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

REPORTED BY: Abby Rhodes, CSR, RPR

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

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

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

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

1 conclusion of the meeting.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 would be responding to if they chose to.

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

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

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

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

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

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

17 I did it again. There we go. Okay.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 rather than just paying claims to providers.

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

9 There's just a lot to be careful about and
10 to take note of as we -- as we work to bring up both
11 programs. This is also -- by the way, I was going to
12 say this was at about a 30,000-foot level that I'm
13 giving you this overview, and that's probably about
14 10,000 feet below. I'm probably at about 40,000 feet.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 Capitation rates I think we may have

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

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

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

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

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

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

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

18 DANA NORTHRUP: Yes.

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

21 ANDREW COHEN: Selection?

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

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

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

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

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

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

1 presentation event from the bidders? Timelines?

2 ANDREW COHEN: To have orals from the
3 bidders?

4 AUDIENCE MEMBER: Yes.

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

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

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

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

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

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

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

12 ANDREW COHEN: Somebody up here.

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

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

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

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

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

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

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

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

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

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

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

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

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

22 ANDREW COHEN: Mmm-hmm.

23 AUDIENCE MEMBER: Okay. Just wanted to make
24 sure.

25 ANDREW COHEN: Yes. And that's a few

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

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

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

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

15 Could you give a little more information?

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

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

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

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

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

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

21 AUDIENCE MEMBER: Sorry, I have one more
22 question.

23 ANDREW COHEN: Uh-huh.

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

1 will be awarded in each region?

2 ANDREW COHEN: The RFP will address that.

3 AUDIENCE MEMBER: Okay.

4 ANDREW COHEN: So I guess that's yes.

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

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

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

25 First, you've got to be found eligible for

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

7 AUDIENCE MEMBER: I just wanted to say it
8 again.

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

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

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

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

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

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

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

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

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

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

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

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

25 I trust there will be adequate notice on the

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 You'll notice very small numbers of people
9 said that OHCA does not value input. And there were
10 some no answers. So in the interest of getting to
11 100 percent, we wanted to have all three categories
12 presented.

13 Next question has to do with OHCA and
14 transparency. And once again, over 80 percent of
15 stakeholders felt that OHCA is open and transparent as
16 it developed the ABD Care Coordination process. Over
17 70 percent shared this opinion at the November
18 meeting.

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

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

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

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

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

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

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

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

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

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

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

11 And in answer to that, the legislation was
12 considered at the legislative committee level and so
13 there was a bill introduced that would suggest that HB
14 1566 be suspended. That did not get out of committee,
15 based on what we know.

16 There were fiscal and budget uncertainties
17 that led to a hiatus in the ABD Care Coordination
18 project while the state legislative deliberated the
19 2017 budget. We thought if that happened we
20 evaluators would be able to catch up a little bit, but
21 we were told that the hiatus meant we couldn't do our
22 work either. So the hiatus really was that. There
23 was no work done on the project during that time.

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

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

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

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

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

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

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

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

25 OHCA and other state agency staff noted that

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

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

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

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

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

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

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

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

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

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

3 So question seven generally concerned
4 project milestones and feasibility. Here I'm just
5 focusing on feasibility. Now, what you'll notice on
6 this slide, we didn't go all the way up to 100 percent
7 for scale, but you'll see that a little bit over
8 60 percent at the October meeting thought both
9 improving quality and cost effectiveness would be
10 possible. You'll see the number was down to about a
11 little over 50 percent at the November meeting.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 DAVID BERNSTEIN: Could you say it one more
20 time?

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

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

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

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

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

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

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

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

3 DAVID BERNSTEIN: Other questions?

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

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

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

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

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

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

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

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

1 answered.

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

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

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

1 postings.

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

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

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

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

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

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

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

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

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

14 AUDIENCE MEMBER: Thank you.

15 DANA NORTHRUP: Any other questions?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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1 CERTIFICATE

2 STATE OF OKLAHOMA)

3) SS:

4 COUNTY OF OKLAHOMA)

5

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

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

15 IN WITNESS WHEREOF, I have hereunto set my
 16 hand and affixed my seal at my office in Oklahoma City
 17 Oklahoma County, Oklahoma, this 14th day of November,
 18 2016.

19

20

21

22

23

_____ ,

24

Abby Rhodes, CSR, RPR

25

CSR No. 1939.

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