



From The Desk of OHCA Chief Executive Officer Nico Gomez: Based on the agreement reached by state leadership, the [Oklahoma Health Care Authority](#) (OHCA) will effectively be receiving an appropriation equal to the current fiscal year. We were appropriated \$953,701,274 for SFY 2014, and we will have the same amount for SFY 2015. Though you may see some information that OHCA's budget will be cut by 5 percent next fiscal year, we will receive a supplemental appropriation of \$48 million state dollars in SFY 2014 to offset that reduction. Therefore, we will effectively have a flat appropriation from SFY 2014 to SFY 2015. Unfortunately, [OHCA](#) needed an additional \$104 million state dollars over the current state fiscal year budget in order to maintain the program at current levels.

A flat budget requires cuts to be made due to annual growth in enrollment and associated costs. We must take action to close the gap between appropriated funds and current program expenditures to file a balanced budget on July 1. To help minimize the impact on our members and providers, I will be moving \$20 million from cash we use to pay claims over to our budget line and it should not impact your claims payment cycles. That will leave us \$84 million state dollars short of a balanced budget.

After much deliberation and consultation, I will recommend to the [OHCA Board](#) that we make administrative and targeted program cuts to balance the budget. These cuts will save almost \$28 million state dollars, leaving a remaining gap of approximately \$56 million state dollars. Out of necessity, provider rate cuts will be made to offset this gap. It means I will also be recommending to the OHCA Board a provider rate cut of approximately 7.75 percent for all provider types, with the exception of nursing facilities, emergency transportation and private duty nursing services.

I want to thank those of you who have met with me and other OHCA staff to identify and discuss options for balancing our budget as mandated for [Oklahoma's Medicaid program](#). Your input has been invaluable as we work together to make tough decisions while ensuring effective delivery of quality health care services for more than a million of our fellow Oklahomans each year. You helped prepare us to respond in a timely manner to various budget scenarios as we awaited the final appropriation from the legislature. This has allowed us to promptly initiate the public notice and consultation process, thereby spreading the necessary cuts over the maximum time frame and minimizing the depth of the cuts as much as possible. We thank you for your work over the past several months, and appreciate your continued support as we move forward.

Though this is not the scenario I had hoped for, I recognize that cuts could have been much more severe. I greatly appreciate your input in helping us to prepare and respond to the challenging fiscal situation we face. These budget recommendations will be voted on by our board at their next meeting on June 26.

If you have questions, please do not hesitate to reach out to me directly or my staff. We will answer any questions you may have. Again, thank you for your continued support, patience and dedication to our members.



This document is a comprehensive list of potential budget reductions.

Potential Budget Reductions	Estimated Total Savings	Estimated State Savings (37.27%)
Administrative Reductions		
Agency operations reduction (this does not include contracted services)	6,141,576	3,071,288
Medicaid Optional Adult Benefits		
Dental Program Reductions Elimination of Perinatal Dental Benefits plus other dental changes	8,075,106	3,009,592
Targeted Program Changes		
Durable Medical Equipment (DME) Changes	2,797,964	1,042,801
Prior Authorize Oxygen after 90 days	2,000,000	745,400
Convert Blood Glucose supplies to competitive bid national rate (33% reduction \$16 to \$10 / unit)	797,964	297,401
Exclude Members with Third Party Liability from Medical Homes	3,887,634	1,448,921
Federally Qualified Health Centers / Rural Health Centers Visit Limit limits to 4 / month for adults and 1 / day for everyone	218,331	81,372
Hospital Readmissions Reduce hospital readmissions occurring w/in 30 days (\$62.6 m spend on readmissions; assuming a 30% savings)	18,783,264	7,000,523
Implement Prior Authorization for all Sleep Studies (sfy13 totals \$4.1 m; assuming a 30% reduction w/ PA. would also impact subsequent CPAP)	1,238,194	311,475
Implement Prior Authorization for all Back & Spinal Surgeries	4,566,343	1,551,876
Physician	849,378	241,563
Hospital (sfy13 totals \$15.2 m; assuming a 30% reduction w/ PA)	3,716,965	1,310,313
Increase Cost Sharing Amounts to the Federal Limit (raising pharmacy copays to \$4 even on zero copay generics)	8,294,160	3,091,234
Limit number of pairs of glasses we pay for children to 2 pair / year (PA all glasses over 2)	347,055	129,347
Nursing Homes Eliminate payment for leave days	3,106,334	1,157,731
Pharmacy Require PA for all controlled substances (includes net of administrative cost)	7,900,000	2,944,330
Physician crossover claims Reduce payment of co-insurance from 100% to 83.75%	8,229,146	3,067,003
Total of Admin and Program Changes	73,585,107	27,907,492

Provider Payment Reductions

Changes in Appropriations	Flat	-1.25%	-2.50%	-5.00%
Across the board cuts / additional state share needed (results in total dollar impact)	55,768,480	67,689,746	79,611,012	103,453,544
with Nursing Facilities (1% cut = 7.8 m state)	149,633,700	181,619,925	213,606,150	277,578,599
without Nursing Facilities (1% cut = 6.5 m state)	6.48%	7.86%	9.25%	12.02%
	7.81%	9.48%	11.15%	14.49%

Assumes a loss of 13.7 m in tobacco tax revenue

Assumes 20 m additional in carryover

Assumes a July implementation with 1 month claim lag; an 11 month impact

Each 1% cut to Nursing Facilities results in another 2.1 m loss to them from QoC

Rules Update

O [HCA](#) would like to inform you of recent policy changes promulgated through the Administrative Procedures Act.

Rules affecting the budget went before the OHCA [Medical Advisory Committee](#) (MAC) on June 11, 2014. The MAC then forwarded its recommendations to the [OHCA Board](#), who will vote on the rules June 26. Afterward, they will then pass to the governor for approval as emergency rules for the next fiscal year. Most rules will be effective July 1.

[Proposed rules](#) include:

- Prior authorization for oxygen;
- SoonerCare Choice enrollment exclusions ;
- Limiting reimbursement for eyeglasses;
- Increasing member cost-share limits; and
- Reducing hospital readmissions occurring within 30 days.

The following four emergency rule changes are available for public comment on our website through June 25; three of them have been revised upon recommendation:

- Amended psychosocial rehabilitation (PSR) service eligibility criteria
- Elimination of perinatal dental benefits;
- Elimination of hospital leave days for nursing facilities; and
- Limiting federally qualified health centers (FQHC)/rural health clinics (RHC) adult visits (effective July 1).

The latest language for these four rules can be found on the [Proposed Rule Changes](#) section of our website. If approved by the OHCA Board, and following action by the governor, these rules would be effective on or after July 18, 2014, unless otherwise noted. Approved permanent rule changes will begin July 17.

An archive of all OHCA proposed policy changes can be accessed on our [website](#).

Prior Authorization for Hepatitis C Drugs

H B2384 (by Rep. Doug Cox and Sen. Brian Crain) allows medications used to treat infections with the hepatitis C virus (HCV) to be prior authorized by the [Medicaid DUR Board](#) of the [OHCA](#). The statute change simply removes the prohibition of prior authorizing hepatitis C drugs and takes effect July 1 pending approval.

In the recent past, the only treatment for hepatitis C was a combination of interferon (IFN) and ribavirin (RBV) which are effective against all genotypes of HCV. With the introduction of the protease inhibitors Incivek™ (telaprevir) and Victrelis™ (bocepraevir) in 2011, new treatment combinations were developed. The more recent introduction of Sovaldi™ (sofosbuvir) and Olysio™ (simeprevir) have overtaken the current treatment guidelines but at a much greater cost.

Calendar Year	Total Members	Total Claims	Total Cost	Cost per Claim
2010	310	2,292	\$3,118,343.92	\$1,360.53
2011	313	2,562	\$5,632,468.77	\$2,198.47
2012	316	2,698	\$7,827,748.74	\$2,901.32
2013	239	2,073	\$6,407,141.98	\$3,090.76
2014 (1/1 to 3/5)	134	479	\$3,799,220.83	\$7,931.57

According to USA Today, hepatitis C treatment with interferon or other drugs costs \$15,000 to \$20,000; a course of treatment with the new medications costs between \$84,000 and \$168,000. [OHCA](#) pays \$834 per day for the Olysio™ and \$1056 per day for Sovaldi™.

The criteria for prior authorization (PA) follow treatment guidelines from several sources including the Veterans Administration, the [American Association for the Study of Liver Diseases](#) (AASLD) and the [Infectious Disease Society of America](#) (IDSA). The PA would not be tier/trial-based because there are currently no generic hepatitis C drugs on the market.

The decrease in members, claims and total cost in 2013 is due to physicians waiting for the two new drugs that were released at the end of 2013 and the beginning of this year – Sovaldi™ and Olysio™. Most patients still take the RBV and IFN along with the Sovaldi™ and some patients take the Olysio™ along with the Sovaldi™.

How Are We Doing?

We work hard to keep you informed about the [OHCA/SoonerCare](#) issues that affect you. Help us to make sure you get the information you want in the ways you'd like to receive it.

Log on to www.okhca.org/CS to fill out our simple survey. In just five minutes, you can tell us how we can improve the way we communicate - What's working? What's not working? What should we try?

The survey is available July 1 – July 31, 2014. Your thoughts are important and appreciated.



Immunization Initiative Gives Oklahoma Children a Shot at a Healthier Future

Recently [OHCA](#) and the [Oklahoma State Department of Health](#) (OSDH) aligned to improve the health of children in Oklahoma. Through joint, targeted outreach, the agencies are working to help increase the number of children receiving the complete 15-shot immunization series (4:3:1:3:3:1). The project (which ultimately will be statewide) launched in Bryan County on June 1 and will run through December 31, 2014. The initiative promotes and tracks immunizations for babies and toddlers age 19 to 35 months.



According to data from the [Oklahoma State Immunization Information System](#) (OSIIS), Bryan County was ranked among 10 Oklahoma

counties with the lowest completion rates for this immunization series in 2013 - a rate of 74 percent. This is below the national [Healthy People](#) 2020 immunization target of 80 percent.

The OHCA/OSDH immunization initiative is a multifaceted approach to public health education and quality improvement. Outreach strategies focus on SoonerCare members, caretakers, and health care providers. The project addresses common barriers to immunization, ranging from scheduling conflicts for parents and fear of vaccine side effects to missed opportunities for providers (e.g., a child being sick at appointment time). Distributing educational materials, targeted provider education and other intervention strategies will be utilized over the course of this pilot project.

Don't Delay - Immunize Today!

Please remind parents and caretakers that infants and children covered by [SoonerCare](#) can receive life-saving immunizations for FREE as part of their benefit package. In addition, SoonerRide is available to help with transportation for these scheduled appointments. SoonerCare members can find more details by visiting www.okhca.org or contacting the SoonerCare Helpline at 800-987-7767.

A wealth of immunization resources for providers is available on the [OSDH website](#).

Back-To-School Immunizations

Oklahoma children will be heading back to school in August. An important part of the back-to-school process is ensuring that [SoonerCare](#) members are healthy and up-to-date on their immunizations.

Oklahoma schools require children to be up-to-date with their vaccinations. SoonerCare covers all immunizations for children (members younger than 21) through child health check-up (EPSDT) programs. In order to participate, providers must be enrolled in the [Vaccines For Children](#) (VFC) program. The chart below describes the vaccinations required for each school age group.

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Guide to Immunization Requirements in Oklahoma – 2014-15 School Year

Vaccines	Grades			
	PRE-SCHOOL/ PRE-K	KG-6th	7th - 10th	11th - 12th
DTP/DTaP (diphtheria, tetanus, pertussis)	4 DTaP	5 DTP/DTaP*	5 DTP/DTaP* & 1 Tdap‡	5 DTP/DTaP*
IPV/OPV (inactivated polio/oral polio)	3 IPV/OPV	4 IPV/OPV□	4 IPV/OPV□	4 IPV/OPV□
MMR (measles, mumps, rubella)	1 MMR	2 MMR	2 MMR	2 MMR
Hep B (hepatitis B)	3 Hep B	3 Hep B ♦	3 Hep B ♦	3 Hep B ♦
Hep A (hepatitis A)	2 Hep A	2 Hep A	2 Hep A	2 Hep A
Varicella (chickenpox)	1 Varicella	1 Varicella	1 Varicella	1 Varicella
*	If the 4th dose of DTP/DTaP is administered on or after the child's 4th birthday, then the 5th dose of DTP/DTaP is not required.			
‡	Tdap (tetanus, diphtheria, pertussis) booster			
□	If the 3rd dose of IPV/OPV is administered on or after the child's 4th birthday, then the 4th dose of IPV/OPV is not required.			
♦	If an adolescent reaches age 11 years and has not started the HepB vaccine series, he or she may receive a 2-dose series of Merck® Adult Hepatitis B vaccine instead of the 3-dose series of pediatric HepB. However, the series must be completed before the 16th birthday or the adolescent must receive a total of 3 doses of HepB vaccine. If you have any questions about this 2-dose series of HepB vaccine, talk to your healthcare provider. All other children (younger or older) must receive 3 doses of hepatitis B vaccine.			

From the Oklahoma State Department of Health

Parents may also enquire about the following additional vaccinations. Although highly encouraged by OHCA, these immunizations are not required by schools:

- Influenza Vaccine
- Pneumococcal Vaccine (PPV)
- Human Papillomavirus (HPV)
- Meningococcal vaccine (MCV)

Help Give Oklahomans More Ways to Live Independently



The Oklahoma [Living Choice Project](#) promotes community living for adults who have disabilities or long-term illnesses. The project gives Oklahomans more options for managing their health care needs and adding more balance to the state's long-term care system. The OHCA is the lead state agency in the Living Choice Project, which is funded with a grant from the [Centers for Medicare & Medicaid Services](#) (CMS) under the [Money Follows the Person Rebalancing Demonstration](#).

Living Choice is similar to the better known [ADvantage program](#) (which is a [1915c Home and Community-Based Services waiver](#)) but there are fundamental differences. Whereas ADvantage helps an at-risk population stay at home instead of going into a nursing facility, Living Choice helps individuals move out of institutional settings into their own homes in the community. However, support services and [reimbursement rates](#) for these programs are similar.

At a Glance

Living Choice	ADvantage
<p>Serves three populations statewide:</p> <ul style="list-style-type: none"> • The physically disabled (ages 19-64) • Adults 65 and older • The intellectually disabled 	<p>Serves Oklahomans:</p> <ul style="list-style-type: none"> • Who are medically fragile and age 65 or older, or • Individuals over the age of 21 who have a physical disability and/or a developmental disability without cognitive impairment
<p>To be eligible, participants <u>must</u>:</p> <ul style="list-style-type: none"> • Be at least 19 years of age • Qualify for SoonerCare (Oklahoma's Medicaid program) for at least one day prior to transition • Have lived in an institutional setting (i.e. nursing home, intermediate care facility) for at least 90 consecutive days prior to transition • Voluntarily want to transition back into the community • Be willing to play an active role in their plan of care 	<p>To be eligible, participants <u>must</u>:</p> <ul style="list-style-type: none"> • Qualify financially for SoonerCare • Be 65 years of age or be a disabled adult as determined by the Social Security Administration • Be determined to meet the Nursing Facility institutional level of care by nursing staff of Aging Services Division • Not have a diagnosis of intellectually disabled or have a cognitive impairment • Reside in their own home or family member's home • Have needs that can be safely met with waiver services and family or community supports

Due to the ADvantage waiver's age restrictions, Living Choice offers a way for more Oklahomans to achieve independence in their lives. Living Choice also offers a number of additional support services, including the use of transition funds (a one-time \$2400 allotment to help participants set up their housing needs).

The OHCA encourages SoonerCare providers to participate in Living Choice. Quick, easy [referrals](#) to the program can be made through our public [website](#).

There is also a great need for provider services after participants have settled back into the community. Please consider serving our members in this capacity, especially if you're already participating in ADvantage. Living Choice is another opportunity to positively affect the health outcomes of our families, friends and neighbors.

If you have questions about Living Choice or would like to learn more about how you can help, please call 888-287-2443 or email info@oklivingchoice.org.

In state fiscal year 2013 Living Choice transitioned a total of 240 SoonerCare members. The cost comparison was \$14,598 for services provided in Living Choice compared to \$26,886 for services being provided in nursing facilities and \$64,118 in an intermediate care facility for the intellectually disabled.

EHR Attestation Website Enhancements

Medicaid [Electronic Health Records](#) (EHR) Attestation system changes for 2014:

1. When entering patient volume, the billing NPI and associated SoonerCare Service Location is now required for Medicaid encounters.
2. Additional questions have been added to select meaningful use measures (e.g., date of your security risk analysis and name of person conducting the analysis).
3. Additional informative quick links regarding the [EHR Incentive Program](#) have been added to the "Quick Links" box on the right (e.g., overview of [Centers for Medicare & Medicaid](#) [CMS] EHR Stage 2).
4. As you proceed through the website, the option to review your attestation answers is available through the link in the "I Want To" box on the right.
5. [CMS](#) now allows rounding 29.5 percent and higher to 30 percent for purposes of determining patient volume. Similarly, pediatric patient volume may be rounded up from 19.5 percent and higher to 20 Percent.

Clarification

The [OHCA](#) would like to clarify information that was given in the last Provider Update. In submitting supporting documentation for EHR attestation, the EHRDocuments@okhca.org email address is strictly for patient volume reports only. Any other documents sent to this email address will not be processed and the attestation will not be approved until other supporting documents have been successfully received via fax.

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All other supporting documents (e.g. vendor letter or signed and dated contract, meaningful use report, proof of board certification, etc.) may only be submitted via fax to 405-601-9797.

DME Changes Effective July 1, 2014

Oxygen

Oxygen equipment and services will require prior authorization (PA) effective July 1. Since oxygen is classified as a drug by the [Federal Drug Administration](#), [OHCA](#) is taking steps to ensure that physicians who order oxygen and suppliers who provide oxygen are in compliance with basic guidelines regarding oximetry testing and annual retesting and recertification.

Blood Glucose Supplies

OHCA will cover blood glucose (BG) supplies for members who are being treated with insulin to allow up to 100 per month. Coverage for BG supplies for members who are not treated with insulin will be limited to 100 per 90-day period. In addition, OHCA will cover BG supplies for members who are diagnosed with gestational diabetes up to 150 per month.

If additional supplies are needed, BG supplies are eligible for PA override if medical necessity is provided to the [Medical Authorization Unit](#).

Manually Priced Items

OHCA will price items that do not have a set max fee rate, also known as manually priced items, by examining the Manufacturer's Suggested Retail Price (MSRP) plus the invoice and paying the lesser of MSRP -30 percent or cost +30 percent for those items adjusted by the budget reduction of 7.75 percent. It will be necessary for the provider to include a copy of the invoice, MSRP and proof of delivery along with the claim when submitting for payment.



A Reminder About Optometry Services

SoonerCare covers vision services for:

- Children – Eye exams and glasses (no referral required)
- Adults – Treatment of eye disease or injuries only (referral required)

For adults, payment can be made for medical services that are reasonable and necessary for the diagnosis and treatment of illness or injury up to the patient's maximum number of allowed office visits per month.

There is no provision for routine eye exams, examinations for the purpose of prescribing glasses or visual aids, determination of refractive state, treatment of refractive errors, or purchase of lenses, frames or visual aids.



According to the [National Healthy Mothers, Healthy Babies Coalition](#), each year in the U.S. more than 500,000 babies are born prematurely and an estimated 28,000 children die before their first birthday. The infant mortality rate in the U.S. is one of the highest in the industrialized world and, for the first time since the 1950s, the rate is on the rise. Research shows over 85 percent of Americans own a cell phone and 72 percent of cell users send or receive text messages.

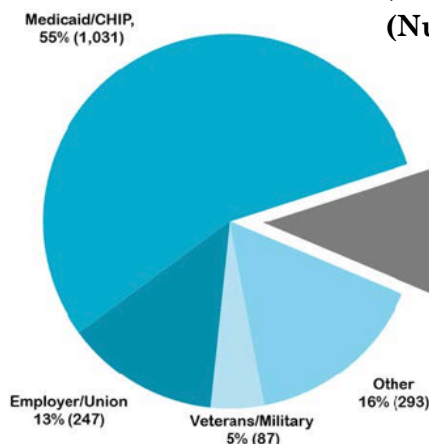
[Text4baby](#) (T4B) is the nation's only free mobile health messaging service for pregnant women and mothers with infants under one. Women who sign up for the service by texting BABY to 511411 (or BEBE for Spanish) receive three free SMS text messages each week timed to their due date or baby's date of birth. These messages focus on a variety of topics critical to maternal and child health, including birth defects prevention, immunization, nutrition, seasonal flu, safe sleep and more. T4B messages also connect women to prenatal and infant care services and other resources. T4B service can be canceled at any time by texting STOP and HELP for help.

Oklahoma is one of four states to participate in a pilot program that allows T4B enrollees to receive enhanced messages containing state-specific content and resources. The [OHCA](#) is a partner in this program, which is supported in part by the [Centers for Medicare and Medicaid Services](#) (CMS). Two main goals of the pilot are 1) to increase T4B enrollment among pregnant SoonerCare recipients and 2) assess the program's impact on improving health quality measures.

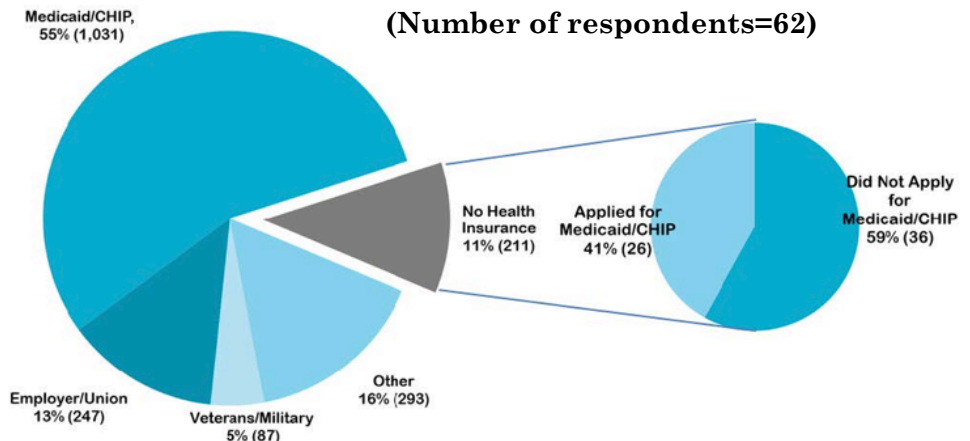
Making a Difference for Moms

- More than half a million women have signed up since launch in 2010, including 13,815 Oklahomans.*
- An estimated 2,382 T4B participants in Oklahoma who self-identified as Medicaid/CHIP recipients signed-up for T4B between January 1, 2013 and February 28, 2014.
- During flu season (October 2013 – February 2014), T4B sent 15,243 reminder messages to pregnant women and mothers in Oklahoma to encourage them and their infants (≥ 6 months of age) to get a flu shot, potentially saving lives.
- In response to a T4B participant feedback question, 62 percent of Oklahoma women reported talking to their doctor/midwife about a topic that they read in a message; 16 percent called a T4B resource phone number they received in a message; and 89 percent said that they would recommend T4B to pregnant women or new mothers.

Insurance Type?
(Number of respondents=1,869)



If none, did you apply for Medicaid/CHIP?
(Number of respondents=62)



In addition, T4B is helping Oklahoma babies to be covered by a health plan. As of February 2014, 55 percent of T4B participants in Oklahoma who responded to the survey reported that they are Medicaid/CHIP recipients; 11 percent of the survey respondents reported that they were uninsured. After T4B provided these uninsured respondents with information on Medicaid/CHIP eligibility and how to apply, 41 percent indicated one week later that they had applied for Medicaid/CHIP. These results show great growth potential.



Making Your Job Easier

Doctors, nurses, physician assistants and other health care providers are critical in getting their patients enrolled in T4B and helping them to better prepare for motherhood. However, according to CMS, only 23 percent of new T4B participants were referred by health provider from March 1, 2013 to December 31, 2013.

Given the limited time available for providers to interact with patients, T4B supports you as a health care professional by providing clients accurate health information in a format they know and use – texting. T4B messages are carefully reviewed by a council of experts representing the [American Congress of Obstetricians and Gynecologists](#), [American Academy of Pediatrics](#), [American College of Nurse-Midwives](#), [U.S. Department of Health and Human Services](#), [March of Dimes](#), [Centers for Disease Control and Prevention](#), and many others.

Simple Ways You Can Get Involved

- Encourage your clients to sign up for T4B.
- Put T4B tearpads next to your reception desks.
- Post T4B flyers in your waiting areas, exam rooms, and on bulletin boards.
- Promote T4B (@mytext4baby) via social media.
- Add the T4B web button to your practice's website.
- Become a T4B partner to receive resources and be acknowledged on the T4B website. Email info@text4baby.org to become a partner.
- Share the T4B video with your colleagues and networks.

Provider-specific factsheets, free pre-printed promotional materials, and staff training tips are available. Visit Text4baby online at www.Text4baby.org to learn more.

*As of February 2014



Stay Connected!

In order to keep you up-to-date on the latest news and information from the [OHCA](#), please make sure that we have your correct contact information.

Starting in the fall, the Provider Update will only be available through email and the [OHCA website](#). Please check to ensure that you are receiving the Provider Update at the email address of your choice.

The OHCA recommends that our [SoonerCare](#) providers use generic email addresses if the newsletter is being sent to someone other than themselves. For example: communications@yourpracticenamehere.com. This will prevent you from missing issues of the newsletter due to staff turnover.

To bring your contact information up-to-date, simply log into the [Provider Portal](#) secure site and select "Update Provider File." There you can make any necessary revisions. We thank you for your assistance in this matter and your continued readership.

Provider Update is published by the Oklahoma Health Care Authority (www.okhca.org) for Oklahoma's SoonerCare providers. This publication is issued by the Oklahoma Health Care Authority in conjunction with Jones Public Relations, Inc., as authorized by 63 O.S. Supp. 1997, Section 5013. Distribution of the OHCA SoonerCare Provider Update was \$9,647.27.

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Please submit any questions, comments or story suggestions to Kelli Brodersen (kelli.brodersen@okhca.org) at the Oklahoma Health Care Authority's Office of Public Information at 405-522-7504.

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