



Oklahoma **HealthCare** Authority

4345 N. Lincoln Blvd., OKC | 800-987-7767 | okhca.org |    

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INTRODUCTION

Seven goals developed by Oklahoma Health Care Authority (OHCA) leadership form the foundation of OHCA’s strategic plan. These goals represent the agency’s long-term priorities and remain consistent across most changes in the environment or workplace.

For this particular five-year plan, agency leaders and employees proposed five focus areas. These focus areas represent more immediate concerns and current environmental factors. They are likely to change over time and, in fact, may even change during this plan’s implementation period.

For example, OHCA will always strive for Responsive Programs, a goal that expresses our intent to create programs that meet the needs of our members. However, the focus area of Minimizing Disparities represents the agency’s recognition that current health outcomes vary based on racial, ethnic and economic groupings. If disparities decline, OHCA’s focus may change, but the overall goal of Responsive Programs will not.

Therefore, the plan’s strategies, performance measures and action plans address both long-term goals as well as current focus areas.

OHCA Goals								
Plan Focus Areas		Responsible Financing	Responsive Programs	Member Engagement	Satisfaction & Quality	Effective Enrollment	Administrative Excellence	Collaboration
	Changing Health Behaviors	Strategies and Objectives Performance Measures Action Plans						
	Ensuring Rural Access							
	Improving Quality							
	Legislative and Budget Innovation							
	Minimizing Disparities							

AGENCY GOALS¹

1. **Responsible Financing** - Purchase cost-effective health care for members by maintaining appropriate rates that strengthen the state health care infrastructure.
2. **Responsive Programs** - Develop and offer medically-necessary benefits and services that meet the health care needs of our members.
3. **Member Engagement** - Inform and engage members about how their choices and behaviors affect their own health status and services.
4. **Satisfaction and Quality** - Protect and improve member health and satisfaction with health care services, as well as ensuring quality.
5. **Effective Enrollment** - Ensure that qualified individuals in Oklahoma receive health care coverage.
6. **Administrative Excellence** - Promote efficiency and innovation in the administration of OHCA.
7. **Collaboration** - Foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma.

STRATEGIC PLAN FOCUS AREAS²

1. **Changing Health Behaviors** – Implement proven initiatives and approaches that effectively change the health-related behaviors of individuals.
2. **Ensuring Rural Access** – Improve access to health care services for members in rural areas.
3. **Improving Quality** – Develop and implement a comprehensive, agency-wide quality improvement plan that includes a coordinated structural framework, action plans and key quality measures.
4. **Legislative and Budget Innovation** – Develop innovative legislative and budget approaches to improve the efficiency and effectiveness of OHCA programs, services and administration.
5. **Minimizing Disparities** – Reduce racial and economic disparities in health access and outcomes.

¹ Agency leadership established the goal order, and it provides some indication of priority and agency mission.

² Plan focus areas are listed alphabetically without priority.

VISION OF SUCCESS

If the agency had all necessary resources and made significant progress towards accomplishing this plan, what would Oklahoma's health care environment look like in January 2023?

Improved Health for Oklahoma

- **Culture and individual behavior change** for better health
- **Healthier workforce** for Oklahoma businesses
- **Increased life span** and quality of life for Oklahomans
- **Improved health rankings** relative to other states
- Better health and behavior change **frees up resources at other agencies**
- **Lower cost per member** with better outcomes

Outstanding Provider Network

- **Sustainable provider network** with good access for all, including rural areas
- **Reimbursement based on value and outcomes**
- **Greater collaboration and integration** of health care
- Provider groups **collaborate on quality and evidence-based practices**
- **Better coordination** between providers, including sharing electronic health records and improved care transitions
- Providers afforded more **time to care for and educate members** regarding their health
- **Mobile providers and telehealth** in rural/underserved areas
- Additional **incentives for rural hospitals** to stay in business
- **Health care workforce development**
- **Shared decision-making** between members and providers

Care Delivery

- **Preventive care** prioritized over chronic care
- **Home and community-based services** rather than services in facilities and institutions
- **Expanded managed care**, such as patient-centered medical home
- **Culturally sensitive care** with targeted programs and benefits
- **Integrated care** treating the whole person, including **social determinants of health**
- **More member outreach** – health fairs, community forums – easier for members to get information
- **Community health education** efforts all provide a consistent message

Coverage and Enrollment

- **Full scope of medically-necessary benefits** for all members
- **Single online enrollment process** for all populations
- **Fewer uninsured people**
- **Enhanced real-time data matches** for enrollment verification
- Improved **accuracy in eligibility** determination and outreach
- **No medical bankruptcies** related to lack of coverage or out-of-pocket expenses
- **No waiting list** for disability services

OHCA Excellence

- **Multi-year stabilized budget** without funding changes from year-to-year
- **Member self-service** model with increased use of **electronic communications** for enrollment and other administration
- **Outstanding data and research** driving operations
- **Streamlined prior authorization** processes
- **Better collaboration between agencies**, less red tape and no duplication
- Improved **administrative transparency**
- **Outstanding customer service** because of agency culture and employee training
- State employees understand and **practice a collaborative approach**
- **Employees** are paid at market rates and get needed training and cross training
- **Proactive planning** and resolution

SITUATIONAL ANALYSIS

This section includes data and observations on Oklahoma’s current health care environment related to the agency goals and strategic plan focus areas. Primarily developed by OHCA stakeholders and employees, it also includes outside data and comments where noted.

SWOT Analysis

OHCA Strengths	OHCA Weaknesses
<ul style="list-style-type: none"> • Existing managed care programs • Comprehensive benefits for children • High patient/member satisfaction • Low administrative costs • Low payment error rate • Information technology development • Organizational collaboration • Stability of OHCA staff • Strong provider network • Tribal consultation process 	<ul style="list-style-type: none"> • Funding cuts – state and federal • Vacant staff positions • Administrative costs may be too low to maximize program cost savings • Small percentage of members account for the majority of expenditures • Few cultural sensitivity initiatives • Lack of transportation options for members • Low member engagement in some areas
External Opportunities	External Threats
<ul style="list-style-type: none"> • Better data and better data recall • Create more consistency in enrollment • Federal funding opportunities, including tribal partnerships, systems development and others • Infrastructure in place to improve quality • Potential public/private partnerships • Provider engagement in member enrollment and health literacy • Support for expanded care management 	<ul style="list-style-type: none"> • Demand for services increasing • Opioid abuse • State budget shortfalls, including education and other partner agencies • Statewide shortage of some specialty provider types • Stigma associated with Medicaid • Uncertainty about federal health policy • Poverty, economy and education • Lack of understanding of OHCA programs and impact by the public

Focus Area Observations from Subject Matter Experts

OHCA invited several outside experts in the five focus areas to participate in the planning process and provide key observations on our current situation. Their observations include:

- OHCA provides managed care to its members through a combination of public and private management organizations and generates significant cost savings.
- Reducing the stigma of Medicaid as well as streamlining enrollment and member interaction may bring new and healthier members into OHCA programs.
- Health disparities among various groups have multiple causes, including cultural factors, lack of access, lack of resources or information and others.

- Health outcomes may be determined as much as 40 to 50 percent by individual behaviors and as little as 10 percent by health care services.
- Proven methods of changing individual behavior include behavioral incentives, social marketing and community health workers.
- Education initiatives to improve responsible health care utilization should also include provider education to improve understanding of the lives of SoonerCare members as it relates to their ability to comply with complex health plans.
- Oklahoma has some health care workforce shortages overall, especially in rural areas.
- Viability of rural hospitals and the safety net services they provide are key components of rural access.
- Actions and related performance measures must be ones that OHCA and its partners can actually improve and not solely be determined by external factors.

Oklahoma economic and demographic indicators

Oklahoma’s population has remained at 3.9 million people³ over the last 3 years, but the percentage of people 65 and older has increased from 14.5 percent to 15 percent⁴. These people represent the group most likely to use health care services. The percentage of Oklahomans without health insurance remains at 14 percent, exceeding the national rate of 9 percent⁵. The poverty rate in Oklahoma continues at 16 percent⁶, but the unemployment rate, while still slightly higher than the national average⁷, dropped from 5 percent to 4.4 percent between 2016 and 2017⁸. Oklahoma’s overall health ranking has also improved in the last 3 years, although it remains in the bottom 10 states⁹.

In addition, the state has experienced four consecutive quarters of economic growth (October 2016 to November 2017). Gross receipts to the treasury have increased for eight consecutive months, growing more than 12 percent in November 2017 as compared to November 2016, indicating some possible relief in sight to state budget shortfalls¹⁰.

	2014	2015	2016	2017
Oklahoma’s total population	3,875,008	3,911,338	3,923,561	3,930,864
Percent of Oklahoma’s population 65 years and older	14.0%	14.50%	14.70%	15.00%
Oklahoma Uninsured	15%	14%	14%	N/A
National Uninsured	12%	9%	9%	N/A
Oklahoma’s Poverty Rate	16.60%	16.10%	16.30%	N/A
Oklahoma’s Unemployment Rate	4.00%	4.10%	5.00%	4.40%
National Unemployment Rate	5.60%	5.00%	4.70%	4.10%
America’s Health Rankings, Oklahoma’s Rank	46	45	46	43
Variance in Okla. Gross Receipts from Previous December	4.9%	-8.9%	-5%	12.0%

³ US Census Bureau, Oklahoma QuickFacts, <http://www.census.gov/quickfacts/table/PST040216/40>

⁴ US Census Bureau, Oklahoma, https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

⁵ OHCA, Oklahoma Uninsured Fast Facts, <http://www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=21328&libID=20310>

⁶ Statista, Poverty Rate in Oklahoma from 2000 to 2016, <https://www.statista.com/statistics/205503/poverty-rate-in-oklahoma/>

⁷ Bureau of Labor Statistics, Labor Force Statistics from the Current Population Survey, Unemployment Rate, <https://data.bls.gov/timeseries/LNS14000000>

⁸ Oklahoma Employment Security Commission, Unemployment Rates, https://www.ok.gov/oesc_web/Services/Find_Labor_Market_Statistics/Imihp/Imihp82109.html

⁹ America’s Health Rankings, Oklahoma, <https://www.americashealthrankings.org/search?q=oklahoma>

¹⁰ Office of the Oklahoma State Treasurer, December 2017 Oklahoma Economic Report, https://www.ok.gov/treasurer/documents/Dec-17_OER.pdf

TEN STRATEGIES

The strategies listed here will help move OHCA and the state from the current situation towards our Vision of Success. More details about each strategy follows this page.

1. Focus on preventive care proven to reduce long-run expenditures for chronic care.
2. Expand and enhance OHCA managed care programs, such as health access networks (HANs), patient-centered medical home(PCMHs), and the Health Management Program (HMP).
3. Develop new services and providers for members in rural areas.
4. Develop a continuum of insurance options for low-to-moderate income Oklahomans.
5. Improve health literacy among younger Oklahomans (aged 10-20).
6. Improve advocacy and understanding of SoonerCare members, programs and the agency budget.
7. Enhance and promote cultural sensitivity.
8. Develop a streamlined online enrollment system for all programs.
9. Expand OHCA quality improvement efforts for both administrative and clinical quality.
10. Move the provider reimbursement system towards payment for value or outcomes.

KEY PERFORMANCE MEASURES

Individual strategies and actions in this plan should include a wide variety of measures to judge the success of the strategies in meeting objectives. The following are key measures that reflect the overall success of the plan in moving Oklahoma's health care environment toward our vision. OHCA will report these measures as often as they are available and show them in comparison to a national or state benchmark whenever possible.

1. Percentage of members in a managed care program
2. EPSDT (well-child exam) annual participation rate for all children
3. Adult access to preventive/ambulatory health services
4. Follow-up after hospitalization for mental illness
5. Emergency Room (ER) utilization per 1000 members
6. Physician reimbursement as a percentage of Medicare rates
7. Hospital reimbursement as a percentage of the upper payment limit
8. Nursing home reimbursement as a percentage of cost
9. Percentage of eligible providers who achieve value- or outcome-based payments
10. Infant mortality in the SoonerCare population by racial and ethnic group
11. Members with chronic conditions by racial and ethnic group
12. Satisfaction of members with access to providers
13. Satisfaction of members with their health plan
14. Satisfaction of members with customer service
15. Percentage of total members who enroll online
16. Expenditures per member per month by category – children, adults, nursing home residents, etc.
17. Administrative cost percentage
18. OHCA employee turnover rate

STRATEGY ACTION PLANS

A useful strategic plan must have a significant impact on the decisions made by an organization. The agency must continually monitor its ongoing operations and new projects in light of the 10 strategies in this plan. Each strategy has associated objectives that represent what it is trying to achieve by taking any action. If a particular action or strategy does not effectively achieve the objectives, then the strategy, action and/or objective needs revision in order to align with each other.

Each of these strategies lists possible implementation actions that may help to move the agency towards its objectives and the realization of its vision. However, OHCA will not undertake any action without additional assessment of its costs and benefits, the current environment, and its impact on the achievement of our objectives. Several formal change and project management processes at the agency ensure that OHCA does not undertake any action without thorough review of its impact and effectiveness. These include a single review process for all actions, public comment and advisory boards, executive approval processes, and project management according to the Project Management Book of Knowledge (PMBOK) standard¹¹.

In recognition of the current budget limitations, each strategy lists lower-cost actions plans, as well as those that are higher cost. Any higher-cost action would only be considered or undertaken if funding was available.

This plan must also respond to the constant change in the state and federal environments and the needs of members and other stakeholders. Updated situational analysis will consider whether strategies, objectives or actions need revision or elimination. OHCA will publish short, quarterly updates to the plan and more detailed annual reviews of our activities and success in moving toward the vision.

Organizationally, OHCA will establish a strategic plan implementation team responsible for monitoring changes in the environment, reviewing and updating the plan, and reporting plan progress. Each action under the plan will have a “sponsor” who is a member of executive leadership with the ability to make decisions and commit resources, a “unit champion” who is the key agency staff member responsible for the implementation, and generally a project manager to plan, monitor and evaluate the implementation. As a rule, teams implement actions with representatives from all relevant units (e.g., Provider Services, Communications, Federal & State Policy, Information Technology, etc.).

¹¹ Project Management Book of Knowledge, an internationally recognized method of project management

I. Focus on preventive care proven to reduce expenditures for chronic care.

Goals: Satisfaction & Quality, Member Engagement

Focus areas: Changing Health Behaviors, Improving Quality, Minimizing Disparities

This strategy focuses on increasing access and information about preventive care for both children and adults. Actions include member and/or provider incentives, health education, social media campaigns, etc. Potential partners include primary care providers (PCPs), schools and safety net providers. The strategy likely requires additional administrative expenditures that should generate savings in longer-term expenditures for acute and chronic care.

Objectives:

- Improve member health by increasing compliance with preventive care recommendations.
- Reduce per member costs for health care services by reducing chronic disease.

Possible Implementation Activities:

Low to Moderate Cost/Difficulty:

- a) Designate an agency employee or group of employees to champion improved preventive care adherence.
- b) Review OHCA adult wellness coverage policy to ensure it supports this strategy.
- c) Identify health conditions or member characteristics and related preventive care that have the most likelihood of reducing health care expenditures, particularly things that may reduce expenditures in the near term; focus efforts in those areas.
- d) Analyze the possible relationship between no-shows for PCP visits and subsequent ER and urgent care visits; develop ideas to reduce PCP no-shows.
- e) Enlist community organizations and leaders in this effort in a meaningful way, including federally qualified health centers (FQHCs), Indian Health Service, tribally operated, or urban Indian health programs (ITUs), schools, nonprofits, faith-based, etc.
- f) Expand the agency's role in health education to improve members' understanding of recommended preventive care and its importance - this includes targeting and enriching OHCA social media posts and educational texting.
- g) Target preventive care education to members with specific health conditions, including support groups, chat rooms or blogs, etc., in conjunction with existing organizations that have similar goals.

Moderate to High Cost/Difficulty:

- h) Offer new reimbursement incentives to PCPs who complete necessary preventive care for their patients.
- i) Expand the existing health coach model, motivational interviewing, and similar proven techniques.
- j) Offer financial or other incentives for members to get necessary preventive care.
- k) Make cost-sharing changes to encourage primary care such as zero-dollar copay on initial prescriptions, no copays for well visits, and higher copays for ER use.
- l) Expand managed care and other programs that address the social determinants of health and factors that keep members from getting preventive care.

Risks and Constraints

- Data on the effectiveness of preventive care in improving health or reducing expenditures sometimes shows mixed results or is unavailable.
- Some stakeholders believe that care of the very sickest members should be prioritized over preventive care for currently healthy people.
- Preventive care efforts may increase administrative costs, which may be unacceptable even with reduced program costs.
- Federal regulatory and legislative action is required to change copayments for mandatory populations and may be required for some optional populations.
- It is difficult to ask providers to do more in an era of reduced reimbursement, especially if reduced health care costs mostly benefit the agency.
- Any new cost for incentives or other programs will require cutting other expenditures or finding new funding.

Recommended Performance Measures

- Existing Healthcare Effectiveness Data and Information Set[®] (HEDIS) and OHCA core quality measures related to preventive care adherence
- Percent of eligible providers who earn related incentive payments
- Percent of eligible members who earn related incentives
- Per member health care cost reductions in targeted areas and the return on investment (ROI) related to administrative cost increases
- Reduction in urgent care and ER usage associated with decreasing no-shows for PCP appointments

2. Expand and enhance OHCA managed care programs.

Goals: Responsive Programs, Administrative Excellence, Collaboration

Focus areas: Changing Health Behaviors, Ensuring Rural Access, Improving Quality, Minimizing Disparities

This strategy promotes managed care services for SoonerCare members wherever appropriate, including expanding and enhancing existing programs such as patient-centered medical homes (PCMHs), health access networks (HANs), members served by the Chronic Care Unit (CCU), and the Health Management Program (HMP). Managed care programs may increase administrative costs but should produce larger savings in health care service costs.

Objectives:

- Reduce per member costs for health care services.
- Maximize the cost efficiency and health outcomes related to managed care efforts.

Possible Implementation Activities

Low to Moderate Cost/Difficulty:

- a) Continue the agency's use of data and analytics to identify "at-risk" individuals early and create programs and tools to meet their needs.
- b) Involve and support Oklahoma-based private sector organizations as leaders of HANs or other care management efforts.
- c) Utilize social media to post resource options related to social determinants of health, e.g., food banks, clothing swaps, legal services, etc.
- d) Promote integrated and holistic care, care teams using a variety of professionals and behavioral health or other specialist medical homes for appropriate members.
- e) Involve both providers and members in the design of managed care systems.
- f) Improve access to behavioral health services, possibly through integration with PCPs.

Moderate to High Cost/Difficulty:

- g) Develop and implement managed care programs and concepts, including the proposed redesign of the PCMH.
- h) Include more services in managed care programs related to the social determinants of health, such as housing, food, etc.
- i) Provide transition services for children with chronic health issues.
- j) Streamline OHCA care management programs with a more diverse range of services and possible "graduation" from one to the next, with member incentives for graduation.

Risks and Constraints

- Managed care programs must be evaluated for health outcome improvements, efficiency of administration and reduced health care costs.

- Money for managed care programs is required up front, but reduced expenditures may not occur for many years or may not occur at all.
- Any new programs or program expansions require cutting other expenditures or finding new funding.
- Some external stakeholders believe that the state should have no role in managed care.

Recommended Performance Measures

- Percent of SoonerCare members in managed care programs
- Number of HANs by rural and urban areas
- Per member health care cost reductions in targeted areas
- Program cost savings per administrative dollar spent for managed care
- Administrative costs associated with current and proposed managed care programs

3. Develop new services and providers for members in rural areas.

Goals: Responsible Financing, Responsive Programs, Member Engagement, Effective Enrollment, Collaboration

Focus areas: Changing Health Behaviors, Ensuring Rural Access, Improving Quality, Minimizing Disparities

This strategy addresses disparities in outcomes and access for members in rural areas by promoting additional education, specialized services and new or expanded provider types. It emphasizes partnerships with existing leadership and provider networks in rural areas.

Objectives:

- Ensure that most rural members can access primary and urgent care within a 30-45 minute drive; specialist and hospital care within a 2-3 hour drive.
- Improve health literacy in rural areas.

Possible Implementation Activities

Low to Moderate Cost/Difficulty:

- a) Use OHCA provider relations staff to promote and/or recruit satellite provider locations and mobile medical units that serve rural areas and meet other rural provider needs.
- b) Encourage and promote provider networks so that mothers who give birth at hospitals in larger cities return to the care of local PCPs after delivery.
- c) Partner with existing rural community leaders and providers to promote health literacy and information.
- d) Participate in multi-organization initiatives to develop and implement innovative ways to recruit providers to rural areas.
- e) Expand the use and reimbursement of telehealth and virtual visits.

Moderate to High Cost/Difficulty:

- f) Enhance the scope of OHCA community outreach workers to include more health education and address social determinants of health and access to services.
- g) Develop mobile phone applications for member enrollment, account management and health information.
- h) Add new provider types, such as community health workers, to serve rural members.
- i) Recruit urgent care providers to open new facilities in areas where a rural hospital has closed.
- j) Offer more transportation services with alternatives to a single vendor.
- k) Develop new payment models specifically to support rural providers.
- l) Support health care workforce development programs where there are incentives or some other method to ensure that the provider will serve rural areas.

Risks and Constraints

- Current OHCA telehealth policy already reimburses a wide variety of services, so changes would not have much ability to affect the growth of telehealth and virtual visits.
- Many of these activities require active participation from other organizations and agencies that may have different priorities.
- Any new programs or increased reimbursement requires cutting existing expenditures or finding new funding.

Recommended Performance Measures

- Satisfaction with access and health care for rural members versus urban members (CAHPS)
- Number of HANs by rural and urban areas
- Percent of rural members in managed care compared to percent of urban members
- Contracted providers per 1000 members by provider type and county
- Number of rural hospital closings
- Percent of rural members using electronic communications for enrollment and health information

4. Develop a continuum of insurance options for low-to-moderate income Oklahomans.

Goals: Responsible Financing, Satisfaction & Quality, Effective Enrollment, Administrative Excellence, Collaboration

Focus areas: Ensuring Rural Access, Minimizing Disparities, Legislative & Budget Innovation

This strategy promotes the development of a series of health insurance options with comprehensive benefits for members whom OHCA serves in the low-to-moderate income categories. As income increases, member cost-sharing requirements would increase. The continuum would include both public and private insurance products.

Objectives:

- Eliminate health benefits-related disincentives to improve economic status.
- Reduce the waiting list for disability services.
- Reduce the number of uninsured and under-insured Oklahomans.

Possible Implementation Activities

Low to Moderate Cost/Difficulty:

- a) Analyze the magnitude and characteristics of any disincentives for households to increase their income because of a potential loss of comprehensive health benefits; propose options that would eliminate those disincentives.
- b) Screen members for disability services, including the ADvantage program¹², to ensure that those most in need receive services. Utilize currently available software products.
- c) Continue the ongoing effort to provide better information about all programs and services to individuals who need disability services.
- d) Convene safety net providers, such as ITUs, FQHCs, faith-based clinics, etc., to discuss their targeted populations, their potential role in this continuum, and needed funding or services.
- e) Partner with private insurance providers to develop benefit packages and innovative ways to ensure that people move between public and private insurance more easily, with effective care coordination.

Moderate to High Cost/Difficulty:

- f) Dependent on budget availability and in conjunction with state leadership, consider expanding the Insure Oklahoma programs to individuals with higher incomes/or and employers of larger size and include benefits that are more comprehensive.
- g) In conjunction with state leadership, consider new federal and private funding options that might replace or enhance current state funding for health benefits and services.

¹² The ADvantage program assists frail elders and adults with physical disabilities by providing home-based services as an alternative to nursing home care.

- h) Consider a pilot program for some SoonerCare members to purchase private sector plans; offer this program to individuals likely to have income increases in the near future that would make them ineligible for SoonerCare benefits.

Risks and Constraints

- With the repeal of the individual insurance mandate, some low-to-moderate income individuals may be unable or unwilling to participate in programs that require cost sharing.
- Many of these activities require active participation from other organizations and agencies that may have different priorities.
- Federal approval for Medicaid waivers may be required for many innovations under this strategy.
- Any new or expanded programs require cutting existing expenditures or finding new funding.

Recommended Performance Measures

- Number of people on a waiting list for disability services
- Number of uninsured Oklahomans
- Number of underinsured Oklahomans, i.e., those without comprehensive benefits
- Amount of new funding available for health benefit packages whether from public sources, private sources or covered member cost-sharing contributions

5. Improve health literacy for younger Oklahomans (aged 10-20).

Goals: Responsive Programs, Member Engagement, Collaboration

Focus areas: Changing Health Behaviors, Ensuring Rural Access, Minimizing Disparities

This strategy focuses on changing the behavior of young Oklahomans, aged 10-20, as the best way to accomplish long-term culture change to achieve the vision of a healthy Oklahoma.

Objectives:

- Make permanent changes in the health behaviors of Oklahomans by helping young people understand the health consequences of their choices.
- Reduce the long-term financial liability of the state for public health care benefits by focusing on health education now.

Possible Implementation Activities

Low to Moderate Cost/Difficulty:

- a) Create focus groups of SoonerCare and other Oklahoma youth to determine the current levels of health literacy, preferred methods for accessing information, most respected institutions and leaders for potential partnerships, and effective incentives for behavior change.
- b) Designate an agency staff member or team of staff members as the champion(s) for youth health literacy.
- c) Partner with schools and other youth-related organizations to develop and promote health literacy programs.
- d) Create a youth member adjunct to the Member Advisory Task Force (MATF) that would advise the agency on health literacy. This group might meet at the same time both with the MATF and separately. Each MATF member might bring one youth member with them to avoid transportation issues.
- e) Expand the scope of OHCA community outreach workers to include youth health literacy.

Moderate to High Cost/Difficulty:

- f) Expand the existing texting educational programs - i.e., Text4Baby and Connect4Health -to address youth health literacy.
- g) Create social media campaigns focused on youth health literacy.
- h) Develop or identify health literacy videos and/or phone or computer games designed for teenagers and promote these.
- i) Obtain Children's Health Insurance Program Health Services Initiative (CHIP HSI) funding for statewide programs focused on youth health literacy for both SoonerCare members and other young Oklahomans. Consider private foundations for funding the state share. This funding might cover outreach workers, electronic communications, school programs or any other ideas under this strategy.
- j) Develop an incentive program for youth health literacy where local businesses provide financial and other incentives for youth in their market or hiring areas.

- k) Hold youth health literacy forums, fairs or conferences based on input from focus groups and youth members of the MATF.

Risks and Constraints

- Data on behavior change efforts often shows mixed results about whether behavior change occurs and translates into better health.
- This strategy requires increased administrative costs in the short-term, but benefits in health outcomes and reduced health care costs may not occur for many years.
- Providing transportation for young people to come to events at OHCA may be difficult; it may be more reasonable to use videoconferencing or other electronic communication.
- Many of these activities require active participation from other organizations and agencies that may have different priorities.
- Federal approval for CHIP HSI projects is required.
- Any new or expanded programs require cutting existing expenditures or finding new funding.

Recommended Performance Measures

- Number of website hits, text messages opened, social media views, etc.
- New measures of literacy or satisfaction obtained through youth member survey
- Percentage of eligible members earning incentives

6. Improve advocacy and understanding of SoonerCare members, programs and the agency budget.

Goals: Satisfaction & Quality, Member Engagement, Administrative Excellence, Collaboration

Focus areas: Improving Quality, Legislative & Budget Innovation

This strategy promotes actions that “tell the story” of OHCA, its programs, the people who receive health care benefits, its role in maintaining health care infrastructure, and its successes in administration and budget management. Using various media channels and events, OHCA will provide maximum transparency into its programs and expenditures to increase public support and to allow for additional public input into OHCA programs and policy.

Objectives:

- Increase support for OHCA by providing transparency, understandable information and good performance data about all aspects of its programs and budget.
- Improve opportunities for SoonerCare members to participate in agency advocacy and decision-making.

Possible Implementation Activities

Low to Moderate Cost/Difficulty:

- a) Develop “Sooner Care 101” training that explains key points about OHCA – programs, characteristics of members, expenditures and revenues, federal mandates, etc. Include the role of Medicaid funding in maintaining overall health care infrastructure in Oklahoma. Create versions for employees, legislators, collaborating organizations and the public.
- b) Distribute more information and analysis about the economic impact of SoonerCare programs by community, county, legislative district or other. These could also show the impact of additional federal funding received by FQHCs and ITUs.
- c) Hold “meet and greet” or agency information sessions for new legislators and others who may wish to know more about the agency.
- d) Involve SoonerCare members in the agency’s provider training sessions.

Moderate to High Cost/Difficulty:

- e) Expand the scope of OHCA community outreach workers to include agency information and SoonerCare 101 training for community groups.
- f) Work with SoonerCare member groups and other organizations to ensure that the voices of SoonerCare members are heard in the legislative process.
- g) Add a SoonerCare member position to the OHCA Board.

Risks and Constraints

- Medicaid programs often involve a complex web of federal and state requirements, so do not always lend themselves to simple presentation.
- Some OHCA programs focus on long-term impacts to public health and expenditures, so it may be difficult to show short-term results in some areas.

- Media outlets may not always disseminate the information that OHCA supplies.
- Changing the OHCA Board composition requires state legislation.
- People who are philosophically opposed to public funding of health benefits or a public role in health care infrastructure are unlikely to change their positions, even with complete transparency.

Recommended Performance Measures

- Percent of the agency's budget request that is funded by the Legislature
- Number of positive stories about OHCA that appear in the media
- Number or percentage of member recommendations that are implemented
- Percentage of members satisfied with OHCA programs and administration

7. Enhance and promote cultural sensitivity.

Goals: Responsive Programs, Member Engagement, Satisfaction & Quality, Collaboration

Focus areas: Changing Behaviors, Improving Quality, Minimizing Disparities

This strategy focuses on managing the cultural factors that affect health outcomes and access, including racial, ethnic and economic variation. It addresses programs to meet the needs of people with health conditions that disproportionately affect particular groups such as sickle cell disease, as well as minimizing disparities in overall health outcomes. It also addresses the stigma and discomfort that many members feel when they access health care, associated either with receiving SoonerCare benefits or with being part of a particular demographic group.

Objectives:

- Increase awareness of cultural factors that affect health outcomes and access.
- Reduce disparities in health outcomes and access for different demographic groups.
- Improve outcomes for SoonerCare members related to diseases that disproportionately affect a particular racial or ethnic group.

Possible Implementation Activities

Low to Moderate Cost/Difficulty:

- a) Designate an agency staff member or team to champion cultural sensitivity programs.
- b) Add a cultural sensitivity component to OHCA provider training, including training for front-line provider staff.
- c) Provide an online guide to cultural sensitivity in medical services that providers and their staff can access; focus on major racial and ethnic groups among SoonerCare members.
- d) Partner with other organizations that address cultural sensitivity in medical services and leverage their projects with our efforts.
- e) Develop shared decision-making models that promote trust between members, providers and payers.
- f) Provide targeted information to counteract misunderstandings about the overall composition of SoonerCare membership, including age of members, disability status, work and economic status, and racial and ethnic groups.
- g) Ensure that OHCA staff demographics reflect the diversity of SoonerCare members.
- h) Incorporate cultural sensitivity into member outreach, including identifying appropriate partner organizations such as churches, utilizing free or low-cost radio spots, etc.

Moderate to High Cost/Difficulty:

- i) Create provider incentives to address cultural sensitivity and racial disparities.
- j) Develop cultural sensitivity measures for provider quality rankings.
- k) Work with medical and nursing schools to incorporate cultural sensitivity training in their programs.

- l) Develop more materials (e.g., social media) that address disease states that affect minority or economic groups disproportionately, e.g., infant mortality, sickle cell disease and diabetes.
- m) If a national standard benefit package for American Indian/Alaska Native (AI/AN) members is developed or proposed, consider aligning SoonerCare benefits for AI/AN members with this standard.

Risks and Constraints

- Bias related to people who are different from one's own group is complex and not easily eliminated.
- Any new expenditure for cultural sensitivity training or incentives would require reducing existing expenditures or finding new funding.
- Media outlets may not always disseminate the information that OHCA provides.
- Many of these activities require active participation from other organizations that may have different priorities.

Recommended Performance Measures

- Disease-specific outcomes by demographic group (e.g., heart disease, diabetes and cancer)
- Percentage of eligible providers who attend cultural sensitivity training
- Percentage of eligible providers who receive incentives or high quality rankings related to cultural sensitivity
- Member satisfaction with access to care by demographic group
- Number of programs targeted to diseases that disproportionately affect certain racial or ethnic groups
- Racial and ethnic diversity of OHCA-contracted providers and OHCA staff

8. Develop a streamlined online enrollment system for all programs.

Goals: Satisfaction & Quality, Effective Enrollment, Administrative Excellence, Collaboration

Focus areas: Improving Quality, Legislative and Budget Innovation

This strategy promotes the use of electronic systems for all member eligibility, renewal and account management functions. It proposes phasing all Medicaid programs into a streamlined online enrollment system over the five-year period of this plan, including aged, blind and disabled (ABD) members, disability determinations and services eligibility, waiver program eligibility, members who are eligible for both Medicaid and Medicare (“duals”) and nursing home eligibility.

Objectives:

- Improve member satisfaction with the enrollment, renewal and account management functions.
- Reduce expenditures for eligibility and account management processes by creating fully electronic processes.
- Reduce staff time devoted to correcting errors when members overlook required renewals or other account management issues.
- Standardize and improve the accuracy of all eligibility determinations.

Possible Implementation Activities

Low to Moderate Cost/Difficulty:

- a) Improve real-time data matches.
- b) Improve member outreach; include new training for workers at Oklahoma Department of Human Services (OKDHS) and other partner agencies/organizations.
- c) Involve primary care providers (PCPs) in eligibility renewal efforts.
- d) Notify members they need to renew at 60-, 30- and 15-day intervals.
- e) Improve public understanding of existing data matches and system accuracy.

Moderate to High Cost/Difficulty:

- f) Improve internet browser and mobile phone capability for current and future online enrollment and account management systems.
- g) Develop texting capability to send renewal and other reminders to members.
- h) Develop both clinical and financial eligibility pathways online.
- i) Develop a process to notify PCPs of their members' eligibility end dates and improve PCP knowledge of eligibility requirements and intervals.

Risks and Constraints

- Data sharing between federal and state agencies and other organization poses complex technical, legal and organizational challenges.
- Any new expenditures would require reducing existing expenditures or finding new funding.
- Some members prefer personal assistance and/or paper letters and applications.

- Multiple agencies and organizations currently process and assist with eligibility functions and may have different priorities and needs.

Recommended Performance Measures

- Number of real-time data matches
- Percentage of enrolled members found to be ineligible during an audit or delayed data match process
- Percentage of members who enroll online
- Number of members who request call center assistance with enrollment or account management issues
- Member satisfaction with customer service

9. Expand OHCA quality improvement efforts for both administrative and clinical quality.

Goals: Satisfaction & Quality, Administrative Excellence, Collaboration

Focus areas: Improving Quality, Legislative and Budget Innovation

This strategy promotes quality improvement in all OHCA areas, including health care quality, administrative processes, and member engagement. It proposes a separate and more detailed quality improvement plan to analyze and recommend quality structures, activities and measures. Quality improvement affects all goals and focus areas to some extent.

Objectives:

- Improve the quality of health care received by OHCA members and their satisfaction with that health care.
- Improve member and provider satisfaction with OHCA administration.
- Ensure the most efficient use of taxpayer dollars spent by OHCA.

Possible Implementation Activities

Low to Moderate Cost/Difficulty:

- a) Develop a more detailed quality improvement plan for the agency.
- b) Create a new, integrated organizational structure for quality at OHCA, possibly with separate pieces for clinical and administrative quality.
- c) Serve as host for webinars and other training opportunities to highlight best practices and approaches of successful providers.
- d) Coordinate quality meetings and initiatives between agencies and providers.
- e) Incorporate more members in OHCA advocacy, program development, provider training, strategic planning and other initiatives.
- f) Analyze provider and member call types and issues and take specific action to address things that recur frequently; include call center staff in this.
- g) Incorporate quality incentives and penalties in administrative contracts with vendors.

Moderate to High Cost/Difficulty:

- h) Develop and report provider-specific data and rankings.
- i) In conjunction with members and providers, consider options to ensure that wages paid to workers who provide services in members' homes are sufficient to attract and retain high-quality caregivers.
- j) Promote a comprehensive and shared electronic health record for every patient.
- k) Improve PCMH audits to reflect more accurately the quality of a medical home.
- l) Streamline and enhance the prior authorization (PA) process.
- m) In conjunction with state leadership, consider hiring a reinsurance broker to stabilize the agency budget by assuming some of the risk and variation of high-cost members.
- n) Analyze the "handoffs" of people seeking services between state agencies for possible gaps and duplications; improve these processes to remove problem areas.

Risks and Constraints

- Any new expenditure would require reducing existing expenditures or finding new funding.
- Providers may perceive OHCA quality collaborations as an audit or contract compliance function, rather than a sincere effort to improve quality.
- Many of these initiatives involve multiple agencies, organizations and individuals that may have different priorities.
- Private vendors currently operate most first-tier call centers, so changes to improve quality may require negotiation, additional reimbursement and contract amendments.

Recommended Performance Measures

- OHCA Core Quality Measures
- National quality measures such as HEDIS and Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- Expenditure reductions resulting from improved quality
- Overall provider quality rankings
- Provider retention percentage overall and by key provider types
- Turnaround time for PAs
- PCMH provider audit rankings
- PERM error rate

10. Move the provider reimbursement system towards payment for value or outcomes

Goals: Responsible Financing, Satisfaction & Quality, Administrative Excellence, Collaboration

Focus areas: Changing Health Behaviors, Improving Quality, Legislative and Budget Innovation

This strategy proposes moving the reimbursement system for all OHCA programs towards payments based on value, outcomes, behavior changes, etc. OHCA would phase in these changes over the five-year period, beginning where they make the most sense and/or are the easiest to implement. Because reporting, collecting and analyzing outcomes data is labor-intensive for both payers and providers, OHCA should align value-based payments with other payers wherever possible.

Objectives:

- Improve the quality of health care received by members in OHCA programs.
- Increase the efficiency of health care expenditures by paying only for demonstrated value or outcomes.
- Improve the health of Oklahomans.

Possible Implementation Activities

Low to Moderate Cost/Difficulty:

- a) Monitor changes proposed by CMS, private payers, national organizations, etc., that propose a standard set of measures for providers on which payments are based; develop ways to align OHCA payments with those measures.
- b) Review and analyze where Medicare is an appropriate standard and where it is not.
- c) Identify areas where value-based payments are the easiest to implement and pilot those areas first.

Moderate to High Cost/Difficulty:

- d) Expand HANs and other managed care partnerships with value-based or incentive payments.
- e) Offer providers incentives for referrals to behavior change programs similar to those offered by the Oklahoma Tobacco Settlement Endowment Trust (TSET).
- f) Incorporate provider risk into the rate structure where outcomes that are more difficult to achieve receive a higher reimbursement.

Risks and Constraints

- Implement value-based payments in gradual phases to mitigate risk and disruption.
- If changes are not revenue neutral, any new expenditure would require reducing existing expenditures or finding new funding.
- Collecting, reporting and analyzing data is complex and labor-intensive for both payers and providers.
- Payers reimburse providers in the short term, and many outcomes take much longer to appear.

Recommended Performance Measures

- Percentage of eligible providers who achieve value- or outcome-based payments or who reach a certain value-based payment level
- Number of provider payment approaches that include a value-based component
- Provider retention percentage overall and by type
- Member satisfaction with access to providers

APPENDIX 1: STRATEGIC PLANNING PROCESS

Approach Development

Oklahoma statutes require all agencies to prepare strategic plans and report performance measures. For this plan, OHCA leadership decided to develop a five-year plan and to focus on getting maximum input from all stakeholders. They established a number of objectives at a leadership retreat in June of 2017: addressing current budget uncertainty, developing actionable plans with measurable outcomes, ensuring that all stakeholders feel heard, and improving the general understanding of the external factors and constraints that surround OHCA. Existing OHCA goals would form the plan’s foundation, but OHCA Board members and executive staff also developed a set of focus areas to address key current issues, including legislative and budget innovation, rural access, healthy behaviors, economic and racial disparities, and quality improvement. The planning director held regular meetings with the OHCA Board Strategic Planning Committee and other board members to incorporate their ideas and input.

OHCA Strategy Forum

In October 2017, OHCA invited approximately 100 key stakeholders to provide input for the plan at a two-day meeting at the agency; about 60 external people attended. The group began by developing a vision of success in response to this question: “*Assuming the agency had necessary resources and made significant progress towards its goals, what would Oklahoma’s health care environment be like at the end of 2022?*” Small groups considered each agency goal, refined the definition of success, and analyzed the strengths, weaknesses, opportunities and threats (SWOT) related to the goal. They then suggested some key performance indicators to measure our success in achieving the goal and milestones to target at the end of each year.

The second session addressed the plan focus areas. Subject matter experts (SMEs) identified key issues in the focus areas, and groups refined the definition of success and OHCA’s role in achieving that success. Groups ranked OHCA core functions by both their impact and cost/difficulty related to each focus area.

The last session addressed new action ideas, again ranked by both impact and the cost and/or difficulty of implementing the action. OHCA explained its budget request, and participants were invited to ask questions or make comments. The Strategy Forum was well received, with participants ranking the following statements on a scale of 1 to 5:

Content was relevant and valuable	4.68
Provided a good understanding of OHCA	4.74
Developed actionable plans and measurable outcomes	4.21
My opinions and ideas were heard	4.68
Better way for stakeholders to participate	4.81

OHCA compiled results from the Forum and distributed them to all stakeholders.

OHCA Employee Participation

The planning group invited agency supervisors and others interested employees to review the results of the Strategy Forum and add their own ideas. About 70 employees participated and a number of others submitted ideas in writing. The session began by asking employees to validate and improve the vision of success developed at the Forum. Not surprisingly, employees added a number of ideas focused on agency operations and staff. Small groups then reviewed the stakeholders' work on goals and focus areas, and verified the results, adding their own ideas as well. Since employees understand agency operations well, these sessions developed more information on the cost and resource issues associated with action plans.

Online Surveys

To obtain additional input from people unable to attend a session, OHCA created online surveys. One of these asked questions of interest to SoonerCare members; the other focused more on providers and partner organizations. Roughly 3,000 members completed the survey, indicating substantial satisfaction with SoonerCare programs and services as well as interest in information and incentives related to healthy behavior. The stakeholder survey validated the input from the Strategy Forum with respondents emphasizing preventive and managed care, rural access improvements, and cultural sensitivity initiatives.

Annual Tribal Consultation

OHCA meets annually with tribal leaders and health care providers to exchange ideas about programs, actions and priorities. The OHCA Tribal Government Relations Unit provided feedback and ideas from the 2017 Consultation in a number of strategic planning areas: provider recruitment and workforce development in rural areas, health literacy initiatives, telehealth and virtual visits, and the role of Indian Health Service (IHS) and tribal providers in providing a continuum of insurance options for low-to-moderate income Oklahomans.

Development of Strategies and Action Plans

The planning group synthesized all groups' ideas into 10 strategies, as well as associated action plans and performance measures. OHCA's Office of Data Governance and Analytics provided information about available data and existing measures. To address budget concerns, the strategies include only high impact actions, which are categorized based on their implementation costs and other resource issues. The OHCA executive team and OHCA Board Strategic Planning Committee participated in approval and development of the strategies and action plans. The planning director made a public presentation at the February 2018 OHCA Board meeting and invited comments on final strategies and action proposals. A draft written plan was also submitted to board members and executive leadership for review and approval.

APPENDIX 2: LIST OF STRATEGIC PLANNING PARTICIPANTS

Jami Adams, OHCA
Annittcha Aikins, OHCA
Connie Albritton-Johnson, OHCA
Melody Anthony, OHCA
Tony Armstrong, OHCA Board
Marlene Asmussen, OHCA
Cindy Bacon, Central Communities Health Access Network
Brandy Bailey, Valir PACE
Sarah Baker, Oklahoma Speech Language Hearing Association
Lynn Barrett, OHCA
Cheri Berry, OHCA
Sheila Bertelson, OHCA
Debra Billingsley, Oklahoma Pharmacists Association
Glenda Blanton, OHCA
Samantha Blue, LIFE Senior Services
Josh Bouye, OHCA
Amy Bradt, OHCA
Jannelle Bretten, Office of Juvenile Affairs
Kristall Bright, OHCA
Mary Brinkley, Leading Age Oklahoma
Megan Brister, OHCA
Kelli Brodersen, OHCA
Sen. Michael Brooks, Oklahoma Legislature
Velvet Brown, Supporters of Families with Sickle Cell Disease
Joni Bruce, Oklahoma Family Network
Ann Bryant, OHCA Board
Hillary Burkholder, OHCA
Tanya Case, OHCA Board
Zenia Castillo, OHCA
Ginger Clayton, OHCA
Brett Coble, Oklahoma Association of Health Care Providers
Andrew Cohen, Pacific Health Policy Group
Folonda Cooper, OHCA
Terry Cothran, Pharmacy Management Consultants
Tywanda Cox, OHCA
Katie Cummings, OHCA
Dr. Joseph Cunningham, Blue Cross Blue Shield

Randy Curry, SWOSU College of Pharmacy
Charles Danley, Grand Lake Mental Health Center
Sirian DeLeon, OHCA
Laura Dempsey, Morton Comprehensive Health Services
David Dude, American Cancer Society
Casey Dunham, OHCA
Denise Easter, OHCA
Carrie Evans, OHCA
Richard Evans, Physician Manpower Training Commission
Wandy Felty, University Center for Excellence in Developmental Disabilities
Dr. Karla Finnell, OU College of Public Health
Colleen Flory, Oklahoma Office of Management and Enterprise Services
Andy Fosmire, Oklahoma Hospital Association
Melanie Fourkiller, Choctaw Nation
Ryan Freeman-Smith, OHCA
Andy Garnand, OHCA
Bill Garrison, OHCA
Jennifer Gaskill, OHCA
Paul Gibson, OHCA
Lisa Gifford, OHCA
Melissa Gower, Chickasaw Nation
Della Gregg, OHCA
Nancy Gress, Health Management Systems, Inc.
Stephania Grober, Blue Cross Blue Shield
Likita Gunn, OHCA
Trish Harland, OHCA
Kimberely Helton, OHCA
Dr. Mike Herndon, OHCA
Christopher Hilbert, OHCA
Dara Holmes, OHCA
Gloria Hudson, OHCA
Jeff Hughes, Progressive Independence
Mark James, Oklahoma Commission on Children and Youth
Kyle Janzen, OHCA
Johnney Johnson, OHCA
Corie Kaiser, OSU Center for Rural Health
Lori Kann, OHCA
Kara Kearns, OHCA
Carter Kimble, Board of Regents for Oklahoma Agricultural & Mechanical Colleges
Daryn Kirkpatrick, OHCA

Jean Krieske, OHCA
Melanie Lawrence, OHCA
Derek Lieser, OHCA
Steve Lightner, OHCA
Todd Loftin, Oklahoma State Department of Education
Dr. Andrea Lorden, OU College of Public Health
Monika Lutz, OHCA
Tiffany Lyon, OHCA
Adolph Maren, OHCA
Kirk Martin, Oklahoma Department of Commerce
Adriana Martinez, OHCA
Patrice Matthews, OHCA
Maria Maule, OHCA
Matthew Maxey, OSU Health Access Network
Melissa McCully, OHCA
Ed McFall, OHCA Board
Ladd McGraw, Oklahoma Office of Management and Enterprise Services
Dana Miller, OHCA
Michael Milligan, Children's Center Rehabilitation Hospital
Rhonda Mitchell, OHCA
Dr. Lynn Mitchell, OU Physicians
Rachel Mix, Sooner Health Access Network
Marie Moore, Oklahoma Department of Human Services
Dr. Paul Mulhausen, Telligen
Jaclyn Mullen, OHCA
Yvonne Myers, Citizen Potawatomi Nation
Nicole Nantois, OHCA
Jane Nelson, Oklahoma Nurses Association
Nancy Nesser, OHCA
Marc Nuttle, OHCA Board
Karen Oliver, Telligen
Fred Oraene, OHCA
Tana Parrott, OHCA
Rebecca Pasternik-Ikard, OHCA
Shelly Patterson, OHCA
Lashonda Phillips, OHCA
Eric Polak, OSU-CHS
Debra Proctor, Cherokee Elder Care
Sandra Puebla, OHCA
Carly Putnam, Oklahoma Policy Institute

Carolyn Reconnu-Shoffner, OHCA
Ann Roberts, Integris Health
Will Robinson, Oklahoma State Senate
Elio de los Santos, Maximus
Patrick Schlecht, OHCA
Alison Seigars, Northwestern Oklahoma State University
Emily Shipley, State Chamber of Commerce
Leslie Sickler, OHCA
Lakesha Simpkins, OHCA
Carmelita Skeeter, Indian Health Care Resource Center
Carrie Slatton-Hodges, Oklahoma Department of Mental Health & Substance Abuse Services
Rick Snyder, Oklahoma Hospital Association
Nelson Solomon, OHCA
Miguel Soto, OHCA
Dr. Garth Splinter, OHCA
Jo Stainsby, OHCA
Melissa Stangeland, OHCA
Dr. Jeffrey Stroup, OSU Center for Health Sciences
Brenda Teel, Chickasaw Nation
Sasha Teel, OHCA
Melinda Thomason, OHCA
Sherry Tinsley-Deangelis, OHCA
Tracey Truitt, OHCA
Noel Tyler, Oklahoma Department of Rehabilitation Services
Beth Van Horn, OHCA
Tammy Vaughn, SE Oklahoma Family Services
Dwynna Vick, OHCA
Kerri Wade, OHCA
Marty Wafford, Chickasaw Nation
Sarah Walker, OHCA
Brenna Wallach, OHCA
Jacquelyn Walsh, Rep. Scott Inman's office
David Ward, OHCA
Will Widman, DXC
Rebecca Williamson, Oklahoma Ambulance Association
Scott Wittman, Pacific Health Policy Group
Alex Yaffe, OHCA Board
Rep. George Young, Oklahoma Legislature