

AGENDA

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Telephone: 1-669-254-5252 Webinar ID: 160 980 1706

- I. Welcome, Roll Call, and Public Comment Instructions: **Chairman, Jason Rhynes, O.D.**
- II. Action Item: Approval of Minutes of the September 8th, 2022: **Medical Advisory Committee Meeting**
- III. Public Comments (2 minute limit)
- IV. MAC Member Comments/Discussion
- V. Legislative Update: **Katelynn Burns, Legislative Liaison**
- VI. Financial Report: **Tasha Black, Senior Director of Financial Services**
- VII. Medicaid Directors Update: **Traylor Rains, State Medicaid Director**
 - A. HIE Presentation: **Stephen Miller, State Coordinator for HIE**
- VIII. IMD Waiver Post-Award Forum: **Melissa Miller, Senior Director, Behavioral Health Policy, and Planning**
- IX. New Business: **Chairman, Jason Rhynes, O.D.**
- X. Future Meeting: **Chairman, Jason Rhynes, O.D.**
 - January 10, 2023
 - March 14, 2023
 - May 9, 2023
 - July 11, 2023
 - September 12, 2023
 - November 14, 2023
- XI. Adjourn **Chairman, Jason Rhynes, O.D.**

Oklahoma Health Care Authority
MEDICAL ADVISORY COMMITTEE
MINUTES of the September 8, 2022, Meeting
4345 N. Lincoln Blvd., Oklahoma City, OK 73105

I. Welcome, Roll Call, and Public Comment Instructions:

Chairman, Dr. Jason Rhynes called the meeting to order at 1:00 PM.

Delegates present were: Ms. Joni Bruce, Mr. Brett Coble, Dr. Steven Crawford, Ms. Janet Cizek, Ms. Wanda Felty, Ms. Jennifer King, Ms. Melissa Miller, Dr. Daniel Post, Dr. Jason Rhynes, Dr. Eve Switzer and Dr. Whitney Yeates, providing a quorum.

Alternates present were:

Delegates absent without an alternate were: Mr. Nick Barton, Dr. Arlen Foulks, Ms. Tina Johnson, and Dr. Raymond Smith.

II. Approval of the September 8th, 2022 Minutes

Medical Advisory Committee

The motion to approve the minutes was by Dr. Daniel Post and seconded by Dr. Steven Crawford and passed unanimously.

III. Public Comments (2-minute limit):

There were no public comments.

IV. MAC Member Comments/Discussion:

Ms. Wanda Felty was asked by several different parents regarding their child who has a disability that was receiving private duty nursing. So, there is a lot of concern regarding that, to the parents it seems like arbitrarily clicked a button. Is there any reassurance that these will be looked at and monitored for the assurance of families.

Mr. Rains responded to Ms. Felty explaining that private duty nursing is a service that is available to generally 200 kids, prior to the Public Health Emergency (PHE), which has doubled since then. During the PHE we paused a lot of things because we have a lot more flexibility from the Feds. One of those being: Not doing PA or Prior PA's on PDN, we will just let it stand until we got closer to the end of the emergency. So, with the last 6-9 months, CMS said we can go back to resuming normal operations. With that we are seeing is those requests no longer meet medical necessity criteria.

Seeing many young adults with dual diagnosis coming into the homeless, turned out by their families because they can no longer provide the support needed. Ms. Felty encourages a broad discussion for the agencies for this population to work as a group to prevent this crisis of members turning 18 and becoming homeless.

V. Legislative Update:

Katelynn Burns, Legislative Liaison

Ms. Burns stated that there are some interim studies going on right now, about 15 that we are keeping an eye on but none that direct the OHCA directly. In the last update there were a few special sessions filed over the summer, and the second session is mostly looking at the American Rescue Plan Act funding. OHCA is just looking at any bills that we might need to run through the next session, and changes that need to be made legislatively.

VI. Financial Report:

Tasha Black, Senior Director of Financial Services

Ms. Black presented the financial report ending in June 2022. OHCA is .0% over/under budget in revenues and .5% under budget in expenditures with the result that our budget variance is a positive \$30,850,410. The budget variance is primarily attributed to the following: Medicaid Program Variance is a positive 28.0 million state dollars, and administration is a positive 10.8 million state dollars. For more detailed information, see item 6 in the MAC agenda. For more detailed information, see item 6 in the MAC agenda.

VII. Medicaid Directors Update:

Traylor Rains, State Medicaid Director

Mr. Rains gave an update on a few different things going on with OHCA, starting with us still being in a Public Health Emergency (PHE) with no end in sight. They assured us a 60-day head up when they plan to expire, and that timeline passed so at this point were assuming its going to go into Calendar 23. We still have our unwinding plan know what that's going to look like. As of this morning we have 244,000 individuals that are on the program that don't meet our criteria for eligibility but for the PHE and the enhanced FMAs requirements. It's down about 15,000 from the last time we ran it.

We released the Dental RFP last Thursday, its open through October 30th. Providers will have 60 days to respond to that and then we begin the evaluation process. The Medical, which is everything besides teeth, will release around October 3rd. Those bidders will have 90 days to respond to that bid, and then we begin that evaluation process.

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More detail regarding the Town Hall. There was a great turn out, to reiterate some of the things mentioned. Provider protection, we know there is a concern about having to work with 4 different plans, 4 different portals and all those requirements. We are going to require our plans to utilize a single portal for billing information, checking eligibility, and getting refills. We will also require centralized credentialing verification organization, so as a provider you won't have to go through separate distinct credentialing processes. We heard you; we learned a lot through this journey last year, in terms of ways we can make this better.

Something we are working on now with stakeholders is knowing the companion to SB1337 was SB1396 and that is what allows us to get additional dollars through our Supplemental Health Offset Program (SHOP). Right now, the way its calculated, its based of a Medicare upper payment limit, so what we spend vs what Medicare would, we have a payment gap, so we can use those dollars to distribute back to our hospitals based on the fee they pay in, we match with federal dollars, and we distribute. By going to a managed care organization model, we had the opportunity to raise that upper payment to average commercial rate, which is understandably higher than what Medicare would pay.

There is a requirement in 1337 that by year 4 our contracted entities spend 11% of their spend on primary care. For reference we see about 4% in our program under current SoonerCare environment. In response to questions around value-based payments, we are going to have expectations for our contracted entities, and they will work with our provider community to help them achieve the shared expectations of approving outcomes for our members. We are creating new PMP rates for our contracted entities. For dental it should be released by the end of the month, and medical capitation rates, should be ready by October 30th.

A. Pharmacy Update:

Terry Cothran, Senior Pharmacy Director

Dr. Cothran gave a presentation on the Pharmacy department overview discussing topics such as drug price increases impacting Medicaid spend, pharmacy numbers for SFY 2021, drug rebate totals for SFY 2021, drug rebate, rebate programs, pharmacy operations, pharmacy management consultants (PMC), and prior authorizations data CY21. For more detailed information, see item 7A in the MAC agenda.

VIII. Proposed Rule Changes: Presentation, Discussion, and Vote:

Sandra Puebla, Senior Director of Federal & State Authorities

APA WF # 22-05 Ambulance Service Provider Access Payment Program – The proposed policy establishes rules consistent with the Oklahoma State Plan, which outlines the Ambulance Service

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Provider Access Payment Program (ASPAPP). The ASPAPP is a voluntary program designed to help assure access to quality emergency transports for SoonerCare members by assessing a fee to privately owned ambulance service providers and then issuing quarterly supplemental payments to those providers.

Budget Impact: The estimated total cost for SFY 2023 is \$5,802,463 (\$4,392,464 in federal share and \$1,409,999 in state share). The estimated total cost for SFY 2024 is \$5,802,463 (\$3,908,539 in federal share and \$1,893,924 in state share). Both SFY 2023 and SFY 2024 will include a \$200,000 administrative cost collection from a provider tax.

Proposed Rule Timeline:

Tribal Consultation: Nov. 2, 2021

15-Day Public Comment Period: Aug. 16, 2022 - Aug. 31, 2022

OHCA Board Meeting: Sept. 21, 2022

Emergency Rule Requested Effective Date: Contingent upon Governor's approval or the 45th day post submission of the rules to the Governor (Nov. 7, 2022)

The rule change motion to approve was by Dr. Eve Switzer and seconded by Dr. Whitney Yeates and passed unanimously.

APA WF # 22-12- Staff Ratios and Staff Licensing Requirements for Out-of-State Psychiatric Providers – The proposed rule changes allow out-of-state inpatient psychiatric providers to utilize the staffing ratios and staff licensing requirements of the state in which the facility/provider is located.

Budget Impact: Budget neutral.

Proposed Rule Timeline:

Tribal Consultation: July 5, 2022

15-Day Public Comment Period: Aug. 16, 2022 – Aug. 31, 2022

OHCA Board Meeting: Sept. 21, 2022

Emergency Rule Requested Effective Date: Contingent upon Governor's approval or the 45th day post submission of the rules to the Governor (Nov. 7, 2022).

The rule change motion to approve was by Dr. Eve Switzer and seconded by Dr. Whitney Yeates and passed unanimously.

APA WF # 22-13 Advanced Practice Registered Nurses (APRN) and Physician Assistants (PA) Rendering Physician-Required Psychiatric Services – The proposed rules allow APRNs with psychiatric certifications and PAs to provide psychiatric services. Presently, psychiatric service

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provision is only allowed by psychiatrists to members in inpatient settings. The psychiatric services provided by APRNs and PAs will now also include psychiatric evaluations and weekly individual treatment hours. The proposed rule aims to address physician shortages and extend the reach of behavioral health treatments such as psychiatric evaluations and weekly individual treatment hours by allowing inpatient psychiatric providers to utilize APRNs with psychiatric certifications and PAs.

Budget Impact: Budget neutral.

Proposed Rule Timeline:

Tribal Consultation: July 5, 2022

15-Day Public Comment Period: Aug. 16, 2022 – Aug. 31, 2022

OHCA Board Meeting: Sept. 21, 2022

Emergency Rule Requested Effective Date: Contingent upon Governor's approval or the 45th day post submission of the rules to the Governor (Nov. 7, 2022).

The rule change motion to approve was by Dr. Eve Switzer and seconded by Dr. Whitney Yeates and passed unanimously.

APA WF # 22-14 Coverage for Donor Human Breast Milk – The Agency proposes to add this benefit as a new service covered under the Medical Suppliers section of policy. Proposed rules outline medical necessity, provider qualifications, coverage, and reimbursement for donor human breast milk. Further proposed revisions to the Enteral Nutrition section of policy removes human breast milk as a non-covered item.

Budget Impact: The estimated total cost for SFY 2023 is \$229,211 (\$169,410 in federal share and \$59,801 in state share). The estimated total cost for SFY 2024 is \$343,816 total (\$231,663 in federal share and \$112,153 in state share).

Proposed Rule Timeline:

Tribal Consultation: July 5, 2022

15-day Public Comment Period: Aug. 16, 2022 – Aug. 31, 2022

OHCA Board Meeting: Sept. 21, 2022

Emergency Rule Requested Effective Date: Contingent upon Governor's signature or the 45th day post submission of the rules to the Governor (Nov. 7, 2022).

The rule change motion to approve was by Dr. Eve Switzer and seconded by Dr. Whitney Yeates and passed unanimously.

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APA WF # 22-16 Statewide Health Information Exchange (HIE) – The proposed revisions update policy to comply with OK Senate Bill 1369 which changed the statewide HIE. The revisions include repealing all previously approved language; adding the Office of the State Coordinator for HIE; designating that the Office of the State Coordinator for HIE will oversee the state-designated entity for HIE; and revising the definition of "health information exchange organization" to indicate that it is an organization governed by its stakeholders. Additional revisions state that beginning July 1, 2023, all qualified health care providers, as defined by OHCA rules and who are licensed by and located in Oklahoma, shall be actively engaged with the HIE in the onboarding process of connecting to the HIE. This ensures that the legislative requirement of data reporting capabilities and utilizing the state-designated entity for HIE are met.

Budget Impact:

The proposed rules are budget neutral for the agency; however, there will be a cost for providers to connect to the statewide HIE. The cost varies depending on the type and size of the organization.

Proposed Rule Timeline:

Tribal Consultation: Sept. 6, 2022

30-day Public Comment Period: Aug. 16, 2022 – Sept. 15, 2022

OHCA Board Meeting: Sept. 21, 2022

Emergency Rule Requested Effective Date: Contingent upon Governor's approval or the 45th day post submission of the rules to the Governor (November 7, 2022).

The rule change motion to approve was by Dr. Eve Switzer and seconded by Dr. Whitney Yeates and passed unanimously.

APA WF # 22-17 Covering Former Foster Care Youth from Another State – The proposed revisions implement changes in federal law requiring SoonerCare to grant eligibility to individuals in the former foster care youth category who were enrolled in Medicaid when they aged out of foster care in another state on Jan. 1, 2023, or later, and who now reside in Oklahoma. Prior to the federal law changes, SoonerCare was only required to grant eligibility former foster care youth who were enrolled in Medicaid when they aged out of foster care in Oklahoma.

Budget Impact: The estimated total cost for SFY 2023 is \$187,650 (\$135,784 in federal share and \$51,866 in state share). The estimated total cost for SFY 2024 is \$375,300 total (\$252,802 in federal share and \$122,498 in state share).

Proposed Rule Timeline:

Tribal Consultation: July 5, 2022

15-day Public Comment Period: Aug. 16 – Aug. 31, 2022

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OHCA Board Meeting: Sept. 21, 2022

Emergency Rule Requested Effective Date: Jan. 1, 2023

The rule change motion to approve was by Dr. Eve Switzer and seconded by Dr. Whitney Yeates and passed unanimously.

APA WF # 22-18 Mobile Dental Services – Current policy allows mobile or portable dental providers to render services to only children and the services are limited to screenings, fluoride varnish, and sealants. The proposed rule changes allow mobile dental providers to render more services that currently covered under SoonerCare for dental providers and authorizes mobile dental services for both children and adults. These changes will help SoonerCare members access dental care where there are shortage areas in the State.

Budget Impact:

The proposed rule changes regarding mobile dental services are budget neutral. This change is only allowing more dental providers through mobile units to render services currently covered by SoonerCare; no new dental services will be added.

Proposed Rule Timeline:

OHCA Tribal Consultation: July 5, 2022

15-day Public Comment Period: Aug. 16, 2022 – Aug. 31, 2022

OHCA Board Meeting: Sept. 21, 2022

Proposed Effective Date: Contingent upon Governor's approval or the 45th day post submission of the rules to the Governor (November 7, 2022).

The rule change motion to approve was by Dr. Eve Switzer and seconded by Dr. Whitney Yeates and passed unanimously.

IX. MAC Meeting Dates for Calendar 2022:

Chairman, Jason Rhynes, O.D.

November 10, 2022

X. New Business:

Chairman, Jason Rhynes, O.D.

No new business was addressed.

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XI. Adjourn:

Chairman, Jason Rhynes, O.D.

Chairman Rhynes asked for a motion to adjourn. Motion was provided by Dr. Steven Crawford and seconded by Dr. Daniel Post, there was no dissent and the meeting adjourned at 2:30pm.

DRAFT



OKLAHOMA

Health Care Authority

FINANCIAL REPORT

For the Two Month Period Ending August 31, 2022
Submitted to the CEO & Board

- Revenues for OHCA through August, accounting for receivables, were **\$1,390,250,836** or **3.3% over** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$1,259,079,078** or **.4.2% over** budget.
- The state dollar budget variance through August is a negative **\$7,118,072**
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	(5.1)
Administration	(1.1)
Revenues:	
Drug Rebate	1.7
Medical Refunds	(0.2)
Taxes and Fees	(2.4)
Total FY 23 Variance	\$ (7.1)

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: Insure Oklahoma Program (HEEIA Fund)	6
Combining Statement of Revenue, Expenditures and Fund Balance	7
Medicaid Expansion - Healthy Adult Program: OHCA	8

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
SFY 2023, For the Two Month Period Ending August 31, 2022

REVENUES	FY23 Budget YTD	FY23 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 250,517,074	\$ 250,517,074	\$ -	0.0%
Federal Funds	950,287,034	989,355,486	39,068,451	4.1%
Tobacco Tax Collections	7,761,255	6,850,698	(910,557)	(11.7)%
Quality of Care Collections	16,520,551	15,026,355	(1,494,196)	(9.0)%
Prior Year Carryover	4,166,221	4,166,221	-	0.0%
Federal Deferral - Interest	138,116	138,116	-	0.0%
Rate Preservation Fund	21,568,451	21,568,451	-	0.0%
Drug Rebates	26,874,857	35,259,347	8,384,490	31.2%
Medical Refunds	6,273,988	5,314,015	(959,973)	(15.3)%
Prior Year Carryover Supplemental Hospital Offset Payment Program	-	-	-	0.0%
Supplemental Hospital Offset Payment Program	61,886,530	61,886,530	-	0.0%
Other Revenues	138,902	168,543	29,640	21.3%
TOTAL REVENUES	\$ 1,346,132,981	\$ 1,390,250,836	\$ 44,117,855	3.3%

EXPENDITURES	FY23 Budget YTD	FY23 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	\$ 11,434,762	\$ 10,314,710	\$ 1,120,052	9.8%
ADMINISTRATION - CONTRACTS	\$ 20,173,737	\$ 23,122,255	\$ (2,948,519)	(14.6)%
MEDICAID PROGRAMS				
<u>Managed Care:</u>				
SoonerCare Choice	9,476,562	9,621,867	(145,304)	(1.5)%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	288,446,014	271,841,181	16,604,833	5.8%
Behavioral Health	5,482,984	5,628,570	(145,586)	(2.7)%
Physicians	101,806,638	99,377,288	2,429,349	2.4%
Dentists	38,646,040	40,371,337	(1,725,297)	(4.5)%
Other Practitioners	12,919,307	19,848,333	(6,929,027)	(53.6)%
Home Health Care	5,867,833	5,119,761	748,072	12.7%
Lab & Radiology	9,187,793	8,068,859	1,118,934	12.2%
Medical Supplies	14,468,735	16,046,641	(1,577,905)	(10.9)%
Ambulatory/Clinics	95,981,284	102,532,095	(6,550,811)	(6.8)%
Prescription Drugs	231,350,852	252,241,289	(20,890,437)	(9.0)%
OHCA Therapeutic Foster Care	98,250	86,063	12,187	12.4%
<u>Other Payments:</u>				
Nursing Facilities	114,109,520	145,606,750	(31,497,229)	(27.6)%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	12,025,661	11,460,151	565,511	4.7%
Medicare Buy-In	40,758,067	40,888,352	(130,285)	(0.3)%
Transportation	16,097,182	17,918,413	(1,821,231)	(11.3)%
Money Follows the Person-OHCA	86,613	101,030	(14,416)	(16.6)%
Electronic Health Records-Incentive Payments	(11,880)	(11,880)	-	0.0%
Part D Phase-In Contribution	12,142,914	12,143,460	(546)	(0.0)%
Supplemental Hospital Offset Payment Program	165,111,562	165,111,562	-	0.0%
Telligen	2,093,337	1,640,991	452,347	21.6%
Total OHCA Medical Programs	1,176,145,270	1,225,642,113	(49,496,843)	(4.2)%
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	\$ 1,207,843,151	\$ 1,259,079,078	\$ (51,235,927)	(4.2)%
REVENUES OVER/(UNDER) EXPENDITURES	\$ 138,289,830	\$ 131,171,758	\$ (7,118,072)	

OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
SFY 2023, For the Two Month Period Ending August 31, 2022

Category of Service	Total	Health Care Authority	Quality of Care	Insure Oklahoma	SHOPP	BCC	Other State Agencies
SoonerCare Choice	\$ 9,621,867	\$ 9,620,785	\$ -	\$ -	\$ -	1,082	\$ -
Inpatient Acute Care	400,714,887	149,722,316	81,114	(907)	126,182,542	73,532	124,656,291
Outpatient Acute Care	152,653,212	121,376,241	6,934	(961)	30,689,955	581,044	-
Behavioral Health - Inpatient	20,638,998	3,620,971	-	-	6,712,580	-	10,305,448
Behavioral Health - Psychiatrist	3,534,086	2,007,061	-	-	1,526,486	538	-
Behavioral Health - Outpatient	3,263,602	-	-	-	-	-	3,263,602
Behavioral Health-Health Home	(1,668)	-	-	-	-	-	(1,668)
Behavioral Health Facility- Rehab	45,488,874	-	-	-	-	32,433	45,488,874
Behavioral Health - Case Management	1,123,644	-	-	-	-	-	1,123,644
Behavioral Health - PRTF	2,344,647	-	-	-	-	-	2,344,647
Behavioral Health - CCBHC	47,860,003	-	-	-	-	-	47,860,003
Residential Behavioral Management	3,292,639	-	-	-	-	-	3,292,639
Targeted Case Management	10,075,058	-	-	-	-	-	10,075,058
Therapeutic Foster Care	86,063	86,063	-	-	-	-	-
Physicians	121,484,179	99,058,785	9,683	3,325	-	308,820	22,103,565
Dentists	40,371,337	40,350,693	-	-	-	20,644	-
Mid Level Practitioners	280,469	279,818	-	-	-	652	-
Other Practitioners	19,567,864	19,480,061	74,394	-	-	13,409	-
Home Health Care	5,119,761	5,119,274	-	-	-	487	-
Lab & Radiology	8,068,859	8,044,714	-	-	-	24,145	-
Medical Supplies	16,046,641	15,585,413	451,922	-	-	9,305	-
Clinic Services	101,422,944	100,645,087	-	398	-	56,126	721,333
Ambulatory Surgery Centers	1,830,883	1,827,718	-	-	-	3,165	-
Personal Care Services	1,456,159	-	-	-	-	-	1,456,159
Nursing Facilities	145,606,750	67,410,686	78,196,064	-	-	-	-
Transportation	17,847,096	17,451,804	359,818	1,871	-	33,603	-
IME/DME	-	-	-	-	-	-	-
ICF/IID Private	11,460,151	7,273,124	4,187,027	-	-	-	-
ICF/IID Public	3,580,336	-	-	-	-	-	3,580,336
CMS Payments	53,031,812	52,955,815	75,997	-	-	-	-
Prescription Drugs	252,237,749	251,732,955	-	(3,540)	-	508,335	-
Miscellaneous Medical Payments	73,188	70,891	-	-	-	2,297	-
Home and Community Based Waiver	52,530,724	-	-	-	-	-	52,530,724
Homeward Bound Waiver	12,031,958	-	-	-	-	-	12,031,958
Money Follows the Person	435,151	101,030	-	-	-	-	334,121
In-Home Support Waiver	4,953,319	-	-	-	-	-	4,953,319
ADvantage Waiver	34,232,361	-	-	-	-	-	34,232,361
Family Planning/Family Planning Waiver	366,730	-	-	-	-	-	366,730
Premium Assistance*	6,974,109	-	-	6,974,108.51	-	-	-
Telligen	1,640,991	1,640,991	-	-	-	-	-
Electronic Health Records Incentive Payments	(11,880)	(11,880)	-	-	-	-	-
Total Medicaid Expenditures	\$ 1,613,335,550	\$ 975,450,414	\$ 83,442,953	\$ 6,974,294	\$ 165,111,562	\$ 1,669,617	\$ 380,719,144

* Includes \$6,904,482.06 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
SFY 2023, For the Two Month Period Ending August 31, 2022

REVENUE	FY23 Actual YTD
Revenues from Other State Agencies	48,331,272
Federal Funds	306,796,537
TOTAL REVENUES	\$ 355,127,809
EXPENDITURES	Actual YTD
Oklahoma Human Services	
Home and Community Based Waiver	52,530,724
Money Follows the Person	334,121
Homeward Bound Waiver	12,031,958
In-Home Support Waivers	4,953,319
ADvantage Waiver	34,232,361
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public	3,580,336
Personal Care	1,456,159
Residential Behavioral Management	2,184,151
Targeted Case Management	9,043,643
Total Oklahoma Human Services	120,346,772
State Employees Physician Payment	
Physician Payments	22,103,565
Total State Employees Physician Payment	22,103,565
Education Payments	
Indirect Medical Education	-
Direct Medical Education	-
DSH	-
Total Education Payments	-
Office of Juvenile Affairs	
Targeted Case Management	370,707
Residential Behavioral Management	1,108,488
Total Office of Juvenile Affairs	1,479,195
Department of Mental Health & Substance Abuse Services	
Case Management	1,123,644
Inpatient Psychiatric Free-standing	10,305,448
Outpatient	3,263,602
Health Homes	(1,668)
Psychiatric Residential Treatment Facility	2,344,647
Certified Community Behavioral Health Clinics	47,860,003
Rehabilitation Centers	45,488,874
Total Department of Mental Health & Substance Abuse Services	110,384,549
State Department of Health	
Children's First	93,106
Sooner Start	311,082
Early Intervention	288,400
Early and Periodic Screening, Diagnosis, and Treatment Clinic	325,225
Family Planning	168,182
Family Planning Waiver	198,549
Maternity Clinic	3,529
Total Department of Health	1,388,073
County Health Departments	
EPSDT Clinic	81,497
Family Planning Waiver	-
Total County Health Departments	81,497
State Department of Education	28,358
Public Schools	250,844
Medicare DRG Limit	124,010,018
Native American Tribal Agreements	-
Department of Corrections	-
JD McCarty	646,272
Total OSA Medicaid Programs	\$ 380,719,144
OSA Non-Medicaid Programs	\$ 8,898,211
Accounts Receivable from OSA	\$ 34,489,546

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
SFY 2023, For the Two Month Period Ending August 31, 2022

REVENUES	FY 23 Revenue
SHOPP Assessment Fee	61,852,553
Federal Draws	\$ 138,172,166
Interest	33,977
Penalties	-
TOTAL REVENUES	\$ 200,058,697

EXPENDITURES	Quarter	Quarter	Quarter	Quarter	FY 23 Expenditures
	7/1/22 - 9/30/22	10/1/22 - 12/31/22	1/1/23 - 3/31/23	4/1/23 - 6/30/23	
Program Costs:					
Hospital - Inpatient Care	75,944,001	-	-	-	\$ 75,944,001
Hospital -Outpatient Care	17,799,253	-	-	-	\$ 17,799,253
Psychiatric Facilities-Inpatient	4,594,904	-	-	-	\$ 4,594,904
Rehabilitation Facilities-Inpatient	1,073,086	-	-	-	\$ 1,073,086
Hospital - Inpatient Care - Expansion	50,238,540	-	-	-	\$ 50,238,540
Hospital -Outpatient Care - Expansion	12,890,701	-	-	-	\$ 12,890,701
Psychiatric Facilities-Inpatient - Expansion	2,117,676	-	-	-	\$ 2,117,676
Rehabilitation Facilities-Inpatient - Expansion	453,400	-	-	-	\$ 453,400
Total OHCA Program Costs	165,111,562	-	-	-	165,111,562

Total Expenditures	\$ 165,111,562
---------------------------	-----------------------

<i>SHOPP Revenue transferred to Fund 340 for Medicaid Program expense</i>	<i>\$ 34,947,135</i>
---	----------------------

*** Expenditures and Federal Revenue processed through Fund 340

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 230: Nursing Facility Quality of Care Fund
SFY 2023, For the Two Month Period Ending August 31, 2022

REVENUES	Total Revenue	State Share
Quality of Care Assessment	\$ 15,022,443	\$ 15,022,443
Quality of Care Penalties (*Non-Spendable Revenue)	\$ 35,152	\$ 35,152
Interest Earned	3,912	\$ 3,912
TOTAL REVENUES	\$ 15,061,507	\$ 15,061,507

EXPENDITURES	FY 23 Total \$ YTD	FY 23 State \$ YTD	Total State \$ Cost
Program Costs			
Nursing Facility Rate Adjustment	\$ 43,969,697	\$ 9,009,391	
Eyeglasses and Dentures	41,922	\$ 8,590	
Personal Allowance Increase	506,580	\$ 103,798	
Coverage for Durable Medical Equipment and Supplies	451,922	\$ 92,599	
Coverage of Qualified Medicare Beneficiary	172,126	\$ 35,269	
Part D Phase-In	75,997	\$ 75,997	
ICF/IID Rate Adjustment	869,983	\$ 178,260	
Acute Services ICF/IID	1,288,529	\$ 264,019	
Non-emergency Transportation - Soonerride	359,818	\$ 73,727	
NF Covid-19 Supplemental Payment	33,677,865	\$ 6,900,595	
ICF Covid-19 Supplemental Payment	2,028,515	\$ 415,643	
Ventilator NF DME Supplemental Payment		\$ -	
Total Program Costs	\$ 83,442,953	\$ 17,157,886	\$ 17,157,886
Administration			
OHCA Administration Costs	\$ 52,908	\$ 26,454	
OHS-Ombudsmen	-	-	
OSDH-Nursing Facility Inspectors	-	-	
Mike Fine, CPA	-	-	
Total Administration Costs	\$ 52,908	\$ 26,454	\$ 26,454
Total Quality of Care Fee Costs	\$ 83,495,862	\$ 17,184,340	
TOTAL STATE SHARE OF COSTS			\$ 17,184,340

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:
 Insure Oklahoma Program (Fund 245: HEEIA)
 SFY 2023, For the Two Month Period Ending August 31, 2022

REVENUES	FY 22 Carryover	FY 23 Revenue	Total Revenue
Prior Year Balance	\$ 14,187,453		
State Appropriations	-		
Transfer to 340 for Expansion-prior year	-		
Federal Draws - Prior Year	131,780		
Total Prior Year Revenue			14,319,233
Transfer to 340 for Expansion-current year		-	-
Tobacco Tax Collections	-	5,634,432	5,634,432
Interest Income	-	31,138	31,138
Federal Draws	-	5,551,452	5,551,452
TOTAL REVENUES	\$ 14,319,233	\$ 11,217,022	\$ 25,536,255

EXPENDITURES	FY 22 Expenditures	FY 23 Expenditures	Total State \$ YTD
Program Costs:			
Employer Sponsored Insurance		\$ 6,904,482	\$ 6,904,482
College Students/ESI Dental		69,626	14,266
Individual Plan			
SoonerCare Choice	\$ -	\$ -	-
Inpatient Hospital		(907)	(186)
Outpatient Hospital		(961)	(197)
BH - Inpatient Services-DRG		-	-
BH -Psychiatrist		-	-
Physicians		3,325	681
Dentists		-	-
Mid Level Practitioner		-	-
Other Practitioners		-	-
Home Health		-	-
Lab and Radiology		-	-
Medical Supplies		-	-
Clinic Services		398	82
Ambulatory Surgery Center		-	-
Skilled Nursing		-	-
Prescription Drugs		(3,540)	(725)
Transportation		1,871	383
Premiums Collected		-	-
Total Individual Plan		\$ 185	\$ 38
College Students-Service Costs		\$ -	\$ -
Total OHCA Program Costs		\$ 6,974,294	\$ 6,918,786
Administrative Costs			
Salaries	\$ -	\$ 250,308	\$ 250,308
Operating Costs	323	87	410
E&E Development DXC	-	-	-
Contract - DXC	375,519	-	375,519
Total Administrative Costs	\$ 375,842	\$ 250,395	\$ 626,237
Total Expenditures			\$ 7,545,023
NET CASH BALANCE	\$ 13,943,391	\$ 4,047,840	\$ 17,991,231

OKLAHOMA HEALTH CARE AUTHORITY
Combining Statement of Revenues, Expenditures and Changes in Fund Balance
SFY 2023, For the Two Month Period Ending August 31, 2022

	Administration Fund 200	Supplemental Hospital Offset Payment Program Fund 205	Quality of Care Fund 230	Rate Preservation Fund 236	Federal Deferral Fund 240	Health Employee and Economy Act Fund 245	Belle Maxine Hilliard Breast & Cervical Cancer Treatment (Tobacco) Fund 250	Medicaid Program (Tobacco) Fund 255	Medicaid Program Fund 340	Clearing Account 1807B	Total Cash Balance
August Beginning Fund Balance:											
Prior year	33,194,441	723,251	158,274	173,190,614	66,105,110	14,114,021	-	-	843,225,833	13,818,290	1,144,529,834
Current year	2,123,100	(545,497)	(129,467)	13,678,171	64,030	2,409,606	-	-	113,819,301	2,567,957	133,987,201
Total	35,317,541	177,755	28,807	186,868,785	66,169,140	16,523,627	-	-	957,045,134	16,386,247	1,278,517,036
August Revenues:											
Prior year	4,141,260	-	-	-	-	72,817	-	-	27,349,146	-	31,563,223
Current year	3,605,216	578,465	7,466,339	-	74,086	5,347,415	48,695	2,917,543	700,563,868	20,351,999	740,953,627
Total	7,746,476	578,465	7,466,339	-	74,086	5,420,232	48,695	2,917,543	727,913,014	20,351,999	772,516,850
August Expenditures:											
Prior year	5,759,534	-	-	-	-	243,447	-	-	-	-	6,002,981
Current year	7,854,784	-	-	-	-	3,711,814	-	-	850,181,374	-	861,747,972
Total	13,614,318	-	-	-	-	3,955,262	-	-	850,181,374	-	867,750,954
Operating Transfers In											
Prior year											
Current year	6,701,064	-	-	13,678,171	-	-	-	-	94,916,336	-	115,295,571
Total	6,701,064	-	-	13,678,171	-	-	-	-	94,916,336	-	115,295,571
Operating Transfers Out											
Prior year	2,083,111	-	-	-	-	-	-	-	-	-	2,083,111
Current year	-	-	7,471,377	5,787,891	-	-	48,695	2,917,543	-	13,818,290	30,043,796
Total	2,083,111	-	7,471,377	5,787,891	-	-	48,695	2,917,543	-	13,818,290	32,126,907
Change in CY Fund Balance	4,574,595	32,968	(134,504)	21,568,451	138,116	4,045,207	-	-	59,118,131	9,101,667	98,444,632
Ending Fund Balance	34,067,652	756,220	23,769	194,759,065	66,243,226	17,988,598	-	-	929,693,110	22,919,957	1,266,451,597

OKLAHOMA HEALTH CARE AUTHORITY
HEALTHY ADULT PROGRAM EXPENDITURES - OHCA
SFY 2023, For the Two Month Period Ending August 31, 2022

PROGRAM / ACTIVITY	FY23 BUDGETED EXPENDITURES		FY23 ACTUAL EXPENDITURES	BUDGET VARIANCE
	Full Year	Year to Date	YTD through August	(Over)/ Under
OHCA MEDICAID PROGRAMS				
Managed Care				
SoonerCare Choice	3,765,223	627,537	640,976	(13,439)
Total Managed Care	3,765,223	627,537	640,976	(13,439)
Fee for Service				
Hospital Services:				
Inpatient Acute Care	273,604,093	47,946,478	44,435,956	3,510,522
SHOPP	265,696,456	63,353,072	65,700,318	(2,347,246)
Outpatient Acute Care	261,235,739	45,740,032	47,167,568	(1,427,537)
Total Hospitals	800,536,288	157,039,581	157,303,842	(264,260)
Behavioral Mental Health:				
Inpatient Services - DRG	9,301,433	1,609,863	3,346,086	(1,736,223)
Outpatient	-	-	-	-
Total Behavioral Mental Health	9,301,433	1,609,863	3,346,086	(1,736,223)
Physicians & Other Providers:				
Physicians	165,125,830	29,072,740	29,809,007	(736,268)
Dentists	41,644,615	7,207,722	9,790,540	(2,582,818)
Mid-Level Practitioner	470,555	81,442	79,551	1,891
Other Practitioners	17,826,615	3,085,376	3,823,354	(737,978)
Home Health Care	1,057,567	183,040	206,278	(23,238)
Lab & Radiology	18,732,473	3,242,159	3,578,517	(336,358)
Medical Supplies	12,693,042	2,196,873	2,758,749	(561,876)
Clinic Services	143,276,094	25,291,055	29,254,231	(3,963,176)
Ambulatory Clinics	3,935,341	681,117	699,420	(18,303)
Total Physicians & Other Providers	404,762,132	71,041,523	79,999,647	(8,958,124)
Misc Medical & Health Access Network	81,869	14,170	28,162	(13,993)
Transportation	22,433,552	3,882,730	5,012,785	(1,130,055)
Health Access Network	-	-	5,875	(5,875)
Prescription Drugs	538,724,708	94,424,661	110,279,208	(15,854,547)
Total OHCA Medicaid Programs	1,779,605,206	328,640,066	356,616,581	(27,976,515)

THE OFFICE OF THE STATE COORDINATOR FOR HEALTH INFORMATION EXCHANGE



Steve Miller, CHCIO
State Coordinator for
Health Information Exchange
Stephen.miller@okhca.org or
okshine@okhca.org
405.522.7797

November 16, 2022



OKSHINE

Oklahoma State Health Information Network Exchange

WHY A HEALTH INFORMATION EXCHANGE?

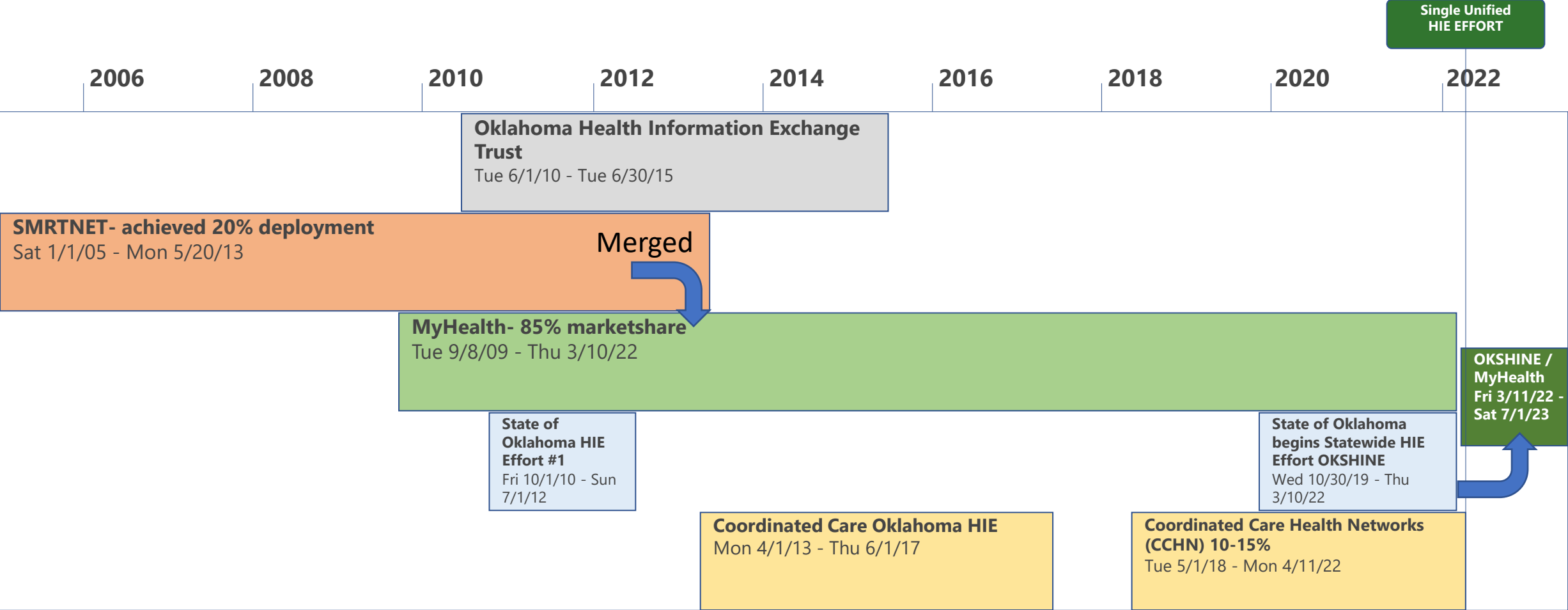
70%
of Oklahomans
have records in
more than one
health care delivery
system

Health Information Exchanges help...

- **Reduce health care costs** associated with redundant testing, hospital readmissions, and emergency department visits.
- **Improve care coordination** during transitions between health care settings, reduce adverse drug events and missed preventative care
- **Improve patient experience and performance** on quality measures
- **Comply with State and Federal programs** such as MIPS, ONC, and CMS interoperability rules.

Reduce the clinical impact of care fragmentation!

OKLAHOMA HIE HISTORY



LEGISLATION

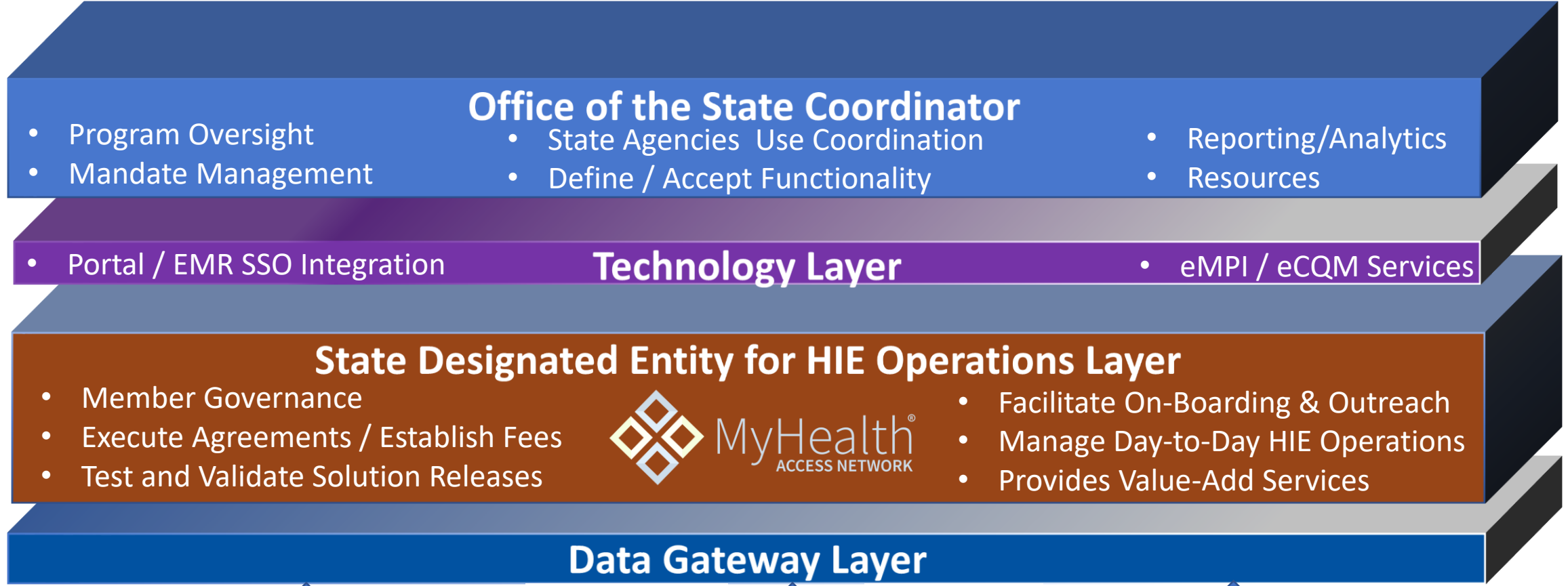
- SB 574 (May 2021)
 - Created the **Oklahoma State Health Information Network Exchange, (OKSHINE)**
- SB 1369 (May 2022)
 - Created the **Office of the State Coordinator** for Health Information Exchange
 - Created concept of a **State Designated Entity for HIE Operations** overseen by the office.
 - Defined the Health Information Exchange Organization as one governed by its stakeholders.
 - Declared a Mandate that **“all providers”** participate in the statewide HIE **by July 1, 2023**
 - Establish a direct secure connection to the SDE and **transmit active patient data.**
 - **Actively Utilize HIE services** to securely access records during and/or in support of patient care.
 - Coordinator may grant **exemptions** (financial hardship or technological capability)
 - Hardship exemption does not exclude provider from requirements
 - Requires submission of detailed justification as to the hardship and a plan with timeline for remediation.

LEGISLATION (CONTINUED)

- SB 1369 Defines a “**health care provider**” as licensed providers or organizations providing services to Oklahomans
 - A **hospital** or related institution licensed pursuant to 63 O.S. § 1-702;
 - **Nursing facilities** licensed pursuant to 63 O.S. § 1-1903;
 - **Doctors** as specified in 59 O.S. § 725.2, subsection A, paragraphs 1 through 9;
 - **Physical therapists** as specified in 59 O.S. § 887.2, paragraph 3;
 - **Physician assistants** as specified in 59 O.S. § 519.2, paragraph 5;
 - **Pharmacists** as specified in 59 O.S. § 353.1, paragraph 15;
 - **Nurses** as specified in 59 O.S. § 567.3a, paragraphs 3 through 10;
 - Licensed **Mental Health Professionals** as specified in 43a O.S. § 1-103;
 - **Home Health Care Agencies** and/or providers licensed pursuant to 63 O.S. § 1-1965.
- To Meet the Mandate Organizations must;
 - Complete / Maintain an active **participation agreement** with the SDE (MyHealth)
 - Execute an **Order Form** (selecting core services at minimum, allows immediate access to portal)
 - Data Feed Work Slotted / Scheduled (Data Submission Specifications Available)
 - **Maintain good standing** (Terms & Conditions, Network Policies, Membership Fees)
- SB 1337
 - Provides for managed care entities and providers to submit data to the HIE



OKSHINE HIE FRAMEWORK



Other HIE's
November 10, 2022



Pharmacists



Physicians

Family Practices



Hospitals

Urgent-Care

MAC Agenda

Rehabilitation



Long-Term Care



Payers



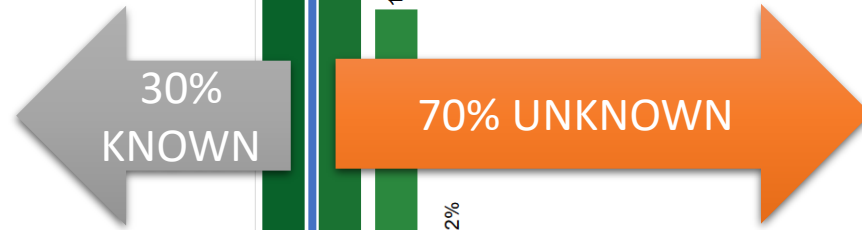
State Agencies

MYHEALTH THE STATE DESIGNATED ENTITY FOR HIE OPERATIONS

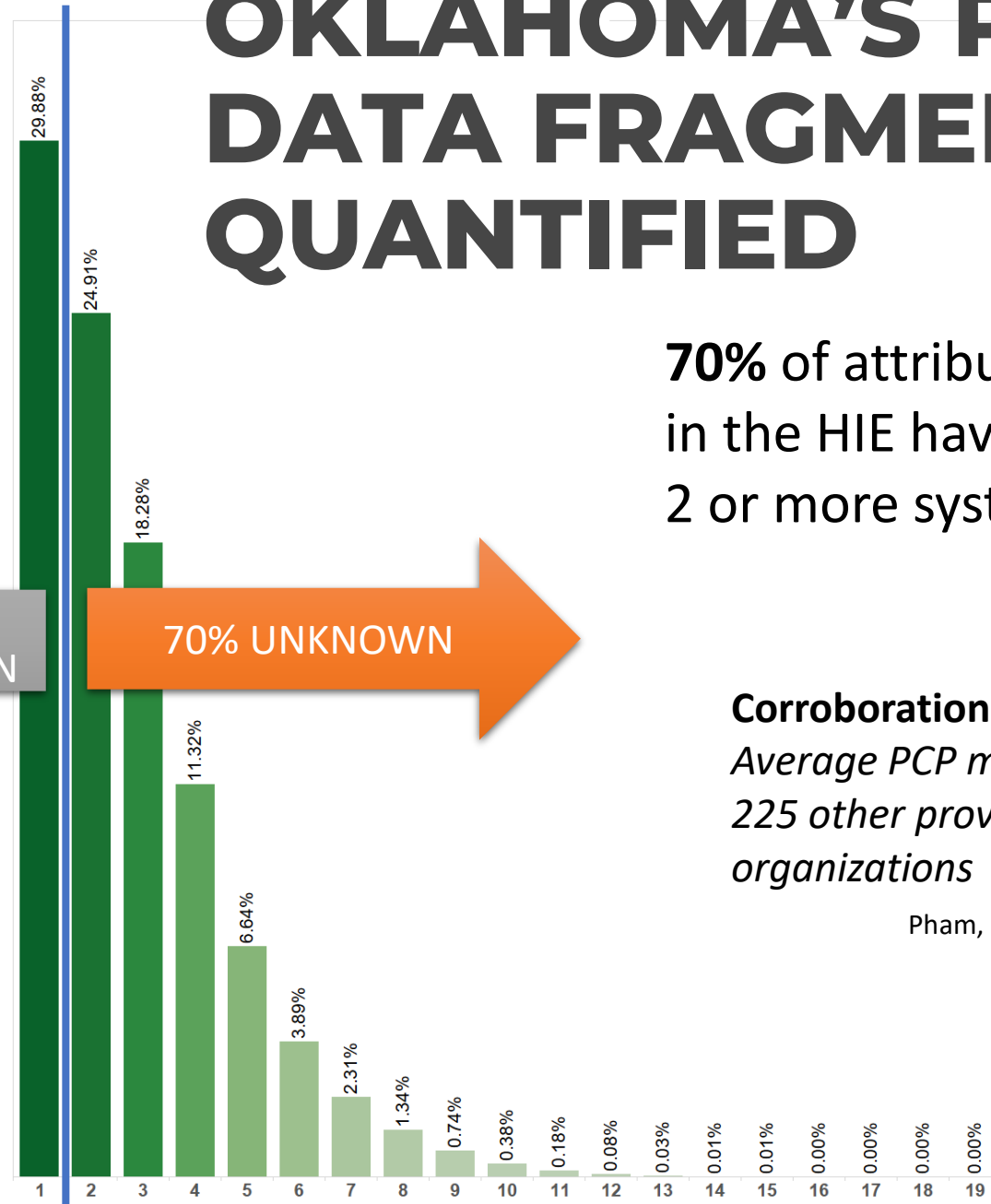
- In choosing MyHealth, an Oklahoma-based 501c3:
 - >80% of Oklahoma's healthcare data already connected
 - ~400 organizations do not need to reconnect
 - Existing legal agreements and policies remain in place
 - Funding: Eligible for Federal funding from CMS and other agencies
 - Extensive Governance of Network and Data Use
 - Providers and other healthcare stakeholders
 - State is a Participant

OKLAHOMA'S PATIENT DATA FRAGMENTATION QUANTIFIED

70% of attributed patients in the HIE have records in 2 or more systems



% of Patients



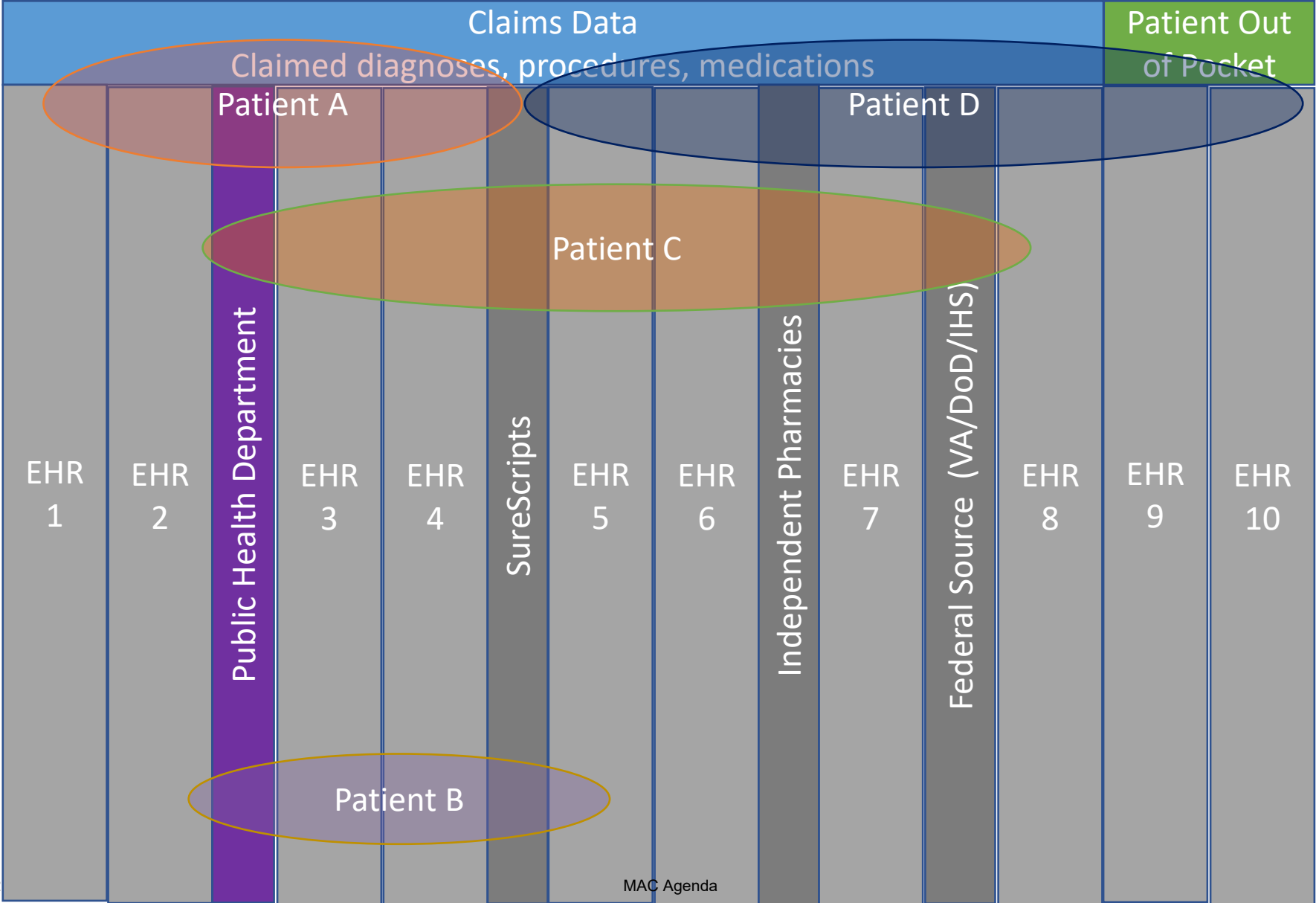
Corroboration:

Average PCP must coordinate care with 225 other providers in 117 other organizations

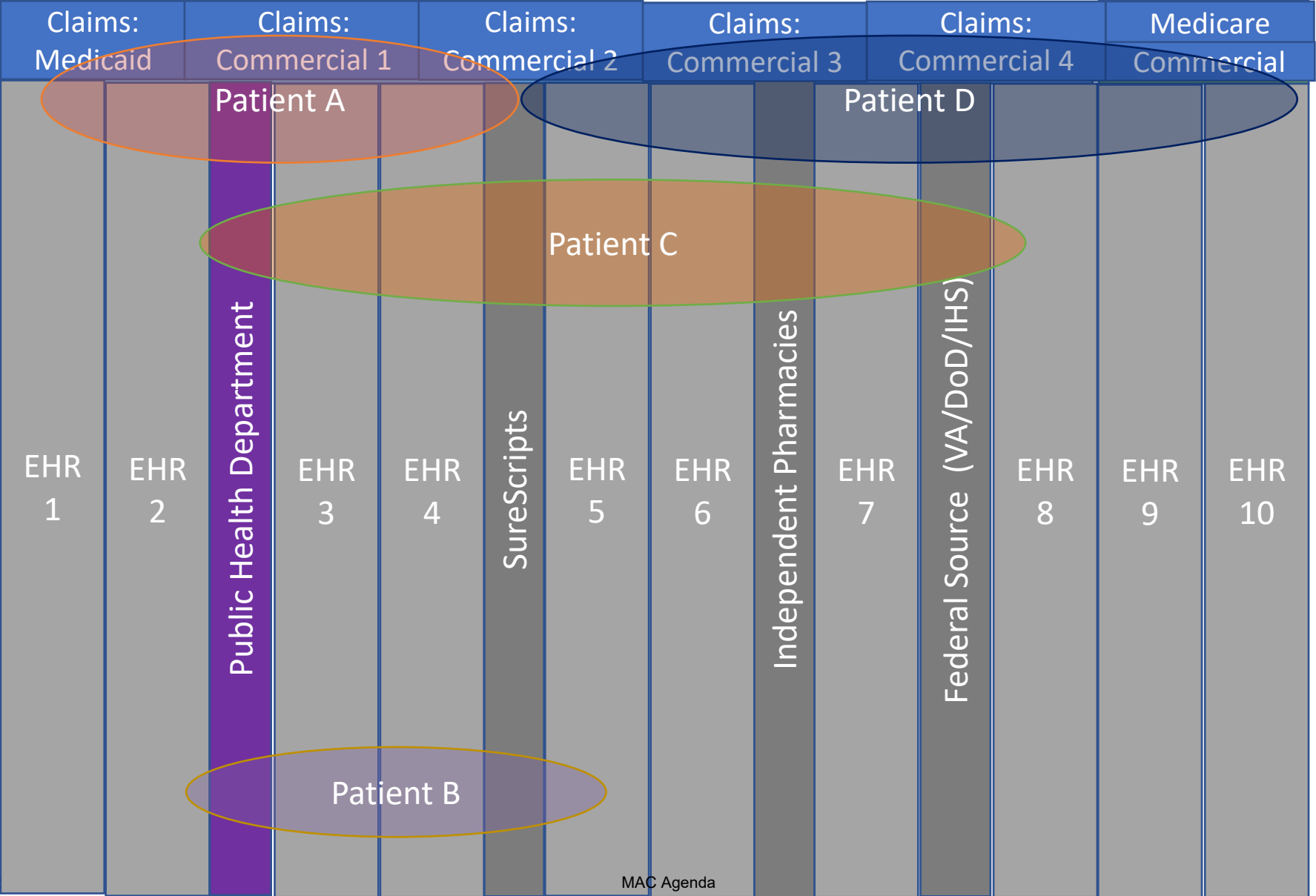
Pham, HH, NEJM 2007; 356: 1130-1139

Number of EHR Sources each patient has

CARE FRAGMENTATION



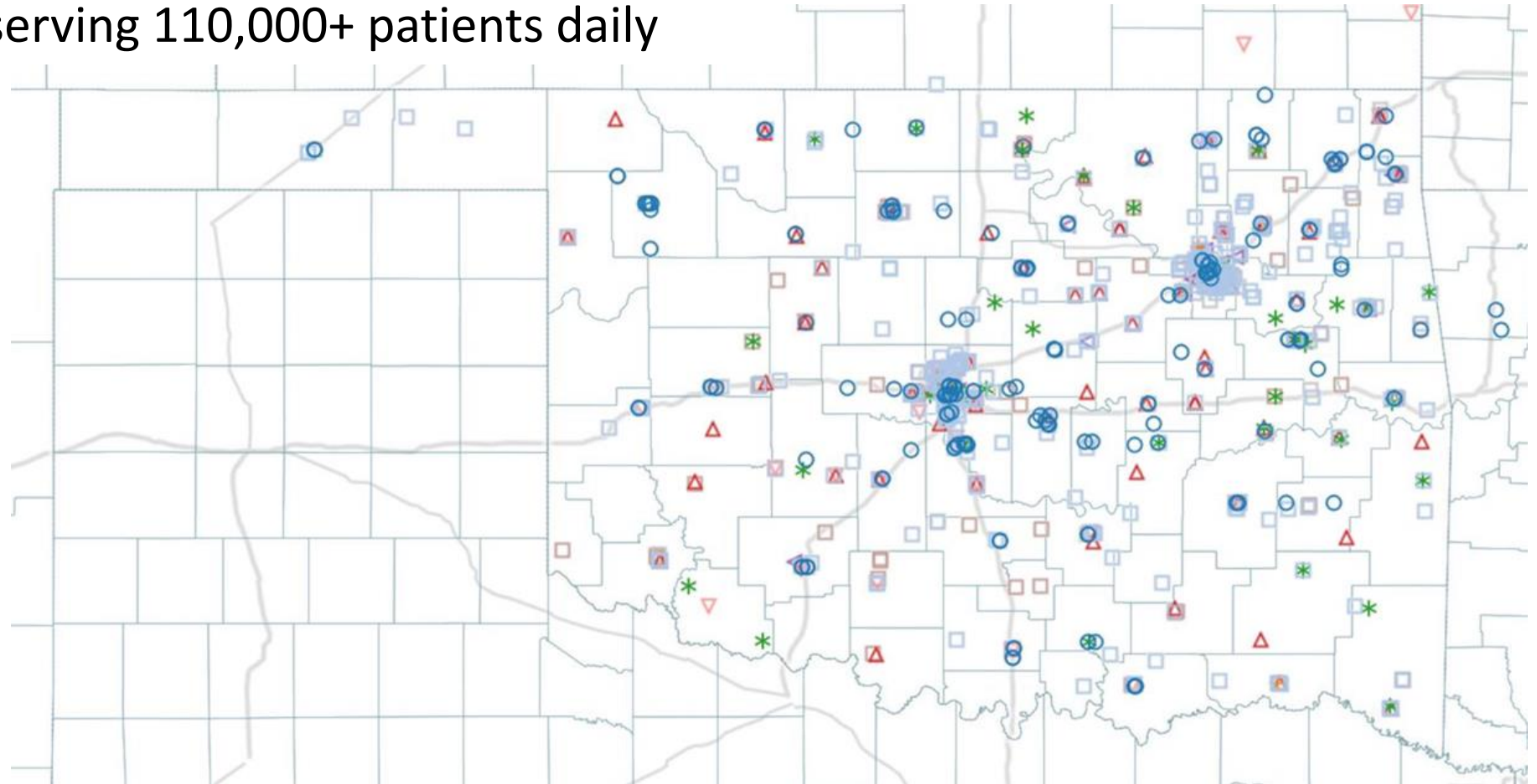
CARE FRAGMENTATION



CURRENT OKLAHOMA HIE COVERAGE

1400+ locations serving 110,000+ patients daily

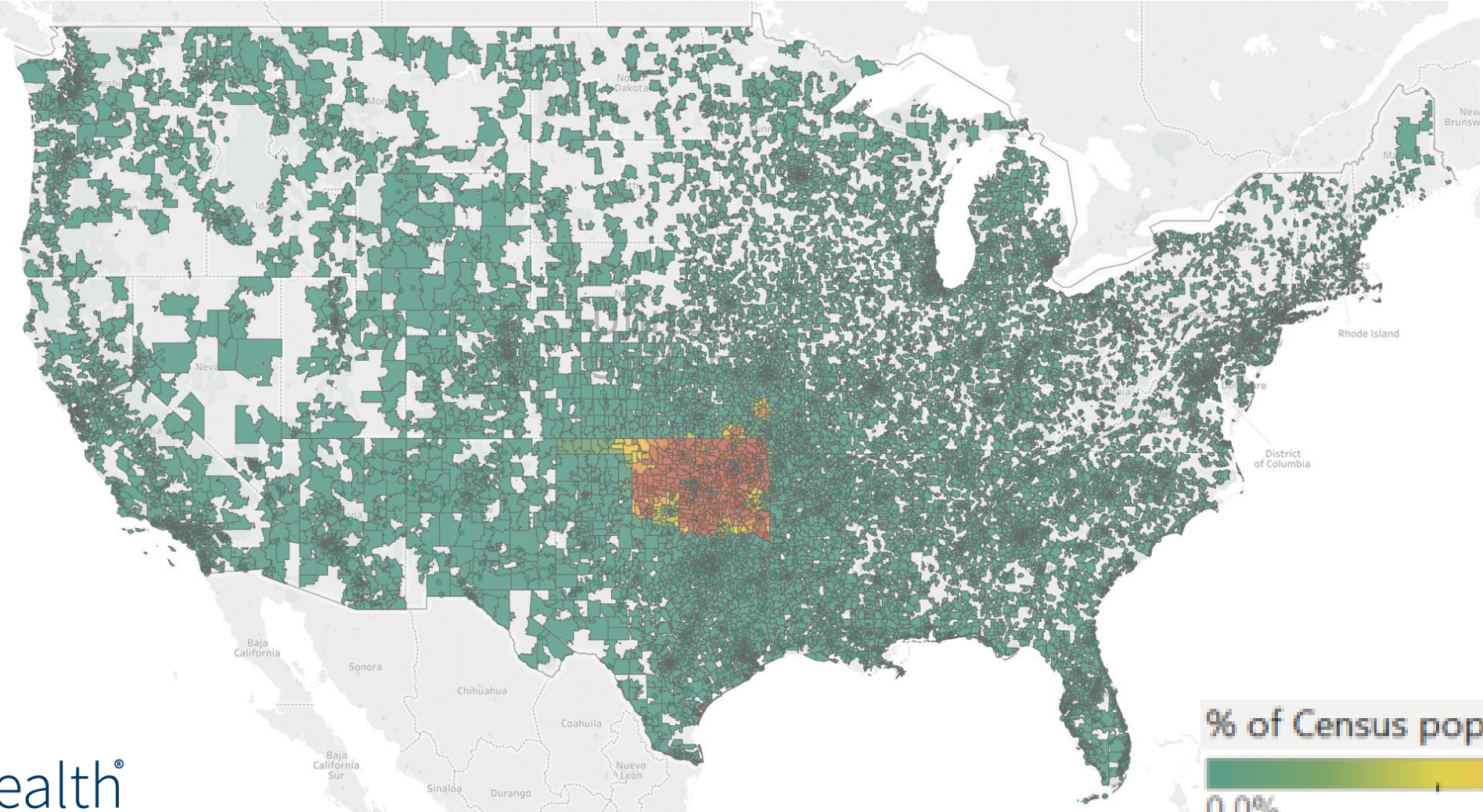
>80%
of all
healthcare
activity



Facility Type				Facility Type			
Null	Emergency Services	Lab	Pharmacy	Null	Emergency Services	Lab	Pharmacy
Behavioral Health...	FQHC	Long Term Care ...	Public Health	Behavioral Health...	FQHC	Long Term Care ...	Public Health
Clinic	Hospice	Ophthalmology/Op...	Urgent Care Facility	Clinic	Hospice	Ophthalmology/Op...	Urgent Care Facility
Community/Social...	Hospital	Payer		+ Community/Social...	Hospital	Payer	



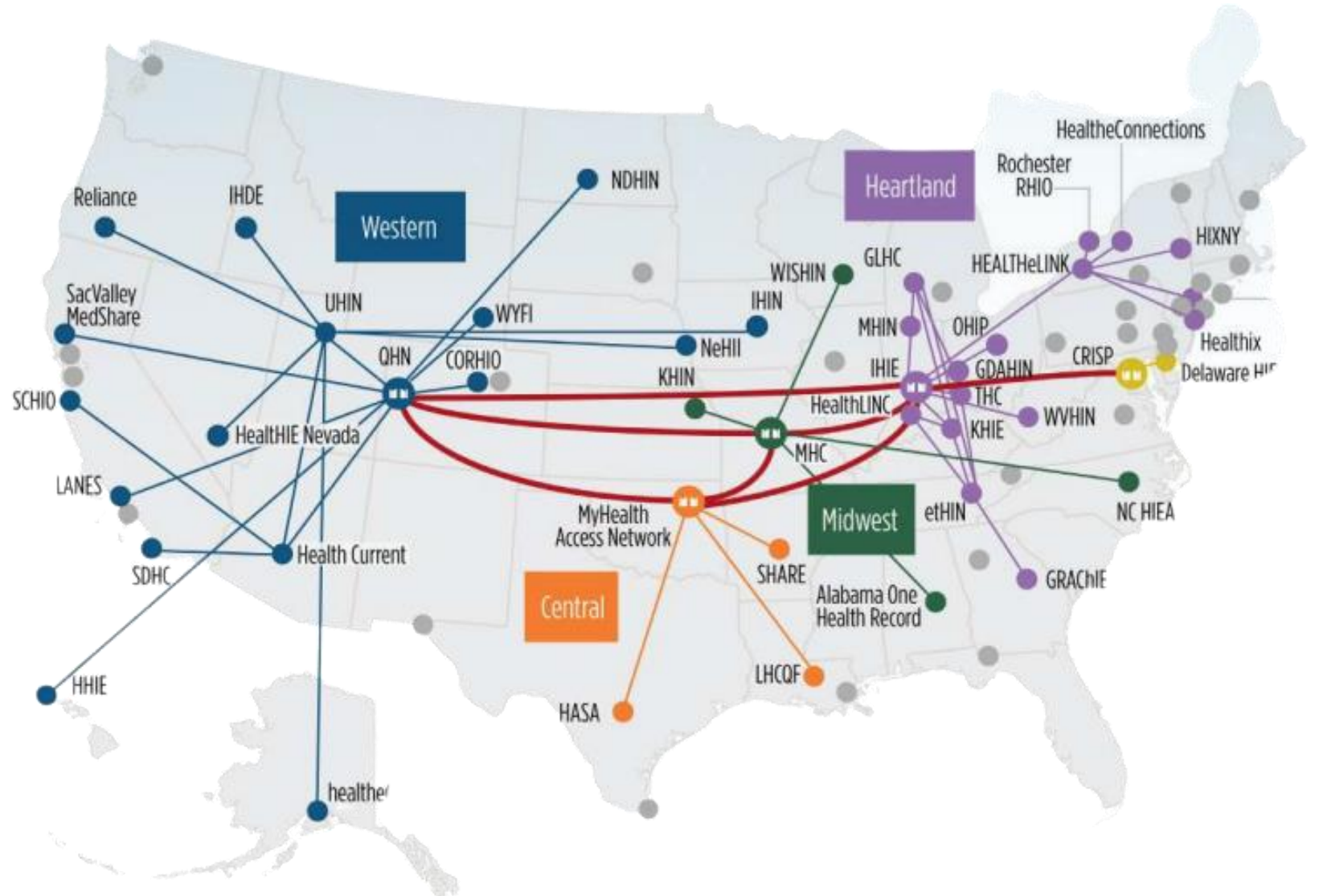
OKLAHOMA HIE PATIENT POPULATION



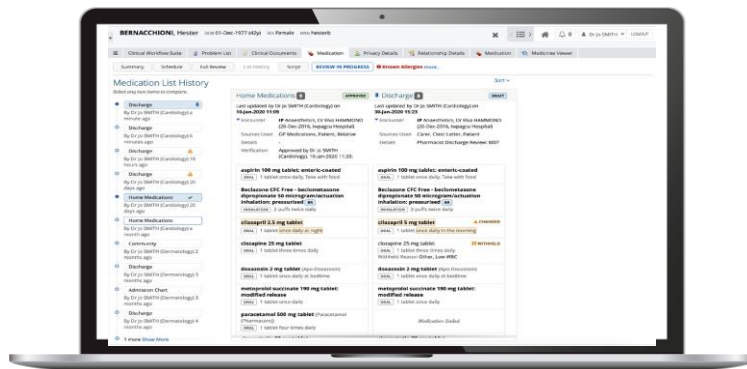
PATIENT CENTERED DATA HOME

DATA INCLUDES

Health information exchanges (HIEs) are connecting nationwide to seamlessly deliver patient health information across state lines and across health systems, improving the patient experience by making their health information available whenever and wherever their care occurs



HIE CAPABILITIES



Utilization Goal: 100% of New Patients are looked up in the HIE



PROVIDER
PORTAL



Patient Charts

Mouse, Mickey (F, 71)
DOB: 10/02/1950

Address: 1000 WHITE HOUSE, BRIDGETON, MO 63044, USA
Mobile: +1-580-222-5555
Home: +1-314-777-9311

WC CCSI
WC CCSI
WC CCSI

Encounters

Encounter Type	Admit - Discharge Dates	Source
Ambulatory	03/03/2022 00:00 - 03/03/2022 00:00	SSM Health Care - Hospital
Ambulatory	01/11/2022 00:00 - 01/11/2022 00:00	SSM Health Care - Hospital
Ambulatory	01/10/2022 00:00 - 01/10/2022 00:00	SSM Health Care - Hospital
Ambulatory	01/04/2022 00:00 - 01/04/2022 00:00	SSM Health Care - Hospital
Ambulatory	11/30/2021 18:44 -	SSM Health Care
Ambulatory	10/28/2021 10:40 - 10/28/2021 10:55	SSM Health Care - Hospital
Ambulatory	10/28/2021 10:36 -	SSM Health Care
Ambulatory	10/28/2021 00:00 -	SSM Health Care
Ambulatory	10/31/2021 00:00 - 10/21/2021 00:00	SSM Health Care - Hospital
Ambulatory	10/20/2021 00:00 - 10/20/2021 00:00	SSM Health Care - Hospital
O/p	10/12/2021 10:51 -	SSM Health Care
O/p	10/12/2021 00:00 -	SSM Health Care
Ambulatory	10/12/2021 00:00 - 10/12/2021 00:00	SSM Health Care - Hospital
O/p	09/28/2021 10:47 -	SSM Health Care
O/p	09/28/2021 00:00 -	SSM Health Care
Ambulatory	09/28/2021 00:00 - 09/28/2021 00:00	SSM Health Care - Hospital
Ambulatory	09/20/2021 00:00 - 09/20/2021 00:00	SSM Health Care - Hospital
Ambulatory	08/31/2021 00:00 - 08/31/2021 00:00	SSM Health Care - Hospital
Ambulatory	08/20/2021 00:00 - 08/20/2021 00:00	SSM Health Care - Hospital
Ambulatory	08/13/2021 13:43 - 08/13/2021 14:03	SSM Health Care - Hospital

Problems

Problem/Condition	Code	Onset Date	Status	Source
Displaced fracture of proximal phalanx of left index finger, initial encounter for closed fracture	ICD-10 S62.611A	10/28/2021	Active	SSM Health Care
Unspecified chronic conjunctivitis, unspecified eye	ICD-10 H10.409	10/28/2021	Active	SSM Health Care
Acute pharyngitis, unspecified	ICD-10 J02.9	10/28/2021	Active	SSM Health Care
Gastro-esophageal reflux disease without esophagitis	ICD-10 K21.9	10/12/2021	Active	SSM Health Care
Gastro-esophageal reflux disease without esophagitis	ICD-10 K21.9	09/28/2021	Active	SSM Health Care
Encounter for general adult medical examination without	ICD-10 Z00.00	08/13/2021	Active	SSM Health Care

Documents

Description	Created
Summary of Care Summarization of Episode Note	03/06/2022 14:09
Summary of Care Summarization of Episode Note	02/07/2022 10:07
Summary of Care Summarization of Episode Note	01/27/2022 14:20
Summary of Care Summarization of Episode Note	01/21/2022 19:02
Summary of Care Summarization of Episode Note	01/15/2022 19:03
Summary of Care Summarization of Episode Note	01/15/2022 19:02
Summary of Care Summarization of Episode Note	01/14/2022 09:48
Summary of Care Summarization of Episode Note	11/02/2021 09:28
Nation, Cary Douglas, PA-C - 10/30/2021 9:27 AM CDT Progress Note	10/30/2021 09:27
Summary of Care Summarization of Episode Note	10/26/2021 04:00
Summary of Care Summarization of Episode Note	10/26/2021 04:00
Summary of Care Summarization of Episode Note	10/24/2021 08:22
Summary of Care Summarization of Episode Note	10/23/2021 14:54
Summary of Care Summarization of Episode Note	10/15/2021 10:50
Summary of Care Summarization of Episode Note	10/09/2021 19:01
Summary of Care Summarization of Episode Note	09/23/2021 15:02
Summary of Care Summarization of Episode Note	09/11/2021 19:02
Summary of Care Summarization of Episode Note	08/23/2021 14:21
Summary of Care Summarization of Episode Note	08/20/2021 14:32
Summary of Care Summarization of Episode Note	08/20/2021 14:22

Immunizations

Immunization	Administered Date
FLU VACCINE INV INC ANTIG PF IM	10/07/2020 00:00
FLU VACCINE QUAD INVA PF ID	11/09/2018 00:00
FLU VACCINE QUAD INVA SPLIT PF IM	11/09/2018 00:00

Labs (last 5 panels displayed, trendline displays last 5 results if available)

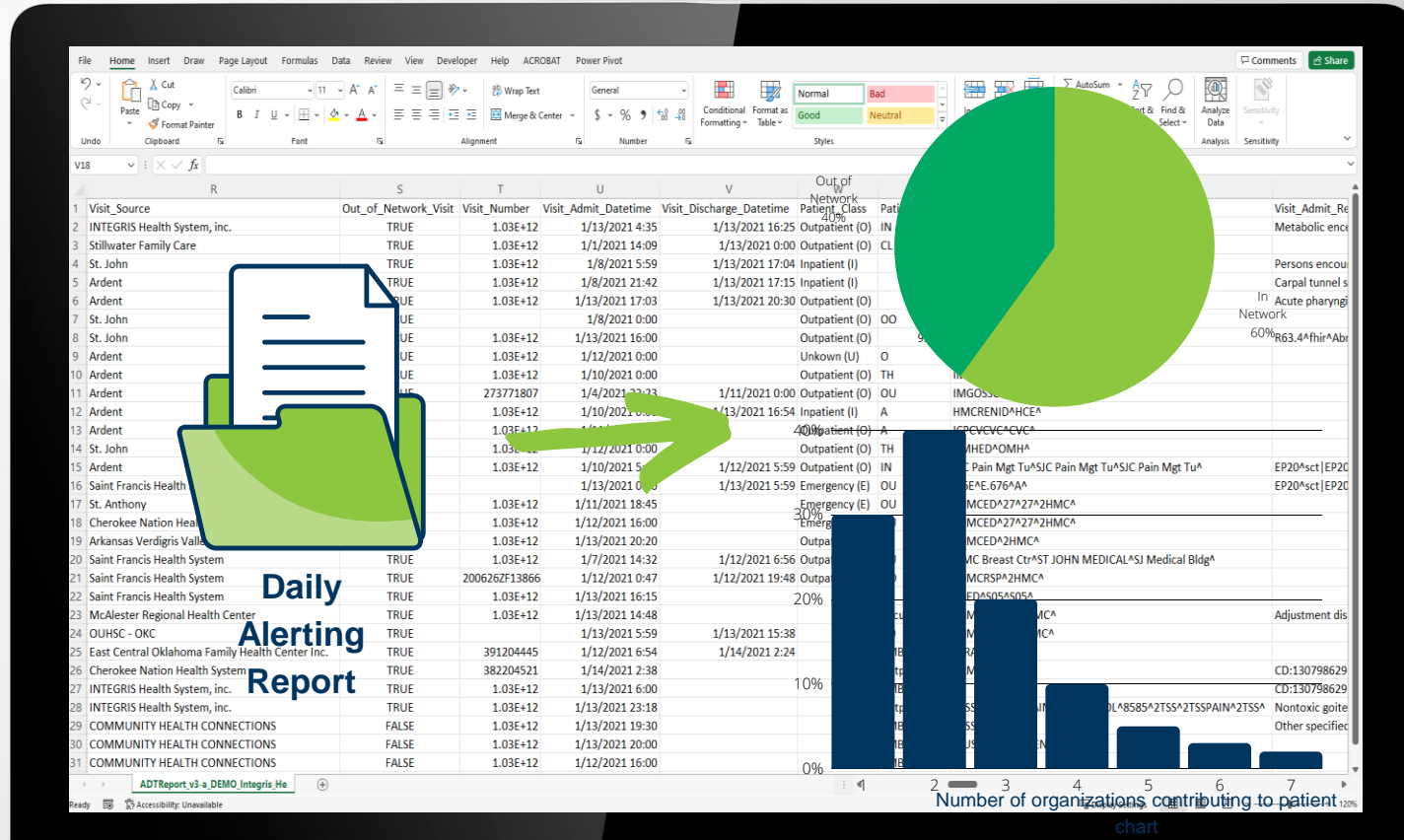
Panel	Test	Value	Interpret
URINALYSIS, POINT OF CARE	Comment	Notification	

Value Proposition:

- Find the most complete records immediately
- No need to read separate documents from every org
- Close loops on referrals



CARE FRAGMENTATION ALERTING



Value Proposition:

- Schedule follow-up with ER and Inpatient discharges
- Close loops on referrals
- Understand in- and out- of network care



Conditions of Participation (CoP) Electronic Notification requirement

Hospitals must send an electronic notification to a patient's providers when patients are admitted, discharged, or transferred (ADT) from the hospital. (CMS-9115-F).

E-Notifications
Conditions of Participation



Admit



Discharge



Transfer



Do you have a provider you would like us to notify about your visit today?



Primary Care Provider



Post-acute Care Provider



1

When a **patient is admitted**, transferred, or discharged hospital staff will document in the electronic health record any providers requested by the patient to be notified of their care.

2

The **EHR sends an ADT message**, including the name of the patient, name of the treating provider, name of the sending location, and name of the identified provider including the NPI.

3

The **ADT message is processed by the HIE**, message recipients are identified, and the patient is checked for previous opt-out of MyHealth.

4

Real-time notifications are delivered to the identified care providers via direct message, with logging for future compliance documentation.



eCQM's & Care Gaps

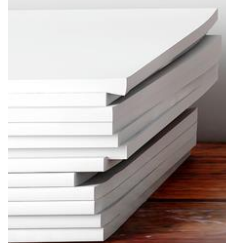


Patient MRN	Patient Last Name	Patient First Name	Total Gaps	Gaps By Patient and Measure																							
				CMS002		CMS069		CMS082		CMS122		CMS126		CMS138		CMS155											
				Den	Num	Excl	Den	Num	Excl	Den	Num	Excl	Den	Num	Excl	Den	Num	Excl	Den	Num	Excl	Den	Num				
00000000000015565	Mclaughlin	Bruce	6		x		x	x		x	x		x	x		x	x		x	x		x	x				
00000000000019004	Hunter	Jane	5	✓	x		x	x		x	x		x	x		x	x		x	x		✓	x				
00000000000019006	Hicks	Nancy	5	✓	x		x	x		x	x		x	x		x	x		x	x		✓	x				
00000000000019015	Fry	Diane	5	✓	x		x	x		x	x		x	x		x	x		x	x		✓	x				
00000000000019021	Lovely	Evelyn	5	✓	x		x	x		x	x		x	x		x	x		x	x		✓	x				
00000000000019064	Atkins	Jason	5	✓	x		✓	x		x	x		✓	✓		✓	x		✓	x		x	x				
00000000000019204	Underwood	Jane	5	✓	x		x	x		x	x		x	x		x	x		x	x		✓	x				
00000000000019206	Contreras	Nancy	5	✓	x		x	x		x	x		x	x		x	x		x	x		✓	x				
00000000000019215	Carr	Diane	5	✓	x		x	x		x	x		x	x		x	x		x	x		✓	x				
00000000000019221	Vasquez	Evelyn	5	✓	x		x	x		x	x		x	x		x	x		x	x		✓	x				
00000000000019404	Horton	Jana	5	✓	x		x	x		x	x		x	x		x	x		x	x		✓	x				
00000000000019406	Djants	Nancy	5	✓	x		x	x		x	x		x	x		x	x		x	x		✓	x				
00000000000019415	Ferguson	Diane	5	✓	x		x	x		x	x		x	x		x	x		x	x		✓	x				
00000000000019421	Evans	Evelyn	5	✓	x		x	x		x	x		x	x		x	x		x	x		✓	x				
00000000000019604	Dawson	Jane	5	✓	x		x	x		x	x		x	x		x	x		x	x		✓	x				
00000000000019606	Stuart	Nancy	5	✓	x		x	x		x	x		x	x		x	x		x	x		✓	x				
00000000000019616	Miranda	Diana	6	✓	x		x	x		x	x		x	x		x	x		x	x		✓	x				

Indicator	Definition
✓	A green checkmark indicates the patient met the denominator criteria and/or the numerator criteria for the measure.
x	A red x indicates the patient did not meet the numerator criteria and is therefore a gap for the measure.
✓	A red checkmark indicates the patient met the numerator criteria but was still a gap. A red checkmark is used to indicate gaps for "negative" measures, such as CMS122 Diabetes: Hemoglobin A1c Poor Control.
x	A black x indicates the patient did not meet the criteria for the measure. A black x can appear in the numerator and/or denominator.

Value Proposition:

- Close gaps in care
- Improve quality
- Optimize performance in value-based payment models





Strategic Planning



Value Proposition:

- Understand care fragmentation and leakage
- Plan expansion, partnerships
- Identify risk points



PATHWAY TO PARTICIPATION

1

COMPLETE ONLINE APPLICATION AT www.Oklahoma.gov/ohca/okshine

2

GOVERNANCE REVIEW AND APPROVAL FOR MEMBERSHIP

3

COMPLETE AND RETURN THE FOLLOWING DOCUMENTS:

- PARTICIPATION AGREEMENT
- ORDER FORM
- TRUSTED HOST ADMINISTRATOR FORM
- NEW USER REQUEST FORM

4

PROVIDER PORTAL ROLL-OUT AND TRAINING

5

LIVE DATA FEED INTEGRATION

6

ELECTED ANALYTICS PRODUCTS BUILD AND DELIVERY



OKLAHOMA

Health Care Authority

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SECTION 1115 INSTITUTIONS FOR MENTAL DISEASE (IMD) WAIVER

YEAR 2 POST-AWARD FORUM

Melissa Miller, MSW, Sr. Director of Behavioral Health
Policy and Planning

Oklahoma Department of Mental Health and Substance
Abuse Services





PURPOSE OF IMD WAIVERS

- Historically, federal regulations have prohibited Medicaid reimbursement for adult stays in facilities considered to be Institutions for Mental Disease, or IMDs.
- IMDs refer to facilities that primarily provide diagnosis, treatment or care to persons with behavioral health needs and have more than 16 beds.
- Through submission of a Section 1115 demonstration waiver of the IMD exclusion (IMD waiver), states can request Medicaid reimbursement for services provided in IMDs.
- States must show how coverage of these services will complement, but not replace, provision of services in less restrictive settings.
- State must also engage in an evaluation process that tests certain hypotheses.



OVERVIEW OF OKLAHOMA'S IMD WAIVER

- States can pursue an IMD waiver for mental health or substance use disorder treatment services.
- Oklahoma's IMD waiver application includes both categories of services through a joint Serious Mental Illness (SMI) and Substance Use Disorder (SUD) waiver.
- The waiver will be effective for five years from the date of approval, with a potential for renewal.
- Oklahoma's approval date is December 22, 2020, with each year of the demonstration running on a calendar year basis.



INCLUDED POPULATIONS AND SERVICES

Inpatient stays in psychiatric hospitals (with more than 16 beds)

- Adults ages 21-64

Crisis stabilization services in crisis units (with more than 16 beds)

- Adults ages 18-64

Substance use disorder treatment in residential settings (with more than 16 beds)

- Adults ages 18-64
- Individuals under 18 years old



UPDATES/ ACHIEVEMENTS FOR CY 2022

- As of January 1, 2022 a requirement for residential substance use disorder providers to obtain national accreditation (e.g., CARF) was implemented.
- Effective July 1, 2022 increases to behavioral health reimbursement rates include all levels of residential substance use disorder treatment.
- The State achieved statewide certification of Certified Community Behavioral Health Clinics (CCBHCs) at the end of 2021.
- The State included Qualified Residential Treatment Programs in its waiver application. The State is continuing QRTP implementation and if any facilities are deemed to be IMDs, they can continue to remain compensable for Medicaid services.



UPDATES/ ACHIEVEMENTS FOR CY 2022

- ODMHSAS has expanded (and is continuing to expand) a statewide crisis continuum of care, including:
 - Urgent Recovery Clinics
 - Crisis units
 - Mobile crisis teams
 - 988 call center



- Visit oklahoma.gov/odmhsas for more information on the state's Comprehensive Crisis Response.



Questions?