OKLAHOMA HEALTH CARE AUTHORITY REGULARLY SCHEDULED BOARD MEETING

September 10, 2015 at 1:00 P.M.
Comanche County Memorial Hospital
Room – Oakwood
3401 West Gore Boulevard
Lawton, OK

AGENDA

Items to be presented by Ed McFall, Chairman

- 1. Call to Order / Determination of Quorum
- 2. Action Item Approval of the Approval of August 12-14, 2015 OHCA Board Meeting & Strategic Planning Conference Minutes

<u>Item to be presented by Nico Gomez, Chief Executive Officer</u>

- 3. Discussion Item Chief Executive Officer's Report
 - a) Financial Update Carrie Evans, Chief Financial Officer
 - b) Medicaid Director's Update Garth Splinter, State Medicaid Director
 - 1) Population Care Management (PCM) Overview Marlene Asmussen, PCM Director
 - c) Recognition of Cindi Bryan, Population Care Management Program Education Manager

<u>Item to be presented by Cate Jeffries, Sr. Public Information Rep. & Melissa Pratt, Insure Oklahoma</u> Administrator

4. Discussion Item – Insure Oklahoma Marketing Campaign Presentation

Item to be presented by Tywanda Cox, Chief of Federal and State Policy

5. Discussion Item – Home and Community Based Waiver (HCBW) Transition

<u>Item to be introduced by Buffy Heater, Chief Strategy Officer and presented by Andrew Cohen,</u> President, Pacific Health Policy Group (PHPG)

6. Discussion Item - Aged, Blind, Disabled (ABD) Care Coordination Models- Summary of Responses to the Request for Information (RFI)

Item to be presented by Ed McFall, Chairman

7. Discussion Item – Proposed Executive Session as Recommended by the Chief of Legal Services and Authorized by the Open Meetings Act, 25 Oklahoma Statutes § 307(B) (1), (4), (7) and (9).

Bethesda Family Services Stripling vs. OHCA Sulphur Manor v. Burwell

- 8. New Business
- 9. ADJOURNMENT

NEXT BOARD MEETING October 8, 2015 Duncan Regional Hospital Duncan, OK

MINUTES OF A REGULARLY SCHEDULED BOARD MEETING & STRATEGIC PLANNING CONFERENCE OF THE HEALTH CARE AUTHORITY BOARD

August 12-14, 2015 Held at Embassy Suites Oklahoma City, Oklahoma

Manner and Time of Notice of Meeting: A statutorily required public meeting notice was placed on the front door of the Oklahoma Health Care Authority and Embassy Suites on August 11, 2015 at 11:00 a.m. Advance public meeting notice was provided to the Oklahoma Secretary of State. In addition to the posting of the statutory public notice, the agency placed its agenda on its website on August 11, 2015 at 11:08 a.m.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman McFall called the meeting to order at 1:06 p.m.

BOARD MEMBERS PRESENT: Chairman McFall, Vice-Chairman Armstrong, Member Nuttle, Member

McVay, Member Bryant, Member Robison, Member Case

OTHERS PRESENT: See the sign-in sheets

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULARY SCHEDULED BOARD MEETING HELD JUNE 25, 2015.

The Board routinely reviews and approves a synopsis of all its meetings. The full-length recordings of the meetings of the Board are retained at the Board Offices and may be reviewed upon written request.

MOTION: Member Case moved for approval of the June 25, 2015 board meeting

minutes as published. The motion was seconded by Vice-Chairman

Armstrong.

FOR THE MOTION: Chairman McFall, Member Nuttle, Member Bryant, Member McVay,

Member Robison

ITEM 3a / ALL STARS INTRODUCTION

Nico Gomez, Chief Executive Officer

The following OHCA All-Stars were recognized:

- May 2015 All-Star Dorothy Scott, Coding Analyst (Sylvia Lopez presented)
- June 2015 All-Star Shana Netherlain, Community Relations Coordinator (Ed Long presented)

ITEM 3b / FINANCIAL UPDATE

Carrie Evans, Chief Financial Officer

Ms. Evans reported on the financial transactions through the month of May and stated that we have a \$21.4 million positive state variance and continue to run under budget in program and administration spending. The revenues and drug rebate categories continue to run over budget. Ms. Evans noted that OHCA will continue to be under budget with a strong positive variance for June and predicted we will also be under budget for July. For more detailed information, see Item 3b in the board packet.

ITEM 3c / MEDICAID DIRECTOR'S UPDATE

Garth Splinter, State Medicaid Director

Dr. Splinter provided an update for June data that included a report on the number of enrollees in the Medicaid program: medical home, SC traditional, SoonerPlan, Insure Oklahoma and in-state providers. He reviewed the following charts: enrollment by month, monthly change in enrollment, SoonerCare deliveries, hospitalization, PCP visits, pharmacy and HEDIS quality measures. For more detailed information, see Item 3c in the board packet.

Carter Kimble, Director of Governmental Relations

Mr. Kimble mentioned that we have been dealing with what we consider an inappropriate protection of assets when applying for nursing home coverage in the state. Congressman Markwayne Mullen has taken up the bill HR1771 and it is a federal change that addresses a loophole that was created for spousal impoverishment. Mr. Kimble will keep the board up to date as they move forward.

ITEM 3e / RECOGNITION OF DR. LEON BRAGG, CHIEF DENTAL OFFICER

Nico Gomez, Chief Executive Officer

Mr. Gomez recognized Dr. Leon Bragg for his installation as the National President of Medicaid & Medicare CHIP Services Dental Association on June 1, 2015, representing dentists nationwide. Mr. Gomez thanked him for his leadership and expertise and presented him with a Governor's commendation.

Mr. Gomez congratulated board member Carol Robison whom has been reappointed to the OHCA board by the Governor for another four year term.

Mr. Gomez congratulated board member Tanya Case who was recognized by the Alpha Chi Omega as Real. Strong. Woman. of Distinction, a national honor.

He noted that since April, the OHCA has more than 230 volunteer hours to serve our community and recognized the staff that goes above and beyond their work duties to participate.

ITEM 4 / PUBLIC COMMENT ON THIS MEETING'S AGENDA ITEMS BY ATTENDEES WHO GAVE 24 HOUR PRIOR WRITTEN NOTICE

Nicole Nantois, Chief of Legal Services

There were 16 speakers present.

ITEM 5 / ANNOUNCEMENTS OF CONFLICTS OF INTEREST PANEL RECOMMENDATIONS FOR ALL ACTION ITEMS

Nicole Nantois, Chief of Legal Services

There were no recommendations regarding conflicts.

ITEM 6a / CONSIDERATION AND VOTE UPON DECLARATION OF A COMPELLING PUBLIC INTEREST FOR THE PROMULGATION OF ALL EMERGENCY RULES IN ACTION ITEM SIX OF THIS AGENDA IN ACCORDANCE WITH 75 OKLA. STAT. § 253.

Tywanda Cox, Chief of Federal and State Policy

MOTION:

Member Nuttle moved for approval of all emergency rules in action item
6 as published. The motion was seconded by Vice-Chairman Armstrong.

o as published. The motion was seconded by vice-Chairman Armstrong

FOR THE MOTION: Chairman McFall, Member Robison, Member Case, Member Bryant, Member McVay

ITEM 6b / CONSIDERATION AND VOTE OF AGENCY RECOMMENDED RULEMAKING PURSUANT TO ARTICLE I OF THE ADMINISTRATIVE PROCEDURES ACT. THE AGENCY REQUESTS THE ADOPTION OF THE FOLLOWING EMERGENCY RULES:

A. AMENDING Agency rules at OAC 317:30-5-696 to add limited dental services for adult SoonerCare members who meet all medical criteria, but need dental clearance to obtain organ transplant approval. The proposed rule states that services must be prior authorized and are limited to: Comprehensive oral evaluation, two radiographic bitewings, prophylaxis, fluoride application, limited restorative procedures, and periodontal scaling/root planing.

Budget Impact: The proposed rule change has a projected cost to the agency of \$60,000 state only dollars.

(Reference APA WF # 15-01)

B. AMENDING Agency long-term care eligibility rules at OAC 317:35-5-41.8 to be consistent with federal regulation. Changes include modifying the home equity maximum amount of \$500,000 to include the increased annual percentage increase in the urban component of the consumer price index. Revisions clarify home exemption criteria for persons living in the home. In addition revisions include changes to how annuities are accessed.

Budget Impact: Budget neutral

(Reference APA WF # 15-10)

MOTION: Member Robison moved for approval of item 6b.A & B as published.

The motion was seconded by Member McVay.

FOR THE MOTION: Chairman McFall, Vice-Chairman Armstrong, Member Case, Member

Bryant, Member Nuttle

ITEM 7 / CONSIDERATION AND VOTE UPON THE RECOMMENDATIONS OF THE STATE PLAN AMENDMENT RATE COMMITTEE

Carrie Evans, Chairperson of State Plan Amendment Rate Committee

A. Consideration and Vote to establish a rate for the coverage of Mental Health/Substance Use Disorder (MH/SUD) screens provided in outpatient behavioral health agencies. The rate of \$25.32 was established to reimburse for screens provided by qualified providers using approved evidence based tools at a rate of \$25.32 per event. This change has an estimated total dollar increase of \$193,054, of which \$120,272 state dollars.

MOTION: Member Case moved for approval of item 7A as published. The motion

was seconded by Member Robison.

FOR THE MOTION: Chairman McFall, Vice-Chairman Armstrong, Member Bryant, Member

McVay, Member Nuttle

B. Consideration and Vote to revise the payment methodology for independent Licensed Behavioral Health Practitioners (LBHP) in order to equalize payment for services with the payments made for services provided by the same level of provider in an outpatient behavioral health agency setting. This method change is to establish independent LBHP reimbursement rates for Common Procedure Technology (CPT) codes, which in the aggregate equates to 62.7% of the 2013 non-facility practitioner Medicare Physician Fee Schedule rates. This change has an estimated total dollar savings of \$2,072,078, of which \$808,110 state.

MOTION: Member Case moved for approval of item 7B as published. The motion

was seconded by Member McVay.

FOR THE MOTION: Chairman McFall, Vice-Chairman Armstrong, Member Nuttle, Member

Bryant, Member Robison

C. Consideration and Vote to establish a rate for Severe Combined Immunodeficiency Disorder (SCID) Newborn Screen. The rate of \$6.00 was established to reimburse for the CPT code applicable to SCID testing is 81479, Unlisted Molecular Pathology Procedure. This change has an estimated total dollar increase of \$179,000, of which \$68,020 state.

MOTION: Vice-Chairman Armstrong moved for approval of item 7C as published.

The motion was seconded by Member Bryant.

<u>FOR THE MOTION:</u> Chairman McFall, Member Nuttle, Member Case, Member McVay,

Member Robison

D. Consideration and Vote to establish a rate for a new code (84415) for Exome Sequence Analysis. The new rate was established by cross-walking 1 unit each of 81400, 81401, 81402, 81403, 81404, 81405, 81406, and 81407, so that we are paying the same rate as what was paid in 2014. This would result in a default rate of \$3,980.73 (\$3,672.22 current with budget reductions). This rate change will result in no budget impact since the proposal is to set the rate for 81415 at the sum of the rates for the codes that were billed for the service prior to 2015.

MOTION: Member Robison moved for approval of item 7D as published. The

motion was seconded by Member McVay.

FOR THE MOTION: Chairman McFall, Vice-Chairman Armstrong, Member Nuttle, Member

Case, Member Bryant

E. Consideration and Vote to reduce the reimbursement rate for certain Advantage and State Plan Personal Care Providers by 3.5%. This rate reduction will have a total estimated savings of \$5,088,690, of which \$1,918,436 state.

MOTION: Member Bryant moved for approval of item 7E as published. The motion

was seconded by Vice-Chairman Armstrong.

FOR THE MOTION: Chairman McFall, Member McVay, Member Case, Member Nuttle,

Member Robison

F. Consideration and Vote to reduce the reimbursement rate for certain Developmental Disabilities Services Providers by 3.5%. This rate reduction will have a total estimated savings of \$10,656,595, of which \$3,971,713 state.

MOTION: Vice-Chairman Armstrong moved for approval of item 7F as published.

The motion was seconded by Member Nuttle.

FOR THE MOTION: Chairman McFall, Member Bryant, Member Case, Member McVay,

Member Robison

ITEM 8a / CONSIDERATION AND VOTE OF AUTHORITY FOR EXPENDITURE OF FUNDS FOR EVALUATION CONSULTANT FOR CARE COORDINATION

Vickie Kersey, Director of Fiscal Planning and Procurement

MOTION: Member Case moved for Item 8a as published. The motion was

seconded by Member Robison.

FOR THE MOTION: Chairman McFall, Vice-Chairman Armstrong, Member McVay, Member

Bryant, Member Nuttle

ITEM 8b / CONSIDERATION AND VOTE OF AUTHORITY FOR EXPENDITURE OF FUNDS FOR DEVELOPMENT CONSULTANT FOR CARE COORDINATION

Vickie Kersey, Director of Fiscal Planning and Procurement

MOTION: Member McVay moved for Item 8b as published. The motion was

seconded by Vice-Chairman Armstrong.

FOR THE MOTION: Chairman McFall, Member Robison, Member Case, Member Bryant,

Member Nuttle

ITEM 9a / CONSIDERATION AND VOTE REGARDING RECOMMENDATIONS MADE BY THE DRUG UTILIZATION REVIEW BOARD UNDER 63 OKLA. STAT. §5030.3.

Nancy Nesser, Pharmacy Director

a) Consideration and vote to add <u>Avycaz™ (Ceftazidime/Avibactam)</u>, <u>Zerbaxa™ (Ceftolozane/Tazobactam)</u>, <u>Cholbam™ (Cholic Acid)</u>, and <u>Natpara® (Parathyroid Hormone Injection)</u> to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

MOTION: Member Robison moved for approval of Item 9a as published. The

motion was seconded by Member Case.

FOR THE MOTION: Chairman McFall, Vice-Chairman Armstrong, Member Bryant, Member

McVay, Member Nuttle

ITEM 10 / CONSIDERATION AND VOTE ON LETTER TO BE PROVIDED TO THE OHCA PROVIDER NETWORK

Chairman McFall

MOTION: Vice-Chairman Armstrong moved for Item 10 as published. The motion

was seconded by Member Bryant.

FOR THE MOTION: Chairman McFall, Member Robison, Member Case, Member McVay,

Member Nuttle

ITEM 11 / PROPOSED EXECUTIVE SESSION AS RECOMMENDED BY THE CHIEF OF LEGAL SERVICES AND AUTHORIZED BY THE OPEN MEETINGS ACT, 25 OKLAHOMA STATUTES § 307(B) (1), (4), (7) AND (9).

There was no executive session.

ITEM 12 / NEW BUSINESS

There was no new business.

RECESS

RECONVENE BOARD MEETING/CONFERENCE AT 2:30PM, WEDNESDAY, AUGUST 12, 2015

MOTION: Vice-Chairman Armstrong moved for Recess. The motion was seconded

by Member McVay.

FOR THE MOTION: Chairman McFall, Member Robison, Member Case, Member Bryant,

Member Nuttle

ITEM 13 / Wednesday: Session 1 - Stanton L. Young ABC

Welcome / Opening Remarks

- Ed McFall, OHCA Board Chairman
- Nico Gomez, CEO, OHCA

ITEM 14 / Wednesday: Session 2 - Stanton L. Young ABC

OHCA Overarching Goals & Agenda Highlights

During this brief session, the agency's seven overarching goals were described, we highlighted major categories and new themes of staff responses to this year's OHCA Strategic Planning Survey, looked back upon action plans and accomplishments from last year and highlighted sessions you could look forward to attending during this year's Strategic Planning Conference (SPC).

Moderator:

Buffy Heater, Chief Strategy Officer, OHCA

ITEM 15 / Wednesday: Session 3 - Stanton L. Young ABC

Panel Discussion on Rural Health

The obstacles faced by health care providers and patients in rural areas are vastly different than those in urban areas. Rural Americans face a unique combination of factors that create disparities in health care not found in urban areas. This discussion focused on the perspectives of the rural health practitioner, the specific considerations of rural providers, and how those differ from urban areas. As well as discussing the positive economic impact of rural medicine as an employment center and the negative impact of realized or pending closure of rural hospitals, the importance of residency programs and overall access to health care was explored. Attendees of this session heard the panel answer the question – what value does the Medicaid program provide for rural Oklahoma?

Moderator:

Carrie Evans, Chief Financial Officer, OHCA

Panelists:

- Michael Woods, Program Director, Rural Medicine, Oklahoma University School of Community Medicine
- William J. Pettit, Associate Dean of Rural Health, Oklahoma State University College of Medicine
- Doug Cox, Oklahoma State Representative

- Rob Standridge, Oklahoma State Senator
- Andy Fosmire, Vice-President of Rural Health, Oklahoma Hospital Association
- Lyle Roggow, President, Duncan Area Economic Development Foundation

Break

ITEM 16 / Wednesday: Session 4

Interactive Planning Sessions

These concurrent planning sessions are designed to encourage participation and feedback. Attendees were welcomed with a brief overview of the discussion topic. Then, facilitators presented questions to the group and guided an interactive planning session resulting in the identification of action steps to be pursued by the OHCA in the next state fiscal year.

<u>Session 4A – Stanton L. Young ABC</u> Insure Oklahoma

The Insure Oklahoma program has recently celebrated 10 years of helping Oklahomans obtain affordable health care through the Employer Sponsored Insurance Plan and the Individual Plan. OHCA continues to look for ways to improve and innovate through this important public/private partnership. Improvements like online enrollment and web portals, innovative models like Sponsor's Choice and the use of Section 1332 State Innovation Waivers to tailor programs to better meet the needs of Oklahomans are current considerations of the OHCA. This session explored ways that OHCA can move Insure Oklahoma into its second decade and beyond.

Facilitator:

 Becky Pasternik-Ikard, Deputy State Medicaid Director, OHCA

Subject Matter Experts:

- Tywanda Cox, Chief of Federal and State Policy, OHCA
- Julie Cox-Kain, Oklahoma Deputy Secretary of Health and Human Services, Senior Deputy Commissioner, OSDH
- Melanie Fourkiller, Policy Analyst, Choctaw Nation of Oklahoma
- Melissa Pratt, Insure Oklahoma Administrator, OHCA

<u>Session 4B – Stanton L. Young DE</u> Medicaid Quality Measures

In 2012, Oklahoma was one of 26 states that the Centers for Medicare & Medicaid Services selected for a two-year grant to support state agencies in testing and evaluating methods for the collection and reporting of the Initial Adult Core Set of Health Care Quality Measures. In addition, to this targeted effort to increase the collection and reporting of key quality indicators, OHCA produces a variety of reports that provide an overview of enrollment, program demographics, provider network monitoring and other subject specific details. The data collected from these quality indicators guides OHCA efforts to improve the health of SoonerCare members through various quality improvement efforts to increase access to and utilization of services to prevent and control some key health conditions such as diabetes; hypertension; obesity, and behavioral health.

Facilitators:

- Garth Splinter, State Medicaid Director, OHCA
- Sylvia Lopez, Chief Medical Officer, OHCA Subject Matter Experts:
 - Connie Steffee, Director of Reporting and Statistics, OHCA
 - Mike Herndon, Sr. Medical Director, OHCA

ITEM 17 / Wednesday: Session 5 - Stanton L. Young ABC

Recan

Groups rejoined for a recap of each interactive planning session. A brief summary of group interactions and resulting action plans were presented by a selected representative for each planning session group.

Moderator:

Buffy Heater, Chief Strategy Officer, OHCA

RECESS

RECONVENED BOARD MEETING/STRATEGIC PLANNING CONFERENCE 8:30AM, THURSDAY, AUGUST 13, 2015

THURSDAY

Registration Opened 8 a.m.

ITEM 18 / Thursday: Session 6 - Stanton L. Young ABC

Welcome

- Ed McFall, OHCA Board Chairman
- Nico Gomez, CEO, OHCA

ITEM 19 / Thursday: Session 7 - Stanton L. Young ABC

Panel Discussion: OHCA Goal #7 - Collaboration

"To foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma."

A person's health impacts every facet of their life: from socio-economic status, education, and employment, to earnings potential and growth. This panel discussion focused on agency goal #7 and how collaboration is the key to public health transformation, breaking the cycle of poor health outcomes and encouraging Oklahomans to become healthier in body, mind, and spirit.

Panelists:

- Nico Gomez, CEO, OHCA
- Terry Cline, Oklahoma Secretary of Health and Human Services, Commissioner, OSDH
- Steven Buck, Deputy Commissioner, Communications and Prevention Services, ODMHSAS
- Deidre Myers, Deputy Secretary of Workforce Development, Oklahoma Office of Workforce Development, Oklahoma State University- Oklahoma City
- AJ Griffin, Oklahoma State Senator
- Jack Sommers, Chief Medical Officer, Community Care of Oklahoma
- Frank Lawler, Medical Director, Oklahoma Employee Group Insurance Division
- Teresa Huggins, CEO, Stigler Health & Wellness Center, Inc., Secretary, Oklahoma Primary Care Association

Break

ITEM 20 / Thursday: Session 8

Presentation Sessions

Attendees at these concurrent sessions heard presentations from key OHCA staff on topics of interest in Oklahoma. Each session concluded with a question and answer period and gave attendees the opportunity to offer comments and suggestions on OHCA activities during the next state fiscal year.

Session 8A - Stanton L. Young ABC

Alternative Delivery Systems: Patient Centered Medical Home (PCMH) from the member's perspective

This session addressed key areas for alternative delivery system performance and enhancement such as how systems have changed over time, patient experiences gathered through member advisory groups, and overall benefit and value to members and providers. Presenters introduced questions such as How has my medical home doctor helped my health? What does it means to me to be a medical home patient? How do my relationships with my medical home doctor, care coordinator, and specialists meet my health needs? How have these relationships impacted my self-management skills and overall health?

Presenters:

- Garth Splinter, State Medicaid Director, OHCA
- Becky Pasternik-Ikard , Deputy State Medicaid Director, OHCA

<u>Session 8B – Stanton L. Young DE</u> Member Engagement

Improving member health and satisfaction and ensuring access to quality health care is a daily goal of the OHCA. Member engagement and communication is key to ensuring our programs and services are responsive and effective. This is accomplished through a number of venues, including but not limited to OHCA's Member Advisory Task Force (MATF) and innovative communication strategies. This session provided insight to OHCA's current strategies as well as solicited ideas and input from attendees regarding future engagement and communication strategies.

Moderators:

 Ed Long, Chief of Communications, Outreach and Reporting, OHCA

Panelists:

- Aramis Singleton, SoonerCare Medical Home Member
- Shannon George, SoonerCare Member
- Michael Tillman, SoonerCare Member

Presenters:

- Kendall Brown, Digital Communications Coordinator, OHCA
- Daryn Kirkpatrick, Health Promotions Program Manager, OHCA
- Melody Bays, SoonerQuit Health Promotions Manager, OHCA
- Joni Bruce, Oklahoma Family Network

Networking Lunch

ITEM 21 / Thursday: Session 9

Interactive Planning Sessions

These concurrent planning sessions are designed to encourage participation and feedback. Attendees were welcomed with a brief overview of the discussion topic. Then, facilitators presented questions to the group and guide an interactive planning session resulting in the identification of primary action steps to be pursued by the OHCA in the next state fiscal year.

<u>Session 9A – Stanton L. Young ABC</u> Impacts of Care Coordination on Health Outcomes

Direct involvement and care coordination with members leads to improved satisfaction and healthier outcomes. OHCA's Population Care Management (PCM) unit works with high risk populations to identify needed interventions to improve care and reduce costs. This session described how the Health Management program (HMP) and Chronic Care Unit (CCU) work in tandem to provide member and provider supports for members with chronic conditions who are high risk or at risk for high utilization/high costs; how the Case Management (CM) unit serves obstetric and pediatric populations; as well as how the Behavioral Health unit provides direct support to PCM.

Facilitator:

Marlene Asmussen, Director, Population Care Management, OHCA

Subject Matter Experts:

- Carolyn Reconnu-Schoffner, Assistant Director of Population Care Management, OHCA
- Della Gregg, Health Management Program Supervisor, OHCA
- Andy Cohen, President, Pacific Health Policy Group
- Tony Russell, Behavioral Health Specialist, OHCA

<u>Session 9B – Stanton L. Young DE</u> Infant to Adult Care

The health of a member is a lifelong journey and OHCA has programs and services that will be there every step of that journey. This session examined a wide range of health care topics including pediatric health considerations, outcomes related to EPSDT rates, obesity prevention, immunizations, and well child visits, as well as agency efforts on infant mortality reductions. Discussion on care integration improvements among medical, dental and behavioral health providers were heard. Attendees were asked to discuss ideas and solutions to improve all areas of young member care.

Facilitator:

Shelly Patterson, Director of Health Promotions and Community Relations, OHCA

Subject Matter Experts:

- Rebekah Gossett, Care Management Supervisor, OHCA
- Leon Bragg, Chief Dental Officer, OHCA
- Courtney Barrett, Dentist, OHCA
- Paul Darden, Associate Professor of Pediatrics, Head of the Division of General and Community Pediatrics, University of Oklahoma Health Sciences Center
- John F. Raizen, Child Psychiatrist, OHCA

Break

ITEM 22 / Thursday: Session 10

Interactive Planning Sessions

These concurrent planning sessions are designed to encourage participation and feedback. Attendees were welcomed with a brief overview of the discussion topic. Then, facilitators presented questions to the group and guided an interactive planning session resulting in the identification of primary action steps to be pursued by the OHCA in the next state fiscal year.

Session 10A - Stanton L. Young DE

Obstetric Initiatives, Successes and Challenges

This session provided an overview of OB initiatives and progress, successes and challenges to include but not limited to the performance and outcomes of statewide and OHCA systems of care for pregnant women, maternal mortality improvements, and development of provider protocols. Facilitators lead a diverse panel of Oklahoma clinicians in discussion about current strengths and weaknesses of the obstetrical health systems and develop an action plan for the OHCA and its partners in this important health care area.

Facilitator:

- Sylvia Lopez, Chief Medical Officer, OHCA Subject Matter Experts:
 - Yasmine Barve, Medical Administration Manager, OHCA
 - Chad Michael Smith, OUHSC OKC, Department of OB-Gyn, Assistant Professor
 - Jill Nobles Botkin, Administrative Program Manager, Maternal and Child Health Services, Perinatal and Reproductive Health Division, OSDH
 - Christine Taylor, private medical practice, Durant, OK

Session 10B - Stanton L. Young ABC

Prescription Drug Abuse

Prescription drug abuse remains a public health problem in Oklahoma. Oklahoma is ranked as the 6th highest in the nation for prescription drug overdose deaths occurring between 2011-2013. A discussion of the issues surrounding prescription drug abuse in Oklahoma was conducted during this panel presentation. This included: background, atrisk SoonerCare members, at-risk prescribers, and high dispensing pharmacies. The overdose reversal agent, naloxone will be discussed. Next, an overview of the prescription monitoring program (PMP) and electronic prescribing of controlled substances (EPCS) and the patient review and restriction program (PRR) was conducted. Lastly, discussion of grant programs and other treatment options was done.

Facilitator:

Burl Beasley, Pharmacist OHCA

Subject Matter Experts:

- Mike Herndon, Medical Director, OHCA Medicaid Operations
- Nancy Nesser, Director Pharmacy Operations OHCA
- Jessica Hawkins, Director of Prevention, OK Dept. of Mental Health & Substance Abuse Services
- Sheryll Brown, Oklahoma State Dept. of Health, Injury Prevention Services.
- Ashley Teel, Lock-in program administrator, PMC

ITEM 23 / Thursday: Session 11 - Stanton L. Young ABC

Recap

Groups rejoined for a recap of each interactive planning session. A brief summary of group interactions and resulting action plans was presented by a selected representative for each planning session group.

Moderator:

Buffy Heater, Chief Strategy Officer, OHCA

RECESS

RECONVENED BOARD MEETING/STRATEGIC PLANNING CONFERENCE 8:30 AM, FRIDAY, AUGUST 14, 2015

FRIDAY

Registration Opened 8 a.m.

ITEM 24 / Friday: Session 12

Presentation Sessions

Attendees at these concurrent sessions heard presentations from key OHCA staff on topics of interest in Oklahoma. Each session concluded with a question and answer period and also gave attendees the opportunity to offer comments and suggestions on OHCA activities during the next state fiscal year.

<u>Session 12A – Stanton L. Young DE</u> Emergency Room (ER) Utilization

Providing access to quality and appropriate care is an integral part of OHCA's goal of providing and

<u>Session 12B – Stanton L. Young ABC</u> Current Care Delivery Systems for the Aged, Blind, and/or Disabled (ABD)

This session identified existing programs and services for the Aged, Blind, and/or Disabled (ABD)

improving health care coverage to the qualified populations of Oklahoma. OHCA continuously strives to meet this goal through the development of member education materials that inform members of provider access options, a smartphone application that connects members to information regarding after-hours clinic access and programs that educate members about the necessity to visit their primary care physician before considering the emergency room (ER) for low-acuity conditions. This session featured recent ER evaluation results by Mercer, as well as a demonstration of the OHCA's after-hours smartphone application.

population, and provided information on the partnerships between OHCA and other state agencies to administer and oversee the current care delivery systems. Participants examined and offered feedback on current Waiver, Grant, State Plan and PACE programs servicing individuals who are aged, blind or disabled, and their respective strengths, weaknesses, and opportunities.

Presenters:

- Kevin Rupe, Director, Member Services, OHCA
- Heather Huff, Senior Associate, Mercer

Facilitators:

- Melinda Thomason, Assistant Division Director, Health Policy, OHCA
- Ivoria Holt, Director of SoonerCare Delivery Systems, PACE, OHCA

Subject Matter Experts:

- Megan Haddock, Medical Services
 Director, OK Dept of Human Services
- Karen Poteet, ADRC, OK Dept of Human Services
- JoAnne Goin, Developmental Disabilities Services Director, OK Dept of Human Services
- Ashley Herron, Waiver Administration Coordinator, OHCA
- Kysha Demas, PACE, OHCA
- Russell Coker, Money Follows the Person-Tribal, Health Policy, OHCA

Break

ITEM 25 / Friday: Session 13 (9:45 - 11:00a.m.) - Stanton L. Young ABC

ABD Care Coordination Stakeholder Meeting

Pursuant to House Bill 1566 passed by the Oklahoma Legislature in 2015, it is the intent of the OHCA to issue a Request For Proposal (RFP) for care coordination model(s) for the Aged, Blind and Disabled populations. To comply with the direction of the bill, the OHCA will solicit information and input from a wide variety of stakeholders including but not limited to members, advocates, providers, health care systems, and the general public through a Request For Information (RFI) process, for the development and requirements of the RFP. This session served as the monthly stakeholder group meeting for OHCA to provide updates and for stakeholders to offer comment on the development of coordinated care model(s) serving the ABD population.

ITEM 26 / Friday: Session 14 - Stanton L. Young ABC

Last Call / Open Forum / Action Plan Review

As a wrap-up to a full two and a half day agenda, and lots of issues discussed, this session was an opportunity to offer ideas to the agency as plans are made moving forward, as well as, to ask questions and receive answers related to Friday agenda topics. This time was specifically set aside to allow the OHCA to hear constructive suggestions on opportunities related to the seven OHCA goals mentioned on Wednesday's first session. Feedback will help the OHCA determine what could move the agency forward in the next strategic planning period – 5 years – to achieve our vision for Oklahoman's to enjoy optimal health status through having access to quality health care regardless of their ability to pay.

Moderator:

Buffy Heater, Chief Strategy Officer

Wrap-up / Closing Remarks

Ed McFall, OHCA Board Chairman

■ Nico Gomez, CEO, OHCA

ITEM 27 / New Business

ITEM 28 / Adjournment

MOTION:

Member Bryant adjourned the meeting.

Meeting adjourned at 11:54 a.m., 8/14/2015

NEXT BOARD MEETING September 10, 2015 – 1:00pm Comanche County Memorial Hospital 3401 West Gore Boulevard Lawton, OK

	Lawton, OK
Lindsey Bateman, Board Secretary	
Minutes Approved:	
Initials:	



NAME	(PLEASE PRINT)	ORGANIZATION
Brobbi Jo	Johnson	Dungarvin
DAMA MILL	LER	OHCA
(146)of	unes .	ONGFI
Annesh	attunt	Springs Inc
Dane.	Zkrselgers,	010
Kenne	Karahart	Ki Sois
Conne	Cook	DHOA
Dubbi	c Pumpha	DO15 (DD)
Ellyn	Hefner)	PARENT OFN
Robert	Durrell	Reacol
Kortni f	erny	passaus chapel School Inc
Anuto	- Shung	IN un gan line Withou a.
Thomas	- Williams	Ristare Oklahamy
Thris Ceru	tino	Dungavnin
1. P. Com	phere	Dongarivn
Ann Ghi		
6100	Taylor	Dungarvirl
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HEBUN.	- HERMAN byton	Dunceron
Sherri	'c Spanger	Stranger
Steve	n Rizen	STELL PIZER
SHARO	N VAZ	05011
Kristi	N VAZ Bladeburn	DHS DOS
Karen	Clark	Dungarvin



NAME	(PLEASE PRINT)	ORGANIZATION
Shelly P	afferson	OHUA
Jo Ky	200	O(+CA-
	Mason	CSCSO
Mande	: Mason	CS(SO)
Mucha	iel Mason	cscso
195hles	Griffen	CSCSO
Barbar	& Bergman	CSCSU
Tine S	Imman	cscsd
	ha Hooks	OHCA
W.M.	Woods 4P	OUHSC
Mary	Triplet	QHCA
12n F	Patter	C500
Brent	Fuchs	C580
Anne	the Bible	C 5 650
Mar	y Odle	C3C50
	cmy Teffen	C5C50
Cheroker	Michal's	03030
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	BROWN	
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Andele	, ha	Sequoyan Enter Prises
Leanne	e R. Hill	CSCSO
SWE	Shaltor	
Darla	Themas	SEI WAGH
Monicon		SET WAGH
NIIIaB		CSCSO
William	n PIPILINS	('5('50



NAME (PLEASE PRINT)	ORGANIZATION
Shrquing McKillix	Dingainin
Mugan ANTENS	Direction
NANCY SAIMANS	DUNGARVIN
Misty mann	DUNGARVIN
Cheryl Malek	CSCSO
Randy Phillips	CSCS0
Julia Aultman	CSC SO
SAIMINIE CARLIE	Deengarsin
DAVID KIMMEL	PUBLIC STRATEGIES
MelissaPulver	Dungarin
THURANDA M. COX	OHCA
I SAIAN MEKEE	OHCA
Melson Sulumin	VITEA
Martina Ordoniz	OHCA
Johnney Johnson	OHCC
Metinde Thomason	OKICA
Doctor Ses	OHCA
Mike Fogarly	
Olerdy Blanton	OHCH
Jeans Potte	OHCA
Kirle Flam	PLOC
Eddie Miller	BAS
Sharan Brice	Spaings FAC
Christa Whitlock	Calark >
Erintaylor	Paren
JOHNA (TON	DHS DDS



NAME	(PLEASE PRINT)	ORGANIZATION
GAR	y wax	GUARDION
Mic	2 H174(Ce)	Consumer
Ange	la Wheeler	Pragram Director
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AMANDA	STEVENS	DUNGARVIN
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Ca	sey Dunhan	OHCA
Co	urman Borrell	OHGA
Jacky	Muller	OHCA
Mě	1550 Cover	Chickasan Nation
Lar	a Kearns	DODY OHCA
Carrio	Evans	OHCA
Brent	14/102.2	OKPCA
BRIND	Y Truya	MATT .
NICho	e CTIMON	Matr
Dalund	6 Hoostal	C5C50
Timo	Morre	CSCSO
John	1 C. Sing	CSCSU
704	1 mg Shalin	CSCSO
Christ	ignUSTARK	CSCSO
Jason	Sainsbury	
Bruson	Pranger	
Lacen	Swartz	CSSO
Christ Jason Bryson Lacey	nmy Shawn ian Stark Sainsbury Pranger Swartz	CSCS 0 CSCS 0 CSCS 0



NAME (PLEASE PRINT)	ORGANIZATION
Alison Planinez	OHCA
La Tonga Norman	Dungarvin UC
Timure Tresson	9 OHEA
STEPHEN/ NEAL	OHCA
186 CLOWN	VHCo
Kay Brown	Dungarvin
Mark Davis	OS PH
Steve Johnson	OSDH
HB	anato 01/4
Sorga E. MC Darie	Dink OKLA
Dan Arthrell	Comments Service Cource
Winda Florer	quardian/Parent
Christopher Florer	client/of Dungarvin
Mia Sough	OHCA
Ashley Herry	OHCA
Austra Maishall	OUState Senate
Ashler Myel	OMES
Andy Govern	OHCA
Warren Vieth	Oklahoma Watch
Sus An Geye	OHCA
GlosiA Hydson	0469
Melissa Boyle	OHCA
Usa Spain	H10
Kacka Parker	OCHA
Shellie West	OCHA OU COP
Lisa Spain Racka Parkar Sullie Most Buthany Holderread	DUCOP



NAME	(PLEASE PRINT)	ORGANIZATION
Secki	IIKard	OHCA
belan	de Kurlon	Spung Inc
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10	Moon	OAHCT
	herathy	Vestex
tol	Silva	Moston Comp HITH Sucs
Sudy	Goodwin	OCP INC
	Tally	e Capital
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	Dukant	SSM KEALTER (ARE
LANCE	ROBELTSON	OHS Aning Scelices
I /i	Morris	OHCA
1	Bruce	OK Family Network
Mar	ie Moore	DHS
	Y NESSER	OHCA
Porte	*CE-FOLMPIN	+175 Dungarin
Angel	a Donley	parent
Man &	Brinkley	Lendry Age OK
MONNTE	Statelle	SHI A
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RICK	SNYDER	OHA
Debo	vah 0,115	0 D H1 1-131 S
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NAME (PLEASE PRINT)	ORGANIZATION
Kavin Rope	OHCH
Julia Rinchart	Dungarun
Briannills	Dungarvin
Branda C Roesler	Dun garvin
Kovening Dais	Dungwan
LOREHA WOODY	Dungarvin
Ryal TONES	Dungarvin
FAN RUFFNER	OHCA
HARVEY Reynolds	OHCA
Laura Leabetter	Dungaron
Heather Brown	Dungarun
Rosemary Greenlee	Dungarvin prient
Burl Beash	Orte A - Phurnacy
Ray Hesler	DOS
Amir Hoga	Dungarin
Lynn Tennie	Bos Care
Julie Carlison	Hos are
Lisa Moses	OHCA
Tanisha Parker	Dungarrin
NINA Esparza	Dinganin
michael Garrett	Dunganin
Dason Wynn	
Virginia Schned thorst Snoras H-OsosAnyA	Dungarvin
Sherais H-OsosAnyA	OACA
Marc Wilson	Pungaruin
Cumthia Aclant	(5(50



NAME	(PLEASE PRINT)	ORGANIZATION
GEN.	DICK BURPEF	Mª CALL'S
NINA	DESCHKA	M CAM'S
Rac	helRea	D
Chi	ris	Dungarvin
CAR	olyn Stanford	Dungarvin
Ange	la Hornshu	OFW/DITP/Parent
Twri L	la Hornshy Turker	CSCSS
Harlan	Petr	(S(50 individual dient-
Ricky	Berry	05050 introduced Clent
Jay Ba	ter	15050 individual alent
MGGC (etten	CSCSO
4 AX	K-BAMET	Dets ALS
Leon	N Brage	OHCA
Done	tre Bennett	OHEA
Jim	my WHOOKY	OHCA
Soci	Dean	Sal B
Sohn	Tenul	SRIP
51	M WILCOY	
Lakah	x Anderson	
Vivian	McDrait	
Halen	Bloom	ARA Advorates
Debby	Brutsman	Aetna
Pale 1	Fospur	OHA
Jenn	iter King	DHCA
Kinvi	Mc Ginnis	OHCA
halay	THEXOUGH	OHCA MATE

Name Michael Maxwell

Organization

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Da NN Davis	SEI WAGH
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SPIW 394	
Mike Burns Kacic Huson	SET Family Member
Elizabeth Carler	Cscso
Sammy Hart Lourvenia Doerr Aaron Crites	CSCS 0 CSCS 0 CSCS d
Bunnie Wells	EARC, Inc.
Derek Sparts	Greater okc change
CLAYTON AYLOR Brian MAVES	Firer Medical Outcomes
Cody Midleton	OHCA:



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

ATTACHMENTS

Summary of Revenue and Expenditures: OHCA	1
Medicaid Program Expenditures by Source of Funds	2
Other State Agencies Medicaid Payments	3
Fund 205: Supplemental Hospital Offset Payment Program Fund	4
Fund 230: Quality of Care Fund Summary	5
Fund 245: Health Employee and Economy Act Revolving Fund	6
Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer	
Treatment Revolving Fund	7

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

	FY15	FY15		% Over/
REVENUES	Budget YTD	Actual YTD	Variance	(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)%
	FY15	FY15		% (Over)/
EXPENDITURES	Budget YTD	Actual YTD	Variance	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

		Health Care	Quality of		SHOPP	ВСС	Other State
Category of Service	Total	Authority	Care Fund	HEEIA	Fund	Revolving Fund	Agencies
Canada Chaire	Ф 07.044.000	Ф 07.000.00F	\$ - \$	447405	r.	\$ 15.088	•
SoonerCare Choice	\$ 37,244,938 1,068,610,859	\$ 37,082,685 627,383,373	ъ - ъ 486,687	3,629,403	\$ - 347,449,538	\$ 15,088 1,442,935	\$ - 88,218,923
Inpatient Acute Care Outpatient Acute Care	363,812,586	281,113,761	400,007	3,919,253	74,665,987	4,071,982	00,210,923
Behavioral Health - Inpatient	, ,	11,630,004	41,004	, ,	26,415,674	4,071,902	13,058,353
Behavioral Health - Psychiatrist	51,368,358 8,999,813	7,676,139	-	264,327		-	13,056,353
Behavioral Health - Outpatient	28,049,545	7,070,139	-	-	1,323,674	-	28,049,545
Behaviorial Health-Health Home	3,930,992	-	-	-	-	-	3,930,992
Behavioral Health Facility- Rehab	252,606,622	-	-	-	-	87,799	, ,
,	, ,	-	-	-	-	67,799	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	4 544 470	-	-	-	-	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	440.004	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	0.744.505	1,611,492	-	545,951	-
Medical Supplies	40,245,193	37,184,722	2,711,535	274,206	-	74,730	7.040.540
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	.	<u>-</u>	-	-	-	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

^{*} Includes \$42,008,515.58 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY

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

Revenues from Other State Agencies \$553,254.77			FY15
Education Payments	REVENUE		Actual YTD
TOTAL REVENUES \$ 1,397,777,95 EXPENDITURES Actual YTD		\$	
Department of Human Services		_	
Department of Human Services	TOTAL REVENUES	•	1,397,777,90
Home and Community Based Waiver \$186,670.4k	EXPENDITURES		Actual YTD
Money Follows the Person			
Homeward Bound Waiver 1.34.84 In-Home Support Waivers 1.25.03.56 In-Home Support Waiver 1.73.218.35 Intermediate Care Facilities for Individuals with Intellectual Disabilities Public Personal Care 1.30.00.22 Residential Behavioral Management 1.613.55 Targeted Case Management 1.613.55 Targeted Case Management 1.613.56 Total Department of Human Services 610,350,75 State Employees Physician Payment Physician Payment 56,363,62 Education Payments 56,363,62 Education Payments 56,363,62 Education Payments 56,363,62 Education Payments 92,906,14 Graduate Medical Education - Physicians Manpower Training Commission Indirect Medical Education 11,640,66 Total Education Payments 142,467,18 Office of Juvenile Affairs 1.640,66 Targeted Case Management 3,136,03 Residential Behavioral Management 5,128,67 Total Office of Juvenile Affairs 3,264,66 Department of Mental Health 20,502,18 Least Homes 3,303,08 Psychiatric Residential Treatment Facility 89,454,66 Total Department of Mental Health 13,086,33 County Health Homes 3,303,08 Psychiatric Residential Treatment Facility 89,456, 80,456 Total Department of Health 1,516,50 Call Payment of Health 1,516,50 Call Payment of Health 1,516,50 Call Payment of Health 1,516,50 Call Paymily Planning Waiver 1,516,50 Family Planning Waiver 1,516,50 Call County Health Departments 1,516,50 Call County Health Department of Corrections 1,84,91 Total OSA Medicaid Programs 1,540,521,24 OSA Non-Medicaid Programs 1,540,521,24 OS		\$	186,670,48
In-Home Support Waivers	·		11,666,12
ADvantage Waiver Intermediate Care Facilities for Individuals with Intellectual Disabilities Public			88,134,84
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public Personal Care Residential Behavioral Management 17, 613, 55			25,035,00
Personal Care 13,080,25 Residential Behavioral Management 17,131,35 Targeted Case Management 53,685,67 Total Department of Human Services 610,350,78 State Employees Physician Payment 56,363,62 Physician Payments 56,363,62 Total State Employees Physician Payment 92,906,14 Graduate Medical Education 92,906,14 Graduate Medical Education - Physicians Manpower Training Commission 6,054,47 Indirect Medical Education - Physicians Manpower Training Commission 11,640,65 Total Education Payments 142,467,15 Office of Juvenile Affairs 313,603 Targeted Case Management 5,128,66 Total Office of Juvenile Affairs 8,264,66 Department of Mental Health 20,502,15 Case Management Inpatient Psychiatric Free-standing 13,058,35 Outpatient Inpatient Psychiatric Free-standing 13,058,35 Outpatient Momea 3,303,05 Reabilitation Centers 252,606,50 Total Department of Mental Health 407,593,26 State Department of Mental Health 407,593,26	· · · · · · · · · · · · · · · · · · ·		173,218,39
Residential Behavioral Management			41,246,43
Targeted Case Management			13,080,23
Total Department of Human Services 610,350,75 State Employees Physician Payment 56,363,67 Total State Employees Physician Payment 56,363,67 Education Payments 56,363,67 Graduate Medical Education 92,906,14 Graduate Medical Education - Physicians Manpower Training Commission Indirect Medical Education 31,865,97 Direct Medical Education 11,640,68 Total Education Payments 142,467,19 Office of Juvenile Affairs 3,136,03 Targeted Case Management 3,136,03 Residential Behavioral Management 8,264,66 Department of Mental Health 20,502,18 Case Management 20,502,18 Inpatient Psychiatric Free-standing 13,058,36 Outpatient 28,049,54 Health Homes 3,393,09 Psychiatric Residential Treatment Facility 89,445,55 Rehabilitation Centers 252,606,62 Total Department of Mental Health 2,467,00 Children's First 1,516,50 Sooner Start 2,467,00 Early Intervention 4,371,38 Ea			17,613,55
State Employees Physician Payment			
Physician Payments 56,363,6,6 5 5 5 5 5 5 5 5 5	Total Department of Human Services		610,350,75
Physician Payments 56,363,6,6 5 5 5 5 5 5 5 5 5	State Employees Physician Payment		
Total State Employees Physician Payment 56,363,62 Education Payments 92,906,14 Graduate Medical Education - Physicians Manpower Training Commission Indirect Medical Education 11,865,93 Direct Medical Education 11,840,68 Total Education Payments 142,467,18 Office of Juvenile Affairs 3,136,00 Targeted Case Management 3,136,00 Residential Behavioral Management 5,128,62 Total Office of Juvenile Affairs 8,264,66 Department of Mental Health 20,502,18 Case Management 20,502,18 Inpatient Psychiatric Free-standing 13,058,38 Outpatient 28,049,54 Health Homes 9sychiatric Residential Treatment Facility 89,445,58 Rehabilitation Centers 252,606,6 Total Department of Mental Health 407,593,26 State Department of Health 2,467,00 Children's First 1,516,50 Sooner Start 2,467,00 Early Intervention 4,371,38 Early Intervention 4,371,38 Family Planning Waiver 7,550,56			56,363,62
Graduate Medical Education - Physicians Manpower Training Commission Indirect Medical Education - Physicians Manpower Training Commission Indirect Medical Education - Physicians Manpower Training Commission 13,865,92 11,640,68 Total Education Payments - Training Commission Direct Medical Education Payments - Training Commission - 11,640,68 11,640,68 Office of Juvenile Affairs - Training Case Management - State Object			56,363,62
Graduate Medical Education - Physicians Manpower Training Commission Indirect Medical Education - Physicians Manpower Training Commission Indirect Medical Education - Physicians Manpower Training Commission 13,865,92 11,640,68 Total Education Payments - Training Commission Direct Medical Education Payments - Training Commission - 11,640,68 11,640,68 Office of Juvenile Affairs - Training Case Management - State Object	Education Payments		
Graduate Medical Education - Physicians Manpower Training Commission Indirect Medical Education 31,865,93 Direct Medical Education 11,640,68 Total Education Payments 142,467,18 Office of Juvenile Affairs 3,136,03 Residential Behavioral Management 3,136,03 Residential Behavioral Management 5,128,62 Total Office of Juvenile Affairs 8,264,66 Department of Mental Health 20,502,18 Inpatient Psychiatric Free-standing 13,058,38 Outpatient 28,049,54 Health Homes 3,393,09 Psychiatric Residential Treatment Facility 89,445,58 Rehabilitation Centers 252,606,62 Total Department of Mental Health 24,47,00 Early Intervention 4,371,33 Early Intervention 2,467,00 Early Intervention 4,371,33 Early Indervention 31,41 Family Planning Waiver 7,550,58 Maternity Clinic 31,41 Total Department of Health 17,914,33 County Health Departments 25,14 County Health Departments 25,14 County Health Departments 25,14 County Health Departments 7,59,55 State Department of Education 188,18 Medicare DRG Limit 79,291,67 Native American Tribal Agreements 1,944,66 Department of Corrections 1,849,11 JD McCarty 7,078,17 Total OSA Medicaid Programs 7,5102,144 OSA Non-Medicaid Programs 7,5102,144	· · · · · · · · · · · · · · · · · · ·		92 906 14
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JD McCarty 7,078,17 Total OSA Medicaid Programs \$ 1,340,521,24 OSA Non-Medicaid Programs \$ 75,102,14	<u> </u>		1,944,60
Total OSA Medicaid Programs \$ 1,340,521,24 OSA Non-Medicaid Programs \$ 75,102,14	•		
OSA Non-Medicaid Programs \$ 75,102,14	JD McCarty		7,078,17
	Total OSA Medicaid Programs	\$	1,340,521,24
Accounts Receivable from OSA \$ 17.845.48	OSA Non-Medicaid Programs	\$	75,102,14
	Accounts Receivable from OSA	\$	17,845,48

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

Quarter	Quarter	Quarter	Quarter	Е	FY 15 xpenditures
7/1/14 - 9/30/14	10/1/14 - 12/31/14	1/1/15 - 3/31/15	4/1/15 - 6/30/15		
92,872,986	92,764,153	78,587,045	83,225,354	\$	347,449,53
15,052,817	15,729,600	21,418,128	22,465,442	\$	74,665,98
6,919,304	7,316,146	5,914,677	6,265,547	\$	26,415,6
272,784	288,429	370,249	392,213	\$	1,323,6
115,117,891	116,098,329	106,290,098	112,348,555	\$	449,854,8
				\$	449,854,8
	7/1/14 - 9/30/14 92,872,986 15,052,817 6,919,304 272,784	7/1/14 - 9/30/14 10/1/14 - 12/31/14 92,872,986 92,764,153 15,052,817 15,729,600 6,919,304 7,316,146 272,784 288,429	7/1/14 - 9/30/14 10/1/14 - 12/31/14 1/1/15 - 3/31/15 92,872,986 92,764,153 78,587,045 15,052,817 15,729,600 21,418,128 6,919,304 7,316,146 5,914,677 272,784 288,429 370,249	7/1/14 - 9/30/14 10/1/14 - 12/31/14 1/1/15 - 3/31/15 4/1/15 - 6/30/15 92,872,986 92,764,153 78,587,045 83,225,354 15,052,817 15,729,600 21,418,128 22,465,442 6,919,304 7,316,146 5,914,677 6,265,547 272,784 288,429 370,249 392,213	7/1/14 - 9/30/14 10/1/14 - 12/31/14 1/1/15 - 3/31/15 4/1/15 - 6/30/15 92,872,986 92,764,153 78,587,045 83,225,354 \$ 15,052,817 15,729,600 21,418,128 22,465,442 \$ 6,919,304 7,316,146 5,914,677 6,265,547 \$ 272,784 288,429 370,249 392,213 \$

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	Т	FY 15 otal \$ YTD	5	FY 15 State \$ YTD	S	Total State \$ Cost
Program Costs						<u> </u>
Nursing Facility Rate Adjustment	\$ 2	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	\$ 2	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	\$ 2	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 transerred 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	F	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	2	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		Ex	FY 14 penditures	E	FY 15 xpenditures		Total \$ YTD
Program Costs:			•				
ū	Employer Sponsored Insu College Students All Kids Act	rance	e	\$	41,640,239 309,880 364,665	\$	41,640,239 111,495 364,665
Individual Plan							
	SoonerCare Choice Inpatient Hospital Outpatient Hospital BH - Inpatient Services-Di BH -Psychiatrist	RG		\$	141,522 3,600,491 3,857,339 261,320	\$	50,920 1,295,457 1,387,870 94,023
	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	er			180,721		65,023
	Prescription Drugs				9,371,181		3,371,751
	Miscellaneous Medical				-		-
	Premiums Collected				-		(456,609)
Total Individual P	Plan			\$	25,452,030	\$	8,701,031
	College Students-Servic		sts	\$ \$	307,395 195	\$ \$	110,601 70
				·		•	
Total OHCA Prog	ram Costs			\$	68,074,404	\$	50,928,101
Administrative Co	osts						
	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 Administrat	ive Costs	\$	252,625	\$	3,380,898	\$	3,633,523
Total Expenditure	es					\$	54,561,624
·		Δ.	7.044.085			Δ.	20.522.054
NET CASH BALA	NCE	\$	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

PENDITURES		FY 15 otal \$ YTD	S	FY 15 tate \$ 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 SHADE OF COSTS					¢ 2004.440

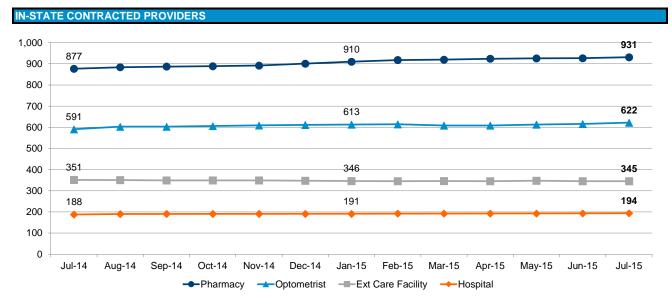
TOTAL STATE SHARE OF COSTS \$ 3,801,449

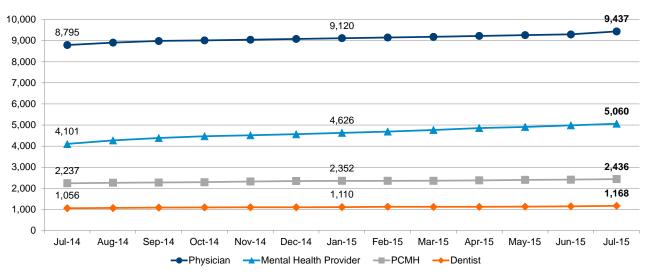
Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are transferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

OHCA Board Meeting September 10, 2015 (July 2015 Data)

SOONERCARE ENR	OLLMENT/EXPENDITU	IRES					
Deliver	y System	Enrollment July 2015	Children July 2015	Adults July 2015	Enrollment Change	Total Expenditures July 2015	PMPM July 2015
SoonerCare Choice Medical Home	Patient-Centered	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 Traditio	nal	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-Spo	onsored Insurance	13,165	319	12,846	-130	\$3,721,319	\$283
Individual Pla	n	4,162	171	3,991	-154	\$2,248,366	\$540
TOTAL		846,888	547,543	299,345	2,588	\$378,398,213	

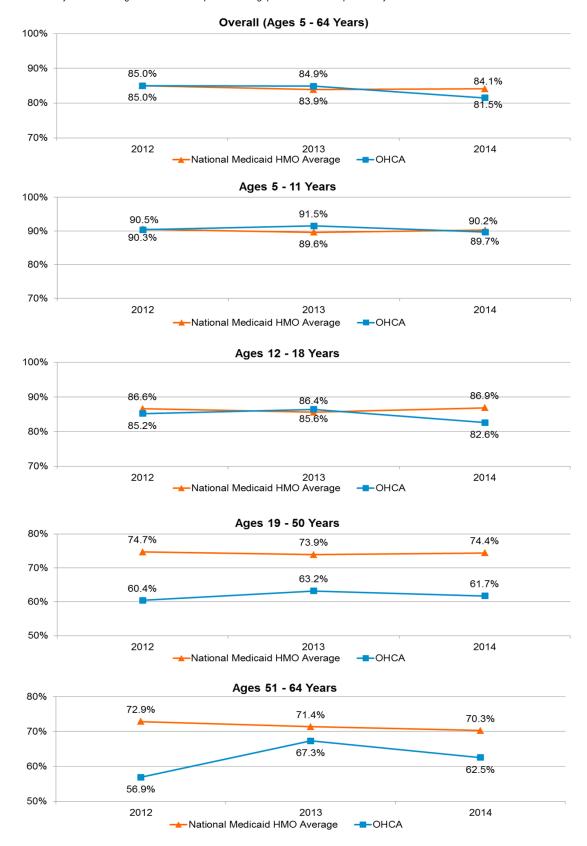
Enrollment totals include all members enrolled during the report month. Members may not have expenditure data. Children are members aged 0 - 20 or for Insure Oklahoma enrolled as Students or Dependents.





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. Members were continuously enrolled during the measurement period with a gap in enrollment of up to 45 days allowed.



Population Care Management August 2015

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



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	

	Coordinator	
elissa Szeto	Social Services Coordinator	
PAM JACKSON SUPERVISOR		
Cecelia Hendrix	Senior ENC – Long Term care	
tenee Davis	Senior ENC	
imberly Lawson	ENC	
aMora Johnson	ENC	
Carrie Croft	ENC	
Susie Miles	ENC	

ENC

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

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

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



Cherica Rosales

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	

Sooner Care 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.



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.



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.



INSURE OKLAHOMA: HELPING OKLAHOMANS STAY STRONG

Helping Oklahomans Stay Strong

https://www.youtube.com/watch?v=Ir1Ymp7YvwI

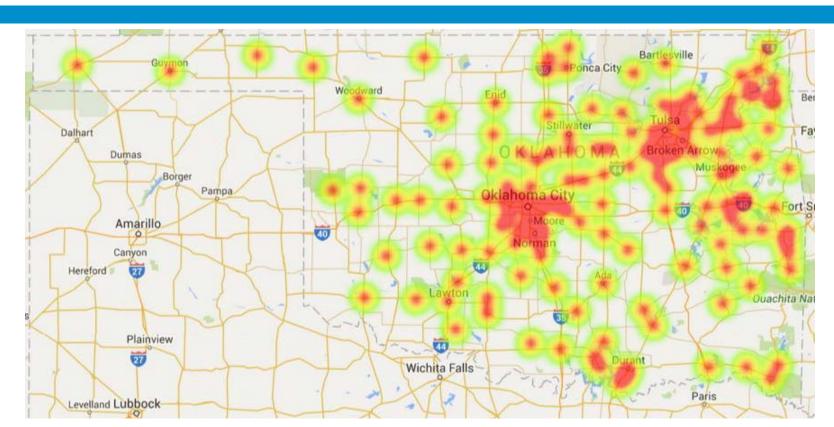


InsureOklahoma.org

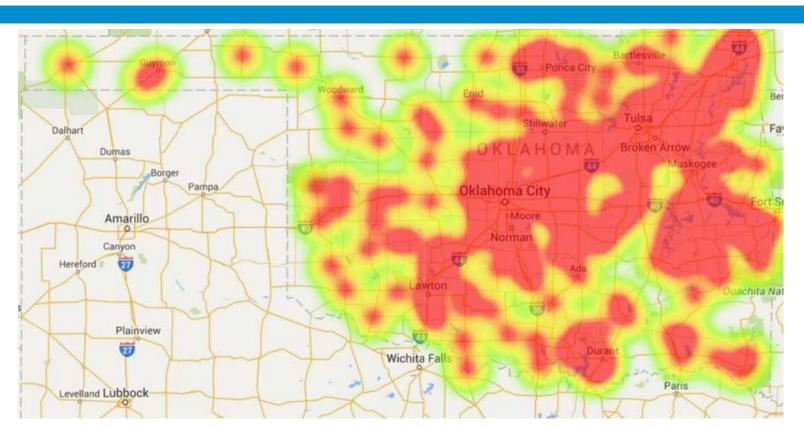
Other Mediums



Web Traffic by Location July 24-Sept. 1, 2014



Web Traffic by Location July 24-Sept. 1, 2015





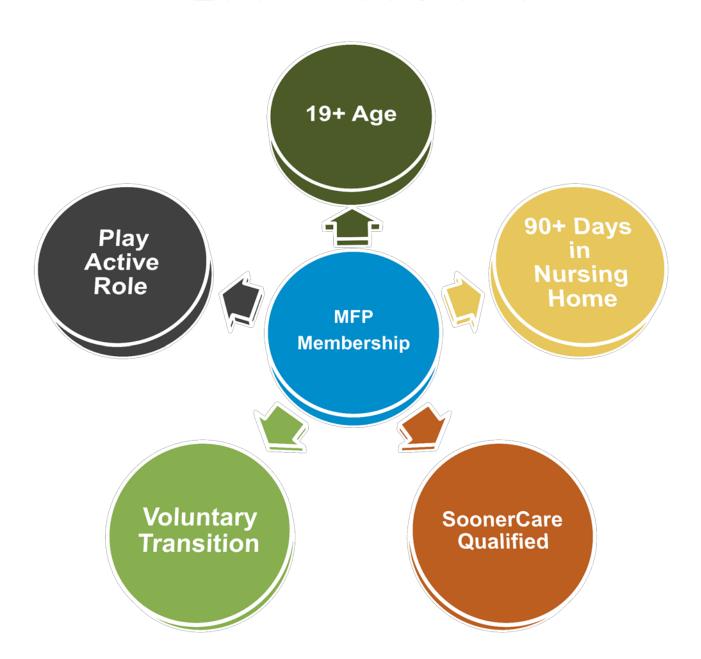
EXPIRATION OF INTERNAL WAIVERS

Tywanda Cox, 2015

History of Money Follows the Person (MFP) Program

- Oklahoma received the demonstration grant award in 2007.
- The state began transitioning members in 2009.
- The "Living Choice Project" is Oklahoma's project title for MFP.
- Living Choice provides Oklahomans more options to manage their health care needs in the comfort of their own home.
- To date, Oklahoma has transitioned over <u>500</u> members.

Qualifications



Services at a Glance

- Personal care
- Skilled nursing
- Case management
- Adult day services
- Transportation
- Home-delivered meals
- Limited dental services
- Counseling

- Self-Direction
- Transition funds
 available for housing
 needs (A one time
 allotment of up to
 \$2,400)

Demonstration Period

Members will spend <u>365</u> days in the demonstration project

On day <u>366</u>...

1915c home and community-based program

MFP Waivers After Demonstration

- My Life; My Choice (MLMC)
 - Members are physically disabled
- Sooner Seniors (SS)
 - Members are 65 or older
- Community Waiver
 - Members have intellectual disabilities

Two Internal OHCA Waivers

 To date, Sooner Seniors has transitioned 83 members from demonstration.

 To date, My Life; My Choice has transitioned 148 members from demonstration.

 Currently, a total of 112 members are living in the community.

Expiration of Waiver, cont.

 All members should be transitioned by October 1, 2015.

Waiver officially terminates December 1, 2015.

Expiration of Waiver

 OHCA made the decision to terminate waivers and transition existing members to the ADvantage waiver.

Transitions began July 28, 2015.

 To date, we have transitioned 64 from MLMC and 26 from SS.



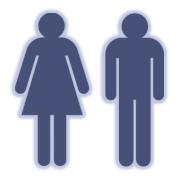
ABD CARE COORDINATION RFI PRESENTATION TO OHCA BOARD

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."

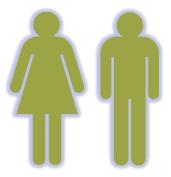
WHO ARE OUR ABD MEMBERS*?



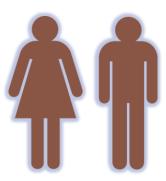
Medicare/Medicaid Dual Eligibles not receiving long term care



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



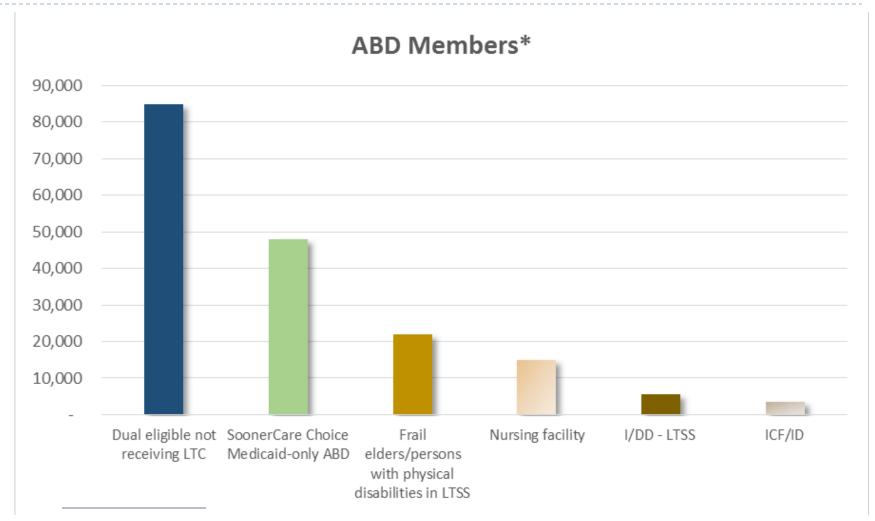
SoonerCare Choice "Medicaid-only"
ABD members



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

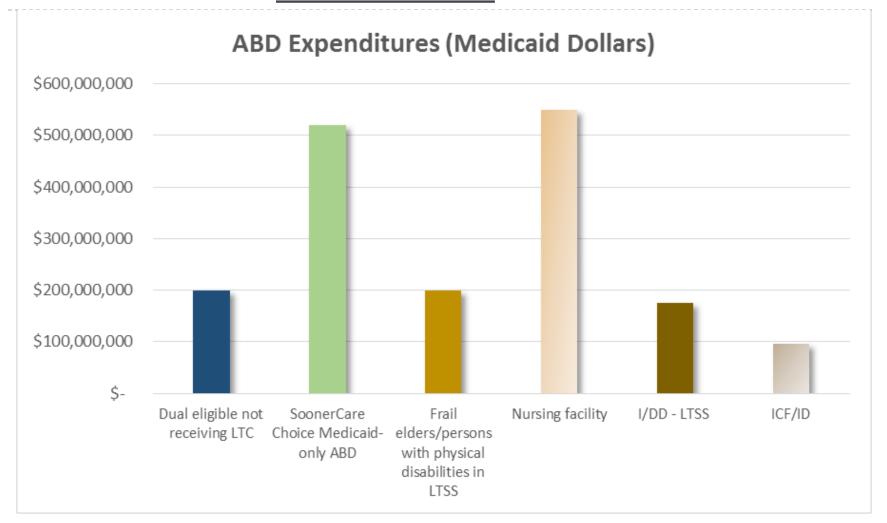
^{*}Persons with serious mental illness can be found in all categories

WHO ARE OUR ABD MEMBERS?



^{*}Persons with serious mental illness can be found in all categories

WHERE ARE MEDICAID DOLLARS SPENT?



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

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

RFI – WHO RESPONDED, BY MODEL?

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

RFI – ALL SECTIONS

- A. Recommended service delivery model (discussed)
- B. Populations to be served
- 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
- Market considerations
- K. Approach to integration with Medicare

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

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

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 <u>Medicaid</u> 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

RFI - COMMON THEMES - SAVINGS

Respondent	Populations	Average 5- year % Savings*	Year I 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	<\$I	\$2

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

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 nontraditional services, such as LTSS for frail elders, persons with physical disabilities and persons with I/DD

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

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

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