OKLAHOMA HEALTH CARE AUTHORITY
AGED, BLIND, AND DISABLED (ABD)
CARE COORDINATION STAKEHOLDER MEETING
IN OKLAHOMA CITY, OKLAHOMA

REPORTED BY: Abby Rhodes, CSR, RPR

BUFFY HEATER: Good afternoon. I think it's a few minutes after 2:00 so I'll go ahead and call us all to pay attention up here and get this meeting started. Thank you all very much for attending this afternoon. I hope you can hear me really well because it sounds like I'm really loud so I'll bring down the volume a little bit.

My name is Buffy Heater. I'm the chief strategy officer here at the Oklahoma Health Care Authority. Thank you all once again for joining us here for our November stakeholder meeting where we're talking about the ABD Care Coordination models that have -- I say recently, it's been in the last 90 days or so where we've named this effort Sooner Health Plus.

So as we go through the presentations today, you'll hear reference to Sooner Health Plus so just know that's the name of the program that we've been talking about.

I hope that each one of you had a chance to sign it at the tables outside this room. There were paper copies of the agenda as well as blue copies of a survey that I'll take this opportunity to make sure you all fill out those surveys and return them back to the individuals at the back of the room at the

conclusion of the meeting.

I'll make note here that one of the agenda items that you'll see on our agenda is a presentation of the independent evaluation of our efforts thus far to be presented by David Bernstein of Westat. Your responses on those surveys are part of what you're going to see today in the agenda so we thank you very much in advance, and for all of you that have taken the time in previous meetings to be able to fill out those surveys, we do appreciate it.

So we are in November. We're coming to a close on the RFP development. Many thanks to folks here at the Health Care Authority as well as our knowledgable consultants that have been advising us throughout the way, as well to you, our stakeholders, because largely we've gotten to this point from a variety of input and expertise from around the state and even around the nation and so we are anticipating that release of the RFP within this month. So you'll hear a little bit more on that later on, but I wanted to take that moment to say thank you all for your engaged participation in this process.

Before I turn it over to our first presenter that will be Andy Cohen with Pacific Health Policy Group, I would like to take care of a couple

housekeeping items. So I believe as we've done in usual form at previous meetings, we do have this meeting that is being produced via webinar and so we have an online chat function. To those folks that are listening and observing online, make sure you are entering in your questions to that -- to that box because when we get to the question and answer period, we'll make sure that we are answering and allowing you to engage with us just as folks are here that are actually in the room.

I will also say that for this meeting we will be taking questions after each presenter. So in meetings past, we've saved all the questions until the end. What we're going to do this time is after each presenter concludes to be able to answer any questions or hear any comments that you might have on that.

That will not supplant additional opportunity for questions and comments at the end of the meeting as we usually do, but just know that you're welcome to ask those questions at that time.

And I think the last thing that I'll mention is that our website that has been used throughout this process that comes through a link on the Health Care Authority home page, that's where you can find meeting materials for any presentations that you see during

this meeting, as well as agendas and written transcripts that will be available up to two weeks after this. After this meeting, you'll have the full dialogue of what goes on in this meeting.

So without further adieu, I believe I will turn it over to Mr. Andy Cohen.

ANDREW COHEN: Thank you, Buffy, and good afternoon everybody. I recognize a lot of folks here who have been coming to these meetings, and I appreciate your continued interest and attendance. And I'm the warmup act today so I'm going to, like a good warmup act, get up and down here pretty quickly before you start chanting the name of the main attraction, David.

So let's move right along if I can get -- there we go. All right. I usually begin my presentations just by reminding everybody, including myself, what brings us here, which is HB 1566, which was the bill that was passed on the previous session of the legislature directing OHCA, of course, to undertake this care coordination initiative.

And so for the last year plus, we've all been working together on the planning activities and I want to just add my thanks to Buffy's. Absolutely the input that we've received from people here in room and

other stakeholders around Oklahoma has informed and has helped to develop the structure for the program, the Sooner Health Plus program. And when the RFP with the mode of contract requirements comes out, I hope you see -- are able to see the important effect and impact that you've had on the design of the program because it has been significant.

And I probably did something wrong. Oh, okay. There we go.

All right. Back to the show. What I want to do today is just to take a few minutes to give you an update on the status of the RFP and then there are a couple of updates that I also want to provide you in terms of some other developments occurring in the state that we're working to address within the overall construct of the Sooner Health Plus program, and then we'll take a look at the timeline.

As Buffy indicated, we're looking for release of the RFP later this month, and I'll give you the actual day of the month on that slide since she saved that for me to reveal, but it's coming up very quickly.

We are finalizing the RFP which includes the model contract and the actual proposal submission requirements that any potential health plan bidders

would be responding to if they chose to.

At the same time that we're developing the RFP and the model contract, or finalizing it, the actuaries for OHCA who have been at some of the previous meetings, they're busy at work evaluating historical data on expenditures in the program in order to develop the capitation rates that would be paid to the health plans.

I think we mentioned at the last meeting that those rates are going to be set by OHCA and the actuaries rather than going through some sort of a competitive bidding process as some states do because we want our selection of contractors to be solely on their quality and on their ability to meet the standards that have been set for the program and to demonstrate that they can improve care coordination and the delivery of care for our members and do that in a way that also suggests we'll have a successful partnership with providers and case management agencies in the state. That's where we want all of your focus to be rather than looking to go to whoever comes to us with the lowest price.

At the last meeting, we took a look at -- oh, I should just mention, so the actuaries are also going to be developing a data book that will

support -- provide supporting information on the capitation rates and how those capitation rates were developed.

At the last meeting, we took a look at the enrollment phase and schedule for the program, and that is almost unchanged. There's one small addition that we have to that, and I'll show to that you on the next slide in a moment.

And then also at the last meeting, we talked about the fact that we were going to be establishing two geographic regions for the program in which potential bidders could submit proposals. And we said we'll have an east and a west, but we didn't know at that point where the boundary would be, and we have that boundary set now so I'll show that to you as well.

I did it again. There we go. Okay.

Enrollment phase, this looks very much like what we reviewed back in September at the last meeting. So just a reminder, in year one at the beginning of the program, we'll be bringing in SoonerCare Choice members. These are ABD members who are Medicare only, and we'll also be bringing in and enrolling the ABD full benefit Medicare/Medicaid dual eligible members.

So that excludes the folks that just have their cost sharing, their premiums paid for by Medicaid. It's the folks that actually get full services that will be coming at the same time.

And then the next two groups are actually a subset of those first two categories. I'm going to break them out because of their importance to us and to the program. And so at the beginning of the program, we will have the advantage and medically fragile waiver populations coming into the program, and then individuals with intellectual or developmental disabilities who may be on the waiver waiting list but are not receiving waiver services today so they're in SoonerCare and they're getting what we call state plan only benefits, the non-waiver benefits. Those individuals also will be enrolled at the beginning of the program.

Then at the beginning of year two, I/DD waiver members come into the program. And then last in year three, pursuant to the legislation, residents of long term care facilities, so that's nursing home residents and ICFID residents, come into the program.

And then you see the one small change we've made. We've also decided to delay the enrollment of children who are in DHS custody until year three.

This is a group that we want to be very careful and thoughtful about in terms of planning for their entry into the program. It's a relatively small number of children because we're talking about the ABD portion of children in DHS custody. I think it's a few hundred when we looked at the number. So it's not a lot of children, but we want to be very careful in terms of planning for that and so we've decided to make that a year three enrollment population as well.

I did it right the first time. Here we go.

So here are the regions: East and west, and it may be a little bit difficult to see exactly where the border is, but we'll have this PowerPoint out on the website after the meeting so you'll be able to take a look at it more closely. And we tried to draw the boundaries so that we have pretty much equal enrollment in each of the two regions, and so that's why you end up with more counties in the west region than in the east.

As is typically the case if you were going to have an east and west division, you've got Tulsa anchoring the east region and Oklahoma City anchoring the west region. As I say, this is -- this is typical when you put it in the hands of a consultant who's not from California, you have to be careful because in my

first iteration I had Tulsa in the west region and Oklahoma City in the east, but you can see it passed through the capable hands of the Health Care Authority and we took care of that.

All right. I'm going to shift gears for just a moment and I'm going to talk about the next couple of slides. Something that's taken place since we had our last meeting in September, and this is an initiative that the state had entered into that has some overlap with the Sooner Health Plus program and so it's something that we're planning for now as part of the development of the RFP and the model contract and I wanted to make you aware of it.

We've been in Oklahoma for some time in a program known as Comprehensive Primary Care, and there are primary care practices in the state that have been participating. I think pretty much in Tulsa region; right? For a number of years.

And the next generation of this program, which is a program coming out from CMS from the federal government, is Comprehensive Primary Care Plus, CPC Plus. And Oklahoma is one of the states that's been selected to participate now in CPC Plus.

And this initiative, sort of building on the Comprehensive Primary Care program, is really focused

on improving access, quality, cost effectiveness within the primary care practices or provider groups that elect to participate. And it's a partnership between the federal government, CMS, state Medicaid agency here, OHCA, of course, the participating primary care practices, and also commercial health plans who are known as payer partners in the vernacular for CPC Plus. All of these entities working together for the common goal of improving and enhancing the care management and care delivery for members/patients aligned with the participating practices.

And under the CPC Plus program, participant practices can elect to be in one of two tracts, and there are somewhat different requirements and expectations on the practices depending on which tract they elect to apply for.

The application process has actually already occurred and so practices in Oklahoma that were interested in being part of CPC Plus applied to the federal government, and later this month, CMS, they've already said Oklahoma is a participant. Now later this month, CMS will come out and say which practices within Oklahoma will be part of CPC Plus.

They've also said and we know that there's

going to be a second opportunity sometime in 2017 for additional practices in the participating states to apply and to join the initiative.

Whichever practice, whichever tract rather our practice is in, the CPC Plus program focuses on care management being performed for the patients that are part of that practice's panel. And because of that, and because we would expect that many of the practices that sign up for CPC Plus would also be in the networks of our Sooner Health Plus plans, that we have overlap and we have an intersection of goals and responsibilities between the two initiatives.

And that's why we've taken note of it as we've been developing and finalizing the RFP with this now having occurred to make certain that the two initiatives work together and that they compliment and actually support each other. And out of all of that, we got something that's better for both programs than if we only had one or the other.

The last bullet I have one here is just a note from a payment standpoint. The Medicare portion of CPC Plus has moneys going for care management activities as well as payments for providers for care that's rendered on a basis or through a methodology that's intended to be for performance or value based

rather than just paying claims to providers.

And I just included that part here as I mentioned because that reinforces why we want to make certain that we aren't duplicating and paying twice, for example, for care management. If it's being paid from one end by CMS, then we want to be certain that what we pay for through Sooner Health Plus for whatever isn't being covered through CMS.

There's just a lot to be careful about and to take note of as we -- as we work to bring up both programs. This is also -- by the way, I was going to say this was at about a 30,000-foot level that I'm giving you this overview, and that's probably about 10,000 feet below. I'm probably at about 40,000 feet.

But if you want to learn more about the program, it's something that's new to you as I'm talking about it today, at the bottom of this line you'll see there's a link to where -- to the page on the CMS website where there's lots of information about it, or you just go to Google and put in CPC Plus and that will take you to that page.

But as I say, we're going to be working to make sure that our model contract aligns with CPC Plus in terms of the care management requirements and how that's all going to work if you have a member who's in

Sooner Health Plus and whose doctor is a CPC Plus provider.

The last note I have here for you is that we also may as further a reinforcement and alignment be looking to require Sooner Health Plus contractors, that means the health plans, to apply to be these payer partners if they aren't already here in Oklahoma within CPC Plus so that, again, we have this alignment and this connection between the two programs further reinforced.

All right. While I'm talking about numbers, that's a good segue for me to -- to this slide, and this is not new information on this slide, but as it relates to provider network contracting for Sooner Health Plus, so now I'm back to our program. We've gotten some questions since the last meeting about network contracting, expectations, requirements, and so I just wanted to reinforce and go back over some information that we covered in the meeting in September.

And so beginning with the reminder that OHCA is not requiring the bidders, the health plan bidders, the respondents to the RFP, to submit complete, fully formed provider networks when their proposals come in. Instead, when health plans have been awarded

contracts, they'll then be a period between the contract award and when we conduct readiness review activities for those network development activities to be completed.

Now, for providers, case management agencies as well. Free to have discussions with plans at any time, free sign contracts with plans at any time, but what we wanted to emphasize is that providers, case management agencies, should not view the health plan proposal deadline, which I think is on the timetable I'll be showing you.

That's not a deadline for providers to contract with health plans. That's the important takeaway for this. So not to be concerned as you see the RFP come out if you're a provider or a case management agency and you haven't contracted yet with somebody. Maybe you're talking to them, maybe you want to wait and talk to whoever the awarded contractors are. Whatever you want to do, that's, you know, that's your business and -- but know that from our standpoint, we're not looking for the final network competition to be part of that RFP response and then the award itself.

All right. So I'm going to turn back now to the RFP itself and our tentative schedule. I think we

mentioned in September that we had provided the RFP and the model contract to our friends at CMS at the regional office in case they wanted to do an informal review before it was released. They've given us the go-ahead to proceed with finalizing and releasing the RFP, remembering that -- this is just a reminder for all of us -- that a contract of this nature, once it's actually been finalized, formalized, signed off with our awarded plans, then that does go through a formal checklist review process at CMS. So that would still happen at the end of the -- as we get toward the end of the procurement rollout.

So let me show you the schedule. And now that we've gone -- CMS has the go-ahead and we know what our release date is going to be, the schedule I think at this point should be firm. It's always subject to minor adjustments, but they really should be minor at this point.

So if you have November 30th in the pool as the release date, congratulations. That's when it will be out, public. I don't know if that -- the actual mechanics of that, if it goes out on the OHCA website on the procurement page.

All right. I'm sorry. Sorry about that.

Capitation rates I think we may have

mentioned back in September because the actuaries' work began after we had started all of the development of the RFP and model contract requirements going way back, a year or more or so when we began meeting with stakeholders here and around Oklahoma to learn what was important in terms of memorializing in those performance requirements. Because the actuaries came on board later, their work will be done a little bit later.

So the RFP will go out with all the technical requirements. The capitation rates will be published. Our target is Wednesday, January 18, and the data book will come out at the same time that I mentioned. We're planning on having a bidders conference at which the actuaries for OHCA, the Mercer folks that have been at some of the previous meetings, will interact with their counterparts from the health plans.

A more exciting meeting you could not ask for. I won't be here that day, but you can tell me all about it afterwards. It's a non -- it's a canvas opportunity, though I will miss it, I hope.

We're looking at February 28th as the due date for the proposals to come back, and then the dates get a little less specific. Contract award in

late spring, so we've got from February 28th to sometime in late spring to do our evaluation, make our selections, go through all the -- up the chain of command and then make the awards.

Then we move into a readiness review period, followed by the sign-off on the readiness of the contractors, which should allow us then to begin offering the plans to members to make their selection in January, giving members 90 days as we've talked about for a while now that we want to give members at the beginning of the program ample time to look at their options, to offer education to members about the differences between the new program and the old, and help them to make an informed choice and then begin services in April of next year -- of 2018, excuse me.

All right. So we're taking questions you said about the --

DANA NORTHRUP: Yes.

AUDIENCE MEMBER: In terms of the readiness -- of the member plan.

ANDREW COHEN: Selection?

AUDIENCE MEMBER: Yeah. And you talked about education. How do you see that? Have you guys gotten to the point of seeing how that's going to happen in terms of our members? Are you going to be

going around the state? Are there going to be seminars? How is that going to happen?

ANDREW COHEN: Well, one of the -- and I think those are ideas that have been talked about and make sense to me. But one of the important structural components that will be in place for members will be a formal enrollment counseling function. And so there will be an impartial, independent organization that will be responsible for providing information to members. And then, as I say, counseling them on their options and will have information, for example, on what providers are in what network.

So if I'm a member and I have a regular doctor or a case management agency and I want to know -- I want to keep them and I want to know which plans those providers are in the network of, that information will be available to them.

So that will -- that will be a cornerstone of the education process, and then we'll have other ways that we'll want to make sure we get the word out and help people to understand what's going to be a significant change.

AUDIENCE MEMBER: Mike Hossa, Blue Cross Blue Shield of Oklahoma. A question around are you still -- is the plan still to have an in-person

presentation event from the bidders? Timelines?

ANDREW COHEN: To have orals from the bidders?

AUDIENCE MEMBER: Yes.

ANDREW COHEN: That will be described in the RFP when it comes out in terms of what our plans are for that.

AUDIENCE MEMBER: Julie Faulhaber, Blue Cross Blue Shield. I have a question about whether there'll be a bidder's conference in addition to the actuarial one to talk about questions and answers perhaps in regards to the actual RFP document.

ANDREW COHEN: There'll be a Q and A process for the RFP. We're not right now contemplating having an in-person bidder's conference. To be honest with you, because of the rules that always attend to procurements of this sort, you end up in my experience anyway with an artificial structure where, you know, you can't answer questions formally if they come from the audience because it has to be the official written answer.

And to me, doing it through the rounds of Q and A, having multiple rounds of Q and A in writing is a sure way to have questions submitted and to get answers back to everybody at the same time that are

official formal answers when they go out. So that's -- that's how we plan to approach that.

The actuaries, it's a little bit different because they get in the room and it's very technical and sometimes that's a lot easier to parse through the information in person and through multiple Q and A rounds.

DANA NORTHRUP: Just want to put out a reminder to talk into the microphone and please state your name when you're asking questions so people who are listening to our webinar can hear you.

ANDREW COHEN: Somebody up here.

AUDIENCE MEMBER: Jonie Breece with Oklahoma Family Network, and my question is do you feel like you were able to get adequate input from individuals and their families who have a diagnosis of intellectual disability or a behavioral health condition? I've heard that a number of the focus groups or maybe at least one of them was primarily individuals with elderly family members.

And do you have kind of an idea of numbers of people that you're able to get input from?

ANDREW COHEN: Well, we tried to meet with family members and actual SoonerCare members from all the different groups that are going to be involved in

the program, including any that have a meeting specifically with representatives of -- and actual members with intellectual developmental disabilities and their families here at OHCA.

But we tried to, you know, have those meetings where we could. So I feel as if we did hear from folks who have had -- who were active in terms of representing, you know, the I/DD community, the interest and the concerns of the community, and I think that has been reflected or you will see it reflected in -- both in the requirements that we have captured in the model contract, but also when you take a look at the RFP portion of the document when it comes out.

That's the part where we tried to really test the expertise and the commitment and the quality of who might be our potential partners. We have tried to address all different populations, including the I/DD population very specifically, and to really, really test, let's say the knowledge and the ability of potential vendors to meet our expectations.

So, you know, I'll wait for your judgment on that, but I hope that we've done credit to the program and to those families and to those members, both I/DD and other groups as part of the process and how it's

played out into the document. And if we haven't, I expect we'll hear that too.

AUDIENCE MEMBER: Shawn Kendall. Do you have an idea of the composition of the committee that's going to review the RFPs?

ANDREW COHEN: I'm not going to answer that. No comment. Whatever we can say -- that was a little bit of a wise guy answer. Whatever we can say about the evaluation you'll find in the RFP itself. So I didn't want to try and extemporize on that.

AUDIENCE MEMBER: Sarah Baker with Oklahoma Speech and Hearing Association. And this is just a question for clarification, so excuse my ignorance on this, but the population that is included under that SoonerCare choice, are we talking about children with TEFRA? Would they be included in that?

ANDREW COHEN: TEFRA children will be included in the program in year one.

AUDIENCE MEMBER: And then if they have a primary insurance and TEFRA as secondary, are they still included?

ANDREW COHEN: Mmm-hmm.

AUDIENCE MEMBER: Okay. Just wanted to make sure.

ANDREW COHEN: Yes. And that's a few

hundred children I think also. Six hundred. Thank you. And that was actually a good question because they are a separate group and so they weren't actually per se on the -- on that phase, and so that was a good question. Thank you.

AUDIENCE MEMBER: Hi, my name is Mary. I'm from AmeriHealth Caritas and I just wanted to know --

ANDREW COHEN: No comment. No, go ahead. Go ahead.

AUDIENCE MEMBER: I know that you have delineated the east and west regions. I seem to remember that we were going to get a little clearer number count within the different populations that would also fall in those regions.

Could you give a little more information?

ANDREW COHEN: Well, overall, as we were growing the boundaries, we tried to get as close as we could to an equal number in each region, and I think we got really, really close. So they're almost exactly equal numbers. The -- I think you can extrapolate from that that when you look at the different segments within the overall Sooner Health Plus population, they're going to break out about equally as well.

So when the RFP comes out, we'll have some

numbers in there as to the total counts, and you can sort of divide them into the regions. We'll have more detailed information that will be provided as we go forward, including in the data book from the actuaries.

There's a lot of information today just out on the -- if you haven't been out to the OHCA website, I expect many of the people here in the room have been, but there's quite a bit of information on enrollment in the program sliced and diced different ways. The website was significantly enhanced some months ago to make it easier to go in and do your own sort of searches based on criteria that you set.

And if you haven't been out there lately, I recommend going back if you're interested in looking on your own in the meantime as to some of these enrollment counts by different population types and geographic areas.

ANDREW COHEN: The web address is at the bottom of the agenda if you didn't hear Buffy.

AUDIENCE MEMBER: Sorry, I have one more question.

ANDREW COHEN: Uh-huh.

AUDIENCE MEMBER: Have you given any thought to how many contractors or health plans or entities

will be awarded in each region?

ANDREW COHEN: The RFP will address that.

AUDIENCE MEMBER: Okay.

ANDREW COHEN: So I guess that's yes.

AUDIENCE MEMBER: Hi, I'm Gail Bieber with LCSW Senior Services. This really doesn't have to do with the RFP; it has to do the eligibility portion of things. And what we're finding from the advantage perspective is that things are taking much longer. We certainly understand why with cuts.

Do you anticipate that being -- the eligibility process being impacted, being shortened because of the new R -- of the RFP and the things that will be happening now?

ANDREW COHEN: I understand that concern. I think it's something that we heard as we were going around the state and holding stakeholder meetings last year. That's something that came up quite often. And I think folks who may have in some of our earlier meetings where I sort of walked us through as we talked about stakeholder findings from a stakeholder perspective what was seen as the different steps in the care coordination or care management cycle that that's where folks identify the cycle as beginning.

First, you've got to be found eligible for

the program advantage or what have you, and then you can actually begin the care management piece. But it sits outside of the scope of what this program is, so I appreciate your comment. As I say, it's right in line with what we have heard elsewhere, but this sort of picks up at that next step on the cycle.

AUDIENCE MEMBER: I just wanted to say it again.

ANDREW COHEN: Sure. I understand. All right. Thank you. One more question and then I'll introduce the main act.

AUDIENCE MEMBER: Ruth. Will those persons be taken into account that now receive their service in Fort Smith and Garden City and those areas? How will that be accounted for with the contracts going out?

ANDREW COHEN: That's a good question. So if we have folks that live in the border area of the state, and as a result of that some of their care or maybe all of their care is being provided by providers on the other side of the border in another state, that's part of what we'll look at when we examine the networks as the networks are fully developed, but our expectation would be that health plans would themselves be looking to contract with providers and

would have that opportunity even when they're on the border.

If they're SoonerCare, Medicaid, Oklahoma Medicare participating providers then they'll be available to sign up to be in the networks of these plans. And for those of us who remember back to the SoonerCare Plus program, that was a feature of the program then too is that we have border providers that were in the networks and plans.

All right. Well, thank you very much. I appreciate the questions and so I will go ahead and then introduce our main act, David Bernstein from Westat. And here's David.

DAVID BERNSTEIN: Is there a quicker way get where I'm going? That will do it. Thank you very much.

Hi, everybody. Good afternoon. How is everybody? As an evaluator, I have to tell you I'm not usually introduced as the main act. We're usually the afterthought act. That's the one that plays when the roadies are taking down all the equipment.

In this case I am David Bernstein and I'm the project director for the evaluation of the Aged, Blind, and Disabled Care Coordination project, a/k/a Sooner Health Plus. The Sooner Health Plus name

didn't come about until year two and I'm here to present about the year one. And so just to clarify, year one is July 2015 through June 2016. The name came about in July, so you'll forgive me if I keep calling it ABD Care Coordination because that's what it was during year one.

And I want to talk a little bit about the evaluation objectives because we too had to respond to a competitive process in order to win the right to conduct the evaluation. And so the objectives of the evaluation were to independently and objectively document, evaluate OHCA's planning and project management efforts for ABD Care Coordination, provide a written report regarding the evaluation of OHCA's project management efforts, and attend monthly stakeholders meetings and monitor stakeholder engagement.

One thing I want to make sure is the written evaluation is not yet available. That's something we recommended to OHCA. We said let's see what kind of questions we get from people in the audience and then be able, to the extent we have data to address the questions, be able to make hopefully small modifications if any are needed.

I trust there will be adequate notice on the

website and you'll receive a notice when the website is changed to reflect that the evaluation is available. The other thing we want to do is given the population of concern here, we want to make sure that the evaluation is viewable by people with disabilities and vision impairment so we'll be making sure it's 508 compliant consistent with federal guidelines and requirements.

When an evaluation is being conducted, what we typically do is we address questions, and we do so in an objective, verifiable way using evidence and we try our best to understand our own biases and not let those interfere with what we're presenting and to make sure if we make a statement we can back it up with evidence, whether that evidence is quantitative or qualitative.

So of the 635 individuals on the OHCA -- well, let me state the question for those of you that are on the -- listening in. How does OHCA's approach ensure representation of the ABD population and caregivers in decision making processes?

So of the 635 individuals on the OHCA stakeholder list as of November 2015, about 16 percent self-identified as either ABD SoonerCare members, family members, caregivers, or advocates. There were

quite a few other groups, and we're going to be talking about that in a little bit.

So the main focus of our quantitative data has to do with the October and November stakeholder meetings. We will be talking about the number of stakeholder meetings that were canceled for various good reasons, and we didn't really get a chance to develop the survey that we asked you to complete until the October stakeholder meeting in October 2015.

OHCA in our opinion based on the evidence that we collected both from stakeholder meetings, from interviews and discussions with stakeholders, is that OHCA seems to be clearly committed to stakeholder involvement and transparency.

We even heard one comment that you will see reflected in the written evaluation that said they had never seen a state process that was as transparent as this one. That's one person's opinion but it's pretty indicative of what we heard. And we also felt based on stakeholder input that OHCA took family member views into account.

Question two has to do with how OHCA's approach to ABD Care Coordination integrates stakeholder perspectives in planning and development. If you're sitting here in this meeting, you know one

way in which OHCA has made sure that their approach takes into account stakeholder perspectives.

Question two really does address how those things are integrated, and the slide includes a summary of activities. There's a website and e-mail updates. There were group meetings in October 2015. There were six regional meetings. There were five stakeholder meetings. And there was stakeholder input through written responses.

And in addition, Westat made our e-mail address evaluation@weststat.com available if anybody wanted to contact us confidentially. We will tell you we have not heard from anybody, and that's okay with us. That means that the process is being documented. But we are available and I believe the address is also on the survey that you were given that we ask you to complete at every meeting.

So one of the questions about stakeholder involvement is who's been attending the meetings. Now, this is a fairly small sample. You may think, well, you only looked at two stakeholder meetings, but if you look at the totality of your one, there were actually four stakeholder meetings and we only selected surveys at two of them because two of them happened really pretty much right when our contract

was being awarded and we didn't have the survey ready to go until October.

But one indication of stakeholder involvement is attendance at these two meetings, and you can see how that's represented. The health plans and administrative services organization were quite present at those meetings. OHCA staff as you might imagine were quite present at those meetings. The infamous "other" category -- and what we mean by "other" or "all other," I'll get to "all other" in a minute, but by "others" we meant academics media were very well represented. It has to do with where people self-reported their affiliation. And that's what they said.

And then the "all other" category looks like the largest category, but it's small numbers of people from six different groups, hospitals, long term services and supports, mental behavioral health, pharmacies, and transportation. That's who has been completing the surveys that you're about to see reflected in the next couple of slides.

We ask the question in the survey every month does OHCA value stakeholder input. And as you can see from the chart if you look at the sort of middle two bars, the blue bar being the October

meeting, the green bar being the November meeting, you can see very clearly that the overwhelming percentage of people believe that OHCA values stakeholder input. Nearly 90 percent of respondents at the October 2015 meeting and over 80 percent of the respondents at the November meeting felt that OHCA values stakeholder input.

You'll notice very small numbers of people said that OHCA does not value input. And there were some no answers. So in the interest of getting to 100 percent, we wanted to have all three categories presented.

Next question has to do with OHCA and transparency. And once again, over 80 percent of stakeholders felt that OHCA is open and transparent as it developed the ABD Care Coordination process. Over 70 percent shared this opinion at the November meeting.

And you'll notice on a couple of the slides that the results from the November meeting are a little bit slower, just slightly. Just to give you a sense of what that means, if five or six people change their mind, that resulted in a lower percentage. The lower percentage from the November meeting is consistent and it would be speculation for me to say

why that might have been that small little imperceptible shift, except of course OHCA and Andy announced the model at the November meeting.

So it could be speculated that if people didn't like what they were hearing about the model, they might have said -- had a more negative perception of OHCA's role and involvement. But overwhelmingly people were still quite positive about OHCA and their transparency. Other stakeholder feedback responses showed consistent results regarding OHCA openness and their value for stakeholder feedback.

By the way, those are a couple of representative questions you may wonder because we asked so many questions in our stakeholder feedback form. What we did was some analysis to show that there was a lot of overlap between a lot of those questions, and one of the things that we don't like to do is to burden you all with too many questions that are asking pretty much the same thing.

So you might have noticed that you only got one sheet of paper for the feedback for this meeting. We've trimmed back the questions and we don't think that we're going to be missing anything methodologically because of it because of the amount of overlap. We simply have some very, very precise

questions, and in some cases asked the same question two different ways so we had a way of verifying it.

We've cut back the number of questions because we just don't want to take that much of your time. So we do appreciate your filling out those forms. And just as an FYI, the lowest number for response rate that we had was about 75 percent of the people at every meeting. We make no suggestions that the surveys are representative of all stakeholders, just that they seem to be pretty representative of the stakeholders that regularly attend stakeholder meetings.

So question three has to do with how OHCA ensured that the care coordination model features align with CMS guidelines for care coordination services. The regulatory environment, it's sort of a fancy term, it just means this is a heavily regulated area. And given the need for compliance with federal and state laws and regulations, we would expect to see those factors taken into account quite a bit as ABD Care is being developed.

Throughout the process, we heard numerous references to new pending centers for Medicare and Medicaid services or CMS guidelines, regulations, and existing waiver programs. There seemed to be a lot of

attention to that as the RFP was being developed. CMS, as you heard, has been kept informed and CMS managed care regulations were incorporated into the RFP development.

Question four has to do with environmental factors, and we're not talking about the weather here. We're really -- or, you know, the environment or earthquakes or anything like that. What we're really talking about is what is the context within which ABD Care Coordination's been developed.

And in answer to that, the legislation was considered at the legislative committee level and so there was a bill introduced that would suggest that HB 1566 be suspended. That did not get out of committee, based on what we know.

There were fiscal and budget uncertainties that led to a hiatus in the ABD Care Coordination project while the state legislative deliberated the 2017 budget. We thought if that happened we evaluators would be able to catch up a little bit, but we were told that the hiatus meant we couldn't do our work either. So the hiatus really was that. There was no work done on the project during that time.

Another factor in the timetable for development was the actuarial contract. It took a

little bit longer to put the pieces in place for that. But since it's necessary for the bidding process, it was felt important to take that into account. We believe that OHCA demonstrated flexibility in transparency in dealing with all of these issues. We have attended all of the stakeholder meetings, whether we were collecting surveys or not. We attended a lot of the regional meetings. And you'll see summaries when the report comes out in an appendix way in the back of some of those meetings.

Finally, we believe OHCA complied with the language of HB 1566. And, in fact, when we started to stray from that language a little bit in addressing some of the issues of the evaluation, we were brought back to earth and reminded take a look at HB 1566 and exactly what it says because that's what we're implementing.

Evaluation question five has to do with what strategies were developed to address anticipated or actual impediments or barriers. I'm going the channel Andy a little bit. You're going to hear a lot of "You'll know when the RFP comes out. You'll know when the RFP comes out." We were privy to some conversations during the RFP development, but we were very careful not to include any discussion of that

just in case the evaluation came out before the RFP was released.

So as I discussed under question four, there were a lot of conditions that could have affected how the RFP was developed, and we consider those more speed bumps than impediments in the RFP development process. From discussions with OHCA staff and PHPG, it became apparent to us that the RFP takes into account a lot of potential impediment and barriers. So when you see the RFP, you'll almost be able to flag some of those issues because we know from discussions we heard that some of those potential barriers were anticipated in developing the RFP.

But since the RFP hasn't been released, we are not at liberty to discuss those. And the year two evaluation, which will cover July 2016 to June 2017, will indeed include quite a bit of information about the RFP development process.

Question six has to do with how did OHCA's approach to redesign anticipate or address current local and state health system infrastructure capabilities. "Infrastructure" not meaning just physical infrastructure but the way in which services are currently provided.

OHCA and other state agency staff noted that

it's a pretty complex environment that's coming into this redesign. There are multiple agencies, there are multiple programs, multiple funding streams, and multiple existing waivers under which the ABD population are served. These all add to the complexity of developing the RFP.

Staff from other state departments noted that collaboration has worked better in recent years and it seems to be an emphasis in developing ABD Care Coordination. Meetings are happening behind the scenes is basically what that says.

Implementation of plans will likely provide many more examples of how the redesign of services address local and state health system infrastructure and capabilities. That's another one of those wait until you see the RFP. You'll have a better idea.

We were asked to comment on implementation feasibility. Now, implementation feasibility, if you'll look at the language of HB 1566 is the infamous yes/no question that we evaluators hate because nothing is ever black or white; everything is in shades of gray.

Did an RFP get developed? Well, too soon to say. We see lots of evidence that it was worked on. We see a timetable schedule for release. We do

believe that there will be an RFP issued which tells us that developing an RFP is feasible. That doesn't answer the question as to whether Sooner Health Plus itself will be feasible or not, and that question can't be answered until the RFP has been released and until the responses to the RFP are analyzed, until contracts are awarded, until members are enrolled. You get my drift. This is a multi-year question. But because it's a multi-year evaluation, we're asking the question as we go along.

And we refer to this as the both/and question. Now, for those of you familiar with surveys, we're not asking was it -- was it good and useful and we don't know which you're responding to. This is a package deal.

We've been asking people and clarifying every time we ask the question is it possible that this program could be implemented in a way that is both cost effective and improves quality, because both of those are outcomes that OHCA has said they would like to accomplish as a result of the RFP development.

So we've been asking you all the questions at the stakeholder meetings. We've been asking them of OHCA staff. We've been asking them at meetings with other state departments. We've been asking them

of stakeholders when we had a chance to talk to them one on one.

So question seven generally concerned project milestones and feasibility. Here I'm just focusing on feasibility. Now, what you'll notice on this slide, we didn't go all the way up to 100 percent for scale, but you'll see that a little bit over 60 percent at the October meeting thought both improving quality and cost effectiveness would be possible. You'll see the number was down to about a little over 50 percent at the November meeting.

Again, if you remember, the model came out. People might not have felt as positive that it could be both cost effective and improved quality at that point. We are continuing to ask the question. You'll see that it's continuing to be addressed.

We are talking about perceptions of feasibility. Nobody really knows for sure, and we evaluators are horrible at predicting the future so we try not to do it. It's kind of against our code of ethics. We look a lot at the past where we have data that we can hang our hat on.

And we do want to inform OHCA so they understand the context that stakeholders have for how they feel about whether it's possible that this will

work or won't. It's really a barometer issue and their sensitivity to it shows the importance of stakeholder opinions in our opinion.

So even though the numbers are lower for this question of what you might call the positive responses, there's still a majority of people that believe that -- at least as of November 2015 believe that implementation was feasible and we are going to continue to measure this and note changes over time, part of which means that we need to understand the context within which we're asking the question.

Finally, what strategies did OHCA use to address interoperability. This is sort of a fancy term that talks about systems talking and working together with one another. And we were asked to address interoperability as well as the issue of competition and duplication.

Competition is supposed to help with cost effectiveness. Duplication, where it exists, is supposed to go against cost effectiveness. So we've been asked to address these. Again, a little premature since the RFP hasn't come out. We haven't made any awards yet.

But so as we've said with other questions, it's a little premature to draw a conclusion. We're

keeping an eye on it and we will continue to keep an eye on it.

Question nine has to do with the extent to which OHCA used ABD Care Coordination models in other states in designing the Care Coordination model. Why is this important? Well, it makes the process more efficient, number one. Number two: Other states have to go through the same process that Oklahoma's going through in CMS review, so it tells the folks here in Oklahoma a little bit more about the context and how their work will be received. And as you saw, CMS has, in fact, seen a copy and said, you know, go ahead and take the next step.

We felt that PHPG's familiarity with models used in other states contributed to the RFP development. I just want to make clear we were not asked to evaluate PHPG and their performance, but they're an integral part of the development in the process. So where we noted what PHP was -- PHPG was doing, that's what we did.

But what we were asked to comment on was the extent to which OHCA has been effective in their management of the project. The fact that they even hired an expert to help them develop the RFP says an awful lot about that process.

Other states were consulted about what worked for them and how the challenges were addressed, and other state practices were taken into account as models during the RFP development.

So what's an evaluation without conclusions? It is our conclusion that the ABD Care Coordination project is multi-year, so conclusions about the feasibility of implementation are premature and we will continue to assess feasibility throughout the project. OHCA continued to develop the ABD Care Coordination RFP in keeping with HB 1566 except during the project hiatus period where everybody got the word you shall stop.

Evaluation and its content will evolve as the ABD Care Coordination project develops. We're doing what's known as a process evaluation. We're looking at the process that they're using to implement the project. And as a result, as stages in the process change, so will the content of what we're focused on in the evaluation. What won't change is those evaluation questions. We're going to continue to be monitoring those over time.

Finally, Westat benefited from frequent communication, and we appreciate the cooperation we had in addressing the evaluation questions. Finally,

I'd like to talk a little bit about our appreciation for the staff subcontractors and those who contributed to the evaluation, particularly Rebecca, my colleague, who is here with me from Westat, and our colleagues at Paradox Consulting who help every month where there is a stakeholder meeting with collecting the surveys, getting the numbers together, and helping us analyze that data. They're from right here in Fairfax, Oklahoma, and we appreciate their contributions.

We also appreciate the contributions of OHCA, PHPG, and other state agencies, and especially you stakeholders. Thank you for continuing to fill out those surveys.

So with that, I'm going to stop and ask if there are any questions.

AUDIENCE MEMBER: Hi, Debby Brutsman with Aetna. What specific dates were consulted? Did you provide that?

DAVID BERNSTEIN: Could you say it one more time?

AUDIENCE MEMBER: Which specific states were consulted with looking at their models?

DAVID BERNSTEIN: You know, I suspect Andy would be a lot better to answer that question, because off the top of my head, I don't recall. I know we

were given the names of the states. I suspect we included them in detail in the evaluation.

Andy, do you want to take a mic and address that?

ANDREW COHEN: I'm trying to remember if we may have posted something on the website that showed other state materials that we looked at. That's a little bit separate from who got on the phone and talked to about it. I'm seeing a head shaking yes. So you can look there to see sort of who we -- whose program requirements we used as references for potential best practices.

But then OHCA folks, I think with us hanging on the line, but Buffy and Dana and folks also reached out to their counterparts in number of states and had calls -- there was a range partly through the long term care folks in D.C. and, gosh, I think Tennessee was one of them, and Texas, thank you, Kansas, and there may have been some others.

I would say overall, we probably dipped into and either talked to, looked at their program design results, outcomes, lessens learned, best practices, or both from pretty much every state in the country that has implemented a program for their ABD members where they've elected to enroll them in some

sort of managed care. I think we pretty well covered the map to some extent or another.

DAVID BERNSTEIN: Other questions?

AUDIENCE MEMBER: Mike Hossa with Blue Cross Blue Shield of Oklahoma. Again, this is addressed more towards OHCA consulting group. On the timeline and thinking back on the readiness period, is there going to be more clarity on, like, the readiness timeline within the RFP? The reason I ask is just a lot of it seems staged shortly thereafter the awards are being made instead of closer to the go-live date.

ANDREW COHEN: There will be a bit more information on the readiness reviews in the RFP. Of course -- there will be a bit more information in the RFP about the entire process as it unfolds, including the readiness reviews.

And I would also direct -- I think you're probably aware of this, but just for everyone in the audience, the composition of readiness reviews is something that CMS, the federal government, has taken a greater hand in. And we've talked in some of these meetings, it was on one of David's slides that CMS -- I think it was on one of your slides, they've stepped up with regulations of late and we've talked about the so-called final rule that was released in the spring

of 2016 where for these types of programs, CMS has laid down some minimum requirements. I hesitate on the word "minimum" because in many cases they're pretty stringent.

And as a part of that, they also laid out their expectations for what must covered in readiness reviews. It's not all that -- I mean, you could go beyond that, but there's a pretty full schedule of content for readiness reviews.

So anybody who's interested in learning a bit more about what might transpire in a readiness review, I invite you to go take a look at what CMS has pointed out. That's a pretty good road map to the kind of topics that will be addressed in the readiness review itself.

AUDIENCE MEMBER: I'm Daniel Sorrels with Molina Health Care. Andy, do you anticipate that -- any of the plans the bid will be required to disclose opportunities in other -- other programs where they have been successful or had to leave the program before the end of the contract term? Will that be part of the bid process to talk about that?

ANDREW COHEN: I think I'll defer answering those kind of questions, Daniel, here today. The RFP will be out on November 30th and all questions will be

answered.

DANA NORTHRUP: All right. Good afternoon. My name is Dana Northrup. I'm the project manager on the Sooner Health -- Sooner Health Plus project and I have just a little bit of information for you.

As Andy has said, the RFP is scheduled for release on November 30th. When the RFP is released, it will be posted on the following sites: The Oklahoma Health Care Authority public website for the open RFP posting, as well as the State of Oklahoma Office of Management and Enterprise Services Central Purchasing site for the RFP posting. Additionally, we will have a link put up on the Sooner Health Plus web page. So if you're signed up for web alerts or the stakeholder list for Sooner Health Plus, you will receive a notification when that is -- that link is posted on our web page.

I do want to note we will not be able to put our link up until after they have posted it on the official sites. So if you don't get that alert until the 1st or the 2nd or a couple of days after, don't panic. Or you can go out and check the official sites ahead of time. From that point, all allowable information will be posted either on the Sooner Health Plus website, web page, or with the official RFP

postings.

And I've been asked to remind everyone that there is to be no communication between potential bidders and any employee of the Oklahoma Health Care Authority during the RFP process. If you have any questions or concerns regarding the RFP and after the RFP release, they must submitted to the contract coordinator and addressed during the question and answer period to be scheduled.

And that's just giving you a heads up of where to look for the RFP when it is released. Are there any questions? Okay. Now I think we want to just open it up. If you've got any questions about any part of the Sooner Health Plus program, RFP, any comments, it's kind of open forum right now.

No questions? Okay. Well, if no -- there. I took that off so you can't ask questions today. It's not a trick.

LEWIS ROBISON: We have a webinar question. What is the expected release date for the data book and capitation rate development?

ANDREW COHEN: The expected release date for the capitation rate is January 18th, which is a Wednesday, and the data book would come out at the same time. And that will be for the folks that are on

the webinar or by phone, I suppose, the PowerPoint has the -- has the full timeline that I talked us through on one of the PowerPoint slides.

DANA NORTHRUP: And we'll be posting the PowerPoint from today's meeting out on the Sooner Health Plus website within the next couple of days.

AUDIENCE MEMBER: Just being curious. This is Gail Bieber, LCSW Services. Why did you cancel the December meeting?

DANA NORTHRUP: Once the RFP is released -- right. Everything has to go through the contract coordinator and through the RFP process from that point.

AUDIENCE MEMBER: Thank you.

DANA NORTHRUP: Any other questions?

LEWIS ROBISON: From the webinar again: How will the contractors know which providers are a part of the CPC Plus? Also, which members are going to practice that are CPC Plus?

ANDREW COHEN: Oh, no. I'm the CPC Plus guy here. That's -- boy, are we in trouble. When CMS -- do you know the answer to that first question, the first part?

BUFFY HEATER: So as Andy mentioned, there were two rounds, I believe, or there has already been

one round of applications that came through on CPC Plus. Let me see if I've got any program stuff.

So there was one round of CPC Plus applications. I think CMS has indicated that they are going to announce those practices sometime this month. So we're really waiting on CMS to be able to announce who was selected for that first round of participation.

Now, the second round, remember that Andy had mentioned that the feds were releasing a round one I believe in January, and so it would be sometime after CMS's review that that next round of practices would potentially be -- be released.

And so at this point, we're really -- we're waiting on CMS to be able to make those announcements. And to the extent those are publicly available -- and I do not know if CMS themselves make those practices publicly available, but to the extent they are, we can certainly provide that update to the state.

ANDREW COHEN: For the second part, which was asking about the members who are actually aligned with those practices, that's something I want to speak on behalf of the actuaries, and hopefully they're not on the webinar. If they are, Mike right now is probably rising out of his chair.

I suspect that as part of the analysis that they do that they'll go ahead and take a look at the number of members who are aligned with these practices, because that will be something that they'll need to understand as part of their rate setting work.

Because as I had as one bullet on the slide, it mentioned there was some great particularities to how these providers get paid. So I think we'll have to take into account as we're working through all of our rates to how that might or might not that ultimately sort of flow through to data book information.

I don't know that we would be in a position to say at the individual member level, but to give you some counts and some ideas about how many of our members are aligned with these practices, that's something we want to know too. And so that's something I would see -- I could foresee being a part of -- if not in the actuary's data book, making it out as information for -- to be used as part of the response.

AUDIENCE MEMBER: Julie Faulhaber with Blue Cross Blue Shield Oklahoma. So this perhaps will be in the RFP so I'll just preface my comment by saying that, and feel free to say that back, but with the CPC

Plus, are you thinking that that would take care of the Medicare component perhaps for dual eligibles, or are you anticipating having other vehicles to serve those members from both the Medicare and Medicaid perspectives?

ANDREW COHEN: I think I -- I think I understand your question. I think it's probably -- I think I understand your question. I think it probably is best for all those kinds of specific questions -- which that's really broad on the CPC Plus is about how our expectations for Care Coordination to dual eligible members to wait and see how those have been addressed in the RFP, which they are.

DANA NORTHRUP: Anymore questions? Going once. Okay. I want to thank everybody for attending. We really appreciate your input. Please don't forget to fill out your surveys. Thank you.

(The ABD Stakeholder Meeting was concluded at 3:15 p.m.)

CERTIFICATE

STATE OF OKLAHOMA)
) SS:
COUNTY OF OKLAHOMA)

I, Abby Rhodes, CSR, RPR, do hereby certify that on November 8, 2016 at the offices of Oklahoma Health Care Authority, Oklahoma City, Oklahoma, that the foregoing pages constitute a full, true, and correct transcript of the meeting on the date as indicated.

I do further certify that I am not counsel, attorney, or relative of either party, or otherwise interested in the event of this suit.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in Oklahoma City Oklahoma County, Oklahoma, this 14th day of November, 2016.

_____,
Abby Rhodes, CSR, RPR
CSR No. 1939.

WORD INDEX