OHCA MEDICAL ADVISORY COMMITTEE

AGENDA

July 21, 2016
1:00 p.m. – 3:30pm

Charles Ed McFall Board Room

I. Welcome, Roll Call, and Public Comment Instructions: **Chairman, Steven Crawford, M.D.**

II. Action Item: Approval of Minutes of the May 19, 2016: **Medical Advisory Committee Meeting**

III. Introduction of new delegates: Ms. Renee Banks (Oklahoma Department of Human Services), Ms. Debra Billingsley (Oklahoma Pharmacists Association) and Dr. Gail Poyner (Oklahoma Psychological Association): **Chairman, Steven Crawford, M.D.**

IV. Public Comments (2 minute limit)

V. MAC Member Comments/Discussion

VI. Recognition of Dr. Leon Bragg (Dental Services): **Dr. Mike Herndon, Senior Medical Director**

VII. SFY 2017 Agency Appropriation: **Nico Gomez, CEO**

VIII. Financial Report: **Gloria Hudson, Director of General Accounting**

IX. Fiscal Year 2017 Budget Update: **Vickie Kersey, Director Fiscal Planning & Procurement**

X. SoonerCare Operations Update: **Casey Dunham, Director Provider/Medical Home Services**

XI. ABD Care Coordination Update: **Dana Northrup, Strategic Planning & Reform Project Manager**

XII. Proposed Rule Changes: Presentation, Discussion, and Vote: **Demetria Bennett, Policy Development Coordinator**

XIII. Action Item: Vote on Proposed Rule Changes: **Chairman, Steven Crawford, M.D.**

- **A.** APA WF #16-02 – Modify Reimbursement Structure for Eyeglasses

XIV. Information Items Only – not actionable:

- **A.** Access Monitoring Plan: **Tywanda Cox, Chief of Federal & State Policy**

XV. New Business: **Chairman, Steven Crawford, M.D**

XVI. Future Meetings

August 8, 2016 at 1:00 PM

November 17, 2016 at 1:00 PM

XVII. Adjourn

MAC Minutes for May 19, 2016

Welcome and Roll Call

Chairman Crawford called the meeting to order at 1:00 PM. He explained about the sensitivity of the mics and to guard conversation. He introduced a new member of the MAC, Dr. Ashley Orynich who will be representing the Oklahoma Dental Association. ***Delegates present were*:** Ms. Teresa Bierig, Dr. Joe Catalano, Dr. Steve Crawford, Ms. Wanda Felty, Dr. Melissa Gastorf, Mr. Steve Goforth, Mr. Mark Jones, Dr. Ashley Orynich, Ms. Annette Mays, Dr. J. Daniel Post, Dr. Gail Poyner, Ms. Toni Pratt-Reid, Dr. Jason Rhynes, Mr. David Rising, and Mr. Jeff Tallent.
Alternates present were: Ms. Frannie Pryor, Mr. Traylor Rains-Sims, and Dr. Mike Talley providing a quorum.

***Delegates absent without an alternate were*:** Ms. Mary Brinkley, Dr. David Cavallaro, Ms. Samantha Galloway, Dr. Stanley Grogg, Ms. Liz Moran, Mr. James Patterson, Dr. Edd Rhoades, Dr. Kanwal Obhrai, and Mr. Rick Snyder.

Public Comments

Dr. Crawford informed the MAC that there were several people to give a public comment and reminded the public that they have a two minute time limit and asked that they speak to an item on the agenda and not repeat what someone else has already said. The public comments were as follows:

1. Sarah Baker, representing OSHA, addressed the elimination of speech language services from the ADvantage Waiver due to lack of utilization. She requested that the MAC consider a change of terms from "lack of utilization" to "under utilized" before we eliminate this since this has no budget impact. If there is just one person that it could help in the next few years it would be worth keeping in.
2. Randy Voigtschild, Administrator of Meadowlake Estates, a nursing facility in Oklahoma City who understand that the MAC Members are Providers themselves and would be hurt by the provider cuts but as a nursing home representative, wanted to share what an "across the board cut" would result in. Oklahoma has approximately 300 nursing homes that house approximately 17,000 residents and employee 17,000 employees. The residents are extremely elderly with many health problems and require 24 hour care. Seventy percent of these residents rely on Medicaid to pay for their care and currently Oklahoma is one of the lowest reimbursement rates for long term care in the country. Due to that, our nursing homes lose $13.00 per day, per recipient that lives in our homes. That translates into $224,000 of uncompensated care for the average nursing home facility in the state. Nursing homes are also dealing with complex federal rules and state mandates that prohibit them from cost saving measures and force a whole host of requirements that we cannot reduce by law. Our facilities were on the verge of a crisis before the recent budget shortfall. The OHCA data that has been compiled shows that there is no grave risk of facility closure due to the Medicaid reimbursement rate but that is because the only way they can sustain a loss of income was if they were to close. He asked the MAC to consider the devastating consequences in losing nursing home facilities within the state with an across the board provider cut.
3. John Murgai, representing Prevent Clinic (Mobile Medical Services), a company who provides ancillary services to the skilled nursing home facilities by performing x-rays, EKGs, etc…in various

locations. At the current funding rate we believe that 29% of the nursing homes would become insolvent this year which would result in resident displacement and job loss as well as having a devastating economic impact on those communities.

4. Danna Legleiter, Administrator at Manor Care in Midwest City (a skilled long term care facility) has been a nurse for over 25 years and Administrative for about 9 years. She states that over the past 10 years the cost of nursing homes has risen dramatically. The widening gap between the cost and reimbursement has caused more than 100 nursing homes to close within that 10 year period. To put that in perspective, ten years ago Oklahoma had 400 nursing homes and now is under 300 which is a 25% closure rate within the last decade. A 25% rate cut would close approximately 93% of the remaining facilities. This would be catastrophic across the state but particularly the rural facilities and metro facilities who are primarily Medicaid providers. If OHCA cuts benefits, residents will not only be without care but they will be without a home.
5. Jana Lowry, a registered dietician with Nestle Health Science, a manufacturer of tube feeding formula for infants all the way up to adults who works in hospitals, clinics, and in patient's homes. She is concerned because nutrition is an often overlooked therapy but it is a low cost, life sustaining therapy that has a huge impact on patient outcomes. In 2015, nutrition formula was only 0.09% of the Medicaid budget so it is an extremely low cost therapy. Current nutrition literature shows that proper formulas exhibit a 43% rate of improvement in constipation, a 75% improvement in gagging and retching, 86% improvement in vomiting, and 100% improvement in diarrhea and weight gain. The annular nutrition needs to be protected. This low cost therapy helps saves healthcare dollars by decreasing the symptoms that lead to hospitalization, decreasing the risk of malnutrition, decreasing the length of stay, and decreasing the total cost of care. I ask the Medical Advisory Committee to recommend that the nutrition provision be protected from any future cuts to DME providers for patients that are at home. I also ask that since the nutritional therapy is included in the daily hospital rates, that you protect it there also.

Member Comments Approval of Minutes

Dr. Crawford asked if any member of the MAC had a comment but there were none. Dr. Joe Catalano, Oklahoma Nurses Association delegate to the MAC, commented that there is a way to avoid big cuts in the legislature right now and that is to pass the cigarette tax. He addressed those in attendance who have not contacted their legislators or have gone to the capital yet to do so. Dr. Crawford asked for other comments and noted that there were several people nodding in agreement with Dr. Catalano. As the Chair, he exercised his prerogative and asked that a message be taken from the Medical Advisory Committee to the legislature that all MAC Members support the cigarette tax to help prevent this cut and request that both Houses and both parties support that. Dr. Crawford asked for a show of the hands if anyone was not in agreement with his statement but no hand was raised. Dr. Crawford then asked Mr. Nico Gomez to take the message from the MAC, as an independent body of the agency, to both Houses, both parties, and to the Governor that they fully support the cigarette tax and that they should move forward on this process. Mr. Nico Gomez agreed to this request.

Dr. Crawford then addressed the approval of the minutes. He explained that a late update had been added and pointed out specifically that it was Melinda Thomason's presentation on the Access Monitoring Review Plan Introduction. He asked if anyone wanted to discuss, add, or correct the minutes but there no further

discussion. He moved to approve the minutes with the addition and Dr. Joe Catalano and Dr. Mike Talley both seconded the motion. The vote to accept the minutes was unanimous.

Financial Update

Gloria Hudson, Director of General Accounting, reported on the state's fiscal year 2016 financial transactions through the month of January 2016. She reported that the total for FY 2016 variance a positive $10.8 million dollars. This variance is two million dollars higher than the prior month. On the expenditure side, we were under budget with the Medicaid program by 0.3% for $2.7 million state dollars and the administration was under budget by 6.9% for $2.7 million state dollars. On the revenue side, we were over budget on Drug Rebates and Collections by 5.6% for $3 million state dollars and tobacco tax collections and fees by 9.4% for $2.5 million state dollars and under budget in Overpayments/Settlements by 1% for a negative of $0.1 million state dollars. With preliminary data in for the month of March it looks like our agency will go over budget in Medicaid program expenditures. However, administrative costs remain under budget and drug rebate and settlement revenues are projected to be over budget. With these projections we anticipate our variance to remain positive at $10 million state dollars through March. Ms. Hudson asked for questions but there were no questions.

SoonerCare Operations Update

Dr. Crawford introduced Casey Dunham, Director of Provider/Medical Home Services, to the MAC. Casey stated that this month the focus is on enrollment trends from February 2015 through February 2016. As of February 2016, patient centered medical home members numbered a little over 528,000 which is an increase of about 4,600 from the previous month. SoonerCare Traditional had 232,310 which is approximately 3,000 less than the previous month. Insure Oklahoma enrollment was 19,321 which represented a very slight increase of 89. In total, enrollment was at 815,510 which is a net increase of 1,359 members from the previous month. Enrollment seems to remain flat over the past 13 months with there being a 23,000 decrease and that is primarily due to passive member enrollment which started in June 2015. In the monthly change in enrollment graph there have been some moderate shifts but again those primarily started after June 2015. Dr. Crawford stated that if the budget cuts were to occur, provider rate cuts in particular, a running amount of instate providers may be very critical for the MAC to watch month to month if that process were to evolve. Casey stated that OHCA keeps an eye on that and would be willing to share their tracking with the MAC. Dr. Crawford reiterated that it would be very helpful. Dr. Catalano asked if the category of Physicians included Physician's Assistants and Nurse Practitioners and Casey confirmed that it does. Dr. Catalano asked if OHCA could look into unbundling that category. Dr. Crawford stated that under the PCP it is only the Primary Care Nurse Practitioners and Primary Care Physician's Assistants who are providers. Casey indicated that they are broken down in our Fast Facts online. Ms. Toni Pratt-Reid requested that if these are going to be watched more closely that specialties also be looked at because one thing that they are noticing in their practice is referral patterns are completely drying up. There has been a significant change for anyone in a specialty field for both children and adults. Dr. Crawford stated that there are obviously certain areas that are more difficult than others but having that included could be helpful, particularly if the unfortunate were to happen. Dr. Rhynes stated that they did request Optometry be separated out and agrees that it would be interesting to watch those in the years to come. Dr. Melissa Gastorf stated that nursing homes would also be something to watch. Casey thought that was included but would research to find out for sure. Dr. Crawford asked for other comments to which Dr. Ashley Orynich requested that pediatric dentistry be watched as well.

Legislative Update

Emily Shipley, Director of Governmental Affairs, stated that the legislature is still in session and have until May 27th. Constitutionally they are required to adjourn by the last Friday in May, however, they could call for a special session and ignore that deadline. We are actually in a position that it would be a "Plan A" at this point. Budget negotiations between the Senate, the House, and the Governor's office are kind of at a standstill. As one of the members mentioned the cigarette tax was a topic of discussion for Medicaid provider rates to prevent the 25% provider rate cut that we put forth. It was voted in the House last night and it failed; 40 to 59. However, we still have an option to reconsider that vote this afternoon. The House has it on their agenda and they go back into session at 1:45 PM. There are some issues in the House as far as who will vote for that. We must have 76 members in the House to support a revenue raising measure so we will continue to work on that this afternoon. A couple of other bills that you have probably tracked through the session, one being HB2803 which is a request bill that the agency put forth (Medicaid Rebalancing), that is still out there. The focus has shifted a little to the cigarette tax to prevent the provider rate cuts but the Medicaid Rebalancing is still an option. The Autism Bill, HB2962, has an impact here at the agency but the language changed over the course of the bill and over the next fiscal year the agency will be studying applied behavioral services for our Autism members to see if that is something that we can afford and if this is something that we can provide to our members in the coming years. We will be studying that with the Department of Mental Health and the Department of Education over the next year and then reporting back to our legislators on whether it is a viable option to begin providing in the future. It does impact private carriers and so some of the providers will see a change. We thought we might adjourn May 27th but the potential for a special session is still an option. Emily asked for any questions and Dr. Crawford stated that he had heard on the radio that they would have to pass the cigarette tax by next Monday. Emily stated that there is a requirement that any revenue raising measures has to have a ¾ majority from both chambers and cannot pass within five days of adjournment so technically with adjournment being May 27th they would have to pass it either Saturday or Sunday of this weekend. They are going into session tomorrow (they usually don't go into session on Fridays) which is rare and potentially will go in on Saturday as well. So you are correct that we do have a five day period. Dr. Crawford encouraged everyone in the room who supports the cigarette tax to call their representatives, no matter the party and no matter the House, and encourage them to pass this. The cigarette tax is HB3210 by Representative Sears and Senator Jolley. Dr. Gastorf asked if there was any truth to the Medicaid Expansion gaining momentum. Emily stated that part of the House Chamber has had some discussion on this and that it has been a request. Dr. Rhynes commented that typically when something is voted on and is brought back for a second vote it is more likely to fail. Emily responded by saying they had the vote open longer than usual and the vote did change but could not answer why some changed their vote towards the end. Dr. Joe Catalano stated that the tobacco lobbyists are very strong in Oklahoma and give a lot of money to the legislators. Emily reassured everyone that OHCA is doing everything it can in addition to the cigarette tax but obviously the State has to have a budget and so the language in that bill has not been put out yet. It takes about 4 days to go through the process. Dr. Rhynes asked that if the cigarette tax fails, is the 25% provider cut a guess or is it a done deal? Emily deferred to Mr. Nico Gomez. Mr. Gomez, CEO of the Oklahoma Health Care Authority, stated that the Board meets Monday which was originally scheduled to meet May 12th. He asked the Board to meet a little closer to the end of session in hopes that the budget would have been addressed. He stated that the agency does not have much choice if the proposed cigarette tax fails other than to implement a provider rate cut up to 25%. The Board agenda will be posted on the website this afternoon. The State Plan Amendment Rate

Committee (SPARC) will be at the agency tomorrow afternoon at 1:00 PM. The rate reduction will be taken to the Board on Monday for an effective date of June 1, 2016. Mr. Gomez said that he simply has to do that because we do not have a budget and anticipating some cuts in order to try and keep from having a deeper cut, if you can imagine, because we have a shorter amount of fiscal year to deal with. It is really the only option we have. There are a lot of things that will be taking place in the next 24-48 hours that might allow us to change that. It may also happen that we will ask our Board to come in as late as May 31st to reverse, so a lot of things are going on but based on what I know today, that is the direction we are moving toward but certainly not a place we want to be at. Dr. Crawford asked what the legislator's vision is or what is their answer to the 25% rate cut and how to solve the healthcare implosion? Mr. Gomez stated that they cannot agree to pass revenue bills so he has zero hope of them passing ours. He went on to say that the House Democrats have to vote yes on the cigarette tax to get the super majority. The Republicans know that, the Democrats know that and the Democrats say you need us and we want something in return and what we want is Insure Oklahoma expansion. Actually, they want Medicaid expansion but they know that they are not going to get it so they are going to take Insure Oklahoma. The log jam is right there. They have not shown any signs that they are going to come off of that position. The Senate Republicans will not entertain the expansion of Insure Oklahoma so we are really deadlocked unless the Republican party finds a different revenue source or cut someone else deeper in order to file a balanced budget so they do not have to have the Democrats for a super majority, that is the only way they are going to bust the log jam. Dr. Orynich asked Mr. Gomez if he had any advice for individual organizations. Mr. Gomez advised everyone to show up in person and not to make phone calls or e-mails. The legislators are way too busy and distracted right now. Decisions are being made by people who show up. Dr. Rhynes agreed with Mr. Gomez and encouraged everyone to show up in person and is even encouraging his peers to do the same. He went on to say that there are a lot of people at the MAC who have representation at the Capitol who need to be reminded of what all of this means. Mr. Gomez put forth the question of where the deeper cuts were going to be and how can they choose one area over another? The legislators lose sight that everyone that we care for is in a vulnerable position otherwise they would not be in this program. Dr. Gastorf stated that she was in the meeting when Mr. Gomez introduced the Medicaid Rebalancing Act and appreciated the plan being put forth, however since the plan will not be effective until three years from now, she is concerned that there may not be the providers available to provide the care. She also expressed that she was offended by the fact that none of the physicians in the room at the time of the meeting were allowed to talk. Mr. Gomez reminded her that the plan was designed to protect from rate cuts first and to reduce the uninsured second. Dr. Gastorf responded by saying the legislators do not seem to understand that they have their priorities wrong. Mr. Gomez agreed saying that they cannot even pass the At Risk Well Tax Credit that would have provided $133-$134 million dollars to the budget. Dr. Crawford thanked Mr. Gomez for addressing this.

Proposed Rule Changes

Dr. Crawford invited Demetria Bennett, Policy Development Coordinator to discuss Item #16-07. Demetria presented the emergency rule that is intended to be taken to the August Board Meeting. She noted that a face-to-face Tribal Consultation regarding the proposed change was held Tuesday, May 3rd in the OHCA Board Room. The following rule was also posted from April 18th through May 17th for public comment. There was one comment that was received for the rule and it was just a suggestion on why there was such low utilization. Demetria read the summary and explained that ADvantage Waiver is a payer of last resort and there have been no services or claims filed since 2010.

A) **Item #16-07:** After the reading of the summary and after some discussion and clarification by Pearl Barnett with DHS and Melinda Thomason with OHCA, the MAC recommended that since it is budget neutral the Speech and Language Therapy Services should not be taken out. Mr. Jeff Tallent moved to reject the action item and keep it in and Ms. Toni Pratt-Reid seconded the motion but there was further discussion and Dr. Crawford then asked for a call on the question. The vote to reject the removal of Speech and Language Therapy Services from the ADvantage Waiver Proposal was 17 for and 1 against.

Informational Item Only – Access Monitoring Review Plan:

Melinda Thomason explained that the introduction to Access Monitoring Review Plan was on the March MAC Agenda. She expressed her gratitude for the MAC being engaged in discussion and asking questions and was able to report this to CMS. In the March meeting one of the questions from the MAC was about Advanced Practice Nurses being Primary Care and that was included in our analysis. It was also asked whether or not there would be web alerts as to when the draft would post for review and that was done. In the March meeting a paragraph was given in the Agenda that informed the MAC that we would be doing an Access Monitoring Review Plan. In a way, the discussion that took place when Casey presented the SoonerCare Update information got to the heart of what CMS is saying. It used to be okay to have a one page snapshot of access to care but with the Access Monitoring Review Plan excerpts can be taken and possibly be more meaningful for a certain Body or Board. When we met in March we gave an outline of what the component parts were and required to be and we highlighted that we are going to exceed what their minimum is and add extra pieces because we have more to tell about our picture of how we address access. We have highlighted that the Feds have a certain definition of what primary care ought to include. They want to look at primary care services and we are going to go ahead and do that study that was given to our Board in 2014 that not only looks at physician analysists, nurse practitioners, and PAs and show what great access we can have, we look more broadly at primary care. We are going to include Home Health and look at waivers also. We are going to include information about SoonerRide because that is how you get to those health care services. We are going to be talking about hospitals since that is one of the backbones in health care throughout the state. We have information about access to specialists in our plan. There is a summarization of incidents how throughout the agency there are toll free numbers and that we are responding to those members and providers as they call for assistance. Casey's op report highlights some of that in how we respond to those things on a daily basis. They can pull out the specialty areas that we brought up today and fine tune them as they put together their report. CMS wants to see what matters to Oklahoma and that is what this would be doing. The plan is due October 1st. It is the Agency's Executive Staff request that we solicit more feedback from the MAC today then work on finalizing so they would be able to take a final product to them. We even put in a blurb about our Member Advisory Task Force being concerned about member's access to care. She wanted to give the MAC a summary update and it has been posted for one month for public comment as required in the regulations. Dr. Crawford asked for questions and informed the MAC that there is a link to the Access Monitoring Review Plan. He asked Melinda if this would be brought back sometime in the future and she explained that they would like feedback from the MAC today and then after that the workgroup would finalize it and then take it to the Board. Dr. Crawford asked if the MAC could have time to review and have it come back. Mr. David Rising stated that when Casey was presenting extended services was brought up and a request was made at that time to break that out. In light of the crisis we are all facing but certainly nursing homes are facing (rural nursing homes in particular have faced) , is there a breakout of access in rural Oklahoma for nursing or skilled nursing in this? He also

stated that he did not think it would be in the extended services section because there should be more than 238 listed. All but about 20 of the licensed facilities in Oklahoma have Medicaid contracts so that would put us up into the 260-270 range so I do not believe that they are in there. Is there a place where the nursing homes are listed in that and if so, does it track by rural and urban access? Melinda explained that they were not in the original regulations but based on the comments today, that is just what we are looking for. We will add nursing facilities with information and breakdown on urban and rural as well as skilled. Dr. Crawford asked for any other discussion regarding this plan but there was no further discussion.

Informational Item Only – 2017-2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Extension Request:

Sherris Harris-Ososanya, Waiver Development Coordinator, informed the MAC that The Oklahoma Health Care Authority (OHCA) initially requested a three year extension of our current 1115 Demonstration Waiver. The OHCA operates our Insure Oklahoma Program and provides additional services with our Health Access Networks and the Health Management Programs within the waiver. The Centers for Medicare and Medicaid Services (CMS) granted the OHCA a one year extension that runs through December 2016. The OHCA continued communication with CMS on what was needed to obtain the additional two years for the waiver. CMS requested additional information on sufficiency of service on members that had four or more specialty visits. The OHCA provided CMS an analysis of the information that was requested. CMS responded by informing the OHCA that for the State to potentially receive the additional two years for the waiver, we would need to go through another Public Notice Process. The public notice process requires the state to make Oklahomans aware of the OHCA's intentions of extension request making information readily available to the public with an open comment period and hosting two public meetings. The MAC meeting serves as the second of such public meetings. We are asking everyone to visit the OHCA website to view the posted application and leave comment through June 3, 2015.

New Business / Member Comments

No new business was discussed but Dr. Crawford again encouraged everyone to go to the Capitol and talk to the legislators.

Future Meetings

Dr. Crawford encouraged the members to view the future meeting dates.

Adjournment

Dr. Crawford asked for a motion to adjourn. It was provided by Dr. Joe Catalano and seconded by Ms. Frannie Pryor. There was no dissent and the meeting was adjourned.

Agenda

FINANCIAL REPORT

For the Ten Months Ended April 30, 2016
Submitted to the CEO & Board

- Revenues for OHCA through April, accounting for receivables, were **$3,321,695,094 or .2% over** budget.
- Expenditures for OHCA, accounting for encumbrances, were **$3,323,193,501 or at** budget.
- The state dollar budget variance through April is a **positive $7,303,997.**
- The budget variance is primarily attributable to the following (in millions):

Expenditures:		
Medicaid Program Variance		(3.1)
Administration		5.9
Revenues:		
Drug Rebate		3.1
Taxes and Fees		0.2
Overpayments/Settlements		1.2
Total FY 16 Variance	**$**	**7.3**

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

Total Medicaid Program Expenditures
by Source of State Funds
SFY 2016, For the Ten Month Period Ending April 30, 2016

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	SHOPP Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	$ 31,969,424	$ 31,852,409	$ -	$ 106,851	$ -	$ 10,164	$ -
Inpatient Acute Care	989,921,359	509,638,530	405,572	2,888,263	315,633,482	1,546,842	159,808,669
Outpatient Acute Care	344,095,065	239,205,250	34,670	3,165,462	98,768,249	2,921,434	
Behavioral Health - Inpatient	44,699,666	9,586,731	-	200,673	25,964,760	-	8,947,503
Behavioral Health - Psychiatrist	7,982,936	6,691,924	-	-	1,291,012	-	-
Behavioral Health - Outpatient	23,093,657	-	-	-	-	-	23,093,657
Behaviorial Health-Health Home	19,926,157	-	-	-	-	-	19,926,157
Behavioral Health Facility- Rehab	208,185,239	-	-	-	-	59,581	208,185,239
Behavioral Health - Case Management	14,674,737	-	-	-	-	-	14,674,737
Behavioral Health - PRTF	68,313,313	-	-	-	-	-	68,313,313
Residential Behavioral Management	17,463,706	-	-	-	-	-	17,463,706
Targeted Case Management	55,198,703	-	-	-	-	-	55,198,703
Therapeutic Foster Care	220,475	220,475	-	-	-	-	-
Physicians	440,180,529	385,741,397	48,417	884,469	-	4,332,804	49,173,440
Dentists	107,045,927	107,020,638	-	12,726	-	12,563	-
Mid Level Practitioners	2,149,997	2,137,298	-	11,994	-	705	-
Other Practitioners	34,629,519	34,186,455	371,970	66,619	-	4,476	-
Home Health Care	16,082,824	16,064,509	-	9,642	-	8,673	-
Lab & Radiology	49,215,902	47,883,416	-	1,024,307	-	308,180	-
Medical Supplies	38,496,179	36,003,721	2,259,610	207,316	-	25,532	-
Clinic Services	110,035,552	103,673,529	-	495,130	-	127,738	5,739,155
Ambulatory Surgery Centers	6,063,791	5,944,043	-	107,496	-	12,251	-
Personal Care Services	10,528,784	-	-	-	-	-	10,528,784
Nursing Facilities	467,835,576	292,914,787	174,914,926	-	-	5,863	-
Transportation	54,245,972	52,011,676	2,200,747	-	-	33,549	-
GME/IME/DME	110,157,633	-	-	-	-	-	110,157,633
ICF/IID Private	50,653,887	41,429,427	9,224,460	-	-	-	-
ICF/IID Public	24,076,633	-	-	-	-	-	24,076,633
CMS Payments	191,497,523	190,889,493	608,031	-	-	-	
Prescription Drugs	442,662,130	431,545,045	-	9,720,010	-	1,397,075	-
Miscellaneous Medical Payments	163,640	160,916	-	-	-	2,724	-
Home and Community Based Waiver	165,090,748	-	-	-	-	-	165,090,748
Homeward Bound Waiver	70,849,066	-	-	-	-	-	70,849,066
Money Follows the Person	3,937,166	320,270	-	-	-	-	3,616,896
In-Home Support Waiver	21,087,021	-	-	-	-	-	21,087,021
ADvantage Waiver	150,781,663	-	-	-	-	-	150,781,663
Family Planning/Family Planning Waiver	4,527,326	-	-	-	-	-	4,527,326
Premium Assistance*	31,957,220	-	-	31,957,220	-	-	-
Telligen	5,880,754	5,880,754	-	-	-	-	-
Electronic Health Records Incentive Payments	6,859,677	6,859,677	-	-	-	-	-
Total Medicaid Expenditures	**$ 4,442,437,078**	**$ 2,557,862,369**	**$ 190,068,403**	**$ 50,858,179**	**$ 441,657,504**	**$ 10,810,155**	**$ 1,191,240,049**

* Includes $31,728,403 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY

Summary of Revenues & Expenditures:
Other State Agencies
SFY 2016, For the Ten Month Period Ending April 30, 2016

		FY16 Actual YTD
REVENUE		
Revenues from Other State Agencies	$	494,102,045
Federal Funds		746,025,133
TOTAL REVENUES	**$**	**1,240,127,178**
EXPENDITURES		**Actual YTD**
Department of Human Services		
Home and Community Based Waiver	$	165,090,748
Money Follows the Person		3,616,896
Homeward Bound Waiver		70,849,066
In-Home Support Waivers		21,087,021
ADvantage Waiver		150,781,663
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public		24,076,633
Personal Care		10,528,784
Residential Behavioral Management		13,181,842
Targeted Case Management		46,642,104
Total Department of Human Services		**505,854,756**
State Employees Physician Payment		
Physician Payments		49,173,440
Total State Employees Physician Payment		**49,173,440**
Education Payments		
Graduate Medical Education		68,738,103
Graduate Medical Education - Physicians Manpower Training Commission		3,969,850
Indirect Medical Education		32,248,316
Direct Medical Education		5,201,364
Total Education Payments		**110,157,633**
Office of Juvenile Affairs		
Targeted Case Management		2,468,883
Residential Behavioral Management		4,281,864
Total Office of Juvenile Affairs		**6,750,747**
Department of Mental Health		
Case Management		14,674,737
Inpatient Psychiatric Free-standing		8,947,503
Outpatient		23,093,657
Health Homes		19,926,157
Psychiatric Residential Treatment Facility		68,313,313
Rehabilitation Centers		208,185,239
Total Department of Mental Health		**343,140,606**
State Department of Health		
Children's First		1,134,947
Sooner Start		1,987,062
Early Intervention		3,997,500
Early and Periodic Screening, Diagnosis, and Treatment Clinic		1,755,657
Family Planning		214,275
Family Planning Waiver		4,287,886
Maternity Clinic		8,144
Total Department of Health		**13,385,471**
County Health Departments		
EPSDT Clinic		606,873
Family Planning Waiver		25,165
Total County Health Departments		**632,038**
State Department of Education		**160,361**
Public Schools		**794,908**
Medicare DRG Limit		**151,783,776**
Native American Tribal Agreements		**1,381,418**
Department of Corrections		**1,060,722**
JD McCarty		**6,964,171**
Total OSA Medicaid Programs	**$**	**1,191,240,049**
OSA Non-Medicaid Programs	**$**	**60,873,482**
Accounts Receivable from OSA	**$**	**11,986,354**

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

Fund 205: Supplemental Hospital Offset Payment Program Fund

SFY 2016, For the Ten Month Period Ending April 30, 2016

REVENUES	FY 16 Revenue
SHOPP Assessment Fee	$ 193,398,410
Federal Draws	270,838,678
Interest	95,663
Penalties	283,550
State Appropriations	(22,650,000)
TOTAL REVENUES	$ 441,966,300

EXPENDITURES	Quarter	Quarter	Quarter	Quarter	FY 16 Expenditures
Program Costs:	7/1/15 - 9/30/15	10/1/15 - 12/31/15	1/1/16 - 3/31/16	4/1/16 - 6/30/16	
Hospital - Inpatient Care	83,225,354	84,459,473	73,479,240	74,469,416	$ 315,633,482
Hospital -Outpatient Care	22,465,442	22,826,470	26,399,405	27,076,932	98,768,249
Psychiatric Facilities-Inpatient	6,265,547	6,748,914	6,418,199	6,532,100	25,964,760
Rehabilitation Facilities-Inpatient	392,213	397,771	248,311	252,717	1,291,012
Total OHCA Program Costs	112,348,555	114,432,629	106,545,155	108,331,165	$ 441,657,504
Total Expenditures					$ 441,657,504

CASH BALANCE	$ 308,796

*** 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 2016, For the Ten Month Period Ending April 30, 2016

REVENUES	Total Revenue	State Share
Quality of Care Assessment	**$ 63,571,070**	**$ 63,571,070**
Interest Earned	**33,830**	**33,830**
TOTAL REVENUES	**$ 63,604,900**	**$ 63,604,900**

EXPENDITURES	FY 16 Total $ YTD	FY 16 State $ YTD	Total State $ Cost
Program Costs			
Nursing Facility Rate Adjustment	$ 171,881,928	$ 66,380,801	
Eyeglasses and Dentures	227,578	87,891	
Personal Allowance Increase	2,805,420	1,083,453	
Coverage for Durable Medical Equipment and Supplies	2,259,610	872,661	
Coverage of Qualified Medicare Beneficiary	860,630	332,375	
Part D Phase-In	608,031	608,031	
ICF/IID Rate Adjustment	4,372,858	1,688,798	
Acute Services ICF/IID	4,851,601	1,873,688	
Non-emergency Transportation - Soonerride	2,200,747	849,929	
Total Program Costs	**$ 190,068,403**	**$ 73,777,627**	**$ 73,777,627**
Administration			
OHCA Administration Costs	$ 438,139	$ 219,069	
DHS-Ombudsmen	192,259	192,259	
OSDH-Nursing Facility Inspectors	400,000	400,000	
Mike Fine, CPA	11,400	5,700	
Total Administration Costs	**$ 1,041,798**	**$ 817,028**	**$ 817,028**
Total Quality of Care Fee Costs	**$ 191,110,201**	**$ 74,594,655**	
TOTAL STATE SHARE OF COSTS			**$ 74,594,655**

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are tranferred 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

SFY 2016, For the Ten Month Period Ending April 30, 2016

REVENUES	FY 15 Carryover	FY 16 Revenue	Total Revenue
Prior Year Balance	$ 27,746,235	$ -	$ 1,498,834
State Appropriations	(25,000,000)	-	-
Tobacco Tax Collections	-	33,641,357	33,641,357
Interest Income	-	166,458	166,458
Federal Draws	235,637	20,741,253	20,741,253
TOTAL REVENUES	$ 2,981,872	$ 54,549,068	$ 56,047,903

EXPENDITURES		FY 15 Expenditures	FY 16 Expenditures	Total $ YTD
Program Costs:				
	Employer Sponsored Insurance		$ 31,728,403	$ 31,728,403
	College Students		228,817	88,369
Individual Plan				
	SoonerCare Choice		$ 102,606	$ 39,626
	Inpatient Hospital		2,874,381	1,110,086
	Outpatient Hospital		3,123,505	1,206,298
	BH - Inpatient Services-DRG		195,652	75,561
	BH -Psychiatrist		-	-
	Physicians		856,414	330,747
	Dentists		8,944	3,454
	Mid Level Practitioner		11,217	4,332
	Other Practitioners		65,785	25,406
	Home Health		9,642	3,724
	Lab and Radiology		1,006,084	388,550
	Medical Supplies		198,704	76,740
	Clinic Services		488,003	188,467
	Ambulatory Surgery Center		107,248	41,419
	Prescription Drugs		9,581,066	3,700,208
	Miscellaneous Medical		-	-
	Premiums Collected		-	(469,343)
Total Individual Plan			$ 18,629,252	$ 6,725,274
	College Students-Service Costs		$ 271,706	$ 104,933
Total OHCA Program Costs			$ 50,858,179	$ 38,646,979
Administrative Costs				
	Salaries	$ 73,467	$ 1,778,451	$ 1,851,918
	Operating Costs	60,069	537,436	597,504
	Health Dept-Postponing	-	-	-
	Contract - HP	1,349,503	8,296,325	9,645,828
Total Administrative Costs		$ 1,483,038	$ 10,612,212	$ 12,095,250
Total Expenditures				$ 50,742,229
NET CASH BALANCE		$ 1,498,834		$ 5,305,673

Agenda

SFY-2017 BUDGET WORK PROGRAM

Summary by Program Expenditure

Description	SFY-2016	SFY-2017	Inc / (Dec)	% Change
Medical Program				
Managed Care - Choice / HAN / PACE	39,323,551	42,744,343	3,420,792	8.7%
Hospitals	884,211,413	907,092,262	22,880,849	2.6%
Behavioral Health	19,904,893	20,072,563	167,670	0.8%
Nursing Homes	551,632,884	568,565,843	16,932,959	3.1%
Physicians	461,642,778	468,203,707	6,560,929	1.4%
Dentists	123,695,984	125,088,912	1,392,928	1.1%
Mid-Level Practitioner	2,594,298	2,611,893	17,595	0.7%
Other Practitioners	38,126,731	39,886,437	1,759,706	4.6%
Home Health	19,165,840	19,372,976	207,135	1.1%
Lab & Radiology	61,585,904	55,566,801	(6,019,103)	-9.8%
Medical Supplies	44,762,567	45,946,589	1,184,022	2.6%
Clinic Services	120,736,260	129,485,402	8,749,142	7.2%
Ambulatory Surgery Center	7,119,794	7,045,659	(74,135)	-1.0%
Prescription Drugs	511,265,192	535,917,410	24,652,218	4.8%
Miscellaneous	232,857	191,590	(41,267)	-17.7%
ICF-MR Private	59,395,109	62,534,311	3,139,203	5.3%
Transportation	65,571,408	65,156,691	(414,717)	-0.6%
Medicare Buy-in	145,002,967	158,816,738	13,813,771	9.5%
Medicare clawback payment	85,364,027	98,812,467	13,448,441	15.8%
SHOPP - Supplemental Hosp Offset Pymt.	443,932,712	424,368,201	(19,564,511)	-4.4%
Money Follows the Person - Enhanced	701,638	353,369	(348,269)	-49.6%
Health Management Program (HMP)	9,977,280	10,277,520	300,240	3.0%
Electronic Health Records Incentive Pymts	39,788,361	39,788,361	-	0.0%
Non-Title XIX Medical	89,382	89,382	-	0.0%
TOTAL OHCA MEDICAL PROGRAM	3,735,823,831	3,827,989,429	92,165,598	2.5%
Insure Oklahoma - Premium Assistance				
Employer Sponsored Insurance - ESI	49,003,662	52,892,074	3,888,412	7.9%
Individual Plan - IP	36,849,551	29,804,409	(7,045,141)	-19.1%
TOTAL INSURE OKLAHOMA PROGRAM	85,853,212	82,696,483	(3,156,729)	-3.7%
OHCA Administration				
Operations	51,548,159	51,645,504	97,345	0.2%
Contracts	44,020,653	43,157,500	(863,153)	-2.0%
Insure Oklahoma Admin	4,122,785	4,089,019	(33,766)	-0.8%
Information Services	75,120,090	61,560,212	(13,559,878)	-18.1%
Grant Mgmt	3,570,008	4,883,562	1,313,553	36.8%
TOTAL OHCA ADMIN	178,381,695	165,335,796	(13,045,899)	-7.3%
TOTAL OHCA PROGRAMS	**4,000,058,738**	**4,076,021,709**	**75,962,971**	**1.9%**
Other State Agency (OSA) Programs				
Department of Human Services (OKDHS)	619,609,855	609,163,813	(10,446,042)	-1.7%
Oklahoma State Dept of Health (OSDH)	18,811,132	16,972,849	(1,838,283)	-9.8%
The Office of Juvenile Affairs (OJA)	8,802,467	8,346,893	(455,574)	-5.2%
University Hospitals (Medical Education Pymnts)	316,552,328	345,665,493	29,113,166	9.2%
Physician Manpower Training Commission	5,829,093	6,319,093	490,000	8.4%
Department of Mental Health (DMHSAS)	409,386,747	416,367,703	6,980,956	1.7%
Department of Education (DOE)	6,778,341	3,184,069	(3,594,272)	-53.0%
OSU Supplemental / DRG	9,000,000	-	(9,000,000)	-100.0%
Non-Indian Payments	2,114,415	1,841,891	(272,523)	-12.9%
Department of Corrections (DOC)	2,275,212	1,631,713	(643,499)	-28.3%
JD McCarty	7,037,520	7,922,686	885,166	0.0%
OSA Non-Title XIX	92,659,710	83,650,000	(9,009,710)	-9.7%
TOTAL OSA PROGRAMS	**1,498,856,820**	**1,501,066,205**	**2,209,385**	**0.1%**
TOTAL MEDICAID PROGRAM	**5,498,915,558**	**5,577,087,914**	**78,172,356**	**1.4%**

OKLAHOMA HEALTH CARE AUTHORITY

SFY-2017 BUDGET WORK PROGRAM

Summary by Program Expenditure

Description	SFY-2016	SFY-2017	Inc / (Dec)	% Change
REVENUES				
Federal - program	3,114,413,567	3,096,251,879	(18,161,688)	-0.6%
Federal - admin	114,520,729	105,045,104	(9,475,625)	-8.3%
Drug Rebates	260,639,960	291,171,060	30,531,101	11.7%
Medical Refunds	44,260,276	45,985,188	1,724,912	3.9%
NF Quality of Care Fee	77,232,726	78,716,089	1,483,363	1.9%
OSA Refunds & Reimbursements	639,929,735	650,216,325	10,286,590	1.6%
Tobacco Tax	86,379,321	83,855,811	(2,523,510)	-2.9%
Insurance Premiums	2,030,244	1,568,432	(461,812)	-22.7%
Misc Revenue	109,894	265,888	155,994	142.0%
Prior Year Carryover	47,016,727	30,652,528	(16,364,199)	-34.8%
Other Grants	3,056,078	3,158,777	102,699	3.4%
Hospital Provider Fee (SHOPP bill)	202,101,821	199,150,317	(2,951,505)	-1.5%
Insure Oklahoma Fund 245 - Transfer	25,000,000	2,000,000	(23,000,000)	-
State Appropriated	882,224,478	989,050,514	106,826,036	12.1%
TOTAL REVENUES	**5,498,915,558**	**5,577,087,914**	**78,172,356**	**1.4%**

Agenda

SoonerCare Operations Update

OHCA Board Meeting June 30, 2016

(April 2016 Data)

SOONERCARE ENROLLMENT/EXPENDITURES

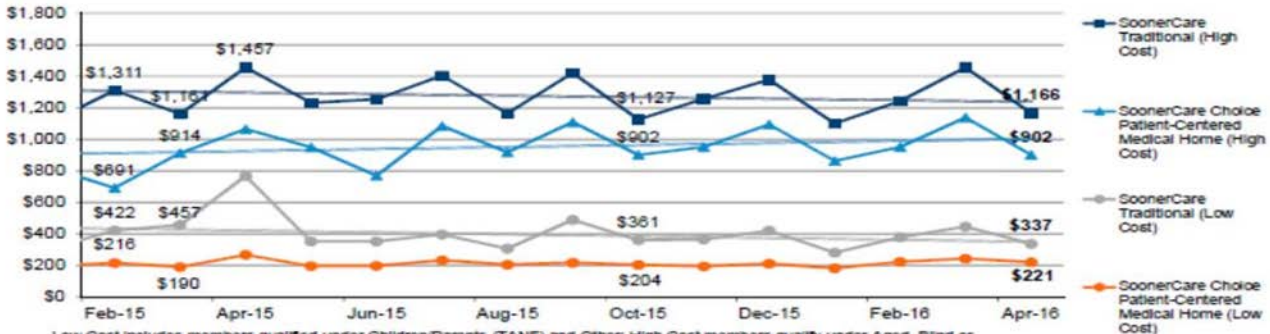
Delivery System			Enrollment April 2016	Children April 2016	Adults April 2016	Enrollment Change	Total Expenditures April 2016	PMPM April 2016	Forecasted April 2016 Trend PMPM
SoonerCare Choice Patient-Centered Medical Home			**524,102**	**430,818**	**93,284**	**-4,745**	**$145,807,568**		
	Lower Cost	(Children/Parents; Other)	480,163	416,879	63,284	-4,516	$106,164,562	$221	$212
	Higher Cost	(Aged, Blind or Disabled; TEFRA; SCC)	43,939	13,939	30,000	-229	$39,643,006	$902	$984
SoonerCare Traditional			**228,376**	**83,822**	**144,554**	**-810**	**$169,513,959**		
	Lower Cost	(Children/Parents; Other)	116,718	78,808	37,910	-761	$39,293,962	$337	$330
	Higher Cost	(Aged, Blind or Disabled; TEFRA; SCC & HCBS Waiver)	111,658	5,014	106,644	-49	$130,219,997	$1,166	$1,238
SoonerPlan			**32,870**	**2,786**	**30,084**	**-1,680**	**$264,086**	$8	$7
Insure Oklahoma									
	Employer-Sponsored Insurance								
	Individual Plan								
TOTAL (Excludes Insure Oklahoma)			**785,348**	**517,426**	**267,922**	**-7,235**	**$315,585,613**		

Insure Oklahoma numbers are not available due to eligibility system changes.

Enrollment totals include all members enrolled during the report month. Members may not have expenditure data. Children are members aged 0 - 20 or for Insure Oklahoma enrolled as Students or Dependents.

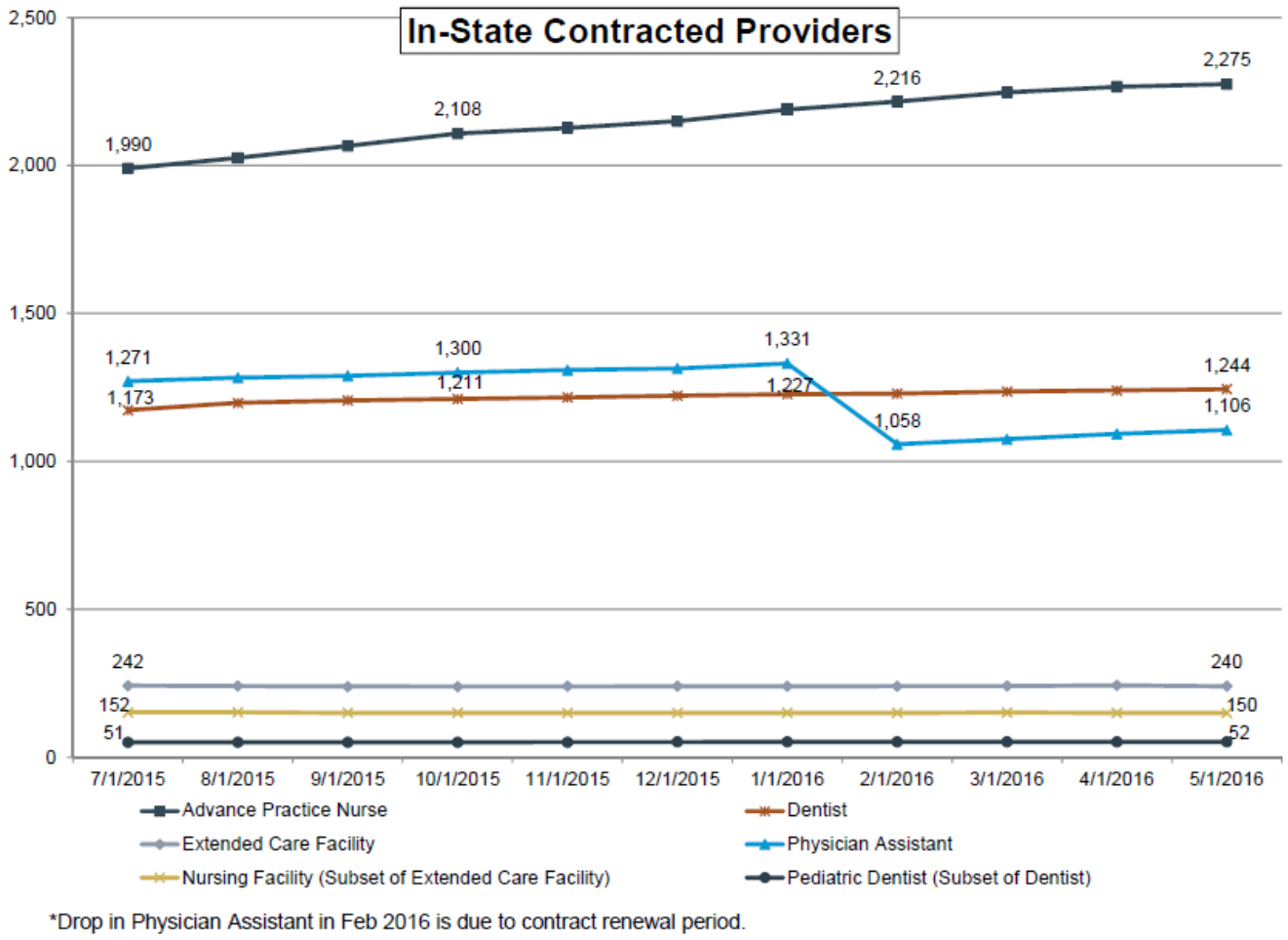
Total In-State Providers: 33,182 (+487)			(In-State Providers counted multiple times due to multiple locations, programs, types, and specialties)					
Physician	Pharmacy	Dentist	Hospital	Mental Health	Optometrist	Extended Care	Total PCPs	PCMH
9,889	952	1,235	199	5,674	648	243	6,590	2,559

PER MEMBER PER MONTH COST BY GROUP



Low Cost includes members qualified under Children/Parents (TANF) and Other; High Cost members qualify under Aged, Blind or Disabled, Oklahoma Cares, TEFRA or a Home and Community-Based Services waiver.

Insure Oklahoma PMPM numbers are not available for March and April due to eligibility changes.



*Drop in Physician Assistant in Feb 2016 is due to contract renewal period.

Agenda

Presentation, Discussion, and Vote on Proposed Rule Changes

July 2016 MAC

Proposed Rule Amendment Summaries

Face to face tribal consultation regarding the following proposed change was held Tuesday, March 1, 2016 in the Board Room of the OHCA.

The following rule was posted for comment from June 17, 2016 through July 18, 2016.

16-02 Policy Revision to Allow Reimbursement for Eyeglasses Fitting Fee and Refraction – OHCA proposes to revise rules to allow SoonerCare contracted providers of vision services to be reimbursed separately for refraction in an eye exam. In addition, revisions allow SoonerCare contracted suppliers of eyeglasses to be paid a fitting fee if the requirements of a fitting fee are met. Previously, reimbursement for refraction was bundled into the payment for the eye exam and reimbursement for fitting was bundled into the payment for the eyeglass materials.
Budget Impact: There is an estimated budget savings of $3,944,720 (state share of $1,580,255 and federal share of $2,364,465).

16-02 Policy Revision to Allow Reimbursement for Eyeglasses Fitting Fee and Refraction:

Services included are:

. **TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY**
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 45. OPTOMETRISTS

317:30-5-432.1. Corrective lenses and optical supplies
(a) When medically necessary, payment will be made for lenses, frames, low vision aids and certain tints for children. Coverage includes lenses and frames to protect children with monocular vision. Coverage includes two sets of non-high-index polycarbonate lenses and frames per year. Any ~~high-index lenses or frames~~glasses beyond this limit must be prior authorized and determined to be medically necessary. All non-high-index lenses must be polycarbonate.
(b) Corrective lenses must be based on medical need. Medical need includes a significant change in prescription or replacement due to normal lens wear.
(c) SoonerCare provides frames when medically necessary. Frames are expected to last at least one year and must be reusable. If a lens prescription changes, the same frame must be used if possible. Payment for frames includes the dispensing fee.
(d) Providers must accept ~~SoonerCare's payment~~SoonerCare

reimbursement as payment in full for services rendered, except when authorized by SoonerCare (e.g., copayments, other cost sharing arrangements authorized by the State).

(1) Providers must be able to dispense standard eyeglasses which SoonerCare would fully reimburse with no cost to the eligible member.

(2) If the member wishes to select eyeglasses with special features which exceed the SoonerCare allowable fee, the member may be billed the excess cost. The provider must obtain signed consent from the member acknowledging that they are selecting eyeglasses that will not be covered in full by SoonerCare and that they will be responsible to pay the excess cost. The signed consent must be included in the member's medical record.

(e) Replacement of or additional lenses and frames are allowed when medically necessary. The OHCA does not cover lenses or frames meant as a backup for the initial lenses/frames. Prior authorization is not required unless the number of glasses exceeds two per year. The provider must always document in the patient record the reason for the replacement or additional eyeglasses. The OHCA or its designated agent will conduct ongoing monitoring of replacement frequencies to ensure OHCA policy is followed. Payment adjustments will be made on claims not meeting these requirements.

(f) A fitting fee will be paid if there is documentation in the record that the provider or technician took measurements of the patient's anatomical facial characteristics, recorded lab specifications and made final adjustment of the spectacles to the visual axes and anatomical topography. A fitting fee can only be paid in conjunction with a pair of covered glasses.

~~(f)~~(g) Bifocal lenses for the treatment of accommodative esotropia are a covered benefit. Progressive lenses, trifocals, photochromic lenses and tints for children require prior authorization and must satisfy the medical necessity standard. ~~Polycarbonate lenses are covered for children when medically necessary.~~ Payment is limited to two glasses per year. Any glasses beyond this limit must be prior authorized and determined to be medically necessary.

~~(g)~~(h) Progressive lenses, aspheric lenses, tints, coatings and photochromic lenses for adults are not compensable and may be billed to the patient.

~~(h)~~(i) Replacement of lenses and frames due to abuse and neglect by the member is not covered.

~~(i)~~(j) Bandage contact lenses are a covered benefit for adults and children. Contact lenses for medically necessary treatment of conditions such as aphakia, keratoconus, following keratoplasty, aniseikonia/anisometropia or albinism are a covered benefit for adults and children. Other contact lenses for children require prior authorization and must satisfy the medical necessity standard.

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 3. HOSPITALS

317:30-5-42.17. Non-covered services

In addition to the general program exclusions [OAC 317:30-5-2(a)(2)] the following are excluded from coverage:

(1) Inpatient admission for diagnostic studies that could be performed on an outpatient basis.

(2) Procedures that result in sterilization which do not meet the guidelines set forth in this Chapter of rules.

(3) Reversal of sterilization procedures for the purposes of conception are not covered.

(4) Medical services considered experimental or investigational.

(5) Payment for removal of benign skin lesions for adults.

(6) ~~Refractions and visual~~Visual aids.

(7) Charges incurred while the member is in a skilled nursing or swing bed.

(8) Sleep studies for adults.

Agenda