OKLAHOMA
Health Care Authority

Oklahoma Health Care Authority

Strategic Plan FY 2023-28

October 1, 2022

Submitted by: Kevin Corbett, OHCA CEO & Secretary of Health and Mental Health

Agency Introduction

The Oklahoma Health Care Authority administers Oklahoma's Medicaid program, commonly known as SoonerCare. SoonerCare works to improve the health of qualified Oklahomans by ensuring medically necessary benefits and services are available. Qualifying Oklahomans include certain low-income children, adults, families, those with disabilities, those being treated for breast or cervical cancer and those seeking family planning services.

Founded in 1993, this agency now encompasses the following divisions: Health Outcomes, Fiscal Responsibility, Operational Excellence and High Performing Teams.

The agency is working to reimagine Medicaid delivery in Oklahoma through the SoonerSelect program. SoonerSelect is a value-based payment model that will improve the health outcomes of SoonerCare members. It is the result of years of collaboration with stakeholders, providers and the Legislature to modernize Oklahoma’s Medicaid program.

The Oklahoma Health Care Authority also oversees the Oklahoma State Health Information Network and Exchange (OKSHINE) and Insure Oklahoma, which supports small businesses’ efforts to provide health insurance for their employees.

The agency partners with the Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma State Department of Health, Oklahoma Department of Human Services and OU College of Pharmacy, along with several other state agencies to serve Oklahomans. OHCA contracts with approximately 65,000 medical and dental providers to serve it’s more than 1.2 million SoonerCare members.

Agency Vision, Mission, and Values

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

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

Core Values: Passion for Purpose | Empowerment and Accountability | Trust and Transparency | Best in Class and Outcome-driven | Servant Leadership

Section I: Agency Environment

- Groups served by the agency
- Expected changes in service
- Expenditures, Budget & FTE
  - Total
  - Labor Spending
- Appropriations

Groups of People Served by the Agency

	Group Served	Services Received	Estimated Changes in Group Served (within next 5 years)
1	Children and adults that qualify for the Temporary Assistance for Needy Families program	Full Medicaid benefits	SFY2022 enrollment is 839,288. This includes 158,515 due to PHE as of August 2022. Estimated changes in this group: It is expected to decrease by 0.1% per year. This group will transition from a fee-for-service delivery system to a capitated, risk-based delivery system on Oct. 1, 2023.
2	Aged, blind and disabled (ABD) population, including Long-Term Care, HCBS Waiver groups and TEFRA	Full Medicaid benefits	SFY2022 enrollment is 182,670. This includes 202 due to PHE as of August 2022. Estimated changes in this group: It is expected to increase by 0.03% per year.
3	Medicaid expansion adult population serves adults ages 19-64 whose income is at or below 133% (138% with 5% disregard) FPL	Full Medicaid benefits inclusive of 1115 Institution for Mental Disease (IMD) Demonstration waiver residential services for Individuals ages 18 through 64 years with Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED) and/or Substance Abuse Disorder (SUD)	Medicaid Expansion became effective July 1, 2021. SFY2022 enrollment is 340,085. This includes 95,369 due to PHE as of August 2022. Estimated changes in this group: It is expected to increase by 0.6% per year. This group will transition from a fee-for-service delivery system to a capitated, risk-based delivery system on Oct. 1, 2023.
4	Participants in the Insure Oklahoma premium assistance program Employer Sponsored Insurance serves individuals up to and including 200% FPL.	Provides assistance with premiums to access employer-sponsored insurance	SFY2022 enrollment is 14,040. This includes 4,189 due to PHE as of August 2022. Members up to 133% FPL that were previously in ESI were moved into Medicaid Expansion when it became effective in July 2021. Estimated changes in this group: It is expected to decrease by 0.5% per year.

Note: During the public health emergency, eligibility is continual without closures unless the member passes away, moves out of state or requests the termination.

Groups of People Served by the Agency, cont.

	Group Served	Services Received	Estimated Changes in Group Served (within next 5 years)
5	SoonerPlan serves women and men who do not qualify for SoonerCare and whose income is at or below 133% (138% with 5% disregard) FPL	Title XIX Medicaid limited benefit plan for family planning coverage	SFY2022 enrollment is 18,626. This includes 7,680 due to PHE as of August 2022. Members below 134% that were previously in SoonerPlan were moved into Medicaid Expansion when it became effective in July 2021. When the Public Health Emergency ends, SoonerPlan members will be transitioned to the SoonerCare program, and the SoonerPlan program will end.
6	Oklahoma Cares Breast and Cervical Cancer (BCC) program serves women who do not qualify for SoonerCare and who need treatment for BCC or precancerous conditions	Full Medicaid benefits	SFY2022 enrollment is 611. Estimated changes within this group: It is expected to decrease by 1.0% per year.
7	Soon-to-be-Sooners Services for the unborn child up to 185% FPL (210% converted to MAGI and applicable disregards)	Title XXI (Separate CHIP) benefit plan which provides health care benefits to and for the benefit of the unborn child	SFY2022 enrollment is 9,332. This includes 11 due to PHE as of August 2022. Estimated changes in this group: It is expected to decrease by 0.3% per year.
8	Dually eligible for Medicare and Medicaid population	Approximately 75% of dual eligible individuals receive Medicaid benefits through a fee-for-service delivery system. For the remainder of the dual eligible individuals, Medicaid only pays their Medicare coinsurance and deductibles.	SFY2022 enrollment is 144,440. Estimated changes within this group: It is expected to increase by 0.1% per year. Approximately 80% of the population is also included in the ABD population.

Note: During the public health emergency, eligibility is continual without closures unless the member passes away, moves out of state or requests the termination.

Groups of People Served by the Agency, cont.

	Group Served	Services Received	Estimated Changes in Group Served (within next 5 years)
9	Hospitals	Education and support, claims processing and reimbursement at the rate authorized in the state plan.	June 2022, in-state enrollment is 169. This includes 9 tribal hospitals. Includes inpatient psychiatric facilities.
10	Clinics	Education and support, claims processing and reimbursement at the rate authorized in the state plan.	June 2022, in-state enrollment is 5,186. This includes 74 tribal clinics.
11	Behavioral Health Providers	Education and support, claims processing and reimbursement at the rate authorized in the state plan.	June 2022, in-state enrollment is 11,143.
12	Dentists	Education and support, claims processing and reimbursement at the rate authorized in the state plan.	June 2022, in-state enrollment is 1,008.
13	Pharmacies	Education and support, claims processing and reimbursement at the rate authorized in the state plan.	June 2022, in-state enrollment is 931.
14	Physicians	Education and support, claims processing and reimbursement at the rate authorized in the state plan.	June 2022, in-state enrollment is 9,641.
15	Primary Care Providers	Education and support, claims processing and reimbursement at the rate authorized in the state plan.	June 2022, in-state enrollment is 7,739.
16	Total Provider Network	Provider network offers SoonerCare members access to Medicaid benefits.	June 2022, enrollment is 63,714 with 45,656 of these providers being in-state.

Analysis of Expected Changes in Services

	Reason for Change in Services (Statute Name & Statute Reference or Brief Description of Circumstance)	**Service Changes Expected** (Briefly describe expected changes to services and how it will impact citizens/customers and the agency.)
1	SB1337 (Title 56 O.S. §§ 4002.1 et seq.) Ensuring Access to Medicaid Act (Medicaid delivery system reform) • Medical • Dental • Specialty Children's Plan	OHCA will procure contracts with Contracted Entities (CE), including Provider-Led Entities (PLE) and Dental Benefit Managers (DBM), to advance the goals of the SoonerCare program and offer innovative strategies to increase access to quality care and improve health outcomes for Oklahomans through the new delivery system. The transition from the existing fee-for-service model to a fully risk-based, capitated delivery system is scheduled for October 2023, for certain populations as directed by O.S. 56 §§ 4002.1 et. seq.
2	COVID-19 Public Health Emergency, Coronavirus Aid, Relief, and Economic Security (CARES) Act continuous enrollment requirement	OHCA received enhanced Federal Medical Assistance Percentage (FMAP), made available under section 6008 of the Families First Coronavirus Response Act (FFCRA) as amended by the CARES Act, which includes a requirement for continuous enrollment for most Medicaid beneficiaries who were enrolled in the program as of or after March 18, 2020. Upon the end of the Public Health Emergency (PHE), OHCA will complete an extensive unwinding process to transition back to normal operations which can take place up to 12 months after the month in which the PHE ends. This includes redetermining eligibility and transitioning beneficiaries determined ineligible using a risk-based approach to promote continuity of coverage. There are currently 266,367 SoonerCare members that will require assistance to transition from SoonerCare to other coverage or community-based supports.
3	Donor Human Breast Milk	The agency proposes to add this benefit as a new service covered for infants within their first year of life.

Analysis of Expected Changes in Services, cont.

	Reason for Change in Services (Statute Name & Statute Reference or Brief Description of Circumstance)	**Service Changes Expected** (Briefly describe expected changes to services and how it will impact citizens/customers and the agency.)
4	Medication Therapy Management (MTM) 59 O.S. § 353.1	Adds pharmacists as a contracted provider and allows for pharmacists to advise by counsel, and provide information, where professionally necessary or where regulated, of therapeutic values, content, hazards and use of drugs and devices. Upon receipt of a new prescription drug order, and following a review of the patient's record, the pharmacist is required to offer to each patient or caregiver to discuss matters to enhance or optimize drug therapy.
5	Mental Health Transport 43A O.S. § 1-110	Transportation for Medicaid members with mental health needs by a new transportation provider type to health care facilities other than hospitals.
6	Reach Out and Read (ROR) Health Service Initiative (HSI)	Amends the current Title XXI CHIP ROR HSI to add the cost of books for the program and change the funding source from OU to ROR.
7	Fluoride Varnish HSI	New Title XXI CHIP HSI to allow children 6 months to 60 months of age to access fluoride varnish and receive an oral health book, toothbrush and toothpaste during a primary care visit with the goal to increase the number of providers who apply fluoride varnish by 10%.

Analysis of Expected Changes in Services, cont.

	Reason for Change in Services (Statute Name & Statute Reference or Brief Description of Circumstance)	**Service Changes Expected** (Briefly describe expected changes to services and how it will impact citizens/customers and the agency.)
8	Oklahoma Child and Adolescent Psychiatry and Mental Health Access Program (OKCAPMAP) HSI	New Title XXI CHIP HSI to increase access to child and adolescent psychiatry expertise statewide. This program will provide consultation, medication review and education to PCPs statewide and equip them to serve their patients with mental health needs. Existing CPAP programs data show that: 1. PCPs report more knowledge and confidence in providing mental health care. 2. Children residing in states with statewide CPAPs were more likely to receive mental health services than children in states without a CPAP. 3. A decrease in psychotropic use in young children with Medicaid 4. A reduction in unnecessary psychiatric hospitalizations.
9	Stimulant Use Disorder Member Incentive	Amends the current 1115 IMD waiver to allow for member incentives to reduce stimulant use disorder and use creative, evidence-based approaches.
10	Title XIX Pregnancy FPL Increase and Extension of Postpartum Coverage	Through a State Plan Amendment (SPA), the OHCA will seek to increase the Federal Poverty Level (FPL) for pregnant women in the Title XIX SoonerCare program from the current 138% FPL to 205% FPL, plus applicable MAGI disregards. Additionally, through a separate Title XIX SPA, the OHCA will seek to extend the current 60-day postpartum coverage period to a 12-month continuous postpartum coverage period.
11	Doula Coverage	In alignment with CMS' focused efforts to improve health equity for Medicaid recipients, specifically in terms of maternal and infant health outcomes, OHCA, in collaboration with external stakeholders, will seek to expand coverage and reimbursement to include doula services. The OHCA will pursue necessary federal authority, state authority, and system changes required to implement coverage and reimbursement of doula services.

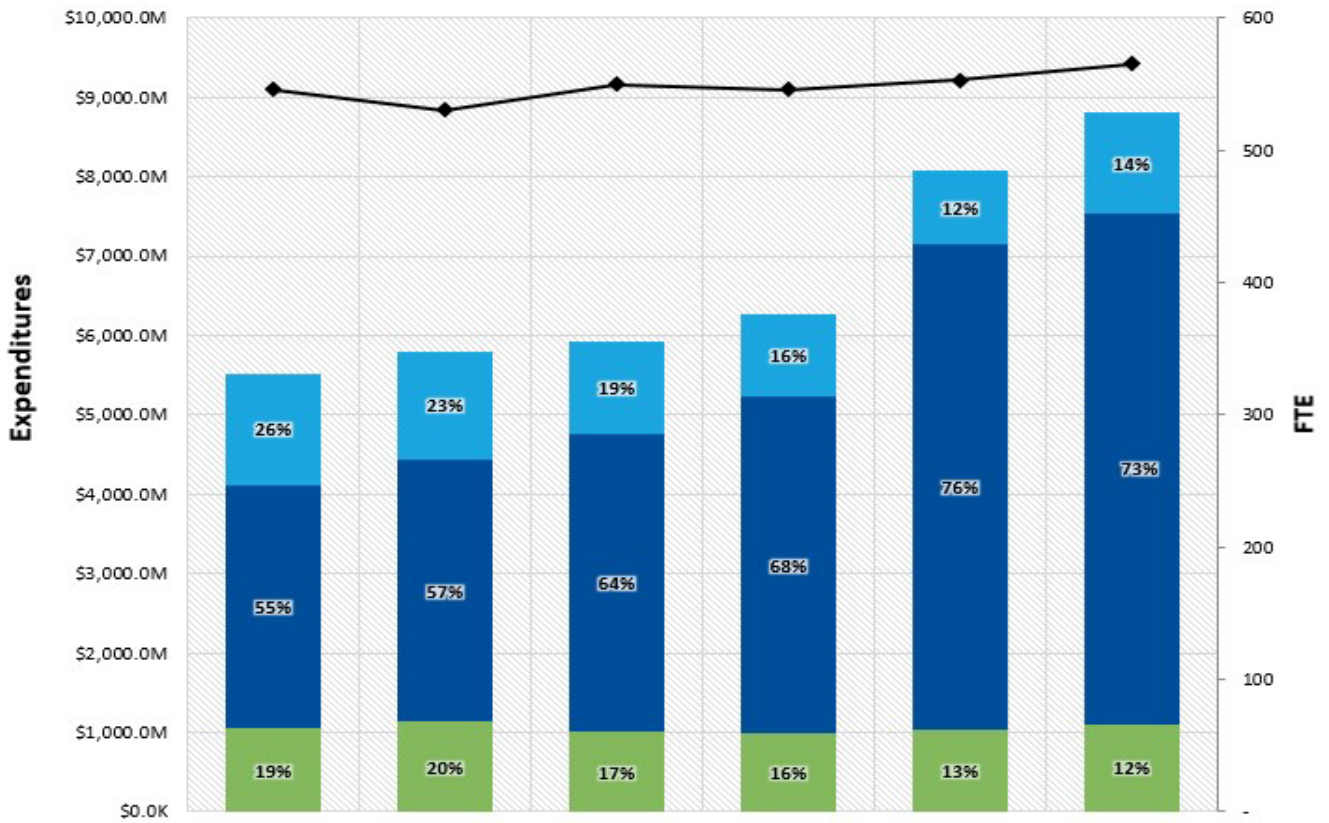
Total Historic Actual Expenditures (FY 2018-22) and Current Year Projection (FY 2023)

Explanation of Significant Changes and Trends

As a result of SQ 802, OHCA implemented Medicaid Expansion, which is the primary driver of the 30% overall agency expenditure increase in FY2022. The growth of the population is expected to continue in FY2023.

Other factors for the increase include Prescription Drug Costs, Medicare Part A, B & D premium rate increases for individuals eligible for both Medicare and Medicaid and the rate increase for services provided by Indian Health Service and Tribal facilities (100% federal dollars).

Under ARPA, Oklahoma received a two-year, five percent (5%) federal funding enhancement in FY22 and FY23, as a fiscal incentive for states to implement the Medicaid Expansion.



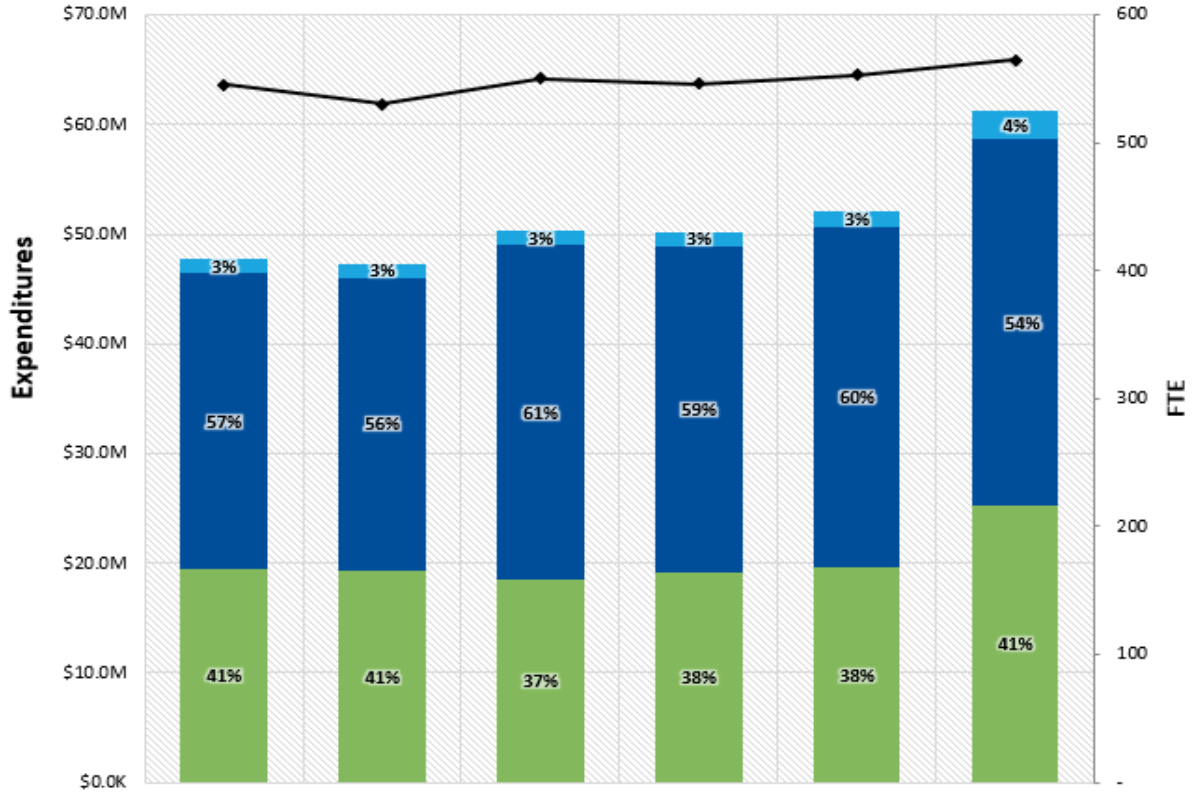
	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023 BUDGET
Appropriated	$1,050.5M	$1,132.5M	$1,000.0M	$983.2M	$1,030.2M	$1,098.6M
Revolving	$1,412.3M	$1,354.0M	$1,153.1M	$1,032.3M	$930.7M	$1,257.0M
Federal	$3,060.6M	$3,309.1M	$3,761.7M	$4,247.9M	$6,110.4M	$6,443.7M
Total	$5,523.3M	$5,795.6M	$5,914.9M	$6,263.4M	$8,071.3M	$8,799.3M
FTE	546	530	550	546	553	*565

*Revenue allocations for FY23 reflect the OHCA BWP. However, the 'FTE' was adjusted to better align with the methodology OMES used to determine fiscal years 2018-2022.

Labor Spend Historic Actual Expenditures (FY 2018-22) and Current Year Projection (FY 2023)

Explanation of Significant Changes and Trends

- FY21 vs FY20 – None
- FY22 vs FY21 – None
- FY23 vs FY22 –
- OHCA adjusted salaries based on an OMES market study and implemented a bonus program to reward high performers.
  - Developed internal audit team, including pharmacy auditor, to increase efforts to curb fraud, waste and abuse.
  - Implemented children's specialty program for foster care-involved children, funded through DHS.
  - Received a fully federally-funded grant to provide care to seniors in-home as opposed to long-term care facilities.
- FY24 Request vs FY23 - None



	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023 Budget
Appropriated	$19.5M	$19.3M	$18.5M	$19.1M	$19.6M	$25.3M
Revolving	$1.3M	$1.3M	$1.3M	$1.3M	$1.5M	$2.7M
Federal	$27.0M	$26.7M	$30.5M	$29.8M	$31.1M	$33.3M
Total	$47.7M	$47.3M	$50.3M	$50.2M	$52.1M	$61.3M
FTE	546	530	550	546	553	**565

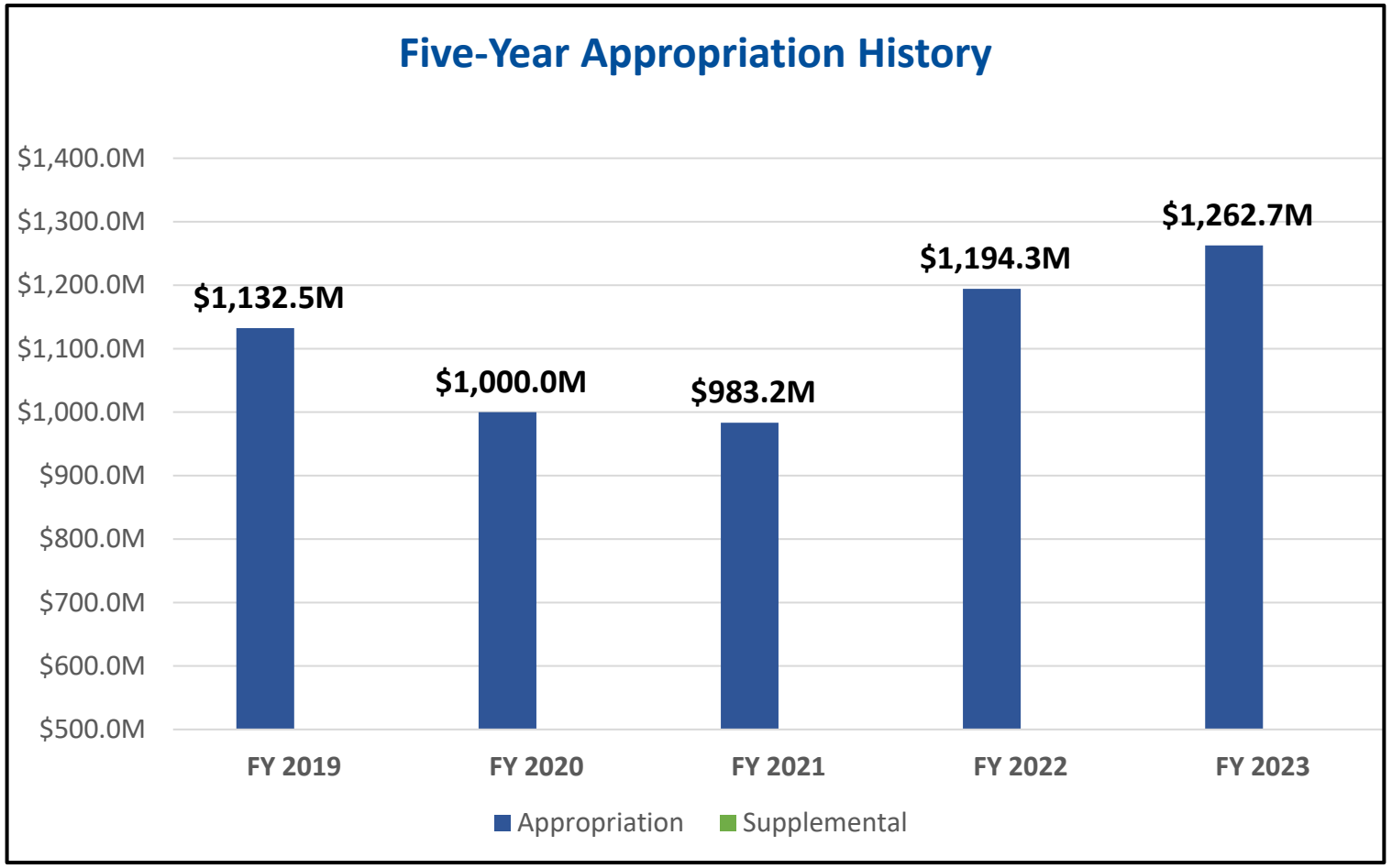
*Labor spending includes all expenditures in account codes 511-513. *Data as of 8.15.2022.*

**Revenue allocations for FY23 reflect the OHCA BWP. However, the 'FTE' was adjusted to better align with the methodology OMES used to determine fiscal years 2018-2022.

Full-time Equivalents (FTE) are a calculation based on payroll data, not a headcount. FTE calculations compare staffing levels across agencies.

Appropriation History

Fiscal Year	Legislated Appropriation ($) *(Include supplemental if applicable.)*
FY 2019	$1,132,465,946
FY 2020	$1,000,039,368
FY 2021	$983,239,368
FY 2022	$1,194,337,303
FY 2023	$1,262,741,642



Section II: Strategic Plan

- **Resource analysis**
  - Financials
  - Staffing
  - Savings & Efficiencies
- **Goals & strategies**
  - Goals & strategies
  - Key Performance Metrics
  - Type of Funding

Financial Resource Analysis

Carryover	FY 2019	FY 2020	FY 2021	FY 2022
Total appropriated carryover amount expended ($)	$14,414,314	$20,158,770	$14,505,079	$25,562,647

Historical Cash Balances	FY 2019	FY 2020	FY 2021	FY 2022
Year End Revolving Fund Cash Balances *(All Revolving Funds)*	$50,927,577	$103,932,807	$105,708,823	$315,195,347

Revolving Class Fund # (*Unrestricted only*)	Revolving Class Fund Name *(Unrestricted only)*	Current cash balance ($)
20000	Administrative Disbursing Fund	$36,429,987
	Total Current Unrestricted Revolving Fund Cash balance As Of June 30,2022	**36,429,987**

Unrestricted funds are those that are not limited by state or federal law, rule, regulation, other legally binding method, or donor restriction.

Staffing Trend Analysis

	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Total Budgeted Positions / PINs (#)	611	615.5	587.5	599.5	609
Budgeted Vacant PINs (#)	82	72	28	64	51
Budgeted Vacant PINs ($)	$7,275,298.00	$6,834,295.00	$2,866,049.00	$6,645,643.00	$4,575,455.00
Budgeted PINs over 6 months Vacant (#)	N/A	N/A	N/A	N/A	12
Budgeted PINs over 6 months Vacant ($)	N/A	N/A	N/A	N/A	$929,582.00
Headcount* (as of 6/30)	541	557	542	557	N/A
Turnover Rate* (%)	12%	10%	10%	14%	N/A

*Headcount and Turnover Rate data provided by OMES HCM.

Savings & Efficiencies (Current or Planned)

Savings or Efficiency Name	Brief description of how savings were achieved	Savings in Unit of Measurement	FY 2022 (Actual $ Savings)	FY 2023 (Projected $ Savings)	FY 2024 (Projected $ Savings)
Additional family planning revenue	OHCA collaboration with the consulting firm, hired by the State, to find additional family planning revenue opportunities within inpatient claims as well as inpatient and outpatient supplemental payments	% difference between the regular and enhanced federal match	$206,084	$200,000	$204,400
Xerox Copier Reduction	Removal of some Xerox copiers due to lower volume of staff in office building	Removed 15 copiers from current contract.	$42,000	$42,000	$42,000
Family Planning FMAP Update	CMS 64 evaluation of covered 90% FMAP procedures/drugs	% difference between the regular and enhanced federal match	$1,886,268	$2,000,000	$2,044,000
OHCA Public Website platform migration	Migration of public OHCA websites to a new management platform resulting in reduced licensing and support costs	Two licenses and one support staff eliminated	$187,487	$187,487	$187,487
Fleet Reduction	Reduced number of fleet vehicles	Dollar amount difference prior to reduction	$21,375	$25,683	$25,683
Cell Phone Reduction	Reduced number of agency cell phones	Dollar amount difference prior to reduction	$0	$4,800	$4,800
Real Estate	OHCA continues to search for a building or shared space to more appropriately accommodate staff	Square footage	154,000 sq. Ft.	154,000 sq. Ft.	75,000 sq. Ft.
Medication Therapy Management	Medication management initiative with interventions on SoonerCare members	Dollar amount difference from prior year	$6,200,000	$$6,336,400	$6,475,801
Third Party Contracts	Ongoing evaluation of contract need and negotiation for better pricing	Dollar amount difference from prior year	$1,700,000	$1,700,000	$2,500,000
Remote Process Automation (RPA)	Process optimization is an ongoing initiative and OHCA has launched two bots (prior auth history check and provider credentialing)	Hours reduced / optimized	0	1,560	3,000

Note: Examples of units of measurement include square footage, headcount (employees or contractors), overtime hours reduced, processing time in hours, days, etc. For example, "42 minutes per transaction," "20,000 square feet in office space," or "580 overtime hours reduced in the first year."

Agency Goals and Key Performance Metrics

Goal		Metric	FY 21 Actuals	FY 22 Actuals (as of 6/30/22)	FY 23 Target	FY 28 Target
1	Fiscal Responsibility: Maintain administrative cost at or below 5% of total annual costs.	Administrative cost as a percent of total annual costs	2.30%	1.81%	2.97%	2%
2	Fiscal Responsibility: Maintain program growth below national Medicaid trend (NHE Projections Table 17)	NHE Health Insurance Expenditure Growth Rate	6.0%	30.0% (Medicaid Expansion)	2.7%	6.3%
3a	Health Outcomes: Increase primary care services (adults)	Adult Health Care Use – Preventive Care (Age 20-65+)	81.5%	Data available Jan. 2023	81.5%	86.5%
3b	Health Outcomes: Increase primary care services (children)	Well-child visits in the first 30 months of life Age: First 15 months Age: 15-30 months Child and adolescent well-care visits	 59.4% 63.0% 35.9% CY2020	Data available late 2022	 61.4% 65.6% 42.4% CY2022	 65.6% 71.0% 55.5% CY2027
4a	Health Outcomes: Decrease emergency department visits (adults)	Ambulatory care: Emergency department (ED) visits per 1,000 beneficiary months, adults	N/A	53.87	49.38	40.40
4b	Health Outcomes: Decrease emergency department visits (children)	Ambulatory care: Emergency department (ED) visits per 1,000 beneficiary months, children	53.70 CY2020	Data available late 2022	49.22 CY2022	40.28 CY2027
5	High Performing Teams: Continuously build and attract high-performing teams through performance management and calibration initiatives, competency and succession development, and promote a culture of collaboration and communication.	Turnover Rate *Provided by OMES HCM.*	10%	14%	12%	10%
6	Operational Excellence: Increase operational excellence by instituting monthly management processes for key operational metrics to drive improvement.	Number of operational key performance metrics with identified targets	8	8	10	20

(1) 5-year Goal Name

Brief description of major agency goal Fiscal Responsibility: Maintain administrative cost at or below 5% of total annual costs
Brief description of strategy to achieve the goal 1. Implement an Enterprise Resource Planning (ERP) system 2. Analyze the necessity and value of all third-party contracts in a delivery system 3. Continued focus and growth of Remote Process Automation (RPA) utilization
Indicator or Metric to measure goal progress Administrative cost as a percent of total annual costs
Type of $ Resource to be Used {*Existing Cash, Carryover, Planned Efficiencies, Budget Request, or Other, please specify}* Existing cash, carryover, planned efficiencies

(2) 5-year Goal Name

Brief description of major agency goal Fiscal Responsibility: Maintain program growth below national Medicaid trend (NHE Projections Table 17)
Brief description of strategy to achieve the goal 1. Transition to the new SoonerSelect delivery system 2. Enhance Investment to Medication Therapy Management 3. Implement pre-pay analytic software 4. Maintain network through adequacy of reimbursement (current 93.63% of Medicare) 5. Reduce total costs associated with potentially preventable services to national norm
Indicator or Metric to measure goal progress NHE Health Insurance Expenditure Growth Rate
Type of $ Resource to be Used {*Existing Cash, Carryover, Planned Efficiencies, Budget Request, or Other, please specify}* Existing cash, carryover, budget request

(3a) 5-year Goal Name

Brief description of major agency goal Health Outcomes: Increase primary care services (adults)
Brief description of strategy to achieve the goal Transition to the new SoonerSelect delivery system
Indicator or Metric to measure goal progress Adult health care use – preventive care (age 20-65+)* *FY22 Actual is estimated based on available data. FY23 and FY28 Targets will be created when FY22 Actual data is confirmed.
Type of $ Resource to be Used {*Existing Cash, Carryover, Planned Efficiencies, Budget Request, or Other, please specify*} Existing cash, carryover, budget request

(3b) 5-year Goal Name

Brief description of major agency goal Health Outcomes: Increase primary care services (children)
Brief description of strategy to achieve the goal Transition to the new SoonerSelect delivery system
Indicator or Metric to measure goal progress Well-child visits in the first 30 months of life (W30-CH) Age: First 15 months Age: 15-30 months Child and adolescent well-care visits (WCV-CH)
Type of $ Resource to be Used {*Existing Cash, Carryover, Planned Efficiencies, Budget Request, or Other, please specify}* Existing cash, carryover, budget request

(4) 5-year Goal Name

Brief description of major agency goal Health Outcomes: Decrease emergency department visits
Brief description of strategy to achieve the goal Transition to the new SoonerSelect delivery system
Indicator or Metric to measure goal progress Ambulatory care: Emergency department (ED) visits per 1,000 beneficiary months, children Ambulatory care: Emergency department (ED) visits per 1,000 beneficiary months, adults
Type of $ Resource to be Used {*Existing Cash, Carryover, Planned Efficiencies, Budget Request, or Other, please specify}* Existing cash, carryover, budget request

(5) 5-year Goal Name

Brief description of major agency goal High Performing Teams: Improve performance management
Brief description of strategy to achieve the goal 1. Track return on investment of leadership and mentorship program 2. Educate supervisors and staff on legal issues, corrective action plans, and other related legal items 3. Use calibration to identify low performers and initiate corrective action 4. Improve interview and resume training 5. Development of core competency
Indicator or Metric to measure goal progress Turnover Rate as provided by OMES HCM.
Type of $ Resource to be Used {*Existing Cash, Carryover, Planned Efficiencies, Budget Request, or Other, please specify*} Planned efficiencies, existing cash

(6) 5-year Goal Name

Brief description of major agency goal Operational Excellence: Increase operational excellence by instituting monthly management processes for key operational metrics to drive improvement
Brief description of strategy to achieve the goal 1. Achieve 80% 3-day prior authorization response time for initial PA requests 2. Implement new call center technology 3. Improve member/provider collaboration 4. Transition to SoonerSelect
Indicator or Metric to measure goal progress Number of operational key performance metrics with identified targets
Type of $ Resource to be Used {*Existing Cash, Carryover, Planned Efficiencies, Budget Request, or Other, please specify*} Existing cash, planned efficiencies, carryover