



SoonerCare Demonstration 11-W-00048/6
§1115(a) Quarterly Report
Demonstration Year: 22 (01/1/2017 – 12/31/2017)
Federal Fiscal Year Quarter: 4/2017 (7/2017 – 9/2017)

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I. INTRODUCTION

The Oklahoma Health Care Authority (OHCA) is required to submit quarterly progress reports to the Centers for Medicare and Medicaid Services (CMS). The purpose of the quarterly report is to inform CMS of any significant demonstration activity of Oklahoma's SoonerCare 1115(a) demonstration waiver from the time of approval through completion of the demonstration. The reports are due to CMS 60 days after the end of each quarter. The report must follow the guidelines outlined in the [Special Terms and Conditions](#) (STC) set forth by CMS for the demonstration.

Oklahoma's SoonerCare Choice demonstration program utilizes an enhanced primary care case management delivery system to serve qualified populations statewide. The SoonerCare Choice program objectives include:

- To improve access to preventive and primary care services;
- To provide each member with a medical home;
- To integrate Indian health Services (IHS) eligible beneficiaries and IHS and tribal providers into the SoonerCare delivery system;
- To expand access to affordable health insurance for low-income working adults and their spouses; and
- To optimize quality of care through effective care management.

The SoonerCare demonstration was approved for a three-year extension on December 31, 2012. The State acknowledged the approval of the renewal application and accepted the Special Terms and Conditions on January 30, 2013. The waiver extension period was from January 1, 2013 through December 31, 2015. On December 29, 2014 the State submitted a request to CMS for the SoonerCare Choice and Insure Oklahoma 2016 - 2018 demonstration waiver renewal for a three-year extension. The OHCA received official notification from CMS on July 9, 2015 that federal funding for the SoonerCare Demonstration was extended from January 1, 2016 through December 31, 2016. The State acknowledged the approval of the demonstration waiver and accepted the Special Terms and Conditions on August 9, 2015. The SoonerCare Demonstration extension was submitted September 28, 2016 for demonstration year 2017 - 2018. On November 30, 2016 the OHCA received official notification from CMS granting the SoonerCare 1115 Demonstration a one year extension beginning January 1, 2017 to December 31, 2017. The final 2018 demonstration year is still pending CMS approval.

II ENROLLMENT INFORMATION

Demonstration Populations

Demonstration Populations are identified as Mandatory and Optional State plan groups that qualify for Medicaid coverage. The chart below reflects the Oklahoma SoonerCare Choice and Insure Oklahoma demonstration populations qualified for the 1115 Demonstration Waiver.

Demonstration Populations (as hard coded in the Form CMS-64)	Current Enrollees as of 09/30/17
TANF-Urban	340,648
TANF-Rural	226,629
ABD-Urban	31,512
ABD-Rural	23,758
Non-Disabled Working Adults (Employer Plan)	13,976
Disabled Working Adults (Employer Plan)	0
TEFRA Children	611
CHIP Medicaid Expansion Children	111,492
Full-Time College Students (Employer Plan)	100
Foster Parents (Employer Plan)	0
Not-for-Profit Employees (Employer Plan)	0
Non-Disabled Working Adults (Individual Plan)	4,991
Disabled Working Adults (Individual Plan)	0
Full-Time College Students (Individual Plan)	196
Foster Parents (Individual Plan)	0
Not-for-Profit Employees (Individual Plan)	0

III. OUTREACH/INNOVATIVE ACTIVITIES

The OHCA's outreach goals and objectives are to reduce health risks and improve the health status of SoonerCare members. This is accomplished through building community partnerships with organizations to promote healthier communities throughout the state of Oklahoma

A. Member Outreach

Member Services (MS)

The OHCA Member Services unit is responsible for sending outreach letters to assist specific SoonerCare members with accessing care coordination. Members receiving letters may call the SoonerCare helpline and ask for the appropriate outreach representative to receive information about their medical home and other health related program education. The newborn outreach initiative ended as of February 2017.

2017 Member Services Outreach Letters	# of Letters Mailed	Response Rate
Prenatal Outreach	6,647	13%

The OHCA Member Services unit provides assistance to members to assist them with accessing medically necessary services. The MS unit works in collaboration with the SoonerCare Eligibility Unit to answer members' and applicants' calls and questions regarding online enrollment and to resolve issues regarding member eligibility, thereby promoting continuity of coverage in the SoonerCare program.

2017 Member Services Activity	Jul	Aug	Sep	Qtr. Totals
Calls to Breast and Cervical Cancer members with Confirmed Cancer Diagnosis	15	15	10	40
Calls to Breast and Cervical Cancer Members at Renewal Period	20	13	9	42
Member Service Calls Handled in English	4,937	5,750	4,619	15,306
Member Service Calls Handled in Spanish	249	295	258	802

The OHCA Member Services unit is also responsible for contacting members who have a confirmed cancer diagnosis to assist in their care coordination. The MS unit does outreach calls to those members when it is time to renew their benefits in order to continue treatment.

B. Community Outreach

Health Promotion Strategists

Health Promotion Strategists (HPS) primary goals and objectives are to reduce health risks and improve the health status of targeted groups. These objectives can be accomplished by developing productive relationships with local partners and organizations to promote and improve the health of SoonerCare members.

The OHCA Health Promotion Strategists are continuing their outreach efforts and promotion of the Oklahoma Tobacco Helpline, SoonerFit initiative and Text4Baby messaging service with the Oklahoma State Department of Health (OSDH). These programs are covered quarterly to promote best practices for agencies and members involved.

This quarter the Office of Health Promotion (OHP) no longer exists as a unit and the following Health Promotion Strategists (HPS) and Health Promotion Coordinator (HPC) personnel will transition to the SoonerQuit Health Promotion Grant. The SoonerQuit Health Promotion Grant will now be housed under the Health Management Program. HPS and HPC staff will continue to report on the 3rd and 4th quarter outreach activities for 2017. Beginning the first quarter of 2018

HPS and HPC will transition and report on SoonerQuit Health Promotion Grant outreach activities.

The **SoonerQuit Health Promotion Coordinator** is dedicated to leading wellness initiatives targeted to SoonerCare members. The objective is to work with partners and providers on integrating wellness within the SoonerCare population and increase access to care. The program focuses on reducing barriers to tobacco cessation and nutritional counseling services. The program promotes the utilization of nutrition services, increasing identification and documentation of obesity, and engaging members in healthier behaviors through increased physical activity, nutrition and becoming tobacco free.

HPS and HPC 3rd quarter highlights:

- The rate of tobacco users in Oklahoma went from 22.1% (Fiscal Year 2016) to 19.6% (Fiscal Year 2017). We went from 45th in the nation to 36th.
- OHCA tobacco cessation services utilization went up from Fiscal Year 2016 to Fiscal Year 2017 (see chart below). From Fiscal Year 2016 to Fiscal Year 2017, 12% more members are receiving tobacco cessation services and of those members they are getting 15% more services (meaning more tobacco cessation counseling from their providers and using pharmacotherapy to help them quit).

OHCA Tobacco Cessation Services					
Members Receiving Services (unique)					
Year	Members	Percent Change	Dental	Physician	RX
SFY2016	19,147		2,886	8,654	8,948
SFY2017	21,530	12%	2,569	10,723	9,970

*Services					
Year	Services	Percent Change	Dental	Physician	RX
SFY2016	37,890		3,302	14,996	20,467
SFY2017	43,535	15%	3,102	18,583	23,070

*Members with multiple services in the same calendar month were rolled up as 1 service.

Health Promotion Community Strategist

Health Promotion Community Strategists (HPCS) primary goals and objectives are to build positive relationships, educate and address any questions regarding SoonerCare, Insure Oklahoma, Text4Baby messaging service and other initiatives that would benefit members.

The OHCA Health Promotion Community Strategist outreach is done through a variety of outreach efforts including attending coalitions, committee and task force meetings, performing public outreach around the state, distributing printed resources and more.

This quarter the Office of Health Promotion (OHP) no longer exists as a unit and the following

Health Promotion Community Strategists (HPCS) personnel will transition to the Provider Services unit to assist in SoonerCare provider visits. HPCS will continue to report on the 3rd and 4th quarter outreach activities for 2017. Beginning the first quarter of 2018 HPCS title will change to Community Provider Education Specialist.

The Community Provider Education Specialist (CPES) primary goals and objectives are to provide outreach by participating in community efforts to increase access to SoonerCare and promote beneficial benefits/programs. This can include being a member of workgroups, providing technical assistance to partners, conducting targeted outreach on specific areas of interest, etc. Our Community Provider Education Specialists engage on an individual, organizational, and system level to ensure that the communities in Oklahoma have access to SoonerCare information and therefore partner with a variety of organizations and practices.

HPCS 3rd quarter highlight:

- HPCS completed 96 targeted in person visits to provider offices to inform them of the Long Acting Reversible Contraception (LARC) training. The LARC training was available in Tulsa and Oklahoma City.

SoonerFit

The SoonerFit initiative was implemented in 2014 and continues to be a key goal for SoonerCare providers to promote best practices for obesity reduction. OHCA's goal is to innovatively communicate physical activity and nutrition recommendations to SoonerCare members through interactive methodologies. This program is promoted through member and provider newsletters and promotional materials that are given out at community events, health fairs and shared with partners by the Health Promotion Community Strategists.

The [SoonerFit](#) website page is available for SoonerCare members and all Oklahomans. The website has tools, resources and vital information about leading a fit and healthy lifestyle in a fun, affordable and easy way. The website is currently under redesign.

The SoonerQuit Provider Engagement Grant

The SoonerQuit Provider Engagement grant is an education program for primary care physicians and other provider types to assist them in integrating best practice methods for tobacco cessation into routine patient care via the practice facilitation methodology. The main objectives of the SoonerQuit Provider Engagement program are to increase cessation best practices and reduce tobacco prevalence among SoonerCare members. Programmatic measurements focus on increased referrals to the Oklahoma Tobacco Helpline (OTH) and pharmacotherapy utilization.

SoonerQuit Provider Engagement Grant Highlights:

- As of July 1, 2017, the University of Oklahoma Health Sciences Center is now the external evaluator for this program.
- As of September 30, 2017, the Provider Engagement program recruited one clinic with a total of two providers to participate in tobacco cessation practice facilitation.

- As of September 30, 2017, three clinics with a total of six providers begin initial practice facilitation.

C. Outreach Materials

The Oklahoma Health Care Authority coordinates outreach material distribution in order to inform, educate and potentially enroll qualifying children and families in the SoonerCare program and to help qualified members access services. The outreach materials are distributed at various health fairs, meetings, schools, and conferences. The OHCA newsletters communicate information to our providers and members through email and/or text messaging.

The following are outreach materials distributed during the third quarter of 2017:

- 7,884 New Member Welcome Packets
- 39,000 Information/Enrollment fair fliers
- 2,420 SoonerRide Postcards
- 12,612 Digital Provider Newsletters
- 716 Digital Dental Provider Newsletters

D. Population Care Management Outreach

The Population Care Management (PCM) division is comprised of three main functional units: Case Management, Chronic Care and the Health Management program. The PCM division focuses on strengthening the overall infrastructure of the SoonerCare program as well as developing and operationalizing new programs and endeavors with the goal of responding to health care needs.

This quarter the PCM Case Management Unit initiated a new outreach program for Obstetrical Care Management. 17P (17 alpha-hydroxyprogesterone caproate) is a synthetic form of progesterone that has been shown to reduce the recurrence of pre-term birth (PTB) for women with singleton gestations that have a history of previous PTB. Women with a previous history of PTB are more likely to have another preterm infant compared to women who have not. Beginning July 1, PCM initiated care management to pregnant women utilizing 17P, but who are not already being served with care management via the High Risk OB or other At-Risk OB programs. The goal of this outreach is to encourage the woman to continue with the prescribed 17P regimen and therefore increasing the likelihood of a healthy baby. This program has served 293 women from July-September 2017.

In relation to the OHCA's decision to suspend plans for the SoonerHealth Plus Aged/Blind/Disabled (ABD) waiver, the Health Access Networks (HANs) have been tasked with identifying capacity for focused care management to ABD members. In order to support the HANs in addressing this new priority, OHCA is transitioning some historically delegated work back to the internal Population Care Management Unit. This quarter, 67 Breast and Cervical Cancer (BCC) Treatment Members that were being case managed by the HANs have been

transitioned back to Population Care Management. Additionally, an average of 60 new High Risk OB (HROB) members per month has been receiving care management through PCM rather than the HANs.

E. Stakeholder Engagement

Tribal Consultation

Tribal Consultations serve as a venue for discussions between the OHCA and tribal governments on proposed SoonerCare policy changes, State Plan amendments, waiver amendments and updates that may impact the agency and tribal partners. The OHCA seeks tribal input and addresses any concerns that arise as a result of the proposed changes.

Tribal Consultations are held the first Tuesday of every odd month. All tribal clinics, hospitals, Urban Indian health facilities, Indian Health Services (IHS) agencies, stakeholders and tribal leaders are invited to attend. For those who are not able to attend physically, the OHCA provides online and teleconference technology.

One Tribal Consultation was held during the third quarter of 2017. The Consultation was held on September 5th, 2017 at the OHCA. The Consultation provided information on proposed Rule Revisions, State Plan Amendments and Waiver Amendments in the following areas:

- Breast and Cervical Cancer benefit update;
- Medical records authentication requirements;
- I/T/U Reimbursement revisions;
- Expedited Member Appeals;
- Notification to SoonerCare members;
- ADvantage Waiver revisions;
- Wage Enhancement and Trust Fund revisions;
- Private Duty Nursing rate increase;
- Title XXI Stand-Alone Program reauthorization;
- Title XXI Health Service Initiatives;
- Reimbursement rate reduction for Durable Medical Equipment; and
- Adult Dental Extractions.

Additional information about tribal relations can be found on the OHCA website at [Tribal Government Relations](#).

The [Native American Consultation Website](#) is utilized as a means to notify tribal representatives of all programs and policy changes, as well as allow any feedback or comments. The OHCA posts notifications to the website for a minimum of 30 days. The OHCA considers all recommendations from the website when making operational decisions, policy revisions and proposed waiver and State Plan amendments.

Member Advisory Task Force (MATF)

The Member Advisory Task Force was launched in October 2010 in an effort to provide a structured process focused on consumer engagement, dialogue and leadership in the identification of issues and solutions. The MATF is used to inform stakeholders of agency policy and program decision makers of opportunities for ongoing program improvements from the members prospective. The MATF performs four primary roles.

- MATF provides information to the OHCA regarding issues that are an important part of the members' health care needs;
- Educates the OHCA staff regarding the needs of consumers to assure services are received in a way preferred by members;
- Recommends potential changes to current services/policies; and
- Offers new ideas for identified areas for policy, services, program, and process improvement resulting in positive changes for the agency and members.

The MATF had two meetings this quarter; one meeting was held on 08/05/17 and the other was 09/16/17. The minutes from these meetings can be viewed at: [Member Advisory Task Force \(MATF\)](#)

IV. Operational/Policy Developments

A. Policy Developments

Rule Changes

The Oklahoma Health Care Authority (OHCA) seeks advice and consultation from medical professionals, tribal and professional organizations, and the general public in developing new or amended policies (e.g., administration, state plan, waivers, etc.). The proposed policy page is designed to give all constituents an opportunity to review and make comments regarding upcoming changes.



This quarter one emergency rule was approved by the OHCA Board of Directors that directly impacts waiver operations. The Oklahoma Administrative Code (OAC) 317:45-11-20 is amended to strengthen the Insure Oklahoma Individual Plan program integrity. Revisions will make it incumbent upon the self-employed applicant to verify self-employment by completing and submitting certain documentation. Revisions will help ensure that self-employed applicants are engaged in routine, for-profit activity, in accordance with Internal Revenue Service guidelines.

Information about each emergency rule can be accessed at the following location: [OHCA Proposed Rule Changes](#)

Federal Waiver Authority & 1115 Waiver & Reporting

The Federal Authorities & 1115 Waiver & Reporting units work in collaboration with the Centers for Medicare & Medicaid Services (CMS) on waiver issues, ensuring compliance with state and federal laws. The Federal Authority unit works to monitor services covered through the Medicaid State Plan and reimbursed on a Fee-For-Service basis. They also analyze data and information for access monitoring from providers and beneficiaries for impact of any changes to the Medicaid State Plan. The Waiver reporting unit works under the authority of the 1115 demonstration waiver to provide the managed care delivery system and the premium assistance programs throughout the state. The unit reports information in accordance with the special terms and conditions on the programs covered under the demonstration waiver inclusive of the Health Management Program, Health Access Networks and premium assistance programs.



The Federal Waiver Authority highlights:

- This quarter the Federal Authorities and Reporting Unit has no significant changes to report for July- September quarter.
- This quarter the 1115 Demonstration waiver on behalf of OHCA submitted:
 - 2018 amendment to the demonstration waiver which included clarity for the current WFD program and proposal for additional critical healthcare workers. The comment period is now closed with CMS. The OHCA is awaiting acceptance and approval.
- This quarter CMS Monthly Monitoring Calls for July-September:
 - July 20 – Feedback regarding 2016 Annual report / Discussed 2018 extension & 2019 – 2021 renewal applications/ Oklahoma legislation in regards to budget.
 - August 17 – Changed 2018 extension from extension request to an amendment to the existing demonstration waiver with CMS request for letter from OHCA.
 - September 21 – Update to Oklahoma budget and impact to Medicaid / Discussion of Work Force Development (WFD) and response to questions from CMS on how to proceed with program in demonstration waiver / Tribal Residence WFD program mentioned.

Legislative Activity

Failed cigarette fee triggers special legislative session

During the first session of the 56th Oklahoma Legislature, Senate Bill 845, a cigarette fee bill, was passed and signed by Governor Mary Fallin. SB 845 sought to create the Health Care Enhancement Fund and levy a \$1.50/pack fee on cigarettes. The measure was expected to

provide about \$200 million to state agencies, including \$70 million to the Oklahoma Health Care Authority (OHCA) in state fiscal year 2018.

Tobacco companies and vendors challenged SB 845 in the Oklahoma Supreme Court on June 7. The plaintiffs argued the bill violated several provisions of the Oklahoma Constitution. The court heard oral arguments on August 8, and ruled the bill unconstitutional on August 10.

As a result of the \$200 million loss, the governor called a special legislative session. It convened September 25 and adjourned to the call of the chair on September 27 so the parties could negotiate revenue solutions before sending bills to the floor. At the time of this report, the legislature remains adjourned.

Bills filed during special session

196 measures were filed for the special session. OHC A is tracking 35 bills and monitoring 66 others that appear to be shells. Bills to note include:

House Bill 1099X

One of five cigarette tax bills, HB 1099X passed the House Joint Committee on Budget and Appropriations (JCAB) 19-9 and the Senate JCAB 10-2 on September 26. It can now go to the House floor. A key difference between this bill and the overturned cigarette fee legislation is in how the tax money is allocated. HB 1099X specifies that the tax money would be allocated from general revenue to the Health Care Enhancement Fund. The failed cigarette fee bill had required the tax money to be deposited directly into the health fund.

House Bill 1093X

Three bills have been filed that are nearly identical to last session's House Bill 1270, which would have required OHCA to conduct a myriad of data checks before determining eligibility and carries a fiscal impact to the agency. HB 1093X received a do-pass recommendation from the House Rules committee on September 28.

Interim Studies

OHCA is tracking 48 interim studies related to health care, appropriations and state employee relations.

B. Operational Policy Developments

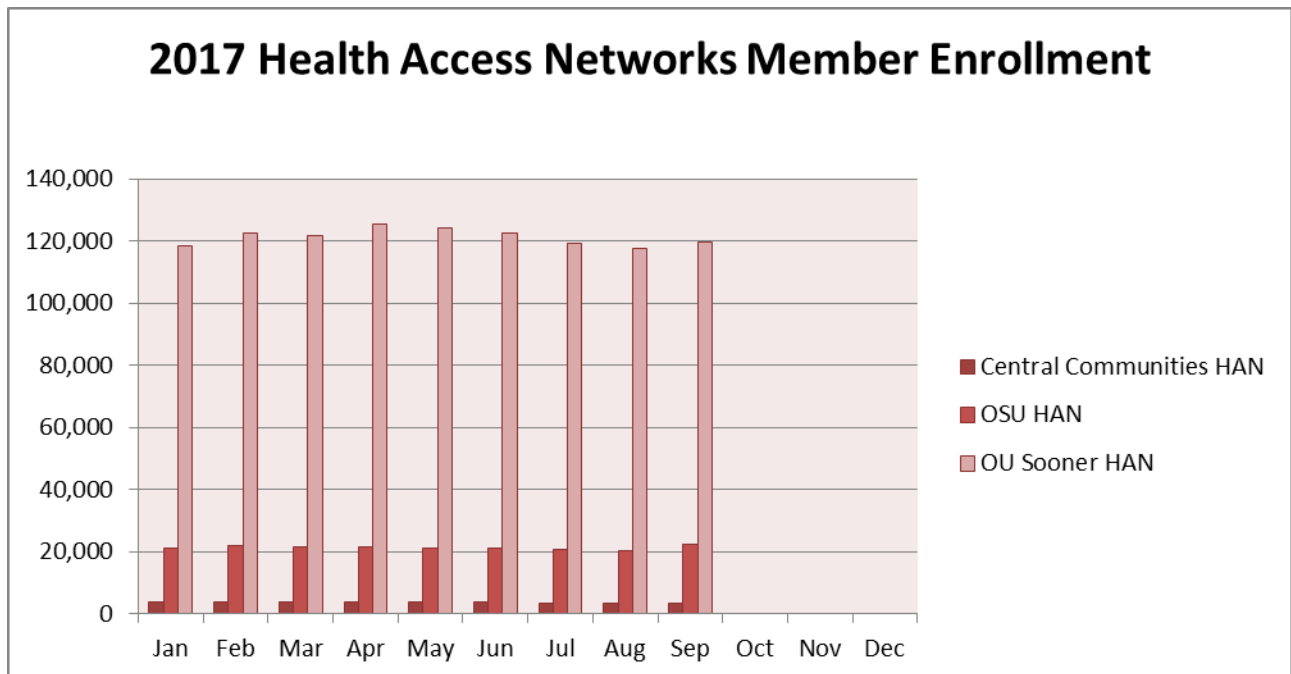
Health Access Networks

Health Access Networks (HAN) are non-profit, administrative entities that work with providers to coordinate and improve the quality of care for SoonerCare beneficiaries. The HAN's offer care management/care coordination to persons with complex health care needs as specified in the state-HAN provider agreement. There are currently three HAN pilot programs in the state. For additional information on health access networks refer to attachments one, two and three

Active HANs in Oklahoma include:

- The Oklahoma State University (OSU) Network HAN is administered by Oklahoma State University Center for Health Services;
- The University of Oklahoma (OU) Sooner HAN is administered by the University of Oklahoma, Oklahoma Health Sciences Center, and the College of Community Medicine; and
- The Partnership of Healthy Central Communities (PHCC) HAN.

In June of this year, a letter was issued on behalf of OHCA cancelling the Request for Proposal for SoonerHealth Plus. The fully capitated statewide model of care coordination for Oklahoma aged, blind and (ABD) population. The OHCA determined that the cancellation was in the best interest of the State due to the appropriation request for this model not receiving funding. In order to better serve this population, the Health Access Networks (HANs) have been tasked with identifying capacity for focused care management to ABD members.



Health Management Program (HMP)

The SoonerQuit Provider Engagement program which is funded through the Tobacco Settlement Endowment Trust (TSET) has facilitated 37 practices (84 providers) as of September 2017. This program works very similar to the regular practice facilitation of the HMP except that these facilitators go into SoonerCare primary care practices and focus on tobacco cessation, the 5 A's, and fax referrals to the Oklahoma Tobacco Helpline (1-800-QUIT-NOW).

2017 Health Coaches	Jul-Sep
Number of Health Coaches	39

Insure Oklahoma (IO)

The Insure Oklahoma (IO) program was developed in April 2004 authorizing the Oklahoma Health Care Authority to use money set aside from the Tobacco Tax funds to assist with health care coverage for persons meeting income qualifications. There are currently two programs operating under Insure Oklahoma which are Employer-Sponsored Insurance (ESI) and Individual Plan Insurance (IP). The ESI program gives small businesses the option to purchase commercial employer-sponsored state approved health care coverage for their employees and families. The IP is for individuals 19 to 64 years of age that are low-income working adults, self-employed, temporarily unemployed, and/or a college students. Individuals with the IP plan are not qualified for coverage with the ESI program.



This quarter there have been no significant changes or events to report during the July-September quarter. Please refer to attachment 4, 5 and 6 for ESI and IP numbers for July - September quarter.

2017 Employer-Sponsored Insurance (ESI) Program Participating Employers	Jul	Aug	Sept
Approved Businesses with Participating Employees	4,459	4,435	4,468

2017 Average ESI Member Premium	Jul	Aug	Sept
Member Premium	\$367.53	\$373.34	\$372.58

2017 Average Individual (IP) Member Per Month	Jul	Aug	Sept
Member Premiums	\$37.41	\$37.66	\$37.98
Average FPL of IP Members	62.47%	64.93%	61.58%

2017 Insure Oklahoma Average Cost	Jul	Aug	Sept
ESI	\$107	\$109	\$109
IP	\$32	\$32	\$31

2017 ESI Subsidies	Jul	Aug	Sept
Employers Subsidized	4,459	4,435	4,468
Employees and Spouses Subsidized	10,669	11,180	10,183
Total Subsidies	4,655,157.66	5,385,370.34	4,414,690.11

2017 ESI Average Per Member Per Month	Jul	Aug	Sept
Average Payment Per Employee	\$334.66	\$341.75	\$341.04
Average Payment Per Spouse	\$548.74	\$548.39	\$546.13
Average Per College Student	\$360.40	\$318.25	\$366.91
Average Per Dependents	\$232.59	\$247.59	\$238.93

2017 IP Subsidies	Jul	Aug	Sept	Qtr. Totals
Total Premiums Received	\$162,701.58	\$164,032.32	\$158,973.41	\$485,707.31
Total Member Months	5,158	5,207	5,188	15,553
Total Paid Claims	\$2,096,056.77	\$2,674,193.91	\$2,161,367.07	\$6,931,617.75
Average Claim Per Member Per Month (PMPM)	\$374.83	\$482.07	\$385.97	

2017 ESI Program Enrollment as of Sept.	0-100% FPL	101-138% FPL	139% and Over	Totals
Employee	1,577	2,436	7,476	11,489
Spouse	341	482	1,492	2,315
Student	9	15	76	100
Dependent	1	0	171	172
IO ESI Totals	1,928	2,933	9,215	14,076

2017 IP Program Enrollment 0-100% FPL	Jul	Aug	Sept
Employee	3,990	4,043	4,020
Spouse	995	990	971
Student	174	176	196
IO IP Totals	5,159	5,209	5,187

V. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT

Budget Neutrality Model

Section 1115 Medicaid Demonstration Waivers should be budget neutral. This means the demonstration cannot cost the federal government more than what would have otherwise been spent absent the demonstration. Oklahoma's actual per member per month expenditures are less than the allowed per member per month expenditures for all categories. In the overall life of the waiver, the state has \$6.5 billion in Budget Neutrality savings and ending this quarter; the state has \$848,933,059 in savings. There are no significant developments, issues or problems with budget neutrality during this quarter. (Refer to Attachment seven).

VI. MEMBER MONTH REPORTING

A. Budget Neutrality Calculations

Eligibility Group	Jul	Aug	Sep	Qtr. Ending Totals
TANF-Urban	351,672	350,633	340,648	1,042,953
TANF-Rural	236,480	234,480	226,629	697,589
ABD-Urban	31,509	31,621	31,512	94,642
ABD-Rural	23,824	23,872	23,758	71,454

B. Informational Purposes Only

Eligibility Group	Jul	Aug	Sep	Qtr. Ending Totals
Working Disabled Adults (Employer Plan)	0	0	0	0
Working Disabled Adults (Individual Plan)	0	0	0	0
Working Non-Disabled Adults (Employer Plan)	14,429	14,490	13,976	42,895
Working Non-Disabled Adults (Individual Plan)	4,985	5,033	4,991	15,009
Full-Time College Student (Employer Plan)	111	113	100	324
Full-Time College Student (Individual Plan)	174	176	196	546
Foster Parents (Employer Plan)	0	0	0	0
Foster Parents (Individual Plan)	0	0	0	0
Not-For-Profit Employees (Employer Plan)	0	0	0	0
Not-For-Profit Employees (Individual Plan)	0	0	0	0
TEFRA	617	611	611	1,839
CHIP Medicaid Expansion Children	113,886	115,025	111,492	340,403

VII. CONSUMER ISSUES

Consumer issues are member inquires, member grievances and complaints or problems consumers have encountered this quarter and how those complaints have been tracked, resolved and actions taken to prevent other occurrences.

A. Member Inquiries/issues

The Member Services Tier II takes various inquiries from members that are identified according to the call categories. The member services unit has worked on ways to better identify the types of member inquires categories.

2017 Member Inquiries	Jul-Sep
Access to Care	3
Complaint on Provider	64
Dental History	12
Drug/NDC Inquiry	4
Eligibility Inquiry	4,271
Fraud and Abuse	41
Medical ID Card	104
Prior Authorization (PA) Inquiry	1,143
Primary Care Physician (PCP) Change	268
Primary Care Physician (PCP) Inquiry	186
Program Complaint	20
Program Policy Questions	3,124
SoonerRide	1,870
Specialty Request	251
Other ¹	2,592
Totals	13,953

¹ This category has been redefined to include inquiries on Applications, Claims, Medicare, Compensability of Procedures/Services, Policy, Referrals, Enrollment Packet Requests and Form Requests.

B. Helplines

The SoonerCare Helpline is available to members Monday through Friday from 8am to 5pm. The helpline provides assistance with Online SoonerCare Applications, ordering a SoonerCare card or other questions and concerns about SoonerCare.

Insure Oklahoma Helpline

2017 Insure Oklahoma ESI Helpline	Jul-Sep
Affordable Care Act (ACA) Insure Oklahoma 2014	0
Application	246
Eligibility Inquiry	1,265
Financial Information	53
Information Request	123
Invoice Inquiry	254
Password Reset/Request	35
PIN Number	6
Policy Question	4
Program Complaint	0
Rates	66
Remittance Advice	2
Renewals	5
Other ²	3
Totals	2,062

2017 Insure Oklahoma IP Helpline	Jul-Sep
Access to Care	4
Application	1,720
Claim Inquiry	239
Eligibility Inquiry	8,584
Financial Information	377
Information Request	938
Invoice Inquiry	960
Medical ID Card	54
Prior Authorization (PA) Inquiry	74
Password Reset/Request	347
Primary Care Physician (PCP) Change	355
Pharmacy Point of Sale (POS)/Lock In	26
PIN Number	39
Program Complaint	1
Policy Question	8
Rates	25
Remittance Advice	8
SC/BC Orientation Call	1
Sooner Ride	9
Specialty Request	15
Third Party Liability (TPL) Inquiry	7
Other ³	42
Totals	13,833

² This category has been redefined to include inquiries on Contract Compliance, EDEA Agreement, and EDI Medicare X-over, EDI X-Walk Inquiry.

³ This category has been redefined to include inquiries on EMR Inquiry, EDEA Agreement, and EDI Medicare X-over, EDI X-Walk Inquiry, Agency Partner, BH Inquiry.

Online Enrollment Helpline

2017 Online Enrollment Helpline	Jul-Sep
Access to Care	0
Application	137
Claim Inquiry	271
Contract Inquiry	1
Complaint on Provider	0
Dental History	0
Drug/NDC Inquiry	0
Eligibility Inquiry	14,583
Emergency Room (EMR) Inquiry	18
Form Request	17
Fraud & Abuse	7
Information Request	17
Insure Oklahoma	0
Medicare	4
Medical ID Card	281
New Born Letter Response	0
Prior Authorization (PA) Inquiry	35
Primary Care Physician (PCP) Inquiry	202
Pharmacy Point of Sale (POS)	67
Policy Question	12
Renewals	184
Soon to be Sooners	0
Sooner Ride	116
Specialty Request	13
Term Letter/Denial Letter	22
TPL Inquiry	85
Totals	16,072

SoonerCare Helpline

2017 SoonerCare Helpline	Jul-Sep
Access to Care	3
Application	355
Behavioral Health (BH) Inquiry	32
Claim Inquiry	3,718
Dental History	30
Eligibility Inquiry	64,539
Emergency Room (EMR) Inquiry	104
Financial Information	2
Form Request	12
Fraud & Abuse	49
Information Request	185
Insure Oklahoma	216
Lock-In	10
Medicare	39
Medical ID Card	5,421
New Born (NB) Letter Response	3
Invoice Inquiry	9
Renewals	423
Referral	205
Policy Question	263
Program Complaint	19
Prior Authorization (PA) Inquiry	1,335
Pharmacy Point of Sale (POS)	1,954
SC/BC Orientation Call	4
Sooner Ride	3,140
Soon to be Sooners	10
Specialty Request	486
Term Letter/Denial Letter	66
Third Party Liability (TPL) Inquiry	2,356
Totals	84,988

C. Member Grievances

Grievances are formal complaints that are logged by the quarter in which they are filed. The OHCA's legal department tracks the grievances by appeal type. An appeal is the process by which a member may request a reconsideration of a decision, which can be appealed by policy or law. Some decisions are not appealable.

2017 July-September SoonerCare Choice Grievances	Pending	Closed Reason	Totals
SoonerCare Eligibility	1	3 Resolved	4
Dental	4	1 Dismissed 2 Denied	7
Prior Authorization: DME	1	0	1
Prior Authorization: Other	2	2 Resolved; 1 Withdrew	5
Prior Authorization: Other Surgery	1	1 Untimely	2
Prior Authorization: Pharmacy	1	2 Resolved; 1 Dismissed 1 Withdrew; 1 Untimely	6
Prior Authorization: Radiology	1	1 Untimely	2
Misc.	1	0	1
Misc. Unpaid/Underpaid Claim	6	0	6

2017 July-September Insure Oklahoma Grievances	Pending	Closed Reason	Totals
Eligibility	0	2 Resolved	2

VIII. QUALITY ASSURANCE/MONITORING ACTIVITIES

The OHCA has various methods used to ensure quality of services for members. The SoonerRide member satisfaction survey is conducted quarterly and requests information from over four hundred members that utilize non-emergency transportation provided through SoonerCare. Additionally, OHCA conducts a Provider Access Survey to ensure members have twenty-four hour access and timely services.



SoonerRide

The SoonerRide program was developed in order to assist SoonerCare members with transportation to and from medically necessary appointments. The Oklahoma Health Care Authority partners with LogistiCare Solutions, LLC to provide non-emergency transportation. SoonerCare members may call the reservation line at 877-404-4500 and TDD 800-722-0353 in order to schedule rides. This quarter, 205,533 SoonerRide trips were made with the average cost per trip of \$32.33. SoonerCare members from all 77 Oklahoma counties utilized the SoonerRide program.

A SoonerRide member satisfaction survey was conducted this quarter. A random selection of 400 SoonerCare members that utilized services within this quarter was selected to participate in this survey. There was a 48 percent response rate to the survey. Survey results indicated that 90 percent of survey respondents gave the program a positive rating, 2 percent gave the program a poor rating and 8 percent either refused or did not provide an overall rating.

Access Survey

The OHCA requires that providers give members 24-hour access and ensure that members receive appropriate and timely services. Provider services staff place calls to providers after 5:00 pm and report the type of access available. Provider representatives also educate providers in need of improving after-hours access to comply with contractual standards.

2017 Access Survey	Jul-Sep
Number of Providers Called	824
Percent of Providers with 24-hr Access on Initial Survey	91%
Percent of Providers Educated for Compliance	9%

IX. DEMONSTRATION EVALAUTION

The OHCA continues to track and trend quarterly data associated with the following waiver demonstration hypotheses; 9b, 9c, 9d and 9e. Please refer to attachment eight.

X. ENCLOSURE/ATTACHMENTS

ATTACHMENTS

1. OSU HAN Quarterly Report
2. OU Sooner HAN Quarterly Report
3. PHCC HAN Quarterly Report
4. Insure Oklahoma ESI IP Fast Facts July 2017
5. Insure Oklahoma ESI IP Fast Facts August 2017
6. Insure Oklahoma ESI IP Fast Facts September 2017
7. Oklahoma 1115 Budget Neutrality Model Worksheet, September 2017
8. Hypotheses

XI. STATE CONTACT(S)

State Contact(s)

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XII. DATE SUBMITTED TO CMS

November 30, 2017