AGENCY MISSION STATEMENT:

The agency's mission statement is taken from the original legislation enacted in 1993, which can be found at 63 O.S. § 5003. The mission statement is as follows:

> Our mission is to responsibly purchase state and federally funded health care in the most efficient and comprehensive   manner   possible; and   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.

LEAD ADMINISTRATOR:

Becky Pasternik-Ikard, Chief Executive Officer
Address: 4345 N. Lincoln Boulevard, Oklahoma City, OK 73105
Email: becky.pasternik-ikard@okhca.org Phone: 405-522-7417; Fax: 405-530-3482

GOVERNANCE:

The OHCA is governed by a board comprised of seven appointed members who serve terms of four years and are appointed as follows:

- 3 members are appointed by the Governor;
- 2 members are appointed by the President Pro Tempore of the Senate; and
- 2 members are appointed by the Speaker of the House of Representatives.

OHCA's current board members are:

- Governor appointees: Ann Bryant; Marc Nuttle; and Carol Robison
- Senate Pro Tempore appointees: Anthony Armstrong (vice chairman); and Melvin McVay
- Speaker of House appointees: Alex Yaffe; and Tanya Case

The board has five committees-each comprised of three board members:

The Audit/Finance Committee consists of Marc Nuttle, committee chair; Anthony Armstrong and Alex Yaffe. This committee is tasked with reviewing the OHCA's financials and audit activities.

The Rules Committee consists of Tanya Case, committee chair; Melvin McVay and Ann Bryant. This committee is tasked with reviewing proposed rules and rates and proposed changes to existing rules and rates.

The Strategic Planning Committee consists of Anthony Armstrong, committee chair; Carol Robison and Alex Yaffe. This committee is tasked with reviewing innovations/issues that impact the agency's programs and future operations.

The Legislative Committee consists of Ann Bryant, committee chair; Alex Yaffe and Tanya Case. This committee is tasked with reviewing legislation that impacts the agency's programs and future operations.

The Personnel Committee consists of Melvin McVay, committee chair; Ann Bryant and Anthony Armstrong. This committee is tasked with reviewing personnel actions that relate to the Agency Administrator.

GOVERNANCE ACCOUNTABILITY:

The activities of the OHCA Board are documented in official meeting minutes, which can be found on the agency's website site at www.okhca.org. There is no attendance policy for board members.

MODERNIZATION EFFORTS:

Below is a list of government modernization efforts undertaken by the agency and authorizing statutory changes that prompted the modernization efforts and whether those efforts led to cost savings or additional cost burden since July 1, 2010.

SOONERCARE ONLINE ENROLLMENT
In September 2010, OHCA launched online enrollment. SoonerCare's system has been acclaimed nationally for its innovative approach. Oklahoma is the first state in the nation to offer real-time enrollment that allows members to be immediately aligned with a medical home. Application processing times have been reduced from weeks to minutes. The system uses a rules engine to determine qualification for SoonerCare. Online enrollment is able to systematically process applications using specific criteria to insure that policy is applied uniformly and utilizes data exchanges with other agencies to verify information. In March 2016, OHCA integrated Insure Oklahoma's application process into the online enrollment system. This further streamlined the process and reduced administrative burden.

DATA SHARING AGREEMENT WITH OTHER HHS AGENCIES
OHCA is one of several Oklahoma government agencies that collaborated in 2016 to develop rules for sharing data with each other. The ability to share data will allow participating agencies to maximize their impact to the public, avoid duplication and waste, and deliver programs and services that best meet the needs of Oklahomans. The following agencies are including in the data sharing agreement: Oklahoma Health Care Authority

(OHCA), Oklahoma Department of Human Services (DHS), Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Oklahoma Department of Corrections (DOC), Oklahoma Office of Juvenile Affairs (OJA), Oklahoma Commission on Children and Youth (OCCY), Oklahoma State Department of Health (OSDH) and Oklahoma Department of Rehabilitation Services (DRS). Long-term goals for this project include a focus on prevention to improve the quality of life of Oklahomans and minimize their need for future, more costly services.

In 2017, House Bill 1579 permitted OHCA to exchange state identification data with the Department of Public Safety (DPS) for the purposes of verifying SoonerCare eligibility. OHCA and DPS are collaborating on the exchange process.

TELEHEALTH
Telehealth is the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment that occurs in real time and when the member is actively participating during the transmission. Telehealth service is not an expansion of SoonerCare but a different way to offer quality health care access to SoonerCare members. In August 2014, OHCA made significant changes to its telehealth policy. Those changes included removing distance requirements, updating payment structures and removing restrictions for cell phone use so as to rely on the provider's discretion to deliver care using the appropriate sized screen and resolution for the type of service being delivered such that quality is on par with a face-to-face visit. In November 2016, OHCA removed the signed written informed consent rule to follow changes made to state law during the 2016 legislative session. In 2017, the agency began using the term "telehealth" instead of "telemedicine" to be inclusive of the variety of health services that could be available remotely. OHCA again modified its policy to include definitions for coverage of Remote Patient Monitoring and Store and Forward. In addition, based on provider feedback, the agency began reimbursing for some telehealth services previously administered through face-to-face visits. OHCA will continue to monitor and approve other covered services for telehealth reimbursement if the requests demonstrate effectiveness and service quality.

ELECTRONIC COMMUNICATION
During 2015, OHCA, the George Kaiser Family Foundation and Voxiva partnered to implement a two-year pilot study expanding the Text4baby program to include mobile health messages for SoonerCare members ages 1 to 18 and adults covered by SoonerCare. This package is called Connect4health and it encompasses three separate programs: Text4baby, Text4kids and Text4health. The mobile health messages will be customized by OHCA staff and partners to promote specific preventive health benefits, EPSDT and well child visits, immunizations, medication compliance, appropriate ER utilization, and SoonerCare application renewal reminders. OHCA began implementation of Connect4health in late October of 2016. Eligible SoonerCare members began receiving text

message invitations to enroll into Connect4health's member engagement and health messaging services. As they reply to the text messages with the consent to enroll, SoonerCare members are then enrolled into the health intervention messaging programs. Starting in December 2016, SoonerCare's Online Application started collecting consent from its members to opt into the health and member engagement messaging programs. Starting in January 2017, every SoonerCare member that provides consent is automatically enrolled into the health, wellness and condition-specific health interventions that SoonerCare provides via the platform of services. As of November 2017, nearly 85,000 SoonerCare members were actively receiving mobile health messages from OHCA. In addition, in an effort to reduce printing and mailing costs, the OHCA has utilized text messages, email and social media platforms to send important program updates and other key information to members. For example, OHCA now provides member handbooks, newsletters and identification cards digitally.

SUPPLEMENTAL HOSPITAL OFFSET PAYMENT PROGRAM (SHOPP)
Title 63 O.S. 2011, Section 3241.1 established the Supplemental Hospital Offset Payment Program, or SHOPP, which allows for a fee to be charged to certain Oklahoma hospitals. The revenue from the measure is then matched by the federal government and used primarily to maintain hospital reimbursement from the SoonerCare program. OHCA received federal approval in December 2011. It is estimated that SHOPP will raise an additional $502 million for hospital providers in SFY 2018. Currently, the program is set to sunset on Dec. 31, 2020.

NURSING HOME UPPER PAYMENT LIMIT PROGRAM
OHCA is pursuing a Medicaid Supplemental Payment for Non-State Government-Owned (NSGO) nursing facilities, which would increase Medicaid payments to the upper payment limit (UPL) for participating providers with the state portion funded by the Intergovernmental transfer. A portion of the supplemental payment will also be redistributed to the Oklahoma nursing facilities base rate for all Oklahoma nursing facilities. OHCA submitted a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS), which was denied. The agency continues to work with industry partners to seek federal guidance on an approvable plan.

AFTERHOURSOK – MOBILE & PC APPLICATION
An app for personal computers and mobile devices was developed by OHCA to help our members and their providers locate other contracted providers who are open after traditional office hours. Traditional office hours are considered as 8 a.m. to 5 p.m., Monday through Friday. The app works by entering the patient's age and the ZIP code where they are currently located. Those providers who have agreed to accept walk-ins seeking urgent care are listed on the app along with their address, phone number, days/hours of operation, an interactive map and a link to their website. To access the app, go to
http://www.afterhoursok.com/

The Program of All-Inclusive Care for the Elderly (PACE)

The Program of All-inclusive Care for the Elderly (PACE) is a managed care model of acute and long-term care that integrates the provision and financing of medical and long-term care services. The PACE model is centered on the belief it is better for the well-being of seniors with chronic care needs and their families to be served in the community whenever possible. The goal is to maximize the participant's autonomy and ability to reside in their community while receiving quality care at lower cost relative to the Medicare, Medicaid and private-pay traditional payment systems. Cherokee Elder Care (CEC), Oklahoma's first PACE organization opened its doors in August of 2008 in Tahlequah Oklahoma. CEC is the first PACE organization sponsored by a Native American tribe in the nation. In January of 2015, Oklahoma opened two additional centers; Life PACE located in Tulsa and Valir PACE Foundation located in Oklahoma City.

CORE MISSION:

The agency's mission statement is taken from the original enacting legislation in 1993, which can be found at 63 O.S. § 5003. The mission statement is as follows:

> *To responsibly purchase state and federally funded health care in the most efficient and comprehensive manner possible; and 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.*

PRIVATE ALTERNATIVES:
- Approximately 96 percent of the SoonerCare program represents reimbursements to providers for the delivery of health care goods and services. The remaining 4.1percent accounts for Electronic Health Record (EHR) incentive payments and the program's administrative costs, which are split between the five participating state agencies (OHCA, OKDHS, OJA, DMHSAS, and OSDH). OHCA incurs 2.1 percent of the 4.1 percent administrative expenses, with 54.3 percent paid toward private vendor contracts.

- OHCA is constantly evaluating opportunities to outsource work in the most effective and efficient manner. Oklahoma was one of the first states to experiment with fully-capitated HMO vendors to manage the care of the SoonerCare population in the mid-1990s. Although it was unsustainable at that time, it provided a wealth of information that has made today's program better and more responsive. Since 2009, the SoonerCare Choice program has offered a Patient-Centered Medical Home (PCMH) care model. Shortly thereafter a network approach was added to offer additional support (in three areas of the state) provided by contracted Health

Access Networks (HAN).

- Senate Bill 773, passed by the Oklahoma Legislature in 2017, directed OHCA to issue a Request for Information (RFI) for care coordination models to serve children in state custody. The legislation directed the OHCA to collaborate with DHS and ODMHSAS and submit findings to the Legislature and Governor. An interagency workgroup was established that developed the RFI, organized presentations and summarized submissions. OHCA submitted its report in December 2017.