Oklahoma Health Care

Authority

SoonerCare Demonstration 11-W-00048/6
§1115(a) Annual Report
Demonstration Year: 21 (01/01/2016 – 12/31/2016)
Federal Fiscal Year Quarter: 4/2017 (04/17 – 06/17)

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I. INTRODUCTION

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 runs 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 Centers for Medicare and Medicaid Services (CMS) on December 29, 2014.

The Oklahoma Health Care Authority (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 will continue to work with CMS towards a potential multi-year extension.

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 which begins January 1, 2017 and extends to December 31, 2017.

II. ACCOMPLISHMENTS

The SoonerCare Choice program has had many accomplishments and highlights in its twenty-first year of the demonstration. Below are just a few of the program highlights for 2016.

- In March 2016, Insure Oklahoma completed its online enrollment systems project. Members can manage their benefits and Insure Oklahoma employers now have access to a self-service portal that allows them to make real-time changes to their account;
- As of June 2016, there were 18,176 enrollees and 3,825 businesses participating in the Insure Oklahoma program;
- In June 2016, Leon Bragg, Doctor of Dental Surgery (DDS), Chief Dental Officer for the OHCA was recognized by Delta Dental of Oklahoma for his service as President of the Medicaid Medicare Children's Health Insurance Program (CHIP) Services Dental Association (MSDA);
- In July 2016, Text4Baby (T4b) enrolled its 1 millionth participant with the help of more than 40,000 Oklahoma moms-to-be and new moms. For more information visit Text4baby;
- In September 2016, the OHCA State Medicaid Director, Becky Pasternik-Ikard was offered the permanent position of Chief Executive Officer of the Oklahoma Health Care Authority by the agency's board of directors; and
- In November 2016, the OHCA and Tribal Leaders convened for their Tenth Annual Tribal Consultation. The annual consultation provides an opportunity for Oklahoma tribes to receive updates, as well as give input and ask questions about SoonerCare (Oklahoma Medicaid) and Insure Oklahoma. The meeting also brings state tribal leaders together to brainstorm and share best practices with OHCA.

III. ENROLLMENT INFORMATION

A. Member Enrollment[1]

Member enrollment for SoonerCare Choice and Insure Oklahoma is based on meeting requirements for citizenship, state residency, categorical and financial guidelines.

2016 Members Enrolled in SoonerCare Choice and Insure Oklahoma	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Total Number of Qualified Individuals Enrolled in SoonerCare Choice	**528,847**	**529,917**	**541,863**	**549,184**
SoonerCare Choice Percentage of total Medicaid Population	70%	70%	67%	70%
A) Title XXI	93,957	91,632	97,726	103,484
B) Title XIX	434,890	438,285	444,137	445,700
C) Adults	100,317	100,051	100,833	101,234
D) Children	428,530	429,866	441,030	447,950
E) Ration – Adult/Child				
Adult	19%	19%	19%	18%
Child	81%	81%	81%	82%
Total Number Enrolled in Insure Oklahoma[2]			**19,170**	**20,125**
A) Individual Plan (IP)			4,596	4,865
B) Employer Sponsored Insurance (ESI)			14,574	15,260
Total Number Enrolled in SoonerCare Choice and Insure Oklahoma			**561,033**	**569,309**

[1] Enrollment numbers are point in time numbers.

[2] OHCA was working on a system migration for the Insure Oklahoma enrollment numbers during the first and second quarters of this year, therefore enrollment numbers were not available.

III. ENROLLMENT INFORMATION (cont'd)

Demonstration Populations

The chart below reflects the Oklahoma SoonerCare Choice and Insure Oklahoma demonstration populations qualified for the 1115 Demonstration Waiver. Children's Health Insurance Program (CHIP) numbers are point in time numbers from the budget neutrality worksheet.

2016 Demonstration Populations: Enrolled and Potential Members	Currently Enrolled	Potential Population	**Total Qualified**
TANF-Urban	283,053	61,192	**344,245**
TANF-Rural	222,810	8,952	**231,762**
ABD-Urban	22,479	8,674	**31,153**
ABD-Rural	20,496	2,301	**22,797**
Other[3]	346		**346**
Non-Disabled Working Adults (IO)[4]	19,824		**19,824**
Working Disabled Adults (IO)[5]	0		**0**
TEFRA Children	599		**599**
CHIP Medicaid Expansion Children Enrollees	103,484		**103,484**
Full-Time College Students (IO)[4]	433		**433**
Foster Parents[5]	0		**0**
Not-for-Profit Employees[5]	0		**0**

2016 Demonstration Populations: Member Months	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
TANF-Urban	994,863	987,987	1,010,027	1,030,715
TANF-Rural	676,822	665,888	682,505	695,915
ABD-Urban	91,666	93,707	93,937	93,778
ABD-Rural	71,790	69,048	68,853	68,812
Non-Disabled Working Adults (IO)[4]	56,619	51,735	56,279	58,370
Working Disabled Adults (IO)[5]	0	0	0	0
TEFRA Children	1,753	1,794	1,796	1,806
CHIP Medicaid Expansion Children Enrollees	283,131	275,370	291,306	310,999
Full-Time College Students (IO)[4]	971	958	876	948

[3] Other Includes BCC, TEFRA and other SoonerCare Choice members who are not part of TANF or ABD.
[4] The OHCA continues to refine the data system for Insure Oklahoma reporting. In order to ensure more accurate reporting of data all number are within an approximate two percent variance.
[5] The OHCA has authority to enroll this population, but does not at this time.

III. ENROLLMENT INFORMATION (cont'd)

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)
Tax Equity and Fiscal Responsibility program is for children with physical or mental disabilities whom are not qualified for Supplemental Security Income benefits because of their parent's income, but are able to qualify for SoonerCare benefits if they meet the TEFRA requirements.

During 2016, the Executive Council initiated and continues to work towards implementation of a web portal. One of the primary goals of the portal is to provide a streamlined application, allowing users to access multiple state systems without having to enter information multiple times. It will also be used to coordinate supports and services, and provide pre-screening for Medicaid applicants.

The four objectives that were created by the Council in 2016 consisted of the following:

- Provide for the regular, periodic dissemination of information about resources to individuals on the waiver services request list;
- Develop and implement resource training programs that are designed for state employees to employ at the point of intake and for families and self-advocates to access;
- Improve the ease-of-use and prominence of information on state agency websites concerning resources of a uniform disability information web portal; and
- Analyze how to best prioritize the waiver services request list.

In October, the Deliver Interoperable Solution Components Utilizing Shared Services (DISCUSS) voted to fund the portal project. The project is a $1.3 million project that will get a 90/10 funding match. The funding will be divided among the Health and Human Service agencies over the next two years. Each agency has a DISCUSS designee and web development committee designee. Information will be sent to the Executive Council members and each health and human service agency will begin internal development for the portal.

In 2016, the OHCA TEFRA staff participated in Little Lighthouse Health Fair that took place in Tulsa, Oklahoma. TEFRA staff answered questions and provided information to parents regarding TEFRA benefits.

The OHCA continues to collaborate with the Department of Human Services (DHS). The wait time for working applications and re-certification of TEFRA cases continued to improve with the addition of a dedicated TEFRA worker at the Department of Human Services. Further improvement is expected with implementation of the web portal next year.

III. ENROLLMENT INFORMATION (cont'd)

TEFRA Member Enrollments 2016	Jan-Mar	Apr-Jun	Jul-Sep[6]	Oct-Dec[6]
SoonerCare Choice	74	61		
Total Current Enrollees	**611**	**612**	**597**	**599**

B. Provider Enrollment

SoonerCare Provider Enrollment by Type

Provider types include Physicians, Physician Assistants (PA) and Advanced Practice Nurses (APNs). Providers are contracted to provide health care services by locations, programs types, and specialties. The term "contracted" is defined as a provider that was enrolled with Oklahoma SoonerCare within the reporting period, it does not necessarily indicate participation.

Providers are counted multiple times if they have multiple locations, program types and/or specialties. Provider type counts are duplicated for the quarter; therefore, the total does not match the total SoonerCare Choice providers currently enrolled in a given month of the Fast Fact report.

2016 Provider Types	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
MD/DO	1,680	1,688	1,783	1,706
PA	384	338	338	343
APN	644	669	685	697
Total PCPs	**2,708**	**2,695**	**2,806**	**2,746**

2016 Insure Oklahoma Provider Types	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
MD/DO	1,302	1,303	1,373	1,331
PA	345	299	298	304
APN	502	525	545	561
Total PCPs	**2,149**	**2,127**	**2,216**	**2,196**

[6] As of July 2016, the OHCA is using the data that comes from the quarterly budget neutrality to reflect total enrollees for the TEFRA program.

III. ENROLLMENT INFORMATION (cont'd)

SoonerCare Medical Home Provider by Tier

Patient Centered Medical Home (PCMH) providers are arrayed into three levels or tiers depending on the number of standards they agree to meet. SoonerCare PCMH can assist members with managing basic and special health care needs. The Patient Centered Medical Homes are responsible for providing or otherwise assuring the provision of medically necessary primary care and case management services and for making specialty care referrals. These counts were computed using a different method than indicated elsewhere on the report and are not comparable to any other figures. Non-participating PCMH are excluded.

2016 Providers by Tier	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Percentage in Tier 1: Entry Level Medical Home	478	472	466	454
Percentage in Tier 2: Advanced Medical Home	228	222	219	217
Percentage in Tier 3: Optimal Medical Home	203	198	192	187

Primary Care Physician (PCP) Capacities

Capacity Available represents the maximum number of members that PCPs request to have assigned to their panel. Capacity Available also represents the maximum number of members that PCPs request to have assigned within OHCA's limit. Panels on hold status are excluded from the capacity calculation. The facility's panels such as group practices, Federally Qualified Health Clinic (FQHC), Rural Health Clinic (RHC) and other clinics are included.

	Jan-Mar		Apr-Jun		Jul-Sep		Oct-Dec	
2016 SoonerCare Choice & IO PCP Capacities	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used
SoonerCare Choice	1,162,242	41%	1,166,074	42%	1,200,593	42%	1,176,817	43%
SoonerCare Choice I/T/U	99,499	16%	99,499	17%	99,499	18%	99,499	18%
Insure Oklahoma IP	447,412	1%	445,872	1%	452,847	1%	428,362	1%

III. ENROLLMENT INFORMATION (cont'd)

Indian Health

Indian Health clinics include Indian Health Services, Tribal Clinics and Urban Indian Clinics (I/T/U). Indian Health refers to services that are available to American Indians and Alaskan Natives through the Indian Health Services (IHS) tribal clinics, hospitals and urban Indian health facilities.

2016 Indian Health Provider Enrollment	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Clinics	58	58	58	58

C. Systems

Applications/Recertification

Online enrollment enhances eligibility determination by accepting applications over the internet. Individuals now have the opportunity to apply for SoonerCare, SoonerPlan, Soon-to-be Sooners and Behavioral Health programs on the internet and receive immediate results from the information they have submitted. Members are enrolled within 72 hours after receiving a completed application. The OHCA stopped using its agency paper application and began using federal paper applications in accordance with the Patient Protection and Affordable Care Act. Some rural areas may not have internet access; therefore, a paper application can be submitted.

2016 OHCA Media Type of Applications for SoonerCare	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	**Totals**
Home Internet	86,284	63,316	55,287	48,319	**253,206**
Agency Internet	34,849	27,757	25,298	19,552	**107,456**
Totals	**121,133**	**91,073**	**80,585**	**67,871**	

2016 Indian Health Online Enrollment Applications for SoonerCare	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	**Totals**
Cherokee Nation	1,337	936	1,041	777	**4,091**
Chickasaw Nation	624	623	647	461	**2,355**
Choctaw Nation	1,029	1,070	908	703	**3,710**
Indian Health Services	3,147	2,633	2,944	2,117	**10,841**
Totals	**6,137**	**5,262**	**5,540**	**4,058**	

IV. OUTREACH AND INNOVATIVE ACTIVITIES

A. Outreach

The Oklahoma Health Care Authority coordinates outreach efforts in order to inform, educate and potentially enroll qualifying children and families in the SoonerCare Program and to help qualified members access services. The OHCA newsletters communicate information to our providers and members and are sent electronically through email or email blast; a select group of members and providers are receiving them through text messaging. Due to budget constraints smoking cessation and miscellaneous promotional items were not available throughout the year.

2016 Outreach Materials Printed and/or Distributed	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Member Materials Printed/Distributed				
Annual Benefit Update Packet[7]	0	0	0	0
New Member Welcome Packets	19,554	27,832	27,402	33,597
Information/Enrollment fair fliers	15,440	19,442	95,520	27,810
Postcard w/ER utilization guidelines	1,500	30,322	5,100	1,480
TEFRA Brochures	0	Out of stock	Out of Stock	Out of Stock
BCC Brochures				
a. English	1,070	Out of stock	Out of stock	0
b. Spanish	490	160	150	0
c. Postcards[8]			2,200	Out of Stock
SoonerRide				
a. English	6,520	7,980	Out of stock	0
b. Spanish	0	0	0	0
c. Postcards[9]				5,000
SoonerCare Outreach Material				
SoonerCare Color and Activity Books	Out of stock	Out of stock	12,610	3,290
Misc. Promotional items (magnets, bandages, hand cleaner)	1,700	3,200	0	0
Smoking Cessation (English/Spanish combined)	0	0	0	0
SoonerCare Newsletters				
SoonerCare Companion Member Newsletter[10]	0	0	0	204,724
Provider Newsletters	20,980	8,788	16,659	21,717
Dental Provider Newsletters	1,110	550	363	849
Provider Outreach Materials	7,438	10,049	4,652	100
Oklahoma Indian Tribe-Specific Materials	5	8	0	728

[7] The annual Benefit Update Packet is no longer being distributed.
[8] This is a new item as of July 2016.
[9] This is a new item as of October 2016.
[10] Starting this year this newsletter will be distributed only once or twice per year.

IV. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

Member Services (MS)

The OHCA Member Services unit is responsible for sending outreach letters to assist specific SoonerCare members with care coordination. These members include expectant mothers and mothers with newborns. Members receiving letters may call the SoonerCare helpline and ask for the appropriate outreach representative to receive information about their medical home and other related program education.

2016 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 –	8,007	24%	6,527	31%	7,222	32%	6,103	22%	**27,859**	**27%**
Households with Newborns Outreach –	8,637	14%	8,759	14%	10,279	12%	9,276	8%	**36,951**	**12%**

The OHCA Member Services unit provides assistance to members so they can access medically necessary services. The MS unit works in collaboration with the SoonerCare Eligibility Unit to answer members' and applicants' calls regarding Online Enrollment and to resolve issues regarding member eligibility, therefore promoting continuity in the SoonerCare program. Additionally, the MS unit does outreach calls to those members who have received a confirmed cancer diagnosis or when it is time to renew their benefits in order to continue treatment.

2016 Member Services Activity	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Calls to BCC Members with Confirmed Cancer Diagnosis	74	27	83	39
Calls to BCC Members at Renewal Period	34	26	48	48
Member Service Calls Handled in English	21,384	20,406	21,880	18,785
Member Service Calls Handled in Spanish	1,420	1,264	1,193	1,000
Member Inquiries	17,148	12,198	18,248	16,493

B. Innovative Activities

Electronic Health Records

Under the Health Information Technology for Economic and Clinical Health Act (HITECH Act), which was enacted under the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments are available to qualified professionals, critical access hospitals and qualified hospitals that successfully demonstrate meaningful use of certified Electronic Health Record (EHR) technology. The EHR Incentive Program technology has enabled providers to easily track the members' health information as well as enable the member to become more engaged in their health care.

IV. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

In 2016, the OHCA completed the systems updates to meet the new Centers for Medicare and Medicaid Services (CMS) final rule requirement. Modified rules were implemented during the first quarter in 2016, eliminating the three stages of Meaningful Use and leaving only one set of measures and objectives that must be met.

Hospitals and professionals attesting to Adopt/Implement/Upgrade (AIU) involve preparing for utilization of the electronic health record technology and must be accomplished before Meaningful Use attestation can take place. As of December 2016, 258 providers attested to AIU and 805 attested to Meaningful Use.

Additionally, an outreach effort was initiated in 2016 that consisted of sending out flyers to non-participating providers, reminding them of the program and current deadline of March 31, 2017, for submission of attestation documentation for 2016. Follow-up calls were made to those providers reiterating the deadline, as well as identifying reasons as to why they are not participating in the program.

2016 Cumulative EHR Incentives Paid	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Qualified Professionals	$69,586,672.00	$73,199,173.00	$77,605,007.01	$79,628,007.00
Qualified Hospitals	$117,662,651.00	$119,090,088.00	$119,361,908.53	$120,993,174.00
Cumulative Totals	**$187,249,323.00**	**$192,289,261.00**	**$196,966,915.54**	**$200,621,181.00**

Medicaid Management Information System (MMIS) Reprocurement

The Medicaid Management Information System (MMIS) reprocurement project is an initiative to implement system enhancements to the Oklahoma MMIS system. Hewlett Packard Enterprise Services (HPES) has conducted the MMIS project using a phased-in approach. Phase I includes system upgrades and Phase II includes mandates, agency priorities and system enhancements. Some important focal points of the reprocurement enhancements are a Care Management Request for Proposal (RFP), Medicaid Enterprise Certification toolkit and enterprise architecture network diagrams.

IV. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

Important focal points of the MMIS in 2016 include:

- The OHCA continued progress on the Care Management Request for Proposal (RFP). The MMIS team worked on defining the requirements for the RFP and completing the baseline project plan;
- A new Medicaid Enterprise Certification toolkit was released in April 2016 by CMS. The new certification toolkit requires new processes and artifact development for procurement and funding requests;
- The OHCA completed the enterprise architecture network diagrams in May 2016. Additional modernization documentation including Logical and Conceptual Database diagrams are scheduled to begin in July 2016;
- The MMIS team completed the 2016 Insure Oklahoma improvement project;
- The MMIS team completed requirements allowing services referred by an Indian Health Services (IHS) provider to a non-IHS provider to be claimed at 100% match with certain restrictions; and
- The Transformed Medical Statistical Information System (TMSIS) project moved to production readiness status effective November 29, 2016.

Data Governance Policies and Procedures

The Data Governance Director works closely with the Data Governance Committee (DGC) around data policies and procedures. The DGC is made up of a cross section of OHCA employees. The DGC efforts take a proactive approach in ensuing that OHCA has reliable and comprehensive data to support good decision-making. Additionally, this group manages sharing OHCA data with other state agencies and organizations to benefit the State overall and comply with applicable laws. The Data Governance Director also represents the OHCA in similar activities involving multiple agencies with considerations given to data that can be shared.

In 2016, the Office of Data Governance (ODG) merged with the OHCA Reporting and Statistics unit. The Data Governance Director is working with agency staff to review agency reports and has made updates to the reports so they are consistent across the board. The Data Governance steering committee continues to meet at least once a month to develop a framework that proactively manages the data assets of the agency.

The Data Subcommittee continues to explore opportunities for more efficient collaboration among the various state and non-state agencies especially in the Health and Human Services arena. The state Health Information Exchange (HIE) project continues to be a great opportunity for collaboration therefore, the effort to bring more agencies to the table for data sharing is ongoing and promising.

Throughout the year, the ODG had meetings with the Oklahoma Department of Human Services, Oklahoma Department of Rehabilitation Services, Oklahoma Department of Mental Health and Substance Abuse, Oklahoma State Department of Health and Office of Management Enterprise Services.

The following are meeting discussions and projects that took place in 2016:

- The Memorandum of Understanding (MOU) Data Exchange was signed by the Data Subcommittee (formed out of the DGC). They put together a document that will help the OHCA be consistent in the implementation of the MOU. The MOU is an agreement to share data information between agency partners;
- The Oklahoma State Department of Health went live in September 2016 with the Master Patient Index (MPI) birth and death data. The Oklahoma State Department of Health continues to analyze data loaded to the MPI which consists of birth and death data to ensure duplication of information is reduced. The initial training was completed for staff that will be using the MPI tool and additional training will be provided as new staff come on board;
- The Office of Data Governance (ODG) completed a new procedure for how Contractor Telework requests are handled while working offsite; and
- Cognosante (consultant contractor) continues to provide consulting services to assist with the establishment of the OHCA Data Governance team. In 2016, meetings were held with end users to get their feedback on how adequately the OHCA Decision Support System (DSS) is functioning and took suggestions on proposed changes.

In addition, the work on the assessment of the current DSS by a third party vendor to identify improvement needs was concluded in November. The recommendations are being prioritized based on resources and impact area. The steering committee continues to meet at least monthly to work on a clear framework that proactively manages the data assets of the agency.

C. Stakeholder Engagement

Tribal Consultation

The OHCA convenes consultation meetings with tribal partners throughout the state in order to better collaborate with the tribes on all program and policy updates and changes. Tribal consultation meetings are held on the first Tuesday of every odd numbered month. For those who are not able to attend in person, the OHCA provides online and teleconference technology. In 2016, the OHCA held six tribal consultation meetings with participants from the Absentee Shawnee Tribe of Oklahoma, Cherokee Nation, Cheyenne and Arapaho Health Board, Chickasaw Nation, Choctaw Nation, Citizen Potawatomi Nation, Muscogee (Creek) Nation, Modoc Tribe, Sac and Fox, Black Hawk Health Center, Seminole Nation, Indian Health Care Resource Center of Tulsa, Indian Health Service's Oklahoma City Area Office, the Oklahoma City Indian Clinic, Department of Veterans Affairs and U.S. Department of Veteran's Affairs.

IV. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

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

- Status of the Sponsor's Choice program waiver amendment;
- Proposed provider rate cuts contingent upon FY 2017 appropriations;
- State Plan Amendment to reduce payments for coinsurance and deductibles on Medicare crossover claims;
- Pharmacy reimbursement rates for I/T/U facilities;
- Proposed permanent rule changes including revisions in: Purchasing, School Based Services, Inpatient Behavioral Health Services, State Plan Amendment Rate Committee (SPARC) membership, Federally Qualified Health Centers (FQHC's), I/T/U's; and
- Availability of LogistiCare non-emergency transportation services for tribal members.

The OHCA hosted the Tenth Annual Tribal Consultation on October 19, 2016. Seventeen Tribes, two Urban Facilities, and the Indian Health Service were represented, as well as two state agencies and the Southern Plains Tribal Health Board. The meeting was held as an open forum and topics of discussion included:

- Sponsor's Choice program status;
- Payment rate for prescriptions;
- Change in on-line choice methodology for a primary care physician;
- The need for behavioral health and substance abuse services; and
- Implementation of virtual visits.

The OHCA Tribal Unit is in the process of developing an action plan that addresses many of the topics discussed. The action plan defines specific objectives, next steps in addressing the individual objectives and assistance to tribes with finding available resources.

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.

IV. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

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 to inform agency policy and programmatic decision makers of opportunities for ongoing program improvements from the member's prospective. The MATF performs four primary roles. It 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 met six times this year, February, June, August, September, October and November. The February MATF meeting included topics such as updates on phone applications and portals for the SoonerCare members; the State's budget and legislative updates; and a Facebook group that would include information from the MATF meetings as well as software with questions and answers to help the physician's office staff better serve SoonerCare members.

For the second quarter meeting, the OHCA Chief Communications Officer, Ed Long, explained how he represented the MATF when giving a presentation on "Family Engagement in Medicaid Decision-Making" at a national conference in June. Other states were impressed by the Oklahoma MATF model with Family engagement as a goal and plan to incorporate it in their own models for engaging families. Other MATF discussions included the Medicaid Rebalancing Act 20/20, which did not have much support by the legislature but ultimately was not approved during this 2016 legislative session; and the reporting of a better than expected budget for the OHCA, allowing the agency to not implement the 25 percent provider rate cut announced earlier in the year. Four units at the OHCA completed the organizational assessment from the School of Health at Emory; this helped give insight into strengths and opportunities while ensuring that members are as health literate as possible.

During the third quarter meetings of August and September the MATF discussed the continued success of the OHCA Text4Baby and Quit4Baby mobile apps and the possibility of adding a mobile app for other members as well. Sending electronic newsletters to members was also discussed during the September meeting. Members began receiving them in October of this year. Savings for the SoonerCare Member Handbook was over $100,000 because of MATF recommendations.

The fourth quarter meeting highlighted the fruition of the MATF's recommendation to add members' personal stories and encounters with SoonerCare to OHCA newsletters and videos. MATF members also gave recommendations for the SoonerFit website such as recipes for picky eaters, which was added to the website, and the addition of links that relate to current information on the site.

V. OPERATIONAL/POLICY DEVELOPMENTS

A. SoonerCare and Insure Oklahoma Operations

1. Department Operations

Office of Health Promotions and Health Promotion Community Strategists

Health Promotion Strategists

The Health Promotion Strategists (HPS) and Health Promotion Coordinators (HPCs) primary goals and objectives are to reduce health risks and improve the health status of targeted groups while building positive relationships and educating on any issues regarding SoonerCare programs and initiatives that benefit members. This is accomplished by developing productive relationships with organizations in promoting health, local partners and SoonerCare members. The OHCA HPCs continued their outreach efforts and promotion of The Oklahoma Tobacco Helpline (OTH), SoonerFit initiative and Text4Baby with the Oklahoma State Department of Health (OSDH).

In 2016, Office of Health Promotions (OHP) has expanded the SoonerQuit Engagement Grant. OHP will now house two grants, SoonerQuit Health Promotion and SoonerQuit Provider Engagement. In addition, discussions have started between OTH, OHCA's Pharmacy unit and OHP about cost sharing pharmacotherapy with the Oklahoma Tobacco Helpline and Medicaid. OHP anticipates starting this new cost-sharing component June 30, 2017.

SoonerFit

In 2016, SoonerFit posted: How to Videos to OHCA's Facebook and SoonerFit.org on how to prepare vegetables, fruits, and healthy meal demonstrations. The SoonerFit website page is available for SoonerCare members and all Oklahomans. It contains tools, resources and vital information regarding leading fit and healthy lifestyle in a fun, affordable and easy way.

Health Promotion Community Strategists

The Health Promotion Community Strategists (HPCS) represent the OHCA as outreach liaisons to the agency partners, members and community. Their 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.

Outreach efforts for HPCS are accomplished through a variety of ways, such as:

- Attending coalitions, committee and task force meetings;
- Performing public outreach around the state and distributing printed resources; and
- Establishing a strong presence at health fairs and forums throughout the state.

The Office of Health Promotions team established new partnerships throughout the year bringing the total of active partnerships to approximately 589. The Office of Health Promotion team established a total of 51 new partnerships in 2016.

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 programs are to increase cessation best practices and reduce tobacco prevalence among SoonerCare members. Programmatic measurements focus on increased referrals to the Oklahoma Tobacco Helpline and pharmacotherapy utilization. This program is currently focused in the extended Oklahoma City metro area with expansion anticipated in FY18. The Oklahoma Health Care Authority partnered with Oklahoma's Tobacco Settlement Endowment Trust (TSET) fund and the (OSDH) to administer the Provider Engagement program.

In 2016, the SoonerQuit Provider Engagement program utilized practice facilitation to educate providers on tobacco cessation best practice methodology in 24 clinics. Sixty-six providers participated in the program in 2016.

The Oklahoma Tobacco Helpline is a free service for all Oklahomans seeking to quit their tobacco use. The helpline can be assessed by phone at 1-800-QUIT-NOW or online at Oklahoma Tobacco Helpline.

The Oklahoma Health Care Authority's Community Relations website page provides OHCA partners with tools, resources and vital information to connect members to their communities. The website can be found at: OHCA Community Relations website.

Medical Authorization Unit (MAU)
The purpose of the Medical Authorizations Unit (MAU) is to review medical Prior Authorization Requests (PARs) from providers assuring medical necessity has been met for the services and/or supplies being requested per established guidelines. This includes CMS criteria, Federal and State guidelines as well as OHCA Policy. As of November 2016, the eviCore contract has been modified and as a result there will be a decrease in prior authorizations handled by the contractor. Prior Authorization Requests are submitted by providers for the following services:

- Medical;
- Behavioral Health;
- Dental;
- Durable Medical Equipment; and
- Pharmacy.

Providers have the option to submit Prior Authorizations (PA) via internet, phone or fax.

The primary goals for this unit are to ensure timely reviews of PARs, provide access to medically-appropriate equipment and services and to increase the quality of care that SoonerCare members receive.

V. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

- Effective March 1, 2016, MAU began reviewing Urine Drug Screens. The MAU has received over 200 requests per day since inception of this program. However, MAU believes these requests will begin to decline as providers are further trained and understand what urine drug screen coverage is allowed for SoonerCare members; and
- Beginning in July 2016 through December 2016 MAU is currently not reporting the approved PARs and denial PARs; they are pursuing methods of obtaining more accurate numbers (MAU is modifying reporting criteria for this category). The MAU page on the OHCA website continues to be an added resource for providers. Providers are now able to use the MAU Link in order to access required forms for PARs, general information, MAU Frequently Asked Questions (FAQs) and information on imaging and scans.

2016 Medical Authorization Unit Activity	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	**Totals**
MAU Calls Handled	1,605	1,119	1,063	1,681	**5,468**
PARs Received	15,739	16,315	14,427	21,809	**68,290**
Line Items Received	26,172	31,313	27,417	41,590	**126,492**
PARs Approved[11]	12,854				
Percentage of PAR Denials	3%	2%	2%	1%	
Number of Reviewers	12	11	9	10	
Average Number of PAs per Reviewer	437	511	534	702	

2016 eviCore Activity	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	**Totals**
eviCore Calls Handled	6,327	4,923	4,756	3,561	**19,567**
Total Prior Authorizations	18,240	16,957	17,279	16,788	**69,264**
Number of Reviewers (Analyst or Nurse)	115	115	115	115	
Average Number of PAs per Reviewer	53	49	50	49	
Percentage of Total PA Denials	12%	12%	12%	10%	
Number of Denials	2,145	2,021	2,013	1,731	**7,910**

Population Care Management (PCM)

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.

[11] MAU stopped reporting the approved PARs as of April. They are pursuing methods of obtaining more accurate numbers.

V. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

The PCM division's main goals are:

- Timely case management, including appropriate referrals, in accordance with established OHCA desktop procedures for specifically targeted intervention groups and self-identified or provider identified members;
- 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.

Case Management Unit (CMU)
The Case Management unit (CMU) provides event-based case management and certain supportive medical eligibility determinations and utilization management functions to other areas of the agency such as Long Term Care Administration Unit, PACE and the TEFRA Eligibility unit. The CMU implemented a new function this year called the Care Coordination Panel. Its purpose is to flag members for participation in various programs that have a care coordination component. The data compiled, as a result of this panel, has aided in avoiding duplication of services and has promoted collaboration and coordination between programs.

Phase I one of the Fetal Infant Mortality Rate (FIMR) initiative continued to progress through 2016. The CMU reported a total of 840 new FIMR mother cases with an average of 289 FIMR mom members in active case management in any given month during the year. The decision was made to end Phase I of the FIMR program on July 1 of 2016. While the program was determined to be successful by an independent evaluation, the High-Risk Obstetrical (OB) and At-Risk Obstetrical (OB) case management programs have better overall outcomes. The independent evaluation can be found at Studies and Evaluations by scrolling down to "2016 – Population Care Management Independent Evaluation". Phase I FIMR moms in the program prior to July 1 will continue to receive case management services until delivery.

2016 Phase I: Outreach to FIMR Population – Participating Mothers	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
New Cases	150	121	162	141	117	149	0	0	0	0	0	0
Existing Open Cases	540	504	446	444	406	397	243	178	130	83	61	39

Phase II of the initiative which focuses on educating prenatal women on their newborn's needs had a total of 2,087 cases with an average of 1,233 baby members per quarter during the year.

V. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

2016 Phase II: Outreach to FIMR Population – Infants Younger than 1	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
New Cases	191	167	184	142	170	196	156	177	167	176	162	199
Existing Open Cases	1,594	1,546	1,280	1,146	1,081	1,085	1,061	1,120	1,149	1,198	1,228	1,305

The Interconception Care (ICC) initiative is also included in the FIMR evaluation. This initiative centers on pregnant women, ages 13 to 18, which have been identified in the 13 FIMR counties who can remain in active care management until one-year post delivery. The CMU staff enrolled 58 new ICC moms this year with an average of 54 moms managed in this program during any given month. At the end of the year, 36 ICC babies were being followed with an average of 17 babies followed each month in 2016.

2016 Phase I: Outreach to FIMR Population – Participating Mothers	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
New FIMR/ICC	3	6	4	7	7	6	3	7	6	1	3	5
Existing FIMR/ICC	51	54	50	53	52	55	51	55	58	55	53	56

2016 Phase II: Outreach to FIMR Population – Infants Younger than 1	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
New Cases FIMR/ICC	0	0	0	1	0	0	1	4	4	0	0	4
Existing FIMR/ICC	4	5	4	13	13	13	18	22	27	26	26	36

Chronic Care Unit

The Chronic Care Unit (CCU) continued to provide members and their providers with telephonic support. The CCU supports members who are high-risk or at risk for chronic conditions, and have PCP's not aligned with an in-office health coach. Members are identified through comprehensive risk profiling, self-referral and provider referrals. The CCU targeted members with Hemophilia and Sickle Cell Disease who have high cost and ER utilization, members with prior authorization for Bariatric surgery process and prior authorization for Hepatitis C pharmaceutical treatment. In addition to those targeted groups, the CCU also receives referrals from members with chronic conditions and providers seeking services for members with chronic conditions. In 2016 the CCU averaged 455 cases per month and a total of 800 cases were opened during the year.

V. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

CCU Cases	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	**Totals**
Avg. Cases per Quarter	461	425	451	482	
New Cases per Quarter	214	178	182	226	**800**

The CCU continued its collaboration with the OHCA pharmacy unit, Jimmy Everest Center at OU Medical Center and worked closely with the OHCA HMP unit throughout the year. To date, the CCU has provided support for more than 217 Hepatitis C treatment cases, coordinating care between the members, prescriber, PCP, supplying pharmacy and OHCA pharmacy staff. They also continue to enhance case management for high cost members with Sickle Cell disease and Hemophilia through quarterly meetings with nurses and social workers from the Jimmy Everest center. This unit also initiated outreach efforts on select members who have completed the online health risk assessment whose results showed a specific chronic disease profile. The CCU continues to work with HMP on select populations with Chronic Diseases.

Breast and Cervical Cancer Program (BCC)

The Breast and Cervical Cancer Program requires women to screen for breast or cervical cancer under the Breast and Cervical Cancer Early Detection program (BCCEDP). Qualifications for this program are abnormal screening results or a pre-cancerous condition. This program, also known as Oklahoma Cares, is a partnership of the OSDH, the DHS, the Cherokee Nation, the Kaw Nation and the OHCA.

The BCC total enrollment averaged 417 cases per month with an average of 43 new cases received per month in 2016.

In 2016, the OHCA received a total of 921 applications for the BCC program. Of these applications, 220 were denied for reasons including no medical records, DHS denials and no qualifying abnormality. A total of 701 applications were approved for the BCC program during 2016. For January through March there were two applications that did not have medical records to determine if they had breast or cervical cancer. For July through September there was one application that did not have medical records to determine if they had breast or cervical cancer.

V. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

2016 BCC Applications	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	**Totals**
Total Applications Received[12]	228	232	236	225	**921**
Number of Applications Denied	49	69	63	39	**220**
Number of Applications Approved	179	163	173	186	**701**
Of the Number of Applications Received, Diagnosed with Breast Cancer	85	97	110	86	**378**
Of the Number of Applications Received, Diagnosed with Cervical Cancer	141	135	125	139	**540**
Of the Number of Applications Received, Diagnosed with Breast and Cervical Cancer	0	0	0	0	**0**

[12] The total of applications received equals the summation of breast and cervical applications.

V. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

Care Management Activity 2016	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Active Cases under Care Management	11,692	9,096	8,312	8,154
Case Load per Adjusted RN FTE	457	418	365	361
High-Risk and At-Risk OB – Following	3,173	2,425	2,201	2,112
High-Risk and At-Risk OB – New	1,483	899	895	719
OK Cares New Enrollment	145	97	138	140
OK Cares Total Enrollment	1,299	1,236	1,217	1,254
Private Duty Nursing Cases - New	24	16	27	30
Private Duty Nursing Cases - Following	597	576	572	606
Onsite Evaluations (TEFRA, Private Duty Nursing)	151	135	105	99
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	222	167	224	185
Out of State – Clinical Review – New	220	270	251	245
Out of State – Clinical Review – Following	112	113	96	95

2016 Oklahoma Cares Member Enrollments	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
SoonerCare Choice	556	515	499	480
Traditional Enrollees	743	721	718	774
Totals	**1,299**	**1,236**	**1,217**	**1,254**

2016 BCC Certified Screeners	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Certified Screeners	1,091	1,109	1,113	1,114

2016 Outreach Activities Related to BCC Members	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	**Totals**
Care Management Activities Related to BCC Members	2,022	2,115	2,292	2,211	**8,640**
Number of Calls Made by Member Services to BCC Members at Renewal Period	34	26	48	48	**156**
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	74	27	83	39	**223**

Provider Services

The Provider Services unit's purpose is to maintain one provider network in order to support the members and to ensure provider satisfaction. Provider letters allow the agency to notify providers of updates, any new or changed policies, send out global messages and process changes in quality assurance/educational issues. Numerous letters were sent out over the course of the 2016 calendar year to inform providers of changes for various programs.

The 2016 OHCA Provider Letters are located on the OHCA Website.

2. Program-Specific Operations

Health Access Network (HAN)

Health Access Networks (HAN) are non-profit, administrative entities that work with providers to coordinate and improve the quality of care for SoonerCare beneficiaries. There are currently three HAN pilot programs in the state.

Active HANs in Oklahoma include:

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

The University of Oklahoma OU Sooner HAN

The OU Sooner HAN completed its sixth year of the pilot program in June 2016. The OU Sooner HAN care managed 7,199 unique individuals by the end of December 2016 with the following conditions:

- Asthma;
- Breast Cancer ;
- Cervical Cancer;
- Diabetes;
- Emergency Room Use;
- Hemophilia;
- General HAN;
- High-Risk OB; and
- Pharmacy Lock-In.

Page four of Attachment Two shows a large increase in enrollment of HAN members since inception as well as steady growth of HAN clinic locations. The percentage of HAN members served by location is shown on page five.

In 2016, the OU Sooner HAN Doc2Doc staff participated in the OHCA Provider Training to increase awareness of health access network offering. Participants in this event were given information regarding educational opportunities, as well as care management, referrals management and quality management support information. The OU Sooner HAN staff was available to answer questions about the Doc2Doc interface with the OHCA Secure Provider

Portal as well. By the end of December 2016, the OU Sooner HAN initiated 23,169 referrals through Doc2Doc. This opportunity also allowed the OU Sooner HAN to develop relationships with OHCA Provider Services Representatives and further understand the benefits that both teams could offer provider practices.

The OU Sooner HAN website can be accessed at OU Sooner HAN Website. For more detailed information on the OU Sooner HAN's provider network, training, lunch and learn series, conferences, utilization data or Doc2Doc, refer to Attachment One and Two for the Sooner HAN Annual report. Information on individual case studies can be found at Attachment One, page 53 and Attachment Two, page 39.

The Partnership for Healthy Central Communities (PHCC) HAN
The PHCC HAN completed its fifth year of the pilot program in June 2016. The Central Communities HAN website continues to be a primary tool for member education and community outreach. In 2016, efforts were increased to maximize utilization of the website. This includes distribution of pens, post-it notes and brochures through various public locations and events. The PHCC HAN maintains a strong web presence at PHCC Website, including a secure section for its enrolled patient-centered medical homes. The PHCC HAN staff also participated in various community groups. The groups include but were not limited to the following:

- Healthy Living Committee for Canadian County Health Department;
- Infant Mental Health Committee;
- Strategic Prevention Framework State Incentive Grant (SPF-SIG) through Red Rock;
- Regional Epidemiological Outcomes Workgroup (REOW) through Red Rock community groups;
- Canadian County Coalition for Children and Families;
- Coalition's Special Events Committee;
- Red Rock Prevention Group; and
- Canadian County Infant Mental Health and Trauma Resource Team.

In 2016, the PHCC HAN requested training on the Doc2Doc referral tool. The OU Sooner HAN presented information on Doc2Doc at the PHCC HAN primary care physician meeting. All providers and staff participated in this training. The OU Sooner HAN provided the PHCC HAN with a proposal in the second quarter of 2016 and the contract was signed by the end of September 2016. As of December 2016, two practices are utilizing the Doc2Doc referral tool.

The Asthma Improvement Plan (AIP) began March 2012 with ten members engaged. The AIP is the PHCC HAN's care management initiative. By the end of December 2016, there were

approximately 201 members engaged and eight peak flow meters were distributed. The AIP addresses the following outcomes for members:

- Improvements in quality and coordination of care for members with asthma as a diagnosis;
- Increased access to care for members with asthmas as a diagnosis;
- Provide coordinated care management program for members with asthma;
- Cost reductions for members with asthma as a diagnosis; and
- Implementation of a Care Management Initiative, in addition to other contractual programs offered to members with complex health needs, including frequent ER utilization, women enrolled in the Oklahoma Cares Program with breast or cervical cancer, pregnant women enrolled in the High Risk OB program and members with other chronic health problems.

The PHCC HAN continues to collaborate with PCPs on the Asthma Improvement Plan (AIP) initiative. In order to better inform providers about the AIP outcomes and to encourage more referrals, a brochure was created entitled "Provider Education: CC-HAN Asthma Improvement Plan". The brochure was distributed to all HAN providers during 2016. The brochure outlined the following outcomes to support the effectiveness of the AIP:

- Improvements in quality and coordination of care for members with asthma as a diagnosis;
- Increased access to care for members with asthma as a diagnosis;
- Provision of coordinated care management for members with asthma; and
- Cost reductions (fewer ER visits and hospitalizations) for members with asthma as a diagnosis.

Data showing lowered ER utilization rates among HAN members, during the reporting year, can be found on page 87 of Attachment Three.

For more detailed information on the PHCC HAN, including utilization data, refer to Attachment Three and Four to review the PHCC HAN's Annual report. For information on individual case studies, refer to Attachment Three, page 36.

Oklahoma State University Health Access Network (OSU) Network HAN
The OSU HAN completed its fifth year of the pilot program in June 2016. The OSU HAN care managed approximately 1,356 unique individuals by the end of December 2016 with the following conditions:

- Breast and Cervical Cancer;
- Emergency Room Utilization;
- High-Risk Obstetrics;
- Diabetes Mellitus;

- Hemophilia; and
- Asthma.

Page 17 of Attachment Five shows a steady increase in HAN care managed patients since October of 2015. The graph also shows a corresponding decrease in the number of ER visits among this population with an estimated total savings of $834,741.00.

The OSU HAN Director and Case Managers created an Asthma Care Plan in 2016. The Care plan includes a basic template from which to work and provides the case managers a targeted set of goals that are individualized for each patient who has the chronic condition. This allows the case manager to choose goals for an individual patient that meets the needs of that specific member.
The plan also allows case managers to track progress toward meeting those goals. Additionally, the OSU HAN is working in collaboration with the HAN Director, to cultivate a patient treatment plan for specific diagnoses that nurse case managers can follow and use as a guide while assisting their SoonerCare Choice members.

In 2016, the OSU HAN staff participated in various community organizations, trainings and conferences. The groups include but were not limited to the following:

- Muskogee Health Department;
- Blue Sky Health Clinic;
- Muskogee Head Start;
- Access to Healthcare Solutions;
- Martin Luther King Community Center;
- Motivational Interviewing;
- Case Management Training;
- 116th Annual Osteopathic Convention Conference: Medicine's New Frontier;
- Remote Access Medical Event (provided free dental, vision and medical exams); and
- 33rd Annual Primary Care Update Continuing Medical Education Conference.

In 2016, the OSU HAN began collaboration with the Center for Health Systems Innovation (CHSI) on a quality improvement initiative in regard to transportation inefficiencies in the rural health care setting. The purpose of the CHSI rural clinic transportation QI project is to improve the delivery of care by decreasing inefficiencies in transportation to rural primary care clinics. According to rural primary practice constituents, residents in rural Oklahoma, have extensive barriers with getting to their appointments on time or at all. Subsequently, primary practice clinics in these underserved areas face multiple workflow interruptions/delays due to these incidents. The goal of the project is to improve transportation services for rural patients in hopes of decreasing workflow inefficiencies caused by cancellations, delays and no shows to clinic appointments.

The CHSI and OSU HAN identified the Muskogee Children's Clinic in Muskogee, Oklahoma as a possible rural clinic that would be included in the pilot transportation efficiency program. The

CHSI lead on the project has met the practice administration who has expressed a concern for the clinic 'no show' rates due to transportation issues. The CHSI team lead and practice administration is working on a project timeline and a mechanism in which to monitor office practice activities.

Also, discussions began in 2016 with the OU Sooner HAN about the possible implementation of the Doc2Doc referral tool for the OSU HAN. The OSU HAN maintains a web presence catered to both physicians and patients. The website can be accessed at OSU HAN Website. For more detailed information on the OSU HAN, including utilization data, refer to Attachment Five and Six to review the OSU HAN's annual report.

The OHCA continued individualized HAN review meetings quarterly in calendar year 2016 and on an as-needed basis.

2016 HAN Enrollment Quarter Totals	OSU Network HAN	OU Sooner HAN	PHCC HAN
Jan-Mar	36,704	295,239	10,405
Apr-Jun	37,979	298,626	10,973
Jul-Sep	49,198	316,674	11,198
Oct-Dec	62,775	346,629	11,566
Totals	**186,656**	**1,257,168**	**44,142**

Health Management Program (HMP)

The Health Management Program (HMP) serves SoonerCare Choice beneficiaries ages 4 through 63 with chronic illnesses who are at the highest risk for adverse outcomes and increased health care expenditures. The OHCA works in partnership with our vendor Telligen, to administer the HMP.

This program embeds health coaches into the practices to help members become more invested in their health outcomes and improve self-management of chronic disease. Health coaches coordinate closely with the member's provider on health-related goals, as well as allow the provider to easily refer members to the health coaches. As of December 31, 2016, 43 practice sites were staffed with 38 embedded health coaches.

Health Coaches 2016	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Health Coaches	34	36	39	38

By the end of 2016 there were six practice facilitators assigned to each of the 39 practices with four to be determined pending tier assignment. Practice facilitation is divided into the following four tiers based on the level of services the practices are receiving.

Practice facilitators have health coach training and certification in nursing and chronic care, as well as work with the health coaches to coordinate efforts within the practices. The chart below

breaks out the level of practice facilitation services, as well as the number of practices in each practice facilitation tier.

Practice Facilitation Tiers	Description	Number of Practices
Tier 1	Practice has never received practice facilitation; clinic needs full practice facilitation services before deployment of a health coach.	10
Tier 2	Practice has received prior practice facilitation but requires additional training before deployment of a health coach.	5
Tier 3	Practice has received full practice facilitation, high-functioning practice and ready for deployment of a health coach.	24
Tier 4	High-functioning practice; has embedded care management staff due to participation in another initiative or grant program, but practice still requests inclusion in academic detailing and other educational services.	0
Pending	The four practices pending tier assignment have been delayed for various reasons including construction, satellite site assessment or an incomplete assessment.	4

Over the course of the year, practice facilitators and health coaches conducted approximately 172 academic detailing sessions with practices, as well as provided approximately 384 educational presentations. A few of the topics covered during these trainings included Stroke Education, signs and symptoms of Zika infection and precautions to take, diabetic eye exams, behavioral health awareness and exercises for improving Chronic Obstruction Pulmonary Disease (COPD) symptoms.

The mHealth initiative continued in 2016 with steady member utilization. The mHealth initiative is a mobile engagement solution that allows the HMP staff to communicate with members through text messages. The Health Coaches engage with the members regarding mHealth and educate them on how to enroll during the coaching sessions. There were 748 members enrolled in the mobile engagement solution called mHealth at the close of 2016.

In January 2016, the OHCA, in partnership with Telligen, launched the SoonerCare Pain Management Program as a strategy to address the opioid crisis. The program is designed to equip SoonerCare providers with the knowledge and skills to appropriately treat members with chronic pain. To accomplish this, the OHCA developed a proper prescribing toolkit that is distributed to participating providers. Practice facilitators are delegated to implement the components of the toolkit, which includes treatment protocols, Oklahoma Opioid Prescribing Guidelines, patient education and office visit forms. In addition, dedicated behavioral health resource specialists are available to assist providers with linking members with substance use disorder, or other behavioral health needs, to the appropriate treatment.

By the end of 2016, the Pain Management Program Sr. Nurse Analyst visited fifteen practices with 39 attendees to follow up with the clinics at the three and nine month point after the initial

facilitation on pain management to evaluate the effectiveness of the program and to determine how well the practice facilitators were doing. At the time of this report, 31 practices received practice facilitation through the Pain Management program.
The toolkit can be found on the OHCA website at SoonerCare Pain Management Program.

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 the Insure Oklahoma programs which are Employer-Sponsored Insurance (ESI) and the Individual Plan Insurance (IP). The ESI program gives small businesses the option to purchase commercial employer-sponsored insurance state approved health care coverage for their employees and families. The IP program is for individuals 19 to 64 years of age that are low-income working adults, self-employed, temporarily unemployed, and/or a college student. Individuals with the IP plan are not qualified for coverage with the ESI program.

- March 1, 2016, Insure Oklahoma (IO) launched its new online enrollment application for members and providers. The new IO application has been combined with SoonerCare (SC) online enrollment. This new online application will allow families who use both SC and IO programs to apply and manage their benefits through one online account;
- July 1, 2016, Insure Oklahoma changed its qualified benefit plan requirements to include self-funded employer plans. The self-funded employer plans must continue to meet the program's specifications. The Insure Oklahoma goal is to help additional employers qualify for the program; and
- On November 30, 2016, Insure Oklahoma received a one-year waiver renewal that will allow the program to operate through 2017. The staff coordinated with the Governor's office to announce the renewal, and also announced it to employers and insurance agents.

The OHCA began work on a new system migration this year which includes the enrollment numbers for Insure Oklahoma. Therefore, none of the Insure Oklahoma table data was reported during the first quarter of the year.

2016 Employer-Sponsored Insurance (ESI) Program Participating Employers	Jan-Mar[13]	Apr-Jun	Jul-Sep	Oct-Dec
Approved Businesses with Participating Employees		11,360	11,735	12,206

2016 Average ESI Member Premium	Jan-Mar[13]	Apr-Jun[13]	Jul-Sep	Oct-Dec
Member Premium			$340.52	$336.26

[13] Due to delays in the enrollment migration these numbers were not reported this quarter.

V. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

2016 ESI Subsidies	Jan-Mar[13]	Apr-Jun	Jul-Sep	Oct-Dec
Employers Subsidized		5,029	6,530	6,366
Employees and Spouses Subsidized		24,109	32,488	31,887
Total Subsidies		**$13,121,484.98**	**$14,136,980.55**	**$13,379,418.85**

2016 Average Individual (IP) Member Premiums	Jan-Mar[13]	Apr-Jun[13]	Jul-Sep[13]	Oct-Dec
Member Premiums				$37.32
Average FPL of IP Members				67%

2016 ESI Average Per Member Per Month	Jan-Mar[13]	Apr-Jun	Jul-Sep	Oct-Dec
Average Payment Per Employee		$309.23	$311.74	$314.17
Average Payment Per Spouse		$508.88	$506.65	$517.24
Average Per College Student		$280.08	$291.86	$296.38
Average Per Dependents		$188.53	$199.09	$203.14

2016 IP Subsidies	Jan-Mar[13]	Apr-Jun	Jul-Sep	Oct-Dec
Total Premiums Received		$214,276.51	$363,413.20	$408,463.27
Total Member Months		11,339	13,451	14,150
Total Paid Claims		$4,971,433.50	$5,985,957.68	$5,694,927,80
Average Claim PMPM		$422.25	$418.84	$373.44

2016 Insure Oklahoma Average Cost	Jan-Mar[13]	Apr-Jun[13]	Jul-Sep[13]	Oct-Dec
ESI				$97
IP				$29

2016 ESI Program Enrollment	Jan-Mar[13]			Apr-Jun[13]			Jul-Sep[13]			Oct-Dec		
	0-100% FPL	101-138% FPL	139% and Over	0-100% FPL	101-138% FPL	139% and Over	0-100% FPL	101-138% FPL	139% and Over	0-100% FPL	101-138% FPL	139% and Over
Employee										1,515	2,544	8,423
Spouse										330	482	1,631
Student										17	18	79
Dependent										2	0	219
IO ESI Totals										**1,864**	**3,044**	**10,352**

2016 IP Program Enrollment 0-100% FPL	Jan-Mar	Apr-Jun[13]	Jul-Sep	Oct-Dec
Employee	3,033		3,479	3,712
Spouse	839		923	966
Student	200		194	187
IO IP Totals	**4,072**		**4,596**	**4,865**

B. Policy Developments

1. Federal Authorities & Reporting Units

The Federal Authorities & Reporting units work in collaboration with CMS on waiver issues ensuring compliance with state and federal laws and authority. The Federal Authority unit works to ensure the State Plan benefits in conjunction with the Demonstration Waiver. The Reporting Unit works under the authority of the 1115 demonstration waiver which operates to provide the managed care system and the premium assistance programs throughout the state.

Some of the highlights from the Federal Authorities & Reporting unit this year included:

- The OHCA reduced monthly care coordination payments to Patient Centered Medical Home (PCMH) providers and decreased the total pool of funds available for SoonerExcel incentive payments in February 2016;
- On May 27, 2016 the Post Awards Forum was conducted at the OHCA. Attendees provided discussion and offered comment on how to become active members in providing quality services to members in need of medical and behavioral health care. Follow up information was provided to attendees in regards to leadership from OHCA and Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS);
- In 2016, there were some changes to the CMS 1115 Demonstration Waiver team. It was announced in June that Patricia Hansen would replace Shanna Janu as the new CMS Project Officer for 1115 Demonstration Waiver;

- Stacey Shuman from the CMS Region office in Dallas visited the Oklahoma Health Care Authority from June 7 through June 9;
- On November 30, 2016 the SoonerCare 1115 Demonstration Waiver received a one-year extension; and
- The state initiated procurement of Managed Care Organization (MCO) plans to serve the Aged, Blind and Disabled (ABD) population, with the release of an RFP on November 30, 2016. The state plans to establish two regions in the state, west and east, and will contract with 2-3 plans per region. Anticipated contract award would be late spring 2017, with actual implementation occurring in 2018.

2. Rule Changes

Throughout 2016, OHCA staff presented numerous proposed permanent rule changes to the Medical Advisory Committee and to the OHCA Board. Below is a brief summary of each policy change promulgated as a permanent rule and specific to the 1115 demonstration:

- APA WF # 15-30 allows providers more flexibility in conducting biopsychosocial assessments by removing specific required elements;
- APA WF # 15-27A removes language identifying medical residents as Primary Care Providers;
- APA WF # 15-07A decreases the number of units allowed for ultrasounds and other pregnancy testing, amends the reimbursement structure for OB services and implements other cost saving measures for adults;
- APA WF# 15-54 adds new coverage for emergency transportation for the Insure Oklahoma Individual Plan Members; and
- APA WF# 15-61 clarifies the appeals process for providers for a 30 day for cause and immediate contract termination and removes references to suspended contracts.

All proposed rule changes were passed through the Oklahoma Legislature during the 2016 legislative session and signed by the Governor with an effective date of September 1, 2016.

The OHCA continues to encourage stakeholders, providers and the public to make comments on all proposed rule changes by utilizing the OHCA webpage OHCA Proposed Rule Changes Website for comment. Individuals may receive rule change updates through email notification or the OHCA web alert banner.

3. Legislative Activity

The Second Legislative Session for the 55th Legislature Session began February 1, 2016. With 1,735 new bills filed in January 2016, and 1,732 bills carried over from the 2015 legislative session, Oklahoma legislators had 3,467 measures to consider before sine die adjournment on May 27, 2016.

V. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

The OHCA tracked 33 House and Senate interim studies, as they relate to Medicaid, public health and state government operations. As of December 1, OHCA participated and presented in two of those studies.

The first study was held on September 21, 2016. House Interim Study 16-039, requested by Representative Richard Morrissett, studied the spread of Zika in Oklahoma. In particular, the study looked at how vulnerable populations and those in poverty would be impacted. The Agency's CEO, Becky Pasternik-Ikard represented OHCA before the House Public Health Committee and provided an overview of how the SoonerCare population could be impacted.

The second interim study, House Interim Study 16-054 "*Addressing the Uninsured*," was requested by Representative Glen Mulready and held on October 11, 2016. CEO Pasternik-Ikard represented OHCA before the House Appropriations & Budget Health Subcommittee, and provided members of the committee with an overview of the basic principles of the Medicaid Rebalancing Act as it was presented during the 2016 legislative session. In addition to the Medicaid Rebalancing Act, Becky summarized other states' alternatives programs to traditional Medicaid expansion, specifically looking at what Arkansas, Indiana, Kentucky and Tennessee are developing.

The following House Bill (HB) and Senate Bill (SB) passed in 2016:

- **HB 2267** extends the termination date of the hospital offset payment program fee. ***Passed, Effective Date - 11/1/2016;***
- **HB 2549** modifies the definition of the term "owner" in the Nursing Home Care Act. ***Passed, Effective date 7/1/2016;***
- **HB 2962** requires OHCA, in conjunction with the Department of Mental Health and Substance Abuse Service, the State Department of Health and the State Department of Education, to examine the feasibility of a state plan amendment to the Oklahoma Medicaid Program for applied behavior analysis treatment of autism spectrum disorder. ***Passed, Effective Date 11/1/2016;***
- **SB 1091** establishes statute of limitations (7 years) for Medicaid fraud. ***Passed, Effective Date 11/1/2016****;*
- **SB 1386** authorizes the creation and submission of a State Innovation Waiver. ***Passed, Effective 11/1/2016;*** and
- **SB 1515** modifies definitions under the Oklahoma Medicaid False Claims Act; raises the civil penalty from between $5,000 and $10,000 to $5,500 and $11,000. ***Passed, Effective 11/1/2016***.

The OHCA has also resumed work on HB1566. Stakeholder meetings will take place in July, 2017. For a complete overview of HB1566, and the new name for ABD Care Coordination-SoonerHealth+, visit ABD Care Coordination Web Page.

4. Policy/Administrative Issues

The OHCA identified two areas of policy and/or administrative guidance that required discussion with CMS in 2016. The two topics included Deeming of Newborns and Cost Sharing. The State and CMS were able to discuss significant events and developments on these issues as to their impact on the demonstration.

The State posed the question for CMS regarding newborn coverage. If a woman delivers a child while being insured by either of the Insure Oklahoma products, is her baby deemed eligible for SoonerCare just as the women covered by SoonerCare Traditional or the Soon To Be Sooner programs?

CMS was able to provide some resolve around November 03, 2016. The guidance from CMS eligibility staff was for the state to continue deeming these newborns without making changes to its current process and/or system.

The second issue was in regard to some previous guidance issued from CMS in 2011around Cost Sharing protections for Native Americans in the Insure Oklahoma programs. The State is seeking clarity on the situation in which a member is identified by eligibility verification to be Native American in the IP program. The question posed was, is the member excluded from all cost sharing requirements, or is the member only excluded from cost sharing when he/she receives services at an Indian Tribal facility or through contract referral services.

At the time this issue was raised, the CMS Project Officer lead was changing. On November 14, 2016, CMS responded that the new lead would further assist the State work towards a resolve. At present, the issue is still outstanding. The OHCA will continue to work with CMS on clarity through the 2017 calendar year.

VI. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT

A. Budget Neutrality Model

Section 1115 Medicaid Demonstrations 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 except the Aged, Blind and Disabled Rural. In the overall life of the waiver, the state has $5.6 billion in Budget Neutrality savings and ending this quarter; the state has $986,442,247 in savings (Refer to Attachment Seven).

Oklahoma 1115 Budget Neutrality Model
Cumulative Waiver Year
December 31, 2016

Waiver Year	Member Months (Enrolled & Unenrolled	Costs Without Waiver	Waiver costs on HCFA-64	Variance
Waiver Year #1 – 1996	2,337,532	$286,138,649	$249,006,422	$37,132,227
Waiver Year #2 – 1997	2,282,744	$297,653,392	$281,953,273	$15,700,119
Waiver Year #3 – 1998	2,550,505	$354,302,018	$303,644,031	$50,657,987
Waiver Year #4 – 1999	3,198,323	$538,659,237	$426,247,022	$112,412,215
Waiver Year #5 – 2000	3,496,979	$690,766,574	$592,301,080	$98,465,494
Waiver Year #6 – 2001	4,513,310	$981,183,083	$773,255,432	$207,927,651
Waiver Year #7 – 2002	4,823,829	$1,115,197,420	$850,084,088	$265,113,332
Waiver Year #8 – 2003	4,716,758	$1,087,570,219	$917,176,458	$170,393,761
Waiver Year #9 – 2004	4,886,784	$1,199,722,904	$884,795,047	$314,927,857
Waiver Year #10– 2005	5,038,078	$1,316,858,687	$1,001,434,761	$315,423,926
Waiver Year #11 – 2006	5,180,782	$1,436,886,838	$1,368,966,664	$67,920,174
Waiver Year #12 – 2007	5,451,378	$1,582,588,945	$1,445,598,253	$136,990,692
Waiver Year #13 – 2008	5,386,004	$1,660,246,277	$1,620,066,352	$40,179,924
Waiver Year #14 – 2009	5,839,782	$1,883,856,292	$1,877,829,088	$6,027,204
Waiver Year #15 – 2010	6,367,794	$2,154,894,736	$1,994,807,073	$160,087,663
Waiver Year #16 – 2011	6,420,012	$2,297,585,363	$2,129,385,450	$168,199,914
Waiver Year #17 – 2012	6,819,943	$2,543,469,377	$2,227,024,758	$316,444,619
Waiver Year #18 – 2013	7,011,670	$2,749,107,136	$2,188,257,442	$560,849,694
Waiver Year #19 – 2014	7,392,534	$3,026,121,382	$2,328,224,834	$697,896,548
Waiver Year #20 – 2015	7,559,632	$3,164,107,136	$2,285,951,930	$878,155,206
Waiver Year #21 – 2016	7,396,313	$3,246,672,674	$2,260,230,427	$986,442,247
Total Waiver Cost	**108,670,686**	**$33,613,588,339**	**$28,006,239,884**	**$5,607,348,453**

VII. MEMBER MONTH REPORTING

A. Budget Neutrality Calculations

Eligibility Group	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sep	Quarter Ending Dec
TANF-Urban	994,863	987,987	1,010,027	1,030,715
TANF-Rural	676,822	665,888	682,505	695,915
ABD-Urban	91,666	93,707	93,937	93,778
ABD-Rural	71,790	69,048	68,853	68,812

B. Informational Purposes Only

Eligibility Group	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sep	Quarter Ending Dec
Working Disabled Adults-ESI[5]	0	0	0	0
Working Disabled Adults-IP[5]	0	0	0	0
Non-Disabled Working Adults-ESI[4]	45,182	39,417	43,383	44,701
Non-Disabled Working Adults-IP[4]	11,437	12,318	12,896	13,669
Full-Time College Student-IP[4]	384	388	323	593
Full-Time College Student-ESI[4]	587	570	553	355
Foster Parents-ESI[5]	0	0	0	0
Foster Parents-IP[5]	0	0	0	0
Not-for-Profit Employees-IP[5]	0	0	0	0
Not-for-Profit Employees-ESI[5]	0	0	0	0
TEFRA	1,753	1,794	1,796	1,806
CHIP Medicaid Expansion Children	283,131	275,370	291,306	310,099

Demonstration Expenditures	Quarter Ending Mar	Quarter Ending Jun	Quarter Ending Sep	Quarter Ending Dec
HAN	$1,527,540.00	$1,547,370.00	$1,638,720.00	$2,103,800.00
HMP	$2,904,339.97	$1,681,963.61	$4,069,403.00	$1,678,021.51

VIII. CONSUMER ISSUES

A. Member Inquiries

The Member Service Tier II takes various inquiries from members that are identified according to call categories. The member services unit has worked on ways to better identify the type of member inquiry to place calls in identified categories.

2016 Member Inquiries	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Totals
Program Complaint	31	27	14	20	92
Complaint on Provider	75	53	55	75	258
Fraud and Abuse	57	41	31	39	168
Access to Care	6	5	12	6	29
Program Policy	3,613	258	5,420	5,126	14,417
Specialty Request	291	210	191	94	786
Eligibility Inquiry	5,764	4,383	4,707	3,950	18,804
SoonerRide	2,086	1,948	2,500	2,081	8,615
Other[14]	2,821	2,963	2,960	3,110	11,854
PCP Change	655	421	477	393	1,946
PCP Inquiry	622	654	729	544	2,549
Dental History	23	20	33	11	87
Drug/NDC Inquiry	16	9	4	74	103
Medical ID Card	285	264	279	213	1,041
PA Inquiry	803	942	836	757	3,338
Totals	**17,148**	**12,198**	**18,248**	**16,493**	**64,087**

B. Helplines

The helpline provides assistance with Online SoonerCare Application, ordering a SoonerCare card, or other questions and concerns about SoonerCare.

Insure Oklahoma Helpline

2016 Insure Oklahoma IP Helpline	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Nov
Number of Calls	31,154	21,691	14,719	16,715
Number of Calls Answered	17,447	15,341	14,143	15,158
Number of Calls Abandoned	13,707	6,350	576	1,557
Percentage of Calls Answered	55%	70%	96%	91%

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

VIII. CONSUMER ISSUES (cont'd)

2016 Insure Oklahoma ESI Helpline	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Calls	6,393	3,952	2,603	3,156
Number of Calls Answered	5,614	3,337	2,547	2,957
Number of Calls Abandoned	779	615	56	199
Percentage of Calls Answered	87%	83%	98%	94%

Online Enrollment Helplines

2016 Online Enrollment Helpline Calls (English)	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Calls	37,033	25,358	27,539	23,928
Number of Calls Answered	36,136	24,985	26,412	22,523
Number of Calls Abandoned	897	373	1,127	1,405
Percentage of Calls Answered	97%	96%	96%	94%

2016 Online Enrollment Helpline Calls (Spanish)	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Calls	230	139	210	143
Number of Calls Answered	217	132	185	127
Number of Calls Abandoned	13	7	25	16
Percentage of Calls Answered	92%	85%	88%	89%

SoonerCare Helpline

2016 SoonerCare Helpline Calls	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Calls	204,064	157,080	154,217	137,248
Number of Calls Answered	196,663	153,830	148,848	129,698
Number of Calls Abandoned	7,401	3,250	5,369	7,550
Percentage of Calls Answered	96%	98%	97%	94%

VIII. CONSUMER ISSUES (cont'd)

C. Grievances

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

	Jan-Mar		Apr-Jun		Jul-Sep		Oct-Dec	
2016 SoonerCare Grievances	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed
Eligibility	1	1 Withdrew	2	1 Withdrew	5	4 Resolved 1 Untimely 1 No Jurisdiction	5	2 Withdrew 1 Resolved
BCC	0	0	0	0	0	1 Resolved	0	0
Prior Auth	0	0	0	0	0	0	0	1 Closed
Prior Auth: Dental	0	1 Denied 1 Resolved 1 Untimely	1	1 Denied 2 Untimely 1 Withdrew	2	1 Resolved	5	1 Resolved
Prior Auth: DME	0	1 Denied 1 Resolved	0	1 Denied 1 Resolved	2	1 Resolved	1	0
Prior Auth: Other	2	0	3	0	6	1 Resolved 1 Untimely 2 No Jurisdiction	1	0
Prior Auth: Other Speech	0	1 Untimely	0	1 Untimely	0	1 Resolved	0	1 Resolved
Prior Auth: Other Surgery	1	1 Untimely	1	1 Untimely	1	0	0	1 Denied 1 Resolved
Prior Auth: Other Pharmacy	3	1 Resolved	4	1 Resolved	1	4 Resolved	2	3 Resolved 1 Untimely
Prior Auth: Radiology Services	0	1 Withdrew	1	1 Withdrew	1	2 Resolved 1 No Jurisdiction	1	1 Resolved
Panel Dismissal	1	0	1	0	0	0	1	0
Panel Hearing	0	0	0	0	0	0	0	0
PDN	2	0	2	1 Resolved	1	0	1	0
Miscellaneous	0	1 Resolved	0	1 Resolved	0	2 No Jurisdiction	1	0
Miscellaneous: Unpaid Claim (Member)	1	1 Withdrew	1	1 Withdrew	0	0	1	0
Miscellaneous: Unpaid Claim (Provider)	1	1 Withdrew	0	0	0	0	0	0
TEFRA	1	0	1	0	0	0	0	0

IX. QUALITY ASSURANCE

2016 Insure Oklahoma Grievances	Jan-Mar		Apr-Jun		Jul-Sep		Oct-Dec	
	Pending	Closed	Pending	Closed	Pending	Closed	Pending	Closed
Eligibility	0	3 Resolved	0	1 Resolved	0	3 Resolved	0	1 Withdrew 2 Resolved

A. Quality Assurance

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 to and from medical appointments.

During 2016, the SoonerRide program provided approximately 779,638 trips for SoonerCare Choice and other OHCA covered program members within the 77 state counties.

Throughout the SFY 2016 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 2016. Ninety-two percent of respondents gave the program a positive rating of either excellent, good or fair the first quarter with 91 percent, 84 percent and 89 percent of respondents giving the program a positive rating the remaining three quarters.

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.

2016 Access Survey	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of Providers Called	905	900	884	876
Percent of Providers with 24-hr Access on Initial Survey	93%	93%	94%	92%
Percent of Providers Educated for Compliance	7%	7%	6%	8%

X. DEMONSTRATION EVALUATION

A. Hypotheses

Hypotheses	Do the outcomes of the 2016 Demonstration confirm the hypotheses?
1A. Child Health checkup rates for children 0 to 15 months old will be maintained at or above 95 percent over the life of the extension period.	Yes
1B. Child Health checkup rates for children 3 through 6 years old will increase by one percentage point over the life of the extension period.	No. The OHCA continued outreach efforts in the Office of Health Promotions (OHP) with approximately 589 active partnerships with a couple named activities: • Parent University for Crossroads Head Start in Lawton, Norman, and Shawnee; • Logan and Comanche County Baby Shower
1C. Adolescent child health checkup rates will maintain over the life of the extension period.	Yes
2. The rate of adult members who have one or more preventative health visits with a primary care provider in a year will improve by one percentage point as a measure of access to primary care in accordance with HEDIS guidelines between 2015-2016.	No. The OHCA works through provider services and OHP with active partnerships. • TSET had facilitated 28 practices (65 providers) as of the end of this quarter • OHCA Guymon provider training
3. The number of SoonerCare primary care practitioners enrolled as medical home PCPs will maintain at or above the baseline data between 2015 - 2016.	Yes
3b. The number of Insure Oklahoma practitioners enrolled as PCPs will maintain at or above the baseline data between 2015- 2016.	Yes
4. There will be adequate PCP capacity to meet the health care needs of the SoonerCare members between 2015 - 2016. Also, as perceived by the member, the time it takes to schedule an appointment should improve between 2015 - 2016. The available capacity will equal or exceed the baseline capacity data over the duration of the waiver extension period.	Yes

X. DEMONSTRATION EVALUATION (cont'd)

5. There will be adequate PCP capacity to meet the health care needs of the SoonerCare members with Children's Health Insurance Program (CHIP) eligibility between 2015 and 2016. Also, as perceived by the member, the time it takes to schedule an appointment should improve between 2015 and 2016. As perceived by the member, the time it takes for the member to schedule an appointment should exceed the baseline data between 2015 and 2016.	Yes
6. The percentage of American Indian members who are enrolled with an Indian Health Services, Tribal, or Urban Indian Clinic (I/T/U) with a SoonerCare Choice American Indian primary care case management contract will improve during the 2015 - 2016 waiver period.	No – The OHCA has not yet met this measure. The OHCA will continue to track this data associated with this hypothesis over the extension period. • Community health assessments for Wagoner, Sequoyah and Ottawa County
7A. Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2015-2016. Decrease asthma related ER visits for HAN members with an Asthma diagnosis identified in the medical record.	Yes
7B. Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2015-2016. Decrease 90-day readmissions for related asthma conditions for HAN members with an Asthma diagnosis identified in their medical record.	Yes
7C. Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2015 - 2016. Decrease overall ER use for HAN members.	Yes

X. DEMONSTRATION EVALUATION (cont'd)

8. Average per member per month expenditures for members belonging to a HAN affiliated PCP will continue to be less than those members enrolled with non-Han affiliated PCPs during the period of 2015-2016.	Yes
9a. The implementation of phase two of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation will maintain enrollment and active participation in the program..	Yes
9b. The incorporation of Health Coaches into primary care practices will result in increased PCP contact with nurse care managed members for preventive/ambulatory care.	Yes
9c. The implementation of Phase II of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, will improve the process for identifying qualified members and result in an increase in average complexity of need within the nurse care managed population.	Yes
9d. Health Coaches will improve quality measures for members who are engaged.	Yes
9e. Nurse care managed members will utilize the emergency room at a lower rate than forecasted without nurse care management intervention.	Yes
9f. Nurse care managed members will have fewer hospital admissions than forecasted without nurse care management intervention.	Yes
9g. Nurse care managed members will report high levels of satisfaction with their care.	Yes
9h. Total and PMPM expenditures for members enrolled in HMP will be lower than would have occurred absent their participation in nurse care management.	Yes

X. DEMONSTRATION EVALUATION (cont'd)

Hypotheses

The OHCA reports the following 2016 annual data and analysis for the SoonerCare Choice program's hypotheses. Below are the waiver objectives:

The SoonerCare Choice Waiver objectives include:

- To improve access to preventive and primary care services;
- Increase the number of participating primary care providers and overall primary care capacity in both urban and rural areas;
- To optimize quality of care through effective care management;
- To integrate Indian Health Service (IHS) qualified members and IHS and tribal providers into the SoonerCare delivery system; and
- To provide access to affordable health insurance for qualified low-income working adults, their spouses and college students.

CMS' Three Part Aim includes:

- Improving access to and experience of care;
- Improving quality of health care; and
- Decreasing per capita costs.

Health Management (HMP) program objectives include:

- Improving health outcomes and reducing medical costs of the population served;
- Reducing the incidence and severity of chronic disease in the member population;
- Encouraging and enabling members to better manage their own health;
- Improving the effectiveness of providers in caring for members with chronic disease or at risk for such disease; and
- Having the ability to provide services to providers and members in any area of the state, urban or rural.

Hypothesis 1- Child Health Checkup Rates: This hypothesis directly relates to SoonerCare Choice waiver objective #1 and #2 of CMS's Three Part Aim.

The rate age-appropriate well-child and adolescent visits will improve between 2015 and 2016.

A. Child health check-up rates for children 0 to 15 months old will be maintained at or above 95 percent over the life of the extension period.
B. Child health checkup rates for children 3 through 6 years old will increase by one percentage point over the life of the extension period.
C. Adolescent child health checkup rates will maintain over the life of the extension period.

Child Adolescent Visits	Baseline HEDIS® 2014 CY 2013	HEDIS® 2015 CY 2014	HEDIS® 2016 CY 2015
0-15months	96.3%	94.3%	96.4%
3-6 years	58.5%	57.1%	56.7%
12-21 years	21.8%	22.1%	22.4%

Hypothesis 1A Results:
This hypothesis specifies that checkup rates for children 0 to 15 months will be maintained at or above 95 percent over the course of the extension period.

Children 0 to 15 months old saw an increase in child checkup rates for HEDIS® year 2016. In HEDIS® year 2015 the child checkup rate fell slightly below 95 percent to 94.3 percent. The data shows that the child health checkup rates fluctuate throughout the years, but has maintained above 90 percent consistently. In HEDIS® year 2016 OHCA met the measure when the percentage of child visits increased to 96.4 percent. The OHCA will continue to monitor this group during the 2017 extension period. Data for hypothesis one is taken from the annual quality of care report provided by our contractor, Pacific Health Policy Group (PHPG) and included as Attachment Nine.

Hypothesis 1B Results:
In accordance with the hypothesis, the checkup rates for children ages 3 to 6 years will increase by one percentage point over the extension period 2015-2016.

Children 3 to 6 years old saw a 1.8 percent decrease in child health checkup rates from HEDIS® year 2014 to HEDIS® year 2016 (in HEDIS® year 2016 child health checkup rates were 56.7 percent). For HEDIS® year 2015 to HEDIS® year 2016 there was a .4 percent decrease in health checkups for this population. The OHCA has not yet met the measure; the OHCA will continue to track the measure over the extension period to monitor for significant changes in rates for this age group during the 2017 extension period.

Hypothesis 1C Results:
The evaluation measure hypothesizes that the checkup rate for adolescents ages 12 to 21 years will maintain over the life of the extension period.

Adolescents ages 12 to 21 years of age saw a slight increase in health checkup rates for HEDIS® year 2016 (in HEDIS® year 2016 adolescent checkup rates were 22.4 percent). There was a .3 percent increase in health checkup rates from HEDIS® year 2014 to HEDIS® year 2015. For HEDIS® year 2015 to HEDIS® 2016 there was an increase of .3 percent in health checkups for this population. The adolescents ages 12 to 21 have maintained their percentage for health checkup rates. The OHCA will continue to monitor this group during the 2017 extension period.

X. DEMONSTRATION EVALUATION (cont'd)

Hypothesis 2 - PCP Visits: This hypothesis directly relates to SoonerCare Choice waiver objective #1 and #2 of CMS's Three Part Aim:

The rate of adult members who have one or more preventive health visits with a primary care provider in a year will improve by one percentage point as a measure of access to primary care in accordance with HEDIS® guidelines between 2015-2016.

Hypothesis 2 Results:
This hypothesis suggests that adults' rate of access to primary care providers will improve by one percentage point as a measure of access to primary care in accordance with HEDIS® guidelines between 2015-2016.

SoonerCare adults ages 20 to 44 saw a 2.1 percent decrease with access to PCP or ambulatory health care in HEDIS® year 2016 compared to HEDIS® year 2014. SoonerCare adults ages 45 to 64 saw a .1 percent increase with access to PCP or ambulatory health care in HEDIS® year 2016 compared to HEDIS® year 2014. The OHCA has not yet met the measure; the OHCA will continue to track the adult access rates over the extension period to monitor for significant changes in rates for these age groups. Data for hypothesis two is taken from the annual quality of care report provided by our contractor, Pacific Health Policy Group (PHPG) and included as Attachment Nine.

Access to PCP/Ambulatory HealthCare: HEDIS® Measures	Baseline HEDIS® 2014 CY2013	HEDIS® 2015 CY2014	HEDIS® 2016 CY2015
20-44 years	82.4%	81.0%	80.3%
45-64 years	89.9%	90.1%	90.0%

Hypothesis 3 - PCP Enrollments: This hypothesis directly relates to SoonerCare Choice waiver objective #2 and #1 of CMS's Three Part Aim:

The number of SoonerCare primary care practitioners enrolled as medical home PCPs will maintain at or above the baseline data (2,067 providers) between 2015 and 2016.

Hypothesis 3 Results:

This hypothesis measures the State's access to care by tracking the number of SoonerCare primary care providers (PCP) enrolled as medical home PCPs. The OHCA exceeded the baseline data during the first month of 2016 and has continued to exceed baseline. The OHCA exceeded the baseline data by 30 percent at the end of 2016. The OHCA believes that the number of Choice PCPs will continue to be maintained throughout the 2017 extension period.

X. DEMONSTRATION EVALUATION (cont'd)

2016 PCP Enrollments	Baseline Dec 2013	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of SoonerCare Choice PCPs	2,067	2,663	2,588	2,613	2,637	2,659	2,661	2,701	2,738	2,759	2,655	2,681	2,689

Hypothesis 3b - PCP Enrollments Insure Oklahoma: This hypothesis directly relates to SoonerCare Choice waiver objective #2 and #1 of CMS's Three Part Aim:

The number of Insure Oklahoma practitioners enrolled as PCPs will maintain at or above the baseline data between 2015 and 2016.

Hypothesis 3b Results:

This hypothesis tracks the number of Insure Oklahoma primary care providers (PCP) enrolled as PCPs. The OHCA exceeded the baseline data during the first month of 2016 and has continued to exceed baseline. The OHCA exceeded the baseline data by 45 percent at the end of 2016. The OHCA believes that the number of Insure Oklahoma PCPs will continue to be maintained throughout the 2017 extension period.

2016 PCP Enrollments	Baseline Jan-Mar 2013	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of SoonerCare Choice PCPs	1,514	2,149	2,127	2,216	2,196

Hypothesis 4 - PCP Capacity Available: This hypothesis directly relates to SoonerCare Choice waiver objectives #1, #2 and #1 of CMS's Three Part Aim:

There will be adequate PCP capacity to meet the health care needs of the SoonerCare members between 2015 and 2016. Also, as perceived by the member, the time it takes to schedule an appointment should improve between 2015 and 2016. The available capacity will equal or exceed the baseline capacity data over the duration of the waiver extension period.

Hypothesis 4 Results:

This hypothesis suggests that OHCA will equal or exceed the baseline capacity data (1,149,541; average of 269 members per PCP) over the duration of the extension period. The OHCA exceeded the baseline capacity in the beginning of 2016.

Additionally, the number of SoonerCare Choice PCP providers has increased over the course of the year. There are 2,689 contracted SoonerCare Choice providers who serve SoonerCare members as of December 2016. This is a 30 percent increase from the number of providers in December 2013 the baseline year. In 2016, SoonerCare Choice providers served an average of 204 members per provider. As the number of SoonerCare Choice PCPs increases, the average members per PCP fluctuate. The OHCA believes that the available capacity will equal or exceed the baseline capacity over the duration of the 2017 extension period.

SoonerCare Choice PCP Capacity	PCP Capacity (December 2013)	PCP Capacity (December 2014)	PCP Capacity (December 2015)	PCP Capacity (December 2016)
SoonerCare Choice Enrollment	555,436	539,647	528,202	549,184
Number of SoonerCare Choice PCPs	2,067	2,454	2,642	2,689
SoonerCare Choice PCP Capacity	1,149,541	1,155,455	1,146,767	1,176,817
Average Members per PCP	268.72	219.91	199.93	204.23

Hypothesis 5 - PCP Availability: This hypothesis directly relates to SoonerCare Choice waiver objectives #1, #2 and #1 of CMS's Three Part Aim.

There will be adequate PCP capacity to meet the health care needs of the SoonerCare members with Children's Health Insurance Program (CHIP) eligibility between 2015 and 2016. Also, as perceived by the member, the time it takes to schedule an appointment should improve between 2015 and 2016. As perceived by the member, the time it takes for the member to schedule an appointment should exceed the baseline data between 2015 and 2016.

Hypothesis 5 Results:

This hypothesis theorizes that the member's response to the time it takes to schedule an appointment should exceed the baseline data. The OHCA's contracted External Quality Review Organization (EQRO) Morpace, conducted the Consumer Assessment of Healthcare Providers & Systems (CAHPS®) survey for the period 2016. Results from the CAHPS® survey indicate that the majority of survey respondents for both the Adult and Child surveys had satisfactory responses for scheduling an appointment as soon as needed. In review of the adult respondents, 82 percent felt satisfied in the time it took to schedule an appointment with their PCP, while 92 percent of child survey respondents indicated they were "Usually" or "Always" satisfied. More than 800 combined adult and child survey respondents had a positive response about the time it takes to get an appointment with their PCP; the OHCA saw an increase in the number of positive responses in SFY16 for both the adult and children composite responses compared to the baseline data. The OHCA believes that the survey responses will continue to improve throughout the 2017 extension period.

X. DEMONSTRATION EVALUATION (cont'd)

CAHPS® Adult Survey Results	Baseline Data: 2013 CAHPS® Survey Response	2014 CAHPS® Survey Response	2015 CAHPS® Survey Response	2016 CAHPS® Survey Response
Positive Responses from the Survey Question: *"In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?"*	80% Responded "Usually" or "Always"	82% Responded "Usually" or "Always"	87% Responded "Usually" or "Always"	82% Responded "Usually" or "Always"

CAHPS® Child Survey Results	Baseline Data: 2013 CAHPS® Survey Response	2014 CAHPS® Survey Response	2015 CAHPS® Survey Response	2016 CAHPS® Survey Response
Positive Responses from the Survey Question: *"In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?"*	90% Responded "Usually" or "Always"	91% Responded "Usually" or "Always"	93% Responded "Usually" or "Always"	92% Responded "Usually" or "Always"

Hypothesis 6 - Integration of Indian Health Services, Tribal Clinics, and Urban Indian Clinic Providers: This hypothesis directly relates to SoonerCare Choice waiver objective #4 and #1 of CMS's Three Part Aim:

The percentage of American Indian members who are enrolled with an Indian Health Services, Tribal, or Urban Indian Clinic (I/T/U) with a SoonerCare Choice American Indian primary care case management contract will improve during the 2015 - 2016 waiver period.

Hypothesis 6 Results:

This hypothesis postulates that the percentage of American Indian members who are enrolled with an I/T/U with a SoonerCare American Indian primary care case management contract will improve during the extension period. The proportion of American Indian members with an I/T/U PCP has decreased 7.09 percentage points when comparing December 2013 to December 2016. At this time, the OHCA expects the percentage of IHS members who are enrolled with an I/T/U PCP will continue to be maintained throughout the extension period. The OHCA has not yet met the measure. The OHCA will continue to track the data associated with this hypothesis over the extension period to monitor for significant changes in rates for these age groups.

X. DEMONSTRATION EVALUATION (cont'd)

2016 I/T/U Providers	Base line Dec 2013	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total AI/AN Members with SC Choice and I/T/U PCP	94,142	81,240	82,544	82,935	82,273	82,721	84,465	87,237	87,512	88,750	88,737	90,001	90,232
IHS Members with I/T/U PCP	21,165	12,702	13,016	12,767	12,501	12,464	12,725	14,406	12,969	13,293	13,590	13,856	13,885
Percent of IHS Members with I/T/U PCP	22.48%	15.64%	15.77%	15.39%	15.19%	15.07%	15.07%	16.51%	14.82%	14.98%	15.31%	15.40%	15.39%
Percent of American Indian members with I/T/U PCP and Choice	77.52%	84.36%	84.23%	84.61%	84.81%	84.93%	84.93%	83.49%	85.18%	85.02%	84.69%	84.60%	84.61%
I/T/U Capacity	99,400	96,999	96,999	96,466	99,499	99,499	99,499	99,499	99,499	99,499	99,499	99,499	99,499

X. DEMONSTRATION EVALUATION (cont'd)

Hypothesis 7 - Impact of Health Access Networks on Quality of Care: This hypothesis directly relates to SoonerCare Choice waiver objective #3 and #2 of CMS's Three Part Aim:

Key quality performance measures, asthma and Emergency Room (ER) utilization, tracked for PCPs participating in the HANs will improve between 2015-2016.

A. Total number of ER visits by HAN members with asthma identified in their problem list for an asthma-related diagnosis.
B. Total number of HAN members with asthma identified in their problem list who were readmitted to the hospital for an asthma-related illness within 90 days of a previous asthma-related hospitalization.
C. Total number of ER visits for HAN members.

This hypothesis posits that the percentage of HAN members with asthma who visit the ER will decrease, 90-day re-admission for asthma conditions will decrease and percent of ER use for HAN members will decrease.

Hypothesis 7A Results:

The health access networks continue to move forward with reporting. The HANs are on track in decreasing percent asthma related ER visits. In comparing 2015 to 2016 each network had a decrease. The OU Sooner HAN had a one percent decrease, the PHCC HAN had a three percent decrease and the OSU Network HAN had a two percent decrease.

A. **2015** Asthma Related ER Visits	HAN members with an Asthma diagnosis in their medical record	All HAN members with ER visit in a calendar year	Percent of HAN members with an Asthma diagnosis who visited the ER
OU Sooner HAN	5,888	64,958	9%
PHCC HAN	41	858	5%
OSU Network HAN	560	7,390	8%

A. **2016** Asthma Related ER Visits	HAN members with an Asthma diagnosis in their medical record	All HAN members with ER visit in a calendar year	Percent of HAN members with an Asthma diagnosis who visited the ER
OU Sooner HAN	4,987	59,643	8%
PHCC HAN	42	2,679	2%
OSU Network HAN	412	6,767	6%

Hypothesis 7B Results:

The HANs are on track in decreasing 90-day re-admissions for HAN members with asthma. In comparing 2015 to 2016 each network had a decrease. The OU Sooner HAN had a three percent decrease and the PHCC HAN had a 22 percent. Although the OSU HAN Network had an increase in enrollment; therefore a three percent increase in re-admissions resulted in comparison to the previous year 2015.

B. **2015** 90-Day Re-admissions for HAN members with Asthma	HAN members with Asthma who were Re-admitted to the Hospital 90-days after previous asthma-related hospitalization	HAN members with Asthma identified in their medical record and having at least one inpatient stay related to Asthma	Percent of HAN members with Asthma who had a 90-Day re-admission for Asthma related Condition(s)
OU Sooner HAN	44	469	9%
PHCC HAN	2	9	22%
OSU Network HAN	2	71	3%

B. **2016** 90-Day Re-admissions for HAN members with Asthma	HAN members with Asthma who were Re-admitted to the Hospital 90-days after previous asthma-related hospitalization	HAN members with Asthma identified in their medical record and having at least one inpatient stay related to Asthma	Percent of HAN members with Asthma who had a 90-Day re-admission for Asthma related Condition(s)
OU Sooner HAN	17	268	6%
PHCC HAN	0	2	0%
OSU Network HAN	5	80	6%

Hypothesis 7C Results:

The HANs are on track in decreasing ER use for HAN members. In comparing 2015 to 2016 each network had a decrease. The OU Sooner HAN had a six percent decrease, the PHCC HAN had a 36 percent decrease and the OSU Network HAN had a nine percent decrease.

The OHCA will continue to track and trend this hypothesis over the extension period to monitor for significant changes in results.

C. **2015** ER Use for HAN Members	Total number of ER visits for HAN members	Total number of HAN members	Percent of ER Use for HAN Members
OU Sooner HAN	64,958	136,679	48%
PHCC HAN	2,256	5,137	44%
OSU Network HAN	9,937	57,895	17%

C. **2016** ER Use for HAN Members	Total number of ER visits for HAN members	Total number of HAN members	Percent of ER Use for HAN Members
OU Sooner HAN	59,643	143,032	42%
PHCC HAN	1,397	16,441	8%
OSU Network HAN	5,339	68,385	8%

Hypothesis 8 - Impact of Health Access Networks on Effectiveness of Care: This hypothesis directly relates to SoonerCare Choice waiver objective #3 and #3 of CMS's Three Part Aim.

Reducing costs associated with the provision of health care services to SoonerCare beneficiaries served by the HANs. Average per member per month expenditures for members belonging to a HAN affiliated PCP will continue to be less than those members enrolled with non-HAN affiliated PCPs during the period of 2015-2016.

Hypothesis 8 Results:

This hypothesis indicates that the average per member per month (PMPM) expenditure for HAN members will be less than the PMPM expenditure for Non-HAN members. In SFY 2016, the PMPM average for HAN members was $285.30 while the PMPM average for non-HAN members was $313.33. Per member per month expenditures, continue to be lower for SoonerCare Choice members enrolled with a HAN PCP, than for SoonerCare Choice members who are not enrolled with a HAN PCP.

The OHCA has met the measure and expects this trend to continue. The evaluation design gathers the data for this hypothesis on a state fiscal year basis. In order to allow for claims lag data to be

reported, the analysis of the information is done in conjunction with the evaluation design reporting frequency within three to four month window following the state fiscal year. The information reported in the hypothesis is the most current availabale. The OHCA will continue to track and trend this hypothesis over the extension period to monitor for significant changes in results.

HAN PMPM SFY 2016	Jul '15	Aug '15	Sep '15	Oct '15	Nov '15	Dec '15	Jan '16	Feb '16	Mar '16	Apr '16	May '16	Jun '16
HAN Members	$262.02	$272.14	$276.49	$295.14	$279.74	$273.40	$292.92	$307.84	$311.22	$286.52	$286.16	$282.66
non-HAN Members	$300.11	$308.40	$308.49	$320.62	$302.99	$306.00	$325.82	$335.40	$342.86	$313.22	$306.21	$293.45

The OHCA has retained the Pacific Health Policy Group (PHPG) to conduct an independent evaluation of the SoonerCare HMP. PHPG is evaluating the program's impact on participants and the health care system as a whole. The information in hypotheses 9b – 9h are taken from the PHPG (2016) evaluation in totality. For additional information on the HMP program, please refer to attachment eight SoonerCare Health Management Program Evaluation SFY2015

Hypothesis 9a - Health Management Program (HMP) Impact on Enrollment Figures: This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #3 and #1 of CMS's Three Part Aim.

The implementation of Phase two of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation, the HMP has maintained enrollment and active participation in the program.

Hypothesis 9a Results:
The results show the total number of HMP members actively engaged in nurse care management and it shows the number of SoonerCare Choice members in an active HMP practice that have undergone practice facilitation. The OHCA will continue to track and trend this hypothesis over the extension period to monitor for significant changes in results.

SoonerCare HMP Members in Nurse Care Management	Engaged in Nurse Care Management
Jan 16	4,595
Feb 16	4,792
Mar 16	4,999
Apr 16	5,020
May 16	4,766
Jun 16	4,544
Jul 16	4,300
Aug 16	3,968
Sep 16	3,771
Oct 16	3,580
Nov 16	3,300
Dec 16	3,147

	Total SoonerCare Choice Members in an active HMP PF Clinic
Jan 16	75,258
Feb 16	70,689
Mar 16	70,228
Apr 16	75,066
May 16	74,168
Jun 16	75,816
Jul 16	72,417
Aug 16	71,757
Sep 16	71,058
Oct 16	79,129
Nov 16	81,923
Dec 16	80,985

Hypothesis 9b - Health Management Program (HMP); Impact on Access to Care: This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #2 and #1 of CMS's Three Part Aim.

The incorporation of Health Coaches into primary care practices will result in increased PCP contact with nurse care managed members for preventive/ambulatory care.

Hypothesis 9b Results:

The Comparison group is comprised of SoonerCare members who were determined to be eligible for the SoonerCare HMP but who declined the opportunity to enroll ("eligible but not engaged"). The comparison group is the general SoonerCare population. The compliance rate of participants 20 years of age and older who had an ambulatory/preventive care visit during the measurement year.

The quality of preventive care for health coaching participants was evaluated through three clinical measures:

- Adult Access to Preventive/Ambulatory Care: Percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year;
- Child Access to PCP: Percentage of children 12 months to 19 years old who visited a primary care practitioner (PCP) during the measurement year, or if seven years or older, in the measurement year or year prior; and
- Adult BMI: Percentage of adults 18 to 75 years old who had an outpatient visit where his/her BMI was documented, either during the measurement year or year prior to the measurement year.

In the 2015 PHPG SoonerCare Health Management Program Evaluation for SFY14, the comparison group which is the general SoonerCare population had an 84.7 percent compliance rate and the Health Coach Participants group had a 96.5 percent compliance rate. The compliance rate for the health coaching population exceeded the comparison group rate on the two measures having a comparison group percentage. The difference was statistically significant in both cases.

The practice facilitation population compliance rate exceeded the comparison group rate on eight of 18 measures for which there was a comparison group percentage. The difference was statistically significant for six of the eight. However, the comparison group performed slightly better by achieving a higher rate on 10 of the 18 measures, including six for which the difference was statistically significant.

HMP Preventive Measures-Practice Group **SFY14**	Comparison Group Compliance Rate	Health Coaching Participants Compliance Rate
Adult Access to Preventive/Ambulatory Care	84.7%	96.5%

The compliance rate for the practice facilitation population exceeded the comparison group rate on two of the three measures having a comparison group percentage. The difference was statistically significant in both cases.
In the 2016 PHPG SoonerCare Health Management Program Evaluation for SFY15, the comparison group which is the general SoonerCare population had an 84.1 percent compliance rate and the Health Coach Participants group had a 96.1 compliance rate. The practice facilitation participant compliance rate exceeded the comparison group rate on eight of 17 measures for which there was a comparison group percentage (47.1 percent). The difference was statistically significant for five of the eight measures (62.5 percent).

Conversely, the comparison group achieved a higher rate on nine of the 17 measures (52.9 percent), including five for which the difference was statistically significant (55.6 percent).

The practice facilitation participant compliance rate improved on 14 of 22 measures (63.6 percent) from SFY 2014 to SFY 2015, although typically by small amounts. Eight of 22 measures (36.4 percent) experienced a slight decline from SFY 2014 to SFY 2015. The most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care.

Similar to the health coaching quality outcomes, the above findings suggest that practice facilitation is having a positive impact on the quality of care for program participants. The long term benefit to participants will continue to be measured through the quality of care longitudinal analysis and through the utilization and expenditure analysis. The OHCA will continue to monitor this hypothesis over the extension period for significant changes in results.

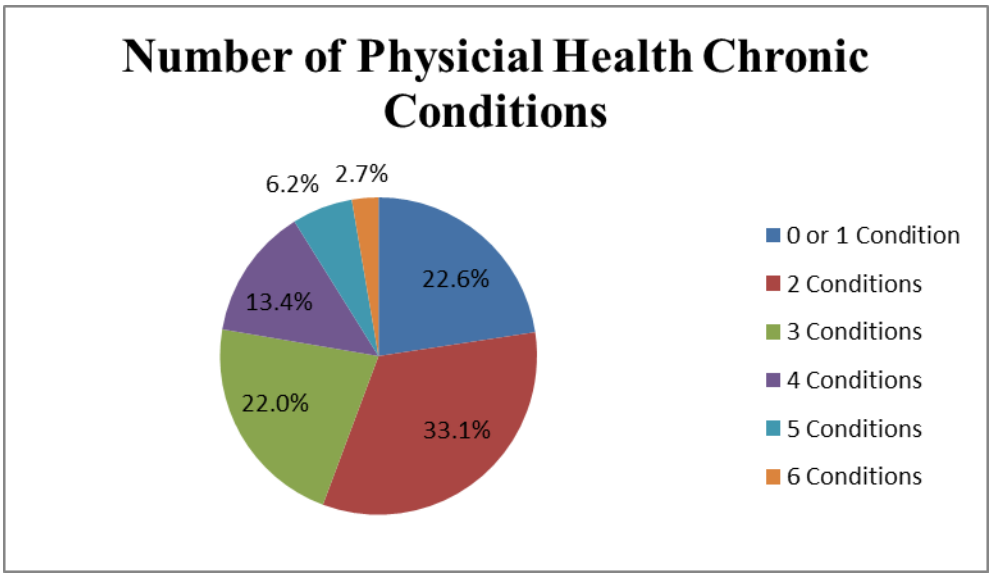
HMP Preventive Measures-Practice Group **SFY15**	Comparison Group Compliance Rate	Health Coaching Participants Compliance Rate
Adult Access to Preventive/Ambulatory Care	84.1%	96.1%

Hypothesis 9c - Health Management Program (HMP); Impact on Identifying Appropriate Target Population: This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #2, and #2 of CMS's Three Part Aim.

The implementation of phase two of the SoonerCare HMP, including introduction of physician office-based Health Coaches for nurse care managed members and closer alignment of nurse care management and practice facilitation will improve the process for identifying qualified members and result in an increase in average complexity of need within the nurse care managed population.

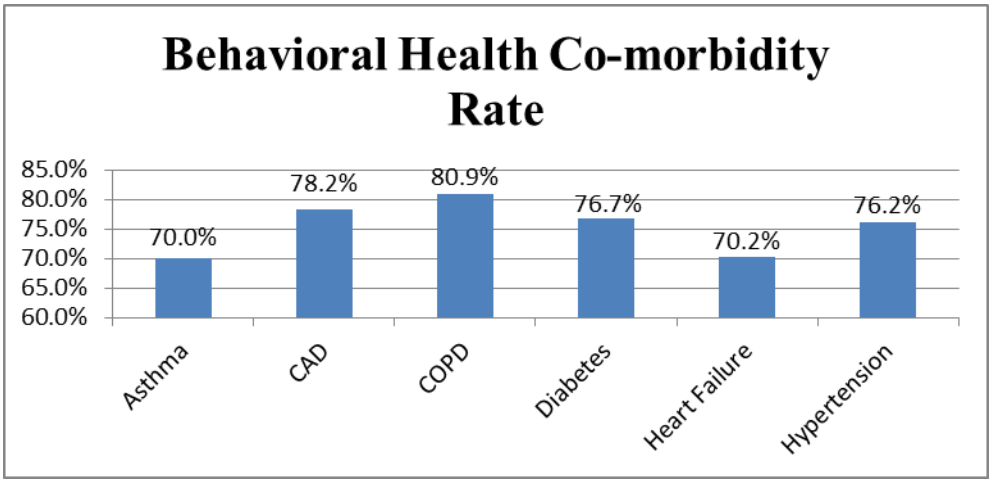
Hypothesis 9c Results:

The SoonerCare HMPs focus on holistic care rather than management of a single disease is appropriate given the prevalence of co-morbidities in the participating population. Independent research group Pacific Health Policy Group examined the number of physical chronic conditions per participant and found that nearly 80 percent in SFY 2015 had at least two of six high priority chronic physical conditions (asthma, COPD, coronary artery disease, diabetes, heart failure and hypertension) as demonstrated in the table below. The SFY 2015 distribution was very similar to the distribution in SFY 2014.



Nearly 75 percent of the participant population also has both a physical and behavioral health condition. Among the six priority physical health conditions, the co-morbidity prevalence in SFY 2015 ranged from approximately 81 percent in the case of persons with COPD to 70 percent among persons with asthma. The percentage distributions were almost unchanged from SFY 2014.

Overall, health coaching participants demonstrate the characteristics expected of a population that could benefit from care management. Most have two or more chronic physical health conditions, often coupled with serious acute conditions. The population also has significant behavioral health needs that can complicate adherence to guidelines for self-management of physical health conditions and maintaining a healthy lifestyle. The OHCA will continue to monitor the process for identifying qualified members and track results for average complexity of need within the nurse care managed population.



Hypothesis 9d - Health Management Program (HMP); Impact on Health Outcomes: This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1, and #2 of CMS's Three Part Aim.

Health coaches will improve quality measures for members who are engaged.

Hypothesis 9d Results:

The health coaching participant compliance rate exceeded the comparison group rate on 12 of 17 measures for which there was a comparison group percentage (70.6 percent). The difference was statistically significant for 10 of the 12 measures (83.3 percent).

Conversely, the comparison group achieved a higher rate on five of the 17 measures (29.4 percent), including three for which the difference was statistically significant (60 percent).

The health coaching participant compliance rate improved on 10 of 22 measures (45.5 percent) from SFY 2014 to SFY 2015, although typically by small amounts. Twelve of 22 measures (54.5 percent) experienced a slight decline from SFY 2014 to SFY 2015. The most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care.

X. DEMONSTRATION EVALUATION (cont'd)

While it is still early in the evaluation process, the above findings suggest that health coaching is having a positive impact on the quality of care for program participants. The long term benefit to participants will continue to be measured through the quality of care longitudinal analysis and through the utilization and expenditure analysis. The OHCA will continue to track and trend this hypothesis over the extension period to monitor for significant changes in results.

HMP Members' Compliance Rates with CareMeasures ™ Clinical Measures	SFY 2014	SFY 2015
	Percent Compliant	**Percent Compliant**
Asthma		
Use of appropriate medications for people with Asthma	95.3%	93.50%
Medication management for people with Asthma - 50 percent	68.3%	68.20%
Medication management for people with Asthma - 75 percent	26.8%	27.30%
Cardiovascular Disease		
Persistence of beta blocker treatment after heart attack	50.0%	46.20%
LDL-C screening	76.0%	76.80%
COPD		
Use of spirometry testing in the assessment/diagnosis of COPD	31.5%	31.80%
Pharmacotherapy management of COPD exacerbation - 14 days	49.5%	50.4%
Pharmacotherapy management of COPD exacerbation - 30 days	73.9%	76.50%
Diabetes	**SFY 2014**	**SFY 2015**
LDL-C Test	77.0%	78.30%
Retinal Eye Exam	37.8%	38.10%
HbA1c Test	86.7%	87.20%
Medical attention for nephropathy	77.1%	77.00%
ACE/ARB Therapy	66.8%	66.50%
Hypertension		
LDL-C Test	67.3%	67.80%
ACE/ARB Therapy	66.5%	65.80%
Diuretics	45.1%	44.90%
Annual monitoring for patients prescribed ACE/ARB or diuretics	84.2%	83.70%
Mental Health		
Follow-up after hospitalization for mental illness - seven days	34.8%	34.30%
Follow-up after hospitalization for mental illness - 30 days	67.4%	67.20%
Prevention		
Adult Access to preventive/ambulatory care	96.3%	96.10%
Child access to PCP	98.4%	98.70%
Adult BMI	14.3%	14.20%

X. DEMONSTRATION EVALUATION (cont'd)

Hypothesis 9e – Health Management Program (HMP); Impact on Cost/Utilization of Care: This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1, and #2 of CMS's Three Part Aim.

Nurse care managed members will utilize the emergency room at a lower rate than forecasted without nurse care management intervention.

Hypothesis 9e Results:

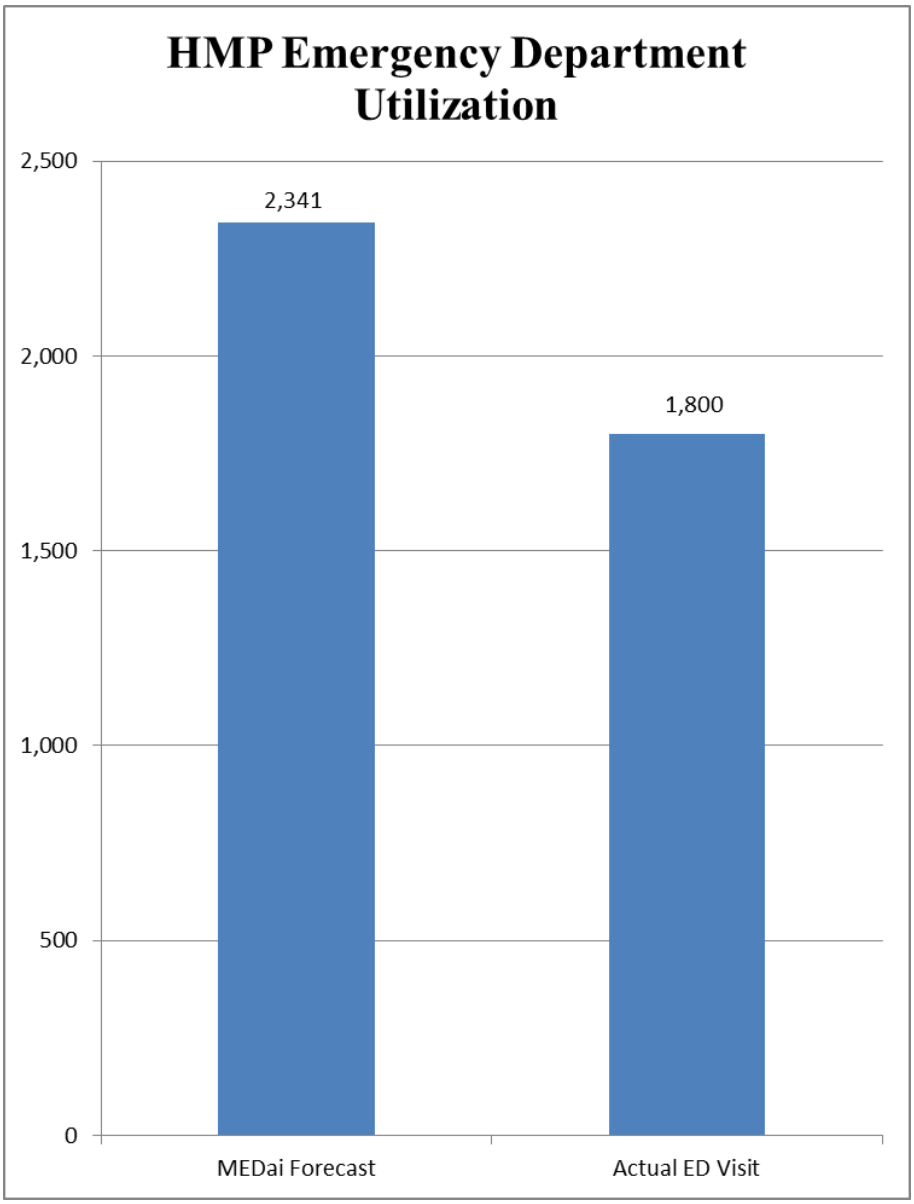
MEDai forecasted that SoonerCare HMP participants as a group would incur 2,341 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,800 or 77 percent of forecast.

Health coaching, if effective, should have an observable impact on participant service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits and hospitalizations, and lower acute care costs.

Most potential SoonerCare HMP participants are identified based on MEDai data, which includes a 12-month forecast of emergency department visits, hospitalizations and total expenditures. MEDai's advanced predictive modeling, as opposed to extrapolating historical trends, accounts for participants' risk factors and recent clinical experience.

Members also can be identified and referred to the program by providers with embedded health coaches at their sites. This includes members whose MEDai scores are relatively low, but are determined by the provider and health coach to be "at risk" based on the individual's total profile.

The PHPG conducted the utilization and expenditure evaluation by comparing participants' actual claims experience to MEDai forecasts absent health coaching".



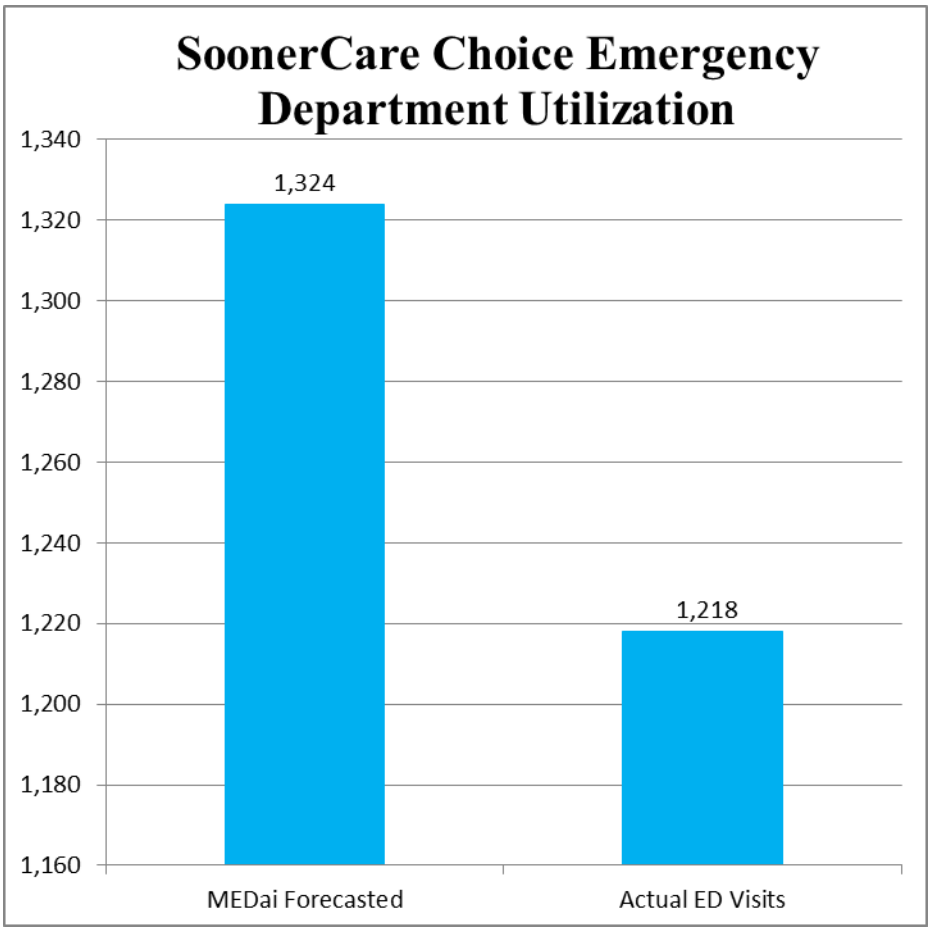
MEDai projected members in total would incur 1,324 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,218, or 92 percent of forecast.

Practice facilitation, like health coaching, should demonstrate its effectiveness through an observable impact on member service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits and hospitalizations, and lower acute care costs.

PHPG conducted the practice facilitation utilization and expenditure evaluation by comparing the actual claims experience of members aligned with Patient Centered Medical Home (PCMH)

practice facilitation providers to MEDai forecasts. The practice facilitation dataset was developed from the complete Medicaid claims and eligibility extract provided by the OHCA.

To be included in the analysis, members had to have been aligned with a PCMH provider who underwent practice facilitation. They also had to have been seen by a PCMH provider at least once following their own PCMH provider's initiation into practice facilitation. Members participating in the health coaching portion of the SoonerCare HMP were excluded from the analysis. This was done to avoid double counting the impact of the program. The OHCA will continue to monitor emergency department utilization during the approved demonstration period.



X. DEMONSTRATION EVALUATION (cont'd)

Hypothesis 9f – Health Management Program (HMP); Impact on Cost/Utilization of Care: This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1 and #2 of CMS's Three Part Aim.

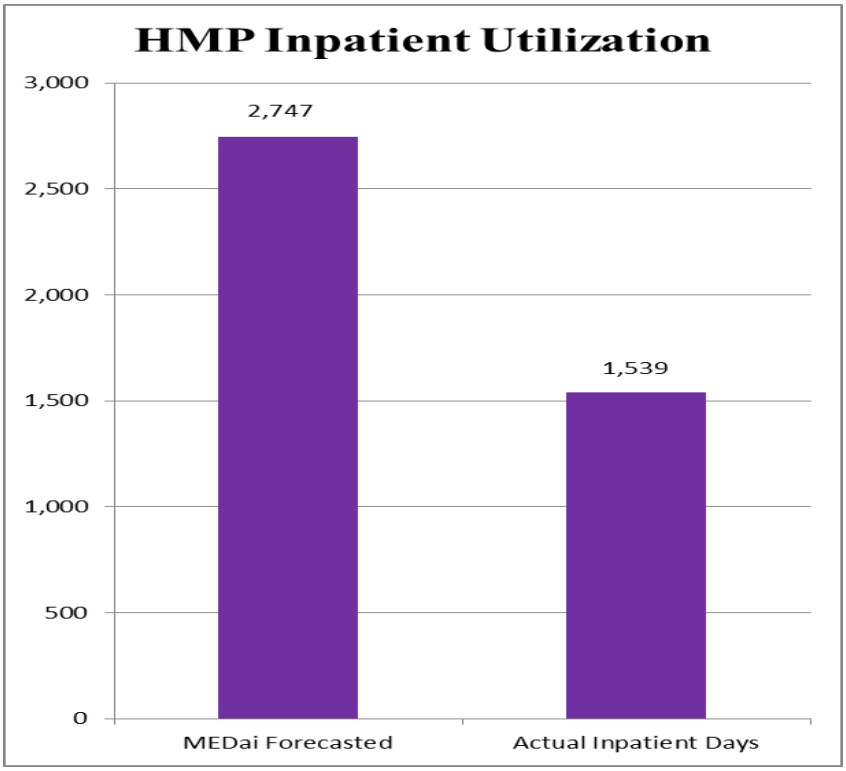
Nurse care managed members will have fewer hospital admissions than forecasted without nurse care management intervention.

Hypothesis 9f Results:

Health coaching, if effective, should have an observable impact on participant service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits and hospitalizations, and lower acute care costs.

Members also can be identified and referred to the program by providers with embedded health coaches at their sites. This includes members whose MEDai scores are relatively low, but are determined by the provider and health coach to be "at risk" based on the individual's total profile.

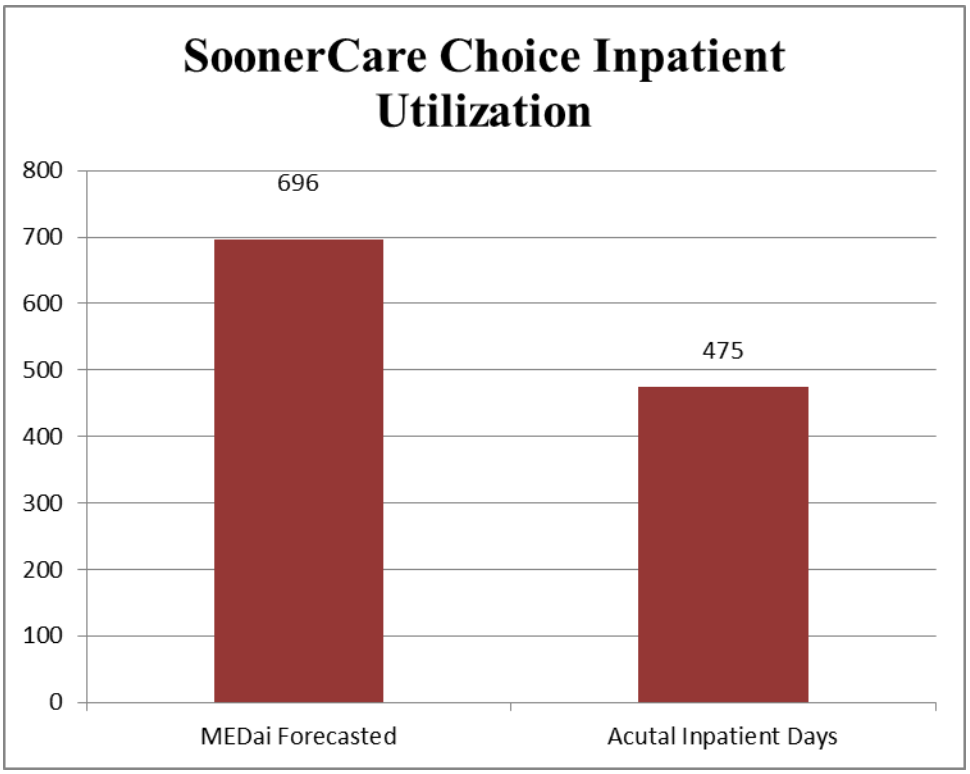
MEDai forecasted that SoonerCare HMP participants as a group would incur 2,747 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,539 or 56 percent of forecast.



X. DEMONSTRATION EVALUATION (cont'd)

PHPG conducted the utilization and expenditure evaluation by comparing participants' actual claims experience to MEDai forecasts absent health coaching.

MEDai projected members in the "all others" group would incur 696 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 475, or 68 percent of forecast.



PHPG conducted the practice facilitation utilization and expenditure evaluation by comparing the actual claims experience of members aligned with PCMH practice facilitation providers to MEDai forecasts.

The practice facilitation dataset was developed from the complete Medicaid claims and eligibility extract provided by the OHCA.

To be included in the analysis, members had to have been aligned with a PCMH provider who underwent practice facilitation. They also had to have been seen by a PCMH provider at least once following their own PCMH provider's initiation into practice facilitation. Members participating in the health coaching portion of the SoonerCare HMP were excluded from the analysis. The OHCA will continue to monitor the program for the impact of reducing medical cost of the population served.

Hypothesis 9g - Health Management Program (HMP); Impact on Satisfaction /Experience with Care: This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #3, and #2 of CMS's Three Part Aim.

Nurse care managed members will report higher levels of satisfaction with their care.

Hypothesis 9g Results:

Member satisfaction is a key component of SoonerCare HMP performance. If members are satisfied with their experience and value its worth, they are likely to remain engaged and focused on improving their self-management skills and adopting a healthier lifestyle. Conversely, if members do not see a lasting value to the experience, they are likely to lose interest and lack the necessary motivation to follow coaching recommendations.

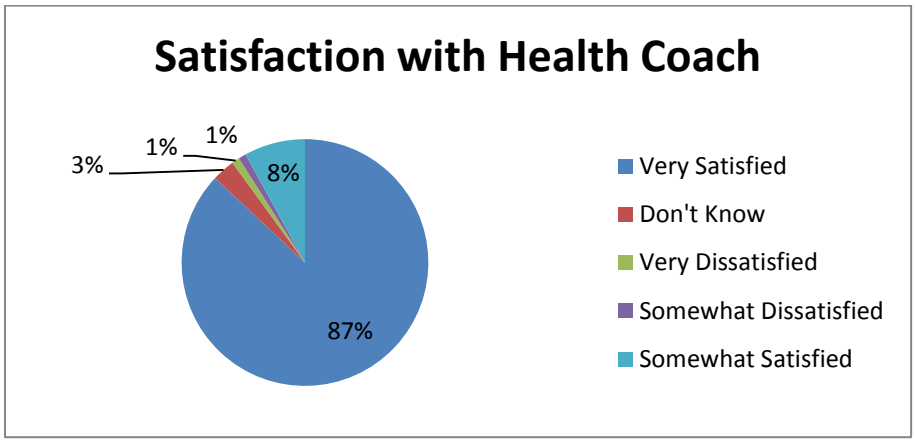
PHPG completed 758 initial surveys beginning in February of 2015 and running through April of 2016, with SoonerCare HMP participants. There were also 133 six-month follow-up surveys with participants who previously completed an initial survey. The purpose of the follow-up survey was to identify changes in attitudes and health status over time[15].

Health coaches are expected to help participants build their self-management skills and improve their health through a variety of activities. Respondents were read a list of activities and asked, for each, whether it had occurred and, if so, how satisfied they were with the interaction or help they received.

Respondents were asked to rate their satisfaction with each "yes" activity. The overwhelming majority reported being very satisfied with the help they received, with the portion ranging from 91 to 94 percent, depending on the item. This attitude carried over to the members' overall satisfaction with their health coaches; 87 percent reported being very satisfied. Results for the follow-up survey were closely aligned to the initial survey.

Survey respondents reported very high levels of satisfaction with the SoonerCare HMP overall, consistent with their opinion of the health coach, who serves as their point of contact with the program. Eighty-seven percent of initial survey respondents and 90 percent of follow-up survey respondents stated they were very satisfied. Nearly all respondents (93 percent of initial survey and 97 percent of follow-up survey) said they would recommend the program to a friend with health care needs like theirs. The OHCA will continue to track and trend this hypothesis over the extension period to monitor for significant changes in results.

[15] Data has been updated since last reporting period.



Hypothesis 9h - Health Management Program (HMP); Impact of HMP on Effectiveness of Care: This hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #1, and #3 of CMS's Three Part Aim.

Total and PMPM expenditures for members enrolled in HMP will be lower than would have occurred absent their participation in nurse care management.

Hypothesis 9h Results:

Health coaching, if effective, should have an observable impact on participant service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits and hospitalizations, and lower acute care costs.

Most potential SoonerCare HMP participants are identified based on MEDai data, which includes a 12-month forecast of emergency department visits, hospitalizations and total expenditures. MEDai's advanced predictive modeling, as opposed to extrapolating historical trends, accounts for participants' risk factors and recent clinical experience.

Members also can be identified and referred to the program by providers with embedded health coaches at their sites. This includes members whose MEDai scores are relatively low, but are determined by the provider and health coach to be "at risk" based on the individual's total profile.

PHPG conducted the utilization and expenditure evaluation by comparing participants' actual claims experience to MEDai forecasts absent health coaching. PHPG performed the analysis for selected chronic conditions[16] and for the participant population as a whole.

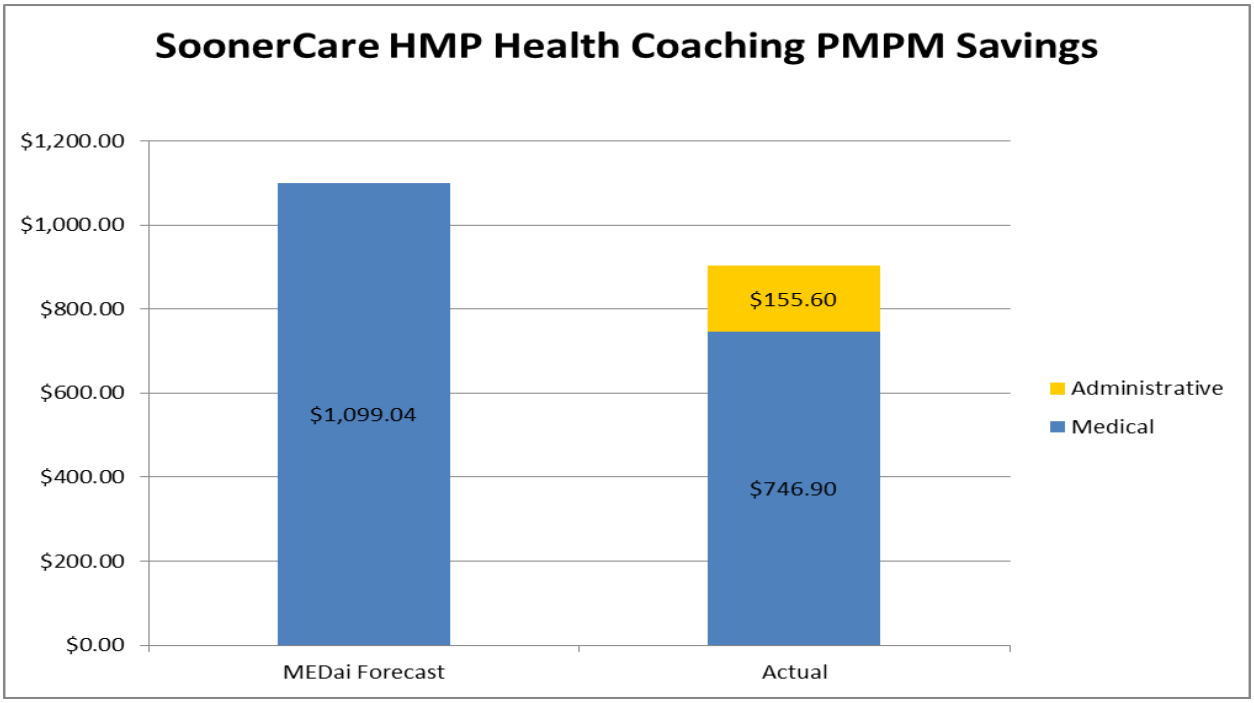
[16] The conditions evaluated were asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes, heart failure and hypertension. Condition-specific findings are presented in chapter four. (PHPG)

X. DEMONSTRATION EVALUATION (cont'd)

PHPG performed a cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 and SFY 2015, inclusive of SoonerCare HMP health coaching administrative expenses.

The SoonerCare HMP health coaching participants as a group were forecasted to incur average medical costs of $1,099.04[17]. Their actual average PMPM medical costs were $746.90. With the addition of $155.60 in average PMPM administrative expenses, total actual costs were $902.50. Medical expenses accounted for 83 percent of the total and administrative expenses for the other 17 percent. Overall, SoonerCare HMP health coaching participant PMPM expenses, inclusive of administrative costs were 82.1 percent of forecast.

On an aggregate basis, the health coaching portion of the SoonerCare HMP achieved net savings during its initial 24 months of operation (July 2013 through June 2015) of nearly $12.8 million, up from only $3.4 million in its first 12. These results appear in line with the nurse care management component of the first generation SoonerCare HMP, which generated cumulative net savings of $5.5 million through its initial 17 months of operation (February 2008 implementation through June 2009) and $14.9 million in cumulative net savings through its initial 29 months of operation (February 2008 through June 2010)[18].



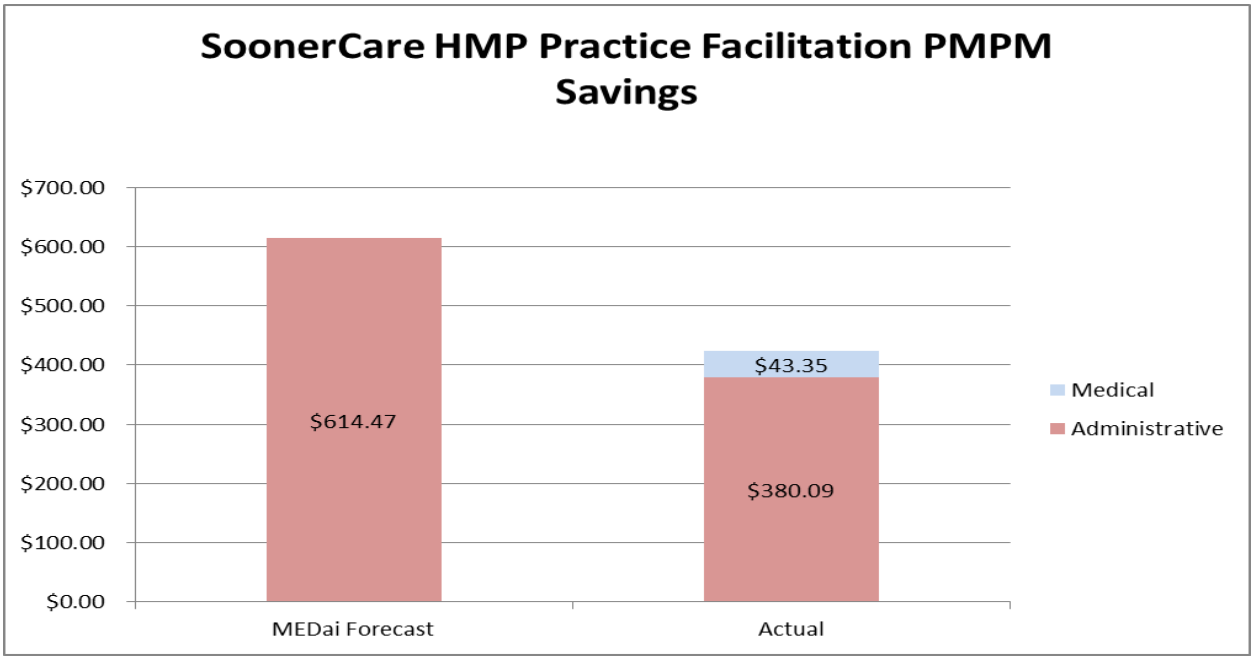
[17] This represents a weighted average (by member months) of the forecasted PMPM values for the first 12 months and months 13 – 24, as shown in exhibit 4-45.(PHPG)
[18] SoonerCare HMP Comprehensive Evaluation Report, May 2014, page 92. (PHPG

X. DEMONSTRATION EVALUATION (cont'd)

PHPG performed a cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 and SFY 2015, inclusive of SoonerCare HMP practice facilitation administrative expenses.

SoonerCare HMP members aligned with a practice facilitation provider and included in the expenditure analysis were forecasted to incur average medical costs of $614.47[19]. Their actual average PMPM medical costs were $380.09. With the addition of $43.35 in average PMPM administrative expenses, total actual costs were $423.44. Medical expenses accounted for 90 percent of the total and administrative expenses for the other 10 percent. Overall, net SoonerCare HMP practice facilitation-related PMPM expenses were 61.9 percent of forecast.

On an aggregate basis, the practice facilitation portion of the SoonerCare HMP achieved net savings in excess of $28.4 million. These net savings compare favorably to the practice facilitation component of the first generation SoonerCare HMP, which generated cumulative net savings of $3.5 million through its initial 17 months of operation (February 2008 implementation through June 2009) and $19.2 million in cumulative net savings through its initial 29 months of operation (February 2008 through June 2010)[20]. The OHCA will continue to track and trend this hypothesis over the extension period to monitor for significant changes in results.



[19] This represents a weighted average (by member months) of the forecasted PMPM values for the first 12 months and months 13 – 24, as shown in exhibit 7-38. (PHPG)
[20] SoonerCare HMP Comprehensive Evaluation Report, May 2014, page 94. (PHPG)

XI. ENCLOSURES/ATTACHMENTS

1. OU Sooner HAN Annual Report FY 2016
2. OU Sooner HAN CY 2016 Report July – December 2016
3. PHCC HAN Annual Report FY 2016
4. PHCC HAN CY 2016 Report July – December 2016
5. OSU HAN Annual Report FY 2016
6. OSU HAN Annual Report CY 2016 July (2015) – December 2016
7. Oklahoma 1115 Budget Neutrality Model Worksheet, December 2016
8. SoonerCare Health Management Program Evaluation SFY2015
9. 2016 PHPG Quality of Care Report

XII. STATE CONTACT(S)

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XIII. DATE SUBMITTED TO CMS

Submitted to CMS on April 18, 2017