

Sooner

Oklahoma Health Care Authority

Care

SoonerCare Demonstration 11-W-00048/6
§1115(a) Quarterly Report
Demonstration Year: 22 (01/1/2017 – 12/31/2017)
Federal Fiscal Year Quarter: 1/2017 (10/17 – 12/17)

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I. INTRODUCTION

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

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

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

The SoonerCare demonstration was approved for a three-year extension on December 31, 2012. The State acknowledged the approval of the renewal application and accepted the Special Terms and Conditions on January 30, 2013. The waiver extension period was from January 1, 2013 through December 31, 2015. On December 29, 2014 the State submitted a request to CMS for the SoonerCare Choice and Insure Oklahoma 2016 - 2018 demonstration waiver renewal for a three-year extension. The OHCA received official notification from CMS on July 9, 2015 that federal funding for the SoonerCare Demonstration was extended from January 1, 2016 through December 31, 2016. The State acknowledged the approval of the demonstration waiver and accepted the Special Terms and Conditions on August 9, 2015. The SoonerCare Demonstration extension was submitted September 28, 2016 for demonstration year 2017 - 2018. On November 30, 2016 the OHCA received official notification from CMS granting the SoonerCare 1115 Demonstration a one year extension beginning January 1, 2017 to December 31, 2017. The State submitted a request to CMS for the renewal of the SoonerCare Choice and Insure Oklahoma demonstration waiver on August 2, 2017 for demonstration year 2018 . On December 29, 2017, CMS approved OHCA's request to extend, with no changes, Oklahoma's SoonerCare 1115(a) waiver. The approval is effective January 1, 2018 through December 31, 2018.

II ENROLLMENT INFORMATION

Demonstration Populations

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

Demonstration Populations (as hard coded in the Form CMS-64)	Current Enrollees as of 12/31/17
TANF-Urban	335,095
TANF-Rural	225,452
ABD-Urban	31,716
ABD-Rural	24,263
Non-Disabled Working Adults (Employer Plan)	14,170
Disabled Working Adults (Employer Plan)	0
TEFRA Children	595
CHIP Medicaid Expansion Children	110,590
Full-Time College Students (Employer Plan)	112
Foster Parents (Employer Plan)	0
Not-for-Profit Employees (Employer Plan)	0
Non-Disabled Working Adults (Individual Plan)	5,017
Disabled Working Adults (Individual Plan)	0
Full-Time College Students (Individual Plan)	175
Foster Parents (Individual Plan)	0
Not-for-Profit Employees (Individual Plan)	0

III. OUTREACH/INNOVATIVE ACTIVITIES

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

A. Member Outreach

Member Services (MS)

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

2017 Member Services Outreach Letters	# of Letters Mailed	Response Rate
Prenatal Outreach	6,236	12%

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

2017 Member Services Activity	Oct	Nov	Dec	Qtr. Totals
Calls to Breast and Cervical Cancer members with Confirmed Cancer Diagnosis	11	5	6	22
Calls to Breast and Cervical Cancer Members at Renewal Period	23	18	22	63
Member Service Calls Handled in English	4,889	4,375	3,667	12,931
Member Service Calls Handled in Spanish	247	253	215	715

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

B. Community Outreach

Health Promotion Strategists

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

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

The SoonerQuit Health Promotion Coordinator is dedicated to leading wellness initiatives targeted to SoonerCare members. The objective is to work with partners and providers on integrating wellness within the SoonerCare population and increase access to care. The program focuses on reducing barriers to tobacco cessation and nutritional counseling services. The program promotes the utilization of nutrition services, increasing identification and

documentation of obesity, and engaging members in healthier behaviors through increased physical activity, nutrition and becoming tobacco free.

HPS and HPC 4th quarter highlights:

- This quarter, HPS and HPC hosted a SoonerCare wellness benefits class at the SoonerCare Fall Provider Trainings. The SoonerCare wellness benefit class provided training on the tobacco cessation coverage, 5A's counseling, the Oklahoma tobacco helpline, SoonerFit and SoonerCare Nutritional Services.

Health Promotion Community Strategist

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

The Office of Health Promotion (OHP) no longer exists as a unit and the following Health Promotion Community Strategists (HPCS) personnel will transition to the Provider Services unit to assist in SoonerCare provider visits. HPCS has continued to report on the 3rd and 4th quarter outreach activities for 2017. Beginning the first quarter of 2018 HPCS title will change to Community Provider Education Specialist.

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

HPCS 4th quarter highlights:

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

SoonerFit

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

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

The SoonerQuit Provider Engagement Grant

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

SoonerQuit Provider Engagement Grant Highlights:

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

C. Outreach Materials

The Oklahoma Health Care Authority coordinates outreach material distribution in order to inform, educate and potentially enroll qualifying children and families in the SoonerCare program and to help qualified members access services. The outreach materials are distributed at various health fairs, meetings, schools, and conferences. The OHCA newsletters communicate information to our providers and members through email and/or text messaging. In order to cut down on printing costs the New Member Welcome Packets are no longer being distributed on a regular basis beginning in August. The information is available on line as the agency moves toward a more digital outreach distribution.

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

- 8,380 Information/Enrollment fair fliers
- 3,440 SoonerRide Postcards
- 188,525 SoonerCare Companion Member Newsletters (Digital)
- 6,180 Provider Newsletters (Digital)
- 284 Dental Provider Newsletters (Digital)
- 8,392 Insure Oklahoma Newsletters

D. Population Care Management Outreach

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

This quarter PCM continues its new 17P initiative to women prescribed 17 alpha-hydroxyprogesterone caproate. Through the end of 2017, 420 women have been served in this program which aims to provide women at risk for pre-term birth with care management support. The goal of this outreach is to encourage the woman to continue with the prescribed 17P regimen and therefore increase the likelihood of a healthy mom and healthy baby.

Another new initiative began this quarter. The CCU is working in collaboration with the Health Access Network (HAN) and the Health Management Program (HMP) to provide care coordination to high risk and at-risk SoonerCare Choice Aged/Blind/Disabled (ABD) members. Through the ABD Wraparound program, CCU nurses reach out to SoonerCare ABD members in an effort to engage in collaboration, health coaching, and self-management of their disease processes. Since beginning the ABD Wraparound program on October 1, 2017, the CCU has reviewed and/or contacted 130 ABD members.

E. Stakeholder Engagement

Tribal Consultation

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

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

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

Two Tribal Consultations were held during the third quarter of 2017. The Consultations were held on October 19th and November 7th at the Health Care Authority. The October 19th Consultation provided information on proposed Rule Revisions, State Plan Amendments and Waiver Amendments in the following areas:

- Proposed Provider Rate Reductions;
- Nursing Home Medicare Part A and B Cross-Over Claims Reduction;
- Four percent Long-term Care Facilities Rate Reduction; and

- Therapeutic Leave Days;

The November 7th Consultation provided information on proposed Rule Revisions, State Plan Amendments and Waiver Amendments in the following areas:

- Income Rounding for Non-disabled Adults and Children eligibility;
- Grandfathered CHIP Children;
- Student Earned Income Exclusion for Aged, Blind and Disabled Applicants;
- Accreditation Commission for Health Care (ACHC) Accreditation Option for Outpatient Behavioral Health Agencies/Organizations;
- Indian Health Service, Tribal Program and Urban Indian Clinics Current Procedural Terminology Language Removal;
- Inpatient Behavioral Health Restraints, Seclusion and Incident Reporting Requirements for Members under Age 21;
- Developmental Disabilities Services (DDS) Division;
- Inpatient Psychiatric Services revisions for Individuals under 21;
- Reimbursement for Services outside the Office of Management and Budget (OMB) rate;
- Federally Qualified Health Center (FQHC) Alternative Payment Methodology (APM);
- Nursing Home Supplemental Payment Program;
- School-based Health Services (SBS);
- Improve Outpatient Hospital Reimbursement Rate for Dental Services;
- Tribal Participation in Residency Programs;
- Office of Mental Health and Substance Abuse Services budget reductions;
- In-Home Supports Waivers for Adults;
- ADvantage Wavier; and
- State Plan Personal Care.

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

Member Advisory Task Force (MATF)

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

- MATF provides information to the OHCA regarding issues that are an important part of the members' health care needs;
- Educates the OHCA staff regarding the needs of consumers to assure services are received in a way preferred by members;
- Recommends potential changes to current services/policies; and

- Offers new ideas for identified areas for policy, services, program, and process improvement resulting in positive changes for the agency and members.

The MATF had one meeting this quarter on December 2nd. The minutes from this meeting can be viewed at: [Member Advisory Task Force \(MATF\)](#)

IV. Operational/Policy Developments

A. Policy Developments

Rule Changes

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



This quarter one emergency rule was approved by the OHCA Board and signed by the Governor. The Oklahoma Administrative Code (OAC) was amended at 317:30-5-1096 to allow Indian Health Services, Tribal Programs and Urban Indian Clinics, who are designated as Federally Qualified Health Centers, to be reimbursed at the Office of Management and Budget rate for services provided outside of the four walls of their facilities. These changes are necessary to comply with federal regulations.

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

Federal Waiver Authority & 1115 Waiver & Reporting

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



Federal Waiver Authority highlights:

- On November 27, 2017, CMS approved OHCA's State Plan Amendment (SPA) requesting elimination of optional Over the Counter (OTC) drugs for adults. The approval is effective 10-01-17.
- On December 12, 2017, CMS approved OHCA's SPA request to reduce the number of units of behavior health case management. The approval is effective 9-7-17.
- On December 12, 2017, CMS approved OHCA's SPA request to increase the private duty nursing (PDN) rate. The approval is effective 10-1-17.
- On December 29, 2017, CMS approved OHCA's request to extend, with no changes, Oklahoma's SoonerCare 1115(a) waiver. The approval is effective January 1, 2018 through December 31, 2018.
- OHCA and CMS continued to work together to identify a possible path forward for University Supplemental payments.

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

- OHCA submitted to CMS its request for approval of Oklahoma's SoonerCare 1115(a) waiver for 2019 to 2021.

This quarter CMS Monthly Monitoring Calls for October-December:

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

Legislative Activity

1st Extraordinary Session of the 56th Legislature

Oklahoma's special session adjourned sine die Nov. 17 after both chambers passed House Bill 1019. House Bill 1019 was intended to collect dollars from various revolving funds, redistribute the funds to some state agencies and trigger cuts to others. The bill was projected to reduce OHCA's state fiscal year (SFY) 2018 base by approximately \$15 million as opposed to the \$70 million that was planned for in light of the Supreme Court's overturning the smoking cessation fee. The Governor vetoed all but five sections of the bill. OHCA's appropriation after the veto was approximately \$22.9 million. The Governor has stated she intends to call a second special session to continue to look for recurring revenue.



Five bills were passed during the special session:

- **HB 1019X**, a general appropriations bill (partially vetoed);

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

2nd Extraordinary Session of the 56th Legislature

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

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

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

Senate Bill 773 Report

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

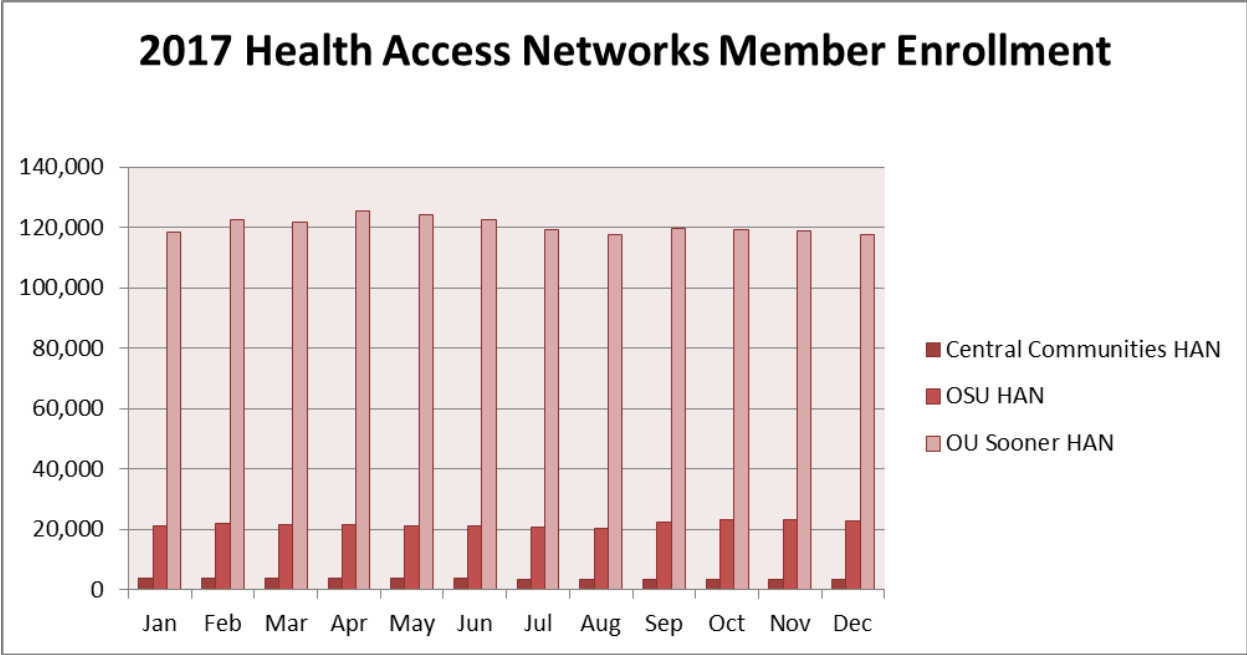
B. Operational Policy Developments

Health Access Networks

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

Active HANs in Oklahoma include:

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



Health Management Program (HMP)

The SoonerQuit Provider Engagement program which is funded through the Tobacco Settlement Endowment Trust (TSET) has facilitated 41 practices (84 providers) as of December 2017. This program works very similar to the regular practice facilitation of the HMP except that these facilitators go into SoonerCare primary care practices and focus on tobacco cessation, the 5 A’s, and fax referrals to the Oklahoma Tobacco Helpline (1-800-QUIT-NOW).

2017 Health Coaches	Oct-Dec
Number of Health Coaches	38

Insure Oklahoma (IO)

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



There have been no significant changes or events to report during the October-December quarter. Please refer to attachment four, five and six for ESI and IP numbers for October - December quarter.

2017 Employer-Sponsored Insurance (ESI) Program Participating Employers	Oct	Nov	Dec
Approved Businesses with Participating Employees	4,490	4,515	4,559

2017 Average ESI Member Premium	Oct	Nov	Dec
Member Premium	\$379.02	\$377.97	\$385.33

2017 Average Individual (IP) Member Per Month	Oct	Nov	Dec
Member Premiums	\$37.87	\$38.18	\$37.87
Average FPL of IP Members	62.61%	55.34%	51.00%

2017 Insure Oklahoma Average Cost	Oct	Nov	Dec
ESI	\$110	\$111	\$112
IP	\$32	\$32	\$33

2017 ESI Subsidies	Oct	Nov	Dec
Employers Subsidized	8,466	8,909	8,670
Employees and Spouses Subsidized	10,124	10,630	10,358
Total Subsidies	18,590	19,539	19,028

2017 ESI Average Per Member Per Month	Oct	Nov	Dec
Average Payment Per Employee	\$344.03	\$345.67	\$351.67
Average Payment Per Spouse	\$552.84	\$558.96	\$571.61
Average Per College Student	\$354.48	\$348.64	\$345.74
Average Per Dependents	\$253.17	\$242.22	\$237.40

2017 IP Subsidies	Oct	Nov	Dec	Qtr. Totals
Total Premiums Received	\$166,193.11	\$169,502.07	\$171,818.27	\$507,513.45
Total Member Months	5,194	5,235	5,190	15,619
Total Paid Claims	\$2,139,045.05	\$2,855,894.22	\$2,034,041.80	\$7,028,981.07
Average Claim Per Member Per Month (PMPM)	\$379.83	\$513.16	\$358.81	

2017 ESI Program Enrollment as of December	0-100% FPL	101-138% FPL	139% and Over	Totals
Employee	2,735	2,158	6,747	11,640
Spouse	586	434	1,331	2,351
College Student ¹	35	20	57	112
Dependent	60	0	119	179
IO ESI Totals	3,416	2,612	8,254	14,282

2017 IP Program Enrollment 0-100% FPL	Oct	Nov	Dec
Employee	4,012	4,049	4,029
Spouse	998	998	988
College Student	185	189	175
IO IP Totals	5,195	5,236	5,192

V. FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT

Budget Neutrality Model

Section 1115 Medicaid Demonstration Waivers should be budget neutral. This means the demonstration cannot cost the federal government more than what would have otherwise been spent absent the demonstration. Oklahoma's actual per member per month expenditures are less than the allowed per member per month expenditures for all categories except, the Aged, Blind and Disabled Rural population. In the overall life of the waiver, the state has \$6.8 billion in Budget Neutrality savings and ending this quarter; the state has \$1,143,758,957 in savings prior to rebasing. There are no significant developments, issues or problems with budget neutrality during this quarter (Refer to Attachment seven). Budget Neutrality will be rebased in the 2018 extension period.

¹ As of December 2017 Insure Oklahoma Fast Fact attachment 6, ESI have a 112 college student enrolled and IP have 175 college student enrolled. Insure Oklahoma have a total of 287 college student enrolled of the 3,000 allowed cap for college students.

VI. MEMBER MONTH REPORTING

A. Budget Neutrality Calculations

Eligibility Group	Oct	Nov	Dec	Qtr. Ending Totals
TANF-Urban	346,507	346,106	335,095	1,027,708
TANF-Rural	234,823	233,303	225,452	693,578
ABD-Urban	31,740	31,799	31,716	95,255
ABD-Rural	24,352	24,376	24,263	72,991

B. Informational Purposes Only

Eligibility Group	Oct	Nov	Dec	Qtr. Ending Totals
Working Disabled Adults (Employer Plan)	0	0	0	0
Working Disabled Adults (Individual Plan)	0	0	0	0
Working Non-Disabled Adults (Employer Plan)	14,077	14,246	14,170	42,493
Working Non-Disabled Adults (Individual Plan)	5,010	5,047	5,017	15,074
Full-Time College Student (Employer Plan)	99	105	112	316
Full-Time College Student (Individual Plan)	185	189	175	549
Foster Parents (Employer Plan)	0	0	0	0
Foster Parents (Individual Plan)	0	0	0	0
Not-For-Profit Employees (Employer Plan)	0	0	0	0
Not-For-Profit Employees (Individual Plan)	0	0	0	0
TEFRA	614	616	595	1,825
CHIP Medicaid Expansion Children	113,963	115,611	110,590	340,164

VII. CONSUMER ISSUES

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

A. Member Inquiries/issues

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

2017 Member Inquiries	Oct-Dec
Access to Care	3
Complaint on Provider	62
Dental History	5
Drug/NDC Inquiry	0
Eligibility Inquiry	3,319
Fraud and Abuse	44
Medical ID Card	25
Prior Authorization (PA) Inquiry	1,111
Primary Care Physician (PCP) Change	193
Primary Care Physician (PCP) Inquiry	158
Program Complaint	26
Program Policy Questions	2,538
SoonerRide	1,542
Specialty Request	225
Other ²	1,926
Totals	11,177

² This category has been redefined to include inquiries on Applications, Claims, Medicare, Compensability of Procedures/Services, Policy, Referrals, Enrollment Packet Requests and Form Requests.

B. Helplines

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

Insure Oklahoma Helpline

2017 Insure Oklahoma ESI Helpline	Oct-Dec
Affordable Care Act (ACA) Insure Oklahoma 2014	0
Application	375
Eligibility Inquiry	991
Financial Information	38
Information Request	200
Invoice Inquiry	201
Password Reset/Request	65
PIN Number	6
Policy Question	1
Program Complaint	1
Rates	144
Remittance Advice	0
Renewals	3
Other ³	7
Totals	2,032

2017 Insure Oklahoma IP Helpline	Oct-Dec
Access to Care	0
Application	2,246
Claim Inquiry	196
Eligibility Inquiry	8,042
Financial Information	441
Information Request	1,392
Invoice Inquiry	890
Medical ID Card	27
Prior Authorization (PA) Inquiry	43
Password Reset/Request	448
Primary Care Physician (PCP) Change	507
Pharmacy Point of Sale (POS)/Lock In	19
PIN Number	79
Program Complaint	0
Policy Question	4
Rates	60
Remittance Advice	4
SC/BC Orientation Call	0
Sooner Ride	11
Specialty Request	8
Third Party Liability (TPL) Inquiry	9
Other ⁴	26
Totals	14,452

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

⁴ This category has been redefined to include inquiries on EMR Inquiry, EDEA Agreement, and EDI Medicare X-over, EDI X-Walk Inquiry, Agency Partner, BH Inquiry.

Online Enrollment Helpline

2017 Online Enrollment Helpline	Oct-Dec
Access to Care	1
Application	47
Claim Inquiry	346
Contract Inquiry	1
Complaint on Provider	6
Dental History	1
Drug/NDC Inquiry	0
Eligibility Inquiry	17,761
Emergency Room (EMR) Inquiry	16
Form Request	4
Fraud & Abuse	6
Information Request	13
Insure Oklahoma	77
Medicare	0
Medical ID Card	110
New Born Letter Response	0
Prior Authorization (PA) Inquiry	41
Primary Care Physician (PCP) Inquiry	245
Pharmacy Point of Sale (POS)	113
Policy Question	23
Renewals	185
Soon to be Sooners	0
Sooner Ride	108
Specialty Request	19
Term Letter/Denial Letter	16
TPL Inquiry	137
Totals	19,276

SoonerCare Helpline

2017 SoonerCare Helpline	Oct-Dec
Access to Care	3
Application	135
Behavioral Health (BH) Inquiry	14
Claim Inquiry	2,554
Dental History	13
Eligibility Inquiry	45,289
Emergency Room (EMR) Inquiry	44
Financial Information	2
Form Request	2
Fraud & Abuse	40
Information Request	80
Insure Oklahoma	171
Lock-In	2
Medicare	11
Medical ID Card	1,899
New Born (NB) Letter Response	1
Invoice Inquiry	3
Renewals	139
Referral	163
Policy Question	373
Program Complaint	27
Prior Authorization (PA) Inquiry	1,151
Pharmacy Point of Sale (POS)	1,179
SC/BC Orientation Call	2
Sooner Ride	2,378
Soon to be Sooners	7
Specialty Request	419
Term Letter/Denial Letter	38
Third Party Liability (TPL) Inquiry	2,181
Totals	58,320

C. Member Grievances

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

2017 October-December SoonerCare Choice Grievances	Pending	Closed Reason	Totals
SoonerCare Eligibility	3	2 Resolved 1 withdrew	6
Dental	1	1 Denied 1 Resolved	3
Prior Authorization: DME	0	1 Resolved	1
Prior Authorization: Other	2	3 Resolved	5
Prior Authorization: Other Surgery	2	1 Denied	3
Prior Authorization: Other Speech	1	0	1
Prior Authorization: Pharmacy	1	1 Resolved 1 Untimely	3
Prior Authorization: Radiology	0	1 Resolved 1 Untimely	2
Misc. Unpaid/Underpaid Claim	5	1 Resolved	6

2017 October-December Insure Oklahoma Grievances	Pending	Closed Reason	Totals
Eligibility	2	0	2

VIII. QUALITY ASSURANCE/MONITORING ACTIVITIES

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



SoonerRide

The SoonerRide program was developed in order to assist SoonerCare members with transportation to and from medically necessary appointments. The Oklahoma Health Care Authority partners with LogistiCare Solutions, LLC to provide non-emergency transportation. SoonerCare members may call the reservation line at 877-404-4500 and TDD 800-722-0353 in order to schedule rides. This quarter, 204,611 SoonerRide trips were made with the average cost per trip of \$32.80. SoonerCare members from all 77 Oklahoma counties utilized the SoonerRide program.

A SoonerRide member satisfaction survey was conducted this quarter. A random selection of 350 SoonerCare members that utilized services within this quarter was selected to participate in this survey. There was a 45 percent response rate to the survey. Survey results indicated that 89 percent of survey respondents gave the program a positive rating, three percent gave the program a poor rating and eight percent either refused or did not provide an overall rating.

Access Survey

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

2017 Access Survey	Oct-Dec
Number of Providers Called	807
Percent of Providers with 24-hr Access on Initial Survey	93.6%
Percent of Providers Educated for Compliance	6.4%

IX. DEMONSTRATION EVALAUTION

The OHCA continues to track and trend quarterly data associated with the following waiver demonstration hypotheses; 6, 7, 8, 9f, 9g and 9h. Please refer to attachment eight.

X. ENCLOSURE/ATTACHMENTS

ATTACHMENTS

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

XI. STATE CONTACT(S)

State Contact(s)

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XII. DATE SUBMITTED TO CMS

February 26, 2018