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# Oklahoma Health Care Authority



**SoonerCare Demonstration 11-W-00048/6**  
**§1115(a) Quarterly Report**  
**Demonstration Year: 21 (01/1/2016 – 12/31/2016)**  
**Federal Fiscal Year Quarter: 2/2016 (1/16 – 3/16)**

**Submitted**  
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## I. INTRODUCTION

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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. The request was submitted to the Centers for Medicare and Medicaid Services (CMS) on December 29, 2014.

The Oklahoma Health Care Authority 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.

## II. ENROLLMENT INFORMATION

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### A. Member Enrollment<sup>1</sup>

Member enrollment for SoonerCare Choice and Insure Oklahoma is based on meeting requirements for citizenship, state residency, categorical and financial guidelines. SoonerCare Choice members may enroll with a PCP that is contracted with the OHCA as long as capacity is available.

Members Enrolled in SoonerCare Choice and Insure Oklahoma	Oct-Dec 2015	Jan-Mar 2016
Total Number of <sup>2</sup> Qualified Individuals Enrolled in SoonerCare Choice	528,202	528,847
SoonerCare Choice Percentage of total Medicaid Population	69%	70%
A) Title XXI	93,868	93,957
B) Title XIX	434,334	434,890
C) Adults	98,926	100,317
Children	429,276	428,530
<b>Breakdown</b>		
Adult	19%	19%
Child	81%	81%
Total Number Enrolled in Insure Oklahoma	18,444	Pending <sup>3</sup>
A) Individual Program (IP)	3,846	Pending
B) Employer Sponsored Insurance (ESI)	14,598	
<b>Total Number Enrolled in SoonerCare Choice and Insure Oklahoma</b>	<b>546,646</b>	Pending

<sup>1</sup> Enrollment numbers are point in time numbers.

<sup>2</sup> See Attachment 1: Quarterly SoonerCare Choice Fast Fact.

<sup>3</sup> The OHCA is currently working on a system migration therefore the Insure Oklahoma enrollment numbers are not available this quarter.

## II. ENROLLMENT INFORMATION (cont'd)

### Demonstration Populations

Demonstration Populations are identified Mandatory and Optional State plan groups that qualify for Medicaid coverage. The chart below reflects the Oklahoma SoonerCare Choice and Insure Oklahoma demonstration populations qualified for the 1115 Demonstration Waiver. The State Children's Health Insurance Program (SCHIP) numbers are point in time numbers from the budget neutrality worksheet.

Demonstration Populations: Enrolled and Potential Members 2016	Currently Enrolled	Potential Population	Total Qualified
TANF-Urban	271,086	58,681	329,767
TANF-Rural	213,532	10,285	223,817
ABD-Urban	22,430	8,022	30,452
ABD-Rural	21,416	2,424	23,840
Other	383		383
Non-Disabled Working Adults (IO)	Pending		Pending
Disabled Working Adults (IO)	Pending		Pending
TEFRA Children	583		583
SCHIP Medicaid Expansion Children Enrollees	93,957		93,957
Full-time College Students (IO)	Pending		Pending
Foster Parents <sup>4</sup>	Pending		Pending
Not-for-Profit Employees Employees <sup>4</sup>	Pending		Pending

Demonstration Populations: Member Months 2016	January	February	March
TANF-Urban	332,184	332,912	329,767
TANF-Rural	226,589	226,416	223,817
ABD-Urban	30,616	30,598	30,452
ABD-Rural	24,022	23,928	23,840
Non-Disabled Working Adults (IO)	Pending	Pending	Pending
Disabled Working Adults (IO)	Pending	Pending	Pending
TEFRA Children	589	581	583
SCHIP Medicaid Expansion Children Enrollees	93,447	95,727	93,957
Full-Time College Students (IO)	Pending	Pending	Pending

<sup>4</sup> The OHCA has authority to enroll this population, but does not at this time due to OHCA does not expect enrollment in this population at this time.

## II. ENROLLMENT INFORMATION (cont'd)

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### Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA)

Tax Equity and Fiscal Responsibility is a program 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. Currently the OHCA has over 600 members receiving medical services through the TEFRA program (Refer to Attachment 2).

The Executive Council was formed as a part of the Governor's Blue Ribbon Panel (the Blue Ribbon Pan was sunset March 2015) to continue to improve the range and quality of services accessible to Oklahomans with developmental disabilities. The primary purpose of the council is to coordinate and improve the information tools that key state agencies make publicly available regarding developmental disability services and community resources. The OHCA is represented by Becky Pasternik-Ikard (Deputy State Medicaid Director). Currently, there are eight officials that sit on the Council.

There are four objectives that have been created by the Council:

- 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 both 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.
- Analyze how to best prioritize the waiver services request list.

TEFRA Member Enrollments	Oct-Dec 2015	Jan-Mar 2016
SoonerCare Choice	76	74
<b>Total Current Enrollees</b>	<b>606</b>	<b>611</b>

### **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

## II. ENROLLMENT INFORMATION (cont'd)

the total SoonerCare Choice providers currently enrolled in a given month of the Fast Fact report.

Provider Types	Oct-Dec 2015	Jan-Mar 2016
MD/DO	1,665 <sup>5</sup>	1,680
PA	367	384
APN	634	644
<b>Total PCPs</b>	<b>2,666</b>	<b>2,708</b>

Insure Oklahoma Provider Types	Oct-Dec 2015	Jan-Mar 2016
MD/DO	1,289	1,302
PA	325	345
APN	490	502
<b>Total PCPs</b>	<b>2,104</b>	<b>2,149</b>

### SoonerCare Medical Home Provider by Tier

Patient Centered Medical Home (PCMH) providers are arrayed into three tiers depending on the number of standards they agree to meet. SoonerCare PCMH assists members with managing basic and special health care needs. The PCMH are responsible for providing or otherwise assuring the provision of medically necessary primary care and case management services and for making specialty care referrals (Refer to Attachment 3).

Providers by Tier <sup>6</sup>	Quarter Ending Dec 2015	Quarter Ending Mar 2016
Percentage in Tier 1: Entry Level Medical Home	497	478
Percentage in Tier 2: Advanced Medical Home	235	228
Percentage in Tier 3: Optimal Medical Home	195	203

<sup>5</sup> Data has been updated since last reporting period.

<sup>6</sup> These counts were computed using methods defined by OHCA Reporting and Statistics unit.



## II. ENROLLMENT INFORMATION (cont'd)

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### Primary Care Physician (PCP) Capacities

The total capacity represents the maximum number of members that are assigned to a PCP by the physician's request (Refer to Attachment 3).

SoonerCare Choice and IO PCP Capacities	Quarter Ending Dec 2015		Quarter Ending Mar 2016	
	Capacity Available	% of Capacity Used	Capacity Available	% of Capacity Used
SoonerCare Choice	1,146,767	41%	1,162,242	41%
SoonerCare Choice I/T/U	96,999	17%	99,499	16%
Insure Oklahoma IP	449,850	1%	447,412	1%

### 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 through the Indian Health Services (IHS) tribal clinics, hospitals and urban Indian health facilities.

Indian Health Provider Enrollment	Oct-Dec 2015	Jan-Mar 2016
Number of Clinics	58	58

## II. ENROLLMENT INFORMATION (cont'd)

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### 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. Some rural areas may not have internet access; therefore, a paper application can be submitted.

2016 OHCA Media Type of Applications for SoonerCare	January	February	March	Totals
Home Internet	27,371	23,658	35,255	<b>86,284</b>
Paper	0	0	0	<b>0</b>
Agency Internet	11,527	10,965	12,357	<b>34,849</b>
<b>Totals</b>	<b>38,898</b>	<b>34,623</b>	<b>47,612</b>	

2016 Indian Health Online Enrollment Applications for SoonerCare	January	February	March	Totals
Cherokee Nation	480	451	406	<b>1,337</b>
Chickasaw Nation	205	210	209	<b>624</b>
Choctaw Nation	379	329	321	<b>1,029</b>
Indian Health Services	971	1,125	1,051	<b>3,147</b>
<b>Totals</b>	<b>2,035</b>	<b>2,115</b>	<b>1,987</b>	

### III. 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. The SoonerCare Provider Directory is no longer printed but is available for download and viewing on the SoonerCare website along with other outreach items that are no longer distributed due to current agency budget constraints.

Outreach Materials Printed and/or Distributed	Oct-Dec 2015	Jan-Mar 2016
<b>Member Materials Printed/Distributed</b>		
Annual Benefit Update Packet <sup>7</sup>	0	0
New Member Welcome Packets	28,254	19,554
Information/Enrollment fair fliers	7,840	15,440
Postcard w/ER utilization guidelines	1,030	1,500
TEFRA Brochures	100	0
<b>BCC Brochures</b>		
a. English	430	1,070
b. Spanish	110	490
<b>SoonerRide</b>		
a. English	2,210	6,520
b. Spanish	0	0
<b>SoonerCare Outreach Material</b>		
SoonerCare Color and Activity Books	Out of stock	Out of stock
Misc. Promotional items (magnets, bandages, hand cleaner)	8,740	1,700
Smoking Cessation <sup>8</sup> (English/Spanish combined)	5,700	0
<b>SoonerCare Newsletters</b>		
SoonerCare Companion Member Newsletter	229,000	0
Provider Newsletters	20,500	20,980
Dental Provider Newsletters	599	1,110
Provider Outreach Materials	0	7,438
Oklahoma Indian Tribe-Specific Materials	250	5

<sup>7</sup> This item will appear only once a year on the report since it is sent out once a year to every member household.

<sup>8</sup> Due to budget constraints these items will not be available throughout the remainder of the year.

### III. 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 Member Services Outreach Letters	# of Letters Mailed	Response Rate
Prenatal Outreach	8,007	24%
Households with Newborns Outreach	8,637	14%

2016 Member Services Activity	January	February	March	Qtr. Totals
Calls to BCC members with Confirmed Cancer Diagnosis	26	15	33	<b>74</b>
Calls to BCC Members at Renewal Period	12	10	12	<b>34</b>
Member Service Calls Handled in English	7,475	7,109	6,800	<b>21,384</b>
Member Service Calls Handled in Spanish	474	484	462	<b>1,420</b>
Member Inquiries				<b>17,148</b>

#### **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.

During the first quarter of 2016 the OHCA paid out approximately \$1,827,500 in EHR incentive payments to 101 qualified professionals. Modified rules were implemented in March, eliminating the three stages of Meaningful Use and leaving only one set of objectives that must be met. There were 13 new qualified professionals that have attested to Meaningful Use this quarter.

Additionally, this quarter an outreach effort was initiated and 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 to these providers will be made in the near future. Since inception of the EHR program, incentives have been paid to a total of 2,662 eligible professionals and 107 eligible hospitals. The chart below indicates the cumulative amounts paid to providers since inception of the program through the end of this quarter.

### III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)

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Cumulative EHR Incentives Paid	Oct-Dec 2015	Jan-Mar 2016
Qualified Professionals	\$50,987,254	\$69,586,672 <sup>9</sup>
Qualified Hospitals	\$54,878,817	\$117,662,651
<b>Cumulative Totals</b>	<b>\$105,866,071</b>	<b>\$187,249,323</b>

#### 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 the systems takeover and Phase II includes mandates, agency priorities and system enhancements. Some important focal points of the reprocurement enhancements are the claims tracking system, iCE, the Data Support System (DSS), the Care Management System.

This quarter, the OHCA continues progress on the Care Management Request for Proposal (RFP). The MMIS team is actively working on defining the requirements for the RFP and completing the baseline project plan. Independent contractor Qualis Health is providing Independent Validation and Verification (IV&V) for the project. Lastly, the target date for completion of OHCA modernization efforts and enterprise architecture network diagram has been change from March 31, 2016 to April 30, 2016. The OHCA TMSIS Phase II is still on hold waiting for CMS requirements.

#### 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 representatives from a cross section of various divisions and units of OHCA employees. The DGC efforts take a proactive approach in ensuring that OHCA has reliable and comprehensive data to support good decision-making. In addition, this group manages sharing OHCA data (this includes member and claims data) with other state agencies and organizations to benefit the State overall and to comply with applicable laws. The Data Governance Director also represents the OHCA in similar activities involving multiple agencies with consideration given to data services that can be shared.

The Office of Data Governance (ODG) now includes the OHCA Reporting and Statistics unit that perform a host of data and outcome analysis for the agency and stakeholders. This quarter,

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<sup>9</sup> Beginning in 2016 the Qualified Professionals and Hospitals totals include A/I/E and Meaningful Use amounts rather than A/I/E only.

### **III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)**

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the OHCA had meetings with 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 meeting topic was on the Memorandum of Understanding (MOU) Data Exchange:

- The agencies legal departments agree there are currently no issues with the MOU draft agreement to share data information between agency partners;
- The Master Patient Index (MPI) birth and death data has been supplied to the MPI and the goal is to have the MPI operational by June or July to batch data; and
- Create a universal file for data to avoid sending multiple files.

In addition, the ODG is working on developing a new procedure for how Contractor Telework requests are handled while working offsite. The meeting topics include:

- Develop a process for off-site workers using Business Objects;
- Contractor access will go through Net access and be required to go through privacy and security training;
- Contracted teleworker's using personal laptops will incorporate the use of fobs (a small hardware device with built-in authentication mechanism) to access the network
- Teleworkers are entitled to the same helpdesk hours as OHCA employee; and
- Teleworkers are not permitted to print confidential information.

#### **C. Stakeholder Engagement**

##### Tribal Consultation

The Tribal Consultations serves as a venue for discussion between the OHCA and tribal governments on proposed SoonerCare policy changes, State Plan amendments, waiver amendments and updates that may impact the agency and tribal partners. The goal of the Tribal Consultations is to inform tribal governments of policy changes, seek their advice and input regarding those changes and address any concerns that arise as a result of the proposed changes. Tribal Consultations are held the first Tuesday of every odd month. All tribal clinics, hospitals, Urban Indian health facilities (I/T/U), Indian Health Services (IHS), stakeholders and tribal leaders are invited to attend. For those who are not able to attend physically, the OHCA provides online and teleconference technology.

The OHCA held Tribal Consultations January fifth and March first of this quarter. Several tribes were represented at the January fifth Consultation including members from the Citizen Potawatomie Nation, Chickasaw Nation, Choctaw Nation, Kaw Nation and Muscogee (Creek) Nation. Representatives from the Indian Health Service and Oklahoma City Indian Clinic were also present.

Several proposed permanent rules were brought before the tribes. There was one proposed rule change regarding tribes. The change is a clarification to better align I/T/U policy with current business practices. The agenda also included two proposed State Plan Amendments, one

### **III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)**

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regarding presumptive eligibility and the other regarding a Title XXI Health Service Initiative as well as proposed 1915(c) waiver renewals. There was minimal discussion among the tribes regarding the proposed rules changes, amendments or renewals. On the agenda, “Other Business” included an update of the ABD Care Coordination process and a presentation on the Champions of Health program. The last item of discussion under “Other Business” centered on the proposed 1115 waiver amendment to include the Sponsor’s Choice program in the waiver. Questions from the tribes regarding status of the amendment, proposed timeline and program operations were answered by OHCA staff.

Tribes represented at the March first Tribal Consultation included members from the Absentee Shawnee Tribe, Citizen Potawatomi Nation, Chickasaw Nation, Creek Nation, Choctaw Nation, Cherokee Nation, and Seminole Nation. Representatives from the Indian Health Service and Oklahoma City Indian Clinic were also in attendance.

Proposed rules changes were presented and included the allowance for an eyeglass fitting fee and the change to utilization of a sole source vendor for eyeglasses. Tribes were also made aware of a 1915(c) Home and Community Based Services waiver renewal request and were informed of the impact on I/T/U’s by the potential ABD Care Coordination program. The Consultation also included provision of information to tribes regarding the new Final Rule on Access to Care, implementation of the Hospital Potentially Preventable Readmissions (PPR) program and a change in the Hospital Diagnosis-Related Group (DRG) payment transfer methodology.

#### 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 making. 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 members met on February 6 and discussed updates on three primary areas: 1) Strategic Planning Meeting, 2) the budget and Legislative updates and 3) “What members wish the (Providers’) front desk knew regarding interacting with members.”

#### **Strategic Planning Meeting updates**

- Connect 4 Health text messages for members going live soon
- MATF recommend having someone do a presentation on Virtual visits

### **III. OUTREACH AND INNOVATIVE ACTIVITIES (cont'd)**

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- MATF member recommends that Facetime on iPhone could be part of members Medical Home and could help the providers qualify for a higher tier. Members could potentially video themselves and send to their provider, particularly for specialists.
- A Member portal is in the development stage. MATF members suggested involvement with the portal through Explanation Of Benefits, member handbook and online renewals.

#### **Budget and Legislative Updates**

- Members were updated that there may be another three to six percent budget cut and it wouldn't be announced until around the end of May.
- MATF was told that although a few providers have dropped out of SoonerCare, there has not been a significant loss and five new providers have recently been added to "thin areas" of the State. MATF will advise the OHCA if they hear of any providers leaving the SoonerCare network so they will know if access to care is being limited.
- Members were advised that the OHCA will fund keeping private providers with specialized treatments through 2016 State fiscal year.
- The OHCA's CEO suggested and MATF members recommended a "Member nominated provider award" to show appreciation to providers.

#### **What members wish the front desk knew regarding interacting with members**

- MATF member suggested having a Facebook group to capture information from the MATF meetings; noted it would also be a good place to ask and clarify questions. A suggestion was made that software could help organize the information.

### **IV. OPERATIONAL/POLICY DEVELOPMENTS**

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#### **A. SoonerCare and Insure Oklahoma Operations**

##### **1. Department Operations**

###### Office of Health Promotions and Health Promotion Community Strategists

###### *Health Promotion Strategists*

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. This is accomplished by developing productive relationships with organizations in promoting health, local partners and SoonerCare members.

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



#### IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

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This quarter, The Office of Health Promotions (OHP) and Health Promotion Strategists (HPS) activity:

- HPS attended the “Give Kids a Smile” event at an OKC elementary school. OHP passed out SoonerFit jump ropes and did activities with the kids while they waited to see two OHCA dentists Dr. Bragg and Dr. Barrett.
- HPS represented OHCA and SoonerFit at TSET Day at the Capitol.
- HPS provided a SoonerCare tobacco cessation billing and procedure training for 26 providers at the Oklahoma City Clinic.
- HPS started attending and exploring partnerships with Screening and Special Services Advocate Group through the Oklahoma State Department of Health.
- HPS continues to attend American Indian Data Community of Practice (AID CoP) to improve and reduce disparities in Oklahoman’s health and well-being through peer learning, collaboration, and innovation in American Indian data.

The Oklahoma Tobacco Helpline Fax Referral program was designed to decrease the number of SoonerCare pregnant women who use tobacco. The Oklahoma Tobacco Helpline is a free service for all Oklahomans seeking to quit their tobacco use. The helpline can be accessed by phone at 1-800-QUIT-NOW or online at [Oklahoma Tobacco Helpline](#).

For more information regarding the approved cessation products members may visit the website [FDA Approved Tobacco Cessation Products](#).

The SoonerFit initiative was implemented in 2014 and continues to be a key goal to promote best practices for obesity reduction to SoonerCare providers; and to innovatively communicate physical activity and nutrition recommendations to SoonerCare members through interactive methodologies. This program is promoted through member and provider newsletters and promotional materials are given out at community events, health fairs and shared with partners by the Health Promotion Community Strategists. The [SoonerFit](#) website page is available for SoonerCare members and all Oklahomans with tools, resources and vital information regarding leading a fit and healthy lifestyle in a fun, affordable and easy way.

Highlights of SoonerFit include:

- SoonerFit Spring launched March 30, 2016 and will feature health and wellness events throughout the summer.

##### *The SoonerQuit Provider Engagement Grant*

The SoonerQuit Provider Engagement programs main objective is to improve birth outcomes by reducing rates of tobacco use during pregnancy and postpartum. The results of this program show improvement of health care quality and reduced Medicaid cost associated with smoking.

The Oklahoma Health Care Authority has focused on two specific SoonerCare populations and developed the SoonerQuit for Women program and the SoonerQuit Prenatal program. The

#### **IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)**

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Oklahoma Health Care Authority partnered with Oklahoma's Tobacco Settlement Endowment Trust (TSET) and the Oklahoma State Department of Health (OSDH) fund to administer the SoonerQuit Prenatal program. This program focuses on educating SoonerCare obstetric providers on tobacco cessation practices. The SoonerQuit for Women program targets women of child-bearing age and encourages them to speak with their doctor regarding smoking cessation.

##### ***Health Promotion Community Strategists***

The HPCS represent the OHCA as outreach liaisons to the 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. This is done through a variety of outreach efforts inclusive of: attending coalitions, committee and task force meetings, performing public outreach around the state, distributing printed resources and more.

Below you will find HPCS highlights for each region this quarter:

##### **Central/Southwest:**

- Participated in Pottawatomie County Public Health Assessment and Cleveland County Child Health Workgroup
- Co-presented to the Oklahoma Substance Abuse Services Alliance (OSASA) and e-Business and Industry Services group at Mid America Tech Center
- Participated in the new Access to Care group in Altus.

##### **Northeast:**

- Panelist in the launch of the Teen Pregnancy Prevention Taskforce in Okmulgee County
- Presentation of OHCA (overview of services, programs) at the Sequoyah County Resource Roundtable

##### **Northwest:**

- Participated in Kay County Local Public Health System Assessment and Resource Alliance group in Garfield County
- Presented OHCA Medicaid information to Langston University students
- Presented OHCA and OHP information to Rural Health Projects, Inc. Board of Directors

##### **Southeast:**

- Hosted a SoonerRide specific community forum

##### **Central/Southwest:**

- Access to Care group in Altus- helped provide information regarding our programs and statistics to help with access issues in their community
- Business and Industry Services at Mid America Tech Center- made connections to provide information and support to businesses that attended that meeting

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](#).

#### IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

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##### 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 service and/or supply being requested per established guidelines. This includes CMS criteria, Federal and State guidelines as well as OHCA Policy. Prior Authorization Requests submitted by providers for the following services:

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

Providers have the option to submit PARs via internet, phone or fax.

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

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 request will begin to decline as providers are further trained and understand what urine drug screen coverage is allowed for SoonerCare members.

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	January	February	March	Qtr. Totals
Calls Handled	570	621	414	<b>1,605</b>
PARs Received	5,169	4,623	5,947	<b>15,739</b>
Line Items Received	7,821	7,541	10,810	<b>26,172</b>
PARs Approved	3,398	3,708	5,748	<b>12,854</b>
Percent of PAR Denials	3%	3%	2%	<b>3%</b>
Number of Reviewers	12	12	12	<b>12</b>
Average Number of PAs/Reviewer	430	385	495	<b>437</b>

#### IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

2016 eviCore Activity	January	February	March	Qtr. Totals
eviCore Calls Handled	2,113	2,098	2,116	<b>6,327</b>
Total Prior Authorizations	5,795	6,149	6,296	<b>18,240</b>
Number of Reviewers (Analyst or Nurse)	115	115	115	
Average Number of PAs per Reviewer	50	53	55	
Percentage of Total PA Denials	12.32%	11.63%	11.37%	
Number of Denials	714	715	716	<b>2,145</b>

#### 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.

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;
- 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 eligibility determinations and utilization management functions to other areas of the agency. This quarter the CMU has averaged 3,897 active cases per quarter and 3,865 new cases have been opened and worked by the CMU.

Phase I of the Fetal Infant Mortality Rate (FIMR) initiative monitors prenatal women for the duration of their pregnancy through their infants' first birthday.

Phase II of the Fetal Infant Mortality Rate initiative focuses on educating prenatal women on their newborn's needs. This quarter, the initiative reported 550 new FIMR infant (younger than one year old) cases, with an average of 1,473 FIMR baby members in active case management.

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 13 new ICC cases this quarter with an average of 52 members managed in this program during any given month. As of March 31st, four ICC babies were being followed.

#### IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

##### *Chronic Care Unit*

The Chronic Care Unit (CCU) works to provide members and providers telephonic support for members who are high-risk or at risk for chronic conditions whose PCP is not aligned with an in-office health coach. Members are identified through comprehensive risk profiling, self-referral and provider referral. This quarter the CCU has provided member and provider support for more than 200 Hepatitis C treatment cases, coordinating care between the member, prescriber, PCP, supplying pharmacy and OHCA pharmacy staff. Additionally, CCU collaborates with Health Management Program (HMP) health coaches to assist with bariatric surgery and hepatitis C cases. Currently the CCU case manages approximately 500 members diagnosed with chronic illness providing education and developing self-efficacy through empathy and Motivational Interviewing (MI). Of the six CCU nurses, one has achieved Health Coach I (beginning MI competency), Health Coach II (MI proficient) and Health Coach III (Expert in MI).

Care Management Activity 2016	January	February	March
Active Cases under Care Management	4,221	4,056	3,415
Case Load per Adjusted RN FTE	160	158	139
High-Risk and At-Risk OB – Following	1,191	1,076	906
High-Risk and At-Risk OB – New	550	430	503
OK Cares New Enrollment	46	52	47
OK Cares Total Enrollment	429	437	433
Private Duty Nursing Cases - New	9	7	8
Private Duty Nursing Cases - Following	199	199	199
Onsite Evaluations (TEFRA, Private Duty Nursing)	68	31	52
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	64	71	87
Out of State – Clinical Review – New	74	83	63
Out of State – Clinical Review – Following	33	40	39

##### Breast and Cervical Cancer Program (BCC)

This program provides treatment for breast and cervical cancer and pre-cancerous conditions to eligible women. The Breast and Cervical Cancer Program requires women be screened for breast or cervical cancer under the Breast and Cervical Cancer Early Detection program (BCCEDP). Qualifications for this program are abnormal screening results or a precancerous or cancerous condition. This program, also known as Oklahoma Cares, is a partnership of the Oklahoma State Department of Health (OSDH), the Oklahoma Department of Human Services (DHS), the Cherokee Nation, The Kaw Nation and the OHCA. The BCC total enrollment, which is a subset of the CMU cases, has averaged 433 cases this quarter with an average of 48 new cases received per month.

#### IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

2016 Oklahoma Cares Member Enrollments	January	February	March <sup>10</sup>
SoonerCare Choice	246	249	248
Traditional Enrollees	183	188	185
<b>Totals</b>	<b>429</b>	<b>437</b>	<b>433</b>

BCC Certified Screeners	Oct-Dec 2015	Jan-Mar 2016
Certified Screeners	1,070	1,091

2016 Outreach Activities Related to BCC Members	January	February	March	Totals
Care Management Activities Related to BCC Members	678	668	676	<b>2,022</b>
Number of Calls Made by Member Services to BCC Members at Renewal Period	12	10	12	<b>34</b>
Number of Call Attempts Member Services Made to Members who had a Verified Cancer Diagnosis	26	15	33	<b>74</b>

#### Provider Services

The Provider Services units' purpose is to maintain one provider network in order to support the members and to ensure provider satisfaction.

This quarter, the OHCA sent out six letters to inform providers of changes in various programs. The following OHCA Provider Letters are located on [OHCA Website](#).

- Provider Letter 2016-01, dated January 5, 2016. Notified providers starting January 1, 2016; the OHCA will follow guidelines recommended by CMS for presumptive and definitive drug testing.
- Provider Letter 2016-02, dated January 6, 2016. Notified providers starting January 1, 2016, the OHCA will provide coverage for non-invasive prenatal testing for autosomal aneuploidy.
- Provider letter 2016-03, dated January 28, 2016. Notified providers of their responsibilities regarding the Deficit Reduction Act of 2005.

<sup>10</sup> See Attachment 4: Quarterly Oklahoma Cares Fast Fact.

## IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

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- Provider Letter 2016-04, dated February 3, 2016. Notified providers effective March 1, 2016; the OHCA will require prior authorization (PA) for Medications used to treat Breast Cancer.
- Provider Letter 2016-06, dated March 16, 2016. Notified providers effective April 18, 2016; the OHCA will require prior authorization (PA) for Neulasta® (pegfilgrastim), Granix® (tbo-filgrastim) or Zaxio™ (filgrastim-sndz).
- Provider Letter 2016-07, dated March 28, 2016. Notified providers virtual visits codes 99444 and 98969, are compensable when SoonerCare member has a virtual visit.

### 2. Program-Specific Operations

#### Health Access Network (HAN)

The Health Access Networks (HAN) are community-based, administrative, integrated networks intended to advance program access, quality and cost-effectiveness goals by offering greater care coordination support to affiliated Patient Centered Medical Home (PCMH) providers. 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 Care Management staff consists of a total of 14 care managers, four of which are Licensed Clinical Social Worker (LCSWs). The OU Sooner HAN care managed 2,681 unique individuals by the end of March with the following conditions:

- Asthma
- Breast Cancer
- Cervical Cancer
- Diabetes
- Emergency Room Use
- Hemophilia
- High-Risk OB
- Pharmacy Lock-In

The OU Sooner HAN continues to participate in monthly learning series. The trainings and conferences focus on behavioral health as well as other topics; some of which are as follows:

- Trauma the Informed Approach,
- Post-Traumatic Stress Disorder (PTSD)
- Borderline Personality Disorder

- Three Care Managers attended the Social Worker’s State Conference
- Introduction to Quality
- Culture of Leadership: Making Collective Impact Come to Life

#### **IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)**

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The Doc2Doc team added nine new specialty care clinics by the end of March. In this quarter there was 22,339 Doc2Doc referrals initiated.

##### ***The Partnership for Healthy Central Communities (PHCC) HAN***

The PHCC HAN care managed 861 unique individuals by the end of March with the following conditions:

- Asthma
- Breast Cancer
- Emergency Room
- High Risk Obstetrics
- Chronic Care
- Pharmacy

The PHCC HAN continues to collaborate with PCPs on the Asthma Improvement Plan (AIP) initiative. As of March, the total number of members engaged is 97. In this quarter, one peak flow meter was 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 Care 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 are active members of the Canadian County Coalition for Children and Families. The PHCC HAN also chairs the Coalition’s Special Events Committee and is leading the Committee in planning for the 2016 project which combines providing books to be distributed to children through the Canadian County Health Department locations and blankets that will be distributed by law enforcement for children affected by family disruptions.

The PHCC HAN continues to participate in the Infant Mental Health Committee with current planning underway for a summer or fall 2016 educational seminar on Child Abuse Prevention. The Committee has also completed “Trauma Brochures” for distribution through county-wide law enforcement offices. The brochures (printed in English and Spanish) represent common signs/symptoms of child trauma as well as, identify community resources that provide services for children who have been exposed to trauma.



#### IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

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The PHCC HAN staff also participated in various community groups. The groups included but were not limited to the following:

- Healthy Living Committee for Canadian Country Health Department
- Strategic Prevention Framework State Incentive Grant (SPF-SIG) through Red Rock
- Regional Epidemiological Outcomes Workgroup (REOW) through Red Rock community groups.

#### *Oklahoma State University Health Access Network (OSU Network HAN)*

The OSU HAN care managers attended two trainings this quarter Motivational Interviewing and Case Management training at the University of Oklahoma.

The OSU HAN care managed 418 unique individuals by the end of March with the following conditions:

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

The OSU HAN Director and Case Managers worked to create an Asthma Care Plan. The Care plan includes a basic template from which to work and provides the case managers a targeted set of goals that is 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. This plan also allows case managers to track progress toward meeting those goals.

Currently, 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.

2016 HAN Enrollment	OSU Network HAN	OU Sooner HAN	PHCC HAN
January	12,237	98,426	3,384
February	12,186	98,362	3,490
March	12,281	98,451	3,531
<b>Totals</b>	<b>36,704</b>	<b>295,239</b>	<b>10,405</b>

#### 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 a vendor, Telligen, to administer the HMP.

The HMP uses registered nurses on location in selected PCP offices to provide educational

#### IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

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support and care management services to providers and members that are a part of the HMP. The 41 practice sites are staffed with 34 embedded health coaches and incorporate practice facilitation services. With health coaches embedded into PCP practices this provides for more one-on-one care management with members.

Health Coaches	Oct-Dec 2015	Jan-Mar 2016
Number of Health Coaches	33	34

As of March 31, 2016 there were a total of 4,989 members engaged with a health coach. Practice facilitators have health coach training and certification in Nursing and Chronic care. The Practice Facilitators work with the health coaches to coordinate efforts for members and providers within the practices. By the end of March, 2016 there were eight practice facilitators for HMP. Additionally, OHCA HMP Senior Nurse Analyst visited nine HMP practices this quarter to see how effective the utilization of Telligen has been to date. Areas of discussion included the benefit of having Telligen staff in the practice, success in meeting the required chronic disease measures, practice workflow, educational needs and member enrollment/engagement.

This quarter, the HMP has embedded health coaches to provide telephonic outreach in addition to their clinic based outreach. Approximately 20 percent of the members engaged in the HMP are being followed telephonically.

Lastly, 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.

At the time of this report, eight practices have received or are currently receiving practice facilitation.

The toolkit can be found on the OHCA website at [HMP Pain Management Program](#)

#### IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

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In addition to the 41 practice site clinics, there are two additional clinics pending tier assignment. The two practices pending tier assignment have been delayed for various reasons including construction, satellite site assessment or an incomplete assessment. Practice facilitation is divided into the following four tiers based on the level of services the practice is receiving:

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.	5
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.	29
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

The Practice Facilitators and Health Coaches conducted 42 Academic Detailing sessions with the practices and had 221 in attendance. Academic detailing sessions are meetings with practices and providers to review areas of improvement and assess job success through methods such as the Plan-Do-Study-Act (PDSA) process, additional training, focusing on quality and staying current with the Centers for Disease Control (CDC) reports. The Practice Facilitators and Health Coaches conducted 94 Educational Presentations to providers and their staff with 409 in attendance. Some of the topics covered this quarter include Stroke Education; reviewed the risks, signs of a stroke and lifestyle changes to prevent a stroke. Zika Virus; reviewed current statistics, provided information on signs and symptoms of infection and precautions to take. Provider staff was supplied pamphlets to hand out to patients regarding the virus. Staff was also provided information on the weekly influenza activity summary from the OSDH website as well as educated about the complications of heart disease.

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. The HMP can send out messages/scripts such as the flu shot reminder or other health education messages as well as allowing a member to text their blood sugar reading and receive a message based on the result. There were 775 members enrolled in mHealth as of March 31, 2016.

#### 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)

#### **IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)**

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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 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.

This quarter, Insure Oklahoma (IO) launched its new online enrollment application in March 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. The launch required all IO members to reapply. Members were asked to reapply starting March 14, 2016 through March 31, 2016.

All employers, ESI members and IP members received two letters during this quarter to remind them of the reapplication period. Insure Oklahoma ran a Facebook ad to promote the reapplication period. These ads reached more than 10,000 Insure Oklahoma members. In addition to mailing letters to remind employers and members of the reapplication period, IO created step-by-step enrollment guides and conducted four webinars to train members, employers and agents on the new online application.

Last quarter, the OHCA mentioned a new website redesign project. The current project is still under construction. IO has chosen to wait until after the new online application is launched and the reapplication period ends before developing a 2016 statewide broadcast, digital and print campaign.

The Insure Oklahoma brochures were being redesigned during this quarter therefore none were distributed, however, they were available for download online.

At this time, the OHCA continues to work on our new system migration which includes the enrollment numbers for Insure Oklahoma. The following tables will be updated in our next quarterly report to more accurately reflect the data.

- 2016 Employer-Sponsored Insurance (ESI) Program Participating Employers
- 2016 Average ESI Member Premium
- 2016 ESI Subsidies
- 2016 Average Individual (IP) Member Premiums
- 2016 ESI Average Per Member Per Month
- 2016 IP Subsidies
- 2016 Coverage Premium Responsibility
- 2016 ESI Program Enrollment as of March
- 2016 IP Program Enrollment 0-100% FPL

## IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)

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### B. Policy Developments

#### Federal Authorities & Reporting Units

The Federal Authorities & Reporting unit works in collaboration with the Centers for Medicare & Medicaid Services (CMS) on waiver issues ensuring compliance with state and federal laws and authority. Both units work under the authority of the 1115 demonstration waiver that operates to provide the managed care system of care and the premium assistance programs throughout the state.

This quarter, the OHCA reduced monthly care coordination payments to Patient-Centered Medical Home (PCMH) providers and decreased the total pool of funds available for SoonerExcell incentive payments in February 2016. The payment transitions were implemented smoothly with no discernable change in the operations of the PCMH program. Last quarter, Federal Authorities & Reporting reported telephonic health coaching will be added as modality for educating members; and SoonerCare pain management program will be implemented in the Health Management Program (HMP). The following telephonic health coaches and pain management program were implemented this quarter.

#### Rule Changes

The OHCA complies with the Oklahoma Administrative rules in publishing rules, providing a transparency process implementing the statutes created by legislation, announcing changes to agency rules and providing a forum for public comment. This quarter the OHCA Board of Directors approved the following permanent rules that could have an impact on the 1115 SoonerCare Demonstration Wavier:

- 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 OHCA rule changes can be found on the OHCA [Proposed Rule Changes Website](#). The webpage is for the general public and stakeholders to comment and to submit feedback. Providers may receive all rule-change updates through email notification, the OHCA web alert banner or by fax blast.

#### **IV. OPERATIONAL/POLICY DEVELOPMENTS (cont'd)**

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##### Legislative Activity

This quarter, The Governor's State of the State address and the 2nd legislative session for the 55<sup>th</sup> Legislature began Monday, February 1, 2016.

With 1,735 new bills filed in January 2016, and the 1,732 bills carried over from the 2015 legislative session, our legislators had 3,467 measures to consider before sine die adjournment on May 27, 2016. The OHCA began tracking 254 bills this quarter.

After legislative deadlines;

- January 21 to Introduce Bills
- March 10 for Final Reading and Joint Resolution in Chamber of Origin

The OHCA tracked 87 bills with 18 carryover bills and one OHCA request bill as of March 31, 2016. Below are some key bills:

- HB-2803 is an OHCA request bill. It allows students up to age 26 to receive coverage through Insure Oklahoma if they are an enrolled student in a technology center school, university or college.
- HB-2267 extends the termination date of the hospital offset payment program fee from 12/31/17 to 12/31/2020.
- HB-2387 authorizes the OHCA to seek a waiver to expand premium assistance programs to include certain full-time equivalent employees.
- HB-2549 establishes guidelines and parameters as to what is considered in the agreement with OHCA to participate in the nursing facility supplemental payment.
- HB-2962 The bill establishes requirements for the coverage of autism spectrum disorder.

For a complete overview of HB1566, visit [ABD Care Coordination Web Page](#).

## V. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT

### 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 \$4 billion in Budget Neutrality savings and, ending this quarter; the state has \$229,085,621 in savings (Refer to Attachment 5).

Oklahoma 1115 Budget Neutrality Model  
Cumulative Waiver Year  
March 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	\$995,302,172
Waiver Year #21 – 2016	1,835,141	\$801,409,724	\$572,324,103	\$229,085,621
<b>Total Waiver Cost</b>	<b>103,109,514</b>	<b>\$31,168,325,387</b>	<b>\$26,318,333,560</b>	<b>\$4,849,991,827</b>

## VI. MEMBER MONTH REPORTING

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### A. Budget Neutrality Calculations

Eligibility Group	January	February	March	Qtr. Ending Totals
TANF-Urban	332,184	332,912	329,767	<b>994,863</b>
TANF-Rural	226,589	226,416	223,817	<b>676,822</b>
ABD-Urban	30,616	30,598	30,452	<b>91,666</b>
ABD-Rural	24,022	23,928	23,840	<b>71,790</b>

### B. Informational Purposes Only

Eligibility Group	January	February	March	Qtr. Ending Totals
Working Disabled Adults-ESI	Pending	Pending	Pending	Pending
Working Disabled Adults-IP	Pending	Pending	Pending	Pending
Working Non-Disabled Adults-ESI	Pending	Pending	Pending	Pending
Working Non-Disabled Adults-IP	Pending	Pending	Pending	Pending
Full-Time College Student-IP	Pending	Pending	Pending	Pending
Full-Time College Student-ESI	Pending	Pending	Pending	Pending
Foster Parents-ESI <sup>4</sup>	0	0	0	0
Foster Parents-IP <sup>4</sup>	0	0	0	0
Not-For-Profit Employees-IP <sup>4</sup>	0	0	0	0
Not-For-Profit Employees-ESI <sup>4</sup>	0	0	0	0
TEFRA	589	581	583	<b>1,753</b>
SCHIP Medicaid Expansion Children	93,447	95,727	93,957	<b>283,131</b>

Demonstration Expenditures	January	February	March	Qtr. Ending Totals
HAN	\$508,815.00	\$509,030.00	\$509,695.00	<b>\$1,527,540.00</b>
HMP	\$1,411,434.88	\$754,948.64	\$737,956.45	<b>\$2,904,339.97</b>



## VII. CONSUMER ISSUES

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### 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.

Member Inquiries	Oct-Dec 2015	Jan-Mar 2016
Program Complaint	31	31
Complaint on Provider	72	75
Fraud and Abuse	51	57
Access to Care	8	6
Program Policy	3,069	3,613
Specialty Request	202	291
Eligibility Inquiry	5,508	5,764
SoonerRide	2,110	2,086
Other <sup>11</sup>	0	2,821
PCP Change	593	655
PCP Inquiry	548	622
Dental History	11	23
Drug/NDC Inquiry	5	16
Medical ID Card	271	285
PA Inquiry	697	803
<b>Totals</b>	<b>13,176</b>	<b>17,148</b>

### B. Helplines

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

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<sup>11</sup> This category has been redefined to include inquiries on Applications, Claims, Medicare, Compensability of Procedures/Services, Policy, Referrals, Enrollment Packet Requests and Form Requests.

## VII. CONSUMER ISSUES (cont'd)

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### Insure Oklahoma Helpline

2015 Insure Oklahoma IP Helpline <sup>12</sup>	Oct-Dec 2015	Jan-Mar 2016
Number of Calls	15,880	31,154
Number of Calls Answered	15,138	17,447
Number of Calls Abandoned	364	13,707
Percentage of Calls Answered	95%	55%

Insure Oklahoma ESI Helpline <sup>13</sup>	Oct-Dec 2015	Jan-Mar 2016
Number of Calls	4,228	6,393
Number of Calls Answered	4,174	5,614
Number of Calls Abandoned	54	779
Percentage of Calls Answered	98%	87%

### Online Enrollment Helplines

Online Enrollment Helpline Calls (English) <sup>13</sup>	Oct-Dec 2015	Jan-Mar 2016
Number of Calls	30,188	37,033
Number of Calls Answered	29,489	36,136
Number of Calls Abandoned	699	897
Percentage of Calls Answered	97%	97%

Online Enrollment Helpline Calls (Spanish)	Oct-Dec 2015	Jan-Mar 2016
Number of Calls	249	230
Number of Calls Answered	234	217
Number of Calls Abandoned	15	13
Percentage of Calls Answered	94%	92%

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<sup>12</sup> Most numbers increased dramatically this quarter due to renewals.

## VII. CONSUMER ISSUES (cont'd)

### SoonerCare Helpline

SoonerCare Helpline Calls <sup>13</sup>	Oct-Dec 2015	Jan-Mar 2016
Number of Calls	174,807	204,064
Number of Calls Answered	168,614	196,663
Number of Calls Abandoned	6,193	7,401
Percentage of Calls Answered	96%	96%

### **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.

2016 SoonerCare Choice Grievances Jan-Mar	Pending	Closed Reason	Totals
Eligibility	1	1 Withdrew	2
Prior Authorization: Dental	0	1 Denied 1 Resolved 1 Untimely	3
Prior Authorization: Pharmacy	0	1 Resolved 1 Denied	2
Prior Authorization: Durable Medical Equipment	2	0	2
Prior Authorization: Other Speech	0	1 Untimely	1
Prior Authorization: Other Speech	1	1 Untimely	2
Prior Authorization: Pharmacy Other Surgery	3	1 Resolved	4
Prior Authorization: Radiology Services	0	1 Withdrew	1
Panel Dismissal	1	0	1
Private Duty Nursing (PDN)	2	0	2
Miscellaneous	0	1 Resolved	1
Miscellaneous: Unpaid Claim (Member)	1	1 Withdrew	2
TEFRA	1	0	1

2016 Insure Oklahoma Grievances Jan-Mar	Pending	Closed Reason	Total
Eligibility	0	3 Resolved	3

## VIII. QUALITY ASSURANCE/MONITORING ACTIVITIES

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### A. Quality Assurance (QA)

#### SoonerRide

The SoonerRide program was developed in order to assist SoonerCare members with transportation to and from medically necessary appointments. The Oklahoma Health Care Authority partners with LogistiCare Solutions LLC to provide non-emergency transportation. SoonerCare members may call the reservation line at 877-404-4500 and TDD 800-722-0353 in order to schedule rides.

This quarter, 196,520 SoonerRide trips were made with the average cost per trip of \$37.66. SoonerCare individuals from all 77 Oklahoma counties utilized the SoonerRide program.

A SoonerRide member satisfaction survey was conducted this quarter. A random selection of 450 SoonerCare members that utilized the services within this quarter was selected to participate in this survey. There was a 56 percent response rate to the survey. Survey results indicated that 92 percent of survey participants gave the program a positive rating, four percent gave the program a poor rating and four percent either refused or did not provide an overall rating.

#### Access Survey

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	Oct-Dec 2015	Jan-Mar 2016
Number of Providers Called	922	905
Percent of Providers with 24-hr Access on Initial Survey	94%	93%
Percent of Providers Educated for Compliance	6%	7%

## IX. DEMONSTRATION EVALUATION

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### Hypothesis

The OHCA is initiating reporting on all hypotheses for the 2016 extension period. This quarter interim data for hypothesis **3,3b** and **4, 6,** and **9a** are available.

The hypothesis reported this quarter directly relates to SoonerCare Choice waiver objectives:

1. To improve access to preventive and primary care services;
2. Increase the number of participating primary care providers, and overall primary care capacity, in both urban and rural areas;
3. To optimize quality of care through effective care management;
4. To integrate Indian Health Service (IHS) qualified members and IHS and tribal providers into the SoonerCare delivery system;

The hypothesis also relate to CMS's Three Part Aim:

1. Improving access to and experience of care;

**Hypothesis 3** – this hypothesis directly relates to Sooner Care Choice waiver objective #2 and #1 of CMS's Three Part Aim.

The number of SoonerCare primary care practitioners enrolled as medical home Primary Care Physicians (PCPs) will maintain at or above the baseline data between the waiver years of 2015-2016.

Hypothesis 3 Results:

PCP Enrollments	Baseline Data 2013	January 2015	February 2015	March 2015	January 2016	February 2016	March 2016
Number of SoonerCare Choice PCPs	2,067	2,461	2,442	2,445	2,633	2,588	2,613

This hypothesis measures the state's access to care by tracking the number of SoonerCare PCPs enrolled as medical home PCPs. In the end of the first quarter of 2016 there was a total of 2,613 PCPs. This is a 26 percent increase from the December 2013 baseline data. This quarter, data continues to reflect an upward trend in the number of SoonerCare Choice PCPs enrolled in the program.

## IX. DEMONSTRATION EVALUATION (cont'd)

**Hypothesis 3b** - 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 the waiver years of 2015- 2016.

Hypothesis 3b Results:

PCP Enrollments Insure Oklahoma	Baseline Data 2013	Jan-Mar 2014	Jan-Mar 2015	Jan-Mar 2016
Number of Insure Oklahoma PCPs	1,514	1,715	1,907	2,149

This hypothesis measures the state's access to care by tracking the number of Insure Oklahoma (IO) Primary Care Providers (PCP's) enrolled. In the first quarter of 2016 there were a total of 2,149 providers inclusive of Physicians, Physician Assistants and Advance Practice Nurses. This is a 42 percent increase from the December 2013 baseline data. This quarter, data continues to reflect an upward trend in the number of Insure Oklahoma PCPs enrolled in the program.

**Hypothesis 4** - This hypothesis directly relates to SoonerCare Choice waiver objective #1 and #2 and #1 CMS's Three Part Aim.

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.

Hypothesis 4 Results:

SoonerCare Choice PCP Capacity	Baseline Data (December 2013)	PCP Capacity (Qtr. Ending March 2015)	PCP Capacity (Qtr. Ending March 2016)
Monthly SoonerCare Choice Enrollment	555,436	546,156	528,847
Number of SoonerCare Choice PCPs	2,067	2,445	2,613
SoonerCare Choice PCP Capacity	1,149,541	1,124,592	1,162,242
Average Members per PCP	269	223	202



## IX. DEMONSTRATION EVALUATION (cont'd)

The result from this chart shows the number of SoonerCare Choice primary care providers (PCPs) has increased 26 percent since the December 2013 baseline data. This is an increase of 546 primary care providers. In addition, the chart shows SoonerCare Choice PCP capacity increased 1 percent from December 2013 baseline data. This quarter, data continues to reflect an upward trend in the number of SoonerCare Choice PCPs and SoonerCare choice PCP capacity.

**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 extension period.

Hypothesis 6 Results:

Indian Health Services, Tribal Clinics, and Urban Indian Clinic Providers	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016
Total AI/NA Members with SoonerCare Choice PCP or I/T/U PCP	83,181	84,364	83,360	81,240	82,544	82,935 <sup>13</sup>
IHS Members with I/T/U PCP	13,904	13,916	13,777	12,702	13,016	12,767
Percent of IHS Members with I/T/U PCP	16.71%	16.49%	16.52%	15.64%	15.77%	15.39%
I/T/U Capacity	98,499	96,999	96,999	96,999	96,999	96,466

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 slightly over the quarter when compared to the December 2015 results. At this time, the OHCA expects the percentage of IHS members who are enrolled with an I/T/U and a PCP will improve throughout the remainder of the extension period. The OHCA will continue to track data associated with this hypothesis over the extension period.

**Hypothesis 9a** - Health Management Program (HMP); Impact on Enrollment Figures;

<sup>13</sup> Methodology changed for more accurate count.



## IX. DEMONSTRATION EVALUATION (cont'd)

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this hypothesis directly relates to SoonerCare Choice waiver objective #3, HMP objective #3 Encouraging and enabling members to better manage their own health 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, will maintain enrollment and active participation in the program.

Hypothesis 9a Results:

SoonerCare HMP Members in Nurse Care Management	Engaged in Nurse Care Management
October 2015	4,499
November 2015	4,532
December 2015	4,526
January 2016	4,595
February 2016	4,792
March 2016	4,999

This hypothesis postulates that the number of SoonerCare members identified as qualified for nurse care management, who enroll and are actively engaged, will maintain over the course of the extension period. The total number of SoonerCare members engaged in Nurse Care Management during the first quarter of 2016 exceeded the total number of members engaged for the last quarter of 2015. The latest quarter saw continual growth each month in the number of SoonerCare members engaged.

Total SoonerCare Choice members in an active HMP/PF Clinic	January 2016	February 2016	March 2016
	75,258	70,689	70,228

Note: not all SoonerCare Choice members are considered eligible for HMP. They must meet the HMP criteria with having (or be at risk for) an identified chronic illness etc.

The results show the total number of eligible SoonerCare Choice members in an active HMP/PF clinic. There are currently 29 active Practice Facilitation Clinics averaging 2,421 members per clinic, as of March 2016.

## **X. ENCLOSURES/ATTACHMENTS**

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1. SoonerCare Choice Fast Facts March 2016
2. TEFRA Fast Facts March 2016
3. Provider Fast Facts March 2016
4. Oklahoma Cares Fast Facts March 2016
5. Oklahoma 1115 Budget Neutrality Model Worksheet, March 2016

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

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## **XII. DATE SUBMITTED TO CMS**

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May 26, 2016

**Through the Quarter Ending 06-30-16  
For CY 2016  
Waiver Year 21**

Eligibility Category	CY 2016 Member Months	CY 2016 Net Expenditures	Waiver Yr. 2016 Actual PMPM	Growth Factor For FFY 16	Waiver Yr. 2015 PMPM Allowed	Waiver Yr. 2016 PMPM Allowed	(Over/Under Budget Neutrality)	%
TANF-Urban	1,982,850	471,993,100	238	4.40%	350.99	366.43	128.40	35.04%
TANF-Rural	1,342,710	285,031,528	212	4.40%	356.01	371.67	159.39	42.89%
ABD-urban (regardless of SSI eligibility)	185,373	191,120,605	1,031	4.20%	1,224.89	1,278.79	247.78	19.38%
ABD-rural (regardless of SSI eligibility)	140,838	166,462,661	1,182	4.20%	976.14	1,019.09	(162.85)	-15.98%
Total Waiver Yr. 2016	3,651,771	1,114,607,894						
	Member Months (Enrolled & Unenrolled)	Waiver Yr. 2016 PMPM Allowed	Costs Without Waiver			Waiver Costs on CMS-64.9	(Over)/Under Budget Neutrality	%
TANF-Urban	1,982,850	366	726,582,784			471,993,100	254,589,684	35.04%
TANF-Rural	1,342,710	\$372	499,050,987			285,031,528	214,019,459.62	42.89%
ABD-urban (regardless of SSI eligibility)	185,373	\$1,279	237,052,241			191,120,605	45,931,636.60	19.38%
ABD-rural (regardless of SSI eligibility)	140,838	1,019.09	143,526,620			166,462,661	(22,936,040.89)	-15.98%
Total Waiver Yr. 2016	3,651,771	\$3,036	1,606,212,633			1,114,607,894	491,604,739.43	30.61%

Notes:

Includes TEFRA/HIFA expenditures but not CHIP

Family Planning reported separately.

Does not include TEFRA/HIFA eligibles per Budget Neutrality Special Terms and Conditions 11-W-00048/6.