also acts as OHCA's billing agent in these cases.

Fig. 6.6.a



Source: OHCA Financial Services Division

Fig. 6.6.b



Source: OHCA Financial Services Division

GOAL 7 — COLLABORATION

To foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma.

Objective 7.1:

To collaborate with other entities to enroll qualifying children, parents and other adults into SoonerCare

Measured By:

7.1.1 — Percent of applications submitted as agency internet and agency electronic media type

Why is this objective important?

OHCA implemented online enrollment in September 2010 and took on the responsibility of eligibility and enrollment of more than 500,000 Oklahomans from the Oklahoma Department of Human Services (OKDHS). Prior to online enrollment, applicants had to visit an OKDHS County office in person, or fill out a paper application and mail it to OKDHS, where the eligibility determination and ensuing enrollment could take up to a month to complete. The transition to online enrollment provided real time eligibility determination and enrollment and opened new possibilities for community-based enrollment assistance to SoonerCare applicants. Since the online application can be submitted from any computer with internet access and the online agency application is used by partners, SoonerCare applicants have the option to complete the application themselves

or access enrollment assistance in their community. Partners using the agency application include the Oklahoma Department of Human Services, the Oklahoma State Department of Health, Indian Health Providers, Tribal Nations, and Variety Care Family Health.

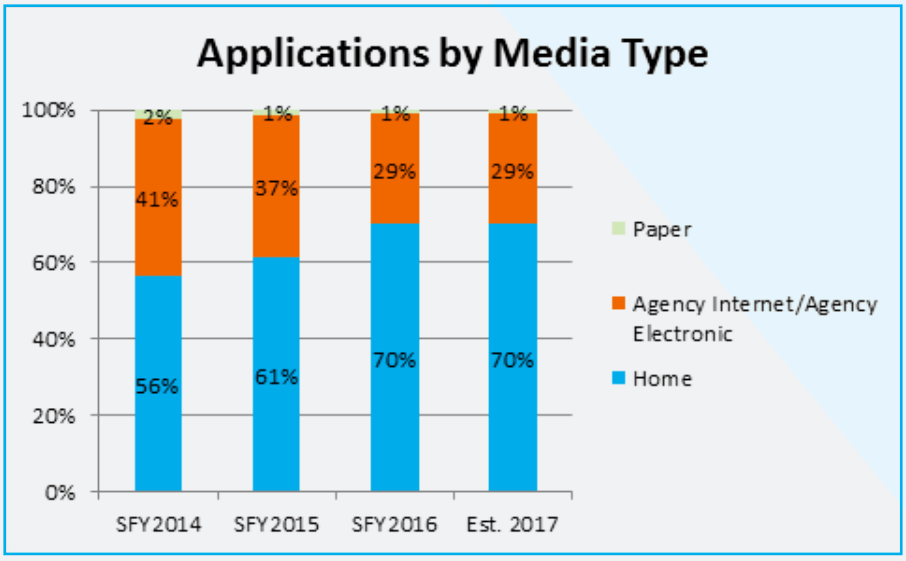
What trends do the measures indicate?

The trend for this measure indicates the majority of SoonerCare applicants are utilizing the home internet version of online enrollment or accessing application assistance through agency partners. These trends continue to move in the right direction as the vast majority of applications are submitted online. The change from a paper application to online enrollment provides a convenient option for those with internet access to complete the application online. Partners using the agency version of online enrollment are able to provide application assistance to SoonerCare applicants at various locations across the state.

What is the agency doing to influence performance towards the objective?

OHCA continually monitors online enrollment to identify issues and incorporate user feedback to best serve the needs of current SoonerCare members and those potentially qualified for services. OHCA has upgraded the online application to work with multiple internet browsers and make the online application compatible with mobile devices and tablets. Additionally, OHCA has a formalized training system enabling the agency to train partners on-site or through webinars when enhancements or changes are made to online enrollment. See Goal 5 for additional information on Eligibility and Enrollment.

Fig. 7.1



Source: OHCA Online Enrollment Fast Facts

Objective 7.2:

To collaborate with other state entities in activities with joint objectives targeting SoonerCare populations

Measured By:

7.2.1 — State and federal revenue generated by collaborations to provide services

7.2.2 — State and federal revenue generated by collaborations to provide medical education

Why is this objective important?

Partnering with other state entities in activities with joint objectives targeting SoonerCare populations results in a significant amount of combined state and federal dollars dedicated to providing medical services and medical education in Oklahoma. Other state agencies are able to leverage federal matching dollars as a result of the collaborative relationship with the OHCA. Without these relationships, other state agencies would have to find additional state dollars to provide an equivalent level of medical services and medical education. The Oklahoma Department of Human Services, the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma State Health Department, the Office of Juvenile Affairs and the Oklahoma Department of Corrections contribute the state share to provide services. The two entities contributing the state share to provide medical education are the University of Oklahoma and Oklahoma State University.

What trends do the measures indicate?

The measures indicate trends related to state and federal financing of health care services and medical education. Changes in these trends indicate a budget impact on OHCA's collaborative entities and affect the financing of services and medical education. The trends show an increase over the past three years in accumulated state and federal revenue generated by collaborations to provide services, while a decrease occurred over the past year for medical education.

What is the agency doing to influence performance towards the objective?

The OHCA continually monitors the accumulated state and federal revenue generated by collaborations to provide services and medical education to ensure these funds provide the maximum benefit to the citizens of Oklahoma. OHCA has various advisory committees, councils and task forces that work with OHCA to develop programs and identify areas mutually benefitting state entities. Some of the groups performing these duties include: the Drug Utilization Review Board, the Living Choice Advisory Committee, the Medical Advisory Committee, the OHCA State Plan Amendment Rate Committee and Tribal Consultation meetings. Additional information is available at www.okhca.org, under Boards and Committees.

Fig. 7.2.a

Accumulated state and federal revenue generated by collaborations to provide services				
	SFY2014	SFY2015	SFY2016	Est. 2017
Federal Share	$ 804,415,451	$ 890,142,175	$ 897,183,914	$ 906,155,753
State Share	$ 487,818,206	$ 539,805,094	$ 544,075,386	$ 549,516,140
Total	$ 1,292,233,657	$ 1,429,947,269	$ 1,441,259,300	$ 1,455,671,893

Source: OHCA Financial Services

Fig. 7.2.b

Accumulated state/federal revenue generated by collaborations to provide medical education				
	SFY2014	SFY2015	SFY2016	Est. 2017
Federal Share	$ 85,150,555	$ 87,729,900	$ 70,669,984	$ 71,376,683
State Share	$ 51,637,485	$ 53,201,667	$ 42,856,094	$ 43,284,655
Total	$ 136,788,040	$ 140,931,567	$ 113,526,078	$ 114,661,339

Source: OHCA Financial Services

Objective 7.3:

To effectively serve Oklahoma's SoonerCare and Insure Oklahoma qualified American Indian population by maintaining partnerships with tribal communities and tribal partners.

Measured By:

7.3.1 — Number of tribes represented at tribal consultations

7.3.2 — Number of tribal partners represented at tribal consultations (I/T/U and I.H.S.)

Why is this objective important?

The OHCA Tribal Government Relations unit performs tribal stakeholder liaison services between the OHCA, the Centers for Medicare & Medicaid Services, the Indian Health Service, Tribal service providers, and the tribes of Oklahoma for state and national level issues including American Indian work groups, policy development and compliance, tribal consultation, payment issues and elimination of health disparities. This objective is important because it guides the OHCA Tribal Government Relations unit goal to develop and implement a service delivery model within the current Medicaid program (SoonerCare in Oklahoma) to increase access to services for American Indians.

What trends do the measures indicate?

The trend for the tribal consultation measures indicate the continual process by which OHCA engages with Tribal stakeholders to best serve the American Indian population in Oklahoma. The OHCA assumes the number of tribal consultations per year will remain the same, while OHCA would like to see an increase in the number of tribes and tribal partners represented at tribal consultations.

What is the agency doing to influence performance towards the objective?

The OHCA expects tribal and partner participation increases due to active outreach efforts by tribal relations staff to maintain, solicit and strengthen partnerships with tribes and partners. Examples of active outreach efforts to tribal partners include frequent written and verbal communication to elected tribal officials and their designees, travel to tribal communities for face to face meetings with tribal leaders, and active participation with

stakeholders, such as attendance at the Southern Plains Tribal Health Board and the Inter-Tribal Council of the Five Civilized Tribes quarterly meetings.

More information about the OHCA Tribal Government Relations unit can be found here.

Fig. 7.3.1

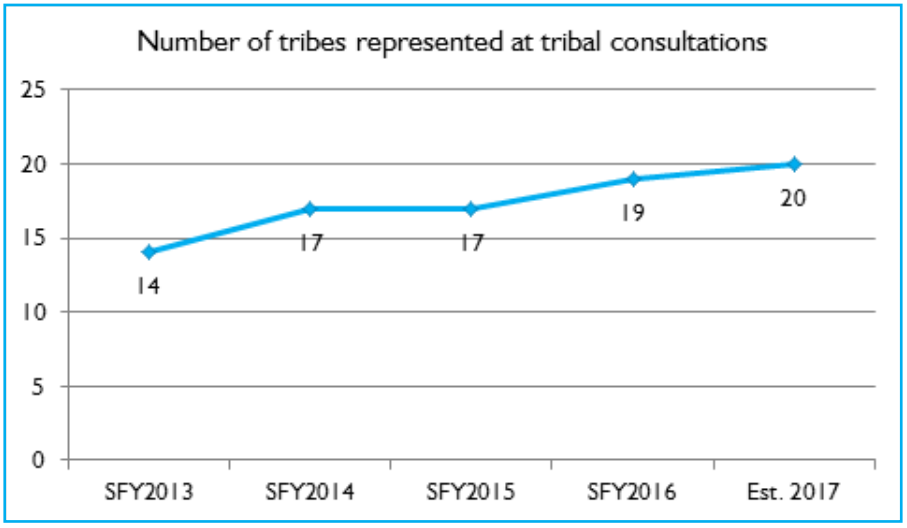
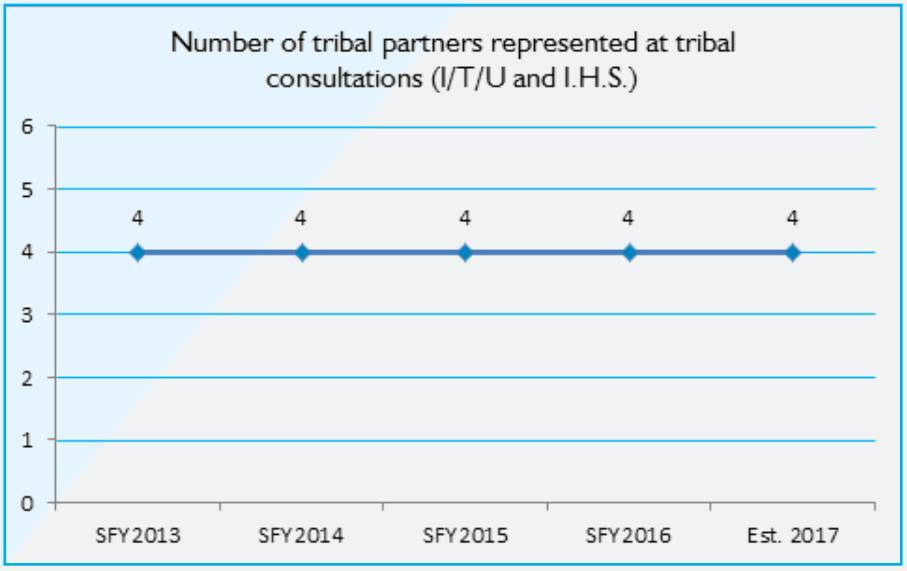


Fig. 7.3.2



Source: OHCA Tribal Relations