

MINUTES OF A REGULARLY SCHEDULED BOARD MEETING
OF THE OKLAHOMA HEALTH CARE AUTHORITY BOARD
Held at Quartz Mountain Lodge
Lone Wolf, Oklahoma
August 15, 2007
4:00PM

Manner and Time of Notice of Meeting: A public notice was placed on the front door of the Oklahoma Health Care Authority on August 13, 2007.

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

BOARD MEMBERS PRESENT:

Member Roberts, Vice-Chairman
Hoffman, Member Miller, Member
Langenkamp, Governor Anoatubby,
Member McFall, and Chairman Roggow

OTHERS PRESENT:

Dean Williams, GCBHS
Bill Lance, Chickasaw Nation
Millie Carpenter, OKDMHS
Dan Arthrell, CSC
Rich Edwards, OSF
Carla Tanner, CSC
Patti Davis, OHA
Becky Moore OAHCP
Brent Wilborn, OPCA
Lynne Burscal, OU
Mary Overall, OKC
Francis Hass, MD, OU
Leon Bragg, OHCA
Deborah Ogles, OHCA

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF MINUTES OF THE REGULARLY SCHEDULED BOARD MEETING HELD JULY 12, 2007

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 Langenkamp moved for approval of the July 12, 2007 minutes as presented. Member McFall.

FOR THE MOTION:

Member Roberts, Vice Chairman
Hoffman, Member Miller, Member
Langenkamp, Governor Anoatubby,
Member McFall and Chairman Roggow

FINANCIAL UPDATE

Anne Garcia

Ms. Garcia stated that revenues for OHCA through June, accounting for receivables, were \$2,777,092,714 or 1.6 % under budget. Expenditures

for OHCA, accounting for encumbrances, were **\$2,722,356,389** or **3.6% under** budget. The state dollar budget variance through June is **\$55,493,719**. The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	26.3
Part D Phase-In Contribution	(3.9)
Administration	8.1
Revenues:	
Taxes and Fees	(6.3)
Drug Rebate	2.1
Overpayments/Settlements	3.8
Prior Year Carryover	25.4
Total FY 07 Variance	\$ 55.5

MEDICAID DIRECTOR'S UPDATE

Lynn Mitchell, M.D.

Dr. Mitchell stated that enrollments numbers have remained stable through June. The trend lines show that in July we have starting showing increase which is consistent with last year. This increase is still mainly attributed to the 12 month certification process. Dr. Mitchell stated that new fast facts are being added almost every month. The O-EPIC - ESI Fast Facts reveal 1140 employers, an increase of 76 from last month, 2968 employees in 76 of the state's 77 counties participating. The current IP numbers are 708 individuals for August which also continues to rise with 65 of the 77 counties represented. Dr. Mitchell then shared the newest Fast Fact Sheet "Provider Fast Facts" which is an accumulation of facts which shows numbers of providers by provider type, capacity, IHS Program, etc. Dr. Mitchell then discussed the pharmacy data and gave an update on E-Prescribing. For detailed information see Item 3b of the board packet.

O-EPIC MARKETING CONTRACT UPDATE

Nico Gomez

Mr. Gomez gave an update on the marketing contract stating that Griffin Communications was awarded the contract. Mr. Gomez discussed the Production Calendar; O-EPIC Expo Schedule; O-EPIC Expos; Highlights; and the Focus Groups. For detailed information see Item 3c of the board packet.

ITEM 4/CONSIDERATION AND VOTE UPON RENEWAL OF CONTRACT FOR THE LEASE OF OFFICE SPACE

James Smith

OAC 317:10-1-16 states that any single acquisition for supply and non-professional services over \$500,000.00 or a ten (10) percent increase must be approved by the Authority Board. Mr. Smith presented a new contract for the lease of office space at Lincoln Plaza Office Building to the Authority Board for consideration and vote. The contract is for Fiscal Year 2008 (July 1, 2007 through June 30, 2008). The lease rate is \$9.40 per square foot. The new total monthly payment will be \$79,560.82 and the yearly payment will be \$954,729.80. The agency will occupy 101,567 square feet of space. Under the terms of the contract OHCA may terminate this lease by giving thirty (30) days written notice to Lincoln Plaza.

MOTION:

Member McFall moved for approval Item 4 as presented. Vice Chairman Hoffman seconded.

FOR THE MOTION:

Member Roberts, Vice Chairman Hoffman, Member Miller, Member Langenkamp, Governor Anoatubby, Member McFall and Chairman Roggow

ITEM 5/CONSIDERATION AND VOTE UPON CONTRACT FOR PHOTO COPIERS

James Smith

OAC 317:10-1-16 states that any single acquisition for supply and non-professional services over \$500,000.00 or a ten (10) percent increase must be approved by the Authority Board.

Mr. Smith presented a contract for the lease of 14 Photo copy machines to the Authority Board for consideration and vote. The contract is for Fiscal Year 2008 (July 1, 2007 through June 30, 2008). The estimated lease rate is \$523,525.69. The monthly payment will be \$43,627.14.

MOTION:

Member McFall moved for approval of Item 5 as presented. Vice Chairman Hoffman seconded.

FOR THE MOTION:

Member Roberts, Vice Chairman Hoffman, Member Miller, Member Langenkamp, Governor Anoatubby, Member McFall and Chairman Roggow

ITEM 6/CONSIDERATION AND VOTE REGARDING RECOMMENDATIONS MADE BY THE DRUG UTILIZATION REVIEW BOARD UNDER 73 OKLAHOMA STATUTES SECTION 5030.3

Nancy Nesser, J.D., D.Ph., Pharmacy Director

ITEM 6a/RECOMMENDATION REGARDING CONFLICTS OF INTEREST PANEL CONCERNING RECOMMENDATIONS OF THE DRUG UTILIZATION REVIEW BOARD

Howard Pallotta, Director of Legal Services

Mr. Pallotta stated that the Conflicts of Interest Panel met with regards to Item 6b and Item 6c and found no conflicts.

ITEM 6b/CONSIDERATION AND VOTE TO ADD THE THERAPEUTIC CATEGORY OF OPHTHALMIC GLAUCOMA TREATMENTS TO THE PRODUCT ABASE PRIOR AUTHORIZATION PROGRAM UNDER 63 OKLAHOMA STATES 5030.5.

Nancy Nesser, J.D., D.Ph., Pharmacy Director

Dr. Nesser stated that the Drug Utilization Review Board (DUR) recommends the addition of Ophthalmic Glaucoma Products to the PBPA program with the following approval criteria:

1. FDA approved diagnosis.
2. Member must attempt at least one Tier 1 trial of a minimum of 4 weeks duration within the last 90 days. Tier 1 trial may be from any pharmacologic class.
3. Approval may be granted if there is a documented adverse effect, drug interaction, or contraindication to Tier 1 products.
4. Approval may be granted if there is a unique FDA approved indication not covered by Tier 1 products.
5. Member must have had a comprehensive dilated eye exam within the last 365 day period as recommended by the National Institute of Health.
6. Approval duration will be for 1 year.

Isopte Carpine, Pilopine HS 0.5, 1, 2, 4, 6 (Pilocarpine) Tier 1	Isopte, Miostat 1, 5, 10% Tier 2
Beta-Blockers	(Carbachol) ¹
Betagan 0.25%, 0.5% (Levobunolol) Optipranolol 0.3% (Metipranolol) Timoptic, Betimol, Istalol, Timoptic Ocudose, Timoptic XE 0.25, 0.5% (Timolol Maleate)	Phospholine Betoptic-S (Betaxolol) Cosopt (Echthiophate iodide) ² Dorzolamide and Timolol)*
Cartrol, Ocupress 1% (Carteolol) Betoptic-S 0.5% (betaxolol)	Timolol)* Timoptic 0.5% Dropperette
Prostaglandin Analogs	
Xalatan (Latanoprost)*	Lumigan (Bimatoprost) Travatan, Travatan Z (Travoprost)
Adrenergic Agonists	
Propine (Dipivefrin)	
Alpha-2 Adrenergic Agonists	
Brimonidine 0.2%	Alphagan P 0.1, 0.15% (Brimonidine) Iopidine 1% Apraclonidine
Carbonic Anhydrase Inhibitor	
Available Oral Products: Acetazolamide (Diamox®) Dichlorphenamide (Daramide®) Methazolamide (Neptazane®)	Azopt (Brinzolamide) Trusopt (Dorzolamide) Cosopt (Dorzolamide and Timolol)*
Cholinergic Agonists/Cholinesterase Inhibitors	

ITEM 6c/CONSIDERATION AND VOTE TO ADD THE DRUGS AMRIX® AND FEXMIDE® TO THE SCOPE/UTILILIZATION-BASED PRIOR AUTHROIZATION PROGRAM UNDER OAC 317:30-5-77.2(E)

Dr. Nesser stated that the DUR Board recommends prior authorization of Amrix® and Fexmid®. Approval based on clinical documentation of inability to take other generically available forms of cyclobenzaprine hydrochloride. A quantity limit of 30 capsules for 30 days would be placed on Amrix® and 90 tablets for 30 days on the Fexmid®.

MOTION: Member McFall moved for approval of Item 6b and 6c as presented.
Member Langenkamp.

FOR THE MOTION: Member Roberts, Vice Chairman
Hoffman, Member Miller, Member Langenkamp, Governor Anoaatubby, Member McFall and Chairman Roggow

ITEM 7/RECOMMENDATION REGARDING CONFLICTS OF INTEREST PANEL REGARDING RULES

Howard Pallotta, Director of Legal Services

Mr. Pallotta stated that the Conflicts of Interest Panel met with regards to Item 7A and 7B and found no conflicts.

ITEM 7A/CONSIDERATION AND VOTE UPON DECLARATION OF EMERGENCY RULES A-E ON RULES AGENDA

Cindy Roberts, Director of Program Integrity and Planning

Member McFall requested that Rule C be taken as a separate Rule. Chairman Roggow approved.

A. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

Subchapter 5. Individual Providers and Specialties

Part 43. Adult Agency Companion, Specialized Foster Care, Daily Living Supports, Group Homes, and Community Transition Services

OAC 317:30-5-420. through 317:30-5-424. [AMENDED]

(Reference APA WF # 07-28)

FINDING OF EMERGENCY: The Agency finds that a compelling public interest exists which necessitates promulgation of emergency rules and requests emergency approval of rule revisions to facilitate consistency with the Home and Community-Based Services Waivers which were approved by the Centers for Medicare and Medicaid effective July 1, 2007. The United States Supreme Court's decision in *Olmstead vs. L.C.* requires that Oklahoma provide service options to enable individuals with disabilities to live in the community rather than receiving services in an institution. These revisions will allow more individuals the opportunity and means to make that transition.

B. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

Subchapter 3. General Provider Policies

OAC 317:30-3-59. [AMENDED]

Subchapter 5. Individual Providers and Specialties

Part 8. Rehabilitation Hospitals

OAC 317:30-5-111. [AMENDED]

Part 27. Registered Independent Licensed Physical Therapists

OAC 317:30-5-290. [AMENDED]

(Reference APA WF # 07-30)

FINDING OF EMERGENCY: The Agency finds that a compelling public interest exists which necessitates promulgation of emergency rules and requests emergency approval of rule revisions which will provide needed clarity for SoonerCare providers when billing for therapy services for adults. Revisions will remove inconsistencies in rules for payment of adult therapies in the inpatient and outpatient hospital settings in an effort to increase the accuracy of SoonerCare claims.

D. CHAPTER 45. OKLAHOMA EMPLOYER AND EMPLOYEE PARTNERSHIP FOR INSURANCE COVERAGE

Subchapter 9. O-EPIC PA Employee Eligibility

OAC 317:45-9-1. [AMENDED]

Subchapter 11. O-EPIC IP

Part 5. O-EPIC Individual Plan Member Eligibility

OAC 317:45-11-20. [AMENDED]

(Reference APA WF # 07-39)

FINDING OF EMERGENCY: The Agency finds that a compelling public interest exists which necessitates promulgation of emergency rules and requests emergency approval of rule revisions to increase the current O-EPIC Employer Sponsored Insurance and O-EPIC Individual Plan maximum income standards from 185% to 200% of the federal poverty level. Revisions are needed to comply with House Bill 1225 of the 1st Session of the 51st Oklahoma Legislature to the extent that OHCA's currently approved SoonerCare 1115 demonstration waiver allows. Revisions will extend the option to purchase affordable health insurance to a larger group of low income, uninsured working adults.

E. CHAPTER 35. MEDICAL ASSISTANCE FOR ADULTS AND CHILDREN-ELIGIBILITY

Subchapter 5. Eligibility and Countable Income

Part 1. Determination of Qualifying Categorical Relationships

OAC 317:35-5-8. [AMENDED]

Subchapter 7. Medical Services

Part 5. Determination of Eligibility for Medical Services

OAC 317:35-7-48. [AMENDED]

(Reference APA WF # 07-46)

FINDING OF EMERGENCY: The Agency finds that a compelling public interest exists which necessitates promulgation of emergency rules and requests emergency approval of rule revisions to: (1) allow an applicant/member who wants Family Planning services only to enroll in SoonerPlan (Family Planning Waiver services) even if they may be otherwise eligible for SoonerCare; and (2) allow closure of SoonerPlan benefits when the applicant/member has had a sterilization procedure. Current rules do not address closure of eligibility for SoonerPlan members who have been sterilized. Policy also does not address or exclude the choice of enrolling only in SoonerPlan if the member is

eligible for SoonerCare. Currently, when it appears an applicant may be otherwise eligible for SoonerCare, he/she is sent an application for SoonerCare. They are certified for Soonerplan but if the SoonerCare application is not returned, they are disenrolled from SoonerPlan. If revisions are not made, the applicant/member will not have an option to receive SoonerPlan services only, and a case record may not be closed for family planning services for a member who has received a sterilization procedure.

MOTION:

Member McFall moved that declaration of emergency exists for Rules A, B, D, and E. Vice Chairman Hoffman seconded.

FOR THE MOTION:

Member Roberts, Vice Chairman Hoffman, Member Miller, Member Langenkamp, Governor Anoatubby, Member McFall and Chairman Roggow

ITEM 7B/CONSIDERATION AND VOTE UPON DECLARATION OF SUBSTANTIVE RULES A-E ON RULES AGENDA

Cindy Roberts, Director of Program Integrity and Planning

A. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

Subchapter 5. Individual Providers and Specialties

Part 43. Adult Agency Companion, Specialized Foster Care, Daily Living Supports, Group Homes, and Community Transition Services

OAC 317:30-5-420. through 317:30-5-424. [AMENDED]

(Reference APA WF # 07-28)

SUMMARY: Agency rules are revised to: (1) reflect current residential support options through the OKDHS Developmental Disabilities Services Division (DDSD) Home and HCBS Waiver program as approved by CMS; and (2) provide a new residential support option known as Community Transition Services. On April 25, 2007, the Centers for Medicare and Medicaid approved an amendment to Oklahoma's Community Waiver which added Community Transition Services to the waiver program. The revisions will provide Oklahomans with disabilities additional community-based service options. Community Transition Service is a one-time setup expense for members transitioning from an intermediate care facility for the mentally retarded or provider-operated residential setting to the member's own home or apartment. Limited to one service over the member's lifetime, Community Transition Service's maximum benefit is \$2,400 per eligible member and must be authorized in the member's Individual Plan. Rule revisions are needed to support recent amendments to Oklahoma's Community Waiver and allow payment for Community Transition Services.

B. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

Subchapter 3. General Provider Policies

OAC 317:30-3-59. [AMENDED]

Subchapter 5. Individual Providers and Specialties

Part 8. Rehabilitation Hospitals

OAC 317:30-5-111. [AMENDED]

Part 27. Registered Independent Licensed Physical Therapists

OAC 317:30-5-290. [AMENDED]

(Reference APA WF # 07-30)

SUMMARY: Agency rules are revised to remove inconsistencies in rules for payment of adult therapies in the inpatient and outpatient hospital settings. Therapy services for adult SoonerCare members are only compensable when provided on an inpatient or outpatient hospital basis. In addition, language regarding the post-payment utilization review conducted by the OHCA's designated Quality Improvement Organization is updated to reflect current practice. Revisions are needed to clarify the rules used by SoonerCare providers who provide therapy services to adults in the inpatient and outpatient hospital settings.

D. CHAPTER 45. OKLAHOMA EMPLOYER AND EMPLOYEE PARTNERSHIP FOR INSURANCE COVERAGE

Subchapter 9. O-EPIC PA Employee Eligibility
OAC 317:45-9-1. [AMENDED]
Subchapter 11. O-EPIC IP
Part 5. O-EPIC Individual Plan Member Eligibility
OAC 317:45-11-20. [AMENDED]
(Reference APA WF # 07-39)

SUMMARY: Agency rules are revised to increase the current O-EPIC Employer Sponsored Insurance (ESI) and O-EPIC Individual Plan (IP) maximum income standards to 200% of the federal poverty level. Currently, only working adults with countable household income at or below 185% of the federal poverty level can qualify for O-EPIC ESI or IP. Revisions are needed to comply with House Bill 1225 of the 1st Session of the 51st Oklahoma Legislature to the extent that OHCA's currently approved SoonerCare 1115 demonstration waiver allows. Revisions will extend the option to purchase affordable health insurance to a larger group of low income, uninsured working adults.

E. CHAPTER 35. MEDICAL ASSISTANCE FOR ADULTS AND CHILDREN-ELIGIBILITY

Subchapter 5. Eligibility and Countable Income
Part 1. Determination of Qualifying Categorical Relationships
OAC 317:35-5-8. [AMENDED]
Subchapter 7. Medical Services
Part 5. Determination of Eligibility for Medical Services
OAC 317:35-7-48. [AMENDED]
(Reference APA WF # 07-46)

SUMMARY: Eligibility rules for the SoonerPlan Program (Family Planning Waiver services) are revised to: (1) allow an applicant/member who wants Family Planning services only to enroll in SoonerPlan even if they may be otherwise eligible for SoonerCare; and (2) allow closure of SoonerPlan benefits when the applicant/member has undergone a sterilization procedure. Current rules do not allow an applicant the choice of receiving family planning services only but requires them to apply for SoonerCare, the full scope of Medicaid benefits. Currently, when it appears an applicant may be otherwise eligible for SoonerCare, he/she is sent an application for SoonerCare. They are certified for SoonerPlan but if the SoonerCare application is not returned, they are disenrolled from SoonerPlan. Revisions are needed to allow member/applicants the choice of enrolling in family planning services only when they do not want the full scope of Medicaid. In addition, current rules do not provide a process for closure of family planning services when a member undergoes sterilization procedures. Revisions are needed to allow case closure when the member has undergone a

sterilization procedure and is no longer in need of family planning services.

MOTION:

Member McFall moved for approval of substantive changes on Rules A, B, D, and E as presented. Vice Chairman Hoffman seconded.

FOR THE MOTION:

Member Roberts, Vice Chairman Hoffman, Member Miller, Member Langenkamp, Governor Anoatubby, Member McFall and Chairman Roggow

C. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

Subchapter 5. Individual Providers and Specialties

Part 5. Pharmacies

OAC 317:30-5-70.2. [AMENDED]

(Reference APA WF # 07-44)

FINDING OF EMERGENCY: The Agency finds that a compelling public interest exists which necessitates promulgation of emergency rules and requests emergency approval of rule revisions to comply with Public Law 110-28 known as the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007 which requires that all prescription drugs in written form be executed on tamper-resistant prescription pads in order to qualify for reimbursement under federal Medicaid guidelines. Rule revisions are necessary since federal financial participation will not be available for written prescriptions for SoonerCare members on or after October 1, 2007, that are not written on tamper-resistant prescription pads.

MOTION:

Member Langenkamp moved that a declaration of emergency exists for Rule C as presented. Member Miller seconded.

FOR THE MOTION:

Member Roberts, Vice Chairman Hoffman, Member Miller, Member Langenkamp, Governor Anoatubby, and Chairman Roggow

ABSTAIN:

Member McFall

C. CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

Subchapter 5. Individual Providers and Specialties

Part 5. Pharmacies

OAC 317:30-5-70.2. [AMENDED]

(Reference APA WF # 07-44)

SUMMARY: Agency rules are revised to comply with Public Law 110-28 known as the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007 requiring prescriptions in written form to be executed on tamper-resistant prescription pads in order to qualify for reimbursement by SoonerCare. Currently, there is no rule in place to require certain types of paper for prescriptions. This federal requirement mandates that written

prescriptions be printed on certain types of paper which cannot be copied. The requirement does not apply to prescriptions transmitted by telephone, facsimile, or electronic prescribing. Effective October 1, 2007, federal financial participation will not be available for written prescriptions to SoonerCare members that are not written on tamper-resistant prescription pads.

MOTION: Member Roberts moved for approval of substantive changes on Rule C as presented. Member Langenkamp seconded.

FOR THE MOTION: Member Roberts, Vice Chairman Hoffman, Member Miller, Member Langenkamp, Governor Anoatubby, and Chairman Roggow

ABSTAIN: Member McFall

ITEM 8/DISCUSSION ITEM - PROPOSED EXECUTIVE SESSION AS RECOMMENDED BY THE DEPUTY COUNSEL III AND AUTHORIZED BY THE OPEN MEETING ACT, 25 OKLA.STATE.§307(B)(1), (4), AND (7)

Howard Pallotta, Director of Legal Services

MOTION: Member McFall moved for an Executive Session. Vice Chairman Hoffman seconded.

FOR THE MOTION: Member Roberts, Vice Chairman Hoffman, Member Miller, Member Langenkamp, Governor Anoatubby, Member McFall and Chairman Roggow

RECESS

**RECONVENE BOARD MEETING/RETREAT 8:30 a.m. THURSDAY, AUGUST 16, 2007
QUARTZ MOUNTAIN STATE LODGE**

THE FOLLOWING ITEMS WILL FOLLOW RETREAT FORMAT OF PANEL DISCUSSION AND OPEN DISCUSSION

Mr. Fogarty, CEO and Chairman Roggow welcomed all the participants, both presenters and attendees to OHCA's 2007 Annual Retreat.

9. Review of Goals - Cindy Roberts, CPA, CGFM; Director of Program Integrity and Planning

Ms. Roberts presented an overview of Six Major Goals: Eligibility, Satisfaction/Quality, Member Personal Responsibility, Benefits, Reimbursement Issues, and Administration. For detailed information, see tab "Quick Review of Goals/New Format" in Retreat Book.

10. Public/Private Opportunities: Access to Health Care Coverage for Oklahomans - Moderator Lynn Mitchell, MD; Director of Medicaid/Medical Services

Topic/Panelist: O-EPIC - Current Program; Becky Ikard, RN, JD; Program Operations Director

Ms. Ikard presented the O-EPIC Current Program which consisted of the Agency Goals: O-EPIC, two different premium assistance strategies; (ESI) and (IP); Qualified Employer; Qualified Employee/Spouse; Qualified Health Plan; Premium Distribution; Typical Monthly Employee Premium; ESI Milestones; Individual Plan; Who Qualifies?; IP Qualifications; IP Member Profile; and Innovative Strategies.

Topic/Panelist: O-EPIC - 250 Employer Size/250% of FPL, College Kids, All Kids; Buffy Heater, MPH; Manager of Planning and Development

Ms. Heater presented an overview of the 250/250 Adult Expansion; All Kids Expansion; and College Student Expansion. For detailed information, see Board Retreat Handouts.

Topic/Panelist: Evidence Based Approaches to Benefit Design for Children; Garth Splinter, MD, MBA; Director of Primary Care Policy Division, Department of Family Medicine, University of Oklahoma Health Sciences Center

Dr. Splinter discussed various aspects of the Evidence Based Approaches to Benefit Design for Children. Included in the presentation were Keys to Benefit Design; Evidence Based Systems-AAFP; Evidence Based Rating Systems U.S. Preventive Services Task Force(USPSTF); Current Status of Ratings; Example 1 AAFP; Example 2- USPSTF; Example 3- USPSTF; Example 4-AHRQ; Example 5-National Guideline Clearinghouse; A Real Life Example: Oregon; History 1,2,3,; Current 1,2, and Conclusion. For detailed information, see Board Retreat Handouts.

Topic/Panelist: Current Market Reform - Core Benefits; Kim Holland, Insurance Commissioner, Insurance Department

Commissioner Holland presented an overview of Core Benefits consisting of Oklahoma Choosing Health plans All Together(OK CHAT); and About OK CHAT that builds consensus about a health coverage priorities with limited resources, Runs for six weeks in August and September, 40 OK CHAT sessions in 31 communities across Oklahoma, Six Town Hall discussion, 12-18 participants per session and Cross section of community. For detailed information, see Board Retreat Handouts.

11. Medicaid Reform Act of 2006: One Year Later - Moderator Nico Gomez; Director of Communication Services

Topic/Panelist: Reform Pilot (Two County Pilot)/Parents of SoonerCare Children; Buffy Heater, MPH; Manager of Planning and Development

Ms. Heater presented the Reform Pilot that was developed during the 2006 Legislative Session/HB 2842. This Reform Pilot offered members more options, and completed some milestones. The Parents of SoonerCare Children/HB 2842 that the 2007 Legislative Session under HB 1225 changes the effective date to January 1, 2012. For detailed information, see Board Retreat Handouts.

**Topic/Panelist: Emergency Room Utilization Pilot; Becky Ikard, RN, JD;
Program Operations Director**

Ms. Ikard presented the SoonerCare Emergency Room Utilization Projects stating that it was supported by the Governor and the Legislature. She continued with the Performance Driven Changes; Components; Innovative Strategies; Member Interventions; Contact Period: Jan 2006-Jun 2007; The Highest Utilizers; Portrait of a "Highest Utilizer"; PCP Interventions; and last the Results. For detailed information, see Board Retreat Handouts.

12. Innovations in Integrating Behavioral Health - Moderator Carol McFarland, CPA, CGFM; Manager, Performance and Internal Audits

**Topic/Panelists: Partnership for Children's Behavioral Health;
Debbie Spaeth, LMFT; Behavioral Health Services Manager; and Carrie
Slatton-Hodges, Deputy Commissioner, DMHSAS**

Ms. Spaeth, OHCA, and Ms. Slatton-Hodges, DMHSAS both presented different components of the Behavioral Health Collaboratives that included Partnership for Children's Behavioral Health, Adult Recovery Collaborative, DOC & OJA Medicaid Coverage, Mathematica DOC/IMD Project, Integrated Services Initiative, Autism Project, Governor's Task Force on Reactive Attachment Disorder and the Transformation State Incentive Grant. Presentation was also give on the Kid's Collaborative Goal #1-Keep kids in community with good outcomes; Systems of Care; SOC FY'09 Goals; Results #2: Statewide Care Coordination; Outpatient Follow-Up; Documentation Workgroup; Policy Workgroup; Discharge & Aftercare Workgroup; Provider Support/Training; Early Identification; FY'08 Goals; FY'09 Budget Requests. For detailed information, see Board Retreat Handouts.

**Topic/Panelists: Adult Recovery Collaborative; Debbie Spaeth, LMFT;
Behavioral Health Services Manager; and Carrie Slatton-Hodges, Deputy
Commissioner, DMHSAS**

Ms. Spaeth, OHCA, and Ms. Slatton-Hodges, DMHSAS presented regarding the Adult Recovery Collaborative; DOC & OJA Medicaid Coverage for Inmates Project; Mathematica DOC/IMD Project; Integrated Services Initiative; Transformation Systems Infrastructure Grant; Single Eligibility, Claims Payment, and Data Sharing System and Access and Stigma. For detailed information, see Board Retreat Handouts.

**Topic/Panelist: Integrated Single Payer System/Web-Based Application;
John Calabro, Director of Information Services**

Mr. Calabro presented regarding the Behavioral Health Single Payer Model and Web based Eligibility that consisted of the Single Payer Model; Data Sharing; MMIS Enhancements; Value to Healthcare Providers; Eligibility Application; Applying; Interview; Assessment; Stats; Certification; Current Systems; Eligibility System Affects Providers, Consumers, and the Agencies; Proposed Systems; Rules Engine; Alternate Systems and the Advanced Planning Document. For detailed information, see Board Retreat Handouts.

**Topic/Panelist: Partnership Perspective - DMHSAS; Terri White,
Commissioner, Department of Mental Health and Substance Abuse Services**
Commissioner White discussed providing increased mental health care for children to try to decrease the cost of the penal system, drug abuse, and inability to work when they are mentally ill adults. She noted that partnering together makes all the programs flow much easier.

13. Money in the Bank: The How's and Why's of Investing in Prevention and Chronic Care - Moderator Paul Keenan, MD; Chief Medical Officer/Director of Provider Services Support

Topic/Panelist: Health Care Prevention and Education; Michael Crutcher, MD, MPH, FACPM, Commissioner, Oklahoma State Department of Health

Commissioner Crutcher discussed the State of the State Report, the progress made during the last 20 years with immunizations, and progress made toward healthier lifestyles for Oklahomans.

Topic/Panelist: Disease Management; Mike Herndon, DO, Physician/Medical Reviewer, Disease Management

Dr. Herndon presented an overview of Disease Management consisting of What is Disease Management?; Why do Disease Management?; How should we do Disease Management?; Program Components; Member Selection and Stratification; Member Activation; Provider Activation; Health Management Information System; Evaluation; Quality Assurance/Improvement; HMP in Collaboration; Return on Investment Purchasing Institute; ROI Forecasting Calculator; ROI for HMP; Program Timeline; and Disease Management Team. For detailed information, see Board Retreat Handouts.

Topic/Panelist: Peri-natal and Child Health Services; Terrie Fritz, LSW-C; Director of Child Health Unit

Ms. Fritz presented an overview of Prenatal Care; Oklahoma's numbers; Other related facts; Recent SoonerCare efforts to improve PNC to our members; Perinatal Advisory Task Force; Perinatal Advisory Task Force Priorities; Child Health Services; Examples of currently employed strategies; Strategies under development; Child Health Advisory Task Force; and ALL Kids Expansion. For detailed information, see Board Retreat Handouts.

Topic/Panelist: Performance Improvement; Angela Shoffner, RNC, MLS; Director of Quality Assurance

Ms. Shoffner discussed the following Performance Improvements: Measuring change across time; Access to Care: 12-24 months; Access to Care: Ages 20-44 yrs; Communication with Providers: Provider Profiles; EPSDT Visits: Ages 0-15 months; EPSDT Visits: Ages 3-6 years; EPSDT Visits: Adolescents; Cost-Effectiveness of Compliance; Dental Visits; Cervical Cancer Screening; Breast Cancer Screening; Comprehensive Diabetes Care; HbA1C; Comprehensive Diabetes Care: LDL-C; Comprehensive Diabetes Care: Eye Exam; Comprehensive Diabetes Care: Nephropathy Screening; Looking ahead: Predictive Modeling; Cost-Effectiveness; and Partnerships. For detailed information, see Board Retreat Handouts.

14. Growing an Infrastructure: Opportunities for Living Life - Moderator - Charles Brodt, Deputy Director

Topic/Panelist: Money Follows the Person Grant Activities Update; Cassell Lawson; Director of Opportunities for Living Life

Mr. Lawson discussed Money Follows the Person aka "Living Choice". Topics included Where We Were; Goals; Partners; and Where We're Heading. For detailed information, see Board Retreat Handouts.

Topic/Panelist: "Focus on Excellence" - Nursing Facility Payment

System; Ivoria Holt, Manager, Long-Term Care Initiatives

Ms. Holt presented Focus on Excellence; Quality Rating System; Star Rating System; Quality Measures; and Next Steps which includes analyzing surveys and data, determining the threshold, calculating point and designing the web-site. For detailed information, see Board Retreat Handouts.

Topic/Panelist: Waiver Programs - What's Available; Raymond Haddock, Chief Coordinating Officer, Vertically Integrated Services Division, Department of Human Services

Mr. Haddock, DHS presented the Purpose of Waiver Programs; Four Waivers for People with Mental Retardation; Advantage Waiver Eligibility Requirements; General Waiver Eligibility requirements; Waiver-Financial Eligibility; Waiver Specific Eligibility; In Home Supports Eligibility Requirements; Community and Homeward Bound Eligibility Requirements; IHSW-Children Services Available; IHSW-Adults Services Available; Community Waiver Services Available; Homeward Bound Waiver Services; Advantage Waiver Services Available; DDS Waiver Waiting List; Total Waiver Clients; Total Waiver Expenditures; Advantage Waiver and Expenditures. For detailed information, see Board Retreat Handouts.

**RECONVENE BOARD MEETING/RETREAT 8:30 a.m. FRIDAY, AUGUST 17, 2007
QUARTZ MOUNTAIN STATE LODGE**

THE FOLLOWING ITEMS WILL FOLLOW RETREAT FORMAT OF PANEL DISCUSSION

15. Playing in the CMS Sandbox: Receiving Federal Dollars in a Changing Game SoonerCare - Moderator Lynn Mitchell, MD; Director of Medicaid/Medical Services

Topic/Panelist: Rates and Reimbursement with the CMS Framework - Finance; Anne Garcia, CGFM; Director of Financial Services

Ms. Garcia presented The Players; Federal Concerns; President's Budget; Recent CMS Developments; Agency Concerns: Federal Rules; New Players?; and at a Crossroads. For detailed information, see Board Retreat Handouts.

Topic/Panelist: The New Medicaid Integrity Program (MIP) and PERM; Kelly Shropshire, CPA; Manger of Audit Services

Mr. Shropshire discussed the Medicaid Integrity Program; New Sheriff in Town; Money to Spend; More Money to Spend; Yet Even More Money; Medicaid Integrity Contractors; 100 New Employees; Other Efforts; and Update on PERM. For detailed information, see Board Retreat Handouts.

Topic/Panelist: National Association of State Medicaid Directors (NASMD) Perspective; Lynn Mitchell, MD: Director of Medicaid/Medical Services

Dr. Mitchell presented details concerning SCHIP Reauthorization; RX Issues; Citizenship/Identity; Medicaid Reform; PERM; NPI; and CMS Rules and Regs. For detailed information, see Board Retreat Handouts.

16. Medicaid Transformation Grants: Unique Opportunity to Restructure and Modernize - Moderator Mike Fogarty, CEO

Topic/Panelist: On-Line Enrollment; Derek Lieser, MPH; Project/Planning Manager

Mr. Lieser presented views on Nuts and Bolts; Outline; Why Online

Enrollment?; Transforming the system in two overarching ways; Elimination of member barriers; Increase efficiency; First Steps and More to Come. For detailed information, see Board Retreat Handouts.

17. Strategic Strategies/Action Plan Review - Cindy Roberts, CPA, CGFM; Director of Program Integrity and Planning

Topic: A Look at Last Year's Action

Ms. Roberts discussed some of the action plans last year that were not completed due to financial or legislative decisions.

Topic: Final Notes for Current Action Plans

Ms. Roberts held discussion with retreat participants regarding what programs would fall under the following categories for the current action plans. The categories are Eligibility, Benefits, Quality Assurance, Administration, OLL, and Finance.

Mr. Fogarty thanked everyone for participating and also acknowledged Governor Anoatubby for the Bedre Chocolates. Chairman Roggow announced that the next Board Meeting would be in Lawton on September 13th.

18. New Business

NONE.

19. Adjournment

MOTION:

Member McFall moved for adjournment
Member Roberts seconded

FOR THE MOTION:

Member Roberts, Vice Chairman
Hoffman, Member Miller, Member
Langenkamp, Governor Anoatubby,
Member McFall and Chairman Roggow