



**Core Functions  
Executive Summary  
2015**

Oklahoma Health Care Authority (OHCA) Core Functions  
Executive Summary 2015

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

If you have any questions, please contact:

Bill Garrison, CPA, CIA  
Project Manager, Division of Strategic Planning and Reform  
405-522-7914  
[Bill.garrison@okhca.org](mailto:Bill.garrison@okhca.org)

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

## Executive Staff

### Chief Executive Officer

Nico Gomez

The Chief Executive Officer (CEO) is the head of the agency and is responsible for managing and directing the operations and activities of 500 plus employees to achieve the stated agency mission and goals.

Duties of the CEO include:

- Coordinating and promulgating current and long range goals, objectives, budgets, plans and policies, subject to approval by the OHCA Board of Directors
- Planning, coordinating, and supervising the daily operations of the organization through direct consultation and coordination with the organization's executives and line management
- Dispensing advice, guidance, direction, and authorization to carry out major plans, standards and procedures, consistent with applicable state and federal laws, rules, regulations and policies
- Reviewing the operating results of the agency and comparing them to approved objectives and taking steps to ensure that appropriate measures are taken to correct unsatisfactory results
- Representing the agency to multiple stakeholders such as providers, federal and state oversight agencies, the state legislature and the executive branch of the government

### State Medicaid Director

Garth Splinter

The State Medicaid Director under direction from the CEO establishes and maintains day-to-day operations of the Medicaid program. The position directs and supervises the operations divisions of the agency which includes the following units:

- SoonerCare Program Operations
- Medical Professional Services
- Pharmacy Services
- Insure Oklahoma
- Electronic Health Operations
- Behavioral Health Services
- Long-Term Care Waiver Operations

Duties of the State Medicaid Director include:

- Actively supporting the development and implementation of outcome and process based productivity measures for Medicaid operations
- Maintaining a current medical knowledge base and acting as a resource to agency staff regarding medical issues
- Conceptualizing, developing, and initiating best practices to improve the quality and cost effectiveness of Medicaid operations services, including original research efforts
- Overseeing agency contracts with other state agencies or providers and monitoring adherence to contractual terms
- Developing specific program policies for the provision of medical care within a managed health care system
- Establishing basic benefits, standards for quality of care and utilization review for managed healthcare plans

### **Deputy State Medicaid Director**

Becky Pasternik-Ikard

The Deputy State Medicaid Director is responsible for the direction, coordination and management of all phases of the SoonerCare Operations division of the agency. This position directs licensed health professionals and paraprofessionals and coordinates the agency's care management and medical authorization activities to promote quality health service delivery for SoonerCare beneficiaries with medically diverse and complex healthcare needs.

The SoonerCare Operations division includes the following units:

- Provider/Medical Home Services
- Behavioral Health Operations
- Member Services
- Population Care Management.

Duties of the Deputy State Medicaid Director include:

- Administering and directing targeted outreach, education, and care management activities that require medical expertise and leadership related to Medicaid beneficiaries identified with medically diverse or complex health care needs
- Administering and directing Medicaid Care Management and Medical Authorization performance indicators and outcome measures
- Overseeing the department's strategic planning
- Reviewing best practices of other states for applicability and inclusion in Oklahoma Medicaid care management
- Collaborating with agency staff in the development and implementation of a statewide disease management program

**Chief Medical Officer**

Sylvia Lopez

The Chief Medical Officer is responsible for the direction, coordination and management of all phases of the SoonerCare Medical Professional Services division of the agency.

The Medical Professional Services division includes the following units:

- Medical Authorization
- Quality Assurance/Quality Initiative
- Medical Services
- Geneticist
- Medical Administration
- Dental Services
- Durable Medical Equipment.

**Chief of Staff**

James Smith

The Chief of Staff is responsible for the direction, coordination and management of all phases of the Administrative Services Division of the agency.

Duties of the Chief of Staff include:

- Coordinating and scheduling front desk operations
- Coordination of agency space planning
- Monitoring of the agency's complex telephone system and generating telephone usage reports as requested
- Acting as a liaison between the agency and the building management on maintenance issues for the agency's space
- Maintaining and monitoring of the agency's general fixed assets and related inventory records
- Coordinating and monitoring of the checkout of agency automobiles, cell phones and pike passes
- Organizing and directing the agency's central files and imaging
- Supply and mail room operations

**Chief Financial Officer**

Carrie Evans

The Chief Financial Officer (CFO) is responsible for directing, coordinating and managing all phases of the multi-functional Finance division of the agency. The CFO directly oversees the operations, adequacy and soundness of the agency's fiscal structure. The Finance division includes the following units:

- Federal Reporting
- General Accounting
- Fiscal Planning & Procurement
- Financial Management
- Provider Rates & Analysis
- Financial Services

**Chief of Business Enterprises**

Lisa Gifford

The Chief of Business Enterprises (CBE) is responsible for the direction, coordination and management of all phases of the Information Services (IS) and technology for the agency. The Business Enterprises Division includes the following units:

- Enrollment Automation & Data Integrity
- Infrastructure, Software, & Support
- Electronic Customer Relations
- Performance and Electronic Process
- Electronic Health Operations
- Technology and Resource Management

**Chief of Legal Services**

Nicole Nantois

The General Counsel is responsible for the direction, coordination and management of all phases of the Legal Services division of the agency. The Legal Services division includes the following units:

- Provider Enrollment
- Legal Services

Duties of the Chief of Legal Services include:

- Providing legal advice on a wide range of issues including rulemaking, contracts, civil rights law, Medicaid law, discrimination law
- Representing the agency, CEO, and board in state and federal courts in all litigation matters
- Providing the board with advice regarding Oklahoma open meeting laws during its monthly meetings
- Reviewing, drafting and overseeing the drafting of legislation regarding program changes to the Medicaid program

**Chief of Communications, Outreach and Reporting**

Ed long

The Chief Communications Officer (CCO) is responsible for the direction, coordination and management of all phases of the Communications, Outreach, & Reporting division of the agency. The CCO advises the CEO and other staff on communication and public relations related strategies and provides information related to issues affecting the agency to policy makers at both the state and federal levels. The Communications, Outreach, & Reporting division includes the following units:

- Governmental Affairs
- Tribal Relations
- Reporting & Statistics
- Health Promotion & Community Relations
- Public Information.



Duties of the CCO include:

- Working in close collaboration with OHCA Board, health care professionals, and OHCA staff in developing and facilitating an understanding of the principles and practices underlying health care delivery systems
- Providing regular reports and updates on communication issues and concerns related to the implementation of managed care based service delivery systems within Oklahoma
- Developing and implementing public awareness and education campaigns and serving as a media relations consultant and spokesperson for the agency

**Highlights Not Available for Executive Staff**

**Administrative Services: Mail / Supply & Records Management**

David Freeman-Smith, Administrative Services Manager

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 unit partners with entities outside the agency such as USPS, BIS, Pitney Bowes, Pre-sort, Summit, Department of Libraries on the Schedule 95-06, HP, and other state agencies such as OKDHS. The unit directly supports agency Goal #6: Administration. 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.

Major activities of the unit include:

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

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 OMES Statewide Contract 782.

**Administrative Services (6 responses)**

- |                                   |          |
|-----------------------------------|----------|
| 1. Total Health Care Experience:  | 33 years |
| 2. Total OHCA Experience:         | 21 years |
| 3. Total State Agency Experience: | 24 years |

- |                                                |   |
|------------------------------------------------|---|
| 4. Bachelor Degrees:                           |   |
| 5. Other Licenses and Certifications:          | 4 |
| 6. Job Related Professional Organizations:     |   |
| 7. Leader Professional/Community organization: |   |

**Administrative Services: Office Manager**

Donna Rolls, Office Manager

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. 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. This unit maintains the daily “heartbeat of the agency” and when its responsibilities are performed efficiently and effectively it is the satisfactory norm. The Office Manager unit directly supports agency Goal #6: Administration. 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.

Major activities of the unit include:

- 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

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

**Office Manager (3 responses)**

- |                                                |          |
|------------------------------------------------|----------|
| 1. Total Health Care Experience:               | 26 years |
| 2. Total OHCA Experience:                      | 23 years |
| 3. Total State Agency Experience:              | 44 years |
| 4. Currently Pursuing a Degree:                |          |
| 5. Health Related Certifications:              |          |
| 6. Other Licenses and Certifications:          |          |
| 7. Job Related Professional Organizations:     |          |
| 8. Leader Professional/Community organization: |          |

**Highlights:**

- 1 employee is a Certified Healthcare Navigator for the ACA
- 1 employee is a Certified Nursing Assistant

**Business Enterprises: Electronic Customer Relations**

Trish Harland, Director

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. The unit has direct contact with stakeholders including 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). The unit supports agency Goal #6: Administration directly.

Major activities of the unit include:

- 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).

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.

**Business Enterprises: Electronic Customer Relations (11 responses)**

- I. Total Health Care Experience: 151 years

2. Total OHCA Experience:	78 years
3. Total State Agency Experience:	72 years
4. Associates Degree:	4
5. Bachelor Degrees:	6
6. Currently Pursuing a Degree:	1
7. Other Licenses and Certifications:	1
8. Job Related Professional Organizations:	2
9. Leader Professional/Community organization:	1

**Highlights:**

- 2 employees have 30+ years of healthcare industry experience
- 1 employee has a bachelor degree in Management Systems Information

**Business Enterprises: Electronic Health Operations**

Adolph Maren, Director

The purpose of the Electronic Health Operations Program (EHOp) 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. 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 unit supports agency Goal #6: Administration directly.

Major activities of the unit include:

- 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.

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. 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)*. 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.

**Business Enterprises: Electronic Health Operations (11 responses)**

1. Total Health Care Experience:	158 years
2. Total OHCA Experience:	99 years
3. Total State Agency Experience:	149 years
4. Associates Degree:	2
5. Bachelor Degrees:	9
6. Advanced Degrees:	5
7. Health Related Licenses:	1
8. Other Licenses and Certifications:	3
9. Job Related Professional Organizations:	2
10. Leader Professional/Community organization:	1

**Highlights:**

- 3 employees have 20+ years of healthcare industry experience
- 5 employee have Masters Degrees
- 1 employee is a registered nurse
- 1 employee is a certified procurement officer
- 1 employee has an electronic health record certification

**Business Enterprises: Enrollment Automation & Data Integrity**

Derek Lieser, Director

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. Stakeholders include most units within the agency, who rely on the unit's ability to automate tasks previously accomplished manually. Furthermore, it insures overall efficiency of MMIS Eligibility and Recipient subsystems and processes while maintaining and maximizing federal funds to pursue the strategic direction of OHCA. Other stakeholders are federal agencies that provide a seamless application process for insurance affordability programs, and other

state and local entities with a vested interest in determining if clients are eligible for Medicaid. The unit directly supports the achievement of agency Goal #6: Administration.

Major activities of the unit include:

- 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 OHCA business owner support for MMIS and MMIS-related systems.

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

**Business Enterprises: Enrollment Automation and Data Integrity (7 responses)**

1. Total Health Care Experience:	65 years
2. Total OHCA Experience:	23 years
3. Total State Agency Experience:	42 years
4. Associates Degree:	2
5. Bachelor Degrees:	4
6. Currently Pursuing a Degree:	1
7. Other Licenses and Certifications:	1
8. Job Related Professional Organizations:	1

**Highlights:**

- 1 employee is a certified technical trainer (CTT)
- 1 employee is a certified project management professional (PMP)

**Business Enterprises: Infrastructure, Software and Support**

Kyle Janzen, Manager

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. The unit partners with stakeholders such as OMES for hardware, software and security issues, Hewlett Packard on security and data issues, and federal entities on HIPAA, security and other state agencies. The responsibilities of the unit include email support, fax support, and LAN support, as well as, hardware, software and applications. The unit supports agency Goal #6: Administration directly.

Major activities of the unit include:

- Developing internal applications
- Maintaining hardware and software
- Maintaining databases
- Maintaining technical support

Several of the unit’s core functions and 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 provide the central legal guidance for this unit. The work of the unit not required by law is directed by the agency board of directors and executive staff.

**Business Enterprises: Infrastructure, Software & Support (18 responses)**

1. Total Health Care Experience:	155 years
2. Total OHCA Experience:	151 years
3. Total State Agency Experience:	148 years
4. Associates Degree:	3
5. Bachelor Degrees:	14
6. Advanced Degrees:	2
7. Currently Pursuing a Degree:	1
8. Job Related Professional Organizations:	4
9. Leader Professional/Community organization:	1

**Highlights:**

- 2 employees have 20+ years of state service

**Business Enterprises: Performance and Electronic Process**

Brett May, Director

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. The unit has direct contact with stakeholders including 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. The unit supports agency Goal #6: Administration directly.

Major activities of the unit include:

- 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).

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.

**Business Enterprises: Performance and Electronic Process (6 responses)**

1. Total Health Care Experience:	93 years
2. Total OHCA Experience:	50 years
3. Total State Agency Experience:	61 years
4. Bachelor Degrees:	5
5. Advanced Degrees:	1
6. Other Licenses and Certifications:	1
7. Job Related Professional Organizations:	1

**Highlights:**

- 1 employee has a Master Degree in Healthcare Administration
- 1 employee is a certified project management professional (PMP)

**Business Enterprises: Technology and Resource Management (Procurement and APD)**

Beth Van Horn, Resource Director and Lynn Puckett, Program Manager

The overall purpose of the Technology and Resource Management Unit is technology and resource management. The Technology and Resource Management Unit has direct contact with stakeholders including CMS, ONC, Department of Homeland Security, Oklahoma Department of Public Safety, OMES, and all agencies in the Oklahoma HHS Cabinet. The scope of the work involves maintaining an effective Medicaid Management Information System (MMIS) that includes sharing data, sharing resources, interoperability of systems and maximizing financial resources. The overarching goal of the unit is to meet or exceed the expectations of the agency and CMS requirements of an effective MMIS. The responsibilities of the unit are to effectively manage the MMIS modernization, funding and related business processes. The unit directly supports agency Goal #6: Administration.

Major activities of the unit include:

- Maximizing federal funds through Advanced Planning Documents (APDs)
- Managing the MMIS contract



- IT governance, change management and project management
- Reprocurement and MMIS modernization

All of the unit’s core functions and activities are guided by federal law, state law, or agency policy. The Technology and Resource Management Unit understands its role is to provide an effective and accurate MMIS that satisfies federal, state and OHCA policy enabling business owners to satisfy the agency’s mission and goals.

**Technology & Resource Management (2 Response)**

1. Total Health Care Experience	37 years
2. Total OHCA Experience	29 years
3. Total State Agency Experience	44 years
4. Bachelor Degrees	2
5. Advanced Degrees	1
6. Professional/community organizations	3
7. Leader Professional/community organization	1

**Highlights:**

- Other state agency experience includes DHS/University Hospital and Oklahoma Department of Commerce
- Membership in professional or community organizations includes the Project Management Institute and the American Civil Liberties Union

**Communication, Outreach & Reporting: Health Promotion & Community Relations**

Shelly Patterson, Director

The major emphasis of Health Promotion & Community Relations is (HPCR) to improve access to and appropriate use of quality health care services by current and potential SoonerCare members, with the goal of reducing health risks and improving the health status of targeted groups. This is accomplished through ongoing engagement and collaborative work with key state and local partners. Stakeholders 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 core functions of the HPCR unit support all seven agency goals. The main responsibilities of the unit include cultivating productive relationships and engaging in collaborative work with organizations key in promoting health, with the goal of reducing health risks and improving the health status of targeted groups.

Major activities of the unit include:

- Increase preventive health screens by SoonerCare members
- Increase SoonerCare and Insure Oklahoma enrollment and re-enrollment by qualified Oklahomans

- Promote appropriate use of medically necessary health care services
- Improve birth outcomes and reduce infant and maternal mortality
- Reduce tobacco use and promote other beneficial wellness initiatives for SoonerCare members
- Engage key community stakeholders and promote localized OHCA presence and availability

EPSDT outreach and reporting is required by section 1905a services under Social Security Act. Other core functions are guided by executive staff requests or grow out of collaboration with other OHCA units or external stakeholders.

**Health Promotion and Community Relations (12 Responses)**

1. Total Health Care Experience	101 years
2. Total OHCA Experience	43 years
3. Total State Agency Experience	69 years
4. Associate Degrees	2
5. Bachelor Degrees	10
6. Advanced Degrees	7
7. Professional/ Community Organizations	4
8. Leader Professional/community organization	4

**Highlights:**

- 3 employees previously worked at Oklahoma Department of Human Services
- 4 employees have Bachelor’s Degrees in Psychology
- Employees in the unit have a combined 26 years’ experience in the non-profit sector

**Communication, Outreach & Reporting: Office of Creative Media and Design**

Daryn Kirkpatrick, Director

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. The unit primarily supports 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. The main unit deliverables include an agency brand guide, digital projects, digital platforms, newsletters (Member, Provider, DME, etc.) and marketing and education collaterals (brochures, presentations, articles, posters, etc.).

Major activities of the unit include:

- Brand management
- Visual design
- Marketing and education

The unit regularly works with stakeholders, including SoonerCare members, providers, community partners, tribal partners, legislators and Oklahoma citizens. Some outreach to members is required by federal law and must meet certain federal standards.

**Office of Creative Media and Design (7 responses)**

1. Total Health Care Experience:	41 years
2. Total OHCA Experience:	24 years
3. Total State Agency Experience:	38 years
4. Bachelor Degrees:	7
5. Advanced Degrees:	1
6. Currently Pursuing a Degree:	1
7. Other Licenses and Certifications:	2
8. Job Related Professional Organizations:	5
9. Leader Professional/Community organization:	2

**Highlights:**

- Employees have degrees in areas of study including fine art, communication, digital mass media, animation, design, journalism, psychology and theological studies.
- Employees have worked for other state agencies including OETA, Oklahoma Department of Human Services, Oklahoma House of Representatives, and Oklahoma Medical Center.
- 1 employee is HBDI certified
- 1 employee is working on project management certification

**Communication, Outreach & Reporting: Office of Public Information**

Jo Kilgore, Director

The Public Information unit coordinates and facilitates internal and external communications activities for agency stakeholders. Stakeholders include OHCA executive staff and management, other state and federal government entities, members, providers, constituents, boards and others. Through its functional activities, the Public Information unit primarily supports the achievement of agency Goal #6: Administration. The main responsibilities include ensuring that an accurate, consistent message is communicated on behalf of the agency and to educate and inform the public about OHCA and its operations.

Major activities of the unit include:

- 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

None of the core functions or activities of the unit are required by federal or state law. However, many of the unit's activities assist other OHCA units in fulfilling statutory requirements.

**Public Information (3 responses)**

1. Total Health Care Experience:	27 years
2. Total OHCA Experience:	20 years
3. Total State Agency Experience:	21 years
4. Bachelor Degrees:	3
5. Advanced Degrees:	1
6. Job Related Professional Organizations:	2
7. Leader Professional/Community organization:	2

**Highlights:**

- Employees have degrees in areas including journalism, communications, marketing and public relations.

**Communication, Outreach & Reporting: Reporting & Statistics**

Connie Steffee, Director

The Reporting & Statistics unit provides consistent, comprehensive, and relevant statistical data and other information to internal and external stakeholders. Stakeholders include OHCA executive staff and management, the state legislature, other state and federal government entities, members, providers, boards and other interested parties. Through its functional activities, the Reporting & Statistics unit directly supports the achievement of agency Goal #6: Administration. The main responsibilities include providing valid and relevant analyses of the SoonerCare programs and related services, producing data-driven reports such as the annual report and monthly statistical reports, and collecting statistical and quality information to impact data-driven decision making, strategic planning and communication projects.

Major activities of the unit include:

- 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)

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.

**Reporting & Statistics (13 responses)**

1. Total Health Care Experience:	128 years
2. Total OHCA Experience:	91 years
3. Total State Agency Experience:	114 years
4. Associates Degrees:	2
5. Bachelor Degrees:	11
6. Advanced Degrees:	7
7. Currently Pursuing a Degree:	2
8. Other Licenses and Certifications:	2
9. Job Related Professional Organizations:	1
10. Leader Professional/Community Organization:	1

**Highlights:**

- This unit includes several IT and Design certifications.
- This unit includes a Certified Procurement Officer.
- This unit includes a Certified Public Manager.

**Communication, Outreach & Reporting: Tribal Government Relations**

Dana Miller, Director

The Tribal Government Relations unit is charged with maintaining and establishing positive and effective relationships with tribal stakeholders. Stakeholders include internal OHCA units that perform work that affects tribes, tribal leaders and tribal elected officials, plus state agencies that include the Department of Health, Department of Mental Health and Substance Abuse Services and the Governor’s tribal liaison. The core functions of the unit primarily support agency Goal #7: Collaboration. The main responsibilities of the Tribal Government Relations unit are 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.

Major activities of the unit include:

- Outreach in tribal communities about SoonerCare to increase enrollment within Indian populations, educate the tribal community about SoonerCare services, and promote prevention and wellness.
- Communication to Indian Health Services tribal and urban providers to help maximize resources; and promote, recruit, and maintain providers contracted with SoonerCare.
- Perform tribal consultation, as OHCA and federal policy dictate consultation with tribes anytime a policy change is considered.

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. The unit also operates with a Memorandum of Understanding between OHCA and the Oklahoma City Area Inter-Tribal Health Board.

**Tribal Government Relations (0 responses)**

**Division of Strategic Planning and Reform (DSPAR)**

Buffy Heater, Director

The Division of Strategic Planning and Reform initiates and oversees high priority projects from inception to completion. The unit provides timely and accurate information in many areas of research. The unit also prepares periodic published reports, including reports on core functions, agency performance and the strategic plan. The unit provides oversight and management of the agency's business portfolio and operates as the central portfolio and project management office. Unit efforts impact and affect all area of OHCA and its stakeholders. 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 unit directly supports Goal #7: Collaboration. The unit plays a large role in the transparency of the agency's performance as well as management of projects that relate specifically to each one of the agency's goals. The overarching goal of the unit is to oversee and manage the agency's business portfolio, and to develop and implement agency programs and initiatives, through effective project management that ensures effective resource use, adherence to timelines, and compliance with applicable laws and regulations. The unit also conducts research, prepares and publishes reports, and facilitates and leads group efforts throughout the agency as well as with external collaborators.

Major activities of the unit include:

- Portfolio and Project Management and Planning
- Preparing and Publishing the SEA, Strategic Plan, and Core Functions reports
- Oversee Key Performance Measures for the annual budget request
- Orchestrate the annual strategic planning conference
- 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
- Monitor NPRM tracking system
- Assist agency wide KPM development and reporting systems
- Oversee and manage evaluation efforts performed by contracted consultant vendors
- Successful implementation of initiatives stemming from collaborative work groups both internal and external to the agency.

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 overseen by the unit are required by state/federal law (e.g. ACA, ER Utilization Study, PE, etc.).

**Division of Strategic Planning and Reform (10 responses)**

1. Total Health Care Experience:	103 years
2. Total OHCA Experience:	49 years
3. Total State Agency Experience:	89 years
4. Associates Degrees:	2
5. Bachelor Degrees:	9
6. Advanced Degrees:	7
7. Currently Pursuing a Degree:	2
8. Health Related Licenses:	2
9. Health Related Certifications:	2
10. Other Licenses and Certifications:	5
11. Job Related Professional Organizations:	4
12. Leader Professional/Community Organization:	3

**Highlights:**

- This unit includes a licensed State Mediator
- This unit includes a Pharmacist, Certified Medical Transcriptionist, and a Health Education Specialist.
- This unit includes a Certified Public Accountant, Certified Internal Auditor, and a Certified Government Financial Manager.
- This unit includes a Certified Project Management Professional.
- 1 employee holds an Electronic Health Record Certification.

**Financial Services: Budget and Fiscal Planning**

Vickie Kersey, Director

The Fiscal Planning & Procurement unit is comprised of two subunits: Budget & Fiscal Planning and Purchasing and Contracts Development.

**Budget & Fiscal Planning**

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. The unit directly supports Goal 6 – Administration.

Major activities of the unit include:

- 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.

Major laws governing the activities of the unit include:

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

### Purchasing & Contracts Development

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.

Major activities of the unit include:

- 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

Major laws governing the activities of the unit include state, federal and local laws as well as OHCA policy.

### Financial Services: Budget and Fiscal Planning (11 responses)

1. Total Health Care Experience	157 years
2. Total OHCA Experience	83 years
3. Total State Agency Experience	161 years
4. Bachelor Degrees	7
5. Advanced Degrees	2
6. Professional Organizations	7
7. Leader Professional Organization	3

### Highlights:

- 8 employees are Certified Procurement Officer
- 1 employee holds the Project Management Professional (PMP) certification



**Financial Services: Federal Reporting**

Susan Crooke, Comptroller

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 (DHS) and other state agencies. The unit directly supports agency Goal 6 – Administration and manages all federal grant awards, which account for about \$3 billion annually and nearly two-thirds of the agency’s total expenditures.

Major activities of the unit 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

The core functions are required by federal codes relating to accounting for federal outlays.

**Financial Services: Federal Reporting Unit (3 responses)**

1. Total Health Care Experience	20 years
2. Total OHCA Experience	20 years
3. Total State Agency Experience	23 years
4. Bachelor Degrees	3
5. Finance Certifications	1
6. Professional Organizations	1

**Highlights:**

- 1 employee is a Certified Fraud Investigator

**Financial Services: Financial Management**

Aaron Morris, Director

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.

The major activities of the unit are:

- 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.

The unit directly influences Goal #1: Financing and Reimbursement of the agency by striving to reimburse providers appropriately to ensure members have sufficient access to care. The unit’s functions are required by federal law (42 USC Section 13967 (a)(30)(a)), State Plan, and Executive Staff.

**Financial Services: Financial Management (8 responses)**

1. Health Care Industry Experience	105 years
2. Total OHCA Experience	64 years
3. Total State Agency Experience	64 years
4. Associate Degrees	1
5. Bachelor Degrees	7
6. Advanced Degrees	4
7. Professional/Community Organizations	1

**Highlights:**

- 2 employees have MBAs
- 2 employees previously worked at the Oklahoma Department of Human Services

**Financial Services: Financial Resources**

Sloan Wood, Director

The Financial Resources Unit (FRU) is comprised of two separate sections that perform financial and administrative functions. The activities of the unit directly support Goal #6: Administration.

**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.

Major activities in the unit include:

- 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

All the activities of the unit are required by state and federal laws:

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

**Financial Services: Financial Resources (26 responses)**

1. Total Health Care Experience	270 years
2. Total OHCA Experience	202 years
3. Total State Agency Experience	224 years
4. Associate Degrees	5
5. Bachelor Degrees	8
6. Advanced Degrees	2
7. Professional Organizations	1
8. Leader Professional Organization	1

**Highlights:**

- 5 employees have experience working in other state agencies

**Financial Services: General Accounting**

Gloria Hudson, Director

The purpose of the General Accounting Unit 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 two groups: Accounting and Payroll. The Accounting Group 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 expenditure 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.

Major activities of the unit include:

- Accounts Receivables invoicing and accounts reconciliation
- Grant reporting
- Depositing checks; Payroll processing and reporting; reconciling and approving 1099 and W-2s released to providers, contractors, and agency personnel
- Assisting agency staff with questions regarding expense allowability, payroll questions, provider payments, and assisting providers with payment questions
- Accurate reporting of federal and state revenues and expenditure
- Maintaining the general ledger and preparing agency financial statements

The unit complies with numerous state and federal reporting requirements pertaining to Medicaid. The unit directly contributes in the achievement of Goal #1: Financing and Reimbursement of the agency by properly accounting and recording agency financial information to enable the agency make responsible and informed decisions regarding purchase of cost effective health care.

**Financial Services: General Accounting Payroll (11 responses)**

1. Total Health Care Experience	108 years
2. Total OHCA Experience	106 years
3. Total State Agency Experience	117 years
4. Associate Degrees	2
5. Bachelor Degrees	5

**Highlights:**

- 1 employee is a certified procurement officer

**Financial Services: Long-Term Care Financial Management**

Lisa Moses, Manager

The Long-Term Care Financial Management unit ensures 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 and the public Focus on Excellence (FOE) program. Stakeholders include federal agencies (LTC is a required Medicaid service), other state agencies such as OSDH and DHS, contract auditors and surveyors, LTC providers and associations, and consumer of LTC services. The unit directly supports the achievement of agency Goal #1: Financing and Reimbursement.

Major activities of the unit 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 that ensure federal and state legislation is adhered to and that the uses of funds are provided in an efficient and economical manner.

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

**Financial Services: Long-Term Care Financial Management (3 responses)**

1. Total Health Care Experience	52 years
2. Total OHCA Experience	42 years
3. Total State Agency Experience	54 years
4. Bachelor Degrees	1

**Highlights:**

- 3 employees have at least 10 years' experience at OHCA

**Governmental Relations**

Emily Shipley, Director

The Government Relations unit acts 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, the state legislature, other state and federal government entities, members, providers, and other interested parties. Through its functional activities, the Government Relations unit primarily supports the achievement of agency Goal #6: Administration. 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.

Major activities of the unit 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

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.

**Governmental Relations (1 response)**

1. Total Health Care Experience: 32 years
2. Total OHCA Experience: 20 years
3. Total State Agency Experience: 29 years

**Health Policy and Waiver Development and Reporting**

Tywanda Cox, Director

The Health Policy and Waiver Development and Reporting unit works to ensure that OHCA programs are in compliance with state and federal laws and authority. The unit is also charged with conducting research in order to make recommendations to executive staff regarding policy issues and development. Stakeholders include OHCA executive staff and management, the state legislature, other state and federal government entities, members, providers, boards and other interested parties. Through its functional activities, the Health Policy and Waiver Development and Reporting unit directly supports the achievement of agency Goal #6: Administration. The main responsibilities include ensuring 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 I I 15

research and demonstration waiver. In addition, the unit is responsible for processing all agency policy for inclusion in the Oklahoma Administrative Code.

Major activities of the unit include:

- Review, research, write policy
- Developing state plans and amendments
- Waiver reporting
- Emergency and permanent rulemaking
- Ensuring compliance with federal and state statutes
- Negotiating with federal partner (CMS)
- Reporting
- Processing policy green sheets
- Facilitating the state plan amendment rates committee
- Developing legislative impact summaries

All of the core functions or activities of the unit are required by federal or state law. 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 is the governing legislation.

**Health Policy and Waiver Development & Reporting (22 Responses)**

1. Total Health Care Experience	381 years
2. Total OHCA Experience	195 years
3. Total State Agency Experience	314 years
4. Associate Degrees	2
5. Currently pursuing a degree	2
6. Bachelor Degrees	18
7. Advanced Degrees	11
8. Health Related Licenses	1
9. Other Licenses or Certifications	8
10. Professional/ Community Organizations	2
11. Leader Professional/community organization	1

**Highlights:**

- 2 employees are Certified Procurement Officer’s (CPO’s)
- 1 employee is a Notary
- 1 employee has a Project Management Professional (PMP) certification

### **Health Policy: SoonerCare Delivery Systems**

Ivoria Holt, Director

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 health 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 unit primarily supports Goal #7: Collaboration.

The major activities of this unit include:

- 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 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).

The unit's work is guided by state and federal regulations.

**(No responses to the employee survey)**

### **Human Resources**

Kara Kearns, Director

Human Resources provides human talent to fill the positions necessary to perform the work in each OHCA unit and provides leadership with data necessary to report out on workforce planning and development issues. 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. Indirectly HR supports and influences agency's Goal #6: Administration. The main responsibilities include 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.

Major activities of the unit include:

- Recruit
- Hire
- Administer benefits and retirement plans
- Training



- Safety
- Risk Management
- 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
- Maintain agency personnel related records

The activities of the unit are covered by multiple federal and state laws governing HR related actions. Major laws governing the activities of the unit include:

- Title VII of the Civil Rights Act
- American with Disabilities Act 1990
- Comprehensive Omnibus Budget Reconciliation Act of 1985 (COBRA)
- Health Insurance Portability and Accountability Act (HIPPA)
- Family and Medical Leave Act (FMLA) 1993
- Fair Labor Standards Act (FLSA)
- Public Employees Occupational Safety and Health
- Many other laws and Executive Orders

**Human Resources (8 responses)**

1. Total Health Care Experience	61 years
2. Total OHCA Experience	30 years
3. Total State Agency Experience	103 years
4. Associate Degrees	1
5. Bachelor Degrees	6
6. Advanced Degrees	5
7. Human Resource Certifications	8
8. Professional/community organizations	3

**Highlights:**

- Before coming to OHCA, employees in this division worked at 9 different state agencies
- 2 employees have Masters Degrees in Human Resources
- One employee is licensed to be a teacher

**Legal Services**

Nicole Nantois, Chief of Legal Services

The Legal Services Unit represents the agency in litigation, administrative hearings, reviews civil rights matters, and provides general legal assistance to the agency. It assists the CEO in the daily management, operations, direction and administration of the agency. The unit acts as a liaison between OHCA, DHS, OSDH, and other related state agencies, programs and organizations involved in the delivery of SoonerCare services to members. The unit provides legal opinions to agency personnel on issues

relating to contracts, state finance, procurement, personnel and rate matters. It reviews possible legislation and advises legislators and legislative staff members regarding Medicaid law. It reviews the contractual language of professional service contracts, inter-agency contracts, and provider contracts. It investigates and gathers information on behalf of the agency for the purposes of litigation, recoupment and administration of the SoonerCare program. The Civil Rights Officer provides direction and assistance to the agency in complying with the provisions of the Civil Rights Act, American with Disabilities Act, and other related laws and regulations.

Major activities of the unit include:

- Representing OHCA in federal and state litigation
- Representing OHCA in administrative hearings
- Rendering answers to legal requests through its database
- Providing legal assistance at all public meetings; Board, MAC, DUR, SPARC, rulemaking hearings.
- Collecting monies due the agency from third parties
- Planning, directing, and managing all phases of the affirmative action program
- Preparing and submitting the required annual Affirmative Action Plan, OSHA Form 300, Risk Management Report, Safety Preparedness Report, and Supervisory Training Report
- Reviewing and evaluating technical performance of the units within the agency for conformity with equal opportunity policies and practices
- Receiving and investigating complaints of discrimination in the agency
- Providing technical assistance to administrators, management, legal counsel and others resolving legal actions with courts, Merit Protection Commission, Human Rights Commission, and EEOC

Through its functional activities, the unit directly contributes in the achievement of Goal #6: Administration of the agency by assisting in the efficient administration of the SoonerCare program through its legal expertise. The unit's operations are required by state law. Title 63 OS Sec. 5018 established this unit. The unit does not issue any external reports.

**Legal Services (7 responses)**

1. Total Health Care Experience:	73 years
2. Total OHCA Experience:	35 years
3. Total State Agency Experience:	73 years
4. Bachelor Degrees:	4
5. Advanced Degrees:	5
6. Currently Pursuing a Degree:	1
7. Other Licenses and Certifications:	1
8. Job Related Professional Organizations:	4
9. Leader Professional/Community Organization:	1

**Highlights:**

- This unit has a Certified Grievance Manager

**Legal Services: Provider Enrollment**

Amy Bradt, Manager

The provider enrollment unit provides oversight for provider contracts. Staff charged with provider contracts duties execute provider screening and enrollment, monitoring of the Electronic Provider Enrollment process as well as performing site visits on moderate or high risk providers and maintaining provider file. The unit's responsibility is to build a provider network so our members can receive quality care, while ensuring timely, efficient and accurate processing of provider contracts. The unit works closely with providers, professional services contractors and state leadership. The unit primarily supports Goal #5: Eligibility and Enrollment.

Main duties for this unit include:

- Processing provider contracts ensuring provider meets all federal and state requirements.
- Maintain the provider file, keeping up with all changes, updates and regulations.
- Respond to inquiries from providers, OHCA staff and other external sources.

Most of the duties performed by the provider enrollment unit are regulated by state and federal law.

**Provider Enrollment (3 responses)**

- |                                   |          |
|-----------------------------------|----------|
| 1. Total Health Care Experience:  | 28 years |
| 2. Total OHCA Experience:         | 25 years |
| 3. Total State Agency Experience: | 25 years |

**Program Integrity and Accountability: Behavioral Health Audit**

Susan Lowery, Audit Supervisor

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 the behavioral health (BH) services it purchases are appropriately delivered and provided by qualified professionals. The unit works with providers, internal staff, and third party stakeholders including the legislature, CMS, other state agencies, and provider associations. The unit primarily supports Goal #1: Financing and Reimbursement.

Major activities of the unit include:

- Investigation of the potential for fraudulently billed BH services
- Unannounced onsite audits
- 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.
- 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.

\*Detailed aggregate highlight data is not available for this unit.

**Program Integrity and Accountability: Clinical Provider Audits**

Pat Johnson, Manager

The primary responsibility of Clinical Provider Audits (CPA) is to perform pre and post payment review on providers that are outliers in their specialty. Additional clinical provider audits are performed as a result of reports, complaints and allegations of inappropriate billing behaviors. The CPA conducts these audits through site visits or desk review. The unit primarily supports Goal #1: Financing and Reimbursement.

Major activities of the unit include:

- 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.
- Review of self-audit documentation.
- Conducting pre-payment review of providers with regard to appropriate billing practices and compliance with OHCA policy.

Results from the audits are used for provider education and training and referrals for investigation of quality concerns and/or suspected fraud and abuse. Additionally, audit results may also result in recoupment of overpayments identified during the audit process. The CPA unit helps OHCA maintain high standards of quality and financial responsibility by reviewing provider claims for appropriateness and medical necessity. The duties performed by the Clinical Provider audits unit are regulated by state and federal law.

**Clinical Provider Audits (17 responses)**

1. Total Health Care Experience:	380 years
2. Total OHCA Experience:	106 years
3. Total State Agency Experience:	138 years
4. Associates Degree:	5
5. Bachelor Degrees:	11
6. Advanced Degrees:	1
7. Health Related Licenses:	12
8. Health Related Certifications:	12
9. Finance Related Certifications:	5
10. Job Related Professional Organizations:	8

**Highlights:**

- 1 employee is a Certified Public Accountant

- 11 employees are Registered Nurses
- 3 employees are Certified Program Integrity Professionals

**Program Integrity and Accountability: Data Analytics and Payment Accuracy**

Kristin Edwards, Director

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. Stakeholders of the unit include internal OHCA divisions, legislature, CMS, sister agencies, and provider associations. The core functions of the unit directly relate to Goal #6: Administration. The main responsibilities of the unit include doing provider audits, overseeing PERM and PAM, coordinating all Federal Audit Efforts and auditing the E.H.R payments made through the Federal Government’s E.H.R Incentive Program.

Major activities of the unit include:

- 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.

**Data Analytics and Payment Accuracy (9 responses)**

1. Total Health Care Experience	111 years
2. Total OHCA Experience	74 years
3. Total State Agency Experience	96 years
4. Associate Degrees	3
5. Bachelor Degrees	8
6. Advanced Degrees	1
7. Health Related Certifications	4
8. Professional Certification	1
9. Professional/community organizations	3

**Highlights:**

- 3 employees have Bachelor of Science in Accounting
- 1 employee is a Certified Program Integrity Professional
- 4 employees are Certified Professional Coders

**Program Integrity and Accountability: Member Audits**

Ginger Clayton, Director

The Member Audits unit determines the validity of eligibility decisions through audits and investigations, makes recommendations based on findings, and conducts an internal review of OHCA eligibility processes. The work of the unit may require it to work with outside law enforcement, DHS OIG office, and other government agencies, and providers. The core functions of the unit directly relate to Goal #5 – Eligibility and Enrollment. The main responsibilities of the unit include audit of member eligibility (both individual and larger samples of population), investigation of fraud with findings and recommendations, and participation in hearings or other legal proceedings.

Major activities of the unit include:

- 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.
- Audit HPE eligibility decisions completed by providers.
- Make recommendations to improve internal eligibility decision making process.

**Member Audit (5 responses)**

1. Total Health Care Experience	79 years
2. Total OHCA Experience	46 years
3. Total State Agency Experience	56 years
4. Associate Degrees	1
5. Bachelor Degrees	4
6. Advanced Degrees	2
7. Leader Professional/community organization	1

**Highlights:**

- 3 employees previously worked at Oklahoma Department of Human Services
- 1 employee has a degree in Criminal Justice

**SoonerCare Health Benefit Support: Behavioral Health Services**

Kimrey McGinnis, Director

The Behavioral Health Director is responsible for leadership and direction: promoting policies as well as building and maintaining an efficient delivery of quality Behavioral Health services for SoonerCare members, agencies, and the Behavioral Health community. Coordination, development, and implementation of proposed Behavioral Health policy changes occur through collaboration with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). This position engages primarily with ODMHSAS and periodically interacts with various other partners that include other state entities such as OKDHS, OU Child Study Center and stakeholders that may include providers and advocates such as behavioral health agencies, individual practitioners, the Mental Health Association, and the Oklahoma Psychiatric Hospital. Through its functional activities, the Behavioral Health Services unit directly supports the achievement of agency Goal #7: Collaboration while indirectly and directly supporting agency goal 2. The main responsibilities include ensuring 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 while identification of issues and trends regarding the quality of services is ongoing.

Major activities of the unit include:

- Building and maintaining of the SoonerCare Behavioral Health Service benefit package; initiating green sheets for Behavioral Health policy changes as necessary
- Completing liaison activities between OHCA and ODMHSAS
- Monitoring of the interagency agreement with ODMHSAS
- Developing collaborative relationships with state agencies and organizations to provide information regarding the SoonerCare Behavioral Health program
- Ensuring providers' questions are answered timely as relating to the provision of services purchased by the agency
- Collaborating activities related to the Behavioral Health Advisory Council

Core Functions associated with SoonerCare Behavioral Health is encompassed within the Oklahoma Medicaid State Plan so the 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 (2012) directed the transfer of appropriated Behavioral Health state dollars, policy development, and administration to ODMHSAS while 42 C.F.R. §431.10 requires that OHCA will be the single state agency for Oklahoma's Medicaid Program. There is an interagency Agreement with ODMHSAS and the Behavioral Health Services Director monitors the interagency agreement between the parties.

**Behavioral Health Services (3 responses)**

1. Total Health Care Experience: 21 years
2. Total OHCA Experience: 6 years

3. Total State Agency Experience: 12 years
4. Associates Degrees: 1
5. Bachelor Degrees: 2
6. Advanced Degrees: 1
7. Currently Pursuing a Degree: 1
8. Health Related Licenses: 1

**Highlights:**

- This unit includes a licensed Marriage and Family Therapist.

**SoonerCare Health Benefit Support: Insure Oklahoma**

Melissa Pratt, Director

Insure Oklahoma program is authorized by Senate Bill 1546 in April 2004. The program assists employees of small businesses, 19 to 64 years of age with either a portion of their private health plan premiums (Employer Sponsored Insurance), or the purchase of a state sponsored health plan operated under the state Medicaid program (Individual Plan). The program is funded by state and federal tax dollars. 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. The unit primarily supports Goal #5: Eligibility and Enrollment.

Major activities of the unit include:

- Review and approve employer applications
- Review and approve employee applications
- Set up premium subsidy payments
- Operate tier II call center
- Audit compliance with program's rules
- Out of pocket expense reimbursement
- Process kids' dental claims

State law enabled the program and funded the state share. The state funding is provided through Title 68 Sec 302-5 while the federal funding is provided through the SoonerCare Sec. 1115 demonstration waiver. Any changes in the state or federal law will influence the unit's operations and funding.



**Insure Oklahoma (14 responses)**

1. Total Health Care Experience:	108 years
2. Total OHCA Experience:	64 years
3. Total State Agency Experience:	64 years
4. Associates Degree:	4
5. Bachelor Degrees:	2
6. Advanced Degrees:	1
7. Currently Pursuing a Degree:	5

**Highlights:**

- 3 employees have at least 10 years' experience in the healthcare industry

**SoonerCare Health Benefit Support: Pharmacy Services**

Nancy Nesser, Director

The Pharmacy Unit ensures safe, appropriate and cost-effective use of medication therapy and timely and accurately collects rebates from pharmaceutical manufacturers. Stakeholders include internal units that depends on the Pharmacy unit to provide clinical information and pricing for drugs that are covered in the medical program as well as pharmaceutical manufacturers and other state agencies. Through its functional activities, the unit supports agency Goal #2: Program Development. The main responsibilities include accurately processing claims, ensuring Drug Utilization Review is occurring within federal statute requirements, policy is up to date and supports appropriate use of medication therapy, and that OHCA is meeting CMS deadlines and staying current with payments and disputes with manufacturers with regards to rebates.

- 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.

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. The unit is governed by 42 USC 1398r-8 and 63 OS 5030.1 – 5030.5 and 56 OS 204-204.1.

**SoonerCare Health Benefits Support: Pharmacy Services (10 responses)**

1. Total Health Care Experience	218 years
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2. Total OHCA Experience	71 years
3. Total State Agency Experience	71 years
4. Bachelor Degrees	5
5. Advanced Degrees	1
6. Professional Degrees	1
7. Medical Licenses	3
8. Professional/community organizations	3

**Highlights:**

- 3 employees have Doctor of Pharmacy degrees
- 2 employees are a licensed pharmacy technician

**SoonerCare Health Benefits Support: Coding Integrity & Reporting**

Nelia French, Systems Integrity Manager

This unit is 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, Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (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 code sets from CMS. Annually, an update to the system is completed for rate changes. Additionally, certain claims are triggered for suspension and manually reviewed by staff for a pre-payment decision on whether or not the claim is appropriate for payment. Responsibilities for this unit include ensuring accuracy of the reference file to affirm claims are processed timely, accurately, and appropriately. The unit primarily supports Goal #1: Financing and Reimbursement.

Major activities of the unit include:

- Maintaining the OKMMIS reference file according to state and federal policies.
- Maintaining records of all of the changes made to the OHCA reference file
- Interfacing with internal agency staff to assist in understanding the MMIS system
- Working high volume of suspended claims

Core Functions associated with the Coding Integrity & Reporting unit for the reference file are encompassed within the Oklahoma Medicaid State Plan, federal guidelines such as Title XIX and XXI of the Social Security Act, the Oklahoma Administrative Code, and SoonerCare 1115a and 1915c waivers govern these activities. Claims are governed by Oklahoma Statute Title 36, Chapter 1, Article 12, Section 1219, national coding standards, and OHCA policies.

**Medical Administration and Coding Integrity and Reporting (9 responses)**

(Responses are combined with the Medical Administration Unit)

1. Total Health Care Experience:	185 years
2. Total OHCA Experience:	53 years
3. Total State Agency Experience:	61 years
4. Associates Degree:	4
5. Bachelor Degrees:	4
6. Advanced Degrees:	1
7. Health Related Licenses:	6
8. Health Related Certifications:	5
9. Job Related Professional Organizations:	6
10. Leader Professional/Community organization:	1

**Highlights:**

- 5 employees are Certified Professional Coders.
- 6 employees are Registered Nurses

**SoonerCare Medical Professional Services: Dental Services**

Leon Bragg, Chief Dental Officer

The Oklahoma Health Care Authority Dental program is a self-administered statewide fee- for-service program; therefore, the maintenance of an adequate state dental provider 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. Efficient administration of the dental program is imperative while maintaining visibility and ensuring circulation of information on the OHCA Dental program through representation on various internal and external committees: CMS Oral Technical Advisory Group, Board of Director for Medicaid CHIP Dental Association, Oklahoma Board of Dentistry, Oklahoma Dental Association, and the Oklahoma Dental Foundation as well as internal OHCA committees. Through the OHCA's Dental functional activities, the unit directly supports the achievement of agency Goal #6: Administration. The main responsibilities include oversight and administration of the dental program as well as for tracking suggestions/input on recommendations for policy changes, response to inquiries from a variety of sources including legislative inquiries, involvement in the ongoing improvement for the standard of quality of care SoonerCare members receive, and the active cultivation of partnerships with dental providers across the state.

Major activities of the unit include:

- Acting to ensure that dental benefits meet the needs of Oklahomans within budgetary constraints e.g., suggestions/input on recommendations for policy changes
- Collaborating and acting as a liaison between OHCA with state-wide dental partners for the maintenance of the dental network for SoonerCare members and the program's performance

- Acting as the OHCA dental subject matter expert, providing guidance and assistance to both internal and external units
- Reviewing clinical requests for specific services that require prior authorization and providing determinations
- Acting as the OHCA representative in administrative hearings; providing necessary explanations as to OHCA's position for decisions on requested services
- Maintaining visibility and ensuring circulation of information on the OHCA Dental program through affiliations with various committees and associations

Oral health services has legal references in the Oklahoma Medicaid State Plan, Title XIX and XXI of the Social Security Act and the Oklahoma Administrative Code (OAC 317); therefore, the OHCA Dental program's core functions and activities are centered around compliance with these federal and state laws.

**Dental (4 responses)**

1. Total Health Care Experience	105 years
2. Total OHCA Experience	54 years
3. Total State Agency Experience	67 years
4. Bachelor Degrees	2
5. Advanced Degrees	2
6. Medical Licenses	1
7. Health Related Certifications	1
8. Other Licenses and Certifications	1
9. Job Related Professional Organization	2
10. Leader Professional/community organization	1

**Highlights:**

- 2 employees are dentists with DDS degrees
- 1 employee has over 38 years working in healthcare industry

**SoonerCare Medical Professional Services: Durable Medical Equipment (DME)**

Stan Ruffner, Director

The unit establishes and directs the development and implementation of the Durable Medical Equipment (DME) program for SoonerCare and Insure/Oklahoma to comply with federal, state, and OHCA requirements. The unit also provides support and coordination to significant areas of policy development and implementation, 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. The DME unit works closely with the DME provider community, advisory boards, and federal audit agencies and has

the responsibility of providing oversight to the OKDMERP program. The unit primarily supports Goal #7: Collaboration.

The main activities of the DME unit include:

- Inform providers of pricing, utilization limits, prior authorization requirements for DMEPOS products
- Support members with issues related to QA caused by providers
- Insuring that OHCA is in compliance with pricing and coverage
- Oklahoma Durable Medical Equipment Reuse Program (OKDMERP) – Program Monitor
- Monitor program for Incontinence Supply contract including prior authorization, claims, and member satisfaction – Program Director

Activities for the DME unit are covered by state and federal law as well as OHCA policy. These regulations include: OKDMERP (Reuse Program) (56 O.S. 1011.11); Wheeled Mobility Act – (56 O.S. 1015.3); CMS Federal coverage of DMEPOS Products (42 C.F.R. 424.57); and OHCA Policy (317: 30-5-211.10-19).

**Highlights:**

\*Detailed aggregate data is not available for this unit.

**SoonerCare Medical Professional Services: Medical Administration**

Yasmine Barve, Medical Admin Manager

This unit provides the analysis and review of suspended and reconsidered claims to ensure services are appropriate and medically necessary according to national coding standards and OHCA policies. In addition, this unit provides subject matter expertise by researching evidence-based protocols for appropriateness. Manual review of suspended claims ensures that OHCA pays accurately for needed appropriate services for its members. The unit primarily supports Goal #1: Financing and Reimbursement.

The major activities for this unit include:

- Review claims for medical appropriateness.
- Research evidence-based protocols for appropriateness
- Process suspended claims base on medical standards and agency policy.

All medical activities are guided by agency policy and state statutes including the requirements for EPSDT. All activities are covered by the limits of state licensure guidelines.

**Medical Administration and Coding Integrity and Reporting (9 responses)**

(Responses are combined with the Coding Integrity and Reporting Unit)

1. Total Health Care Experience: 185 years
2. Total OHCA Experience: 53 years

3. Total State Agency Experience:	61 years
4. Associates Degree:	4
5. Bachelor Degrees:	4
6. Advanced Degrees:	1
7. Health Related Licenses:	6
8. Health Related Certifications:	5
9. Job Related Professional Organizations:	6
10. Leader Professional/Community organization:	1

**Highlights:**

- 5 employees are Certified Professional Coders.
- 6 employees are Registered Nurses

**SoonerCare Medical Professional Services: Medical Services**

Sylvia Lopez, Chief Medical Officer

The overall purpose of the unit is to assist the agency in developing standards of care, policy, guidelines and protocols. In addition this unit provides the final analysis of claims, appeals and the final decisions on reviews to ensure services are appropriate and medically necessary according to national coding standards and OHCA policies. The staff in this unit makes sure that medically necessary services that have a positive and proven impact on outcomes are available to our members. The unit serves as a direct resource for the agency as subject matter experts. In the process of completing daily activities, this unit has periodic contact with members, providers, and other stakeholders who include state agencies, legislators, advocacy groups and private payer organizations. The unit primarily supports Goal #2: Program Development.

Major activities of the unit include:

- Review claims for medical appropriateness
- Process suspended claims for medical standards and agency policy
- Medical review committee to review standards of care
- Serve as resource on medical necessity for legal services
- Review requested services for medical necessity

Most of the duties of this unit are guided by OHCA policy, state statutes and evidence-based protocols for determining standards of care. This unit also interacts and assists with communicating with provider groups, stakeholder organizations and legislative representatives.

**Medical Unit (10 responses)**

1. Total Health Care Experience:	248 years
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2. Total OHCA Experience:	60 years
3. Total State Agency Experience:	99 years
4. Associates Degrees:	2
5. Bachelor Degrees:	7
6. Advanced Degrees:	2
7. Health Related Licenses:	9
8. Health Related Certifications:	8
9. Other Licenses and Certifications:	2
10. Job Related Professional Organizations:	4
11. Leader Professional/Community Organization:	1

**Highlights:**

- This unit includes a Geneticist and 7 registered nurses.
- This unit includes 3 Certified Professional Coders.
- This unit includes 2 Certified Professional Auditors.
- This unit includes a Certified Oracle DBA Administrator.

**SoonerCare Medical Professional Services: Medical Authorization Unit**

Kenneth Goodwin, Director

The Medical Authorization Unit (MAU) has the responsibility of processing prior authorization requests received from providers to ensure that the services being requested are medically necessary. It is the goal of the MAU to complete these reviews accurately and in a timely manner so members may receive the most cost-effective, medically-appropriate services and/or items. These duties require MAU staff to work closely with providers and contracted vendors who assist with the medical prior authorization review (PAR) process. Through its functional activities, the Medical Authorization unit directly supports the achievement of agency Goal #2: Program Development.

Major activities of the unit include:

- 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.
- Education is provided 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 topics covered.
- The MAU webpage is maintained 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.

- Response to inquiries is completed within one business day by MAU staff. Inquiries can be generated from sources such as providers, external agencies, or Legislative inquiries may be received.
- The majority of the duties for the MAU are guided by Oklahoma Administrative code (OAC Title 317). Additionally, State and Federal regulations are followed (e.g., Early and Periodic Screening, Diagnosis, and Treatment Services specific to children) as well as OHCA internal guidelines.

### **SoonerCare Medical Professional Services: QA/QI SoonerCare Compliance**

Kenneth Goodwin, Director

For OHCA, this unit functions as the primary compliance evaluation unit for Patient-Centered Medical Home (PCMH) providers and tasked with the development of partnerships with PCMHs. Additionally, responsibility for the evaluation of all Oklahoma Health Care Authority (OHCA) complaints is completed by this unit, specifically handling complaints for quality of care concerns, others are referred to the most appropriate department or agency. Oversight of the External Quality Review Organization's (EQRO) inpatient/outpatient reviews is also an important duty performed by this unit. This unit primarily focuses on developing strong relationships with SoonerCare providers, providing leadership and direction in OHCA policies. Through its functional activities, the SoonerCare Compliance unit directly supports the achievement of agency Goal #4: Satisfaction and Quality. The important roles fulfilled by this unit for the mission of the agency: ensuring compliance of OHCA provider partners for improvement of health outcomes, ensuring access to care and quality health care for SoonerCare members.

Major activities of the unit include:

- Coordinating the performance of Quality Assurance evaluations and monitoring of provider compliance across multiple OHCA benefit programs e.g., dental compliance audits
- Coordinating PCMH audits to ensure compliance with state and federal guidelines, to ensure quality care and services are provided to SoonerCare members as well as SoonerCare contract compliance
- Assisting in development and monitoring of PCMH provider audit corrective action plans, as needed
- Completing clinical reviews of all SoonerCare complaints as well as tracking for identification of trends
- Completing clinical reviews of contracted EQRO recoupments
- Completing clinical reviews and tracking of OHCA expenditure claims

The OHCA serves as the managed care organization for SoonerCare Choice, responsible for providing quality assurance activities itself. Private Medicaid Managed Care Organization (MCO) regulations have been applied to the functions of the OHCA (designated as "utilized as a resource") 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). Additionally, other federal and state citations are provided in OHCA Special Provisions Provider Contract 2013-2, 3.7, A-E, the Oklahoma Medicaid State Plan, 42



C.F.R. §455.432, the Oklahoma Administrative Code (OAC 317:2), 42 C.F.R. §438.400 and 42 C.F.R. §438.66 (utilized as resources) 42 CFR §438.354, State Medicaid Director Letter 13-003, and 42 C.F.R. §438.204 (utilized as a resource). Oversight of audit process and expenditures is provided through executive staff to ensure best practices and evidence-based guidelines are utilized.

**MAU QA/QI (19 responses)**

1. Total Health Care Experience	346 years
2. Total OHCA Experience	118 years
3. Total State Agency Experience	146 years
4. Associates Degrees	4
5. Bachelor Degrees	10
6. Currently Pursuing a Degree	2
7. Health Related Licenses	13
8. Health Related Certifications	4
9. Other Licenses and Certifications	2
10. Job Related Professional Organizations	5
11. Leader Professional/community organization	3

**Highlights:**

- 9 employees have worked in the Health Care Industry for 20 years or more
- 7 employees are Registered Nurses
- 6 employees are Licensed Professional Nurses
- 1 employee is a Certified Case Manager
- 2 employees are a Chronic Care Professional
- 1 employee is a Certified Professional Coder

**SoonerCare Program Operations: Behavioral Health Operations**

Jennifer King and Nichole Burland, Managers

The Behavioral Health Operations unit is charged with ensuring members receive medically necessary, appropriate Behavioral Health services. The unit provides prior authorizations, needs assessments and care management to members in need of BH treatment and services. The services provided by the unit allow members to transition from inpatient treatment facilities to outpatient treatment facilities successfully. By working closely with facilities and other state agencies, they assist in linkage, referral, and consultation for the BH referral needs of our members. The unit primarily supports Goal #2: Program Development.

The major activities of this unit include:

- Clinical reviews/Prior Authorization of Inpatient & Therapeutic Foster Care
- BH referrals
- Case staffing for intensive treatment needed to locate resources

- Discharge follow up

The core functions of the unit are guided by OHCA policy and all staff is required to follow the structure of the licensure needed to provide these services.

**Behavioral Health Operations (19 responses)**

1. Total Health Care Experience:	433 years
2. Total OHCA Experience:	66 years
3. Total State Agency Experience:	167 years
4. Associates Degree:	2
5. Bachelor Degrees:	17
6. Advanced Degrees:	16
7. Health Related Licenses:	16
8. Health Related Certifications:	2
9. Other Licenses and Certifications:	2
10. Leader Professional/Community organization:	1

**Highlights:**

- 1 employee has a M.D.
- 2 employees are certified Case Managers
- 15 employees hold Master’s degrees

**SoonerCare Program Operations: SoonerCare Member Services**

Kevin Rupe, Director

The Member Services unit is comprised of the member services, SoonerCare Eligibility, and Level of Care Evaluation functions. These units work together to ensure that members receive all the benefits and services they are entitled to. Member Services is in constant contact with members and providers. Other stakeholders include agency partners, community partners, the legislature, and DHS. All division Core Functions are supportive of the Goal #3: Personal Responsibility and Goal #5: Eligibility and Enrollment. The main responsibility of member services is assisting members with eligibility/enrollment and access to care issues. Level of Care evaluates Nursing Facility screens and applicants, DDSD screens and PASSR screens, and assists with SS determinations. The SoonerCare Eligibility Unit promotes continuity in the SoonerCare program by ensuring qualified individuals are able to qualify for Medicaid and maintain eligibility.

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, and SoonerCare Helpline.
- Monitors modifications to OHCA Information Systems relevant to the SoonerCare program.
- Assists the actuary in the development of capitation rates for the SoonerRide program.
- Assists Insure Oklahoma (Individual Plan) members with program knowledge and access to care issues.

**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 determining eligibility 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 members) in a timely manner
- Evaluates and determines medical eligibility for the TEFRA program

**Member Services (43 responses)**

1. Total Health Care Experience	592 years
2. Total OHCA Experience	309 years
3. Other State Agency Experience	401 years
4. Associate Degrees	4
5. Bachelor Degrees	17
6. Advanced Degrees	3
7. Medical Licenses	2
8. Finance Certifications	2
9. Professional/community organizations	1
10. Leader professional/community organization	2

**Highlights:**

- 7 employees formerly worked at Oklahoma Department of Human Services
- 1 employee is a Certified Public Manager

- 2 employees hold Medical Licenses

### **SoonerCare Program Operations: Population Care Management**

Marlene Asmussen, Director

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. Through its functional activities, the Population Care Management department primarily supports the achievement of agency Goal #3: Personal Responsibility. Main responsibilities of PCM include: 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; and social service support to SoonerCare members as identified through OHCA existing programs and outside referrals.

Major activities of the unit include:

- 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.

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 Health Management Program 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.

**Population Care Management (46 responses)**

1. Total Health Care Experience:	837 years
2. Total OHCA Experience:	213 years
3. Total State Agency Experience:	343 years
4. Associates Degree:	23
5. Bachelor Degrees:	25
6. Advanced Degrees:	4
7. Currently Pursuing a Degree:	4
8. Health Related Licenses:	37
9. Health Related Certifications:	14
10. Human Resource Certifications:	1
11. Other Licenses and Certifications:	6
12. Job Related Professional Organizations:	14
13. Leader Professional/Community organization:	1

**Highlights:**

- Other state agency experience includes Oklahoma Department of Human Services, Oklahoma State Department of Health, Oklahoma Department of Corrections, Oklahoma Department of Mental Health and Substance Abuse Services, J.D. McCarty Center, , Cleveland County Health Department, Pottawatomie County Health Department, Oklahoma Office of Juvenile Affairs, OU Medical Center, OU Children's Hospital, OU Physicians and Army National Guard
- 36 employees are Registered Nurse's (RN's)
- 7 employees are Certified Case Manager's (CCM's)
- 4 employees are certified Chronic Care Professional's (CCP)
- 2 employees have the Professional Certificate of Completion in Motivational Interviewing
- Employees also have other certifications, such as Certified Health Education Specialist (CHES), Registered Health Coach III, Administrative Medical Assistant, Inpatient Obstetrics, and Behavioral Health Resource Specialist

**SoonerCare Program Operations: Provider / Medical Home Services**

Melody Anthony, Director

The Provider / Medical Home Services unit maintains one provider network to support OHCA members. Through its functional activities, the Provider / Medical Home Services unit directly supports the achievement of agency Goal #6: Administration. The main responsibilities include ensuring provider satisfaction and retention.

Major activities of the unit include:

- Dental Prior Authorizations
- Provider Education for all provider types
- Claims Reconsideration
- Training

Core functions or activities of the five subunits are required by Title 42 – Public Health of the Code of Federal Regulations; Subchapter C – Medical Assistance Programs.

**Provider / Medical Home Services (41 Responses)**

1. Total Health Care Experience	571 years
2. Total OHCA Experience	326 years
3. Other State Agency Experience	421 years
4. Associate Degrees	8
5. Bachelor Degrees	18
6. Advanced Degrees	11
7. Professional Organizations	2
8. Leader Professional Organization	1

**Highlights:**

- 11 employees hold and 3 employees are currently pursuing an advanced degree
- 3 employees are licensed professional counselors (LPC)
- 2 employees are certified case managers (CCM)