Oklahoma Health Care Authority
Strategic Plan SFY 2017-2018
January 2017 Update

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For more information about the OHCA Strategic Plan or strategic planning process, please contact Beth VanHorn, chief strategy officer for the OHCA Project Management Office, at 405-522-7234 or Beth.VanHorn@okhca.org.

INTRODUCTION

OHCA administers Oklahoma's Medicaid program, known as SoonerCare. SoonerCare is a vital source of health care for more than one million children, aged, and disabled individuals in Oklahoma. OHCA also operates the Insure Oklahoma program. Insure Oklahoma makes health care coverage more affordable for specific groups of low-income, uninsured adults to promote their continued working status. Through our mission and work, OHCA plays a major role in Oklahoma's economy as a purchaser of health benefits.

ABOUT OHCA

OHCA is the primary entity in the state of Oklahoma charged with controlling costs of state-purchased health care.

Mission

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

Vision

Our vision is for Oklahomans to be healthy and to have access to quality health care services regardless of their ability to pay.

Long-term goals

Goal #1 (Financing and Reimbursement) - To responsibly purchase cost-effective health care for members by maintaining appropriate rates and to continue to strengthen the health care infrastructure

Goal #2 (Program Development) - To ensure that medically-necessary benefits and services are responsive to the health care needs of our members

Goal #3 (Personal Responsibility) - To educate and engage members regarding personal responsibilities for their health services utilization, behaviors and outcomes

Goal #4 (Satisfaction and Quality) – To protect and improve member health and satisfaction, as well as ensure quality, with programs, services and care

Goal #5 (Eligibility and Enrollment) – To provide and improve health care coverage to the qualified populations of Oklahoma

Goal #6 (Administration) – To foster excellence and innovation in the administration of the OHCA

Goal #7 (Collaboration) – To foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma

This revised Strategic Plan includes updates to data from the environmental assessments and descriptions of new projects and initiatives. OHCA released the original 2017-2018 Strategic Plan in January 2016.

Purpose of an environmental assessment

The intent of OHCA's environmental assessment is to identify issues critical to the future of the organization. This includes economic, social and other changes in the public health and health care systems.

ECONOMIC INDICATORS

OHCA receives funding from both federal and state sources. Economic conditions at both local and national levels have a significant effect on the funding received by OHCA.

National outlook

	2014	2015	2016
GDP Growth[i]	2.4%	2.6%	1.6%
Unemployment[ii]	5.6%	5.0%	4.7%
Labor Force Participation Rate[iii]	62.9%	62.7%	62.7%

Following the 2016 presidential election, the International Monetary Fund (IMF) raised its forecast for the U.S. economy over the next two years, citing the potential of President-elect Donald Trump's policies to boost economic growth, particularly in 2018. The IMF projected growth of 2.3 percent and 2.5 percent for 2017 and 2018. Should President Trump's enact his trade proposals, then the economy could begin to grow at a much lower rate.[iv]

The Affordable Care Act (ACA) was launched in 2010 with much concern about how it would affect the economy. However, the ACA actually stimulated growth over the last five years by contributing to the slower rise in health care costs. Nevertheless, the ACA faces some setbacks. Insurers across the nation have sought double-digit premium increases, while major companies — including Aetna and UnitedHealth — have pulled out of many state-based exchanges for 2017 after forecasting heavy financial losses.[v]

After the election of Donald Trump, there are many unknowns facing OHCA in 2017. The ACA could possibly be repealed and replaced, changes could be made to Medicaid, and other policies could be enacted. OHCA will be prepared to deal with any changes to federal law and will continue to ensure our members continue to have access to high-quality health care.

Oklahoma outlook

	2014	2015	2016
Unemployment Rate[vi]	4.0%	4.1%	5.0%

According to the July 2016 Oklahoma Economic Report released by the Oklahoma State Treasurer's Office, Oklahoma is likely in a recession due to four consecutive quarters of economic slowdown (April 2015 to March 2016).[vii] The report also indicated gross receipts to the treasury are continuing to decline and there is no indication of any recovery. Oklahoma's unemployment rate also rose in June 2016 to 4.8 percent. Low oil and gas prices have contributed to a reduction in revenue for the state, which led to a budget crunch at all state agencies.

While the state's economy is struggling, Oklahoma is performing well in certain measures when compared to the nation as a whole. As a result, the state is receiving yet another reduction in its Federal Medical Assistance Percentage (FMAP). For federal fiscal year (FFY) 2017, Oklahoma's FMAP is 59.94 percent and will drop to 58.57 in FFY 2018. This is a reduction from 60.99 percent in FFY 2016 and 65.90 percent in FFY 2009.[viii] FMAP changes primarily result from per capita personal income shifts and data revisions. However, because the formula relies on a three-year average, it doesn't necessarily capture recent trends - such that Oklahoma continues to see a reduction in its FMAP as its economy is declining.[ix] Oklahoma's strong economy has not resulted in an increase in state funds; therefore, OHCA faces budget constraints at both state and federal levels.

	FFY2016	FFY2017	FFY2018
FMAP Rate[x]	60.99 %	59.94%	58.57

DEMOGRAPHICS AND SOCIAL ISSUES

Tracking changes in demographics helps OHCA see a current snapshot of the Oklahoma population. The changes in demographics also help OHCA to project future trends and plan for future needs to serve the changing Oklahoma population.

	2014	2015	2016
Oklahoma's total population[xi]	3,878,051	3,911,338	3,923,561

	2013	2014	2015
Oklahoma's poverty rate[xii]	16.8%	16.6%	16.1%

	2014	2015	2016
America's Health Rankings, Oklahoma's Rank[xiii]	46	45	46

	2014	2015	2016
Percent of Oklahoma's population under age 18[xiv]	24.6%	24.6%	24.6%
Percent of Oklahoma's population age 18 to 64	61.6%	60.9%	60.7%
Percent of Oklahoma's population 65 years and older	14.3%	14.5%	14.7%

GOVERNMENT AND REGULATORY ISSUES

OHCA strategic planning must be responsive to new laws and regulations from state and federal leadership. Each year, changes to rules and regulations, new laws and Oklahoma legislative requests are encountered.

Three examples of new state legislation include:

- Complex Rehab Technology - Senate Bill 494 in the 2016 legislative session establishes focused regulations and policies for complex rehabilitation technology products and services for people with complex physical disabilities.
- Autism Treatment - House Bill 2962 of the 2016 legislative session examines the feasibility of a state plan amendment to SoonerCare for applied behavior analysis treatment of autism spectrum disorders.
- State Innovation Waiver - Senate Bill 1386 authorizes the creation and submission of a State Innovation Waiver (1332) consistent with the Oklahoma Health Improvement Plan (OHIP).

Additionally, three examples of recent federal regulation are:

- Conflict-free case management - 42 CFR 441 ensures providers of Home and Community Based Services (HCBS) for the individual, or those who have an interest in or who work for a provider of HCBS for the individual, must not provide case management services or develop the person-centered service plan.
- Drug benefit changes - 42 U.S.C. 1396r-8(d)9(2) ensures the agency included and excluded prescription drug coverage and covered over-the-counter drug lists are updated.
- Access to care - 42 CFR 447.203 and following requires Medicaid programs to maintain documentation of payment rates and to prepare an Access Monitoring Review Plan in consultation with the medical care advisory committee. Periodic updates are also required, along with a period of public review.

TECHNOLOGY

In the summer of 2016, OHCA implemented a Security Education and Awareness Training (SEAT) program that was developed to improve the security posture of the agency, set security expectations and provide high-quality security training to staff. This video-based program consists of a series of training videos that cover a wide range of security topics applicable to the OHCA workplace. Employees can view these 2 - 5 minute training videos on their own schedules, whenever convenient.

POLITICS

SoonerCare and Insure Oklahoma continue to be a central health care focus to state leadership. Over the last few years, when the state experienced budget shortfalls, OHCA engaged providers, members and legislative leadership to collaborate on how cuts to the program could be minimized. As the state is now projecting another significant budget shortfall (over $860 million) in state fiscal year 2018 and a decrease in federal funding, OHCA continues to educate the Legislature, providers and members on how cuts to the agency's appropriation will impact the program and the health care services available.

COMPETITION AND MARKETPLACE

Oklahoma has many residents without health insurance. As of 2015, 13 percent of Oklahomans did not have health insurance.[xv] More than 50 percent had employer or other private insurance, 17 percent had Medicaid, and Medicare covered 14 percent.

Health Insurance Coverage in Oklahoma[xvi] (Most current data available)[1]

	2013	2014	2015
Uninsured	15%	16%	13%
Private	49%	50%	53%
Medicaid	19%	17%	17%
Medicare	14%	14%	14%

Provider network

Per capita, Oklahoma has one primary care provider (PCP) for every 713 residents (or 14 primary care providers per 10,000 populations).[xvii] OHCA maintains a sufficient provider network to cover SoonerCare members. As of June 2016, SoonerCare Choice primary care provider capacity was at 41.96 percent capacity used.[xviii]

	2014	2015	2016
Provider Network Count[xix]	39,726	42,899	45,802
PCP Capacity Used	42.26%	42.92%	41.96%

INTERNAL ENVIRONMENT AND WORKFORCE PLAN

The retirement of employees and its impact on the agency is significant. One hundred thirty-three employees (representing 23.6 percent of the agency) will meet retirement eligibility requirements in the next two calendar years. Thirty-eight (6.7 percent) additional staff members are eligible for retirement within the next five calendar years. Combined, that means approximately 30.4 percent of the OHCA workforce is eligible to retire by the year 2021.

[1] Columns do not equal 100%; the category of "Other Public" (includes those covered under the military or Veterans Administration) is excluded.

The potential retirement of this many employees represents a significant loss of institutional knowledge to the agency. Over the last three years, OHCA had employee turnover rates of 11.84 percent, 9.62 percent and 8.29 percent.

	2014	2015	2016
Employee Turnover Rate[xx]	11.84%	9.62%	8.29%

ACTION PLAN SUMMARY

The thinking and decision-making that occurred during this year's planning process were expanded in the development of the action plans. Our action plans involved individuals at all levels of the organization and focus on one of the seven agency goals, comprising the following major themes:

1. Financing and Reimbursement
2. Program Development
3. Personal Responsibility
4. Satisfaction and Quality
5. Eligibility and Enrollment
6. Administration
7. Collaboration

Each action plan offers a short description detailing OHCA's role in the plan and specific, actionable steps (known at the time of this report) expected in the future.

Short description (Sorted by Agency Goal)	Report reference	Agency goal category
100 percent FMAP for AI/AN Members	1	Financing and Reimbursement
Comprehensive Primary Care initiative (CPCi) and CPC plus	2	Financing and Reimbursement
Federal Mandate: Pharmacy Reimbursement Changes	3	Financing and Reimbursement
Nursing Facility Upper Payment Limit Changes	4	Financing and Reimbursement
Academic Detailing Program	5	Program Development
Federal Mandate: Access Monitoring Review Plan	6	Program Development
New Care Management System - Requirements Collection and RFP Development	7	Program Development
Plan It Oklahoma and LARC 2	8	Program Development
SoonerHealth+	9	Program Development
State Mandate: Autism Spectrum Disorder HB 2962	10	Program Development
State Mandate: OHCA/OSDH Diabetes Action Plan	11	Program Development
Connect4health	12	Personal Responsibility
Adult Medicaid Quality and Targeted Quality Measures	13	Satisfaction and Quality
Insure Oklahoma Enhancements	14	Eligibility and Enrollment
Customer Relationship Management System	15	Administration
Federal Mandate: Aggregate Cost Sharing	16	Administration
Federal Mandate: Social Security Number Removal Initiative	17	Administration
Foster Child Behavior Health Coordination/ Fostering Innovation Sharing Hope Project	18	Collaboration
Money Follows the Person (MFP) Tribal Initiative	19	Collaboration
Naloxone Rescue Kits	20	Collaboration
OSDH Joint Strategic Planning – Quality Improvement Workgroups	21	Collaboration
State Innovation Model (SIM) Grant Collaboration	22	Collaboration

Goal #1 (Financing & Reimbursement) - To responsibly purchase cost-effective health care for members by maintaining appropriate rates and to continue to strengthen the health care infrastructure.

1. 100 Percent FMAP for AI/AN Members (New)
Project Begin Date: February 2016 Estimated Project End Date: April 2017
In 2016, the Centers for Medicare & Medicaid Services (CMS) updated its policy regarding the circumstances in which 100 percent federal funding would be available for services furnished to Medicaid-eligible American Indian and Alaska Native (AI/AN) individuals through facilities of the Indian Health Service (IHS) or tribes. CMS issued a request for comment in October 2015 that described the policy options being considered and sought feedback from states, tribes, and other stakeholders. On Feb. 26, 2016, CMS released State Health Official letter #16-002 with a reinterpretation of the policy. The letter informed state Medicaid agencies and other state health officials about the update in payment policy affecting federal funding for services received by Medicaid-eligible individuals who are AI/AN through facilities of the IHS, whether operated by IHS or by tribes.
Action plan includes: working with stakeholders to develop a multiple-phase approach to implement this policy re-interpretation and tracking potential state dollar savings of the policy update.

2. Comprehensive Primary Care initiative (CPCi) and CPC+ (New)
Project Begin Date: April 2016 Estimated Project End Date: January 2022
The Comprehensive Primary Care initiative (CPCi) was a four-year, multi-payer proposal to strengthen primary care. Medicare worked with private and state health insurance plans (including SoonerCare) to add payments for primary care providers (PCPs) who agree to arrange care coordination for their patients.
With the end of the CPCi initiative, CMS released a request for applications for the CPC+ on April 1, 2016. Fourteen regions across the nation were selected, and the request for application for participating practices was released this summer. In Oklahoma, the insurance payers include Medicare, BlueCross BlueShield, Community Care, United Healthcare and SoonerCare. Oklahoma was notified it was selected in August 2016.
The selected participating practices will receive resources to improve management of primary care for their Medicare patients. CPC+ practices will deliver intensive care management for patients with serious or multiple medical conditions and high needs. The MyHealth Access Network (a health information organization) provided support and analysis for the CPCi practices and will continue to provide support to the selected CPC+ practices. This allows pooling of clinical and administrative claims data and the use of analytics to inform practices of their patients' health outcomes.
Action plan includes: continued collaboration with providers, payers and CMS (once the participating practices are selected); reviewing and developing best practices in alignment with Medicare and the other participating payers to improve the quality and efficiency of care for SoonerCare members; monitoring and reporting on overall performance of the initiative, including payments made, savings accumulated and improved health of patient populations.

3. Federal Mandate: Pharmacy Reimbursement Changes (New)
Project Begin Date: June 2016 Estimated Project End Date: April 2017
CMS published final rules designed to ensure states' Pharmacy Medicaid reimbursements comply with the ACA and requirements of section 1905(a)(12) of the Social Security Act. These rules add significant new procedural requirements for states and provide more opportunities for CMS to help with provider reimbursement decisions. To bring OHCA into compliance with CMS and ACA federal regulations, pharmacy providers will have a rate change. Some drugs will be priced higher, and some lower. The overall goal is to maintain the aggregate reimbursement rate and avoid member access issues.
Access issues may impact members if reimbursement is set too low. Physicians, clinics, and outpatient hospitals may be impacted as well. IHS providers will be impacted positively with a change from actual reimbursement to the OMB encounter rate. State Medicaid agencies must comply with the requirements by submitting a state plan amendment (SPA) by March 31, 2017. Per CMS guidance, a SPA, new policy and system processes are required to comply with federal regulation (implemented on April 1, 2016).

Action plan includes: major internal system changes and changes in service utilization; applying the Pharmacy Reimbursement Rate plans to service categories such as prescribed drug services and physician administered drugs; and overall activities may include, but are not limited to, identifying data/ information owners.

4. Nursing Facility Upper Payment Limit Changes (New)
Project Begin Date: October 2015 Estimated Project End Date: March 2017
The Oklahoma Association of Health Care Providers (OAHCP) and OHCA have secured a Medicaid supplemental payment for non-state-owned (NSGO) nursing facilities. This has increased Medicaid payments to the upper payment limit (UPL) for participating providers, with the state portion funded by intergovernmental transfer. A portion of the supplemental payment will also be redistributed to the Oklahoma nursing home base rates for all Oklahoma nursing homes. The program was initiated Oct. 1, 2016. A transition period (which last several months) includes setting the rate, getting approval of a state plan amendment (SPA), and implementing the UPL care criteria. The first payment will be allotted in 2017.
Action plan includes: the contractor establishing the Resource Utilization Group (RUG) rates; obtaining SPA approval from CMS; gaining approval of new OHCA administrative policy; and making first payments in 2017.

Goal #2 (Program Development) - To ensure that medically-necessary benefits and services are responsive to the health care needs of our members

5. Academic Detailing Program (New)
Project Begin Date: September 2015 Estimated Project End Date: September 2017
OHCA is responsible for controlling costs of state-purchased health care while assuring standards of care are met as part of a progressive system. Combining standards of care with current evidence and presenting these in a nonbiased manner is known as Academic Detailing (AD). AD programs have been in place for more than 25 years and can have a significant effect on improving prescribing patterns of physicians. Studies have shown that improving prescribing through the use of evidence-based medicine corresponds with an overall reduction of cost (O'Brien et al., 2007).
Pharmacy Management Consultants (PMC) is operating this project through its contract with OHCA. The AD program will result in measurable cost savings to OHCA through improved prescribing, according to existing evidence, as well as a decrease in the number of prior authorizations submitted. Over the long term, improved prescribing will result in better patient outcomes and decreased burden on the health care system. The 15 to18-month pilot phase of the AD program is targeted intervention aimed at boosting evidence-based prescribing of Attention Deficit Hyperactivity Disorder (ADHD) medications and atypical antipsychotic medications for OHCA members under the age of 18.
Counties selected for the intervention have high utilization of the initial target medications. Claims data is being used to further limit the prescribers to those who prescribe more of the targeted therapeutic categories than their same-county, nonspecialist peers. A specially-trained pharmacist can make an appointment with the selected prescriber to go over the guidelines for appropriate prescribing within the targeted therapeutic category and provide resources as needed.
Action plan includes: PMC conducting AD for identified providers in Oklahoma, and then measuring the outcomes through detailed reporting.

6. Federal Mandate: Access Monitoring Review Plan (New)
Project Begin Date: January 2016 Estimated Project End Date: October 2016
On Nov. 2, 2015, CMS issued the final rule with comment period: Methods for Assuring Access to Covered Medicaid Services (CMS-2328-FC). This rule requires states to develop an access monitoring review plan (AMRP) which includes an analysis of access to covered services under their fee-for-service (FFS) programs consistent with section 1902(a)(30)(A) of the Social Security Act. Certain categories of services will be reviewed every three years and additional services will be reviewed and monitored as states reduce (or restructure) provider payment rates. OHCA's AMRP analyzes and evaluates access to care for services covered through the Medicaid State Plan and reimbursed on a fee-for-service basis. The analysis includes data and information from beneficiaries and providers. The report clarifies whether and how changes in care and payment data impact delivery and payment systems.

Access to care is of utmost concern to OHCA. Through this report, the state addresses access to care by measuring the enrollee needs, the availability of care and providers, and the utilization of services.
Action plan includes: OHCA will update this plan at least annually, based on feedback from members and providers alike. The Medical Advisory Committee, in consultation with agency staff, will coordinate and develop the report. As the state seeks to revise payments to providers, an updated version of the report will be prepared to include an analysis of the effect of the change in payment rates on access as well as a specific analysis of the information and concerns expressed by affected stakeholders. The updated report will accompany any state plan amendment (SPA) requests filed with the CMS.

7. New Care Management System - Requirements Collection and RFP Development (New)
Project Begin Date: January 2016 Estimated Project End Date: December 2017
OHCA is working to replace its current care management (CM) application with a new, state-of-the-art CM system. In the fall of 2014, OHCA issued a request for information (RFI) to assist the agency in identifying the best CM software products and service capabilities currently available in the marketplace. OHCA received 14 responses to the RFI and conducted a series of on-site demonstrations in early 2015 to review vendor offerings.
In April 2015, a visioning session was held with SoonerCare CM stakeholders to solicit input and perform an analysis of OHCA's views on the current CM environment - its strengths, weaknesses, opportunities and threats (SWOT). The outcome of this session helped OHCA refine and drive the state's CM acquisition strategy and helped lay the groundwork for developing sound request for proposal (RFP) requirements to replace the existing CM application. The vision is a system with improved CM capabilities that not only coordinates activities between units within the agency but also between other organizations that are stakeholders in the care management process. OHCA is evaluating systems that automate workflows and provide better tracking and reporting capabilities. The agency needs a care management system to provide smooth communication across both business units and state organizations and to create a registry of care management outcomes across the agency. The solution needs to integrate with OHCA's Medicaid Management Information System (MMIS) business functions to facilitate the CMS-mandated analysis for monitoring and ensuring the quality of the Medicaid programs. Additionally, OHCA wishes to use the new system to identify effective interventions to improve clinical outcomes and to eventually support participation in a regional health information exchange (HIE).
Action plan includes: completing the RFP requirements during 2016; gaining approval from OMES and CMS to release the RFP; evaluation of RFP responses, selection of a vendor, and then purchasing and implementation of a new CM system.

8. Focus Forward Oklahoma (New)
Project Begin Date: November 2016 Estimated Project End Date: September 2017
OHCA is spearheading a statewide effort to promote education regarding long-acting, reversible contraceptives (LARCs) and align strategies across agencies, along with private and public payers, to promote efficient utilization. This effort partners with George Kaiser Family Foundation and David and Jean McLaughlin.
The LARC program consists of three projects. Two of these projects focus on the 18 and younger population; however, all projects will receive enhanced federal funding through the Children's Health Insurance Program Health Services Initiative (CHIP HSI).
The Plan It Oklahoma project supports efforts to increase the access and utilization of LARC devices. The LARC 2 project proposes to lead a statewide effort to promote provider education and training regarding LARC devices. This will include training for medical schools, health departments and other stakeholders to help increase availability and usage of LARC devices while decreasing the barriers of LARC device usage in female Oklahomans under the age of 19.
Action plan includes: data analysis and literature review, promotion of strategies to increase LARC usage, and beginning statewide efforts to promote provider education and training.

9. SoonerHealth+ (HB 1566-ABD Care Coordination Program) (Update)
Project Begin Date: April 2015 Estimated Project End Date: April 2020
Pursuant to House Bill 1566 passed by the Oklahoma Legislature and signed by Gov. Mary Fallin in April 2015, OHCA has been charged with issuing a request for proposal (RFP) for a care coordination model for the aged, blind and disabled (ABD) populations. To comply with the state regulation, OHCA solicited information and input from a

wide variety of stakeholders including, but not limited to, members, advocates, providers, health care systems and the public. OHCA went through a request for information (RFI) process in June 2015.
Following five months of intensive planning, OHCA leaders announced they would develop an RFP aimed at contracting for a fully-capitated, statewide model of care coordination for SoonerCare ABD populations. The Oklahoma Office of Management and Enterprise Services (OMES) released the RFP for newly named SoonerHealth+ program on Nov. 30, 2016. Currently, work continues at the OHCA on the effort.
Action plan includes: continued involvement with stakeholders during the RFP process; continued work with an actuarial consultant to determine payment rates for the program (this work will continue in conjunction with finalizing the RFP and the CMS approval process); release of the RFP; and working with the evaluation consultant to ensure full stakeholder engagement and adherence to best practices.

10. State Mandate: Autism Spectrum Disorder HB 2962 (New)
Project Begin Date: June 2016 Estimated Project End Date: January 2017
The Oklahoma Legislature passed a bill requiring coverage of autism spectrum disorder (ASD) treatment and applied behavior analysis (ABA) treatment by health insurers in Oklahoma. The bill limits the maximum benefit per year to $25,000 but places no limits on the number of visits. OHCA has specific requirements under the bill. OHCA does not fall under the coverage mandate but was asked to present a report to the legislature.
The bill states that "On or before December 31, 2016, the Authority and partnering agencies shall submit a report to the President Pro Tempore of the Senate, the Speaker of the House of Representatives and the governor estimating the potential costs to the state, clinical findings, reviews of pilot projects, and research from other states on the effects of applied behavior analysis treatment on autism spectrum disorders."
The bill requires that OHCA collaborate with Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), State Department of Health (OSDH) and Department of Education to write the report. The Oklahoma Department of Human Services (DHS) and other parties with a vested interest in ASD and ABA are participating in workgroup meetings.
Action plan includes: collaborating with ODMHSAS, OSDH, the Department of Education and DHS to complete the report required by the legislation, and then prepare for any possible follow-up from the 2017 legislative session.

11. State Mandate: OHCA/OSDH Diabetes Action Plan (New)
Project Begin Date: January 2016 Estimated Project End Date: January 2017
Legislation was enacted in 2015 that directs OHCA and OSDH to collaborate in the development of a biennial diabetes prevention report. Oklahoma Senate Bill 250 calls for the report to "identify benchmarks and develop goals to reduce the incidence rates of, improve health care services for, and control complications resulting from diabetes."
Additionally, the legislation requires the report to include:

- the fiscal impact of all types of diabetes on the Authority and the Department:
- the fiscal impact of diabetes on the Authority and the Department in comparison to other chronic diseases;
- an assessment of the benefits of diabetes prevention programs including a summary of funding directed to the Authority and the Department from the Oklahoma State Legislature;
- a description of coordination between the Authority and the Department;
- detailed action plans for battling diabetes with actionable items for consideration by the Legislature; identification of expected outcomes of the action steps and benchmarks for controlling/preventing all forms of diabetes; and
- a detailed budget blueprint identifying needs, costs and resources required to implement the plan.

During 2016, a joint OHCA/OSDH workgroup convened to develop the diabetes report and action plan for the two agencies. The first report was due in January 2017. Reports are due in January of each odd numbered year thereafter.
Action plan includes: completing the report and working to address gaps identified related to diabetes prevention and health care services; looking ahead to begin updating the next report due in January 2019.

Goal #3 (Personal Responsibility) - To educate and engage members regarding personal responsibilities for their health services utilization, behaviors and outcomes

12. Connect4health (New)
Project Begin Date: January 2016 Estimated Project End Date: December 2017
During 2015, OHCA, the George Kaiser Family Foundation and Voxiva partnered to implement a two-year pilot study expanding the Text4baby program. This expansion includes mobile health messages for SoonerCare members ages one and older. This package, called Connect4health, encompasses three separate programs: Text4baby, Text4kids and Text4health. OHCA staff and partners customize Connect4health messages to promote specific preventive health benefits (including well-child visits), medication compliance, appropriate emergency room (ER) use, and SoonerCare application renewal reminders.
OHCA began sending out messages through Connect4health in August 2016. Eligible SoonerCare members will be enrolled into Connect4health through auto-notification via text message (which is the current methodology used by Text4baby). New members will be automatically enrolled and have the option to opt-out of the program.
Action plan includes: completing an evaluation of the effectiveness of the Text4baby program; establishing auto-enrollment for Connect4health; reducing calls to the SoonerCare Helpline by giving answers to FAQ's via text message; reducing print and mailing costs by finding ways to replace letters or other notifications with text messages; and identifying/addressing priorities by utilizing 100,000 additional customized messages to meet agency needs (e.g., reduce mailings, increase email addresses, increase opt-ins for electronic notifications, increase adolescent well-child visits, etc.).

Goal #4 (Satisfaction and Quality) – To protect and improve member health and satisfaction, as well as ensure quality with programs, services and care

13. Adult Medicaid Quality and Targeted Quality Measures (Update)
Project Begin Date: September 2015 Estimated Project End Date: September 2017
The OHCA Adult Medicaid Quality Grant (AMQG) team designed a quality improvement program that targets both providers and members simultaneously. The main objective for the provider and member outreach is to form a collaborative effort to drive the AMQG goal in the direction of quality improvement for the SoonerCare adult members. The goal is to ensure providers thoroughly understood which members assigned to their patient-centered medical home (PCMH) panel have a gap in care with cervical cancer screening and hemoglobin A1C testing, and then develop a quality improvement strategy to improve the performance of these tests.
OHCA identified 354 PCMH providers throughout the state of Oklahoma who were not currently working with any other initiative at OHCA. Based on these numbers, the team divided the state into four regions, and a clinical education specialist was assigned to each region (for both providers and members).The clinical education specialist conducts outreach via telephone and in-office visits. This focus is on implementing the quality improvement project through data collection and collaboration with the provider and members simultaneously. The AMQG team designed a toolkit binder (which is also web-based) for participating providers and members.
Action plan includes: OHCA continuing to report adult core measures after the conclusion of the grant (a consultant administers this task to provide an independent evaluation of OHCA's core measures and initiatives); and OHCA will work with tribal partners to explore other ways to utilize the stratified data.

Goal #5 (Eligibility and Enrollment) – To provide and improve health care coverage to the qualified populations of Oklahoma

14. Insure Oklahoma Enhancements (Update)
Project Begin Date: March 2016 Estimated Project End Date: March 2017
Insure Oklahoma's Employer-Sponsored Insurance plan provides employers with premium subsidies to help buy health insurance for low-to-moderate income employees. Insure Oklahoma (IO) also provides a way for individuals who participate in the Individual Plan to gain access to an affordable health care option.
IO operates in an automated, online environment. Developing system improvements and enhancements is an ongoing process, as technology evolves and stakeholders' needs change. Two of the changes currently underway are 1) the development and implementation of an automated member waitlist (to replace a waitlist that used outdated, unsupported technology) and 2) the development and implementation of an automated workflow software application. A waitlist is needed because IO currently has a statutory cap of 28,000 on the total number of lives that can be covered. The current employer size is a maximum of 250 employees. In the event that IO reaches

the cap of 28,000, the automated waitlist will activate so that eligible Oklahomans can take advantage of coverage as others fall off the rolls. The automated workflow will replace manual processes. This change is internal to IO and will result in more streamlined, efficient work processes for IO staff. It will also eliminate duplication of effort, allowing IO staff to focus on meeting the needs of members.

Action plan includes: IO and OHCA Information Services staff working in conjunction with the agency's fiscal agent (Hewlett Packard Enterprises) to develop and implement these systems modifications. OHCA completed the workflow enhancements in September 2016, and the waitlist enhancements will be completed in the first quarter of calendar year 2017.

Goal #6 (Administration) – To foster excellence and innovation in the administration of the OHCA

15. Customer Relationship Management (CRM) System (New)
Project Begin Date: August 2016 Estimated Project End Date: July 2017

OHCA is pursuing the creation a coordinated system to manage all communications between the Medicaid enterprise and its providers, members and other stakeholders (inbound and outbound communications). This includes web and portals, telephone, email, texting and any other communications. OHCA envisions the Customer Relationship Management (CRM) system would integrate seamlessly with the Medicaid Management Information System (MMIS). This should automatically identify communication needs and audiences and control which messages go out when and where.

The main objectives of the CRM system are to:

- improve member health outcomes;
- improve provider screening and information;
- enhance all stakeholders' knowledge of Medicaid programs and processes;
- decrease communication costs and increase their effectiveness (i.e., the likelihood they are received and understood by the intended audience);
- coordinate stakeholder communication across departments and agencies;
- reduce duplicate messages and "information overload;"
- decrease time staff spent linking stakeholders to communications they missed; and
- improve compliance with MMIS modernization and Medicaid Information Technology Architecture (MITA) requirements.

Action plan includes: reducing postage and call center costs as well as increasing OHCA knowledge about electronic communications.

16. Federal Mandate: Aggregate Cost Sharing (New)
Project Begin Date: June 2016 Estimated Project End Date: July 2017

Generally, out-of-pocket costs apply to all Medicaid enrollees (except those specifically exempted by law) and most are limited to nominal amounts. Because Medicaid covers particularly low-income and often very sick patients, services cannot be withheld for failure to pay, but enrollees may be held liable for unpaid copayments.

States have the option to establish alternative out-of-pocket costs. These charges may be targeted to certain groups of Medicaid enrollees with income above 100 percent of the federal poverty level. Alternative out-of-pocket costs may be higher than nominal charges (depending on the type of service) and are subject to a cap not to exceed 5 percent of family income. In addition, Medicaid enrollees may be denied services for nonpayment of alternative copays.

According to federal regulations, states that have elected to implement premiums and cost sharing as cost-saving measures must submit a SPA, which includes the following:

(1) The state plan must indicate a process to track each family's incurred premiums and cost sharing through an effective mechanism that does not rely on beneficiary documentation.

(2) The agency must inform beneficiaries and providers of the beneficiaries' aggregate limit and notify beneficiaries and providers when a beneficiary has incurred out-of-pocket expenses up to the aggregate family limit. Consequently, individual family members are no longer subject to cost sharing for the remainder of the family's current monthly or quarterly cap period.

(3) The agency must have a process in place for beneficiaries to request a reassessment of their family aggregate limit if they have a change in circumstances or if they are terminated for failure to pay a premium.

Action plan includes: exploring solutions for the cost sharing requirements per federal regulation which include: 1) a systems process for how the state will formulate the household aggregate cost-share limit for SoonerCare Members; 2) increasing system's capability to accommodate households in different delivery systems (e.g., ABD and temporary assistance for needy families, also referred to as TANF); and 3) policy revisions to indicate that if a provider collects a copayment in error, then the provider must reimburse the member for this overpayment.

17. Federal Mandate: Social Security Number Removal Initiative (New)
Project Begin Date: August 2016 Estimated Project End Date: January 2019
On April 16, 2015, Congress passed the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. Section 501 of MACRA requires CMS to remove Social Security numbers from Medicare ID cards and replace existing Medicare Health Insurance Claim Numbers (HICNs) with a Medicare Beneficiary Identifier (MBI). The MBI will be a randomly generated identifier that will not include a Social Security number (SSN) or any personally identifiable information.
The SSN Removal Initiative aims to minimize the risk of identity theft for Medicare beneficiaries and reduce opportunities for fraud. To comply with this statutory requirement, CMS will issue new Medicare cards with an MBI to approximately 60 million Medicare beneficiaries (including dual eligibles), starting early 2018. HICNs will still be assigned to each Medicare beneficiary and used for internal data exchanges between CMS and the states. However, the new MBI must be used in all interactions with the beneficiary, the provider community and all external partners.
Action plan includes: attending bi-weekly CMS calls; receiving identification and capturing information; examining MMIS business processes to identify and develop required changes to be made; testing those changes before implementation prior to CMS assigning MBIs to replace existing Medicare HICNs; working closely with regional representatives and sister agencies; capturing and processing new MBIs as required by CMS; and exchanging data.

Goal #7 (Collaboration) – To foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma

18. Foster Child Behavior Health Coordination/Fostering Innovation Sharing Hope (FISH) Project (New)
Project Begin Date: September 2015 Estimated Project End Date: September 2017
This project will develop an advisory committee of subject matter experts from the Oklahoma Department of Human Services (DHS) child welfare division, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), mental health providers, as well as other community partners to advise our agencies on gaps in service and possible solutions for foster children. The effort will strive to improve data matching and reporting of the psychotropic medication and behavioral health services provided to children in foster care. It will also add features to the health passport - a password-protected system foster parents can use to access to their child's medical history. Additionally, this project will develop or adopt training and outreach around practice guidelines for child welfare staff, medical and mental health providers, as well as foster parents regarding SoonerCare benefits, to include access to information available in the portal.
This project, in partnership with DHS, focuses on the 18 and younger population. It receives enhanced federal funding through the Children's Health Insurance Program Health Services Initiative (CHIP HSI).
Action plan includes: finalizing the interagency contracts necessary for this project and developing expectations for advisory board members.

19. Money Follows the Person (MFP) Tribal Initiative (Update)
Project Begin Date: September 2013 Estimated Project End Date: September 2020
The purpose of the Money Follows the Person Tribal Initiative (MFP-TI) grant is to create a system that allows American Indian/Alaska Native (AI/AN) seniors to transition into culturally-appropriate community living. Tribal partners benefiting from the grant will design a long-term care arrangement that will fit the cultural values of that tribe and will one day serve as a model for other tribal communities to follow for creating their own programs. OHCA staff is using grant funding to assist tribal partners with their program design, utilizing the MFP/Living Choice infrastructure that is currently in place. At the time of writing, six (6) tribes have committed to participate in the MFP-TI. CMS has approved the concept paper, and OHCA staff is assisting the committed tribes with writing the operational protocol needed to develop their programs.

Action plan includes: development of an operational protocol for each tribe participating in the MFP-TI and creating a timeline and description of project activities.

20. Naloxone Rescue Kits (New)
Project Begin Date: September 2015 Estimated Project End Date: September 2017
This project focuses on the 18 and younger population, collaborates with ODMHSAS, and receives enhanced federal funding through the Children's Health Insurance Program Health Services Initiative (CHIP HSI). Naloxone, also known by the brand name Narcan®, reverses the effects of an overdose of heroin or opioid painkillers. Through this project, 13 high-risk Oklahoma counties receive and distribute naloxone to Oklahomans who are age18 and younger at risk of an opioid overdose. The project also serves those who are 18 and younger and know someone that might be at risk. Comprehensive community addiction recovery centers and opioid treatment programs in the targeted areas distribute the naloxone. ODMHSAS hired a project coordinator to manage the project until funding expires on Sept. 30, 2017.
Action plan includes: distributing naloxone in the identified counties; marketing the availability of the naloxone at these locations; monitoring the outcomes of naloxone usage and distribution throughout the life of the project; and exploring opportunities to extend the project beyond September 2017.

21. OSDH Joint Strategic Planning – Quality Improvement Workgroups (Update)
Project Begin Date: February 2013 Estimated Project End Date: January 2017
Beginning in 2013, OSDH and OHCA collaborated in a joint strategic planning venture with the establishment of interagency quality improvement workgroups. Separate quality improvement workgroups convened and focused on topics ranging from diabetes and hypertension to childhood obesity, childhood immunizations, tobacco cessation and prescription drug abuse. The workgroups assessed the health topics, defined joint objectives, developed and implemented interventions, and then monitored results using a rapid cycle quality improvement methodology. Workgroup quality improvement cycles continued through SFY 2016, and the capacity developed during the venture will help inform future interagency health improvement collaborations.
Action plan includes: (for the remainder of 2016) the diabetes/hypertension workgroup continued to work on the Oklahoma diabetes prevention report required by Senate Bill 250, and the childhood obesity workgroup completed a technical assistance grant that ran through December 2016.

22. State Innovation Model (SIM) Grant Collaboration (Update)
Project Begin Date: January 2014 Estimated Project End Date: January 2020
In 2014, CMS awarded Oklahoma a Round Two Model Design Grant, to create a new model of health care aimed at providing state-based solutions for Oklahoma's health care challenges and to reduce health expenditures for more than 1.2 million Oklahomans. Working with OSDH (the grant administrator), OHCA is a participating partner dedicated to improving the health of Oklahomans and aligning initiatives across the health cabinet.
The Oklahoma Model includes three distinct elements:

- The creation of Regional Care Organizations (RCOs) for state-purchased health care, which includes the Medicaid program as well as eligible public employees and their dependents who purchase health care from the state;
- Statewide adoption of multi-payer quality measures; and
- Multi-payer "episode of care" payments

The Oklahoma Model accelerates the system-wide shift towards value-based care by moving all state-purchased health care into such a model. Through the RCOs, Oklahoma can leverage state purchasing power to drive system-level changes that will influence the delivery of health care to all Oklahomans. The Oklahoma Model also encourages multi-payer adoption of a consistent set of quality measures and reimbursement strategies to advance statewide transformation in a coherent manner across the health care system.
Multi-payer involvement is an integral component of the Oklahoma Model. All payers will be asked to use common quality measures to help them improve health outcomes and evaluate quality of care for their covered lives. The SIM flagship issues will be used as the basis for many multi-payer quality measures to ensure consistent goals are used across payers.

Action plan includes: continued alignment of initiatives across the health cabinet; development of the authorities needed to implement the SIM model; multi-payer alignment of quality measures in order to improve the quality of health care delivery and use of health information technology to track trends and improvements in health status.

ASSUMPTIONS (Updated for 2017)

A variety of uncertainties accompany long-range vision and strategic planning work. Below are some assumptions about the OHCA's future:

Financing and Reimbursement

1. Since Oklahoma is statutorily required to maintain a balanced budget, OHCA will continue to examine measures to stay within budgetary constraints and maintain a balanced budget.
2. Since the state's per capita personal income is trending up, there will be a reduction in FMAP. This results in a lower federal match and the need for more state dollars.
3. From 2012 through 2022, the projected growth in all U.S. health spending is an average rate of 5.8 percent annually. SoonerCare total expenditures are also expected to increase. Therefore, OHCA will continue to keep the average cost increase per SoonerCare member below the national average.
4. OHCA will continue to observe CMS rules, complying with federal regulations to ensure federal financial participation.

Program Development

1. As OHCA continues to stress innovative ways to serve members, the SoonerCare average cost per member per month will remain low.
2. OHCA will maintain priority in the purchase of high-quality, effective care and treatment.
3. Since Insure Oklahoma has received widespread support, the continuance of this program is likely.
4. Likewise, the Oklahoma Cares (Oklahoma's breast and cervical cancer treatment program) will likely continue. This is due to the increased number of unduplicated women qualified for the program, who otherwise would have been uninsured.
5. OHCA will continue to emphasize the importance of Fetal and Infant Mortality Review (FIMR) because women who deliver at full term tend to have healthier babies, and the costs associated with term births are much lower.
6. OHCA will continue to encourage programs, such as the SoonerCare Health Management Program (HMP), that advance the development of self-management skills. Such programs help to reduce costs and affect predictable utilization trends.
7. Long-term care (LTC) services and supports continue to grow, and the cost of care for the LTC population is relatively higher. Therefore, SoonerCare will require an increased amount of state funding to serve this population appropriately in future years.
8. By 2030, older adults will account for roughly 20 percent of the U.S. population. Due to this increase, OHCA must be engaged in finding creative ways to serve the needs and health challenges of this growing population.
9. The successful impact of the health access networks (HANs) on telemedicine, care management, access to specialty services and other targeted efforts in their local areas, will cause them to be taken statewide in the future.

Personal Responsibility

1. OHCA will provide SoonerCare enrollees with access to preventive care to prevent delaying or forgoing care in the effort to tackle untreated chronic diseases.
2. OHCA will continue to campaign against teen pregnancy, as Oklahoma ranks 3rd in the nation for birth rates to teen females aged 15 to 19. OHCA seeks to decrease the number of subsequent pregnancies for teen moms with the overall result of decreasing the number of Oklahomans that rely on entitlement programs.
3. OHCA will provide multiple educational opportunities and will continue to model a culture of personal concern for one's own health in order to fight obesity.

Satisfaction and Quality

1. Since SoonerCare covers 62 percent of births in Oklahoma, OHCA will promote early outreach to women, to help with access to quality care and education of pregnancy-related issues.

2. OHCA will seek to decrease nonmedically indicated C-section deliveries in an effort to improve the outcome of deliveries for both newborns and mothers.
3. OHCA will provide additional primary care physician (PCP) supports and education on how to handle at-risk and complex needs populations through practice facilitation. These efforts result in healthier populations and more predictable utilization trends that are preventive in nature rather than acute.
4. Since Oklahoma has large rural zones and areas lacking adequate physician coverage, OHCA will strive to reduce PCP shortage areas.
5. OHCA will ensure the appropriate use of telemedicine, making it more beneficial and effective for the SoonerCare population.

Eligibility and Enrollment

1. SoonerCare enrollment and usage for health care will continue to be high in areas with low-wage jobs and where high unemployment rates exist.
2. Oklahoma's uninsured rate is higher than the national rate, which may result in an increased number of individuals applying for and being found eligible for SoonerCare benefits. However, some childless adults will remain uninsured because they are not eligible for SoonerCare or subsidized health care coverage.
3. OHCA will improve accessibility to online enrollment processes to allow individuals to apply anytime, anywhere.
4. As SoonerCare Choice (patient-centered medical home) enrollment has been increasing, OHCA anticipates more growth in the upcoming year.

Administration

1. OHCA will continue to manage multiple competing priorities to ensure compliance with federal regulations and continued federal financial participation.
2. OHCA will continue to contract with SoonerCare providers, including those who render specialty services to members. The agency commits to monitor, retain and bolster the current provider network.
3. OHCA will rely on the physician extender workforce such as advance practice nurses (APNs) and physician assistants (PAs) to provide primary care.
4. OHCA continues to demonstrate low administrative costs, and this trend is expected to continue.

Collaboration

1. Collaboration with communities and tribal partners provides a constructive relationship that OHCA will continue to foster.
2. Through engagement with partners, OHCA will provide resources to promote the use of necessary medical services or identification of individuals eligible for SoonerCare, but not enrolled.
3. OHCA will continue inter- and intrastate collaborations for coordinated improvements in the health care delivery system.
4. The current health care environment will create opportunities for state collaborative efforts. This includes multi-payer initiatives, performance incentives, quality initiatives and reimbursement methodology.

ENDNOTES

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