

OKLAHOMA HEALTH CARE AUTHORITY
REGULARLY SCHEDULED BOARD MEETING
May 9, 2013 at 1:00 P.M.
The Oklahoma Health Care Authority
Ponca Conference Room
2401 NW 23rd, Suite 1A
Oklahoma City, Oklahoma

AGENDA

Items to be presented by Ed McFall, Chairman

1. Call to Order / Determination of Quorum
2. Action Item – Approval of April 11, 2013 OHCA Board Minutes
3. Discussion Item – Reports to the Board by Board Committees
 - a) Audit/Finance Committee – Member Miller
 - b) Strategic Planning Committee – Vice Chairman Armstrong
 - c) Legislative Committee – Member Bryant

Item to be presented by Nico Gomez, Chief Executive Officer

4. Discussion Item – Chief Executive Officer's Report
 - a) Financial Update – Carrie Evans, Chief Financial Officer
 - b) Medicaid Director's Update – Sylvia Lopez, Chief Medical Director
 - c) Legislative Update – Ed Long, Government Affairs Liaison

Item to be presented by Howard Pallotta, General Counsel

5. Announcements of Conflicts of Interest Panel Recommendations for All Action Items Regarding This Board Meeting.

Item to be presented by Nancy Nesser, Pharmacy Director

6. Action Item – Consideration and Vote Regarding Recommendations Made by the Drug Utilization Review Board Under 63 Oklahoma Statutes 5030.3.
 - a) Consideration and vote to add Eliquis® (Apixaban), Kuvan® (Sapropterin) and Gattex® (Teduglutide) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e)

Item to be presented by Nico Gomez, Chief Executive Officer

7. Discussion Item – Presentation of Preliminary Findings by Leavitt Partners.
 - a) Discussion – Evaluation of SoonerCare's Acute Care Program: Initial Findings
 - b) Discussion – Preliminary Recommendations for a Medicaid Demonstration Proposal

Item to be presented by Chairman McFall

8. Discussion Item – Proposed Executive Session as Recommended by the Director of Legal Services and Authorized by the Open Meetings Act, 25 Oklahoma Statutes § 307(B) (1), (4), (7) and (9).
 - a) Discussion of Pending Litigation, Investigations and Claims
9. New Business
10. ADJOURNMENT

NEXT BOARD MEETING
June 13, 2013
Northwestern Oklahoma State University
2929 E Randolph
Enid, OK

MINUTES OF A REGULARLY SCHEDULED BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
April 11, 2013
Held at Oklahoma Health Care Authority
Oklahoma City, Oklahoma

Manner and Time of Notice of Meeting: A statutorily required public meeting notice was placed on the front door of the Oklahoma Health Care Authority on April 10, 2013, 11:00 a.m. Advance public meeting notice is provided to the Oklahoma Secretary of State. In addition to the posting of the statutory public notice, the agency placed its agenda on its website on April 10, 2013, 12:00 p.m.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman McFall called the meeting to order at 1:05 p.m.

BOARD MEMBERS PRESENT:

Chairman McFall, Vice-Chairman Armstrong, Member Miller, Member Bryant, Member Nuttle, Member Robison, Member McVay

OTHERS PRESENT:

Becky Moore, OAHCP
David Dude, American Cancer Society
Terry Cothran, PMC
Lisa Spain, HP
Charles Brodt, HP

OTHERS PRESENT:

John Giles, OSDH
Shirley Russell, OKDHS
Brenda Teel for Judy Parker, Chickasaw Nation
Will Widman, HP
Nicole Prieto Johns, OSDH

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULARY SCHEDULED BOARD MEETING HELD ON MARCH 14, 2013.

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:

Vice-Chairman Armstrong moved for approval of the March 14, 2013 board minutes as published. Member McVay seconded.

FOR THE MOTION:

Chairman McFall, Member Miller, Member Bryant, Member Nuttle, Member Robison

ITEM 3 / REPORTS TO THE BOARD BY BOARD COMMITTEES

Audit/Finance Committee

Member Miller stated that the audit/finance committee did meet and if things continue as they were through the month of February, we should be able to finish this fiscal year in good shape. Member Miller noted that on the financial summary is a new line of 'contingent liability' of \$11million that represents the contingent liability that we have as a result of a memorandum of understanding that we entered into to help cover the claims for the Department of Mental Health. He stated that they also discussed a couple of federal audits done by OIG, which one of them is settled. The other audit issue was involving the same agency and there was discussion on how it will affect OHCA.

Strategic Planning Committee

Vice Chairman Armstrong stated that the strategic planning committee did meet and is working with staff in regards to ACA and working with the Leavitt group on the consulting project and looking at Oklahoma options and programs that could be established in the State of Oklahoma.

Legislative Committee

Member Bryant noted that the legislative committee met and that Carter Kimble reviewed bills that have a current impact on our agency. She noted that Carter and Ed Long are currently watching 37 bills and Carter will give a full report to the board.

ITEM 4 / CHIEF EXECUTIVE OFFICER'S REPORT

Nico Gomez, Chief Executive Officer

4a. FINANCIAL UPDATE

Carrie Evans, Chief Financial Officer

Ms. Evans reported on the financial transactions through the month of February and we are under budget \$14.3 million state dollars. She noted our variance is down \$7 million from the previous month, however for the current month we went up \$4million which nets the \$11 million set aside for contingent liability. We continue to be under budget in our program expenditures by 1.3% and 8.6% under in administration. She noted that we are looking to run right at budget for March. For more detailed information, see Item 4a in the board packet.

Member Bryant asked how the OIG audit will affect OHCA and Nico responded that the next step will be to work with CMS to settle the overpayment.

4b. MEDICAID DIRECTOR'S UPDATE

Garth Splinter, State Medicaid Director

Dr. Splinter reported that the medical home is now at 538,000 and SoonerCare traditional is at 194,000. The net increase from the previous month is just under 2,500. Insure Oklahoma's enrollment is slightly below last year's average at 30,300 probably because we have backed off on marketing efforts knowing that we have less than a year left. Dual eligibles have flattened at 108,000 enrollees with the nursing home population staying at 15,500 with a cost of about \$3,500 per month. Dr. Splinter noted that provider total enrollment remains high with continued growth. He noted that the patient-centered medical home enrollment went up by 200 for in-state. He discussed the per member per month (PMPM) chart. Dr. Splinter stated that the electronic health records continue to move forward with another 82 that came into the program with \$6 million for a total of just under \$109 million. For more detailed information, see Item 4b in the board packet.

4c. LEGISLATIVE UPDATE

Carter Kimble, Government Affairs Liaison

Mr. Kimble noted that there are 37 bills that are being tracked for OHCA. He discussed Senate Bill 254 that allows OHCA to utilize Internal Revenue Service records to verify an individual's income for Medicaid eligibility. Mr. Kimble noted that house joint resolution 1052 by Representative McCullough that disapproves permanent rule of OHCA and directing distribution and has to do with the Miller Trust (Medicaid Income Pension Trust) that has ramifications for how people can become eligible based on excess income to go into a nursing home. For more detailed information, see Item 4c in the board packet.

Nico Gomez noted that we are continuing to work with Leavitt Partners, who will potentially have an outcome with findings for the next board meeting. He noted we continue to work with Centers for Medicaid & Medicare Services (CMS) to extend federal support of the current Insure Oklahoma program beyond December 31st of this year. He and Cindy Roberts met with Cindy Mann and staff from CMS last week in Baltimore to discuss this issue. Mr. Gomez stated that he presented at the National Governors Association meeting last week relating to Health Insurance Exchanges and discussed our online enrollment program. He stated that OHCA hosted a successful outreach forum in Enid last week and thanked staff for their work to provide that forum. He reported that he and several staff will attend a meeting with the Milbank Fund at the end of the month. Mr. Gomez congratulated the Public Information division and Jennie Melendez, Marketing Coordinator, who is the editor of our SoonerCare provider update which is being recognized for a national award by the National Association of Government Communicators.

ITEM 5 / DISCUSSION OF DESIGN AND IMPLEMENTATION OF THE PROVIDER SERVICES STRATEGIC PROVIDER REVRUITMENT PLAN AND THE CURRENT STATUS OF THE PATIENT CENTERED MEDICAL HOME NETWORK

Melody Anthony, Provider Services Director

Ms. Anthony discussed medical home and noted that she has 17 staff that are in the field as much as possible and the rest of the support staff are internal to help providers. She discussed the provider fast facts that is a key tool for resources and talked about the medical home providers by tiers and counties. She noted that six years ago, there were three counties that did not have medical homes and today there is one, Ellis County. Members from that county do have access to a medical home in surrounding counties. Ms. Anthony discussed the PCMH provider tiers and panel capacity report. She noted there are 22 total PCMH's for Muskogee County and 26 total PCMH's for Comanche County. She went over recruitment strategies for PCMH's. For more detailed information, see Item 5 in the board packet.

ITEM 6 / ANNOUNCEMENTS OF CONFLICTS OF INTEREST PANEL RECOMMENDATIONS FOR ALL ACTION ITEMS

Howard Pallotta, General Counsel

Mr. Pallotta stated that there were no conflicts.

ITEM 7 / CONSIDERATION AND VOTE REGARDING RECOMMENDATIONS MADE BY THE DRUG UTILIZATION REVIEW BOARD UNDER 63 OKLAHOMA STATUTES 5030.3.

Nancy Nesser, Pharmacy Director

Action Item - Consideration and Vote Regarding Recommendations Made by the Drug Utilization Review Board Under 63 Oklahoma Statutes 5030.3.

- a) Consideration and vote to add **Chronic Obstructive Pulmonary Disease Medications** to the product-based prior authorization program under OAC 317:30-5-77.3.
- b) Consideration and vote to add **Linness™ (linaclotide)** and **Select Oral Corticosteroid Medications** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

MOTION:

Member Nuttle moved for approval of Item 7a and 7b as published. Vice-Chairman Armstrong seconded.

FOR THE MOTION:

Chairman McFall, Member Miller, Member Bryant, Member McVay, Member Robison

ITEM 8 / PROPOSED EXECUTIVE SESSION AS RECOMMENDED BY THE DIRECTOR OF LEGAL SERVICES AND AUTHORIZED BY THE OPEN MEETINGS ACT, 25 OKLAHOMA STATUTES §307(B) (1), (4) AND (7)

Howard Pallotta, General Counsel

Chairman McFall entertained a motion to go into Executive Session at this time.

MOTION:

Member McVay moved for approval to go into Executive Session. Vice-Chairman Armstrong seconded.

FOR THE MOTION:

Chairman McFall, Member Miller, Member Bryant, Member Nuttle, Member Robison

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

- a) Discussion of Pending Litigation and Claims

ITEM 9 / NEW BUSINESS

There was no new business.

ITEM 10 / ADJOURNMENT

MOTION:

Vice-Chairman Armstrong moved for adjournment. Member Bryant seconded.

FOR THE MOTION:

Chairman McFall, Member Miller, Member McVay, Member Nuttle, Member Robison

Meeting adjourned at 2:15 p.m., 4/11/2013

NEXT BOARD MEETING
May 9, 2013
Oklahoma Health Care Authority
Ponca Conference Room
2401 NW 23rd, Suite 1A
Oklahoma City, OK 73107

Lindsey Bateman
Board Secretary

Minutes Approved: _____

Initials: _____

DRAFT



FINANCIAL REPORT

For the Nine Months Ended March 31, 2013

Submitted to the CEO & Board

May 9, 2013

- Revenues for OHCA through March, accounting for receivables, were **\$2,758,094,196** or **(1.3%) under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$2,743,660,668** or **2.0% under** budget.
- The state dollar budget variance through March is **\$20,482,211 positive**.
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	20.3
Administration	7.6
Contingent Liability	(11.0)
Revenues:	
Taxes and Fees	(1.5)
Drug Rebate	3.8
Overpayments/Settlements	1.3
Total FY 13 Variance	\$ 20.5

ATTACHMENTS

Summary of Revenue and Expenditures: OHCA	1
Medicaid Program Expenditures by Source of Funds	2
Other State Agencies Medicaid Payments	3
Fund 205: Supplemental Hospital Offset Payment Program Fund	4
Fund 230: Quality of Care Fund Summary	5
Fund 245: Health Employee and Economy Act Revolving Fund	6
Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund	7

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
Fiscal Year 2013, For the Nine Months Ended March 31, 2013

REVENUES	FY13 Budget YTD	FY13 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 680,299,759	\$ 680,299,759	\$ -	0.0%
Federal Funds	1,504,369,332	1,467,370,002	(36,999,330)	(2.3)%
Tobacco Tax Collections	44,747,494	43,236,646	(1,510,848)	(3.4)%
Quality of Care Collections	47,384,429	47,384,429	-	0.0%
Prior Year Carryover	53,075,735	53,075,735	-	0.0%
Federal Deferral - Interest	89,304	89,304	-	0.0%
Contingent Liability	-	(11,000,000)	(11,000,000)	0.0%
Drug Rebates	128,191,304	138,834,594	10,643,290	8.3%
Medical Refunds	36,323,206	39,798,425	3,475,219	9.6%
SHOPP	285,413,575	285,413,575	-	0.0%
Other Revenues	13,448,331	13,591,727	143,396	1.1%
TOTAL REVENUES	\$ 2,793,342,470	\$ 2,758,094,196	\$ (35,248,274)	(1.2)%

EXPENDITURES	FY13 Budget YTD	FY13 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	\$ 35,611,579	\$ 31,212,691	\$ 4,398,888	12.4%
ADMINISTRATION - CONTRACTS	\$ 97,166,344	\$ 90,137,972	\$ 7,028,372	10.3%
MEDICAID PROGRAMS				
<u>Managed Care:</u>				
SoonerCare Choice	25,436,164	25,028,499	407,664	1.6%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	675,142,273	652,379,907	22,762,366	3.4%
Behavioral Health	14,738,667	14,415,298	323,369	2.2%
Physicians	355,010,774	355,741,437	(730,663)	(0.2)%
Dentists	111,549,317	109,344,780	2,204,537	2.0%
Other Practitioners	54,969,542	50,764,597	4,204,946	7.6%
Home Health Care	16,940,589	15,996,248	944,340	5.6%
Lab & Radiology	45,106,623	43,983,505	1,123,118	2.5%
Medical Supplies	38,313,271	38,198,619	114,652	0.3%
Ambulatory/Clinics	84,226,769	81,479,032	2,747,737	3.3%
Prescription Drugs	297,022,232	296,638,445	383,787	0.1%
OHCA TFC	2,416,308	1,841,261	575,047	0.0%
<u>Other Payments:</u>				
Nursing Facilities	404,998,998	397,555,842	7,443,156	1.8%
ICF-MR Private	43,481,413	43,739,629	(258,216)	(0.6)%
Medicare Buy-In	98,262,176	97,555,218	706,958	0.7%
Transportation	46,724,648	45,990,525	734,124	1.6%
MFP-OHCA	1,192,527	1,126,310	66,218	0.0%
EHR-Incentive Payments	30,373,917	30,373,917	-	0.0%
Part D Phase-In Contribution	58,605,626	58,144,922	460,704	0.8%
SHOPP payments	262,012,013	262,012,013	-	0.0%
Total OHCA Medical Programs	2,666,523,848	2,622,310,005	44,213,843	1.7%
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	\$ 2,799,391,153	\$ 2,743,660,668	\$ 55,730,485	2.1%

REVENUES OVER/(UNDER) EXPENDITURES	\$ (6,048,683)	\$ 14,433,528	\$ 20,482,211	
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OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
Fiscal Year 2013, For the Nine Months Ended March 31, 2013

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	Medicaid Program Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	\$ 25,368,276	\$ 25,013,970	\$ -	\$ 339,777	\$ -	\$ 14,529	\$ -
Inpatient Acute Care	533,980,679	408,309,001	365,015	7,577,204	38,793,348	1,518,386	77,417,725
Outpatient Acute Care	211,374,768	199,813,924	31,203	7,980,611	-	3,549,030	-
Behavioral Health - Inpatient	17,691,806	9,170,021	-	470,774	-	-	8,051,012
Behavioral Health - Psychiatrist	5,245,278	5,245,278	-	-	-	-	-
Behavioral Health - Outpatient	15,977,685	-	-	-	-	-	15,977,685
Behavioral Health Facility- Rehab	200,038,780	-	-	-	-	75,051	200,038,780
Behavioral Health - Case Management	5,902,144	-	-	-	-	-	5,902,144
Behavioral Health - PRTF	75,477,032	-	-	-	-	-	75,477,032
Residential Behavioral Management	14,351,978	-	-	-	-	-	14,351,978
Targeted Case Management	50,223,504	-	-	-	-	-	50,223,504
Therapeutic Foster Care	1,841,261	1,841,261	-	-	-	-	-
Physicians	396,527,088	303,212,705	43,576	10,543,437	47,461,579	5,023,579	30,242,214
Dentists	109,406,891	103,217,236	-	62,111	6,088,966	38,578	-
Mid Level Practitioners	2,921,380	2,848,703	-	68,823	-	3,854	-
Other Practitioners	48,101,719	46,803,367	334,773	189,679	762,370	11,530	-
Home Health Care	15,996,284	15,983,498	-	35	-	12,750	-
Lab & Radiology	46,550,690	43,464,806	-	2,567,186	-	518,699	-
Medical Supplies	38,788,999	36,215,274	1,936,811	590,380	-	46,534	-
Clinic Services	86,014,154	73,623,970	-	1,179,804	-	199,723	11,010,657
Ambulatory Surgery Centers	8,030,699	7,638,788	-	375,360	-	16,551	-
Personal Care Services	9,221,129	-	-	-	-	-	9,221,129
Nursing Facilities	397,555,842	240,017,509	126,938,428	-	30,590,827	9,077	-
Transportation	45,764,427	41,433,758	1,928,304	-	2,358,278	44,086	-
GME/IME/DME	100,134,888	-	-	-	-	-	100,134,888
ICF/MR Private	43,739,629	35,652,421	7,464,548	-	622,661	-	-
ICF/MR Public	40,101,081	-	-	-	-	-	40,101,081
CMS Payments	155,700,141	154,087,870	1,612,270	-	-	-	-
Prescription Drugs	311,532,538	261,010,103	-	14,894,093	34,296,016	1,332,326	-
Miscellaneous Medical Payments	226,722	222,991	-	624	-	3,107	-
Home and Community Based Waiver	121,255,973	-	-	-	-	-	121,255,973
Homeward Bound Waiver	65,406,743	-	-	-	-	-	65,406,743
Money Follows the Person	2,589,231	1,126,310	-	-	-	-	1,462,921
In-Home Support Waiver	17,118,326	-	-	-	-	-	17,118,326
ADvantage Waiver	132,674,703	-	-	-	-	-	132,674,703
Family Planning/Family Planning Waiver	7,612,075	-	-	-	-	-	7,612,075
Premium Assistance*	38,475,311	-	-	38,475,311	-	-	-
EHR Incentive Payments	30,373,917	30,373,917	-	-	-	-	-
SHOPP Payments**	262,012,013	262,012,013	-	-	-	-	-
Total Medicaid Expenditures	\$ 3,691,305,783	\$ 2,046,326,681	\$ 140,654,928	\$ 85,315,210	\$ 160,974,045	\$ 12,417,390	\$ 983,680,569

* Includes \$38,193,668 paid out of Fund 245 and **\$262,012,012.82 paid out of Fund 205

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
Fiscal Year 2013, For the Nine Months Ended March 31, 2013

REVENUE	FY13 Actual YTD
Revenues from Other State Agencies	\$ 400,425,049
Federal Funds	631,426,209
TOTAL REVENUES	\$ 1,031,851,257
EXPENDITURES	Actual YTD
Department of Human Services	
Home and Community Based Waiver	\$ 121,255,973
Money Follows the Person	1,462,921
Homeward Bound Waiver	65,406,743
In-Home Support Waivers	17,118,326
ADvantage Waiver	132,674,703
ICF/MR Public	40,101,081
Personal Care	9,221,129
Residential Behavioral Management	11,633,383
Targeted Case Management	37,085,216
Total Department of Human Services	435,959,474
State Employees Physician Payment	
Physician Payments	30,242,214
Total State Employees Physician Payment	30,242,214
Education Payments	
Graduate Medical Education	55,616,817
Graduate Medical Education - PMTC	1,902,474
Indirect Medical Education	30,449,271
Direct Medical Education	12,166,326
Total Education Payments	100,134,888
Office of Juvenile Affairs	
Targeted Case Management	2,432,351
Residential Behavioral Management	2,718,595
Total Office of Juvenile Affairs	5,150,946
Department of Mental Health	
Case Management	5,902,144
Inpatient Psych FS	8,051,012
Outpatient	15,977,685
PRTF	75,477,032
Rehab	200,038,780
Total Department of Mental Health	305,446,654
State Department of Health	
Children's First	1,610,246
Sooner Start	1,464,092
Early Intervention	4,657,323
EPSDT Clinic	1,810,674
Family Planning	44,003
Family Planning Waiver	7,548,874
Maternity Clinic	37,708
Total Department of Health	17,172,921
County Health Departments	
EPSDT Clinic	590,238
Family Planning Waiver	19,198
Total County Health Departments	609,436
State Department of Education	77,067
Public Schools	4,361,301
Medicare DRG Limit	69,688,192
Native American Tribal Agreements	7,107,944
Department of Corrections	1,102,467
JD McCarty	6,627,066
Total OSA Medicaid Programs	\$ 983,680,569
OSA Non-Medicaid Programs	\$ 55,821,891
Accounts Receivable from OSA	\$ 7,651,203

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
Fiscal Year 2013, For the Nine Months Ended March 31, 2013

REVENUES	FY 13 Revenue
SHOPP Assessment Fee	\$ 117,701,508
Federal Draws	167,584,535
Interest	35,182
Penalties	92,351
State Appropriations	(22,700,000)
TOTAL REVENUES	\$ 262,713,575

EXPENDITURES	Quarter	Quarter	Quarter	FY 13 Expenditures
	7/1/12 - 9/30/12	10/1/12 - 12/31/12	1/1/13 - 3/31/13	
Program Costs:				
Hospital - Inpatient Care	76,857,805	76,538,280	81,236,442	\$ 234,632,528
Hospital -Outpatient Care	3,224,900	3,217,022	2,815,812	\$ 9,257,734
Psychiatric Facilities-Inpatient	5,660,381	5,636,765	6,128,236	\$ 17,425,382
Rehabilitation Facilities-Inpatient	217,066	216,157	263,146	\$ 696,369
Total OHCA Program Costs	85,960,153	85,608,224	90,443,636	\$ 262,012,013

Total Expenditures	\$ 262,012,013
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CASH BALANCE	\$ 701,563
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OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 230: Nursing Facility Quality of Care Fund
Fiscal Year 2013, For the Nine Months Ended March 31, 2013

REVENUES	Total Revenue	State Share
Quality of Care Assessment	\$ 47,273,293	\$ 47,273,293
Interest Earned	27,354	27,354
TOTAL REVENUES	\$ 47,300,647	\$ 47,300,647

EXPENDITURES	FY 13 Total \$ YTD	FY 13 State \$ YTD	Total State \$ Cost
Program Costs			
NF Rate Adjustment	\$ 124,077,861	\$ 44,705,253	
Eyeglasses and Dentures	216,047	77,842	
Personal Allowance Increase	2,644,520	952,821	
Coverage for DME and supplies	1,936,811	697,833	
Coverage of QMB's	774,567	279,076	
Part D Phase-In	1,612,270	1,612,270	
ICF/MR Rate Adjustment	3,717,460	1,339,401	
Acute/MR Adjustments	3,747,088	1,350,076	
NET - Soonerride	1,928,304	694,768	
Total Program Costs	\$ 140,654,928	\$ 51,709,340	\$ 51,709,340
Administration			
OHCA Administration Costs	\$ 419,762	\$ 209,881	
DHS - QOC Exp	80,353	80,353	
OSDH-NF Inspectors	-	-	
Mike Fine, CPA	4,500	2,250	
Total Administration Costs	\$ 504,615	\$ 292,484	\$ 292,484
Total Quality of Care Fee Costs	\$ 141,159,543	\$ 52,001,824	
TOTAL STATE SHARE OF COSTS			\$ 52,001,824

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 2013, For the Nine Months Ended March 31, 2013

REVENUES	FY 12 Carryover	FY 13 Revenue	Total Revenue
Prior Year Balance	\$ 27,390,790	\$ -	\$ 19,784,400
State Appropriations			\$ (21,500,000)
Tobacco Tax Collections	-	35,560,487	35,560,487
Interest Income	-	535,160	535,160
Federal Draws	684,936	25,939,162	25,939,162
All Kids Act	(7,059,331)	223,190	223,190
TOTAL REVENUES	\$ 21,016,395	\$ 62,258,000	\$ 60,319,209

EXPENDITURES	FY 12 Expenditures	FY 13 Expenditures	Total \$ YTD
Program Costs:			
Employer Sponsored Insurance		\$ 37,705,895	\$ 37,705,895
College Students		281,644	281,644
All Kids Act		487,772	487,772
Individual Plan			
SoonerCare Choice		\$ 327,216	\$ 117,896
Inpatient Hospital		7,515,122	2,707,699
Outpatient Hospital		7,863,662	2,833,277
BH - Inpatient Services-DRG		442,665	159,492
BH -Psychiatrist		-	-
Physicians		10,438,779	3,761,092
Dentists		45,963	16,561
Mid Level Practitioner		67,201	24,213
Other Practitioners		186,115	67,057
Home Health		35	13
Lab and Radiology		2,534,006	913,002
Medical Supplies		574,713	207,069
Clinic Services		1,160,983	418,302
Ambulatory Surgery Center		371,404	133,817
Prescription Drugs		14,645,338	5,276,715
Miscellaneous Medical		624	624
Premiums Collected		-	(1,639,625)
Total Individual Plan		\$ 46,173,828	\$ 14,997,205
College Students-Service Costs		\$ 534,385	\$ 192,539
All Kids Act- Service Costs		\$ 131,685	\$ 47,446
Total OHCA Program Costs		\$ 85,315,210	\$ 53,712,502
Administrative Costs			
Salaries	\$ 30,032	\$ 1,203,996	\$ 1,234,028
Operating Costs	48,746	330,215	378,961
Health Dept-Postponing	-	-	-
Contract - HP	1,153,217	1,693,834	2,847,051
Total Administrative Costs	\$ 1,231,995	\$ 3,228,045	\$ 4,460,040
Total Expenditures			\$ 58,172,542
NET CASH BALANCE	\$ 19,784,400	\$	2,146,667

*State Appropriations include \$20,000,000 from SFY 2012 and \$1,500,000 from SFY 2013

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

**Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund
Fiscal Year 2013, For the Nine Months Ended March 31, 2013**

REVENUES	FY 13 Revenue	State Share
Tobacco Tax Collections	\$ 709,732	\$ 709,732
TOTAL REVENUES	\$ 709,732	\$ 709,732

EXPENDITURES	FY 13 Total \$ YTD	FY 13 State \$ YTD	Total State \$ Cost
Program Costs			
SoonerCare Choice	\$ 14,529	\$ 3,664	
Inpatient Hospital	1,518,386	382,937	
Outpatient Hospital	3,549,030	895,065	
Inpatient Services-DRG	-	-	
Psychiatrist	-	-	
TFC-OHCA	-	-	
Nursing Facility	9,077	2,289	
Physicians	5,023,579	1,266,947	
Dentists	38,578	9,729	
Mid-level Practitioner	3,854	972	
Other Practitioners	11,530	2,908	
Home Health	12,750	3,216	
Lab & Radiology	518,699	130,816	
Medical Supplies	46,534	11,736	
Clinic Services	199,723	50,370	
Ambulatory Surgery Center	16,551	4,174	
Prescription Drugs	1,332,326	336,013	
Transportation	44,086	11,118	
Miscellaneous Medical	3,107	784	
Total OHCA Program Costs	\$ 12,342,338	\$ 3,112,738	
OSA DMHSAS Rehab	\$ 75,051	\$ 18,928	
Total Medicaid Program Costs	\$ 12,417,390	\$ 3,131,666	
TOTAL STATE SHARE OF COSTS			\$ 3,131,666

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

March 2013 Data for May 2013 Board Meeting

SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System	Monthly Enrollment Average SFY2012	Enrollment March 2013	Total Expenditures March 2013	Average Dollars Per Member Per Month March 2013
SoonerCare Choice Patient-Centered Medical Home	468,268	515,200	\$143,015,321	
<i>Lower Cost</i> (Children/ Parents; Other)		469,236	\$103,608,759	\$221
<i>Higher Cost</i> (Aged, Blind or Disabled; TEFRA; BCC)		45,964	\$39,406,562	\$857
SoonerCare Traditional	241,278	212,491	\$167,568,534	
<i>Lower Cost</i> (Children/ Parents; Other)		104,756	\$37,219,954	\$355
<i>Higher Cost</i> (Aged, Blind or Disabled; TEFRA; BCC & HCBS Waiver)		107,736	\$130,348,580	\$1,210
SoonerPlan	41,378	49,205	\$596,960	\$12
Insure Oklahoma	31,502	30,161	\$9,469,210	
<i>Employer-Sponsored Insurance</i>	17,728	16,934	\$4,576,041	\$270
<i>Individual Plan</i>	13,773	13,227	\$4,893,169	\$370
TOTAL	782,425	807,057	\$320,650,026	

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 \$62,963,882 are excluded.

Net Enrollee Count Change from Previous Month Total	(5,467)
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New Enrollees	18,998
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Opportunities for Living Life (OLL) (subset of data above)

Qualifying Group	Age Group	Enrollment
Aged/Blind/Disabled	Child	19,731
Aged/Blind/Disabled	Adult	132,681
Other	Child	152
Other	Adult	20,959
PACE	Adult	118
TEFRA	Child	446
Living Choice	Adult	92
OLL Enrollment		174,179

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

Medicare and SoonerCare	Monthly Average SFY2012	Enrolled March 2013
Dual Enrollees	107,504	108,746

	Monthly Average SFY2012	Enrolled March 2013
Long-Term Care Members	15,770	15,643
Child	87	62
Adult	15,683	15,581

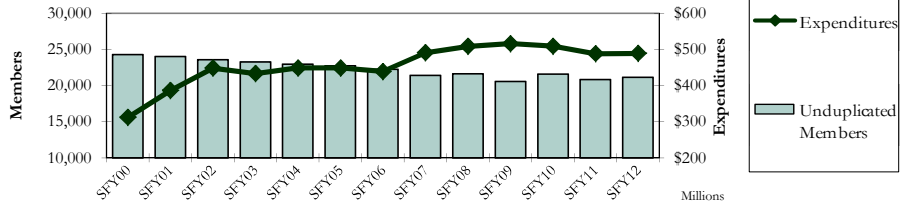
FACILITY PER MEMBER PER MONTH

SFY2012 Long-Term Care

Statewide LTC Occupancy Rate - 71.7%
SoonerCare funded LTC Bed Days 67.2%

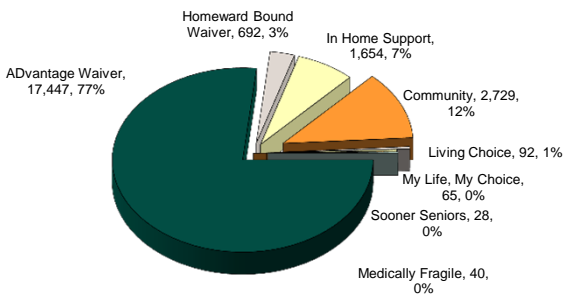
Data as of September 2012

Standard SoonerCare Nursing Facility - Unduplicated Members and Total Expenditure Trends



Data as of Nov. 19, 2012. Figures do not include intermediate care facilities for the intellectually disabled (ICF/ID).

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 intellectually disabled (ICF/ID).
- 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 Hisson Memorial Center, et al, who would otherwise qualify for placement in an ICF/ID.
- 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/ID.
- 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 SFY2012	Enrolled March 2013*
Total Providers	29,723	37,018
<i>In-State</i>	20,881	29,058
<i>Out-of-State</i>	8,842	7,960

*Effective July 2012, the methodology for counting providers has changed to count provider network. Previous counts include group practice and its members; the current count will include members only. Provider Network is providers who are contracted to provide health care services by locations, programs, types, and specialties. Providers are being counted multiple times if they have multiple locations, programs, types,

Program	% of Capacity Used
SoonerCare Choice	45%
SoonerCare Choice I/T/U	18%
Insure Oklahoma IP	3%

Select Provider Type Counts	In-State		Totals	
	Monthly Average SFY2012	Enrolled March 2013*	Monthly Average SFY2012	Enrolled March 2013
Physician***	7,497	7,726	13,790	11,659
Pharmacy	874	908	1,153	1,215
Mental Health Provider**	3,395	6,132	3,449	6,202
Dentist	986	1,216	1,124	1,396
Hospital	194	197	934	1,111
Optometrist	550	612	587	648
Extended Care Facility	375	358	375	358

Above counts are for specific provider types and are not all-inclusive.

Total Primary Care Providers***	4,915	4,979	6,955	6,371
Patient-Centered Medical Home	1,711	1,955	1,739	2,008

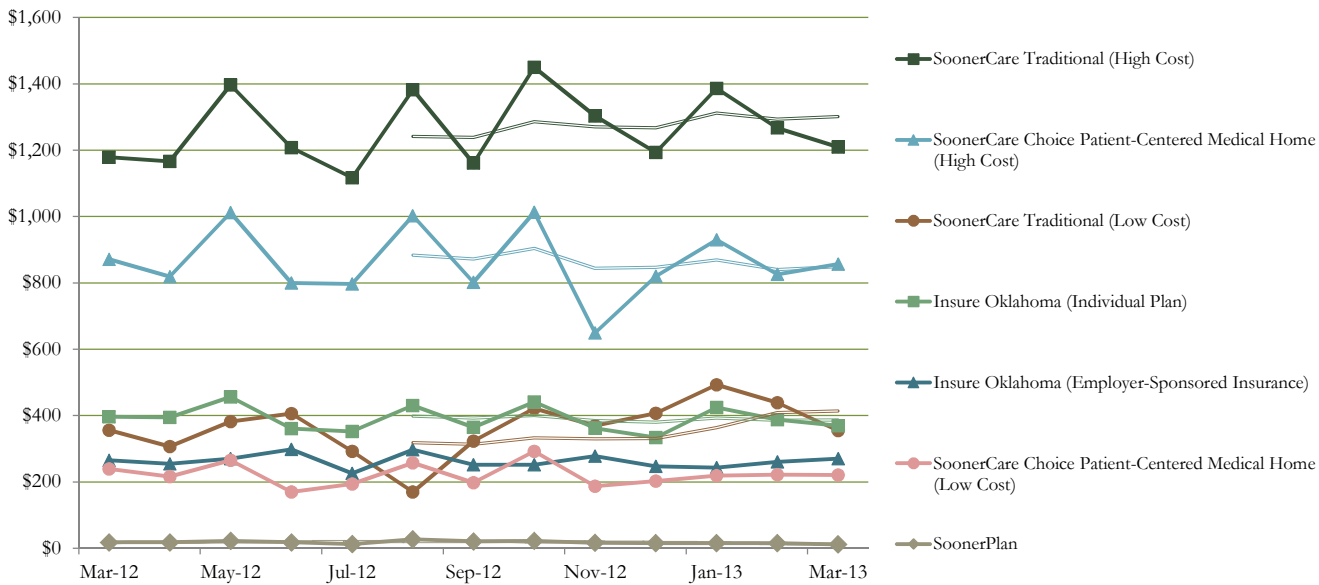
Including Physicians, Physician Assistants and Advance Nurse Practitioners.

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

**Due to federal regulations, OHCA must have an approved agreement on file for all providers providing care to our members. To meet this requirement OHCA is directly contracting with providers that had previously billed through a group or agency. This contributed to the increase in the provider counts for Mental Health Providers.

***Decrease in current month's count is due to contract renewal period which is typical during all renewal periods.

SOONERCARE PER MEMBER PER MONTH (PMPM) TRENDS



In November and December 2012, there was a large increase in Patient-Centered Medical Home enrollment and related decrease in Traditional enrollment due to system changes.

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.

As Of 4/29/2013	April 2013		Since Inception	
	Number of Payments	Payment Amount	Total Number of Payments	Total Payment Amount
Eligible Professionals	125	\$1,623,500	1,650	\$37,034,501
Eligible Hospitals	0*	0	90	\$74,208,610
Totals	125	\$1,623,500	1,740	\$111,243,111

*Current Eligible Hospitals Paid



Development of the Health Management Program

48th: Diabetes deaths*

48th: Stroke deaths*

49th: Heart disease deaths*

2006 Legislative mandate (HB 2842)

- Focus on chronic disease
- Reduce cost
- Increase quality

*Number of deaths due to disease per 100,000

United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Compressed Mortality File (CMF) compiled from 2005, Series 20 No. 2K, 2008. Accessed 3/24/2008 via the CDC WONDER On-line Database.



SoonerCare HMP Design

Arm 1

- Focuses on the high risk patients



Nurse Care
Management

Arm 2

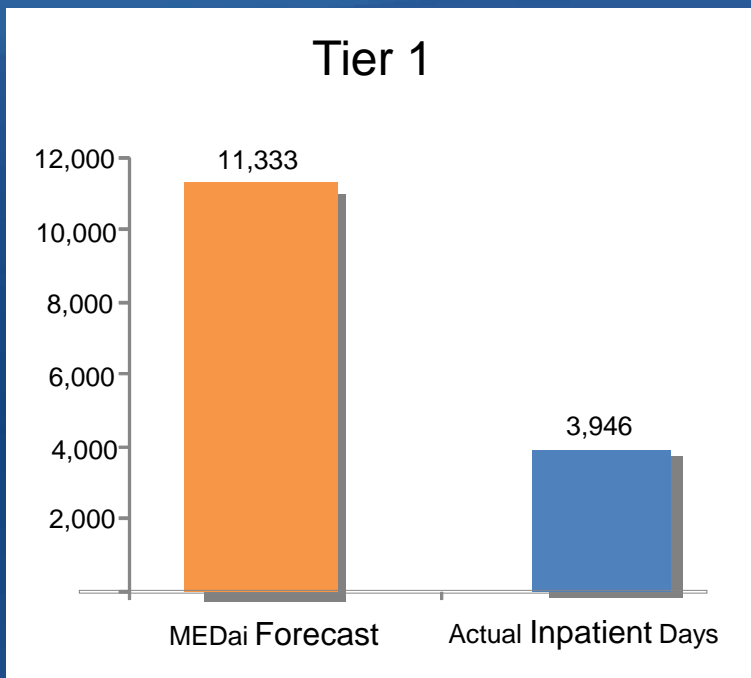
- Focuses on assisting providers (physicians)



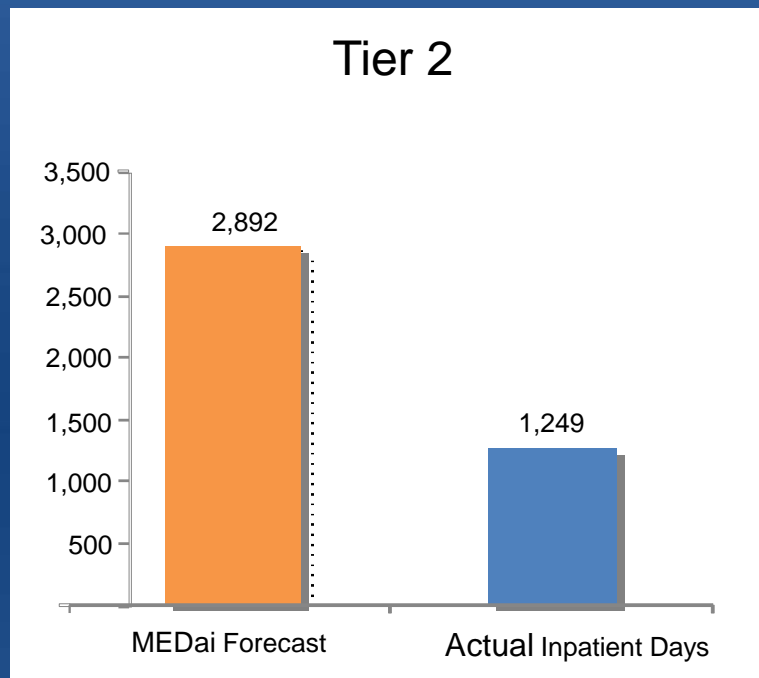
Practice Facilitation



Inpatient Utilization Trends



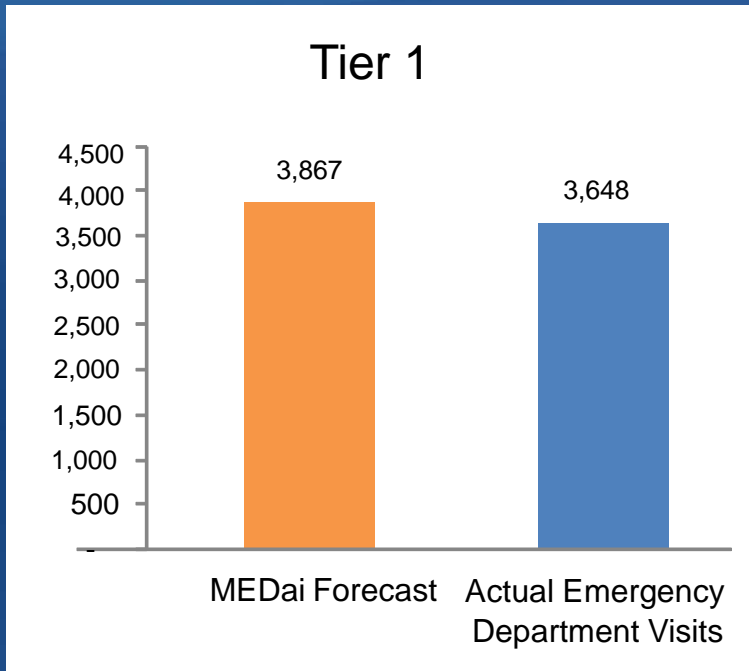
65% Reduction



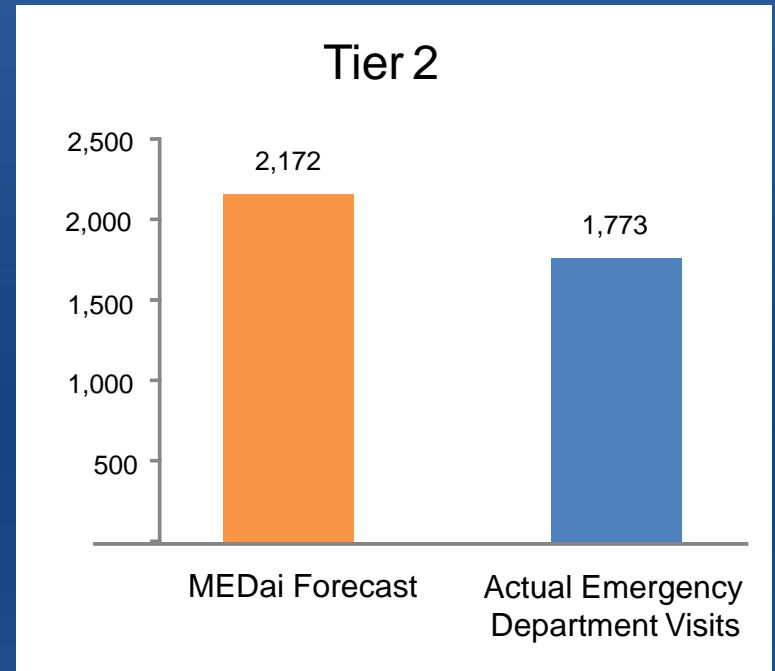
57% Reduction



Emergency Department Utilization Trends



6% Reduction



18% Reduction



Practice Facilitation Outcomes

88 Practices Served

- Serving approximately 115,000+ SoonerCare members

Quality of Care

- Improvement on 51% of disease-specific clinical measures
- Most improvement on asthma and diabetes

Satisfaction

- 87% credit the program with improving care to patients with chronic conditions
- 91% would recommend the program to a colleague



Aggregate Cost Avoidance – Return On Investment

Component	Administrative Costs	Medical Savings	Net Savings	Return on Investment
NCM (All)	(\$16,811,912)	\$109,924,559	\$93,112,647	554%
NCM Tier 1	(\$8,190,023)	\$34,541,997	\$26,351,974	322%
NCM Tier 2	(\$8,621,890)	\$75,382,563	\$66,760,673	774%
Practice Facilitation	(\$9,751,949)	\$55,863,530	\$46,111,582	473%
TOTAL Program	(\$26,563,861)	\$165,788,090	\$139,224,229	524%



OHCA BOARD MEETING

MAY 9TH, 2013 OHCA BOARD MEETING

OHCA REQUEST BILL:

- SB 254 – Senator Kimberly David – Allows OHCA to utilize Internal Revenue Service records to verify an individual's income for Medicaid eligibility – **Current Status: Engrossed-House, Senate- House Amendments Read;**

After the April deadlines and **as of May 1, 2013**, the Oklahoma Legislature is currently tracking a total of 704 legislative bills. OHCA is now tracking 46 bills. They are broken down as follows.

- OHCA Request 01
- Direct Impact 30
- Agency Interest 08
- Employee Interest 07
- Governor Signed 11

SENATE AND HOUSE REMAINING DEADLINE

May 31, 2013 Sine Die Adjournment, No later than 5:00 p.m.

A Legislative Bill Tracking Report will be included in your handout at the Board Meeting.

Recommendation 1: Prior Authorize Eliquis® (Apixaban)

The Drug Utilization Review Board recommends:

Prior Authorization of Eliquis® (apixaban) with the following Criteria:

1. FDA approved diagnosis of nonvalvular atrial fibrillation.

Recommendation 2: Prior Authorize Kuvan® (Sapropterin)

The Drug Utilization Review Board recommends prior authorization of Kuvan® (sapropterin) with the following criteria:

Kuvan® (Sapropterin) Approval Criteria:

1. FDA approved diagnosis of phenylketonuria.
2. Active management with phenylalanine restricted diet.
3. Initial approval will be for 30 days in duration. After which time, prescriber must verify that the member responded to treatment as defined by laboratory documentation of $\geq 30\%$ decrease in blood phenylalanine levels.
4. Subsequent approvals will be for the duration of a year.

Recommendation 3: Prior Authorize Gattex® (Teduglutide)

The Drug Utilization Review Board recommends prior authorization of Gattex® (teduglutide) with the following criteria:

Criteria for Approval for Gattex® (Teduglutide):

1. Member must have diagnosis of severe Short Bowel Syndrome, and
2. Require parenteral nutrition at least 3 times per week, every week, for the past 12 months, with
3. Documentation of all of the following:
 - a. Prior use of supportive therapies such anti-motility agents, proton pump inhibitors, bile acid sequestrants, and octreotide.
 - b. Colonoscopy within the previous 6 months, with removal of polyps if present.
 - c. Gastro-intestinal malignancy has been ruled out.
4. Approval will be for the duration of 3 months, after which time, prescriber must verify benefit of medication by documented reduction of at least 20% in parenteral support.
5. Subsequent approvals will be for the duration of a year.