



**SoonerCare Demonstration 11-W-00048/6**  
**§1115(a) Annual Report**  
**Demonstration Year: 22 (01/1/2017 – 12/31/2017)**  
**Federal Fiscal Year Quarter: 3/2018 (4/18 – 6/18)**

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## I. INTRODUCTION

The Oklahoma Health Care Authority (OHCA) is required to submit an annual progress report to the Centers for Medicare and Medicaid Services (CMS). The purpose of the annual report is to report accomplishments, project status, quantitative and case study findings, interim evaluation findings, utilization data, and policy and administrative difficulties in the operation of Oklahoma's SoonerCare 1115(a) and Insure Oklahoma demonstration waiver. The report is due to CMS 120 days after the close of each demonstration year. 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:

- Improving access to preventive and primary care services;
- Increasing the number of participating primary care providers and overall primary care capacity in both urban and rural areas;
- Providing active, comprehensive care management to members with complex and/or exceptional health care needs;
- Integrating Indian Health Services' members and providers into the SoonerCare delivery system; and
- Expanding access to affordable health insurance for low-income adults in the work force, their spouses and college students.

The SoonerCare Demonstration was approved for a three year extension on December 31, 2012. The State acknowledged the approval of the renewal application and accepted the Special Terms and Conditions on January 30, 2013. The waiver extension period ran from January 1, 2013 through December 31, 2015. The State submitted a request for the SoonerCare Choice and Insure Oklahoma 2016 – 2018 demonstration waiver renewal for a three-year extension to the CMS on December 29, 2014.

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 State continued to work with CMS towards a potential multi-year extension.

The SoonerCare Demonstration extension request 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 which began January 1, 2017 and extended to December 31, 2017. The State submitted a request to CMS for the renewal of the SoonerCare Choice and Insure Oklahoma demonstration waiver on August 2, 2017 for demonstration year 2018. The

request had initially included the Workforce Development Program; however we received notice on November 16, 2017 that CMS would not approve that portion of the waiver request. On December 29, 2017 CMS approved OHCA's request to extend, with no changes, Oklahoma's SoonerCare 1115(a) waiver. The approval is effective January 1, 2018 through December 31, 2018.

## II. UTILIZATION DATA - 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<br>(as hard coded in the Form CMS-64) | Current Enrollees<br>as of<br>3/31/2014 | Current Enrollees<br>as of<br>6/30/2017 | Current Enrollees<br>as of<br>9/30/2017 | Current Enrollees<br>as of<br>12/31/17 |
|---|---|---|---|--|
| TANF-Urban  | 349,368                                 | 347,025                                 | 340,648                                 | 335,095                                |
| TANF-Rural  | 234,654                                 | 232,293                                 | 226,629                                 | 225,452                                |
| ABD-Urban   | 31,417                                  | 31,436                                  | 31,512                                  | 31,716                                 |
| ABD-Rural   | 22,931                                  | 23,398                                  | 23,758                                  | 24,263                                 |
| Non-Disabled Working Adults (Employer Plan)                     | 14,343                                  | 14,339                                  | 13,976                                  | 14,170                                 |
| Disabled Working Adults (Employer Plan)                         | 0                                       | 0                                       | 0                                       | 0                                      |
| TEFRA Children  | 597                                     | 606                                     | 611                                     | 595                                    |
| CHIP Medicaid Expansion Children                                | 106,801                                 | 112,356                                 | 111,492                                 | 110,590                                |
| Full-Time College Students (Employer Plan)                      | 120                                     | 110                                     | 100                                     | 112                                    |
| Foster Parents (Employer Plan)                                  | 0                                       | 0                                       | 0                                       | 0                                      |
| Not-for-Profit Employees (Employer Plan)                        | 0                                       | 0                                       | 0                                       | 0                                      |
| Non-Disabled Working Adults (Individual Plan)                   | 4,688                                   | 4,892                                   | 4,991                                   | 5,017                                  |
| Disabled Working Adults (Individual Plan)                       | 0                                       | 0                                       | 0                                       | 0                                      |
| Full-Time College Students (Individual Plan)                    | 221                                     | 176                                     | 196                                     | 175                                    |
| Foster Parents (Individual Plan)                                | 0                                       | 0                                       | 0                                       | 0                                      |
| Not-for-Profit Employees (Individual Plan)                      | 0                                       | 0                                       | 0                                       | 0                                      |

### **III. ACCOMPLISHMENTS**

The SoonerCare Choice program has had many accomplishments and highlights in its twenty-second year of the demonstration. Below are just a few of the program highlights for 2017.

In 2017, CEO Becky Pasternik-Ikard was chosen to represent Oklahoma on the Board of Directors for the National Association of Medicaid directors (NAMMD). She was chosen by fellow Medicaid Directors to guide NAMMD's work and interests over the next two years. Additionally, CEO Pasternik-Ikard was nominated for the Special Achievement – Individual Award for the 26th Annual TARC (Tulsa Advocates for the Rights of Citizens with Developmental Disabilities) Advocacy Awards. TARC awards recognize volunteers who provide outstanding service and advocacy for Oklahomans with developmental disabilities.

In 2017, Dr. Robert Evans, Senior Medical Director, was honored with a Lifetime Achievement Award by the Oklahoma Ambulance Association during its spring 2017 conference. The award recognized Dr. Evans for 45 years of service in the improvement and development of Emergency Medical Services (EMS) across three states.

In 2017, OHCA congratulated Chief of Federal and State Policy Tywanda Cox on being named Corporate Woman of the Year by the Women of Color Expo. Mrs. Cox's recognition and award was based on her contribution to the corporate industry related to education, management and policy expertise in the Medicaid program.

In 2017, Anataya Rucker, Money Follows the Person (MFP) nurse supervisor, was awarded a spot on the Top 40 Under 40 list by okc. biz. The website acknowledged Rucker for her work helping people in nursing facilities to regain independence.

In May 2017, the chairman of the OHCA board, Charles 'Ed' McFall, was named Rural Health Advocate of the Year by the Rural Health Association of Oklahoma. McFall received the award on May 25 at the 2017 Oklahoma Rural Health Conference held in Norman. OHCA CEO Becky Pasternik-Ikard congratulated him during an OHCA board meeting held later that day in Oklahoma City.

In September 2017, an annual dental evaluation and health screening event co-sponsored by the OHCA at the Riverside Indian Boarding School recently helped about 515 students get dental exams and supplies. The OHCA was joined by the Oklahoma State Department of Health (OSDH), Indian Health Services (IHS), Southern Plains Tribal Health Board (SPTHB), Absentee Shawnee Tribe, Little Axe Health Center, and Blue Cross and Blue Shield of Oklahoma (BCBSOK) to sponsor the 11<sup>th</sup> annual event. New to the list of sponsors this year was the American Heart Association (AHA).

In September 2017, three registered nurses employed by the OHCA, including the agency's Chief Executive Officer, was named as "Great 100 Nurses" for 2017 in Oklahoma. Rebecca Pasternik-Ikard, Carolyn Reconnu-Shoffner and Maria Gutierrez were selected for the honor.

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.

#### IV. OUTREACH AND INNOVATIVE ACTIVITIES

##### 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. These members included expectant mothers and mothers with newborns. The outreach letters to expectant mothers informed them on access to prenatal and well child care and immunization information. The expectation is that these mothers will attend all required prenatal visits resulting in more healthy moms and babies. The newborn outreach letters prompted parents to call MS for SoonerCare education and have their newborn screened for at-risk status. This initiative ended as of February 2017 but the OHCA is working on methods to identify these potentially at-risk children using other avenues. 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.

| 2017 MS Outreach Letters | Jan-Mar             |               | Apr-Jun             |               | Jul-Sep             |               | Oct-Dec             |               | Total Letters Mailed | Avg. Response Rate |
|--------------------------|---------------------|---------------|---------------------|---------------|---------------------|---------------|---------------------|---------------|----------------------|--------------------|
|                          | # of Letters Mailed | Response Rate | # of Letters Mailed | Response Rate | # of Letters Mailed | Response Rate | # of Letters Mailed | Response Rate |                      |                    |
| Prenatal Outreach        | 6,902               | 11%           | 6,765               | 13%           | 6,647               | 13%           | 6,236               | 11%           | 26,550               | 12%                |
| Newborn Outreach         | 2,757               | 5%            |                     |               |                     |               |                     |               | 2,757                | 5%                 |

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. 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.

| 2017 Member Services Activity   | Jan-Mar | Apr-Jun | Jul-Sep | Oct-Dec |
|---|---------|---------|---------|---------|
| Calls to Breast and Cervical Cancer members with Confirmed Cancer Diagnosis | 66      | 57      | 40      | 22      |
| Calls to Breast and Cervical Cancer Members at Renewal Period               | 24      | 33      | 42      | 63      |
| Member Service Calls Handled in English                                     | 17,220  | 13,989  | 15,306  | 12,931  |
| Member Service Calls Handled in Spanish                                     | 1,087   | 697     | 802     | 715     |

## 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.

During the first quarter of 2017, The Office of Health Promotion (OHP) underwent reorganization. The reorganization was done to better align and integrate activities to leverage resources and maximize member and provider outreach efforts. Health Promotion Strategists and Provider Engagement grant staff are now housed in the Population Care Management department, specifically within the Health Management Program. Health Promotion Community Strategists are now embedded in the Provider Services department.

OHP staff will continue to report on 2017 outreach activities. Beginning the first quarter of 2018 HPS 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.

The Office of Health Promotion (OHP) 2017 community outreach efforts on tobacco cessation have contributed to the rate of tobacco users in Oklahoma going from 22.1% to 19.6% and those community efforts have raised Oklahoma from 45th to 36th in the nation for tobacco users. In addition, the OHP community has been persistent in their effort working with provider offices and staff and promoting the tobacco cessation

program at community town halls and other public events. The OHCA tobacco cessation services utilization went up from Fiscal Year 2016 to Fiscal Year 2017 with 12% more members receiving tobacco cessation services.

HPS 2017 highlights:

#### January-March

- HPS manager Kelly Willingham presented at the National Conference on Tobacco or Health in Austin. She presented on communication outreach strategies that OHCA uses to reduce the rate of tobacco among Medicaid members.
- HPS partners worked with the provider services unit in efforts to recruit more Registered Dietitians to contract with SoonerCare.

#### April-June

- HPS helped recruit twenty-two (22) SoonerCare contracted Registered Dietitians through a partnership with Provider Services.
- HPS helped organize, as well as volunteered, and participated in the first Norman Open Streets event held Sunday April 9th – this included offering activities for families and distributing SoonerFit promo items (jump ropes, mini footballs and Frisbees).

#### July-September

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

#### October-December

- HPS hosted a SoonerCare wellness benefits class at the SoonerCare Fall Provider Training. The SoonerCare wellness benefit class provided training on the tobacco cessation coverage, 5A's counseling, the Oklahoma tobacco helpline, SoonerFit and SoonerCare Nutritional Services for providers as part of the Fall Provider Training curriculum.

#### 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.

As a part of the Office of Health Promotion (OHP) reorganization, the Health Promotion Community Strategists (HPCS) personnel will transition to the Provider Services unit to assist in SoonerCare provider visits.



OHP staff will continue to report on 2017 outreach activities. Beginning the first quarter of 2018 HPCS will transition and report on Provider Services unit outreach activities.

**The Community Provider Education Specialist's (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 2017 highlights:

#### January-March

- HPCS representatives have a standing invitation to attend the Pushmataha, Marshall and Hughes, Kay county coalitions. This provides the HPCS representative the opportunity to hand out outreach material and to discuss the Insure Oklahoma (IO) program with representation from small businesses, the city, and organizations that often work with parents that would be eligible for the IO program.
- HPCS provided 200 SoonerCare cards to the Oklahoma Mission of Mercy event for distribution to individuals over the course of the two-day event.
- HPCS has worked with Guymon Public Schools to help identify and assist in resource coordination efforts to aid the 620 children that were identified as having dental needs in Guymon. In addition, they identified and coordinated care for over 170 individuals to receive free dental services with the Oklahoma Mission of Mercy efforts. Through this process, they coordinated efforts and care for six children who required immediate dental attention for severe dental needs. HPCS also identified and assisted families who qualify for SoonerCare to start the eligibility process.

#### April-June

- HPCS staff conducted 117 targeted provider visits to recruit providers to attend the Long Acting Reversible Contraceptives (LARC) trainings that will be held in July and August as part of our Health Systems Initiative (HSI) LARC project.

#### July-September

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

#### October-December

- HPCS meetings are held to address member and provider concerns. HPCS attended 192 community meetings; 45 provider meetings; had an attendance reach of 2,448; visited 110 individual counties and answered 269 inquiries for October -December quarter.
- HPCS conducted annual training on SoonerCare programs. The initiatives provided SoonerCare program training for new and existing Head Start, Early

Head Start and Family Support Workers. These agency partners help assist SoonerCare families with enrollment and SoonerCare program questions.

### SoonerFit

The SoonerFit initiative was implemented in 2014 and continues to be a key avenue 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 SoonerFit website is currently under redesign. When complete, the website will be more accessible and easier to navigate.

### 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 2017 Highlights:

#### January-March

- The Provider Engagement program recruited three clinics with a total of five providers to participate in tobacco cessation practice facilitation.
- The Provider Quit Engagement program assisted with practice facilitation of 35 primary care practices (79 providers) as of March 2017.
- SoonerQuit finalized a Data Use Agreement with Oklahoma Tobacco Research Center to provide nicotine replacement therapy to SoonerCare members through the Oklahoma Tobacco Helpline cost-share agreement.

#### April-June

- As of June 30, 2017, the Provider Engagement program recruited two clinics with a total of four providers to participate in tobacco cessation practice facilitation;
- As of June 30, 2017, there are 38 practice sites with embedded Health Coaches; and
- As of June 30, 2017, there are 2,721 members engaged with a Health Coach in the 38 practice sites. There were 2,737 engaged in April, 2,727 engaged in May and 2,721 engaged in June.

### July-September

- 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 beginning initial practice facilitation.

### October-December

- As of December 31, 2017, three clinics with a total of six providers were in the initial facilitation process for this quarter.
- As of December 31, 2017, (10) Variety Care Clinics wrapped up a multi-year facilitation process during this quarter.
- The SoonerQuit Provider Engagement unit conducted four trainings for providers as part of the Fall Provider Training curriculum: one in Durant, one in Tulsa, and two in Oklahoma City.

## C. Outreach Materials

The OHCA 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 year of 2017:

- 56,453 New Member Welcome Packets
- 490,470 Information/Enrollment fair fliers
- 890 Postcards with ER utilization guidelines
- 2,420 SoonerRide Brochures
- 9,260 SoonerRide Postcards
- 376,606 SoonerCare Companion Member Newsletters
- 41,154 Digital Provider Newsletters
- 2,353 Digital Dental Provider Newsletters
- 20,256 Provider Outreach Materials
- 8,392 Insure Oklahoma 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.

The PCM division's main goals are:

- Support provision for identified primary care practices with a high chronic disease incidence on their member panels; and
- Social service support to SoonerCare members as identified through OHCA existing programs and outside referrals as necessary.

In early 2017 the PCM division started a new initiative for members with diabetes who are at high risk for diabetes related complications. The Diabetes Management initiative (DMi) assists SoonerCare members in self-management of their disease. The Chronic Care Unit (CCU) nurse case manager partners with the member to actively participate in the self-management of diabetes. The nurse provides guidance and education as requested by the member and is a resource for the member and the providers. Through partnership with Oklahoma State Department of Health and Oklahoma Healthy Aging Initiative, CCU staff is kept apprised of evidence-based programs such as Diabetes Self-Management Education (DSME) and the Diabetes Empowerment Education Program (DEEP) that are available in the state. Classes are recommended to the DMi member when available in their area. The goals of the DMi are to:

- Strengthen the members' self-management skills;
- Improve quality of life for SoonerCare members with diabetes;
- Provide resources and support to members, families, and providers;
- Partner with members and providers in prevention of complications of the disease; and
- Reduce overall health care costs.

The Diabetes Management initiative began in late 2016 and the impact of the program is not fully known to date. Population Care Management will work with the contractor responsible for the annual independent evaluation of Chronic Disease programs, to define a statistically valid methodology for reporting of outcomes. Those outcomes will be reported as soon as they are available.

During the 3<sup>rd</sup> quarter of the year 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, increasing the likelihood of a healthy baby. This program has served 420 women during 2017.

Another new initiative began in the fourth quarter of 2017. The CCU is working in collaboration with the Health Access Network (HAN) and the Health Management Program (HMP) to provide care coordination to high risk and at-risk SoonerCare Choice Aged/Blind/Disabled (ABD) members. Through the ABD Wraparound program, CCU nurses reach out to SoonerCare ABD members in an effort to engage in collaboration,

health coaching, and self-management of their disease processes. Through the end of 2017, the CCU has reviewed and/or contacted 130 ABD members.

The PCM division also operates the Breast and Cervical Cancer Treatment (BCC) program and the Fetal Infant Mortality Rate (FIMR) program:

The BCC program provides treatment for breast and cervical cancer and pre-cancerous conditions to eligible women. The Breast and Cervical Cancer Program requires women to be screened for breast or cervical cancer under the Breast and Cervical Cancer Early Detection program (BCCEDP). Qualifications for this program are abnormal screening results or precancerous or cancerous conditions. This program, also known as Oklahoma Cares, is a partnership of the Oklahoma State Department of Health (OSDH), the Oklahoma Department of Human Services (DHS), the Cherokee Nation, the Kaw Nation and the OHCA. BCC total enrollment has averaged 428 active cases this year with an average 41 new cases received per month.

Under the FIMR program each baby goes into active case management through his/her first birthday. During this time continued education is completed with mom including safety precautions and tobacco use in the home. The case managers make sure that the new born is enrolled in SoonerCare and his/her mother has chosen a provider. They also conduct a postpartum depression screening for the mother to ensure a smooth transition to home as well as making sure the baby is taken to see a doctor for Well Child Checks and immunizations. If the baby has extenuating needs after one year, the family will stay in active case management until all issues are resolved. In 2017 an average of 489 new babies per quarter were enrolled with an average of 1,226 FIMR baby members in active case management during any given month.

## 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. Throughout the year, the OHCA staff presented numerous proposed policy changes, state plan amendments and waiver amendments at the tribal consultation meetings, including:

- State Plan Amendment regarding dependent children eligible for Insure Oklahoma;
- Update on allowing 100 percent federal match for referrals from tribal facilities;

- Update on the status of the SoonerCare Choice and Insure Oklahoma 1115(a) waiver extension request and renewal;
- Proposed 1115(a) waiver amendment to allow transfer of ABD members to a new managed care waiver;
- I/T/U Reimbursement revisions;
- Policy change regarding Indian Health Service, Tribal Program and Urban Indian Clinics Current Procedural Terminology Language Removal; and
- Tribal participation in Residency Programs.

In addition to the bi-monthly consultations, OHCA hosted the Eleventh Annual Tribal Consultation on October 17, 2017 in Catoosa, Oklahoma. Tribal leaders from all 39 tribes in the state, Indian Health Service OKC Area Office leadership, and key tribal health care partners were invited to attend this year's meeting. The purpose of the meeting was for OHCA leadership to listen and learn about how to better partner with tribes in an effort to better serve tribal SoonerCare members and communities. The roundtable format of the meeting encourages open discussion and sharing of best practices among OHCA and tribal leaders from throughout the state.

Forty eight people were in attendance, including tribal leaders and their designees representing 15 tribal governments. Former OHCA Board Chairman Ed McFall and board member Carol Robison, along with fifteen OHCA staff were also in attendance.

The roundtable discussion highlighted several topics of importance including the following:

- The success of virtual visits;
- concern about additional state budget reductions;
- need for residency programs;
- increased recruitment of providers in rural areas;
- importance of dental services for adults; and
- improved access to prenatal care.

Information that was presented at the meeting will be used to develop an OHCA Tribal Partnership Action Plan. The action plan is a joint effort between OHCA and tribal partners to address common goals, shared resources, and produce positive results for the upcoming year.

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 of 2010 in an effort to provide a structured process focused on consumer engagement, dialogue and leadership in the identification of program issues and solutions. The MATF is used to inform stakeholders of agency policy and program decisions and allows 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 six meetings this year. February 11, April 8, June 17, August 5, September 16, and December 2. The minutes from these meetings can be viewed at: [Member Advisory Task Force \(MATF\)](#)

The Oklahoma MATF has been viewed as a model for other states. They continue to set precedence in their participation with agency staff through discussions and have saved the agency money on an annual basis through their recommendations. Two of those recommendations have been 1. That members use an urgent care clinic instead of going to the emergency room; and 2. Reducing the number of Member Handbook pages by putting more of the information online which saved the agency \$100,000 per year.

OHCA staff shared that during the 2017 National Association of State Health Policy Directors (NASHP) and the National Association for Medicaid Directors Annual conferences there were panels/sessions on the members' perspective. This helps justify the existence of the Oklahoma MATF as they continue to offer suggestions and give guidance on the members' perspective. Specifically, OHCA had one of its existing MATF members participate on a panel. The session was facilitated by the Chief of Federal & State Policy and the session received overwhelming positive reviews in the evaluation. Many respondents commented on the unique aspect of having the member's perspective involved in national meetings regarding Medicaid policy. After the session, many attendees of the session inquired about the makeup of the MATF and how they could get information from Oklahoma on developing a member advisory taskforce in their respective states.

## V. POLICY DEVELOPMENTS AND ADMINISTRATIVE DIFFICULTIES

### A. Administrative Difficulties

One of the greatest administrative challenges faced by the OHCA in 2017 was the lack of adequate funding. The State of Oklahoma began the year with an \$878 million budget shortfall which resulted in the legislature cutting funding to several state agencies. Beginning in July of 2017 the OHCA encountered a \$22 million appropriations shortfall, with an additional \$9.5 million in lost revenue from an Oklahoma Supreme Court ruling on the unconstitutionality of a cigarette fee.

Additionally, the OHCA received a \$31.7 million deferral from CMS for Workforce Development program funding, incurred a \$17 million shortfall pending reauthorization of the CHIP program and a received a lower FMAP which resulted in \$41.4 million less in federal funding compared to the previous year. As a result of lower funding levels, the OHCA was forced to make changes to the SoonerCare program in the following areas:

- Adult dental services have been reduced to cover emergency extractions only;
- Prenatal Cystic Fibrosis Screening was removed as a service;
- Capitation payments to primary care providers was changed to exclude members who have not had a PCP visit (beginning 1/1/18);
- Date specific end dates for member eligibility have been instituted (beginning 1/1/18);
- Administrative cost reductions have been put into place; and
- A freeze on employee hiring and travel was initiated.

Another major challenge faced by the OHCA was the shift away from support of the Graduate Medical Education program, towards Workforce Development. In December of 2017, the OHCA was notified that it does not have proper waiver authority to provide funding for the Graduate Medical Education program. Additionally CMS informed the OHCA that in order to provide support for physician residency training programs and physicians in rural communities, there must be a waiver amendment to include funding through the Workforce Development program. The OHCA has been working closely with CMS representatives to amend the SoonerCare Choice wavier and ensure it is approved in a timely manner. OHCA requested an operational date of March 1, 2018 and OHCA has been working with CMS and state Medical Schools to get the amendment approved. The Workforce Development wavier amendment would benefit members through:

- increased access to high quality, person centered care;
- access to primary care physicians;
- promotion of efficiencies that ensure SoonerCare's long-term sustainability;
- coordinated strategies to address certain health determinants; and
- increased access to preventive care.



## B. Policy Developments

### Rule Changes

The 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.



In 2017 one permanent rule was approved by the OHCA Board of Directors that directly impacts waiver operations. The Oklahoma Administrative Code (OAC) 317:45-11-20 was 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 rule changes can be accessed at the following location: [OHCA Proposed Rule Changes](#)

### Federal Authority & 1115 Waiver & Reporting

The Federal Authorities & 1115 Waiver & Reporting units work in collaboration with the 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. [SoonerCare Choice/Insure Oklahoma Waiver](#)



The Federal Authorities & 1115 Waiver & Reporting unit's goal for the 2017 reporting year was to streamline the quarterly and annual report to adhere to the CMS Special Terms and Conditions (STC) requirements.

The Federal Waiver Authority 2017 highlights:

#### January–March

CMS monthly monitoring status calls for the CMS Quarterly Report.

#### **1. SoonerCare 1115 Waiver renewal**

- The SoonerCare Choice 1115 Demonstration unit requested a call with CMS on February 08, 2017 provided that the State still has one year remaining from the request submitted for the 2016 - 2018 extension period. CMS suggested OHCA utilize that final year to help meet public notice requirement deadlines and submit a three year extension (2019 -2021) by December 31, 2017.
- A SoonerCare Choice and 1115 Demonstration Renewal request for 2018 was submitted; the state continues to await the approval of the Technical Corrections (TC) from CMS. The state continues to follow up with the CMS project officer regarding TC for approval.
- 3% Reduction Waiver Program Services: The project officer indicated that she would send an approval for 3% reduction to the care coordination fees and SoonerExcel payments, however, technical corrections information would be included in the 2018 waiver extension.

## **2. Sponsor's Choice amendment**

There has been no action by OHCA or CMS at this time; in part due to transition of new administration.

## **3. Authority for Sooner Health +, 1115 Wavier vs. a State Plan authority**

Tammy Sampson at CMS offered to host a call with OHCA and other CMS staff to discuss pros and cons of an 1115 waiver versus State Plan authority. The state was considering looking at the authority for the Sooner Health + being a 1915B and 1915C waiver combination. The agency was also looking at a timeline being developed to work on future of the ABD populations with the 1115 waiver.

## **4. 1115 Waiver to include deeming of newborns for Insure Oklahoma members**

The CMS Project Officer will send authority regarding this. On January 19, 2017 CMS stated in the Monthly Monitoring Call (MMC), they would provide regulations for the continuing of deeming of newborns in IO in the near future. The state may have authority under Title XXI State Plan. The Federal Authorities group identified that this is the case and this issue was resolved.

## **5. Supplemental payments to medical schools**

An e-mail was sent on January 24, 2017 to CMS requesting a targeted call regarding Supplemental Payments to Medical Schools (otherwise known as Dean's GME). The Call was held with CMS & the State on February 09, 2017. CMS stated they could not offer guidance due to current administration transition, but were willing to hear questions and work on next steps. Tasks were given to both CMS & OHCA to assist with resolution of this issue. An internal meeting was scheduled on February 27, 2017 to continue talks regarding stakeholders for the Dean's GME. After the internal meeting on February 27, 2017, OHCA had a meeting with the universities on March 27, 2017 to gain feedback on ways to better address this issue.

## **6. 1115 Waiver cost sharing with Native Americans**

The OHCA Insure Oklahoma (IO) unit had some policy questions for CMS. IO has been working to coordinate a technical assistance call to resolve two of their concerns. The concerns are regarding 1. Cost sharing not accessed to the Native American member and 2. The State's verification of a Native American member "ever" receiving services at a tribal facility. A call with CMS was held on March 8, 2017. Following the call, there were increased questions regarding state share for cost sharing and premiums for individuals with the IO program. The OHCA is researching historical information to have a follow up call with CMS.

#### April-June

- The draft 2016 Annual report was submitted to CMS on April 26, 2017.
- The 2018 Demonstration extension application request was posted to the OHCA proposed rule change website on May 18, 2017 through June 30, 2017 for public comment.
- On June 14, 2017, 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's aged, blind and disabled (ABD) population. OHCA determined that this cancellation is in the best interest of the State due to the appropriation request for this model not receiving funding.

#### July- September

The Federal Authorities and Reporting Unit had no significant changes to report this quarter.

This quarter the 1115 Demonstration waiver unit on behalf of OHCA submitted to CMS:

- 2018 amendment to the demonstration waiver which included clarity for the current Work Force Development program and proposal for additional critical healthcare workers. The comment period is now closed with CMS.

This quarter's CMS Monthly Monitoring Calls:

- 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.

#### October-December

- November 27, 2017, CMS approved OHCA's State Plan Amendment (SPA) requesting elimination of optional Over the Counter (OTC) drugs for adults. The approval was effective 10-01-17.

- December 12, 2017, CMS approved OHCA's SPA request to reduce the number of units of behavior health case management. The approval was effective 9-7-17.
- December 12, 2017, CMS approved OHCA's SPA request to increase the private duty nursing (PDN) rate. The approval was effective 10-1-17.
- December 29, 2017, CMS approved OHCA's request to extend, with no changes, Oklahoma's SoonerCare 1115(a) waiver. The approval is effective January 1, 2018 through December 31, 2018.
- OHCA and CMS continued to work together to identify a possible path forward for OHCA's Workforce Development program.

This quarter the 1115 Demonstration waiver unit on behalf of OHCA submitted to CMS:

- Request for approval of Oklahoma's SoonerCare 1115(a) waiver for 2019 to 2021.

This quarter's CMS Monthly Monitoring Calls:

- October 19 – Discuss Tribal Insure Oklahoma Cost Sharing / State budget problems and possible future provider rate cuts / Workforce Development state share discussion / Workforce development Methodology;
- November 16 – Guidance on Workforce Development / Updates on 1115(a) Waiver extension; and
- December 21 – Oklahoma legislative special session and budget update / 1115(a) extension and STC discussion / Budget Neutrality regarding 2019-2021 Waiver renewal.

### Legislative Activity

#### **Failed cigarette fee triggers special legislative session.**

#### January-March

The OHCA tracks House bills, Senate bills and interim studies, as they relate to Medicaid, public health and state government operations.



The following is OHCA's Legislative Activity for the CMS Quarterly Report during the period January-March 2017:

- The Governor's State of the State address and the 1st legislative session for the 56th Legislature began February 6, 2017.
- As of January 30, 2017, the legislature had filed a total of 2,249 bills. The OHCA began tracking a total of 141 bills.

After legislative deadlines as of March 31, 2017, OHCA was tracking 83 bills, with six OHCA request bills. Below are some key bills:

- HB 1270 requires the OHCA and the Department of Human Services (DHS) to verify eligibility information prior to awarding assistance under Medicaid.
- HB 1579 is an OHCA request bill that requires the Department of Public Safety (DPS) to cooperate in accordance with federal and state law with OHCA to establish procedures for the secure electronic transfer of an applicant's individual identification data to the Authority.
- SB 715 provides a new procedure by which speech-language pathologists may receive a temporary license.
- SB 726 provides standards for delivery of telemedicine services.
- SB 741 to develop and administer a program with the OHCA that will encourage the timely and appropriate use of primary care services in lieu of emergency room utilization.
- SB 773 is an OHCA request bill that requires OHCA to initiate a request for proposal for care coordination models for newborns through children 18 years of age in the custody of the Department of Human Services.
- SB 787 allows a dental student intern with a valid dental student permit to work under the direct supervision of a licensed dentist for compensation given provided criteria is met.

#### April-June

Oklahoma Health Care Authority Legislative Activity for the CMS Quarterly Report during the period April-June, 2017.

- The 1st session for the 56th Oklahoma Legislature ended on May 26, 2017. State lawmakers sent 410 bills to Governor Mary Fallin's desk, where she signed 393 of the bills and vetoed 17 of the measures.
- Senate Bill 860, the state fiscal year 2018 general appropriations bill was introduced on May 8, 2017 and signed by the Governor on May 31st. SB 860 appropriated OHCA approximately \$993.5 million in state appropriations for SFY2018 which included \$70 million from SB 845, the cigarette fee legislation.

#### Budget Update

The agency was appropriated \$34 million less than requested to maintain existing services in FY 2018. OHCA is evaluating all options to minimize the impact to providers and members. SB 845 created the Health Care Enhancement Fund and levied a \$1.50/pack fee on cigarettes. Tobacco companies and vendors challenged SB 845 in the Oklahoma Supreme Court on June 7, 2017. The plaintiffs argued the bill violated several provisions of the Oklahoma Constitution. The court heard oral arguments on August 8<sup>th</sup> and ruled SB 845 was unconstitutional on August 10<sup>th</sup>.

#### OHCA Request Bills

- SB 819 – Relates to homestead liens modifying, specifying and permitting certain liens to be assignable by the Authority.
- SB 828 – Creates the Nursing Facility Supplemental Payment Program Revolving Fund.

### Other Key Bills

- HB 2311 – Creates the Agency Spending Review Commission and requires the Commission to conduct an audit of the spending of government agencies in order to identify opportunities for savings at least once every four years.
- SB 844 – Appropriates an additional \$32 million from the state’s Constitutional Reserve (“Rainy Day”) Fund to OHCA.

### July-September

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. OHCA 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 were 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.

### October-December

#### **1st Extraordinary Session of the 56th Legislature**

Oklahoma’s special session adjourned sine die Nov. 17 after both chambers passed House Bill 1019. House Bill 1019 is intended to collect dollars from various revolving funds, redistribute the funds to some state agencies and trigger cuts to others. The bill is projected to reduce OHCA’s state fiscal year (SFY)

2018 base by approximately \$15 million as opposed to the \$70 million revenue that was planned for, but did not materialize in light of the Supreme Court's overturning the smoking cessation fee legislation. The Governor vetoed all but five sections of the bill. OHCA's appropriation after the veto was approximately \$22.9 million. The Governor has stated she intends to call a second special session to continue to look for recurring revenue.

Five bills were passed during the special session:

- HB 1019X, a general appropriations bill (partially vetoed);
- HB 1028X, requires the Oklahoma State Department of Health to submit a corrective action report to the state legislature;
- HB 1058X, requires the Department of Human Services (DHS) to fully fund the ADvantage waiver and other services;
- HB 1081X, appropriates \$23.3 million from the Rainy Day Fund to the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS); and
- HB 1085X, raises gross production tax on certain legacy wells from 4% to 7%.

### **2nd Extraordinary Session of the 56th Legislature**

A second special session convened Dec. 18, 2017, to address additional funding for OHCA and DHS. OHCA had scheduled provider rate reductions to be implemented Jan. 1, 2018, to address the gap left even after the additional appropriation made during the first special session. The Legislature passed the following bills:

- **Senate Bill 1**, appropriated \$17.7 million to OHCA from the General Revenue Fund.
- **Senate Bill 2**, appropriated \$26.5 million to DHS from the General Revenue Fund.

The additional funding is expected to allow OHCA to operate at current levels through April. The legislature adjourned but was expected to return to special session to address revenue raising measures before the next regular session convenes on Feb. 5, 2018.

### **Senate Bill 773 Report**

Senate Bill 773, which was passed in the spring 2017 legislative session, directed OHCA to issue a request for information (RFI) for care coordination models to serve children in state custody. The legislation directed OHCA to collaborate with DHS and ODMHSAS and submit findings to the Legislature and Governor by Jan. 1, 2018. An interagency workgroup was established to develop the RFI. The report was delivered Dec. 28, 2017. The full 257-page report can be found on OHCA's website.

## VI. PROJECT STATUS AND QUANTITATIVE DATA/CASE STUDIES

### 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.

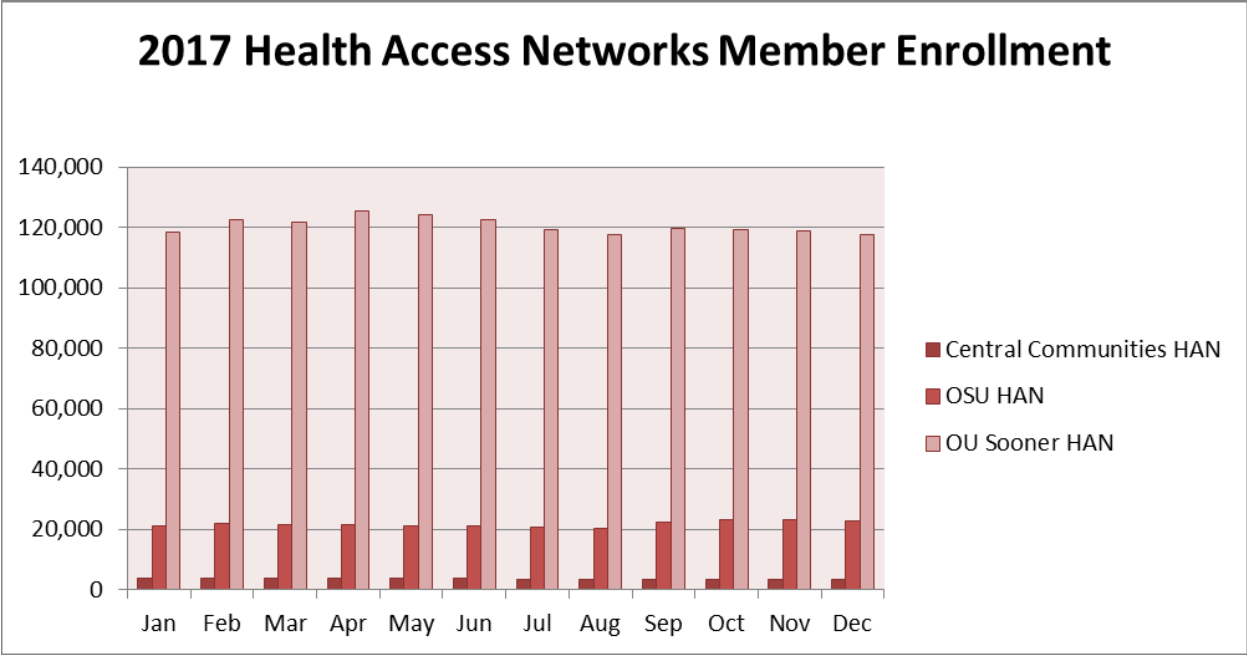
Active HANs in Oklahoma include:

- 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 2016, 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's aged, blind and disabled (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.

For more detailed information on the HANs, including utilization data, refer to Attachments three, four and five for each HAN Annual Report. Case studies can be found starting on page 69 of the OSU Han Annual Report, page 23 of the OU HAN Annual Report and page 29 of the PHCC HAN Annual Report.





**Health Management Program (HMP)**

The SoonerQuit Provider Engagement program which is funded through the Tobacco Settlement Endowment Trust (TSET) has facilitated 41 practices (84 providers) as of December 2017. This program works in a similar manner 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      | Oct-Dec |
|--------------------------|---------|
| Number of Health Coaches | 38      |

**Insure Oklahoma (IO)**

The Insure Oklahoma (IO) program was developed in April 2004 authorizing the OHCA to use money set aside from the Tobacco Tax funds to assist with health care coverage for low-income working adults 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 self-employed, temporarily unemployed and working individuals who do not have access to small group



health coverage.

Insure Oklahoma highlights;

January-March

Effective March 1, 2017 Insure Oklahoma began accepting non-profit organizations with up to 500 employees for the Employer-Sponsored (ESI) program.

April- June

There have been no significant changes or events to report.

July-September

There have been no significant changes or events to report.

October-December

There have been no significant changes or events to report.

| 2017 Employer-Sponsored Insurance (ESI) Program Participating Employers | Jan-Mar | Apr-Jun | July-Sept | Oct-Dec |
|---|---------|---------|-----------|---------|
| Approved Businesses with Participating Employees                        | 12,878  | 13,207  | 13,362    | 13,564  |

| 2017 Average ESI Member Premium | Jan-Mar    | Apr-Jun    | July-Sept  | Oct-Dec    |
|---------------------------------|------------|------------|------------|------------|
| Member Premium                  | \$1,071.47 | \$1,089.67 | \$1,113.45 | \$1,142.32 |

| 2017 Average Individual (IP) Member Per Month | Jan-Mar  | Apr-Jun  | July-Sept | Oct-Dec  |
|---|----------|----------|-----------|----------|
| Member Premiums                               | \$109.68 | \$109.10 | \$113.05  | \$113.92 |
| Average FPL of IP Members                     | 62%      | 62%      | 63%       | 56%      |

| 2017 Insure Oklahoma Average Cost | Jan-Mar | Apr-Jun | July-Sept | Oct-Dec |
|-----------------------------------|---------|---------|-----------|---------|
| ESI                               | \$104   | \$107   | \$108     | \$111   |
| IP                                | \$31    | \$31    | \$32      | \$32    |

| 2017 ESI Subsidies               | Jan-Mar      | Apr-Jun      | July-Sept    | Oct-Dec      |
|----------------------------------|--------------|--------------|--------------|--------------|
| Employers Subsidized             | 12,879       | 13,207       | 13,362       | 13,564       |
| Employees and Spouses Subsidized | 31,441       | 32,460       | 32,032       | 31,112       |
| Total Subsidies                  | \$14,753,333 | \$14,283,548 | \$14,455,218 | \$14,650,129 |

| <b>2017 ESI Average Per Member Per Month</b> | <b>Jan-Mar</b> | <b>Apr-Jun</b> | <b>Jul-Sept</b> | <b>Oct-Dec</b> |
|--|----------------|----------------|-----------------|----------------|
| Average Payment Per Employee                 | \$326.58       | \$334.19       | \$339.15        | \$347.12       |
| Average Payment Per Spouse                   | \$529.92       | \$539.06       | \$547.76        | \$561.14       |
| Average Per College Student                  | \$327.65       | \$347.45       | \$348.52        | \$349.62       |
| Average Per Dependents                       | \$218.09       | \$220.42       | \$239.70        | \$244.26       |

| <b>2017 IP Subsidies</b>                  | <b>Jan-Mar</b> | <b>Apr-Jun</b> | <b>Jul-Sept</b> | <b>Oct-Dec</b> |
|---|----------------|----------------|-----------------|----------------|
| Total Premiums Received                   | \$455,965.76   | \$467,267.78   | \$485,707.31    | \$507,513.45   |
| Total Member Months                       | 14,848         | 14,953         | 15,553          | 15,619         |
| Total Paid Claims                         | \$6,294,881.85 | \$6,147,829.90 | \$6,931,617.75  | \$7,028,981.07 |
| Average Claim Per Member Per Month (PMPM) | \$393.49       | \$380.22       | \$414.29        | \$417.27       |

| <b>2017 ESI Program Enrollment</b> | <b>Jan-Mar</b>    |                     |                      | <b>Apr-Jun</b>    |                     |                      | <b>Jul-Sep</b>    |                     |                      | <b>Oct-Dec</b>    |                     |                      |
|------------------------------------|-------------------|---------------------|----------------------|-------------------|---------------------|----------------------|-------------------|---------------------|----------------------|-------------------|---------------------|----------------------|
|                                    | <b>0-100% FPL</b> | <b>101-138% FPL</b> | <b>139% and Over</b> | <b>0-100% FPL</b> | <b>101-138% FPL</b> | <b>139% and Over</b> | <b>0-100% FPL</b> | <b>101-138% FPL</b> | <b>139% and Over</b> | <b>0-100% FPL</b> | <b>101-138% FPL</b> | <b>139% and Over</b> |
| Employee                           | 1,575             | 2,509               | 7,699                | 1,570             | 2,470               | 7,719                | 1,577             | 2,436               | 7,476                | 2,735             | 2,158               | 6,747                |
| Spouse                             | 327               | 483                 | 1,518                | 330               | 476                 | 1,555                | 341               | 482                 | 1,492                | 586               | 434                 | 1,331                |
| College Student                    | 17                | 20                  | 83                   | 11                | 24                  | 75                   | 9                 | 15                  | 76                   | 35                | 20                  | 57                   |
| Dependent                          | 4                 | 0                   | 228                  | 2                 | 1                   | 216                  | 1                 | 0                   | 171                  | 60                | 0                   | 119                  |
| <b>IO ESI Totals</b>               | <b>1,923</b>      | <b>3,012</b>        | <b>9,528</b>         | <b>1,913</b>      | <b>2,971</b>        | <b>9,565</b>         | <b>1,928</b>      | <b>2,933</b>        | <b>9,215</b>         | <b>3,416</b>      | <b>2,612</b>        | <b>8,254</b>         |

| <b>2017 IP Program Enrollment 0-100% FPL</b> | <b>Jan-Mar</b> | <b>Apr-Jun</b> | <b>July-Sept</b> | <b>Oct-Dec</b> |
|--|----------------|----------------|------------------|----------------|
| Employee                                     | 11,360         | 11,542         | 12,053           | 12,090         |
| Spouse                                       | 2,879          | 2,870          | 2,956            | 2,984          |
| College Student                              | 644            | 536            | 546              | 549            |
| <b>IO IP Totals</b>                          | <b>14,883</b>  | <b>14,948</b>  | <b>15,555</b>    | <b>15,623</b>  |

## **VII. FINANCIAL/BUDGET NEUTRALITY**

### 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 \$6.8 billion in Budget Neutrality savings and ending this year; the state had \$1,143,758,957 in savings prior to rebasing. There were no significant developments, issues or problems with budget neutrality in 2017 (refer to attachment two). Budget Neutrality will be rebased in the 2018 extension period.

A. Budget Neutrality Calculations

| Eligibility Group | Quarter Ending Mar | Quarter Ending Jun | Quarter Ending Sept | Quarter Ending Dec |
|-------------------|--------------------|--------------------|---------------------|--------------------|
| TANF-Urban        | 1,047,952          | 1,054,162          | 1,042,953           | 1,027,708          |
| TANF-Rural        | 706,492            | 707,211            | 697,589             | 693,578            |
| ABD-Urban         | 94,424             | 94,469             | 94,642              | 95,255             |
| ABD-Rural         | 68,971             | 70,391             | 71,454              | 72,991             |

B. Informational Purposes Only

| Eligibility Group                             | Quarter Ending Mar  | Quarter Ending Jun | Quarter Ending Sept | Quarter Ending Dec |
|---|---------------------|--------------------|---------------------|--------------------|
| Working Disabled Adults (Employer Plan)       | 0                   | 0                  | 0                   | 0                  |
| Working Disabled Adults (Individual Plan)     | 0                   | 0                  | 0                   | 0                  |
| Working Non-Disabled Adults (Employer Plan)   | 44,945              | 43,388             | 42,895              | 42,493             |
| Working Non-Disabled Adults (Individual Plan) | 14,239 <sup>1</sup> | 14,412             | 15,009              | 15,074             |
| Full-Time College Student (Employer Plan)     | 360                 | 351                | 324                 | 316                |
| Full-Time College Student (Individual Plan)   | 644                 | 536                | 546                 | 549                |
| 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   | 1,822               | 1,829              | 1,839               | 1,825              |
| CHIP Medicaid Expansion Children              | 323,086             | 326,035            | 340,403             | 340,164            |

<sup>1</sup> Data has been updated since last reporting period.

## VIII. QUALITY ASSURANCE/MONITORING ACTIVITIES

Consumer issues are member inquires, member grievances and complaints or problems consumers have encountered this year 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                | Jan-Mar       | Apr-Jun       | Jul-Sep       | Oct-Dec       |
|--------------------------------------|---------------|---------------|---------------|---------------|
| Access to Care                       | 24            | 2             | 3             | 3             |
| Complaint on Provider                | 89            | 71            | 64            | 62            |
| Dental History                       | 46            | 7             | 12            | 5             |
| Drug/NDC Inquiry                     | 2             | 3             | 4             | 0             |
| Eligibility Inquiry                  | 4,251         | 2,982         | 4,271         | 3,319         |
| Fraud and Abuse                      | 320           | 47            | 41            | 44            |
| Medical ID Card                      | 3,792         | 160           | 104           | 25            |
| Prior Authorization (PA) Inquiry     | 1,966         | 846           | 1,143         | 1,111         |
| Primary Care Physician (PCP) Change  | 3,316         | 282           | 268           | 193           |
| Primary Care Physician (PCP) Inquiry | 309           | 404           | 186           | 158           |
| Program Complaint                    | 420           | 26            | 20            | 26            |
| Program Policy Questions             | 6             | 3,657         | 3,124         | 2,538         |
| SoonerRide                           | 1             | 2,125         | 1,870         | 1,542         |
| Specialty Request                    | 201           | 285           | 251           | 225           |
| Other <sup>2</sup>                   | 865           | 2,762         | 2,592         | 1,926         |
| <b>Totals</b>                        | <b>15,608</b> | <b>13,659</b> | <b>13,953</b> | <b>11,177</b> |

<sup>2</sup> 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

| <b>2017 Insure Oklahoma<br/>ESI Helpline</b> | <b>Jan-Mar</b> | <b>Apr-Jun</b> | <b>Jul-Sep</b> | <b>Oct-Dec</b> |
|--|----------------|----------------|----------------|----------------|
| Affordable Care Act<br>(ACA) Insure Oklahoma | 1              | 1              | 0              | 0              |
| Application                                  | 545            | 287            | 246            | 375            |
| Eligibility Inquiry                          | 2,259          | 1,595          | 1,265          | 991            |
| Financial Information                        | 3              | 0              | 53             | 38             |
| Information Request                          | 3              | 3              | 123            | 200            |
| Invoice Inquiry                              | 108            | 108            | 254            | 201            |
| Password Reset/Request                       | 17             | 5              | 35             | 65             |
| PIN Number                                   | 2              | 6              | 6              | 6              |
| Policy Question                              | 5              | 1              | 4              | 1              |
| Program Complaint                            | 1              | 0              | 0              | 1              |
| Rates  | 13             | 20             | 66             | 144            |
| Remittance Advice                            | 1              | 0              | 2              | 0              |
| Renewals                                     | 1              | 0              | 5              | 3              |
| Other <sup>3</sup>                           | 13             | 6              | 3              | 7              |
| <b>Totals</b>                                | <b>2,972</b>   | <b>2,032</b>   | <b>2,062</b>   | <b>2,032</b>   |

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<sup>3</sup> This category has been redefined to include inquiries on Contract Compliance, EDEA Agreement, and EDI Medicare X-over, EDI X-Walk Inquiry.

| 2017 Insure Oklahoma IP Helpline     | Jan-Mar       | Apr-Jun       | Jul-Sep       | Oct-Dec       |
|--------------------------------------|---------------|---------------|---------------|---------------|
| Access to Care                       | 1             | 0             | 4             | 0             |
| Application                          | 3,323         | 2,004         | 1,720         | 2,246         |
| Claim Inquiry                        | 77            | 125           | 239           | 196           |
| Eligibility Inquiry                  | 13,394        | 11,423        | 8,584         | 8,042         |
| Financial Information                | 26            | 27            | 377           | 441           |
| Information Request                  | 16            | 48            | 938           | 1,392         |
| Invoice Inquiry                      | 484           | 552           | 960           | 890           |
| Medical ID Card                      | 26            | 14            | 54            | 27            |
| Prior Authorization (PA) Inquiry     | 13            | 0             | 74            | 43            |
| Password Reset/Request               | 58            | 54            | 347           | 448           |
| Primary Care Physician (PCP) Change  | 251           | 165           | 355           | 507           |
| Pharmacy Point of Sale (POS)/Lock In | 7             | 0             | 26            | 19            |
| PIN Number                           | 17            | 17            | 39            | 79            |
| Program Complaint                    | 1             | 3             | 1             | 0             |
| Policy Question                      | 38            | 10            | 8             | 4             |
| Rates                                | 14            | 11            | 25            | 60            |
| Remittance Advice                    | 5             | 2             | 8             | 4             |
| SC/BC Orientation Call               | 1             | 1             | 1             | 0             |
| Sooner Ride                          | 2             | 9             | 9             | 11            |
| Specialty Request                    | 29            | 17            | 15            | 8             |
| Third Party Liability (TPL) Inquiry  | 5             | 7             | 7             | 9             |
| Other <sup>4</sup>                   | 42            | 35            | 42            | 26            |
| <b>Totals</b>                        | <b>17,830</b> | <b>14,524</b> | <b>13,833</b> | <b>14,452</b> |

<sup>4</sup> 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      | Jan-Mar       | Apr-Jun       | Jul-Sep       | Oct-Dec       |
|--------------------------------------|---------------|---------------|---------------|---------------|
| Access to Care                       | 82            | 0             | 0             | 1             |
| Application                          | 3,406         | 212           | 137           | 47            |
| Claim Inquiry                        | 394           | 201           | 271           | 346           |
| Contract Inquiry                     | 8             | 1             | 1             | 1             |
| Complaint on Provider                | 1             | 1             | 0             | 6             |
| Dental History                       | 1             | 0             | 0             | 1             |
| Drug/NDC Inquiry                     | 4             | 0             | 0             | 0             |
| Eligibility Inquiry                  | 46,873        | 10,910        | 14,583        | 17,761        |
| Emergency Room (EMR) Inquiry         | 28            | 8             | 18            | 16            |
| Form Request                         | 11            | 15            | 17            | 4             |
| Fraud & Abuse                        | 6             | 13            | 7             | 6             |
| Information Request                  | 32            | 33            | 17            | 13            |
| Insure Oklahoma                      | 68            | 0             | 0             | 77            |
| Medicare                             | 5             | 2             | 4             | 0             |
| Medical ID Card                      | 722           | 336           | 281           | 110           |
| New Born Letter Response             | 18            | 0             | 0             | 0             |
| Prior Authorization (PA) Inquiry     | 39            | 0             | 35            | 41            |
| Primary Care Physician (PCP) Inquiry | 1,134         | 186           | 202           | 245           |
| Pharmacy Point of Sale (POS)         | 129           | 68            | 67            | 113           |
| Policy Question                      | 1,192         | 22            | 12            | 23            |
| Renewals                             | 112           | 161           | 184           | 185           |
| Soon to be Sooners                   | 10            | 1             | 0             | 0             |
| Sooner Ride                          | 143           | 84            | 116           | 108           |
| Specialty Request                    | 43            | 17            | 13            | 19            |
| Term Letter/Denial Letter            | 17            | 17            | 22            | 16            |
| TPL Inquiry                          | 320           | 79            | 85            | 137           |
| <b>Totals</b>                        | <b>54,845</b> | <b>12,367</b> | <b>16,072</b> | <b>19,276</b> |



SoonerCare Helpline

| 2017 SoonerCare Helpline            | Jan-Mar        | Apr-Jun       | Jul-Sep       | Oct-Dec       |
|-------------------------------------|----------------|---------------|---------------|---------------|
| Access to Care                      | 6              | 4             | 3             | 3             |
| Application                         | 1,029          | 398           | 355           | 135           |
| Behavioral Health (BH) Inquiry      | 80             | 102           | 32            | 14            |
| Claim Inquiry                       | 4,904          | 4,680         | 3,718         | 2,554         |
| Dental History                      | 23             | 19            | 30            | 13            |
| Eligibility Inquiry                 | 65,518         | 57,697        | 64,539        | 45,289        |
| Emergency Room (EMR) Inquiry        | 57             | 48            | 104           | 44            |
| Financial Information               | 2              | 1             | 2             | 2             |
| Form Request                        | 54             | 33            | 12            | 2             |
| Fraud & Abuse                       | 53             | 51            | 49            | 40            |
| Information Request                 | 281            | 398           | 185           | 80            |
| Insure Oklahoma                     | 161            | 0             | 216           | 171           |
| Lock-In                             | 19             | 10            | 10            | 2             |
| Medicare                            | 46             | 30            | 39            | 11            |
| Medical ID Card                     | 10,789         | 8,516         | 5,421         | 1,899         |
| New Born (NB) Letter Response       | 767            | 2             | 3             | 1             |
| Invoice Inquiry                     | 26             | 16            | 9             | 3             |
| Renewals                            | 150            | 367           | 423           | 139           |
| Referral                            | 235            | 141           | 205           | 163           |
| Policy Question                     | 7,905          | 365           | 263           | 373           |
| Program Complaint                   | 36             | 30            | 19            | 27            |
| Prior Authorization (PA) Inquiry    | 24,487         | 1,171         | 1,335         | 1,151         |
| Pharmacy Point of Sale (POS)        | 2,745          | 2,365         | 1,954         | 1,179         |
| SC/BC Orientation Call              | 4              | 70            | 4             | 2             |
| Sooner Ride                         | 3,627          | 3,709         | 3,140         | 2,378         |
| Soon to be Sooners                  | 12             | 4             | 10            | 7             |
| Specialty Request                   | 1,083          | 856           | 486           | 419           |
| Term Letter/Denial Letter           | 102            | 72            | 66            | 38            |
| Third Party Liability (TPL) Inquiry | 6,113          | 2,381         | 2,356         | 2,181         |
| <b>Totals</b>                       | <b>130,468</b> | <b>83,536</b> | <b>84,988</b> | <b>58,320</b> |

### 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 SoonerCare Grievances    | Jan-Mar |   | Apr-Jun |                                      | Jul-Sept |   | Oct-Dec |                           |
|-------------------------------|---------|---|---------|--------------------------------------|----------|---|---------|---------------------------|
|                               | Pending | Closed Reason                           | Pending | Closed Reason                        | Pending  | Closed Reason   | Pending | Closed Reason             |
| SoonerCare Eligibility        | 2       | 1 Dismissed<br>1 withdrew<br>4 Resolved | 2       | 1 Denied<br>2 Resolved<br>1 Untimely | 1        | 3 Resolved  | 3       | 2 Resolved<br>1 Withdrew  |
| BCC                           | 0       | 0                                       | 0       | 1 Untimely<br>1 Denied               | 0        | 0   | 0       | 0                         |
| Dental                        | 0       | 0                                       | 3       | 1 Dismissed<br>1 Withdrew            | 4        | 1 Dismissed<br>2 Denied                               | 1       | 1 Denied<br>1 Resolved    |
| Panel Dismissal               | 0       | 1 Untimely                              | 0       | 0                                    | 0        | 0   | 0       | 0                         |
| Private Duty Nursing          | 9       | 1 Granted<br>1 Untimely<br>1 Withdrew   | 0       | 5 Resolved                           | 0        | 0   | 0       | 0                         |
| Prior Auth: Dental            | 0       | 1 Dismissed<br>1 Resolved               | 0       | 0                                    | 0        | 0   | 0       | 0                         |
| Prior Auth: DME               | 3       | 1 Untimely                              | 1       | 0                                    | 1        | 0   | 0       | 1 Resolved                |
| Prior Auth: Other             | 2       | 0                                       | 2       | 1 Withdrew<br>2 Resolved             | 2        | 2 Resolved;<br>1 withdrew                             | 2       | 3 Resolved                |
| Prior Auth: Other Speech      | 0       | 2 Untimely                              | 0       | 0                                    | 0        | 0   | 1       | 0                         |
| Prior Auth: Other Surgery     | 1       | 3 Untimely                              | 1       | 1 Granted                            | 1        | 1 Untimely  | 2       | 1 Denied                  |
| Prior Auth: Pharmacy          | 0       | 1 Resolved<br>2 Untimely<br>4 Withdrew  | 0       | 0                                    | 1        | 1 Dismissed<br>2 Resolved<br>1 Withdrew<br>1 Untimely | 1       | 1 Resolved;<br>1 Untimely |
| Prior Auth: Radiology         | 0       | 0                                       | 0       | 1 Withdrew<br>1 Resolved             | 1        | 1 Untimely  | 0       | 1 Resolved;<br>1 Untimely |
| Misc.                         | 0       | 1 Denied<br>1 Resolved                  | 0       | 0                                    | 1        | 0   | 0       | 0                         |
| Misc. Fraud                   | 0       | 0                                       | 1       | 0                                    | 0        | 0   | 0       | 0                         |
| Misc. SoonerRide              | 1       | 0                                       | 0       | 0                                    | 0        | 0   | 0       | 0                         |
| Misc. Unpaid/Under paid Claim | 3       | 0                                       | 6       | 1 Withdrew                           | 6        | 0   | 5       | 1 Resolved                |

| 2017 Insure Oklahoma Grievances | Jan-Mar |               | Apr-Jun |               | Jul-Sept |               | Oct-Dec |               |
|---------------------------------|---------|---------------|---------|---------------|----------|---------------|---------|---------------|
|                                 | Pending | Closed Reason | Pending | Closed Reason | Pending  | Closed Reason | Pending | Closed Reason |
| Eligibility                     | 0       | 5 Resolved    | 0       | 3 Resolved    | 0        | 2 Resolved    | 2       | 0             |

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.

#### D. SoonerRide

The SoonerRide program was developed in order to assist SoonerCare members with transportation to and from medically necessary appointments. The OHCA partners with LogistiCare Solutions LLC to provide non-emergency transportation to and from medical appointments.

During 2017, the SoonerRide program provided approximately 811,258 trips for SoonerCare Choice and other OHCA covered program members within the 77 state counties.

Throughout the SFY 2017, member satisfaction surveys were conducted on a quarterly basis. Members ranked the SoonerRide program as excellent, good, fair or poor. The survey revealed very positive results during each quarter of 2017. Eighty-four percent of respondents gave the program a positive rating of either excellent, good or fair the first quarter with 86 percent, 90 percent and 89 percent of respondents giving the program a positive rating the remaining three quarters.

#### E. 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                                       | Jan-Mar | Apr-Jun | Jul-Sep | Oct-Dec |
|--|---------|---------|---------|---------|
| Number of Providers Called                               | 829     | 828     | 824     | 807     |
| Percent of Providers with 24-hr Access on Initial Survey | 89%     | 92%     | 91%     | 93.6%   |
| Percent of Providers Educated for Compliance             | 11%     | 8%      | 9%      | 6.4%    |

## **IX. ENCLOSURE/ATTACHMENTS**

### ATTACHMENTS

1. Hypotheses
2. Oklahoma 1115 Budget Neutrality Model Worksheet
3. OSU HAN Annual Report
4. OU Sooner HAN Annual Report
5. PHCC HAN Annual Report
6. SoonerCare Health Management Program Evaluation 2017 (SFY16)

## **X. STATE CONTACT(S)**

### State Contact(s)

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## **XI. DATE SUBMITTED TO CMS**

April 27, 2018