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TRANSCRIPT OF
OKLAHOMA HEALTH CARE AUTHORITY
AGED, BLIND AND DISABLED (ABD)
CARE COORDINATION STAKEHOLDER MEETING
741 N. PHILLIPS AVENUE
OKLAHOMA CITY, OKLAHOMA 73104
AUGUST 14, 2015
9:45 a.m. to 11:00 a.m.

* * * * *

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REPORTED BY: LORI L. ROBERTS, CSR No. 1588

1 MR. GOMEZ: Good morning. My name is Nico
2 Gomez, I have the privilege to be the CEO of the
3 Oklahoma Health Care Authority.

4 And before I take it to the next
5 presentation, I just want to kind of highlight a
6 couple things that we have left. So after this
7 presentation, which is the ABD stakeholder meeting
8 update, which we are going to go down and get you
9 some more information about what's going on and where
10 we're at.

11 After that, we're going to have what we call
12 last call or open forum, action plan review. So over
13 the last day and a half, almost two days now we've
14 been giving out a lot of information, we have been
15 getting a lot of feedback from you. As I mentioned
16 in one of my opening comments that we are only as
17 good and strong as much as you participate and give
18 us guidance on what's working well, what's not
19 working well, where can we collaborate, where can we
20 improve. And so we get to wrap that up right after
21 this -- after this presentation, around 11:00 or so.
22 So stick around for that. And we'll -- should wrap
23 it up around noon.

24 And, again, appreciate all of your
25 attendance. See many faces here since we started

1 yesterday afternoon and I can't thank you enough for
2 being a part of this meeting.

3 I want to thank the board. We had a couple
4 board members had to leave for other personal issues
5 and we wanted to thank them for supporting us and
6 giving us the opportunity to have this meeting at
7 this time this year, appreciate their support.

8 The member advisory task force, you've heard
9 from some of them in the room over the course of the
10 couple days. If you're a member of the member
11 advisory task force, would you stand, please. We
12 want to recognize you and thank you for being here.
13 Please give them a round of applause.

14 Thank you.

15 You know, when we first started, the thing is
16 we're here because of the members in SoonerCare that
17 we serve. We want to take the best care of all those
18 Oklahomans and they represent the thousands of
19 Oklahomans that we have the privilege of serving each
20 day. So thank you for their participation, they make
21 our program a lot stronger.

22 I want to take a quick moment and recognize
23 the division of strategic planning and reform. It
24 takes the agency, but it takes that division of the
25 agency that really puts -- behind the scenes puts

1 this meeting together. So Buffy Heater and your
2 division of strategic planning reform, if you're one
3 of those staff members, would you please stand or
4 raise your hand if you're already standing, I see a
5 couple in the back. So if you are a member of that
6 group, come on, stand up. Thank you very much for
7 all your hard work behind the scenes.

8 If you see one of those folks or one of those
9 folks at the table out front, you know, make sure you
10 give them a pat on the back or a handshake and tell
11 them thanks because the success of this meeting is
12 because of what they do behind the scenes months and
13 months and months up to get to this date.

14 I also want to recognize our communications
15 division, Ed Long, and your communications staff. If
16 you would stand real quick, I want to recognize you
17 really taking care of our social media, photography.

18 We've been all over social media the last
19 couple days. We had a nice little twitter chat on,
20 you know, prescription drug abuse and had a lot --
21 Channel 5 came out and featured that, and that was
22 awesome.

23 We had a wellness break yesterday, if you
24 have those wellness cards and you were doing chair
25 squats and stuff like that, that's from that group

1 over there. So a lot of great stuff going on in our
2 communications folks, and we want to thank them.

3 One last acknowledgment I want to thank is
4 HPHP. I saw Charlie earlier, I don't know if he's
5 still here. Okay. Stand up. We want to thank HP
6 for providing our refreshments in the breaks and
7 appreciate all your support over the years. So thank
8 you.

9 All right. Now, I got that all out of the
10 way, I want to hand this over to Buffy Heater, who is
11 going to talk -- going to lead this conversation or
12 presentation on the ABD stakeholder meeting. So
13 thank you.

14 MS. HEATER: Thank you, Nico.

15 And thank you everyone for coming to this,
16 our second ABD Care Coordination Stakeholder Meeting.
17 Boy, I think all of us were very pleased at our last
18 meeting in July, how well attended it was over at our
19 offices at the Health Care Authority. The board room
20 was overflowing, so we had to bring in additional
21 chairs. So I'm glad that this venue now accommodates
22 all of us here, you know, with tables and chairs and
23 nice air conditioning to be able to keep up with all
24 of us. So thank you all very much for your time this
25 morning to be able to come and hear updates.

1 And remember that these meetings are designed
2 for us to be able to provide you, the stakeholders,
3 updates on the progress as the State moves forward
4 with this -- with this new project. As well as we
5 want to make sure that we reserve time at the end of
6 this meeting to provide an open forum for comments,
7 for questions. Remember that this meeting belongs as
8 much to you as it does to us.

9 So without further adieu, I want to go ahead
10 and introduce once again our internal OHCA steering
11 committee team, as you will. It's not just me, it
12 takes a whole team of us to be able to set agendas
13 and be able to receive the feedback from all of you.
14 So before we get started, I want to make sure
15 everyone is connecting faces with names on really the
16 core team that's working on getting this up and
17 going.

18 So again, Buffy Heater, chief strategy
19 officer for the Health Care Authority and project
20 lead. And I believe I will pass the microphone down,
21 if that sounds great. So let's start over here.

22 MS. PASTERNIK-IKARD: Good morning, I'm Becky
23 Pasternik-Ikard and I'm the deputy Medicaid director.

24 MS. NORTHRUP: I'm Dana Northrup, I'm a
25 planning coordinator for the division of strategic

1 planning and reform.

2 MS. BRADT: Good morning, I'm Amy Bradt and
3 I'm the one that's handling the contracts for
4 procurement.

5 MS. THOMASON: Hi, I'm Melinda Thomason and
6 I'm the assistant chief of federal and state policy.

7 MS. COX: Good morning, I'm Tywanda Cox. I'm
8 chief of federal and state policy.

9 MS. HEATER: And I know we have a couple more
10 in the audience that I'm going to surprise because
11 they didn't realize they were going to be introduced.

12 So for a member of our core teams, I think I
13 see Jennifer King, in our behavioral health unit at
14 the Health Care Authority.

15 Do I see Dr. Sylvia Lopez as well, our chief
16 medical officer? She's a member of that team. Thank
17 you.

18 How about Lynn Rambo-Jones? I think I saw
19 her, from our legal counsel.

20 And Carter Kimball, our legislative director.

21 Okay. Anyone that I left off?

22 Ivy, thank you very much. And you're sitting
23 right there in front of me, that's why I missed you.
24 Ivy Holt, also with our health policy division.

25 So without further adieu, I'm going to pass

1 it off to Ms. Tywanda Tox and she's going to take us
2 through some of our website reminders.

3 MS. COX: And pardon me for sitting down. If
4 you were in our first session that Becky facilitated,
5 she asked if we had any type of superman powers -- if
6 we could get any type of superman powers, what would
7 those be. And I said I wanted x-ray vision because
8 I'm visually impaired. So I have to sit down here in
9 front of the computer, so please pardon me for
10 sitting down.

11 So what we wanted to do just briefly, we've
12 had an overwhelming response on people signing up to
13 be informed about this process and we want to make
14 sure that you are always up with the latest news,
15 anything that we have done as we go through this
16 project. So the best way to do that is to go to our
17 website. So I'm going to take you to our website.

18 There are a couple of ways that you can
19 access our care coordination page. The first one is
20 to go directly to our website, which is
21 www.okhca.org.

22 Okay. Once you get onto our website, the
23 only way that you can get to it from here is to go
24 through our banners. Now, these banners are on a
25 timer and you can either fast forward them or take

1 them back. The easiest way really would be to just
2 pull them all up and go directly to the ABD care
3 coordination model. And that will take you directly
4 to the page.

5 The other way that you can access it without
6 going through that process is to type the website
7 address in directly. It starts the same way,
8 www.okhca.org, and it's backslash
9 abdcarecoordination, one word across.

10 First thing that I want to bring to your
11 attention, a lot of you have signed up to be
12 stakeholders and we contact you with e-mail, via
13 e-mail to let you know when our meetings are going to
14 be and that sort of thing. But in order to get the
15 most up-to-date news and progress is please, please,
16 please sign up for the web alerts. It just takes a
17 couple of minutes to sign up.

18 I went into it this morning just to see, you
19 know, how long it would take. We are simply asking
20 for your e-mail address. What that does is anytime
21 we go in and we update anything on this page, you'll
22 automatically be notified via e-mail, and so you'll
23 always be up to the most up-to-date information.

24 On here, as we said before, we kind of took
25 you through this on last month, but we have

1 frequently asked questions, we do update those as we
2 get questions in that we may not have addressed. We
3 want to make sure that, you know, if you've got a
4 question or maybe it's something that you hadn't
5 thought about, someone else has asked. If we go in
6 and update that list, then you'll automatically be
7 notified once -- if you're signed up for the web
8 alerts.

9 Briefly wanted to go over our timeline. As
10 you can see, we were scheduled to release our RFI in
11 June. We did that. July, our RFI-responded
12 questions and answers were due, we had our first
13 kickoff meeting.

14 If you will notice here, we have already
15 uploaded the meeting transcript. We do have a court
16 reporter that comes and transcribes the entire
17 meeting. So if for some reason you were not able to
18 attend, you will be able to go online and get the
19 transcript.

20 If we have any type of PowerPoints that were
21 presented during that time, we also upload those as
22 well.

23 We are into August. As you know the
24 responses were due. Amy is going to speak to that a
25 little later on in this presentation. She'll go over

1 the responses.

2 Moving forward to September. Of course, we
3 are in our -- we have on here the strategic planning
4 conference, we are in there now.

5 So the next thing that we have coming up will
6 be our next stakeholder meeting, which would be held
7 Tuesday, September 8th, at our agency in the board
8 room.

9 Briefly, this timeline is pretty -- it's not
10 very detailed because as we move through the process
11 we'll be able to kind of narrow down those dates, but
12 we've got stakeholder meetings planned out all the
13 way until next year this time. So as you go down,
14 you can kind of get an idea of where we are.

15 December, you know, we'll have a couple of
16 meetings September, October as it relates to the
17 responses of the RFI, the development of the RFP. We
18 are getting information from our stakeholders, from
19 our providers, from our members, we're getting all of
20 that between September and October.

21 November, it looks like we are scheduled to
22 have models selection kind of finalized.

23 December, we're looking to start RFP
24 development.

25 The schedule goes on. As you guys know, if

1 you have been here throughout this conference, you
2 know that we go through tribal consultation and so
3 right now we are scheduled to do that January
4 of 2016.

5 February, we're continuing the RFP
6 development.

7 March of 2016, once we get our RFP drafted,
8 that contract -- because it will eventually turn into
9 a contract, it must be approved by our federal
10 partners. They do -- they're allotted 90 days for
11 approval, so we have to send that to them prior to
12 releasing RFP. We are looking to do that around
13 March of 2016. We give them their time to review it
14 and we are looking to release the final RFP on the
15 street June of 2016.

16 And the schedule goes on.

17 So this information is out there for you. As
18 anything changes, as I said earlier, we will update
19 this page. If you're signed up for web alerts,
20 you'll immediately be aware of the changes.

21 That's it. Thank you.

22 MS. HEATER: Okay. Thank you very much, Ty.

23 So for those of you who were not able to join
24 us for the 8:30 session this morning, there was a
25 wonderful panel on current delivery systems for the

1 ABDs in our state. And so we've asked Melinda
2 Thomason to give us a brief recap or overview of the
3 data. That was very helpful to that first session.
4 So for those of you that were here for 8:30, you're
5 going to get, as all of us being adult learners,
6 you're going to get a second dose of that
7 information. But for those of you that are joining
8 us just for this meeting, this is just for you.

9 MS. THOMASON: Thank you, Buffy.

10 And I'm going to ask Astou to move to our
11 first slide which just sets the stage.

12 We can qualify people for SoonerCare coverage
13 based on their qualifications as aged, blind or
14 disabled. And just to get everybody on the same
15 page, that means older than 65, blind, or with a
16 physical or intellectual disability.

17 As we move to the next slide, we're going to
18 tell you -- from our state fiscal year 2014 annual
19 report, we're going to go through the numbers.

20 Now, everybody is not a numbers person, but
21 some of you are, so admit it if you're geeky like me
22 and you want to see this part. There has got to be
23 three in the room.

24 Bless you. Okay.

25 We'll try to make this painless and we'll try

1 to provide some point of reference about what we are
2 covering.

3 One of the things that we want to identify is
4 from this hole, how are people classified. So if we
5 go to the next slide, we can tell you that we have
6 about 51,000 who are aged. And you see the numbers
7 for the blind and disabled category. And below or
8 beneath, either of those two words would work, we
9 have our number of TEFRA children at around 500.
10 TEFRA children are a subgroup of the disabled
11 category.

12 So if we move ahead, one of the things that
13 we want to stress is this is not all about us. So
14 I've identified here our ABD population, they have
15 Medicare and we say 102,000 of them in that total
16 group have Medicare. How do I know that? That's
17 because our partners at the Department of Human
18 Services certify people for eligibility. And they
19 record the information about Medicare, they and we
20 have some systems to stay current on that because
21 that information can change.

22 But I want to stress as we go through these
23 numbers that even the presentation of the numbers is
24 very collaborative and we thank them for that.

25 So the next slide that you'll see is our

1 program for SoonerCare Choice, which is a managed
2 care delivery system. The SoonerCare Choice program
3 is a patient centered medical home model and within
4 the SoonerCare program for Choice we have about
5 56,000 people who are classified as disabled. They
6 won't be aged because that doesn't qualify for the
7 Choice program.

8 Will they be on Medicare? No, but people
9 change categories, so this slide demonstrates that
10 within our Choice program there's always some
11 movement of people who eventually qualify for
12 Medicare and aren't in the Choice count anymore.
13 Some pretty impressive information. About 32 percent
14 of our total group of aged, blind and disabled are
15 served in the SoonerCare Choice program.

16 So we flash forward to long-term care nursing
17 facilities. Many of you are familiar with House Bill
18 1566 and the directive that this population would not
19 be brought into the care coordination models until
20 two years after operations begin, but this gives you
21 that group to know how they fit in the total puzzle,
22 and they are about 12 percent of the total.

23 We move ahead to another managed care
24 program, the program of all-inclusive care for the
25 elderly, PACE. When these figures were done, we had

1 one PACE provider, today we have three. And in that
2 state fiscal year, there were 147 people served in
3 PACE. And you see there's a very high proportion of
4 those who also had Medicare Primary.

5 As we move ahead, we have a waivers slide.
6 And this slide tells you that there are 27,000 people
7 in home and community based services waivers. All of
8 them get some level of care coordination in that
9 program. There are 21,000, so not all, but about
10 80 percent of the people in these waivers have
11 Medicare.

12 As we looked at the number in waivers
13 compared to the total, they're about 15 percent of
14 that 176,000 that we talked about earlier.

15 So our next slide is the all others. We have
16 gone through the main categories and there is about
17 76,000 people that aren't in any of these systems.
18 Now, they may be receiving some form of care
19 coordination, we just don't know about it based on
20 the definitions and the programs that we're talking
21 about this morning. That's about 43 percent of that
22 total number of aged, blind and disabled.

23 So our next slide takes us to information
24 specifically about some of the home and community
25 based services waivers. It gives you the numbers

1 served in Advantage this state fiscal year, which was
2 21,000.

3 And we go ahead and tell you that the
4 developmental disability services division in the
5 next slide operates four waiver programs that serve
6 people with intellectual disabilities, and that's
7 around 5,000 people served in state fiscal year '14.

8 And we go forward and tell you that OHCA
9 operates three waivers and the Living Choice/Money
10 Follows the Person demonstration. And so OHCA is
11 responsible for operations of those four programs and
12 was serving 472 people in the last state fiscal year.

13 Our next slide gives you a breakdown of the
14 actual waivers and demonstration. The top five
15 programs are operated by DHS and the bottom four by
16 OHCA. And as you heard in our first panel, OHCA has
17 administrative responsibility for those waiver
18 programs.

19 Our next slide tells you about a group that
20 was not around in state fiscal year 2014. Again, in
21 the spirit of collaboration, our partners in the
22 Department of Mental Health and Substance Abuse
23 Services and we created Health Homes in our state
24 plan. They're serving individuals with serious
25 mental illness and serious emotional disturbance.

1 And current numbers, not state fiscal year 2014, but
2 current numbers for enrollment in these programs are
3 about 4,000 adults and 3,000 children. And your
4 slide will give you the information of how that
5 breaks down for people with dual eligible coverage.

6 And so our next slide, the last of the
7 numbers, gives you the pie chart breakdown. So
8 whether you think of this as an illustration of where
9 people are served or you see our map on the wall that
10 puts the pieces of the puzzle together, we hope this
11 gives you a good overview of the numbers of ABD
12 members we are serving and how we are serving them
13 today.

14 MS. HEATER: Thank you, Melinda.

15 Okay. So moving right along. Item No. 4 on
16 the agenda is a quality measures discussion. And
17 this is something that in our internal working group
18 we've had considerable conversation about this. So
19 we recognize that for the aged, blind and disabled
20 population of Oklahoma, there are numerous sources
21 and numerous ways that we can both monitor and
22 receive the information on the appropriateness of
23 services, the quality of services, the utilization of
24 services, how well the system is responding to needs,
25 how well and adequate a provider network is, how

1 successful those providers are in connecting with
2 members, the members and the provider satisfaction
3 with the program. The list goes on and on and on.

4 So with this agenda item, I really have a
5 plea to all of you as stakeholders. What I would
6 like to do is have Astou pull up some very draft
7 bullet lists of quality measures that are in a range
8 of different topic areas that we as an internal group
9 have looked over but were really -- we are trying to
10 identify what is most important because we recognize
11 that there are a multitude of sources of information.

12 So we know from a national perspective other
13 states have a wealth of knowledge and experience on
14 measures that have been important to them. We
15 recognize that the centers for Medicare and Medicaid
16 services, they have a plethora of data that are
17 available publicly specific to Oklahoma.

18 We recognize at the Health Care Authority we
19 have annual reports and Fast Facts as well as
20 Oklahoma specific measures on HEDIS and CAPS data.
21 And so we, you know -- I was going to say are we to
22 the slide? We're working on it. Yes, it's in the --
23 Astou, it's in the PowerPoint deck.

24 So we recognize that there are a variety of
25 sources. So in Oklahoma we recognize that there's

1 many different sources of data, many different
2 measures that are currently being tracked.

3 We also have recognized that through many of
4 your organizations and many of you personally, we
5 have received letters of comment. And in some of
6 those letters of comment you have already
7 specifically mentioned certain measures that are
8 important to you.

9 So as we put these slides up on the screen,
10 please take a look at these measures as being some
11 that we've identified as having baseline data for.
12 There's data that are readily available in many of
13 these areas. So just for example, on the slide
14 that's on the screen now, you look about halfway
15 down, we have things such as pneumonia rates or
16 hospital-acquired infection rates. Prevalence of
17 diabetes and asthma. The medication adherence rates
18 for things like cholesterol management.

19 If you'll go to the next slide, Astou.

20 We also recognize that things like chronic
21 wound care, behavioral health screening, social
22 supports and services, these are things that we have
23 quite a bit of existing data for today.

24 Let's go to the next slide.

25 I believe these were some suggestions that

1 have come through various letters of comment, that as
2 we've received those and processed those, we
3 recognize that many of you have ideas and have
4 opinions on what is most important to you as we think
5 about monitoring the change amongst the population,
6 both developing a baseline for today as well as
7 moving into the future. We want to make sure that we
8 are paying attention to the right metrics and the
9 things that are important to all of our agencies, as
10 well as you as stakeholders.

11 So my request to you is this. In this slide
12 deck you have a very wide, very broad suggestion --
13 suggested list of measures that we recognize we have
14 data for. I in no way represent that this is an
15 exhaustive or an exclusive list. So I would like to
16 give you all a little bit of homework.

17 Please think about what measures are most
18 important to you. We, from our internal team, we're
19 hungry for that information and that feedback from
20 you all on what is most important. And more
21 importantly, what the current data sources are. If
22 they're either in existence or if it would require a
23 new data set to be identified.

24 This is something that we need to work on
25 early because we can't afford to get this wrong. We

1 want to make sure that we have the right metrics in
2 place as we move forward with any of this process.

3 So you can be thinking about that today.

4 When we get to public comment, if there are ideas
5 that come to mind immediately that you would like to
6 share with us, we would be happy to take those. As
7 well, remember at any time we're happy to receive
8 letters or public comment through the venues that are
9 available on our public website. So special request
10 for that, please be considering the quality measures
11 that are most important to you.

12 With that, I believe I will turn it over to
13 Becky for some important developments on our
14 consultant.

15 MS. PASTERNIK-IKARD: Good morning again.

16 I just wonder by a show of hands how many of
17 you were at our first stakeholder meeting?

18 Okay. Thanks.

19 At that first stakeholder meeting, we did
20 inform the audience that we had released an RFP for a
21 development consultant firm to actually help guide us
22 through this process and to be an expert advising us
23 and providing information back to stakeholders and
24 gathering information too from stakeholders.

25 This was a competitive process and I wanted

1 to let you know that the firm Pacific Health Policy
2 Group was selected to serve as the development
3 consultant for this ABD care coordination initiative.
4 And joining us today is Andrew Cohen, who is the
5 founder and principal of that organization, which has
6 over 20 years of experience in the design and
7 development of innovative programs in both the
8 Medicaid and Medicare arena.

9 So I was going to ask Andy just to stand up
10 and be recognized.

11 At the same time that we were issuing the RFP
12 for the development consultant, we also issued an RFP
13 to have an evaluation consultant evaluate the process
14 as we go through choosing the model, issuing the RFP
15 and implementing a new program.

16 Westat, an employee-owned research firm with
17 extensive experience in areas such as statistical
18 design, survey research and program evaluation, was
19 chosen to be our evaluation consultant. Dr. David
20 Bernstein, who will serve as lead evaluator, is here
21 with us today. If you would stand up, please.

22 Additionally, Westat has subcontracted with
23 Peridox Consulting, a Fairfax, Oklahoma, based small
24 business, to serve -- to assist them in the
25 evaluation process.

1 Dr. Carol Connor and George Raymond from
2 Peridox are also with us. Would you stand up and be
3 recognized, please.

4 I'm very excited and looking forward to
5 working with them.

6 MS. BRADT: Okay. Good morning again,
7 everybody.

8 Now for the exciting part of figuring out
9 about all of the responses we received.

10 You know that responses were due early
11 August. We received 22. So that was amazing, we are
12 really satisfied with that result. And, Astou, if
13 you wouldn't mind just going to the one that looks
14 like the one you were on earlier, I will briefly go
15 over some of the entities and the models that they're
16 proposing for us.

17 Okay. We received 22 companies or
18 respondents sent in their proposals to us. Of those
19 22, there was basically broken into ten different
20 model types. As you can see, there's everything from
21 fee for services and administrative services
22 organizations, health plan community collaborative
23 models, four different respondents proposed a hybrid
24 model. So that was kind of several models that they
25 were going to create into one. You have four

1 different options there.

2 Matching models, PACE, partially capitated.
3 Majority going with the fully capitated, as you can
4 see.

5 We should have these responses out on the
6 public website, on our website for you by next week.
7 I apologize, but with 22 responses at roughly 50 to
8 60 pages apiece, there's some time involved in that.
9 So we should have those up for you to review.

10 But for those of you that might not want to
11 necessarily sit and have a lot of heavy reading, we
12 also are going to have demonstrations where these
13 respondents will be coming the week of August 17th
14 and the week of August 24th and presenting a
15 high-level overview, a cliff notes, if you will, of
16 their suggested models.

17 This is officially the schedule or the
18 calendar for the entities and when they're going to
19 be presenting.

20 All presentations or demonstrations will be
21 held at our board room. There will be a 30-minute
22 break in between respondents for time to set up and
23 excuse the previous respondent out of the board room.

24 Some days you can see are very heavy, some
25 days we have light schedules. We invite you guys to

1 come to all, just the ones you are interested in,
2 whatever, completely open to the public.

3 There will be some time at the end of the
4 proposals, that's included within this hour and a
5 half, that is for question and answer. So if you
6 have questions, start thinking of them now or if they
7 come up at the meeting, feel free to please stay
8 around for questions and answers.

9 I really think that's about it. I see
10 several of you grabbing your smart phones and trying
11 to capture these images. This will also be on the
12 website. Both of these documents have been sent over
13 to our communication staff, who has been extremely
14 busy here. So if not this afternoon, Monday morning,
15 both of these will be out for you so you guys will be
16 able to review it on our site. Thank you.

17 MS. HEATER: So I think what might be most
18 helpful to folks, Amy, because we do want everyone to
19 recognize the demonstrations, those
20 face-to-face opportunities with the respondents to
21 come and present their proposals to an open meeting,
22 those will begin Monday morning.

23 And so if the schedule is up, I think since
24 we're talking about today being Friday, what everyone
25 needs to understand is that beginning at 8:30 on

1 Monday morning, August 17th, that is when the very
2 first demonstration will occur, and that will be
3 provided by Patient Care Network of Oklahoma.

4 And then following that at 10:30 on Monday,
5 we have the presentation by DentaQuest. And then at
6 1:30 on Monday we have the MCNA insurance company.
7 Those will be the first three demonstrations that
8 will be happening back to back on Monday,
9 August 17th. Most -- you know, most recent day after
10 the weekend.

11 And so as you have -- as Amy has pointed out,
12 demonstrations will be taking place next week and the
13 week after, so it will be a two-week period that Amy
14 and -- has done quite a bit of work getting all of
15 these scheduled and confirmed so that we can make
16 that information available to you. I believe it was
17 even just this morning that we had the final
18 confirmation come through. So we are trying to put
19 this information in your hands just as soon as we
20 have it solidified.

21 So do trust us that we're going to get this
22 information available on the web. And, you know,
23 understand that we're going to have these slides
24 available throughout the morning this morning for
25 anyone who would like for us to scroll through so

1 that you can make sure that you can capture those
2 dates and times.

3 I'll remind everyone too that those
4 demonstrations are open to the public, so anyone and
5 everyone is welcome to come and be able to listen to
6 those, listen to those demos.

7 With that, I'll ask my team if there's any
8 other comments or any other information we would like
9 to share with the group at this time?

10 Okay. Great. So Becky was -- thank you very
11 much, Becky. She was sharing that there has been
12 some questions that have come up on if the demos will
13 be in person or if they will be televised or if there
14 will be remote connection capability. And at this
15 time, we are going to have those in person at the
16 Health Care Authority. So, unfortunately, with the
17 connections, the connections are going to be used to
18 be able to ensure that those that need to participate
19 remotely from the presenters, they're going to have
20 to be able to use that technology. And,
21 unfortunately, we have one avenue of technology for
22 that at the Health Care Authority. So, there we go.

23 Okay. So at this time, I'm going to ask a
24 couple of my staff to come get the microphones to be
25 able to share amongst the audience. And we would

1 really like to take this time, the next 30 minutes or
2 so, to be able to open it up for question and for
3 comment.

4 FEMALE SPEAKER: Hi. I apologize. Will
5 there be a transcript or archive video of the
6 demonstrations available? I know you said that you
7 couldn't live stream, but --

8 MS. HEATER: So all of the responses that
9 have been submitted to us will be made available on
10 the web. So the responses that were provided by the
11 respondents in paper format, those are going to be
12 available, you know, as soon as we can get those
13 uploaded to the website.

14 At this time, we do not have a plan to, you
15 know, to record and memorialize those demos.
16 However, that's certainly something that we would be
17 open to looking into if there was a collection of
18 folks that would be interested in being able to view
19 those after the fact.

20 FEMALE SPEAKER: Thank you.

21 FEMALE SPEAKER: Good morning and thank you
22 for holding the stakeholders meeting, it's an
23 important venue.

24 My question is related to the RFI process. I
25 know it's not an RFP yet, but I'm curious if you'll

1 be open to selecting more than one model or
2 contractor for work?

3 MS. HEATER: Yes, that was actually a
4 question that was presented multiple times in the Q
5 and A before the RFI closed. So we actually have the
6 listing of all the answers to those questions that
7 are available on our website alongside the RFI
8 document itself. But to answer your question very
9 briefly, yes. So it is model or models in multiple,
10 you know, different systems.

11 And just to clarify, expand a little bit
12 more, we provided flexibility in the RFI for
13 respondents to be able to come back and propose
14 statewide model, a model that was specific to a
15 certain geographic region or city or county or -- we
16 really left it wide open for any and all model or
17 models, no matter the range or the scope.

18 All right. So this may be a short meeting
19 this morning. This is -- you know, I would ask
20 again, on the kind of the quality measures, remember
21 that's one of the apps that we have for you as
22 stakeholders to give us your feedback on quality
23 measures.

24 And I think it's important to also point out
25 that the responses, you know, in totality will be

1 available on the website. We're going to try to get
2 those up just as soon as possible, recognizing that
3 many of you may be interested in reviewing the
4 written responses prior to the demos. So we're going
5 to try to make that happen before Monday, if at all
6 possible. Depending on who is going to come back to
7 the office. Right? So --

8 Any other questions or comments from the
9 crowd?

10 FEMALE SPEAKER: Yes. I'm from one of the
11 area agencies on aging. And Carter came to our
12 meeting and told us about that stakeholders meetings
13 would possibly be held throughout the state. On your
14 agendas it's always scheduled for here in Oklahoma
15 City. Is that going to be changed or anything?
16 Because we have a lot of rural individuals that
17 cannot make it in.

18 MS. HEATER: Appreciate that comment. And,
19 absolutely, we recognize that it will not always be
20 in Oklahoma City. We knew to be able to get out
21 information quickly and timely to everyone, to have
22 that assurance that there will be monthly
23 opportunity, we wanted to get the location that we
24 had control over, which was, of course, at our
25 office. We wanted to get that booked. So that's

1 what you see on the schedule. That will not be the
2 only avenue to provide input.

3 So one of the exciting things with having our
4 development consultant come on is that one of their
5 responsibilities will be to go out and conduct those
6 regional, those local area stakeholder meetings,
7 perhaps in smaller venues and things that are -- that
8 make the folks in those communities comfortable with.
9 So there will certainly be those opportunities, you
10 know, at multiple different points in time as the
11 project rolls along.

12 Another thing, so I appreciated the comment
13 about the recording making available of the demos.
14 For future stakeholder meetings, we will have the
15 capability to be able to do GoToMeeting. So for
16 those folks that have access to, you know, Internet
17 connection and would be able to utilize that
18 software, we do plan on making that available for
19 future stakeholder meetings.

20 It's unfortunate with the demos, that
21 technology won't satisfy us in that type of an
22 arrangement, however, for future stakeholder
23 meetings, we will have GoTo available.

24 Okay. I'll ask again, questions or comments?
25 Okay.

1 FEMALE SPEAKER: I'm always the question
2 lady. I do have one question. And that is, will the
3 RFP or do you plan to have in the RFP that there is a
4 requirement that those who are putting in a response
5 would have a history of working with people in these
6 populations?

7 MS. BRADT: Let me make sure I'm
8 understanding what you're asking.

9 FEMALE SPEAKER: Okay.

10 MS. BRADT: You're saying when we develop
11 this RFP, is there a requirement that these -- the
12 company or the respondents that turn in proposals
13 have prior experience working with the ABD
14 population?

15 FEMALE SPEAKER: Yes.

16 MS. BRADT: That -- I mean, I don't see why
17 not. I feel like, yeah, I think that's something, a
18 recommendation, sure, that we can talk about. And
19 we -- when we further get into developing and pass on
20 to PHPG to make a requirement, sure, we're open to
21 anything. That's a great suggestion.

22 FEMALE SPEAKER: Well, my -- my thought is
23 these aren't -- my thought is these are not just your
24 run-of-the-mill patients and there's a lot to the
25 coordinating of care. And the groups that have been

1 coordinating the care up until now, you know, they
2 develop the process over a period of time and so they
3 have a lot of wisdom and so that's just my concern.

4 MS. BRADT: Yeah, it's valid. Very valid.

5 MS. HEATER: If one of my staff will go find
6 the hotel AV, we've lost microphone. It seems to be
7 intermittent, so, it keeps going on and off.

8 Thank you, Melanie.

9 So, Joanie, to restate your question, let's
10 try this again because I was frazzled with the
11 microphones. I want to make sure everyone in the
12 audience can clearly hear what the question is so
13 that we can make sure everybody's aware.

14 FEMALE SPEAKER: Yes. It's okay, its working
15 now.

16 Okay. My question is once the RFP is
17 developed or as you're in the process of developing
18 the RFP, would it be required that those that will
19 write the responses would have a history of working
20 with the population of people who have disabilities
21 or aging or blind?

22 MS. HEATER: And so I think as Amy said,
23 don't have a definitive answer for you yes or no,
24 however, if that would be your recommendation that
25 you're presenting to us, that's exactly the kind of

1 feedback that we want to receive in this forum. So
2 what I would hear is that, you know, you as making a
3 comment is saying you are --

4 FEMALE SPEAKER: That would be my
5 recommendation and I think it should be documented in
6 the RFP what their history has been.

7 MS. PASTERNIK-IKARD: I think we would agree
8 with that, Joanie. The other thing as we do have
9 organizations and historically we do require them to
10 list not only their experience, but where that
11 experience is, what that experience was, how long
12 they had that experience, and for any reason do they
13 no longer have that experience where they did have
14 it.

15 And so there would be a series of questions,
16 really, to get at that kind of detail, I think that
17 would meet the concerns of advocacy groups and our
18 consumers in this very important initiative. So I
19 think we clearly understand what you're saying and
20 would require that kind of detail.

21 FEMALE SPEAKER: Thank you.

22 MS. HEATER: So I'd just like to point out
23 that's exactly the kind of feedback that we would
24 love to hear through this venue. If there are ideas
25 that you all have that says, you know, think about

1 including this or, you know, steer away from this,
2 you know, do more of this, do less of this. That's
3 exactly what this forum and this venue is for, to be
4 able to hear those great suggestions and those good
5 ideas.

6 Understand that we're receiving all of those
7 at the Health Care Authority. Once we receive the
8 comments from these meetings, they're being recorded
9 so that we can go back and make sure that those are
10 shared with our development consultant and they're
11 taking advisement and incorporating it into the plan
12 moving forward.

13 FEMALE SPEAKER: We've been warned about the
14 budget situation for next year, so I'm wondering if
15 you could include a question in the RFP about how
16 will you proceed and guarantee services in the event
17 that budgets are cut?

18 MS. HEATER: Very good comment, thank you.

19 MS. GOWER: Morning, I'm Melissa Gower,
20 Chickasaw Nation. And I just wanted to make a
21 recommendation that the plans really need to consider
22 the complexities of Indian health.

23 MS. HEATER: Thank you, Melissa. And will
24 there be any specific mention -- you know, when you
25 say complexities, any examples or specific things

1 that perhaps should be considered?

2 FEMALE SPEAKER: Well, I'm not exactly
3 what -- I'm not exactly sure what those are right at
4 this moment. I can think about that. But, you know,
5 we -- there are many complexities with Indian health
6 that's different than the -- that were the mainstream
7 population groups. And so those complexities, you
8 know, should definitely be considered and probably,
9 you know, just ensuring that the foundation of
10 recognizing tribal sovereignty and, you know, that we
11 are providers of care. We also care for our
12 citizens. You know, just all the different -- I
13 guess I will shut up.

14 That we as tribal governments, you know, we
15 play many different roles and with the foundation of
16 that being our sovereignty and our
17 government-to-government relationships and those kind
18 of things.

19 MS. HEATER: Right.

20 MS. PASTERNIK-IKARD: I think we -- I
21 certainly -- those of us who have been working
22 closely with tribes on some recent initiatives have
23 really been somewhat overwhelmed with the complexity
24 of the Indian healthcare systems, and so I think it
25 gives us a really good direction for maybe to include

1 within a focus group setting or within the tribal
2 consultation setting that is organized through
3 Tywanda's area. So certainly we will address that.

4 FEMALE SPEAKER: Thank you.

5 FEMALE SPEAKER: This is actually a Wanda
6 Felty question. She's with family right now, so she
7 couldn't be here. But she wants to know how would
8 they assure that not only the quality but access
9 would be available in rural areas because we have
10 such a frontier in rural state.

11 And then also measuring quality and services
12 is important as they're being received, so she's
13 wondering how would they monitor access when the
14 numbers can be low in rural areas like Idabel or
15 Hollis?

16 MS. HEATER: It's a terrific comment and
17 something that certainly we'll take in and, yeah,
18 incorporate it into the plan.

19 MS. PASTERNIK-İKARD: And I think, Joanie,
20 what that may be kind of driving towards is not only
21 quality measures that are, you know, data driven, but
22 also what are the performance standards for this
23 initiative. And so certainly we agree there needs to
24 be a heavy focus on the performance element, too, of
25 whatever form the design takes. And we will, I

1 think, solicit heavily from our stakeholders and our
2 consumers for what is important to them.

3 Any another question? Back here at the back
4 of the room.

5 MS. RAMBO-JONES: I'm not sure I'm really the
6 kind of person that should be talking at a public
7 comment section since I go to all these meetings,
8 but, you know, one of the things that I thought was
9 an exciting opportunity that no one else has
10 addressed in the room thus far is the idea that, you
11 know, as we learn when we were looking at the
12 statistics earlier this morning that we have a
13 population of primarily children that are on waiting
14 lists to get services through DDS. And I thought one
15 of the exciting possibilities was that we might be
16 able to have someone that was going to submit a
17 proposal that would talk about a way in which we
18 could provide if not every service that the people
19 that are on the waiting list need, then was there
20 some way that they could provide something for these
21 families.

22 As we all know, because the waiting list is
23 substantial and the time period that it takes to work
24 your way up on the list is also substantial, it's
25 children that are younger, that by the time they

1 worked their way up to the list they're teenagers.

2 So, now, there are other services that are
3 provided to these kids through early intervention
4 programs and that sort of thing, but I was hopeful
5 and I thought maybe this would evoke some other
6 questions from the group if I said this, that perhaps
7 there would be something that would address the needs
8 of that population.

9 MS. HEATER: While folks are thinking about
10 that, I will offer that as we have a, you know, our
11 team that is currently going through the RFI
12 responses and we are certainly glad to also welcome
13 our development consultant to help us cull through
14 all of the responses, that is certainly something
15 that we could add to the list of things that we are
16 specifically looking for in seeing what the different
17 proposals contain. So wait list considerations or
18 mention of that is certainly something we could add
19 to that list.

20 Just to let you all know, you know, things
21 that as a first pass review of the RFI responses, we
22 are -- you know, we're looking at things such as what
23 services are covered. What are excluded? What's
24 their proposal? Is it statewide? Is it regional
25 based? Is it a small local area? You know, what is

1 their model? What are some of their funding
2 mechanisms? What are important to their respondents?

3 So it's that type of information that we're
4 trying to synthesize and be able to put forth in kind
5 of an apples-to-apples comparison that hopefully
6 we'll be able to bring that information back to you.
7 At the same time, you all are welcome to come to the
8 demos and be able to hear firsthand for yourselves as
9 well as ask those kind of questions to the extent
10 that time allows during those demos.

11 MS. COX: Just to kind of follow up to Lynn's
12 question, it's not specific to the RFI, but it's
13 certain -- I think we're starting to look at a
14 fundamental change as it relates to those citizens
15 that are on the waiting list.

16 I've been a part of the No Wrong Door
17 collaborative with DHS and that was one of the things
18 we were talking about. Other states are pondering
19 the same thing that we're pondering with having, you
20 know, people on the waiting list. And one of the
21 things that we're starting to look at is if that
22 person is lucky enough to get to the top, they get
23 just a whole plethora of services. But what about
24 looking at what -- they may not need the entire gamut
25 of services. So what we've been talking about

1 throughout this collaborative is really starting to
2 talk with those members that are on the waiting list
3 and see if there are some things that can be
4 addressed right now. So I think we're kind of having
5 a, just like a fundamental change of how we are
6 addressing that waiting list. And I was excited that
7 this is something that's coming out of that
8 collaborative that we have with DHS and how other
9 states are actually trying to address some of those
10 smaller needs that they may have that we can address
11 without them getting all the way to the top of the
12 list.

13 FEMALE SPEAKER: One more question.

14 Ty, is a Medicaid buy-in anything that our
15 state has considered at all? Because sometimes
16 people can afford to pay a premium to buy into
17 Medicaid versus it being, you know, provided at a
18 hundred percent. And I mean with regard to -- I
19 mean, that would potentially address some of the kids
20 that are on the waiting list or adults as well.

21 MS. COX: Not yet, but throughout this
22 process, every option is on the table. We've said
23 that there is no preconceived option that we have and
24 so we did -- I thought we had one, did we not, on the
25 responses was buy-in. Do you remember, Amy?

1 MS. BRADT: Yeah, I don't think so.

2 MS. COX: Okay. Share of savings. I'm
3 sorry, it was a share of savings, not a buy-in.

4 MALE SPEAKER: I just want to let everybody
5 know that the demonstration schedule that was
6 referenced earlier is now on the website, so go and
7 check it out.

8 MS. COX: Another shout out for web alerts.
9 If you have web alerts, you've already received an
10 e-mail. It's on the page. Just --

11 MR. SHIKE: Good morning, my name is Aaron
12 Shike, I'm with Meridian Health Plan.

13 Just a question regarding the posting of the
14 RFIs to the website. Will there be opportunity for
15 the health plans or any of the respondents to redact
16 any sensitive information from let's say the
17 stability form before it goes online?

18 MS. BRADT: Let me clarify. The things that
19 we are posting are your scope of work and we all are
20 going through it very carefully to make sure there's
21 not any information out there that you guys would not
22 want. Your respondents ability form, any of your
23 financials and actual company demographics will not
24 be posted. Yeah.

25 MS. HEATER: Well, I think we're at, what, a

1 little after 10:45. And if I see no other questions,
2 I'm trying to drag it out, make sure no one has any
3 other comment or question, we'll go ahead and bring
4 this meeting to a close.

5 And once again, thank you all very much for
6 your participation. Please use the website as the
7 tool that it's been designed to do. Sign up for the
8 web alerts so that you'll receive those updates. And
9 please be on the lookout for schedules as well as RFI
10 responses be made available.

11 At this time I will go ahead and adjourn the
12 ABD stakeholder meeting.

13 (Meeting concluded at 10:50 a.m.)
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-- CERTIFICATE --

I, Lori L. Roberts, Certified Shorthand Reporter for the State of Oklahoma, certify that the above and foregoing meeting was by me taken in stenotype and thereafter transcribed and is a true and correct transcript of the meeting; that the meeting was had on August 14, 2015, at 9:45 a.m., in Oklahoma City, Oklahoma; that I am not an attorney for nor relative of any of said parties, or otherwise interested in the event of said action.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office this 28th day of August, 2015.

Lori L. Roberts
CSR No. 1588
Commission Expires: 12/31/15



ABD Care Coordination Stakeholder Meeting - 08/14/2016, 2:00 PM..beginning

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