

1 STATE OF OKLAHOMA

2 2nd Session of the 55th Legislature (2016)

3 SENATE BILL 1385

By: Brecheen

4
5
6 AS INTRODUCED

7 An Act relating to the Mutual Accountability Program;
8 amending 74 O.S. 2011, Section 1329.1, as amended by
9 Section 974, Chapter 304, O.S.L. 2012 (74 O.S. Supp.
10 2015, Section 1329.1), which relates to mutual
11 accountability incentive program; clarifying the
12 contracting entity; establishing a cohort study
13 within the pilot project; creating an oversight
14 committee; defining membership and authority of
15 oversight committee; establishing duties of oversight
16 committee; and providing an effective date.

14 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

15 SECTION 1. AMENDATORY 74 O.S. 2011, Section 1329.1, as
16 amended by Section 974, Chapter 304, O.S.L. 2012 (74 O.S. Supp.
17 2015, Section 1329.1), is amended to read as follows:

18 Section 1329.1. A. ~~The Office of Management and Enterprise~~
19 ~~Services~~ Employee Group Insurance Department of the Office of
20 Management and Enterprise Services shall contract for 2012 with a
21 vendor that offers a Health Insurance Portability and Accountability
22 Act (HIPAA) compliant web-based, doctor-patient mutual
23 accountability incentive program. The purpose of the contract is to
24 conduct a pilot project to test the value proposition of a program

1 that offers financial incentives to both the health care provider
2 and the patient for each care encounter in which the provider and
3 patient incorporate evidence-based medicine treatment guidelines,
4 patient health education remedies and other proven medical
5 interventions made available and recorded through the program in the
6 rendering and utilization of health care.

7 B. The ~~Office~~ Department shall use operating funds to
8 underwrite the cost of this pilot project and shall not pass these
9 costs along to the participating state agencies, or school boards or
10 providers. The ~~Office~~ Department may retain or share with
11 participating state agencies or school boards any savings realized
12 as a result of the pilot ~~program~~ project. The program will
13 demonstrate a self-sustaining financial model that, through the
14 savings incurred by better utilization health care programs, will
15 offset the costs of this program with savings.

16 C. This program will offer the health care provider the
17 flexibility to use the health care provider's clinical judgment to
18 adhere to or deviate from the program's treatment guidelines and
19 still receive a financial incentive, as long as the health care
20 provider communicates care guidelines and patient health education
21 remedies to the patient that include an explanation of the
22 provider's adherence or reason for nonadherence to the guideline.
23 The vendor managing the ~~pilot~~ program shall offer a financial reward
24 to the patient for responding to the vendor's guidelines for care

1 and patient education remedies by demonstrating the patient's
2 understanding of the patient's health condition, by declaring or
3 demonstrating adherence to recommended care, by agreeing to allow
4 the patient's physician to view patient's responses and acknowledge
5 the patient's health accomplishments, and by judging the quality of
6 care given to the patient against these guidelines and recommended
7 care.

8 D. Any communications to patient and provider shall be in
9 compliance with all HIPAA regulations and standards. Participation
10 in the ~~program~~ pilot project shall be voluntary to both the provider
11 and patient on an encounter-by-encounter basis. The ~~program~~ pilot
12 project shall be offered and administered by the program vendor
13 through an Internet application that is HIPAA-compliant.

14 E. This pilot project shall involve a cohort study to include a
15 minimum of fifteen thousand beneficiaries of the ~~Office~~ Department
16 to be covered by the project, designated as the intervention group,
17 to achieve a statistical significance and collect and analyze data
18 of the intervention group's total per capita healthcare costs,
19 properly adjusted to appropriately compare to a population of
20 Department beneficiaries not covered by the project, designated as
21 the control group, over a period of three (3) years in order to
22 determine the program's effectiveness and ability to become self-
23 funded.

24

1 F. In order to ensure the pilot project is administered and
2 evaluated in a fair and appropriate manner, an oversight Committee
3 shall be formed with administrative authority over all matters
4 pertaining to the pilot project. The Committee shall dissolve after
5 the pilot project's final report is accepted and approved by the
6 Committee. The Committee shall consist of five (5) members, two
7 appointed by the Speaker of the House, two appointed by the
8 President Pro Tempore of the Senate and one by the Governor. The
9 Committee shall be empowered to rule on special requests by the
10 Department and vendor, and rule on disputes between the Department
11 and vendor. The Committee shall also be empowered to direct the
12 Office of Management and Enterprise Services to:

13 1. Arrange to provide to the vendor all data of both the pilot
14 project's intervention and control groups, in a HIPAA compliant
15 manner, to include Protected Health Information (PHI) and such other
16 support as the vendor may reasonably require at its sole discretion
17 pertinent to its role of program administrator responsible for
18 achieving the best possible outcome relative to the goal of program
19 financial self-sustainment;

20 2. Direct the Department and the vendor, or their surrogates,
21 to conduct pilot project data analyses, compare results, reconcile
22 variances and reach consensus on the performance of the program
23 against the goal of self-funding;

24

1 3. Direct the Department and the vendor, or their surrogates,
2 to submit a written report to the Committee, at least annually, that
3 presents findings relative to the program's performance against the
4 goal of self-funding;

5 4. With the vendor, jointly select and engage an independent
6 pilot project evaluator with the requisite expertise and experience
7 in the appropriate methods to assess the cost containment
8 capabilities of the program in a cohort study;

9 5. Direct the pilot project evaluator to confirm the analyses
10 conducted by the Department and the vendor, or their surrogates, or,
11 at the evaluator's discretion, conduct a separate analysis of the
12 pilot project data and submit a final written report to the
13 Department and the vendor, within five months of the pilot project's
14 conclusion, that presents statistically valid findings relative to
15 the program's cost containment capabilities against the goal of
16 self-funding;

17 6. Direct the Department and the vendor, or their surrogates,
18 to review the pilot project evaluator's final report and offer
19 critique and commentary prior to the release of the evaluator's
20 final report; and

21 7. Submit the pilot project evaluator's final report, including
22 critiques and commentary by the Department and the vendor, to the
23 Committee for review and approval. Once approved, the Committee
24 shall submit the pilot project evaluator's final report with all the

1 critiques and commentary to the Governor, the Speaker of the House
2 and the President Pro Tempore of the Senate.

3 SECTION 2. This act shall become effective November 1, 2016.

4

5 55-2-2782 CB 1/21/2016 7:39:18 PM

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24