Oklahoma Health Care Authority

Medical Advisory Committee Meeting

AGENDA

September 17, 2015
1:00 p.m. – 3:30pm

Charles Ed McFall Board Room

I. Welcome, Roll Call, and Public Comment Instructions: **Chairman, Steven Crawford, M.D.**

II. Public Comments (2 minute limit)

III. MAC Member Comments/Discussion

IV. **Action Item**: Approval of Minutes of the July 16, 2015 Medical Advisory Committee Meeting

V. Financial Report SFY15 for the 10 months ended June 30, 2015: **Gloria Hudson, Director of General Accounting**

a. SFY16 Budget: **Vickie Kersey, Purchasing Manager**

VI. SoonerCare Operations Update and Patient Care Management update: **Marlene Asmussen, Population Care Management Director**

VII. Oklahoma State Innovation Model (OSIM) Status Update: **Isaac Lutz, Center for Health Innovation and Effectiveness; Oklahoma State Department of Health**

VIII. Aged, Blind, and Disabled (ABD) Care Coordination Request For Information (RFI) Presentation: **Buffy Heater**, Director Strategic Planning and Reform

IX. Informational Items Only – not actionable: **Demetria Bennett, Policy Development Coordinator**

X. New Business

XI. Adjourn

Next Meeting
Thursday, November 19, 2015
1:00 p.m. – 3:30pm
Charles Ed McFall Board Room
4345 N Lincoln Blvd
Oklahoma City, OK 73105

Welcome and Roll Call

Chairman Crawford called the meeting to order at 1:00PM and asked for a roll call. Delegates present were Ms. Bierig (by phone), Ms. Booten-Hiser (by phone), Dr. Crawford, Ms. Felty, Ms. Fritz, Dr. Gastorf (by phone), Mr. Goforth, Dr. Grogg (by phone), Ms. Hastings (after roll call), Mr. Jones, Ms. Mays, Dr. McNeill, Ms. Pratt-Reid, Dr. Rhynes, Mr. Snyder, and Mr. Tallent. Alternates present were Ms. Baer, Mr. Clay, Mr. Rains-Sims, Dr. Waggoner, and Dr. Rhoades (after roll call), providing a quorum. Delegates absent without an alternate present were: Dr. Cavallaro, Ms. Galloway, Dr. Kirkpatrick, Mr. Patterson, Dr. Simon, Dr. Walton, Dr. Wright, and Dr. Woodward.

Public Comments

There were no public comments.

Member Comments Approval of Minutes

Dr. McNeill moved that the minutes of the May 20, 2015 meeting be accepted as submitted online. Mr. Tallent seconded the motion. The vote to accept was unanimous.

Financial Update

Gloria Hudson, Director of General Accounting for the Oklahoma Health Care Authority (OHCA), gave the financial report for the state fiscal year 2015, first ten months, ending April 30, 2015. She added that preliminary data through June 30 indicates that the agency would remain slightly under budget.

SoonerCare Operations Update

Marlene Asmussen, Population Care Management for OHCA, gave the SoonerCare Operations report. She said that member enrollment numbers are down slightly from the previous month; provider enrollment showed that a large capacity is available. Dr. McNeill asked why the Insure Oklahoma numbers were down to 17,000 from a previous high of 30-35,000. Becky Pasternik-Ikard, Deputy State Medicaid Director, responded that in January 2014, the income level for eligibility was reduced significantly, removing about 8,000 from that group. Small business participation has also dropped. She noted that the agency was recently awarded a position that will help promote the program. Dr. Crawford confirmed that the federal government mandated the income eligibility change and pointed out that capacity for Insure Oklahoma was readily available.

ABD Care Coordination Update

Becky Pasternik-Ikard highlighted the agency's webpage that details the status and timeframe for the agency's activity in response to HB 1566 requiring a request for proposal (RFP) for care coordination for Aged, Blind, and Disabled members. Presently, the agency is asking for public comment, has released a request for information (RFI) release, and has scheduled stakeholder meetings. Two RFPs have also been issued for a Development Consultant and an Evaluation Consultant, respectively.

Ms. Mays asked about details relating to dually-eligible members and the previous stakeholder work done at the agency for that population. Ms. Pasternik-Ikard responded that duals would be included, but that details are still forthcoming. Dr. Crawford confirmed that the population did not include those in nursing homes.

Mr. Goforth asked about the desired outcome of the project. Ms. Pasternik-Ikard replied that it is information gathering to prepare an RFP to achieve care coordination and health care delivery that controls costs. Mr. Goforth followed up with a comment about cost savings related to home-based care. Ms. Pasternik-Ikard added that documented cost savings were seen through reduced inpatient hospital stays, reduced readmissions, and decreased emergency room visits in the agency's non-dual Health Management Program. She also said that improved care was a focus.

Strategic Planning Report

Melanie Lawrence, Assistant Director, Strategic Planning & Reform detailed information about the upcoming Strategic Planning Conference (SPC), formerly the Board Retreat and encouraged registration. She then spoke of the Portfolio and Project Management Office recently formed to align projects with agency goals and help track the progress of project development. Finally, Ms. Lawrence reported on the annual Strategic Planning Staff Survey, noting that over 1,000 suggestions were received, many of which mirror comments and issues being dealt with by the Medical Advisory Committee. Ms. Felty commended the turnout and asked if the survey might be extended to SPC attendees. Ms. Lawrence concurred.

Insure Oklahoma Sponsor's Choice Draft Amendment

Sherris Harris-Ososanya, Waiver Development Coordinator directed the members to the agency's website where comments were solicited. She said that the waiver was a significant change to the Insure Oklahoma program. Dr. Crawford noted that the waiver would increase funding with no cost to the state through another federal funding stream.

Presentation, Discussion, and Action on Proposed Rule Changes

Demetria Bennett, Policy Development Coordinator for OHCA presented the two proposed rules changes (PRC) before the committee.

a) **15-01, Adult Dental Coverage for Transplant Clearance:** She noted that there were a few public comments that were incorporated into the proposed rule change. Dr. Lopez responded to Dr. Crawford's question about the reason for the change saying that there are currently no dental benefits for adults, thereby imposing a barrier to obtaining dental clearance as requested before organ transplantation. Dr. McNeill moved to accept the change, Mr. Tallent seconded the motion and it passed unanimously.

b) **15-10 Long Term Care Rules:** After no discussion by the members, Mr. Tallent moved and Mr. Rains-Sims seconded the acceptance of the rule change. It passed without dissent.

Informational Items – State Plan Amendment Rate Changes

Ms. Bennett asked the members to visit the agency's website to review and comment on currently proposed policy changes.

New Business/Member Comments

Dr. Crawford requested a follow-up report on the recommendations of the committee's last meeting. Carrie Evans, Chief Financial Officer, reported that agency had pulled the request for a rate change for mid-level practitioners and altering the stationary oxygen benefit due to improved financial status.

Dr. McNeill asked that the agency involve the parties in the initial discussions when the budget cuts are anticipated. Dr. Lopez responded that feedback is always welcome and suggested that now is a good time to make those suggestions.

Dr. Rhynes followed-up on his May request that reimbursement for eyeglasses not be reduced to the level of $10 and provided invoices that showed costs ranging from $30 to $44 depending on the strength of the lens. He asked that the agency respond to his concern that optometrists would lose money serving SoonerCare members. Dr. Lopez asked what percentage of his patients required stronger lenses. Dr. Rhynes said that a majority of his patients fall into a +6 to -4 range and noted that his numbers may be skewed because he served mostly children.

Dr. Rhynes reported that nine office managers in his part of the state were being told that if SoonerCare members had a primary insurance they could not bill SoonerCare for the co-pay. Their claims for the co-pay were being denied with a

notice to resubmit with a CMS 1500 form along with an EOB. He asked if that was now standard policy. No one from the agency was present to respond, but Becky Pasternik-Ikard and Dr. Lopez offered to respond at a later date.

Mr. Clay asked why the Board was presented the proposal to remove CPAP and sleep studies for adults despite the MAC's unanimous disapproval of the proposals. Ms. Evans responded that the CEO, Nico Gomez made the decision to move forward after reviewing the updated financial status of the agency. Dr. Lopez added that the decisions to cut benefits were extremely difficult yet necessary. The agency would like to add benefits but instead had to make tough choices. Mr. Clay asked that the next round of cuts be made across the board to "make a level playing field."

Mr. Tallent suggested that next year the committee be more proactive because this year the state had already scooped up every available dollar and if the agency was not strategic in future cuts, they could start losing providers. Dr. Crawford indicated that adding an agenda item for general discussion of the budget should be considered for future meetings.

Adjournment

Mr. Tallent moved that the meeting be adjourned and Ms. Fritz seconded the motion. There was no dissent and the meeting adjourned at 2:00 PM with a notice that the next meeting will be September 17, 2015.

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Oklahoma Health Care Authority Medical Advisory Committee Meeting

FINANCIAL REPORT

For the State Fiscal Year Ended June 30, 2015
Submitted to the CEO & Board

- Revenues for OHCA through June, accounting for receivables, were **$3,925,430,068** or **1.3% under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **$3,916,130,608 or 1.6% under** budget.
- The state dollar budget variance through June is a **positive $11,745,308.**
- The budget variance is primarily attributable to the following (in millions):

Expenditures:		
Medicaid Program Variance		27.0
Administration		5.1
Revenues:		
Drug Rebate		7.5
Taxes and Fees		3.8
Overpayments/Settlements		8.3
FY15 Carryover Committed to FY16		(40.0)
Total FY 15 Variance	**$**	**11.7**

ATTACHMENTS

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
For the Fiscal Year Ended June 30, 2015

REVENUES	FY15 Budget YTD	FY15 Actual YTD	Variance	% Over/ (Under)
State Appropriations	$ 953,100,514	$ 953,100,514	$ -	0.0%
Federal Funds	2,312,411,269	2,265,753,721	(46,657,548)	(2.0)%
Tobacco Tax Collections	44,891,619	48,380,645	3,489,026	7.8%
Quality of Care Collections	76,909,515	76,324,319	(585,196)	(0.8)%
SFY 15 Carryover Committed to SFY16	40,000,000	-	(40,000,000)	100.0%
Prior Year Carryover	61,029,661	61,029,661	-	0.0%
Federal Deferral - Interest	-	271,196	271,196	0.0%
Drug Rebates	230,190,583	250,004,319	19,813,736	8.6%
Medical Refunds	45,226,096	55,537,488	10,311,392	22.8%
Supplemental Hospital Offset Payment Program	197,503,980	197,503,980	-	0.0%
Other Revenues	16,883,173	17,524,226	641,053	3.8%
TOTAL REVENUES	**$ 3,978,146,410**	**$ 3,925,430,068**	**$ (52,716,342)**	**(1.3)%**

EXPENDITURES	FY15 Budget YTD	FY15 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	**$ 57,745,685**	**$ 52,185,601**	**$ 5,560,084**	**9.6%**
ADMINISTRATION - CONTRACTS	**$ 130,494,112**	**$ 123,702,030**	**$ 6,792,082**	**5.2%**
MEDICAID PROGRAMS				
Managed Care:				
SoonerCare Choice	40,490,236	37,097,773	3,392,462	8.4%
Acute Fee for Service Payments:				
Hospital Services	911,250,700	914,540,341	(3,289,641)	(0.4)%
Behavioral Health	19,893,212	19,306,143	587,069	3.0%
Physicians	492,771,908	479,992,992	12,778,917	2.6%
Dentists	136,303,094	127,448,283	8,854,811	6.5%
Other Practitioners	42,027,354	38,132,792	3,894,562	9.3%
Home Health Care	21,020,640	19,719,725	1,300,914	6.2%
Lab & Radiology	74,539,801	73,789,165	750,636	1.0%
Medical Supplies	39,746,187	39,970,987	(224,800)	(0.6)%
Ambulatory/Clinics	124,349,066	123,299,352	1,049,714	0.8%
Prescription Drugs	479,606,461	481,111,205	(1,504,745)	(0.3)%
OHCA Therapeutic Foster Care	2,010,194	1,544,476	465,718	23.2%
Other Payments:				
Nursing Facilities	579,606,680	562,131,352	17,475,328	3.0%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	60,635,132	59,144,152	1,490,980	2.5%
Medicare Buy-In	136,514,983	134,053,819	2,461,164	1.8%
Transportation	69,974,809	68,567,356	1,407,453	2.0%
Money Follows the Person-OHCA	1,022,695	608,630	414,065	0.0%
Electonic Health Records-Incentive Payments	32,630,420	32,630,420	-	0.0%
Part D Phase-In Contribution	78,014,633	77,299,141	715,492	0.9%
Supplemental Hospital Offset Payment Program	449,854,873	449,854,873	-	0.0%
Total OHCA Medical Programs	**3,792,263,079**	**3,740,242,977**	**52,020,102**	**1.4%**
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	**$ 3,980,592,258**	**$ 3,916,130,608**	**$ 64,461,650**	**1.6%**
REVENUES OVER/(UNDER) EXPENDITURES	**$ (2,445,848)**	**$ 9,299,460**	**$ 11,745,308**	

OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
For the Fiscal Year Ended June 30, 2015

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	SHOPP Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	$ 37,244,938	$ 37,082,685	$ -	$ 147,165	$ -	$ 15,088	$ -
Inpatient Acute Care	1,068,610,859	627,383,373	486,687	3,629,403	347,449,538	1,442,935	88,218,923
Outpatient Acute Care	363,812,586	281,113,761	41,604	3,919,253	74,665,987	4,071,982	
Behavioral Health - Inpatient	51,368,358	11,630,004	-	264,327	26,415,674	-	13,058,353
Behavioral Health - Psychiatrist	8,999,813	7,676,139	-	-	1,323,674	-	-
Behavioral Health - Outpatient	28,049,545	-	-	-	-	-	28,049,545
Behavioral Health-Health Home	3,930,992	-	-	-	-	-	3,930,992
Behavioral Health Facility- Rehab	252,606,622	-	-	-	-	87,799	252,606,622
Behavioral Health - Case Management	20,502,154	-	-	-	-	-	20,502,154
Behavioral Health - PRTF	89,445,595	-	-	-	-	-	89,445,595
Residential Behavioral Management	22,742,184	-	-	-	-	-	22,742,184
Targeted Case Management	69,353,885	-	-	-	-	-	69,353,885
Therapeutic Foster Care	1,544,476	1,544,476	-	-	-	-	-
Physicians	541,740,537	473,980,071	58,101	5,383,916	-	5,954,819	56,363,629
Dentists	127,477,217	127,429,676	-	28,934	-	18,606	-
Mid Level Practitioners	2,889,840	2,871,308	-	16,772	-	1,759	-
Other Practitioners	35,347,818	34,806,268	446,364	88,093	-	7,093	-
Home Health Care	19,725,937	19,699,256	-	6,211	-	20,469	-
Lab & Radiology	75,400,658	73,243,214	-	1,611,492	-	545,951	-
Medical Supplies	40,245,193	37,184,722	2,711,535	274,206	-	74,730	-
Clinic Services	123,131,135	115,019,167	-	684,495	-	208,957	7,218,516
Ambulatory Surgery Centers	8,258,982	8,047,099	-	187,754	-	24,129	-
Personal Care Services	13,080,231	-	-	-	-	-	13,080,231
Nursing Facilities	562,131,352	353,961,959	208,167,411	-	-	1,982	-
Transportation	68,249,596	65,563,143	2,613,196	-	-	73,257	-
GME/IME/DME	142,467,198	-	-	-	-	-	142,467,198
ICF/IID Private	59,144,152	48,469,220	10,674,932	-	-	-	-
ICF/IID Public	41,246,437	-	-	-	-	-	41,246,437
CMS Payments	211,352,960	210,629,418	723,542	-	-	-	
Prescription Drugs	490,628,801	479,276,783	-	9,517,596	-	1,834,422	-
Miscellaneous Medical Payments	317,760	296,854	-	-	-	20,906	-
Home and Community Based Waiver	186,670,489	-	-	-	-	-	186,670,489
Homeward Bound Waiver	88,134,840	-	-	-	-	-	88,134,840
Money Follows the Person	12,274,756	608,630	-	-	-	-	11,666,126
In-Home Support Waiver	25,035,000	-	-	-	-	-	25,035,000
ADvantage Waiver	173,218,398	-	-	-	-	-	173,218,398
Family Planning/Family Planning Waiver	7,512,126	-	-	-	-	-	7,512,126
Premium Assistance*	42,314,784	-	-	42,314,784	-	-	-
Electronic Health Records Incentive Payments	32,630,420	32,630,420	-	-	-	-	-
Total Medicaid Expenditures	**$ 5,148,838,624**	**$ 3,050,147,647**	**$ 225,923,371**	**$ 68,074,404**	**$ 449,854,873**	**$ 14,404,885**	**$1,340,521,244**

OKLAHOMA HEALTH CARE AUTHORITY

Summary of Revenues & Expenditures:
Other State Agencies
For the Fiscal Year Ended June 30, 2015

REVENUE	FY15 Actual YTD
Revenues from Other State Agencies	$553,254,750
Federal Funds	844,523,153
TOTAL REVENUES	**$1,397,777,902**

EXPENDITURES	Actual YTD
Department of Human Services	
Home and Community Based Waiver	$186,670,489
Money Follows the Person	11,666,126
Homeward Bound Waiver	88,134,840
In-Home Support Waivers	25,035,000
ADvantage Waiver	173,218,398
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public	41,246,437
Personal Care	13,080,231
Residential Behavioral Management	17,613,557
Targeted Case Management	53,685,673
Total Department of Human Services	**610,350,751**
State Employees Physician Payment	
Physician Payments	56,363,629
Total State Employees Physician Payment	**56,363,629**
Education Payments	
Graduate Medical Education	92,906,146
Graduate Medical Education - Physicians Manpower Training Commission	6,054,472
Indirect Medical Education	31,865,924
Direct Medical Education	11,640,656
Total Education Payments	**142,467,198**
Office of Juvenile Affairs	
Targeted Case Management	3,136,035
Residential Behavioral Management - Foster Care	1,327,936
Residential Behavioral Management	5,128,627
Total Office of Juvenile Affairs	**8,264,662**

Department of Mental Health	
Case Management	20,502,154
Inpatient Psychiatric Free-standing	13,058,353
Outpatient	28,049,545
Health Homes	3,930,992
Psychiatric Residential Treatment Facility	89,445,595
Rehabilitation Centers	252,606,622
Total Department of Mental Health	**407,593,261**
State Department of Health	
Children's First	1,516,509
Sooner Start	2,467,003
Early Intervention	4,371,351
Early and Periodic Screening, Diagnosis, and Treatment Clinic	2,041,062
Family Planning	(63,604)
Family Planning Waiver	7,550,585
Maternity Clinic	31,416
Total Department of Health	**17,914,321**
County Health Departments	
EPSDT Clinic	734,426
Family Planning Waiver	25,145
Total County Health Departments	**759,571**
State Department of Education	**168,196**
Public Schools	**6,476,122**
Medicare DRG Limit	**79,291,622**
Native American Tribal Agreements	**1,944,609**
Department of Corrections	**1,849,128**
JD McCarty	**7,078,173**
Total OSA Medicaid Program	**$1,340,521,244**
OSA Non-Medicaid Programs	**$75,102,141**
Accounts Receivable from OSA	**$17,845,483**

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
For the Fiscal Year Ended June 30, 2015

REVENUES	FY 15 Revenue
SHOPP Assessment Fee	$ 197,157,031
Federal Draws	282,239,613
Interest	174,431
Penalties	172,517
State Appropriations	(30,200,000)
TOTAL REVENUES	$ 449,543,593

EXPENDITURES	Quarter	Quarter	Quarter	Quarter	FY 15 Expenditures
Program Costs:	7/1/14 - 9/30/14	10/1/14 - 12/31/14	1/1/15 - 3/31/15	4/1/15 - 6/30/15	
Hospital - Inpatient Care	92,872,986	92,764,153	78,587,045	83,225,354	$ 347,449,538
Hospital -Outpatient Care	15,052,817	15,729,600	21,418,128	22,465,442	$ 74,665,987
Psychiatric Facilities-Inpatient	6,919,304	7,316,146	5,914,677	6,265,547	$ 26,415,674
Rehabilitation Facilities-Inpatient	272,784	288,429	370,249	392,213	$ 1,323,674
Total OHCA Program Costs	115,117,891	116,098,329	106,290,098	112,348,555	$ 449,854,873
Total Expenditures					$ 449,854,873

CASH BALANCE	$ (311,280)

*** Expenditures and Federal Revenue processed through Fund 340

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 230: Nursing Facility Quality of Care Fund
For the Fiscal Year Ended June 30, 2015

REVENUES	Total Revenue	State Share
Quality of Care Assessment	**$ 76,282,083**	**$ 76,282,083**
Interest Earned	**42,235**	**42,235**
TOTAL REVENUES	**$ 76,324,319**	**$ 76,324,319**

EXPENDITURES	FY 15 Total $ YTD	FY 15 State $ YTD	Total State $ Cost
Program Costs			
Nursing Facility Rate Adjustment	$ 204,544,100	$ 77,113,126	
Eyeglasses and Dentures	270,111	101,832	
Personal Allowance Increase	3,353,200	1,264,156	
Coverage for Durable Medical Equipment and Supplies	2,711,535	1,022,249	
Coverage of Qualified Medicare Beneficiary	1,032,756	389,349	
Part D Phase-In	723,542	723,542	
ICF/IID Rate Adjustment	5,506,816	2,076,070	
Acute Services ICF/IID	5,168,116	1,948,380	
Non-emergency Transportation - Soonerride	2,613,196	985,175	
Total Program Costs	**$ 225,923,371**	**$ 85,623,877**	**$ 85,623,877**
Administration			
OHCA Administration Costs	$ 497,958	$ 248,979	
DHS-Ombudsmen	263,027	263,027	
OSDH-Nursing Facility Inspectors	400,000	400,000	
Mike Fine, CPA	11,000	5,500	
Total Administration Costs	**$ 1,171,985**	**$ 917,506**	**$ 917,506**
Total Quality of Care Fee Costs	**$ 227,095,356**	**$ 86,541,383**	
TOTAL STATE SHARE OF COSTS			**$ 86,541,383**

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are tranferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 245: Health Employee and Economy Improvement Act Revolving Fund
For the Fiscal Year Ended June 30, 2015

REVENUES	FY 14 Carryover	FY 15 Revenue	Total Revenue
Prior Year Balance	$ 13,950,701	$ -	$ 7,244,635
State Appropriations	-	-	-
Tobacco Tax Collections	-	39,834,939	39,834,939
Interest Income	-	327,568	327,568
Federal Draws	160,262	27,753,556	27,753,556
All Kids Act	(6,613,703)	131,277	131,277
TOTAL REVENUES	$ 7,497,260	$ 68,047,339	$ 75,160,697

EXPENDITURES		FY 14 Expenditures	FY 15 Expenditures	Total $ YTD
Program Costs:				
	Employer Sponsored Insurance		$ 41,640,239	$ 41,640,239
	College Students		309,880	111,495
	All Kids Act		364,665	364,665
Individual Plan				
	SoonerCare Choice		$ 141,522	$ 50,920
	Inpatient Hospital		3,600,491	1,295,457
	Outpatient Hospital		3,857,339	1,387,870
	BH - Inpatient Services-DRG		261,320	94,023
	BH -Psychiatrist		-	-
	Physicians		5,370,256	1,932,218
	Dentists		28,149	10,128
	Mid Level Practitioner		16,036	5,770
	Other Practitioners		86,716	31,201
	Home Health		6,211	2,235
	Lab and Radiology		1,593,478	573,333
	Medical Supplies		261,486	94,083
	Clinic Services		677,123	243,629
	Ambulatory Surgery Center		180,721	65,023
	Prescription Drugs		9,371,181	3,371,751
	Miscellaneous Medical		-	-
	Premiums Collected		-	(456,609)
Total Individual Plan			$ 25,452,030	$ 8,701,031

College Students-Service Costs			**$**	**307,395**	**$** **110,601**
All Kids Act- Service Costs			**$**	**195**	**$** **70**
Total OHCA Program Costs			**$**	**68,074,404**	**$** **50,928,101**
Administrative Costs					
Salaries	$	30,565	$	1,364,424	$ 1,394,989
Operating Costs		125,839		579,667	705,506
Health Dept-Postponing		-		-	-
Contract - HP		96,221		1,436,807	1,533,028
Total Administrative Costs	**$**	**252,625**	**$**	**3,380,898**	**$** **3,633,523**
Total Expenditures					**$** **54,561,624**
NET CASH BALANCE	**$**	**7,244,635**			**$** **20,599,074**

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund

For the Fiscal Year Ended June 30, 2015

REVENUES	FY 15 Revenue	State Share
Tobacco Tax Collections	$ 793,915	$ 793,915
TOTAL REVENUES	**$ 793,915**	**$ 793,915**

EXPENDITURES	FY 15 Total $ YTD	FY 15 State $ YTD	Total State $ Cost
Program Costs			
SoonerCare Choice	$ 15,088	$ 3,982	
Inpatient Hospital	1,442,935	380,790	
Outpatient Hospital	4,071,982	1,074,596	
Inpatient Services-DRG	-	-	
Psychiatrist	-	-	
TFC-OHCA	-	-	
Nursing Facility	1,982	523	
Physicians	5,954,819	1,571,477	
Dentists	18,606	4,910	
Mid-level Practitioner	1,759	464	
Other Practitioners	7,093	1,872	
Home Health	20,469	5,402	
Lab & Radiology	545,951	144,076	
Medical Supplies	74,730	19,721	
Clinic Services	208,957	55,144	
Ambulatory Surgery Center	24,129	6,368	
Prescription Drugs	1,834,422	484,104	
Transportation	73,257	19,333	
Miscellaneous Medical	20,906	5,517	
Total OHCA Program Costs	$ 14,317,086	$ 3,778,279	
OSA DMHSAS Rehab	$ 87,799	$ 23,170	
Total Medicaid Program Costs	$ 14,404,885	$ 3,801,449	
TOTAL STATE SHARE OF COSTS			**$ 3,801,449**

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are tranferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

OKLAHOMA HEALTH CARE AUTHORITY

FY-16 BUDGET WORK PROGRAM

Summary by Program Expenditure

Description	FY-15	FY-16	Inc / (Dec)	% Change
Medical Program				
Managed Care - Choice / HAN / PACE	40,490,236	44,207,031	3,716,795	9.2%
Hospitals	912,250,700	933,125,391	20,874,692	2.3%
Behavioral Health	21,903,406	21,421,784	(481,622)	-2.2%
Nursing Homes	579,606,680	568,892,157	(10,714,523)	-1.8%
Physicians	492,771,908	504,921,395	12,149,487	2.5%
Dentists	136,303,094	126,660,983	(9,642,111)	-7.1%
Mid-Level Practitioner	3,418,029	2,991,916	(426,113)	-12.5%
Other Practitioners	38,609,325	31,241,848	(7,367,477)	-19.1%
Home Health	21,020,640	20,417,051	(603,589)	-2.9%
Lab & Radiology	73,539,801	74,828,616	1,288,815	1.8%
Medical Supplies	39,746,187	45,003,559	5,257,372	13.2%
Clinic Services	115,200,225	128,351,085	13,150,860	11.4%
Ambulatory Surgery Center	9,148,841	8,257,790	(891,050)	-9.7%
Prescription Drugs	479,606,461	521,810,213	42,203,752	8.8%
Miscellaneous	325,454	335,311	9,857	3.0%
ICF-MR Private	60,635,132	61,437,301	802,169	1.3%
Transportation	69,649,355	72,857,772	3,208,418	4.6%
Medicare Buy-in	136,514,983	134,646,837	(1,868,146)	-1.4%
Medicare clawback payment	78,014,633	85,364,027	7,349,394	9.4%
SHOPP - Supplemental Hosp Offset Pymt.	454,602,431	443,932,712	(10,669,719)	-2.3%
Money Follows the Person - Enhanced	1,022,695	701,638	(321,057)	-31.4%
Health Management Program (HMP)	-	9,977,280	9,977,280	-
Electronic Health Records Incentive Pymts	39,788,361	39,788,361	-	0.0%
Non-Title XIX Medical	89,382	89,382	-	0.0%
TOTAL OHCA MEDICAL PROGRAM	3,804,257,959	3,881,261,442	77,003,483	2.0%
Insure Oklahoma - Premium Assistance				
Employer Sponsored Insurance - ESI	49,330,255	49,003,662	(326,593)	-0.7%
Individual Plan - IP	48,031,940	36,849,551	(11,182,389)	-23.3%
TOTAL INSURE OKLAHOMA PROGRAM	97,362,195	85,853,212	(11,508,982)	-11.8%
OHCA Administration				
Operations	51,117,767	51,548,159	430,393	0.8%
Contracts	46,875,000	43,294,653	(3,580,347)	-7.6%
Insure Oklahoma Admin	3,878,647	3,717,785	(160,862)	-4.1%
Information Services	89,022,676	74,352,850	(14,669,827)	-16.5%
Grant Mgmt	3,313,312	3,131,444	(181,868)	-5.5%
TOTAL OHCA ADMIN	194,207,402	176,044,891	(18,162,511)	-9.4%
TOTAL OHCA PROGRAMS	**4,095,827,556**	**4,143,159,545**	**47,331,989**	**1.2%**
Other State Agency (OSA) Programs				
Department of Human Services (OKDHS)	609,583,188	619,609,855	10,026,667	1.6%
Oklahoma State Dept of Health (OSDH)	24,352,464	18,811,132	(5,541,331)	-22.8%
The Office of Juvenile Affairs (OJA)	8,782,414	8,802,467	20,053	0.2%
University Hospitals (Medical Education Pymnts)	302,727,735	311,444,713	8,716,978	2.9%
Physician Manpower Training Commission	5,363,127	5,829,093	465,966	8.7%
Department of Mental Health (DMHSAS)	375,923,824	417,184,875	41,261,051	11.0%
Department of Education (DOE)	6,500,584	6,778,341	277,758	4.3%
OSU Supplemental / DRG	9,000,000	9,000,000	-	0.0%
Non-Indian Payments	7,573,527	2,114,414	(5,459,113)	-72.1%
Department of Corrections (DOC)	2,704,671	2,275,212	(429,459)	-15.9%
JD McCarty	7,475,687	7,037,520	(438,167)	0.0%
OSA Non-Title XIX	101,659,710	101,659,710	-	0.0%
TOTAL OSA PROGRAMS	**1,461,646,930**	**1,510,547,334**	**48,900,404**	**3.3%**
TOTAL MEDICAID PROGRAM	**5,557,474,486**	**5,653,706,879**	**96,232,393**	**1.7%**

OKLAHOMA HEALTH CARE AUTHORITY

FY-16 BUDGET WORK PROGRAM

Summary by Program Expenditure

Description	FY-15	FY-16	Inc / (Dec)	% Change
REVENUES				
Federal - program	3,152,564,968	3,210,409,221	57,844,253	1.8%
Federal - admin	128,170,767	111,009,126	(17,161,641)	-13.4%
Drug Rebates	230,190,583	249,309,999	19,119,416	8.3%
Medical Refunds	45,226,096	46,760,276	1,534,180	3.4%
NF Quality of Care Fee	77,471,006	77,232,726	(238,280)	-0.3%
OSA Refunds & Reimbursements	621,226,529	649,633,032	28,406,503	4.6%
Tobacco Tax	82,605,660	84,113,882	1,508,223	1.8%
Insurance Premiums	3,373,357	2,030,244	(1,343,113)	-39.8%
Misc Revenue	132,668	109,894	(22,775)	-17.2%
Prior Year Carryover	61,017,360	47,016,727	(14,000,634)	-22.9%
Other Grants	2,844,621	2,929,417	84,796	3.0%
Hospital Provider Fee (SHOPP bill)	199,600,356	202,101,821	2,501,465	1.3%
Insure Oklahoma Fund 245 - Transfer	-	25,000,000	25,000,000	-
State Appropriated	953,050,514	946,050,513	(7,000,001)	-0.7%
TOTAL REVENUES	**5,557,474,487**	**5,653,706,879**	**96,232,392**	**1.7%**

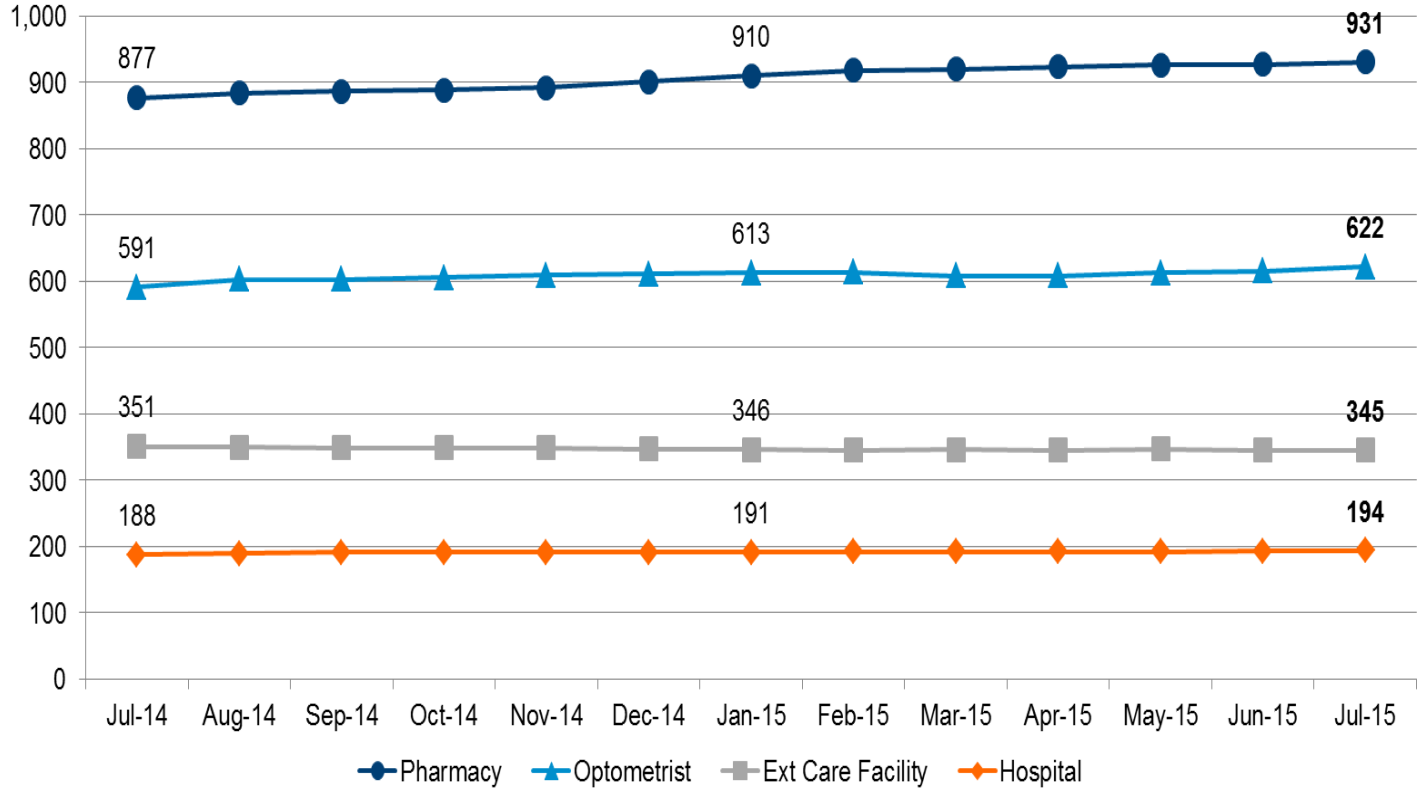
SoonerCare Operations Report

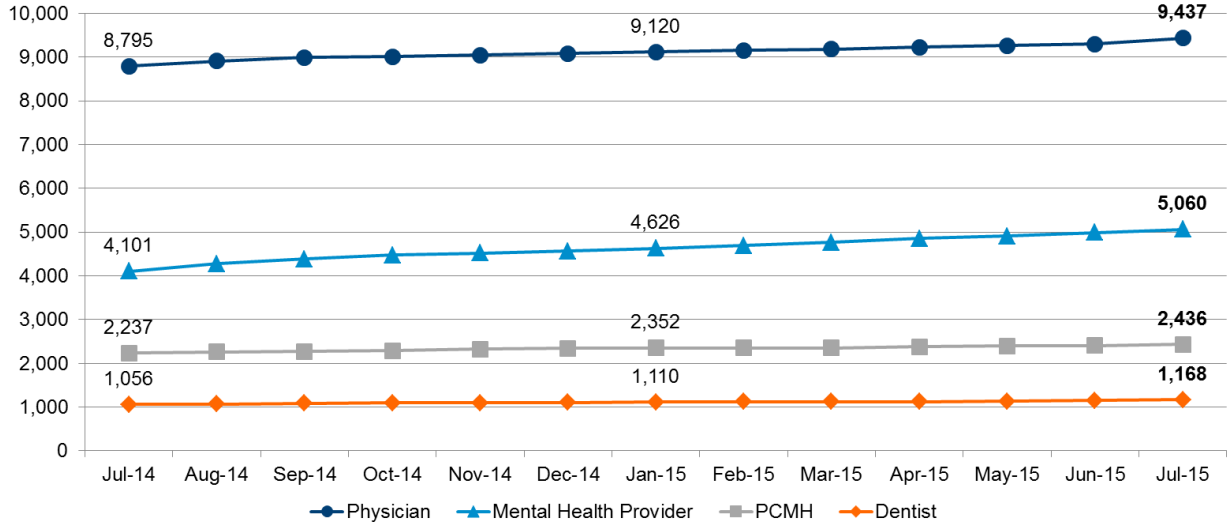
OHCA Board Meeting September 2015 (July 2015 Data)

SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System			Enrollment July 2015	Children July 2015	Adults July 2015	Enrollment Change	Total Expenditures July 2015	PMPM July 2015
SoonerCare Choice Patient-Centered Medical Home			549,267	451,401	97,866	1,105	**$165,793,335**	
	Lower Cost	*(Children/Parents; Other)*	504,525	436,835	67,690	1,367	$117,254,624	$232
	Higher Cost	*(Aged, Blind or Disabled; TEFRA; BCC)*	44,742	14,566	30,176	-262	$48,538,712	$1,085
SoonerCare Traditional			238,344	92,448	145,896	1,494	**$206,179,109**	
	Lower Cost	*(Children/Parents; Other)*	127,783	87,391	40,392	1,460	$50,788,142	$397
	Higher Cost	*(Aged, Blind or Disabled; TEFRA; BCC & HCBS Waiver)*	110,561	5,057	105,504	34	$155,390,967	$1,405
SoonerPlan			41,950	3,204	38,746	273	**$456,083**	$11
Insure Oklahoma			17,327	490	16,837	-284	**$5,969,685**	
	Employer-Sponsored Insurance		13,165	319	12,846	-130	$3,721,319	$283
	Individual Plan		4,162	171	3,991	-154	$2,248,366	$540
TOTAL			**846,888**	**547,543**	**299,345**	**2,588**	**$378,398,213**	

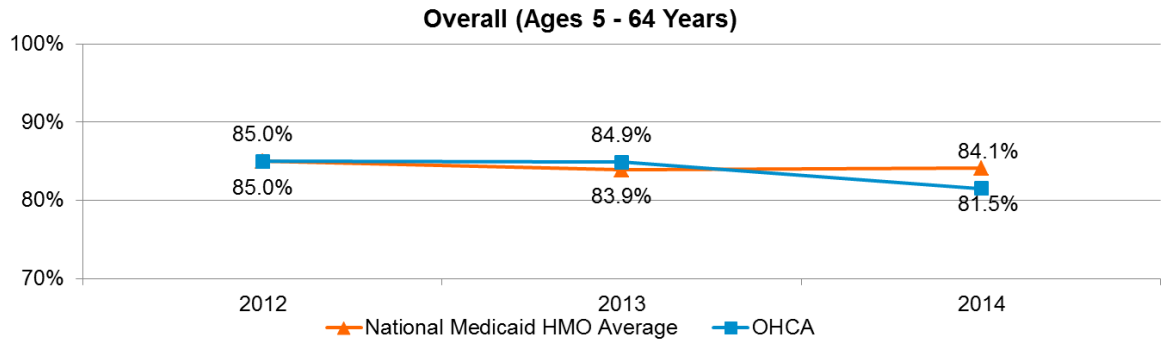
Enrollment totals include all members enrolled during the report month. Members may not have expenditure data. Children are members aged 0 - 20 or for Insure Oklahoma enrolled as Students or Dependents.

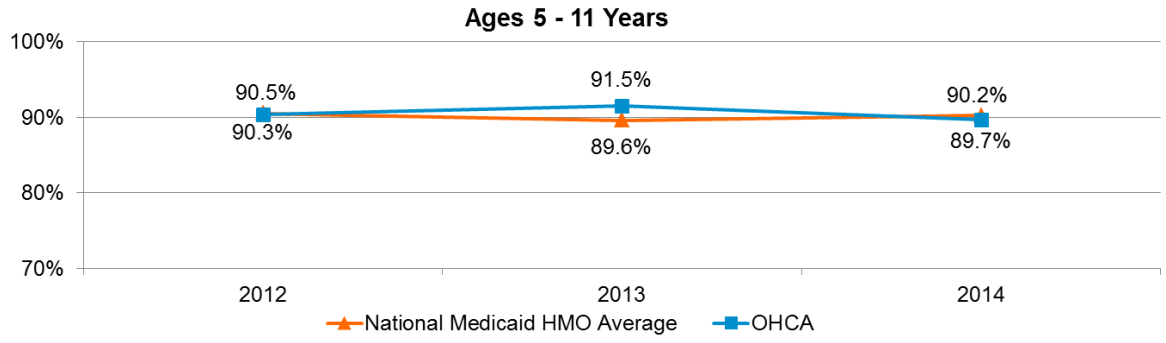


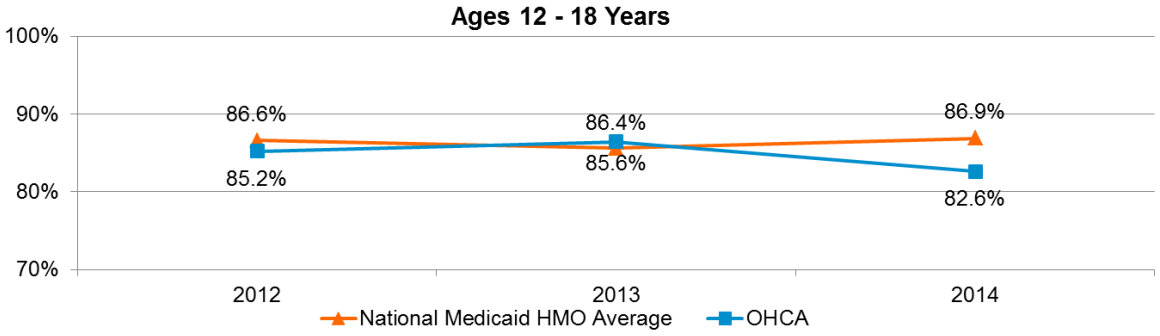


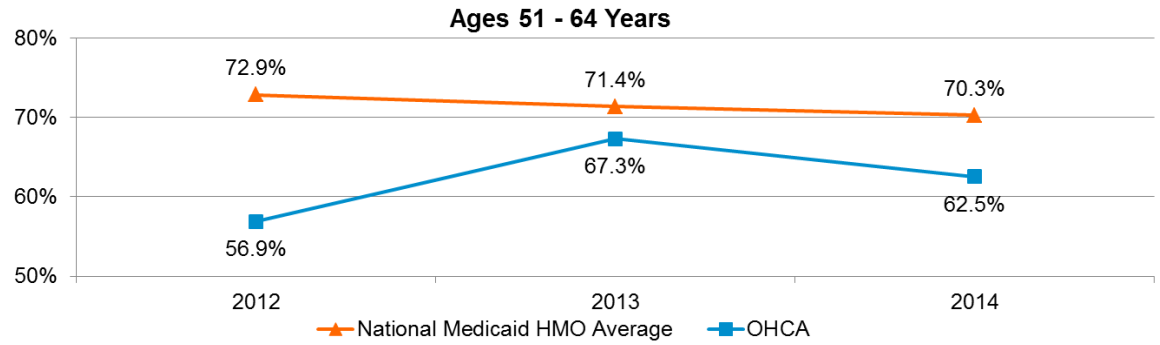
HEDIS QUALITY MEASURE - APPROPRIATE MEDICATIONS FOR THE TREATMENT OF ASTHMA

The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Members were identified as having persistent asthma based on ER, inpatient and outpatient visits with diagnosis of asthma. Members with COPD, emphysema, obstructive chronic bronchitis, cystic fibrosis or acute respiratory failure were excluded.






Ages 12 - 18 Years
100%
90%
80%
70%
86.6%
85.2%
86.4%
85.6%
86.9%
82.6%
2012
2013
2014
National Medicaid HMO Average
OHCA


Ages 51 - 64 Years
80%
70%
60%
50%
72.9%
56.9%
71.4%
67.3%
70.3%
62.5%
2012
2013
2014
National Medicaid HMO Average
OHCA

Population Care Management
August 2015

Marlene Asmussen	Director
Carolyn Reconnu-Shoffner	Assistant Director
Rachel Jones	Administrative Assistant
Ashley Johnson	Administrative Assistant
Cindi Bryan	Program Education Manager
Courtney Mixer	Senior ENC, Care Coordination
Cynthia Ruiz	Research Analyst

SoonerCare
Oklahoma Health Care Authority

Case Management Unit

MARIA GUTIERREZ SUPERVISOR	
Michelle Junkersfeld	**Senior ENC**
Pat Belcher	ENC
Christine Timsah	ENC
Mary Meyer	ENC
Loan Tran (Naki Coleman GALT)	Social Services Coordinator
Allison Latham	Social Services Coordinator
Melissa Szeto	Social Services Coordinator

CHERYL MOORE SUPERVISOR	
Felicia Johnson	**Senior ENC**
Ivonna Mims	ENC
Sheila Paz	ENC
Melina Evard	ENC
LaKeysha Nisely-Olguin	ENC
VACANT	ENC

JENNIFER LAIZURE SUPERVISOR	
Tina Largent	**Senior ENC**
Diane Dixon	ENC
Lynette Lord	ENC
Mika Beaulieu	ENC
Linda Howe(.5) Mackenzie Whitmire (.5)	ENC ENC
Veronica Giggers	ENC

PAM JACKSON SUPERVISOR	
Cecelia Hendrix	Senior ENC – Long Term care
Renee Davis	**Senior ENC**
Kimberly Lawson	ENC
SaMora Johnson	ENC
Carrie Croft	ENC
Susie Miles	ENC
Cherica Rosales	ENC

REBEKAH GOSSETT SUPERVISOR	
Brenda Turner	**Senior ENC**
Sarah Bias	ENC
Jennifer Dodd	ENC
Heather Brewer	ENC
Janet Brown	ENC
Colette Carballo (8/17)	ENC

Our mission is to responsibly purchase state and federally-funded health care in the most efficient and comprehensive manner possible; to analyze and recommend strategies for optimizing the accessibility and quality of health care; and, to cultivate relationships to improve the health outcomes of Oklahomans.

Chronic Care Services

CHRONIC CARE UNIT DENISE EASTER SUPERVISOR	
Carrie Edwards	**Senior ENC**
Tim Harriet	ENC
Lisa Thompson	ENC
Michael Birkenholz	ENC
Patricia Johnson	ENC

HEALTH MANAGEMENT PROGRAM DELLA GREGG MANAGER	
Karen Osborne	Senior Nurse Analyst
Sammie Fraijo	Senior Research Analyst
VACANT	HMP Specialist

Oklahoma State Department of Health

Oklahoma State Innovation Model (OSIM)

OSIM Status Update for OHCA Medical Advisory Committee
September 17, 2015

OSIM Goals and Objectives

- **State Innovation Model (SIM)**: The SIM Grant is awarded through the Centers for Medicare and Medicaid Services (CMS) to select states for the development of **state-led, multi-payer health care service delivery and payment models** that creates a value-based health system.

- **Triple Aim**: This framework was developed by the Institute for Healthcare Improvement and describes an approach to **optimizing health system performance**.

- **Oklahoma SIM (OSIM) Project**: Oklahoma was awarded $2,000,000 for a **SIM Model Design Grant.** The grant period runs from **February 2015 to January 2016**. By January 2016, the OSIM Project Team will use subject matter expertise and stakeholder input to develop a detailed proposal for state-wide health system transformation: **the State Health System Innovation Plan (SHSIP)**.

OSIM Goals and Objectives

- **The Oklahoma Health Improvement Plan (OHIP)**: The OHIP is a public & private coalition that began in 2008 to develop a comprehensive state health improvement plan. The OHIP Coalition applied collectively for the SIM grant.

- **Health Care Transformation:** A key goal of the OHIP is to implement innovative and evidence-based strategies that accelerate and reinforce the health care triple aim and transform the current health system into a more sustainable and value-based model.

- **To accomplish the goal of health care transformation, OHIP is divided into four workgroups:**
  - Health Finance: Vice-Chair Dr. Joseph Cunningham, (Blue Cross Blue Shield) Chief Medical Officer and Vice-President
  - Health Efficiency & Effectiveness: Vice-Chair Rebecca Pasternik-Ikard, (OHCA) Deputy State Medicaid Director
  - Health Information Technology: Vice-Chair Bo Reese, (OMES) State Chief Information Officer and Vice-Chair Dr. David Kendrick, (OU College of Medicine) Chair of Medical Informatics
  - Health Workforce: Vice-Chair Deidre Myers, (Oklahoma Office of Workforce Development) Deputy Secretary of Workforce Development

OSIM Goals and Objectives

- **Health Care Transformation** is necessary to address poor health outcomes and unsustainable health care costs in Oklahoma.

  - **Prevalence rates for OSIM Flagship issues:**

Health Issue	U.S.	Oklahoma	Grade
Obesity	29.4%	33.0%	D
Diabetes	9.7%	11.5%	D
Smoking	19.0%	21.1%	D
Hypertension	31.4%	37.5%	N/A

OSIM Goals and Objectives

- **Health Care Transformation** is necessary to address poor health outcomes and unsustainable health care costs in Oklahoma.
  - **Health Care Costs:**

Health Issue	Commercial PMPY	Medicare PMPY	Medicaid PMPY
Average Cost	**$4,041**	**$11,530**	**$4,257**
Obesity	$13,832	$23,945	N/A
Diabetes	$15,342	$18,669	$15,224
Hypertension	$11,763	$14,704	$14,199
COPD	$19,408	$21,527	$17,227
Asthma	$9,193	$42,933	$7,068
Lung Cancer	$89,617	$23,754	$19,227

U.S. State Employee Health Plan Spending

Impacts of Health Care Cost on Businesses:

- 43% less profit available for general business growth
- 39% Held off on salary increases for employees
- 22% Held off on hiring new employees
- 12% Reduced employee benefits
- 3% Reduced workforce/laid off employees

(Source: Oklahoma Business Heath and Wellness Survey, 2014)

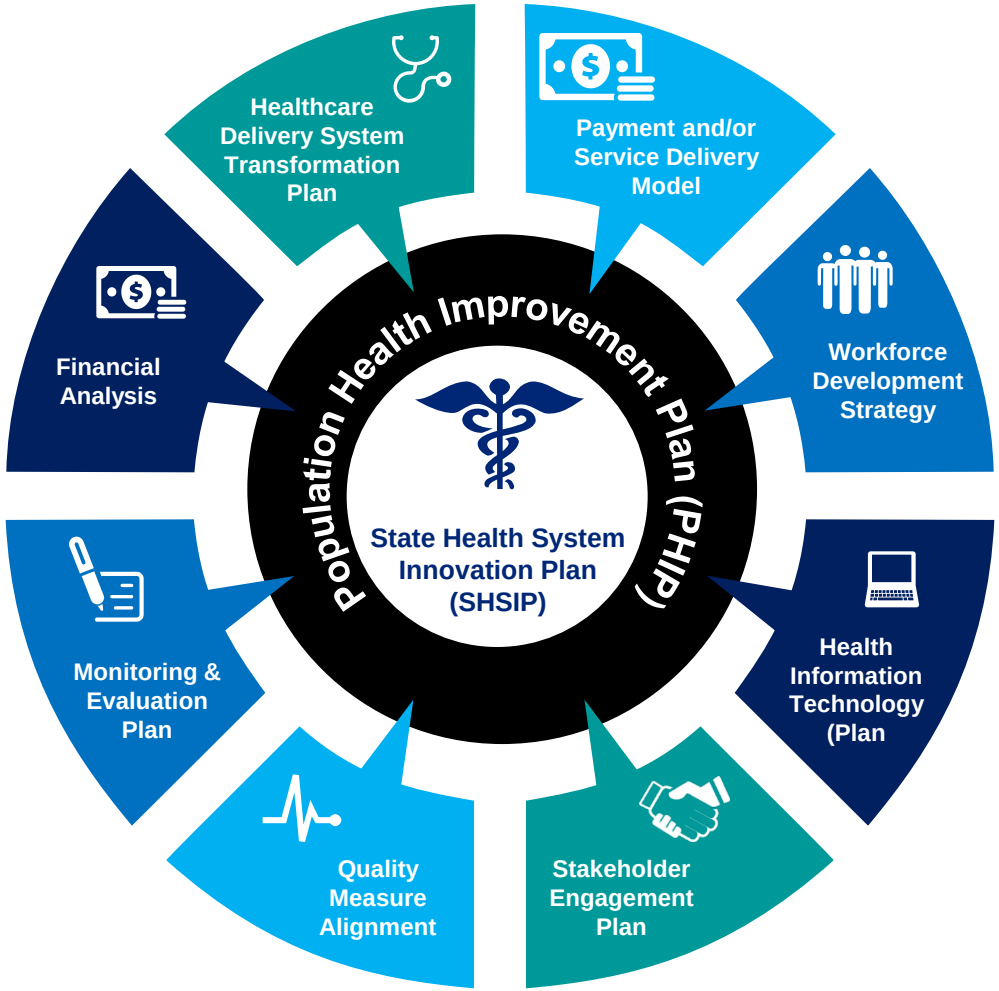
OSIM State Health System Innovation Plan (SHSIP) Overview

The SHSIP is the primary deliverable from the OSIM initiative and will seek to achieve the Triple Aim by:

- Addressing how both public and private payers can support providers to provide better care and improve populations health while reducing cost
- Evaluating the potential impact of payment and health care delivery models on health outcomes and costs
- Describing a plan to implement the necessary infrastructure to support health care transformation
- Determining strategies to address health disparities and social determinants of health

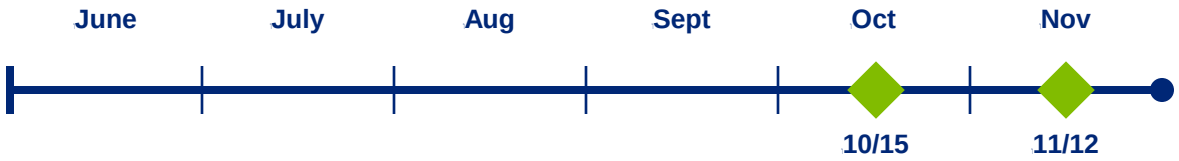
OSIM State Health System Innovation Plan (SHSIP) Overview

The SHSIP is the primary deliverable from the OSIM initiative



OSIM Workgroup Update: Health Efficiency & Effectiveness

Health Efficiency & Effectiveness



Deliverable / Milestone	Status	Date
Population Health Needs Assessment	▪ Completed	8/17
Initiatives Inventory	▪ Completed	7/20
Care Delivery Models	▪ Reviewed. Undergoing revisions for final version	8/17
High Cost Services	▪ Reviewed. Undergoing revisions for final version	8/24

Key Findings

Population Health Needs Assessment

- Chronic disease affects all populations within the state, albeit at somewhat varying degrees
- 37.5% of adults in Oklahoma have hypertension, the 9th highest rate nationally
- Oklahoma is the 6th most obese state in the nation
- Diabetes, hypertension, obesity, physical activity and nutrition, and tobacco use are risk factors associated with heart disease and cancer—the leading causes of death in Oklahoma

Initiative Inventory

- The most common initiatives found in Oklahoma are concentrated on improving behavioral health
- 90% of initiatives have a project length of less than 5 years; 45% of the those initiatives are for 1 year

OSIM Workgroup Update: Health Workforce

Deliverable / Milestone	Status	Date
Provider Organizations	▪ Completed	8/05
Gap Analysis	▪ Completed	8/05
Emerging Trends	▪ Reviewed. Undergoing revisions for final version	9/01
Policy Prospectus	▪ Awaiting deliverable completion	10/01

Key Findings

Provider Organizations and Provider Landscapes

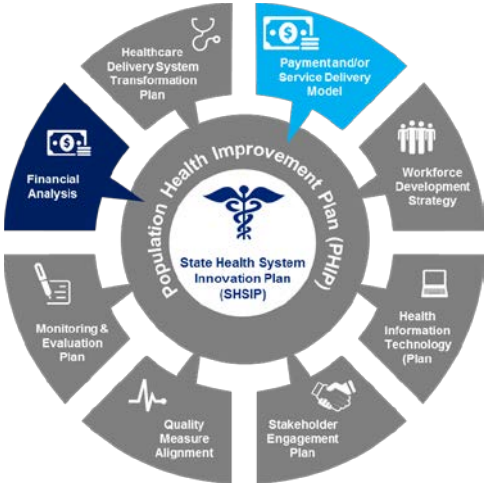
- Major landscape overview inventoried the number various provider types in Oklahoma
  - Physicians: 7,839, Nurses: 47,167, Physician Assistants: 1,193, Dentists: 1,756, Psychologists: 571
- Significant urban vs rural disparities in provider to population ratios for dentists and psychologists
  - Urban: 57% Dentists, Psychologists: 56%

Workforce Gap Analysis

- Although precision of measurement is lacking, it is evident that there is a severe shortage of primary care providers
- Workforce data must be improved to accurately depict the shortage and need

OSIM Workgroup Update: Health Finance

Health Finance



Deliverable / Milestone	Status	Date
Insurance Market Analysis	▪ Completed	8/13
High Cost Delivery Services	▪ Reviewed. Undergoing revisions for final version	8/24
Care Delivery Models	▪ Reviewed. Undergoing revisions for final version	8/17
Financial Forecast of New Delivery Models	▪ Awaiting deliverable completion	10/26

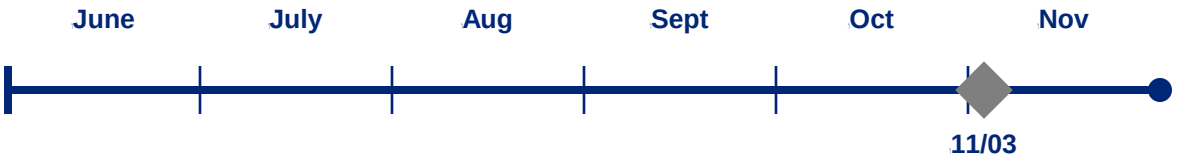
Key Findings

Oklahoma Insurance Market Analysis

- Reduction in the number of uninsured Oklahomans in 2014
- Rise in premium amounts on the FFM are expected for 2016, could impact uptake
- OSDH can engage 80% of the insured market by including the top six carriers
  - Medicaid, Medicare, EGID, and public programs
  - With 25% of the covered lives insured through other self-funded employer sponsored health plans, it will also be imperative to engage these businesses to achieve the goal of engaging 80% of the insured market

OSIM Workgroup Update: Health Information Technology

Health Information Technology



Deliverable / Milestone	Status	Date
EHR / HIE Surveys	▪ Complete	08/10
Value Based Analytics Roadmap	▪ Preliminary deliverable received; undergoing internal review	08/25
HIT Plan: Internal Review	▪ Outline of HIT plan and conceptual design complete and currently undergoing review	10/30
HIT Plan: CMS Submission	▪ Pending completion of stakeholder review	11/30

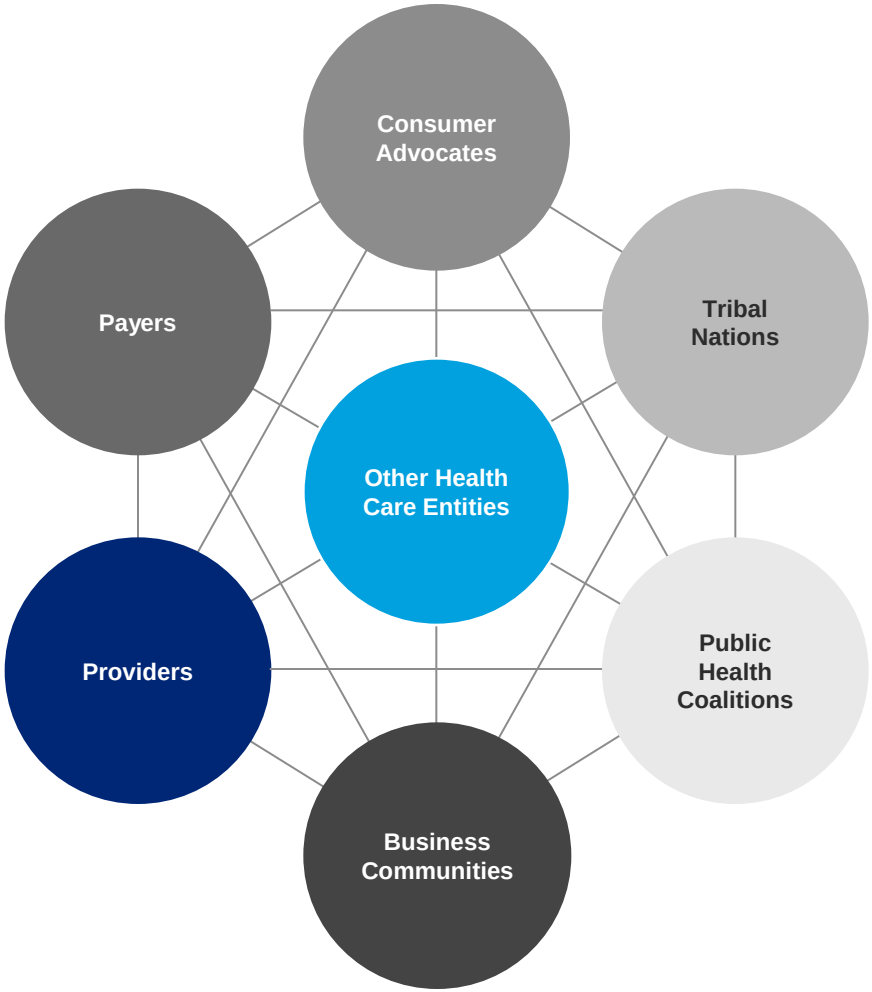
Key Findings

Electronic Health Record / Health Information Exchange Surveys

- Electronic health record (EHR) penetration is fairly strong in urban Oklahoma, but weaker in rural areas
- Financial limitation is still the number one reason for not adopting HIT technology
- Two predominant health information exchanges (HIE) have similar coverage and structures
- 3 different paths to interoperability within the state are suggested
  - Network of exchanges, select an existing HIE, state sponsored HIE

OSIM Stakeholder Groups Across Oklahoma

The OSIM project will engage Oklahoma stakeholders across the health care spectrum, including businesses, consumers, and tribal nations.



OSIM Model Proposals – Conceptual Design Tenets

The OSIM team has identified several key tenets for potential model adoption

Broaden the Definition of Patient-Centric

- Expand from an integrated clinical view of patients to include social determinants of health and associated ameliorative elements
  - Integrate mental health into primary care
  - Develop stronger relationships with social workers and community resources

Integrate the Frontline of Care Delivery

- Ensure that various aspects of patient care are integrated and managed collectively, rather than in an isolated fashion
  - Leverage a “Care Navigator” role
  - Enhance and expand use of health information technology
- Emphasize the expansion of practicing at the top of the clinical license

Drive Alignment through Public / Private Partnership

- Engage with external stakeholders to align quality metrics from OSIM
  - Foster buy-in from private payers
  - Work with Medicare to synchronize evaluative metrics
- Avoid developing innovative efforts that work just for state-sponsored programs – Medicaid and EGID

OSIM Model Proposals – Draft Models

Patient Centered Medical Home

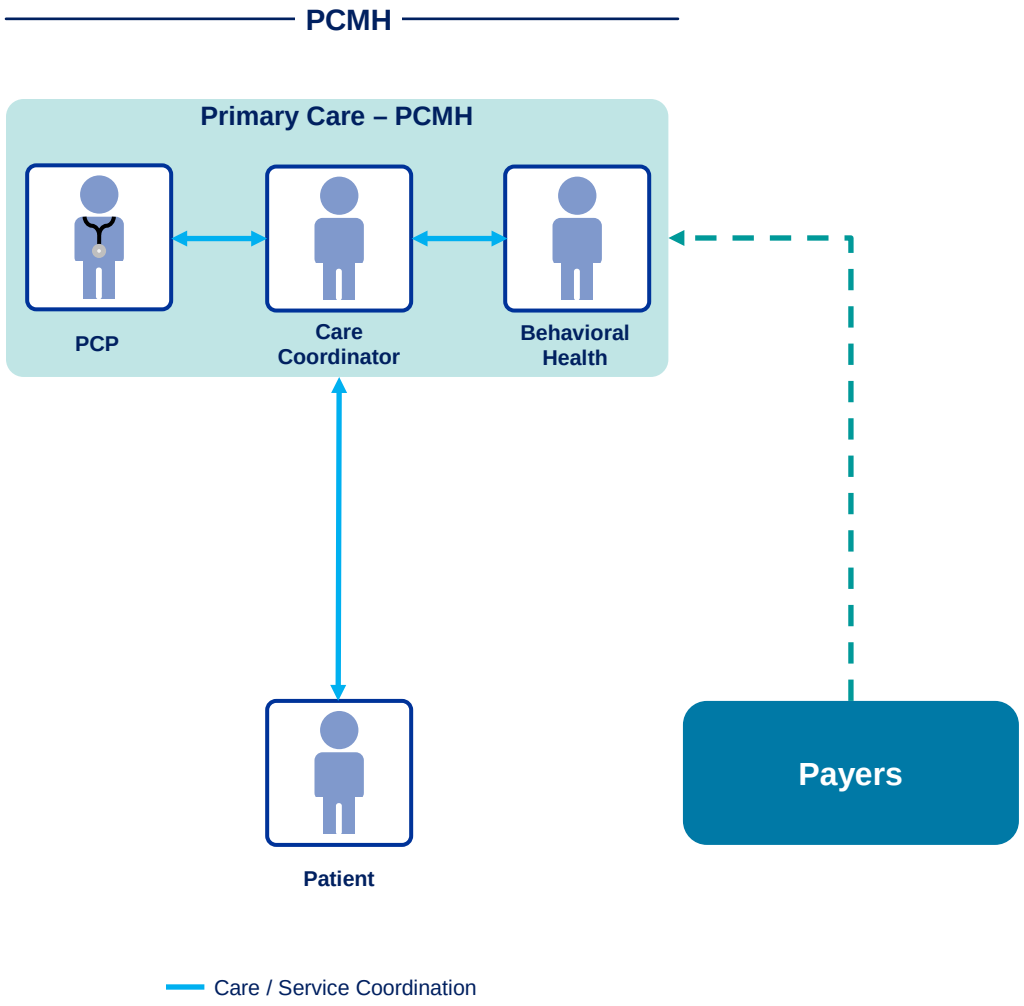
Care Coordination Organization

Accountable Care Organization

Patient Centered Medical Home

Function	▪ Primary care services ▪ Behavioral health services ▪ Chronic condition management ▪ Coordination of care across the medical neighborhood ▪ Preventive care ▪ Risk stratify patients for care management
Issues Addressed	▪ Care Coordination ▪ Behavioral Health Integration ▪ Quality Measure alignment – Strive for multi-payer PCMH
Supporting Infrastructure	▪ Comprehensive Primary Care Initiative – Work with Medicare ▪ Medicaid PCMH ▪ Leverage existing practice transformation efforts (e.g. Healthy Hearts for Oklahoma)

Patient Centered Medical Home



Primary Care

- Implement behavioral health co-location both physically and virtually. Strive to push team members to top of license to support model
- Model of care for all patients, not a specific population

Potential Workforce

- Primary Care Provider
- Care Coordinator
- Behavioral Health Specialist

Funding

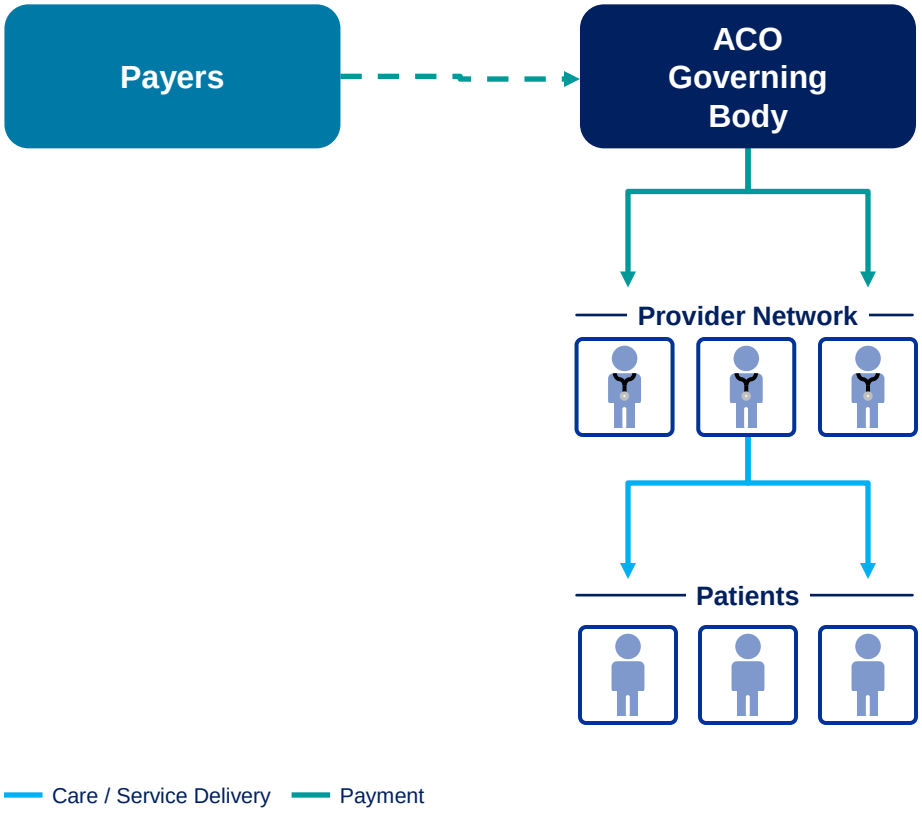
- Strive for multi-payer PCMH
  - Same quality metrics
  - Same requirements to be considered PCMH
- Can start with modification to existing programs
  - CPCI
  - PCMH
- Leverage practice transformation efforts

Accountable Care Organizations

Function	▪ Assumes financial responsibility for total care of patients ▪ Integrated care: primary care, specialty care, acute care ▪ Coordinates the care within ACO medical neighborhood ▪ Responds to social / environmental needs of patients
Issues Addressed	▪ Care Coordination ▪ Integration of Behavioral Health ▪ Social Determinants of Health
Supporting Infrastructure	▪ Oklahoma has several large integrated systems already operating, or moving to operate, within this system ▪ Can align with Medicare ACO contracts to create synergy

Accountable Care Organizations

This model links social services and supports with clinical care delivery to provide essential, non-medical and medical supports through an accountable care organization (ACO) structure



ACO Governing Body

- Governing body to oversee providers, coordinate payment structures with providers within ACO
- Monitor and report on quality measures
- Not regionally defined

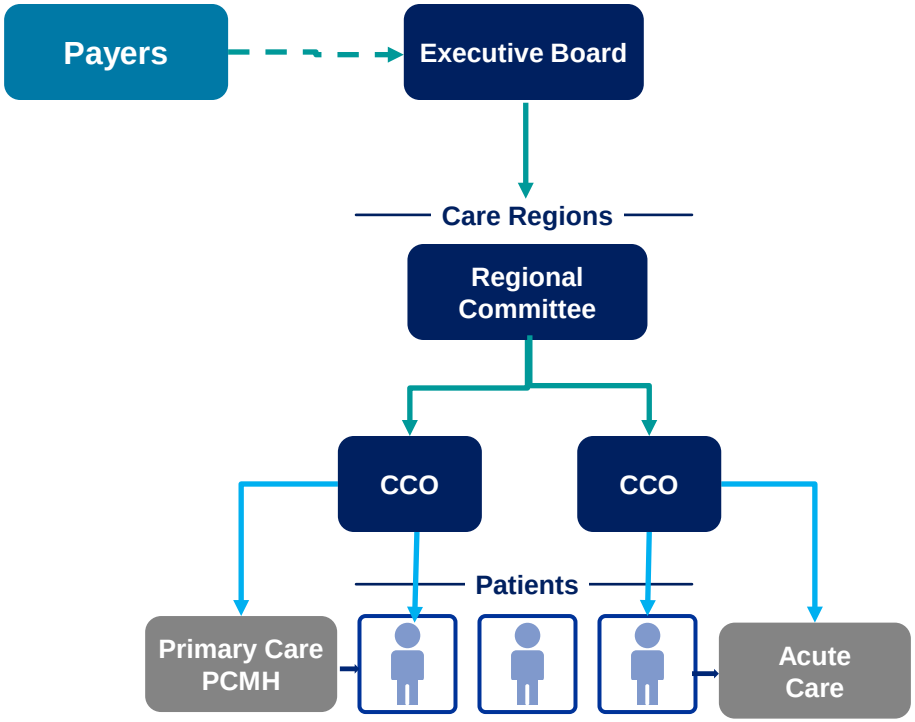
Provider Network

- Responsible for managing the rates of utilization of services as well as quality and availability
- This model will include two levels of providers:
  - Accountable Providers: Operate within ACO as part of integrated network. Share in risk and reward.
  - Supporting Providers: Operate outside of ACO, but share in services and contract out expertise. Do not share in risk and reward.
  - The ACO will determine who will be the team lead

Care Coordination Organization

Function	▪ For Patients: – Social/Environmental Care Coordination – Support Transitions of Care – Patient Navigator ▪ For Providers: – Practice Facilitation – Health IT Resource – Care Coordination Co-op – Quality Measure Reporting Co-op
Issues Addressed	▪ Social Determinants of Health ▪ Care Coordination ▪ Supports Provider and Reduces Provider Burden ▪ Responds to barriers to compliance
Supporting Infrastructure	▪ Public Health ▪ Community health and social services providers ▪ Community health coalitions

Care Coordination Organization



Executive Board

- Support Regional CCO's from multi-payer pool
- HIT Infrastructure / resource
- Utilize an public/private governance

Regional Committee

- Responsible for reporting for the region and the CCOs
- Supports Community Care Organizations

CCO

- Transitions of care
- Reports data/analytics to providers
- Social resource hub/ patient navigation
- Link to primary care and hospitals through reporting and support services
- Provide practice enhancement
- Provide care coordination
- Organization is responsive to **all** patients

Care / Service Delivery Payment

Overview of Feedback for: Patient Centered Medical Home

Pro

- Integrating behavioral health within primary care was felt to be critical to success
- Would not need extensive health IT to be successful
- Telehealth could be important asset to this model for co-location
- Infrastructure to build upon

Con

- Tie to social determinants is not strong enough to be effective
- Team needs to expand to be able to address social determinants
- Workforce is currently not available
- Health IT infrastructure is currently not available

Overview of Feedback for: Accountable Care Organization

Pro

- Would be able to address all aspects of a patients health needs
- Creates opportunity for potential savings
- Workforce is available in urban areas

Con

- Potential to limit patient choice
- Not feasible in rural areas
- Felt that it was politically unfeasible because it might be too much centralization
- Would need a strong value based insurance design

Overview of Feedback for: Care Coordination Organization

Pro

Direct link to social determinants was felt to have most impact on population health

Felt this could be scalable in rural and urban environments

There were many strong resources within the community already to aid this model

- Public health
- Health Access Networks
- Community health and social services providers
- Community health coalition

Con

Link to providers must be strengthened

Health IT infrastructure would need to be enhanced

Structure could be viewed as confusing and education would be necessary

Workforce would need consistent training and standards that are not currently in place

Model Feedback Overview: Summary

Model needs to address urban and rural scalability: Can be addressed through the timed rollout of model

- Workforce
- Infrastructure
- Capability/Support

Patient choice needs to be acknowledged

- how it will or will not change

The tie between social determinants and clinical health needs to be direct

Telehealth will be vitally important to augment the existing workforce

Health IT infrastructure was thought to be the first roadblock to success of any model presented

Perception of state control needs to be addressed

- who is running these organizations

Need diversified workforce for any model to be successful

- Community health workers came up in more than one group

Model Summary Continued

Summary

Enhance/Expand PCMH to support a robust primary care environment

- Multi Payer
- Integrate behavioral Health
- Align with CPCI

Create a CCO like organization that has direct tie to primary and acute care to address links of clinical and social determinants

- Tie could be through the reporting of quality measures
- Would have community of practice payment strategy
- Would have primary care payment strategy
  - Ex: CPCI

Questions?

SoonerCare
Oklahoma Health Care Authority

Population Care Management
Your Helping Hands

Population Care Management (PCM) is comprised of three distinct work units: Case Management, the SoonerCare Health Management Program (HMP) and the Chronic Care Unit (CCU). Together these units coordinate and facilitate the delivery of health care to our members through the most appropriate resources, providers and facilities within the scope of the SoonerCare program.

The enhanced benefits of PCM offer patient and provider more ways to help control complex conditions and improve quality of life. PCM is provided at no cost to our SoonerCare members or providers.

What We Do - Going the Extra Mile

Case Management Unit

SoonerCare Case Management works with members identified through various programs or those who are in need of episodic or event-based health care (e.g. breast and cervical cancer patients or members with special needs). This includes a variety of obstetrical and pediatric services, as well as out-of-state care coordination, long-term care waivers reviews and complex case management.

- **At-Risk Obstetrical Case Management**
- **High-Risk Obstetrical Case Management**
- **Fetal Infant Mortality Reduction Case Management for mothers and babies in targeted high-risk counties)**
- **At-Risk Newborn Case Management**
- **Synagis Outreach**
- **Private Duty Nursing**
- **Oklahoma Cares Program**
- **ER Utilization Case Management**
- **Social Service Coordination**

For complete services: www.okhca.org/PCM.

SoonerCare
Oklahoma Health Care Authority

Population Care Management

Your Helping Hands

SoonerCare HMP

The SoonerCare HMP provides practice-based, chronic disease-focused supports to both members and primary care providers (PCPs). Nurses, known as Health Coaches, work with members at select primary care practice sites to improve health outcomes. They are trained in motivational interviewing, have case management experience and work directly with the patient. In addition, specially-trained practice facilitators work to improve the quality of practice-based processes related to caring for persons with chronic illness. Please visit http://www.okhca.org/PCM-HMP to learn more.

Chronic Care Unit

In the CCU, nurses provide telephonic case management to high-risk and at-risk members with chronic conditions - members whose PCP is not aligned with an in-office health coach. CCU works to assess and address the health status, health literacy, behavioral health and prescription drug utilization of our members through care coordination, self-management principles and behavior modification techniques.

Care for chronic conditions includes, but is not limited to, management of: diabetes, hypertension, cardiac disease, asthma, hemophilia, sickle cell anemia and hepatitis C.

Contact Us

How to Make a Referral

Health care providers, family members and other care coordinators may request Care Management services for SoonerCare members between 8 a.m. and 5 p.m. weekdays by calling **405-522-7650 (local) or 877-252-6002 (toll-free)**. Services may also be requested by filling out the Care Management Referral form on our website at **www.okhca.org/PCM.**

This publication, printed by the Oklahoma Health Care Authority as authorized by Title VI and Title VII of the 1964 Civil Rights Act and the Rehabilitation Act of 1973 1,000 copies have been prepared and distributed at a cost of $500.00. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries. [74 O.S.2001 § 3105 (C)] Order additional copies on the OHCA website www.okhca.org.

ABD CARE COORDINATION RFI PRESENTATION TO OHCA BOARD

THE PACIFIC HEALTH POLICY GROUP
SEPTEMBER 10, 2015

HB 1566

"The Oklahoma Health Care Authority shall initiate requests for proposals for care coordination models for aged, blind and disabled persons. Care coordination models for members receiving institutional care shall be phased in two (2) years after the initial enrollment period of a care coordination program."

WHO ARE OUR ABD MEMBERS*?

Medicare/Medicaid Dual Eligibles not receiving long term care

SoonerCare Choice "Medicaid-only" ABD members

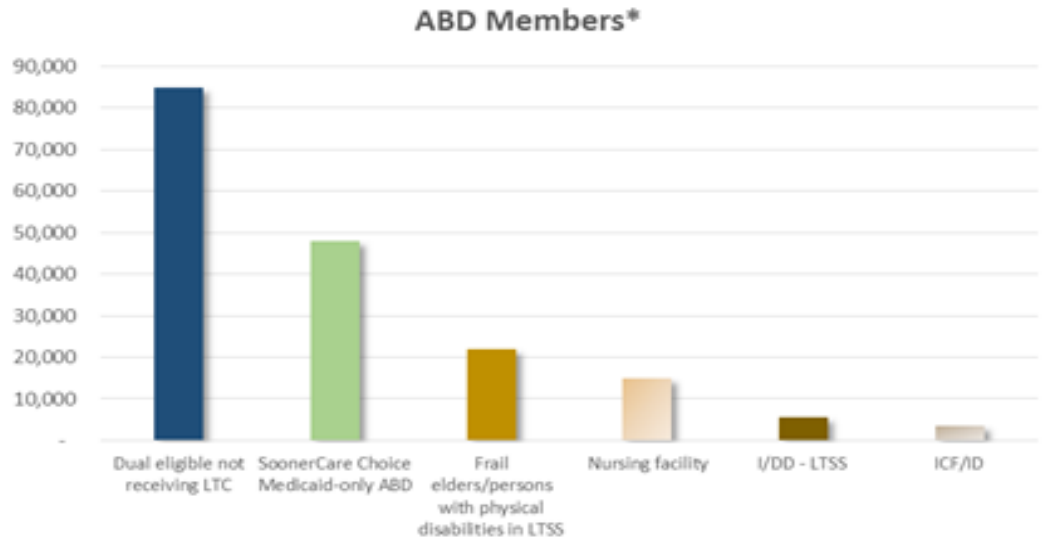
Frail elders/persons with physical disabilities receiving LTSS or residing in a NF

Persons with intellectual/ developmental disabilities receiving waiver services or residing in an ICF/ID

Persons with serious mental illness can be found in all categories

ABD Care Coordination - Sep2015 OHCA BOD Meeting 3

WHO ARE OUR ABD MEMBERS?



Persons with serious mental illness can be found in all categories

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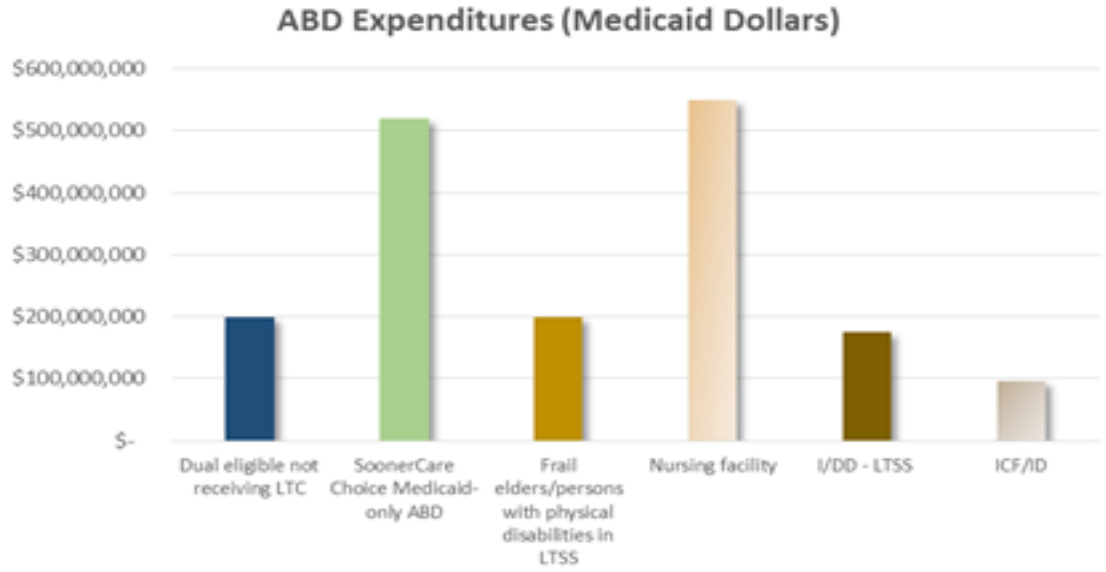
WHERE ARE MEDICAID DOLLARS SPENT?



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ABD CARE COORDINATION RFI

- The OHCA issued an RFI in June seeking recommendations for ABD care coordination models
- Twenty-two (22) organizations submitted written responses, indicating strong interest
- All 22 also presented their recommendations in August and answered questions from the OHCA and stakeholders
- The written responses and audio recordings of the presentations are/will be posted to the OHCA ABD care coordination web page

ABD Care Coordination - Sep2015 OHCA BOD Meeting 6

RFI – WHO RESPONDED, BY MODEL?

Capitated (Risk) Plan/Insurer	Managed Fee-for-Service/ Administrative Service Organization
• Aetna Medicaid Administrators, LLC • AmeriHealth Caritas • Amerigroup Corporation • Blue Cross Blue Shield of Oklahoma • Centene Corporation • GlobalHealth Holdings, LLC • Magellan Healthcare, Inc. • Meridian Health Plan • Molina Healthcare, Inc. • United Healthcare Community & State • WellCare Health Plans, Inc.	• Maximus, Inc. • Optum • Telligen **Local, Community-Based Regional Provider** • McAlester Regional Health Center • Patient Care Network of Oklahoma • Valir PACE Foundation

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RFI – WHO RESPONDED, BY MODEL?

Dental	Other
• DentaQuest • MCNA Insurance Company	• Care Management Technologies, Inc. • Oklahoma Superior Select, Inc. (D-SNP) • Res-Care Oklahoma, Inc. (LTC)

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RFI – ALL SECTIONS

A. Recommended service delivery model *(discussed)*
B. Populations to be served
C. Covered services and benefits
D. Provider network
E. Provider payment structure
F. State payment structure
G. Anticipated savings
H. Anticipated impact on quality/health outcomes
I. Timelines
J. Market considerations
K. Approach to integration with Medicare

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RFI – COMMON THEMES - MEMBERS

- Most proposals addressed both adults and children
- Aside from the local, community-based regional providers, most proposed serving members statewide
- Most endorsed mandatory enrollment of both dual eligible and Medicaid-only ABD members, including members receiving LTC and members with SMI (i.e., everyone)
- All acknowledged in their planning that residents of LTC institutions will be enrolled two years after other groups
- In addition, several recommended a phased approach, with persons with I/DD to be enrolled after others

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RFI – COMMON THEMES - SERVICES

- The capitated proposals generally included all services
  - Acute medical (hospital, physician, pharmacy etc.)
  - LTSS (in-home supports, social supports etc.)
  - Behavioral health
- Most respondents specifically urged that behavioral health be integrated with physical health and not "carved out"
- At the same time, there was a general recognition of the importance of existing initiatives (e.g., Patient Centered Medical Homes, Health Homes and CPCI), and the need to address them within the model

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RFI – COMMON THEMES - SAVINGS

- Most respondents declined to offer system wide savings projections for their proposed model(s), although a minority did provide specifics
- Plans with national LTC experience cautioned against assuming significant early savings for this population; savings accrue over time through "rebalancing" of community and institutional care
- Note: Oklahoma already has made progress in rebalancing and it was not clear whether the plans took this into account
- Health plans also cautioned against assuming significant Medicaid savings for dual eligible members not in LTC, as most of their services are paid for by Medicare (no State dollars)
- Overall, savings assumptions were modest in percentage terms, though still significant in absolute dollars

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RFI – COMMON THEMES - SAVINGS

Respondent	Populations	Average 5-year % Savings*	Year 1 Dollar Savings (millions)	Five-Year Savings (millions)
Statewide Capitated MCO Model				
Plan A	All	3.8%	$277	$660
Plan B	All	3.0%	$30	$450
Plan C	All	1.4%	$17	$185
Plan D	All	N/A	Break even	N/A
Provider Model (Sub-state)				
Provider Group A	ABD non-LTC	3.4%	$2	$19
Provider Group B	All but I/DD	N/A	<$1	$2

**PHPG used RFI response data to calculate five-year savings percentages for some respondents*

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RFI – COMMON THEMES - OUTCOMES

- Organizations offering detailed savings projections discussed the anticipated impact on service utilization:
  - Reductions in hospital admissions, readmissions and lengths-of-stay
  - Reductions in emergency room and outpatient hospital visits
  - Improvement in medication adherence
- Most respondents endorsed the OHCA's priority benchmarks for measuring quality and outcomes, but did not provide detailed projections of the impact of their proposed model(s)
- Many respondents offered suggestions for additional benchmarks against which to measure the impact of coordinated care (some of these are measured and reported today by the OHCA)
- However, only a few offered suggestions targeted at non-traditional services, such as LTSS for frail elders, persons with physical disabilities and persons with I/DD

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RFI – ADDITIONAL BENCHMARK EXAMPLES

Population/Service	Suggested Additional Benchmarks
Chronic Medical Conditions	• COPD in older adults readmission rate • CHF readmission rate • Uncontrolled diabetes admission rate • Hospitalization due to pressure ulcers
Behavioral Health	• Follow-up after hospitalization for mental illness • Anti-depressant medication management • Incidence of behavioral health issues observed during home visit (LTSS population)
General - LTSS	• Community transitions • Extended community tenure • Self-direction • Improvement in activities of daily living (e.g., dressing)
I/DD - LTSS	• Supported employment and continued employment

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RFI – COMMON THEMES - IMPLEMENTATION

- Respondents considered 2017 to be feasible for implementation
- At the same time, they outlined significant readiness activities to be performed, particularly for the capitated model. These include (but are not limited to):
  - Stakeholder outreach to understand the State at the community level (non-OK plans)
  - Network development and contracting, including LTSS
  - Care management infrastructure development
  - Hiring and training of member service and other support staff
- State readiness activities also must occur alongside contractor activities. For example:
  - Reorganization/training to address new oversight responsibilities
  - Development of member enrollment infrastructure and process
  - Information system/data sharing
- Several respondents recommended implementing in stages, for example:
  - Phasing-in by population or geographic region
  - Allowing for voluntary enrollment temporarily before converting to mandatory

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NEXT STEPS

- Monthly OKC stakeholder meetings will continue
- Regional stakeholder meetings will be scheduled for late September and early October
- PHPG consultants available to meet directly with stakeholders, upon request (some meetings already being scheduled)
- Written comments welcome
- October OKC stakeholder meeting will further define the model(s) in advance of work starting on the RFP – stakeholder input will be crucial to this process

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Informational Item

September 2015 MAC
Proposed State Plan Amendment and/or Rate Change Summaries

Information Only

OHCA has prepared this document to give members of the MAC a preview of proposed rate and state plan revisions, as applicable. This document is for informational purposes only.

Conflict free case management—Department of Human Services policy is being revised to comply with federal regulation. The proposed changes adhere to the CMS conflict free case management requirements and changes adhere to Home and Community Based settings requirements for Medicaid Assisted Living Programs that are directly related to the Assisted Living Service Option in ADvantage program.