

OKLAHOMA HEALTH CARE AUTHORITY  
REGULARLY SCHEDULED BOARD MEETING  
November 10, 2011 at 1:00 P.M.  
Oklahoma Health Care Authority  
2401 NW 23<sup>rd</sup>, Suite 1-A  
Ponca Conference Room  
Oklahoma City, Oklahoma

**AGENDA**

**Items to be presented by Lyle Roggow, Chairman**

1. Call to Order / Determination of Quorum
2. Action Item – Approval of October 13, 2011 OHCA Board Minutes
3. Discussion Item – Reports to the Board by Board Committees
  - a) Audit/Finance Committee – Member Miller
  - b) Rules Committee – Member McVay
  - c) Strategic Planning Committee – Vice Chairman Armstrong

**Items to be presented by Mike Fogarty, Chief Executive Officer**

4. Discussion Item – Chief Executive Officer’s Report
  - a) Financial Update – Carrie Evans, Chief Financial Officer
  - b) Medicaid Director’s Update – Becky Pasternik-Ikard, RN, JD – Deputy State Medicaid Director
  - c) Excellence In Children’s Health Outreach and Enrollment (ECHOE) Award

**Item to be presented by Marlene Asmussen, RN, CCM, Director – Care Management**

5. Discussion Item - Evolution, Initiatives and Outcomes of the SoonerCare Care Management Program

**Item to be presented by Beth VanHorn, Director – Legal Operations**

6. Discussion Item - Online Demonstration of the Electronic Provider Enrollment System – Easy, Fast and Secure

**Item to be presented by Lisa Gifford, JD, Director – Financial Resources**

7. Discussion Item – Update on Telework Pilot Program authorized by 62 Okla. Stat. § 34.11.7 (C) – Lisa Gifford, JD, Director – Financial Resources

**Items to be presented by Howard Pallotta, Director of Legal Services**

8. Announcements of Conflicts of Interest Panel Recommendations for all action items regarding this board meeting.

**Item to be presented by Chairman Roggow**

9. Discussion Item – Proposed Executive Session as Recommended by the Director of Legal Services and Authorized by the Open Meetings Act, 25 Okla. Stat. § 307 (B) (1), (4) and (7)

A. Status of Pending Suits

Status of Pending suits and claims

1. Homeward Bound v. OHCA	85-CV-437-GKF-TLW	USDC/Northern District, OK
2. Morehead v. OHCA	CJ-07-1110	Cleveland County, OK
3. Assoc. for Direct Trainers v. OHCA	CJ-08-4237	Oklahoma County, OK
4. Wittenberg v. OHCA	10-CV-0238	Oklahoma County, OK
5. Peak v. HHS	10-5145	10 <sup>th</sup> Circuit Court of Appeals
6. George L. Gragert v. OHCA	CIV-11-984-C	USDC/Western District, OK

10. Action Item - Consideration and Vote upon board meeting dates, times and places for the Oklahoma Health Care Authority Board for calendar year 2012.
11. New Business
12. ADJOURNMENT

NEXT BOARD MEETING  
December 8, 2011  
Tulsa, OK

MINUTES OF A REGULARLY SCHEDULED BOARD MEETING  
OF THE HEALTH CARE AUTHORITY BOARD  
October 13, 2011  
Held at the Oklahoma Health Care Authority  
Oklahoma City, Oklahoma

Manner and Time of Notice of Meeting: A public notice was placed on the front door of the Oklahoma Health Care Authority on October 11, 2011.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman Roggow called the meeting to order at 1:00 PM.

BOARD MEMBERS PRESENT:

Vice-Chairman Armstrong, Member McVay, Member Bryant, Member Miller, Member Robison, Member McFall, and Chairman Roggow

OTHERS PRESENT:

Karan Nimocks, HP  
Josh Cook, HP  
Debbie Spaeth, Quest MH/SA

OTHERS PRESENT:

Lisa Spain, HP  
Will Widman, HP  
Lisa Adams, Varangon Academy

Chairman Roggow introduced new Board Member, Carol Robison, who was appointed by Governor Mary Fallin.

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULARLY SCHEDULED BOARD MEETING HELD AUGUST 24 - 26, 2011.

The Board routinely reviews and approves a synopsis of all its meetings. The full-length recordings of the meetings of the Board are retained at the Board Offices and may be reviewed upon written request.

MOTION:

Member McFall moved for approval of the August 24-26, 2011 board minutes as published. Vice-Chairman Armstrong seconded.

FOR THE MOTION:

Vice-Chairman Armstrong, Member McVay, Member Bryant, Member Miller, Member Robison, Member McFall, and Chairman Roggow

FINANCIAL UPDATE

Carrie Evans, Chief Financial Officer

Ms. Evans reported that the Revenues for OHCA through August, accounting for receivables, were **\$663,274,776** or **(.3%) under** budget. Expenditures for OHCA, accounting for encumbrances, were **\$587,296,016** or **.9% under** budget. The state dollar budget variance through August is **\$3,993,769 positive**.

The budget variance is primarily attributable to the following (in millions):

<b>Expenditures:</b>
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Medicaid Program Variance		0.2
Administration		1.1
<b>Revenues:</b>		
Taxes and Fees		.9
Drug Rebate		.6
Overpayments/Settlements		1.2
<b>Total FY 12 Variance</b>	<b>\$</b>	<b>4.0</b>

For a detailed report, see Item 4a of the October 13, 2011 board packet.

**MEDICAID DIRECTOR'S UPDATE**

Garth Splinter, M.D.

Dr. Splinter went over the data sheet highlighting the fact that all programs are approximately level. There was an increase of approximately 10,000 net in enrollees spread among the different categories. The SoonerCare Patient-Centered Medical Home experienced a small decrease, with increases in all the other categories except Insure Oklahoma. On OLL, we have a very small increase in dual eligible enrollment. The cost and number of the Long Term Care members has increased slightly. Total providers continue to grow with over 7,000 enrolling in August 2011 with a total enrollment of over 14,000. Electronic health record payment incentives continue to generate interest with 138 payments in August, and the program is up to a total of 871 payments for almost \$50 million. For a detailed report, see Item 4b of the October 13, 2011 board packet.

Member McFall asked how Oklahoma compares with other states with regard to the electronic health record payments. Those numbers are not yet available, but Dr. Splinter will have them calculated and report back.

**INTRODUCTION OF ALL-STAR EMPLOYEES**

Mike Fogarty, Chief Executive Officer

Mr. Fogarty informed the Board about the recent OHCA employee recognition luncheon, and introduced those employees selected as All-Stars.

**ITEM 5/FISCAL YEAR 2013 BUDGET REQUESTS**

Juarez McCann, Chief Budget Officer

Mr. McCann presented the Fiscal Year 2013 Budget Request. He explained that this document is presented to the Governor's Office and the Legislature to give them an idea of how much money will be required to run the program. Mr. McCann explained that this request only includes additional monies required to operate the program. It does not include base funding already in place, and may be updated as necessary.

Agencies are required to prioritize each request based on its importance to the agency. To simplify the request, similar items are grouped together and presented as a single priority to the Office of State Finance. The first five priorities are non-discretionary, and are required to operate the program as it exists today. These represent an additional \$200 million in state dollars. Mr. McCann went on to explain how each priority was

categorized and its significance, including an explanation of the effect of provider rate cuts and online enrollment.

For a summary of the Fiscal Year 2013 Budget request, see Item 5 of the October 13, 2011 board packet.

Member McFall pointed out that on Priority 5, there was no increase for pharmacy dispensing fees, and this was an area on which he was hearing much. Member Robison asked if providers had been lost in this last year. CEO Fogarty said that OHCA has lost providers, but not at a rate that has been noticeable.

Member McFall asked the Board to discuss ways to promote online enrollment to doctors and hospitals that are not aware of this product. He stressed that this would be very important as we approach 2014, and suggested that this information should be directed to public libraries and to physician and pharmacy staff, especially in rural areas. Mike Fogarty, CEO and Nico Gomez, Deputy CEO discussed current and future efforts and resources to provide outreach in this and other areas. Member Bryant suggested that we might also look to schools as a way to promote this information in Oklahoma communities.

**ITEM 6/REPORTS TO THE BOARD BY BOARD COMMITTEES**

Member Miller reported that the Audit/Finance Committee met and that for the first quarter of this year, we are in good shape. He also reminded everyone that we have a very tight budget work plan, and it will need to be monitored very carefully.

Member McVay reported that the Rules Committee had met, discussed the rules to be presented and had no issues.

**ITEM 7/ANNOUNCEMENTS OF CONFLICTS OF INTEREST PANEL RECOMMENDATIONS FOR ALL ACTION ITEMS REGARDING THIS BOARD MEETING**

Mr. Pallotta stated that the Conflicts of Interest Panel met and found no conflicts regarding all action items.

**ITEM 8.a)CONSIDERATION AND VOTE UPON A DECLARATION OF A COMPELLING PUBLIC INTEREST FOR THE PROMULGATION OF ALL EMERGENCY RULES IN ACCORDANCE WITH 75 OKLA. STAT. § 253**

Cindy Roberts, Deputy Chief Executive Officer

**MOTION:**

Member McFall moved for declaration of a compelling public interest for promulgation of all emergency rules as presented. Member Bryant seconded.

**FOR THE MOTION:**

Vice-Chairman Armstrong, Member McVay, Member Bryant, Member Miller, Member Robison, Member McFall, and Chairman Roggow

**ITEM 8.b) CONSIDERATION AND VOTE UPON PROMULGATION OF EMERGENCY RULES AS FOLLOWS:**

Cindy Roberts, Deputy Chief Executive Officer

Ms. Roberts presented the following rules as published in the meeting agenda. Full details of the rules can be found in the board packet under sections 8.b-1 and 8.b-2

8.b-1 AMENDING Agency rules at OAC 317:30-5-763 to remove respiratory therapy as an allowable service within the ADvantage Waiver program and remove Hospice when the member is in a nursing facility receiving ADvantage Facility Based Extended Respite. Both services are removed due to lack of utilization. Additionally, rules are revised to remove language allowing for reimbursement to providers of case management transition services when the members fails to transition into the Advantage waiver program. The revisions are necessary to align OHCA policy with revised operational procedures as approved by the Centers for Medicare and Medicaid Services (CMS).

8.b-2 AMENDING Agency rules at OAC 317:2-1-2, 2-1-15 and 30-5-58 to establish guidelines for and implement the Supplemental Hospital Offset Payment Program (SHOPP) as authorized by 63 Okla. Stat. §§ 3241.1 through 3241.6. OHCA is required by the SHOPP Act to assess all in-state hospitals, unless specifically exempted, an assessment fee of 2.5%. Funds derived from the assessment will be used to garner federal matching funds which will be used to maintain SoonerCare provider reimbursement rates as well as pay participating hospitals a quarterly access payment.

**MOTION:**

Member Bryant moved for approval of emergency rules 8.b-1 thru 8.b-2 as presented. Member McVay seconded.

**FOR THE MOTION:**

Vice-Chairman Armstrong, Member McVay, Member Bryant, Member Miller, Member Robison, Member McFall, and Chairman Roggow

**ITEM 9/ CONSIDERATION AND VOTE UPON THE RECOMMENDATIONS OF THE STATE PLAN AMENDMENT RATE COMMITTEE**

Cindy Roberts, Deputy Chief Executive Officer

Ms. Roberts presented the following rates as published on agenda. For full details of the rates see Item 9a, 9b, 9c and 9d of the board packet. She stated that a public hearing was held on August 30, 2011. There was a quorum and no one asked to speak.

9a) Consideration and Vote Upon Children's Long Term Care Sub-Acute Hospitals

**MOTION:**

Member McFall moved approval of rates presented in Item 9a. Vice Chairman Armstrong seconded.

**FOR THE MOTION:**

Vice Chairman Armstrong, Member McVay, Member Bryant, Member Miller, Member Robison, Member McFall, and Chairman Roggow

9b) Consideration and Vote Upon Public Health Clinic Services

MOTION: Member McFall moved approval of rates as presented in Item 9b. Member McVay seconded.

FOR THE MOTION: Vice Chairman Armstrong, Member McVay, Member Bryant, Member Miller, Member Robison, Member McFall, and Chairman Roggow

9c) Consideration and Vote Upon Supplemental Outpatient Hospital Payment to Level I Trauma Centers

MOTION: Member McFall moved approval of payment methodology as presented in Item 9c. Vice Chairman Armstrong seconded.

FOR THE MOTION: Vice Chairman Armstrong, Member McVay, Member Bryant, Member Miller, Member Robison, Member McFall, and Chairman Roggow

9d) Consideration and Vote Upon Proposed Reimbursement Method for Nursing Facilities Serving Adults

MOTION: Member McFall moved approval of payment methodology as presented in Item 9b. Member Bryant seconded.

FOR THE MOTION: Vice Chairman Armstrong, Member McVay, Member Bryant, Member Miller, Member Robison, Member McFall, and Chairman Roggow

**ITEM 10/CONSIDERATION AND VOTE REGARDING RECOMMENDATIONS MADE BY THE DRUG UTILIZATION REVIEW BOARD UNDER 63 OKLAHOMA STATUTES § 5030.3**

Dr. Ron Graham, College of Pharmacy

Dr. Graham presented the following recommendations made by the Drug Utilization Review Board:

- a) Consideration and vote to add Type 2 Diabetes Medications to the product-based prior authorization program under OAC 317:30-5-77.3.
- b) Consideration and vote to add the following products to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
  - 1) Zuplenz™ (ondansetron)
  - 2) Xiaflex® (Collagenase Clostridium Histolyticum)
  - 3) Cinryze® and Berinert® (C1 esterase inhibitor)
  - 4) Kalbitor® (ecallentide)

MOTION:

Member McFall moved for approval of Item 8a & b as recommended. Member Bryant seconded.

FOR THE MOTION:

Vice-Chairman Armstrong, Member McVay, Member Bryant, Member Miller, Member Robison, Member McFall, and Chairman Roggow

**ITEM 11/CONSIDERATION AND VOTE TO AUTHORIZE EXPENDITURE OF FUNDS FOR THE SOONER CARE CALL CENTER**

Beth VanHorn, Director of Legal Operations

Ms. VanHorn gave a background and explanation of the call centers currently being used. As contracts with these vendors are about to expire, it was determined that functions would be consolidated to one call center.

There was much discussion regarding this request. Ms. VanHorn explained and answered questions regarding cost associated with the call center, the scope of work to be accomplished, staffing considerations, federal match, as well as, the request for proposal/selection process.

MOTION:

Vice-Chairman Armstrong moved for Item 11 as recommended. Member Bryant seconded.

FOR THE MOTION:

Vice-Chairman Armstrong, Member McVay, Member Bryant, Member Miller, Member Robison, Member McFall, and Chairman Roggow

**ITEM 12/PROPOSED EXECUTIVE SESSION AS RECOMMENDED BY THE DIRECTOR OF LEGAL SERVICES AND AUTHORIZED BY THE OPEN MEETINGS ACT, 25 OKLA. STAT. § 307(B)(1),(4) and (7)**

Howard Pallotta, General Counsel

MOTION:

Vice-Chairman Armstrong moved for Executive Session. Member McFall seconded.

FOR THE MOTION:

Vice-Chairman Armstrong, Member McVay, Member Bryant, Member Miller, Member Robison, Member McFall, and Chairman Roggow



**ITEM 13/NEW BUSINESS**

Chairman Roggow asked the Board members to think about dates, times and locations for meetings in 2012.

**ITEM 14/ADJOURNMENT**

MOTION:

Member McFall moved for adjournment.  
Member Robison seconded.

FOR THE MOTION:

Vice-Chairman Armstrong, Member McVay,  
Member Bryant, Member Miller, Member  
Robison, Member McFall, and Chairman  
Roggow

DRAFT



## FINANCIAL REPORT

For the Three Months Ended September 30, 2011  
Submitted to the CEO & Board  
November 10, 2011

- Revenues for OHCA through September, accounting for receivables, were **\$974,501,520** or **(.0%) under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$861,326,492** or **1.4% under** budget.
- The state dollar budget variance through September is **\$11,956,196 positive**.
- The budget variance is primarily attributable to the following (in millions):

<b>Expenditures:</b>	
Medicaid Program Variance	6.3
Administration	1.7
<b>Revenues:</b>	
Taxes and Fees	1.0
Drug Rebate	1.7
Overpayments/Settlements	1.3
<b>Total FY 12 Variance</b>	<b>\$ 12.0</b>

### ATTACHMENTS

Summary of Revenue and Expenditures: OHCA	1
Medicaid Program Expenditures by Source of Funds	2
Other State Agencies Medicaid Payments	3
Fund 230: Quality of Care Fund Summary	4
Fund 245: Health Employee and Economy Act Revolving Fund	5
Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund	6

**OKLAHOMA HEALTH CARE AUTHORITY**  
**Summary of Revenues & Expenditures: OHCA**  
**Fiscal Year 2012, For the Three Months Ended September 30, 2011**

REVENUES	FY12 Budget YTD	FY12 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 308,923,764	\$ 308,923,764	\$ -	0.0%
Federal Funds	531,992,304	522,375,164	(9,617,139)	(1.8)%
Tobacco Tax Collections	14,377,607	15,547,360	1,169,753	8.1%
Quality of Care Collections	12,937,733	12,815,273	(122,460)	(0.9)%
Prior Year Carryover	45,003,490	45,003,490	-	0.0%
Federal Deferral - Interest	82,350	82,350	-	0.0%
Drug Rebates	46,852,759	51,779,884	4,927,125	10.5%
Medical Refunds	10,087,718	13,776,936	3,689,218	36.6%
Other Revenues	4,173,413	4,197,299	23,886	0.6%
<b>TOTAL REVENUES</b>	<b>\$ 974,431,137</b>	<b>\$ 974,501,520</b>	<b>\$ 70,383</b>	<b>0.0%</b>

EXPENDITURES	FY12 Budget YTD	FY12 Actual YTD	Variance	% (Over)/ Under
<b>ADMINISTRATION - OPERATING</b>	<b>\$ 10,940,628</b>	<b>\$ 9,720,800</b>	<b>\$ 1,219,828</b>	<b>11.1%</b>
<b>ADMINISTRATION - CONTRACTS</b>	<b>\$ 23,001,295</b>	<b>\$ 20,510,463</b>	<b>\$ 2,490,832</b>	<b>10.8%</b>
<b>MEDICAID PROGRAMS</b>				
<u>Managed Care:</u>				
SoonerCare Choice	8,065,735	6,895,329	1,170,406	14.5%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	230,715,137	223,272,201	7,442,936	3.2%
Behavioral Health	75,771,569	82,502,885	(6,731,316)	(8.9)%
Physicians	107,706,085	104,362,704	3,343,380	3.1%
Dentists	38,009,340	37,053,942	955,398	2.5%
Other Practitioners	15,756,401	18,600,889	(2,844,488)	(18.1)%
Home Health Care	5,673,639	5,316,921	356,718	6.3%
Lab & Radiology	12,967,128	13,225,234	(258,106)	(2.0)%
Medical Supplies	11,817,947	11,327,948	489,999	4.1%
Ambulatory Clinics	23,042,689	20,141,020	2,901,669	12.6%
Prescription Drugs	87,794,190	87,403,360	390,831	0.4%
Miscellaneous Medical Payments	7,885,454	8,071,545	(186,091)	(2.4)%
OHCA TFC	-	-	-	0.0%
<u>Other Payments:</u>				
Nursing Facilities	122,663,406	122,263,576	399,830	0.3%
ICF-MR Private	14,304,595	14,181,978	122,617	0.9%
Medicare Buy-In	35,931,193	35,663,593	267,600	0.7%
Transportation	6,989,864	6,849,011	140,853	2.0%
EHR-Incentive Payments	15,905,431	15,905,431	-	0.0%
Part D Phase-In Contribution	18,181,198	18,057,661	123,538	0.7%
<b>Total OHCA Medical Programs</b>	<b>839,181,000</b>	<b>831,095,229</b>	<b>8,085,771</b>	<b>1.0%</b>
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
<b>TOTAL OHCA</b>	<b>\$ 873,212,305</b>	<b>\$ 861,326,492</b>	<b>\$ 11,885,813</b>	<b>1.4%</b>

<b>REVENUES OVER/(UNDER) EXPENDITURES</b>	<b>\$ 101,218,833</b>	<b>\$ 113,175,028</b>	<b>\$ 11,956,196</b>	
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**OKLAHOMA HEALTH CARE AUTHORITY**  
**Total Medicaid Program Expenditures**  
**by Source of State Funds**  
**Fiscal Year 2012, For the Three Months Ended September 30, 2011**

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	Medicaid Program Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	\$ 7,006,950	\$ 6,890,068	\$ -	\$ 111,621	\$ -	\$ 5,262	\$ -
Inpatient Acute Care	168,206,573	150,591,636	121,672	2,959,252	12,578,907	850,756	1,104,351
Outpatient Acute Care	61,729,842	57,776,557	10,401	2,600,612	-	1,342,272	-
Behavioral Health - Inpatient	32,369,697	30,455,261	-	-	-	2,658	1,911,777
Behavioral Health - Outpatient	4,761,363	4,751,841	-	-	-	-	9,522
Behavioral Health Facility- Rehab	60,855,502	46,315,868	-	123,403	-	36,230	14,380,001
Behavioral Health - Case Management	-	-	-	-	-	-	-
Residential Behavioral Management	3,119,069	-	-	-	-	-	3,119,069
Targeted Case Management	11,999,746	-	-	-	-	-	11,999,746
Therapeutic Foster Care	941,027	941,027	-	-	-	-	-
Physicians	117,555,638	86,639,310	14,525	4,090,557	15,329,967	2,378,902	9,102,377
Dentists	37,074,534	35,080,918	-	20,593	1,954,393	18,631	-
Other Practitioners	18,739,860	18,234,090	111,591	138,971	244,584	10,624	-
Home Health Care	5,316,927	5,305,712	-	6	-	11,209	-
Lab & Radiology	14,048,266	12,842,673	-	823,032	-	382,561	-
Medical Supplies	11,520,034	10,692,495	618,987	192,086	-	16,465	-
Ambulatory Clinics	23,330,867	20,036,553	-	471,189	-	104,467	2,718,658
Personal Care Services	3,097,236	-	-	-	-	-	3,097,236
Nursing Facilities	122,263,576	78,193,112	34,074,241	-	9,987,580	8,644	-
Transportation	6,849,011	6,186,842	643,801	-	16,671	1,697	-
GME/IME/DME	52,521,286	-	-	-	-	-	52,521,286
ICF/MR Private	14,181,978	11,656,582	2,313,174	-	212,222	-	-
ICF/MR Public	14,842,171	-	-	-	-	-	14,842,171
CMS Payments	53,721,254	53,092,016	629,238	-	-	-	-
Prescription Drugs	91,875,336	76,144,481	-	4,471,977	10,754,474	504,405	-
Miscellaneous Medical Payments	8,071,596	7,688,962	-	51	355,875	26,708	-
Home and Community Based Waiver	39,478,016	-	-	-	-	-	39,478,016
Homeward Bound Waiver	21,848,577	-	-	-	-	-	21,848,577
Money Follows the Person	695,827	-	-	-	-	-	695,827
In-Home Support Waiver	6,051,347	-	-	-	-	-	6,051,347
ADvantage Waiver	43,594,264	-	-	-	-	-	43,594,264
Family Planning/Family Planning Waiver	1,673,146	-	-	-	-	-	1,673,146
Premium Assistance*	15,488,606	-	-	15,488,606	-	-	-
EHR Incentive Payments	15,905,431	15,905,431	-	-	-	-	-
<b>Total Medicaid Expenditures</b>	<b>\$ 1,090,734,557</b>	<b>\$ 735,421,434</b>	<b>\$ 38,537,630</b>	<b>\$ 31,491,955</b>	<b>\$ 51,434,674</b>	<b>\$ 5,701,491</b>	<b>\$ 228,147,372</b>

\* Includes \$15,405,537.19 paid out of Fund 245

**OKLAHOMA HEALTH CARE AUTHORITY**  
**Summary of Revenues & Expenditures:**  
**Other State Agencies**  
**Fiscal Year 2012, For the Three Months Ended September 30, 2011**

<b>REVENUE</b>	<b>FY12 Actual YTD</b>
Revenues from Other State Agencies	\$ 68,456,959
Federal Funds	148,730,361
<b>TOTAL REVENUES</b>	<b>\$ 217,187,320</b>
<b>EXPENDITURES</b>	<b>Actual YTD</b>
<b>Department of Human Services</b>	
Home and Community Based Waiver	\$ 39,478,016
Money Follows the Person	695,827
Homeward Bound Waiver	21,848,577
In-Home Support Waivers	6,051,347
ADvantage Waiver	43,594,264
ICF/MR Public	14,842,171
Personal Care	3,097,236
Residential Behavioral Management	2,212,109
Targeted Case Management	8,625,187
<b>Total Department of Human Services</b>	<b>140,444,733</b>
<b>State Employees Physician Payment</b>	
Physician Payments	9,102,377
<b>Total State Employees Physician Payment</b>	<b>9,102,377</b>
<b>Education Payments</b>	
Graduate Medical Education	18,150,000
Graduate Medical Education - PMTC	633,152
Indirect Medical Education	29,677,651
Direct Medical Education	4,060,483
<b>Total Education Payments</b>	<b>52,521,286</b>
<b>Office of Juvenile Affairs</b>	
Targeted Case Management	567,139
Residential Behavioral Management - Foster Care	15,086
Residential Behavioral Management	891,875
Multi-Systemic Therapy	9,522
<b>Total Office of Juvenile Affairs</b>	<b>1,483,622</b>
<b>Department of Mental Health</b>	
Targeted Case Management	-
Hospital	1,911,777
Mental Health Clinics	14,380,001
<b>Total Department of Mental Health</b>	<b>16,291,779</b>
<b>State Department of Health</b>	
Children's First	522,694
Sooner Start	529,266
Early Intervention	1,616,666
EPSDT Clinic	385,496
Family Planning	18,369
Family Planning Waiver	1,642,622
Maternity Clinic	40,553
<b>Total Department of Health</b>	<b>4,755,668</b>
<b>County Health Departments</b>	
EPSDT Clinic	232,069
Family Planning Waiver	12,155
<b>Total County Health Departments</b>	<b>244,224</b>
<b>State Department of Education</b>	<b>34,509</b>
<b>Public Schools</b>	<b>633,551</b>
<b>Medicare DRG Limit</b>	<b>-</b>
<b>Native American Tribal Agreements</b>	<b>1,531,273</b>
<b>Department of Corrections</b>	<b>128,825</b>
<b>JD McCarty</b>	<b>975,526</b>
<b>Total OSA Medicaid Programs</b>	<b>\$ 228,147,372</b>
<b>OSA Non-Medicaid Programs</b>	<b>\$ 20,106,685</b>
<b>Accounts Receivable from OSA</b>	<b>\$ 31,066,737</b>

**OKLAHOMA HEALTH CARE AUTHORITY**  
**SUMMARY OF REVENUES & EXPENDITURES:**  
**Fund 230: Nursing Facility Quality of Care Fund**  
**Fiscal Year 2012, For the Three Months Ended September 30, 2011**

REVENUES	Total Revenue	State Share
Quality of Care Assessment	\$ 12,805,919	\$ 12,805,919
Interest Earned	9,354	9,354
<b>TOTAL REVENUES</b>	<b>\$ 12,815,273</b>	<b>\$ 12,815,273</b>

EXPENDITURES	FY 12 Total \$ YTD	FY 12 State \$ YTD	Total State \$ Cost
<b>Program Costs</b>			
NF Rate Adjustment	\$ 33,130,952	\$ 11,615,712	
Eyeglasses and Dentures	72,289	25,344	
Personal Allowance Increase	871,000	305,373	
Coverage for DME and supplies	618,987	217,017	
Coverage of QMB's	258,189	90,521	
Part D Phase-In	629,238	629,238	
ICF/MR Rate Adjustment	1,233,550	432,483	
Acute/MR Adjustments	1,079,624	378,516	
NET - Soonerride	643,801	225,717	
<b>Total Program Costs</b>	<b>\$ 38,537,630</b>	<b>\$ 13,919,920</b>	<b>\$ 13,919,920</b>
<b>Administration</b>			
OHCA Administration Costs	\$ 136,287	\$ 68,143	
DHS - 10 Regional Ombudsman	-	-	
OSDH-NF Inspectors	-	-	
Mike Fine, CPA	-	-	
<b>Total Administration Costs</b>	<b>\$ 136,287</b>	<b>\$ 68,143</b>	<b>\$ 68,143</b>
<b>Total Quality of Care Fee Costs</b>	<b>\$ 38,673,917</b>	<b>\$ 13,988,064</b>	
<b>TOTAL STATE SHARE OF COSTS</b>			<b>\$ 13,988,064</b>

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are transferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

**OKLAHOMA HEALTH CARE AUTHORITY**  
**SUMMARY OF REVENUES & EXPENDITURES:**  
**Fund 245: Health Employee and Economy Improvement Act Revolving Fund**  
**Fiscal Year 2012, For the Three Months Ended September 30, 2011**

REVENUES	FY 11 Carryover	FY 12 Revenue	Total Revenue
Prior Year Balance	\$ 21,470,039	\$ -	\$ 17,997,318
State Appropriations			
Tobacco Tax Collections	-	12,787,230	12,787,230
Interest Income	-	121,986	121,986
Federal Draws	4,291,223	9,539,233	9,539,233
All Kids Act	(7,464,885)	77,746	77,746
<b>TOTAL REVENUES</b>	<b>\$ 18,296,377</b>	<b>\$ 22,526,195</b>	<b>\$ 40,445,767</b>

EXPENDITURES	FY 11 Expenditures	FY 12 Expenditures	Total \$ YTD
<b>Program Costs:</b>			
Employer Sponsored Insurance		\$ 15,218,170	\$ 15,218,170
College Students		83,068	83,068
All Kids Act		187,367	187,367
<b>Individual Plan</b>			
SoonerCare Choice		\$ 108,639	\$ 38,089
Inpatient Hospital		2,946,020	1,032,874
Outpatient Hospital		2,570,967	901,381
BH - Inpatient Services		-	-
BH Facility - Rehabilitation Services		122,478	42,941
Physicians		4,067,856	1,426,190
Dentists		16,190	5,676
Other Practitioners		133,665	46,863
Home Health		6	2
Lab and Radiology		811,802	284,618
Medical Supplies		186,117	65,253
Ambulatory Clinics		466,650	163,607
Prescription Drugs		4,409,790	1,546,072
Miscellaneous Medical		-	-
Premiums Collected		-	(586,721)
<b>Total Individual Plan</b>		<b>\$ 15,840,180</b>	<b>\$ 4,966,846</b>
<b>College Students-Service Costs</b>		<b>\$ 133,061</b>	<b>\$ 46,651</b>
<b>All Kids Act- Service Costs</b>		<b>\$ 30,109</b>	<b>\$ 10,556</b>
<b>Total Program Costs</b>		<b>\$ 31,491,955</b>	<b>\$ 20,512,659</b>
<b>Administrative Costs</b>			
Salaries	\$ 13,534	\$ 400,142	\$ 413,676
Operating Costs	29,081	23,067	52,148
Health Dept-Postponing	-	-	-
Contract - HP	256,445	496,071	752,516
<b>Total Administrative Costs</b>	<b>\$ 299,059</b>	<b>\$ 919,280</b>	<b>\$ 1,218,340</b>
<b>Total Expenditures</b>			<b>\$ 21,730,998</b>
<b>NET CASH BALANCE</b>	<b>\$ 17,997,318</b>		<b>\$ 18,714,768</b>

**OKLAHOMA HEALTH CARE AUTHORITY  
SUMMARY OF REVENUES & EXPENDITURES:**

**Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund  
Fiscal Year 2012, For the Three Months Ended September 30, 2011**

<b>REVENUES</b>	<b>FY 12 Revenue</b>	<b>State Share</b>
Tobacco Tax Collections	\$ 255,191	\$ 255,191
<b>TOTAL REVENUES</b>	<b>\$ 255,191</b>	<b>\$ 255,191</b>

<b>EXPENDITURES</b>	<b>FY 12 Total \$ YTD</b>	<b>FY 12 State \$ YTD</b>	<b>Total State \$ Cost</b>
<b>Program Costs</b>			
SoonerCare Choice	\$ 5,262	\$ 1,291	
Inpatient Hospital	850,756	208,776	
Outpatient Hospital	1,342,272	329,394	
Inpatient Free Standing	2,658	652	
MH Facility Rehab	36,230	8,891	
Case Mangement	0	-	
Nursing Facility	8,644	2,121	
Physicians	2,378,902	583,783	
Dentists	18,631	4,572	
Other Practitioners	10,624	2,607	
Home Health	11,209	2,751	
Lab & Radiology	382,561	93,881	
Medical Supplies	16,465	4,041	
Ambulatory Clinics	104,467	25,636	
Prescription Drugs	504,405	123,781	
Transportation	1,697	416	
Miscellaneous Medical	26,708	6,554	
<b>Total Program Costs</b>	<b>\$ 5,701,491</b>	<b>\$ 1,399,146</b>	<b>\$ 1,399,146</b>
<b>TOTAL STATE SHARE OF COSTS</b>			<b>\$ 1,399,146</b>

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are transferred to Fund 340 to support the costs, not to exceed the calculated state share amount.



# SoonerCare Programs

## September 2011 Data for November 2011 Board Meeting

### SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System	Monthly Enrollment Average SFY2011	Enrollment September 2011	Total Expenditures September 2011	Average Dollars Per Member Per Month September 2011
<b>SoonerCare Choice Patient-Centered Medical Home</b>	449,392	446,297	\$115,376,685	
<i>Lower Cost</i> (Children/Parents; Other)		400,883	\$77,938,299	\$194
<i>Higher Cost</i> (Aged, Blind or Disabled; TEFRA; BCC)		45,414	\$37,438,385	\$824
<b>SoonerCare Traditional</b>	239,274	249,420	\$219,715,012	
<i>Lower Cost</i> (Children/Parents; Other)		142,906	\$91,347,082	\$639
<i>Higher Cost</i> (Aged, Blind or Disabled; TEFRA; BCC & HCBS Waiver)		106,514	\$128,367,930	\$1,205
<b>SoonerPlan</b>	31,082	39,394	\$540,946	\$14
<b>Insure Oklahoma</b>	32,181	32,159	\$10,186,307	
<i>Employer-Sponsored Insurance</i>	19,095	18,194	\$5,069,775	\$279
<i>Individual Plan</i>	13,085	13,965	\$5,116,533	\$366
<b>TOTAL</b>	<b>751,928</b>	<b>767,270</b>	<b>\$345,818,950</b>	

The enrollment totals above include all members enrolled during the report month; therefore, some members may not have expenditure data. Custody expenditures are excluded. Non-member specific expenditures of \$23,566,057 are excluded.

<b>Net Enrollee Count Change from Previous Month Total</b>	<b>1,713</b>
--	--------------

<b>New Enrollees</b>	<b>21,290</b>
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### Opportunities for Living Life (OLL) (subset of data above)

Qualifying Group	Age Group	Enrollment
Aged/Blind/Disabled	Child	19,734
Aged/Blind/Disabled	Adult	130,261
Other	Child	157
Other	Adult	20,085
PACE	Adult	80
TEFRA	Child	397
Living Choice	Adult	111
<b>OLL Enrollment</b>		<b>170,825</b>

The "Other" category includes DDS/D State, PKU, Q1, Q2, Refugee, S/MR, Soon-to-be-Sooner (STBS) and TB members.

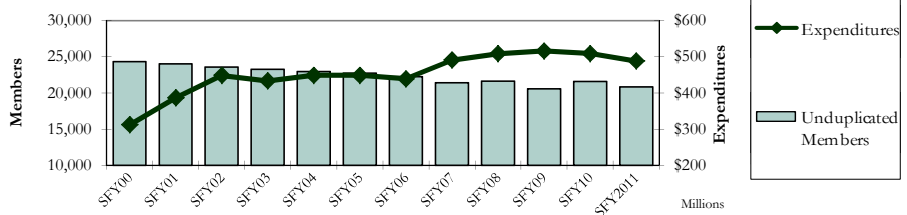
Medicare and SoonerCare	Monthly Average SFY2011	Enrolled September 2011
<b>Dual Enrollees</b>	<b>103,906</b>	<b>106,872</b>

	Monthly Average SFY2011	Enrolled September 2011
<b>Long-Term Care Members</b>	<b>15,733</b>	<b>15,786</b>
Child	92	95
Adult	15,641	15,691

PER MEMBER PER MONTH  
**\$3,195**

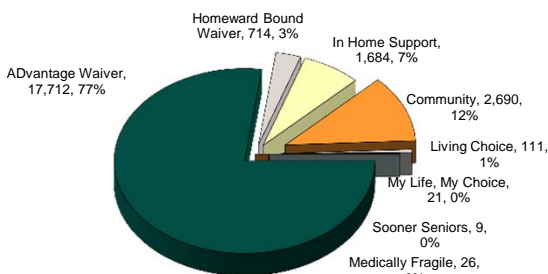
SFY2010 Long-Term Care
Statewide LTC Occupancy Rate - 69.8%
SoonerCare funded LTC Bed Days 68.6%
Data as of September 2010

Standard SoonerCare Nursing Facility - Unduplicated Members and Total Expenditure Trends



Data as of Aug. 8, 2011. Figures do not include intermediate care facilities for the mentally retarded (ICF/MR).

### Waiver Enrollment Breakdown Percent



- Advantage Waiver** - Serves frail elderly individuals age 65 or older and adults age 21 and older with physical disabilities who would otherwise require placement in a nursing facility.
- Community** - serves individuals 3 years of age and older who have intellectual disabilities and certain persons with related conditions who would otherwise require placement in an intermediate care facility for the mentally retarded/intellectually disabled (ICF/MR).
- Homeward Bound Waiver** - Designed to serve the needs of individuals with intellectual disabilities or "related conditions" who are also members of the Plaintiff Class in *Homeward Bound et al. v. The Hissom Memorial Center, et al.* who would otherwise qualify for placement in an ICF/MR.
- In Home Support** - Serves the needs of individuals 3 years of age and older with intellectual disabilities who would otherwise require placement in an ICF/MR.
- Living Choice** - Promotes community living for people of all ages who have disabilities or long-term illnesses.
- Medically Fragile** - This program serves qualifying individuals who meet hospital or skilled nursing facility level of care.
- My Life, My Choice** - This program is for adults with physical disabilities who transitioned to the community under the Living Choice program.
- Sooner Seniors** - This program is for adults 65 and older with long term illnesses who transitioned to community-based services in the Living Choice program.

# SoonerCare Programs

## SOONERCARE CONTRACTED PROVIDER INFORMATION

Provider Counts	Monthly Average SFY2011	Enrolled September 2011
<b>Total Providers</b>	<b>29,026</b>	<b>30,981</b>
	<i>In-State</i> 20,585	21,585
	<i>Out-of-State</i> 8,442	9,396

Program	% of Capacity Used
SoonerCare Choice	40%
SoonerCare Choice I/T/U	13%
Insure Oklahoma IP	3%

Select Provider Type Counts	<i>In-State Monthly Average SFY2011*</i>	<i>In-State Enrolled September 2011**</i>	Total Monthly Average SFY2011	Total Enrolled September 2011
Physician	6,489	6,977	11,777	12,785
Pharmacy	901	866	1,230	1,134
Mental Health Provider	935	861	982	906
Dentist	798	932	901	1,051
Hospital	187	192	739	866
Licensed Behavioral Health Practitioner	503	671	524	703
Extended Care Facility	392	382	392	382

\*The In-State Monthly Averages above were recalculated due to a change in the original methodology.

Total Primary Care Providers	4,461	4,991	6,467	7,211
Patient-Centered Medical Home	1,476	1,549	1,502	1,576

Including Physicians, Physician Assistants and Advance Nurse Practitioners.

\*\*Items shaded above represent a 10% or more increase (green) or decrease (red) from the previous fiscal year's average.

## ELECTRONIC HEALTH RECORDS (EHR) INCENTIVE STATISTICS

The Electronic Health Records Incentive Program is a federal program that offers major financial support to assist certain providers to adopt (acquire and install), implement (train staff, deploy tools, exchange data), upgrade (expand functionality or interoperability) or meaningfully use certified EHR technology.

	September 2011		Since Inception	
	Number of Payments	Payment Amount	Total Number of Payments	Total Payment Amount
Eligible Professionals	45	\$998,750	873	\$18,692,917
Eligible Hospitals	4*	\$4,929,054	47	\$36,781,544
Totals	49	\$5,927,804	920	\$55,474,461

\*Current Eligible Hospitals Paid  
CHICKASAW NATION MEDICAL CENTER  
HARPER CO COM HSP  
PAULS VALLEY GEN HSP  
ST ANTHONY HSP



# **CARE MANAGEMENT DIVISION: Evolution, Initiatives & Outcomes**



# Mission Statement

- Facilitate and coordinate delivery of quality healthcare to *SoonerCare* members
- Utilize the most appropriate providers, resources and facilities



# Evolution

## 2003

- 8 FTE
- 5 Care Managers
- Average 200 cases per month
- Average 250 calls per month

## 2011

- 48 FTE
- 34 Care Managers
- Average 2,179 cases per month
- Average 6,863 calls per month





# Responsibilities

Coordinate care for members with:

- complex medical/behavioral needs
- or exceptional health care utilization/costs





# Out of State Care

Review and negotiate out-of-state care when comparable in-state services are not available







# Home & Community Based Waiver

## Face to Face Clinical Assessments:

- Private Duty Nursing
- Living Choice
- Medically Fragile
- My Life My Choice
- Sooner Seniors
- PACE
- TEFRA





# Targeted Outreach

- High Risk Obstetrics
- Obstetrics
- Newborn
- Soon to Be Sooners
- Oklahoma Cares
- Emergency room high utilizers
- Fetal Infant Mortality Review - Mother
- Fetal Infant Mortality Review – Baby
- Synagis
- Hemophilia
- Large transitional events





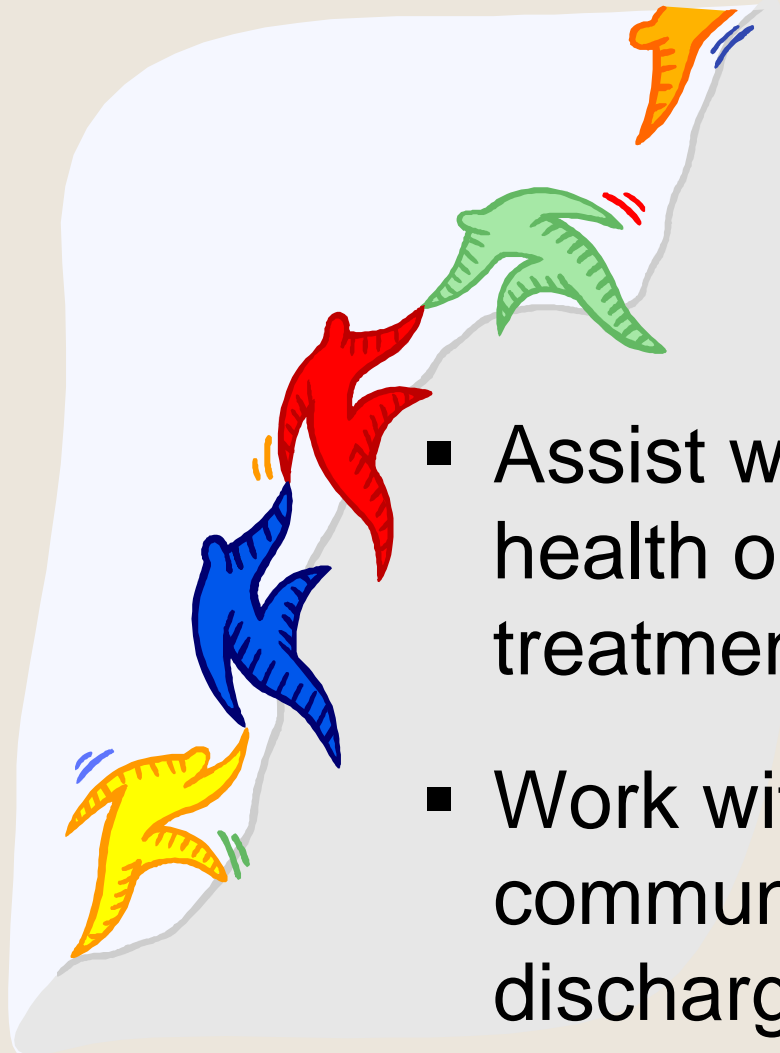
# Social Service Coordinators

Bilingual SSC's assist with community-based resources and other social service needs





# Behavioral Health Specialists



- Assist with complex mental health or substance abuse treatment needs
- Work with providers on community-based discharge planning



# Outcomes

Care Managed over 2000 high risk &  
at-risk OB members (SFY 2011)

Average 3,557 monthly activities related to  
Oklahoma Cares Program (CY 2011)

Combined monthly average of 7,079 activities  
performed by Care Management (CY 2011)



# Contact Information

## Care Management

Phone:

405-522-7650

1-877-252-6002

Fax:

405-530-3217

## Behavioral Health

Phone: 800-652-2010



# Electronic Provider Enrollment

Efficiency

“Green”

More provider-friendly



# Electronic Provider Enrollment

## Manual Process Changes Completed Before EPE

- Combined contracts for FFS and Choice
- Insure Oklahoma enrollment automatic for all SoonerCare providers
- HCBS waivers required only separate certification for some provider types (other types required separate contracts)





# Electronic Provider Enrollment

## Manual Process Steps

- Paper application printed and mailed to provider (later web download)
- Manual sanction checks by Clerk
- Clerk assigns application to a Specialist
- Possible additional staff reviews
- Manual data entry and checks
- Paper application imaged and destroyed



# Electronic Provider Enrollment

- Problems with manual process
  - Time and dollars associated with printing, mailing, manual data entry and scanning (electronic to paper to electronic)
  - Multiple “stations” for each application
  - Paper applications lost or damaged
  - No check for completeness before provider submitted



# Electronic Provider Enrollment

## Goals for electronic process

- Reduce costs by reducing staff time and minimizing paper use and destruction
- Reduce time lost to mailing, manual data entry, and returned applications
- Ensure a consistent process for each provider type
- Providers can review and update most of their own information



# Electronic Provider Enrollment

## New Electronic Process

- New enrollments, renewals and updates
- Provider enters and/or verifies own data
- Only complete aps can be submitted
- EPE produces fax cover sheet and list of required documents (license, etc.)
- Faxed documents received electronically and matched automatically to application



# Electronic Provider Enrollment

## Electronic process (cont.)

- Application electronically routed to specific Specialist and others as needed
- Data exported to MMIS or application denied
- E-mail “Welcome Letter” generated
- Provider data exported to directory



# Electronic Provider Enrollment

## Other benefits

- Automated fraud/quality checks (new)
  - Federal Medicaid exclusion list
  - OHCA review list
  - (Some PPACA checks still manual)
- Improved data accuracy
- Email addresses collected and exported
- Additional provider directory information collected and exported



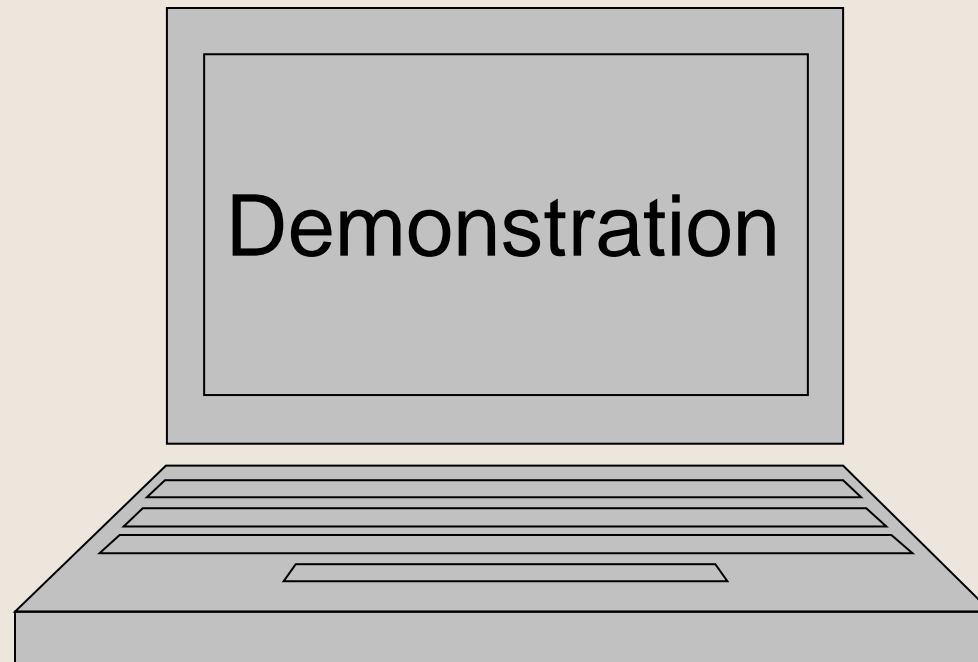
# Electronic Provider Enrollment

## Efficiencies

- 4 FTE reassigned from Provider Contracts to other units
- Postage, scanning and paper savings
- All new ARRA and ACA requirements met without adding staff (new data checks, site visits)



# Electronic Provider Enrollment







[Home](#) | [Courts](#) | [Court Dockets](#) | [Legal Research](#) | [Calendar](#) | [Help](#) | [Previous Section](#) | [Top Of Index](#) | [This Point in Index](#) | [Citationize](#) | [Next Section](#) | [Print Only](#)

Title 62. Public Finance

## Oklahoma Statutes Citationized

### Title 62. Public Finance

#### Chapter 1 - State Fiscal Affairs

#### Oklahoma State Finance Act

#### Section 34.11.7 - Performance Reporting Metrics - Telework

Cite as: 62 O.S. § 34.11.7 (OSCN 2011), Oklahoma State Finance Act

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A. The State Governmental Technology Applications Review Board shall establish performance reporting metrics for each state employee who begins participating in telework following the effective date of this act. These reports shall be published through the "data.ok.gov" website.

B. Prior to the lease, purchase, rental or issuance of bonds for the use of additional office space, state agencies shall receive certification from the State Governmental Technology Applications Review Board that no state employee jobs in that agency can be performed through telework.

C. The Oklahoma Healthcare Authority shall authorize one division of employees to participate in a telework pilot program pursuant to the terms of this section.

D. For the purposes of this section, "performance reporting metrics" shall mean a set of criteria which demonstrates the quantity and quality of work. "Telework" shall mean work which is performed outside of the traditional on-site work environment.

### ***Historical Data***

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Added by Laws 2011, HB 1086, c. 292, § 11.

### ***Citationizer® Summary of Documents Citing This Document***

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**Cite**            **Name Level**

None Found.

### ***Citationizer: Table of Authority***

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**Cite**            **Name Level**

None Found.

# PROPOSED OHCA BOARD MEETINGS/LOCATIONS - 2012

JANUARY						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**January 12, 2012 • 1:00 pm**  
 Oklahoma Health Care Authority  
 2401 NW 23rd, Suite 1-A  
 Oklahoma City, Oklahoma

**February 9, 2012 • 1:00 pm**  
 Oklahoma Health Care Authority  
 2401 NW 23rd, Suite 1-A  
 Oklahoma City, Oklahoma

**March 8, 2012 • 1:00 pm**  
 Oklahoma Health Care Authority  
 2401 NW 23rd, Suite 1-A  
 Oklahoma City, Oklahoma

**April 12, 2012 • 1:00 pm**  
 Oklahoma Health Care Authority  
 2401 NW 23rd, Suite 1-A  
 Oklahoma City, Oklahoma

**May 10, 2012 • 1:00 pm**  
 Oklahoma Health Care Authority  
 2401 NW 23rd, Suite 1-A  
 Oklahoma City, Oklahoma

**June 14, 2012 • 1:00 pm**  
 Autry Technology Center  
 1201 W. Willow  
 Enid, Oklahoma

**July 12, 2012 • 1:00 pm**  
 Lawton, Oklahoma

**August 22, 2011 • Board Meeting • 4:00 pm**  
**August Retreat 23 & 24, 2011 • 8:30 am**  
 Tulsa, Oklahoma

**September 13, 2012 • 1:00 pm**  
 Oklahoma Health Care Authority  
 2401 NW 23rd, Suite 1-A  
 Oklahoma City, Oklahoma

**October 11, 2012 • 1:00 pm**  
 Oklahoma Health Care Authority  
 2401 NW 23rd, Suite 1-A  
 Oklahoma City, Oklahoma

**November 8, 2012 • 1:00 pm**  
 Oklahoma City, Oklahoma

**December 13, 2012 • 1:00 pm**  
 Tulsa, Oklahoma

JULY						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
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29	30	31				

AUGUST						
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SEPTEMBER						
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30						

OCTOBER						
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NOVEMBER						
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DECEMBER						
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Dates in **Red** are Proposed Board Dates  
 Dates in **Blue** are State Holidays

Physical Location Yet To Be Determined for Dates with City, but No Address