

OHCA
Board Retreat –Agenda
August 16-17, 2007

[Thursday: Session 1](#)

Review of Agency Goals

[Thursday: Session 2](#)

Public / Private Opportunities: Access to Health Care Coverage for Oklahomans

When it comes to innovations in health coverage, finance and purchasing, states are the most likely innovators. The role states can play as laboratories of reform is a key advantage to the health care marketplace in general. As with any kind of innovation, states play different roles and vary in their ability and interest in adopting a particular innovation in coverage, financing, care delivery or even reform of current state insurance laws and regulations.

Through the O-EPIC program, which began in November 2005, tobacco tax funds matched with federal dollars are used to provide premium assistance payments on behalf of qualified individuals. For the current program, qualified individuals are described as those Oklahoma residents with a family income at or below 185 % of FPL who work for a small employer (50 employees or less). New state directives also provide for further work towards closing the coverage gap of those without access or those about to lose access to health care coverage.

It is important to keep in mind, as we move through our discussions, that this is a program where multiple players benefit: individuals needing health care coverage, for sure, but also, the private marketplace, the public safety net, and the state economy.

This session will take a look at the implementation status of O-EPIC - - what has worked and what lessons can be learned? We will also discuss plans that are on the table for the future. How will these plans work? With enough funding to cover an estimated 50,000 lives (All Kids, 250% / 250 O-EPIC expansions), should coverage be phased-in or prioritized? How does the state plan for financing beyond our current capacity?

Moderator:

Lynn Mitchell, MD; Director of Medicaid / Medical Services

1. O-EPIC – Current Program
 - Becky Ikard, RN, JD; Program Operations Director
2. O-EPIC – 250 Employer Size / 250% of FPL, College Kids, All Kids
 - Buffy Heater, MPH; Manager of Planning and Development
3. Evidence Based Approaches to Benefit Design for Children
 - Garth Splinter, MD, MBA; Director of Primary Care Policy Division, Department of Family Medicine, University of Oklahoma
4. Current Market Reform – Core Benefits
 - Kim Holland, Insurance Commissioner; Office of Insurance Department

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Thursday: Session 3

Medicaid Reform Act of 2006: One Year Later

Oklahoma's House of Representatives convened a Medicaid Reform Task force in July 2005. The goals of this task force included finding new ways to look at the Medicaid delivery system and create a new patient empowerment system. The task force met for six months and produced a series of recommendations which formed the basis of House Bill 2842, also known as the "Medicaid Reform Act of 2006".

In this session we will check in on the status of implementation - - What were the barriers? How were they addressed? Are the changes producing the desired outcomes? What are the lessons learned and how should we move forward?

Moderator:

Nico Gomez; Director of Communication Services

1. Reform Pilot (Two County Pilot) / Parents of *SoonerCare* Children
 - Buffy Heater, MPH; Manager of Planning and Development
2. Emergency Room Utilization Pilot
 - Becky Ikard, RN, JD; Program Operations Director

Thursday: Session 4

Innovations in Integrating Behavioral Health

States have long sought better integration of behavioral health across health care sectors and payment streams. OHCA has been involved in a multi-year, multi-agency partnership with the Department of Mental Health and Substance Abuse Services (DMHSAS) to look at different ways to provide a variety of services to a broad range of members. These services may be rendered in an assortment of settings.

Additionally, OHCA has been involved with the Governor's Transformation Advisory Board. This 28 member board has been charged with the responsibility of overseeing the reformation of Oklahoma's behavioral health system. Members include representatives from the consumer community, the State House and Senate, the state's Indian Nations, Indian Health Services, the directors of eleven state agencies, private industry and the philanthropic community. The purpose of the grant is to transform the delivery of substance abuse and mental health services into a system driven by consumer and family needs focusing on building resilience and facilitating recovery.

How do these innovations work? How well do they work? What are the strengths and weaknesses of the approaches? With the denial of an OHCA funding request (for SFY2008) for further collaborative work, how do we prioritize our current resources (staff time, development of infrastructure, etc) for those pieces of the collaboratives that should move forward now and those that must wait for additional funding?

Moderator:

Carol McFarland, CPA, CGFM; Manager, Performance and Internal Audits

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1. Partnership for Children’s Behavioral Health
 - Debbie Spaeth, LMFT; Behavioral Health Services Manager
 - Carrie Slatton-Hodges, Deputy Commissioner, DMHSAS
2. Adult Recovery Collaborative
 - Debbie Spaeth, LMFT; Behavioral Health Services Manager
 - Carrie Slatton-Hodges, Deputy Commissioner, DMHSAS
3. Integrated Single Payer System / Web-Based Application –
 - John Calabro; Director of Information Services
4. Partnership Perspective – DMHSAS
 - Terri White, Commissioner, Department of Mental Health and Substance Abuse Services -

Thursday: Session 5

Money in the Bank: The How’s and Why’s of Investing in Prevention and Chronic Care

While budget analysts and policy makers are often skeptical about interventions that produce “savings down the road”, numerous states have documented costs savings from better management of chronic conditions such as diabetes, asthma, and substance abuse, as well as providing cost-effective services such as family planning and prenatal care.

How do these interventions work? How do they save money “down the road” and how is this reflected in the agency’s budget? Do these interventions yield greater value for the state and members through improved health outcomes and productivity?

Moderator:

Paul Keenan, MD; Chief Medical Officer / Director of Provider Services Support

1. Health Care Prevention and Education
 - Michael Crutcher, MD, MPH, FACPM, Commissioner, Oklahoma State Department of Health
2. Disease Management
 - Mike Herndon, DO
3. Peri-natal and Child Health Services
 - Terrie Fritz, LSW-C; Director of Child Health Unit
4. Performance Improvement
 - Angela Shoffner, RNC, MLS; Director of Quality Assurance

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Thursday: Session 6

Growing an Infrastructure: Opportunities for Living Life

In 2006, the oldest of the baby-boomers turned 60. Those first boomers were a year old when Howdy Doody first appeared on TV, seventeen when President Kennedy was assassinated, and thirty when the nation celebrated its bicentennial. In 2005, individuals aged 65 or older numbered 485,600 people - - - 13.3 % of Oklahoma's total population. By 2030, the number of Oklahomans, aged 65 years and older is expected to increase by more than 75 % from 485,600 to 900,000.

Currently, approximately 70 % of all Oklahoma's Medicaid dollars are dedicated to services for the aged, blind and disabled individuals.

This session will examine strategies to ensure that transitions between care settings - - hospitals, nursing homes, residential settings - - are coordinated with the goal of allowing individuals to stay in the least restrictive setting possible and structuring nursing facility reimbursement to improve / reward quality care. What types of state-wide culture changes will have to occur in order to transform the system without negatively affecting quality / clinical outcomes? How should these endeavors be financed?

Moderator:

Charles Brodt, Deputy Director

1. Money Follows the Person Grant Activities Update
 - Cassell Lawson; Director of Opportunities for Living Life
2. "Focus on Excellence" – Nursing Facility Payment System
 - Ivoria Holt, Manager, Long-Term Care Initiatives
3. Waiver Programs – What's Available?
 - Raymond Haddock, Chief Coordinating Officer, Vertically Integrated Services Division
Department of Human Services

Friday: Session 7

Playing in the CMS Sandbox: Receiving Federal Dollars in a Changing Game

SoonerCare carries a heavy load as the primary source of health care coverage for the poorest and most vulnerable Oklahomans. Its administration is necessarily complex by its joint federal / state oversight and administration. Involving these two levels of government provides a source of creativity and variability, but it inevitably also creates tension.

With far-reaching implications for states and providers alike, the Deficit Reduction Act (DRA) and recently proposed regulations on Medicaid payments, definitions of intergovernmental transfers (IGTs) and the allowability of graduate medical education (GME) payments gives CMS massive authority and oversight.

This session will take a look at CMS's proposed regulations and the limitations that those regulations present for Oklahoma. Additionally, this session will examine the impacts to both the state and providers of the new authority CMS now has with the new Medicaid Integrity

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Program (MIP) and Payment Error Rate Measurement (PERM) program. How does the agency prepare and plan for this additional oversight? How do we work with other agencies and providers potentially affected?

Moderator:

Lynn Mitchell, MD; Director of Medicaid / Medical Services

1. Rates and Reimbursement within the CMS Framework – Finance
 - Anne Garcia, CGFM; Director of Financial Services
2. The New Medicaid Integrity Program (MIP) and PERM
 - Kelly Shropshire, CPA; Manager of Audit Services
3. National Association of State Medicaid Directors (NASMD) Perspective
 - Lynn Mitchell, MD; Director of Medicaid / Medical Services

[Friday: Session 8](#)

Medicaid Transformation Grants: Unique Opportunity to Restructure and Modernize

Section 6081 of the Deficit Reduction Act (DRA) authorizes new grant funds to States for the adoption of innovative methods to improve effectiveness and efficiency in providing medical assistance under Medicaid. Through the use of the Transformation Grants, States can work with CMS to create programs that are more aligned with today's Medicaid populations and health care environment.

Oklahoma has applied for a transformation grant because we realize in order to adequately serve new members, as well as existing members, the state must rethink and revise many of our current practices and procedures. Only by streamlining our services will we be able to meet this new demand. With this in mind, we propose to tackle the first obstacle in efficient Medicaid services, the application and enrollment process.

In order to improve the ease and efficiency of enrollment, we propose to use grant funds to establish an online enrollment process allowing potential members to apply for **SoonerCare** electronically. . The online enrollment process creates a single-point-of-entry eligibility intake that results in the applicant's **SoonerCare** enrollment determination and informs the public not only about **SoonerCare** but other state services as well.

This session will discuss the application submitted to CMS for the Medicaid Transformation Grants. How will grant goals be achieved?

Moderator:

Mike Fogarty, CEO

1. On-Line Enrollment
 - Derek Lieser, MPH; Project / Planning Manager