Core Functions Detail Survey 2015

Oklahoma Health Care Authority (OHCA) Core Functions Detail Survey 2015

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The Core Functions Surveys were compiled by the Division of Strategic Planning and Reform for the Calendar Year 2015.

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Unit divisions are broken down by the January 2015 Organizational Chart. Information presented may not reflect the current organizational structure.

Administrative Services: Mail, Supply & Records Management

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The purpose of the Mail/Supply & Records Management unit is to oversee the processing of agency mail, manage agency supplies, and document and maintain a historical perspective of the agency's performance.

The overarching goals of the Mail/Supply & Records Management unit are to minimize paper storage in the agency by using scanning technology and to process mail and purchase supplies in the most cost effective manner possible.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Delivery of mail/maintenance of USPS account balance
- Managing supplies
- Scanning documents

3. What is the main unit deliverable(s)? Output? Production?

- Mail
- Supplies
- Archive/repository/library of agency documentation

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

The unit primarily supports agency goal 6.

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

The unit primarily supports agency goal 6.

6. How many FTE are in your unit?

There are 7.5 FTE positions in the Mail/Supply & Records Management unit.

7. For your unit, which positions perform what tasks?

- Manager (1) – Unit oversight
- Postal Clerks (2) – Mail
- Agency Support Specialists (2) - Supplies
- Records Conversion Specialists (2.5) – Scanning

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

- 33.3% Mail
- 33.3% Supplies
- 33.3% Records

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

The unit activities regarding mail are guided by federal law under Title 39, Code of Federal Regulation (CFR). The records management activities are guided by state law under Central Files, Department of Libraries, schedule 9506, for OHCA, which is governed by a board and changes are updated quarterly. Additional supply and records management functions are guided by state law governing statewide contracts and the processes for ordering supplies, software and hardware, under various OMES Statewide Contracts. The unit estimates there are more than 50 different statewide contracts (some are specific to single items) that guide the process for procurement.

- 67 O.S., Section 206 – Duties of Heads of Agencies (Section 206 defines the purpose of Records Management)
- 67 O.S., Section 201 – Records Management Act
- 67 O.S., Section 305 – Oklahoma Archives and Records Commission has authority over state agency records

10. Who guides and/or gives the work of your unit?

Additional work for the unit comes from requests by the agency staff on an ad hoc basis. Scanning, for example, is not an agency requirement, but is recommended. Some units adopted scanning as practice because it makes more sense to their business practices, and there are some records that are required to be scanned. The agency also encouraged scanning prior to the 2014 office move to reduce the amount of paper that had to be moved. Since records management has the capability to scan anything and there is a goal to reduce paper storage, scanning of records is encouraged.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Yes, the unit provides essential administrative functions of the agency and other units depend on the functions of the Mail/Supply & Records Management unit. The unit depends on other units such as HR for hiring and Finance for purchasing as well as on all other units to identify and organize what needs to be scanned.

12. Does your unit have direct contact with Members? Providers? Others?

The unit handles mail that is sent to members and remit requests from providers that are received by mail, phone and through in-person requests.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

The unit partners with entities outside the agency such as USPS, BIS (vendor for scanners/software for Records Management), Pitney Bowes (arrival software for bar code scanning of mail, and mail postage meter equipment), Pre-sort (discounted rate to send pre-sorted mail, pick-up daily), Summit (maintenance of folder insert machine), Department of Libraries on the Schedule 95-06, HP (Disk received every month to review for quality control), and other state agencies such as OKDHS.

14. What Key Performance Measures and/or outcomes does your unit track?

Within the Mail/Supply & Records Management unit, Records Management tracks the daily number of images scanned, number of remits, number of hours in meetings, number of CD's produced and has to

monitor volume limits on contracts. The Mail group counts the mail incoming by P.O. Box, and dollars spent per day by unit/division on the mail meter machine. The Supplies group tracks supply inventory and has a goal to achieve a non-paper tracking system. The unit uses a production sheet to track the daily output, which is completed by each unit member and used to compare to quarterly goals (ex. 250,000 images scanned per quarter).

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

One unit strategy to support agency goal 6 is to identify and implement technology solutions to improve the efficiency related to mail, supplies and records management systems. Examples include implementing grouper software to improve scanning processes, bar code scanning for supplies inventory and the use of a web-based system for ordering supplies.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

The unit submits monthly reports to the Chief of Staff, and details expenses such as the amount of postage spent by unit. The unit plans to implement a web-based system for agency units to order supplies. This system will improve efficiency through a real-time inventory count and improved accuracy of expected vs. actual inventory.

17. How does your unit monitor and track productivity?

The unit tracks metrics to monitor the ratio of cost savings and time required in meeting goals, and also seeks customer service feedback from agency units and staff. The unit will modify practices and services based on consumer feedback.

The unit sets quarterly goals and collects daily metrics and feedback toward reaching those goals.

18. If your unit submits reports, what do you prepare? Receive?

The records management group prepares a monthly and quarterly report (the quarterly report goes to the OHCA Chief of Staff). The unit makes quarterly updates to the 95-06, which is posted on Intranet and is a public document. The unit also prepares daily mail volume cost reports.

Administrative Services: Office Manager

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The purpose of the Office Manager unit includes overseeing the front reception desk, answering phones, serving visitors, keeping agency vehicle fleet operating, scheduling of agency conference rooms and vehicles, maintaining adequate office space and furniture, managing employee security badges, and property and building maintenance and security. This unit maintains the daily "heartbeat of the agency" and when its responsibilities are performed efficiently and effectively it is the satisfactory norm.

The overarching goal of the unit is to provide adequate resources and customer service to internal staff and external visitors. The main responsibility of the unit is to ensure adequate administrative resources are available and responsive to the daily needs of the agency.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Answer phones and provide phone coverage
- Receive visitors and package sign in
- Keep vehicles running properly and fleet management
- Ensure meeting room schedules are available and open

3. What is the main unit deliverable(s)? Output? Production?

- Phones
- Employee badges
- Adequate parking
- Furniture
- Available meeting room space
- Proper and comfortable heat/air environment
- Property and building security
- Visitor greeting and check-in

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal 6

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Goal 6

6. How many FTE are in your unit?

There are 3 FTE positions and 1 GALT in the Office Manager unit.

7. For your unit, which positions perform what tasks?

All staff members perform the Receptionist duties, while the Office Manager and the Maintenance Tech perform additional duties.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

Front Desk/Visitors/Phones – 85%
Vehicles/Badges/Conference Rooms/Parking – 15%

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the secure destruction of PHI and justifies the need for secure recycling. Additional requirements come from The Office of Management and Enterprise Services (OMES) and from contracts with Sequoyah governing the processes related to vehicles, phones, building and space management. Beginning 11/01/2014, to

comply with state and federal voter registration laws, the OHCA front desk must now ask applicants and recipients if they are registered to vote and offer a voter registration form when they come into the office in person.

10. Who guides and/or gives the work of your unit?

Additional work is received from OHCA staff on an ad hoc basis.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Yes, the Office Manager unit performs an agency wide function and all other units depend on the services provided by this unit. The Office Manager unit depends on other units such as IT for staff computers, Finance and Purchasing for resources to purchase furniture and lease vehicles, and HR for hiring and firing.

12. Does your unit have direct contact with Members? Providers? Others?

The unit requires direct contact with the general public, including in person visitors and phone calls, some of whom are members, providers or a variety of other members of the public.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

The unit partners with OMES for phone, motor pool, state leasing, and surplus. The unit also partners with Oklahoma Department of Corrections, Oklahoma Correctional Industries (OCI) for services related to furniture and the State Election Board for voter registration forms.

14. What Key Performance Measures and/or outcomes does your unit track?

The unit tracks metrics including the number of visitors to agency, vehicle usage and mileage, recycling usage, number of maintenance calls, and metrics related to employee security badges, such as supervisor requests for employee timeliness.

The Office Manager unit is not currently tracking any KPM's.

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The Office Manager unit provides an administrative support role of the agency mission and goals. The unit strategy is to support OHCA goal 6 by ensuring adequate front desk staffing in order to provide professional and effective internal and external customer service.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

See document on performance measure development.

17. How does your unit monitor and track productivity?

The unit collects weekly reports to monitor and report vehicle usage, conference room usage, and maintenance requests. For example, the percent/mileage of vehicles used during the week can be used to determine if more vehicles are needed and the use of conference room space can be used to justify the need for additional office space.

The unit monitors and tracks productivity through reports such as the sign in log from the front desk visitors, vehicle usage, meeting room usage, and maintenance issues. These measurements are tracked and monitored electronically through the intranet system and paper records.

18. If your unit submits reports, what do you prepare? Receive?

The unit prepares a monthly vehicle report for motor pool, a monthly conference room usage report for OMES, and a visitor/package sign in report for OMES to track visitors and space usage.

Business Enterprises: Electronic Customer Relations and Performance and Electronic Process Unit

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

Electronic Customer Relations

The purpose of the Electronic Customer Relations Unit is to ensure the overall efficiency and effectiveness of the OHCA Medicaid Management Information System (MMIS), services and processes, while maintaining and maximizing federal funds. The Electronic Customer Relations Unit deals primarily with the front end functions of the MMIS. The overarching goal of the unit is to maintain the MMIS in accordance to OHCA, Federal and State regulations and ensures accuracy and maximization of federal financial participation. The main responsibilities include creating and maintaining Advance Planning Documents (APDs) and budgets for enhanced federal participation; monitoring IT contracts for performance and contract compliance; monitoring new technology and creating roadmaps to advance systems to meet current and future program requirements or business owner needs; maintaining and performing MMIS and MMIS-related systems (provider, managed care, drug rebate, pharmacy claims, EDI, TPL, call tracking/CTI and system security) lifecycle functions; and providing internal and external customer support for MMIS systems.

Performance and Electronic Process

The purpose of the Performance and Electronic Process Unit is to ensure the overall efficiency and effectiveness of the OHCA Medicaid Management Information System (MMIS), services and processes, while maintaining and maximizing federal funds. The Performance and Electronic Process Unit deals primarily with the back end functions of the MMIS. The overarching goal of the unit is to maintain the MMIS in accordance to OHCA, Federal and State regulations and ensures accuracy and maximization of federal financial participation. The main responsibilities include creating and maintaining Advance Planning Documents (APDs) and budgets for enhanced federal participation; monitoring IT contracts for performance and contract compliance; monitoring new technology and creating roadmaps to advance systems to meet current and future program requirements or business owner needs; maintaining and performing MMIS and MMIS-related systems (claims, financial, MAR, reference and prior authorizations) lifecycle functions; and providing internal and external customer support for MMIS systems.

2. What are the top 3 or 4 major tasks or activities for your unit?

Electronic Customer Relations

- Monitoring contract compliance for the MMIS or MMIS-related systems (provider, managed care, drug rebate, pharmacy claims, EDI, TPL, call tracking/CTI and system security); including requirements definition, design approval, quality assurance and post implementation review.
- Monitoring new technology to ensure OHCA receives enhanced funding from CMS on future projects.
- Providing Business Owner support for MMIS and MMIS-related systems (provider, managed care, drug rebate, pharmacy claims, EDI, TPL, call tracking/CTI and system security).

Performance and Electronic Process

- Monitoring contract compliance for the MMIS or MMIS-related systems (claims, financial, MAR, reference and prior authorizations); including requirements definition, design approval, quality assurance and post implementation review.
- Monitoring the Financial and Federal reporting requirements of CMS enhanced funding.
- Providing Business Owner support for MMIS and MMIS-related systems (claims, financial, MAR, reference and prior authorizations).

3. What is the main unit deliverable(s)? Output? Production?

Electronic Customer Relations

- Systems that meet Business Owner needs and meet State and Federal requirements.
- Manuals
- Testing
- Project Plans
- Training End Users
- Oversight and Participation in MMIS and related systems (provider, managed care, drug rebate, pharmacy claims, EDI, TPL, call tracking/CTI and system security) lifecycle

Performance and Electronic Process

- Systems that meet Business Owner needs and meet State and Federal requirements.
- Manuals
- Testing
- Project Plans
- Training End Users
- Oversight and Participation in MMIS and related systems (claims, financial, MAR, reference and prior authorizations) lifecycle

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Electronic Customer Relations

Goal #6 - Administration

Performance and Electronic Process

Goal #6 - Administration

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Electronic Customer Relations

The unit directly supports agency goals 6 and 7. The unit indirectly supports goals 1, 2, 3, 4 and 5.

- Monitoring contract compliance for the MMIS or MMIS-related systems (provider, managed care, drug rebate, pharmacy claims, EDI, TPL, call tracking/CTI and system security); including requirements definition, design approval, quality assurance and post implementation review. (Goal 6)
- Monitoring the Financial and Federal reporting requirements of CMS enhanced funding. (Goal 1)
- Providing Business Owner support for MMIS and MMIS-related systems (provider, managed care, drug rebate, pharmacy claims, EDI, TPL, call tracking/CTI and system security). (Goals 6 and 7)

Performance and Electronic Process

The unit directly supports agency goals 6 and 7. The unit indirectly supports goals 1, 2, 3, 4 and 5.

- Monitoring contract compliance for the MMIS or MMIS-related systems (claims, financial, MAR, reference and prior authorizations); including
- Requirements definition, design approval, quality assurance and post implementation review.
- (Goal 6)
- Monitoring the Financial and Federal reporting requirements of CMS enhanced funding. (Goal 1)
- Providing Business Owner support for MMIS and MMIS-related systems (claims, financial, MAR, reference and prior authorizations). (Goals 6 and 7)

6. How many FTE are in your unit?

Electronic Customer Relations

There are 15 FTE positions (10 OHCA and 5 HP Contractors) in the Electronic Customer Relations Unit.

Performance and Electronic Process

There are 10 FTE positions (8 OHCA and 2 HP Contractors) in the Performance and Electronic Process Unit.

7. For your unit, which positions perform what tasks?

Electronic Customer Relations

Managers – Manage I, II and III level analysts, monitor status of their and their staff's assigned system area projects, project management, and mentor and coach junior level analysts. Recommend technology solutions, consult with Business Owners, and perform MMIS functions (Analysis, Requirements Definition, Quality Assurance, and Post Implementation Review).

Analyst/Planning Specialist IIIs – Monitor assigned projects; project Management, MMIS functions,

consult with Business Owners train users and new analysts, and assist with mentoring.

Analysts I, IIs – Perform MMIS functions as assigned, assist Business Owners when required.

HP Business Analysts – User support, user training, monitor assigned projects, assist with quality assurance and post implementation review, and MMIS lifecycle support.

Performance and Electronic Process
Managers – Manage I, II and III level analysts, monitor status of their and their staff's assigned system area projects, project management, and mentor and coach junior level analysts. Recommend technology solutions, consult with Business Owners, and perform MMIS functions (Analysis, Requirements Definition, Quality Assurance, and Post Implementation Review).

Analyst/Planning Specialist IIIs – Monitor assigned projects; project Management, MMIS functions, consult with Business Owners train users and new analysts, and assist with mentoring.

Analysts I, IIs – Perform MMIS functions as assigned, assist Business Owners when required.

HP Business Analysts – User support, user training, monitor assigned projects, assist with quality assurance and post implementation review, and MMIS lifecycle support.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

Electronic Customer Relations
Managers- 75%
DP Analyst/Planning Specialist IIIs - 90%
DP Analyst/Planning Specialist IIs - 90%
DP Analyst/Planning Specialists Is – 90%
HP Business Analysts – 90%

Performance and Electronic Process
Managers- 75%
DP Analyst/Planning Specialist IIIs - 90%
DP Analyst/Planning Specialist IIs - 90%
DP Analyst/Planning Specialists Is – 90%
HP Business Analysts – 90%

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

Electronic Customer Relations
All of the core functions or activities of the unit are required by federal or state law. Maintaining the MMIS is the central function of the Electronic Customer Relations Unit.

Title 42 and 45, throughout
The entire 42 CFR (multiple sections) – including,
42 CFR Part 433 Subpart C

(42 CFR describes required Medicaid business functions and the corresponding MMIS required functions.)
45 CFR Part 95 Subpart F
45 CFR deals with MMIS financing and Advance Planning Documents
Performance and Electronic Process
All of the core functions or activities of the unit are required by federal or state law. Maintaining the MMIS is the central function of the Performance and Electronic Process Unit.

Title 42 and 45, throughout
The entire 42 CFR (multiple sections) – including,
42 CFR Part 433 Subpart C
(42 CFR describes required Medicaid business functions and the corresponding MMIS required functions.)
45 CFR Part 95 Subpart F
45 CFR deals with MMIS financing and Advance Planning Documents.

10. Who guides and/or gives the work of your unit?

Electronic Customer Relations
The work of the unit not required by law is directed by the agency board of directors and executive staff.

Performance and Electronic Process
The work of the unit not required by law is directed by the agency board of directors and executive staff.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Electronic Customer Relations
Since the Electronic Customer Relations Unit is responsible for maintaining the MMIS, all units that utilize a MMIS or MMIS-related system (provider, managed care, drug rebate, pharmacy claims, EDI, TPL, call tracking/CTI and system security), depend on the activities of the unit. The Electronic Customer Relations Unit also depends on other units for policy, input and system change approval.

Performance and Electronic Process
Since the Performance and Electronic Process Unit is responsible for maintaining the MMIS, all units that utilize a MMIS or MMIS-related system (claims, financial, MAR, reference and prior authorizations), depend on the activities of the unit. The Performance and Electronic Process Unit also depends on other units for policy, input and system change approval.

12. Does your unit have direct contact with Members? Providers? Others?

Electronic Customer Relations
In general, the Electronic Customer Relations Unit does not require direct member contact, except some very minimal user feedback from members is occasionally needed. Some provider contact is required by the unit when necessary.

The unit also has contact with other entities including federal, state, and contracted vendors.

The unit also works with providers and billing agents when necessary during EDI testing, Provider Contracting testing and other testing as required. The Managed Care Team works with providers when necessary to establish roster and other managed care issues. The Electronic Customer Relations Unit attends the Medical Advisory Committee and other stakeholder board meetings when required.

Performance and Electronic Process
In general, the Performance and Electronic Process Unit does not require direct member contact, except some very minimal user feedback from members is occasionally needed. Some provider contact is required by the unit when necessary.

The unit also has contact with other entities including federal, state, and contracted vendors.
The unit also has frequent direct contact with external auditors at the Federal and State level. This can include providing necessary back-end data for verification purposes, to explaining the logic and calculation behind various financial reports. The Performance and Electronic Process Unit attends the Medical Advisory Committee and other stakeholder board meetings when required.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

Electronic Customer Relations
The Electronic Customer Relations Unit is generally required to have direct contact with other partner agencies, OMES, federal and state OIG, state auditors, vendors, the Medicaid Fraud Unit, the Attorney General's office, tribal entities, provider associations, federal grant staff, CMS, community partners and private contractors concerning MMIS or related systems (provider, managed care, drug rebate, pharmacy claims, EDI, TPL, call tracking/CTI and system security).

Performance and Electronic Process
The Performance and Electronic Process Unit is generally required to have direct contact with other partner agencies, OMES, federal and state OIG, state auditors, vendors, the Medicaid Fraud Unit, the Attorney General's office, tribal entities, provider associations, federal grant staff, CMS, community partners and private contractors concerning MMIS or related systems (claims, financial, MAR, reference and prior authorizations).

14. What Key Performance Measures and/or outcomes does your unit track?

Electronic Customer Relations
The Electronic Customer Relations Unit monitors contract metrics for the MMIS Fiscal Agent and related entities. Many of the metrics the unit tracks revolve around the MMIS and a subset of Information Technology Infrastructure Library (ITIL) standards. Additionally, the unit monitors staff performance metrics that revolve around the same MMIS, which are measured indirectly as part of each Customer Service Request.

Performance and Electronic Process
The Performance and Electronic Process Unit monitors contract metrics for the MMIS Fiscal Agent and related entities. Many of the metrics the unit tracks revolve around the MMIS and a subset of Information Technology Infrastructure Library (ITIL) standards. Additionally, the unit monitors staff

performance metrics that revolve around the same MMIS, which are measured indirectly as part of each Customer Service Request.

15. What are your unit's strategies to support agency goal #6 - administration?

Electronic Customer Relations

Measure the new business requirement process.

Performance and Electronic Process

Measure the new business requirement process.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

Electronic Customer Relations
The unit uses measures such as the number of CSR requests closed, the amount of time it took to complete each CSR, the number of trouble tickets assigned and length of time to resolve, and metrics included as contractual requirements of vendors.

Performance and Electronic Process
The unit uses measures such as the number of CSR requests closed, the amount of time it took to complete each CSR, the number of trouble tickets assigned and length of time to resolve, and metrics included as contractual requirements of vendors.

17. How does your unit monitor and track productivity?

Electronic Customer Relations
The Electronic Customer Relations Unit monitors and tracks productivity through various reports linking vendor and analyst performance, trouble ticket reports, CO aging reports, stale CO reports, and reports of vendor hours spent on projects.

Performance and Electronic Process
The Performance and Electronic Process Unit monitors and tracks productivity through various reports linking vendor and analyst performance, trouble ticket reports, CO aging reports, stale CO reports, and reports of vendor hours spent on projects.

18. If your unit submits reports, what do you prepare? Receive?

Electronic Customer Relations
The Electronic Customer Relations Unit produces reports on behalf of operational units, such as data necessary to complete the Federal CMS reports for Third Party Liability, Drug Rebate, Financial claiming, etc. Additionally, the unit prepares reports listing Customer Service Requests and the status of each CSR.

Performance and Electronic Process
The Performance & Electronic Process Unit produces reports on behalf of operational units, such as data necessary to complete the Federal CMS 64 reports and 372 waiver reports, coordinate

generating data and formatting the reporting necessary for the Federal 372 Waiver services reports, Financial, Claims, etc. Performance and Electronic Process is also responsible for the Federally required MSIS file submission.

Business Enterprises: Electronic Health Operations Unit

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The purpose of the Electronic Health Operations Unit is to implement operational e-health [Health Information Exchange (HIE) & Health Information Technology (HIT)] projects and programs defined by the organization's business users. The unit also manages the OHCA project Independent Verification and Validation (IV&V), and the HIT Grant, including the Oklahoma Electronic Health Records Incentive Program. Additionally the unit is solely responsible for The OK MITA 3.0 SS-A project that incorporates MITA 3.0 guidelines and tools, including checklists, scorecards, and business process modeling, while also addressing CMS Seven Conditions and Standards to support compliance with CMS enhanced funding requirements.

The overarching goals of the unit are to ensure effective and efficient implementation of agency HIT projects and to operate the Oklahoma Electronic Health Records Incentive Program.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Plan and implement assigned projects.
- Managing the operational aspects of two programs (IV&V and EHR).
- Collaborating internally and externally in order to advance policy, procedures and solutions related to electronic data exchange and utilization.
- Ensuring that all the agency activities adhere to MITA guidelines and meet the CMS Seven Standards and Conditions where appropriate.

3. What is the main unit deliverable(s)? Output? Production?

- State Medicaid HIT Plan (SMHP)
- HIT Implementation Advance Planning Document (IAPD)
- EHR Incentive Program Reports
- IV&V Reports
- Input to OHCA's CMS 37 & 64 Reports (projected and actual spending)
- White papers
- Informational papers
- Presentations
- Project management plans
- Budget requests and justifications
- Training and education of EHR Incentive Program Eligible Hospitals and Eligible Professionals
- Completion and continual update of the MITA State Self-Assessment Report and Roadmap. An

updated SS-A is required to accompany all APD submissions.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goals 2

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

The unit supports agency goals 1, 2, 6 & 7. The unit indirectly supports agency goals 3 and 4.

- Managing the operational aspects of two programs (IV&V and EHR). (Goals 1, 2, 6 & 7)
- Ensure OHCA business user's needs are met during implementation of projects. (Goal 2& 6)
- Collaborating internally and externally in order to advance policy, procedures and solutions related to electronic data utilization. (Goals 6 & 7)
- Providing oversight and ensuring compliance with federal regulations governing HIT system development. (Goal 6)

6. How many FTE are in your unit?

There are 15 FTE positions (4 OHCA and 11 HIT Grant) in the EHOP Unit.

7. For your unit, which positions perform what tasks?

EHOP Director (1) - Lead and provide direction to the electronic health operations division with the mission of implementing efforts as identified by OHCA executive staff members. Ensure project staff understand the project vision and goals and engages executive staff when clarification of project work efforts is needed; Oversee the day-to-day operations for the Oklahoma EHR incentive program, OHCA's IV&V program, select data use agreements and MITA State Self-Assessment, and timely preparation and submission of the SMHP and HIT IAPD. Ensures efficient and effective use of divisional resources assigned, and oversees the preparation and maintenance of operational status reports, creates and reviews required federal reports and documents prior to submission; Defines work efforts for project and electronic health operations staff and coordinates efforts between OHCA Business Enterprises and other OHCA employees to ensure project business owner processes and high level requirements are documented and adequately resourced; Responsible for project management activities for projects assigned to the unit; Oversees the project management for the development and implementation of system modifications to the following systems: Atlantes, EHR incentive program, eRx, and MEDai

Clinical Ops Project Manager (1) - This position is a clinical specialist (RN) providing input and oversight of the clinical data used in the Health Information Technology initiatives at OHCA. This position provides leadership and is a clinical resource to the Electronic Health Operations Department. Performs planning and analysis associated with the development of various data processing plans. Performs a wide range of analysis related to a complete operating system, which involves the coordination of multiple projects to completion. Strong emphasis is placed on coordination and identifying user needs, then developing adequate systems design and implementation plans to meet those needs. Individual will serve as an operating project manager that has functions in the areas of large project management and development and implementation. Work involves providing guidance for operations and services, program planning and development

activities, program evaluation, organizing services and coordinating program functions and activities. This position interfaces with Oklahoma Medicaid members, providers, advocacy groups, other agency departments as well as other State agencies. The IV&V project manager will provide direct subcontractor supervision. This includes planning, supervising, assessing and monitoring the consultant group who will be directly involved with the agency's IV&V activities.

Project Manager (2) - This position uses project management processes and procedures applied to assigned complex projects. Ensures assigned project's initiation, planning, implementation, controlling/monitoring and closing processes are performed efficiently and effectively. Ensures the project is on track and that the appropriate workgroup members, both internal and external to the agency are actively engaged in the project. Assists with development and monitors project implementation strategies, troubleshoots and develops alternative solutions as needed, consults with other staff as needed. This position is the agency resource for SharePoint. Additionally, this position is also OHCA's MITA Manager. This position is responsible for the completion of the State Self-Assessment Report and Roadmap, tracking of roadmap initiatives, the continual update of the State Self-Assessment, communication of updated MITA policies to the agency and extensive coordination with CMS and other states regarding MITA goals and initiatives.

Program Manager (1 HIT Grant) - Supervises and synchronizes the daily operations of Oklahoma Health Care Authority implemented HIT programs to maximize efficiency and effectiveness. Provides coordination and guidance in planning, implementing, and coordinating of assigned HIT programs. Interfaces with executive staff, staff, and/or government agency officials in the implementation and coordination of HIT related programs. Operates as a team leader for HIT operations staff functions.

Provider Education Specialist (1 HIT Grant) – Under general direction of the HIT Program Manager, this position will have the primary responsibility of development of an education program for SoonerCare providers to assist them in successful implementation and participation in the federal Electronic Health Records program. Additional education opportunities as recognized by the governing boards of the agency are also developed and implemented by the person holding this position. This individual provides on-site education to providers, office staff, facilities, other state agencies and this agency.

Research Analyst (2 HIT Grant) - Under administrative direction from the HIT Program Manager, this position is responsible for completing program-related research, performing statistical analysis, conducting impromptu data extractions, coordinating surveys and providing general support for Health Information Technology related projects/programs.

Resource Manager (1 HIT Grant) - Under direction of the EHOP Director, plans, directs, and coordinates Electronic Health Operations (EHOP) Unit project and program fiscal operations and financial accounting functions. Responsible for developing accounting systems and procedures for recording revenues and expenditures, invoices, disbursements, and receipts. Responsible for analyzing, creating, improving and implementing new and innovative methods and processes to ensure resources are available to support the division vision. The Resource Manager is also responsible for Data Use Agreements. Actively participates with other division members in long-

range planning to ensure integration of financial, budget, and procurement services as those services relate to OHCA HIT/HIE efforts. This position provides financial advice, counsel, and/or instruction to EHOP and OHCA staff members on HIT related projects and programs.

Technology Research Associate (1 HIT Grant) - Assists in the planning, development and production of project and program reports, budget, procedure manuals, advanced planning and other technical documents.

Data Processing Analysts / Planning Specialists II-IV (4 HIT Grant)
This series of positions perform planning, analysis and implementation of various data processing plans. They prepare systems testing plans for review and develop appropriate documentation. Level IV employees supervise a group of DP Analyst/Planning Specialist II and III, fiscal agent system engineers and business analysts. They are also charged with SharePoint analysis, design and administration. Level II and III perform apprentice and journeyman level work as a systems analyst specialist and have no supervisory responsibilities. This series (II through IV) represent a general classification of systems analysts who perform a wide variety of general analysis work in support of one or more of the specialized functions involving user applications. Generally, these incumbents are concerned with the ongoing maintenance/enhancement of applications software or are associated with the functions of applications system development. This series is responsible for conferring with users, designing systems changes to meet user needs and analysis of systems performance.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

100% of unit staff time is devoted to accomplishing the unit core functions.

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

Some of the core functions or activities of this unit are required by federal or state law.

45 CFR 95.629 governs IV&V and the HITECH ACT of 2009 created the EHR Incentive Program (CFR §495.342). MITA activities are governed by 42 CFR Part 433 titled, *Medicaid Program: Federal Funding for Medicaid Eligibility Determination and Enrollment Activities*, *Final Rule (Federal Register, Vol. 76, No.75).* effective April 19, 2011 (see http://www.gpo.gov/fdsys/pkg/FR-2011-04-19/pdf/2011-9340.pdf).

10. Who guides and/or gives the work of your unit?

Other sources guiding the unit's work include Chief of Business Enterprises guidance, the SMHP and IAPD (both are requirements for participation in the EHR Incentive Program), and the EHR incentive program is governed by CMS rules.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

To some degree, all units, especially, Business Enterprises, Provider Services, Member Services, Legal, Audit, QA/QI are interdependent of the EHOP Unit. Examples include submission and acceptance of OHCA's Medicaid Information Technology Architecture (MITA) 3.0 SS-A by CMS including alignment with CMS Seven Conditions and Standards to support compliance with

enhanced funding requirements and Re-procurement.

12. Does your unit have direct contact with Members? Providers? Others?

Yes, the unit requires direct contact with members, providers and others. Examples of projects requiring direct contact with members and providers include the design and development of the Member Portal and Provider Portal. The EHR Incentive Program is focused on assisting/incentivizing Medicaid Providers to adopt and utilize Electronic Health Records with the triple aim of enhancing the healthcare of individuals, improving the health of the population and reducing per-capita costs. The EHR Incentive Program requires daily contact with the provider community.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

The EHOP Unit collaborates with many partners including: CMS, ONC, other State agencies, other state entities, advocacy groups, providers, legislative representatives, community partners, these include: the Oklahoma City-County Health Department, the Tulsa City-County Health Department, the University of Oklahoma, Oklahoma State University, MyHealth, and Coordinated Care Oklahoma. The scope of the work varies, but often deals with operational aspects of programs such as the EHR Incentive Program.

14. What Key Performance Measures and/or outcomes does your unit track?

The unit tracks the KPM's as identified in budget requests if the unit is notified the budget request received appropriations. An example of outcomes tracked by the unit relates to the EHR Incentive Program statistics, including provider participation, outreach efforts, and incentives disbursed. Additionally, project status is also continually tracked as portrayed through adherence to project timelines and the quality of deliverables verified through user acceptance testing (UAT) and IV&V.

15. What are your unit's strategies to support the agency goals #6?

- To maximize use of current systems when developing solutions to business user requirements.
- Identify areas during system development which may be built in a flexible manner to easily facilitate future modifications.
- Identify software solutions which may be applied across divisions/units in the agency.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

Through simple project management processes, measurement is usually attributed to schedule, milestone objectives and final deliverable(s).

17. How does your unit monitor and track productivity?

Productivity is often monitored and tracked by project/program objectives being achieved.

18. If your unit submits reports, what do you prepare? Receive?

The EHOP Unit produces a quarterly EHR report, as well as financial reporting of the number of

providers paid by the EHR Incentive Program. The EHOP Unit contributes to the CMS 37 (anticipated expenditures, updated quarterly and as an annual report) and CMS 64 (actual spending, annual report). The CMS 37 and 64 Reports are organizational level reports and are produced by the finance unit but rely on data compiled by the EHOP Unit. Upon completion of projects the unit submits IV&V Reports to CMS as required. Additionally, the unit prepares and submits the agency's MITA SS-A and annual updates as required by CMS.

Business Enterprises: Enrollment Automation & Data Integrity Unit

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The Enrollment Automation & Data Integrity Unit maintains the Medicaid Management Information System (MMIS) in accordance to OHCA, Federal and State regulations, and ensures accuracy and maximization of federal financial participation (FFP). It also creates and maintains Advance Planning Documents (APD) and budgets for enhanced FFP; monitors information technology (IT) contracts for performance and contract compliance; monitors new technology and creates roadmaps to advance systems to meet current and future program requirements; maintains and performs IT Lifecycle functions for Medicaid Management Information System (MMIS) and MMIS-related systems; and provides customer support for MMIS systems. Insure overall efficiency of MMIS Eligibility and Recipient subsystems and processes while maintaining and maximizing federal funds to pursue the strategic direction of OHCA.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Monitoring contract compliance for the MMIS Eligibility and Recipient subsystem or MMIS-related systems; including requirements definition, design approval, quality assurance and post-implementation review.
- Monitoring the financial and federal reporting requirements of CMS enhanced funding.
- Providing business owner support for MMIS and MMIS-related systems.

3. What is the main unit deliverable(s)? Output? Production?

To create and maintain IT subsystems that meet State and Federal requirements, as well as the business needs of OHCA operational units.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #6 – Administration

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

- Monitoring contract compliance for the MMIS Eligibility and Recipient subsystem or MMIS-related systems, including requirements definition, design approval, quality assurance and post-implementation review: Goal #6, excellence and innovation in administration.
- Monitoring the financial and federal reporting requirements of CMS enhanced funding: Goal #6, excellence and innovation in administration.

- Providing business owner support for MMIS and MMIS-related systems: Goal #5, eligibility and enrollment; and Goal #7, collaboration.

6. How many FTE are in your unit?

15.0 total: 12.0 OHCA; 3.0 HP Contractors. There are also 4.0 FTE contractors working on the temporary Affordable Care Act compliance project.

7. For your unit, which positions perform what tasks?

- 3.0 Eligibility Managers – Manage I-, II- and III-level analysts; monitor status of their and their staff's assigned system area projects and project management; recommend technology solutions; consult with business owners; perform IT lifecycle functions (Analysis, Requirements Definition, Quality Assurance, and Post-Implementation Review). Consult with business owners.
- 3.0 Eligibility Specialist III – Monitor assigned projects; project management; IT lifecycle functions; consult with business owners.
- 5.0 Eligibility Specialist I&II – Perform IT lifecycle functions as assigned, assist business owners
- Administrative Assistant – provides administrative support to unit.
- HP Business Analysts – Monitor assigned projects; project Management, IT Lifecycle functions, consult with business owners under the direction of Contractor Systems staff.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

- Monitoring contract compliance for the MMIS Eligibility and Recipient subsystem or MMIS-related systems, including requirements definition, design approval, quality assurance and post-implementation review: 55%
- Monitoring the financial and federal reporting requirements of CMS enhanced funding: 5%
- Providing business owner support for MMIS and MMIS-related systems: 30%

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

Maintaining the MMIS to conform to OHCA, state and federal regulations is the centerpiece of the unit's work.

- 42 CFR Part 433 Subpart C
- 45 CFR Part 95 Subpart F
- PPACA Public Law 111–148

10. Who guides and/or gives the work of your unit?

Chief Operating Officer or State Medicaid Director

11. Do other units depend on what you do? Do you depend on other units? Who and how?

All other OHCA units and division utilize some aspect of the MMIS or MMIS-related system. The Enrollment Automation & Data Integrity teams are dependent on the business operations units to drive the direction of needed changes/updates to IT systems.

12. Does your unit have direct contact with Members? Providers? Others?

The unit does not provide direct contact with members or providers, but we certainly contact those stakeholders through other operations units (member services, provider services, etc.) when required.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

Our unit has frequent direct contact with other state agencies such as OKDHS (to facilitate eligibility determinations tied to disabled or long-term care groups), other health-related state agencies (to consult about eligibility as it relates to changes in federal and state law), and public and private community partners (to improve eligibility system operations).

14. What Key Performance Measures and/or outcomes does your unit track?

We monitor contract metrics for the MMIS fiscal agent that is specially related to eligibility and recipient subsystems. Those metrics revolve around the IT Lifecycle and a subset of ITIL standards. Staff Performance metrics revolve around the IT Lifecycle, so those are measured as part of each Customer Service Request (CSR).

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit supports Agency Goal #6 by monitoring contract compliance for the MMIS Eligibility and Recipient subsystem or MMIS-related systems; including requirements definition, design approval, quality assurance and post-implementation review.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

- Number of CRS requests closed, the amount of time it took to complete each CSR and reasonableness.
- Number of Trouble Tickets assigned and length of time to resolve
- Metrics that are contractual requirements of vendors.

17. How does your unit monitor and track productivity?

Reports that link vendor and analyst performance. These include:

- Trouble ticket reports
- CO Aging Reports (i.e. length of time a CO is in each phase of the IT Lifecycle)
- Post Implementation Review reports (i.e. does the product you move to production work according to the specifications)
- Reports of vendor hours spent on projects (i.e. how productive are we and the vendor with the business requests)

18. If your unit submits reports, what do you prepare? Receive?

Reports listing CSR and their status as well as reports produced are on behalf of an operational unit when information is necessary for their federal or state reporting.

Business Enterprises: Infrastructure, Software and Support Unit

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The overall purpose of the Infrastructure, Software and Support Unit is to establish and support the IT operations and maintenance of all hardware, software, application development, technical support and system security outside of the Hewlett Packard processes.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Internal application development
- Maintain hardware/software
- Maintain databases
- Maintain technical support

3. What is the main unit deliverable(s)? Output? Production?

- System operational analysis
- Comparison product analysis
- IT budget requests
- Incident reports and analysis
- Technical Support
- Custom, in-house software development
- Share services uptime

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #6 – Administration

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Goal #6 – Administration

6. How many FTE are in your unit?

There are twenty-two (22) full-time equivalent (FTE) positions (Twelve (12) OMES, Five (5) OHCA, and Five (5) HP) in the Infrastructure, Software and Support Unit.

7. For your unit, which positions perform what tasks?

- Infrastructure, Software and Support Manager – Oversees the unit. (One (1) OMES staff)

- Application Development Manager – Manages the development of internal applications and the public website. (Four (4) OMES staff and Three (3) HP staff members)

- Database Administrator – Performs database administration and development. (One (1) OMES staff)

- Network Operations and Design Manager – Oversees network operations including applications and infrastructure. (Five (5) OMES staff)

- IS Technical Support Manager – Manages the help desk system. (Five (5) OHCA staff, One (1) OMES staff and Two (2) HP staff members)

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

Staff in the Infrastructure, Software and Support Unit spending 95% of their time working on each major task listed in question #2 above and 5% of their time working on special projects.

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

Several of the unit's core functions or activities, such as security, privacy, and different standards and conditions are all guided by federal law, state law, or agency policy.

HIPAA and 42 CFR

10. Who guides and/or gives the work of your unit?

The work of the unit no required by law is directed by executive staff and agency staff.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

The Infrastructure, Software and Support Unit provides support services to all units in the agency by providing the other units services such as a personal computer, fax number, intranet, e-mail, etc. The unit also depends on other units, such as Finance and Purchasing.

12. Does your unit have direct contact with Members? Providers? Others?

The Infrastructure, Software and Support Unit does not require direct contact with providers or members, but does require contact with others, such as vendors, other state agencies, the legislature, etc.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

The Infrastructure, Software and Support Unit partners with OMES for hardware and software/security issues; Hewlett Packard on security issues and data issues, and federal entities on HIPAA, security and other state agencies.

14. What Key Performance Measures and/or outcomes does your unit track?

The Infrastructure, Software and Support Unit tracks KPM's that are built around system performance, project costs, timeliness, budget, and end user satisfaction.

15. What are your unit's strategies to support the agency goal #6?

The core functions of the Infrastructure, Software and Support Unit support agency goal #6.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or

targets to determine success? (i.e. increase y by x% by 12/31/15) The Infrastructure, Software and Support Unit measures each strategy's effectiveness through metrics such as performance efficiency, security breaches, reaction time, budget, costs and end user satisfaction.
17. How does your unit monitor and track productivity? The unit monitors and tracks productivity through contracts, by hours to completion, and through performance tracking databases, such as the helpdesk.
18. If your unit submits reports, what do you prepare? Receive? The Infrastructure, Software and Support Unit prepares and receives different reports on system issues, help desk tickets, system modification requests, system operational reports, security reports, etc.

Business Enterprises: Procurement and APDs

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities? The overall purpose of the unit is technology and resource management. The overarching goal of the unit is to meet or exceed the expectations of the agency and CMS requirements of an effective Medicaid Management Information System (MMIS). The responsibilities of the unit are to effectively manage the MMIS modernization, funding and related business processes.
2. What are the top 3 or 4 activities or major tasks for your unit? • Maximize federal funds through Advanced Planning Documents (APDs) • Manage the MMIS contract • IT governance, change management and project management • Procurement and MMIS modernization • DISCUSS – Financial Workgroup
3. What is the main unit deliverable(s)? Output? Production? • Improved APD funding • Effective MMIS applications • Continuous quality improvement of MMIS usability (efficiency and quality) • Effective change management processes and appropriate IT governance structures including scope, resource, schedule
4. Which of the 7 agency goals does your unit's work <u>primarily</u> support? (name one) This unit primarily supports agency goal #6 – Administration.
5. Which agency goal(s) do your unit's core functions support? (See answers from question #2

above)

The unit directly supports agency goals 1, 2, 4, 5, 6, 7; and indirectly supports agency goal 3.

6. How many FTE are in your unit?

There are 2 FTE positions in the unit.

7. For your unit, which positions perform what tasks?

The Program Manager performs duties relating to the technical and governance aspects of the unit, while the Resource Director performs project management and financial related duties; the duties related to training staff are divided in a similar manner.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

90% of time is spent on the core functions listed in Section II and 10% of time is spent on administrative duties.

9. Are the unit's major tasks or activities mandated by federal or state law (Include citation)?

All of the unit's core functions and activities are guided by federal law, state law, or agency policy.

- Title 42 and 45, throughout
- The entire 42 CFR (multiple sections) – including,
- 42 CFR Part 433 Subpart C
- (42 CFR describes required Medicaid business functions and the corresponding MMIS required functions.)
- 45 CFR Part 95 Subpart F
- 45 CFR deals with MMIS financing and Advance Planning Documents.

10. Who guides/gives the unit's work?

The work of the unit not required by law is directed by the agency board of directors and/or executive staff.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Since the unit is responsible for maintaining the MMIS, all units that utilize the MMIS or MMIS-related systems depend on the activities of the unit. Likewise, the unit depends on the input of other units utilizing the MMIS or MMIS-related systems to maintain an effective MMIS.

12. Does your unit have direct contact with Members? Providers? Others?

The unit does not require direct contact with providers or members, but does require contact with others, such as vendors, other state agencies, and the legislature.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? With who and how?

Partners outside the agency include CMS, ONC, OMES, and all agencies in the Oklahoma HHS Cabinet;

the scope of the work involves maintaining an effective MMIS that includes sharing data, sharing resources, interoperability of systems and maximizing financial resources.

14. What Key Performance Measures/ Outcomes does the unit track?

The unit currently tracks metrics related to the MMIS performance, user satisfaction of staff and enhanced funding opportunities.

- # and % of enhanced funding opportunities receiving CMS 90% vs. 75% reimbursement
- User satisfaction of staff
- User satisfaction survey of ICE to ensure optimum performance: # and % of CAPS resulted from user dissatisfaction
- % of hours budgets utilization
- MMIS Contract metric

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

- Monitoring hours will help enforce more thoughtful spending of hours
- Proactive on APDs to get enhanced funding
- Transparency of HP hours estimating
- Looking to replace certain modules of MMIS

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

Examples of measures the unit uses include timeliness of implementation, low error rates, absence of audit findings, and percent of paper transactions. Average federal match rate, measure usefulness of data, ICE satisfaction survey.

17. How does your unit monitor and track productivity?

Examples of unit measures related to productivity include down time, claims processing speed, claim prompt payment, call tracking and answer speed, and time for paper claims to be entered into the system. Other measures include the number of approved APDs, monitoring of modification hours, efficiency of hours (such as budgeted versus actual hours), contract monitoring, and timely reporting on all federal reports.

18. If your unit submits reports, what do you prepare? Receive?

The unit prepares and submits reports related to APDs, budgets (APDs, contracts, and projects), quarterly 64 reports, annual report on all APDs, and a report on the response time of applications. Additionally, prepares hours budget reports and ICE updates to divisions.

Communication Services: Health Promotion & Community Relations

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

OHP cultivates productive relationships and engages in collaborative work with organizations key in

promoting health, with the goal of reducing health risks and improving the health status of targeted groups. The unit works with various OHCA units to achieve these goals through social marketing techniques, program development and/or policy revision. These non-clinical activities are an essential component in achieving agency goals related to protecting and improving member health members to make appropriate and optimal use of health care benefits and improving health care coverage for qualified Oklahomans.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Increase preventive health screens by SoonerCare members
- Engage key community stakeholders to promote access to OHCA programs and/or other services
- Promote appropriate use of medically necessary health care services
- Improve birth outcomes and reduce infant mortality
- Reduce tobacco use and promote other beneficial wellness initiatives for SoonerCare members

3. What is the main unit deliverable(s)? Output? Production?

Community deliverables:

- Educate community partners on Oklahoma Health Care Authority programs and initiatives by attending community events and hosting forums
- Create partnerships and provide resources to agencies that will assist in enrollment and promotion of SoonerCare, Insure Oklahoma, and other OHCA initiatives
- Identify unique, localized challenges and access to care issues that impact the health of SoonerCare recipients through Community Forums

SoonerQuit Provider Engagement deliverables:

- Practice Facilitation will be initiated with 24 SoonerCare practitioners by the end of the year
- The OHCA Provider Engagement Coordinator will provide information on tobacco cessation best practice strategies and resources to SoonerCare practitioners and partners using a combination of methods. The Coordinator will make contact with a minimum of 25 providers/partners per quarter or a total 100 during the year

SoonerQuit Health Promotion deliverables:

- Training and quarterly collection and analysis of data related to SoonerQuit initiatives through collaboration with OHCA's Reporting and Statistics, Office of Public Information and Information Services units will be completed by the end of the year
- Health Promotion Coordinators Develop relationships with OHCA staff and Health Systems Initiatives grantees (OHA, DMH, OSDH) in an effort to build a foundation for future collaboration
- Work with external partners and stakeholders to disseminate messages and materials related to a minimum of two SoonerQuit initiatives
- Work internally with a minimum of four OHCA units to incorporate tobacco cessation and wellness best practices into new and existing projects.
- Develop 5 components (website, social media, videos, collateral materials and targeted provider outreach) to promote SoonerFit and develop SoonerQuit for Women.

- Provide tobacco cessation and/or wellness best practice training and technical assistance to a minimum of 25 providers.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #2 – Program Development
Goal #7 – Collaboration
This unit collaborates as a core function in order to develop programs to serve members. Both goals are primary.

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Through the unit's collaboration with multiple external and internal partners, the unit supports all agency goals with its core functions.

6. How many FTE are in your unit?

13

7. For your unit, which positions perform what tasks?

The Health Promotion Strategists work primarily with state level partners to develop and promote initiatives as previously described. Health Promotion Community Strategists engage community partners at the local level and provide a valuable means for two-way communication between the four regions of the state and the OHCA central office.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

95%; OHP work is project oriented.

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

EPSDT outreach and reporting is required by section 1905a services under Social Security Act.

10. Who guides and/or gives the work of your unit?

Most work is developed and generated as a result of community partnerships and national/regional/local collaborations with relevant stakeholders with guidance by ES, CCO, HPCR Director and Managers.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

This unit depends on units to carry out the work and processes they create. Melody, and the grant funded Strategists, engage internal units to carry out TSET objectives. It relies on other units to adopt or change practices initiated within the unit.

The unit depends on the Insure Oklahoma division to coordinate its marketing efforts for subject matter expertise about the program and works with Cate Jeffries, the Sr. Public Information Representative assigned to Insure Oklahoma.

The unit relies on the Reporting and Statistics division to get information and data, on Communications

and Public Information for development with marketing pieces, and on Care Management and Member services for various initiatives.

12. Does your unit have direct contact with Members? Providers? Others?

Yes, the unit primarily requires contact with others. These partners include key state agencies with similar interests in promoting health, state and local organizations, private and non-profit agencies and a variety of other entities that serve or come in contact with SoonerCare members and/or individuals eligible for SoonerCare coverage.

The unit deals with providers throughout this process and occasionally with members at health events or during the Member Advisory Task Force.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

The unit works with multiple state agencies and other organizations to collaborate on projects to promote agency goals as previously described. Several key partners are listed below.

- Oklahoma State Department of Health, particularly the Maternal and Child Health division
- Tobacco Settlement Endowment Trust
- OK State Dept. of Education
- Smart Start OK
- OETA
- OCCY
- March of Dimes
- OK Family Network
- OK Hospital Association
- OUHSC Office of Perinatal Quality Improvement
- OU Dept. of Preventive and Family Medicine
- OU Child Study Center
- Blue Cross Blue Shield
- George Kaiser Family Foundation
- Local non-profit agencies throughout the state
- Traditional and non-traditional partners statewide—i.e., local businesses
- County health departments
- National-- Text4Baby, HRSA COIIN workgroups
- County Coalitions
- Turning Point
- Reach Out and Read
- Department of Human Services, Children and Family Services Division
- Family Expectations
- Lions Clubs
- Local mental health agencies
- Federally Qualified Health Centers
- Rural Health Centers

- Logisticare
- Colleges and Universities

14. What Key Performance Measures and/or outcomes does your unit track?

The unit does not track any KPMs, but does track EPSDT rates. The unit also conducts internal evaluations for certain projects it has done. The unit also performs contract monitoring.

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

Goal #1 – Financing and Reimbursement
Internal
• This goal is not the main objective of the unit but is achieved peripherally in relation to program development work in assessing cost/benefit in development of programs
External
• Contractual agreements with entities for cost sharing to maximize funding of programs (TSET, OSDH, OU)

Goal #2 – Program Development
Internal
• Collaborate with units to develop and operate new programs/services—i.e., ICC project, Tobacco Helpline referrals, Provider Engagement with HMP, preventive service utilization (immunization/health screens)
• Collaborate with units to improve or advance existing programs/services—i.e., preventive service utilization (immunization/health screens)
• Collaborate with R&S on evaluation components
• Collaborate with PI and other units on producing publications, video, social and other media
External
• Collaborate with variety of external partners (other state and community agencies, local nonprofits, etc.) to understand member, provider and community needs to develop responsive programs and outreach materials (contracts for TSET media, Tobacco Helpline, breastfeeding support, C1, adolescent health screening provider education,
• Community Forums and coalitions, PATF, Child Health Workgroup, MATF, other public events
• Representation/participation on national infant mortality and preconception health workgroups

Goal #3 – Personal Responsibility
Internal
• Work with internal units on social marketing, policy revision and program development to promote utilization and appropriate use of a targeted benefits and services, i.e., preventive health screening, immunization, tobacco cessation benefits/OTH, maternal health/prenatal care benefits, DME and other benefits
• Work with PI on articles/information for member newsletter
External
• CRC engagement with community partners to provide education to members
• Contracts with TSET (media and Provider Engagement), OSDH (C1), OU Child Study (SafeCare, SoonerSuccess), OU DFPM (Adolescent EPSDT exams)
• Booths and promotion at various community events

Goal #4 – Satisfaction and Quality
Internal—This whole section goes hand in hand with Goal 2 & 3
• Work with PI on promotional materials, work with HMP on Provider Engagement grant, work with MS and other units on tobacco referral
External
• TSET Provider Engagement grant to improve provider use of best practices for tobacco cessation
• Participation in COIIN groups to address infant mortality

Goal #5 – Eligibility and Enrollment
Internal
• Collaboration with PI, member and provider services on outreach materials, media and community agency roles
External
—Current
• Partnership development and training with state and community partners
• Booths at events and health fairs
• Media and promotional materials

Goal #6 – Administration
• Partnerships with other departments to streamline work
External
• Ongoing relationships and communications with other agencies and community partners lead to ideas

Goal #7 – Collaboration
Internal
• Central component of HPCR work—to cultivate and develop productive relationships with pertinent stakeholders—work with units internally to advance and achieve initiatives as in Goals 2 & 3
External
• Central component of HPCR work—to cultivate and develop productive relationships with pertinent stakeholders—CRC staff develop relationships with community organizations, HP staff develop and foster relationships with key staff in state organizations

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

For certain projects, the unit performs internal evaluations to measure success and identify areas for improvement.

- The unit monitors EPSDT screening rates
- Tracks production through staff PMPs, goals, and objectives
- Collaboration survey to measure its effectiveness within collaborative projects
- SoonerQuit has specific goals and deliverables per work plans
- Text4Baby and Connect4Health targets
- SoonerCare tobacco surveillance results
- Engage key community stakeholders and promote localized OHCA presence and availability

- Percentage of representation of identified community stakeholder entities attending annual community forums in each region of the state
- Satisfaction level of Community Forum attendees

- Reduce tobacco use among SoonerCare members

  - Decrease by 1% annually the percentage of SC members reporting tobacco use per CAHPS
    - Number of internal referrals made to OK Tobacco Helpline for SC members
    - Number of SC members accessing OK Tobacco Helpline benefits
    - The number of units that incorporate tobacco cessation into existing or new initiatives
    - The number or units that incorporate wellness efforts into existing or new initiatives

17. How does your unit monitor and track productivity?

The unit management tracks productivity through daily interaction with staff, staff meetings, PMPs. Grant funded projects maintain and track specific objectives to be reported to funders.

18. If your unit submits reports, what do you prepare? Receive?

HP runs the EPSDT report and the unit submits it to CMS. Community Relations provides a quarterly report that is part of a larger report that Policy sends to CMS. We also write the outreach portion of the CHIP annual report. The unit also receives data from the OK Tobacco Helpline and from other sources on various projects. The division also prepares annual reports on the TSET initiative and other projects and grants.

Communication Services: Office of Creative Media & Design

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The overarching goal of the Office of Creative Media & Design is to maximize communication strategies to support the agency mission and goals. The main responsibilities of the unit are to support all agency divisions with communication techniques to frame issues and messaging in efforts to influence outcomes.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Brand management
- Visual design
- Marketing and education

3. What is the main unit deliverable(s)? Output? Production?

- Brand guide
- Digital projects

- Digital platforms
- Newsletters (Member, Provider, DME, etc.)
- Marketing and education collaterals (brochures, presentations, articles, posters, etc.)

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Agency goal #3 – Personal Responsibility. The unit communicates the agency's role in promoting shared responsibility not only to members, but also to providers and other stakeholders in efforts to improve health service utilization, behaviors and outcomes.

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

The unit supports all other agency goals as a tool/mechanism/approach for other units to achieve the agency mission.

6. How many FTE are in your unit?

There are 7 FTE in the Office of Creative Media & Design.

7. For your unit, which positions perform what tasks?

Director – Guides strategic planning and leads unit operations
Digital Media Strategist – (vacant) Oversees digital communication strategies related to the website and social media
Creative Media Producer (2) – Individual positions are specialized in areas such as Insure Oklahoma communications; member and internal communications; provider communications and video production; digital communications and newsletter development
Digital Communication Specialist – (vacant) Assists with brand management; social media campaigns; web content development
Brand Designer- Develop and maintain agency brand; digital design
Digital Strategist- Assists with social media strategy; web content, design and other digital projects
Visual Communications designer- Visual communications; creative design; original artwork

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

- Marketing & Education (60%)
- Visual design (25%)
- Special projects (15%)

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

Some outreach to members is required by federal law and must meet certain federal standards.

10. Who guides and/or gives the work of your unit?

Director of OCMD directs the work of the unit in collaboration with Executive Staff- Chief of Communication and other internal customers.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Yes, all other units depend on and benefit from the work of the Office of Creative Media & Design.

12. Does your unit have direct contact with Members? Providers? Others?

Yes

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

OCMD staff members work on the immunization interagency workgroup to increase the number of vaccinated children in the state, assisting in designing and providing collateral material. Staff also assists by writing and publishing articles and content to support the joint effort and by coordinating media promotion for this effort. OCMD staff work with the Oklahoma State Department of Health (OSDH) on this project.

OCMD staff regularly attends workgroups targeted at specific health initiatives for updates. These include:

- Oklahoma Perinatal Quality Improvement Collaborative
- The Children's Health Group
- Preparing for a Lifetime

OCMD regularly works, along with Office of Health Promotion, community organizations and other state agencies to promote OHCA programs, including Insure Oklahoma. Recent Insure Oklahoma informal partnerships include: Oklahoma Employment Security Commission, Oklahoma Department of Commerce and State Chamber of Oklahoma. The Sr. Public Information Representative also presents Insure Oklahoma program information to a variety of community and business organizations. OCMD also works with national partners such as Voxiva and Zero to Three Coalition and private partners including George Kaiser Family Foundation on the Connect4Health initiative.

SoonerCare members-MATF meetings, OHCA website, videos, newsletter, social media, promotional items (immunization magnets, growth charts, etc.), brochures, SoonerFit.org, Community Relations Coordinators, member letters, SoonerCare Helpline on-hold messages, forums, web alerts, other print items

Providers-OHCA website, newsletter, social media, videos, provider letters, web alerts, printed materials, presentations (PowerPoints created within the unit)

Community partners- OHCA website, videos, newsletter, social media, promotional items (immunization magnets, growth charts, etc.), brochures, SoonerFit.org, Community Relations Coordinators, forums, web alerts, other print items

Tribal partners- OHCA website, videos, social media, promotional items (immunization magnets, growth charts, etc.), brochures, SoonerFit.org, Community Relations Coordinators, forums, consultations, web alerts, other print items

Oklahoma citizens-OHCA website, videos, social media, promotional items (immunization magnets,

growth charts, etc.), brochures, SoonerFit.org, forums, printed press releases, any news coverage, presentations (PowerPoints created within the unit)

Legislators-OHCA website, SoonerFit.org, printed press releases, any news coverage, social media, videos, web alerts, presentations (PowerPoints created within the unit)

14. What Key Performance Measures and/or outcomes does your unit track?

As a new unit, this group has recently outlined key expected outcomes and will soon begin the process of developing key performance indicators and processes for tracking. Current measures tracked include:

-Call to Actions that show results (Ex: article on getting children immunized-how many children were immunized during the month the newsletter went out or PSA was aired or press release was printed and then track results two months after)
-Links Accessed (clicked)-see the click rates on links and URLs used in newsletters after newsletter has gone out.
-How many items (brochures, promotional items, other printed items, etc.) are being ordered?
-How many requests the Community Strategists receive for items (brochures, promotional items, other printed items, etc.) or people are taking from health fairs, etc.?
-Social media and website analytics
-MATF feedback
-APP/MAC feedback
-Community Forum feedback
-Social media comments
-Interest (emails, phone calls, enrollment) in an agency program (Strong Start, Living Choice, PACE) increase after a new brochure was created and handed out at a health fair
-ROI reports

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit is developing strategies to influence internal and external cognitive changes, behavioral changes and conditional changes.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

The unit recently hired a new director and will undergo strategic planning to develop OCMD's work plan complete with objectives and benchmarks.

17. How does your unit monitor and track productivity?

OCMD SharePoint allows tracking for work requests and other activities.

18. If your unit submits reports, what do you prepare? Receive?

- Quarterly digital media analytics
- Publications produced and ordered
- GovDelivery analytics reports (digital newsletters)

Communication Services: Office of Public Information

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The overall purpose of the Public Information unit is to coordinate and facilitate a positive image/perception of the agency, particularly with the media.

- To ensure an accurate, consistent message is communicated on behalf of the agency, regardless of audience
- To assist agency staff in communicating information on behalf of the agency in an accurate, consistent manner
- To educate and inform the public about OHCA and its operations

2. What are the top 3 or 4 major tasks or activities for your unit?

- Media relations
- Communicating agency programs and information via press releases, issue statements and briefs
- Assisting in the maintenance of the agency's brand standards and guidelines
- Coordination and oversight of marketing and advertising the Insure Oklahoma program

3. What is the main unit deliverable(s)? Output? Production?

- External communications: public service announcements, press releases, issue statements, fact sheets, talking points, member letters
- Copy edit reports/publications for agency staff
- Advertising collateral for the Insure Oklahoma program

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #6 – Administration

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Media relations (Goals 3,4 & 5)

6. How many FTE are in your unit?

There are 3 FTE positions in the Public Information unit.

7. For your unit, which positions perform what tasks?

Director and Sr. Representative perform all tasks (media relations, copy editing, and branding guidance, writing press materials). Director also performs supervision. The Insure Oklahoma Sr. Representative performs all tasks related to marketing and advertising the Insure Oklahoma program, i.e. press releases, newsletters, website, social media, etc.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

- Media relations – 70 percent
- Communicating agency programs and information via press releases, issue statements and briefs – 25 percent
- Assisting in the maintenance of the agency's brand standards and guidelines – 5 percent
- Coordination and oversight of marketing and advertising the Insure Oklahoma program – (100 percent for one FTE paid by Insure Oklahoma)

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

None of the core functions or activities of the unit are required by federal or state law.

10. Who guides and/or gives the work of your unit?

The work of the unit is directed by executive staff and guided by the agency strategic plan.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

This unit provides a support role to the agency. Other units depend on Public Information to help them communicate in a coordinated, consistent manner. The unit depends on other OHCA units to provide information, data, and other subject matter needed to prepare and disseminate various types of communication through a variety of media.

12. Does your unit have direct contact with Members? Providers? Others?

The unit has limited contact with members through press releases, news stories. The Insure Oklahoma representative also has contact with agents and constituents via newsletters, trainings, meetings outreach events, press releases, and social media.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

The Public Information unit collaborates with others outside the agency. The unit participates in the Oklahoma Health Improvement Partnership communications workgroup.

14. What Key Performance Measures and/or outcomes does your unit track?

The unit tracks:

- The number of media contacts and press releases in a year's time. Success is gauged by the majority of press interactions being positively presented.
- Enrollment in the Insure Oklahoma program as well as web hits, and social media statistics.

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit has no formal method to measure production. Much of the work is done on an ad hoc basis. The effectiveness of work produced is gauged by its popularity. How many press releases are picked up and by how many media outlets?

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

    No

17. How does your unit monitor and track productivity?

Productivity is monitored by the director. Most work is classified as either in-progress or complete.

18. If your unit submits reports, what do you prepare? Receive?

The unit does not submit reports. However, the unit contributes information that is used in many reports throughout the agency.

Communication Services: Reporting and Statistics

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The overall purpose of the Reporting and Statistics unit is to provide consistent, comprehensive, and relevant information to all of the Oklahoma Health Care Authority's internal and external stakeholders.

2. What are the top 3 or 4 activities or major tasks for your unit?

- Reports (annual and periodic statistical bulletins)
- Quality and clinical analysis
- Program monitoring/evaluation
- Reporting system structure and monitoring (troubleshooting, training, learning, planning, developing all data related systems and software)

3. What is the main unit deliverable(s)? Output? Production?

- Annual Report (CHIP and Overall)
- Quality measures
- Program evaluations
- Intervention measurements
- Dashboards
- Program monitoring

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #6 – Administration
To foster excellence and innovation in the administration of the OHCA

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above).

The unit directly supports agency goals 1, 2, 4, 5, 6, & 7. Unit core functions support agency goals as follows:

- Reports (annual and periodic statistical bulletins) (Goals 1,2,6)
- Quality and clinical analysis (Goal 4)
- Program monitoring/evaluation (Goals 2, 3, 5, 6)
- Reporting system structure and monitoring (troubleshooting, training, learning, planning,

developing all data related systems and software) (Goal 6)

6. How many FTE are in your unit?

There are 14 FTE positions in the Reporting & Statistics unit.

7. For your unit, which positions perform what tasks?

- Reporting Manager (1 FTE) – Management of data extract personnel. Lead efforts to produce relevant figures and information about the Medicaid program. Monitoring of quality measure contract, validation and verification of all figures produced.
- Sr. Research Analyst (5 FTE) -- Complex data extracts, analysis and compilations. Some very focused research studies and long-term monitoring. Train and support other agency staff in building sound data extract processes. Performs validation of agency information. Streamlining and documenting data processes. Provider Profiles. Develops and updates dashboards.
- Clinical Data Analyst (2 FTE) -- Focused, complex health-related data analysis and presentations related to evidence-based policy and budget decisions. Specific claim review and policy development. Agency effort outcome evaluations. Quality and clinical analysis.
- Statistician (1 FTE) -- Customer satisfaction surveys, EQRO contract monitoring and guidance, statistical data and process testing. Designs analytic and assessment tools which incorporate suitable statistical tests. Analyzes and interprets data using statistical research programs and other methods and makes projections based on statistical inference. Full analysis including trends, national data and supporting resources distilled into recommendations. Provider Profiles. Quality and clinical analysis.
- Sr. Research Specialist (1 FTE) -- Federal/State reports. CMS liaison, National Medicaid/CHIP analysis, trends, federal issue monitoring. Survey responses. CHIP annual report.
- Research Analyst (2 FTE – 1 of which is vacant) -- Implement and complete recurring statistical bulletins, ad hoc reports and process maintenance. Agency annual report. Streamlining data processes. Develops and updates dashboards. Open Record Requests.
- Research Associate (1 FTE) -- Completes minor ad hoc requests, routine and/or recurring statistical bulletins. Develops and updates dashboards. Participates in cross-training and process automation.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

- **Agency-wide annual report – (15.0%).** Coordinates, compiles and formats narrative and statistical information for the agency wide annual report. Responsible for content and publishing. To inform internal and external stakeholders of agency activities and results. Allows for consistent, comparable data and promotes transparency.
- **Data extraction, analysis, verification – (30.0%).** Extracts requested and/or scheduled report information from the MMIS system / data warehouse. Quality and clinical analysis. Analyzes statistical, demographic, and other data. Integrates national and local health studies and statistics. Verifies figures, applies theoretical principles, and uses sound judgment in preparing reports. Produce subject specific profiles. Aid and educate internal staff and external stakeholders in making evidence-based decision pertaining to Medicaid program quality

improvement, operations and policy development.

- **Dashboards – (15%).** Designing, planning and operationalizing dashboards for both internal and external use. Leveraging current data products and transforming data for use. Monitoring, training and standardizing agency dashboards.
- **External request tracking – (2.5%).** Responsible for tracking known external requests. Assures compliance with federal and state reporting requirements. To ensure the agency is responsive and the message is consistent in external inquiries.
- **New report planning – (10.0%).** Planning and implementation of new reports or studies based upon past report requests or relevance. To keep current, relevant statistics available for program monitoring and consistent figures for stakeholders.
- **Miscellaneous quality efforts – (2.5%).** Defining agency efforts, outcomes, and interventions. Researching external factors influencing data. To keep current, relevant outcomes available for agency monitoring and consistent figures for stakeholders.
- **Standards and procedures – (10.0%).** Creating and maintaining standards and procedures to accompany major unit processes such as Fast Fact reports, surveys, report on reports, reporting agency data, etc. To maintain efficient, coherent, uniform processes that can be duplicated and validated by any member of the unit.
- **Communication – (2.5%).** Enhance agency communication at known available opportunities. Will attend relevant meetings and further Communication Services goals as possible. To maintain flow of communication both from internal and external stakeholders. Also keeps staff up with relevant changes (program, subject experts, etc.).
- **Data consistency – (10.0%).** Promote consistent agency statistics and address incorrect system data. Provide training and updates to other data personnel within the agency. To maintain accuracy and agency integrity in reporting.
- **Collaboration – (2.5%).** Assist and support agency collaborations, grants, internal and external partners with relevant requested data and training. To foster good relations, guide Medicaid message and support partnerships, members and providers.

9. Are the unit's major tasks or activities mandated by federal or state law (Include citation)?

None of the core functions or activities of the unit are required by federal or state law. However, the unit provides data to other units that are included in federally required reports.

10. Who guides/gives the unit's work?

The work of the unit is directed by executive staff and by requests received. The unit also works on regularly occurring projects, such as dashboards, the monthly "fast facts" and annual reports.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

This unit provides a support role to the agency. Other units depend on Reporting & Statistics for data and reports. The unit also depends on other OHCA units for data and other information when preparing reports. Units that provide data and other information to Reporting & Statistics on a more regular basis include: Finance, and Planning & Performance.

12. Does your unit have direct contact with Members? Providers? Others?

The unit does not require direct contact with members or providers. However, the unit does have

contact with other OHCA units as well as executive staff.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? With who and how?

The Reporting & Statistics unit collaborates with the Oklahoma State Department of Health (OSDH) on several projects related to births and the health improvement workgroups.

14. What Key Performance Measures/ Outcomes does the unit track?

The unit does not maintain KPMs tied to the budget request or external reporting. However, the unit does track performance measures associated with unit administration. The unit measures its performance in terms of:

- Timely production of reports (fast facts, ad hoc requests, special reports)
- Timely completion of projects (i.e. legislative requests, surveys, internal unit projects, etc.)
- The number of reports completed annually
- Number of grants supported

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

- **Data production.** Provide useful and accurate data for research studies. Coordinate data and/or statistical/quality/research studies based on Medicaid Management Information System (MMIS) data. Collect statistical and quality information to impact data-driven decision making, strategic planning and communication projects.
- **Analysis**. Provide valid, reliable, and relevant analyses of the SoonerCare programs and related services. Measure outcomes of agency interventions/projects.
- **Report production**. Plan, design and distribute relevant data reports. Manage numerous state and federal reporting requirements. Produce data-driven reports such as the annual report and monthly statistical reports.
- **Procedures**. Develop or amend policies and procedures related to data, analysis, and report production to promote transparency and consistency of products. Adhere to established policies and procedures for data and report production.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

The benchmark for success of the unit's strategies is 95% on time completion of all products.

17. How does your unit monitor and track productivity?

The unit maintains a project tracking SharePoint site.

18. If your unit submits reports, what do you prepare? Receive?

The unit submits an annual CHIP report and the COR quality measures to CMS. The unit also produces many statistical reports on a regular basis and ad hoc reports as needed. The unit receives regular outreach related reports from Insure Oklahoma as well as the Child Health unit.

Communication Services: Tribal Government Relations

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The Tribal Government Relations unit is charged with maintaining and establishing positive and effective relationships with tribal stakeholders.

The goal of the Tribal Government Relations unit is to establish effective and meaningful communication with tribal stakeholders about Oklahoma's Indian health care system and SoonerCare through interaction with tribal citizens, tribal leadership, and tribal government.

2. What are the top 3 or 4 major tasks or activities for your unit?

The Tribal Government Relations unit has three primary activities:

- Outreach in tribal communities about SoonerCare to increase enrollment within Indian populations, educate the tribal community about SoonerCare services, and promote prevention and wellness. Outreach involves developing materials for tribal community, coordinating with tribal venues, newspapers, websites, radio stations, clinic televisions. The unit also develops communication plans specific to each tribe.
- Communication to Indian Health Services tribal and urban providers to help maximize resources; and promote, recruit, and maintain providers contracted with SoonerCare. All providers are 100% contracted so the unit focuses on maintaining and contract compliance. It also answers questions about policy and interpretation.
- The unit also performs tribal consultation. OHCA and federal policy dictates consultation with tribes anytime a policy change is considered. Anytime the agency creates policy, waivers, amendments, SPAs, or anything that will change or affect tribal citizens, OHCA is required to consult with tribes. The unit holds bi-monthly consultation meetings and hosts an annual meeting, plus ad hoc consultation meetings when necessary. The unit also meets with tribal decision makers, leadership and elected officials.

3. What is the main unit deliverable(s)? Output? Production?

- The Tribal Government Relations unit's primary deliverable is tribal consultations on any type of policy change. The unit also creates tribal communication, outreach and education plans.
- The unit produces an annual tribal consultation report.
- Direct outreach, such as hosting booths at numerous tribal events.
- Internally, the unit facilitates the needs of the tribal stakeholders so the agency is aware of tribal issues. The unit advises the agency on how the actions it takes will affect Tribal Partners.
- Tribal partnership plan and Tribal Government Relations annual report

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal 7

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

The other six goals.

6. How many FTE are in your unit?

There are 4 FTE in the Tribal Government Relations unit.

7. For your unit, which positions perform what tasks?

Current list of Tribal Government Relations (TGR) tasks:

Outreach (responsible TGR staff: all)

- Direct outreach - participates in several tribal health fairs with onsite enrollment; presentations to tribal stakeholders about the SoonerCare program; develop and disseminate American Indian specific outreach materials
- Assistance to tribal enrollment partners, including researching eligibility and training
- Riverside (Indian boarding school) dental outreach activity
- Development and implementation of Tribal Medicaid Administrative Match (OK TMAM); the program was implemented July 1, 2013 and is one of three TMAM programs in the country. The TNAM program allows tribal governmental enrollment partners to receive reimbursement for submitting approved SoonerCare applications for the American Indian population.

ITU Provider Technical Assistance (responsible TGR staff: Coordinators and Associate)

- Indian health care providers have special designation due to the sovereign status of tribal governments and the federal reimbursement; ITU SoonerCare contracts and policy are distinct from the typical Medical Home model
- ITU provider contract compliance

Consultation (responsible TGR staff: Director and Coordinators, Associate)

- In compliance with OHCA and CMS tribal consultation requirements, the TR unit leads consultation with sovereign tribal governments regarding policy, waiver amendments, program changes, and any other SoonerCare issues that affect tribal citizens and the Indian health care system. This is accomplished through ongoing communication to develop and maintain positive relationships with tribal stakeholders.
- Written communication to elected tribal officials; solicit participation and host OHCA annual, bi-monthly, and ad-hoc consultation meetings
- Individual meetings with tribal officials and their designees

Other (responsible TGR staff: all)

- Assist other OHCA departments with tribal specific initiatives. Examples include the Strong Start and Tribal Money Follows the Person grants; and the Insure Oklahoma Tribal option waiver development.
- Maintain and periodic overhaul of ITU policy, including renewal of tribal provider contracts

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

Outreach: 10%

Consultation: 50%
ITU Providers: 10%
Program development, research and coordination: 25%
Projects: 5%

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

Executive Order 13175 of November 6, 2000 (Consultation and Coordination With Indian Tribal Governments) and Presidential Memorandum on Executive Order 13175 (Tribal Consultation) dated November 5, 2009 state that agencies are charged with engaging in regular and meaningful consultation and collaboration with tribal officials in the development of policies that have tribal implications.

10. Who guides and/or gives the work of your unit?

- The outreach and work with providers by the unit is just part Outreach and providers, just part of doing business.
- Creating a tribal relations strategic plan.
- OHCA operates with a Memorandum of Understanding between OHCA and the Oklahoma City Area Inter-Tribal Health Board (OCAITHB).

11. Do other units depend on what you do? Do you depend on other units? Who and how?

The Tribal Government Relations unit at OHCA works closely with the Policy Division because it is the first step in the process of creating policy. The unit calls, hosts, and chairs meetings for consultation on any new policy. Policy must prove they had consultation before moving onto step 2.

The unit works with the entire agency when issues about tribes and American Indians arise during the course of agency operations. Statistics get info about American Indian SoonerCare population. All units that have questions about American Indian. Small sample of providers or members of American Indians because how they enroll and access care is different than any other population or provider.

ITU providers contract and are paid differently so work with provider services and finance.

Other units depend on the unit for consultation and to get information out to tribes for grants and other OHCA changes.

12. Does your unit have direct contact with Members? Providers? Others?

The unit has direct contact with members and providers. The unit conducts outreach in tribal communities with potential and current members; The unit also interacts with providers. The unit communicates with tribal leaders and tribal elected officials, plus state agencies including the Department of Health, Department of Mental Health and Substance Abuse Services and the Secretary of State.

Others would include tribal community leaders, tribal elected officials, State legislators, the Oklahoma House of Representatives Native American Caucus, the Oklahoma City Area Inter-Tribal Health Board (OCAITHB), and sister state agencies.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular

basis? Who and how?

The unit works with federal partners, such as CMS, I.H.S., and BIA; other state agencies, tribal governments (39 in Oklahoma), Oklahoma City Area Inter-Tribal Health Board (OCAITHB), and the National Indian Health Board (NIHB).

14. What Key Performance Measures and/or outcomes does your unit track?

The unit tracks attendance at tribal consultation and at any meeting. It will start tracking enrollment through tribal agency view partners. The unit tracks tribal and Medicaid administrative match, which is payment to tribal enrollment partners.

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit primarily supports Goal #7 Administration through outreach in tribal communities about SoonerCare to increase enrollment within Indian populations, educate the tribal community about SoonerCare services, and promote prevention and wellness. Outreach involves developing materials for tribal community, coordinating with tribal venues, newspapers, websites, radio stations, clinic televisions. The unit also develops communication plans specific to each tribe.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

The Tribal Government Relations unit uses a combination of participant feedback and internal unit review, to measure our projects effectiveness. We use bench marks available on our Tribal Partnership Action Plan, which is available on our webpage. There you will see if the goals we have set for the upcoming year have been met. Some are measured increase for 0 to 3 by 12/31/15.

17. How does your unit monitor and track productivity?

The Tribal Government Relations unit uses customer satisfaction feedback from meetings to improve unit performance. The unit also tracks attendance at tribal consultations and ad-hoc meetings. The unit takes notes, records comments, and transcribes the meeting minutes. Tribal consultation comments and outcomes are reported to external partners on an ad hoc and annual basis. Feedback from partners is utilized to establish best practices. The unit conducted a self-assessment to identify ways to improve its processes.

The unit also tracks the number of outreach activities, tribal meetings, provider trainings, and presentations.

3 SEA measures: 1) number of tribal enrollment partnerships, 2) number of tribes represented at tribal consultations, and 3) number of tribal consultations per year.

There will also be results in mid-2015 from an OHCA stakeholder survey sent to tribal health partners and tribal government representatives in March 2015.

18. If your unit submits reports, what do you prepare? Receive?

The unit produces an annual tribal consultation report, a partnership plan report, and a unit annual

report. It also submits a team tribal Medicaid administrative match report to CMS.

Division of Strategic Planning and Reform

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The Division of Strategic Planning and Reform (DSPAR) helps OHCA maintain course in a strategic direction. It ensures agency programs, projects, and grants are developed and implemented in an efficient and effective manner and acts as the agency's central Portfolio and Project Management Office (PMO). The unit also provides information on agency performance, strategic plan, and functional structure.

2. What are the top 3 or 4 activities or major tasks for your unit?

- **Portfolio and Project Management.** Gather and analyze data, perform research, study feasibility and impact, and develop recommendations on projects that will impact OHCA and its stakeholders. Locate, complete, and manage grant applications. Manage and coordinate portfolio projects. Ensure portfolio projects are aligned with agency goals and state priorities. Coordinate the work of collaborative workgroups between OHCA and other organizations.
- **Strategic Planning.** Orchestrate the annual strategic planning conference. Coordinate the ongoing strategic planning efforts of the agency. Monitor NPRM tracking system. Monitor events and developments at the federal level and in other states that may impact OHCA or its stakeholders.
- **Reporting.** Preparing and publishing the OHCA's Service Efforts and Accomplishments (SEA) , Strategic Plan, and Core Functions reports.
- **Performance Evaluation.** Assist with development and reporting of agency Key Performance Measures (KPM). Compile and report KPMs for the agency's annual budget request. Oversee and manage evaluation efforts performed by contracted consultant vendors

3. What is the main unit deliverable(s)? Output? Production?

- SEA Report
- Portfolio and Project Management
- Core Functions Report
- Strategic Planning
- KPMs in the Budget Request and Legislative Summary
- Grant Proposal Monitoring
- Performance Measure Monitoring
- Ad-hoc impact/feasibility/concept papers
- Successful implementation of initiatives stemming from collaborative work groups both internal and external to the agency
- Program evaluation reports

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #6 – Administration
To foster excellence and innovation in the administration of the OHCA

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

- **Portfolio and Project Management.** Goals #6 and #7.
- **Strategic Planning.** Goal #7.
- **Reporting.** Goal #6.
- **Performance Evaluation.** Goals #6 and #7.

6. How many FTE are in your unit?

The unit has the following positions:

- 3 Project Manager IV, including 1 dedicated to the ABD project
- 6 Project Manager III, including 1 dedicated to the ABD project
- 1 Administrative Support Officer
- 1 Assistant Director
- 1 Director

7. For your unit, which positions perform what tasks?

In general, everyone in the unit is responsible for ensuring all core functions are performed. All Project Management functions are shared across all Project Management staff. However, depending on the complexity of the project, certain assignments will be made based on staff experience. The PM IV's act as team leads for the management efforts. All staff members engage in research and gathering data. Reporting efforts for all staff include annually reviewing and updating agency objectives, measures and overall content. It also includes report analysis and compilation. The Assistant Director provides supervision and coaching of all PM staff. The Administrative Support Officer provides support to the entire DSPAR staff.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

- **Portfolio and Project Management.** 40%
- **Strategic Planning.** 20%
- **Reporting.** 30%
- **Performance Evaluation.** 10%

9. Are the unit's major tasks or activities mandated by federal or state law (Include citation)?

- The Strategic Plan is required by Oklahoma law, Section 45.3 of Title 62.
- The SEA Report is required by SB-596 of 2013, which is found in Section 45.8 of Title 62.

- Specific projects may be required by various state/federal law (e.g. ACA, ER Utilization Study, PE), identified by agency staff, at the direction of agency leadership, or stakeholder request.

10. Who guides/gives the unit's work?

Efforts of DSPAR may originate from a variety of sources, including but not limited to OHCA staff,

Board of Directors, stakeholders, elected officials, state government, federal government (i.e. CMS, HHS), etc.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

DSPAR works closely with all other OHCA units on projects, performance measures, and core functions. All other units depend on our work, and we depend on theirs.

12. Does your unit have direct contact with Members? Providers? Others?

Yes. In order to effectively develop and initiate initiatives for OHCA, input is sought from a variety of stakeholders on a periodic basis. Stakeholders may include (but are not limited to) member and provider advocates, state agencies, private entities, universities, federal, state, and local governments, businesses, communities, and tribes. The DSPAR unit organizes the annual Strategic Planning Conference, which is held every August.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? With who and how?

Yes. The unit collaborates with member and provider advocates, other state agencies (e.g. OSDH, ODMHSAS, DHS), private entities, universities, federal, state, and local governments, businesses, communities, and tribes as agency projects are being designed and implemented in congruence with the agency strategic plan.

14. What Key Performance Measures/ Outcomes does the unit track?

Timeliness of report completion.
Volume of Portfolio projects underway at any given point during the year.

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

- Central PMO Development and Implementation
- Adoption of and training on project management principles and best practices
- Dissemination of reports to inform stakeholders of OHCA's efforts
- Ongoing monitoring of environmental conditions for Medicaid, national and statewide
- Identifying new and tracking existing program evaluation efforts for agency programs

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

DSPAR implemented the Central Portfolio and Project Management Office in July 2015. However, the software tools to complete the full implementation are not completely functional as of 10/27/2015. Staff is learning the processes of the PMO as we go through time.

We are striving to keep the portfolio list current within two weeks.

Future benchmarks will be identified relating to Initial Blueprint and Final Blueprint submission timeliness.

- Develop and implement standard, agency-wide project scoring metrics

- Establish and provide periodic portfolio and project reports for agency staff and leadership
- Develop quality metrics to measure the agency's effectiveness completing projects
- For each agency project, documentation of SMART objectives/AIM statements prior to entering the executing phase.
- For each agency project, upon final closing and implementation, ensuring data collection and monitoring of the SMART objectives/AIM statements; providing real data on estimates to actuals as a result of the project's launch.
- By Oct 1 of each year, submit KPM, SEA and SP information to OMES.
- By Dec 31 of each year, finalize and post online the SEA, SP and Core Function reports.
- By July 1 of each year, compare cumulative information on agency programs received from independent evaluations to changes in the programs. Identify new evaluation needs.

17. How does your unit monitor and track productivity?

Staff is required to provide documented project status updates at minimum bi-weekly. The unit maintains an annual task schedule which identifies, month by month, the activities to be undertaken by staff. Periodic staff meetings and discussions, as well as updates to monitoring tools, provide status on task completion throughout the year.

18. If your unit submits reports, what do you prepare? Receive?

The unit submits or prepares the following reports:

- SEA
- Strategic Plan
- Project Monitoring Reports
- Budget Requests (KPM Sections)
- Core Functions
- Ad-hoc impact/feasibility/concept papers.

The unit receives the following reports:

- Consultant vendor status updates and deliverables
- Quarterly SEA data
- Annual financial data

Financial Services: Budget & Fiscal Planning

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The Budget & Fiscal Planning unit is responsible for forecasting the financial needs of the organization and preparing the budget request in accordance with the agency's strategic plan. Once funding is secured, the unit is in charge of filing the budget work program. The five key responsibilities of the unit are to project, construct, present, monitor, and manage the OHCA's budget.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Forecasting needs and preparing the annual agency budget request for the Governor's Office

and Legislature.

- Preparing the budget work program (BWP), analyzing and monitoring expenditures and submitting budget revisions as needed.
- Reviewing proposed legislation and advising agency leadership of potential impact.
- Performs special studies and projects throughout the year for National Organizations, OMES and Oklahoma Legislative staff.

3. What is the main unit deliverable(s)? Output? Production?

The deliverables of the unit include: Budget request, budget work program, budget/financial reports.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal 6 -- Administration

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Goal #1 – indirectly
Goal #2 – indirectly
Goal #3 – indirectly
Goal #4 – indirectly
Goal #5 – indirectly
Goal #6 – directly
Goal #7 - directly

6. How many FTE are in your unit?

6 and 1 GALT

7. For your unit, which positions perform what tasks?

The Director is responsible for operations within the division. The Budget Comptroller prepares & monitors the program portion of the budget. The Financial Manager is responsible for the administrative side of the budget. The Medicaid Financial Manager monitors claims, reconciles MAR to financials, & produces reports from MAR while the Accountant I is charged with maintaining the position budget & completing surveys. The Financial Assistant position provides support to Financial Services. The Galt employee is new to the unit and is being trained to assume responsibility for budgeting grants.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

- 25%: Forecasting needs and preparing the annual agency budget request for the Governor's Office and Legislature.
- 25%: Preparing the budget work program, and
- 25%: analyzing and monitoring expenditures and submitting budget revisions as needed.
- 15%: Special studies, projects and prepare reports for National Organizations, OMES and Oklahoma Legislative staff
- 10%: Reviewing proposed legislation and advising agency leadership of potential impact.

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

The Unit's activities are governed by the following: The State's Constitution along with Title 62 of the Oklahoma State Statutes require that state agencies run a budget and encumbrance program which prevents obligating the State to expend more funds than allotted the agency. The OMES Budget Department issues guidelines for budget requests, budget work programs and revisions.

- Oklahoma Constitution Article 10
- 62 O.S. 34 et seq (Public Finance)

10. Who guides and/or gives the work of your unit?

The unit is guided by statute, agency leadership and OMES (procedurally).

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Yes. As a support function of the agency, the unit is in partnership with other units. The units submit their needs and the Budget & Fiscal Planning unit works to secure the funding to fulfill these needs.

12. Does your unit have direct contact with Members? Providers? Others?

The unit requires direct contact with providers and other stakeholders. The unit works with other state agencies, OMES, and House and Senate staff in preparing the Governor's budget. The unit works with OHCA staff and the general public when they have questions about budgeting activities, expenditures, or processes.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

Yes, the unit works with other state agencies to ensure staff is aware of changes in the FMAP and in ensuring adequate amounts are budgeted for their programs that serve SoonerCare clients. Staff also works closely with the OMES budget analysts in preparing budget documents and assisting with questions related to Title XIX and XXI. Employees within the unit work regularly with members of the Senate and House staffs and outside entities that award grants to OHCA.

14. What Key Performance Measures and/or outcomes does your unit track?

Possible measures include:

% of time the budget request is filed by the deadline
% of time the budget work program is filed by the deadline
Balanced budget
Use right system

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

Unit strategies to foster excellence in the administration of the OHCA include ensuring that internal agency budget requests are complete and prioritized and that the agency budget process follows applicable laws, procedures and timely filing requirements.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

Benchmarks are set for each individual. These are measured mid-year and year end as part of the annual PMP process. A section of the annual budget request addresses efficiency with the Finance Division. OHCA's Finance unit is measured against finance units in other agencies. Agencies falling within the bottom 10% are consolidated with OMES. Results from audits conducted by the State Auditor and Inspector, are evaluated and used to measure how the unit is performing its duties.

17. How does your unit monitor and track productivity?

Work output, stored on shared drives, is monitored. Agency tracks unit's accurate submission of annual Budget Request, BWP and other special projects within the timeframe set by OMES and the State statute. Transactions in PeopleSoft are counted and can be reviewed on a daily or monthly basis.

18. If your unit submits reports, what do you prepare? Receive?

Prepare and present Annual Budget (BWP) reports to OHCA Board for approval before July 1st of the beginning every State Fiscal Year. On a monthly basis the unit submits administrative expenditures to the Director of General Accounting for inclusion in the agency's financial report to the Board. Monthly reports analyzing claim data are produced from MMIS MAR. The annual budget request and budget work program are submitted to the Office of Management and Enterprise Services (OMES). Review/monitor monthly Budget to Actual Expenditures and Budget Revisions are submitted to OMES as needed but no more than quarterly. Financial reports are prepared for OMES, the Governor's Office, House and Senate staff & members, and Executive staff for budget hearings on a yearly basis. Updates are furnished as requested. The unit is responsible for completing one package of the CAFR – the package reporting the Medicaid obligation as of June 30. Completed CAFR are submitted to General Accounting for submission to OMES. Other yearly reports include the National Association of State Budget Officers Medicaid Survey and the Mid-year updates for these reports are completed as requested. The unit responds to requests throughout the year to private individuals, companies, other state or governmental agencies, and internal customers. Other periodic surveys such as CHIP questionnaires are submitted, as needed.

Financial Services: Federal Reporting

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The Federal Reporting Unit is responsible for preparing and processing various financial reports as required by CMS and other stakeholders in accordance with federal and state guidelines. The unit manages the issuance of State Medicaid grants and draws administrative and Medicaid program federal matching funds in accordance with the U.S. Treasury Cash Management Improvement Act (CMIA) on behalf of OHCA, Oklahoma Department of Human Services (OKDHS) and other state agencies. The Federal Reporting Unit endeavors to provide accurate and timely submission of required reports in accordance with timelines established by the federal government.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Prepare and process federal expenditure reports and other financial documents as required by grant awards

- Prepare and maintain the agency's Cost Allocation Plan in accordance with federal guidelines as established by OMB Circular A-87 and prepare quarterly allocation of actual administrative costs in accordance with the federally approved plan
- Prepare GAAP Packages
- Provide data to federal and state auditors. This includes information pertaining to the financial internal control and compliance portion of the Single Audit required by OMB Circular A-133

3. What is the main unit deliverable(s)? Output? Production?

- CMS 64, CMS 37, CMS 21, CMS Variance Reports, FFR 425
- GAAP Conversion Packages for inclusion in statewide Comprehensive Annual Financial Report (CAFR)

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #6 -- Administration

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Unit core functions support Goals 1, 6, and 7.

6. How many FTE are in your unit?

3 FTE

7. For your unit, which positions perform what tasks?

The Federal Reporting Unit is composed of 3.0 FTE: the Comptroller, who supervises the unit, and two Financial Manager IIs. The financial managers are responsible for compiling, preparing and submitting reports. The Comptroller oversees the preparation of reports and reviews them for accuracy prior to submission.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

The unit spends 45% of its time preparing and processing federal expenditure reports and other financial documents as required by grant awards; 15 % preparing and maintaining the agency's Cost Allocation Plan and preparing quarterly allocation reports; 15% preparing GAAP Packages; and 10 % providing data to federal and state auditors. The remaining 15 % is spent in agency meetings and other administrative activities.

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

All of the unit's core functions are required by either federal or state law.
CFR 42 Part 430.30.

10. Who guides and/or gives the work of your unit?

All work pertains to legal requirements. Agency leadership may also give the unit work.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

The Federal Reporting Unit supports program staff by providing financial data and analysis to staff charged with monitoring grants/contracts. The unit depends on information technology staff to help automate the process of generating required reports.

12. Does your unit have direct contact with Members? Providers? Others?

No direct contact with members or providers, but extensive contact with federal and state auditors and other state agency officials.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

Our unit collaborates with CMS, State Auditors and other state agencies. The scope is to provide information to auditors and agencies as requested.

14. What Key Performance Measures and/or outcomes does your unit track?

Almost everything we do has timeline requirements. For example, deposits must be made daily prior to 3:00 p.m. and draws of federal funds must be made the Tuesday prior to run dates for CMIA compliance. Federal reports must be submitted by required deadline. Our unit is heavily audited by state and federal auditors, which issue quantitative reports on number and severity of findings. In our unit a key performance measure would be revenue collections. At the beginning of every fiscal year, OHCA budgets the amount of revenue that it must attain in order to operate the Medicaid program. Our unit draws federal, state and private funding. Our cash flow and monthly board reports assist in assuring that we are invoicing, drawing and collecting funds as needed to maintain operations. In addition, expenditures our reviewed and monitored to ensure responsible payments are made within target encumbrances/budget.

We measure outcomes by measuring compliance with timeliness, assessing the accuracy of recorded and reported information, and through financial analysis (maintaining positive cash flow, i.e., keeping OHCA at or under budget).

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit's strategies to support Goal #6 Administration include:

- Prepare and process federal expenditure reports and other financial documents as required by grant awards
- Prepare and maintain the agency's Cost Allocation Plan in accordance with federal guidelines as established by OMB Circular A-87 and prepare quarterly allocation of actual administrative costs in accordance with the federally approved plan
- Prepare GAAP Packages
- Provide data to federal and state auditors. This includes information pertaining to the financial internal control and compliance portion of the Single Audit required by OMB Circular A-133

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

We measure effectiveness by measuring compliance with timeliness, assessing the accuracy of

recorded and reported information, and through financial analysis (maintaining positive cash flow, i.e., keeping OHCA at or under budget).

17. How does your unit monitor and track productivity?

Reports and records must be completed daily, weekly, monthly or quarterly depending on reports or data maintenance required.

18. If your unit submits reports, what do you prepare? Receive?

We prepare quarterly expenditure reports, provide information for the state annual report, GAO surveys, CAFR reports, etc. We prepare the CMS 64, CMS 37, CMS 21, CMS Variance Reports, FFR 425, and GAAP Conversion Packages for inclusion in statewide Comprehensive Annual Financial Report (CAFR). We receive MAR reports and support documentation for expenditures included in our Federal Reporting.

Financial Services: Financial Management

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The purpose of the Financial Management Unit (FMU) is to collaborate agency-wide and advise on the development of fiscal policies, procedures, rates and plans. The purchase cost effective health care for members by maintaining appropriate rates. Assure that payments are consistent with efficiency, economy and quality of care and sufficient to enlist enough providers so that members have access to care at least to the extent that such care and services are available to the general population in the geographic area.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Reimbursement methodologies. The FMU develops reimbursement methods for institutional providers (excluding nursing facilities) and non-institutional providers; reviews and rebases these rates at least annually, if necessary.
- Laws, rules, and regulations. The FMU stays abreast of and analyzes changes in federal and state rules, regulations, and legislation that pertain to health care, working closely with the Policy Unit of the Agency. This includes financing calculations, associated State Plan amendments and rule change and legislative impact statements.
- New initiatives. Coordinates with agency staff to develop health care or programmatic initiatives that will benefit the state.
- Analysis of program expenditures. Provides valid and relevant analyses of program expenditures. Some examples of what this data and analyses are used for: financial reporting and budget analysis, billing other state agencies the state share of their services that are paid thru the MMIS ("bill-back"), budget requests, the annual report and for making strategic and fiscally responsible management decisions
- Supplemental payments. Calculate and administer various supplemental payments that are made outside of the normal claims processing system. Some examples are: Cost settlements for state facilities, dentistry for special needs members, DSH, EHR, ETPS, IME, GME, SHOPP,

SoonerExcel and transplants.

3. What is the main unit deliverable(s)? Output? Production?

- Provider rates and supplemental payments
- Data for financial reporting and bill-back
- Financial data for the annual report

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

The unit primarily supports Goal #1 Financing and Reimbursement

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

- Develops reimbursement methodologies– Goal #1, #2, #6 and #7
- Laws, rules, and regulations. – Goal #1, #2, #6 and #7
- New initiatives.– Goal #2, #6 and #7
- Analysis of program expenditures – Goal #1, #2, #6 and #7
- Supplemental payments – Goal #1, #2, #6 and #7.

6. How many FTE are in your unit?

6 FTE positions are involved in accomplishing the tasks currently and a 7th may be added in the next few months

7. For your unit, which positions perform what tasks?

- Director of Financial Mgmt – Manage and oversee all aspects of the unit, assure projects are completed on time and accurately, stay abreast of innovations and changes in health care financing and payments, make recommendations to the CFO / ES regarding spending decisions.
- Reimbursement Mgr – With supervision and as it relates to the financial management aspect, responsible for developing, implementing, and maintaining several of the supplemental payment programs (SHOPP, DSH, EHR, IME, GME, State Owned Cost Settlement, Supplemental DRG UPL), responsible for setting rates, maintaining fee schedules and notifying providers of reimbursement changes, responsible for overseeing the work of two lower level employees
- Financial Mgr I – Responsible for a providing a variety of monthly financial reports used by General Accounting, responsible for compiling and calculating information for several bill-back reports, responsible for calculating and processing inpatient DRG claims that have eligibility issues and cannot be calculated by the MMIS, responsible for calculating the lower complexity supplemental payments (ETPS and dental), responsible for monitoring and obtaining approval for the weekly production cycle.
- Financial Analyst III – Responsible for assisting the Reimbursement Manager carry out duties related to maintaining some of the supplemental payment programs, responsible for running utilization reports used to monitor program expenses, responsible for compiling and calculating information for several bill-back reports.
- Financial Mgr III - With supervision and as it relates to the financial management aspect,

responsible maintaining several of the supplemental payment programs (GME, PMTC), responsible for setting rates, maintaining fee schedules and notifying providers of reimbursement changes, responsible for compiling data for the annual report, responsible for running and analyzing utilization reports used to monitor program expenses

- Financial Mgr II – Responsible for a providing a variety of monthly financial reports used by General Accounting, responsible for compiling and calculating information for several bill-back reports, responsible for compiling, calculating and notifying providers of the quarterly SoonerExcel payments, responsible for providing back-up for the monitoring and obtaining approval for the weekly production cycle.
- All members of the unit are responsible for working on the annual budget request.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

- Develops reimbursement methodologies– 10%
- Laws, rules, and regulations.– 8%
- New initiatives.– 8%
- Analysis of program expenditures.– 49%
- Supplemental payments.– 25%

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

Federal regulations require the State to assure that payments are consistent with efficiency, economy and quality of care and sufficient to enlist enough providers so that members have access to care at least to the extent that such care and services are available to the general population in the geographic area.

Federal regulations, state law and / or agency policies describe how we make supplemental payments.

The federal regulation that pertains to rates is: 42 USC Section 1396 (a) (30) (a)
There are also federal regulations that pertain to DSH and EHR as well as state laws that pertain to SHOPP

10. Who guides and/or gives the work of your unit?

Interagency contracts, State Plan, Executive Staff, CFO, CMS (Medicare and CMS Audits)

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Yes, other units within the Finance Division depend on the FMU to set rates, provide data for financial reporting and bill-backs, make budget requests and analysis of discrepancies between the budget and actuals. Additionally the FMU has interdependencies with the following divisions: Medical / SoonerCare Operations, Provider Services, Legal, Information Services, Communications and Policy, Planning and Integrity.

12. Does your unit have direct contact with Members? Providers? Others?

The FMU does not have direct contact with members but does have direct contact with providers, provider associations / advocacy groups, consultants, other state agencies and CMS.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

CMS, DMHSAS, DHS, OJA, OSHD, University Hospitals Authority / Trust, OU Medical Center, OSU Medical Center, Physician Manpower Training Commission (PMTC), Oklahoma Hospital Association, Oklahoma Primary Care Association. The FMU partners with these entities to develop payment methodologies and policies and / or to assure our payment methodologies, policies and / or claim processing edits are accurate, beneficial and sufficient.

14. What Key Performance Measures and/or outcomes does your unit track?

KPMs are developed and tracked to ensure the agency is meeting its mission in the most efficient manner possible.
Our unit deals with many of the KPMs. For example:

- Total Expenditure of Hospitals Services
- Total SoonerCare Program Expenditures
- Total Expenditures for Insure Oklahoma
- Reimbursement as a percentage of Medicare rates
- Reimbursement as a percentage of federal upper payment limit
- Average monthly enrollment in a Health Access Network (HAN)
- Totally payments made to HANs
- Total # of HAN member months

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit performs many critical financial and administrative functions that are vital to the development of fiscal policies, procedures, rates and plans to ensure the agency purchases cost effective health care for members by maintaining appropriate rates. The unit strategy of assuring that payments are consistent with efficiency, economy and quality of care directly supports this goal.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

Effectiveness of these strategies is evidenced by members having access to care at least to the extent that such care and services are available to the general population in the geographic area. Currently, benchmarks and targets are not used to determine success.

17. How does your unit monitor and track productivity?

Deadlines, PMPs, weekly meetings with staff.

18. If your unit submits reports, what do you prepare? Receive?

FMU prepares:

- Upper Payment Limit reports to CMS
- DSH reports for CMS
- DSH audit reports for CMS
- Financials and statistical data for the Annual Report
- Utilization and expenditure reports

- Provider statistical and reimbursement (PS&R) reports for providers

FMU receives:

- Cost reports from hospitals, PRTFs, FQHCs, RHCs

Financial Services: Financial Resources (Adjustments/TPL, Claims Resolution)

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The Financial Resources Unit (FRU) is comprised of two separate sections that perform financial and administrative functions.

Adjustments / Third Party Liability

Adjustments staff collects money and works closely with Program Integrity auditing areas.

Third Party Liability (TPL) staff collects money from third parties who are primarily responsible for claims payments. This is a federal requirement.

Claims Resolution

Claims Resolution staff ensures that claims that are paid or denied are proper and accurate according to OHCA policy.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Ensuring payment accuracy and timeliness
- Contract compliance and collections
- Ensuring system enhancements function properly and are within CFR limitations
- Provider satisfaction
- Handling a high volume of TPL calls

3. What is the main unit deliverable(s)? Output? Production?

Main deliverables are:

- 64.9 reports collections
- Quarterly contract compliance reports
- Prompt Pay reports

Financial resources are the FRU's vital product. The unit is one of only two units that generate revenue for the agency. The unit also saves the agency millions of dollars by avoiding unnecessary costs.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

All of the FRU's major activities directly support Goal 6 -- Administration.

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Major activities also provide indirect support to other agency goals as follows:

- Ensuring payment accuracy and timeliness – Goal 6
- Contract compliance and collections – Goal 6
- Ensuring system enhancements work best for us and are within CFR limitations – Goal 6
- Provider satisfaction – Goals 4, 7
- Handling a high volume of TPL calls – Goals 6, 7

6. How many FTE are in your unit?

32 FTEs

7. For your unit, which positions perform what tasks?

Supervisor – Adjustments and TPL
Supervisor – Claims Resolution and TPL
Business Process Manager – supervises our AA and serves as Liaison between OHCA and ODMHSAS

Adjustments, Claims Resolution and TPL staff are made up of Finance Analysts. Claims Resolution also has an Account Clerk and we have an Administrative Assistant for our unit.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

TPL – Core Functions 95%; Special Projects 5%
Claims – Core Functions 95%; Special Projects 5%
Adjustments – Core Functions 95% (correspondence and refunds 90%, expenditures 5%); Special Projects 5%

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

Timely claims payments are required by federal and state law.

42 CFR 433.139, Prompt Pay Provisions, MOU –OHCA-DMHSAS, OAC-provider section.
63 OS 5051.1, 5051.3, 5051.2, and 5051.5

10. Who guides and/or gives the work of your unit?

All the activities are required by agency rules, state, and federal laws.

Executive Staff also direct work and often times projects in other units will impact the unit's work (mostly claims related).

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Because the unit performs an administrative support role, the entire agency depends on the FRU.

Member Services relies on Financial Resources primarily for TPL information which impacts claims processing and in some cases, eligibility. Provider Services relies on Financial Resources primarily for resolution of adjustments issues.

The unit depends primarily on audit (collections), legal (liens, pension income, worker's comp., class action suits) and medical units (claims), as well as others.

12. Does your unit have direct contact with Members? Providers? Others?

Yes. The unit requires direct contact with providers, members and other stakeholders such as the state legislature, provider associations, and other state agencies like the Attorney General's office, DMH, DHS, & CMS.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

The FRU interacts with legislature, providers, the state Attorney General, DMH, DHS, OSDH, and CMS.

- The unit interacts with the legislature on issues their constituents may be having as well as for statutory changes which we need from time to time.
- The unit also works with providers on a daily basis, for coordination of benefits, claims and adjustments issues.
- The FRU also works with the Attorney General's office on Fraud/Audit type activities, because the unit controls the mechanism for actually recouping money from providers. The same for DMH, DHS and OSDH.

14. What Key Performance Measures and/or outcomes does your unit track?

The unit tracks several KPMs to measure productivity and performance. They include:

- Total amount of money collected
- Total amount of money saved through cost avoidance
- Number of claims processed
- Percentage of timely payments received (within a given period of time)

  Federal Law requires us to pay 90% of clean claims within 30 days of receipt and 99% of clean claims within 90 days of receipt and all other claims within 12 months of receipt, with some exceptions. We do ensure we are paying timely.
- Volume of calls to the TPL and Adjustments call tree

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit performs many critical financial and administrative functions that are vital to ensuring claims are paid correctly, by the proper payer, in a timely manner. Many of these functions rely on timeliness and accuracy. The unit strategy of placing the utmost importance on meeting internal deadlines as well as meeting federal timely payment requirements is key to ensuring proper payment of claims.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

The unit does not use benchmarks or targets.

17. How does your unit monitor and track productivity?

The unit measures the productivity through various timely reports for state and federal agencies. Internal reports such as monthly reports of adjustment completions are also used to measure production. Productivity is tracked through the OHCA MMIS system, COLD reports, and MS-Excel.

18. If your unit submits reports, what do you prepare? Receive?

The unit receives MMIS Cold reports, call tree reports, accesses data base reports, prepares excel reports and part of the 64.9 as well as productivity reports and ad hoc reports for research and analysis.

Financial Services: General Accounting

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The purpose of the General Accounting Unit (GAU) is to provide many of the internal administrative functions necessary for overall Agency operations. These functions include accounting, financial reporting, and payroll. All of these functions are required to maintain Agency compliance with federal and/or statewide requirements. The Unit comprises Accounting section (Deposits, Accounts Payables, Accounts Receivables, and Financial Reporting) and Payroll section.

2. What are the top 3 or 4 major tasks or activities for your unit?

The Accounting Section of the Unit is responsible for all financial accounting and financial control functions of the Agency, and many of the critical financial reporting functions. This includes monthly and/or quarterly accounts receivable billings to providers and other state agencies for the state share or assessment fees. Monthly and quarterly financial reports of expenditures and revenues to agency grant monitors, contract monitors and financial closing processes, which are the basis for reporting. It also includes accurate and timely processing of Medicaid provider and administrative payments, cash receipt processes for $5.2 billion worth of annual cash received by the Agency, internal accounting and financial control systems, and employee payroll processing.

The Payroll Section leads the task of timely preparing and processing all agency personnel costs, timesheet reviews, payroll changes, W-2's, as well as establishment of an ongoing assessment of payroll controls including system changes, payroll and timesheet training, verification of employment and establishment of ongoing assessment of payroll controls including tracking of any payroll system changes.

3. What is the main unit deliverable(s)? Output? Production?

- Maintaining Accounts Receivables
- Accounts Payables
- Payroll Processing
- Financial Reporting
- Deposits

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal 1 – Financing & Reimbursement

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Goals 1 and 6

6. How many FTE are in your unit?

8 FTEs with assistance from 3 other FTEs and 1 GALT temp

7. For your unit, which positions perform what tasks?

Accounts Rec Inv /tracking- Financial Manager II, Accountant II, Admin Asst, Financial Manager II
Payroll- Payroll Supervisor, Payroll Spec, Galt Temp
Accounts Payable-Financial Manager I, Accountant II, Accountant II
Clearing Account- Accountant II, Financial Manager II, Financial Manager I
Deposits- Accountant II, Accountant II, Financial Manager I
Mail-(check receipts)- Administrative Asst, Galt temp
Financial Reporting- Director General Accounting,3 Financial Manager II, Financial Manager I
Provider Calls-Accountant II, Administrative Asst, Financial Manger I, Director of General Accounting, Financial Manager II

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

29% Payroll, 19% Financial Reporting, 12% Deposits, 15% Accounts Receivable, & 15% Accounts Payables
Special projects 10%

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

All major activities of the GAU are required by federal and/or state laws.

- Senate Bill 610
- House Bill 2842 Medicaid Reform Act 2006
- House Bill 3149 General Revenue Fund – State Appropriations
- Oklahoma Medicaid Reform Act of 2003
- Title 56 Chapter 16 Section 1010.1 HEEIA
- State Bill 741 B&C
- Section 63-5020 Fund 340 Medicaid Program
- House Bill 2660 Tobacco Tax
- House Bill 2019 QOC Fund
- HB 1381 SHOPP Fund
- Section 5016 Revolving Fund
- OMB Circular A-87
- various Federal requirements that are Grant Specific

- House Bill 1622
- Oklahoma State Central Purchasing Act
- various DCAR publications issued by OMES
- House Bill 1622 Oklahoma Program Performance Budgeting and Accountability Act
- Payroll Publications- FMLA, FLSA, IRS Tax Guidelines
- OHCA/State Policies Governing leave share, alternate work schedule, comp time, payroll designations
- OMB A-123 Internal Controls
- GAO publications
- Yellow Book Standards.

10. Who guides and/or gives the work of your unit?

Normal business operations are directed by flow of payments and revenue received. Special requests can be made by legislatures, federal oversight agencies, providers and agency personnel.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

The unit relies on other units such as Pharmacy for drug rebates, OLL for long term care information, Provider Services for provider information for payments, Contracts unit for total amounts agreed, HR for employee updates and org charts, Policy and Planning, legal for liens and settlements, and all of financial services unit

All units in the agency depend on this unit for payroll information, timesheet assistance, information on contract payments, state share billings, actual expenditures, revenues, account balances.

12. Does your unit have direct contact with Members? Providers? Others?

The unit does not deal with members directly. It deals with providers for questions on claims, billing information, etc. other agencies, federal and state auditors and federal oversight agencies.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

The unit interacts with State Auditor Office, DMHSAS, DHS, OJA, Dept. of Health, tribal governments, Public schools, Dept. of Ed., OU, OSU

We bill back state share to various state and public agencies, assist on questions regarding Medicaid administrative claiming and cost allocation plans, allowability of costs and OMES (financial reports and use of PeopleSoft accounting software).

14. What Key Performance Measures and/or outcomes does your unit track?

Yes, the unit tracks timeliness, compliance, accuracy, and cash flow.

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit performs many critical accounting and reporting functions that are vital to financing and reimbursement of all agency programs and administration. Many of these functions rely on timeliness and accuracy. The unit strategy of placing the utmost importance on meeting internal fiscal and

accounting deadlines as well as federal reporting deadlines is key to the smooth and timely functioning of agency operations.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

The unit measures outcomes by timeliness (i.e. Is the unit meeting time deadlines?), audit performance (i.e. Is the unit complying with all federal and state requirements?), accuracy (i.e. Is the information recorded and reported accurately?), and through financial analysis (i.e. Is the unit at or under budget – maintaining a positive cash flow).

17. How does your unit monitor and track productivity?

- Timeliness of deposits, payments, and reporting. Deposits must be made daily prior to 3:00 pm, federal draws must be made the Tuesday prior to run dates for CMIA compliance, SHOPP payments by law must be made within 10 days of assessment collections, payroll must be run date specific in order to process, financial reports must be completed by the 17th of the month and the Board financials by the Wednesday prior to Board meeting. Federal reports must be completed by dates specified.
- Compliance with state and federal requirements. The unit is heavily audited by state and federal auditors.
- Accuracy of payments and collections is evaluated through internal audits and QA processes
- Cash flow is measured by revenue collections and expenditures. At the beginning of each fiscal year, OHCA budgets the amount of revenue that it must attain in order to operate the Medicaid program. The unit draws federal, state and private funding. The cash flow statement and monthly Board reports assist in assuring that the unit is invoicing, drawing and collecting as needed to maintain operations. In addition, expenditures are reviewed and monitored weekly to ensure payments are made within target encumbrances/budget.

18. If your unit submits reports, what do you prepare? Receive?

The unit prepares monthly reports for all agency funds for both revenues and expenditures, monthly financial reports to the Board, monthly expenditure reports to specific grant/contract monitors, issues weekly, monthly and quarterly billings, provides information for the state annual report, GAO surveys, federal reports quarterly, and CAFR reports.
HP FIN and MAR reports, OMES reports.

Financial Services: LTC Financial Management

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

Ensure the appropriate and economical function of the Long Term Care (LTC) services provided by OHCA through maintenance of systems for cost reporting, rates establishment, budgeting, provider tax/quality of care fee and the public Focus on Excellence (FOE) Program.

- Ensure the timely reporting and accuracy of facility allowable cost to be used for establishing

rates and budgets.

- Ensure rate accuracy and timeliness of rate changes, payments and notifications to providers.
- Ensure proper funding through the budget process by analysis of the allowable cost and the available funds from appropriations, provider tax and matching federal funds.
- Ensure the accuracy and functionality of the public websites for both the FOE program and OHCA website.
- Improve and enhance long term care operations and quality of care in nursing facilities through the FOE program.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Maintenance of cost report database including reporting, auditing and analyses
- Maintenance of budgeting and rate Systems
- Maintenance of the public and provider web portals for the Quality of Care (FOE) system
- Provide analyses to ensure that Federal and State legislation is adhered to and that the agency is a good steward of the funds received.

3. What is the main unit deliverable(s)? Output? Production?

- Annual cost report database, including an independent audit analysis
- Annual budget and budget work program for LTC facilities
- Accurate and timely rate changes including quarterly Focus on Excellence rates
- Maintenance and assurance of accuracy for public websites
- Maintain monthly reports for collection of provider fee and allocation of funds
- Provision of analyses for administration, legislative and other inquiries as assigned.
- FOE Annual Report
- LTC Annual Report – Financial Information

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal 1 – Financing & Reimbursement

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

- Maintenance of cost report data base including reporting, auditing and analyses – Supports Goals #1, #6 and #7
- Maintenance of budgeting and rate systems - Supports Goals #1, #6 and #7
- Maintenance of the public and provider portals for the Quality of Care (FOE) system – Supports Goal #1, #2, #4, #6 and #7.
- Provide analyses to ensure that federal and state legislation is adhered to and that the agency is a good steward of the funds received-- – Supports Goals #1, #6, and #7

6. How many FTE are in your unit?

6.0

7. For your unit, which positions perform what tasks?

- Director of LTC Financial Management – Manage and oversee all aspects of the unit, including budget and rate analyses and implementation.

- Financial Manager III – Supervise Financial Manager I-2; Manage and seek improvements to cost reporting, rate file maintenance, rate methodology, FOE reporting, and QOC reporting; Analysis of changes in state and federal regulations that pertain to LTC.
- Program Coordinator (FOE) – Lead Program Coordinator for the FOE Program, which includes the website portal, on-site and desk review audits, coordination with providers and contractors for timely and accurate reporting. Also, leads advisory group meetings and representing OHCA at public venues.
- Program Analyst II (FOE) – Assists the Program Coordinator in assuring the timely and accurate reporting for the FOE program including direction and training for nursing facility providers.
- Program Analyst I (QOC) – Responsible for the Quality of Care reporting system by assuring the timely and accurate reporting by the facilities and submission of data to the Finance Division for the assessment of provider fees, including direction and training for nursing facility providers.
- Financial Manager I – Cost reporting and audit file analysis including desk audits, rate file maintenance, FOE reporting, QOC reporting, and ad hoc Business Objects reporting for the unit.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

- Maintenance of cost report data base including reporting, auditing and analyses -- 25%
- Maintenance of budgeting and rate systems 15%
- Maintenance of public and provider portals for the Quality of Care (FOE) system -- 50%
- Provide analyses that ensure compliance with federal and state legislation and spending for programs is efficient and economical -- 10%

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

All
63 O.S. 1-1900 through 1902, 1920, 1921, 1925.2
63 O.S. 5022.2 and 5023
56 O.S. 1011.5, 1011.7, 2002
42 U.S.C. Section 1396a
42 U.S.C. Section 447.4
42 U.S.C. Section 483
Focus on Excellence: 56 O.S. 1011.5
State Plan Att. 4.19 B-D

10. Who guides and/or gives the work of your unit?

Ad hoc analyses of programs are routinely assigned by executive staff.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Other units of the Finance Division depend on our unit to set rates, make budget requests and establish budget work programs. The unit has interdependencies with the following divisions: Legal, Policy, Information Services, Provider Services and Member Services (eligibility determinations for LTC

services).

12. Does your unit have direct contact with Members? Providers? Others?

In implementing the Long Term Care payment methodology and maintaining focus on FOE and QOC programs as required by law, the provider rate analysis unit meets with providers, members and legislators.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

- Federal Agencies, including CMS and HHS – LTC is a required Medicaid service for each state. Federal agencies approve the state plan for the payment of services and auditing of the requirements under the code.
- Other State Agencies — We contract with the Oklahoma State Department of Health to license and survey LTC facilities and the Department of Human Services to approve clients for eligibility.
- Contractors for auditing and surveying purposes - We serve as contract monitors for Nursing Home cost report audits and annual surveys for the FOE.
- Individual providers and provider associations – We routinely meet with the associations to relay and discuss improvements and legislatively required changes to the methodologies. We also routinely notify and train providers in their requirements to fulfill their contracts with OHCA.

14. What Key Performance Measures and/or outcomes does your unit track?

- Specific KPMs our unit is involved with:
- Average % Reimbursement for Nursing Home Costs per Patient Day
- Average % Reimbursement for ICF/IID Facility Costs per Patient Day
- Total # of unduplicated SoonerCare members enrolled
- Total SoonerCare Program Expenditure
- Average SoonerCare Program Cost per Member
- SoonerCare Providers' Total Capacity
- SoonerCare Providers' % of Capacity Used
- Customer Satisfaction Survey Results (CAHPS)
- Percent of 1- 5 star long term care facilities
- Percent of residents participating in the resident satisfaction survey rating overall quality as excellent or good
- Percent of employees participating in the employee satisfaction survey (including quality) rating overall satisfaction as excellent or good
- Percent of Administration Budgeted Dollars Used
- Accumulated state and federal revenue generated by collaborations to provide services
- Number of LTC Days
- LTC Cost/Day
- Quality of Care Financial Data

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit's strategies to support Goal #1 Finance and Administration include:

- Maintenance of cost report database including reporting, auditing and analyses
- Maintenance of budgeting and rate Systems
- Maintenance of the public and provider web portals for the Quality of Care (FOE) system
- Provide analyses to ensure that Federal and State legislation is adhered to and that the agency is a good steward of the funds received.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

The unit tracks each strategy's effectiveness by using and tracking the following data:

- Deadlines for setting annual LTC rates (which includes interim deadlines for public notice, tribal consultation, SPARC and OHCA Board)
- PMP Evaluations of employees
- Quarterly deadlines for FOE rates
- Deadlines for QOC fees
- Deadlines for QOC reporting
- Completion of LTC reimbursement component of OHCA Budget Request (BR) and Budget Work Program (BWP)

17. How does your unit monitor and track productivity

- Deadlines for setting annual LTC rates (which includes interim deadlines for public notice, tribal consultation, SPARC and OHCA Board)
- PMP Evaluations of employees
- Quarterly deadlines for FOE rates
- Deadlines for QOC fees
- Deadlines for QOC reporting
- Completion of LTC reimbursement component of OHCA Budget Request (BR) and Budget Work Program (BWP)

18. If your unit submits reports, what do you prepare? Receive?

Reports prepared:

- QOC reports to general accounting and federal reporting units
- LTC components of BR and BWP
- Upper Payment Limits to CMS
- Per-diem rates for website
- Rate methodology for website
- Quality rating system to LTC facilities to OSDH for consumers
- Nursing Home Assoc. database for nursing home cost reports

Reports received:

- Nursing home cost reports received on secure website
- FOE data received on provider portal
- QOC data received on provider portal
- Updates from policy unit on changes to LTC rules

- Nursing home status report (openings, closing, ownership changes) from contracts unit
- Audit reports from independent contractors

Financial Services: Purchasing & Contracts

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

Oversee the procurement, development, and monitoring of the entire Agency's professional services contracts, interagency agreements, and data sharing agreements ensuring adherence to statutes, administrative procedures, and agency regulations. Additionally, responsible for the procurement of goods and non-professional services ensuring agency compliance to state laws and statutes. The goal is to obtain professional services and products required to support the Agency's mission.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Develop professional services contracts, including RFP/RFIs, interagency agreements, and data use agreements;
- Monitor established contract performance and budget
- Respond to inquiries from internal and external sources
- Purchase of goods/services using appropriate procurement methods

3. What is the main unit deliverable(s)? Output? Production?

- Contracts and Purchase Orders

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal 6 -- Administration

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Goals #1 - #7; Professional services contracts may assist the Agency to directly or indirectly support or influence each of the goals depending on the services acquired in the contract.

6. How many FTE are in your unit?

There are eleven FTEs.

7. For your unit, which positions perform what tasks?

Manager – Manages contracts and purchasing staff
Purchasing Control Coordinator II – Processes invoices
Purchasing Control Coordinator III – Supervises purchasing
Travel/Purchasing Coordinator – Processes travel, P-card transactions, Purchase Orders
Purchasing Assistant – Processes invoices
Purchasing Assistant – P-card assistant
Senior Contracts Coordinator (4 FTE) – Develop and monitor professional services contracts

Contracts Coordinator II – Manages purchase orders and change orders related to Professional Services contracts, monitors professional services contracting database.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

Contracts

This varies by staff member, but generally:

- Contract Monitoring: 40%
- Budget: 20%
- RFPs and RFIs: 25%
- Respond to inquiries: 10%
- Special Projects: 5%

Purchasing

- Purchasing: 100%

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

Developing and monitoring professional services contracts

State Law
o 74 O.S. §85.1 et seq – Central Purchasing Act
o 74 Okla. Stat. §85.44(B) - Payment for Contracted Products or Services
 62 O.S. 2011 Section H.1 & H.2 – IT Procurement Laws

Federal Law
o 42 CFR 433 Subpart C Allocation
o 45 CFR Part 74 – Grants and Funding
o 45 CFR Part 92 – Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments
o 45 CFR 95 Subpart E
o 45 CFR 95 Subpart F

OHCA policy
o OAC 580.16

10. Who guides and/or gives the work of your unit?

Program Monitors/Agency Staff

11. Do other units depend on what you do? Do you depend on other units? Who and how?

- Other units depend on Purchasing & Contracts Development for procurement and monitoring.
- Purchasing & Contracts Development depends on Finance for budgeting and invoice payment
- Purchasing & Contracts Development depends on other units in the agency to provide subject matter expertise.

12. Does your unit have direct contact with Members? Providers? Others?

Contractors, other state agencies, and other external entities

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

- Other State agencies – Interaction on procurement rules, regulations, and definitions set outside of OHCA;
- Collaboration of mandated projects with sister agencies

14. What Key Performance Measures and/or outcomes does your unit track?

Percentage of rebate from P-card program
Annual cost savings from Professional Services Contracts, service contracts, and Goods.
Percentage of OHCA employees participating in P-card program
Cost per Purchase Order
System completions by date

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

Unit strategies include ensuring efficient, effective, timely performance of unit core functions to procure goods and services as well as to execute and monitor professional contracts in support of functional and program areas throughout the agency.

Recently produced two new electronic requisition systems to promote a more efficient process to obtain goods and services.

Have already begun a pilot group on expanding our p-card program. So far this has been successful. The program will continue to expand based upon findings of pilot.

Promoting and encouraging customer service to our internal clients

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

Currently, there 16 p-card holders. Unit focusing on a 100% increase for the next calendar year.

New requisition systems are replacing current paper systems to decrease human error by 90% and increase efficiency. With an electronic system we will be able to monitor and ensure the 3-5 day processing time is achieved.

Working on a manner to track the quality of customer service received per project.

17. How does your unit monitor and track productivity?

- Weekly status updates meetings;
- End of month task-reports,
- Regular meetings to discuss task-reports

- Review task-reports regularly
- Electronic requisition systems
- Electronic reporting

18. If your unit submits reports, what do you prepare? Receive?

Prepared reports: Cost savings reports, 85.5.t exemption reports, Ethics report, and other reports required by OMES.

Contractors send status update reports to the unit.

Governmental Relations

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The overall purpose of the Government Relations unit is to act as a resource of information and education to internal and external stakeholders regarding legislation, policy, operations, and other relevant issues. Stakeholders include OHCA executive staff and board of directors, other state and federal government entities, members, providers, and other interested parties. Equally important to the units purpose is developing strategy and policy to further the mission of the agency.

The overarching goal of the unit is to provide customer service to internal and external stakeholders. The main responsibilities include ensuring that executive staff and policy makers are informed about relevant issues and ensuring that OHCA is responsive to legislative inquiries and other requests.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Acting as the liaison between OHCA, the state legislature, and other entities
- Develop, guide, and monitor potential law and/or policy to further agency goals
- Build relationships with legislature and external stakeholders to position the agency in an optimal setting and perception
- Monitoring compliance with and implementation of laws
- Handling legislative constituent issues, as requested
- Serving as the CEO designee at legislative and other meetings, as needed

3. What is the main unit deliverable(s)? Output? Production?

- Potential request legislation: needs addressed by the agency by potential statute
- Budget Request: negotiation
- Permanent Rules: legislative piece
- Legislative constituent issue resolutions

4. Which of the 7 agency goals does your unit's work <u>primarily</u> support? (name one)

Goal 6

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Goal 2 and 4

6. How many FTE are in your unit?

There are 2 FTE positions in the Government Relations unit.

7. For your unit, which positions perform what tasks?

- Government Relations Director – Provides an interface with the legislature; attends legislative committee meetings and other meetings, as required; develops policy; presents to the OHCA board, legislative committees, community groups etc.; works on interim studies, as needed
- Government Relations Assistant Director – Constituent resolutions and case tracking; legislative tracking; reporting

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

Due to the cyclical nature of the work, it is difficult to estimate the amount of time spent on each core function.

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

None of the core functions or activities of the unit are required by federal or state law. However, many of the unit's activities are influenced indirectly by legislative deadlines. (For example, by state law agency budgets must be submitted by October 1st.)

10. Who guides and/or gives the work of your unit?

The work of the unit is directed by the OHCA board of directors and executive staff. Also, work is created in response to legislative requests and inquiries.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

This unit provides a support role to the agency. Other units depend on Government Relations for information regarding legislation and statutes. The unit also depends on other OHCA units for data and other information when responding to requests and inquiries form legislators, constituents, members, and providers. Other units may also provide information that result in requests for legislation or changes to legislation. Units that provide data and other information to Government Relations on a more regular basis include: Legal, Reporting & Statistics, Finance, and Policy.

12. Does your unit have direct contact with Members? Providers? Others?

The unit requires direct contact with members, providers, and others including: legislators, constituents, OHCA staff, the general public, and other state agency officials.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

The Government Relations unit collaborates with many partners including the other state health agencies (OSDH, ODMHSAS, and DHS), the Governor's office, and the state legislature. The unit also

collaborates with community health agencies, health related associations and others. The scope of the work ranges from giving presentations with question and answer sessions to working with legislative staff on interim studies.

14. What Key Performance Measures and/or outcomes does your unit track?

The unit tracks outcomes as it follows legislation through the process. Similarly, the unit tracks outcomes of the budget process from the submission of the budget request to the final approved budget.

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit's strategies to support Goal #6 include:

- Acting as the liaison between OHCA, the state legislature, and other entities
- Develop, guide, and monitor potential law and/or policy to further agency goals
- Build relationships with legislature and external stakeholders to position the agency in an optimal setting and perception
- Monitoring compliance with and implementation of laws
- Handling legislative constituent issues, as requested
- Serving as the CEO designee at legislative and other meetings, as needed

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

The unit measures the effectiveness of its strategies by maintaining a constituent request referral spreadsheet to track the disposition of requests. The unit also tracks collaborations and associated activities with outside entities. Effectiveness is measured through the feedback received from as a result of unit activities and is reflected in the outcomes related to legislation and budgets.

17. How does your unit monitor and track productivity?

The unit maintains a constituent request referral spreadsheet to track the disposition of requests. The unit also tracks collaborations and associated activities with outside entities.

18. If your unit submits reports, what do you prepare? Receive?

The unit periodically submits reports to the Medical Advisory Committee (MAC), and the OHCA Board. Much of the unit's reporting is done during the legislative session. This includes weekly and sometimes daily legislative updates to executive staff, impact statements regarding legislation, advisory council reports, and an end of session legislative summary. Reports to the legislature include yearly Budget & Performance Reports.

Health Policy: Federal and State Authorities

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The overall purpose of the Health Policy unit is to ensure compliance with state & federal laws and authority. The unit is also charged with conducting research in order to make recommendations to Executive Staff regarding policy.

2. What are the top 3 or 4 activities or major tasks for your unit?

- Review, research, write policy
- Developing state plans and amendments
- Emergency and permanent rulemaking
- Ensuring compliance with federal and state statutes
- Negotiating with federal partner (CMS)
- Reporting
- Processing policy green sheets and systems change forms
- Facilitating the state plan amendment rates committee
- Developing legislative impact summaries

3. What is the main unit deliverable(s)? Output? Production?

- Policies
- Rules
- State Plan Amendments
- Provider Letters

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

This unit primarily supports agency goal #6 – Administration.

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

The unit directly supports agency goals 6 and 7. The unit indirectly supports goals 1, 2, 3, 4, and 5.

- Review, research, write policy (Goals 6&7)
- Developing state plans and amendments (Goals 6&7)
- Emergency and permanent rulemaking (Goals 6&7)
- Ensuring compliance with federal and state statutes (Goals 6&7)
- Negotiating with federal partner (CMS) (Goals 6&7)
- Reporting (Goals 6&7)
- Processing policy green sheets (Goals 6&7)

6. How many FTE are in your unit?

FTEs = 7

- 1 Policy Development Coordinator
- 4 Senior Policy Specialist
- 2 Research Associates

7. For your unit, which positions perform what tasks?

In the Policy Development area, duties are the same with the exception that the Research Associate does not write policy drafts.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

Staff work allocation:

- 80% of time on core functions
- 20% of time on special projects

9. Are the unit's major tasks or activities mandated by federal or state law (Include citation)?

Title 42 – Public Health of the Code of Federal Regulations; Subchapter C – Medical Assistance Programs, Subchapter D – State Children's Health Insurance Programs, Subchapter E – Programs of All-Inclusive Care for the Elderly

10. Who guides/gives the unit's work?

In addition to legal requirements work is guided by CMS, OHCA executive staff, and the agency strategic plan.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

This unit provides a support role to the agency. Other units depend on staff for information regarding statutory authority, policy, other federal guidance. The unit also depends heavily on Legal, Finance, DSPAR, Provider Services, Information Services, Decision Support Services, Provider Contracts and other OHCA units for data and other information.

12. Does your unit have direct contact with Members? Providers? Others?

The unit requires direct contact with members through the public comment process as well as through ad hoc inquiries and questions.
The unit is responsible for coordinating correspondence including provider letters.
The unit requires direct contact with others such as advisory groups and public consultations.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? With who and how?

Unit staff collaborates with many partners including Advocacy Groups, Grant Based Partnerships, CMS, Other State Agencies, Community Partners, and Tribal Partners.

14. What Key Performance Measures/Outcomes does the unit track?

- Health Policy has an Outcomes Analysis Plan
- Approved emergency and permanent rules
- # and % of Approved State Plan Amendments
- # and % of Approved SPARC Recommendations

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

Ensure that proper authority is obtained to operate all SoonerCare programs. This includes the Medicaid and CHIP State Plans, home and community-based services waivers and the SoonerCare Choice/Insure Oklahoma 1115 research and demonstration waiver. In addition, the unit is responsible for processing all agency policy for inclusion in the Oklahoma Administrative Code.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

The KPMs above address the products and effectiveness of the Health Policy department.

17. How does your unit monitor and track productivity?

Policy Log Tracker

18. If your unit submits reports, what do you prepare? Receive?

This unit submits reports to:

- Executive Staff
- MAC Board
- Tribal
- Governor's Office/Secretary of State
- Legislature/Rules Committee

Health Policy: LTC Administration

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The purpose of the Unit is to ensure that elderly and/or disabled SoonerCare members have the opportunity to receive quality Long-Term Care Services in a way that allows the member to maintain dignity, quality of life, and freedom of choice.

The Charge of the LTC Administration Unit is as follows: To enhance the quality of life for targeted citizens by administering effective programs, ensuring compliance as well as the health and safety of each member being served through the programs offered. Additionally, the unit is charged with safeguarding member empowerment and personal responsibility by assisting members with access to the most appropriate choice for LTC Services and Supports available to them through the SoonerCare system. Lastly, the unit is charged with preserving quality through measuring program outcomes.

2. What are the top 3 or 4 activities or major tasks for your unit?

- Program/Waiver maintenance/administration/oversight
- Monitoring quality measures
- Reporting - should we remove? Interaction with Member/Stakeholders/Community Agencies and Providers

3. What is the main unit deliverable(s)? Output? Production?

- Reporting (Accurate and Timely Reports)
- Continued compliance (Ensure LTC Program/Waiver Compliance)

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

This unit primarily supports agency goals #2 (Program Development) and #4 (Satisfaction and

Quality)

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2)

- Goal 1 - The LTC services and supports administrated by the Unit are either budget neutral or result in cost savings thereby supporting the mission to responsibly purchase state and federally funded health care in the most efficient and comprehensive manner possible.
- Goal 4 - One of the goals of the LTC Admin Unit is to ensure quality by gathering objective measures that will demonstrate improvement and quality in health outcomes for the population served through the services and supports administered by the unit.
- Goal 4 - As a part of measuring quality of services and service delivery, the unit has also implemented a Member Satisfaction Survey a way of measuring the population being served satisfaction with the individuals' services and supports.
- Goal 7 - In an effort to serve our members more efficiently the LTC unit collaborates with a wealth of both public and private partners. Partnerships are the nucleus of success in the LTC unit as there are large number of stakeholders, stakeholder groups, private organizations and other public agencies that have a responsibility to serve the same population served by the LTC unit, therefore we must work with each one to both maintain and strengthen the medical safety net for the Aged, Blind, and Disabled population.

6. How many FTE are in your unit?

14 FTEs:

- 1 Director of LTC Administration
- 1 Waiver Administration Coordinator
- 1 Focus on Excellence Tiered Manager
- 1 Senior Research Analyst (Community Living Services)
- 1 Research Analyst (Quality Assurance)
- 1 Carl Albert Research Associate (Community Living Services)
- 1 MFP Grant Project Director (Living Choice)
- 3 Grant Research Analyst (Living Choice)
- 1 MFP Tribal Grant Liaison (Living Choice)
- 2 Program Analyst II (Quality Assurance)
- 1 Senior Research Analyst (Quality Assurance)

7. For your unit, which positions perform what tasks?

LTC Administration Director –Oversees the LTC Administration unit which consists of 14 employees. Serves as liaison to CMS and external partners for issues related to Long Term Care Supports and Services.

Quality Assurance Staff-

- Focus on Excellence (FOE) Tiered Manager (1)- Administer, oversee, manage and provide direction for the Focus on Excellence (FOE) Program and Quality Assurance for Long Term Care Administration.
- Research Analyst (1) are responsible for desk reviews for Living Choice, and the six (6) Home and Community Based Services waivers. RA will conduct onsite and phone interviews; observation and validation.

- Program Analyst II (2) are responsible for state survey tag data which includes annual surveys, complaints, random surveys and revisits. The program analysts are tasked with desk reviews of FOE metrics for person centered care and leadership commitment. Additional responsibilities include researching methodologies for Person Centered Care and Culture Change.
- Sr. Research Analyst (1) are responsible for providing administrative oversight of the six 1915(c) waivers and Living Choice Demonstration. The SRA are tasked with specific quality monitoring functions that are essential to ensuring safety and quality for members receiving home and community based services.
- MFP Tribal Liaison (1)_ MFP Tribal Liaison will perform desk reviews for the Living Choice demonstration. Additionally, the Tribal Liaison will assist with Living Choice onsite/phone interviews; observation and validation.

Living Choice Staff -

- Project Director (1) provides general supervision and monitoring of the Living Choice Project. Responsible for oversight of the budget, development of contracts, CMS reports, administrative oversight, development of operational protocol. Additional responsibilities include coordinating quarterly Long Term Care Quality Initiatives Council (LTCQIC) /Living Choice Advisory Council (LCAC) meetings, serving as liaison for CMS, stakeholders, provider agencies and consumers.
- Living Choice Research Analyst (3) provides assistance to Living Choice participants, transition coordinators, and other service providers. Responsibilities includes, receiving and processing intake forms, reviewing service plans and case notes, processing prior authorizations and conducting training for transition coordinators. Additional responsibilities include conducting pre-assessment transition meetings with members and representatives, processing invoices, answering telephone inquiries and providing ongoing oversight over member's cases. Research Associates are responsible for maintain accurate records for Living Choice members in Atlantes.

Money Follows the Person (MFP) Tribal Staff

- Tribal Liaisons (1) primary function is to visit with Oklahoma tribal organizations to provide education about the tribal initiative. Tribal liaisons are responsible for forming partnerships with tribal entities to develop partnership agreements, developing marketing and outreach materials, and securing letters of commitment from interested tribes. Ultimately tribal liaisons will assist tribes with the development of their operational protocol prior to implementation of the tribal initiative.

Community Living Services Staff-

- Waiver Administration Coordinator -Responsibilities include training, performance management, handling personnel issues, monitoring employee time and leave.
- Sr. Research Analyst (1) are responsible for providing administrative oversight of the six 1915(c) waivers and Living Choice Demonstration. The SRA are tasked with specific quality monitoring functions that are essential to ensuring safety and quality for members receiving home and community based services. Additionally, SRA's are responsible for the operation of the Medically Fragile waiver.
- Research Analyst (1) – Monitors performance measures and recommends improvements for the Living Choice, and Medically Fragile, programs, as well as, makes home visits to identified

members regarding concerns/issues of care and/or services to assess program compliance. Provides monthly reports of program compliance.

- Carl Albert Research Associate (1) is responsible for the coordination of the Medically Fragile Waiver program. Responsibilities include member enrollment, assisting Case Managers and other provider agencies, and reporting adverse events to appropriate staff members.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

Staff spends 100% of the time working on tasks related to core functions of their area. The Director and Waiver Administration Coordinator spend 100% of the time working in a supervisory capacity.

- 40% - Oversight of Long Term Care programs
- 30% - Administrative Authority
- 15% - Quality Monitoring and Improvement
- 10% - Policy Development
- 5% - Contract Monitoring

9. Are the unit's major tasks or activities mandated by federal or state law (Include citation)?

All services are provided in accordance with either the DRA of 2005 and/or BBA of 1997. The references to the Code of Federal Regulations and the 1915(c) of the Act are the cited authorities that allow services to be provided.

- 1915(c) of the Act – the 1915(c) waivers allow states the provision of providing long term care services in home and community-based setting under the Medicaid program. Stats can offer a variety of services under and HCBS Waiver program that assist states with the DRA in the rebalancing of LTC Services and Supports from institutional to Home and Community Based Programs.
- 42 C.F.R. §441.302 – State assurances to CMS
- DRA 2005 – Living Choice (Money Follows the Person) Established by section 6071
- Living Choice – Section 2403 of the Patient Protection and Affordable Care Act extended the demonstration.
- Oklahoma Administrative Code (OAC Title 317) – Policy Development

10. Who guides/gives the unit's work?

All work pertains to legal authority. In addition to legal requirements, work is guided by CMS and OHCA executive staff.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

We are dependent upon functions in the following units:

- Care Management unit – LOC, approve PA's, approve service plans, review and staff cases
- Reporting and Statistics Unit – information and data gathering
- Business Enterprises – assist in building queries and gathering data

12. Does your unit have direct contact with Members? Providers? Others?

The unit requires direct contact with members, providers, CMS, as well as other external stakeholders

and advisory groups.
13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? With who and how? Staff collaborates with many partners including, CMS, Other State Agencies, Advocacy Groups, Community Partners, Tribal Partners and Grant Based Partnerships.
14. What Key Performance Measures/Outcomes does the unit track? • Annual Reporting for 6Home and Community-Based waivers and Living Choice to CMS. All reports have narrative detailing quality and waiver reimbursement presented as cost neutrality data. • Living Choice reports annual performance benchmarks to CMS.
15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)? • Ensure program/waiver compliance with all federal regulations, state policy, and mandates • Accurate and timely reporting to CMS and State leaders • Ensure program objectives are being met to help members live safely in the community • Ensure members maintain freedom of choice as to where and how necessary Long Term Care services and supports are delivered To provide continuous quality improvements to protect individuals' health and safety by ensuring that strategies and procedures are in place to provide quality assurance for eligible individuals receiving Medicaid home and community-based long-term care services and supports.
16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15) KPM's are used to track productivity.
17. How does your unit monitor and track productivity? The KPMs are used to monitor and track productivity. In addition staff utilizes Atlantes for the completion of certain day to day functions. Atlantes allow such task to be tracked by that amount of time spent on each activity.
18. If your unit submits reports, what do you prepare? Receive? • 372 annual reporting for6 waivers and Living Choice to CMS. Reports have narrative detailing quality and waiver reimbursement presented as cost neutrality data. • Evidence- based reports – 1915(c) performance measure reported to CMS. • Semi-annual reviews, monthly, quarterly, and annual reports as directed by CMS. These reports are also used internally for informational purposes.

Health Policy: SoonerCare Delivery Systems

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are

your unit's main responsibilities?

The overall purpose of the Social Services & Outreach and Reporting units are to ensure compliance with state & federal and reporting requirements and to assist SoonerCare and MFP participants with housing and other social services that will allow them to maintain optimal health and an improved quality of life. The units are also charged with development and implementation, if approved, for new program initiatives to meet the needs of an ever-changing heath care delivery system, while ensuring that such programs meet all applicable laws, regulations, and guidelines and are in alignment with the agency's mission.

The units ensure that proper reporting is submitted to the appropriate authorities in a timely fashion and that members receive needed medical and social services. This includes the Medicaid and CHIP State Plans, the SoonerCare Choice/Insure Oklahoma 1115 research and demonstration waiver and the PACE program. In addition, the unit is responsible for the reporting of program activities to CMS while monitoring for compliance of service delivery through Quarterly, annual reporting and annual compliance auditing. These measures are monitored in contrast with established CMS benchmarks.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Review, research,
- Reporting of all SoonerCare and IO programs
- Ensuring compliance with federal and state statutes
- Negotiating with federal partner (CMS)
- Contract monitoring to ensure compliance with agreed upon contractual requirements of the three-way agreement (CMS, OHCA& PACE Organization)
- PACE Member Enrollment
- Assist MFP participants with finding affordable and/or accessible housing that meet their individual need.
- Assist Medicaid members with obtaining needed supports (job training, health care) that will help them to successfully stay in their own home.
- Establish partnerships with Oklahoma tribes to provide MFP services to tribal members living in nursing homes to transition back in to the community.
- Establish and maintain partnerships/collaboration with property owners/managers to increase availability of affordable and/or accessible housing for Medicaid members
- Establish and maintain partnerships/collaboration with tribal stakeholders, CMS and other state agencies (Ok State Depart Health, Ok Housing Finance Agency and Depart of Mental Health.

3. What is the main unit deliverable(s)? Output? Production?

- 1115 Waiver Quarterly and Annual reports
- 1915 C reporting
- FOE reporting
- PACE compliance
- Housing assistance
- Increase job skills/employability

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #6 – Administration
To foster excellence and innovation in the administration of the OHCA

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

- PACE program (Goal 2)
- Waiver reporting (Goals 6 & 7)
- Ensuring compliance with federal and state statutes (Goals 6 & 7)
- Negotiating with federal partner (CMS) (Goals 6 & 7)
- Reporting (Goals 6 & 7)
- Contacting with PACE Organizations (Goal 1Cost savings is realized by and program cost more predictable due to paying a capitated payment for a full array of services rather than fee-for-service)
- MFP Housing Assistance (Goals 4, 6 & 7))
- MFP Tribal (Goal 4, 6 & 7)
- Social Supports (Goal 4, 6 & 7)

6. How many FTE are in your unit?

There is 1 Director, 2 Managers
There are 4 FTE in the Reporting area; and 6 FTE in the Social Supports & Outreach Unit.

7. For your unit, which positions perform what tasks?

Reporting (State & Federal Authorities)
The Reporting Coordinator and four staff, specializing in technical writing, data collection, analysis and recording, focus on meeting the reporting requirements of the all programs in the Federal and State Policy unit. Will work closely with each unit to provide monthly, quarterly, annually and ad hoc reports regarding performance measures, accomplishments, and other requirements as identified for compliance with state and federal authorities.

Social Supports & Outreach
The PACE program has 1 staff that report to the Social Supports Coordinator. This individuals are responsible for the administration and monitoring of the PACE program. The duties include but are not limited to, On Site Readiness Reviews, member enrollment and dis-enrollment In the PACE Program area, the Lead staff is the CMS liaison, ensures compliance, act as the liaison between the PACE Organizations and the OHCA, handle other center issues

MFP Tribal has two staff members. The positions include one MFP Tribal Initiative Manager and one MFP Tribal Liaison

MFP Housing has one staff. This position is a MFP Housing Specialist.

The Social Services and Outreach has two staff members. The positions include one MFP Housing

Coordinator and one Senior Research Analyst.
8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects? Staff spends 100% of the time working on tasks related to core functions of their area. The Director spends 100% of the time working in a supervisory capacity.
9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)? Title 42 – Public Health of the Code of Federal Regulations; Subchapter C – Medical Assistance Programs, Subchapter D – State Children's Health Insurance Programs, Subchapter E – Programs of All-Inclusive Care for the Elderly, (PACE)
10. Who guides and/or gives the work of your unit? In addition to legal requirements work is guided by CMS, OHCA executive staff, and the agency strategic plan.
11. Do other units depend on what you do? Do you depend on other units? Who and how? This unit provides a support role to the agency. Other units depend on staff for information regarding statutory authority, policy, other federal guidance. The unit also depends heavily on Legal, Finance, Planning, Provider Services, Information Services, Decision Support Services, Provider Contracts and other OHCA units for data and other information.
12. Does your unit have direct contact with Members? Providers? Others? The unit requires direct contact with members through the public comment process as well as through ad hoc inquiries and questions. The unit requires direct contact with providers through PACE providers. The unit requires direct contact with vendors through the HAN identified in the 1115 demonstration. The unit requires direct contact with others such as advisory groups and public consultations. The unit requires direct contact with nursing home participants, nursing home staff, and community agency staff, property owners/management, Oklahoma tribes, and tribal stakeholders, state agencies such as OSDH, OHFA, DMH and DHS.
13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how? Unit staff collaborates with many partners including Advocacy Groups, Grant Based Partnerships, CMS, Other State Agencies, Community Partners, and Tribal Partners.
14. What Key Performance Measures and/or outcomes does your unit track? Potential KPMs for the unit- Objective: By (date) to increase the number of PACE sites to a total of (?) Measure: # of PACE sites operating in the State of Oklahoma. Objective: To increase the # of people enrolled in the PACE program. Measure: # of people enrolled in the active PACE programs

Objective: Achieve cost savings and better health outcomes due to member's participation in the PACE program.
Measure: Member's rate of hospitalization before and after entering PACE program.

Objective: The state will monitor and evaluate expenditures/services provided to members in 1915 programs
Measure: a-Outcomes reported by Expenditures of members in designated programs
b-Outcomes reported of actual services provided to members in designated programs

Objective: The state will test the 1115 demonstration hypothesis in the evaluation annually
Measure: Outcomes reported by each of the identified hypothesis in the 1115 demonstration

Objective: The state will work with the long term care facilities to increase months on FOE program
Measure: Outcomes reported by each # of continued months active in the FOE program

National PACE Association quality measures?

Member health rates? Satisfaction? (CMS surveys)

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit understands that KPMs can be used as an effective management and reporting tool. KPMs include numbers of rules processed, rates set, state plan amendments approved and waiver amendments approved. This unit also understands the importance of key performance measures when examining the success of a program when compared with the established goals. Performance measures are tracked as required by CMS.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

- A waiver evaluation is completed and reported to CMS for each three-year extension of the SoonerCare Choice/Insure Oklahoma demonstration waiver. Budget neutrality is also demonstrated.
- 1115 Waiver, 1915 Waiver & FOE reporting is done quarterly and annually
- 1115 Waiver hypothesis evaluated and completed annually
- Yes, CMS performance benchmarks are established in the Special Terms & Conditions agreement with CMS.

17. How does your unit monitor and track productivity?

The KPMs are used to monitor and track productivity.

18. If your unit submits reports, what do you prepare? Receive?

The unit collects data on a regular basis for inclusion in various reports. These include:

- CMS 1115 waiver quarterly and annual reports

- CMS 1915 Waiver 372 & Evidence Based Reports (EBR) Report
- Stakeholder and State of Oklahoma Focus of Excellence Reports (FOE) quarterly and annually
- CMS 1115 waiver evaluations
- Yes, reports as noted above are prepared and submitted by the department.
- Monthly, quarterly, and annual reports are produced for each program area as directed by CMS and also for informational purposes for OHCA.
- Semi-annual reviews are performed for providers and these audit results are sent to CMS.

Human Resources

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

Human Resources is responsible for employee recruitment, hiring, benefits administration, FMLA compliance, retirement, discipline, and to maintain personnel records, while ensuring the agency's employment practices are in compliance with the related laws and executive orders.

2. What are the top 3 or 4 major tasks or activities for your unit?

Human Resources does the following activities and duties:

- Recruit
- Hire
- Administer benefits and retirement plans
- Support the employees, supervisor, and agency in corrective actions.
- Provide guidance and support for the compliance of all related laws and executive orders
- Counsel agency supervisors and employees on employment related issues
- Support training and professional development of employees

Administer agency safety and occupational health programs

3. What is the main unit deliverable(s)? Output? Production?

HR sees the acquiring of Human talent and Employment matters guidance as a vital contribution to the agency.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #6 –Administration: To foster excellence and innovation in the administration of the OHCA.

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Goal #6 –Administration: To foster excellence and innovation in the administration of the OHCA.

6. How many FTE are in your unit?

Currently 8.5

7. For your unit, which positions perform what tasks?

The receptionist is the administrative assistant, the liaisons to the agency work units perform the tasks

necessary to post, and fill positions, one liaison is additionally responsible for the FMLA, Benefits, and Retirement programs, and the Assistant Director manages the office functions, the Director counsels managers on compensation, classification, corrective actions, and career progressions. The Training and Safety Coordinator is responsible for the training and professional development of employees and administers the agency safety program and provide consultative services/training to the agency in planning, developing, implementing and administering occupational health and safety programs.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

The unit spends 100% of time on major tasks listed in Question 2. The receptionist is administrative assistant, the liaisons to the agency work units perform the tasks necessary to post, and fill positions, one liaison is additionally responsible for the FMLA, Benefits, and Retirement programs, and the Assistant Director manages the office functions, the Director counsels managers on compensation, classification, corrective actions, and career progressions.

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

The majority of all activities performed by HR are governed by state statue, federal laws, executive orders, the policies and rules established by OMES, HCM, EBD, EGID, OPERS.

The Oklahoma Department of Labor and Oklahoma State Attorney General, Office of Civil Rights Enforcement regulates employment and labor activities.

Some of the following federal agencies regulate or provide guidance, Department of Labor, EEOC, Immigration and Customs Enforcement, etc.

Human Resources is responsible for ensuring the agency's employment practices are in compliance with the following laws and executive orders.

Title VII of the Civil Rights Act
Bars employment discrimination on the basis of race, color, religion, sex, pregnancy, or national origin; applies to employers with 15 or more employees, employment agencies, and labor organizations. Prohibits Sexual Harassment, discrimination in compensation practices, equal training, and advancement.

Affordable Care Act
Laws related to paying benefits to part time employees.

Civil Rights Act of 1866
Bars race discrimination in making and enforcement of contracts; applies to public and private employers.

Civil Rights Act of 1871
Bars individuals from violating the federal rights of others; applies to persons acting "under color of any" state or local law. This includes conduct by certain public officials and municipalities, but not

states or persons or agencies deemed to be "arms of the state."

Civil Rights Act of 1991
Parties could now obtain jury trials, and recover compensatory and punitive damages in Title VII and ADA lawsuits involving intentional discrimination. The Act placed statutory caps on the amount of damages that could be awarded for future pecuniary losses, pain and suffering, and punitive damages, based on employer size. The maximum award of compensatory and punitive damages combined was set at $300,000 for the largest employers (more than 500 employees). In addition, the 1991 Act added a new subsection to Title VII, codifying the disparate impact theory of discrimination.

Age Discrimination in Employment Act (ENDA)
Bars discrimination against persons aged 40 years or older

Pregnancy Discrimination Act of 1978
Amends Title VII to make it illegal to discriminate because of pregnancy, childbirth, or related conditions. Employers with 15 or more workers, labor unions, and employment agencies are covered by Title VII.

Rehabilitation Act
Section 503 - Requires affirmative action to employ and promote qualified individuals with disabilities; applies to government contracts in excess of $10,000 that relate to personal property and non-personal services, including construction.

Section 504 - Prohibits discrimination against "qualified individuals with disabilities" by programs or activities that receive federal funds.

American with Disabilities Act 1990
Prohibits employment discrimination against individuals with disabilities and requires public services and accommodations to be usable and accessible by such individuals; covers employers with 15 or more employees, employment agencies, labor organizations, joint labor-management committees, the states, and U.S. territories. Requires reasonable accommodation for people with disabilities.

Uniform Guidelines on Employee Selection Procedures
Covers all aspect of the selection process, including recruiting, testing, interviewing, and performance appraisals. These guidelines incorporate a single set of principles which are designed to assist employers, labor organizations, employment agencies, and licensing and certification boards to comply with requirements of Federal law prohibiting employment practices which discriminate on grounds of race, color, religion, sex, and national origin. They are designed to provide a framework for determining the proper use of tests and other selection procedures. These guidelines do not require a user to conduct validity studies of selection procedures where no adverse impact results. However, all users are encouraged to use selection procedures which are valid, especially users operating under merit principles. (Adverse impact)

Executive Order 11246
Requires affirmative action to prevent discrimination on the basis of race, sex, religion, color, or

national origin; applies to all federal contracts and federally assisted construction contracts in excess of $10,000.

Executive Order 11375
Executive Order 11246 was amended by Executive Order 11375 to include gender as a protected class.

Executive Order 11478
Requires the heads of federal agencies to maintain affirmative action programs for civilian employees of the federal government.

Executive Order 12138
Requires federal agencies take affirmative action in support of women's business enterprises.

Vietnam Era Veterans Readjustment Assistance Act (VEVRAA) 1974
Section 2012 [redesignated as Section 4212] - Requires affirmative action in the hiring and promoting of special disabled veterans, Vietnam-era veterans, and veterans who served on active duty during a campaign for which a campaign badge has been authorized; applies to government contracts for at least $25,000 that relate to personal property and non-personal services, including construction.

Immigration Reform and Control Act
Bars national origin or citizenship status discrimination; applies to employers with three or more employees.

Worker Adjustment and Retraining Notification Act 1988
WARN offers employees early warning of impending layoffs or plant closings. Requires some employers to give a minimum of 60 days' notice if a plant is to close or if mass layoffs will occur.

Uniformed Services Employment and Reemployment Rights Act
Certain persons who serve in the armed forces have a right to reemployment with the employer they were with when they entered service. This includes those called up from the reserves or National Guard.

Fair Labor Standards Act 1938, as amended (FLSA)
Determines the guidelines for minimum wage, overtime pay, equal pay, record keeping exempt, nonexempt status, child labor standards etc. It is a federal law enacted by the United States Congress in 1938. This law is enforced by the U.S. Department of Labor.

Equal Pay Act
Bars gender-based wage bias; applies to wages paid to employees who are engaged in commerce, engaged in the production of goods for commerce, or employed in an enterprise engaged in commerce or in the production of goods for commerce.

Occupational Safety and Health Act (OSH)
Safety and health conditions in most private industries are regulated by OSHA or OSHA approved

state programs (PEOSH), which also cover public sector employers. Employers covered by the OSH Act must comply with the regulations and the safety and health standards promulgated by OSHA. Employers also have a general duty under the OSH Act to provide their employees with work and a workplace free from recognized, serious hazards. OSHA enforces the Act through workplace inspections and investigations. Compliance assistance and other cooperative programs are available.

Employee Retirement Income Security Act (ERISA)
Regulates employers who offer pension or welfare benefit plans for their employees. Title I of ERISA is administered by the Employee Benefits Security Administration (EBSA) and imposes a wide range of fiduciary, disclosure and reporting requirements on fiduciaries of pension and welfare benefit plans and on others having dealings with these plans. These provisions preempt many similar state laws. Under Title IV, certain employers and plan administrators must fund an insurance system to protect certain kinds of retirement benefits, with premiums paid to the federal government's Pension Benefit Guaranty Corporation (PBGC).

Comprehensive Omnibus Budget Reconciliation Act of 1985 (COBRA)
(COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost to the plan.
COBRA generally requires that group health plans sponsored by employers with 20 or more employees in the prior year offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the plan would otherwise end.
COBRA outlines how employees and family members may elect continuation coverage. It also requires employers and plans to provide notice.

Health Insurance Portability and Accountability Act (HIPPA)
The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

Genetic Non-Discrimination Act (GINA)
It is illegal to discriminate against employees or applicants because of genetic information. Title II of GINA prohibits the use of genetic information in making employment decisions, restricts employers and other entities covered by Title II (employment agencies, labor organizations and joint labor-management training and apprenticeship programs - referred to as "covered entities") from requesting, requiring or purchasing genetic information, and strictly limits the disclosure of genetic information.

Labor-Management Reporting and Disclosure Act (LMRDA) of 1959
Deals with the relationship between a union and its members. It protects union funds and promotes union democracy by requiring labor organizations to file annual financial reports, by requiring union officials, employers, and labor consultants to file reports regarding certain labor relations practices, and

by establishing standards for the election of union officers.

Employee Polygraph Protection Act
This law bars most employers from using lie detectors on employees, but permits polygraph tests only in limited circumstances.

Consumer Credit Protection Act (CPCA)
The CCPA protects employees from discharge by their employers because their wages have been garnished for any one debt, and it limits the amount of an employee's earnings that may be garnished in any one week. Title III applies to all employers and individuals who receive earnings for personal services (including wages, salaries, commissions, bonuses, and periodic payments from a pension or retirement program, but ordinarily does not include tips).

Family and Medical Leave Act (FMLA) 1993
Requires employers with 50 or more workers to provide unpaid, job-protected leave of up to 12 weeks per year to care for a newborn or newly placed adopted or foster child; to care for a seriously ill child, spouse, or parent; or because of the employee's own illness. The law prohibits discrimination against employees who exercise their leave rights.

Davis-Bacon Act
Requires payment of prevailing wages and benefits to employees of contractors engaged in federal government construction projects.

PEOSH Public Employees Occupational Safety and Health

McNamara-O'Hara Service Contract Act
Sets wage rates and other labor standards for employees of contractors furnishing services to the federal government.

Walsh-Healey Public Contracts Act
Requires payment of minimum wages and other labor standards by contractors providing materials and supplies to the federal government.

Migrant and Seasonal Agricultural Worker Protection Act (MSPA)
Regulates the hiring and employment activities of agricultural employers, farm labor contractors, and associations using migrant and seasonal agricultural workers. The Act prescribes wage protections, housing and transportation safety standards, farm labor contractor registration requirements, and disclosure requirements.

Fair Labor Standards Act (FLSA)
The FLSA prescribes standards for wages and overtime pay, which affect most private and public employment. It requires employers to pay covered employees who are not otherwise exempt at least the federal minimum wage and overtime pay of one-and-one-half-times the regular rate of pay. For nonagricultural operations, it restricts the hours that children under age 16 can work and forbids the employment of children under age 18 in certain jobs deemed too dangerous. For agricultural

operations, it prohibits the employment of children under age 16 during school hours and in certain jobs deemed too dangerous.

Immigration and Nationality Act (INA)
INA applies to aliens authorized to work in the U.S. under certain nonimmigrant visa programs (H-1B, H-1B1, H-1C, H2A).

Copland Act
Prohibits federal contractors or subcontractors engaged in building construction or repair from inducing an employee to give up any part of the compensation to which he or she is entitled under his or her employment contract and requires such contractors and subcontractors to submit weekly statements of compliance.

Privacy Act of 1974
The Privacy Act states no agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains [subject to 12 exceptions].

Consumer Credit Protection Act (CPCA)
Garnishment of employee wages by employers is regulated under the Consumer Credit Protection Act

10. Who guides and/or gives the work of your unit?

The CEO, CAO, Legislature, OMES, Federal government all guide our work.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Yes, Payroll depends on HR to process all HRIS transactions which feeds the payroll system. Finance requires cooperation from HR to ensure positions are properly funded. All the units in the agency depend on HR for assistance with employee relations, staffing, and technical assistance. Other units are dependent on HR to provide guidance on compliance assistance with state statues, federal law, merit rules, and directives from HCM.

12. Does your unit have direct contact with Members? Providers? Others?

The HR Division has direct contact with OHCA staff and limited contact with contractors.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

HR collaborates with the following partners outside the agency:

- Office of Management and Enterprise Services – All HRIS functions
- Human Capital Management – Partner with HCM on model projects and implementation of HCM directives.
- Employee Benefits Department - Serve as a the primary contact for employees to enroll in OPERS, request information, transmit employee information, process retirement request, and transmit member information.

- Employees Group Insurance Department - Serve as a the primary contact for employee enrollment in life insurance, request information, transmit employee information, process retirement request, and transmit member information.
- Oklahoma Public Employees Retirement – Serve as a the primary contact for employees to enroll in OPERS, request information, transmit employee information, process retirement request, and transmit member information.
- GIS Disability – Provide documentation to GIS to document work hours for employees on disability.
- Other State Agencies – Collaborate with other agencies on common initiatives, provide advice and technical support as requested.
- Sooner Save – Partner with SoonerSave to provide employees educational materials and information on investment options. Provide a venue for SoonerSave staff to conduct seminars and training.

Approved Vendors – Collaborate with vendors to provided employees information on available products and services.

14. What Key Performance Measures and/or outcomes does your unit track?

HR is developing metrics and analytics to measure the unit's effectiveness. HR can track employee turnover and ascension. All transactions and demographics can be tabulated and reported.

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

HR sees the acquiring of Human talent and Employment matters guidance as its primary strategy for supporting Goal 6.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

Much of the data HR collects and processes is recorded in HRIS systems maintained by OMES, EBD, OPERS, and in agency databases. Many of these systems provide reporting tools which allows for analysis.

Anecdotal evidence of HR's effectiveness is measured by examining the satisfaction and moral of employees, turnover analysis, as well as the agencies overall effectiveness to achieve its mission. Deployment of effective HR strategies to recruit, hire, and retain highly skilled staff directly affects the overall efficiency of the agency.

17. How does your unit monitor and track productivity?

Productivity can be measured through reports provide by PeopleSoft, data analysis of various databases to determine efficacy, by conducting an HR Audit, and employee PMP's.

18. If your unit submits reports, what do you prepare? Receive?

Human Resources has the ability to run over 300 different reports and queries within PeopleSoft on a variety of HR analytics. In addition, Human Resources can provide custom reports on HR analytics as well as request reports from Human Capital Management, Hay Group, E-Verify, Employee Benefits Administration, and others.

Legal Services

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The overarching goal of the Legal Services Division is to provide conservative legal advice to the agency and make risk assessments. The division conducts provider investigations, represents the agency in all phases of litigation and administrative hearings, reviews civil rights matters, and provides direction and assistance with HIPAA regulations and other legal matters.

2. What are the top 3 or 4 activities or major tasks for your unit?

- **OHCA Legal Representation**. Representing OHCA in Administrative Hearings and in Federal & State Litigation.
- **Legal Consultation.** Rendering answers to legal requests through its data base. Being available for legal assistance at all public meetings (e.g. board, MAC, DUR, SPARC, rulemaking hearings).
- **TPL collections.**
- **Employee Relations Issues**. Handling internal discrimination complaints and other employee relations issues.
- **HIPAA Compliance**. Ensuring the agency is compliant with federal HIPAA laws. Investigating breaches. Training staff on HIPAA issues.

3. What is the main unit deliverable(s)? Output? Production?

- Cases litigated
- Hearings held
- TPL collections
- Legal requests answered
- Investigations concluded HIPAA and Civil Rights compliance and training

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #6 – Administration
To foster excellence and innovation in the administration of the OHCA

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

OHCA Legal Representation. Goals 1, 2, 3, and 6.
Legal Consultation. Goal 6.
TPL collections. Goals 1 and 6.
Employee Relations Issues. Goal 6.
HIPAA Compliance. Goal 6.

6. How many FTE are in your unit?

30 FTEs are budgeted for the Legal Services Division (including Provider Enrollment).

7. For your unit, which positions perform what tasks?

- **Chief of Legal Services.** Supervises the Provider Enrollment unit (core functions are described separately).
- **7 attorneys (Deputy General Counsels).** In charge of litigation, administrative hearings, TPL, employment law HIPAA and supervise the paralegals and investigations units.
- **Civil Rights Officer.** Handles civil rights issues, workplace complaints, and HIPAA compliance.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

The Civil Rights Officer spends about 50% of time on civil rights issues and about 50% of time in HIPAA issues. One attorney spends about 80% of time on TPL collections; investigators spend all time doing investigations. The remainder of staff time depends on litigation case load, opinion requests and general counsel assignments as well as legal database requests.

9. Are the unit's major tasks or activities mandated by federal or state law (Include citation)?

63 OS §5018 establishes the Legal Services Division. It is legislatively created and empowered to represent the agency. Federal law continues to require compliance with non-discrimination and HIPAA laws.

10. Who guides/gives the unit's work?

The division is required by state law. The division's work is largely guided by federal and state laws and guidance is provided by the CEO of OHCA.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Yes, other units depend on the division for legal advice and representation at administrative hearings and litigation. The Legal Services Division depends on other units for information and witnesses.

12. Does your unit have direct contact with Members? Providers? Others?

Yes attorney, investigators and paralegals contact with members during member appeals, providers and the public to perform appeal function, litigation and public record demands.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? With who and how?

The Legal Services Division does not have any partnerships outside the agency. However, it does occasional work with groups or individuals outside of the agency to complete its litigation tasks. For example, the division may work with the public, the press, other state agencies, the courts, the legislature, or CMS.

14. What Key Performance Measures/ Outcomes does the unit track?

The division reports the following KPMs:

- Third party liability – monthly and yearly total of collections for estate recovery and collections.
- Investigations – intake monthly, completions monthly, cost savings monthly.
- Administrative Appeals – number filed, comparison to last year, cases heard and classification of cases, number upheld vs overturned.

- Tracking of Civil Rights litigation, complaints, and inquiries and HIPAA breaches will be added in 2015.

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit protects the agency by ensuring compliance with federal and state laws.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

    - TPL benchmark is to increase collections from previous year.
    - Investigations benchmark is to create more agency savings from the previous year.

17. How does your unit monitor and track productivity?

The productivity of the unit is monitored through the various reports The Legal Help Desk ticket system which allows the Chief of Legal Services to view the status of requests and determine how many have been completed or are still in progress for a given time period. The Litigation Report is used to keep track of pending cases.

18. If your unit submits reports, what do you prepare? Receive?

Legal Services reports PHI breaches to subject individuals and to CMS. The division also produces ad hoc and monthly report that include its KPMs. The unit receives audit status reports from Program Integrity.

Legal Services: Provider Enrollment

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

Provider Enrollment 's purpose is to enroll providers while making sure they are fully licensed, by screening, performing site visits, while meeting all State and Federal requirements. Our main responsibility is to build a provider network so our members can receive quality care, while ensuring timely, efficient, and accurate processing of provider contracts.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Process provider contracts, ensuring quality.
- Maintain the provider file, keeping up with all changes, updates, and regulations.
- Respond to inquiries/problem solve issues from providers, OHCA staff, and other external sources

3. What is the main unit deliverable(s)? Output? Production?

Provider enrollment provides OHCA with a provider network to serve our members.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #5 – Eligibility and Enrollment
To provide and improve health care coverage to the qualified populations of Oklahoma

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2

above)

Goal #1 – Financing and Reimbursement;
Goal #4 – Satisfaction and Quality;
Goal #5 – Eligibility and Enrollment; and
Goal #7 – Collaboration

6. How many FTE are in your unit?

11 FTE positions and 1 Grant position (EHR)

7. For your unit, which positions perform what tasks?

Individual/Group Contracts Analyst: Approves Individual and Group contracts; processes change orders for the Provider file; monitors and implements changes in EPE; answers the provider enrollment helpline; and tests system changes.

Business Contracts Analyst: Approves Business contracts; works as liaisons for other state agencies and their members' contracts; answers the provider enrollment helpline; and tests system changes.

MCO and NF Contracts Analyst: Approves all Managed Care and Nursing Home contracts; processes Settlement Agreements; approves Single Case Agreements for members; answers the provider enrollment helpline; and tests system changes.

Offsite Provider Screening Analyst: Does on-site screenings of providers; answers the provider enrollment helpline; and tests system changes.

Assistant Manager: Handles terminating providers once approved by the representing attorney.

Contracts Assistant: Processes provider enrollment mail, tests system changes, and scans all documents into COLD.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

   1. Process provider contracts, ensuring quality = 60%
   2. Maintain the provider file, keeping up with all changes, updates, and regulations = 25%
   3. Respond to inquiries/problem solve issues from providers, OHCA staff, and other external sources = 15%

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

Yes – Provider Screening and Enrollment – 42 CFR Subpart E

10. Who guides and/or gives the work of your unit?

Potential and current Medicaid providers dictate the work of our unit.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Units dependent on Provider Enrollment: Provider Services (to enroll providers); Member Services (to provide an accurate database for access); Finance (to establish provider specialties accurately for claims processing); Medical (to keep up with changes to provider specialties, taxonomies, and utilization); Insure Oklahoma (to enroll providers); and Care Management (to process Single Case Agreements for extraordinary cases). Provider Enrollment depends on Provider Services (to perform outreach to providers regarding changes); and Business Enterprises (to assist with system issues).
12. Does your unit have direct contact with Members? Providers? Others? Yes. Our unit deals with Providers on a daily basis, as well as other state agencies to assist in their contracting (primarily DHS, DDS, OSDH, and ODMHSAS).
13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how? DHS – Processing Advantage Waiver contracts. DDS- Processing Developmental disability provider contracts. OSDH – Processing Nursing Home contracts. ODMHSA- Processing Behavioral Health contracts.
14. What Key Performance Measures and/or outcomes does your unit track? Our unit is currently in a reorg stage to track outcomes. Key Performance Measures will encompass quality of contracts processed; timeliness of processing; and Call Center KPRs.
15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)? To provide and improve health care coverage to the qualified populations of Oklahoma. Our strategy is to produce the best provider network available to our members, by processing contracts timely and accurately.
16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15) See answer #9.
17. How does your unit monitor and track productivity? See answer #9.
18. If your unit submits reports, what do you prepare? Receive? Most of our reports are ad hoc, prepared through Business Objects, and are provider license/specialty/access related. We receive several reports for HP encompassing statistics on provider types.

Program Integrity and Accountability: Behavioral Health Audit

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The Behavioral Health Audit (BHA) unit performs mandated program integrity functions through post-payment audits of providers and in cooperation with other federal and state mandated program integrity efforts. Its main responsibilities are to ensure that OHCA is compliant with CFR regulations and that behavioral health (BH) services it purchases are appropriately delivered and provided by qualified professionals.

2. What are the top 3 or 4 activities or major tasks for your unit?

- **Preliminary Investigations.** Investigation of the potential for fraudulently billed BH services; through analyzing information related to the billed service associated with a referred complaint as alleged - regarding the identified agency or provider of the service, a determination may be made whether the service/ service provider warrants further investigation by opening the audit process to assure service was provided to the member in accordance with SoonerCare standards.

- **Peer Process Comparison.** Peer-to-peer comparison is designated to determine if services provided and the associated billing is comparable with like in kind services and service types provided by professional peers.

- **Audits.** Unannounced onsite audits are conducted and focus on risk factors through records requested that document service delivery and clinical business practices. The purpose is to make determinations whether the prescribed service was delivered in accordance with policy and within service-definitions.

- **Provider Feedback:** The team provides preliminary exit information to the provider at the close of the onsite audit visit in order to educate the provider in practices that are not within the boundary of compliance. Desk audits and provider initiated self-audits are also conducted by BH Audits. BHA issues a written report of findings on each claim line reviewed as well as conducting informal reconsideration for the provider after the initial reporting: Audit staff also participates in the audit appeals process. BHA selects candidates for the audit team that possess and maintain professional licensure, maintain their licensure in good standing, and participate in obtaining continuing education for the ongoing and credible professional interpretation of member records.

- **Audit Participation**. The unit cooperates with other auditing agencies, e.g. the State Auditor's office and Medicaid Fraud Control Unit (MFCU), and provides information to them during their audits of OHCA behavioral health audit policies and procedures. In instances that Medicaid fraud is suspected the allegation is presented through a formal referral to the Office of the Oklahoma Attorney General.

- **Advise and Consult With Boards and Committees.** Members of the BHA unit regularly participate in the Behavioral Health Advisory Committee (BHAC) to provide information and education for the committed in relation to BH policy. The unit also meets regularly with the various state licensing boards that provide oversight of BH professionals.

3. What is the main unit deliverable(s)? Output? Production?

Completed audits. Report of audit results, identification of amounts that are determined to be overpayments and recoupable.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #1 – Financing and Reimbursement
To responsibly purchase cost effective health care for members by maintaining appropriate rates and to continue to strengthen health care infrastructure.

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

- **Preliminary Investigations.** Goal 1.
- **Process Comparison.** Goals 1 and 2.
- **Audits.** Goals 1, 2, and 4.
- **Provider Feedback.** Goal(s) 4,1,2
- **Audit Participation.** Goal(s) 1, 4
- **Advise and Consult With Boards and Committees.** Goal(s) 7,4

6. How many FTE are in your unit?

6 Total FTEs
5 Total- current

1 Behavioral Health Audit Supervisor
4 Behavioral Health Audit Specialists
(1 Medical Review Analyst III - past Position)

7. For your unit, which positions perform what tasks?

Behavioral Health Audit Supervisor. A licensed Behavioral Health clinician provides direction, support, and assistance to staff concerning identified audit cases. The cases are set forth through BH unit's investigation and the subsequent Audit Selection Committee determinations. Provides oversight in the performance and maintenance of the BH audit procedures and reporting; assists the Attorney General's office, provides testimony in court, and assist the CMS's Medicaid fraud unit.

Behavioral Health Audit Specialists. Licensed clinicians, who interview complainants, perform audits, manage and conduct research on referrals, keep records of referrals, analyze and report audit results, communicate with members and providers, and attend Administrative Law hearings.

Medical Review Analysts. At the time of applicability-Maintains records in Data Base and case tracker, tracks changes and updates policies and procedures, updates audit forms, creates reports on billing practices, assists in the audits, maintains status of equipment (e.g. scanners and laptop computers).

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

The BHA unit spends 100% of its time on core functions.

9. Are the unit's major tasks or activities mandated by federal or state law (Include citation)?

The unit's activities are required by the following laws and regulations:

42 CFR Chapter IV, Subpart B, Sec. 456
HIPAA Requirements

10. Who guides/gives the unit's work?

The Chief of Program Integrity assigns work to the unit. Work is also guided by federal mandates and trends in other states.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

The BHA unit depends on:

- Data analytics, for cases that do not require record review.
- The legal unit to assist with providers that do not cooperate with the audit
- BHA relies on Quality Assurance and Provider Services for referrals

Other units depend on the BHA unit.

- BHA provides reports of audits and findings to finance
- BHA provides reports to the policy division and works with it to make changes to the system
- BHA makes referrals for education to provider services
- BHA make referrals to the MFCU

12. Does your unit have direct contact with Members? Providers? Others?

The BHA unit contacts mostly providers through audits and answering questions. The unit also works with internal staff, third party stakeholders (e.g. legislature, CMS, other state agencies, provider associations). The unit has some contact with members through reports of potential fraud and contacting them to verify billed services.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? With who and how?

Yes, routinely with various agencies. The unit meets with several other state and federal agencies to provide consultation and assistance

- OK Attorney General (OAG). Regular meetings with assistant attorney generals and OAG Investigators to provide consultation and identify potential fraudulent billing practices
- Office of Inspector General (OIG) to assist in investigations
- Multiple professional licensing boards (e.g. LADC, LCSW, BH Board (LPC, LMFT, LPC) to verify credentials and qualifications of service providers, licensure status, and to consult on credential rules.
- Federal Bureau of Investigation (FBI)
- Oklahoma State Auditors

- Drug Enforcement Administration (DEA)

14. What Key Performance Measures/ Outcomes does the unit track?

    - Audits
    - Open cases (even if not audited)

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit's strategy is to detect overpayments and recover funds. The unit also works to implement edits to stop similar overpayments in the future and protect funds intended for the care of eligible members.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

The unit tracks the payment accuracy rate.

17. How does your unit monitor and track productivity?

The unit uses a PI case tracking system to measure productivity based on number of cases, workflow, case status, overpayments, and recoveries.

18. If your unit submits reports, what do you prepare? Receive?

The unit provides quarterly reports of audits to DMHSAS. Reports include provider types, audit status, overpayments, and recovery amounts.

Reports are prepared each fiscal year for the Oklahoma State Auditor's Office detailing the enforcement of internal controls used to identify provider compliance issues and identified monetary recoveries in the audit process.

Program Integrity and Accountability: Clinical Provider Audits

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

Specific to Clinical Provider Audits (CPA) our main responsibility is to conduct pre-payment and post-payment reviews on providers that are outliers in their specialty or in response to reports/complaints/allegations of inappropriate billing behaviors. The reviews are conducted onsite or through desk audits.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Conducting onsite/desk post payment reviews of providers with regard to inappropriate billing practices and compliance with OHCA policy.

- Provide education and training to providers through the audit process concerning OHCA policy, acceptable utilization and appropriate documentation and code usage for proper billing.

- Make recommendation for recoupment of overpayments identified through the audit process.
- Refer instances of suspected fraud and abuse by providers to legal/attorney general's office as required by, 42 CFR Chapter IV, subpart B, Sec. 456.
- Conducting pre-payment review of providers with regard to appropriate billing practices and compliance with OHCA policy.
- Refer any instances of quality concerns to QA/Q1 for further investigation.
- Review of self-audit documentation.

3. What is the main unit deliverable(s)? Output? Production?

Output: Completed audits, recovered overpayments.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

CPA primarily supports goal # 1 in my opinion. By insuring through the audit process that the services purchased by the OHCA are what is being received by the members.

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Goal# 1- Financing and Reimbursement
To responsibly purchase cost effective health care for members by maintaining appropriate rates and to continue to strengthen health care infrastructure.
Goal # 2- Program Development
To ensure that medically necessary benefits and services are responsive to the health care needs of our members.
Goal #6 – Administration
To foster excellence and innovation in the administration of the OHCA

6. How many FTE are in your unit?

17 filled positions, we also have 4 current vacancies (1 person hired, with start date 11/9/15)

7. For your unit, which positions perform what tasks?

In CPA, the majority of the staff members are medical audit specialists (RNs) who do provider reviews, desk reviews, and field reviews. Two analysts in the division are not RNs, and they perform desk audits but rely on clinical staff for medical necessity determination. The systems research analyst runs data and pulls samples as well as keeps up with the case tracker and JSURs.

There are 2 supervisors (1 vacant) for the audit teams, an administrative assistant (currently vacant) who maintains the electronic case files, all administrative duties and keeps us all on track.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

95% of the time; CPA has recently rarely had any special projects that were not audit related.

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

The unit is governed by the following laws and regulations:

- 42 CFR Chapter IV (10-1-96 Edition), Subpart B, Sec. 456.22.
- 42 CFR Chapter IV (10-1-96 Edition), Subpart B, Sec. 456.
- 42 CFR Chapter IV (10-1-96 Edition), Subpart B, Sec. 456.22.
- OHCA policy
- 42 CFR 440-180; Waiver Amendment Schedule K
- OMB Circular A-133, Section 6.

10. Who guides and/or gives the work of your unit?

CPA is directed by Kelly Shropshire. We receive referrals from both internal and external sources which are reviewed by the Case selection committee and a determination for audits is determined. We also have data processes that identify provider outliers that are discussed in case selection, and can lead to an audit initiation.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

I would not say others 'depend' on what we do, nor do we depend on others; our work task require coordination with legal, finance, QA, and Medical Administration.

- Legal- for guidance and assistance when audit findings are challenged and a hearing before the Administrative Law judge is requested.
- Finance- to collect identified overpayments.
- QA- when quality issues are identified during the course of an audit.
- Medical Administration- Provide physician and dental consultation on reviews during all stages of the audit.

12. Does your unit have direct contact with Members? Providers? Others?

The CPA unit contacts mostly providers through audits. The unit will also work with Internal staff, 3rd party stake holders (legislature; CMS, sister agencies, provider associations). CPA also handles calls from the Medicaid Fraud line and speaks with members of the public reporting alleged wrongdoing. Additionally, unit may speak to members to verify services rendered.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

CPA works with sister agencies (State Auditor, MFCU) and federal government (CMS auditors, MOi Medi group).

14. What Key Performance Measures and/or outcomes does your unit track?

CPA tracks inputs and outputs, but is still looking for a true measure of changing provider behavior, a true outcome measure.

Potential KPMs-
(Providers will remain on pre-payment review until claims accuracy rate is 95% for 3 months.)
Objective: Reduce # of providers billing improperly
Measures: # of providers on pre-payment review

# of providers released from pre-payment review after 3 months # of providers on pre-payment review after 6 months Objective: Reduce # of improperly paid claims Measures: # of post-payment audits # of pre-payment audits
15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)? The unit support goal #1 by placing providers who consistently bill incorrect claims on pre-payment review in order to prevent fraud and educate providers about proper billing.
16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15) CPA produces audits and recoveries and keeps records of this, but has not defined a measure that determines how effective their audits are in changing provider behavior.
17. How does your unit monitor and track productivity? CPA uses the PI Case Tracker system to track and measure productivity by several measurement categories.
18. If your unit submits reports, what do you prepare? Receive? CPA produces a quarterly report of the unit's activity. Information from this report is used in the CMS 64 reporting, SEA reporting, State Auditor request and various legislative request as needed.

Program Integrity and Accountability: Data Analytics and Payment Accuracy

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities? The Data Analytics and Payment Accuracy unit performs the mandated program integrity function through audits of providers and assistance with other federal and state mandated program and integrity efforts.
2. What are the top 3 or 4 major tasks or activities for your unit? • Reveals suspected instances of fraud and abuse by individual providers as required by 42 CFR Chapter IV (10-1-96 Edition), Subpart B, Sec. 456. • Performs audits and reviews of external providers to ensure appropriate billing practices and compliance with OHCA policy and subsequently identifying overpayment for recoupment and/or any necessary policy clarification or changes. • Coordinates third party audits (DHHS-OIG, CMS, State Auditor & Inspector) of the Oklahoma Health Care Authority and the programs it administers; responds to audit findings and assists in preparing and implementing corrective action. • Performs the State's Internal Payment Accuracy Measurement Review. • Coordinates the Federal Payment Error Rate Measurement Review.

- Coordinates with the Federal mandated Recovery Audit Contractor.
- Coordinates with the State Auditor and Inspector Annual review.

3. What is the main unit deliverable(s)? Output? Production?

The main output of the unit is completed audits. Recovery of funds is an output as well as the error rate as determined by PAM and PERM.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #6 - Administration

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Goal #6 – Administration
Goal #1 – Financing and Reimbursement

6. How many FTE are in your unit?

8 FTE's and 1 contracted employee

7. For your unit, which positions perform what tasks?

Audit Manager – Assigns and reviews work of the Data Analytics auditors. Oversees the PAM, PERM, and RAC processes. Works with divisions on data requests regarding overpayments. Attends and participates in meetings regarding possible billing errors. Investigates referrals for possible new audit. Suggests possible edits or policy changes based on findings from reviews. Coordinates with Attorney General's office on potential fraudulent cases. Works the State Audit and Inspector on their annual review.

Auditor II and IIIs – Conducts data analytic audits on providers.

Data Projects Supervisor—Oversees the PAM, PERM, and RAC processes.

Audit Project Coordinator – Coordinates audit work with the federal mandated RAC vendor, Medi-Medi, and Medicaid Integrity Contractor.

Data Projects Specialist—Pulls and samples the Payment Accuracy Review, request medical records, provider contact, assigns cases to the medical reviewer, pulls and samples the eligibility sample for the PERM eligibility review, request medical records for the State Auditor and Inspector reviews.

Contract Review Nurse – Performs the medical and data processing review for the state PAM program. Performs the medical review for the State Auditor and Inspector.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

100% of their time.

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

All PI activities are mandated by law. The unit is governed by the following laws and regulations:

- 42 CFR Chapter IV (10-1-96 Edition), Subpart B, Sec. 456.22.
- 42 CFR Chapter IV (10-1-96 Edition), Subpart B, Sec. 456.
- 42 CFR Chapter IV (10-1-96 Edition), Subpart B, Sec. 456.22.
- OHCA policy
- 42 CFR 440-180; Waiver Amendment Schedule K

OMB Circular A-133, Section 6.

10. Who guides and/or gives the work of your unit?

Chief of Program Integrity. Federal Mandates.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Agency as whole depends on the Program Integrity Division to safeguard the taxpayer dollars entrusted to the agency. PAM measurement is vital because it plays big role at capitol and determining appropriations.

It works with policy, and system edits, and provider education, member services. Work with medical on clinical issues. Electronic health.

12. Does your unit have direct contact with Members? Providers? Others?

The Program Integrity unit contacts mostly providers through audits. The unit will also work with Internal staff, third party stake holders (legislature, CMS, sister agencies, provider associations).

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

From Program Integrity perspective, the unit works with sister agencies and federal government. The unit oversees federal audits to ensure they aren't doing same thing so OHCA collaborates with them. Telligen does PAM inpatient claims. State auditors.

14. What Key Performance Measures and/or outcomes does your unit track?

The Division has always been able to track inputs and outputs, but is still looking for a true measure of changing provider behavior, a true outcome measure.

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit's strategy is to detect overpayment and recover funds. The unit also works to implement edits to stop similar overpayments from happening again.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

The division produces audits and recoveries and keeps records of this, but has not defined a measure how effective their audits are in changing provider behavior. The Payment Accuracy Division tracts the accuracy rate each year.

17. How does your unit monitor and track productivity? The division uses the PI Case Tracker system to track and measure productivity by several measurement categories.
18. If your unit submits reports, what do you prepare? Receive? The Program Integrity Division can collect any data that is available an audit through the PI case tracker. Types of data include: Provider types, audits, productivity, hours, time, stages of audit, Overpayments identified, dollars recovered. The payment accuracy division prepares a summary report of the accuracy rate. Data Analytics reports on identified overpayments and recoveries.

Program Integrity and Accountability: Member Audit

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities? Determine validity of eligibility decisions through audit and investigation, make recommendations based on findings, and conduct an internal review of OHCA eligibility processes.
2. What are the top 3 or 4 major tasks or activities for your unit? Accept and screen member related information referrals. Individual audit and/or investigation of member eligibility. Audit sample populations selected from various eligibility programs or eligibility decisions as determined necessary by agency. Member Audit will audit HPE eligibility decisions completed by providers. Make recommendations to improve internal eligibility decision making process.
3. What is the main unit deliverable(s)? Output? Production? Audit of member eligibility (both individual and larger samples of population). Investigation of fraud with findings and recommendations. Participation in hearings or other legal proceedings.
4. Which of the 7 agency goals does your unit's work <u>primarily</u> support? (name one) Goal #5 – Eligibility and Enrollment To provide and improve health care coverage to the qualified populations of Oklahoma
5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above) Audit supports Goal #2 – Program Development To ensure that medically necessary benefits and services are responsive to the health care needs of our members Audit and Investigation supports Goal #3 – Personal Responsibility To educate and engage members regarding personal responsibilities for their health services utilization, behaviors, and outcomes

Audit and Investigations supports Goal #5 – Eligibility and Enrollment To provide and improve health care coverage to the qualified populations of Oklahoma
6. How many FTE are in your unit? 4
7. For your unit, which positions perform what tasks? Member Audit Eligibility Reviewers complete screenings of information referrals, member and internal audits, and investigations of potential fraud Member Audit Investigator completes investigations of potential fraud and abuse, supports audit function through quality control. Member Audit Supervisor develops team guidelines and procedures, develops audits, reviews completed work and provides guidance, coordinates activities and provides information to stakeholders, and oversees all unit activities Administrative tasks are completed by entire team (i.e. mail, file creation, etc.).
8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects? Reviewers are approximately 25% screening, 50% auditing, 25% investigations. Investigator is 90% investigation of potential fraud, 10% audit support. Supervisor divides time among all tasks based on current need.
9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)? The unit is governed by the following laws and regulations: • 42 CFR Chapter IV (10-1-96 Edition), Subpart B, Sec. 456.22. • 42 CFR Chapter IV (10-1-96 Edition), Subpart B, Sec. 456. • 42 CFR Chapter IV (10-1-96 Edition), Subpart B, Sec. 456.22. • OHCA policy • 42 CFR 440-180; Waiver Amendment Schedule K OMB Circular A-133, Section 6.
10. Who guides and/or gives the work of your unit? The work for our unit is a result of information referrals received from internal and external sources, and includes screenings, individual audits, and investigations. Larger audits are determined by agency need and are recommended by Member Audit unit, or Program Integrity Director.
11. Do other units depend on what you do? Do you depend on other units? Who and how? Member Services, Insure Oklahoma, and various other units within the agency provide referrals of information that appears fraudulent and they may utilize our findings in making further eligibility or claims decisions. We rely on other units for referrals of information, and we rely on Member Services and Insure Oklahoma to make eligibility decisions based on our findings. We additionally rely on Business Enterprises to assist in reviewing system related findings and guidance. We may depend on the Legal Division for guidance related to unit activities. The unit depends on medical staff to review Medical information for audits.
12. Does your unit have direct contact with Members? Providers? Others?

Our team has direct contact with Members, Providers, and any outside party making an information referral or assisting with information for an investigation or audit.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

Our major tasks may require us to work with outside law enforcement, DHS OIG office, other government agencies, and providers. We will partner with other entities to complete audits and investigations and determined necessary, and at times utilize information available to the outside partner.

14. What Key Performance Measures and/or outcomes does your unit track?

Number of screened cases, number of investigations completed, number of audits completed, referral types and all findings related to these activities. This may include closed cases, paid claims associated with ineligible cases, overpayments, incidents of fraud, inaccurate non-fraud cases, suspended cases, and various other factors.

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

Accurately make eligibility decisions based on applicable policy and procedures. Audit and/or investigate all information referrals of potential fraud. Complete audits to identify appropriateness of eligibility decisions, as well as effectiveness of the process. Member Audit will report findings to appropriate entity to allow for further action as deemed necessary.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

Member Audit is in the beginning phases of the process, and will determine benchmarks in the future. At this time the unit focuses on outcome of each individual audit to determine if the member information is accurate, inaccurate requiring updates, or ineligible without fraud, or ineligible with fraud. We are presently monitoring cases that are updated, suspended, closed, and tracking claims associated with fraudulent case activity.

17. How does your unit monitor and track productivity?

Manually on a case by case basis, and the information is documented on an Excel spreadsheet. Moving forward we will utilize PI Case Tracker to monitor activity and outcomes.

18. If your unit submits reports, what do you prepare? Receive?

Our unit submits audit reports to executive staff. We are compiling case outcomes into a report giving brief descriptions. We are utilizing Word document to compile case findings for use in reporting back to referring parties within the agency and when appropriate outside of the agency. We will be developing reporting tools when PI Case Tracker is developed for a Member Audit case type. We receive various reports from external and internal sources and accept them in any format received. We will utilize HCA 48 referral form if the reporting party completes the form.

SoonerCare Health Benefits Support: Behavioral Health Services

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The Behavioral Health (BH) Director is responsible for leadership and direction to promote policies and to build and maintain an efficient delivery of quality Behavioral Health services for SoonerCare Members, agencies and the Behavioral Health community.

- Oversight of an efficient and quality Behavioral Health service package through collaboration and guidance provided; suggestions or inputs are made on recommendations for policies impacting the delivery of Behavioral Health services to SoonerCare members.
- Identification of issues and trends regarding quality of services.
- Coordination, development, and implementation of proposed policy changes through collaboration with Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS).
- Oversight of the Service Quality Review (SQR) process which includes site visits and chart reviews for compliance with appropriate OAC and CMS regulations. A team completes a review for each inpatient facility and Therapeutic Foster Care (TFC) agency providing services to SoonerCare members.

2. What are the top 3 or 4 activities or major tasks for your unit?

- **BH Service Package.** Building and maintaining of the BH Service benefit package; initiating green sheets for BH policy changes as necessary.
- **ODMHSAS liaison.** Acting as liaison between OHCA and ODMHSAS.
- **Agreement Monitoring.** Monitoring of the interagency agreement with ODMHSAS.
- **Collaboration**. Developing collaborative relationships with state agencies and organizations to provide information regarding the BH program. Collaborating on activities related to the BH Advisory Council.
- **Answering Questions.** Ensuring that providers' questions are answered timely as relating to the service benefit package.
- **Service Quality Reviews. The team conducts and completes the** SQR process in a timely manner which includes review activities, writing reports, addressing reconsideration requests and receiving corrective action plans.

3. What is the main unit deliverable(s)? Output? Production?

- Liaison activities between OHCA and ODMHSAS toward ensuring a quality Behavioral Health service package (e.g. shared oversight of SC Behavioral Health benefit pkg. etc.); attending regularly scheduled meetings representing OHCA, and following up on action items identified in the meetings. The product, the Behavioral Health benefit package is vital for all SoonerCare members for overall health and well-being. It is available for members when it is needed.
- Coordination of activities related to the Behavioral Health Advisory Council; coordinating agenda, participating in the pre-meeting planning call, identification of items for the agenda,

contacting individuals slated to present at meetings, and monitoring and tracking action items from meeting.

- Initiation of OHCA identified green sheets for changes to Behavioral Health policy; coordination of activities with ODMHSAS such as obtaining necessary ODMHSAS signatures for green sheet prior to elevating to Executive Staff.
- Reviews of all facilities with inpatient admissions and TFC agencies within the previous SFY and report completion.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #7 – Collaboration
To foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

- **BH Service Package.** Goal #2.
- **ODMHSAS liaison.** Goal #7.
- **Agreement Monitoring.** Goal #7.
- **Collaboration**. Goal #7.
- **Answering Questions.** Goal #7.
- **Oversight.** Goal #4.

6. How many FTE are in your unit?

4 FTE
1 Contract FTE
1 Contract PRN

7. For your unit, which positions perform what tasks?

- SQR Team. Completes audits/reviews for facilities and Therapeutic Foster Care (TFC) agencies, performs chart reviews and on-site reviews.
- Analysts. Input clinical information into Atlantes for review and perform other duties like producing reports and assigning referrals.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

About 90% of the unit's time is spent on the core functions identified. About 10% of its time is spent on special projects.

9. Are the unit's major tasks or activities mandated by federal or state law (Include citation)?

SoonerCare Behavioral Health is encompassed within the Oklahoma Medicaid State Plan so the SoonerCare Behavioral Health program operates under specific State and Federal guidelines such as Title XIX and XXI of the Social Security Act and Oklahoma Administrative Code (317).

House Bill 3150 directed the transfer of appropriated Behavioral Health state dollars, policy

development, and administration to ODMHSAS.

42 C.F.R. §431.10 requires that OHCA will be the single state agency for Oklahoma's Medicaid Program
Interagency Agreement with ODMHSAS –this position monitors the interagency agreement between the parties.

10. Who guides/gives the unit's work?

Work is guided and/or assigned by the Deputy State Medicaid Director, CMS; collaborative work with ODMHSAS.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Yes, this position acts as an information resource for the following units: Finance, Provider Services, Policy, Contracts, Reporting and Statistics, and Executive Staff.

This position depends on the same units delineated above for feedback and support activities such as assignment of tasks to units and requests for their completion.

12. Does your unit have direct contact with Members? Providers? Others?

This unit has direct contact with providers. The SQR team has some direct contact with members while doing site visits at inpatient facilities and TFC agencies.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? With who and how?

This position engages primarily with ODMHSAS and periodically interacts with various other partners that include other state entities (i.e. OKDHS, OU Child Study Center), other stakeholders (i.e. providers and advocates such as behavioral health agencies, individual practitioners, Mental Health Association, Oklahoma Psychiatric Hospital Association), hospitals, and TFC agencies.

This position regularly answers inquiries and questions providers have as well as acting as a resource for Behavioral Health information while coordinating action items.

14. What Key Performance Measures/ Outcomes does the unit track?

The number of completed reviews completed by the SQR team.
BH Director will respond to ODMH inquiries within 2 business days.
OHCA BH staff will participate in the Behavioral Health Advisory Council 100% of the time.

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

Responsive communication through phone calls, emails, meeting attendance/participation.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

Benchmarks: # reviews completed vs # required; # of days to respond to ODMH; 100% participation or less than 100%.

17. How does your unit monitor and track productivity? Productivity is tracked through audit completion.
18. If your unit submits reports, what do you prepare? Receive? The unit receives the following: • Behavioral Health financial related information • Behavioral Health utilization data • Information from the Fast Facts designed for Behavioral Health • The SQR team prepares review reports and receives reconsideration information and Corrective Action Plans from hospitals and TFC agencies.

SoonerCare Health Benefits Support: Insure Oklahoma

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities? The Insure Oklahoma (IO) unit's purpose is to enable small employers and their low to moderate income employees to purchase commercial employer sponsored insurance or buy into state sponsored health care coverage. • First goal is to provide affordable health care premium assistance to small employers for their qualified employees. • Second goal is to provide a safety net health insurance program to eligible employees who do not have access to employer sponsored insurance.
2. What are the top 3 or 4 major tasks or activities for your unit? • Review and approve employer/employee applications. • Set up premium subsidy payments. • Operate tier II call center. • Monitoring eligibility of members for IO program including and not limited to outreach and auditing.
3. What is the main unit deliverable(s)? Output? Production? Making premium subsidy payments to employers and processing applications.
4. Which of the 7 agency goals does your unit's work <u>primarily</u> support? (name one) Goal #5 – Eligibility & Enrollment
5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above) All of the unit's major activities support all 7 OHCA goals.

6. How many FTE are in your unit?

There are 33 FTE and 2 contract employees.

7. For your unit, which positions perform what tasks?

The unit includes 3 groups: 1) Operations, 2) Call Center, and 3) Monitoring. The Operations group is made up of 15 FTEs. The Call Center is made up of 20 FTEs. Employees of both groups are cross trained on the responsibilities of each group which include, processing employer and employee applications, answering phone calls and setting up premium assistance employer payments. The Monitoring group is made up of 5 FTEs and 2 contract employees. Its duties are more specialized and include monitoring members' compliance with state rules and processing out-of-pocket expense reimbursement and children's dental claims. The members of this group are also trained to perform the duties of the Operations group and Call Center. IO has a Sr. Public Information Representative and a Member Audit Eligibility Reviewer.

People perform duties based on changing needs of the unit. Personnel are cross-trained on several functions within the unit but they do not all do the same duties every day. Generally, the Operations group processes applications and the Monitoring group reviews taxes. All units answer calls.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

1 employee – 80% Special Projects

Operations
Review and approve employer applications – 33.33%
Review and approve employee applications – 33.33%
Set up premium subsidy payments – 33.33%

Call Center
Operate Tier II Call Center – 100%

Monitoring
Expenditures/Accounts receivable – 30%
Appeals – 10%
Monitoring eligibility – 35%
Out of Pocket – 100% for 1 FTE
Premium Payments – 25%

Outreach 100%

Member audits 100%

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

State law enabled the program and funded state share. Federal government provided funding for federal share.

56 O.S. 2001 Section 1010.1 et seq. State funding provided through Title 68 Section 302-5.
Federal authority provided through SoonerCare section 1115 demonstration waiver.

10. Who guides and/or gives the work of your unit?

All the functions of the unit are required by federal and state law. OHCA executive staff and board also help guide the actions of IO.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

There are multiple inter-dependencies between IO and several other units within OHCA. However IO mainly depends on the Claims unit for adjudication of claims, Health Promotions unit for member and provider outreach and the Provider Contracts unit for execution of contracts to provide services. Health Promotions and the Members Services units both depend on IO for data and guidance.

12. Does your unit have direct contact with Members? Providers? Others?

We are in daily contact with members, businesses, insurance agents and some providers.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

The IO unit partners with Oklahoma Insurance Department, Univ. of Oklahoma Department of Family and Preventative Medicine, Oklahoma Employment Security Commission, State Chambers of Commerce, Oklahoma State Department of Health , and various insurance, manufacturers', and business associations.

14. What Key Performance Measures and/or outcomes does your unit track?

Key Performance Measures are necessary to continually improve performance.
IO has metrics in place for time service, accountability measures, behavior measures, accuracy, and workflow measures.

- How many Oklahomans served
- Decrease uninsured rates
- Surveys from OU-satisfaction outcome
- QHP's-grandfather and ACA

15. What are your unit's strategies to support the agency goals__5__ (goals listed in question #4)?

- MAGI – Income eligibility will be determined using the MAGI in accordance with federal statute
- 2016 – The IO 2016 project will move the application into the online enrollment environment and away from a paper-based application using outdated software
- Workflow – The IO 2016 conversion also includes a workflow process to be utilized by agency staff. This will help to streamline processes, be a greener approach, and help with time service.
- Agents – The unit will continue to work with agents to assist with any issue related to IO.
- Outreach – A senior public information representative regularly works, along with Health Promotions-Community Relations staff, with community organizations and other state agencies to promote OHCA programs, including Insure Oklahoma

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

    - The unit measures the effectiveness in strategies by the increase in enrollment.

17. How does your unit monitor and track productivity

IO does monthly QA on a random percentage of workflow tasks including monitoring. A custom database is used to track and store the unit's workflow data which are reported to CMS.

18. If your unit submits reports, what do you prepare? Receive?

IO runs multiple reports (i.e. dental) monthly for many situations, such as monitoring, eligibility (e.g. denial due to FPL requirements), and financial.

IO also participates in the SFY annual reports for OHCA and stakeholders. In conjunction with the Communications department, IO Fast Facts are produced monthly which include PMPM costs, consumer enrollment, & increase or decrease in enrollment. IO receives outcome reports annually from OU Health and Science Center from consumer surveys.

SoonerCare Health Benefits Support: Pharmacy

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

To ensure safe, appropriate and cost-effective use of medication therapy and to timely and accurately collect rebates from pharmaceutical manufacturers.

2. What are the top 3 or 4 major tasks or activities for your unit?

    - Rebates – Invoicing, corrections, dispute resolution, posting payments
    - Pharmacy operations – Systems issues and upgrades, DUR Board meetings and clinical updates, prescriber education, member and provider assistance through Pharmacy Help Desk, Prior Authorization processing, setting reimbursement levels for pharmaceutical products, policy revisions to accomplish the mission of the department.

3. What is the main unit deliverable(s)? Output? Production?

    - Rebates – collection of federal, state supplemental, 340B and diabetic supply rebates due, along with interest
    - Pharmacy Operations – Reporting system issues timely, working toward resolution; DUR Meeting preparation – reporting, agendas, compliance with state and federal statutes; clinical and pharmacological information for internal and external staff and stakeholders; timely assistance for callers at the Pharmacy Management Consultant,; timely processing of PA requests

4. Which of the 7 agency goals does your unit's work <u>primarily</u> support? (name one)

Supports Goal 1 and 2 equally

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

All goals except #5 are applicable to the unit.

- Goal #1 is affected by the unit's reimbursement and coverage policies and by its utilization controls. It spends a great deal of time as a unit working to improve its ability to ensure appropriate utilization of pharmaceutical therapies. The drug rebate unit impacts this goal with all of their work.
- Goal #2 is affected by the unit's policy development and coverage policies as pharmacy coverage is important to all programs that are under the OHCA umbrella.
- Goal #3 is a new challenge for the pharmacy department, but it plans to do outreach to members and providers to encourage members to take responsibility to improve their health outcomes by appropriate utilization of services.
- Goal #4 is affected by its ability to recruit and retain a strong network of pharmacy providers and by crafting policy that balances utilization control with "hassle factor" for providers and members.
- Goal #6 states the pharmacy department's main goal, and that is to create excellent effective policies that comply with state and federal law, while devising innovative approaches to appropriate use and utilization controls.

Goal #7 is evident in the pharmacy department as it works with multiple public and private partners on special projects and stakeholder meetings.

6. How many FTE are in your unit?

- Rebates – Drug Rebate Accountant (1 FTE) – currently vacant due to VBO
- Drug Rebate Analysts (3 FTE) – perform invoice corrections and work dispute resolutions with manufacturers
- Drug Rebate Manager – (1 FTE) - oversee and approve invoicing, corrections, dispute resolution, reconciliation; prepare reports for agency and CMS; system implementation and improvements, policy interpretation, educate external and internal stakeholders about drug rebate program including 340B.
- Pharmacy Operations – Pharmacy Director (1 FTE) – manages all aspects of the pharmacy benefit, but concentrates most on policy, reimbursement and unit oversight.
- Pharmacy Operations Manager – (1 FTE) – manages reporting, systems, vendor contracts, and customer service issues (via pharmacy help desk)
- Clinical pharmacist (1.5 FTE) – clinical research, DUR Board support, prescriber and member education and training, reimbursement setting for pharmaceuticals billed through medical claims (physician and outpatient), coverage recommendations for new drugs, procedure codes associated with drugs, coordination with agency physicians, interface with product representatives for clinical updates, patient and prescriber reports/reviews, system edits – design, testing and training, Electronic Prescribing set up, participation in agency workgroups and committees.
- Drug Reference Coordinator (1 FTE) – updates drug information and error codes in the MMIS for claims processing

Pharmacy Analyst (1 FTE) – updates pharmacy pages of the OHCA public website, runs reports for

SEA reporting and other department reports.

7. For your unit, which positions perform what tasks?

- Rebates – Drug Rebate Accountant (1 FTE) – processes payments - posting and reconciliation (daily, monthly, and quarterly)
- Drug Rebate Analysts (3 FTE) – perform invoice corrections and work dispute resolutions with manufacturers
- Drug Rebate Manager – (1 FTE) - oversee and approve invoicing, corrections, dispute resolution, reconciliation; prepare reports for agency and CMS; system implementation and improvements, policy interpretation, educate external and internal stakeholders about drug rebate program including 340B.
- Pharmacy Operations – Pharmacy Director (1 FTE) – manages all aspects of the pharmacy benefit, but concentrates most on policy, reimbursement and unit oversight.
- Pharmacy Operations Manager – (1 FTE) – manages reporting, systems, vendor contracts, and customer service issues (via pharmacy help desk)
- Clinical pharmacist (1.5 FTE) – clinical research, DUR Board support, prescriber and member education and training, reimbursement setting for pharmaceuticals billed through medical claims (physician and outpatient), coverage recommendations for new drugs, procedure codes associated with drugs, coordination with agency physicians, interface with product representatives for clinical updates, patient and prescriber reports/reviews, system edits – design, testing and training, Electronic Prescribing set up, participation in agency workgroups and committees.
- Drug Reference Coordinator (1 FTE) – updates drug information and error codes in the MMIS for claims processing

Pharmacy Analyst (1 FTE) – updates pharmacy pages of the OHCA public website, runs reports for SEA reporting and other department reports.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

Since each staff member has different duties, each staff member spends 100% of their time on the listed activities.

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

While pharmacy is listed as an optional benefit, if it is included in a state Medicaid program, many facets of the program are dictated by federal and state law. Within the federal law, there are requirements for the drug rebate program; drug coverage requirements; and DUR requirements. Within the state law, there are requirements for DUR and the DUR Board, including the process for adding a prior authorization requirement to a drug or drug category.

10. Who guides and/or gives the work of your unit?

Executive Staff, OHCA Board, CMS

11. Do other units depend on what you do? Do you depend on other units? Who and how?

The medical unit depends on pharmacy to provide clinical information and pricing for drugs that are

covered in the medical program. Other units depend on pharmacy for medication information and to assist members with pharmacy benefit issues.

Pharmacy depends on IS for a functioning MMIS claims processing system. It depends on legal and policy to guide its options for benefit structure and policy. It depends on finance to assist with budgeting and contracts, on contracting services for pharmacy providers and for professional service contracts and vendor contracts.

12. Does your unit have direct contact with Members? Providers? Others?

Rebate staff contacts providers and manufacturers directly to resolve disputes and verify claims information.

OHCA Pharmacy Operations staff has some contact with members, providers and other stakeholders, but the bulk of these contacts are handled by the Pharmacy Help Desk.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

- Rebates – partner with pharmaceutical manufacturers to get invoices paid and disputes resolved. CMS. HRSA.
  - Pharmacy Operations – Partners with numerous stakeholders for various projects including pharmaceutical manufacturers, other state agencies (ODMHSAS, DHS, OUHSC), NAMD, CMS.

14. What Key Performance Measures and/or outcomes does your unit track?

The unit tracks spending and utilization for department use (monthly, quarterly, annually). It has SEA reports and reports from its contractors (College of Pharmacy, Epocrates). Drug Rebate tracks collections and productivity.

15. What are your unit's strategies to support the agency goals_1& 2___ (goals listed in question #4)?

- Work to retain and maintain a strong pharmacy network that allows ease of accessibility for providers and members
- Maintain adequate resources to staff and implement Drug Rebate Program (1)
- Provide tools and resources to pharmacists and pharmacy staff to allow the implementation of programs. (1)
- Maintain relationships with pharmaceutical manufacturers to ensure timely payment of invoices and resolution of disputes. (1)
- Maintain relationships with pharmaceutical manufacturers to receive the best after rebate drug pricing. (1)
- Work to implement programs that seeks to improve the health of members/beneficiaries (2)
  - Medication therapy management
  - Clinically appropriate use of drugs
  - Cost effective therapies for drug use
- Work to implement and maintain pharmacy programs for providers and members (1,2)

- MMIS claims processing (POS)
- Electronic prescribing
- Electronic prior authorization

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

- Amount received from Drug Rebate program and percent of collections/invoiced
- Increase in the number of prescriptions transmitted via e-prescribing
- Number of prior authorizations received and completed successfully
- Number of pharmacies contracted with the program and % of in-state pharmacies contracted

17. How does your unit monitor and track productivity?

The Pharmacy unit measures the pharmacy benefit in a number of ways – spending, PMPM tracked over time, generic dispensing rate. It considers the PMPM tracked over time to be the best way to measure how effective its efforts have been to control utilization and ensure appropriate use. It also tracks phone calls and Prior Authorizations monthly to determine when policies may need to be tweaked.

18. If your unit submits reports, what do you prepare? Receive?

- Drug rebate assists finance with preparation of the CMS 64 report which determines the federal dollars that are returned to the state.
- Pharmacy operations is required to submit an Annual DUR Report to CMS.

SoonerCare Medical Professional Services: Coding Integrity and Reporting

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

Responsible for the identification of any necessary changes for maintenance of the OKMMIS reference subsystem to be in accordance with OHCA rules and policies, and CMS updates. For example, annually, HCPCS/CPT codes are released from CMS and the American Medical Association that must be added, deleted, and description changes made as necessary to the file as well as ICD-9 and 10 codes from CMS. Annually, an update to the system is completed for rate changes. Also, this unit has a position that is responsible for processing suspended and reconsidered claims according to national coding standards and OHCA policies.

Maintenance of OKMMIS reference file to ensure accuracy of claims suspended, paid, and denied. Work high volume of suspended claims, which must be reviewed manually by a staff person, by national coding standards and OHCA policies. A pre-payment decision is made as to whether the claim is proper or improper for payment. This position also makes determinations on post-payment reviews as well.

2. What are the top 3 or 4 major tasks or activities for your unit?

The maintenance of OKMMIS reference file according to state and federal policies.
The processing of suspended claims based on national coding standards.
Maintaining records of all changes made to the OHCA reference file. Interfacing with internal agency staff to assist in understanding the MMIS system; a clear enough understanding must be held to answer questions posed by providers and other individuals regarding claims. Questions such as, "Is this procedure covered?" and "Are there any restrictions?" are essential to be able to answer when an inquiry is received.

3. What is the main unit deliverable(s)? Output? Production?

Changes to reference file (e.g. procedure codes, revenue codes, diagnosis codes, surgical procedure codes, modifiers - including any group tables these codes may be in), audits (parameters) which results in the outcome of claims being properly suspended, paid, or denied. In some instances, the Coding Analyst position will complete the appropriate portion of the suspended claim per national coding standards while system edits may force the claim to suspend to other areas for review. Examples include other areas such as: TPL, Clinical Medical Review, or Manual Pricing.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #1 – Financing and Reimbursement
To responsibly purchase cost effective health care for members by maintaining appropriate rates and to continue to strengthen health care infrastructure

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Goal 6 – Direct influence (The reference file drives the OHCA business operations; it is imperative that it is maintained appropriately. The reference file must be changed and updated as necessary to ensure that it functions correctly by ensuring claims are suspended, paid, and denied accurately. Efficient and effective use of available federal and state resources are utilized to accomplish this goal within specifications.)

Goal 7 – Direct Influence (This unit must work with other state agencies as new services are developed; it is necessary to collaborate on appropriate billing codes, established in accordance with national standards, fitting the definition of services provided.)

6. How many FTE are in your unit?

Three(3) FTE are responsible for completing unit tasks. RN Supervisor-1

7. For your unit, which positions perform what tasks?

The (1) Systems Integrity Manager is responsible for oversight of the reference file; she has ultimate responsibility for making sure the changes/updates are made in an accurate and timely manner.

The (1) Coding Analyst position processes claims suspended, in the system, by national coding standards. These paper claims reviewed by the coding analyst position are a pre-payment review. A decision is rendered on whether the claims will result in a proper or improper payment. This position does not make medical necessity decisions; nursing credentials are not held. Additionally, providers'

paper claims received by the Provider Services unit, in instances, when a reconsideration is requested for a denied claim; these claims are reviewed by this position, too.

The (1) Systems Integrity Analyst positions are responsible for maintenance of the OKMMIS reference file. Also does high level technical review of claims that do not require medical interpretation.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

The 1 Coding Analyst position spends 100% of time working on suspended and reconsidered claims while the other 1 unit members spend their time completing tasks related to maintenance of the reference file. The manager oversees the reference file and work of the employees 100% of the time.

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

Reference file changes
Processing of suspended claims and those claims that are under reconsideration
For the reference file, the Oklahoma Medicaid State Plan, Title XIX and XXI of the Social Security Act, Oklahoma Administrative Code, and 1115a and 1915c waivers govern the activities. OHCA's reference file must accurately reflect CMS and the American Medical Association's yearly update on the HCPCS, CPT, and ICD-9 and 10 updates.

The Coding Analyst position operates under Oklahoma Statute Title 36, Chapter 1, Article 12, Section 1219, national coding standards, and OHCA policies. Work comes to us through new CPT codes, claims for new technologies, requests from providers, etc…
Policy dictates what claims are suspended
EPSDT and Federal Law also impact duties

10. Who guides and/or gives the work of your unit?

CMS, OKDHS, OSDH, state legislators, and OHCA policy changes/ additions can influence the reference file.
Any division within OHCA could drive a change made to the reference file.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Yes, Provider Services, Member Services, Policy, Medical Professional, Legal, Program Integrity, IS, Finance, Adjustments and Claims Adjudication units depend on this unit for explanation of denied claims based on reference file settings or by national coding standards.

There is a common dependency between System Integrity Coding Analyst position and System Integrity
Review Nurses in the Medical Administration unit; members from each of these units apply national coding standards to suspended and reconsidered claims. The major difference in these two positions is that the coding analyst in the Coding Integrity and Reporting unit does not determine medical necessity.

12. Does your unit have direct contact with Members? Providers? Others?

This unit does have periodic contact with members, providers, other state agencies, and legislators. i.e.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

Oklahoma Department of Human Services- Specifically, working with the Aging Services and DDSD divisions for appropriate benefit system settings for programs these divisions are involved in rolling out.

CMS – Quarterly and yearly updates are received that must be entered into the Reference system.

Oklahoma State Department of Health (OSDH) – OSDH pays the state share for the some of the services offered under Title XIX of the Social Security Act so they must worker together in these areas.

14. What Key Performance Measures and/or outcomes does your unit track?

Not currently tracking.

KPMs to consider for SEA
Objective: timely and accurate payment of suspended claims.
Measures: % of claims processed within 45 days or less
% of claims still outstanding at 90 days

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

Goal 6 – Direct influence (The reference file drives the OHCA business operations; it is imperative that it is maintained appropriately. The reference file must be changed and updated as necessary to ensure that it functions correctly by ensuring claims are suspended, paid, and denied accurately. Efficient and effective use of available federal and state resources are utilized to accomplish this goal within specifications.)

Goal 7 – Direct Influence (This unit must work with other state agencies as new services are developed; it is necessary to collaborate on appropriate billing codes, established in accordance with national standards, fitting the definition of services provided.)

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

Claims volume and the amount processed per month are monitored; the monthly carry over is monitored as well.

17. How does your unit monitor and track productivity?

Each member of the unit keeps a weekly productivity log; the document is submitted to the supervisor weekly. Claims volume and the amount processed per month are monitored; the monthly carry over is monitored as well.

18. If your unit submits reports, what do you prepare? Receive?

The data produced is the number of claims suspended, paid, and denied.
The monthly report is captured by the Reporting and Statistics unit and sent to the supervisor of the unit.

SoonerCare Medical Professional Services: Dental Services

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The Oklahoma Health Care Authority Dental program is a self-administered statewide fee- for-service program; therefore, the maintenance of an adequate dental provider state network is critical to the success of the program.

The Chief Dental Officer is responsible for leadership in ensuring that dental benefits meet the needs of eligible Oklahomans and additional benefits, as identified, are examined for inclusion in the dental benefit package within the constraints of the agency's budget.

The OHCA Dental Services department must also review clinical requests for specific services that require prior authorization: ensuring services meet standard of care and medical necessity. Additionally, oversight of contracted personnel completing activities within the Dental Services department is the duty of the Chief Dental Officer.

2. What are the top 3 or 4 activities or major tasks for your unit?

- Within the budgetary constraints, acting to ensure that dental benefits meet the needs of Oklahomans is a vital piece of the administration of the OHCA Dental program.
- The review of clinical requests for specific services that require prior authorization and providing determinations.
- Collaborating and acting as a liaison between OHCA with state-wide dental partners is imperative to the success of the maintenance of the dental network for SoonerCare members and the program's performance.
- As the subject matter expert, guidance and assistance is provided to both internal and external units. Some examples of agencies that are worked with on specific inquiries might include: FBI, AIG, Medicaid Fraud Unit, and SURs.
- Member-initiated administrative hearings regarding dental benefits are attended by the 2 full-time OHCA dentists.
- Maintaining visibility and ensuring circulation of information on the OHCA Dental program through affiliations with various committees and associations.

3. What is the main unit deliverable(s)? Output? Production?

- Determinations for prior authorization reviews received upon consideration of documentation submitted.
- Ensuring a well-maintained state provider network for SoonerCare members through liaison activities provided by this unit.
- Acting as the OHCA representative in administrative hearings; providing necessary explanations as to OHCA's position for decisions on requested services.
- Oversight of identification and trends regarding the utilization of dental benefits as well as quality of care provided to SoonerCare members.
- Consulting on Program Integrity Audits.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

This unit primarily supports agency goal #6 – Administration.

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

- Goal 1 – Direct Influence (To appropriately reimburse providers within state and federal regulations: maintaining a strong state provider network)
- Goal 2 – Direct Influence (Responsibility for ensuring that dental benefits meet the needs of eligible Oklahomans and additional benefits, as identified, are examined for inclusion in the dental benefit package within the constraints of the agency's budget)
- Goal 4 – Direct Influence (To maintain a quality provider community by following appropriate procedures to identify noncompliant providers and determine the appropriate course of action to resolve issues)
- Goal 6 – Direct influence (Efficient and effective use of available state resources within state and federal requirements)
- Goal 7 – Direct influence (To continue cultivating good relationships by partnering with contracted SoonerCare dental providers, allowing for state-wide feedback on issues of significance to dental providers across the State of Oklahoma while continuing efforts to expand the network; maintaining visibility and ensuring circulation of information on the OHCA Dental program through affiliations with various committees and associations; and furtherance of the development of the dental program through collaboration with public and private individuals and entities.)

6. How many FTE are in your unit?

- 2 OHCA FTEs
- 1 Contracted staff - operate under the oversight of the Chief Dental Officer.

7. For your unit, which positions perform what tasks?

- 1 Chief Dental Officer – 100% of this position's time is spent in providing oversight of the Dental Services department; ensuring efficiency and effectiveness of the dental program as well as participating in day-to-day operations of the unit.
- 1 Dentist – 80% of this position's time is spent in completing prior authorization determinations, accepting inquiries from dental providers while providing education on the OHCA dental program, reviewing and revising dental policy, and consulting and providing guidance to internal OHCA units as a subject matter expert.
- 1 Dentist – The Dental Services department has a contracted, part-time Orthodontic Specialist for review of all requests for orthodontic services only (contracted staff).

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

- Review of prior authorization requests: 80% - dentist; 40% - Chief
- Program Integrity Audits and Quality Assurance: 10% - dentist; 20% - Chief
- Hearings, meetings (internal and external with providers and members): 4% - dentist; 20%

- Program administration and oversight duties such as policy review and consulting with internal units as a subject matter expert: 6% - dentist; 20%

9. Are the unit's major tasks or activities mandated by federal or state law (Include citation)?

Oklahoma Medicaid State Plan, Title XIX and XXI of the Social Security Act, and Oklahoma Administrative Code (OAC Title 317)

10. Who guides/gives the unit's work?

Chief Executive Officer, State Medicaid Director, Chief Medical Officer, QI/QA, Member Services, Contracted Partners, Reporting and Statistics, and Communications

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Yes, examples of units that depend on the Dental Services department would be: Health Policy, Quality Assurance, Legal, Provider Services, Member Services, Data Analytics & Payment Accuracy, Reporting and Statistics, Communications, and Clinical Provider audits units. The Dental Services department depends on these same units, with the addition, of the Systems Integrity unit because of the reference file, and the Finance unit.

12. Does your unit have direct contact with Members? Providers? Others?

This position requires limited contact with members, but often engages in extensive conversations with Dentists and their staff.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? With who and how?

The Chief Dental Officer developed a focus group that is comprised of some 14 contracted dentists from across the state to provide for an exchange that would lead to a greater understanding of the SoonerCare Dental program and its workings. This focus group also allows for state-wide feedback on issues of significance to dental providers across the State of Oklahoma.

The OHCA Dental Services department understands the importance of their involvement with various partners, varying from narrow involvement to extensive involvement: Medicaid CHIP Dental Association, CMS, American Dental Association, Oklahoma Dental Association, Oklahoma Board of Dentistry, University of Oklahoma College of Dentistry, Metro Technology Center,

Tulsa Community College, Children's Oral Health Coalition, State Department of Health, Oklahoma Primary Care Association, Oklahoma Dental Hygiene Association, Oregon Health & Science University Center for Evidence-based Policy Oral Health Workgroup, Oklahoma Pedodontic Group, Governor's Task Force on Oral Health (Implementation Committee), American Association of Public Health Dentistry, and the Healthcare Fraud Task Force.

It is crucial for this department to keep up with innovations in the dental industry, act as the resource for OHCA Dental information, oversee identified issues and respond to inquiries received, and act as a representative within the dental community to cultivate a good working relationship through close work with many of the partners mentioned above.

14. What Key Performance Measures/ Outcomes does the unit track?

Prior Authorizations (#) Received vs. (#) Processed

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit's strategies to support Goal # 6 include performing the activities listed in Question #2.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

Measurements are completed by other units within the Agency (e.g., Dental Fasts Facts produced by Reporting and Statistics unit).

The effectiveness of the Dental Services department is monitored by the Chief Medical Officer; attention is given to needs as they arise with the deadline dates assigned.

17. How does your unit monitor and track productivity?

Productivity is tracked by the Dental Unit Coordinator in Provider Services where the prior authorizations are initially received before being forwarded to HP for production into MMIS. Once prior authorization requests (PAR) are received by in the Dental Services department; PARs are sent to the dentists for decisions. Once a decision is made, the PAR is returned to this unit for inserting the decision into our system and counted for tracking purposes.

The Reporting and Statistics unit completes a Dental Fasts Facts that serves to report utilization and other key details for tracking.

18. If your unit submits reports, what do you prepare? Receive?

Currently, no unit reports are prepared or submitted.

SoonerCare Medical Professional Services: Durable Medical Equipment

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

Establishes and directs the Durable Medical Equipment program for SoonerCare and Insure/Oklahoma.

- Coordinate with MAU, Provider Services, and Finance on coverage, pricing, systems, and claims issues for accuracy and reliability
- Directs the development of implementation of a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) program to comply with Federal, State, and OHCA requirements.
- Coordinates significant areas of policy development and implementation.
- Responsible for the development, implementation and oversight of partnerships with a broad range of inter and intra-agency staff and stakeholders related to DME pursuant to federal and

state Medicaid initiatives.

- Direct responsibility for DME provider contract renewal approval and new contract approval or disapproval insuring that applicable providers are accredited by an approved accrediting agency and following CMS guidelines on exceptions.

2. What are the top 3 or 4 activities or major tasks for your unit?

- **Provider Support.** Clarifying policy and coverage criteria; informing providers of pricing, utilization limits, and prior authorization requirements for DMEPOS products.
- **Member Support.** Insuring provider support for members; support members with issues related to QA caused by providers.
- **Compliance.** Insuring that OHCA is in compliance with State Plan Amendments for pricing and coverage.
- **Program Monitoring.** Functions as Program Director of Oklahoma Durable Medical Equipment Reuse Program (OKDMERP) and monitors effectiveness of contractor (ABLE Tech) in its implementation of the program as required by state law.
- **Program Monitoring:** Program Director for Incontinence Supply contract with People First Industries – Durant OK – monitors prior authorization, claims and member satisfaction and coordinates with PFI on a daily basis for compliance and understanding of process and contract

3. What is the main unit deliverable(s)? Output? Production?

- **Expert Consultation.** Knowledge of DME products and their impact on the continuum of care for Sooner Care and I/O members. Support to various departments at OHCA related to DME products and services.
- **Provider Global Messages**. Develop messages to inform providers of billing and policy changes.
- **Coverage Criteria**. Assisting MAU and medical professionals.
- **Reviewed Reports.** Review reports for accuracy (e.g. OKDMERP).
- **DMEPOS Newsletter.** Collaborates with the communications unit for semi-annual DMEPOS Newsletter, emphasizing "What is new in DMEPOS at OHCA."
- **DMEPOS Website. C**overage, pricing, references, clarifications.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #7 – Collaboration
To foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

- **Provider Support.** Goal 1.
- **Member Support.** Goals 3 and 4.
- **Compliance.** Goal 1.
- **Program Monitoring.** Goals 2 and 6.

6. How many FTE are in your unit?

1 FTE in unit

7. For your unit, which positions perform what tasks?

All duties are completed by Director of DMEPOS

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

75% of time spent on core functions; 25% of time spent on projects.

9. Are the unit's major tasks or activities mandated by federal or state law (Include citation)?

- OKDMERP (Reuse Program) as outlined in House Bill No. 2777 signed by Governor Henry on June 5, 2010
- Wheeled Mobility Act – (56 O.S. 1015.3) signed by Governor Henry on June 9, 2008
- CMS Federal coverage of DMEPOS Products 42 C.F.R. 424.57
- Medical Suppliers Policy

10. Who guides/gives the unit's work?

The Chief Medical Officer reviews work plan bi-weekly.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Several units depend on DME for a range of assistance and information.

- MAU, Waiver Programs, Member Services, Provider Services, Medical Professionals are dependent on the knowledge of the DME unit for general DME issues/information (e.g. DMEPOS items, pricing, and utilization limits) and product knowledge.
- Medical professionals rely on the DME unit for information related to coverage and medical necessity.
- Provider Enrollment depends on DME to help determine whether applications should be approved or declined.
- The Legal Division, Waiver programs, and policy units depend on DME for assistance with member and provider issues.
- DME provides referrals to Care Management and the audit and QA units

12. Does your unit have direct contact with Members? Providers? Others?

The DME unit has contact with members, providers, and other organizations (e.g. DDSD, Waiver Advantage, and other state DME programs).

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? With who and how?

- DDSD. Assisting with member and provider issues.
- MED Project DME Reps. Compare and contrast OHCA policies
- CMS Health Integrity. Zone Program Integrity Contractor (ZPIC) Federal Audit Agency
- OIG. Providing information for fraud investigations.

- DMEPOS Advisory Council. Administer quarterly meetings with providers, members, and stakeholders regarding DMEPOS coverage and processing issues during session. The DME unit relies on this group for suggestions and recommendations to improve the program.

14. What Key Performance Measures/ Outcomes does the unit track?

DME product spending
DME utilization

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit looks for spikes in DME usage and spending and provides training webinars to providers for specific DME issues.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

While DME utilization and spending vary over time, they should show predictable trends, not spikes.

17. How does your unit monitor and track productivity?

Number of training classes provided.

18. If your unit submits reports, what do you prepare? Receive?

DME prepares:

- OKDMERP. Quarterly report of donations, reassignments, and expenses.
- DME Trend Reports. Annual and quarterly reports to Chief Medical Officer, Audit, MAU, or appropriate departments. Used for investigations and to review trends in DME product spending for outliers.

DME Receives:

- An annual DME Fast Facts from the Reporting and Statistics unit and it is reviewed by DMEPOS Director prior to posting

SoonerCare Medical Professional Services: Medical Administration

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

Ensure proper payment of suspended claims according to national coding standards, OHCA policy and medical necessity. Be a direct resource for the agency as subject matter experts.

Process suspended and reconsidered claims according to national coding standards, OHCA policies and medical necessity.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Review claims for medical appropriateness.
- Research evidence based protocols for appropriateness. Develop medical guidelines and criteria for use by medical staff in medical case reviews. Act as medical support staff to Medical Directors.
- Process suspended claims based on medical standards and agency policy.

3. What is the main unit deliverable(s)? Output? Production?

Payment or denial of suspended claims.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Goal #1 – Financing and Reimbursement
To responsibly purchase cost effective health care for members by maintaining appropriate rates and to continue to strengthen health care infrastructure

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

- Goal #1 – Financing and Reimbursement
- Goal #2 – Program Development
- Goal #4 – Satisfaction and Quality
- Goal #7 – Collaboration

6. How many FTE are in your unit?

RN Supervisor-1
Medical Admin Nurse-2
Systems Integrity Nurses-7
AA-1
Claims Data Analyst-2

7. For your unit, which positions perform what tasks?

RN Supervisor-Oversight of System Integrity Program and medical administrative staff.
Systems Integrity Nurses- process suspended claims; provider education.
Medical Admin Nurse- Research, policy and program development.
Claims Data Analyst-assists in the System Integrity process. Assists in medical data analysis.
AA-Administrative Tasks.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

System Integrity Nurses-95% claims review; 5% provider inquiries
Medical Admin Nurses-95% Medical Policy; 5% special projects
AA-100% Administrative tasks
Claims Data Analyst-55% assistance with SI claims process, 45% with medical data analysis
RN Supervisor-SI Oversight-50%, medical professional responsibilities-50%

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

Agency policies and state statutes govern all medical activities.

10. Who guides and/or gives the work of your unit?

Claims are suspended for SI review by how the reference file is set. The "scheduler" is set to distribute claims based on certain parameters. Provider Services also sends claims to SI for review. In small cases, stakeholders might also generate the work.
Medical guidelines, research, policy and program development can be generated by a number of different scenarios, such as, new medical therapies requiring guidelines for coverage etc.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Medical admin depends on IS, QI, claims, policy and legal, these same units depend on the medical admin unit. There is a common dependency between System Integrity Coding Analyst position and System Integrity Review Nurses in the Medical Administration unit. Staff from each of these units applies national coding standards to suspended and reconsidered claims.

12. Does your unit have direct contact with Members? Providers? Others?

Providers
Members
Stakeholders

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

Staff within both areas work with outside partners such as providers, other state agencies such as, DHS, DMH and OSDH. They also work with federal partners such as CMS. This can be done by face to face meetings, one on one telephone conversations, emails etc. On the claims side, most of the work is done by correspondence and/or email.

14. What Key Performance Measures and/or outcomes does your unit track?

We track number of claims processed. We look at the quality of the reviews, such as the medical determinations made to watch for consistency in processing and applying medical guidelines and standards etc. This is an indirect way to ensure the overall PERM rate is kept low.

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit's strategies to support Goal #1 include review claims for medical appropriateness, research evidence based protocols for appropriateness, develop medical guidelines and criteria for use by medical staff in medical case reviews, act as medical support staff to Medical Directors, and process suspended claims based on medical standards and agency policy.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

Typically measure/metrics based on utilization; CC rates- # of claims processed. A random evaluation of the reviews done by the nurses to ensure accuracy and medical necessity.

17. How does your unit monitor and track productivity?

The number of suspended claims processed.

18. If your unit submits reports, what do you prepare? Receive?
Nurse case review reports.

SoonerCare Medical Professional Services: Medical Unit

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?
The purpose of the Medical Unit (MU) is to be a direct professional resource for the agency. Physicians act as subject matter experts, reviewing medical records and claims for medical necessity based on established practice guidelines and current evidence-based medical research. The MU also performs the following duties: • Perform final utilization review of claims and appeals, final decisions on reviews • Assist all areas of agency in scientific developments and current standards of care • Coordinate the development of new policy, guidelines and protocols based on evidence-based medicine. • Act as a resource to other states and providers for issues relating to genetics
2. What are the top 3 or 4 activities or major tasks for your unit? • **Utilization Review**. Review of claims for medical appropriateness. • **Research Protocols.** Research evidence based protocols for appropriateness. • **Process Suspended Claims.** Process suspended claims based on medical standards and agency policy • **Quality Assurance Review.** QA review committee to review standards of care • **Medical Authorization.** Approve/deny requested services for medical necessity
3. What is the main unit deliverable(s)? Output? Production? • Resource for Legal unit • Process of suspended claims • Maintain collegial relationships with providers and other stakeholders • Medical review for requested services
4. Which of the 7 agency goals does your unit's work primarily support? (name one) **Goal #2 – Program Development** *To ensure that medically necessary benefits and services are responsive to the health care needs of our members*
5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above) • **Utilization Review**. Goal 1. • **Research Protocols.** Goals 2 and 4.

- **Process Suspended Claims.** Goals 1 and 4.
- **Quality Assurance Review.** Goals 2 and 4.

6. How many FTE are in your unit?

AA-1
Administrative Support Officer- 1
Physicians- 2 full-time; 1 part-time

Consultants
PT-1
Audiology-1
Physicians-6 (OB, allergy, ER, podiatrist, and 2 psychiatrists)
Psychologist- 1
Optometrist - 1

7. For your unit, which positions perform what tasks?

Doctors- Medical Review; assist with policy development and guidelines.
Others – Utilization Review

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

- Chief Medical Officer- 80% Administrative tasks; 20% Medical Review;
- Physician- 50% Medical review; 25% grants; 25% appeals and special projects (guidelines committee to revise guidelines according standards of care)
- Part Time Physicians-100% Medical review
- Contract consultants- 100% Medical review
- AA- 100% Administrative tasks
- ASO- 100% Administrative tasks

9. Are the unit's major tasks or activities mandated by federal or state law (Include citation)?

Agency policies and state statutes govern all medical activities.

10. Who guides/gives the unit's work?

Agency policies and state statutes govern all medical activities

- Policy and MU dictate what claims are suspended
- EPSDT and Federal Law also impact duties

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Medical depends on IS, QI, claims, Policy and Legal. These same units depend on the Medical Unit.

12. Does your unit have direct contact with Members? Providers? Others?

The MU has direct contact with providers, members, and other stakeholders. The MU also maintains relationships and communication with insurers.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? With who and how?

Yes, the Medical unit works with federal partners, private payors, and other state agencies (DHS, DMH, OSDH, Governor's Office) to make evidence based decisions, collaborate and exchange information.

14. What Key Performance Measures/ Outcomes does the unit track?

- Number of claims processed/reviewed
- Grant reports
- Guidelines newly developed or updated
- Product reviews completed
- Vendor requests completed

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

MU professionals act as subject matter experts (SMEs) for the agency. They provide expertise for Policy and Legal units. They meet weekly to prioritize/strategize their core functions and projects. They meet with the CEO monthly. They also meet with a wide array of medical professionals, groups (e.g. State Medical Association), maintain relationships with medical professionals, and partner with industry groups to address health issues.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

Data analysis, utilization data, and quality benchmarks

17. How does your unit monitor and track productivity?

Guidelines produced/edited, cases reviewed, provider inquiries answered, etc…

18. If your unit submits reports, what do you prepare? Receive?

Grant reports are the main reports that are circulated publicly. However the MU does complete several other types of reports for internal agency use (e.g. literature reviews, product evaluations).

SoonerCare Medical Professional Services: Medical Authorization Unit

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The purpose of the Medical Authorizations Unit (MAU) is to review medical prior authorization requests (PARs) from providers, e.g., physicians, Durable Medical Equipment (DME) providers, and therapists, assuring medical necessity has been met for the service and/or supply being requested per established guidelines. This includes CMS criteria, Federal and State guidelines as well as OHCA Policy.

MAU staff is responsible for the review of necessary information for a broad range of prior

authorization requests. The staff carefully reviews each request to ensure appropriateness of the item or service; noting areas where trends are observed.

2. What are the top 3 or 4 activities or major tasks for your unit?

Timely review of PARs for SoonerCare members to determine the medical necessity for the service and/or item requested such as surgery, durable medical equipment, medical supplies, or respiratory equipment.

Provide education to OHCA providers regarding the completion of the PAR process. The required documentation, medical review criteria, and how to access the medical reviewer's notes are some of the areas included in the trainings.

Program monitoring of RMP (radiology) and TMP (therapy) program vendors.

Questions are answered as received from various units within the agency and other sources such as providers and external agencies. Additionally, MAU also responds to Legislative inquiries as well as member appeals.

Maintain the MAU webpage so the most current information is available for OHCA providers to reference regarding PARs for SoonerCare members. This website is easy to navigate and it provides useful information to providers; through the efficiency of the website, assistance is offered that might otherwise have to be handled by personnel in MAU.

3. What is the main unit deliverable(s)? Output? Production?

Completion of medical PARs in a timely manner by MAU– a monthly average of 10,500 PARs were reviewed in 2013, and a monthly average of 7,915 PARS were reviewed in 2014. The decrease in monthly average PARs is due to outsourcing therapy management program (TMP) to outside vendor. In August of 2014, MAU added the following medical PARs: sleep studies, spine surgery, allergy testing, immuno therapy, and eye glasses. Average number of PARs received for the first 9 months of 2015: 5993. Due to the budget changes, effective 7/1/15 PAR reviews for spine surgeries have been outsourced; some items ceased to be benefits for adults such as Sleep Studies and Cpaps; Specialist limitations were placed on Allergy Therapy. Thus resulting in a decrease in the number of PARs reviewed by MAU.

Complete PAR modifications through the established amendment process. The amendment process allows physicians to make needed alterations to a prior authorization after it has been approved averting the delay that would be associated with submitting a new prior authorization for review. A manual process is required for the completion of these PARs.

Response to inquiries is completed within one business day by MAU staff and a log of these activities is maintained.

Produce daily status reports for MAU staff. MAU handled an average of 457 calls per month in 2014.

Produce daily activity reports, with turnaround time, as one of the reported details.

Report MAU productivity, by month and quarter; this information is provided to CMS as well as OHCA staff.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

This unit primarily supports agency goal #2 – Program Development.

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Goal 1: Direct Influence (Timely medical reviews performed during the prior authorization process provide OHCA with the structure for oversight of medical necessity for a requested service and/or item. This process reduces the overuse of supplies, equipment, surgeries, and therapies that are not medically necessary as well as cost efficiency for manually priced items.)

Goal 2: Direct Influence (The timely PA review ensures members are served in a progressive, positive, and cost-efficient strategy; meeting acceptable standards of care.)

Goal 3: Indirect Influence (Member responsibility and education is communicated to DME providers if there is a question of possible abuse of equipment.)

Goal 4: Direct Influence (Assuring PARs meet acceptable standards of care and any identified quality issues are forwarded to appropriate departments for research and follow-up.)

Goal 6: Indirect Influence (MAU staff offer ideas for improvement to processes, guidelines, and policy, etc., to maintain OHCA's high standard of efficiency through innovation, for example, electronic PAR submission through the secure provider portal.)

Goal 7: Direct Influence (MAU collaborates with both private and public entities because it realizes the benefits of the collaboration process; providing education for providers and answering inquiries builds a constructive relationship between OHCA providers and private and public entities.)

6. How many FTE are in your unit?

17 FTEs and 5 Contract Employees:

- 1 Director (shared, MAU & QA/QI SoonerCare Compliance)
- 1 Administrative Assistant to Director (shared, QA/QI SoonerCare Compliance)
- 1 MAU Manager
- 3 SR MED Review Nurse
- 2 MED Review Nurse
- 3 MED Review Associate
- 2 MED AUTH Analyst III
- 1 MED AUTH Analyst II
- 2 MED AUTH Analyst I
- 1 Administrative Assistant
- 3 LPNs (contract)

- 5 Professional Consultants (contract)

7. For your unit, which positions perform what tasks?

Administrative functions are completed by (1) Director. This position's time is spent in providing oversight of the Medical Authorizations unit as well as the QA/QI SoonerCare Compliance unit; ensuring efficiency and effectiveness of services offered by the departments while developing and implementing agency-supported initiatives. Intra-agency and inter-agency meetings are attended by this staff member regularly. Responsibilities for support and training activities necessary to keep the departments functioning soundly are completed by this position; additionally, acting as the program monitor for contracted vendors that assist in determining prior authorizations for therapy managements and radiology services. (1) Administrative Assistant also completes duties for both Director and QA/QI SoonerCare Compliance units mentioned above. This position also has administrative duties such as setting appointments, managing spreadsheets, compiling information and analyzing results, production of reports, and acting as the point of contact for the units.

(1) Manager – 100% of the position's time is spent in oversight of the day-to-day operations of the MAU as well as performing liaison activities for OHCA and other external agencies.
(3) Sr. Medical Review Nurses – 100% of time is allocated to reviewing more complex PARs, responding to provider inquiries as well as educating providers, monitoring of PAR assignments to staff, on-going training of lower-level staff, and participating in dispute resolution and member appeals.
(2) Medical Review Nurse – 100% of time is utilized in reviewing complex PARs (including amendments) by skill level, responding to provider inquiries as well as educating providers, and on-going training of lower-level staff.
(7) Medical Review Associates (3 OHCA FTEs and 3 contracted staff) – 100% of time is spent reviewing PARs, according to skill level, and responding to provider inquiries, if requested.
(2) Medical Authorization Lead Analyst III – 100% of time is spent responding to provider inquiries, educating providers on the PAR process, and completion of less complex PARs.
(4) Medical Authorization Analyst I/II (3 OHCA FTEs)– 100% of time is spent reviewing services, service history checks, and DME-related PARs appropriate to skill level.
(1) Administrative Assistant– 100% of time is spent in administrative duties such as organizing and scheduling MAU day-to-day activities, setting appointments, responding to inquiries from other departments or agencies, maintaining logs, managing spreadsheets, compiling information and analyzing reports, and production of reports.
(5) Professional Consultants –100% of time is utilized in reviewing complex PARs (including amendments) by skill level, responding to provider inquiries as well as educating providers, and on-going training of lower-level staff.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

Review of medical PARs: 85%
Provide education to OHCA providers regarding the PAR process (including webinars); respond to provider inquiries: 10%
Maintain the MAU webpage for OHCA providers; training staff: 5%

9. Are the unit's major tasks or activities mandated by federal or state law (Include citation)?

This unit performs a useful role through assuring medical necessity has been met in the PAR process for services and/or items requested; a broad range of prior authorization requests are reviewed. SoonerCare members served and providers are both affected by the activities of the unit which are driven by Federal (CMS) Regulations, State Regulations, OHCA Policy, and internal guidelines.

The functions completed by this unit are directed by Federal (CMS) Regulations (e.g., Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services, Health Insurance Portability and Accountability, Affordable Care Act), State Regulations, Oklahoma Administrative Code (OAC Title 317), OHCA Policy, and internal guidelines.

10. Who guides/gives the unit's work?

Oversight of Medical Authorizations Unit is provided through Chief Medical Officer to ensure best practices and evidence-based guidelines are utilized.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Yes, examples of units that depend on the MAU operationally would be: Provider Services, Finance, Member Services, and the Legal Unit. The MAU depends on the following units in a supportive role: Provider Services, Member Services, Legal Unit, Information Services, Coding Integrity and Reporting, as well as contracted vendors.

12. Does your unit have direct contact with Members? Providers? Others?

The MAU has direct contact with providers, contracted vendors, and various OHCA units. This unit does not typically have direct contact with members.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? With who and how?

This unit works extensively with contracted vendors for coordination with call tree activities, ongoing maintenance of the PA Workflow electronic management operating system, and a vendor engaged to complete high-tech imaging and therapy PARs.

14. What Key Performance Measures/ Outcomes does the unit track?

- Total # of PAs: 53,940 (January thru Sept 2015)
- % of PARs Approved: 97% approval rate (January thru Sept 2015)

Additionally, data is collected and reported quarterly for CMS.

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

- Review of PARs in a timely manner to ensure a member's access to medically-appropriate equipment or services in the SoonerCare program; increasing the quality of care SoonerCare members receive.
- Collaborate to review and revise OHCA policy, as necessary, to maintain alignment with CMS and Federal and State regulations for medical necessity and appropriate use of items and/or services requiring a Medical Prior Authorization.
- Educate providers regarding the PAR process so that the completion of forms, required

documentation, and medical review criteria are thoroughly explained; the website for submitting PARs is also shared. Through appropriate venues such as provider letters or global messages, notify providers of any updates to the PAR process (e.g., medical review criteria, modifier requirements, or quantity updates).
16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15) For the first 9 months of 2015 the average turn-around time has been 7 business days.
17. How does your unit monitor and track productivity? Detailed daily and weekly reports are kept to monitor productivity results. The monthly report provides individual and departmental productivity results for comparison, review, and reporting to internal staff and CMS.
18. If your unit submits reports, what do you prepare? Receive? MAU prepares daily and monthly status reports for internal OHCA use while the quarterly status report is compiled for CMS. MAU receives reports from contracted vendors monthly, quarterly, and annually.

SoonerCare Medical Professional Services: QA/QI SoonerCare Compliance

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities? Coordination and performance of Quality Assurance evaluations and monitoring of provider compliance across multiple OHCA benefit programs. This unit is the primary compliance evaluation unit for Patient Centered Medical Home (PCMH) providers and tasked with the development of partnerships with PCMHs. This unit is responsible for the evaluation of all Oklahoma Health Care Authority (OHCA) complaints, specifically handling complaints for quality of care concerns; others are referred to the most appropriate department or agency. This unit is responsible for the oversight of External Quality Review Organization (EQRO) inpatient/outpatient reviews.
2. What are the top 3 or 4 activities or major tasks for your unit? This unit is responsible for PCMH compliance reviews to ensure compliance with State & Federal guidelines as well as quality care & SC contract compliance. This unit is responsible for the clinical review of all SC complaints as well as tracking for identification of trends.

This unit is responsible for clinical reviews of contracted EQRO recoupments.

This unit is responsible for clinical review and tracking of OHCA expenditure claims.

This unit assists in the development and monitoring of PCMH provider compliance review corrective action plans, as needed.

3. What is the main unit deliverable(s)? Output? Production?

Review of provider self-evaluation forms for PCMH tier level.

Evaluation, tracking, and education for PCMH provider compliance through onsite compliance reviews, assistance in development of corrective action plans (CAP) as needed, follow-up on CAPs, and additional compliance reviews completed as necessary or closures.

Process, review, and tracking of all SC complaints received; medical records may have to be requested or evaluated for medical review.

Review and tracking of EQRO inpatient and outpatient recoupments.

Clinical review, tracking, and recommendations to agency medical staff for "expenditure" claims. Examples: PCMH reviews, administrative and medical records reviewed, corrective action plans reviewed, etc.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

This unit primarily supports agency goal #4 – Satisfaction and Quality.

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Goal 2 – Direct Influence (This unit is frontline for the review and updates of the PCMH requirements. E.g., Advocating for Behavioral Health screening for all PCMH tier levels – this recommendation became effective 1-1-2014 for all tier levels.)

Goal 4 - Direct Influence (Ensure quality care and services are provided to SoonerCare members: one example is through onsite compliance reviews of PCMHs and CAPs as necessary. Process, review, and tracking of all SC complaints received, including medical record review, if indicated. Complaints initiated can sometimes be related to quality or satisfaction of services rendered. Each complaint receives its own tracking number.)

Goal 6 – Direct influence (Ensure quality care and services are provided to SoonerCare (SC) members in a fiscally responsible manner. The primary compliance evaluation for Patient Centered Medical Homes (PCMH) is completed by this unit. The PCMHs are monitored to ensure that they function efficiently and they are analyzed for performance trends.)

Goal 7 – Direct influence (To continue cultivating good relationships by partnering with contracted

SoonerCare PCMHs, providing education as needed, and maintaining visibility and ensuring circulation of information needed on the PCMH program. Provide OHCA representation on various committees and boards; furthering the partnership between OHCA, PCMH providers, other state agencies, and SC members.)

6. How many FTE are in your unit?

9 FTEs:

- 1 Director (shared, MAU & QA/QI SoonerCare Compliance)
- 1 Administrative Assistant (shared, MAU & QA/QI SoonerCare Compliance)
- 1 Manager
- 4 Nurse Case Manager I
- 2 Compliance Analyst

7. For your unit, which positions perform what tasks?

Administrative functions are completed by (1) Director. This position's time is spent in providing oversight of the Medical Authorizations unit as well as the QA/QI SoonerCare Compliance unit; ensuring efficiency and effectiveness of services offered by the departments while developing and implementing agency-supported initiatives. Intra-agency and inter-agency meetings are attended by this staff member regularly. Responsibilities for support and training activities necessary to keep the departments functioning soundly are completed by this position; additionally, acting as the program monitor for contracted vendors that assist in determining prior authorizations for therapy managements and radiology services.
(1) Administrative Assistant also completes duties for both units mentioned above. This position also has administrative duties such as setting appointments, managing spreadsheets, compiling information and analyzing results, production of reports, and acting as the point of contact for the units.
Manager (1 position) – has the responsibility for compliance reviews oversight and organization, ad hoc compliance reviews, review and process all SC complaints, EQRO compliance reviews, review of provider self-evaluation forms for PCMH tier level, and completing provider education.
Nurse Case Manager I (1 position)- has the responsibility for CAP reviews and tracking, secondary compliance reviews, mentoring new staff, reviewing EQRO recoupments, reviewing expenditures, assist with reviewing and processing all SC complaints, and completing provider education.
Nurse Case Manager I (3 positions) – has the responsibility for performing onsite compliance reviews and provider education and reviewing complaint records. These positions perform the same task of completing compliance reviews for all contracted PCMH providers (consistently runs around 800).
Compliance Analyst (2 positions) – has the responsibility for database creation and maintenance, query creation, and report development. Also, responsible for provider compliance review contacts, education and scheduling; and creating the final compliance review reports. Track all SC complaints (processed) and Post PCMH Compliance Review Surveys. Note: Analyst are cross-trained and duties are distributed according to work-load.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

- Provider Compliance (compliance reviews) - 81.2%;
- SC Complaints - 12.1%;

- EQRO - 5.3%; and
- Expenditures - 1.4%.

9. Are the unit's major tasks or activities mandated by federal or state law (Include citation)?

Compliance reviews, Complaint process, EQRO oversight, and Expenditure tracking. The OHCA serves as the managed care organization for SoonerCare Choice, responsible for providing quality assurance activities itself. When the phrase "utilized as a resource" is observed, it means the private Medicaid Managed Care Organization (MCO) regulations have been applied to the functions of the OHCA to replicate the quality assurance functions provided by private Medicaid MCOs. These regulations are found at 42 C.F.R. Part 438 – Managed Care: Subpart D – Quality Assessment and Performance Improvement (438.200 – 438.242).
Compliance reviews – (Quality, Care Coordination & Continuity, and Access/adequate services) OHCA Special Provisions Provider Contract 2013-2, 3.7, A-E, the Oklahoma Medicaid State Plan, and 42 C.F.R. § 455.432.
Complaint process – Oklahoma Administrative Code (OAC 317:2). (42 C.F.R. §438.400 and 42 C.F.R. §438.66 are both utilized as resources.)
EQRO oversight – 42 CFR §438.354
Expenditure tracking – State Medicaid Director Letter 13-003
Ensuring quality services to members – 42 C.F.R. §438.204 is utilized as a resource.

10. Who guides/gives the unit's work?

Oversight of compliance review process and expenditures is provided through Chief Medical Officer to ensure best practices and evidence-based guidelines are utilized.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

The Legal Contracts and Providers Services units depend on the review of PCMH tier self-evaluation forms.

The Member Services and other referral sources receive and forward complaints; they depend on the QA SC compliance unit to review, track, and follow-up on complaints.

The Finance division depends on EQRO recoupment and expenditure review prior to processing.

The QA SC Compliance unit depends on the Provider Services unit for continuing PCMH education when working with providers on a day-to-day basis.

The QA SC Compliance unit depends on the Program Integrity, Legal, Provider Services, Behavioral Health, and DME units, etc. for appropriate follow-up related to complaints received.

The QA Department generates and develops the agenda for agency QA committee reviews.

12. Does your unit have direct contact with Members? Providers? Others?

Yes, this unit maintains a very close working relationship with providers and their staff to evaluate and educate, specifically related to compliance reviews, as well as complaints received. There is

limited exposure to SC members. This unit works alongside the contracted EQRO. There are times when the unit must contact licensure agencies.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? With who and how?

Yes, this unit maintains a very close working relationship with providers and their staff to evaluate and educate, specifically related to compliance reviews, as well as complaints received. There is limited exposure to SC members. This unit works alongside the contracted EQRO. There are times when the unit must contact licensure agencies.

14. What Key Performance Measures/Outcomes does the unit track?

- Total # of PCMH compliance reviews completed (Quarterly)
- # and % of PCMH compliance reviews determined compliant
- # and % of PCMHs requiring Corrective Action Plans (CAPs)
  - % of medical records CAPS with follow-up
  - % of administrative CAPs with follow-up
- Total # of complaints/referrals received; receive initial review within 72 hours of receipt
  - % of complaints/referrals with quality review
  - % of referrals to internal OHCA units
  - % of "other" categories
- EQRO reviews are audited monthly to ensure appropriate EQRO contract requirements are met
- Total # of recoupments identified by EQRO
- # of recoupments reviewed by QA/QI for accuracy
- Total amount of $ forwarded to Finance for recoupment (warrant amount)
  - % of identified $ recouped by Finance (Goal 100%)
- Post PCMH Compliance Review Survey

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

Medical Record Review of PCMHs, 2012-14. (Provider Evaluation/Quality Review of Services Rendered)

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

Post PCMH Compliance Review Survey (launched April 1st, 2015)

17. How does your unit monitor and track productivity?

PCMH compliance reviews are scheduled on a regular basis (weekly) to ensure the total number of PCMH compliance reviews is completed.

CAPs, which are under compliance review, are tracked and reviewed for timely completion.

Complaints are processed, records requested when necessary, and findings are tracked when completed.

Ten (10) EQRO recoupment reviews are randomly selected for compliance review each month.

18. If your unit submits reports, what do you prepare? Receive?

Data produced on a regular basis includes quarterly PCMH compliance review results; monthly EQRO recoupment compliance reviews; and a complaint review summary is kept and examined for trending purposes.
All of the reports identified above are submitted to QA Director and the OHCA Chief Medical Officer, as necessary.

SoonerCare Program Operations: Behavioral Health Operations

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

Behavioral Health Operations is responsible for prior authorizations, assessment of Inpatient mental health facility admits, therapeutic foster care, care management of discharged consumers age 5-21, Opportunities for Living/PASSAR LOC determination for BH needs of members coming out of facilities and NF assessment, care management, HMP BH referrals, and to do follow up with members who requested mental health/substance abuse resources when doing the Health Risk Assessment during enrollment.

Finally, Behavioral Health operations staff acts as consultants to other units in assessing BH needs for members for new program development.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Clinical reviews/Prior Authorization of Inpatient& Therapeutic Foster Care
- BH Referrals
- Case Staffing's for intensive treatment needs to locate resources
- Discharge follow up

3. What is the main unit deliverable(s)? Output? Production?

- Determination/approvals of LOC
- Members referred to appropriate services in the community to maintain a healthy & stable lifestyle
- Assist members with accessing appropriate medically necessary treatment
- Provides information and education to providers, program members and the public regarding behavioral health services for inpatient and outpatient resources.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

- Goal #2- Program Development -To ensure that medically necessary benefits and services are responsive to the health care needs of our members.

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

- Goal #2-Program Development
- Goal #3- Personal Responsibility
- Goal #4-Satisfaction and Quality
- Goal #7- Collaboration

6. How many FTE are in your unit?

12.5 BH specialist/reviews (this includes our PRN and 2 part time staff), 3.5 analyst, 1 Administrative assistant, 2 BH project specialist, 2 managers, and 2.5 Psychiatrist (Contract)

7. For your unit, which positions perform what tasks?

- BH Specialist – work clinical reviews for PA, assist with BH referrals, care management, assessments for Living Choice and PASSAR, assist with HMP referrals
- BH Project Specialist – reporting, assist with clinical review determinations, monitors outcomes in productivity, PMPs, and QA/QI, ongoing program evaluation of Inpatient Facilities and Therapeutic Foster Care
- Analyst/Admin - attach faxes for reviews, answers phones, assist w/research for BH specialist, creates cases in Atlantes and attaches the faxed clinical templates to staff scheduler, provides resources to members from the Health Risk Assessment, assisting providers with updating their information in the provider portal.
- Managers - Behavioral Health Supervisor- Acts as a behavioral health service utilization and authorization specialist to develop, coordinate and supervise review of inpatient behavioral health and therapeutic foster care services for medical necessity and to monitor behavioral health service utilization through the most appropriate and least restrictive level of care within the scope of the Oklahoma Medicaid program. In addition, oversees the service quality review process which includes site visits and chart reviews for compliance with appropriate OAC, JCAHO, and CMS regulations. Also, acts as a clinical specialist to develop, coordinate and supervise Inpatient Reviewer/Care Management staff to work with identified members to ensure necessary access to providers of behavioral health and medical services in accordance with the Oklahoma Medicaid State Plan.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

BH Project Specialist:	Reporting – 45% Assist with clinical determinations: 10% QA/QI: 35% Monitoring outcomes – 10%
Managers:	Supervision-50% Member Care oversight-10.0% Consultation- 20.0% Contract Monitoring/troubleshooting- 20.0%
Analysts-	Data input-50%

	Reports-50%
Inpatient Reviewer:	Conduct clinical utilization reviews for inpatient behavioral health services- 75.0% Educate providers, peers and other stakeholders on policy and behavioral health concerns - 5.0% BH referrals - 5.0% Case staffing for intensive treatment need to locate resources.- 5.0% Discharge follow up- 10.0%
AA:	Administrative duties- 100%

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

N/A

10. Who guides and/or gives the work of your unit?

Medicaid policy guides work. Work is received from other units, DHS.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Yes, other units depend on what we do, such as PCM, OLL, HMP, PCP and QA. We collaborate with other units but not necessarily depend on them in regards to use rendering services to members; we do receive referrals from other units. We also provide technical and clinical support to other units/divisions (such as Policy Planning and Integrity, Provider Contracting, Quality Assurance, Information Services, Legal, Provider Services, OLL, Government Affairs, Member Services, Finance, Medical Care Management, and Medical Authorizations.

12. Does your unit have direct contact with Members? Providers? Others?

Yes, we have direct contact with providers, members, other agencies, and facilities that service our members.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

Inpatient BH facilities, other state agencies such as but not limited to Department of Mental Health and Substance Abuse (DMHSAS), DHS, Office of Juvenile Affairs, DDSD, etc. We assist in linkage, referral, and consultation for the BH referral needs of our consumers. We follow guidelines of CMS and other governing bodies listed under V (1) Regulations & other guidance. We also provide operation monitoring and support for our sister agency Department of Mental Health and Substance Abuse regarding the outpatient prior authorization process. The Behavioral Health Operations Unit works intensely with DMHSAS to collaborate on policy, recommendations on programs, changes, budget request, and analysis of behavioral health utilization data to monitor trends as well as to assist in policy development. Our unit assists fiscal staff in monitoring and analyzing behavioral health expenditure trends, and provides relevant program and technical analysis. We also collaborate with stakeholders with OHCA through the Behavioral Health Advisory Council.

14. What Key Performance Measures and/or outcomes does your unit track?

Performance Measure:
This measure will report the annual number of Inpatient Behavioral Health prior authorization requests processed for children under the age of 21.

Performance Measure:
This measure will report the annual number of care coordination calls made by Inpatient clinical reviewers to members in an effort to effectuate a high-level of engagement in treatment and ensure continuity of care.

Performance Measure:
This measure will report the annual number of prior authorization requests processed for Therapeutic Foster Care children under the age of 21.

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

Our unit will continue to provide maximal care to our members through monitoring facilities progress with medical necessity criteria. Also by ensuring all clinical reviewers complete CEUs yearly to make sure that they stay clinical aware of changes going on in behavioral health policy and therapeutic techniques.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

Report will be run using Business Objects to extract data from the DSS warehouse (excluding Therapeutic Foster Care children prior authorization requests) to measure the number of prior authorization processed.

Report will be run using Business Objects to extract data from the DSS warehouse to measure solely the number of prior authorization requests processed for Therapeutic Foster Care children.

17. How does your unit monitor and track productivity?

We utilize monthly reports to monitor and track productivity. (Reports for performance measures are pulled from BO by unit staff members.)

18. If your unit submits reports, what do you prepare? Receive?

Prepare monthly IP PA counts, summaries for initial prior authorizations and extensions, referrals received by other departments, physician reviews, staff activity Individual Chart review worksheets. Work closely with state auditors.

SoonerCare Program Operations: Member Services

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

- Member Services: Provide assistance to members so they can access medically necessary

services.

- Eligibility: Works in collaboration with the SoonerCare Eligibility Unit to answer members' and applicants' calls regarding Online Enrollment and to resolve issues regarding member eligibility, thus promoting continuity in the SoonerCare program. Contact for DHS, agency partners when it comes for application. First line of defense for troubleshooting for agency view that allows outside partners to assist with app process.
- Level of Care: Administer programs and conduct disability and Level of Care screenings for TEFRA, PASRR, some waiver programs , and other OHCA programs

2. What are the top 3 or 4 major tasks or activities for your unit?

Member Services:

- Facilitates resolutions to member issues/concerns raised in internal reports, incident reports, or by telephone calls. Also, provide follow-up with members on an as needed basis.
- Develops, coordinates and participates in member outreach activities to promote PCP selection by the member in the SoonerCare Choice Medical Home model.
- Provide assistance in accessing care and knowledge of SoonerCare for members who are not in SoonerCare Choice.
- Monitors member access to care via surveys, phone calls, SoonerCare Helpline and Patient Advice Line reports.
- Monitors modifications to OHCA Information Systems relevant to the SoonerCare Program.
- Assists the actuary in the development of capitation rates for the SoonerRide program.

Eligibility:

- Works in collaboration with the SoonerCare Eligibility Unit to answer members' and applicants' calls regarding Online Enrollment and to resolve issues regarding member eligibility.
- Assist clients in being eligible and answering questions.
- Assisting IT Eligibility Unit in testing

Level of Care:

- Evaluates Level I PASRR screens for all nursing facility applicants
- Processes and approves all ICF/MR applications for level of care and program qualifications
- Evaluates and determines categorical relationship for TANF incapacity, disability, medical assistance incapacity, citizens and aliens, blind and out-of-state applications
- Processes and approves level of care for all of the Community and In-Home Supports, Home and Community-based Waiver members (SoonerCare) in a timely manner
- Evaluates and determines medical eligibility for the TEFRA program

3. What is the main unit deliverable(s)? Output? Production?

- Member Services: Answer members' and applicants' calls regarding SoonerCare program and benefit coverage, Online Enrollment and to resolve issues regarding member eligibility. Facilitates resolutions to member issues/concerns raised in internal reports, incident reports, or by telephone calls. Approximately 7,000 calls per month or 336 per workday. Average call length is 9 minutes. MS also conducts monthly outreach and education to SoonerCare Members.

- Eligibility: Answers members' and applicants' calls regarding Online Enrollment and to resolve issues regarding member eligibility, thus promoting continuity in the SoonerCare program. Approximately 12,500 calls per month or 600 calls per workday. Average call length is 10 minutes.
- Level of Care: Screenings. Disability Determinations. Enrollment in Programs, Level of Care Screenings.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

Member Services Supports Goal 3 while Eligibility and Level of Care support Goal 5.

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

Core functions of member services support all the goals of the agency directly except goal 6, which it supports indirectly.

6. How many FTE are in your unit?

- Member Services/Eligibility: 36 FTE
- Eligibility only: 16 contract staff
  - Level of Care: 11 FTE

7. For your unit, which positions perform what tasks?

Administrative functions are completed by (1) Director, (1) Assistant Director, (1) Research Manager, and (1) Administrative Assistants. 100% of their time is spent in providing oversight of Member Services; ensuring efficiency and effectiveness of services offered by the department while developing and implementing agency-supported initiatives. Responsible for operational development of member services/enrollment & eligibility, directing, monitoring and evaluating staff activities, and external contracts that support functions. Responsible for support training activities necessary to keep the department functioning soundly such as by the ensuring standards and process for policy/program compliance, managing spreadsheets, compiling information and analyzing results, production of reports, unit education activities.

(4) Managers, (5) MS Coordinator III, and (20) MS Coordinator I & II - The Member Services & Eligibility Determination unit spends 100% of their time involved in activities related to activities necessary to MAGI enrollment & renewal, member education & outreach, including assisting with maintaining member eligibility and health care delivery requests. Responsible for complex inquires related to state and federal policy and SoonerCare guidelines, this includes coordination with others; internal units/divisions and external partners as well as other state agencies.

(1) Manager and (1) MS Coordinator III– The SoonerRide program staff spends 100% of their time involved in activities related to the support of the SoonerRide program, including out of state requests and monitoring of the contract.

(2) Managers, (2) Exceptional Needs Coordinators, (4) Analyst, (3) Level of Care Specialist, and (1) MS-BCC Coordinator II – Level of Care program staff spends 100% of their time involved in

evaluation and determinations of Level of Care applications & categorical relationships for some waiver populations, including medical eligibility determinations for the TEFRA & BCC programs.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

- OHCA Member Services FTE – 90% to member service and enrollment/eligibility inquiries.
- Contract FTE 100% to enrollment and eligibility
- Level of Care FTE – 100%

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

- Member Services: HIPPA, SoonerCare policy, CMS rules, ACA
- Rules for non-emergency transportation.
- TEFRA, PASSR.
- Eligibility: HIPPA, SoonerCare policy, CMS rules, ACA
- Level of Care:
- Evaluates Level I PASRR screens for all nursing facility applicants, and when indicated, orders Level II evaluations from either Developmental Disabilities Services Division of DHS or the Department of Mental Health and Substance Abuse Services (42 CFR Chapter IV (10-1-1996 Edition), Subpart C, Sec. 483.100) OHCA Medicaid Policy Chapter 30 317: 30-5-123 and Chapter 35 317: 35-19-8 & 9.
- Processes and approves all ICF/MR applications for level of care and program qualifications based upon clinical judgment and Federal Guidelines (CFR 42 Part 483.400 subparts F-H) OHCA Medicaid Policy Chapter 35 317: 35-9-45 and Chapter 30 317: 30-5-123 (b).
- Evaluates and determines categorical relationship for TANF incapacity, disability, medical assistance incapacity, citizens and aliens, blind and out-of-state applications using the guidelines utilized by the Social Security Administration and the OHCA.
  - Processes and approves level of care for all of the Community and In-Home Supports, Home and Community-based Waiver members (SoonerCare and OLL members) in a timely manner (42 CFR 201, 45; 205 CFR 100, 42 CFR 441.129 subpart G; Title XIX of the Social Security Act 1915 (c).

10. Who guides and/or gives the work of your unit?

Executive staff directs many unit activities (persistent ER users, outreach letters)

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Yes. All of the operations units are interdependent. Provider services (patient dismissal) and Care Management (BCC outreach, coordination of care), Government relations (legislative inquiries), Legal (appeals), HPCR (Member outreach) depend on Member Services

12. Does your unit have direct contact with Members? Providers? Others?

Member Services is in constant contact with members and providers. Others would be agency partners, community partners, legislature, DHS.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

Health Department, DHS, other state agencies, even outside of Oklahoma. DHS from other states. Community partners, hospitals, agency partners and contractors.

To provide assistance to those who qualify for SoonerCare and to provide resource information for those who contact the agency but who do not qualify for OHCA programs.

14. What Key Performance Measures and/or outcomes does your unit track?

- Member Services: Yes. Call unit metrics and outreach results
- Eligibility: Call unit metrics.
- Level of Care: Number of TEFRA, PASRR Screens

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

Member Services supports agency goals through strategies that include answering member and applicant phone calls on topics regarding SoonerCare, Online Enrollment, Eligibility, and many other topics, and through outreach and education to SoonerCare members. Member services also supports agency goals through the administration of programs and performance of disability and Level of Care screenings.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

- Member Services: Daily, weekly, and monthly reports for phone metrics. Feedback from partners.
- Eligibility: Daily, weekly, and monthly reports for phone metrics. Feedback from partners.
- Level of Care: TEFRA. PASSR screenings and LOC determinations

17. How does your unit monitor and track productivity?

- Member Services: Monthly reports, daily, weekly. Feedback from partners.
- Eligibility: Monthly reports, daily, weekly. Feedback from partners.
- Level of Care: Monthly reports

18. If your unit submits reports, what do you prepare? Receive?

Outreach survey reports, patient dismissal reports.
Receive SoonerRide metrics from LogistiCare.

SoonerCare Program Operations: Population Care Management

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The Population Care Management department enhances the SoonerCare program with the provision of care management/coordination, offering these important services to any SoonerCare member or provider as well as targeted populations through well-trained and clinically skilled staff. The Population

Care Management (PCM) department is comprised of 3 main functional units: Case Management Unit, Chronic Care Unit and the Health Management Program. The Case Management Unit (CMU) provides episodic or event-based case management and certain supportive eligibility determinations and utilization management functions to other areas of the agency such as Long Term Care Waiver Operations division and the TEFRA Eligibility unit. The Health Management Program (HMP) and Chronic Care Unit (CCU) work in tandem to provide member and provider supports for members who are high risk or at risk for chronic conditions.

Timely case management, including appropriate referrals, in accordance with established Population Care Management desktop procedures for specifically targeted intervention groups and self-identified or provider-identified members.

Support care management for identified primary care practices with a high chronic disease incidence on their member panels.

Social service support to SoonerCare members as identified through OHCA existing programs and outside referrals as necessary.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Member intervention in support of various standards of care and evidence-based practices; referrals may be initiated through self-refer, internal OHCA units, facilities, providers, data-mining activities, community agencies, legislative inquiries, and other state agencies.
- Provider engagement for inclusion in the case management process of SoonerCare populations.
- Primary care provider support such as health coaching and practice facilitation with the aim of quality improvement for better health care and better health outcomes for members leading to significant prevented medical costs.
- Ensure coordination and collaboration without duplication of efforts from other OHCA work units and/or SoonerCare care delivery systems.
- Ensure compliance with agreed upon contractual requirements through contract monitoring of HMP vendor, OU professional services contract for specialized pediatric diabetic case management and Supporters of Families with Sickle Cell contract for sickle cell consulting services.
- Social service support to SoonerCare members as identified through OHCA existing programs and outside referrals as necessary.

3. What is the main unit deliverable(s)? Output? Production?

Provision of service coordination in a timely manner in accordance with state, federal, and agency rules, policies and procedures, and standards of care through various initiatives for large group SoonerCare populations. Examples of these populations include at-risk pregnant women, high-risk

pregnant women, at-risk newborns, children with special needs, and disabled and chronically ill adults; thereby, providing for healthier outcomes, better member engagement, and availability of resources as a result of the assistance provided.

Through practice facilitation, efforts are extended through the HMP to promote improved efficiency, quality of care, quality metrics, and awareness of standards of care for chronic illnesses.

Provider and member satisfaction surveys, completed by the HMP contractor, with recommendations for program improvements where indicated.

Through health coaching, members are assisted with the improvement of self-management of their chronic disease(s).

Tracking of all Care Management production by case type and volume while examining trends in these areas over time.

Service to providers and other stakeholders requesting assistance.

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

PCM primarily supports agency goal #3: Personal Responsibility - to educate and engage members regarding personal responsibilities for their health services utilization, behaviors, and outcomes.

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

PCM's core functions support the remaining six agency goals.

6. How many FTE are in your unit?

There are 54 FTE's in PCM.

7. For your unit, which positions perform what tasks?

Administrative functions are completed by (1) Director, (1) Assistant Director, (1) Sr. Exceptional Needs Coordinator, (1) Research Analyst, (1) Trainer position, and (2) Administrative assistants. 100% of their time is spent in providing oversight of Population Care Management; ensuring efficiency and effectiveness of services offered by the department while developing and implementing agency-supported initiatives. Responsible for support and training activities necessary to keep the department functioning soundly such as by the setting of appointments, managing spreadsheets, compiling information and analyzing results, production of reports, and nurse education activities.

(5) Supervisors, (6) Sr. Exceptional Needs Coordinators, (23) Exceptional Needs Coordinators and (3) Social Services Coordinators - The Case Management Unit spends 100% of their time involved in activities related to episodic or event-based case management needs.

(1) Supervisor, (1) Sr. Exceptional Coordinator, (4) Exceptional Needs Coordinators - The Chronic Care Unit spends 100% of their time involved in activities related to providing care coordination for SoonerCare members diagnosed with or who are at risk for a chronic condition(s) and providing

provider support.

(1) Manager, (1) Senior Nurse Analyst, (1) Senior Research Analyst, (1) Program Specialist - The Health Management Program staff spends 100% of their time involved in activities that support operations that occur under this contract, including monitoring of the contract.

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

Administrative positions spend 100% of their time performing duties related to Program Administration operations. The Case Management staff spends 100% of their time involved in activities related to Case Management operations. The Chronic Care staff spends 100% of their time involved in activities related to Chronic Care operations. The Health Management program staff spends 100% of their time involved in support activities related to HMP operations.

Supervisors typically spend about 80% of their time on daily operations and 20% on special projects/enhancements. These are often related to clinical interest groups, IT modifications/maintenance of systems from a clinical/operational standpoint, and collaboration with other units in relation to the work of PCM.

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

This unit provides support functions for SoonerCare members that may be covered under various programs such as the Oklahoma Cares program, Private Duty Nursing, TEFRA (Tax Equity and Fiscal Responsibility Act of 1982), and Long Term Care which may be regulated by Oklahoma Administrative Code (OAC 317), 1115a waiver, 1915c waivers, Oklahoma Medicaid State Plan, or Title XIX and XXI of the Social Security Act. The HMP is a result of 2006 state legislation in HB2842, authorized in Oklahoma Statutes as Section 1011.6 of Title 56, and approved under the CMS 1115(a) SoonerCare Medicaid waiver demonstration. The activities of the unit are intricately related with federal and state mandates.

10. Who guides and/or gives the work of your unit?

The OHCA serves as the managed care organization for SoonerCare Choice, responsible for providing care management activities itself. Offering services of case management and coordination to SoonerCare members and outreach to targeted populations are based on the mandates in the establishing legislation that created OHCA, 63 O.S. Section 5003. The Population Care Management department was formed in 2000 by decision of OHCA Executive Staff to coordinate the needs of SoonerCare members with complex medical needs. In 2004, as the HMO contracts ended, the number of members with care coordination needs grew substantially. The unit expanded as a result of this change and has continued to grow as the SoonerCare population has grown and the responsibilities of the department have continued to evolve. The OHCA leadership acknowledges the needs of the populations served and continues to guide the work of the Population Care Management department.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

Units that depend upon the Population Care Management department are the TEFRA Eligibility Unit, LTC Administration, Medical Authorization Unit, Quality Assurance/Quality Improvement, Legal,

Member Services, Medical Professional Services, Provider Services, Business Enterprises, Electronic Health Operations, Federal & State Policy, and Behavioral Health Operations.

The Population Care Management department depends upon the following units: Medical Authorization Unit, Quality Assurance/Quality Improvement, Legal, Member Services, Medical Professional Services, Provider Services, Business Enterprises, Electronic Health Operations, Federal & State Policy, and Behavioral Health Operations.

12. Does your unit have direct contact with Members? Providers? Others?

The Population Care Management department conducts direct contact with both members and providers.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

Through the following collaborations with various public and private partners, OHCA's PCM bridges common interests in both members and providers.

SoonerCare Patient-Centered Medical Home providers - Embedded health coaching to select PCMH patient population and practice facilitation for quality improvement
Oklahoma State Department of Health – Fetal Infant Mortality Reduction, Interconception Care collaborations, Million Hearts®, and participation in 5 joint quality improvement workgroups (Diabetes/Hypertension, Tobacco Cessation, Prescription Drug Abuse, Childhood Immunizations, and Obesity)
Oklahoma Cares partners – OSDH, Cherokee Nation, and the Kaw Nation of Oklahoma
Aging Division Services – Consult on their chronic disease self- management program grant
All advisory task forces that OHCA oversees – For example, Member Advisory Task force and Advisory Panel of Physicians
CPCi – Work with Community Care and Blue Cross/Blue Shield
Health Access Networks – Coordinate and collaborate services for SoonerCare members
Child Study Center/Sooner Success– Represent OHCA on Health Transitions workgroup
OU Pediatrics – Partner to help manage pediatric diabetic members across the state
Strong Start grant – Indian Health Service, Tribal, FQHC, and community partners
Various advisory groups such as OFMQ (Care Transitions), Impact Grant (QI committee), and Child Infant Death Review Board
Public policy groups
Supporters of Families with Sickle Cell Disease

14. What Key Performance Measures and/or outcomes does your unit track?

Detailed reports are kept with Population Care Management data; it is tracked by month and is used for reporting, examining trends and monitoring workers' performance. Some 140 metrics are available at any given time.

HMP – Annually, an external evaluation is completed to measure the effectiveness of the program.

The PCM department had a formal evaluation conducted by an outside entity; this evaluation reviewed

structure, processes, outcomes, and quality measures. The report is near finalization.

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

One strategy for PCM to support agency goal 3 is continuous education and training of PCM staff on the current state of evidence-based approaches to effective outreach, education and care management of SoonerCare members.

16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15)

Monthly productivity reports, annual independent effectiveness evaluation and an ad hoc PCM evaluation report to be finalized in December 2015.

17. How does your unit monitor and track productivity?

PCM's monthly production metrics are a component of the aforementioned report.

The formal evaluation that is near finalization on the PCM activities will determine the department's effectiveness.

The HMP has an annual evaluation completed each year by an independent evaluator and the findings are forwarded to the Governor and the legislature for review.

A detailed report is generated with Population Care Management's monthly productivity data; it is tracked and used for reporting, examining trends and monitoring workers' performance.

18. If your unit submits reports, what do you prepare? Receive?

Quarterly CMS reports, quarterly operations reports on Population Care Management and its individual units, ad-hoc summary reports of productivity and outcomes to Medical Advisory Committee and the OHCA Board of Directors, and the HMP evaluation is reported to the Governor and legislature when received. PHPG Report anticipated being final in December 2015.

SoonerCare Program Operations: Provider / Medical Home Services

1. Overall, in a sentence or two, describe the purpose and overarching goal(s) of your unit? What are your unit's main responsibilities?

The overall purpose of the Provider/Medical Home Services is to maintain one provider network to support the members. The overarching goal of the unit is to ensure provider satisfaction and retention.

2. What are the top 3 or 4 major tasks or activities for your unit?

- Dental Prior Authorizations
- Provider Education for all provider types
- Claims Reconsideration
- Training

3. What is the main unit deliverable(s)? Output? Production?

- Paid claims
- Approved and denied prior authorizations
- Provider inquiry resolutions
- Adequately trained providers

4. Which of the 7 agency goals does your unit's work primarily support? (name one)

   Goal #6 -- Administration

5. Which agency goal(s) do your unit's core functions support? (See answers from question #2 above)

The unit directly supports goals 4, 6, and 7 as noted below for the core functions established above. The unit also directly supports goal 3 through efforts associated with the High ER Utilization program.

- Paid claims (Goal 6)
- Approved and denied prior authorizations (Goals 4 & 6)
- Provider inquiry resolutions (Goals 6)
- Adequately trained providers (Goals 6 and 7)

6. How many FTE are in your unit?

The Provider / Medical Home Services unit employees 47 FTE and 1 contract DMHSAS employee to accomplish its tasks.

7. For your unit, which positions perform what tasks?

Everyone in the unit does not perform the same duties. Employees in the subunits perform duties related to their particular subunit.

Provider Education Team: Manager, Lisa Morgan

- Primary for special projects such as Tribal Relations, School Based Services, ER Utilization, and CPCI.
- Provides initial and follow-up educational visits related to PCMH contract and compliance reviews.
- Primary for education related to PI audits
- Participates in Conventions
- Represents PS in OHCA meetings (new staff introductions)
- Primary team responsible for provider recruitment
- Represents OHCA externally in community forums and public meetings, conferences, etc., in an as needed basis. Focus is on recruitment and special projects.
- Provides coverage for Travel Team

Travel Team: Manager, LaDawn Fulgenzi

Primary travel to onsite locations for the purpose of:

- Working with HP to provide SoonerCare introduction and education for new providers
- Providing provider education originating from provider requests to instate and out of state

providers
- Providing education to internally referred providers
- Participating in or assisting with Spring and Fall training
- Maintaining professional relationships with providers
- Providing Provider Enrollment with pre-contracting and pre-renewal site visits. (i.e. Behavioral Health, Therapy, DME and Home Health providers)
- Looks for provider recruitment opportunities while in the field and recruits or refers to the Provider Education Team as appropriate.
- Represents OHCA externally in community forums and public meetings, conferences, etc., in an as needed basis. Focus is on retention as well as building and retaining relationships with current contracted providers
- Provides coverage for Provider Education Team
- Hospital PE Education (Eff. 10-1)

CTI Team: Manager, Kelevetta Nwajagu
- Primary for answering Tier two calls that are transferred from the Tier one Call Center
- Maintain minimal miss call percentage
- Document s CTI calls clearly, concisely and completely
- Returns calls to providers as needed
- Provides education and assistance to resolves policy, billing and other provider related issues
- Identifies training needs of providers and forwards referrals to travel team for onsite visits

Claims Team: Manager, Dee Vick
- Provide internal claims training
- Educates OHCA staff on systems issues that affect claims
- Resolution of complex claims received through a designated PO box
- Maintain and update claims processing protocol, which is used as a guide for processing complex claims
- Acts as a resource for other agency departments for claims research and resolution
- Tracks and enters claims into the claims correspondence database
- Coordinates with HP Tier I claim representative on claim resolution

Support Team: Manager, Paula Crouch
- Responds to secure provider emails submitted through the Provider Portal
- Responds to referrals from Member Services
- Process requests for retrospective Administrative Referrals from specialty providers when they are unable to obtain a referral from the member's PCP.
- Processes faxes received from residential treatment centers and acute care hospitals to notify OHCA of member admissions and discharges.
- Tier two for processing SC-13s
- Respond to inquiries originating from OHCA governmental relations
- Hospital PE – Business process completing eligibility for hospitals (Eff 10-1)

Dental Team: Manager, Tracy Matthews

- Provide dental prior authorization for providers throughout the state.
- Primary resource for members, providers and outside entities regarding questions surrounding dental prior authorizations and services.
- Educate providers on dental services, policy issues, etc.
- Primary contact for chief dental officer and dental consultants
- Coordinate administrative services with our vendor for storage and retention of dental records in a HIPAA compliant format.
- Primary contact and facilitator for the OHCA Dental Focus Group.
- Answers Tier 2 dental related calls from both providers and members
- Assist dental providers with online submissions via the Provider Portal
- Answer legislative inquiries that pertain to dental services

Research Team: Director, Melody Anthony
The research team develops and maintains numerous reports and databases that are used for daily operations of the department. Some examples include:

- General Medical Education reports for the primary care providers affiliated with OU and OSU
- Monthly Health Access Network (HAN) reports
- Comprehensive Primary Care PCP file upload so HPES can pull provider and member claims data to send to MyHealth
- Monthly PCMH tier and capacity reports
- Tracks Inspection of Care financial recoupments
- Monthly department productivity reports and specific quarterly metrics for leadership
- Monthly staff visit and recruitment reports
- Monthly PCP alignment reports for assignment of a Choice member to their chosen PCP
- Maintain After Hours clinics dB – Contract Compliance

Behavioral Health Team: Director, Melody Anthony

- Assist with BH provider retention & recruitment
- Assist members and providers with referral to BH providers as needed
- Provides phone and onsite education related to BH policy, contracting, prior authorization, claims, rates and codes
- Acts as a resource for other agency departments, community forms and for special projects related to BH needs
- Organize and facilitate quarterly inpatient psychiatric provider meeting
- Provides phone and onsite BH related education and support for PCMH providers

8. What percentage of time does staff in your unit spend working on each major task listed in question #2 above? On special projects?

Dental Authorizations; 8 hours per day 5 days per week per 5 staff
Provider Education; 8 hours per day 4 days per week 6 staff
Claims reconsiderations; 8 hours per day 5 days per week 4 staff
Training; 8 hours per day 4 days per week 11 staff

9. Are your unit's major tasks or activities mandated by federal or state law (Include citation)?

- Provider Network Support – 1115A Waiver
- Provider Education – 1115A Waiver
- Dental – Agency Policies
- Behavioral Health – Agency Policies

Title 42 – Public Health of the Code of Federal Regulations; Subchapter C – Medical Assistance Programs

10. Who guides and/or gives the work of your unit?

Much of the work of the unit is guided by legal requirements as detailed above. Other work is guided by executive staff and management.

11. Do other units depend on what you do? Do you depend on other units? Who and how?

The unit provides a support role to the agency. Other units depend on Provider / Medical Home Services for various types of information including: ER utilization, claims issues, and provider compliance. The unit also depends on other OHCA units for data, expertise, and collaboration on an as-needed basis.

12. Does your unit have direct contact with Members? Providers? Others?

The unit requires direct contact with providers during the normal course of unit operations. Contact with members is required on a more limited basis and includes interactions such as assisting in understanding Explanations of Benefits (EOBs) and claims related issues.

The unit also has contact with the Health Access Networks (HANs) as well as Maximus, a contracted call center.

13. Do unit activities or major tasks require your unit to work with outside partners on a regular basis? Who and how?

The Provider / Medical Home Services unit collaborates with many partners including Hewlett Packard Enterprise Services, and the Oklahoma Council for Children and
Youth, as well as, OSDH on the Million Hearts grant. The scope of the work ranges from developing and providing large group training, community forums and webinars to participating as a member of a committee.

14. What Key Performance Measures and/or outcomes does your unit track?

KPMs are used to track progress toward meeting targets. The unit deals with performance measures related to monthly productivity reports. Measures are currently under development

15. What are your unit's strategies to support the agency goals____ (goals listed in question #4)?

The unit's strategies to support agency goal 6 include ensuring that unit core functions contribute to provider satisfaction and retention. Making sure that dental referrals are properly authorized, submitted claims are properly reconsidered for payment, providers have access and opportunities to

receive training and education regarding SoonerCare policies, procedures and best practices and provider questions and concerns are resolved in a timely manner are ways in which the unit fosters excellence and innovation in the administration of OHCA. These are keys to maintaining a strong provider network to serve the members.
16. How does your unit measure each strategy's effectiveness? Does your unit use benchmarks or targets to determine success? (i.e. increase y by x% by 12/31/15) N/A
17. How does your unit monitor and track productivity? The unit utilizes monthly productivity reports to measure production. Productivity reports are reviewed by supervisors on a quarterly basis. Twice a year unit production and operations are reviewed by the State Medicaid Director. Operations are also reviewed at regular Medicaid Advisory Committee (MAC) meetings.
18. If your unit submits reports, what do you prepare? Receive? Productivity reports are prepared every month. The unit receives monthly or bimonthly reports from the 3 Health Access Networks (HANs) as well as monthly GME reports.