2019 UPDATE TO THE

STRATEGIC PLAN

Oklahoma HealthCare Authority

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Update to the OHCA Strategic Plan 2018-2022
March 2019

Introduction

OHCA developed a strategic plan for the period beginning January 1, 2018 and ending December 31, 2022 and has published and distributed that plan. It included the input of approximately 100 stakeholders, 3,000 members and 70 OHCA employees. OHCA plans to update its strategic plan annually responding to changes in the external environment and state and federal priorities. This update includes a summary of the progress to date on the plan, results of the regional strategy forums held in October and November of 2018 and the updates to the plan through SFY 2025 required to accompany the agency's budget request.

Section 1: Selected Implementation Projects

Using our standard project approval and management processes, OHCA initiates and executes projects designed to implement the strategic plan. As part of the approval process, all project teams show how their project aligns with at least one of the 10 strategies. In some cases, project ideas are developed independent of the plan and move forward only after demonstrating alignment with the plan. In other cases, teams meet to consider the strategies and proposed actions and develop project ideas based on the plan content. The only projects that may move forward without showing that they contribute to implementing the plan are those required by state or federal mandate. This section provides a description and update on selected projects designed to implement the plan.

Section 2: Regional and Tribal Strategy Forums

In October and November 2018, OHCA held seven regional forums, open to the public, in Durant, Enid, Lawton, Muskogee, Oklahoma City, Tulsa and Woodward. Approximately 200 people participated, including SoonerCare members, providers and community leaders. A similar Tribal Forum was held in February 2019 in cooperation with OHCA's Tribal Government Relations unit. The purpose of the forums was both to achieve additional public participation from stakeholders that might not have been able to participate the previous year, as well as to identify and discuss changes in the SoonerCare environment. After a brief overview of five of the strategies and related progress, participants were asked to contribute new action plans and discuss any required changes to the strategies.

Section 3: Update through SFY 2025

OHCA was required to update its plan through SFY 2025 to accompany its SFY 2020 budget request. This last section addresses additional actions and events that may occur in this longer time frame.

Section 4: Performance Measurement

This section explains the change in approach to performance measurement at OHCA since the original strategic plan.

Section 1: Selected Implementation Projects

Align Tobacco Cessation Benefits
Associated Strategies: (1) Preventive Care; (3) Members in Rural Areas
Project Description: Allow the Oklahoma Tobacco Helpline to exchange SoonerCare member data to verify eligibility and directly mail these members nicotine replacement therapy (NRT)
Status: The team is working with Oklahoma Tobacco Research Center to implement the data sharing prior to initiating the direct mail of NRT.

Ambulance Revenue Maximization
Associated Strategies: (3) Members in Rural Areas; (10) Value-Based Reimbursement
Project Description: Implement a supplemental payment program for emergency transportation providers, similar to the Supplemental Hospital Offset Payment Program ((SHOPP).
Status: Working with Oklahoma ambulance providers, the team developed a concept for the supplemental payment program and received federal permission for implementation. The first supplemental payment to providers will occur in July 2020 based on cost reports beginning in October 2018.

Applied Behavioral Analysis
Associated Strategies: (2) Enhanced Managed Care; (9) Clinical Quality Improvement
Project Description: Provide coverage for Applied Behavioral Analysis (ABA) services when medically necessary and required under federal Early Prevention, Screening, Diagnosis and Treatment (EPSDT) guidelines. This includes developing medical criteria, creating a prior authorization and review process, and determining which agencies will contribute state matching funds.
Status: We have started the rulemaking process and are currently working with the DHS Licensure Board to ensure our policy changes are both appropriate and comprehensive enough to sufficiently address member needs and agency requirements, while remaining in compliance with state and federal regulations guidelines. Implementation is currently forecast to begin in August 2019.

Claims Edits
Associated Strategies: Federal Mandate; (9) Administrative Quality Improvement
Project Description: Ensure payment accuracy and cost savings by replacing the outdated ClaimCheck system with the improved Claimx Xten system, reviewing claims edits and making any necessary changes, and reviewing and implementing new National Correct Coding and Medically Unlikely Edits processes and requirements.
Status: The team is reviewing and analyzing potential edits and obtaining cost estimates and enhanced federal funding for software and other changes. Implementation is forecasted in phases from July 1, 2019 through June 30, 2021.

Contracting with Tribal Public Health Nurses
Associated Strategies: (3) Members in Rural Areas; (7) Cultural Sensitivity
Project Description: Develop and implement a new contracting process for Tribal Public Health Nurses to bill for public health nursing services within the scope of their licensure.
Status: Complete

Diabetes Self-Management Training (DSMT)
Associated Strategies: State Mandate; (1) Preventive Care; (2) Enhanced Managed Care Program; (3) Members in Rural Areas
Project Description: Create a diabetes self-management benefit including contracts with Certified Diabetes Educators.
Status: Federal and state authority, contract development and system changes in process; implementation projected for January 2020.

DME CMS Reimbursement Limits/ Home Health Changes
Associated Strategies: Federal Mandate; (9) Quality Improvement
Project Description: Update pricing for Durable Medical Equipment (DME) and supplies to be no more than what Medicare would pay; Cover home health supplies and equipment for all members, not just those in long-term care waiver programs.
Status: Both pieces will be implemented at the same time in January 2020. Current implementation activities include developing revised rules and state plan amendments, reviewing medical necessity guidelines for home health items new to Title XIX, and planning operational changes and communications to providers and members in late 2019.

Electronic Visit Verification
Associated Strategies: Federal Mandate; (10) Value-Based Reimbursement
Project Description: Implement an Electronic Visit Verification (EVV) system for personal care and home care services including necessary operational, MMIS, and policy changes.
Status: OHCA and DHS worked together to expand the scope of an existing DHS EVV contract to cover the newly required personal care services. Implementation is planned to begin in March 2019 to meet the January 2020 deadline. After January 2020, the focus will shift to adding home care services to EVV by their January 2023 deadline.

EPSDT Periodicity
Associated Strategies: (1) Preventive Care; (5) Health Literacy for Younger Oklahomans
Project Description: Update the OHCA Early Prevention, Screening, Diagnosis and Treatment (EPSDT) schedule for well-child visits to align with American Academy of Pediatrics recommendations.
Status: Implementation complete

HAN Redesign
Associated Strategies: (2) Enhanced Managed Care Programs; (10) Value-Based Reimbursement
Project Description: Expand the duties of the Health Access Networks (HAN) and consider changes in the payment methodology to enhance coordination across all providers and community agencies; enhance care coordination functions to align with best practices and create

uniformity across SoonerCare initiatives; integrate HAN model with the OHCA Performance Health Improvement Plan.
Status: The team is working to develop a draft listing of standard data elements and a description of standardized care coordination processes. Implementation is scheduled for July 1, 2019.

HOPE Act
Associated Strategies: State Mandate; (8) Streamlined Online Enrollment
Project Description: Implement changes to eligibility verification as mandated by the HOPE Act including necessary operational, MMIS, and policy changes.
Status: OHCA has submitted the RFP to CMS and OMES for approval. The project team is working on connecting to available state data sources and exploring what resources may be available through the Federal Data Services Hub. OHCA has also initiated policy changes to terminate eligibility on the basis of returned mail as a check on residency.

Infant Safe Sleep
Associated Strategies: (1) Preventive Care
Project Description: Partner with OSDH to expand their ongoing efforts with hospitals currently participating in the Safe Sleep Initiative to improve access to safe sleep environments by providing Safe Sleep Survival Kit cribs for newborns
Status: OSDH has completed a bid process, signed agreements with two hospitals, and is working on agreements with three more. Crib distribution will begin in early 2019.

Maternal Depression Screenings
Associated Strategies: (1) Preventive Care
Project Description: Allow providers to perform and bill for maternal depression screening on the child's number as a part of an EPSDT well-child visit.
Status: OHCA rule changes are currently posted for public comment. Implementation is planned for September 2019.

Mobile & Portable Dental Services
Associated Strategies: (1) Preventive Care; (9) Quality Improvement; (10) Value-Based Reimbursement
Project Description: Clarify the scope and quality of dental services allowable in mobile vans and portable settings (schools, health fairs, etc.), establish a reimbursement rate for dental screenings only, increase the number of allowable fluoride treatments, and educate dental providers on the changes.
Status: The team has developed guidelines and will establish administrative rules in the next permanent rule cycle with provider education to follow; implementation forecasted for September 2020.

Prepayment Claims Review & Suspension

Associated Strategies: (9) Administrative Quality Improvement

Project Description: Outline OHCA's Program Integrity unit's internal process for handling suspended claims and policy; outline System's Integrity process for handling the identification of overutilization, fraud or abuse of non-medically necessary services; improve coordination between these two units.

Status: The team created administrative rules and is clarifying and documenting business processes; completion forecasted for March 2019.

Sickle Cell Disease Care Kits

Associated Strategies: (5) Youth Health Literacy; (7) Cultural Sensitivity

Project Description: In partnership with Supporters of Families with Sickle Cell Disease, Inc., create and distribute a newborn kit for new mothers and babies diagnosed with sickle cell disease (SCD) and its related disorders for ages 0 to 5 years. A separate care kit for children ages 6 to 18 will also be created.

Status: Operational

United Dual SNP

Associated Strategies: (2) Enhance OHCA Managed Care Programs

Project Description: Improve data sharing and care coordination efforts between OHCA and the United Duals Special Needs Plan (SNP) for enrolled members dually eligible for both Medicare and Medicaid.

Status: The team is working on identifying and aligning the data sharing elements between programs to initiate the required systems changes. Once data sharing is complete, the team will focus on identifying and implementing care coordination efforts.

Section 2: 2018 Regional and Tribal Strategy Forums

Regional Strategy Forums

Overview

Regional Forums began with group brainstorming on the question, "*If a genie gave you one wish to improve the health of your community – no limits, anything you want – what would you wish for?*" Following the brainstorming, smaller groups of four to eight people discussed one of the five community-oriented strategies chosen for the forum as follows (numbered as in the original strategic plan):

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 (ages 10-20);
6. Improve advocacy and understanding of SoonerCare members, programs, and the agency budget.

Groups were asked to review the strategy from the current plan, including objectives, suggested implementation actions and performance measures and suggest any changes. Each group then developed one to three implementation proposals for each strategy, with particular thought to the role that their community or organization could play in the implementation.

At the end of the forum, participants were asked to comment on anything related to the strategic plan or any other health-related subject.

Brainstorming

In general, participants' wishes reinforced both the vision and the strategies included in the current plan. Key issues in rough order of occurrence are as follows:

1. **Universal coverage and/or affordable access** to all services for all Oklahomans, including Medicaid expansion, temporary coverage available to people who change jobs, and the elimination of coverage "cliffs" where small increases in income result in families no longer qualifying for affordable and comprehensive coverage;
2. **Solutions for rural areas** including survival of rural hospitals, new provider types like community health workers, more rural residency programs so that doctors will remain in the area, doctors with a passion for rural health, access to specialists in rural areas as well as continuity of care when members go to metropolitan areas for specialist care, high risk obstetrical (OB) services, and transportation;
3. **Individual behavior change** to promote health, including self-care programs, education for health literacy, communities that support health with access to healthy foods, lighted walking trails and similar, and smartphone applications that support behavior change;

4. **Integrated behavioral health services** with access for everyone, outreach for members who may need behavioral health care, affordable substance abuse services including alcohol and opioids, as well as both inpatient and outpatient options for those who need them;
5. **More preventive care** including accident prevention, reduced use of emergency rooms, requiring that members visit their primary care provider (PCP) at least once a year, coverage for annual preventive visits for adults, and education and information;
6. **Better transportation options in rural areas** with participants noting that some members stay in hospitals for longer than necessary because they have no transportation options to get to outpatient care, and mention that the three-day notice requirement for Logisticare services is burdensome;
7. **Adequate funding** for programs that are proven to work, for Federally Qualified Health Centers (FQHC), for more comprehensive services, and increased provider reimbursement;
8. **Holistic patient-centered medical home models** that include integrated behavioral health, pediatric, and dental services, wraparound services that address social determinants of health;
9. **Better education and information** about benefits and programs that are available with TEFRA benefits specifically mentioned;
10. **Improved eligibility options** with online enrollment for the Aged, Blind and Disabled (ABD) population, possibly paper applications for older people, restoring the SoonerCare application to the kiosks at Oklahoma Department of Human Services office, and removing any work requirements;
11. **Reduced obesity** with covered benefits including both education and services;
12. **Smoking cessation** participation and services;
13. **Coverage of additional services** including adult dental and vision care, testing and treatment for sexually transmitted diseases (STD) including partners, family planning, services for children with autism including Applied Behavioral Analysis (ABA), wheelchair access, prescription medications with barriers, culturally-sensitive care, and long-term care solutions.

Strategy 2: Care Management

Key new ideas developed for this strategy not included in the original strategic plan follow:

1. Use an **integrated care model** including preventive care for all ages, services that address social determinants of health, behavioral health services, and outreach and education; ensure that PCPs treat the whole person and take care of people whether they're well or sick;
2. **Share information between providers** and streamline communications; increasing access can reduce costs, so consider incentivizing physicians to accept Medicaid;
3. **Include health education** in the medical home; consider an intermediary or coordinator to meet with patients after office visits to reinforce self-care and/or healthy behaviors; use motivational interviewing;
4. **Improve communication** with members including the use of the internet, social media and texting; overcome cultural and language barriers in communication;
5. **Be inclusive in program design** by involving members in the design of their care, increasing community involvement and utilizing case managers to better communicate member needs to OHCA;
6. **Match members to the right programs** using a cross-agency and/or multi-organization panel that reviews charts or applications, a single intake process, or an information portal with an electronic assessment tool; incorporate existing resource networks such as 211 if these prove

effective for Medicaid members; inform members or potential members about each component of relevant programs;
7. **Increase transportation options** especially for rural members including reducing advance notice requirements and considering new transportation providers;
8. **Improve access** by reconsidering the one visit per day limit for behavioral health, allowing for multiple services on the same day at FQHCs, etc.; because of transportation and caretaker work issues, members may need to receive all necessary services in one visit;
9. **Address the needs of grandparents and great-grandparents** who are often raising children on SoonerCare related to transportation, access, information, and other SoonerCare-related topics.

Strategy 3: Rural Services

Participants in the regional forums generally identified access and education as the main concerns for the health of rural residents and proposed a number of actions to improve one or both:

1. **Use technology to improve access** to services and information including behavioral health services delivered via telemedicine; address technology needs related to originating sites for telemedicine and consider pharmacies, public libraries, schools and other community locations;
2. **Focus on mental health providers and specialists** because the supply of primary care seems to be adequate; OB services need to be closer than 30 to 45 minutes away, especially for high risk OB patients;
3. **Offer PCP services at schools for the whole family** to increase convenience and reduce transportation issues;
4. **Cover new provider types and services,** including community health workers to help parents and identify resources, as well as utilizing rural pharmacists to the full level of their license for counseling and education;
5. **Improve transportation services in rural areas,** including reimbursement to companies such as Uber and Lyft; consider removing the three-day notice requirement for SoonerRide and improving other SoonerRide policies; improve ambulance response time;
6. **Increase health literacy;** utilize existing rural community resources such as the "three P's": pastors, pharmacies and public libraries; collaborate with the State Department of Education to implement a standard public schools curriculum; use telecommunications technology; require health and nutrition education as part of regular PCP visits;
7. **Engage members in their own care** by providing meaningful financial or other incentives for education and healthy behaviors;
8. **Develop a "triage" application for smart phones** to help members track their symptoms and eliminate unnecessary visits to the ER or PCP as well as to provide self-care tips and health education;
9. **Encourage resource and information sharing among rural providers**, including fostering professional collaboration, and providing knowledge experts in a hub and spoke arrangement like the current Project ECHO;
10. **Collaborate** with existing rural health coalitions, community organizations, local newspapers, and participation in rural health events.

Strategy 4: Continuum of Insurance Options

Forum participants suggested that we consider the needs of people transitioning from public to private insurance or people changing jobs. They also generally agreed with concerns that increased income sometimes results in less comprehensive benefits and proposed actions as follows:

1. **Pass legislation** to improve and ensure this continuum, including continued care for postpartum mothers after six weeks, expanded Medicaid and/or Insure Oklahoma eligibility and coverage for undocumented residents; use means testing, sliding scales, and member premiums or "buy-in" as appropriate;
2. **Convene a summit of public and private insurers** to address transition problems, needed bridges, and coverage "cliffs";
3. **Create "bridge" plans** for people moving between plans because of employment or income changes. utilize faith-based groups to provide hybrid services; eliminate income "cliffs" where coverage loss occurs when income increases; use sliding scales, member premiums and/or "buy-in" to public plans as appropriate;
4. **Help members transition to private insurance more effectively** by adding benefit transition coordinators within the agency to provide information, resources, and assistance; create an "Insurance 101" class to educate people on available insurance and concepts such as deductibles, premiums and copayments; educate providers so they can help steer people in the right direction;
5. **Screen more effectively for safety net services** because eligibility for various programs tends to overlap;
6. **Address related issues** such as rural access, improved transportation, expanded loan forgiveness for rural providers, and improved DME reimbursement.

Strategy 5: Youth Health Literacy

Community participation is critically important in the youth health literacy strategy. The groups generally endorsed the existing strategy in the plan and added a number of new concepts and action plans. These concepts are summarized below:

1. **Let young people drive this program** and define what they want to know; use focus groups to develop programs and content and tailor all content to youth; Forum participants generally endorsed the idea of a Youth Advisory Task Force under the auspices of the OHCA Member Advisory Task Force; a key new idea was to identify student leaders in high schools who would champion health literacy in their communities and use these high schools students to model behavior and teach younger children;
2. **Collaborate with existing community organizations and programs;** inventory existing programs and identify gaps or opportunities to cooperate; Tribal Youth Advisory Boards (YAB) were newly identified at the Regional Forums as key partners; other partners mentioned were public schools, after-school programs, Boys and Girls Clubs, state agencies such as the Tobacco Settlement Endowment Trust (TSET), the State Department of Education and Office of Juvenile Affairs, and faith-based youth organizations; many participants emphasized the

importance of working through existing organizations and programs without duplicating services;

3. **Offer real incentives for healthy behaviors;** incentives used in public library summer reading programs were mentioned, as well as potential partnerships with local or national companies to provide free goods or services to young people who demonstrate achievements and might also promote these behaviors and rewards on social media; public schools and primary care providers might also have a role in awarding incentives;
4. **Research best practices** and existing models; participants mentioned Oklahoma's success at reducing teen pregnancy and recommended using a similar approach, as well as looking at other states, regions or communities that may already have developed similar programs with proven results; also the methods used at public libraries to encourage summer reading
5. **Focus on the use of social media;** particularly in rural areas where transportation is more difficult, social media is key to improving health literacy; participants also suggested smartphone applications similar to Pokemon Go and others intended to promote physical activity or other health behaviors;
6. **Involve the entire extended family;** with younger children especially, involving parents and other caretakers is critical; encourage eating together and getting exercise together as a family, looking to adults to model good behaviors; parents need support and information as well to promote health literacy
7. **Change the focus to include children as young as 5 or 6;** many participants suggested that 6-15 was a better target age range that 10-21 and that health education should begin as soon as children start school;
8. **Hold youth health literacy events** such as health fairs for youth or summer camps or after school programs focused on health literacy; also engage families and focus on available resources from community organizations and agencies;
9. **Suggested content** ideas included:
    - How to balance electronic technology and physical activity
    - Mental health services and prevention/intervention
    - What does healthy living mean?
    - How choices today affect your health in 20-30 years
    - Addressing loneliness and depression
    - Taking charge of your own health and caring for your own body
    - Mind-body integration and holistic approaches to health
10. **OHCA program or benefit changes** might include addressing access to care specifically for older teens, increasing care management fees for older teens with more complex issues, covering physical exams required to participate in sports, and providing transition coordinators for special needs children.

<u>Strategy 6: SoonerCare Advocacy</u>

Regional Forum participants expanded on many of the ideas in the current advocacy strategy as follows, adding a new community and member perspective:

1. **Localize SoonerCare advocacy efforts** including engaging community leaders as SoonerCare champions in smaller communities as a way of building statewide support, circulating content

in local media; collaborate and network with community groups and provide talking points to them on pressing issues; use community forums to publicize updates on eligibility, programs, and services;

2. **Put SoonerCare information in the right places for members;** have SoonerCare "welcome" packages and other information available at schools for parents, including enrollment information, brochures, benefits, etc.; have SoonerCare advocates and/or providers on-site at schools or health fairs; offer free clinics with new SoonerCare providers; run media kits in provider waiting rooms;
3. **Tell the money story** about where the money is going and how SoonerCare revenues support health care infrastructure for everybody; provide legislators with spending totals in their districts and revenues for local hospitals and providers; talk about health management efforts for high utilizers and the resulting cost savings;
4. **Tell the member story** about who is on SoonerCare (children, pregnant women and nursing home residents), the percentage of SoonerCare parents who are working, the percentage of births covered statewide, and the difficulty of parents leaving SoonerCare because there are no "coverage bridges" for increased income;
5. **Centralize access to information** about SoonerCare and related programs and benefits; develop a phone number like the Tobacco Helpline with comprehensive information; offer "SoonerCare 101" education to members and potential members in underserved areas; use member-friendly language and better inform members about benefits and whether prior authorization is required;
6. **Raise the OHCA profile**, including Insure Oklahoma, share news about existing programs; tell "cool" stories in television ads and on YouTube, etc.; differentiate between OHCA, Department of Human Services, and the Department of Health and explain who does what;
7. **Partner with Oklahoma's clinical leadership** to tell the SoonerCare story.

<u>Open Comments</u>

During the last sessions, members were asked to make any additional comments on the strategic plan or on any other subject. The following represent the comments and ideas that were not addressed elsewhere in this summary:

1. **Encourage healthy eating** by providing Supplemental Nutrition Assistance Program (SNAP) incentives for healthy foods such as double-up bucks at farmers markets; work with organizations to offer prepared heathy meals for pick up or delivery to working families; model healthy behavior as health professionals;
2. **OHCA provides excellent in-state care management in cooperation with private and public providers**; moving to an out-of-state managed care corporation model would be bad for the state because either costs go up or else money that currently goes to provider reimbursement goes instead to the out-of-state corporation; Medicare managed care is not working either;
3. **Improve reimbursement and treatment options for obesity and diabetes**, including coverage for medications and surgery and education for self-care;
4. **Make the necessary front-end investments to change behavior** and mindset, even though the payoff may not be for many years;
5. **Clarify covered services and prior authorization requirements**; providers order non-covered services so involve members in discussing this issue with hospitals and doctors; reduce the

paperwork required to get authorizations, as it is burdensome; older patients in particular may not understand when their benefits have change and need help – PCPs often don't have time or knowledge to do this;

6. **Developmental disabilities waiting list** is too long and it is hard on the families; many people on this waiting list don't know what other services are available to them;
7. **Provide navigators to help people with health events;** this improves outcomes and lowers costs;
8. **Implement online enrollment for the Aged, Blind and Disabled (ABD) population;** this is key because of transportation problems;
9. **Improve hospital and Rural Health Center (RHC) reimbursement;** hospital reimbursement needs to be improved as they are not getting adequate reimbursement for indigent care and funding is critical to rural communities, move towards the Medicare UPL;
10. **Appreciate the 3 percent rate increase**;
11. **Six prescriptions a month is not enough** – increase it to eight;
12. **Need coverage for the Marshall Islands population** – 4,000 people in Enid;
13. **Providers are "punished" (by reduced incentive payments) when people don't seek care**; follow up: why are people not seeking care? Is it related to customer service at provider offices?
14. **High cost of duplication of services and tests**; if the MyHealth platform was used by all members, providers could see what had been ordered for a member; streamlining EMR access;
15. **Improve behavioral health access for children**; two hours a week per child is not enough for most families; cover **Applied Behavioral Analysis** for children with autism;
16. **Rural areas provide services that urban areas don't want to provide**.

Tribal Strategy Forum

Overview

The Tribal Forum was built on issues previously identified by tribal groups such as childhood obesity, wellness and prevention, and transportation for the homeless and veterans, each of which aligned with one or more of the ten strategies. About 50 people attended representing the Indian Health Service, tribal governments and health care providers, and partner agencies. The Forum began by asking the group to consider what Oklahoma would be like without any tribal health providers. Following the brainstorming, small groups of four to six people created action plans and made organizational pledges related to one of the five strategies below:

1. Focus on preventive care proven to reduce 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 (ages 10-20).

Brainstorming

If there were no tribal health care providers in Oklahoma, what would happen to our health care environment –health access, services, education, etc.?

1. **Little or no access to care** in large portions of the state, leaving members with limited options for primary care providers, preventive services, and multi-specialty clinics offering dental, vision, behavioral health, medication, eyeglasses, and other medical services;
2. **No access to culturally appropriate healthcare** services for AI/AN members;
3. **Reduced funding for SoonerCare** because of the loss of 100% FMAP for services provided by or through an ITU;
4. **Increased patient volume for other safety-net providers** (FQHC, RHC, etc.) requiring additional funding and causing increased wait times;
5. **Increased prevalence of diabetes, cancer and other conditions** within the AI/AN population because of the loss of programs and grants available through the ITUs to target these conditions;
6. **Transportation barriers** because members would have to travel further and would not have access to tribally-operated transportation programs;
7. **Negative impacts to hospitals** due to increased emergency room utilization, increased patient debt, and inability to access IHS funding;
8. **No ITU-specific services** such as public health nurses, wellness staff, and health educators;
9. **Lost employment and workforce training programs** because ITU partnerships and employment opportunities would disappear;
10. **Overall statewide decline in health status** with increased crime rates, suicide rates, and school-related issues;

Strategy 1: Preventive Care

Action: Create a "Quick Reference Guide" for health care providers on SoonerCare covered Preventive services.	
Justification & Purpose	• Providers are not always aware of what SoonerCare covers for preventive services, and how often the service can be provided
ITU Contributions	• Assist with determining the topics that should be included in the guide • Participation in workgroup activities
OHCA Contributions	• Develop a concise guide of covered preventive services • Provider education and outreach

Additional Information	• The guide should brief, offering a high-level overview
	• Pocket sized guides are always useful
	• Example: Does SoonerCare cover screening treadmill tests for DM patients every 3 years?
	  ○ Most EM patients die from CVD.
	  ○ Screening treadmill tests allows for early detection and intervention services
	  ○ Providers are not aware of whether the service is covered, and if so, how often it can be provided

Organizational Pledges	• Johnna James (ODMHSAS): Assist in developing behavioral health areas of guidebook • Dara Thorpe (Absentee Shawnee Tribe): Participate in the workgroup to develop Quick Reference Guide for Providers
Action: Offer financial incentive opportunities via partnerships with tribes for obesity services.	
Justification & Purpose	• Obesity related preventive care needs to be addressed at an early age • Families need to be taught strategies on how to address obesity through proper eating habits, how to cook healthy meals, etc.
Strengths & Advantages	• Many ITUs already have nutritionists on staff • Increasing fitness and nutrition activities will decrease obesity
ITU Contributions	• Identify private partnership opportunities (ex. school districts)
OHCA Contributions	• Identify financial incentives for partnerships
Additional Information	• Opportunities exist to enter into partnerships with school districts for grant based initiatives surrounding nutrition and fitness activities • There is always not sufficient time to address nutrition and fitness at a well-child checkup • We should be teaching and re-teaching healthy habits to families
Organizational Pledges	• Dr. Douglas Cox (Wyandotte Bearskin Clinic): Offer registered dietician/exercise physiology counseling to parents of children/teens with obesity, determined by BMI >25

Strategy 2: OHCA Managed Care Programs

Action: Include more services related to social determinants in managed care programs	
Justification & Purpose	• Maslow's hierarchy of needs • You must first meet the member's basic needs • Social determinants play a larger role in overall health status
Strengths & Advantages	• ITUs are providing a broad array of services to meet their tribal citizen's needs, including offering services to address social determinants • ITUs are fundraising and seeking alternative payment methods for services that are not yet reimbursable
ITU Contributions	• Write proposals for funding sources – federal funding, grants, partnerships, etc.
OHCA Contributions	• Increase reimbursement opportunities for activities of social workers
Additional Information	• Social determinants includes access to food, housing, social support, etc.
Organizational Pledges	• Johnna James (ODMHSAS): Link tribal partners with services/providers that address homelessness.

Action: Increase family participation in therapy (inpatient and outpatient settings)	
Justification & Purpose	• Active family participation increases positive outcomes for long-term results • Family participation in therapeutic activities is the key to success
ITU Contributions	• Educate families on the importance of supporting and meeting their child's needs • Address cultural issues and stigma of accessing behavioral health services
OHCA Contributions	• Transport family to therapy sessions (take the family to the member) • Offer alternative options to participate (i.e. telehealth) in family sessions if transportation is not an available

Strategy 3: New Services and Providers for Members in Rural Areas

Action: Establish pharmacists as a provider type that can be reimbursed by SoonerCare.	
Justification & Purpose	• Currently, pharmacists conduct counseling and care coordination services for members without reimbursement
Strengths & Advantages	• ITU facilities already offer pharmacist-led services • Increases access to care. • Enables ITUs to employee pharmacists working within the highest tier of their licensure (recruitment and retention opportunities).
ITU Contributions	• Identify a list of services that are within the scope of licensure of a pharmacist • Provide data
OHCA Contributions	• Develop provider type and contract requirements • Obtain state share funding, as needed • Provider training and recruitment • State Plan Amendment • Policy • Any additional operational aspects
Additional Information	• What would the reimbursement structure look like? *OMB rate (100% FMAP) vs. FFS rate (regular FMAP applies)* • Cost avoidance could be used for state share funding
Organizational Pledges	• Nancy O'Banion (Indian Health Care Resource Center of Tulsa): Do a study with the facility's existing medication reconciliation pharmacist to determine the need to increase her services; Research what pharmacist services are billable, and try to expand services • Travis Scott (Indian Health Service): Advocate to establish Pharmacists as a provider type (ex. Public Health Nursing) • Jonathen Worth (Cherokee Nation): We would like to see pharmacist contract for Medication Therapy Management (MTM), Certified Diabetes Educators (CDE), and vaccinations

Action: Increase transportation access.	
Justification & Purpose	• Increasing access to transportation would have a cost benefit to providers ○ Reduced no-shows = more billable opportunities • Improved health benefits package • Improved health status of members
Strengths & Advantages	• Return transportation back to the local (community) level where the needs of members are most known
ITU Contributions	• Facilities provide their own drivers • Facilities provide their own vehicles
OHCA Contributions	• Conduct a study to evaluate paying for Uber or other local transport options • State Plan Amendment and policy • Any additional operational aspects
Additional Information	• Is there a way to incentivize members for keeping appointments? • Is there a way to incentive transport companies/providers to participate?
Organizational Pledges	• Johnna James (ODMHSAS): Educate on transportation reimbursements • Mashell Sourjohn (AARP): Pitch to AARP Public Policy Institute (PPI) and AARP Livable Community Program to implement a cost analysis of current transport program costs vs Uber cost for patient transport • Jennifer Wofford & Kim Chuculate (Northeastern Tribal Health System): Contact local transportation provider to discuss expansion of transportation services

Strategy 4: Continuum of Insurance Options for Low-to-Moderate Income Oklahomans

Action: Resubmit Sponsors Choice Waiver (100% FMAP for premiums)	
Justification & Purpose	• Expands the insured population by creating a new category of eligibility • Creates additional payer sources for enrollees (promotes billable services) • Saves state dollars
Strengths & Advantages	• 100% FMAP for AI/AN members
ITU Contributions	• Tribal sponsorship • Advocacy efforts • Participate in workgroups
OHCA Contributions	• Develop and resubmit the waiver
Additional Information	• The resubmission should continue to focus on 100% FMAP of premiums and services
Organizational Pledges	• Johnna James (ODMHSAS): Support consultation and education • Jonathen Worth (Cherokee Nation): Will discuss topic with the tribe; Participate in workgroups to push this action further • Melissa Gower (Chickasaw Nation): Participate on the IO Sponsors Choice workgroup to develop options; Advocate on approval of waiver

	• Yvonne Myers (Citizen Potawatomi Nation): Advocacy and work on committee for Sponsors Choice
Action: Expand Medicaid eligibility requirements and FPL limits.	
Justification & Purpose	• Reduces uninsured population and promotes access to care • Reduces hospital uncompensated care pool • Increases availability of specialty services • Potential to save the state money • Healthier workforce • Increased economic impact ○ Healthier people = happier people who spend more money
ITU Contributions	• Advocacy efforts • Lobbying • Provide data to support the need for expansion • 100% FMAP (state savings)
OHCA Contributions	• Federal authority for expansion • Policy • Any additional operational aspects
Additional Information	• Many Oklahomans have chronic health care issues with little to no access to care. • Program eligibility should be expanded to a wider population (childless adults, disabled adults who do not meet SSI definition of disabled, etc.) • FPL should be increased to include more Oklahomans in the potential pool of eligible members
Organizational Pledges	• Johnna James (ODMHSAS): Support consultation and education • Amanda Swope (Muscogee (Creek) Nation): Advocate for Medicaid expansion • Jennifer Wofford & Kim Chuculate (Northeastern Tribal Health System): Contact local representatives to advocate for Medicaid expansion • Jonathen Worth (Cherokee Nation): Will discuss topic with the tribe; Participate in workgroups to push this action further • Melissa Gower (Chickasaw Nation): Develop a paper on Indian Health Care and Medicaid Eligibility; Educate state legislature about Indian uninsured population • Yvonne Myers (Citizen Potawatomi Nation): Advocacy and work on committee for Medicaid Expansion

Strategy 5: Improve Health Literacy for Younger Oklahomans (Aged 10-20)

Action: Close the gap on developmental screenings for younger children (<5 years of age)	
Justification & Purpose	• Most children are not receiving developmental screenings until they are school aged and issues may already be presenting themselves • The availability of developmental screenings should be increased for children under the age of 5

Strengths & Advantages	• Existing programs and partnership opportunities could be leveraged through Parent Pro, Home visits, and County Health Departments
ITU Contributions	• Education to members on what services are available • Education to members on resources that offer services
OHCA Contributions	• Education to members on what services are available • Education to members on resources that offer services
Additional Information	• Parents are not always aware of the services available to them in the community, or through SoonerCare
Action: Bring more services to school-based settings.	
Justification & Purpose	• Bringing services to a school-based setting removes transportation barriers because the children are already at the school • Promotes access to care
Strengths & Advantages	• Behavioral health services are already being provided in school-based settings • This model could be expanded to provide additional services in a school-based setting

ITU Contributions	• Provide resources and staff for services
	  o Dental screenings
	  o Nutrition counseling
	  o Health educators

OHCA Contributions	• Identify reimbursement mechanism for services that are not be IHS eligible o i.e. Services provided to a non-native member • Contract amendments • Policy • Federal requirements
Additional Information	• Schools need to be made aware of the resources available in their communities
Organizational Pledges	• Johnna James (ODMHSAS): Continue work on school/community model • Dara Thorpe (Absentee Shawnee Tribe): Continue working with schools to provide full screenings for optometry and dental

<u>Open Comments</u>

During the last session, members were asked to make any additional comments on the strategic plan or other subjects. The following represent the comments and ideas that were not addressed elsewhere in this summary:

1. OHCA is a leader in **prompt payment of claims**.
2. ITU claims will begin paying at the **2019 OMB rate** towards the end of February and a mass adjustment will be processed for retroactive claims.
3. We **need Medicaid expansion** in Oklahoma.

Section 3: Update through SFY 2025

Introduction

To meet the requirements of the SFY 2020 budget process, OHCA updated its strategic plan through June 30, 2025, an additional 30 months. The vision, goals and strategies of the agency remain the same until OHCA prepares a new strategic plan, which we may do before SFY 2025. In the existing plan, each strategy is accompanied by a discussion of possible implementation activities. This list of activities remains appropriate through SFY 2025; in fact, many of them represent multi-year efforts that could not reasonably be implemented by 2022.

Possible Implementation Activities through SFY 2025

Additional activities not included in the previous plan that are predicted to occur before the end of SFY 2025 include:

- **MMIS procurement, enhancement, and modularity** – The Medicaid Management Information System (MMIS) is a federally-required information system to support operations and claims payment for each state's Medicaid program. OHCA's current contract for the MMIS is with DXC and expires in June 2024. Federal standards require OHCA to offer the opportunity to bid to multiple vendors and consider modularization of the system with participation by more than one vendor. Planning for this procurement begins in SFY 2020 with one or more contracts likely to be awarded within the time period of this strategic plan. This action helps implement several strategies including streamlining online enrollment, improving administrative quality, and enhancing care management.
- **Managed care** – OHCA continues to emphasize our public/private managed care partnerships to improve outcomes and reduce costs including patient-centered medical home, health access networks, the Health Management Program, and the Chronic Care Unit. Strategies addressed include enhanced care management, preventive care focus, and improving health literacy.
- **Eligibility** – Work to implement the HOPE Act and Work/Community Engagement requirements may continue through SFY 2025 potentially including a new eligibility determination approach and module as part of the new MMIS procurement.
- **Administrative and clinical quality improvements** – OHCA recently completed a Performance Health Improvement Plan with new projects, performance measures and organizational changes to support quality. Additional quality improvement activities are likely to occur through the end of SFY 2025.
- **Value and outcome-based provider reimbursement** – This is a trend that is likely to continue through SFY 2025 and is also occurring in the Medicare program. OHCA will collaborate with CMS to implement proven methods of value-based and outcome-based reimbursement as appropriate and necessary in Oklahoma's Medicaid program.

Section 4: Performance Measurement

OHCA has changed its approach to performance measurement based on both the priorities of state leadership, as well as progress on implementation on the Performance Health Improvement Plan. Some of the 18 key measures in the original strategic plan remain, but others have been deleted and some new measures or focus areas added.

Measures requested by state leadership include:

- Average SoonerCare program expenditures per member enrolled per year
- Reimbursement as a percentage of Medicare rates
- Administrative percentage of total budget, including other Oklahoma agencies and Insure Oklahoma, compared to other states' Medicaid programs
- Percentage of adolescents accessing well-child visits/EPSDT
- Number of Medicaid members utilizing Tobacco Cessation benefits (measured by number of paid claims)

Focus areas for OHCA's Performance Health Improvement Planning (PHIP) effort follow:

- Access/Preventive Care
- Behavioral Health/Substance Use Disorder
- Chronic Care Management
- Long Term Care
- Administration/Cost Containment

Performance measurement development and reporting has moved to OHCA's Senior Communications Director whose responsibilities include units focused on Performance Health Improvement, Communications, Data Governance and Analysis, and Public and Legislative Relations. Other units will continue to participate including Operations, Finance, and Planning & Project Management.