

L. Operational and Sustainability Plan

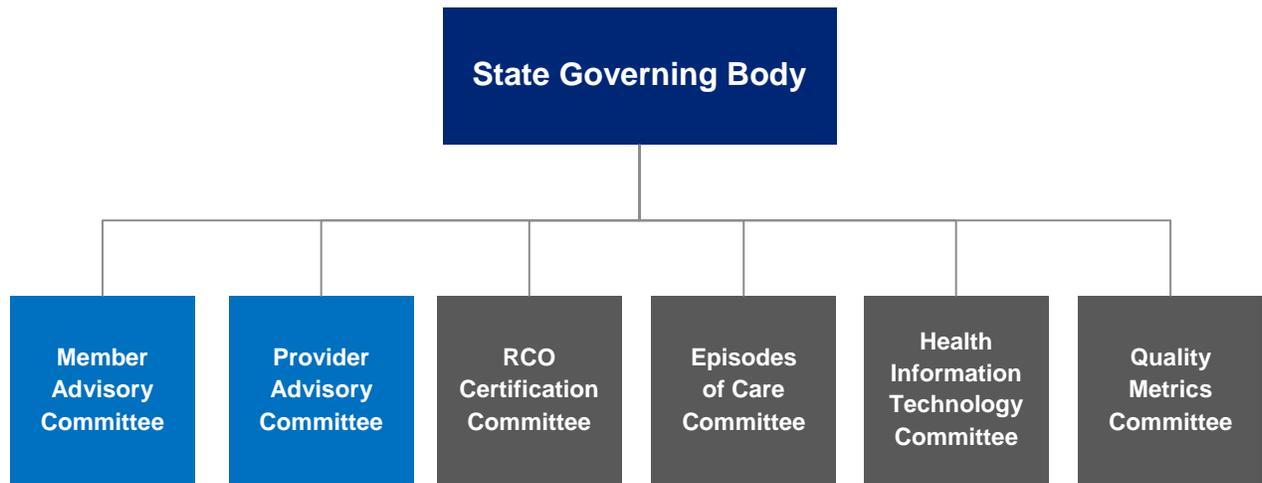
INTRODUCTION

The Oklahoma State Innovation Model (SIM) project has proposed three initiatives to transform Oklahoma's health system as part of the Oklahoma Model: Regional Care Organizations (RCOs), multi-payer quality measures, and multi-payer episodes of care (EOC). The State will need to formulate a number of operational considerations to plan for and implement these initiatives. Such considerations include formal policy promulgation, a clear governance structure to oversee and evaluate operational and administrative activities, and ongoing stakeholder engagement to ensure transformation is feasible and inclusive. In parallel, supporting infrastructure will require investments into the resources which underpin and sustain healthcare transformation. Supporting infrastructure includes developing interoperable health information technology (HIT), practice transformation networks, and a strong health workforce while leveraging existing initiatives and resources that support healthcare transformation.

OPERATIONAL PLAN

The Oklahoma SIM project team has developed a high-level operational plan and timeline that describes the various implementation activities. Once the governance structure for each proposed initiative (RCOs, multi-payer quality measures, and multi-payer EOCs) is established, the project team will develop a more detailed operational plan that describes specific resources, tasks, and milestones. This will include budgetary items, performance targets, and resource allocation. The scopes and roles of the governing bodies for this model are described in Section F, the Value-Based Payment and/or Service Delivery Model, of the State Health System Information System (SHSIP). The governing bodies will include an array of stakeholders from across the health system in order to achieve inclusivity and drive broader consensus in Oklahoma. Figure 48 shows a diagram of the State Governing Body advisory committees for the Oklahoma Model.

Figure 48: State Governing Body Advisory Committees

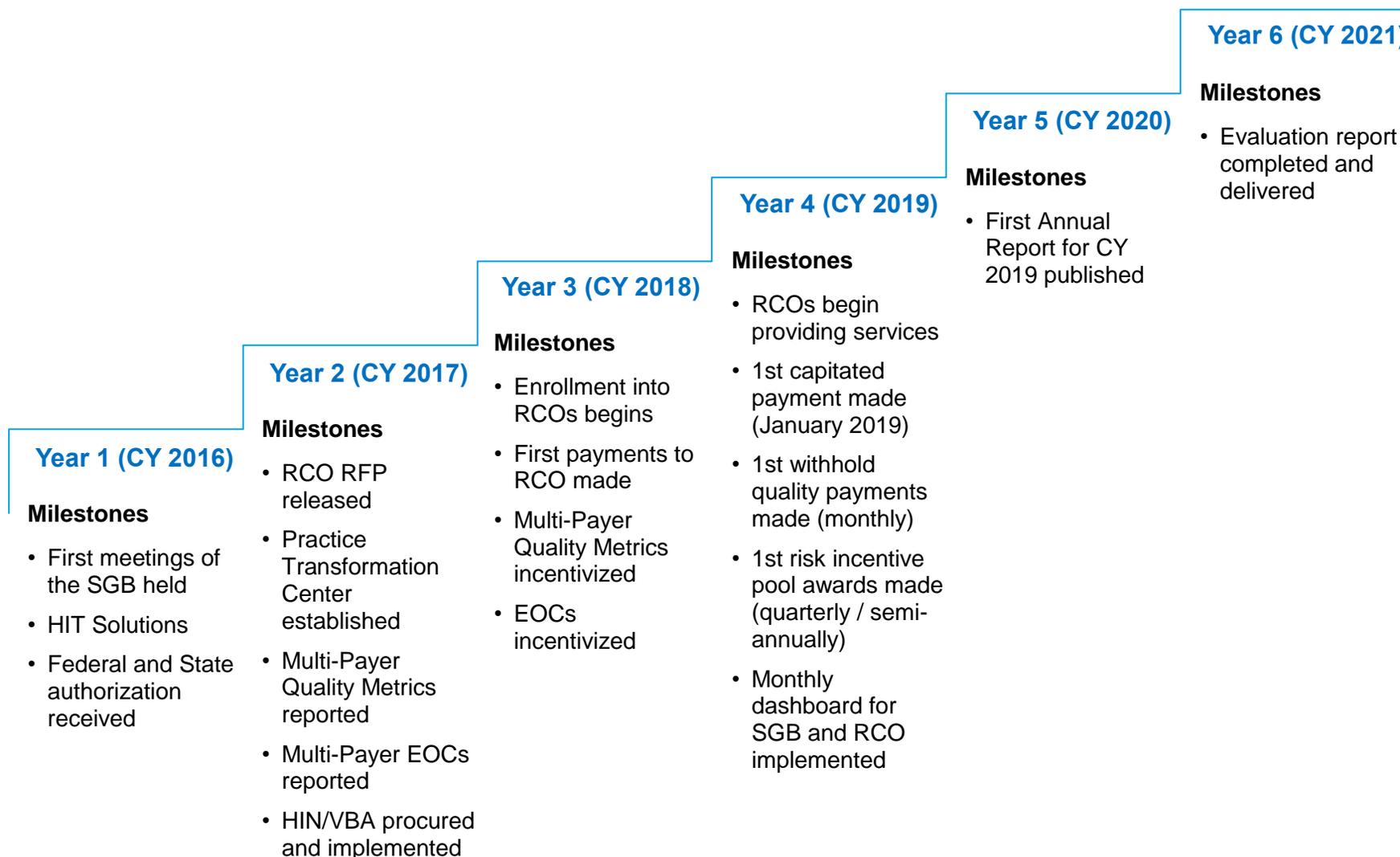


This operational plan details a year-by-year description of the activities that will be required to implement the three SIM initiatives within a six year period. As with any long-term plan, this represents the Oklahoma SIM project team’s understanding of what will be needed based on previous implementation efforts in Oklahoma and a review of other states’ implementation of similar initiatives.

It is important to note that the planning and development phases of the RCOs have been extended due to the need for Oklahoma to encourage the development of healthcare organizations that can meet the requirements of a RCO. The State will be moving its Medicaid and public employees’ health plan from a fee-for-service (FFS) and primary care case management (PCCM) system to a full-risk, fully-capitated coordinated care model. Based on a review of the efforts of other states that have made this transition in recent years, this will be a complex and workload intensive project.

Figure 49 details an overview of this six year operational plan timeline.

Figure 49: Operational Plan Milestones



Year 1 – Calendar Year (CY) 2016

Milestones

- Hold the first meetings of the State Governing Body.
- Establish the HIT Solutions.
- Receive Federal and State Authorization.

Activities

- **Authorization:** The first year of the model implementation will be focused on seeking and receiving authorization from the federal government and state government to proceed with these initiatives. The federal approval process will involve the creation of a concept paper for review with the state's federal partners to identify the best route to approval. This may include Medicaid State Plan Amendments, freedom of choice and home and community based services (HCBS) waivers under Sections 1915(b) and 1915(c), and/or a Section 1115 Demonstration Project waiver. It will also include the development and submission of an Implementation Advance Planning Document (IAPD) to access Medicaid funding (both regular and enhanced federal funding) for needed updates to existing Medicaid systems. From a state perspective, state law and administrative rules will need to be developed and approval will need to be sought to allow the State to proceed with its implementation of the RCO model. State law may need to be modified to define the RCO model and authorize the State Governing Body. This effort will also require an understanding and perhaps an update to the Medicaid cost allocation plan.
- **Governance:** The first year will also see the appointment, and first meeting of, the State Governing Body. The State Governing Body will need to convene, establish its governance rules, and set up the committees that support the governing body. This includes setting up the committee membership, identifying committee chairpersons, assigning and setting deadlines for certain tasks, and identifying the resources that will be available for these committees to operate and succeed.

Working with stakeholders, including payers and providers, the RCO Certification Committee of the State Governing Body will begin the process of defining the requirements that would need to be met for an organization to become a RCO and defining how prospective RCOs will compete to serve geographic areas of Oklahoma. The RCO Certification Committee will also begin a discussion of RCO regulatory requirements, rate setting methodologies, service areas, roles and responsibilities, risk adjustment, allowable organizational and governance configuration, percentage of withhold from capitated payments, incentive pool funding, and other facets of the development of a risk-bearing RCO. The committee will also begin the process of drafting the RCO Request for Proposal (RFP) process, which may involve a Request for Information, release and review of a draft RFP, and a complete review of similar state procurement efforts.

A separate committee under the State Governing Body will be formed to begin the process of identifying the exact functions, staffing needs, timeline, funding mechanisms, and other parameters needed to develop the Practice Transformation Center.

- **Implementation:** The State Governing Body will identify and gather business requirements then design and schedule the changes that will be required to existing Medicaid and state employee health plan systems to move from a PCCM/FFS model to a RCO model. This includes the required financial management and reporting, enrollment/disenrollment activities, receipt and

management of RCO encounter records, and other changes that will be necessary as people transition from the current model to RCO model.

- **Practice Transformation:** The State Governing Body and its committees will begin to work with hospitals, primary care and specialty care health systems, behavioral health systems, and long-term services and supports systems to determine how these entities might best integrate their services as a precursor to RCO development.
- **HIT:** HIT is a vital infrastructure component to the successful implementation of all health system initiatives. One of the first steps in creating the necessary HIT infrastructure will be enabling legislation to establish a HIT advisory committee in Oklahoma in 2016. This legislation is foundational to overall HIT development to give direction to the state CIO in purchasing necessary IT solutions that can be leveraged in the state to promote the HIT objectives. There will also be enabling legislation for the new technology necessary to form the health information network (HIN) that will also be created in 2016 and operational in 2017.

Specifically the HIN and VBA vendor selection can commence throughout 2017. In the duration, the State Agency Health Information Exchange (HIE) (described in Section H, the HIT Plan) will become operational. When the HIN is in place, the HIEs in the state can begin working toward interoperability. The establishment of a HIN and VBA are particularly critical to the RCO model because these tools will provide the data necessary to implement, monitor, and evaluate RCO performance as well as provide data-driven solutions for quality improvement within the RCO model.

- **Workforce:** The Workforce Committee of the State Governing Body will begin to develop the RCO community health workers program. The committee will identify how current community health workers are being used, determine the role that they play in the RCO, and identify how best to seek federal approval to fund these positions and other non-traditional provider types with Medicaid dollars.

The Workforce Committee will also work to develop, with input from the Member Advisory and Provider Advisory Committees of the State Governing Body, network adequacy standards for the RCO. This must be compliant with federal regulations and will include the review of other state approaches. This same analysis will be essential to the RCO Certification Committee's work to define RCO geographic service areas.

- **Quality:** The Quality Measures Committee of the State Governing Body, after being established, will meet to begin the process of describing and promoting the multi-payer quality measures. This committee will drive multi-payer alignment by identifying specific descriptions of the data improvement that will need to be collected for each of these measures, how population health baselines will be established for these measures, how progress will be measured, and the definition of success over the course of time. This committee will also ensure that data sources and data measurement are standardized across payers and providers by recommending to the State Governing Body valid sources and methods for aligning those measures.

As referenced in Section F of the SHSIP, the Value-Based Payment and/or Service Delivery Mode, the proposed members of this committee are:

- Six providers from different practice settings and populations

- E.g., Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Pharmacist (PharmD), Nurse, Physician Assistant (PA), Behavioral Health Specialist
- Two quality measure specialists, consultants, or experts
 - One HIT/data reporting specialist
 - One public health specialist
 - One patient advocate
 - One practice transformation consultant
- **EOC:** The EOC Committee of the State Governing Body will define the EOCs that will be rolled out in the second year of the model implementation. The committee will also decide how to promote the EOCs across the payer spectrum and how to implement the EOCs for Medicaid and the public employees' health plan. The committee will work in consult with the Quality Measures Committee to determine how the impact of EOCs will be measured.

As referenced in Section F of the SHIP, proposed members of the committee are:

- A representative from each participating payer
 - Provider representatives relevant to each episode of care (PAP)
 - A data reporting specialist
 - A patient advocate
 - The Oklahoma Insurance Department
- **Communications:** The State Governing Body will need to establish a formal communications plan, for both internal and external audiences, to describe the development and implementation of the multi-payer quality measures, multi-payer EOCs, and RCO model. The communications plans will also need to promote an understanding of these initiatives and identify potential pitfalls. The communications plan will include the continued involvement of the broad array of stakeholders that have had input into this plan. A new stakeholder engagement plan for the duration of the mode implementation will be developed, monitored, and continually updated.

Year 2 – CY 2017

Milestones

- Release the RCO RFP.
- Establish the Practice Transformation Center.
- Procure and implement the HIN/VBA.
- Report the multi-payer quality measures
- Report the multi-payer EOCs.

Activities

- **RCO:** The State Governing Body (SGB) will determine the RCO rate setting process, RCO rates, geographic service areas, risk adjustment, incentive pool contribution, attribution and award,

withhold amounts, schedule, and payments. The RCO Certification Committee will also develop a draft RCO contract for inclusion in the RCO RFP. The committee will complete the development of the RCO RFP and release the RFP. The committee will discuss RCO development with interested organizations. They will also provide the information that these organizations need as they consider developing a RCO. Finally, the State Governing Body will oversee the development of the operational readiness criteria for RCOs and share the criteria with the RCOs and state system administrators.

- **Implementation:** The State Governing Body will begin to change existing Medicaid and employee health plan systems, as necessary, to move from the PCCM/FFS model to the RCO model. This includes the required financial management and reporting, enrollment/disenrollment activities, receipt and management of RCO encounter records, and other changes that will be necessary as people transition from the current model to the RCO model.

During this year, potential RCO entities will have been self-identified and will have begun the process of setting up their organizations, making connections with community organizations and with providers in the geographic area for which they will potentially provide services.

- **Practice Transformation:** The State Governing Body will continue to work with hospitals, primary and specialty care health systems, behavioral health care systems and long term services and supports systems to align and integrate their activities in preparation for the RCO implementation. Additionally, the State Governing Body will set up a workgroup that will determine the optimal timing for the transition of current Medicaid and public employee health plan members to RCOs and how best to undergo this process.

During this period, the State Governing Body will oversee the implementation and initial efforts of the Practice Transformation Center.

- **HIT:** The HIT Committee of the State Governing Body will complete the necessary procurement and contracting tasks for implementing the HIN/VBA. The committee will then oversee the implementation of the HIN/VBA.
- **Quality:** The Quality Measures Committee will work with public and private payers to set baselines needed for the evaluation of the multi-payer quality measures. The committee will be responsible for monitoring data that will be used to measure the effectiveness and use of these measures. Providers will begin reporting quality measures (but will not yet be evaluated on quality metric outcomes).
- **EOC:** The EOC Committee will report to the public the multi-payer EOCs that RCOs will utilize.

Year 3 – CY 2018

Milestones

- Award and sign the RCO contracts.
- Make the first payments to RCOs.
- Begin enrollment into the RCOs.
- Incentivize the multi-payer quality measures.
- Incentivize the multi-payer EOCs.

Activities

- **RCO:** The State Governing Body will evaluate RCO proposals and award contracts, allowing time for an appellate process. The SGB will then negotiate and sign contracts with RCOs that cover the State of Oklahoma. The committee will then begin the task of determining how best to monitor compliance with the contract both during the ramp up to and after the implementation of RCOs, including the monitoring of the RCO implementation preparation process. The committee will then oversee the enrollment, and subsequent transition from FFS, of members into RCOs.
- **Implementation:** RCOs will set up their networks, set up the required business processes, and develop or modify IT systems to allow for RCO operations. The operational readiness of the RCOs and state systems will be tested. Then, open enrollment into RCOs will begin.
- **Practice Transformation:** Practice transformation work will commence across the state, both in concert with existing organizations and for the Practice Transformation Center.
- **HIT:** The HIT committee will oversee the collection of data by the HIN/VBA for the EOCs and quality measures. The committee will also work with RCOs to ensure that they are connected with the HIEs and that data submitted by the RCOs are available through the HIN/VBA.
- **Quality:** The Quality Measures Committee will oversee the implementation of incentive payments for Medicaid and EGID based on quality measures. The committee will also set targets and benchmarks for the RCO implementation year (Year 4).
- **EOC:** The EOC Committee will oversee the implementation of the five EOCs. Payers will start paying for the EOCs on an episodic, bundled payment basis. The committee will begin collecting data from providers for the evaluation of the EOCs.

Year 4 – CY 2019

Milestones

- RCOs begin providing services.
- Make the first capitated payment (January 2019).
- Make the first withhold quality payments (monthly).
- Make the first risk incentive pool awards (quarterly/semi-annually).
- Implement the monthly dashboard for the State Governing Body and RCOs.

Activities

- **Governance:** The State Governing Body will begin compliance monitoring of the RCOs and processing appeals and grievances from members.
- **RCO:** RCOs will begin providing services for their enrolled Medicaid and public employee health plan members. After the State Governing Body evaluates quality measures, it will make the first withheld payment to RCOs for meeting their benchmarks and the first bonus incentive payments to those RCOs that meet their quality metric target. RCO will begin processing appeals and grievances from members.
- **Implementation:** The State will implement the first enrollment/disenrollment of members, payment cycles, and other IT system processes. The State will make the first payments to RCOs. RCOs will send the State their first encounter records and the State runs the first analytics to determine the next year's rates.

- **Practice Transformation:** Providers within the RCO networks will begin to be supported in the transition by the PTC, the RCOs, and ongoing coordination of independent initiatives.
- **HIT:** RCOs will start to access their monthly dashboards. The SGB will also begin to use the HIN/VBA for monitoring and evaluation of RCOs.
- **Quality:** The Quality Measures Committee will begin its review of the RCO quality measures and provide information to the State Governing Body to determine if withheld cap payments can be paid and if bonus incentive payments should be made. The committee will also consider whether the measures being used should be revised for the next plan year and plan for the second year of RCO administration. Additionally, the committee will oversee the development of the annual report.
- **EOC:** The EOC Committee will begin reviewing data gathered on the five EOCs implemented in the previous year. It will determine if the current episodes should continue unchanged, if they should be modified, or if new episodes should be identified and substituted for these measures.

Year 5 – CY 2020

Milestones

- Publish the first Annual Report for CY 2019.

Activities

- **Governance:** The State Governing Body will continue compliance monitoring of RCOs and processing appeals and grievances from members.
- **RCO:** RCOs will continue providing services for their enrolled Medicaid and public employee health plan members. The State Governing Body will continue evaluating quality measures, making withheld payment to RCOs for meeting benchmarks, and making bonus incentive payments to RCOs for meeting quality metric targets. RCOs will continue processing appeals and grievances from members.
- **Practice Transformation:** Providers within the RCO networks will continue to be supported through PTC and RCOs.
- **HIT:** RCOs will continue to access their monthly dashboards. The SGB continues to utilize the HIN/VBA to monitor and evaluate.
- **Quality:** The Quality Measures Committee will publish the annual report and update measures.
- **EOC:** The EOC Committee will continue reviewing the data gathered on the EOCs. The committee will determine if the current episodes should continue unchanged, if they should be modified, or if new episodes should be identified and substituted for these episodes.

Year 6 – CY 2021

Milestones

- Complete and deliver the evaluation report (June 30, 2021).

Activities

- **Governance:** The State Governing Body will continue compliance monitoring of RCOs and processing appeals and grievances from members.
- **RCO:** RCOs will continue providing services for their enrolled Medicaid and public employee health plan members. The State Governing Body will continue evaluating quality measures, making withheld payment to RCOs for meeting benchmarks, and making bonus incentive payments to RCOs for meeting quality metric targets.
- **Practice Transformation:** Providers within the RCO networks will continue to access support services.
- **HIT:** RCOs will continue to maintain and update dashboards for their networks and maintain data exchange connections.
- **Quality:** The Quality Measures Committee will publish the five year evaluation report.
- **EOC:** The EOC Committee will continue to review data gathered on the EOCs and determine if the episodes should be kept, modified, or replaced.

FINANCIAL SUSTAINABILITY

Oklahoma's health system transformation has a high likelihood of success and sustainability. The State plans to invest the necessary time and resources to lay the groundwork for a strong foundation to advance the new model for state-purchased healthcare. The State will do so by working with key stakeholders at the state level (including legislators, beneficiaries, health plans, providers, and advocacy organizations) and partners at the federal level through CMS.

As we have described throughout the SHSIP, foundational changes are needed to transform Oklahoma's health care system to a value and outcomes based model. These changes include: infrastructure, workforce, culture, and education. All of these efforts will require significant federal investment that can be used to support hospitals and other entities in changing how they provide care to Medicaid beneficiaries and public employees. The state will need the ability to pursue projects that address these changes and enhance health care programs for Medicaid and public employees' health coverage while maintaining current delivery capacity and access.

Currently, there are different federal funding mechanisms that have been used elsewhere to help reform the Medicaid delivery landscape. These efforts have been used to support local hospitals and providers in improving how they deliver care to Medicaid beneficiaries, and others, by providing significant funding to projects that achieve specific quality outcomes and reduce unnecessary and preventable costs. Through these types of funding programs, Oklahoma can invest in the infrastructure development necessary for health system redesign to transition hospitals and providers to new, more innovative models of delivering health care. This funding will be needed to help expedite innovation and reform without damaging provider networks by creating financial pathways to move from fee for services to value based health systems. As part of the immediate next steps, Oklahoma will begin to pursue opportunities to fund

healthcare transformation across the spectrum. Oklahoma will need to obtain federal approval to implement the RCO model for its Medicaid members. This may entail including an approved five-year, statewide Medicaid 1115 waiver demonstration and amendments to the Medicaid State Plan. The 1115 waiver demonstration would be expected to project that the RCO model will generate both federal and state Medicaid savings, a crucial element of long-term sustainability. Initial support will be needed from a variety of sources, including the Oklahoma SIM project team, Medicaid infrastructure funding, and innovation grant programs, to provide the upfront investment and framework that will be needed to support and operate the RCO model.

Additionally, Oklahoma plans to sustain these investments in several ways. For one, many of the staff, consultants, and contractors for the model implementation will initiate activities but will ramp down or be eliminated over time. Some ongoing costs will eventually be funded in whole or in part by the savings generated out of the model or by a fixed plan fee assessed to the RCOs to maintain the interoperability infrastructure and reporting capabilities necessary for RCO oversight and performance. Over time, the Center may transition to a public-private collaborative supported in part by fees from participating health sector entities.

CONCLUSION

While the Oklahoma SIM project team has provided a high-level operational plan for achieving the goals and objectives of the SIM project, more ongoing and detailed work will be needed to help stakeholders and policymakers implement the Oklahoma SIM initiatives. In the interim, this operational plan will help to provide key milestones towards full model implementation in 2019 and guide the work of the Oklahoma SIM project team throughout the coming years.

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