

OKLAHOMA HEALTH CARE AUTHORITY
REGULARLY SCHEDULED BOARD MEETING
September 13, 2012 at 1:00 P.M.
The Children's Center
Conference Room B
6800 NW 39th Expressway
Bethany, Oklahoma

AGENDA

Items to be presented by Lyle Roggow, Chairman

1. Call to Order / Determination of Quorum
2. Action Item – Approval of August 22-24, 2012 OHCA Board Minutes
3. Discussion Item – Reports to the Board by Board Committees
 - a) Personnel Committee – Member McVay
 - b) Strategic Planning Committee – Vice Chairman Armstrong

Item to be presented by Mike Fogarty, Chief Executive Officer

4. Discussion Item – Chief Executive Officer's Report
 - a) Medicaid Director's Update – Garth Splinter, State Medicaid Director
 - i) Motion Charts - A New Way to Visualize Healthcare Data – Connie Steffee & Alison Martinez

Item to be presented by David Branson, Reimbursement Manager & Dr. Sylvia Lopez, Chief Medical Officer

5. Discussion Item – Highlight of Medicaid Services of The Children's Center

Item to be presented by Howard Pallotta, Director of Legal Services

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

Item to be presented by Dr. Nancy Nesser, Director of Pharmacy Services

7. 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 Botulinum Toxin Products to the Utilization and Scope Prior Authorization Program Under OAC 317:30-5-77.2(e).

Item to be presented by Chairman Roggow

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
 - b) Employment of Public Officers
9. New Business
10. ADJOURNMENT

NEXT BOARD MEETING
October 11, 2012
Oklahoma Health Care Authority
2401 NW 23rd, Suite 1A
Ponca Conference Room
Oklahoma City, OK 73107

MINUTES OF A REGULARLY SCHEDULED BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
August 22-24, 2012
Held at the Hyatt Regency
Tulsa, 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 as well as the meeting room door at the Hyatt Regency on August 21st, 2012, 10:30 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 August 21, 2012, 12:30 p.m.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman Roggow called the meeting to order at 4:00 p.m.

BOARD MEMBERS PRESENT:

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

OTHERS PRESENT:

Tiffany Couch, Quest MHSA
Becky Moore, OAHCP
Charles Brodt, HP
Earl Sears, State Rep. Dist. II
Conley Tunnell, Daybreak Family Services
Shannon Muchmore, Tulsa World
Laura Demphey, MCHS
Adan Potiandy, Software AG
Shirley Russell, OKDHS
Shari Murphree, Willow Crest Hospital

OTHERS PRESENT:

Lisa Gardner, HPES
Will Widman, HP
David Dude, American Cancer Society
John Silva, Morton CHS
KC Moon, OHCA
Steve Lewis, Lewis Ok Law
Cynthia Willis, Northcare
Lynn Ward, CMS
Debbie Spaeth, Quest MHSA LLC
Darla Koone, OHCA

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULARLY SCHEDULED BOARD MEETING HELD July 12, 2012.

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.

Member Miller stated that there was an error in the minutes and requested the word change from 'Medicaid recipients' to be 'providers' under the Audit/Finance Committee section.

MOTION:

Member McFall moved for the amendment of the July 12, 2012 board minutes. Vice-Chairman Armstrong seconded.

FOR THE MOTION:

Chairman Roggow, Member Miller, Member Robison, Member Bryant, Member McVay

ITEM 3 / REPORTS TO THE BOARD BY BOARD COMMITTEES

Audit/Finance Committee

Member Miller reported that the Audit/Finance Committee did not meet.

Strategic Planning Committee

Vice-Chairman Armstrong stated that the committee did meet briefly regarding IT consolidation, MOU and behavioral health and reports will be given by staff later.

Chairman Roggow introduced Representative Earl Sears. Rep. Sears thanked OHCA for the work that the agency, employees and board provide.

Chairman Roggow introduced Representative Mark McCullough.

ITEM 4 / CHIEF EXECUTIVE OFFICER'S REPORT

Mike Fogarty, Chief Executive Officer

4a. FINANCIAL UPDATE

Carrie Evans, Chief Financial Officer

Ms. Evans reported revenues for OHCA through June, accounting for receivables, were \$3,799 under budget. She stated that expenditures for accounting for encumbrances were \$3,499,964,053 under budget. The state dollar budget variance through June is \$46,877 in the positive. She reported the following in expenditures: Medicaid program variance is \$15.3 million; Administration is \$10.8 million. She reported the following in revenues: Tobacco settlement funds are \$4.8 million; Taxes and fees are \$4.9 million; Drug rebate is \$6.5 million; Overpayments/settlements are \$4.6 million with a total FY 12 variance of \$46.9 million. Mike commended Carrie and her staff for their work. For a detailed financial report, see Item 4a of the August 22, 2012 board packet.

4b. MEDICAID DIRECTOR'S UPDATE

Garth Splinter, State Medicaid Director

Dr. Splinter reviewed the Medicaid Director's Report and noted a total of 795,000 members. The Insure Oklahoma program has over 30,000 members and the Patient Centered Medical Home is at 479,492 enrollees. The OLL dual eligible enrollees are just over 108,000 and nursing home members being 15,615 with the average per month cost of \$3,183. Dr. Splinter stated that the provider total is 40,825 and in-state being 30,036. He noted that there are 1,877 total providers for the Patient Centered Medical Home and 1,847 are in state with 30 providers being out of state. Electronic Health Records continues to make payments with a total of 32. For more detailed information, see Item 4b in the board packet.

Mike stated that he and Garth attended the National Governor's Association meeting in July that has a strong interest in the patient centered medical home and also Oklahoma's structure of a managed care plan owned and operated and delivered to the OHCA. He noted that Governor Mary Fallin was recently elected Vice Chair of NGA and extended congratulations to her and to the state of Oklahoma. Mike said that there is a final draft of the MOU regarding the IT Consolidation and the transfer of 13 staff that will continue to remain where they are. He said that there is an executed MOU between OHCA and the Department of Mental Health and Substance Abuse for shared responsibilities. He reflected that he believes this a good step forward to provide the most excellent level of care.

ITEM 5 / ANNOUNCEMENTS OF CONFLICTS OF INTEREST PANEL RECOMMENDATIONS FOR ALL ACTION ITEMS

Howard Pallotta, General Counsel

Mr. Pallotta stated that there were no conflicts.

ITEM 6 / CONSIDERATION AND VOTE FOR AUTHORIZATION TO EXPEND FUNDS FOR A CUSTOMER RELATIONSHIP MANAGEMENT VENDOR

Howard Pallotta, General Counsel

Howard explained that this is for the approval of funds to consolidate all phone lines (on CTI) to one line.

MOTION:

Member McFall moved for approval of Item 6 as presented. Member Bryant seconded.

FOR THE MOTION:

Vice-Chairman Armstrong, Member Miller, Member Robison, Chairman Roggow, Member McVay

Representative McCullough stated that he requested several items such as a detailed organizational chart and asked the status. Nico is aware of the request and our organization is undergoing some restructure and stated that he will get this information to him in two weeks. The Representative asked if OHCA has a SOTA team. Mike and Cindy Roberts responded that there has been communication with CMS and Cindy will send him a copy of the latest correspondence. Rep. McCullough asked how the MAGI eligibility standards will possibly affect us going forward. Mike stated that the ACA did contain a specific eligibility criteria for the newly qualified and involves a modified adjusted gross income. Mike said that our next step will be to do an analysis of those proposed rules that are fairly new and Cindy Roberts stated that we are currently in the process of how it will affect us. Mike stated that if there is a federal rule on the administration of Medicaid, we will be expected to be compliant. There was discussion on the Medical Home, nursing homes and dual eligibles along with a discussion on OHCA's Managed Care.

ITEM 7 / 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

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
- b) Evaluation of C.E.O. by the Board

MOTION:

Vice-Chairman Armstrong moved to go into executive session. Member McFall seconded.

FOR THE MOTION:

Chairman Roggow, Member Miller, Member Robison, Member Bryant, Member McVay

RECESS

RECONVENED BOARD MEETING/RETREAT AT 8:30AM, THURSDAY, AUGUST 23, 2012

THE FOLLOWING ITEMS WILL FOLLOW RETREAT FORMAT OF PANEL DISCUSSION AND OPEN DISCUSSION: ITEMS (8) THROUGH (21) ARE DISCUSSION ITEMS ONLY

8. Welcome / Opening Remarks “From a Board Chairman and CEO perspective...what keeps them up at night?” (8:30am)

Chairman Lyle Roggow stated that this is the 12th annual retreat and that the purpose is to get information, learn from each other and try to build a more efficient program as we move forward. Lyle stated that the message is to plan and that we are moving forward with this 'planning retreat'. He said that "failing to plan, is planning to fail" and we have the opportunity to control our destiny within regulations. He went over headlines from 1967 to current.

Mike Fogarty welcomed and thanked everyone for their participation. He stated that OHCA's 500 employee's are challenged everyday by the tasks at hand and consider ourselves public employees in the public service and we bring what resources we have to the task. He stated that those resources are the staff and the volunteer participants that make it possible for us to do our job. Mike recognized the Member Advisory Task Force as well as a few other task forces and noted the difference that they are making. He also recognized each of OHCA's board members. Mike noted that the enormity of the program and issues and meeting expectations are some things that give him pause and is 'what keeps him up at night'. He said that he celebrates our successes.

9. Thursday: Session 1

OHCA Overarching Goals & Agenda Highlights

Cindy Roberts, Deputy CEO, Policy, Planning & Integrity

During this session was a review of the agency's six overarching goals which are eligibility/enrollment, satisfaction/quality, personal responsibility, benefits, financing/reimbursement and administration. Cindy highlighted upcoming sessions during the retreat, and described the relationship between the agency's goals and session topics for this year's strategic planning activities.

10. Thursday: Session 2

OHCA's "Tell Us Your Story" Campaign

Ed Long, Community Relations Manager, SoonerEnroll Project Director, Communications, Outreach and Reporting

The OHCA Communications, Outreach and Reporting (COR) Division has recently launched "Tell Us Your Story", a campaign focused on sharing stories about the positive impact of SoonerCare on the lives of children and families across the state. Ed played video clips that allowed the audience to hear examples of life-changing member experiences.

11. Thursday: Session 3

The nuts and bolts of the OHCA – how state staff are proactive and organize to do great things

Nico Gomez, Deputy CEO, Communications, Outreach & Reporting

Oklahoma's health care system has experienced many changes over the years. The Oklahoma State Legislature established the Oklahoma Health Care Authority in 1993 following recommendations from broad-based citizens' committees. OHCA led the effort to supplement state dollars with available and appropriate federal dollars. OHCA's current revenue supports programs at Department of Human Services, Department of Mental Health and Substance Abuse, State Department of Health, Office of Juvenile Affairs, Department of Education, and University medical schools and teaching hospitals. To do so requires the full utilization of federal revenues while performing critical functions necessary for impeccable program administration. Many changes have occurred within and outside the OHCA such as the variety of programs offered; the use of contracted managed care entities; dynamic budget processes and levels; and the evolution of efficient administrative functions. Looking ahead, many changes remain to be implemented. Working through the various aspects of uncertainties and considering potential impacts for the SoonerCare program is a major task for OHCA staff. The agency has embraced change management principles to uphold a proactive, not reactive, working environment. This has allowed us to keep moving forward towards accomplishing the agency's goals, even amidst uncertainty. As we look ahead and set our sights on the future, we focus on serving Oklahomans to the best of our abilities. Nico provided a brief glimpse of the agency's history; an overview of the functional areas used to administer Oklahoma's Medicaid programs and the critical roles they serve. The panel of OHCA executive officers and board member shared their opinions about what have been the most important changes over the last 5 years; their perspective as to the knowledge gained through experiences; and advice they have for the future.

Panelists:

- Mike Fogarty, CEO, OHCA
- Ed McFall, Past Chairman and Current Board Member, OHCA
- Carrie Evans, Chief Financial Officer, OHCA
- Cindy Roberts, Deputy CEO, Policy, Planning & Integrity, OHCA

12. Thursday: Session 4

Perspective on the Affordable Care Act, SoonerCare and Insure Oklahoma

Buffy Heater, Director of Planning & Development

Since passage of the Affordable Care Act (ACA) on March 23, 2010 there have been many sources of information on the potential impact upon Oklahoma's citizens, health care system, and economy. At the

heart of the conversations lie the implications to the state for the 200,000 Oklahoman's potentially afforded coverage through the Medicaid Expansion provision of the ACA. In June of 2012 the United States Supreme Court issued a decision on several aspects of the ACA, including the shift of the Medicaid Expansion to become a *state option* rather than a *state mandate*. This change has caused Oklahoma to take a step back and analyze, once again, the potential impact to the state. During this session Howard Pallotta gave an explanation of the recent US Supreme Court's decision on the Medicaid Expansion, as well as the future picture for Oklahoma if we decided to opt out of the Medicaid Expansion, as well as if the expansion was pursued. Acknowledging the OHCA has extensive history analyzing programmatic impacts such as pursuit of the Medical Home model within SoonerCare and premium assistance within Insure Oklahoma, the panelists provided perspective on work required to maintain the agency's current programs contrasted with possible work plans associated with pursuit of the expansion pertaining to eligibility and enrollment processes, using evidence to design a benefit plan, information technology, and SoonerCare operations.

Presenters:

- Howard Pallotta, Chief General Counsel, Legal Services, OHCA
- Chris Dees, Eligibility Specialist III, Information Services, OHCA
- Becky Pasternik-Ikard, Deputy State Medicaid Director, OHCA
- Garth Splinter, State Medicaid Director, OHCA

13. Thursday: Session 5

Oklahoma's Health Care Professionals...providing the SoonerCare "home, sweet medical home"

Becky Pasternik-Ikard, Deputy State Medicaid Director

There have been several new initiatives embraced by the OHCA in the most recent years, and made successful by health care providers doing business with OHCA. As the OHCA continues to serve nearly 1 in 4 Oklahoman's health care needs, acknowledgement and appreciation is given to the providers who are the key to ultimate success. Attendees heard an update on efforts underway including the Patient-Centered Medical Home (PCMH) program. Representatives of current SoonerCare PCMH practices as well as the Health Access Networks (HAN) will shared their recent work and accomplishments. New efforts such as the OHCA's involvement in the federally-led Comprehensive Primary Care Initiative were discussed.

Panelists:

- Melody Anthony, Director of Provider Services, OHCA
- Dwight Sublett, Current OHCA PCMH Practice
- James Henley, Current OHCA PCMH Practice
- Steven Crawford, Current OHCA PCMH Practice
- Rosemary Klepper, Canadian County HAN
- Billie Linam, Canadian County HAN
- Mina Phillips, OSU HAN
- Matt Clark, OU Tulsa HAN

14. Thursday: Session 6

Health Information Advancements – How providers are 'electrifying' their efforts

Jerry Scherer, Chief Information Officer

Oklahoma's Health Information efforts have had much attention and work done over the last year. Looking ahead, plans for additional development and modification lie on the horizon. Many providers have utilized the opportunity presented by the Electronic Health Record financial incentives, as terms such as "meaningful use" and "certified" have become widely understood. An overview was provided of the SoonerCare Health Information Technology (HIT) current and future efforts enabling SoonerCare providers to achieve greater efficiency and effectiveness when providing health care, the resources necessary for these efforts, as well as how the OHCA HIT efforts support other federal and state level HIT initiatives. Panelists provided an update on the Medicaid Electronic Health Record (EHR) Incentive Payments and what it means to 'meaningfully use' information; development of the OHCA Health Care

Portal (HCP); the plans to create a SoonerCare claims based web enabled clinical viewer; and OHCA's collaboration on state-level developments of the Health Information Infrastructure Advisory Board.

Presenters:

- Chad Sickler, Electronic Health Record Incentive Program Manager, OHCA
- Adolph Maren, Planning / Project Manager, Planning & Development, OHCA
- Suzie Megehee, Data Processing Analyst/Planning Specialist III, Information Services, OHCA
- Howie Fung, Data Processing Analyst/Planning Specialist III, Information Services, OHCA

15. Thursday: Session 7

Last Call – Questions & Answers

Nico Gomez, Deputy CEO, Communications, Outreach and Reporting

Nico provided an opportunity for all retreat participants to ask questions and receive answers related to Thursday agenda topics.

RECESS

RECONVENE BOARD MEETING/RETREAT 8:30AM, FRIDAY, AUGUST 24, 2012

THE FOLLOWING ITEMS WILL FOLLOW RETREAT FORMAT OF PANEL DISCUSSION AND OPEN DISCUSSION: ITEMS (8) THROUGH (21) ARE DISCUSSION ITEMS ONLY

16. Friday: Session 8 (8:30am)

Spotlight on OHCA's Equal Employment Opportunities

Lena Daniels, Civil Rights Officer

The OHCA is 100 percent utilized in all EEO categories. Lena, the agency's Civil Rights Officer, discussed OHCA's commitment to equal employment opportunities.

17. Friday: Session 9

SoonerCare Supports the Family – caring for babies, kids, teenagers and beyond

Shelly Patterson, Director of Child Health

The OHCA has a longstanding history of maintaining focus on programs and services to better the health of Oklahoma's pregnant women, their babies and children, as well as families as a whole. Many different initiatives have aimed to improve the health outcomes for hundreds of thousands of individuals served by the SoonerCare program. Highlighted were several programs operated by the OHCA including the Pregnant Women Outreach effort, the SoonerCare Tobacco Cessation initiative, and the OHCA's collaboration with the Oklahoma Tobacco Settlement Endowment Trust (TSET). Additionally, information on the Strong Start initiative and the Fetal Infant Mortality Reduction Project was shared.

Presenters:

- Sylvia Lopez, Chief Medical Officer, OHCA
- Rebekah Gossett, Care Management Supervisor, OHCA
- Marlene Asmussen, Director of Care Management, OHCA
- Tracey Strader, Executive Director, Oklahoma Tobacco Settlement Endowment Trust

18. Friday: Session 10

OHCA at the Controls and Medicaid "Best Buys" - how proactive prevention, gains in efficiencies, and cost controls result in getting the most from Oklahoma's Medicaid money

Cindy Roberts, Deputy CEO, Policy, Planning & Integrity

Looking back at the OHCA's experience with managing care for nearly one-quarter of all Oklahomans, the per member per month costs associated with the SoonerCare program have remained stable since 2004. Most recently, for state fiscal year 2011, the average cost per member served for both the

SoonerCare and Insure Oklahoma programs was just over \$2,400 per year. This consistency can largely be attributable to the numerous programs and initiatives aimed not only at improving the health outcomes of members, but also to gain efficiencies in processes and policies making the OHCA operate as a lean, effective state agency. The OHCA has moved beyond simply paying for health care to actively working to shape how that care is delivered and paid for. As the OHCA focuses on keeping people healthy, moving beyond traditional disease management to more advanced techniques that leverage cutting edge techniques result in improvements to care coordination and care integration. Dr. Sylvia Lopez discussed the OHCA's prior authorization process. Becky Ikard and Lana Brown discussed the savings as a result of guiding members from the Emergency Room to more appropriate care settings. Dr. Nancy Nesser highlighted specific processes for the Drug Utilization Review (DUR) board. Results from the independent evaluation of the Health Management Program (HMP) were discussed by Dr. Mike Herndon. Wrapping up the session included an overview of recent program integrity efforts and findings by Cindy Roberts.

Presenters:

- Nancy Nesser, Director of Pharmacy Services, OHCA
- Sylvia Lopez, Chief Medical Officer, OHCA
- Becky Pasternik-Ikard, Deputy State Medicaid Director, OHCA
- Lana Brown, Provider Education Specialist, Provider Services, OHCA
- Mike Herndon, Health Care Management Medical Director, OHCA
- Cindy Roberts, Director of Program Integrity, OHCA

Mike recognized Cindy Roberts for a job well done to organize and coordinate this year's board retreat as well as her staff which includes Buffy Heater, Adolph Maren, Dana Northrup, Likita Gunn, Patrick Schlecht, Sarah Harding and KC Moon.

19. Friday: Session 11

Last Call / Open Forum / Action Plan Review

Nico Gomez, Deputy CEO, Communications, Outreach and Reporting

As a wrap-up to a full 2-day agenda, and lots of issues discussed, this session was an opportunity for attendees to offer ideas to the agency as plans are made moving forward, as well as, to ask questions and receive answers related to Friday agenda topics. This time was specifically set aside to allow the OHCA to hear constructive suggestions on opportunities related to the six OHCA goals mentioned on Thursday's first session. Feedback was given and will help the OHCA determine what could move the agency forward in the next strategic planning period – 5 years – to achieve our vision for Oklahoman's to enjoy optimal health status through having access to quality health care regardless of their ability to pay.

20. Friday: Session 12

Wrap-up / Closing Remarks

Lyle Roggow, OHCA Board Chairman

Chairman Roggow thanked the entire OHCA staff for conducting the retreat. He also thanked the attendees for helping OHCA shape and mold the future of where we go from here.

9 / NEW BUSINESS

Chairman Roggow reported that there was no new business.

10 / ADJOURNMENT

MOTION:

Member McFall moved for adjournment on August 24th.
Vice-Chairman Armstrong seconded.

FOR THE MOTION:

Member Miller, Chairman Roggow, Member Bryant

BOARD MEMBERS ABSENT:

Member Robison, Member McVay

Meeting adjourned at 12:42 p.m., 8/24/2012

NEXT BOARD MEETING
September 13, 2012
Bethany Children's Center
6800 NW Expressway
Bethany, OK 73008

Lindsey Bateman
Board Secretary

Minutes Approved: _____

Initials: _____

DRAFT

SoonerCare Programs

July 2012 Data for September 2012 Board Meeting

SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System	Monthly Enrollment Average SFY2012	Enrollment July 2012	Total Expenditures July 2012	Average Dollars Per Member Per Month July 2012
SoonerCare Choice Patient-Centered Medical Home	468,268	479,210	\$119,865,630	
<i>Lower Cost</i> (Children/Parents/Other)		434,805	\$84,465,576	\$194
<i>Higher Cost</i> (Aged, Blind or Disabled; TEFRA; BCC)		44,405	\$35,400,055	\$797
SoonerCare Traditional	241,278	243,333	\$160,047,745	
<i>Lower Cost</i> (Children/Parents/Other)		135,451	\$39,511,896	\$292
<i>Higher Cost</i> (Aged, Blind or Disabled; TEFRA; BCC & HCBS Waiver)		107,882	\$120,535,849	\$1,117
SoonerPlan	41,378	45,190	\$576,950	\$13
Insure Oklahoma	31,502	30,020	\$8,464,724	
<i>Employer-Sponsored Insurance</i>	17,728	16,723	\$3,781,356	\$226
<i>Individual Plan</i>	13,773	13,297	\$4,683,368	\$352
TOTAL	782,425	797,753	\$288,955,049	

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 \$139,895,060 are excluded.

Net Enrollee Count Change from Previous Month Total	2,312
--	--------------

New Enrollees	21,460
----------------------	---------------

Opportunities for Living Life (OLL) (subset of data above)

Qualifying Group	Age Group	Enrollment
Aged/Blind/Disabled	Child	19,298
Aged/Blind/Disabled	Adult	131,693
Other	Child	178
Other	Adult	20,654
PACE	Adult	103
TEFRA	Child	429
Living Choice	Adult	98
OLL Enrollment		172,453

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

Medicare and SoonerCare	Monthly Average SFY2012	Enrolled July 2012
Dual Enrollees	107,504	107,911

	Monthly Average SFY2012	Enrolled July 2012
Long-Term Care Members	15,770	15,743
Child	87	77
Adult	15,683	15,666

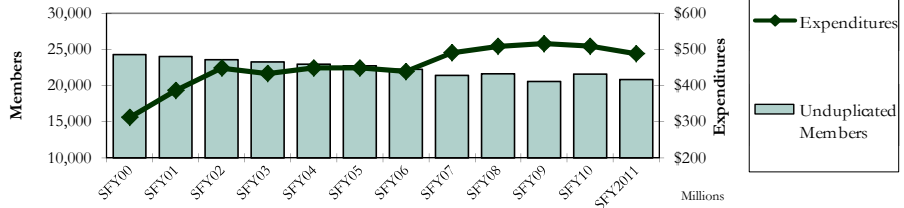
FACILITY PER MEMBER PER MONTH

SFY2011 Long-Term Care

Statewide LTC Occupancy Rate - 71.0%
SoonerCare funded LTC Bed Days 68.2%

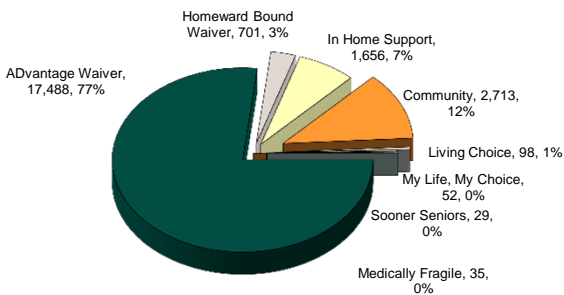
Data as of October 2011

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 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 July 2012*
Total Providers	29,723	38,258
<i>In-State</i>	20,881	28,012
<i>Out-of-State</i>	8,842	10,246

*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	41%
SoonerCare Choice I/T/U	14%
Insure Oklahoma IP	3%

Select Provider Type Counts	In-State		Totals	
	Monthly Average SFY2012	Enrolled July 2012*	Monthly Average SFY2012	Enrolled July 2012
Physician	7,497	8,650	13,790	15,344
Pharmacy	874	888	1,153	1,185
Mental Health Provider**	3,395	5,038	3,449	5,103
Dentist	986	1,169	1,124	1,329
Hospital	194	199	934	1,034
Optometrist	550	586	587	622
Extended Care Facility	375	368	375	368

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

Total Primary Care Providers	4,915	5,217	6,955	7,216
Patient-Centered Medical Home	1,711	1,921	1,739	1,957

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.

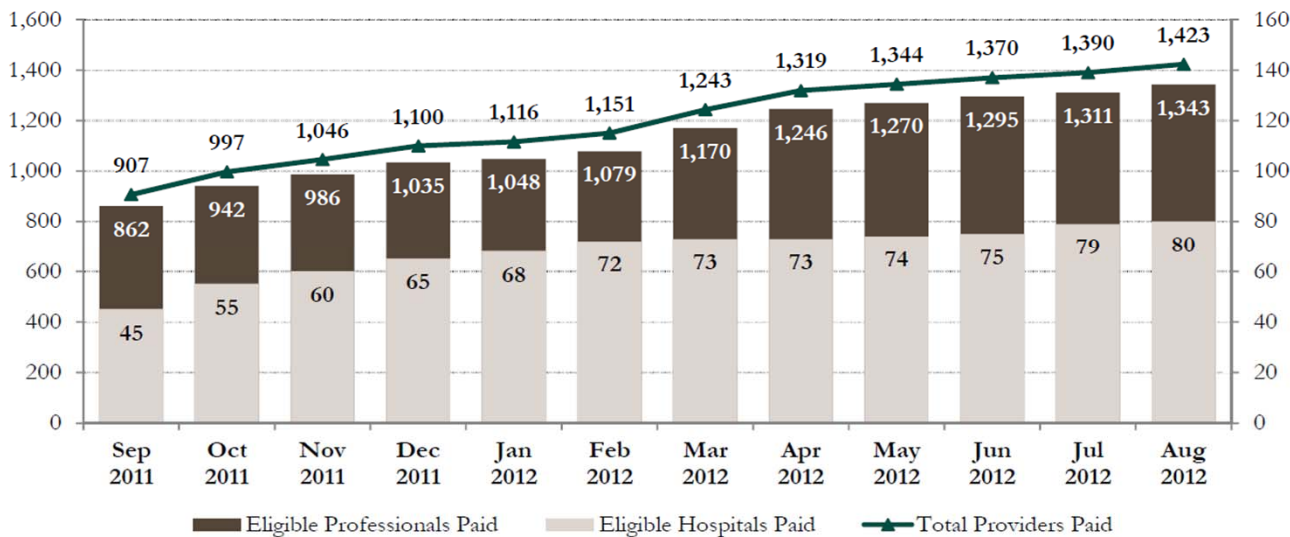
ELECTRONIC HEALTH RECORDS (EHR) INCENTIVE STATISTICS

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 9/4/2012	August 2012		Since Inception	
	Number of Payments	Payment Amount	Total Number of Payments	Total Payment Amount
Eligible Professionals	52	\$888,250	1,343	\$28,829,167
Eligible Hospitals	2*	\$864,333	80	\$53,751,135
Totals	54	\$1,752,583	1,423	\$82,580,302

*Current Eligible Hospitals Paid
GREAT PLAINS REGIONAL MEDICAL CENTER
JEAY MEDICAL SERVICES

SoonerCare EHR Incentives Paid



Prior Authorize Botulinum Toxin Products

The Drug Utilization Review Board recommends:

- Coverage of indications on the recommended list to ensure appropriate use of these medications.
- A diagnosis of chronic migraine will require manual review (tension headaches are not a covered diagnosis).
- Cosmetic indications will **not** be covered.

Diagnosis Code	Long Diagnosis Description
333.71	Athetoid cerebral palsy, double athetosis (syndrome) Vogt's disease, excludes infantile cerebral palsy (343.0-343.9)
333.81	Blepharospasm
333.82	Orofacial dyskinesia
333.83	Spasmodic torticollis
334.1	Hereditary spastic paraplegia
341.1	Schilder's disease
342.11	Spastic hemiplegia affecting dominant side
342.12	Spastic hemiplegia affecting nondominant side
343.0	Diplegic infantile cerebral palsy
343.1	Hemiplegic infantile cerebral palsy
343.2	Quadriplegic infantile cerebral palsy
343.3	Monoplegic infantile cerebral palsy
343.4	Infantile hemiplegia
343.8	Other specified infantile cerebral palsy
343.9	Unspecified infantile cerebral palsy
344.01	Quadriplegia and quadripareisis, C1-C4, complete
344.02	Quadriplegia and quadripareisis, C1-C4, incomplete
344.03	Quadriplegia and quadripareisis, C5-C7, complete
344.04	C5-C7, incomplete
344.1	Paraplegia
344.2	Diplegia of upper limbs
344.30	Monoplegia of lower limb affecting unspecified side
344.31	Monoplegia of lower limb affecting dominant side
344.32	Monoplegia of lower limb affecting nondominant side
344.40	Monoplegia of upper limb affecting unspecified side
344.41	Monoplegia of upper limb affecting dominant side
344.42	Monoplegia of upper limb affecting nondominant side
351.8	Other facial nerve disorders
374.03	Spastic entropion
374.13	Spastic ectropion
378.0	Esotropia
378.00	Unspecified esotropia
378.01	Monocular esotropia
378.02	Monocular esotropia with A pattern

378.03	Monocular esotropia with V pattern
378.04	Monocular esotropia with other noncomitancies
378.05	Alternating esotropia
378.06	Alternating esotropia with A pattern
378.07	Alternating esotropia with V pattern
378.08	Alternating esotropia with other noncomitancies
378.1	Exotropia
378.10	Unspecified exotropia
378.11	Monocular exotropia
378.12	Monocular exotropia with A pattern
378.13	Monocular exotropia with V pattern
378.14	Monocular exotropia with other noncomitancies
378.15	Alternating exotropia
378.16	Alternating exotropia with A pattern
378.17	Alternating exotropia with V pattern
378.18	Alternating exotropia with other noncomitancies
378.2	Intermittent heterotropia
378.20	Unspecified intermittent heterotropia
378.21	Intermittent esotropia, monocular
378.22	Intermittent esotropia, alternating
378.23	Intermittent exotropia, monocular
378.24	Intermittent exotropia, alternating
378.3	Other and unspecified heterotropia
378.30	Unspecified heterotropia
378.31	Hypertropia
378.32	Hypotropia
378.33	Cyclotropia
378.34	Monofixation syndrome
378.35	Accommodative component in esotropia
378.4	Heterophoria
378.40	Unspecified heterophoria
378.41	Esophoria
378.42	Exophoria
378.43	Vertical heterophoria
378.44	Cyclophoria
378.45	Alternating hyperphoria
378.5	Paralytic strabismus
378.50	Unspecified paralytic strabismus
378.51	Paralytic strabismus, third or oculomotor nerve palsy, partial
378.52	Paralytic strabismus, third or oculomotor nerve palsy, total
378.53	Paralytic strabismus, fourth or trochlear nerve palsy
378.54	Paralytic strabismus, sixth or abducens nerve palsy
378.55	Paralytic strabismus, external ophthalmoplegia
378.56	Paralytic strabismus, total ophthalmoplegia
378.6	Mechanical strabismus
378.60	Unspecified mechanical strabismus
378.61	Mechanical strabismus from Brown's (tendon) sheath syndrome
378.62	Mechanical strabismus from other musculofascial disorders

378..63	Mechanical strabismus from limited duction associated with other conditions
378.7	Other specified strabismus
378.71	Duane's syndrome
378.72	Progressive external ophthalmoplegia
378.73	Strabismus in other neuromuscular disorders
378.8	Other disorders of binocular eye movements
378.81	Palsy of conjugate gaze
378.82	Spasm of conjugate gaze
378.83	Convergence insufficiency or palsy in binocular eye movement
378.84	Convergence excess or spasm in binocular eye movement
378.85	Anomalies of divergence in binocular eye movement
378.86	Internuclear ophthalmoplegia
378.87	Other dissociated deviation of eye movements
378.9	Unspecified disorder of eye movements
478.75	Laryngeal spasm
530.0	Achalasia and cardiospasm
565.0	Anal fissure
754.1	Congenital musculoskeletal deformity of sternocleidomastoid muscle
784.49	Other voice and resonance disorders