

OKLAHOMA HEALTH CARE AUTHORITY
REGULARLY SCHEDULED BOARD MEETING
January 12, 2012 at 1:00 P.M.
Oklahoma Health Care Authority
2401 NW 23rd, Suite 1-A – Ponca Conference Room
Oklahoma City, Oklahoma

AGENDA

Items to be presented by Lyle Roggow, Chairman

1. Call to Order / Determination of Quorum
2. Action Item – Approval of December 8, 2011 OHCA Board Minutes
3. Discussion Item – Reports to the Board by Board Committees
 - a) Audit/Finance Committee – Member Miller
 - b) Rules Committee – Member McVay
 - c) Strategic Planning Committee – Vice Chairman Armstrong

Item to be presented by Mike Fogarty, Chief Executive Officer

4. Discussion Item – Chief Executive Officer's Report
 - a) Financial Update – Carrie Evans, Chief Financial Officer
 - b) Medicaid Director's Update – Garth Splinter, State Medicaid Director
 1. Home & Community Based Waiver Update – Von Lawson, Director - Opportunities for Living Live
 - c) IT Consolidation/HB 1304 Update – Mike Fogarty, Chief Executive Officer & Jerry Scherer, Chief Information Officer

Item to be presented by Adolph Maren, Planning Project Manager

5. Discussion Item – Electronic Access to SoonerCare Member Health Information.

Item to be presented by Jennie Melendez, Marketing Coordinator

6. Discussion Item – Marketing Plan for SoonerEnroll online enrollment education for providers.

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

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

Item to be presented by Cindy Roberts, Chairperson of State Plan Amendment Rate Committee

8. Action Item – Consideration and Vote Upon the recommendations of the State Plan Amendment Rate Committee
 - a) Consideration and vote to amend the methodology for the calculation of Estimated Acquisition Cost for pharmaceuticals purchased by OHCA: Wholesale Acquisition Cost plus 5.6%, effective February 1, 2012.

Items to be presented by Dr. Nancy Nesser, Director-Pharmacy Services

9. a) Recognition of Ron Graham, D.Ph., retiring Pharmacy Director at OU College of Pharmacy, Pharmacy Management Consultants and introduction of Terry Cothran, D.Ph., incoming Pharmacy Director.
b) Action Item – Consideration and Vote Regarding Recommendations Made by the Drug Utilization Review Board Under 63 Oklahoma Statutes § 5030.3.
 - 1) Consideration and vote to add Multiple Sclerosis medications, Daliresp, Horizant and Gralise to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

Item to be presented by Beth VanHorn, Director- Legal Operations

10. a) Action Item – Consideration and Vote to authorize expenditure of funds for the Online Enrollment Program Management Organization Services.
b) Action Item – Consideration and Vote to authorize expenditure of funds for the Focus On Excellence – Nursing Facility Surveys.

Item to be presented by Chairman Roggow

11. 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. Status of Pending Suits

Status of Pending suits and claims

- | | | |
|---|-------------|--------------------------------|
| 1. 2010 DMH Administrative Claiming | DAB A-10-73 | CMS Departmental Appeals Board |
| 2. Association for Direct Care Trainers v. OHCA | CJ-08-4237 | Oklahoma County, OK |

12. New Business

13. ADJOURNMENT

NEXT BOARD MEETING
February 9, 2012
Oklahoma Health Care Authority
2401 NW 23rd, Suite 1-A
Ponca Conference Room
Oklahoma City, OK 73107

MINUTES OF A REGULARLY SCHEDULED BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
December 8, 2011
Held at the OSU College of Osteopathic Medicine
Tulsa, Oklahoma

Manner and Time of Notice of Meeting: A public notice was placed on the front door of the Oklahoma Health Care Authority on December 6, 2011.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman Roggow called the meeting to order at 1:07 PM.

BOARD MEMBERS PRESENT:

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

OTHERS PRESENT:

Jerry Scherer, OHCA
Will Widman, HP
Josh Cook, HP
Becky Moore, OAHCP
Alison Martinez, OHCA
Cara Norris-Ramirez, OHCA
Melody Anthony, OHCA
R.P. Thard, OHCA
Shannon Muchmore, Tulsa World
Ed Long, OHCA
Curtis Calvin, OHCA

OTHERS PRESENT:

James Smith, OHCA
Charles Brodt, HP
Mark McCullough, OK State House
Doug Cox, MD, OK State House
Kimrey McGinnis, OHCA
Nancy Nesser, OHCA
Marlene Asmussen, OHCA
Garth Splinter, OHCA
Dana Miller, OHCA
Corey Burnett, OHCA
Glenn Mulready, OK State House

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULARLY SCHEDULED BOARD MEETING HELD NOVEMBER 10, 2011.

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

MOTION:

Member McFall moved for approval of the November 10, 2011 board minutes as published. Member Bryant seconded.

FOR THE MOTION:

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

ITEM 3/REPORTS TO THE BOARD BY BOARD COMMITTEES

Member Miller reported that the Audit Finance Committee did not meet, but he did spend time visiting with the Carrie Evans, Chief Financial Officer. He mentioned that we had collected a portion of our insurance settlement from the water damage to our former building at Lincoln Plaza. He also visited with Cindy Roberts, Deputy CEO, and reported that staff are currently busy with the state audit.

Before moving to the report for the Strategic Planning Committee, Chairman Roggow introduced several guests: Rep. Dr. Doug Cox, Rep. Mark McCullough and Rep. Glenn Mulready.

Vice-Chairman Armstrong reported that the Strategic Planning Committee did meet prior to the board meeting. In addition to board members and OHCA staff, Rep. Mulready, Rep. Cox and Sen. Stanislawski were in attendance. There was a lengthy discussion about the legislative taskforce and how we can increase and improve the health status of Oklahomans.

At this point, Rep. Mulready addressed the board, describing the joint legislative taskforce's purpose and work. He encouraged those in attendance to visit the taskforce website at www.okhealthcare.info. Each meeting, including video and powerpoint presentations, can be found there.

Before beginning his report, CEO Mike Fogarty introduced Carter Kimble, an OHCA staff member who has drawn a new assignment, part of which is working with our internal and external taskforces. Carter described the purpose and makeup of the Member Advisory Taskforce, which is all voluntary and allows the agency to gain a new perspective from SoonerCare members about the services received. Carter introduced Amy White who is a member of the Member Advisory Taskforce.

FINANCIAL UPDATE

Carrie Evans, Chief Financial Officer

Ms. Evans reported that the Revenues for OHCA through September, accounting for receivables, were **\$1,253,416,902** or **(.2%) under** budget. Expenditures for OHCA, accounting for encumbrances, were **\$1,150,461,084** or **1.4% under** budget. The state dollar budget variance through October is **\$12,958,682 positive**.

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

Expenditures:	
Medicaid Program Variance	5.2
Administration	2.2
Revenues:	
Taxes and Fees	1.6
Drug Rebate	2.4
Overpayments/Settlements	1.6
Total FY 12 Variance	\$ 13.0

For a detailed report, see Item 4a of the December 8, 2011 board packet.

MEDICAID DIRECTOR'S UPDATE

Garth Splinter, MD - Deputy State Medicaid Director

Dr. Splinter went over the data sheet highlighting the fact that the overall SoonerCare Enrollment for October 2011 is 751,928. The message continues to be one of slow growth. Nursing home membership is flat to slightly down. Total primary care providers, as well as patient center medical home providers, continue to increase. The sheet reflects a new set of data outlining per member per month trends. Electronic health record payment incentives continue to increase with a total of 1,050 payments for almost \$66,542,074 million since January 2011.

For a detailed report, see Item 4b of the December 8, 2011 board packet.

Chairman Roggow extended an invitation to the Representatives present to ask questions. Rep. McCullough asked Dr. Splinter what was driving the trend lines during this recessionary period. Dr. Splinter explained that during a recessionary period more people are going to meet the qualification criteria, and the pool of potential eligibles is greater in poor economic times. There are also some jumps in membership tied to legislation that directed us to make changes that resulted in greater enrollment.

ITEM 5/WAIVER DEVELOPMENT AND REPORTING

Kimrey McGinnis, Waiver Development Coordinator

Ms. McGinnis presented an overview of the 1115 SoonerCare Choice waiver renewal. She explained that when changes to our program, either through state plan amendments or waiver amendments, we engage in a public notice process, such as presenting the information at our board meeting. The second item discussed was with a change to the Breast and Cervical Cancer program. This change would pay for diagnostic testing, but would provide full scope medical coverage only to those receiving treatment for cancerous or pre-cancerous conditions.

For a detailed report, please see Items 5a & 5b of the December 8, 2011 board packet.

ITEM 6/UTILIZATION CONTROL TOOLS FOR PHARMACY AND EMERGENCY ROOM SERVICES AND ANALYSIS OF UTILIZATION CONTROL INITIATIVES

Garth Splinter, MD - State Medicaid Director; Nancy Nesser, JD, PharmD - Pharmacy Director; Melody Anthony, MS - Director of Provider Services; and, Alison Martinez, PhD - Clinical Data Analyst

Dr. Nesser began this section with a discussion of different tools being used to control costs and monitor usage of narcotics, as well as, a comparison of years 2010 versus 2011. Examples of these include limiting the number of prescriptions for adults to six per month, of which only two may be brand names; increasing the use of generic medications; setting quantity limits on medications; setting early refill and high dose limits; and ingredient duplication limits. She also discussed using the OK Bureau of Narcotics and Dangerous Drugs database as a possible tool to allow for a complete review of a member's pharmacy usage. Physicians already have this capability. Dr. Nesser also suggested analyzing the high ER utilizer group for possible inclusion in the Lock-In program where access is limited to a single pharmacy. Dr. Nesser took questions and explained the utilization tools. The presentation can be found at Item 6a of the December 8, 2011 board packet.

Melody Anthony discussed the agency's frequent ER utilization program, explaining how members were identified for inclusion in this program,

outreach efforts to educate members and providers. She also discussed outcomes derived from this program. Dr. Splinter discussed legal remedies for those members who continue to over-utilize the ER program. These remedies result in being removed from SoonerCare for 6 months. These presentations can be found under Items 6b & 6c of the December 8, 2011 board packet.

Dr. Alison Martinez presented an analysis of ER Utilization trends and the possible results that could be achieved by limiting the number of ER visits. She contrasted this information with the results that would be achieved if the same strategy was used as that employed by the State of Washington. This presentation can be found at Item 6d of the December 8, 2011 board packet.

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

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

ITEM 8/CONSIDERATION AND VOTE UPON THE RECOMMENDATIONS OF THE STATE PLAN AMENDMENT RATE COMMITTEE

Cindy Roberts, Deputy Chief Executive Officer

Ms. Roberts presented the following rates as published on agenda. For full details of the rates see Item 8A of the December 8, 2011 board packet.

Consideration and vote to increase the regular nursing home facility rate serving adults by increasing the pool of funds available for the direct care and other components from \$97,607,577 to \$102,318,569.

MOTION: Vice Chairman Armstrong moved approval of rates presented in Item 8a. Member McFall seconded.

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

ITEM 9/CONSIDERATION AND VOTE REGARDING RECOMMENDATIONS MADE BY THE DRUG UTILIZATION REVIEW BOARD UNDER 63 OKLAHOMA STATUTES § 5030.3

Nancy Nesser, PharmD. JD, Pharmacy Director

Dr. Nesser presented the following recommendations for approval:

- 9a) Consideration and vote to add Selected Biologic Products used to treat the product-based prior authorization program under Oklahoma Administrative Code (OAC) 317:30-5-77.3.
- 9b) Consideration and vote to add Firazyr® (icatibant) to the utilization and scope prior authorization program under Oklahoma Administrative Code (OAC) 317:30-5-77.2(e).

MOTION: Member McFall moved for approval of Item 9a & b as recommended. Member Robison seconded.

FOR THE MOTION:

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

**ITEM 10/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)**

Director of Legal Services advised that there was no need for Executive
Session for this board meeting.

ITEM 11/NEW BUSINESS

There was no new business

ITEM 12/ADJOURNMENT

MOTION:

Member McFall moved for adjournment.
Member Bryant seconded.

FOR THE MOTION:

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



FINANCIAL REPORT

For the Five Months Ended November 30, 2011
Submitted to the CEO & Board
January 12, 2012

- Revenues for OHCA through November, accounting for receivables, were **\$1,544,967,185** or **(.4%) under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$1,480,525,005** or **1.6% under** budget.
- The state dollar budget variance through November is **\$16,904,613 positive**.
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	8.0
Administration	2.9
Revenues:	
Taxes and Fees	1.5
Drug Rebate	3.1
Overpayments/Settlements	1.4
Total FY 12 Variance	\$ 16.9

ATTACHMENTS

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Medicaid Program Expenditures by Source of Funds	2
Other State Agencies Medicaid Payments	3
Fund 230: Quality of Care Fund Summary	4
Fund 245: Health Employee and Economy Act Revolving Fund	5
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OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
Fiscal Year 2012, For the Five Months Ended November 30, 2011

REVENUES	FY12 Budget YTD	FY12 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 439,410,943	\$ 439,410,943	\$ -	0.0%
Federal Funds	914,487,297	893,831,325	(20,655,972)	(2.3)%
Tobacco Tax Collections	23,801,704	25,685,571	1,883,867	7.9%
Quality of Care Collections	21,740,079	21,378,394	(361,685)	(1.7)%
Prior Year Carryover	55,003,490	55,003,490	-	0.0%
Federal Deferral - Interest	135,358	135,358	-	0.0%
Drug Rebates	72,000,019	80,571,910	8,571,891	11.9%
Medical Refunds	16,812,864	20,429,058	3,616,194	21.5%
Other Revenues	8,146,756	8,521,137	374,381	4.6%
TOTAL REVENUES	\$ 1,551,538,510	\$ 1,544,967,185	\$ (6,571,324)	(0.4)%

EXPENDITURES	FY12 Budget YTD	FY12 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	\$ 18,278,203	\$ 16,122,273	\$ 2,155,930	11.8%
ADMINISTRATION - CONTRACTS	\$ 49,998,043	\$ 42,360,844	\$ 7,637,199	15.3%
MEDICAID PROGRAMS				
<u>Managed Care:</u>				
SoonerCare Choice	13,780,426	12,739,832	1,040,594	7.6%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	388,423,722	371,906,646	16,517,076	4.3%
Behavioral Health	131,204,059	134,571,328	(3,367,269)	(2.6)%
Physicians	184,591,812	187,241,742	(2,649,929)	(1.4)%
Dentists	65,407,381	63,382,175	2,025,206	3.1%
Other Practitioners	31,219,627	31,930,710	(711,083)	(2.3)%
Home Health Care	9,580,689	8,976,683	604,007	6.3%
Lab & Radiology	22,620,572	22,244,200	376,372	1.7%
Medical Supplies	20,272,152	19,945,574	326,578	1.6%
Ambulatory Clinics	36,228,966	35,835,830	393,136	1.1%
Prescription Drugs	151,785,694	155,985,529	(4,199,835)	(2.8)%
Miscellaneous Medical Payments	13,329,834	14,293,969	(964,136)	(7.2)%
OHCA TFC	-	-	-	0.0%
<u>Other Payments:</u>				
Nursing Facilities	209,435,613	206,787,320	2,648,294	1.3%
ICF-MR Private	24,586,203	23,973,244	612,959	2.5%
Medicare Buy-In	60,287,863	59,875,742	412,121	0.7%
Transportation	11,679,481	11,456,852	222,630	1.9%
EHR-Incentive Payments	30,480,602	30,480,602	-	0.0%
Part D Phase-In Contribution	30,720,617	30,413,912	306,705	1.0%
Total OHCA Medical Programs	1,435,635,315	1,422,041,888	13,593,426	0.9%
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	\$ 1,504,000,943	\$ 1,480,525,005	\$ 23,475,937	1.6%

REVENUES OVER/(UNDER) EXPENDITURES	\$ 47,537,567	\$ 64,442,180	\$ 16,904,613	
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OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
Fiscal Year 2012, For the Five Months Ended November 30, 2011

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	Medicaid Program Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	\$ 12,927,590	\$ 12,731,050	\$ -	\$ 187,758	\$ -	\$ 8,782	\$ -
Inpatient Acute Care	277,594,063	247,589,815	202,786	5,771,582	20,964,844	1,298,868	1,766,167
Outpatient Acute Care	106,349,143	99,626,409	17,335	4,498,810	-	2,206,589	-
Behavioral Health - Inpatient	51,066,089	49,531,210	-	-	-	2,658	1,532,221
Behavioral Health - Outpatient	8,245,050	8,235,528	-	-	-	-	9,522
Behavioral Health Facility- Rehab	94,420,960	75,416,524	-	206,317	-	53,101	18,745,018
Behavioral Health - Case Management	-	-	-	-	-	-	-
Residential Behavioral Management	6,899,825	-	-	-	-	-	6,899,825
Targeted Case Management	24,244,136	-	-	-	-	-	24,244,136
Therapeutic Foster Care	1,332,307	1,332,307	-	-	-	-	-
Physicians	209,570,236	157,555,708	24,209	6,804,047	25,549,945	4,111,880	15,524,448
Dentists	63,413,768	59,851,371	-	31,593	3,495,091	35,713	-
Other Practitioners	32,183,371	31,322,245	185,985	252,660	407,641	14,840	-
Home Health Care	8,976,689	8,958,239	-	6	-	18,444	-
Lab & Radiology	23,626,034	21,645,731	-	1,381,834	-	598,469	-
Medical Supplies	20,275,050	18,882,719	1,031,645	329,476	-	31,210	-
Ambulatory Clinics	40,409,306	35,669,941	-	797,845	-	165,888	3,775,631
Personal Care Services	5,305,125	-	-	-	-	-	5,305,125
Nursing Facilities	206,787,320	132,499,379	57,465,394	-	16,806,231	16,317	-
Transportation	11,456,852	10,318,045	1,078,190	-	57,954	2,662	-
GME/IME/DME	57,304,588	-	-	-	-	-	57,304,588
ICF/MR Private	23,973,244	19,717,952	3,901,587	-	353,704	-	-
ICF/MR Public	24,178,058	-	-	-	-	-	24,178,058
CMS Payments	90,289,653	89,216,815	1,072,839	-	-	-	-
Prescription Drugs	163,747,012	137,230,936	-	7,761,483	17,924,123	830,470	-
Miscellaneous Medical Payments	14,294,155	13,663,827	-	186	593,125	37,017	-
Home and Community Based Waiver	66,858,525	-	-	-	-	-	66,858,525
Homeward Bound Waiver	37,702,714	-	-	-	-	-	37,702,714
Money Follows the Person	1,256,209	-	-	-	-	-	1,256,209
In-Home Support Waiver	10,272,158	-	-	-	-	-	10,272,158
ADvantage Waiver	73,873,337	-	-	-	-	-	73,873,337
Family Planning/Family Planning Waiver	3,150,317	-	-	-	-	-	3,150,317
Premium Assistance*	24,817,693	-	-	24,817,693	-	-	-
EHR Incentive Payments	30,480,602	30,480,602	-	-	-	-	-
Total Medicaid Expenditures	\$ 1,827,281,178	\$ 1,261,476,353	\$ 64,979,970	\$ 52,841,292	\$ 86,152,658	\$ 9,432,907	\$ 352,397,998

* Includes \$24,674,880.27 paid out of Fund 245

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

REVENUE	FY12 Actual YTD
Revenues from Other State Agencies	\$ 131,232,339
Federal Funds	228,615,732
TOTAL REVENUES	\$ 359,848,071
EXPENDITURES	Actual YTD
Department of Human Services	
Home and Community Based Waiver	\$ 66,858,525
Money Follows the Person	1,256,209
Homeward Bound Waiver	37,702,714
In-Home Support Waivers	10,272,158
ADvantage Waiver	73,873,337
ICF/MR Public	24,178,058
Personal Care	5,305,125
Residential Behavioral Management	5,551,964
Targeted Case Management	17,816,074
Total Department of Human Services	242,814,164
State Employees Physician Payment	
Physician Payments	15,524,448
Total State Employees Physician Payment	15,524,448
Education Payments	
Graduate Medical Education	18,150,000
Graduate Medical Education - PMTC	1,355,971
Indirect Medical Education	29,677,651
Direct Medical Education	8,120,966
Total Education Payments	57,304,588
Office of Juvenile Affairs	
Targeted Case Management	1,131,883
Residential Behavioral Management - Foster Care	19,367
Residential Behavioral Management	1,328,494
Multi-Systemic Therapy	9,522
Total Office of Juvenile Affairs	2,489,266
Department of Mental Health	
Targeted Case Management	-
Hospital	1,532,221
Mental Health Clinics	18,745,018
Total Department of Mental Health	20,277,239
State Department of Health	
Children's First	891,130
Sooner Start	935,768
Early Intervention	2,694,994
EPSDT Clinic	898,643
Family Planning	33,527
Family Planning Waiver	3,094,206
Maternity Clinic	54,549
Total Department of Health	8,602,818
County Health Departments	
EPSDT Clinic	355,397
Family Planning Waiver	22,583
Total County Health Departments	377,980
State Department of Education	
Public Schools	1,651,539
Medicare DRG Limit	-
Native American Tribal Agreements	1,531,273
Department of Corrections	128,825
JD McCarty	1,637,343
Total OSA Medicaid Programs	\$ 352,397,998
OSA Non-Medicaid Programs	\$ 35,245,294
Accounts Receivable from OSA	\$ 27,795,221

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

REVENUES	Total Revenue	State Share
Quality of Care Assessment	\$ 21,363,269	\$ 21,363,269
Interest Earned	15,126	15,126
TOTAL REVENUES	\$ 21,378,394	\$ 21,378,394

EXPENDITURES	FY 12 Total \$ YTD	FY 12 State \$ YTD	Total State \$ Cost
Program Costs			
NF Rate Adjustment	\$ 55,884,887	\$ 20,034,732	
Eyeglasses and Dentures	121,926	43,711	
Personal Allowance Increase	1,458,580	522,901	
Coverage for DME and supplies	1,031,645	369,845	
Coverage of QMB's	430,315	154,268	
Part D Phase-In	1,072,839	1,072,839	
ICF/MR Rate Adjustment	2,056,318	737,190	
Acute/MR Adjustments	1,845,270	661,529	
NET - Soonerride	1,078,190	386,531	
Total Program Costs	\$ 64,979,970	\$ 23,983,545	\$ 23,983,545
Administration			
OHCA Administration Costs	\$ 226,379	\$ 113,189	
DHS - 10 Regional Ombudsman	-	-	
OSDH-NF Inspectors	-	-	
Mike Fine, CPA	-	-	
Total Administration Costs	\$ 226,379	\$ 113,189	\$ 113,189
Total Quality of Care Fee Costs	\$ 65,206,349	\$ 24,096,735	
TOTAL STATE SHARE OF COSTS			\$ 24,096,735

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

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

REVENUES	FY 11 Carryover	FY 12 Revenue	Total Revenue
Prior Year Balance	\$ 21,470,039	\$ -	\$ 18,184,739
State Appropriations			
Tobacco Tax Collections	-	21,125,580	21,125,580
Interest Income	-	212,554	212,554
Federal Draws	4,432,268	15,793,265	15,793,265
All Kids Act	(7,418,508)	124,123	124,123
TOTAL REVENUES	\$ 18,483,799	\$ 37,255,521	\$ 55,316,138

EXPENDITURES	FY 11 Expenditures	FY 12 Expenditures	Total \$ YTD
Program Costs:			
Employer Sponsored Insurance		\$ 24,379,752	\$ 24,379,752
College Students		142,813	142,813
All Kids Act		295,128	295,128
Individual Plan			
SoonerCare Choice		\$ 182,673	\$ 65,488
Inpatient Hospital		5,750,853	2,061,681
Outpatient Hospital		4,442,593	1,592,670
BH - Inpatient Services		-	-
BH Facility - Rehabilitation Services		205,282	73,594
Physicians		6,751,551	2,420,431
Dentists		26,047	9,338
Other Practitioners		246,103	88,228
Home Health		6	2
Lab and Radiology		1,363,009	488,639
Medical Supplies		321,717	115,336
Ambulatory Clinics		789,954	283,199
Prescription Drugs		7,662,128	2,746,873
Miscellaneous Medical		-	-
Premiums Collected		-	(972,534)
Total Individual Plan		\$ 27,741,917	\$ 8,972,943
College Students-Service Costs		\$ 230,582	\$ 82,664
All Kids Act- Service Costs		\$ 51,100	\$ 18,319
Total Program Costs		\$ 52,841,292	\$ 33,891,619
Administrative Costs			
Salaries	\$ 13,534	\$ 651,421	\$ 664,954
Operating Costs	29,081	56,405	85,486
Health Dept-Postponing	-	-	-
Contract - HP	256,445	984,964	1,241,409
Total Administrative Costs	\$ 299,059	\$ 1,692,789	\$ 1,991,848
Total Expenditures			\$ 35,883,467
NET CASH BALANCE	\$ 18,184,739	\$ 19,432,671	

8/30/2010 Total State Share	\$ 9,216,738.73
Prior year over transfer amount	\$ (741,193.01)
State Share Transferred 9/21/11	\$ (3,538,481.41)
State Share Transferred 10/20/11	\$ (827,446.96)
State share transferred 11/21/11	\$ (1,808,629.18)
State Share transferred 12/23/11	\$ (2,300,988.17)
Difference	<u>\$ (0.00)</u>

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

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

REVENUES	FY 12 Revenue	State Share
Tobacco Tax Collections	\$ 421,601	\$ 421,601
TOTAL REVENUES	\$ 421,601	\$ 421,601

EXPENDITURES	FY 12 Total \$ YTD	FY 12 State \$ YTD	Total State \$ Cost
Program Costs			
SoonerCare Choice	\$ 8,782	\$ 2,204	
Inpatient Hospital	1,298,868	326,016	
Outpatient Hospital	2,206,589	553,854	
Inpatient Free Standing	2,658	667	
MH Facility Rehab	53,101	13,328	
Case Mangement	0	-	
Nursing Facility	16,317	4,096	
Physicians	4,111,880	1,032,082	
Dentists	35,713	8,964	
Other Practitioners	14,840	3,725	
Home Health	18,444	4,629	
Lab & Radiology	598,469	150,216	
Medical Supplies	31,210	7,834	
Ambulatory Clinics	165,888	41,638	
Prescription Drugs	830,470	208,448	
Transportation	2,662	668	
Miscellaneous Medical	37,017	9,291	
Total Program Costs	\$ 9,432,907	\$ 2,367,660	\$ 2,367,660
TOTAL STATE SHARE OF COSTS			\$ 2,367,660

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

November 2011 Data for January 2012 Board Meeting

SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System	Monthly Enrollment Average SFY2011	Enrollment November 2011	Total Expenditures November 2011	Average Dollars Per Member Per Month November 2011
SoonerCare Choice Patient-Centered Medical Home	449,392	470,390	\$147,085,267	
<i>Lower Cost</i> (Children/Parents/Other)		425,106	\$101,822,353	\$240
<i>Higher Cost</i> (Aged, Blind or Disabled; TEFRA; BCC)		45,284	\$45,262,914	\$1,000
SoonerCare Traditional	239,274	238,411	\$212,143,795	
<i>Lower Cost</i> (Children/Parents/Other)		131,574	\$60,765,394	\$462
<i>Higher Cost</i> (Aged, Blind or Disabled; TEFRA; BCC & HCBS Waiver)		106,837	\$151,378,401	\$1,417
SoonerPlan	31,082	40,768	\$652,883	\$16
Insure Oklahoma	32,181	31,834	\$11,576,013	
<i>Employer-Sponsored Insurance</i>	19,095	17,831	\$4,735,412	\$266
<i>Individual Plan</i>	13,085	14,003	\$6,840,601	\$489
TOTAL	751,928	781,403	\$371,457,958	

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 \$18,833,861 are excluded.

Net Enrollee Count Change from Previous Month Total	6,154
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New Enrollees	19,515
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Opportunities for Living Life (OLL) (subset of data above)

Qualifying Group	Age Group	Enrollment
Aged/Blind/Disabled	Child	19,486
Aged/Blind/Disabled	Adult	130,747
Other	Child	167
Other	Adult	20,425
PACE	Adult	86
TEFRA	Child	405
Living Choice	Adult	96
OLL Enrollment		171,412

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

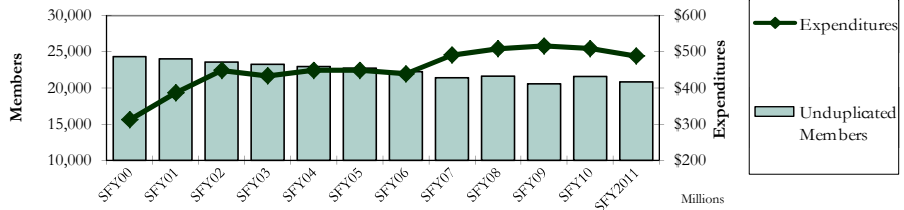
Medicare and SoonerCare	Monthly Average SFY2011	Enrolled November 2011
Dual Enrollees	103,906	107,552

	Monthly Average SFY2011	Enrolled November 2011
Long-Term Care Members	15,733	15,857
Child	92	87
Adult	15,641	15,770

PER MEMBER PER MONTH
\$3,744

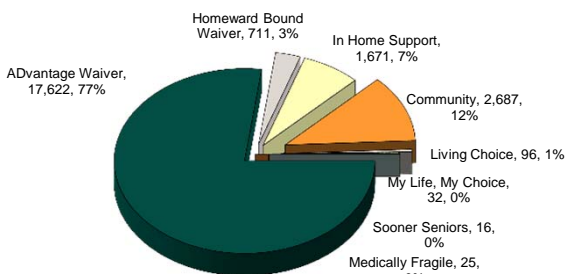
SFY2011 Long-Term Care
Statewide LTC Occupancy Rate - 71.0%
SoonerCare funded LTC Bed Days 68.2%
Data as of October 2011

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 mentally retarded (ICF/MR).

Waiver Enrollment Breakdown Percent



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

SoonerCare Programs

SOONERCARE CONTRACTED PROVIDER INFORMATION

Provider Counts	Monthly Average SFY2011	Enrolled November 2011
Total Providers	29,026	37,640
<i>In-State</i>	20,585	27,838
<i>Out-of-State</i>	8,442	9,802

Program	% of Capacity Used
SoonerCare Choice	38%
SoonerCare Choice I/T/U	13%
Insure Oklahoma IP	3%

Select Provider Type Counts	<i>In-State Monthly Average SFY2011*</i>	<i>In-State Enrolled November 2011**</i>	Total Monthly Average SFY2011	Total Enrolled November 2011
Physician	6,489	7,515	11,777	13,492
Pharmacy	901	871	1,230	1,147
Mental Health Provider***	935	3,754	982	3,809
Dentist	798	977	901	1,111
Hospital	187	192	739	915
Licensed Behavioral Health Practitioner***	503	3,290	524	3,322
Extended Care Facility	392	377	392	377

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

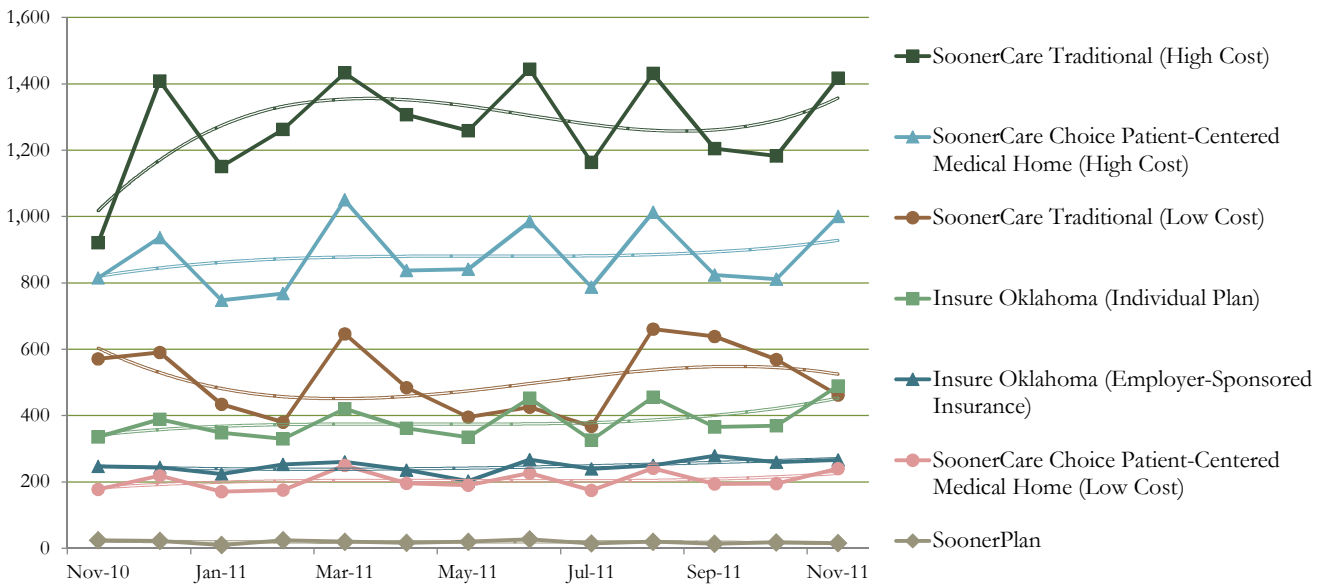
Total Primary Care Providers	4,461	5,283	6,467	7,566
Patient-Centered Medical Home	1,476	1,728	1,502	1,755

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 Licensed Behavioral Health Practitioners and Mental Health Providers.

SOONERCARE PER MEMBER PER MONTH (PMPM) TRENDS



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.

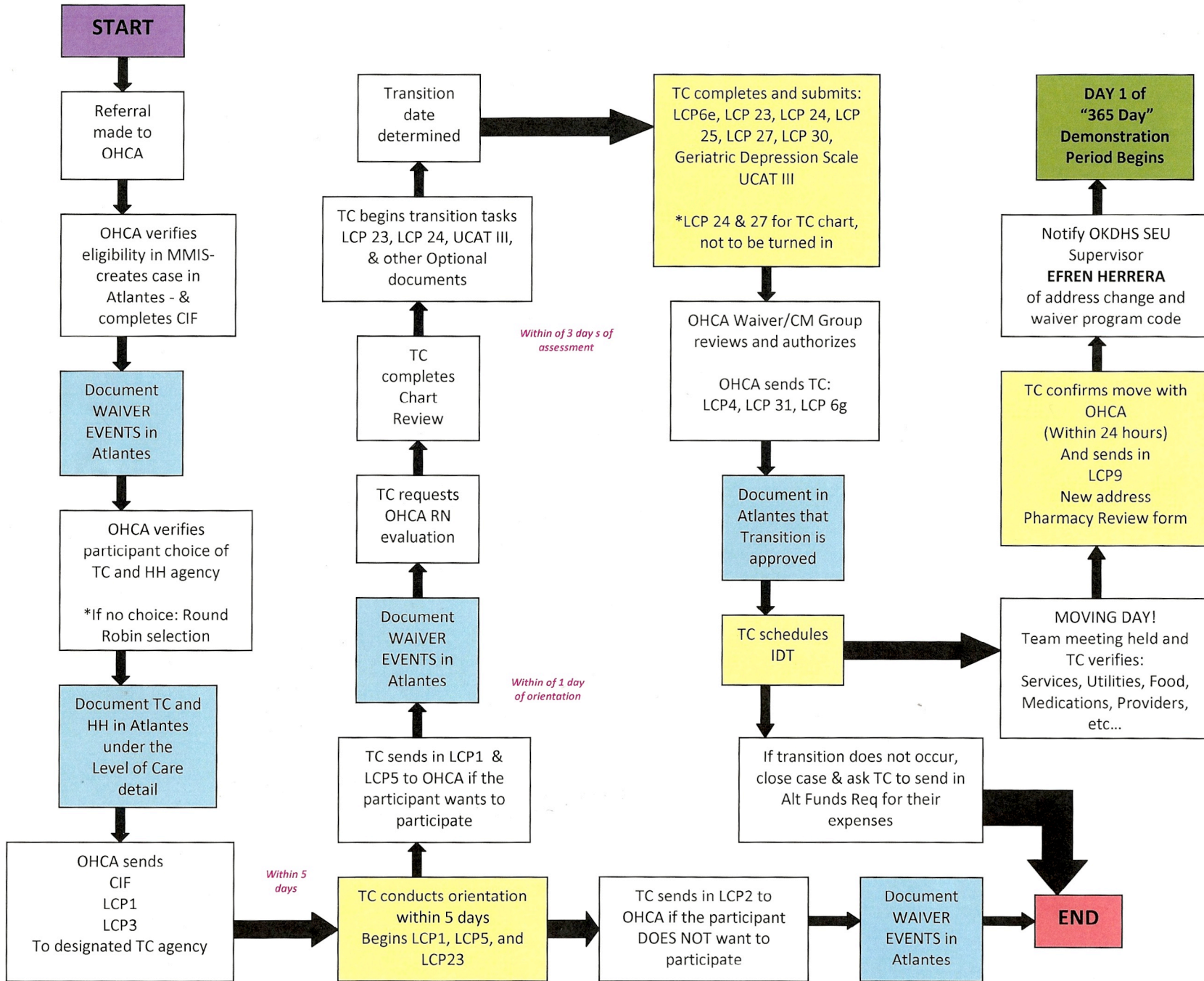
As Of 1/3/2012	December 2011		Since Inception	
	Number of Payments	Payment Amount	Total Number of Payments	Total Payment Amount
Eligible Professionals	46	\$977,500	1,035	\$22,007,917
Eligible Hospitals	5*	\$2,658,211	65	\$48,169,868
Totals	51	\$3,635,711	1,100	\$70,177,785

*Current Eligible Hospitals Paid

PAULS VALLEY GEN HSP
 ST JOHN MED CTR
 ST JOHN OWASSO
 ST JOHN SAPULPA INC
 ST MARY'S REGIONAL CTR

Oklahoma Living Choice Waiver Program Transition Process Overview

2/25/2011



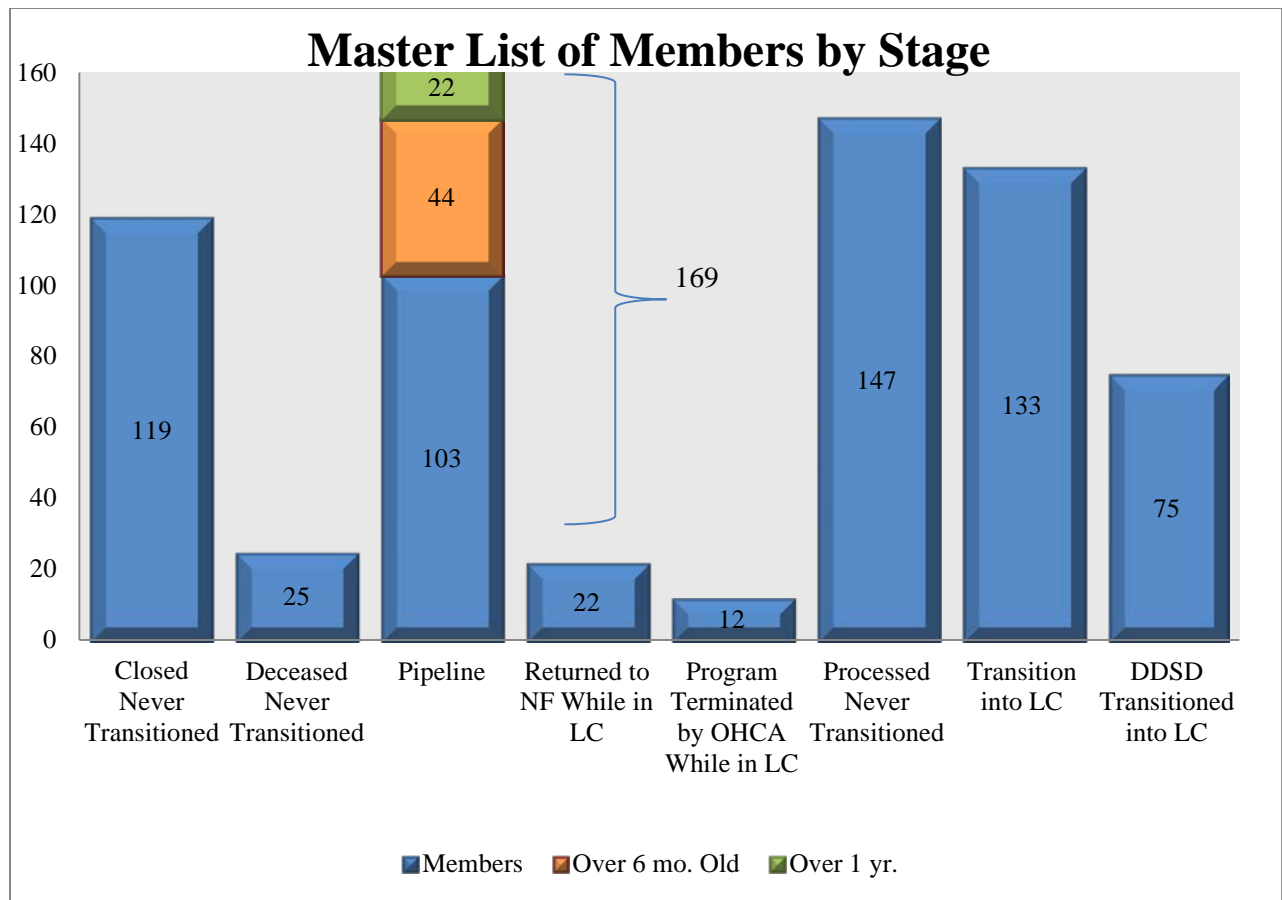


Figure 1

*7 of deceased members did not transitioned into the LC program.
 ** The following numbers together constitute the total transitions members transitioned for the Elderly and Physically Disabled populations: 18 deceased members, 22 members that returned to NF, 12 members that were terminated, and the 133 transitions and are currently in the LC program or one of the Waivers.

All members included on the “Master List” by stage currently in as of January 3, 2012 are included in the above graph. An exact breakdown of this list is below.

Current Stage	Member Count
Closed/Withdrawals Never Transitioned to LC	119
Death Total	25
Pipe Line	169
Returned to NF While in LC	22
Program Terminated by OHCA While in LC	12
Alternative Funds Processed Never Transitioned into LC	147
Transitioned in to LC	133
DDSD Transitioned into LC	75

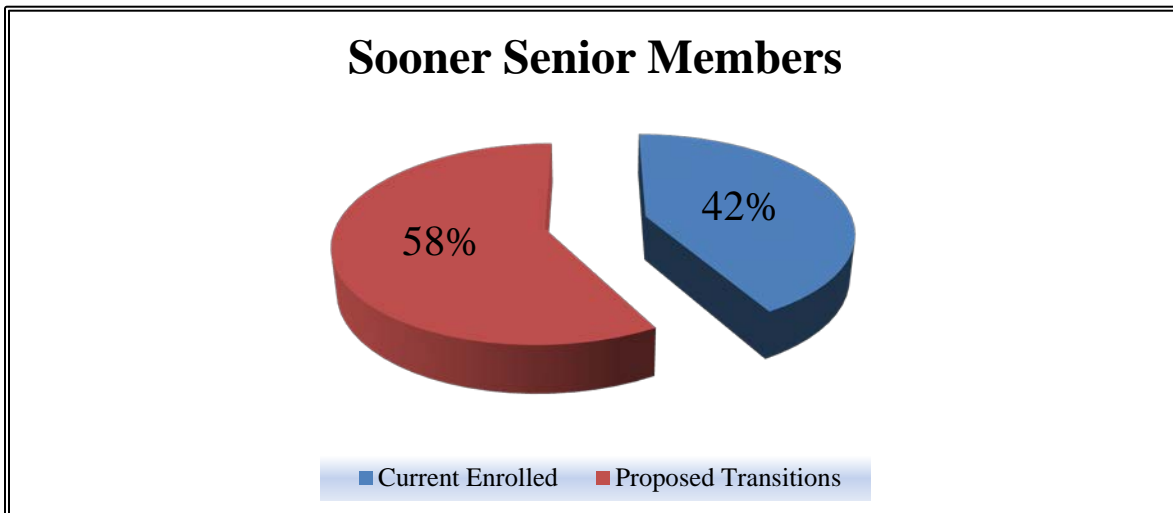
Sooner Seniors

This program offers Medicaid qualified older persons with long term illnesses who meet nursing facility level of care criteria, the same services received through the Living Choice demonstration in a residential setting of their choosing.

Some of the services offered include the following:

- ✦ Advanced supportive/restorative assistance
- ✦ Dental services (up to \$1,000 per person annually)
- ✦ Environmental modifications
- ✦ Prescription drug
- ✦ Personal emergency response system (PERS)
- ✦ Skilled nursing
- ✦ Private duty nursing
- ✦ Specialized medical equipment and supplies
- ✦ Therapy services: Physical
- ✦ Therapy services: Occupational
- ✦ Transportation
- ✦ Vision services to include eye exam and glasses

Members Currently Enrollment	18
Proposed Transitions	25



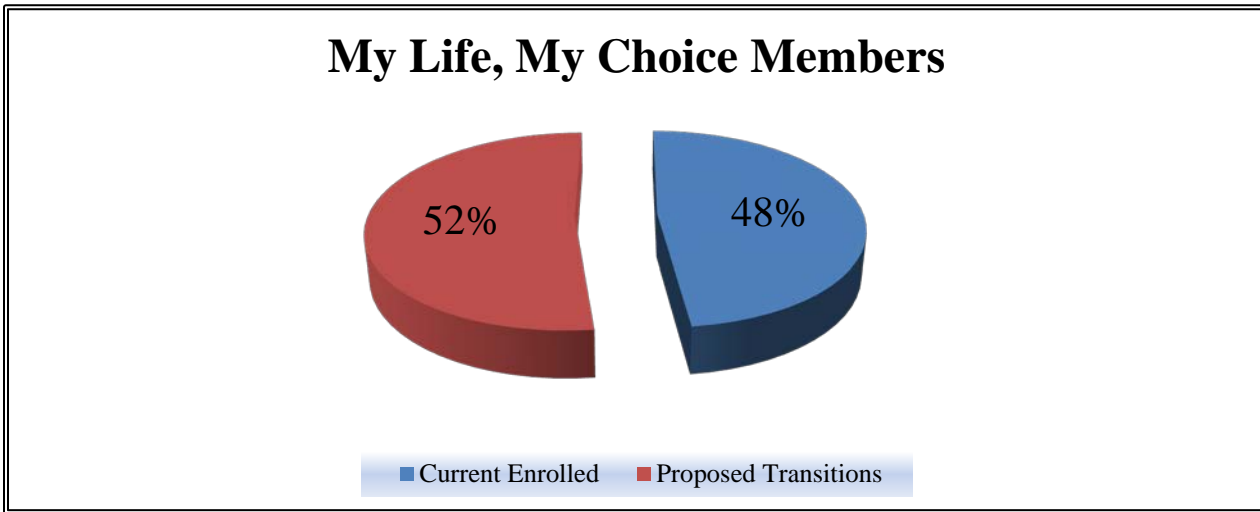
My Life, My Choice

This program will offer Medicaid qualified persons with physical disabilities who meet nursing facility level of care criteria, the same services received through the Living Choice demonstration in a residential setting of their choosing.

Some of the services offered include the following:

- Adult day health care
- Assistive technology
- Audiology treatment and evaluation
- Case management
- Family counseling
- Family training
- Home delivered meals
- Hospice care
- Independent living skills training
- Nutritional educational services
- Personal care
- Psychiatry

Members Currently Enrollment	38
Proposed Transitions	41



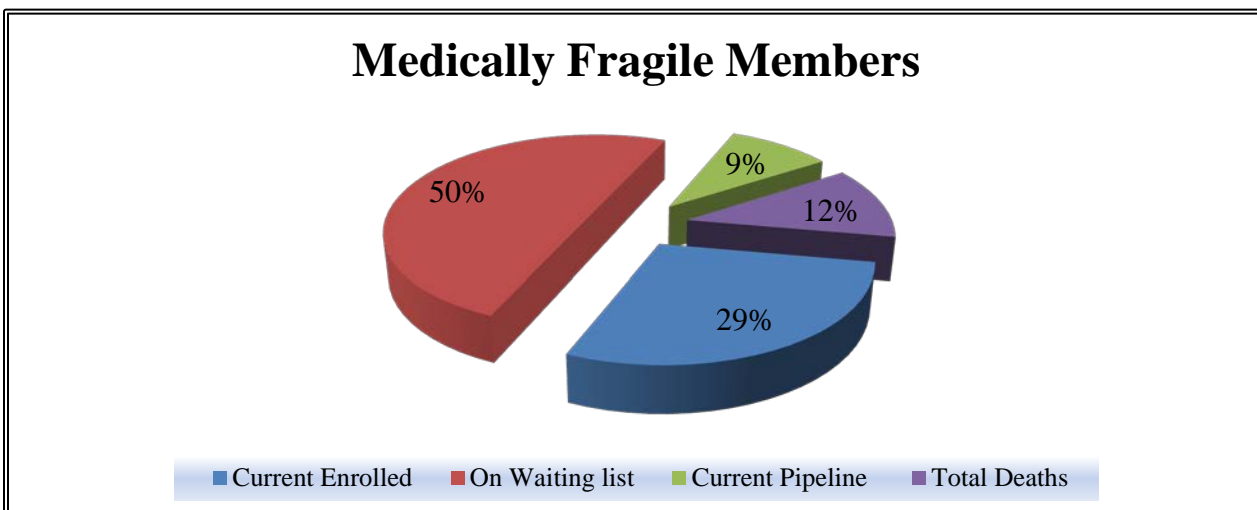
Medically Fragile

The Medically Fragile program is a home and community-based alternative to placement in a hospital and/or skilled nursing unit of a nursing facility to receive Medicaid-funded assistance for care. The goal of this program is to provide services which allow Medicaid eligible persons who meet hospital and/or skilled nursing level of care to remain at home or in the residential setting of their choosing while receiving the necessary care.

Some of the services offered include the following:

- ✦ Advanced Supportive/Restorative Care
- ✦ Case Management Services
- ✦ Environmental Modifications
- ✦ Home-Delivered Meals
- ✦ Hospice Care
- ✦ Occupational Therapy
- ✦ Prescription Drugs
- ✦ PERS (Personal Emergency Response System)
- ✦ Respiratory Therapy
- ✦ Respite Care
- ✦ Specialized Medical Equipment and Supplies
- ✦ Speech Therapy

Currently Enrolled Members	24
Members On Waiting List	42
Current Pipeline	8
Total Deaths	10





STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

August 31, 2011



Mr. Alex Pettit
State Chief Information Officer
Office of State Finance
3115 N. Lincoln Boulevard
Oklahoma City, OK 73105

RE: Information Technology Consolidation & Coordination Act of 2011

Dear Mr. Pettit:

On behalf of the Oklahoma Health Care Authority, I respectfully request your consideration and approval of an exemption from Title 62 Okla. Stat. § 35.5 (C) (information technology assets and employees), and Title 62 Okla. Stat. § 35.6 (use of Office of State Finance networking, electronic mail, data, data service center, data security systems). Under Title 62 § 35.7 (A) of the Oklahoma statutes, a state agency may apply to the Chief Information Officer for an exemption from provisions of the Information Technology Consolidation and Coordination Act of 2011.

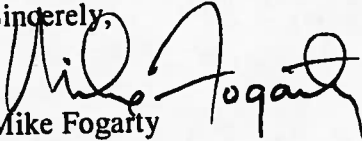
Please find attached written documentation to support this request. Attachment A contains background information about the operations of the agency's IT infrastructure and the explanation of how the transfer of assets, systems and personnel would result in the loss of federal funds. The transfer would also create an impediment to the performance of a unique agency function that is not duplicated by another state agency and is required by the Oklahoma statutes and federal law. Attachment B provides an illustration of the agency's organizational chart highlighting the information technology positions as defined by the Act.

While we are asking for an exemption from certain requirements in order to preserve our federal funding, we are looking forward to our new collaborative partnership. We are excited to work with the state Chief Information Officer and the Office of State Finance to deliver the efficiencies which seems to be the intent of the new law.

In partnership, the Oklahoma Health Care Authority has the expertise to leverage federal Medicaid funds for system development and operations where appropriate. In fact, the Centers for Medicare and Medicaid Services (CMS) is offering 90 percent in federal matching development funds to build eligibility or Health Information Technology projects with stronger security modules that can be shared with other agencies.

We believe this is just one of the many possibilities that are available as we work together to increase government efficiencies while maintaining quality customer service to all Oklahomans.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Fogarty". The signature is fluid and cursive, with the first name "Mike" written in a larger, more prominent script than the last name "Fogarty".

Mike Fogarty
Chief Executive Officer

Attachments



Office of Chief Information Officer

Governor
Mary Fallin

Alex Z. Pettit

December 1, 2011

Mr. Mike Fogarty
Agency Director
Oklahoma Health Care Authority (807)
2401 N.W. 23rd Street, Suite 1A
Oklahoma City, OK 73107

COPY

RE: HB 1304 Exemption Request

Dear Mr. Fogarty,

We are in receipt of your written application for an exemption from the provisions of the Information Technology Consolidation and Coordination Act (HB 1304). Although we understand your agency's concerns with this initiative, it is imperative that we identify those services that are unique to your agency and determine candidates for consolidation.

We appreciate your cooperation in this effort and have analyzed your request and categorized the assets by the different IT services they support. The categories are: Basic IT Infrastructure Services, Shared Business Services, Agency Specific Services and Information Technology Personnel.

Basic IT Infrastructure services are commodity in nature. These are services where the differences do not make a difference to the end user. Network connectivity, telephone services, storage, compute capabilities, baseline security, desktop management, virus protection, commercial software license management, asset management and email are but a few examples of this class of services. These are services which are commercially available and to the end user appear the same. By way of example, dial tone from Verizon is identical to dial tone from AT&T. Quality in this class of services is measured in availability and least cost to the State.

The next category of services is the shared business services. These services include financial and administrative services like payroll, time and attendance, general ledger, employee self services, accounts payable and receivable. Other services will be identified as we cluster together services by business classification, and we expect public safety, entitlement and insurance, health, education, construction and natural resources, revenue collection and back office activities will be able to take advantage of sharing services which they provide for themselves today.

The last category of services is the agency specific (or bespoke) services. These services are generally applications which are unique to an agency and specifically support a discrete business process which only that specific agency provides. As an example, the system used by OSBI for case management would

Mr. Mike Fogarty
Oklahoma Health Care Authority (807)
HB 1304 EXEMPTION REQUEST
December 1, 2011
Page 2

lend itself to a shared service, as other public safety agencies manage cases and often need to share information or transfer cases among one another whereas the vehicle tracking system used by DPS would be an agency specific service.

Each class of service is supported by information technology personnel and in many cases the same personnel are supporting infrastructure, shared services and agency specific services. In all cases personnel are collaborating with other IT professionals that support all three layers of the services model.

We have analyzed your request for assets that are unique to your agency. According to our analysis you have identified assets that support agency specific services, infrastructure services and information technology personnel in your request.

All assets listed that support agency specific services will be exempt from consolidation and remain in the agency. As discussed previously, infrastructure assets are not considered to be agency specific and do not provide unique services. These assets will be part of the Information Technology consolidation authorized by HB 1304.

Unlike assets, information technology personnel are not considered to be service-specific. Special circumstances do exist and further discussion will be necessary to more clearly understand the roles of the individuals identified. However, personnel will be part of the Information Technology consolidation authorized by HB 1304.

Representatives from the Office of State Finance will be setting up meetings with your team in late December or early January to review the organization chart and budget that was submitted as part of the HB 1304 requirements and to plan for the orderly transfer of assets and personnel. We will be focusing on the personnel move that is required by February.

Please don't hesitate to contact me to discuss any further concerns or questions you may have at this time. We will be working through these processes to best meet the needs of the agencies and the State of Oklahoma. You have my commitment that we will make the transition as easy as possible.

Sincerely,



Alex Z. Pettit
Chief Information Officer and
Cabinet Secretary of Information
Technology and Telecommunications

AZP:crh

cc: Jerry Scherer, Oklahoma Health Care Authority



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

December 20, 2011



Mr. Alex Z. Pettit
State Chief Information Officer
Office of State Finance
3115 North Lincoln Boulevard
Oklahoma City, OK 73105

RE: HB 1304 Exemption Request

Dear Mr. Pettit,

This letter is to acknowledge receipt of your response to Oklahoma Health Care Authority's Exception Request in reference to the Information Technology Consolidation and Coordination Act (HB1304). OHCA remains committed to cooperating with Office of State Finance representatives, actively supporting and participating in the implementation of this state statute.

Pursuant to your letter, OHCA looks forward to engaging in a collaborative process with OSF representatives to review OHCA's information technology organization chart and budget submitted in response to HB1304 requirements.

The health care industry and OHCA are involved in multiple highly volatile and complex changes ensuing from our national health care conundrum. These include federal mandates and incentives, enhanced Centers for Medicare & Medicaid Services performance standards, changing health care delivery models, and escalating cost. These changes typically require addition or changes to our information systems and are complicated by unrealistic timelines, lack of clarity, uncertainty and risk. OHCA must maintain the agility to respond to these requirements.

OHCA is highly dependent on timely and quality information technology services to effectively and efficiently fulfill its mission to the community and achieve its business objectives. OHCA's current Information Services organization and management is extremely effective in aligning with and exceeding its operational requirements. OHCA's expectation that the quality of information technology supported services to its constituents will not diminish or be disrupted by the consolidation. To this end, as committed in your letter of Sept. 9, 2011, OHCA is requesting solutions to the following concerns be determined before moving forward.

Mr. Alex Z. Pettit
HB1304 Exemption Request
December 20, 2011
Page Two

1. Approximately 63% of OHCA's administrative funding is from federal programs and grants. This funding is determined by detailed regulations that change frequently as new incentives, services and programs are introduced. OHCA Information Services is a significant factor in these calculations, receiving indirect cost allocations from other divisions and from their inclusion in cost reimbursement allocations. Current regulations (that change quarterly) are attached for OSF preview and modeling. OHCA's concern is that its federal funding sources not be compromised or diminished by organization and asset consolidations.
2. OHCA's ability to perform its mission and maximize the effective use of federal dollars is caused by its present ability to meet business objectives with highly responsive information technology. OHCA seeks to understand information technology governance and management processes that will be in place to ensure timely response to its operational requirements. OHCA needs to more thoroughly understand, from OSF, its implementation plan with respect to OHCA.
3. OHCA's federal, CMS, and IT outsourcing relationships include terms and conditions that must be analyzed to ensure "changes" will not compromise its influence, services, or funding. OHCA's Legal team has initiated a detailed examination of agreements to determine the requirements and potential consequences of consolidation. OHCA anticipates that the OSF and OHCA Legal teams will collaborate in the identification of solutions to resolve legal restrictions that are barriers to consolidation.

In summary, OHCA is committed to collaborating with your office and OSF to complete the due diligence needed to affect the implementation of HB1304. We also are committed to assuring that OHCA's services for its constituents are not compromised. We look forward to collaborating with OSF representatives to discuss and resolve the concerns noted above prior to the completion of the transition. Please contact my office at your earliest convenience so that we may schedule a time to meet.

Sincerely,


Mike Fogarty
Chief Executive Officer

Attachments



Office of Chief Information Officer

Governor
Mary Fallin

Alex Z. Pettit

December 22, 2011

COPY

Dear Agency Director and/or IT Director/CIO:

The provisions of the Information Technology Consolidation and Coordination Act (HB 1304) require the transfer of Information Technology personnel to the Office of State Finance on February 1, 2012. To accomplish this task, a representative from OSF will be contacting you in the near future to schedule a planning meeting for the orderly transfer of personnel. Our meeting team will include representatives from IT, HR and Finance. Please ensure you include their counterparts at your agency in the meeting.

We have identified a few differences between the IT personnel included on the organization chart your agency submitted, the personnel listed in your Exemption Request and the personnel with IT job titles in PeopleSoft. We will provide you with the detail of this analysis when the planning meeting is scheduled. The key deliverable from our meeting will be a mutually agreed on list of personnel that will be moved to OSF in February.

Exhibit A is a draft Memorandum of Understanding between OSF and your agency. OSF will bill your agency based on the estimated personnel and administrative costs. The monthly billing rate will be a fixed amount for the remainder of FY-12, subject to amendment for increases in payroll costs. Please have your staff review it and be prepared to discuss any concerns at the meeting.

Charges for IT services, either in-house or by an outside contractor, such as OSF, are allowable under 2 CFR Part 225 (A87) if such costs are reasonable and allowable under the particular federal grant. If your agency tracks IT costs by individual grant or for any specific grant, you will need to continue the practice of tracking IT hours by grant as the basis for allocating our charges to your agency.

The Act also requires the transfer of IT assets to the Office of State Finance. A separate meeting will be scheduled later in the year to discuss those requirements.

Please don't hesitate to contact me to discuss any further concerns or questions you may have at this time. We will be working through these processes to best meet the needs of the agencies and the State of Oklahoma. You have my commitment that we will make the transition as easy as possible.

Sincerely,

Alex Z. Pettit
Chief Information Officer and
Cabinet Secretary of Information
Technology and Telecommunications

AZP:crh

**INTERAGENCY AGREEMENT FOR SERVICES
AGENCY**

This agreement is entered into by the Agency (hereinafter referred to as "AGY") and the Information Services Division (hereinafter referred to as "ISD") of the Oklahoma Office of State Finance (hereinafter referred to as "OSF"). This Agreement represents the entire agreement between AGY and ISD. The effective date of this Agreement is February 1, 2012.

1. PURPOSE

1.1. BACKGROUND

1.1.1. HB 1304 directs the transfer of IT personnel to ISD effective February 1, 2012.

2. STATEMENT OF WORK

2.1. SCOPE

2.1.1. Through this MoU, ISD will, for all intents and purposes, transfer the payroll and benefits function, provide for IT oversight via the business segment Director's and insert appropriate measures as applicable towards cost-savings. This MoU addresses the transfer of IT personnel only and does not include hardware, software or infrastructure at this time.

2.2. OVERSIGHT

2.2.1. ISD shall oversee the timely and effective performance of the Agreement from ISD's perspective and assist AGY in resolving any problems and issues that may arise in connection with the Agreement.

3. PERSONNEL

3.1. ISD will assume AGY's XX IT positions.

3.2. ISD will transfer AGY IT personnel to ISD and assume responsibility for payment of salaries and benefits.

3.3. All personnel transferred under this agreement will remain located in AGY offices until subsequent agreement.

3.3.1. The AGY shall provide approximately _____ square feet of office space located at _____.

3.3.2. The AGY shall provide all utilities, and janitorial services for said space. As used herein, utilities shall mean electric, gas, water, and sewer.

3.4. AGY will continue to provide ISD personnel with furniture, phone, office equipment and supplies necessary to perform their duties.

3.5. All necessary travel and training for ISD employees located with the AGY will continue to be paid by AGY until AGY undergoes actual transformation.

**INTERAGENCY AGREEMENT FOR SERVICES
AGENCY**

4. COMPENSATION

- 4.1. In consideration of the services identified in Section 2.1 of the Statement of Work and the space provided under Section 3.4, AGY agrees to pay ISD a monthly fee of \$XXX.
- 4.2. Additional billing may occur as a result of changes in personnel costs, termination and/or retirement costs.

5. SECURITY AND PRIVACY OF INFORMATION ASSETS

5.1. Information Ownership

- 5.1.1. This agreement makes no changes to the ownership of AGY information. All previous, current and new information acquired by AGY remains the property of AGY, regardless of who owns the infrastructure platform(s) on which it is stored, processed and managed.
- 5.1.2. AGY agrees to grant ISD access to all AGY information assets for the purpose of performing normal IT operational, administrative and monitoring functions to ensure the confidentiality, integrity and availability of AGY assets.

5.2. Statutory and Regulatory Requirements

- 5.2.1. ISD recognizes that AGY must adhere to and enforce: 1) Federal statutory requirements for the Family Educational Rights and Privacy Act (FERPA); and 2) Payment Card Industry (PCI) Data Security Standards (DSS) regulatory standards. 3) Health Information Portability and Accountability Act (HIPAA) 4) Health Information Technology for Economic and Clinical Health Act (HITECH)
- 5.2.2. AGY recognizes that ISD acknowledges these requirements and will work with AGY to ensure that all appropriate staff are made aware of AGY's expectations and the ISD infrastructure environment will be maintained at a level compliant with the requirements for these statutory and regulatory standards.

6. TERMS AND CONDITIONS

6.1. TERM OF AGREEMENT; AMENDMENT

- 6.1.1. This agreement shall take effect on February 1, 2012, and shall remain in effect until modified or replaced by an amendment executed by both parties. This agreement may be amended at any time, with the agreement of both parties. Any amendment shall be in writing and signed by both parties.

6.2. AGY RESPONSIBILITIES. AGY agrees to fulfill the following responsibilities in the implementation of this agreement:

- 6.2.1. AGY shall issue a Purchase Order to ISD for sufficient funds for the

**INTERAGENCY AGREEMENT FOR SERVICES
AGENCY**

- monthly fee shown at 4.1.
- 6.2.2. AGY shall oversee the performance of this agreement from AGY's perspective and assist ISD in resolving any problems and issues that may arise in connection with this agreement.
- 6.2.3. AGY will consult with ISD on information technology and telecommunications items.
- 6.2.4. AGY shall provide support resources. This will include providing agency staff to work with ISD and consulting representatives as required.
- 6.2.5. AGY shall continue to pay all hardware and software maintenance costs and comply with all license and warranty requirements.
- 6.3. **AGREEMENT CONTACTS.** AGY and ISD will provide a primary and secondary contact person. A telephone and/or pager number will be provided for each ISD contact. A telephone number will be provided for each AGY contact - - Appendix A.
- 6.4. **ESCALATION.** AGY and ISD may have a need to escalate an issue to get it resolved. AGY and ISD will provide the names and phone numbers of the person(s) within each agency to be contacted if an issue needs to be escalated - - Appendix B.
- 6.5. **APPLICABLE STATE LAW.** This agreement and any subsequent amendments shall be construed and enforced in accordance with the laws of the State of Oklahoma.
- 6.6. **OWNERSHIP OF PRODUCTS.** All products emanating from the performance of this agreement shall be and remain the property of the State of Oklahoma.
- 6.7. **AUDIT AND RECORDS.**
- 6.7.1. As used in this clause, "records" includes books, documents, accounting procedures and practices, and other data, regardless of type and regardless of whether such items are in written form, in the form of computer data, or in any other form. ISD and AGY agree any pertinent State or Federal agency shall have the right to examine and audit all records relevant to execution of this agreement.
- 6.7.2. ISD and AGY are required to and agree to retain all records relative to this agreement for the duration of the agreement term and for a period of seven (7) years following completion of the agreement. If an audit, litigation, or other action involving such records is started before the end of the seven (7) year period, the records are required to be maintained for two (2) years from the date that all issues arising out of the action are resolved or until the end of the seven (7) year retention period, whichever is later.
- 6.8. **INDEPENDENT CONTRACTOR.** It is expressly understood and agreed that ISD remains an independent contractor retaining sole control of the manner and means of performing the work identified in this agreement and is not to be considered an agent or employee of AGY as a result of performance of this

**INTERAGENCY AGREEMENT FOR SERVICES
AGENCY**

agreement. Each party agrees to protect and indemnify and hold the other party free and harmless from and against any and all claims, liabilities, demands and cause of action of every kind and character arising in favor of third parties on account of personal injury, death, or loss of or damage to property arising out of or incidental to the work performed by ISD.

6.9. PAYMENT

6.9.1. **INVOICE REQUIREMENT.** ISD shall invoice AGY by the 6th of each month, beginning on February 6th, 2012.

6.9.2. AGY will pay the invoices submitted by ISD by the 15th of each month to ensure sufficient cash to make payroll.

6.10. REIMBURSEMENT OF OVERPAYMENTS. Any payments made by AGY to ISD which are later found to be not allowable costs shall be paid to AGY within 30 days of notification to ISD of the overpayment.

6.11. SEVERABILITY. The provisions of this agreement are severable, and in the event any of them are held to be invalid, the agreement shall be interpreted as if such invalid provisions were not contained herein.

6.12. ISD CERTIFICATIONS

6.12.1. **EQUAL OPPORTUNITY.** ISD certifies that it is in compliance with the 1964 Civil Rights Act, Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, as amended and Executive Orders 11236 and 11375. Services shall be rendered under this agreement without regard to race, color, creed, religion, sex, handicap, ancestry, or national origin. ISD agrees to comply with any and all applicable State and local government Equal Employment Opportunity and Affirmative Action laws, including any and all applicable statutes, rules, regulations, ordinances and other guidelines.

6.12.2. **LOBBYING.** The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in

**INTERAGENCY AGREEMENT FOR SERVICES
AGENCY**

connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

6.12.3. DEBARMENT

6.12.3.1. Any consultant hired by ISD will certify that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

6.12.3.2. Where Consultant is unable to certify to any of the statements in this certification, such Consultant shall attach an explanation to this agreement.

6.12.4. CONFLICT OF INTEREST. ISD certifies that any officer or employee of ISD presently has no interest and shall not acquire any interest, direct or indirect, which would conflict with the full and complete execution of this agreement. ISD further certifies that in the performance of this agreement, no person having any such interest will be employed.

**INTERAGENCY AGREEMENT FOR SERVICES
AGENCY**

OFFICE OF STATE FINANCE

AGENCY

Director

Director

Date _____

Date _____

**Address:
Office of State Finance
Information Services Division
2300 N. Lincoln Blvd., Ste. 122
Oklahoma City, Oklahoma 73105**

**Address:
Agency
2500 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105**

DR



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

January 5, 2012



Alex Pettit
Chief Information Officer
Office of State Finance
State Capitol
2300 N. Lincoln, Blvd. Room 122
Oklahoma City, Oklahoma 73105

RE: OKLAHOMA HEALTH CARE AUTHORITY REQUEST FOR AN
EXTENSION OF TIME TO COMPLY WITH 62 OKLA. STAT. § 35 ET
SEQ.

Dear Mr. Pettit:

Under the provisions of 62 Okla. Stat. § 35.7 (A) a state agency may apply to the Chief Information Officer for an extension of any deadline of the Information Technology Consolidation and Coordination Act.

While we prefer an exemption from the Act, the Oklahoma Health Care Authority seeks your approval of an extension for several reasons.

From the fall of 2011, we have requested an exemption from the provisions of the Consolidation Act for the three reasons specified in law. We have cooperated in meetings with your office and sent schedules of equipment, assets and personnel that might be associated with a consolidation of functions.

However, at this point in time, approximately 25 days before the February 1, 2012 date that personnel are to transfer, we do not have an answer from your office with respect to an exemption or the concerns expressed by our agency. Of critical importance with respect to any transfer of personnel from our office is our belief that federal funds will be lost in a transfer of function from the Medicaid agency. We have now calculated the annual loss conservatively at \$3.2 million. Moreover, I have a number of employees that are asking numerous questions about their status after February 1. These employees and their collective knowledge are critical to the mission of our agency and the functioning of the MMIS (Medicaid Management Information System). I am very concerned that these highly skilled employees have marketable skills and their potential employment elsewhere would cause irreparable harm to the agency.

Transfer of control and management of OHCA information technology resources including but not limited to staff, equipment, software, finances, data, subject matter expertise, strategic business partner relationships and other information technology related products and services essential to OHCA business operations, without having completed appropriate and thorough due diligence, would be a significant breach of trust to the State of Oklahoma, CMS and the community served by OHCA.

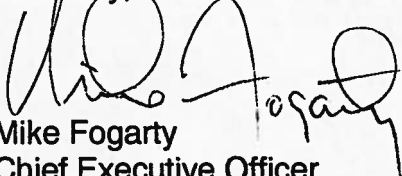
There has been no information communicated to OHCA detailing how OHCA's information services requirements mandated by federal law will be assured subsequent to a transfer of information technology control to OSF, if this is to occur.

We have previously asserted that such transfer of essential information technology would impede the performance of the Medicaid program. We have not received any assurances of how OHCA's liability for non-performance of data driven reporting will be maintained by your agency. In this regard, we have had no assessment by your agency of what technology assets it plans to subsume after February 1 even though the law prescribes that this assessment occur prior to the transfer of personnel.

OHCA has achieved national recognition for its Medicaid service because of its innovative approach to providing services largely supported by its ability to align and manage its information technology services to achieve its mission and performance objectives. This acknowledged exceptional performance has positioned the organization favorably in competition with other federal and state enterprises for additional funding and demonstration projects.

I hope you can understand my reservations about a technology transfer impacting an agency spending more than \$5 billion a year. My fiduciary responsibilities to the OHCA governing Board, our SoonerCare enrollees and the State demand that I understand how information technology will be managed and controlled by the Authority. Absent a complete exemption for the Oklahoma Health Care Authority, we believe a minimum one year extension of time is essential.

Sincerely,



Mike Fogarty
Chief Executive Officer

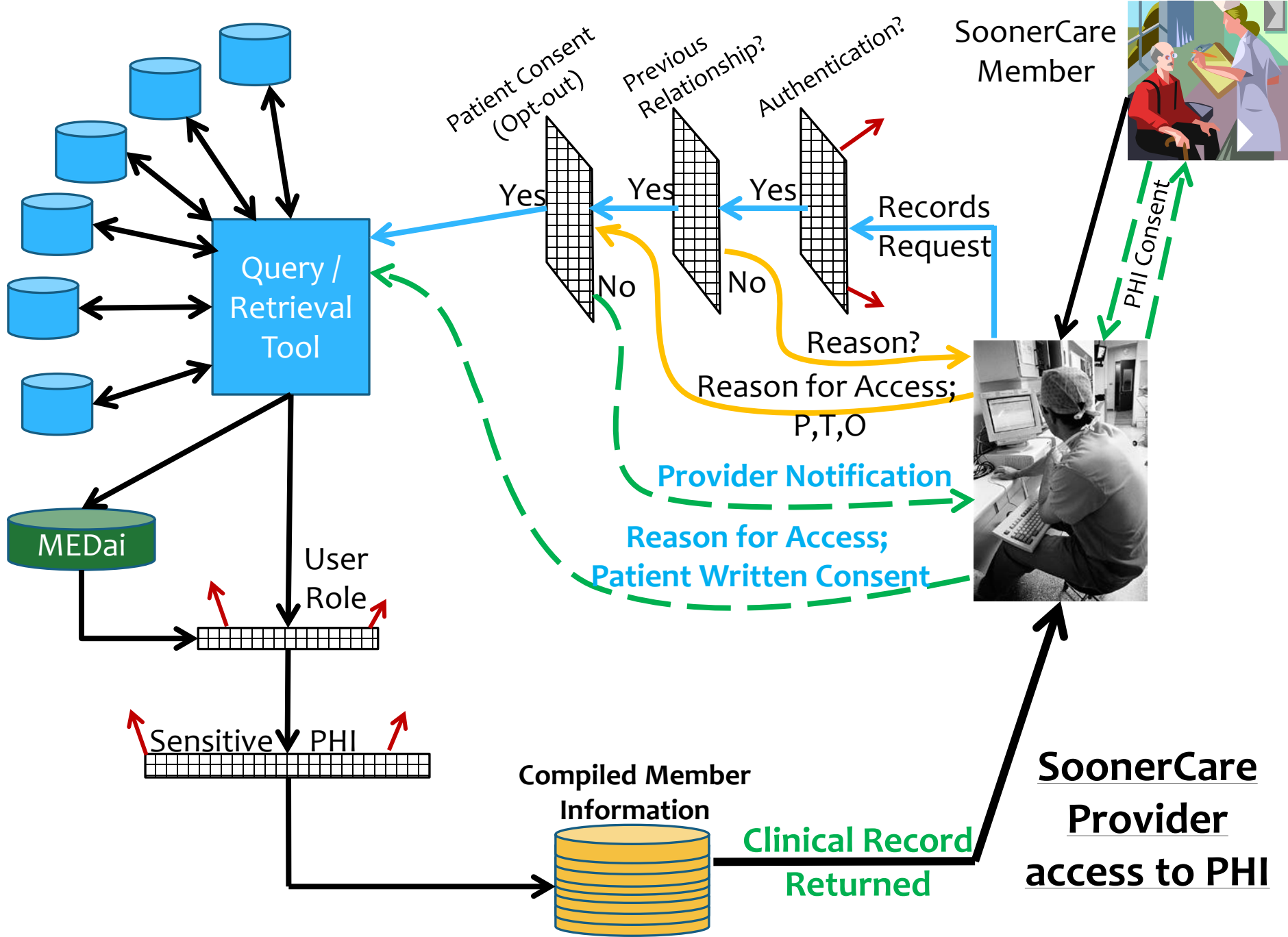
cc: Preston Doerflinger, Director – OSF,
Secretary of Finance & Revenue

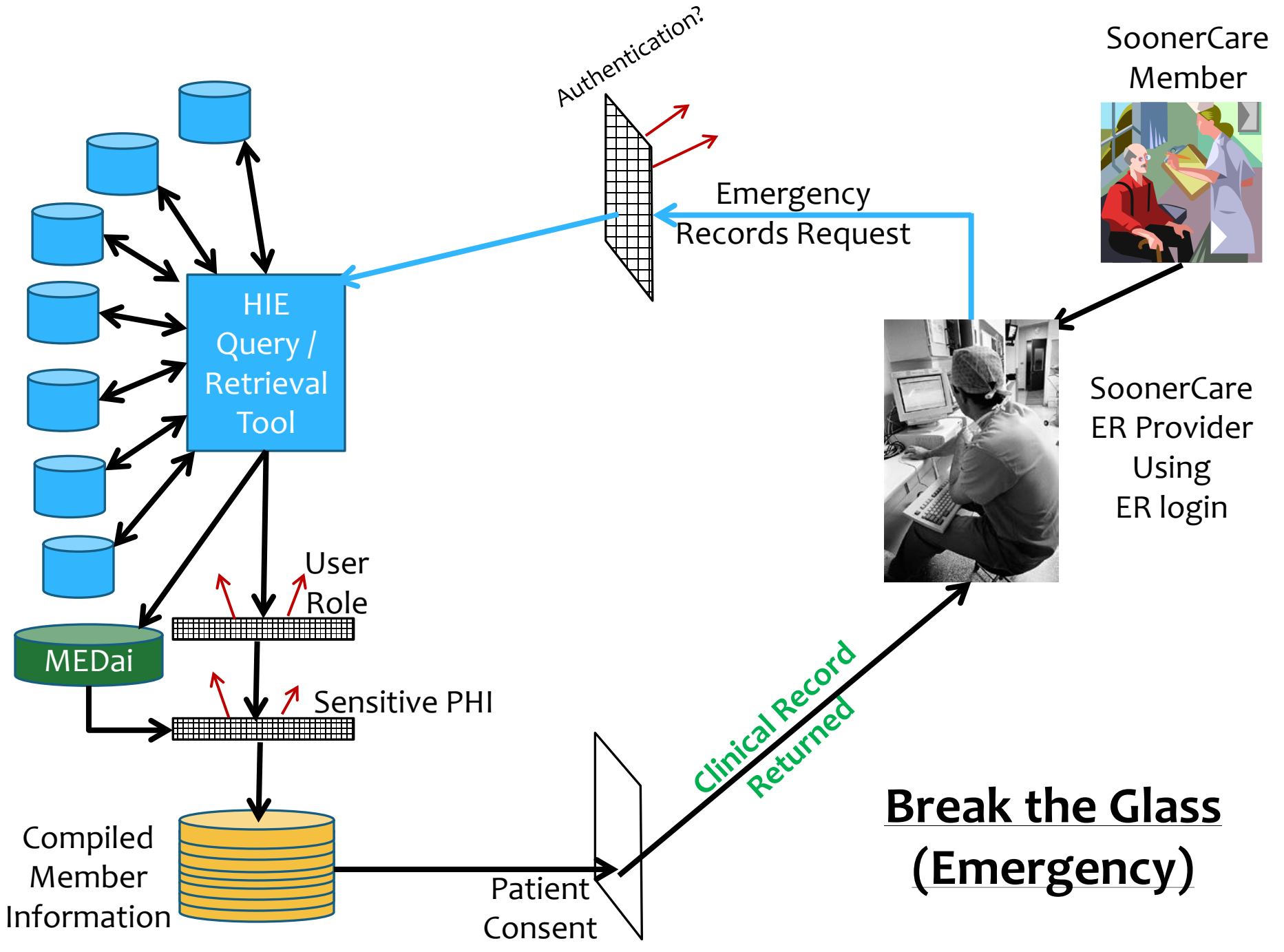
Electronic Access to SoonerCare Member Health Information

Adolph Maren Jr.
Oklahoma Health Care Authority
Planning Project Manager
OHCA Board Meeting 1-12-2012

Controlling Access to Personal Health Information (PHI)

- * **Authentication – identify the user**
- * **Authorization – the provider's role will assist with determining appropriate access**
- * **Patient Consent – allow electronic access to PHI**







Comments / Questions?



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2012-01

January 4, 2012

Re: Online Enrollment Survey

Dear SoonerCare Provider:

The Oklahoma Health Care Authority (OHCA) has had tremendous success with its SoonerCare online enrollment and we want to leverage that success by welcoming our partners to join us in spreading the message.

Mysooner.org is SoonerCare's online enrollment portal - making health care just a click away. Mysooner.org is one of the most effective ways to apply for SoonerCare with real time results and date specific eligibility. Additionally, it allows persons seeking Medicaid health benefits the ability to enroll and find out if they are approved for SoonerCare from the comfort of their own home.

Please take a few minutes to answer some short questions regarding mysooner.org. With this information, we hope to guide and evaluate our actions and improve our performance.

We could not provide the quality of health care to one in four Oklahoman's without you, our providers and partners. Thank you for your continued support and the services you provide to SoonerCare members.

[CLICK HERE TO TAKE SURVEY](#) *(this will be a link to take them to the survey)*

Sincerely,

Garth L. Splinter, M.D.
State Medicaid Director

State Plan Amendment and Rates Committee
Change to calculation of Estimated Acquisition Cost for pharmacy reimbursement

January 2012

1. Is this a rate change or a method change?

This is method change. In addition to using the current calculation for Estimated Acquisition Cost (EAC) of Average Wholesale Price (AWP) minus 12%, the State Plan would be amended to include an alternate calculation of Wholesale Acquisition Cost (WAC) plus 5.6%.

2. Is this change an increase, decrease or no impact?

The change has no impact on pharmacy reimbursement or the use of state or federal funds. AWP is calculated as $WAC + 20\%$. $AWP - 12\% = WAC + 5.6\%$.

3. Presentation of Issue

The change is being requested to ensure that a benchmark price is available for brand name drugs. First Data Bank, OHCA's pricing vendor, ceased publication of the AWP as of the end of September 2011. OHCA has contracted with another pricing vendor, MediSpan, to acquire AWP values. Either WAC or AWP may be missing for any given product; therefore, both should be included in the State Plan methodology for calculating the EAC.

4. Current Methodology/Rate Structure:

Currently, EAC is calculated as $AWP - 12\%$. As an example, for a prescription of 30 tablets, each with an AWP of \$1.20, the EAC is calculated as \$1.056 per tablet. The per tablet EAC is multiplied by the quantity of 30 tablets for an allowable ingredient cost of \$31.68.

AWP is calculated as $WAC + 20\%$. In the above example, $WAC = \$1$. $WAC + 5.6\% = \$1.056$, the same per tablet EAC from the above example.

5. Budget Estimate:

There is no expected budget impact since the two methodologies result in the same EAC value.

6. Estimated impact on access to care:

No impact is expected.

7. Requested change:

The agency requests approval of an additional calculation for the Estimated Acquisition Cost: Wholesale Acquisition Cost plus 5.6%, effective February 1, 2012.

8. Effective Date of Change:

February 1, 2012

Recommendation 1: Prior Authorize Multiple Sclerosis Medications

The Drug Utilization Review Board (DUR Board) recommends the following criteria for the Multiple Sclerosis Category of Medications:

A. Interferon Prior Authorization Criteria:

1. Documented diagnosis of relapsing remitting MS.
2. Tier-2 medications require failure of the preferred Tier-1 product defined as:
 - a. Occurrence of an exacerbation after 6 months.
 - b. Significant increase in MRI lesions after 6 months.
 - c. Adverse reactions or intolerable side effects.
3. No concurrent use with other therapies.
4. Compliance will be checked for continued approval every 6 months.

Tier 1	Tier 2
Lowest Supplemental Rebated Interferon β – 1a	Interferon β - 1a (Avonex [®])
Lowest Supplemental Rebated Interferon β – 1b	Interferon β - 1a (Rebif [®])
	Interferon β - 1b (Extavia [®])
	Interferon β - 1b (Betaseron [®])

B. Glatiramer Acetate (Copaxone[®]) Prior Authorization Criteria:

1. FDA approved diagnosis.
2. No concurrent use with other therapies.
3. Compliance will be checked for continued approval every 6 months.

C. Fingolimod (Gilenya[®]) Prior Authorization Criteria:

1. Documented diagnosis of relapsing remitting MS with at least one relapse in the previous 12 months, or transitioning from existing MS therapy.
2. No concurrent use with other therapies.
3. Compliance will be checked for continued approval every 6 months.

Recommendation 2: Prior Authorize Dalisrep[®] (roflumilast)

The DUR Board recommends prior authorization of Daliresp[®] (roflumilast) with the following approval criteria:

1. Diagnosis of COPD with history of chronic bronchitis; and
2. FEV \leq 50% of predicted; and
3. Inadequately controlled on long acting bronchodilator therapy (must have 3 or more claims for long acting bronchodilators in the previous 6 months)

Recommendation 3: Prior Authorize Horizant[®] (gabapentin enacarbil)

The DUR Board recommends prior authorizing Horizant[®] (gabapentin enacarbil) using the following criteria:

1. FDA approved indication of Restless Legs Syndrome

2. Must be 18 years or older
3. Must provide documented treatment attempts at recommended dose with at least two of the following that did not yield adequate relief:
 - a. carbidopo/levodopa
 - b. pramipexole
 - c. ropinirole
4. Reason that immediate release gabapentin cannot be used.

Recommendation 4: Prior Authorize Gralise™ (gabapentin extended-release)

The DUR Board recommends prior authorization of Gralise™ (gabapentin extended-release) with the following criteria:

1. FDA-approved indication of postherpetic neuralgia.
2. Must provide documented treatment attempts at recommended dosing or contraindications to at least one agent from two of the following drug classes:
 - a. Tricyclic antidepressants
 - b. Anticonvulsants
 - c. Topical or oral analgesics
3. Must provide a clinically significant reason why the member cannot take the immediate-release formulation of gabapentin.

Submitted to the C.E.O. and Board on January 12, 2012

**AUTHORITY FOR EXPENDITURE OF FUNDS
Online Enrollment Program Management Organization Services**

BACKGROUND

The procurement of Online Enrollment Program Management Organization services is required by the Centers for Medicare and Medicaid Services (CMS) to enable the OHCA to obtain 90% enhanced Federal match for systems development. The Contractor shall help enhance the current online eligibility system and accompanying business processes to enable OHCA to meet the requirements of the Affordable Care Act (ACA) and comply with the 7 Standards and Conditions of CMS and Guidance for Exchange and Medicaid Information Technology (IT) Systems Version 2.0 and above. OHCA expects the Contractor to bring expertise that will help guide OHCA in making decisions about the enhancements to the existing eligibility systems and the associated business processes; this expertise includes detailed planning and project management services, business model processing, and application development life cycle processes.

SCOPE OF WORK

- Evaluate the current online eligibility system and processes to identify opportunities for improving the system and determining the most cost-effective approach to enhancements;
- Determine ways to improve functionality and operations current for the current online eligibility system and business processes. Provide an overview of the programming and implementation requirements for each recommendation;
- Assist with the CMS required “gate reviews” (approvals required before accessing additional funds) during system development and CMS certification upon implementation;
- Ensure the eligibility system meets the seven Standards and Conditions as set forth by CMS and the CMS Guidance for Exchange and Medicaid Information Technology Systems, Version 2.0 and above.

CONTRACT PERIOD

Date of Award through June 30, 2014 with annual options to renew through June 30, 2016.

CONTRACT AMOUNT AND PROCUREMENT METHOD

- Will be awarded through competitive bidding conducted by OHCA
- Federal matching percentage is estimated at 90%; if 90% is achieved, expenditure of state funds will not exceed \$327,000 for the estimated duration of the contract through June 30, 2014
- Estimated contract amounts (state and federal amounts):
 - FY12 \$800,000
 - FY13 \$1,235,000
 - FY14 \$1,235,000

RECOMMENDATION

- Board approval to procure the services discussed above

Submitted to the C.E.O. and Board on January 12, 2012
AUTHORITY FOR EXPENDITURE OF FUNDS
Focus on Excellence - Nursing Facility Surveys

BACKGROUND

The Focus on Excellence program, authorized by 56 Okla. Stat. 1011.5, is designed to enrich a nursing facility's overall quality of care. The purpose is to allow nursing facilities the opportunity to achieve above and beyond the standard level of care already being provided. The program began July 1, 2007 as a result of The Medicaid Reform Act of 2006.

House Bill 2778, passed in 2010, required refinements to the incentive reimbursement rate plan to ensure transparency and integrity. Data collected under this RFP will be incorporated into "star" ratings for facilities meeting pre-determined levels of total score for the quality measures. The star ratings become the public's tool to identify which areas may be important and significant to the family or consumer.

SCOPE OF WORK

- Select, modify or design survey instruments for residents and employees of nursing facilities;
- Administer the surveys annually to approximately 27,600 individuals in 295 facilities;
- Compile and report the survey results to OHCA, providing expertise in the analysis of data anomalies;
- Develop a secure, on-line survey instrument for future use by facility employees (optional).

CONTRACT PERIOD

Date of Award through June 30, 2018

CONTRACT AMOUNT AND PROCUREMENT METHOD

- Will be awarded through competitive bidding conducted by Department of Central Services
- Federal matching percentage for these expenditures is 50%
- Estimated contract amounts (state and federal share):
 - FY12 \$50,000
 - FY13 \$250,000
 - FY14 \$250,000
 - FY15 \$250,000
 - FY16 \$250,000
 - FY17 \$250,000
 - FY18 \$250,000

RECOMMENDATION

- Board approval to procure the services discussed above