

OKLAHOMA HEALTH CARE AUTHORITY
REGULARLY SCHEDULED BOARD MEETING
October 10, 2013 at 1:00 P.M.
The Oklahoma Health Care Authority
Ponca Conference Room
2401 NW 23rd, Suite 1A
Oklahoma City, Oklahoma

AGENDA

Items to be presented by Ed McFall, Chairman

1. Call to Order / Determination of Quorum
2. Action Item – Approval of September 12, 2013 OHCA Board Minutes
3. Discussion Item – Reports to the Board by Board Committees
 - a) Audit/Finance Committee – Member Miller
 - b) Strategic Planning Committee – Member Robison

Item to be presented by Nico Gomez, Chief Executive Officer

4. Discussion Item – Chief Executive Officer's Report
 - a) Financial Update – Carrie Evans, Chief Financial Officer
 - b) Medicaid Director's Update – Garth Splinter, State Medicaid Director
 - 1) Update Regarding the Home and Community Based Waiver Program- Ivoria Holt, Long Term Care Quality Initiatives Director
 - c) All Stars Introduction – Nico Gomez, Chief Executive Officer
 - February – Darlene Surber, Medical Audit Specialist, Provider Audits (Cindy Roberts)
 - May – April Jones, Travel Coordinator, Purchasing (Carrie Evans)
 - d) Proposed OHCA 2014 Board Meeting Dates and Locations

Item to be presented by Vickie Kersey, Purchasing Manager

5. Discussion Item – Presentation of the State Fiscal Year 2015 Budget Request.

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

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

Item to be presented by Cindy Roberts, Deputy CEO – Planning, Policy & Integrity Division

7. Action Item – Consideration and Vote of Agency Recommended Rulemaking Pursuant to Article I of the Administrative Procedures Act
 - a) Consideration and Vote upon a Declaration of a Compelling Public Interest for the promulgation of Emergency Rules 7.b-1 and 7.b-2 in accordance with 75 Okla. Stat. § 253.
 - b) Consideration and Vote Upon promulgation of Emergency Rules as follows:
 7. b - 1. AMENDING agency rules at OAC 317:45-11-10 through 45-11-13, 45-11-20 through 45-11-21.1, 45-11-24, and 45-13-1. Insure Oklahoma (IO) rules are revised to align with the Special Terms and Conditions of the Section 1115 Demonstration Waiver. In accordance with waiver special terms and conditions, the federal government has approved a one year (calendar) extension of the Insure

Oklahoma program. Rules are revised to remove Individual Plan children (while retaining Employer Sponsored Insurance (ESI) children) and limit adult Individual Plan enrollment to persons with household income at or below 100 percent of Federal Poverty Level. Revisions also include changes to the Individual Plan copayment structure; copayments cannot exceed current federal maximums with the exception of emergency room (ER) visits in which case the existing copay for ER visits will remain at \$30.00.

7. b - 2. AMENDING Agency rules at OAC 317:2-1-6.1 to formalize a complaint procedure for employees in civil rights violation events. The procedure allows an employee to submit a complaint when a discriminatory practice is believed to have taken place and dictates steps to be taken by the Agency when such complaint is submitted by the employee.

Item to be presented by Nancy Nesser, Pharmacy Director

8. Action Item – Consideration and Vote Regarding Recommendations Made by the Drug Utilization Review Board Under 63 Oklahoma Statutes 5030.3.
 - a) Consideration and vote to add **Tysabri (Natalizumab)** and **Diclegis™ (Doxylamine/Pyridoxine)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

Item to be presented by Chairman McFall

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

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

10. Action Item – Approval of the 2014 CEO Evaluation Form
11. New Business
12. ADJOURNMENT

NEXT BOARD MEETING
November 14, 2013
Oklahoma Health Care Authority
Ponca Conference Room

MINUTES OF A REGULARLY SCHEDULED BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
September 12, 2013
Held at Oklahoma Health Care Authority
Oklahoma City, Oklahoma

Manner and Time of Notice of Meeting: A statutorily required public meeting notice was placed on the front door of the Oklahoma Health Care Authority on September 11, 2013, 12:50 p.m. Advance public meeting notice is provided to the Oklahoma Secretary of State. In addition to the posting of the statutory public notice, the agency placed its agenda on its website on September 11, 2013, 12:00 p.m.

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

BOARD MEMBERS PRESENT: Chairman McFall, Vice-Chairman Armstrong, Member Miller, Member Bryant, Member Nuttle, Member McVay

BOARD MEMBERS ABSENT: Member Robison

OTHERS PRESENT:

Suzie Megehee, OHCA
Charles Brodt, HP
David Dude, American Cancer Society
Rick Snyder, OK Hospital Assoc.
John Giles, OSDH
Terry Cothran, GOP

OTHERS PRESENT:

Kyle Janzen, OMES/OHCA
Nelson Solomon, OHCA
Brenda Teel, Chickasaw Nation
Graham Brewer, Oklahoman
Canielle Preston, OHCA
Shawna Kittridge, Mercer

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULARLY SCHEDULED BOARD MEETING AND RETREAT HELD ON AUGUST 21-23, 2013.

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

MOTION: Vice-Chairman Armstrong moved for approval of the August 21-23, 2013 board meeting and retreat minutes as published. Member Bryant seconded.

FOR THE MOTION: Chairman McFall, Member Miller, Member Nuttle

ABSTAINED: Member McVay

ABSENT: Member Robison

ITEM 3 / REPORTS TO THE BOARD BY BOARD COMMITTEES

Strategic Planning Committee

Vice Chairman Armstrong stated that the Strategic Planning committee did meet and said that the Insure Oklahoma extension was discussed and commended all staff involved.

Chairman McFall noted that the board retreat was the best year that he has attended and commended all staff for their hard work.

ITEM 4 / CHIEF EXECUTIVE OFFICER'S REPORT

Nico Gomez, Chief Executive Officer

4a. MEDICAID DIRECTOR'S UPDATE

Garth Splinter, State Medicaid Director

Dr. Splinter recognized that total enrollment continues to increase slightly to 815,000. He noted that there is a small decrease for Insure Oklahoma enrollment due to the outreach efforts being stopped. The dual enrollees are at 108,

572 and an average cost for nursing homes at almost \$4,200. Dr. Splinter stated that we have 36,588 total providers enrolled. He reported that the Patient Centered Medical Home had a slight increase to 2,160 enrollees. He stated that for Electronic Health Records payments, we are up to \$119 million. For more detailed information, see Item 4a in the board packet.

Andy Garnand reviewed specific data on SoonerCare contracted hospitals. For more detailed information, see Item 4a in the board packet.

4b. ALL STARS INTRODUCTION

Nico Gomez, Chief Executive Officer

Mr. Gomez noted that we like to recognize each month those who have been nominated by the peers that have been recognized for their hard work and dedication to the agency.

Kyle Janzen presented the January All Star – Suzie Megehee, DP Analyst/Planning Specialist III, Contractor Systems.

Ed Long presented the June All Star – Canielle Preston, Child Health Services Coordinator II, Health Promotion & Community Relations Services.

Ed Long presented the July All Star – Barbara Gibbons, Assistant Director of Governmental Relations.

4c. OFFICE SPACE UPDATE

James Smith, Chief of Staff

Mr. Smith gave a presentation of how we came to be at Shepherd Mall and what our future looks like with the new building that is proposed to be finished in February 2014. He noted the progress of work being done at the new location and invited the board members to take a tour of site immediately following the board meeting.

Mr. Gomez commented on Insure Oklahoma and recognized the Governor for her support and help along with the work of our partners at Centers for Medicare/Medicaid Services (CMS) and especially our Policy staff at the Oklahoma Health Care Authority. He stated that Matt Lucas and Insure Oklahoma staff has created a great program worth fighting for.

Mr. Gomez noted a few things that will come up in the near future: Rules for Insure Oklahoma, feedback from the board retreat to address some issues and concerns that arose from that meeting, SFY15 budget request, permanent rulemaking, planning for the next legislative session, Health Insurance Marketplace (HIM).

He stated that the National Association Medicaid Director's (NAMD) meeting is in October and welcomed the board to attend.

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

Howard Pallotta, General Counsel

Mr. Pallotta stated that there were no conflicts.

ITEM 6 / CONSIDERATION AND VOTE OF AGENCY RECOMMENDED EMERGENCY RULEMAKING PURSUANT TO ARTICLE I OF THE ADMINISTRATIVE PROCEDURES ACT. THE AGENCY REQUESTS THE ADOPTION OF THE FOLLOWING PERMANENT RULES:

Cindy Roberts, Deputy CEO/Planning, Policy and Integrity Division

6. Action Item – Consideration and Vote of Agency Recommended Emergency Rulemaking Pursuant to Article I of the Administrative Procedures Act. The agency requests the adoption of the following Permanent Rules:

The following emergency rules HAVE NOT previously been approved by the Board.

A. AMENDING Agency rules at OAC 317:35-5-43 through 35-5-46, 35-6-1, 35-6-15, 35-6-35 through 35-6-37, 35-6-60.1, 35-6-61, 35-7-48, 35-9-67, 35-10-10, 35-10-25, 35-10-26, 35-15-6, and 35-19-20 to implement Systems Simplification Implementation effective October 1, 2013, instead of January 1, 2014. Rules are also revised to delay periodic renewals that would fall during the period January –

March, 2014 until April, 2014, and to delay the effective date of terminations of SoonerCare eligibility for reasons related to changes in household composition or income until April, 2014 when the agency is redetermining eligibility based on changes in circumstances from January to March, 2014. These emergency rule revisions allow the State to correct regulatory complications created by federal rules; they implement a waiver of the federal requirement that the State use two sets of financial eligibility rules for pregnant women and families with children from October 1, 2013 to March 31, 2014, thereby avoiding serious prejudice to the public interest.

MOTION: Vice-Chairman Armstrong moved for approval of Item 6 as a declaration of emergency. Member McVay seconded.

FOR THE MOTION: Chairman McFall, Member Miller, Member Bryant, Member Nuttle

ABSENT: Member Robison

MOTION: Vice-Chairman Armstrong moved for approval of Item 6 as presented. Member McVay seconded.

FOR THE MOTION: Chairman McFall, Member Miller, Member Bryant, Member Nuttle

ABSENT: Member Robison

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

Howard Pallotta, General Counsel

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

MOTION: Member McVay moved for approval to go into Executive Session. Member Nuttle seconded.

FOR THE MOTION: Chairman McFall, Vice-Chairman Armstrong, Member Miller, Member Bryant

ABSENT: Member Robison

7. 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) Finalization of CEO Evaluation

ITEM 8 / ELECTION OF THE OKLAHOMA HEALTH CARE AUTHORITY 2014 BOARD OFFICERS

Member Bryant suggested Ed McFall as Chairman and Tony Armstrong as Vice-Chairman.

MOTION: Member Bryant moved for the approval of board officers. Member Nuttle seconded.

FOR THE MOTION: Chairman McFall, Vice-Chairman Armstrong, Member Miller, Member, Member McVay

ABSENT: Member Robison

ITEM 9 / NEW BUSINESS

There was no new business.

ITEM 10 / ADJOURNMENT

MOTION:

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

FOR THE MOTION:

Chairman McFall, Member Miller, Member Nuttle, Member Bryant

ABSENT:

Member Robison

Meeting adjourned at 2:03 p.m., 9/12/2013

NEXT BOARD MEETING
October 10, 2013
The Oklahoma Health Care Authority
Ponca Conference Room
Oklahoma City, Oklahoma

Lindsey Bateman
Board Secretary

Minutes Approved: _____

Initials: _____

DRAFT



FINANCIAL REPORT

For the Two Months Ended August 31, 2013
Submitted to the CEO & Board

- Revenues for OHCA through August, accounting for receivables, were **\$701,845,149** or **(.5%) under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$659,250,339** or **.8% under** budget.
- The state dollar budget variance through August is **\$1,879,936 positive**.
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	1.1
Administration	.8
Revenues:	
Taxes and Fees	.2
Overpayments/Settlements	(.2)
Total FY 14 Variance	\$ 1.9

ATTACHMENTS

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

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
Fiscal Year 2014, For the Two Months Ended August 31, 2013

REVENUES	FY14 Budget YTD	FY14 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 175,829,600	\$ 175,829,600	\$ -	0.0%
Federal Funds	338,393,439	335,342,772	(3,050,667)	(0.9)%
Tobacco Tax Collections	9,532,919	9,695,768	162,849	1.7%
Quality of Care Collections	13,539,794	13,539,794	-	0.0%
Prior Year Carryover	32,616,512	32,616,512	-	0.0%
Federal Deferral - Interest	40,097	40,097	-	0.0%
Drug Rebates	29,926,060	29,926,060	-	(0.0)%
Medical Refunds	6,593,211	6,126,069	(467,142)	(7.1)%
SHOPP	94,842,407	94,842,407	-	0.0%
Other Revenues	3,821,231	3,886,069	64,838	1.7%
TOTAL REVENUES	\$ 705,135,270	\$ 701,845,149	\$ (3,290,121)	(0.5)%

EXPENDITURES	FY14 Budget YTD	FY14 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	\$ 7,847,046	\$ 6,936,159	\$ 910,887	11.6%
ADMINISTRATION - CONTRACTS	\$ 15,584,562	\$ 14,553,659	\$ 1,030,903	6.6%
MEDICAID PROGRAMS				
<u>Managed Care:</u>				
SoonerCare Choice	6,646,084	6,043,841	602,243	9.1%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	156,909,897	157,101,376	(191,479)	(0.1)%
Behavioral Health	3,425,698	3,723,283	(297,586)	(8.7)%
Physicians	84,996,828	84,572,834	423,994	0.5%
Dentists	26,060,472	25,794,075	266,397	1.0%
Other Practitioners	7,773,521	7,407,845	365,676	4.7%
Home Health Care	3,847,540	3,433,107	414,434	10.8%
Lab & Radiology	11,193,295	10,915,157	278,139	2.5%
Medical Supplies	8,570,049	8,263,588	306,461	3.6%
Ambulatory/Clinics	20,759,585	21,156,518	(396,933)	(1.9)%
Prescription Drugs	68,394,825	68,240,438	154,387	0.2%
OHCA TFC	456,737	297,058	159,679	0.0%
<u>Other Payments:</u>				
Nursing Facilities	98,036,344	97,530,059	506,285	0.5%
ICF-MR Private	10,346,340	10,343,856	2,485	0.0%
Medicare Buy-In	22,498,098	22,560,792	(62,694)	(0.3)%
Transportation	10,708,528	10,211,872	496,657	4.6%
MFP-OHCA	280,930	205,018	75,912	0.0%
EHR-Incentive Payments	1,288,614	1,288,614	-	0.0%
Part D Phase-In Contribution	13,043,720	13,008,891	34,829	0.3%
SHOPP payments	85,492,242	85,492,242	-	0.0%
Total OHCA Medical Programs	640,729,349	637,590,463	3,138,886	0.5%
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	\$ 664,250,339	\$ 659,080,281	\$ 5,170,058	0.8%

REVENUES OVER/(UNDER) EXPENDITURES	\$ 40,884,932	\$ 42,764,868	\$ 1,879,936	
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OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
Fiscal Year 2014, For the Two Months Ended August 31, 2013

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	Medicaid Program Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	\$ 6,119,903	\$ 6,040,828	\$ -	\$ 76,062	\$ -	\$ 3,013	\$ -
Inpatient Acute Care	112,760,879	101,210,253	81,114	1,914,625	8,456,950	364,256	733,681
Outpatient Acute Care	48,885,182	46,168,171	6,934	1,896,379	-	813,698	-
Behavioral Health - Inpatient	4,105,190	2,295,561	-	110,091	-	-	1,699,537
Behavioral Health - Psychiatrist	1,427,722	1,427,722	-	-	-	-	-
Behavioral Health - Outpatient	4,109,650	-	-	-	-	-	4,109,650
Behavioral Health Facility- Rehab	41,874,346	-	-	-	-	18,278	41,874,346
Behavioral Health - Case Management	1,569,568	-	-	-	-	-	1,569,568
Behavioral Health - PRTF	16,390,066	-	-	-	-	-	16,390,066
Residential Behavioral Management	3,917,571	-	-	-	-	-	3,917,571
Targeted Case Management	11,490,766	-	-	-	-	-	11,490,766
Therapeutic Foster Care	297,058	297,058	-	-	-	-	-
Physicians	94,365,591	72,182,286	9,683	2,507,478	11,316,950	1,063,915	7,285,279
Dentists	25,811,189	24,488,000	-	17,113	1,303,156	2,920	-
Mid Level Practitioners	642,828	627,452	-	14,847	-	529	-
Other Practitioners	6,829,036	6,531,825	74,394	49,171	172,634	1,011	-
Home Health Care	3,433,107	3,431,463	-	-	-	1,643	-
Lab & Radiology	11,588,765	10,783,817	-	673,608	-	131,339	-
Medical Supplies	8,389,703	7,801,576	451,923	126,116	-	10,090	-
Clinic Services	20,985,335	19,538,969	-	289,429	-	58,840	1,098,097
Ambulatory Surgery Centers	1,635,707	1,555,610	-	76,998	-	3,099	-
Personal Care Services	2,321,807	-	-	-	-	-	2,321,807
Nursing Facilities	97,530,059	55,062,469	35,600,405	-	6,867,185	-	-
Transportation	10,163,417	9,181,535	438,681	-	533,628	9,572	-
GME/IME/DME	16,724,351	-	-	-	-	-	16,724,351
ICF/MR Private	10,343,856	8,286,675	1,914,661	-	142,520	-	-
ICF/MR Public	8,390,426	-	-	-	-	-	8,390,426
CMS Payments	35,569,683	35,432,058	137,625	-	-	-	-
Prescription Drugs	71,852,622	60,050,264	-	3,612,183	7,872,841	317,334	-
Miscellaneous Medical Payments	48,534	46,943	-	79	-	1,512	-
Home and Community Based Waiver	28,766,446	-	-	-	-	-	28,766,446
Homeward Bound Waiver	15,164,839	-	-	-	-	-	15,164,839
Money Follows the Person	814,205	205,018	-	-	-	-	609,187
In-Home Support Waiver	4,020,356	-	-	-	-	-	4,020,356
ADvantage Waiver	31,669,383	-	-	-	-	-	31,669,383
Family Planning/Family Planning Waiver	2,104,624	-	-	-	-	-	2,104,624
Premium Assistance*	8,244,033	-	-	8,244,033	-	-	-
EHR Incentive Payments	1,288,614	1,288,614	-	-	-	-	-
SHOPP Payments**	85,492,242	85,492,242	-	-	-	-	-
Total Medicaid Expenditures	\$ 857,138,655	\$ 473,934,169	\$ 38,715,420	\$ 19,608,213	\$ 36,665,864	\$ 2,801,046	\$ 199,939,979

* Includes \$8,184,247.71 paid out of Fund 245 and **\$85,492,242 paid out of Fund 205

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
Fiscal Year 2014, For the Two Months Ended August 31, 2013

REVENUE	FY14 Actual YTD
Revenues from Other State Agencies	\$ 89,624,436
Federal Funds	128,636,917
TOTAL REVENUES	\$ 218,261,353
EXPENDITURES	Actual YTD
Department of Human Services	
Home and Community Based Waiver	\$ 28,766,446
Money Follows the Person	609,187
Homeward Bound Waiver	15,164,839
In-Home Support Waivers	4,020,356
ADvantage Waiver	31,669,383
ICF/MR Public	8,390,426
Personal Care	2,321,807
Residential Behavioral Management	2,568,182
Targeted Case Management	9,012,792
Total Department of Human Services	102,523,418
State Employees Physician Payment	
Physician Payments	7,285,279
Total State Employees Physician Payment	7,285,279
Education Payments	
Graduate Medical Education	-
Graduate Medical Education - PMTC	1,179,998
Indirect Medical Education	15,544,353
Direct Medical Education	-
Total Education Payments	16,724,351
Office of Juvenile Affairs	
Targeted Case Management	618,344
Residential Behavioral Management	1,349,388
Total Office of Juvenile Affairs	1,967,732
Department of Mental Health	
Case Management	1,569,568
Inpatient Psych FS	1,699,537
Outpatient	4,109,650
PRTF	16,390,066
Rehab	41,874,346
Total Department of Mental Health	65,643,166
State Department of Health	
Children's First	406,755
Sooner Start	582,737
Early Intervention	1,026,726
EPSDT Clinic	356,015
Family Planning	(71,289)
Family Planning Waiver	2,170,797
Maternity Clinic	7,744
Total Department of Health	4,479,485
County Health Departments	
EPSDT Clinic	151,601
Family Planning Waiver	5,116
Total County Health Departments	156,717
State Department of Education	17,852
Public Schools	408,298
Medicare DRG Limit	-
Native American Tribal Agreements	-
Department of Corrections	-
JD McCarty	733,681
Total OSA Medicaid Programs	\$ 199,939,979
OSA Non-Medicaid Programs	\$ 14,118,440
Accounts Receivable from OSA	\$ (4,202,934)

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
Fiscal Year 2014, For the Two Months Ended August 31, 2013

REVENUES	FY 14 Revenue	
SHOPP Assessment Fee	\$	40,078,869
Federal Draws		54,715,035
Interest		48,503
Penalties		-
State Appropriations		(7,700,000)
TOTAL REVENUES	\$	87,142,407

EXPENDITURES	Quarter	FY 14 Expenditures	
Program Costs:	7/1/13 - 9/30/13		
Hospital - Inpatient Care	76,710,371	\$	76,710,371
Hospital -Outpatient Care	2,748,407	\$	2,748,407
Psychiatric Facilities-Inpatient	5,785,055	\$	5,785,055
Rehabilitation Facilities-Inpatient	248,410	\$	248,410
Total OHCA Program Costs	85,492,242	\$	85,492,242
Total Expenditures		\$	85,492,242

CASH BALANCE	\$	1,650,165
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OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 230: Nursing Facility Quality of Care Fund
Fiscal Year 2014, For the Two Months Ended August 31, 2013

REVENUES	Total Revenue	State Share
Quality of Care Assessment	\$ 12,864,266	\$ 12,864,266
Interest Earned	5,978	5,978
TOTAL REVENUES	\$ 12,870,245	\$ 12,870,245

EXPENDITURES	FY 14 Total \$ YTD	FY 14 State \$ YTD	Total State \$ Cost
Program Costs			
NF Rate Adjustment	\$ 35,174,167	\$ 12,662,700	
Eyeglasses and Dentures	47,805	17,210	
Personal Allowance Increase	378,433	136,236	
Coverage for DME and supplies	451,923	162,692	
Coverage of QMB's	172,126	61,965	
Part D Phase-In	137,625	137,625	
ICF/MR Rate Adjustment	951,296	342,466	
Acute/MR Adjustments	963,365	346,811	
NET - Soonerride	438,681	157,925	
Total Program Costs	\$ 38,715,420	\$ 14,025,631	\$ 14,025,631
Administration			
OHCA Administration Costs	\$ 70,717	\$ 35,358	
DHS - QOC Exp	92,759	92,759	
OSDH-NF Inspectors	-	-	
Mike Fine, CPA	-	-	
Total Administration Costs	\$ 163,476	\$ 128,117	\$ 128,117
Total Quality of Care Fee Costs	\$ 38,878,895	\$ 14,153,748	
TOTAL STATE SHARE OF COSTS			\$ 14,153,748

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 2014, For the Two Months Ended August 31, 2013

REVENUES	FY 13 Carryover	FY 14 Revenue	Total Revenue
Prior Year Balance	\$ 10,427,850	\$ -	\$ 3,340,070
State Appropriations	-	-	(3,000,000)
Tobacco Tax Collections	-	7,974,346	7,974,346
Interest Income	-	41,046	41,046
Federal Draws	176,996	4,482,400	4,482,400
All Kids Act	(6,933,264)	50,240	50,240
TOTAL REVENUES	\$ 3,671,582	\$ 12,548,031	\$ 12,837,861

EXPENDITURES	FY 13 Expenditures	FY 14 Expenditures	Total \$ YTD
Program Costs:			
Employer Sponsored Insurance		\$ 8,069,689	\$ 8,069,689
College Students		59,785	59,785
All Kids Act		114,558	114,558
Individual Plan			
SoonerCare Choice		\$ 72,978	\$ 26,272
Inpatient Hospital		1,904,668	685,680
Outpatient Hospital		1,864,005	671,042
BH - Inpatient Services-DRG		104,918	37,771
BH -Psychiatrist		-	-
Physicians		2,477,594	891,934
Dentists		12,321	4,435
Mid Level Practitioner		14,501	5,221
Other Practitioners		46,387	16,699
Home Health		-	-
Lab and Radiology		665,670	239,641
Medical Supplies		124,033	44,652
Clinic Services		282,714	101,777
Ambulatory Surgery Center		76,998	27,719
Prescription Drugs		3,577,460	1,287,886
Miscellaneous Medical		79	79
Premiums Collected		-	(265,230)
Total Individual Plan		\$ 11,224,326	\$ 3,775,578
College Students-Service Costs		\$ 114,953	\$ 41,383
All Kids Act- Service Costs		\$ 24,901	\$ 8,964
Total OHCA Program Costs		\$ 19,608,213	\$ 12,069,958
Administrative Costs			
Salaries	\$ 7,360	\$ 203,581	\$ 210,941
Operating Costs	56,861	69,376	126,237
Health Dept-Postponing	-	-	-
Contract - HP	267,291	-	267,291
Total Administrative Costs	\$ 331,512	\$ 272,957	\$ 604,469
Total Expenditures			\$ 12,674,427
NET CASH BALANCE	\$ 3,340,070		\$ 163,434

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

**Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund
Fiscal Year 2014, For the Two Months Ended August 31, 2013**

REVENUES	FY 14 Revenue	State Share
Tobacco Tax Collections	\$ 159,165	\$ 159,165
TOTAL REVENUES	\$ 159,165	\$ 159,165

EXPENDITURES	FY 14 Total \$ YTD	FY 14 State \$ YTD	Total State \$ Cost
Program Costs			
SoonerCare Choice	\$ 3,013	\$ 759	
Inpatient Hospital	364,256	91,793	
Outpatient Hospital	813,698	205,052	
Inpatient Services-DRG	-	-	
Psychiatrist	-	-	
TFC-OHCA	-	-	
Nursing Facility	-	-	
Physicians	1,063,915	268,106	
Dentists	2,920	736	
Mid-level Practitioner	529	133	
Other Practitioners	1,011	255	
Home Health	1,643	414	
Lab & Radiology	131,339	33,097	
Medical Supplies	10,090	2,543	
Clinic Services	58,840	14,828	
Ambulatory Surgery Center	3,099	781	
Prescription Drugs	317,334	79,968	
Transportation	9,572	2,412	
Miscellaneous Medical	1,512	381	
Total OHCA Program Costs	\$ 2,782,768	\$ 701,257	
OSA DMHSAS Rehab	\$ 18,278	\$ 4,606	
Total Medicaid Program Costs	\$ 2,801,046	\$ 705,864	
TOTAL STATE SHARE OF COSTS			\$ 705,864

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

August 2013 Data for October 2013 Board Meeting

SOONERCARE ENROLLMENT / EXPENDITURES

Delivery System	Monthly Enrollment Average SFY2013	Enrollment August 2013	Total Expenditures August 2013	Average Dollars Per Member Per Month August 2013
SoonerCare Choice Patient-Centered Medical Home	513,315	544,939	\$124,752,726	
<i>Lower Cost</i> (Children/Parents; Other)		498,604	\$85,149,564	\$171
<i>Higher Cost</i> (Aged, Blind or Disabled; TEFRA; BCC)		46,335	\$39,603,162	\$855
SoonerCare Traditional	217,231	196,753	\$192,873,204	
<i>Lower Cost</i> (Children/Parents; Other)		89,017	\$57,762,435	\$649
<i>Higher Cost</i> (Aged, Blind or Disabled; TEFRA; BCC & HCBS Waiver)		107,736	\$135,110,770	\$1,254
SoonerPlan	48,346	50,832	\$639,365	\$13
Insure Oklahoma	30,202	29,261	\$9,920,258	
<i>Employer-Sponsored Insurance</i>	16,644	15,956	\$4,588,108	\$288
<i>Individual Plan</i>	13,559	13,305	\$5,332,150	\$401
TOTAL	809,094	821,785	\$328,185,554	

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 \$42,042,591 are excluded.

Net Enrollee Count Change from Previous Month Total	6,374
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New Enrollees	21,377
----------------------	---------------

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

Qualifying Group	Age Group	Enrollment
Aged/Blind/Disabled	<i>Child</i>	19,441
Aged/Blind/Disabled	<i>Adult</i>	133,791
Other	<i>Child</i>	109
Other	<i>Adult</i>	21,051
PACE	<i>Adult</i>	124
TEFRA	<i>Child</i>	481
Living Choice	<i>Adult</i>	118
OLL Enrollment		175,115

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

Medicare and SoonerCare	Monthly Average SFY2013	Enrolled August 2013
Dual Enrollees	108,514	109,205

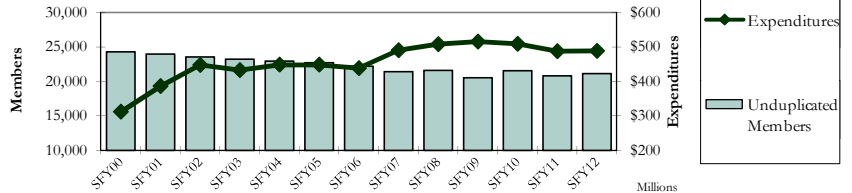
	Monthly Average SFY2013	Enrolled August 2013
Long-Term Care Members	15,674	15,448
<i>Child</i>	64	61
<i>Adult</i>	15,610	15,387

FACILITY PER MEMBER PER MONTH

\$3,600

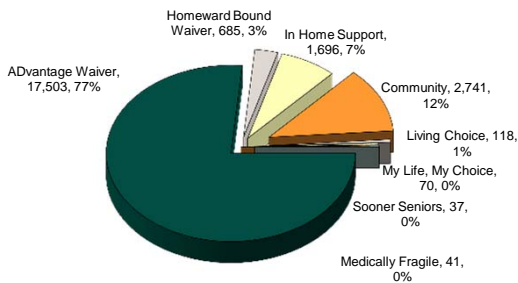
SFY2012 Long-Term Care
 Statewide LTC Occupancy Rate - 71.7%
 SoonerCare funded LTC Bed Days 67.2%
 Data as of September 2012

Standard SoonerCare Nursing Facility - Unduplicated Members and Total Expenditure Trends



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

Waiver Enrollment Breakdown Percent



Advantage Waiver - Serves frail elderly individuals age 65 or older and adults age 21 and older with physical disabilities who would otherwise require placement in a nursing facility.

Community - serves individuals 3 years of age and older who have intellectual disabilities and certain persons with related conditions who would otherwise require placement in an intermediate care facility for the intellectually disabled (ICF/ID).

Homeward Bound Waiver - Designed to serve the needs of individuals with intellectual disabilities or "related conditions" who are also members of the Plaintiff Class in Homeward Bound et al. v. The Hissom Memorial Center, et al, who would otherwise qualify for placement in an ICF/ID.

In Home Support - Serves the needs of individuals 3 years of age and older with intellectual disabilities who would otherwise require placement in an ICF/ID.

Living Choice - Promotes community living for people of all ages who have disabilities or long-term illnesses.

Medically Fragile - This program serves qualifying individuals who meet hospital or skilled nursing facility level of care.

My Life, My Choice - This program is for adults with physical disabilities who transitioned to the community under the Living Choice program.

Sooner Seniors - This program is for adults 65 and older with long term illnesses who transitioned to community-based services in the Living Choice program.

SoonerCare Programs

SOONERCARE CONTRACTED PROVIDER INFORMATION

Provider Counts	Monthly Average SFY2013	Enrolled August 2013
Total Providers	36,948	37,507
	<i>In-State</i> 28,587	28,810
	<i>Out-of-State</i> 8,362	8,697

Provider Network includes providers who are contracted to provide health care services by locations, programs, types, and specialties. Providers are being counted multiple times if they have multiple locations, programs, types, and specialties.

Select Provider Type Counts	In-State		Totals	
	Monthly Average SFY2013	Enrolled August 2013*	Monthly Average SFY2013	Enrolled August 2013
Physician	7,859	8,334	12,432	13,047
Pharmacy	901	920	1,208	1,243
Mental Health Provider**	5,811	4,426	5,880	4,460
Dentist	1,205	1,295	1,380	1,492
Hospital**	194	183	923	569
Optometrist	578	549	612	576
Extended Care Facility	362	360	362	360

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

Total Primary Care Providers***	4,997	5,342	6,541	6,948
Patient-Centered Medical Home	1,935	2,113	1,985	2,199

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.

**Decrease in current month's count is due to contract renewal period which is typical during all renewal periods. Hospitals renewal started in March 2013 while renewal for Mental Health Providers started in June 2013.

Program	% of Capacity Used
SoonerCare Choice	43%
SoonerCare Choice I/T/U	17%
Insure Oklahoma IP	3%

SOONERCARE TOP 5 PROCEDURES BY UTILIZATION AND REIMBURSEMENT

SFY2013 Top 5 Procedures by Utilization					
Procedure Code	Description	Long Description	Utilization	Expenditures (Annualized)	Fee Schedule (7/2013)
99213	Office/Outpatient Visit	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; Medical Decision Making Of Low Complexity.	958,187	\$61,914,110	\$65
99214	Office/Outpatient Visit	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: A Detailed History; A Detailed Examination; Medical Decision Making Of Moderate Complexity.	361,092	\$34,370,485	\$95
95165	Antigen Therapy Services	Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy; Single Or Multiple Antigens (Specify Number Of Doses)	338,444	\$3,801,861	\$11
95004	Percut Allergy Skin Tests	Percutaneous Tests (Scratch, Puncture, Prick) With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests	311,191	\$1,755,950	\$6
99283	Emergency Dept Visit	Emergency Department Visit For The Evaluation And Management Of A Patient, Which Requires These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; And Medical Decision Making Of Moderate Complexity.	220,776	\$12,262,327	\$56

SFY2013 Top 5 Procedures by Reimbursement					
Procedure Code	Description	Long Description	Utilization	Expenditures (Annualized)	Fee Schedule (7/2013)
99213	Office/Outpatient Visit	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; Medical Decision Making Of Low Complexity.	958,187	\$61,914,110	\$65
99214	Office/Outpatient Visit	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: A Detailed History; A Detailed Examination; Medical Decision Making Of Moderate Complexity.	361,092	\$34,370,485	\$95
59400	Obstetrical Care	Routine Obstetric Care Including Antepartum Care, Vaginal Delivery (With Or Without Episiotomy, And/Or Forceps) And Postpartum Care	13,102	\$24,860,776	\$1,898
92507	Speech/Hearing Therapy	Treatment Of Speech, Language, Voice, Communication, And/ Or Auditory Processing Disorder; Individual	208,006	\$13,472,788	\$65
59510	Cesarean Delivery	Routine Obstetric Care Including Antepartum Care, Cesarean Delivery, And Postpartum Care	6,338	\$13,291,079	\$2,097

Expenditure amounts include adjustments and may not equal the fee schedule costs. Utilization by Paid Date. Claims Paid 07/01/2012 - 4/30/2013. Utilization and reimbursement amounts are annualized. Source: Finance SFY13 Utilization.xls. Fee Schedule from the Web <http://www.okhca.org/providers.aspx?id=102&menu=60&parts=7773&terms=fee%20schedule TXIX-fee-sched-070113>. File accessed 9/10/2013.

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 10/1/2013	September 2013		Since Inception	
	Number of Payments	Payment Amount	Total Number of Payments	Total Payment Amount
Eligible Professionals	97	\$1,250,917	1,803	\$41,545,168
Eligible Hospitals	0*	\$0	90	\$78,693,319
Totals	97	\$1,250,917	1,893	\$120,238,487

*Current Eligible Hospitals Paid



Long Term Care Waiver Operations Division

**Living Choice
(Money Follows the Person)**

Sooner Seniors

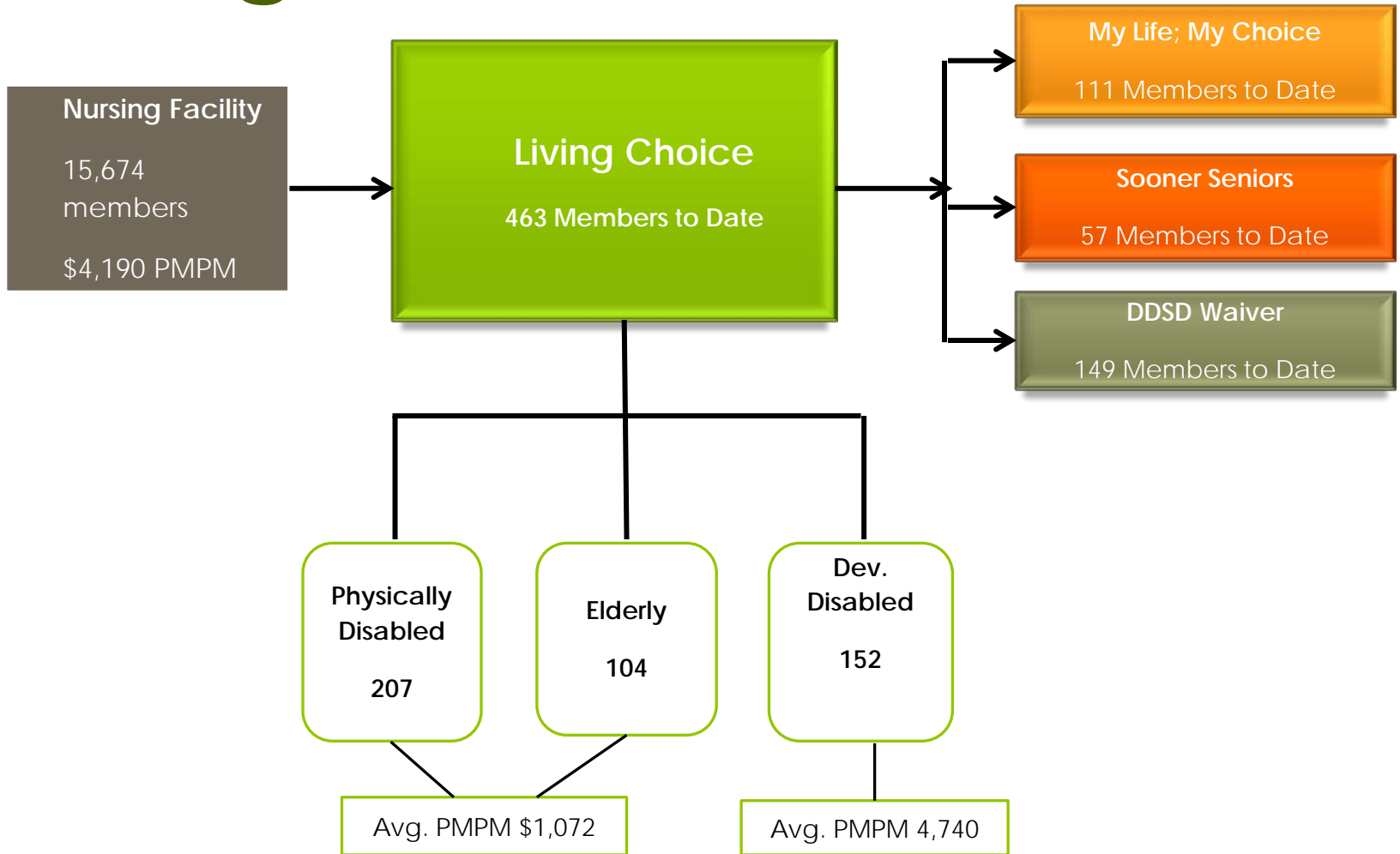
My Life; My Choice

Medically Fragile

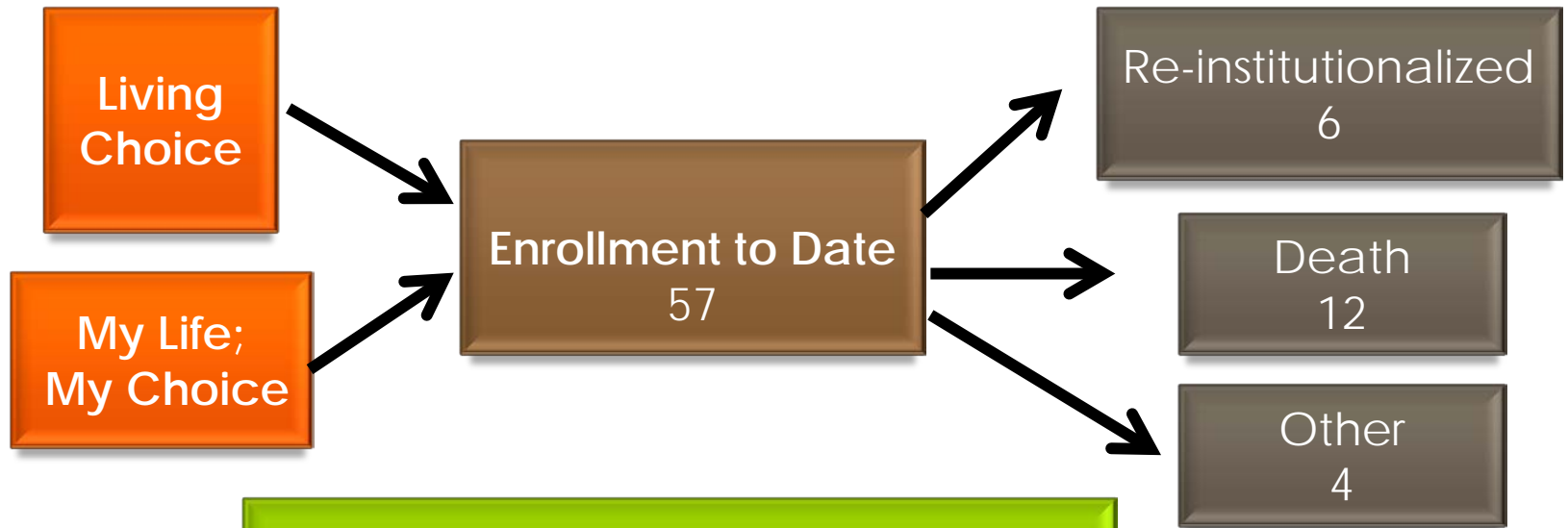
**PACE
(Program of All Inclusive
Care for the Elderly)**



Living Choice



Sooner Seniors Waiver



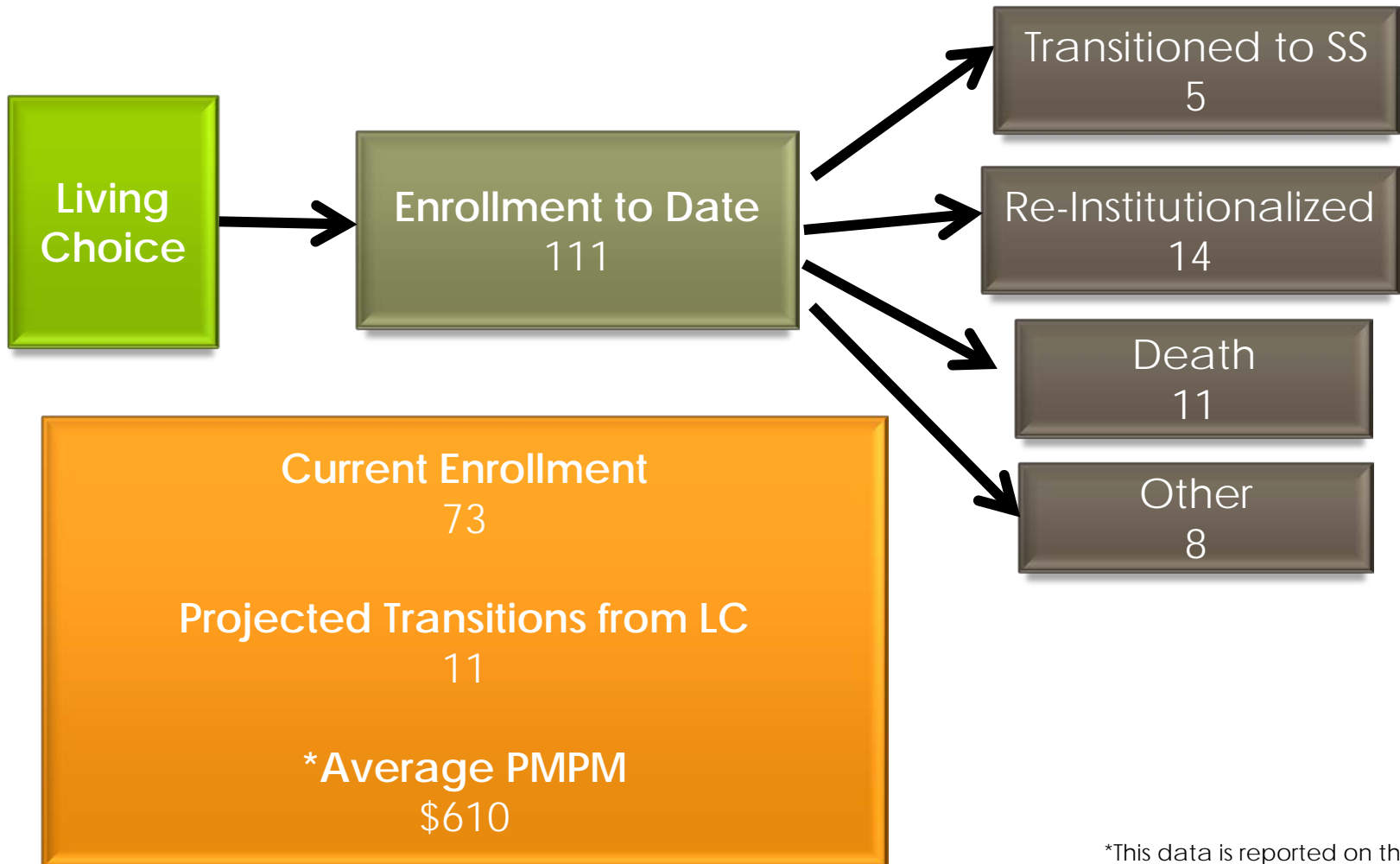
Current Enrollment
35

Projected Transitions from LC
15

*** Average PMPM**
\$595

*This data is reported on the 2012 OHCA Annual Report

My Life; My Choice Waiver



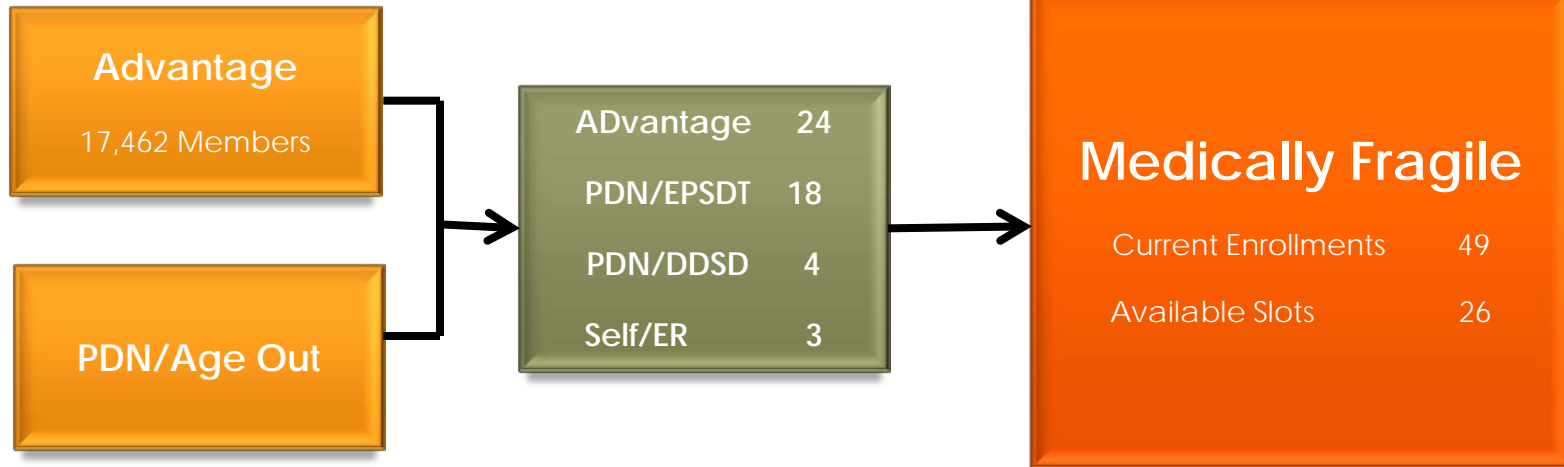
*This data is reported on the 2012 OHCA Annual Report

Medically Fragile

*Average PMPM
\$2,679

75 Approved Slots

As of July 1, 2013



*This data is reported on the
2012 OHCA Annual Report

PACE

ADvantage

Community

Current Enrollment

122

111 Dual Eligibles
9 Medicaid Only
2 Medicare Only



*PMPM RATE

Dual Eligible	\$2,736
Medicaid Only	\$3,444
Nursing Facility	\$4,190



Cherokee ElderCare

*Per Member Per Month

New PACE Site Applications October

Life Senior
Services

100-150
Members

Morton Health
Center

100-150
Members

Valir Health
Services

150-200
Members



Preguntas?



Questions?

PROPOSED OHCA BOARD MEETINGS/LOCATIONS - 2014

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

January 9, 2014 • 1:00 pm
 Oklahoma Health Care Authority
 2401 NW 23rd, Suite 1-A
 Oklahoma City, Oklahoma

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

February 13, 2014 • 1:00 pm
 Oklahoma Health Care Authority
 2401 NW 23rd, Suite 1-A
 Oklahoma City, Oklahoma

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

March 27, 2014 • 1:00 pm
 Oklahoma Health Care Authority
 2401 NW 23rd, Suite 1-A
 Oklahoma City, Oklahoma

April 10, 2014 • Cancelled

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

May 8, 2014 • 1:00 pm
 Oklahoma Health Care Authority
 2401 NW 23rd, Suite 1-A
 Oklahoma City, Oklahoma

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

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

June 26, 2014 • 1:00 pm
 Oklahoma Health Care Authority
 2401 NW 23rd, Suite 1-A
 Oklahoma City, Oklahoma

July 10, 2014 • Cancelled

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

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

August 20, 2014 • Board Meeting • 4:00 pm
August Retreat 21 & 22, 2014 • 8:30 am
 Tulsa, Oklahoma

September 11, 2014 • 1:00 pm
 Oklahoma Health Care Authority
 2401 NW 23rd, Suite 1-A
 Oklahoma City, Oklahoma

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

October 9, 2014 • 1:00 pm
 Oklahoma Health Care Authority
 2401 NW 23rd, Suite 1-A
 Oklahoma City, Oklahoma

November 13, 2014 • 1:00 pm
 Oklahoma Health Care Authority
 2401 NW 23rd, Suite 1-A
 Oklahoma City, Oklahoma

December 11, 2014 • 1:00 pm
 Tulsa

*Dates in Red are Proposed Board Dates

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

OKLAHOMA HEALTH CARE AUTHORITY

SFY 2015

Budget Request Detail

Description of Priority	# FTE	State	Total
1 Annualizations			
FFP Match Rate 64.02% to 63.17%		22,099,961	-
Medicare A & B Premiums rate increase - 01/01/14		687,232	1,876,785
Anesthesiologist (\$39 CF/25% rate inc) - 6 Months Impact		1,555,938	4,249,166
Cost to cover woodwork population (34k) - 6 Months Impact		11,394,871	31,118,648
	-	35,738,002	37,244,599
2 Maintenance			
FY15 growth/utilization increases (3.8%)		39,639,935	115,177,566
Medicare A & B premiums rate increase - 01/01/2015		709,761	1,927,127
Medicare Part D (clawback) - 100% State		(271,391)	(271,391)
Physician fee schedule (Medicare RVU rebasing upto 96.75%)		2,021,629	5,520,938
Medicaid Inflationary contract increases:		-	-
Call Center (Maximus) Contract BR# 481		195,900	391,800
MMIS and E&E Project Consultants BR# 480		120,000	1,200,000
OMES Contract - Network Administration		99,085	198,170
FTE maintenance for growth in Medicaid Program (see attached list)	14.0	589,579	1,179,159
	14.0	43,104,498	125,323,368
3 One-Time Funding			
FY-13 Onetime Carryover & Replace		42,616,512	-
	-	42,616,512	-
4 Mandates			
Federal Mandate - Transition from 209B to SSI Eligibility Determination		22,404,176	61,184,340
	-	22,404,176	61,184,340
5 Provider Rate Maintenance (6 months impact)			
Inpatient Hosp DRG / Per diem		3,535,940	9,656,422
Outpatient Hosp		1,547,430	4,225,931
DSH (Incr Pymt to spend Est. Federal Share FFY15 Allotment)		6,074,217	16,588,290
SoonerCare Choice Care Management		304,679	832,058
Nursing Facilities (100% of Allowable Costs -12 months impact)		31,609,399	86,323,203
ICF/MR's (100% of Allowable Costs - 12 months impact)		1,843,619	5,034,803
Program of All Inclusive Care for the Edlerly (PACE rate increase)		698,054	1,906,340
Private Duty Nurses (20.6% inc)		1,287,657	3,516,508
Physician fee schedule (Increase to 100% of Medicare)		3,854,479	10,526,330
Other Practitioner		230,801	630,303
Home Health		129,714	354,242
Clinic Services (new FQHCs, RHCs, Family Planning and ESRD)		340,854	930,851
Ambulatory Surgery Center (ASC)		63,914	174,545
Lab & Radiology		328,758	897,816
Dental		867,505	2,369,100
Ambulance (Emergency Transportation) Increase to 100% of Medicare		1,344,935	3,672,930
Durable Medical Equipment		380,003	1,037,765
Pharmacy Dispensing Fees		337,484	921,648
	-	54,779,444	149,599,083
6 Remove insulin/immunosupp from mo rx limit		492,139	1,344,000
7 Diabetic Supplies thro RxPOS system		687,779	1,878,279
8 Restore 1 brand drug to 6 drug limit		2,240,991	6,120,000
9 New Care and Case Management System		300,000	3,000,000
10 HMP value-add		34,000	340,000
11 HIE SFY2015 - Medical Home and OHCA/Care Management		698,000	6,980,000

**OKLAHOMA HEALTH CARE AUTHORITY
SFY 2015
Budget Request Detail**

Description of Priority	# FTE	State	Total
12 HIE SFY2015 - SoonerCare Providers and HIE Usage Incentive		1,798,000	17,980,000
13 Professional fee for compounded prescriptions		467,940	1,150,000
14 IS Staffing Request- Interoperability Manager	1.0	50,555	101,109
15 Care Initiative Coordination Team	2.0	79,667	159,334
16 Dental Officer	1.0	104,643	209,287
17 Senior Medical Review Nurse - MAU	1.0	43,621	87,242
18 Research Analyst - MAU	1.0	36,046	72,092
19 Quality Improvement Coordinator	1.0	38,800	77,599
FY-2015 Budget Request Priorities	21.0	\$ 205,714,813	\$ 412,850,332

**TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 45. INSURE OKLAHOMA**

RULEMAKING ACTION:

EMERGENCY adoption

RULES:

Subchapter 11. Insure Oklahoma IP
Part 3. Insure Oklahoma IP Member Health Care Benefits
317:45-11-10. [AMENDED]
317:45-11-11. [AMENDED]
317:45-11-12. [REVOKED]
317:45-11-13. [REVOKED]
Part 5. Insure Oklahoma IP Member Eligibility
317:45-11-20. [AMENDED]
317:45-11-21. [AMENDED]
317:45-11-21.1. [REVOKED]
317:45-11-24. [AMENDED]
Subchapter 13. Insure Oklahoma Dental Services
317:45-13-1. [REVOKED]
(Reference APA WF # 13-16)

AUTHORITY:

The Oklahoma Health Care Authority Board; The Oklahoma Health Care Authority Act, Section 5003 through 5016 of Title 63 of Oklahoma Statutes; 1115 Demonstration Project No. 11-W00048/6

DATES:

Adoption:

October 10, 2013

Effective:

Immediately upon Governor's approval

Expiration:

Effective through July 14, 2014, unless superseded by another rule or disapproved by the Legislature

SUPERSEDED EMERGENCY ACTIONS:

N/A

INCORPORATIONS BY REFERENCE:

N/A

FINDING OF EMERGENCY:

The Agency finds that a compelling public interest exists and finds that an imminent peril exists to the preservation of the public health, safety, or welfare which necessitates promulgation of emergency rules and requests emergency approval of rule revisions to the Individual Plan policy. Revisions are aligned with Special Terms and Conditions of the 1115 Demonstration Waiver. These emergency rule revisions will ensure OHCA policy is in compliance with waiver guidelines.

ANALYSIS:

Insure Oklahoma (IO) rules are revised to align with the Special Terms and Conditions of the Section 1115 Demonstration Waiver. In accordance with waiver special terms and conditions, the federal government has approved a one year (calendar) extension of the IO program. Rules are revised to remove Individual Plan children (while retaining Employer Sponsored Insurance (ESI) children) and limit adult Individual Plan enrollment to persons with household income at or below 100 percent of FPL. Revisions also include changes to the Individual Plan copayment structure; copayments cannot exceed current federal maximums with the exception of emergency room (ER) visits in which case the existing copay for ER visits will remain at \$30.00.

CONTACT PERSON:

Tywanda Cox at (405)522-7153

PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING EMERGENCY RULES ARE CONSIDERED PROMULGATED UPON APPROVAL BY THE GOVERNOR AS SET FORTH IN 75 O.S., SECTION 253(D):

**SUBCHAPTER 11. INSURE OKLAHOMA IP
PART 3. INSURE OKLAHOMA IP MEMBER HEALTH CARE BENEFITS**

317:45-11-10. Insure Oklahoma IP adult benefits

(a) All IP adult benefits are subject to rules delineated in 317:30 except as specifically set out in this Section. The scope of IP adult benefits described in this Section is subject to specific non-covered services listed in 317:45-11-11.

(b) A PCP referral is required to see any other provider with the exception of the following services:

- (1) behavioral health services;
- (2) prenatal and obstetrical supplies and services, meaning prenatal care, delivery and 60 days of postpartum care;
- (3) family planning supplies and services, meaning an office visit for a comprehensive family planning evaluation, including obtaining a Pap smear;
- (4) women's routine and preventive health care services;
- (5) emergency medical condition as defined in 317:30-3-1; and
- (6) services delivered to American Indians at Indian Health Service, tribal, or urban Indian clinics.

(c) IP covered adult benefits for in-network services, and limits, and applicable co-payments are listed in this subsection. In addition to the benefit-specific limits, there is a maximum lifetime benefit of \$1,000,000. Dependent children coverage is found at 317:45-11-12. Children are not held to the maximum lifetime benefit. Member cost sharing related to premium and co-payments cannot exceed federal maximums with the exception of

emergency room visits, in which case the State establishes the maximum for member cost share. Native American adults providing documentation of ethnicity who receive items and services furnished by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization or through referral under contract health services are exempt from co-payments. Coverage for IP services includes:

- (1) Anesthesia / Anesthesiologist Standby. Covered in accordance with 317:30-5-7. Eligible services are covered for covered illness or surgery including services provided by a Certified Registered Nurse Anesthetist (CRNA) or Anesthesiologist Assistant (AA).
- (2) Blood and Blood Products. Processing, storage, and administration of blood and blood products in inpatient and outpatient settings.
- (3) Chelation Therapy. Covered for heavy metal poisoning only.
- (4) Diagnostic X-ray, including Ultrasound. Covered in accordance with 317:30-5-22(b)(2). PCP referral is required. ~~Standard radiology (X ray or Ultrasound): \$0 co pay. Specialized scanning and imaging (MRI, MRA, PET, or CAT Scan); \$25 co pay per scan.~~
- (5) Emergency Room Treatment, services and supplies for treatment in an emergency. Contracted provider services are subject to a \$30 co-pay per occurrence. The emergency room co-pay will be waived if the member is admitted to the hospital or death occurs before admission.
- (6) Inpatient Hospital Benefits. Covered in accordance with 317:30-5-41, 317:30-5-47 and 317:30-5-95; ~~\$50 co pay per admission.~~
- (7) Preventive Office Visit. For services of evaluation and medical management (wellness exam); one visit per year ~~with a \$10 co pay.~~ This visit counts as an office visit.
- (8) Office Visits/Specialist Visits. Covered in accordance with 317:30-5-9, 317:30-5-10, and 317:30-5-11. For services of evaluation and medical management; up to four visits are covered per month; PCP referral required for specialist visits; ~~\$10 co pay per visit.~~
- (9) Outpatient Hospital/Facility Services.
 - (A) Includes hospital surgery services in an approved outpatient facility including outpatient services and diagnostic services. Prior authorization required for certain procedures; ~~\$25 co pay per visit.~~
 - (B) Therapeutic radiology or chemotherapy on an outpatient basis without limitation to the number of treatments per month for persons with proven malignancies or opportunistic infections; ~~\$10 co pay per visit.~~
 - (C) Physical, Occupational and Speech Therapy services. Coverage is limited to one evaluation/re-evaluation visit (unit) per discipline per calendar year and 15 visits (units)

per discipline per date of service per calendar year; ~~\$10 co-pay per visit.~~

(10) Maternity (Obstetric). Covered in accordance with 317:30-5-22. ~~Nursery care paid separately under eligible child; \$50 inpatient hospital co pay.~~

(11) Laboratory/Pathology. Covered in accordance with 317:30-5-20; ~~\$0 co pay.~~

(12) Mammogram (Radiological or Digital). Covered in accordance with 317:30-5-901; ~~\$0 co pay.~~

(13) Immunizations. Covered in accordance with 317:30-5-2.

(14) Assistant Surgeon. Covered in accordance with 317:30-5-8.

(15) Dialysis, Kidney dialysis, and services and supplies, either at home or in a facility; ~~\$0 co pay.~~

(16) Oral Surgery. Services are limited to the removal of tumors or cysts; ~~Inpatient Hospital \$50 or Outpatient Hospital/Facility; \$25 co pay applies.~~

(17) Behavioral Health (Mental Health and Substance Abuse) Treatment (Inpatient). Covered in accordance with 317:30-5-95.1; ~~\$50 co pay per admission.~~

(18) Behavioral Health (Mental Health and Substance Abuse) Treatment (Outpatient). Outpatient benefits are limited to 48 visits per calendar year. Additional visits may be approved as medically necessary.

(A) Agency services. Covered in accordance with 317:30-5-241 and 317:30-5-596; ~~\$10 co pay per visit.~~

(B) Individual provider services. Licensed Behavioral Health Professionals (LBHPs) are defined as follows for the purpose of Outpatient Behavioral Health Services and Outpatient Substance Abuse Treatment:

(i) Allopathic or Osteopathic Physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry practicing as described in 317:30-5-2.

(ii) Practitioners with a license to practice in the state in which services are provided or those actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the licensing boards listed in (I) through (VI) below. The exemptions from licensure under 59 Okla. Stat. § 1353(4) and (5), 59 § 1903(C) and (D), 59 § 1925.3(B) and (C), and 59 § 1932(C) and (D) do not apply to Outpatient Behavioral Health Services.

(I) Psychology,

(II) Social Work (clinical specialty only),

(III) Professional Counselor,

(IV) Marriage and Family Therapist,

- (V) Behavioral Practitioner, or
- (VI) Alcohol and Drug Counselor.
- (iii) Advanced Practice Nurse (certified in a psychiatric mental health specialty), licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided.
- (iv) A Physician's Assistant who is licensed in good standing in this state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.
- (v) LBHPs must have a valid Insure Oklahoma contract in order to bill for services rendered.
- (vi) LBHP services require prior authorization and are limited to 8 therapy services per month per member and 8 testing units per year per member; ~~\$10 co-pay per visit.~~
- (19) Durable Medical Equipment and Supplies. Covered in accordance with 317:30-5-210 through 317:30-5-218. A PCP referral and prior authorization is required for certain items. DME/Supplies are covered up to a \$15,000 annual maximum; exceptions from the annual DME limit are diabetic supplies, oxygen, home dialysis, and parenteral therapy; ~~\$5 co-pay for durable/non-durable supplies and \$25 co-pay for durable medical equipment.~~
- (20) Diabetic Supplies. Covered in accordance with 317:30-5-211.15; not subject to \$15,000 annual DME limit; ~~\$5 co-pay per prescription.~~
- (21) Oxygen. Covered in accordance with 317:30-5-211.11 through 317:30-5-211.12; not subject to \$15,000 annual DME limit; ~~\$5 co-pay per month.~~
- (22) Pharmacy. Covered in accordance with 317:30-5-72.1 and 317:30-5-72. Prenatal vitamins and smoking cessation products do not count against monthly prescription limits; ~~\$5/\$10 co-pay per prescription.~~
- (23) Smoking Cessation Products. Products do not count against monthly prescription limits. Covered in accordance with 317:30-5-72.1; ~~\$5/\$10 co-pay per product.~~
- (24) Nutrition Services. Covered in accordance with 317:30-5-1076; ~~\$10 co-pay per visit.~~
- (25) External Breast Prosthesis, Bras and Prosthetic Garments. Covered in accordance with 317:30-5-211.13; ~~\$25 co-pay per prosthesis.~~
- (26) Surgery. Covered in accordance with 317:30-5-8; ~~\$50 co-pay per inpatient admission and \$25 co-pay per outpatient visit.~~
- (27) Home Dialysis. Covered in accordance with 317:30-5-211.13; not subject to \$15,000 annual DME limit; ~~\$0 co-pay.~~
- (28) Parenteral Therapy. Covered in accordance with 317:30-5-211.14; not subject to \$15,000 annual DME limit; ~~\$25 co-pay per month.~~
- (29) Family Planning Services and Supplies, including

Sterilizations. Covered in accordance with 317:30-3-57; ~~\$0 co-pay.~~

(30) Home Health and Medications, Intravenous (IV) Therapy and Supplies. Covered in accordance with 317:30-5-211.15 and 317:30-5-42.16(b)(3).

(31) Fundus photography.

(32) Perinatal dental care for pregnant women. Covered in accordance with 317:30-5-696; ~~\$0 co-pay.~~

317:45-11-11. Insure Oklahoma IP adult non-covered services

Certain health care services are not covered in the Insure Oklahoma IP adult benefit package listed in 317:45-11-10. These services include, but are not limited to:

- (1) services not considered medically necessary;
- (2) any medical service when the member refuses to authorize release of information needed to make a medical decision;
- (3) organ and tissue transplant services;
- (4) weight loss intervention and treatment including, but not limited to, bariatric surgical procedures or any other weight loss surgery or procedure, drugs used primarily for the treatment of weight loss including appetite suppressants and supplements, and/or nutritional services prescribed only for the treatment of weight loss;
- (5) procedures, services and supplies related to sex transformation;
- (6) supportive devices for the feet (orthotics) except for the diagnosis of diabetes;
- (7) cosmetic surgery, except as medically necessary and as covered in 317:30-3-59(19);
- (8) over-the-counter drugs, medicines and supplies except contraceptive devices and products, and diabetic supplies;
- (9) experimental procedures, drugs or treatments;
- (10) dental services (preventive, basic, major, orthodontia, extractions or services related to dental accident) except for pregnant women and as covered in 317:30-5-696;
- (11) vision care and services (including glasses), except services treating diseases or injuries to the eye;
- (12) physical medicine including chiropractic and acupuncture therapy;
- (13) hearing services;
- (14) transportation [emergency or non-emergency (air or ground)];
- ~~(15) rehabilitation (inpatient);~~
- ~~(16) cardiac rehabilitation;~~
- ~~(17)(15) allergy testing and treatment;~~
- ~~(18) home health care with the exception of medications,~~

~~intravenous (IV) therapy, supplies;~~
~~(19)(16) hospice regardless of location;~~
~~(20)(17) Temporomandibular Joint Dysfunction (TMD) (TMJ);~~
~~(21)(18) genetic counseling;~~
~~(22)(19) fertility evaluation/treatment/and services;~~
~~(23)(20) sterilization reversal;~~
~~(24)(21) Christian Science Nurse;~~
~~(25)(22) Christian Science Practitioner;~~
~~(26)(23) skilled nursing facility;~~
~~(27)(24) long-term care;~~
~~(28)(25) stand by services;~~
~~(29)(26) thermograms;~~
~~(30)(27) abortions (for exceptions, refer to 317:30-5-6);~~
~~(31)(28) services of a Lactation Consultant;~~
~~(32)(29) services of a Maternal and Infant Health Licensed Clinical Social Worker;~~
~~(33)(30) enhanced services for medically high risk pregnancies as found in 317:30-5-22.1;~~
~~(34)(31) ultraviolet treatment-actinotherapy; and~~
~~(35)(32) private duty nursing.~~

317:45-11-12. Insure Oklahoma IP children benefits [REVOKED]

~~(a) IP covered child benefits for in network services, limits, and applicable co-payments are listed in this Subsection. All IP benefits are subject to rules delineated in 317:30 except as specifically set out in this Section. All services provided must be medically necessary as defined in 317:30-3-1 (f). The scope of IP child benefits described in this Section is subject to specific non covered services listed in 317:45-11-13. Dependent children are not held to the maximum lifetime benefit of \$1,000,000. Native American children providing documentation of ethnicity are exempt from co-payments.~~

~~Coverage includes:~~

- ~~(1) Ambulance services. Covered as medically necessary; \$50 co-pay per occurrence; waived if admitted.~~
- ~~(2) Blood and blood products. Processing, storage, and administration of blood and blood products in inpatient and outpatient settings.~~
- ~~(3) Chelation therapy. Covered for heavy metal poisoning only.~~
- ~~(4) Chemotherapy and radiation therapy. Covered as medically necessary; \$10 co-pay per visit.~~
- ~~(5) Clinic services including renal dialysis services. Covered as medically necessary; \$0 co-pay for dialysis services; \$10 co-pay per office visit.~~
- ~~(6) Diabetic supplies. One glucometer, one spring-loaded lancet device, two replacement batteries per year—100 glucose strips~~

~~and lancets per month; not included in DME \$15,000 max/year; \$5 co pay per billable service. Additional supplies require prior authorization.~~

~~(7) Diagnostic X-ray services. Covered as medically necessary; \$25 co pay per scan for MRI, MRA, PET, CAT scans only.~~

~~(8) Dialysis. Covered as medically necessary.~~

~~(9) Durable medical equipment and supplies. Covered as medically necessary with \$15,000 annual maximum; \$5 co pay per item for durable/non durable supplies; \$25 co pay per item for DME.~~

~~(10) Emergency department services. Covered as medically necessary; \$30 co pay per occurrence; waived if admitted.~~

~~(11) Family planning services and supplies. Birth control information and supplies; pap smears; pregnancy tests.~~

~~(12) Home health services. Home health visits limited to 36 visits per year, prior authorization required, includes medications IV therapy and supplies; \$10 co pay per visit, appropriate pharmacy and DME co pays will apply.~~

~~(13) Hospice services. Covered as medically necessary, prior authorization required; \$10 co pay per visit.~~

~~(14) Immunizations. Covered as recommended by ACIP; \$0 co pay.~~

~~(15) Inpatient hospital services (acute care only). Covered as medically necessary; \$50 co pay per admission.~~

~~(16) Laboratory services. Covered as medically necessary.~~

~~(17) Psychological testing. Psychological, neurological and development testing; outpatient benefits per calendar year, prior authorization required issued in four unit increments not to exceed eight units/hours per testing set; \$0 co pay.~~

~~(18) Mental health/substance abuse treatment-outpatient. All outpatient benefits require prior authorization. Outpatient benefits limited to 48 visits per calendar year. Additional units as medically necessary; \$10 co pay per outpatient visit.~~

~~(19) Mental health/substance abuse treatment-inpatient. Acute, detox, partial, and residential treatment center (RTC) with 30 day max per year, 2 days of partial or RTC treatment equals 1 day accruing to maximum. Additional units as medically necessary; \$50 co pay per admission. Requires prior authorization.~~

~~(20) Nurse midwife services. Covered as medically necessary for pregnancy related services only; \$0 co pay.~~

~~(21) Nutrition services. Covered as medically necessary; \$10 co pay.~~

~~(22) Nutritional support. Covered as medically necessary; not included in DME \$15,000 max/year. Parenteral nutrition covered only when medically necessary; \$25 co pay.~~

~~(23) Other medically necessary services. Covered as medically necessary.~~

~~(24) Oral surgery. Covered as medically necessary and includes the removal of tumors and cysts; \$25 co pay for outpatient; \$50 co pay for inpatient hospital.~~

~~(25) Outpatient hospital services. Covered as medically necessary and includes ambulatory surgical centers and therapeutic radiology or chemotherapy on an outpatient basis without limitation to the number of treatments per month for children with proven malignancies or opportunistic infections; \$25 co pay per visit; \$10 co pay per visit for therapeutic radiology or chemotherapy.~~

~~(26) Oxygen. Covered as medically necessary; not included in DME \$15,000 max/year; \$5 co pay per month.~~

~~(27) PCP visits. Blood lead screen covered as medically necessary. Hearing services limited to one outpatient newborn screening. Well baby/well child exams follow recommended schedule to age 19; \$0 co pay for preventive visits and well baby/well child exams; \$10 co pay for all other visits.~~

~~(28) Physical, occupational, and speech therapy. Covered as medically necessary. \$10 co pay per visit.~~

~~(29) Physician services, including preventive services. Covered as medically necessary; \$0 co pay for preventive visits; \$10 co pay for all other visits.~~

~~(30) Prenatal, delivery and postpartum services. Covered as medically necessary; \$0 co pay for office visits; \$50 co pay for delivery.~~

~~(31) Prescription drugs and insulin. Limited to six per month; generic preferred. Prenatal vitamins and smoking cessation products do not count toward the six prescription limit; \$5-\$10 co pay.~~

~~(32) Smoking cessation products. Limited coverage; 90 day supply; products do not count against prescription drug limit; \$5-\$10 co pay.~~

~~(33) Specialty clinic services. Covered as medically necessary; \$10 co pay.~~

~~(34) Surgery. Covered as medically necessary; \$25 co pay for outpatient facility; \$50 co pay for inpatient hospital.~~

~~(35) Tuberculosis services. Covered as medically necessary; \$10 co pay per visit.~~

~~(36) Ultraviolet treatment actinotherapy. Covered as medically necessary; prior authorization required after one visit per 365 sequential days; \$5 co pay.~~

~~(b) A PCP referral is required to see any other provider with the exception of the following services:~~

~~(1) behavioral health services;~~

~~(2) prenatal and obstetrical supplies and services, meaning prenatal care, delivery and 60 days of postpartum care;~~

- ~~(3) family planning supplies and services, meaning an office visit for a comprehensive family planning evaluation, including obtaining a Pap smear;~~
- ~~(4) women's routine and preventive health care services;~~
- ~~(5) emergency medical condition as defined in 317:30-3-1; and~~
- ~~(6) services delivered to American Indians at Indian Health Service, tribal, or urban Indian clinics.~~

**317:45-11-13. Insure Oklahoma IP children non-covered services
[REVOKED]**

~~Certain health care services are not covered in the Insure Oklahoma IP benefit package for children listed in 317:45-11-12. These services include, but are not limited to:~~

- ~~(1) services not considered medically necessary;~~
- ~~(2) any medical service when the member refuses to authorize release of information needed to make a medical decision;~~
- ~~(3) organ and tissue transplant services;~~
- ~~(4) weight loss intervention and treatment including, but not limited to, bariatric surgical procedures or any other weight loss surgery or procedure, drugs used primarily for the treatment of weight loss including appetite suppressants and supplements, and/or nutritional services prescribed only for the treatment of weight loss;~~
- ~~(5) procedures, services and supplies related to sex transformation;~~
- ~~(6) supportive devices for the feet (orthotics) except for the diagnosis of diabetes;~~
- ~~(7) cosmetic surgery, except as medically necessary and as covered in 317:30-3-59(19);~~
- ~~(8) over-the-counter drugs, medicines and supplies except contraceptive devices and products, and diabetic supplies;~~
- ~~(9) experimental procedures, drugs or treatments;~~
- ~~(10) transportation [non-emergency (air or ground)];~~
- ~~(11) rehabilitation (inpatient);~~
- ~~(12) cardiac rehabilitation;~~
- ~~(13) allergy testing and treatment;~~
- ~~(14) Temporomandibular Joint Dysfunction (TMD) (TMJ);~~
- ~~(15) genetic counseling;~~
- ~~(16) fertility evaluation/treatment/and services;~~
- ~~(17) sterilization reversal;~~
- ~~(18) Christian Science Nurse;~~
- ~~(19) Christian Science Practitioner;~~
- ~~(20) skilled nursing facility;~~
- ~~(21) long-term care;~~
- ~~(22) stand by services;~~
- ~~(23) thermograms;~~

- ~~(24) abortions (for exceptions, refer to 317:30-5-6);~~
- ~~(25) donor transplant expenses;~~
- ~~(26) tubal ligations and vasectomies; and~~
- ~~(27) private duty nursing.~~

PART 5. INSURE OKLAHOMA IP MEMBER ELIGIBILITY

317:45-11-20. Insure Oklahoma IP eligibility requirements

- (a) Working adults not eligible to participate in an employer's qualified health plan, employees of non-participating employers, self-employed, unemployed seeking work, workers with a disability, and qualified college students may apply for the Individual Plan. Applicants cannot obtain IP coverage if they are eligible for ESI. Applicants, unless a qualified college student, must be engaged in employment as defined under state law, must be considered self-employed as defined under federal and/or state law, or must be considered unemployed as defined under state law.
- (b) The eligibility determination will be processed within 30 days from the date the complete application is received. The applicant will be notified in writing of the eligibility decision.
- (c) In order to be eligible for the IP, the applicant must:
- (1) choose a valid PCP according to the guidelines listed in 317:45-11-22, at the time they make application;
 - (2) be a US citizen or alien as described in 317:35-5-25;
 - (3) be an Oklahoma resident;
 - (4) provide social security numbers for all household members;
 - (5) be not currently enrolled in, or have an open application for SoonerCare or Medicare;
 - (6) be age 19 through 64 or an emancipated minor;
 - (7) make premium payments by the due date on the invoice;
 - (8) not have full-time employment with any employer who does not meet the eligible employer guidelines listed in 317:45-7-1(a) (1)-(2);
 - (9) be not currently covered by a private health insurance policy or plan; and
 - (10) provide in a timely manner any and all documentation that is requested by the Insure Oklahoma program by the specified due date.
- (d) If employed and working for an approved Insure Oklahoma employer who offers a qualified health plan, the applicant must meet the requirements in subsection (c) of this Section and:
- (1) have annual gross household income at or below ~~250~~100 percent of the Federal Poverty Level. ~~The increase from 200 to 250 percent of the FPL will be phased in over a period of time as determined by the Oklahoma Health Care Authority.~~
 - (2) be ineligible for participation in their employer's

qualified health plan due to number of hours worked.

(3) have received notification from Insure Oklahoma indicating their employer has applied for Insure Oklahoma and has been approved.

(e) If employed and working for an employer who does not offer a qualified health plan, the applicant must meet the requirements in subsection (c) of this Section and have an annual gross household income at or below ~~250~~100 percent of the Federal Poverty Level. ~~The increase from 200 to 250 percent of the FPL will be phased in over a period of time as determined by the Oklahoma Health Care Authority.~~ The standard deduction for work related expenses such as income tax payments, Social Security taxes, and transportation to and from work, is \$240 per each full-time or part-time employed member.

(f) If self-employed, the applicant must meet the requirements in subsection (c) of this Section and:

(1) must have an annual gross household income at or below ~~250~~100 percent of the Federal Poverty Level. ~~The increase from 200 to 250 percent of the FPL will be phased in over a period of time as determined by the Oklahoma Health Care Authority.~~ No standard deduction for work related expenses such as income tax payments, Social Security taxes, and transportation to and from work may be made for self-employed individuals. Allowable Deductions for work related expenses for self-employed individuals, with the exception of the standard deduction, are found at 317:35-10-26(b)(1);

(2) verify self-employment and income by providing the most recent federal tax return with all supporting schedules and copies of all 1099 forms; and

(3) must not have full-time employment with any employer who does not meet the eligible employer guidelines listed in 317:45-7-1(a)(1)-(2).

(g) If unemployed seeking work, the applicant must meet the requirements in subsection(c) of this Section and the following:

(1) Applicant must have an annual gross household income at or below ~~250~~100 percent of the Federal Poverty Level. ~~The increase from 200 to 250 percent of the FPL will be phased in over a period of time as determined by the Oklahoma Health Care Authority.~~ In determining income, payments of regular unemployment compensation in the amount of \$25 per week ending June 30, 2010 and any amount of emergency unemployment compensation paid through May 31, 2010, will not be counted, as authorized under the American Recovery and Reinvestment Tax Act of 2009.

(2) Applicant must verify eligibility by providing a most recent copy of their monetary OESC determination letter and a most

recent copy of at least one of the following:

- (A) OESC eligibility letter,
- (B) OESC weekly unemployment payment statement, or
- (C) bank statement showing state treasurer deposit.

(h) If working with a disability, the applicant must meet the requirements in subsection (c) of this Section and:

(1) Applicant must have an annual gross household income at or below ~~250~~100 percent of the Federal Poverty Level based on a family size of one. ~~The increase from 200 to 250 percent of the FPL will be phased in over a period of time as determined by the Oklahoma Health Care Authority.~~

(2) Applicant must verify eligibility by providing a copy of their:

- (A) ticket to work, or
- (B) ticket to work offer letter.

(i) IP approved individuals must notify the OHCA of any changes, including household status and income, that might impact individual and/or dependent eligibility in the program within 30 calendar days of the change.

317:45-11-21. Dependent eligibility

(a) If the spouse of an Insure Oklahoma IP approved individual is eligible for Insure Oklahoma ESI, they must apply for Insure Oklahoma ESI. Spouses cannot obtain Insure Oklahoma IP coverage if they are eligible for Insure Oklahoma ESI.

(b) The employed or self-employed spouse of an approved applicant must meet the guidelines listed in 317:45-11-20 (a) through (g) to be eligible for Insure Oklahoma IP.

(c) The dependent of an applicant approved according to the guidelines listed in 317:45-11-20(h) does not become automatically eligible for Insure Oklahoma IP.

(d) The applicant and the dependents' eligibility are tied together. If the applicant no longer meets the requirements for Insure Oklahoma IP, then the associated dependent enrolled under that applicant is also ineligible.

(e) Dependent college students must enroll under their parents and all annual gross household income (including parent income) must be included in determining eligibility. Independent college students may apply on their own without parent income included in the household. College student status as dependent or independent is determined by the student's current Free Application for Federal Student Aid (FAFSA). College students must also provide a copy of their current student schedule to prove full-time student status.

~~(f) Dependent children in families whose annual gross household income is from 185 up to and including 300 percent of the Federal~~

~~Poverty Level may be eligible. The inclusion of children into the Insure Oklahoma program will be phased in over a period of time as determined by the OHCA. No other deductions or disregards apply.~~

~~(1) Children found to be eligible for SoonerCare may not receive coverage through Insure Oklahoma.~~

~~(2) Children are not eligible for Insure Oklahoma if they are a member of a family eligible for employer-sponsored dependent health insurance coverage under any Oklahoma State Employee Health Insurance Plan.~~

~~(3) Children who already have coverage through another source must undergo, or be excepted from, a six month uninsured waiting period prior to becoming eligible for Insure Oklahoma. Exceptions to the waiting period may include:~~

~~(A) the cost of covering the family under the ESI plan meets or exceeds 10 percent of the annual gross household income. The cost of coverage includes premiums, deductibles, co-insurance, and co-payments;~~

~~(B) loss of employment by a parent which made coverage available;~~

~~(C) affordable ESI is not available; "affordable" coverage is defined by the OHCA annually using actuarially sound rates established by the Oklahoma State and Education Employee Group Insurance Board (OSEEGIB); or~~

~~(D) loss of medical benefits under SoonerCare.~~

~~(g) IP approved individuals must notify the OHCA of any changes, including household status and income, that might impact individual and/or dependent eligibility in the program within 30 calendar days of the change.~~

317:45-11-21.1. Certification of newborn child deemed eligible [REVOKED]

~~(a) A newborn child is deemed eligible on the date of birth for SoonerCare benefits when the child is born to a member of Insure Oklahoma IP and the annual gross household income does not exceed SoonerCare requirements. The newborn child is deemed eligible through the last day of the month the child attains the age of one year.~~

~~(b) The newborn child's eligibility is not dependent on the mother's continued eligibility in Insure Oklahoma IP. The child's eligibility is based on the original eligibility determination of the mother for Insure Oklahoma IP and consideration is not given to any income or resource changes that occur during the deemed eligibility period.~~

~~(c) The newborn child's certification period is shortened only in the event the child:~~

~~(1) loses Oklahoma residence; or~~

~~(2) expires.~~

~~(d) No other conditions of eligibility are applicable, including social security number enumeration and citizenship and identity verification. However, it is recommended that social security number enumeration be completed as soon as possible after the child's birth.~~

317:45-11-24. Member cost sharing

(a) Members are given monthly invoices for health plan premiums. The premiums are due, and must be paid in full, no later than the 15th day of the month prior to the month of IP coverage.

(1) Members are responsible for their monthly premiums, in an amount not to exceed four percent of their monthly gross household income.

(2) Working disabled individuals are responsible for their monthly premiums in an amount not to exceed four percent of their monthly gross household income, based on a family size of one and capped at ~~250~~100 percent of the Federal Poverty Level. ~~The increase from 200 to 250 percent of the FPL will be phased in over a period of time as determined by the Oklahoma Health Care Authority.~~

(3) Native Americans providing documentation of ethnicity are exempt from premium payments.

(b) IP coverage is not provided until the premium and any other amounts due are paid in full. Other amounts due may include but are not limited to any fees, charges, or other costs incurred as a result of Insufficient/Non-sufficient funds.

SUBCHAPTER 13. INSURE OKLAHOMA DENTAL SERVICES

317:45-13-1. Dental services requirements and benefits [REVOKED]

~~The Oklahoma Health Care Authority (OHCA) provides dental services to children who qualify for the Insure Oklahoma Individual Plan (IP). Dental coverage is obtained through direct purchase from the OHCA. The existing cost sharing requirements for IP qualified children apply. Native Americans children providing documentation of their ethnicity are exempt from dental co-pay requirements. Children obtaining medical coverage through IP receive Dental IP coverage. The OHCA contracts with Dental IP providers utilizing the SoonerCare network. The Dental IP providers are reimbursed pursuant to the SoonerCare fee schedule for rendered services.~~

~~(1) The Dental IP program is covered as medically necessary and includes coverage for Class A, B, C, and orthodontia services. All coverage is provided as necessary to prevent disease, promote and restore oral health, and treat emergency conditions. Dental services follow the American Academy of Pediatric~~

~~Dentistry (AAPD) periodicity schedule. Prior authorization is required for certain services.~~

~~(2) Class A services are covered as medically necessary and include preventive, diagnostic care such as cleanings, check-ups, X rays, and fluoride treatments, no co pay is required.~~

~~(3) Class B services are covered as medically necessary and include basic, restorative, endodontic, periodontic, oral and maxillofacial surgery care such as fillings, extractions, periodontal care, and some root canal, \$10 co pay is required.~~

~~(4) Class C services are covered as medically necessary and include major, prosthodontics care such as crowns, bridges and dentures, \$25 co pay is required.~~

~~(5) Class D services are covered as medically necessary and include orthodontic care. Orthodontic care is not covered for cosmetic purposes or any purposes which are not medical in nature, \$25 co pay is required.~~

~~(6) Emergency dental services are covered as medically necessary, no co pay is required.~~

**TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 2. GRIEVANCE PROCEDURES AND PROCESS**

317:2-1-6.1. Provisions and Scope of Civil Rights Complaint Process

(a) The Oklahoma Health Care Authority (OHCA) does not discriminate based on race, color, sex, age, disability, religion, national origin, or political opinion or affiliation. The OHCA Administrator, designated the Civil Rights Officer, will handle all complaints of discrimination covered under Titles VI and VII of the Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, as amended. The OHCA prohibits any discriminatory acts in regard to employment opportunities.

(b) Any OHCA employment applicant or employee who believes to have been subjected to discrimination or harassment based on race, color, sex, age, disability, religion, national origin, or political opinion or affiliation may file a complaint with the Civil Rights Officer.

(c) Filing a complaint with OHCA's Civil Rights Officer does not constitute filing an appeal and/or complaint with any of the following agencies:

- (1) Oklahoma Human Rights Commission;
- (2) Federal Equal Employment Opportunity Commission; or
- (3) Oklahoma Merit Protection Commission.

(d) Retaliation is unlawful and will not be tolerated at the OHCA. Employees will not be disciplined and/or otherwise prejudiced in their employment for exercising their rights under the OHCA Civil Rights Office.

(e) An OHCA Civil Rights Violation Complaint Process includes the following three steps:

(1) Informal discussion

(A) The purpose of an informal discussion is to provide the employee an opportunity to meet with the Civil Rights Officer to discuss an alleged act of discrimination.

(B) The Civil Rights Officer will document the information provided by the employee and consult with OHCA's legal counsel and Human Resources (HR) Director.

(C) OHCA's legal counsel, Civil Rights Officer, and HR Director will decide if the complaint is civil rights related or human resources related.

(2) The Civil Rights Officer will contact/hire an external investigator to conduct a formal investigation.

(3) Decision/Conclusion

(A) The external investigator will submit findings and recommendations in regard to the violation complaint to the Civil Rights Officer, legal counsel, and HR Director.

(B) The HR Director will contact all parties involved to report the findings.

(C) The HR Director, legal counsel, and Civil Rights Officer

will decide what disciplinary actions, if any, are needed.

Recommendation 1: Prior Authorize Tysabri® (Natalizumab)

The Drug Utilization Review Board recommends medical and pharmacy prior authorization of Tysabri® (natalizumab) with the following criteria:

1. FDA approved diagnosis of multiple sclerosis or Crohn's disease; and
2. Treatment with at least two different first line therapeutic categories for multiple sclerosis or Crohn's disease that have failed to yield an adequate clinical response, or a patient specific, clinically significant reason why the member cannot use all available first and second line alternatives; and
3. Prescriber, infusion center, and member must enroll in the TOUCH Prescribing Program.

Recommendation 2: Prior Authorize Diclegis® (Doxylamine/Pyridoxine)

The Drug Utilization Review Board recommends prior authorization of Diclegis® (doxylamine/pyridoxine) with the following criteria:

1. Nausea and vomiting associated with pregnancy; and
2. Trials with at least two non-pharmacologic therapies that have failed to relieve nausea and vomiting; and
3. Trials with at least three prescription medications that have failed to relieve nausea and vomiting (must include a trial of ondansetron); and
4. A patient-specific, clinically significant reason why member cannot use OTC doxylamine and OTC Vitamin B-6 (pyridoxine).

**OKLAHOMA HEALTHCARE AUTHORITY
CEO EVALUATION**

1. VISION, MISSION AND STRATEGY		
a.	The chief executive has worked with the board to develop a clear vision for the organization and understands his or her own leadership role?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
b.	The chief executive, working with the board, translates the organization's mission into realistic goals and objectives?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
c.	With input from the board and staff, the chief executive has created an effective process for long-range or strategic planning for the organization?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
d.	The chief executive has a sense of what must change and what must remain the same in order to accomplish the organization's mission and realize its vision?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
Comments:		

- 0 – Improvement needed
- 1 – Satisfactory
- 2 – Good
- 3 – Excellent

**OKLAHOMA HEALTHCARE AUTHORITY
CEO EVALUATION**

3. ADMINISTRATION, HUMAN RESOURCES AND PROGRAM MANAGEMENT		
a.	The chief executive demonstrates substantive knowledge regarding the organization's programs and services?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
b.	The chief executive works with the board to develop appropriate policies to ensure the efficiency and effectiveness of programs?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
c.	The chief executive ensures that staff manage these programs effectively?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
d.	The chief executive, through effective oversight and staffing, sets high standards of quality for the organization's programs?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
e.	The chief executive recommends new programs and the modification or discontinuance of current programs, as appropriate, to the board?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
f.	Recruits and retains a diverse staff (as the organization has identified diversity)?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
g.	Maintains appropriate balance between programs and administration?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
h.	Ensures compliance with relevant workplace and employment laws?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
i.	Sees that employees are licensed and credentialed as required and that appropriate background checks are conducted?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
j.	Leads staff in maintaining a climate of excellence, accountability, and respect?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
Comments:		

- 0 – Improvement needed
- 1 – Satisfactory
- 2 – Good
- 3 – Excellent

**OKLAHOMA HEALTHCARE AUTHORITY
CEO EVALUATION**

4. FINANCIAL SUSTAINABILITY AND MISSION IMPACT		
a.	The chief executive is knowledgeable regarding financial planning, budgeting, and understands the place of each in the organization's overall financial picture?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
b.	The chief executive has established a system linking strategic and operational planning with the organization's budgeting process?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
c.	The chief executive presents financial reports to the board on a regular basis and submits an annual budget for board review, revision, and approval?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
d.	The chief executive ensures that a clear and accurate accounting system is maintained, allowing the board to monitor the organization's finances and operations in relationship to the approved budget and to make informed financial decisions?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
Comments:		

- 0 – Improvement needed
- 1 – Satisfactory
- 2 – Good
- 3 – Excellent

**OKLAHOMA HEALTHCARE AUTHORITY
CEO EVALUATION**

5. BOARD OF DIRECTORS		
a.	With the board chair, appropriately involves/does not involve board members in decisions?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
b.	Provides appropriate leadership to the board?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
c.	Sees that board members are kept fully informed in a timely way on the condition of the organization and important factors influencing it?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
d.	Sees that board committees are appropriately supported?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
e.	Works with the board officers to ensure that the board's is effective as a body and that recruitment, involvement and departures of individual board members are effective?	3 <input type="checkbox"/> excellent 2 <input type="checkbox"/> good 1 <input type="checkbox"/> satisfactory 0 <input type="checkbox"/> improvement needed
f.	Comments:	

- 0 – Improvement needed
- 1 – Satisfactory
- 2 – Good
- 3 – Excellent

**OKLAHOMA HEALTHCARE AUTHORITY
CEO EVALUATION**

6. Are there additional comments you would like to make that are not within the above categories?

7. CHIEF EXECUTIVE OFFICER ADDITIONAL CRITERIA

- A) Did the CEO achieve a PERM (Payment Error Rate Measurement) rate of 3% or lower for the year between July 1, 2013 and June 30, 2014?**
- B) Did the CEO achieve an administrative cost rate of 3% or less for the year between July 1, 2013 and June 30, 2014?**
- C) Did the CEO make sufficient progress for government modernization efforts by July, 2014?**
- D) Did the CEO achieve a per member cost increase of 3% or less between July 1, 2013 to June 30, 2014?**

**OKLAHOMA HEALTHCARE AUTHORITY
CEO EVALUATION**

Executive Staff Participation

Please help the Board conduct its review of the Chief Executive Officer's performance over the last year by sharing your thoughts. Your comments will be shared with the members of the Board of Directors, but your name will not be identified with specific comments. Please submit this to _____ via _____ by _____ (date).

1. Overall organizational performance

2. Community leadership

3. Administration and HR

4. Financial sustainability and mission impact