

AGENDA

May 17th, 2018
1:00 PM – 3:30 PM

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 March 15th, 2018: **Medical Advisory Committee Meeting**
- III. Public Comments (2 minute limit)
- IV. MAC Member Comments/Discussion
- V. Financial Report: **Gloria Hudson, Director of General Accounting**
- VI. SoonerCare Operations Update: **Nancy Nesser, Senior Director of Pharmacy**
 - A. OHCA Responds to the Opioid Crisis: **Burl Beasley, Assistant Director of Pharmacy**
- VII. Legislative Update: **Cate Jeffries, Legislative Liaison**
- VIII. New Business: **Chairman, Steven Crawford, M.D.**
- IX. Future Meeting:
July 19th, 2018
September 20th, 2018
November 15th, 2018
- X. Adjourn

Oklahoma Health Care Authority
MEDICAL ADVISORY COMMITTEE
MINUTES of the March 15th, 2018 Meeting
4345 N. Lincoln Blvd., Oklahoma City, OK 73105

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

Chairman Steven Crawford called the meeting to order at 1:00 PM.

Delegates present were: Ms. Mary Brinkley, Dr. Joe Catalano, Mr. Victor Clay, Mr. Brett Coble, Dr. Steve Crawford, Ms. Wanda Felty, Mr. Don Flinn, Ms. Toni Pratt-Reid, Dr. Edd Rhoades, Dr. Jason Rhynes, Mr. Rick Snyder, Mr. Jeff Tallent, and Dr. Paul Wright.

Alternates present were: Ms. Sarah Baker, Dr. Rebecca Lewis, Ms. Frannie Pryor, Dr. Lori Holmquist-Day, Mr. Traylor Rains-Sims, Dr. Kanwal Obhrai and Dr. Mike Talley.

Delegates absent without an alternate were: Ms. Renee Banks, Ms. Debra Billingsly, Dr. Arlen Foulks, Mr. Steve Goforth, Mr. Mark Jones, Ms. Annette Mays, Dr. Ashley Orynich, Mr. James Patterson, Dr. J. Daniel Post, and Dr. Raymond Smith.

II. Approval of the January 18th, 2018 Minutes

Medical Advisory Committee

The motion to approve the minutes was by Mr. Jeff Tallent and seconded by Joe Catalano and passed unanimously.

III. Financial Report:

Gloria Hudson, Director of General Accounting

Ms. Hudson presented the financial report ending in December 2017. The state dollar budget variance is at a negative 22.6 Million dollars. The variance is 24.7 million dollars lower than the prior month. The decrease was due to the 31.8 million dollar deferral, issued by the Center for Medicare and Medicaid Services on the supplemental payments made to the medical schools. On the administrative side we are under budget in Medicaid program spending by 2.1 million state funds, and under budget in administrative services by 1.1 million state dollars. On the revenue side we are over budget in settlements and overpayments for 0.2 million dollars. In tobacco taxes and collection fees for 3.2 million dollars, and drug rebate for 2.6 million state dollars.

On March 8th, OHCA received state appropriations to replace the Federal deferral pursuant to HB1022. Due to this recovery, we are expecting January to show a positive state dollar variance of 12.7 million dollars. However, our February claims payments went over budget by 15 million total dollars. This is reflective of the flu season and lag of claim submissions during the holidays. The major areas impacted were Physicians, outpatient hospitals, clinics and prescription drugs. We are monitoring March payments; however, it is too early to project at this time.

IV. SoonerCare Operations Update:

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Kevin Rupe, Member Service Director

Mr. Rupe presented the SoonerCare Operations Update to the committee. He presented information based on data for December of 2017. Patient Centered Medical Home enrollment is at 528,165 which is 652 less than September. Sooner Care Traditional has a current enrollment of 238,754 which is 1,634 more than November. SoonerPlan is down by 1,485, giving a total of 30,840. Insure Oklahoma has a total enrollment of 19,474 of which 5,192 are in the Individual Plan and 14,282 are in the Employee Sponsored Plan. In total, SoonerCare enrollment is at 817,233 for December which is a decrease of 10,164.

A. **Virtual Visit Presentation:**

Brenda Teel, Executive Officer of Revenue with Chickasaw Nation Department of Health

Chickasaw Nation Department of Health had been approached to consider options to do health care remotely, and after two years of continuous work, it lifted off in July. The virtual visit is a web based audio/video telecommunication between a physician and patient. The patient's medical history and current symptoms are discussed. The common diagnoses that have been seen include: Upper respiratory infection, cold, flu, rashes, poison ivy, and minor strains and sprains. A lot of positive feedback has been given. A few connectivity problems have occurred, with downloading the app, and in some cases reception. When this happens, the patient is encouraged to find a spot with a better signal. This is usually done by going into another room, the backyard, or even driving down the road. To get the process going, the first step is calling the virtual visits number. The patient will then answer eligibility questions along with triage questions. Patients, who qualify, receive an email or text with the link to download the app. A time is scheduled with the physician with a 20 minute time slot. The virtual visit is available seven days a week, from 8:00am to 10:00pm.

V. **Legislative Update:**

Cate Jeffries, Interim Legislative Liaison

Ms. Jeffries provided an update on some legislation that would require the Health Care Authority to develop a waiver to be submitted to CMS. The waiver would implement some work requirements for some of the SoonerCare population. The governor also issued an Executive Order, directing the Health Care Authority to come up with some recommendations to be submitted to her and the legislature within 6 months. We have been looking at our population, and have many that would be exempt, a few of the exemptions are: Ages 19-64 who are not pregnant, disabled, have children under the age of six, or parents providing care for disabled children.

Two MAC Members made comments:

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Ms. Wanda Felty would like to encourage OHCA to look at The Family Medical Leave Act and look at that population of adults caring for aging adults in the home. This saves the state money on long term care, keeping individuals out of institutions.

Dr. Crawford asked a question in reference to an eligibility bill. HB1270 was passed the day before, which was a carry-over bill from last session. It would direct OHCA to work with a private company to conduct certain eligibility checks. It passed and is in the governor's office.

VI. Proposed Rule Changes:

Sandra Puebla, Director of Federal & State Authorities

Face-to-face tribal consultations regarding the following proposed changes were held on Tuesday, November 7, 2017 and Tuesday, January 2, 2018 in the Board Room of the Oklahoma Health Care Authority (OHCA).

APA work folders 17-24 A&B were posted on the OHCA public website for a comment period from December 15, 2017 through January 16, 2018. APA work folders 17-05A, 17-06, 17-07, 17-09, 17-10A, 17-14, 17-16, 17-19, 17-21, 17-22 A&B, 17-26, 17-27, 17-30, and 17-32 were posted on the OHCA public website for a comment period from January 17, 2018 through February 16, 2018.

17-05A Medical Identification Card Policy Revisions — The proposed medical identification card revisions will amend a sentence pertaining to SoonerCare insurance verification by a provider.

Budget Impact: Budget neutral

The rule change motion to approve was by Mr. Joe Catalano and seconded by Mr. Paul Wright and passed unanimously.

17-06 Pharmacy Revisions — The proposed pharmacy revisions will clarify eligible provider qualifications for pharmacies. Revisions will outline that pharmacies may be selected for audits; therefore, pharmacy records must be available for seven years. Language regarding Phenylketonuria (PKU) formula and amino acid bars will be stricken as coverage criteria is outlined in another section of policy. Additionally, naloxone for use in opioid overdose will be exempted from the prescription limit. Revisions will also remove coverage for over the counter cough and cold medicine. New rules will require providers to substitute generic medications for brand name medication when the net cost of the brand name is lower than the net cost of the generic medication. Furthermore, language will clarify and outline claim submission and reversals when not picked up by the member within 15 days of the date of service. Finally, revisions will update policy terminology to align with current practice.

Budget Impact: Revisions requiring pharmacy providers to reverse claim submissions after a certain timeframe will result in savings; however until changes are implemented, the agency is unable to project the savings amount. Additional rule changes will not result in a significant budget impact, if any.

The rule change motion to approve was by Mr. Jeff Tallent and seconded by Dr. Kanwal Obhrai and passed unanimously.

17-07 School-Based Services Policy Revisions — The proposed school-based revisions will remove unintended barriers for medical services rendered in the school setting pursuant to an Individual Education Plan (IEP). The proposed revisions will allow an IEP and all relevant supporting documentation (hereinafter, “plan of care”) that meet certain requirements to serve as the prior medical authorization for most medically necessary services that can be provided in a school setting with the exception of personal care services. Personal care services must still receive prior authorization in accordance with the Oklahoma Health Care Authority's (OHCA) federally-approved Medicaid state plan.

Per 42 C.F.R. § 440.110, to obtain federal Medicaid reimbursement, physical therapy, occupational therapy, and services for members with speech, hearing, and language disorders, must be prescribed or referred by a physician or a practitioner of the healing arts. The proposed change will allow a valid plan of care to serve as a prescription or referral for the initial evaluation and any subsequent services for occupational therapy services and services for members with speech, hearing, and language disorders. A valid plan of care will not serve as a prescription or referral for physical therapy services because physical therapists are not considered a practitioner of the healing arts, per state law; a prescription from a physician shall be required for physical therapy prior to the student's initial evaluation. The OHCA has submitted a request to Attorney General Mike Hunter on this particular state law issue.

Additionally, the revisions update the requirements needed in an IEP and plan of care. The proposed revisions also eliminate the reference to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) where the term is no longer valid. All claims related to school-based services that are submitted to the OHCA for reimbursement must include any numeric identifier obtained from the Oklahoma State Department of Education. The proposed revisions also update eligibility requirements for practitioners who provide services in school-based settings. Finally, the revisions will remove specific references that are no longer applicable, update acronyms and references to other legal authorities, and cleanup some grammatical errors.

Budget Impact: It is estimated that the change will result in a positive impact to the Oklahoma school districts of about \$6.5 million, as a result of federal matching funds. The rule change motion to approve was by Dr. Kanwal Obhrai and seconded by Ms. Tone Pratt-Reid and passed unanimously.

Abstaining from the vote were Dr. Don Flinn and Dr. Joe Catalano

17-09 Behavioral Health (BH) Assessment and Targeted Case Management Revisions — The proposed policy revisions will change requirements for behavioral health assessments by allowing for diagnostic impressions on the assessment, while still requiring a diagnosis on the service plan. Additionally, proposed rules will allow for one client signature that will apply to both the assessment and treatment plan as well as allow a temporary change of service provider to be documented in a progress note for the service provided. These changes will allow for more flexibility in performing an assessment and developing a treatment plan. Other revisions to the behavioral health assessment and treatment plan requirements and targeted case management rules will include minor updates of terminology to keep language consistent throughout OHCA policy.

Budget Impact: Budget neutral

The rule change motion to approve was by Mr. Jeff Tallent and seconded by Mr. Traylor Rains-Sims and passed unanimously.

17–10A Expedited Appeals — The proposed revisions will clarify timelines for appeal decisions and add a new section outlining expedited appeals which are required by new regulations in cases when an appellant's life or health could be in jeopardy. The timelines and process for expedited appeals will be outlined in the new section of policy. In addition, language referring to nursing home wage enhancement will be deleted due to changes in state statute that resulted in the policy being obsolete. Finally, revisions will clarify the purpose and other details of the appeal process, as well as, other general language cleanup.

Budget Impact: Budget neutral

The rule change motion to approve was by Dr. Don Flinn and seconded by Mr. Jeff Tallent and passed unanimously.

17–14 Adult Dental Emergency Extractions — The proposed revisions will add new definitions for emergency extractions, as well as, for images that can accompany an emergency extraction. Additional revisions will update acronyms and correct grammatical and formatting errors.

Budget Impact: Budget neutral

The rule change motion to approve was by Dr. Don Flinn and seconded by Dr. Kanwal Obhrai and passed unanimously.

17–16 Accreditation Commission for Health Care (ACHC) Accreditation Option for Outpatient Behavioral Health Agencies — The proposed behavioral health revisions will add the Accreditation Commission for Health Care (ACHC) as an additional accreditation option for outpatient behavioral health agencies. Additionally, proposed revisions will update policy terminology in order to align with current practice.

Budget Impact: Budget neutral

The rule change motion to approve was by Dr. Joe Catalano and seconded by Ms. Toni Pratt-Reid and passed unanimously.

17–19 Inpatient Behavioral Health Revisions — The proposed inpatient behavioral health revisions will require general hospitals and psychiatric hospitals to maintain medical records and other documentation to demonstrate they comply with certification of need for care, plan of care, and utilization review plans requirements. Psychiatric hospitals will also need to maintain these records to demonstrate they comply with medical evaluation and admission review requirements. Rule revisions will add medical necessity criteria for admission in cases of psychiatric disorders and chemical dependency detoxification for adults. Additionally, rule revisions will specify that the individual plan of care (IPC) must be developed in consultation with the member or others who will care for the member upon discharge. Revisions also describe the team of professionals and credentials required in the IPC development and review. Moreover, revisions will expand certificate of need requirements for PRTFs to mirror federal regulation. Other revisions will include replacing incorrect terminology used to refer to PRTFs and other settings.

Budget Impact: The agency anticipates that the proposed changes that clarify medical necessity criteria for adults from an acute psychiatric admission, will

potentially result in approximately \$890,000 total; \$368,727 state share savings for SFY2018.

The rule change motion to approve was by Ms. Frannie Pryor and seconded by Mr. Traylor Rains-Sims and passed unanimously.

17–21 Income Rounding for Non-disabled Adults and Children Eligibility — The proposed policy changes will revise the income policy for how income is computed for non-disabled adults and children to mirror current system computations for income. The online eligibility system rounds cents down to the nearest dollar in its calculations therefore policy will be revised to match. Additionally, revisions will revise multiple sections of policy that paired "Prior to October 1, 2013" policy with "Effective October 1, 2013" policy. The pre-MAGI policy will be removed as it is no longer applicable.

Budget Impact: Budget neutral

The rule change motion to approve was by Ms. Toni Pratt-Reid and seconded by Mr. Traylor Rains-Sims and passed unanimously.

17–22A Prior Authorization Policy — The proposed policy changes will revise prior authorization (PA) policy by adding language that clarifies the scope of a section as encompassing all PAs. Proposed revisions will add language about how a provider can obtain information on how and/or where to submit PA requests. Additionally, revisions will update a list of services requiring a PA, but will clarify that the list is not exhaustive and will explain other qualifying factors. Further revisions will add a new section that clarifies that what was previously called preauthorization of emergency medical services for certain aliens is actually retrospective review for payment for emergency medical services to certain aliens. Finally, the last remaining sections in Part 5 of Chapter 30 will be revoked as these sections are covered in other parts of policy.

Budget Impact: Budget neutral

The rule change motion to approve was by Dr. Kanwal Obhrai and seconded by Ms. Toni Pratt-Reid and passed unanimously.

17–22B Prior Authorization Policy — The proposed revisions will remove a section of policy in Chapter 35 because it is more appropriately covered in Chapter 30. Additional revisions will remove language regarding preauthorization of emergency medical services for certain aliens because it will be covered in a new section of policy in Chapter 30.

Budget Impact: Budget neutral

The rule change motion to approve was by Ms. Frannie Pryor and seconded by Mr. Ms. Toni Pratt-Reid and passed unanimously.

17–24A ADvantage Waiver Revisions — The proposed ADvantage Waiver policy revisions will replace references to the Interactive Voice Response Authentication system with references to the Electronic Visit Verification (EVV) system. The EVV system is the current industry standard for electronic billing and verification software systems. Proposed revisions will provide clarification of the EVV system billing process, which is currently in place for billing of personal care and nursing services in both the ADvantage and State Plan personal care programs. Finally, revisions will ensure that the technological terms used in this policy accurately reflect the advances in electronic billing and verification software systems.

Budget Impact: Budget neutral

The rule change motion to approve was by Mr. Paul Wright and seconded by Mr. Traylor Rains-Sims and passed unanimously.

17–24B ADvantage Waiver Revisions — The proposed ADvantage Waiver policy revisions will provide information regarding the certification and recertification periods of medical eligibility determination and systems that are used by the nurses in communicating with the Department of Human Services (DHS) county offices. In addition, proposed revisions will add new language outlining the rules and processes for the Ethics of Care Committee for the ADvantage and State Plan personal care programs. Finally, proposed revisions will update obsolete acronyms that are used in existing policy.

Budget Impact: Budget neutral

The rule change motion to approve was by Mr. Jeff Tallent and seconded by Mr. Traylor Rains-Sims and passed unanimously.

17–26 Insure Oklahoma Policy Revisions — The proposed Insure Oklahoma policy revisions will remove the definition/term "self-funded" and the "premium payment" section in order to update policy and reflect current business practices. Further revisions will add additional clarification on who is able to determine whether a college student is dependent or independent. Additionally, proposed revisions will update acronyms and correct grammatical and formatting errors.

Budget Impact: Budget neutral

The rule change motion to approve was by Mr. Traylor Rains-Sims and seconded by Ms. Frannie Pryor and passed unanimously.

17–27 Medically Fragile Waiver Revisions — The proposed policy revisions will revise the Medically Fragile Waiver policy by providing updates to the overview, services and annual re-evaluation sections of existing policy for general clarification and alignment with the approved waiver; including updating some acronyms used in existing policy. In addition, new language will provide guidelines on when the Uniform Comprehensive Assessment Tool is required to be updated if submitted after 90 days. In order to align revisions with federal regulation requirements, new environmental modifications service guidelines will be added in addition to guidelines on how payments are to be submitted for this service. Further revisions will provide new criteria in determining a member's eligibility for self-directed services. Finally, proposed revisions will include the removal of outdated language relating to program medical eligibility and updating obsolete acronyms.

Budget Impact: Budget neutral

The rule change motion to approve was by Mr. Traylor Rains-Sims and seconded by Ms. Frannie Pryor and passed unanimously.

17–30 Focus on Excellence (FOE) Policy Revisions — The proposed revisions will define and describe the eligibility criteria for the Focus on Excellence (FOE) program in policy. Additionally, the proposed revisions will add new language on the quality measure care criteria that a nursing facility must meet to continue status in the FOE program. Finally, the proposed revisions will add new language on the FOE payment and appeals processes.

Budget Impact: Budget neutral

The rule change motion to approve was by Ms. Frannie Pryor and seconded by Ms. Toni Pratt-Reid and passed unanimously.

17–32 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Periodicity Schedule Policy Revisions — The proposed revisions will update the EPSDT periodicity schedule recommended for physicians and other practitioners who provide screening services to children. The periodicity schedule recommended will reflect the recommendations by the American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD). Additionally, it amends other sections that refer to the old periodicity schedule recommendations and updates the hearing, vision and dental EPSDT sections to align with current industry standards. Finally, revisions will update acronyms and titles, and correct any grammatical mistakes for better flow and understanding.

Budget Impact: Budget neutral

The rule change motion to approve was by Ms. Toni Pratt-Reid and seconded by Dr. Edd Rhoades and passed unanimously.

VII. New Business: Chairman, Steven Crawford, M.D.

No new business was identified.

VIII. Future Meeting

May 17th, 2018

IX. Adjournment

Dr. Crawford asked for a motion to adjourn. Motion was provided by Mr. Traylor Rains-Sims and seconded by Ms. Frannie Pryor. There was no dissent and the meeting was adjourned at 2:27p.m.



FINANCIAL REPORT

For the Nine Months Ended March 31, 2018
Submitted to the CEO & Board

- Revenues for OHCA through March, accounting for receivables, were **\$3,104,155,534** or **.2% over** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$3,079,618,129** or **.1% over** budget.
- The state dollar budget variance through March is a positive **\$5,777,486**.
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	(2.9)
Administration	3.6
Revenues:	
Drug Rebate	3.1
Medical Refunds	(.5)
Taxes and Fees	2.5
Total FY 18 Variance	\$ 5.8

ATTACHMENTS

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

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
SFY 2018, For the Nine Month Period Ending March 31, 2018

REVENUES	FY18 Budget YTD	FY18 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 769,451,477	\$ 769,451,477	\$ -	0.0%
Federal Funds	1,715,242,501	1,713,914,880	(1,327,621)	(0.1)%
Tobacco Tax Collections	36,167,080	38,323,515	2,156,435	6.0%
Quality of Care Collections	58,522,772	58,865,268	342,496	0.6%
Prior Year Carryover	44,249,967	44,249,967	-	0.0%
Federal Deferral	12,895,732	12,895,732	-	0.0%
Drug Rebates	240,960,113	248,461,957	7,501,844	3.1%
Medical Refunds	27,849,420	26,650,764	(1,198,656)	(4.3)%
Supplemental Hospital Offset Payment Program	176,112,487	176,112,487	-	0.0%
Other Revenues	15,221,022	15,229,488	8,467	0.1%
TOTAL REVENUES	\$ 3,096,672,570	\$ 3,104,155,534	\$ 7,482,964	0.2%
EXPENDITURES	FY18 Budget YTD	FY18 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	\$ 42,601,847	\$ 37,659,902	\$ 4,941,945	11.6%
ADMINISTRATION - CONTRACTS	\$ 79,344,579	\$ 73,621,127	\$ 5,723,452	7.2%
MEDICAID PROGRAMS				
<u>Managed Care:</u>				
SoonerCare Choice	31,740,967	31,026,560	714,407	2.3%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	680,567,099	686,496,397	(5,929,298)	(0.9)%
Behavioral Health	16,030,112	14,613,311	1,416,801	8.8%
Physicians	299,469,877	296,593,210	2,876,667	1.0%
Dentists	93,458,140	92,783,859	674,281	0.7%
Other Practitioners	40,721,212	39,444,863	1,276,349	3.1%
Home Health Care	13,697,303	14,287,323	(590,020)	(4.3)%
Lab & Radiology	22,063,412	20,283,191	1,780,221	8.1%
Medical Supplies	37,776,665	38,397,399	(620,734)	(1.6)%
Ambulatory/Clinics	157,052,220	161,051,317	(3,999,097)	(2.5)%
Prescription Drugs	457,175,362	459,745,318	(2,569,956)	(0.6)%
OHCA Therapeutic Foster Care	9,000	56,226	(47,226)	0.0%
<u>Other Payments:</u>				
Nursing Facilities	410,478,997	407,516,772	2,962,225	0.7%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	46,099,786	45,558,074	541,712	1.2%
Medicare Buy-In	131,062,761	130,616,544	446,217	0.3%
Transportation	48,902,871	49,575,908	(673,037)	(1.4)%
Money Follows the Person-OHCA	177,606	237,836	(60,231)	0.0%
Electronic Health Records-Incentive Payments	5,830,424	5,830,424	-	0.0%
Part D Phase-In Contribution	82,938,589	92,854,664	(9,916,075)	(12.0)%
Supplemental Hospital Offset Payment Program	372,689,771	372,689,771	-	0.0%
Telligen	7,934,670	8,678,132	(743,462)	(9.4)%
Total OHCA Medical Programs	2,955,876,843	2,968,337,100	(12,460,257)	(0.4)%
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	\$ 3,077,912,651	\$ 3,079,618,129	\$ (1,705,478)	(0.1)%
REVENUES OVER/(UNDER) EXPENDITURES	\$ 18,759,919	\$ 24,537,405	\$ 5,777,486	

OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
SFY 2018, For the Nine Month Period Ending March 31, 2018

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	SHOPP Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	\$ 31,113,890	\$ 31,017,918	\$ -	\$ 87,330	\$ -	\$ 8,642	\$ -
Inpatient Acute Care	865,843,010	453,945,655	365,015	2,617,267	281,047,484	670,097	127,197,491
Outpatient Acute Care	310,738,447	229,195,846	31,203	3,168,282	76,054,535	2,288,580	-
Behavioral Health - Inpatient	32,411,117	8,508,731	-	243,128	14,530,480	-	9,128,778
Behavioral Health - Psychiatrist	7,161,853	6,104,581	-	-	1,057,272	-	-
Behavioral Health - Outpatient	11,243,931	-	-	-	-	-	11,243,931
Behavioral Health-Health Home	38,243,072	-	-	-	-	-	38,243,072
Behavioral Health Facility- Rehab	178,652,214	-	-	-	-	59,838	178,652,214
Behavioral Health - Case Management	5,292,553	-	-	-	-	-	5,292,553
Behavioral Health - PRTF	36,791,411	-	-	-	-	-	36,791,411
Behavioral Health - CCBHC	33,772,543	-	-	-	-	-	33,772,543
Residential Behavioral Management	10,415,941	-	-	-	-	-	10,415,941
Targeted Case Management	45,051,246	-	-	-	-	-	45,051,246
Therapeutic Foster Care	56,226	56,226	-	-	-	-	-
Physicians	347,849,459	293,343,426	43,576	3,805,421	-	3,206,208	47,450,828
Dentists	92,817,679	92,774,771	-	33,820	-	9,089	-
Mid Level Practitioners	1,783,714	1,771,776	-	11,477	-	461	-
Other Practitioners	38,027,424	37,251,837	334,773	354,798	-	86,016	-
Home Health Care	14,293,560	14,279,238	-	6,237	-	8,085	-
Lab & Radiology	20,852,133	20,135,331	-	568,942	-	147,860	-
Medical Supplies	38,642,535	36,345,508	2,033,649	245,135	-	18,242	-
Clinic Services	162,964,192	155,779,375	-	1,060,017	-	128,378	5,996,423
Ambulatory Surgery Centers	5,252,955	5,138,427	-	109,391	-	5,137	-
Personal Care Services	8,303,004	-	-	-	-	-	8,303,004
Nursing Facilities	407,516,772	247,367,961	160,141,196	-	-	7,616	-
Transportation	49,571,779	47,644,464	1,752,476	85,715	-	89,124	-
GME/IME/DME	40,064,721	-	-	-	-	-	40,064,721
ICF/IID Private	45,558,074	37,121,844	8,436,231	-	-	-	-
ICF/IID Public	10,327,797	-	-	-	-	-	10,327,797
CMS Payments	213,939,168	213,500,206	438,962	-	-	-	-
Prescription Drugs	469,483,365	457,879,700	-	9,738,047	-	1,865,618	-
Miscellaneous Medical Payments	89,845	87,878	-	-	-	1,967	-
Home and Community Based Waiver	146,981,693	-	-	-	-	-	146,981,693
Homeward Bound Waiver	57,169,352	-	-	-	-	-	57,169,352
Money Follows the Person	237,836	237,836	-	-	-	-	-
In-Home Support Waiver	17,935,825	-	-	-	-	-	17,935,825
ADvantage Waiver	122,607,184	-	-	-	-	-	122,607,184
Family Planning/Family Planning Waiver	3,391,221	-	-	-	-	-	3,391,221
Premium Assistance*	44,116,580	-	-	44,116,580	-	-	-
Telligen	8,678,132	8,678,132	-	-	-	-	-
Electronic Health Records Incentive Payments	5,830,424	5,830,424	-	-	-	-	-
Total Medicaid Expenditures	\$ 3,981,073,876	\$ 2,403,997,089	\$ 173,577,079	\$ 66,251,588	\$ 372,689,771	\$ 8,600,959	\$ 956,017,228

* Includes \$43,810,138.90 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
SFY 2018, For the Nine Month Period Ending March 31, 2018

	FY18
REVENUE	Actual YTD
Revenues from Other State Agencies	\$ 502,135,576
Federal Funds	581,536,474
TOTAL REVENUES	\$ 1,083,672,050
EXPENDITURES	Actual YTD
Department of Human Services	
Home and Community Based Waiver	\$ 146,981,693
Money Follows the Person	-
Homeward Bound Waiver	57,169,352
In-Home Support Waivers	17,935,825
ADvantage Waiver	122,607,184
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public	10,327,797
Personal Care	8,303,004
Residential Behavioral Management	6,251,532
Targeted Case Management	39,108,985
Total Department of Human Services	408,685,372
State Employees Physician Payment	
Physician Payments	47,450,828
Total State Employees Physician Payment	47,450,828
Education Payments	
Graduate Medical Education	-
Graduate Medical Education - Physicians Manpower Training Commission	-
Indirect Medical Education	34,013,202
Direct Medical Education	6,051,519
Total Education Payments	40,064,721
Office of Juvenile Affairs	
Targeted Case Management	1,467,555
Residential Behavioral Management	4,164,408
Total Office of Juvenile Affairs	5,631,964
Department of Mental Health	
Case Management	5,292,553
Inpatient Psychiatric Free-standing	9,128,778
Outpatient	11,243,931
Health Homes	38,243,072
Psychiatric Residential Treatment Facility	36,791,411
Certified Community Behavioral Health Clinics	33,772,543
Rehabilitation Centers	178,652,214
Total Department of Mental Health	313,124,503
State Department of Health	
Children's First	808,734
Sooner Start	2,518,917
Early Intervention	3,473,699
Early and Periodic Screening, Diagnosis, and Treatment Clinic	956,827
Family Planning	156,138
Family Planning Waiver	3,204,571
Maternity Clinic	4,985
Total Department of Health	11,123,872
County Health Departments	
EPSDT Clinic	536,658
Family Planning Waiver	30,511
Total County Health Departments	567,169
State Department of Education	76,455
Public Schools	115,817
Medicare DRG Limit	119,103,673
Native American Tribal Agreements	1,979,036
Department of Corrections	1,094,785
JD McCarty	6,999,033
Total OSA Medicaid Programs	\$ 956,017,228
OSA Non-Medicaid Programs	\$ 116,129,842
Accounts Receivable from OSA	\$ (11,524,981)

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
SFY 2018, For the Nine Month Period Ending March 31, 2018

REVENUES	FY 18 Revenue
SHOPP Assessment Fee	\$ 175,951,137
Federal Draws	220,097,065
Interest	113,327
Penalties	48,023
State Appropriations	(22,650,000)
TOTAL REVENUES	\$ 373,559,552

EXPENDITURES	Quarter	Quarter	Quarter	FY 18 Expenditures
	7/1/17 - 9/30/17	10/1/17 - 12/31/17	1/1/18 - 3/31/18	
Program Costs:				
Hospital - Inpatient Care	98,870,820	100,810,689	81,365,975	\$ 281,047,484
Hospital -Outpatient Care	25,537,046	26,042,806	24,474,682	76,054,535
Psychiatric Facilities-Inpatient	7,574,695	4,905,352	2,050,433	14,530,480
Rehabilitation Facilities-Inpatient	328,886	335,409	392,978	1,057,272
Total OHCA Program Costs	132,311,447	132,094,256	108,284,068	\$ 372,689,771

Total Expenditures	\$ 372,689,771
---------------------------	-----------------------

CASH BALANCE	\$ 869,781
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OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 230: Nursing Facility Quality of Care Fund
SFY 2018, For the Nine Month Period Ending March 31, 2018

REVENUES	Total Revenue	State Share
Quality of Care Assessment	\$ 58,837,168	\$ 58,837,168
Interest Earned	28,100	28,100
TOTAL REVENUES	\$ 58,865,268	\$ 58,865,268

EXPENDITURES	FY 18 Total \$ YTD	FY 18 State \$ YTD	Total State \$ Cost
Program Costs			
Nursing Facility Rate Adjustment	\$ 157,391,382	\$ 64,483,249	
Eyeglasses and Dentures	201,374	82,503	
Personal Allowance Increase	2,548,440	1,044,096	
Coverage for Durable Medical Equipment and Supplies	2,033,649	833,186	
Coverage of Qualified Medicare Beneficiary	774,567	317,340	
Part D Phase-In	438,961	179,842	
ICF/IID Rate Adjustment	3,979,265	1,630,305	
Acute Services ICF/IID	4,456,966	1,826,019	
Non-emergency Transportation - Soonerride	1,752,476	717,989	
Total Program Costs	\$ 173,577,079	\$ 71,114,529	\$ 71,114,529
Administration			
OHCA Administration Costs	\$ 394,706	\$ 197,353	
DHS-Ombudsmen	76,585	76,585	
OSDH-Nursing Facility Inspectors	417,508	417,508	
Mike Fine, CPA	3,000	1,500	
Total Administration Costs	\$ 891,799	\$ 692,946	\$ 692,946
Total Quality of Care Fee Costs	\$ 174,468,878	\$ 71,807,475	
TOTAL STATE SHARE OF COSTS			\$ 71,807,475

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

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

**Fund 245: Health Employee and Economy Improvement Act Revolving Fund
SFY 2018, For the Nine Month Period Ending March 31, 2018**

REVENUES	FY 17 Carryover	FY 18 Revenue	Total Revenue
Prior Year Balance	\$ 7,673,082	\$ -	\$ 4,811,312
State Appropriations	(3,000,000)	-	-
Tobacco Tax Collections	-	31,520,018	31,520,018
Interest Income	-	132,569	132,569
Federal Draws	307,956	27,162,447	27,162,447
TOTAL REVENUES	\$ 4,981,038	\$ 58,815,034	\$ 63,626,346

EXPENDITURES	FY 17 Expenditures	FY 18 Expenditures	Total \$ YTD
Program Costs:			
Employer Sponsored Insurance		\$ 43,810,139	\$ 43,810,139
College Students/ESI Dental		306,441	125,549
Individual Plan			
SoonerCare Choice		\$ 84,504	\$ 34,621
Inpatient Hospital		2,585,843	1,059,420
Outpatient Hospital		3,117,904	1,277,405
BH - Inpatient Services-DRG		232,985	95,454
BH -Psychiatrist		-	-
Physicians		3,788,684	1,552,224
Dentists		32,685	13,391
Mid Level Practitioner		11,308	4,633
Other Practitioners		350,312	143,523
Home Health		6,237	2,555
Lab and Radiology		556,807	228,124
Medical Supplies		241,825	99,076
Clinic Services		1,034,282	423,745
Ambulatory Surgery Center		109,391	44,818
Prescription Drugs		9,576,141	3,923,345
Transportation		84,980	34,816
Premiums Collected		-	(469,084)
Total Individual Plan		\$ 21,813,890	\$ 8,468,067
College Students-Service Costs		\$ 321,118	\$ 131,562
Total OHCA Program Costs		\$ 66,251,588	\$ 52,535,317
Administrative Costs			
Salaries	\$ 40,359	\$ 1,622,463	\$ 1,662,822
Operating Costs	25,578	146,464	172,042
Health Dept-Postponing	-	-	-
Contract - HP	103,788	1,008,570	1,112,359
Total Administrative Costs	\$ 169,725	\$ 2,777,497	\$ 2,947,223
Total Expenditures			\$ 55,482,539
NET CASH BALANCE	\$ 4,811,312		\$ 8,143,807

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

**Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund
SFY 2018, For the Nine Month Period Ending March 31, 2018**

REVENUES	FY 18 Revenue	State Share
Tobacco Tax Collections	\$ 629,010	\$ 629,010
TOTAL REVENUES	\$ 629,010	\$ 629,010

EXPENDITURES	FY 18 Total \$ YTD	FY 18 State \$ YTD	Total State \$ Cost
Program Costs			
SoonerCare Choice	\$ 8,642	\$ 2,479	
Inpatient Hospital	670,097	192,184	
Outpatient Hospital	2,288,580	656,365	
Inpatient Services-DRG	-	-	
Psychiatrist	-	-	
TFC-OHCA	-	-	
Nursing Facility	7,616	2,184	
Physicians	3,206,208	919,540	
Dentists	9,089	2,607	
Mid-level Practitioner	461	132	
Other Practitioners	86,016	24,669	
Home Health	8,085	2,319	
Lab & Radiology	147,860	42,406	
Medical Supplies	18,242	5,232	
Clinic Services	128,378	36,819	
Ambulatory Surgery Center	5,137	1,473	
Prescription Drugs	1,865,618	535,059	
Transportation	89,124	25,561	
Miscellaneous Medical	1,967	564	
Total OHCA Program Costs	\$ 8,541,121	\$ 2,449,593	
OSA DMHSAS Rehab	\$ 59,838	\$ 17,161	
Total Medicaid Program Costs	\$ 8,600,959	\$ 2,466,755	
TOTAL STATE SHARE OF COSTS			\$ 2,466,755

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.

**MAC Meeting
May 17, 2018
(March 2018 Data)**

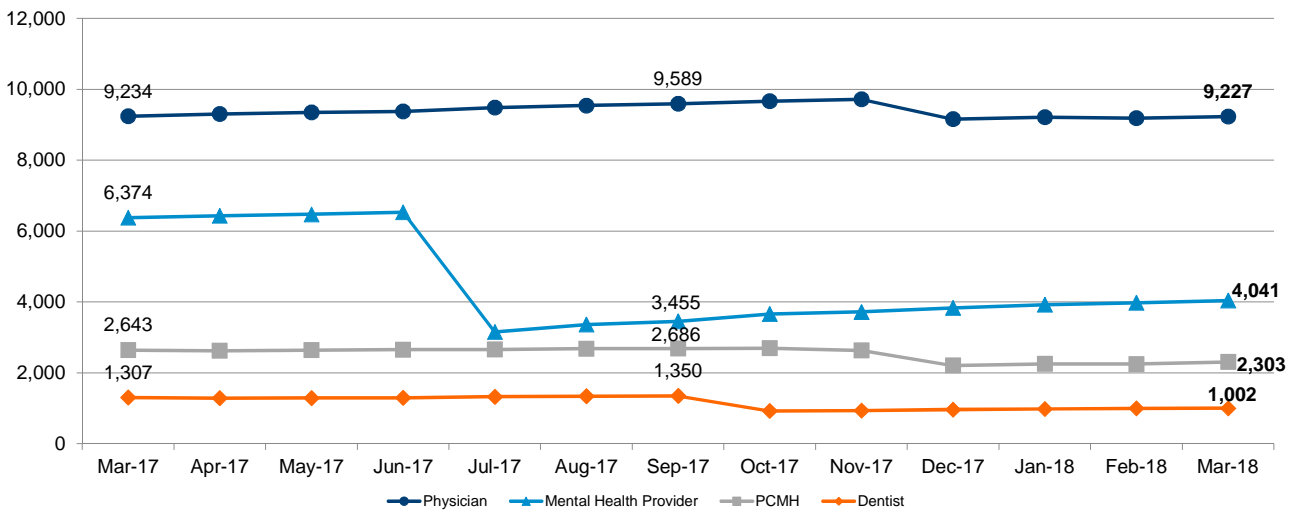
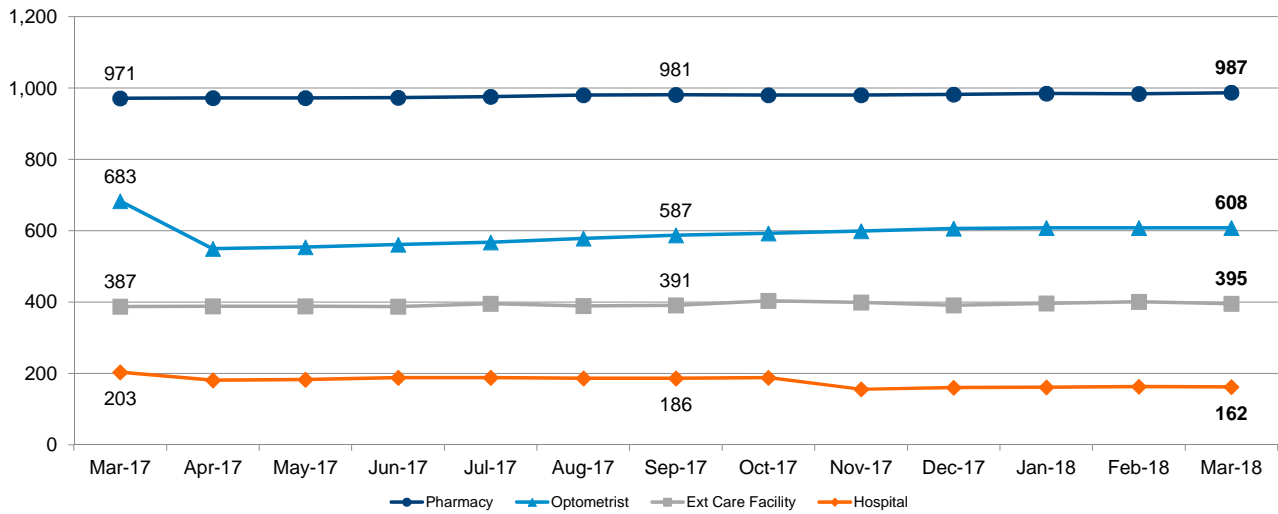
SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System		Enrollment March 2018	Children March 2018	Adults March 2018	Enrollment Change	Total Expenditures March 2018	PMPM March 2018
SoonerCare Choice Patient-Centered Medical Home		535,704	443,027	92,677	5,437	\$154,491,132	
Lower Cost	(Children/Parents; Other)	490,810	428,621	62,189	4,658	\$110,226,319	\$225
Higher Cost	(Aged, Blind or Disabled; TEFRA; BCC)	44,894	14,406	30,488	779	\$44,264,814	\$986
SoonerCare Traditional		230,280	83,777	146,503	-7,376	\$166,589,289	
Lower Cost	(Children/Parents; Other; Q1; SLMB)	115,209	78,974	36,235	-6,605	\$40,228,251	\$349
Higher Cost	(Aged, Blind or Disabled; LTC; TEFRA; BCC & HCBS Waiver)	115,071	4,803	110,268	-771	\$126,361,038	\$1,098
Insure Oklahoma		19,669	514	19,155	-287	\$7,952,094	
Employer-Sponsored Insurance		14,432	332	14,100	-241	\$5,381,099	\$373
Individual Plan		5,237	182	5,055	-46	\$2,570,995	\$491
SoonerPlan		29,654	2,569	27,085	-988	\$274,621	\$9
TOTAL		815,307	529,887	285,420	-3,214	\$329,307,135	

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. Dual Eligibles (Medicare & Medicaid) are in the Traditional delivery system in both the Low Cost (Q1 & SLMB) and High Cost (ABD) groups. OTHER includes DDSD, PKU, Q1, Refugee, SLMB, STBS and TB.

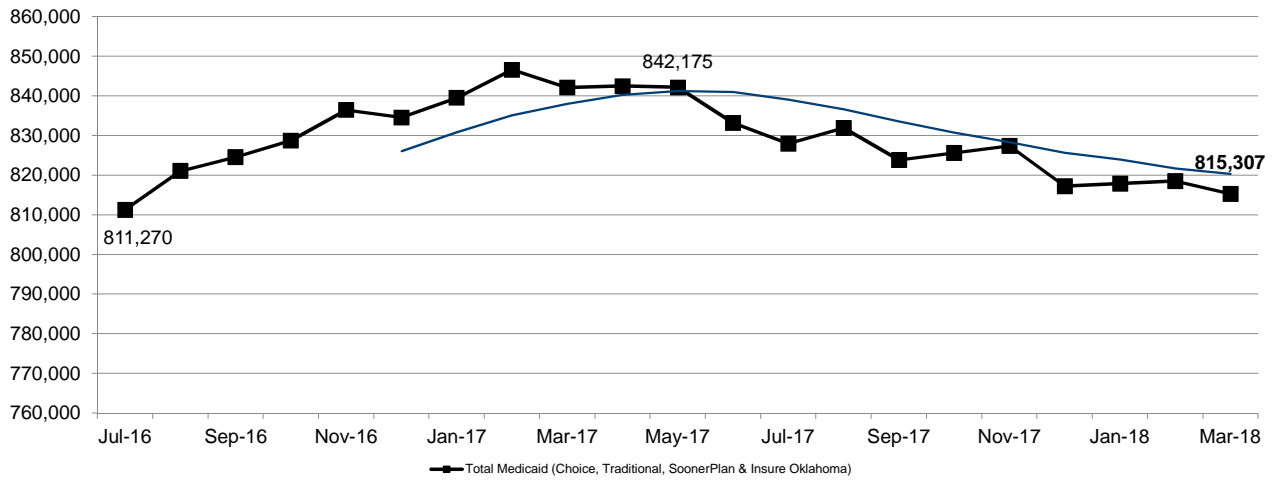
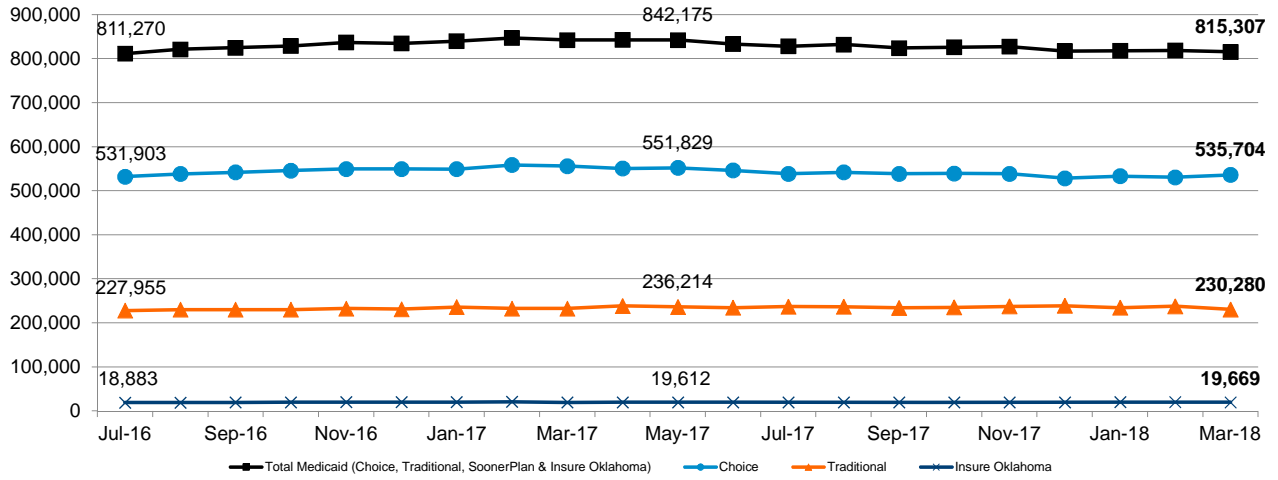
IN-STATE CONTRACTED PROVIDERS

Total In-State Providers: 32,195 (+307) (In-State Providers counted multiple times due to multiple locations, programs, types, and specialties)



*In general, decreases are due to contract renewal. Decrease during contract renewal period is typical during all renewal periods. Hospital decrease in November 2017 was due to psychiatric hospitals and residential treatment centers changing from provider type hospital to provider type inpatient psychiatric facility. Mental Health Providers dropped in July 2017 due to multiple changes including reduced the number of units over all and setting time limits for 'under supervision' to become fully licensed.

ENROLLMENT BY MONTH



*Trendline is 6 months moving average.

**In June 2017 there were changes to the passive renewal system criteria that reduced the number of passively renewed members by 2/3rds.



OHCA Responds to the Opioid Crisis

May 10, 2018

Burl Beasley, BS Pharm, MPH, MS Pharm
Assistant Director Pharmacy Services

Agenda

- Introduction/Background
- OHCA & Pharmacy Initiatives
- Lock In 2.0
- Naloxone
- Communication Strategies
- Morphine Milligram Equivalent
- Results and Next Steps

Prescription Drug Overdoses Oklahoma

3

- 15.8 per 100,000 people unintentional poisoning deaths 2012
- 15 – 19 - 22 per 100,000 - 2016
- 5th leading cause of death in Oklahoma – unintentional injury
- 6th highest drug overdose in U.S.

Sources: <https://www.ok.gov/health/pub/boh/state/SOSH%202014.pdf> <http://www.cdc.gov/vitalsigns/pdf/2014-07-vitalsigns.pdf>. Accessed September 2, 2016.
<https://www.nytimes.com/interactive/2017/12/22/upshot/opioid-deaths-are-spreading-rapidly-into-black-america.html>

The cascade effect...

In 2008, there were 14,800 prescription painkiller deaths.⁴

For every **1** death there are...



10 treatment admissions for abuse⁹

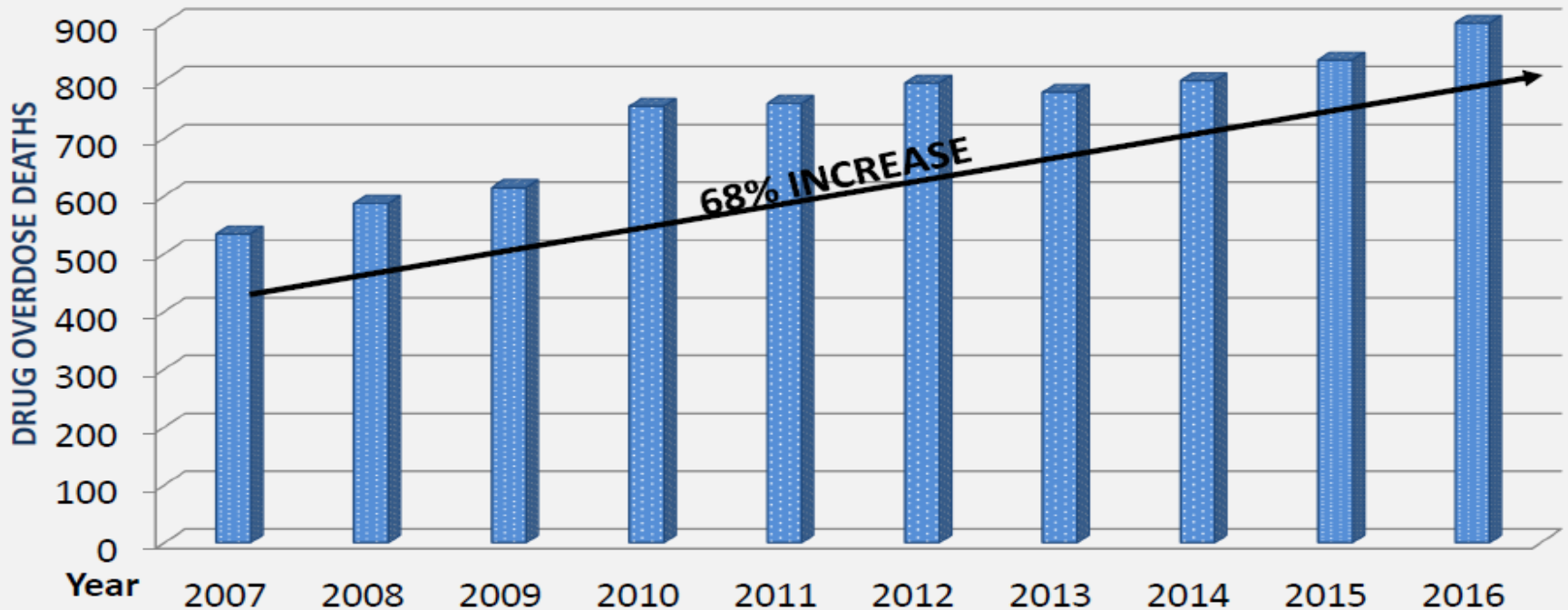
32 emergency dept visits for misuse or abuse⁶

130 people who abuse or are dependent⁷

825 nonmedical users⁷

All Drug Deaths 2007-2016

STATE OF OKLAHOMA DRUG DEATHS 10 YEAR COMPARISON

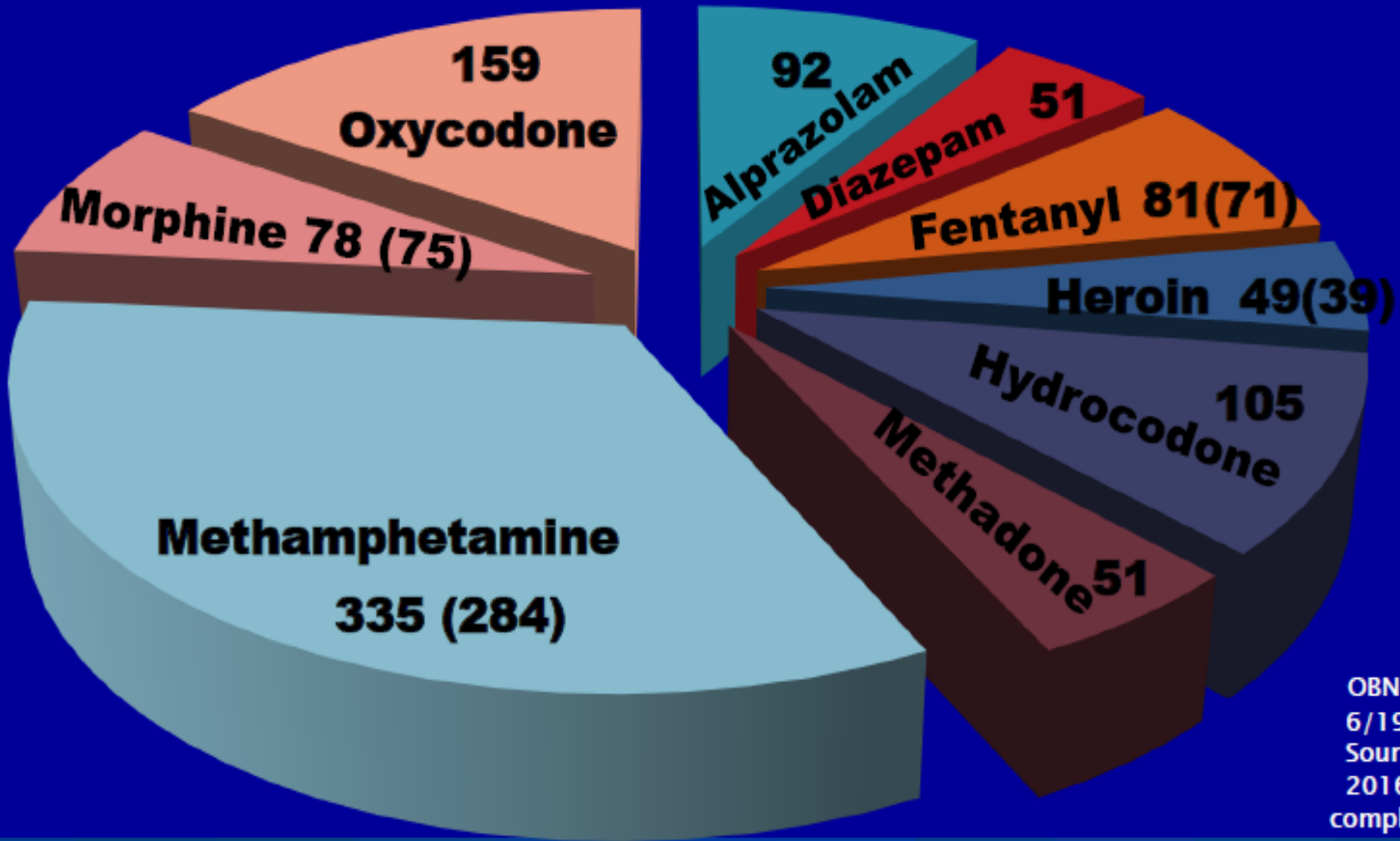


Death	534	587	614	755	760	795	779	799	835	899
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<http://www.oag.ok.gov/Websites/oag/images/Second%20Opioid%20Meeting%20Presentations%20-%20Combined.pdf>

All Drug Deaths 2017

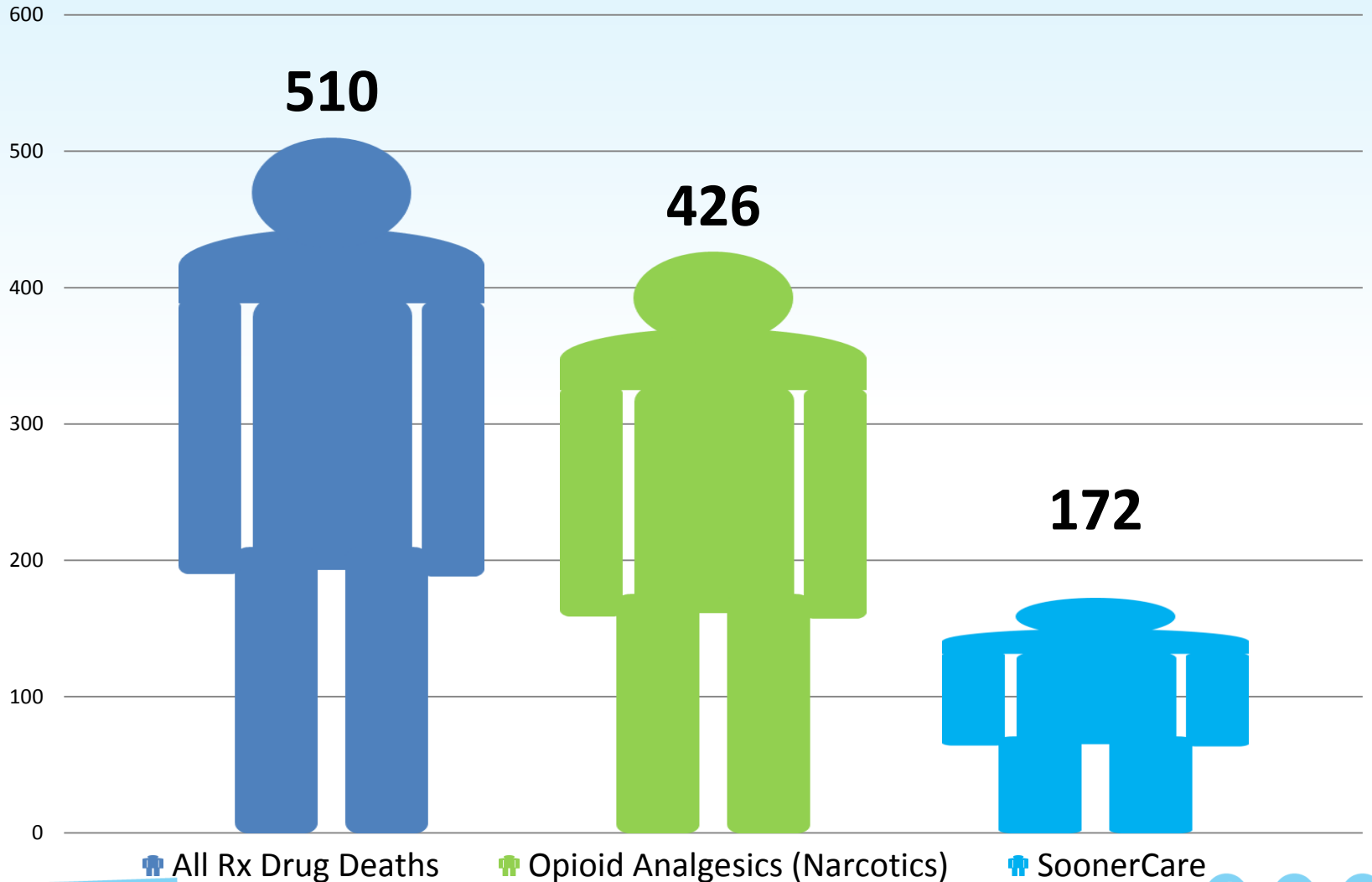
The majority of all drug deaths are due to a **combination "cocktail" of drugs** rather than just one specific drug. This chart reflects the total number of deaths each drug was involved in, even though another drug may have been the primary cause of death.



OBN L Baker
6/19/2017
Source: State ME
2016 Data not complete

Poisoning-Drug Overdose Death Rates - Oklahoma 2014

Source: OSDH, Injury Prevention Service, Unintentional Poisonings Data





OHCA Initiatives

OHCA Initiatives

- Pain Management Program & Toolkit
- State Plan & Workgroup Involvement
- Collaboration within and with other state agencies
- Pharmacy Initiatives



Naloxone

Naloxone

- Opioid Education Naloxone Distribution (OEND)
 - OHCA partnership HSI CHIP grant
- Partnership with ODMHSAS
- Naloxone available no charge
 - 19 years of age or known of 19 year old
- Text “naloxone” to # 55155

Naloxone

- No co-pay on Rx naloxone
- Will NOT apply to Rx limit
 - December 1, 2017
- Expand education and collaboration

Patient review and restriction program Lock-in



Lock-In Program

14

- SoonerCare Pharmacy-administered program
- “Locks” a member into one pharmacy AND one prescriber
 - Pharmacy claims will deny if not from designated providers
 - Various medications monitored
- Referral by health care providers

Lock in 2.0

- Preventive measures to intervene
- Letters to ALL members currently locked in
- BH outreach *current* in lock-in members



Morphine Milligram Equivalent (MME)

Morphine Milligram Equivalent (MME)

- Morphine is considered the “gold standard” for the treatment of pain, and is used as the basis for comparison via morphine milligram equivalent (MME).
- The MME provides a conversion factor for one opioid to another and gives a standard for comparison.
- The CDC encourages caution for doses exceeding 50 MME per day

MME

- The OHCA incorporated the use of MME for all opioids into the Medicaid Management Information System (MMIS).
- Overlapping opioid claims will be totaled to include a member's aggregate MME per day.
- OHCA MME 3 Phase Plan

MME 3 Phase Plan

- Phase 1

Provide OHCA-contracted pharmacies with the calculated total daily MME dose a member is receiving based on retrospective and prospective claims review at the point of service (POS).

MME 3 Phase Plan (cont.)

- Phase 2 (*current*)

Establish MME limits and review claims based on pre-established guidelines for MME. Audit claims and report and monitor for quality improvement and next steps.

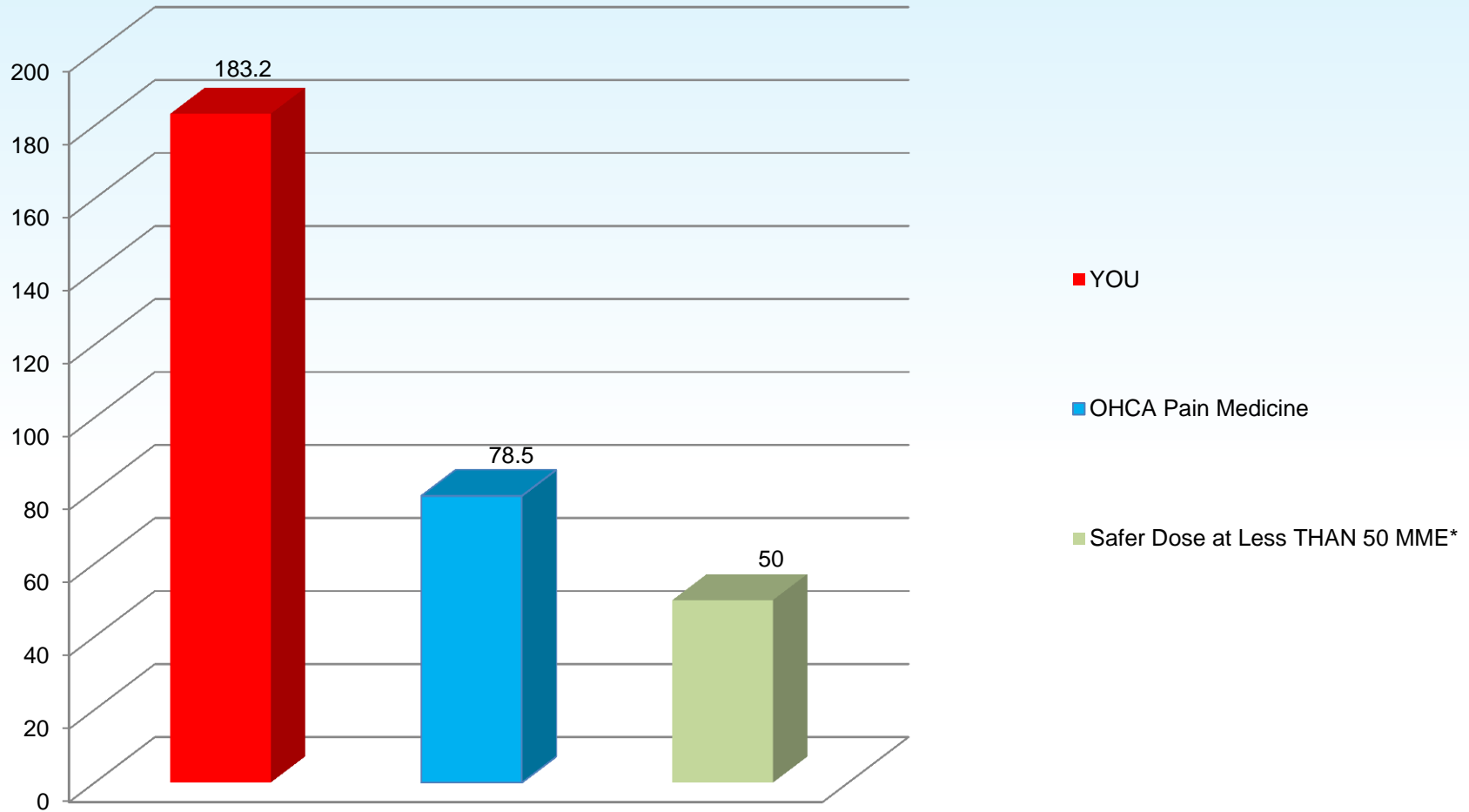
MME 3 Phase Plan (cont.)

- Phase 3

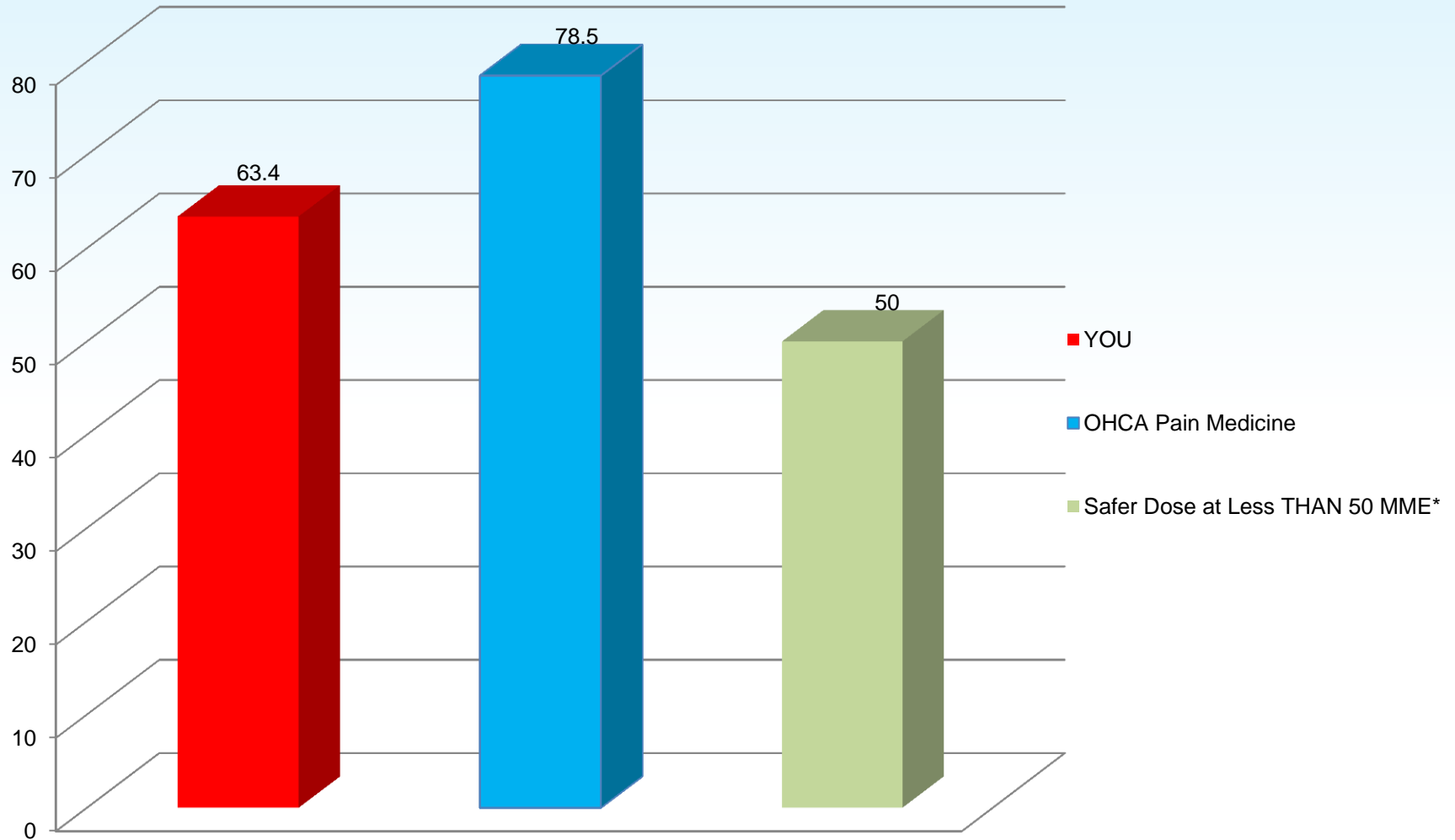
Provide prescribers with daily MME via official communications. Identify top MME prescribers for quality assurance and program integrity review.

MME Prescriber Report

MME Prescriber Report ²²



MME Prescriber Report





Communication Strategies

Prescriber Communication - Letter



REBECCA PASTERNIK-IKARD
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

[DATE]

[PROVIDER NAME]
[ADDRESS]
[CITY, ST ZIP]

Dear [Provider]:

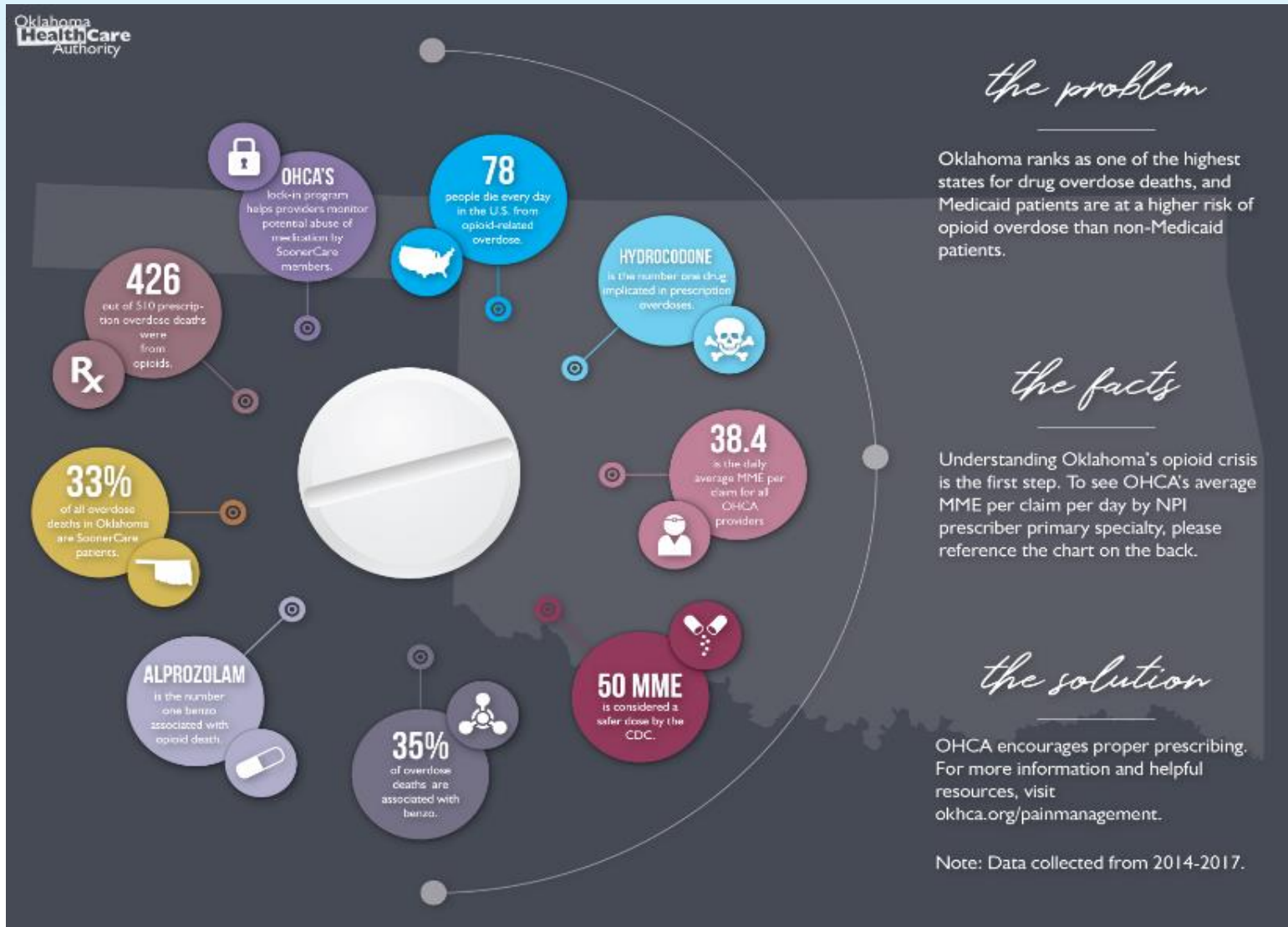
In 2015, more than 15,000 people died from overdoses involving prescription opioids.*

A review of Oklahoma SoonerCare claims of controlled drugs attributed to your prescriber number has been conducted by the Oklahoma Health Care Authority. This analysis indicates that there are a number of your SoonerCare patients visiting more than one prescriber and more than one pharmacy.

SoonerCare members are responsible for informing your office of each provider they see and all treatment(s) and medication(s) received from other providers. This will help prevent duplicative treatment and help protect members' health. A further review of member activities under your care will be conducted over the next several months and significant results will be shared with you.

If at that time, if it is determined that members are continuing to receive prescriptions from several physicians and pharmacies, the member(s) *may be placed* in the Lock-In Restriction Program. This patient review and restriction program will limit the member to **one** pharmacy and to **one** prescriber for controlled drugs. This letter does not change any benefits to which the member is currently entitled. It is to inform you that the situation is being monitored and will be reviewed. With your help, patient care should be improved.

Infographic



MME Prescriber Notification

Morphine Milligram Equivalent (MME) Report Jan 1st 2015 through September 30th 2015.

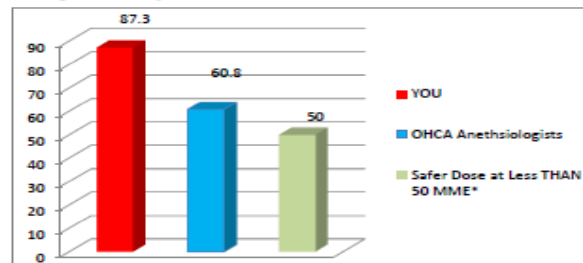


In March of 2016, the CDC released the *CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016*. One of the recommendations within this document, states the following:

When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥ 50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥ 90 MME/day or carefully justify a decision to titrate dosage to ≥ 90 MME/day (recommendation category: A, evidence type: 3). *The full, final version CDC Guidelines for Prescribing Opioids for Chronic Pain can be located here: <http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1er.htm>

The graph indicates your average MME/Claim* for the period January 1st 2015 through September 30th 2015.
*MME = Strength per Unit * (Number of Units/Days Supply) * MME conversion factor = MME/Day x Avg # of Claims

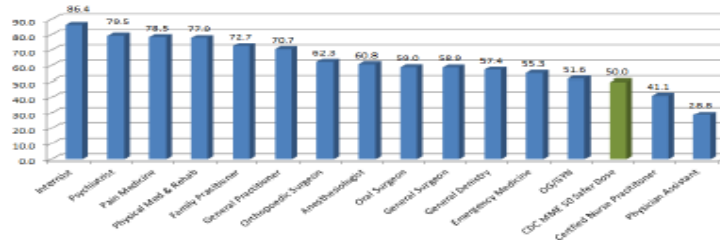
PROVIDER <MM>
Number of Claims: 3109
Number of Clients: 626
Average MME*/Day: 87.3



The graphs includes the American Hospital Formulary System class of opioid medications, and **excludes** cough and cold products and combination products containing buprenorphine and naloxone (Suboxone®, Bunavel® etc.) Injections, suppositories and compounded items excluded. Acetaminophen with codeine liquid excluded. No distinction made on patient diagnosis.

OHCA Average MME per Claim
by NPI Prescriber Primary Specialty

Top prescribers opioid claims greater than 1000/90 days
(July 1st 2015 thru Sept 30th 2015)



Data compiled by OHCA Pharmacy Department. Data valid as of April 1st 2016. Please direct questions to pharmacy@ohca.org

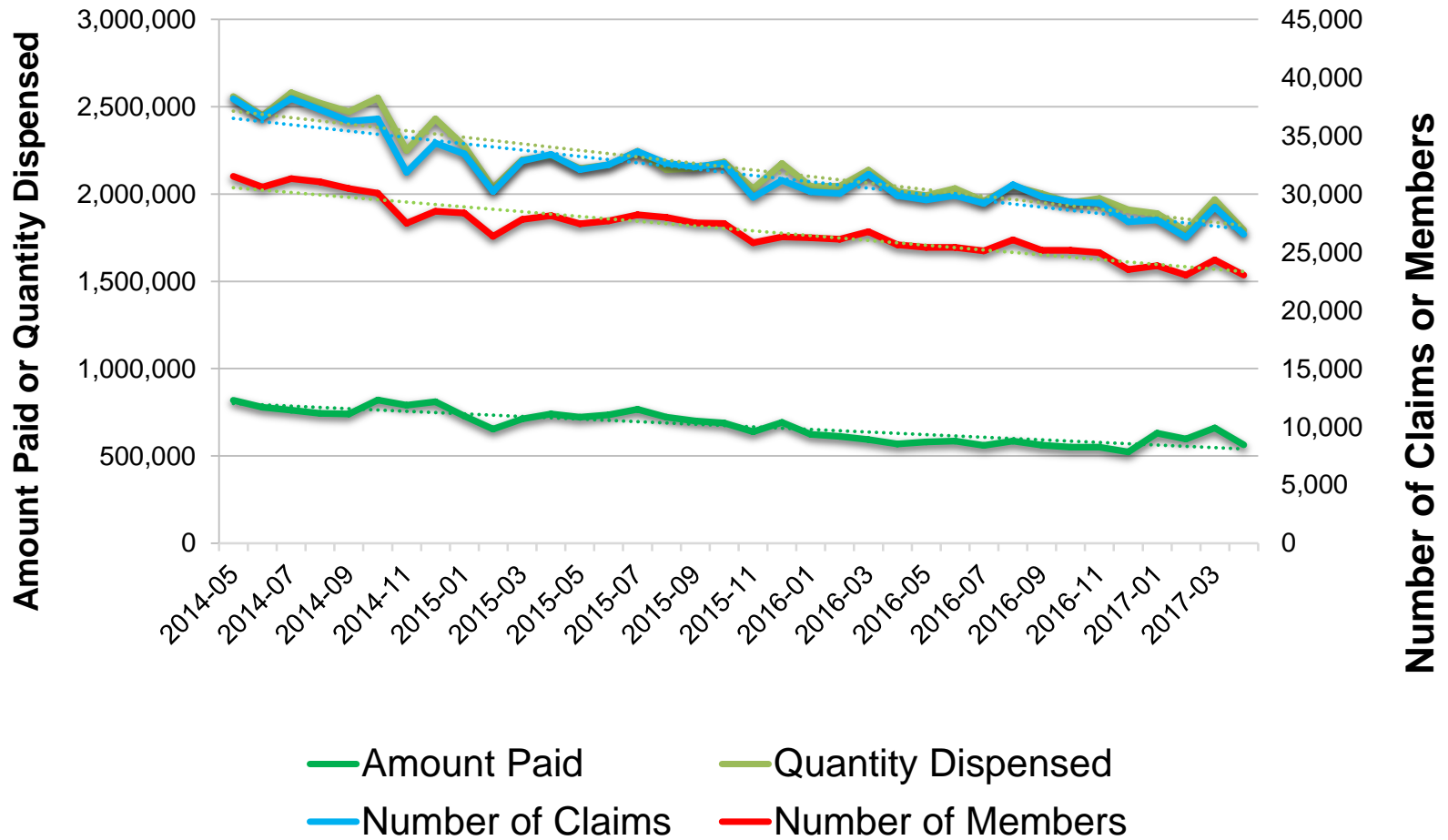
Other –Communication

- Provider e-Newsletter
- DUR annual review and recommendations
- Top prescribers
- Pharmacy notifications
 - Quantity Limits (3 phase)
 - QLE Survey
 - Naloxone availability (OEND)



Results

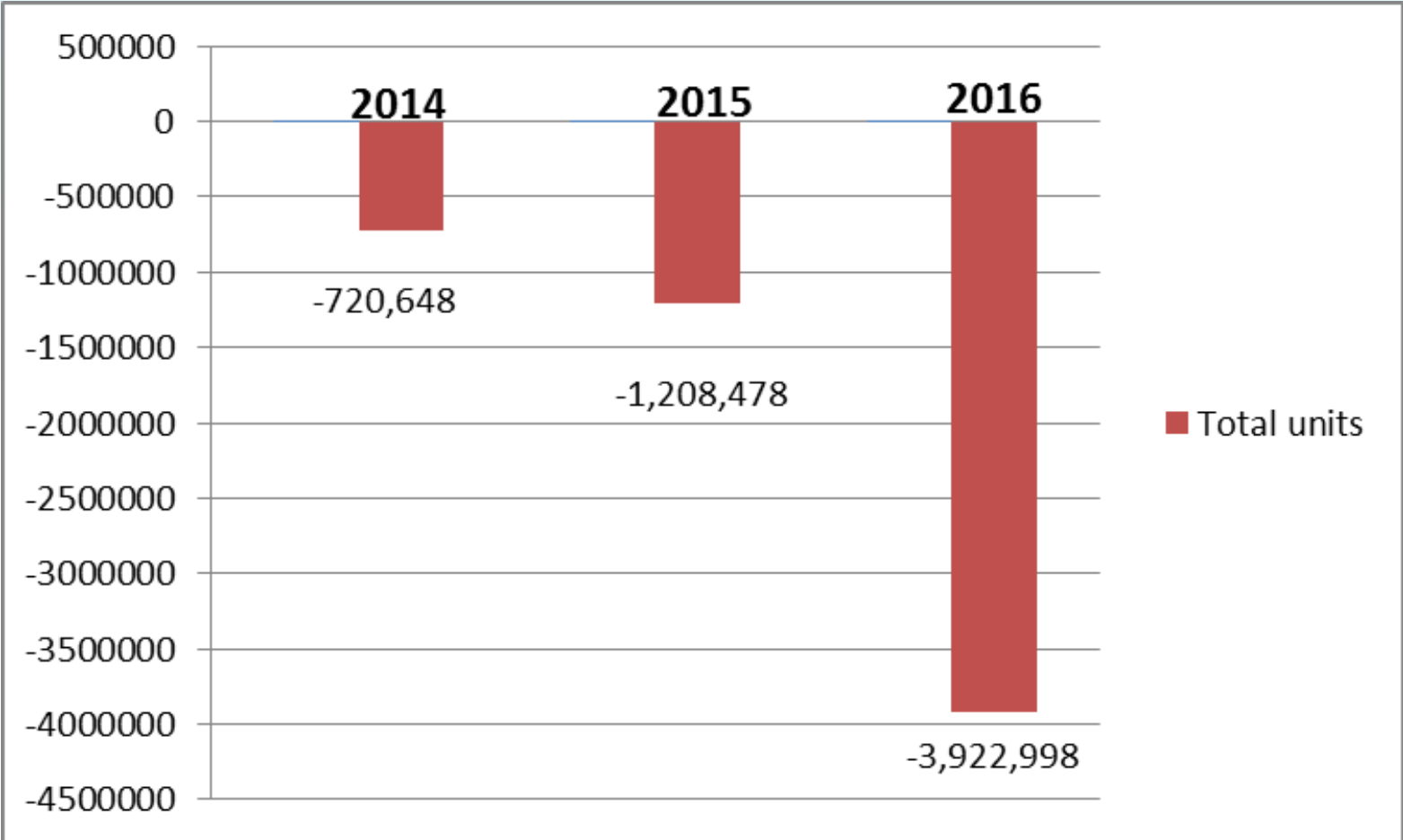
Short-Acting Opioid Analgesic Trends: May 2014-April 2017



Quantity Limit Edit

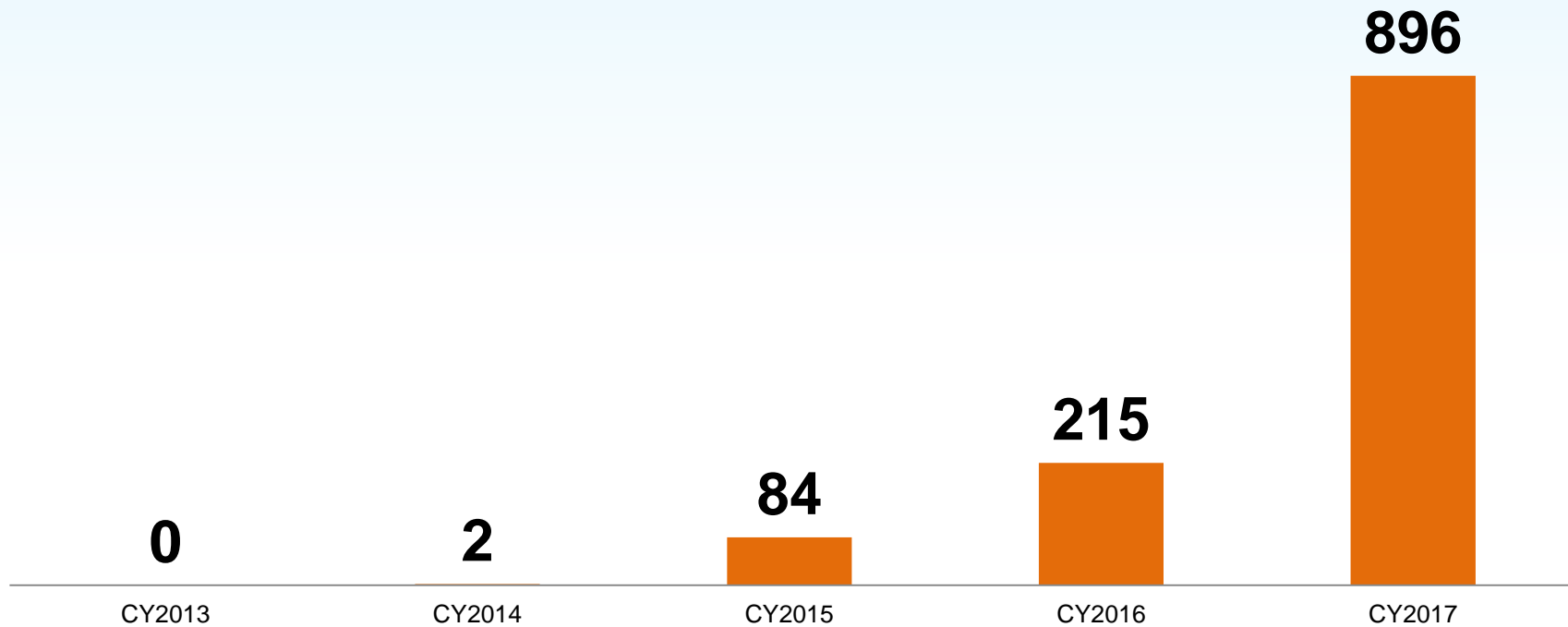
Number of Units

Decrease in Pills Diverted



OHCA Naloxone Claims CY 2013 – CY 2017

Data valid as of October
2017

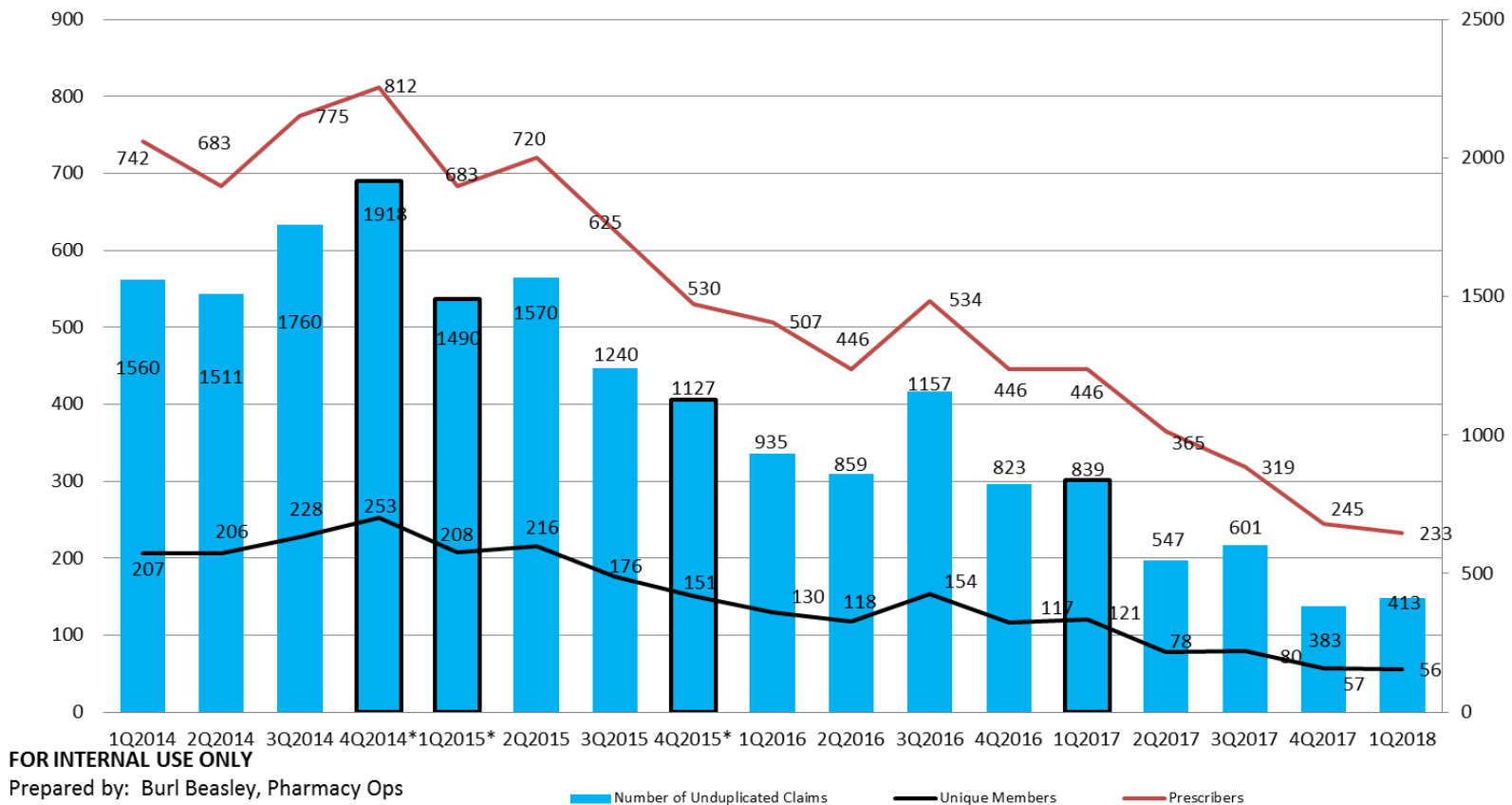


Source: OHCA Pharmacy Services. Data valid as of November 1, 2017.

Multiple Prescriber Episodes* 1Q2014 - 1Q2018

Members, Prescribers, Number of Claims

*Important Dates: 1. Hydrocodone rescheduled 10/6/2014
2. Quantity Limit Edit implemented 1Q12015. 3. Prescription Drug Monitoring Program (PMP). Effective November 2015, HB 1948 requires mandatory PMP check. 4. OHCA letter sent to top prescribers and 446 physicians with multiple prescriber episodes. 1Q2107. Data valid as of May 2018.





Next Steps and Summary

Other - Legislation

- SB No. 1446 Signed May 2, 2018
- Regulation of opioid drugs
- Limits opioids to 7 days supply for acute pain
- Other regulations
 - CME, PMP checks, Patient education, risks
- Effective November 1, 2018

Other – Legislation (cont.)

- HB2931 electronic prescribing of controlled dangerous substances and establishes an official prescription form (diversion)
- HB2798, creates the Opioid Overdose Fatality Review Board (oversight)
- HB2795, requires medical facility owners to register with Bureau of Narcotics (OBND)

Others - OHCA

- Supplemental rebate enhancements
- Opioids and Pregnancy
- Neonatal Abstinence Syndrome
- Opioids & Benzodiazepines
- Lock-in at ED
- Naloxone co-prescribing
- Remove barriers to treatment

Summary

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- Continued provider education and outreach
- Participation in local and national work groups
- Internal monitoring of activities
- Continued vigilance and process improvement

QUESTION COMMENTS

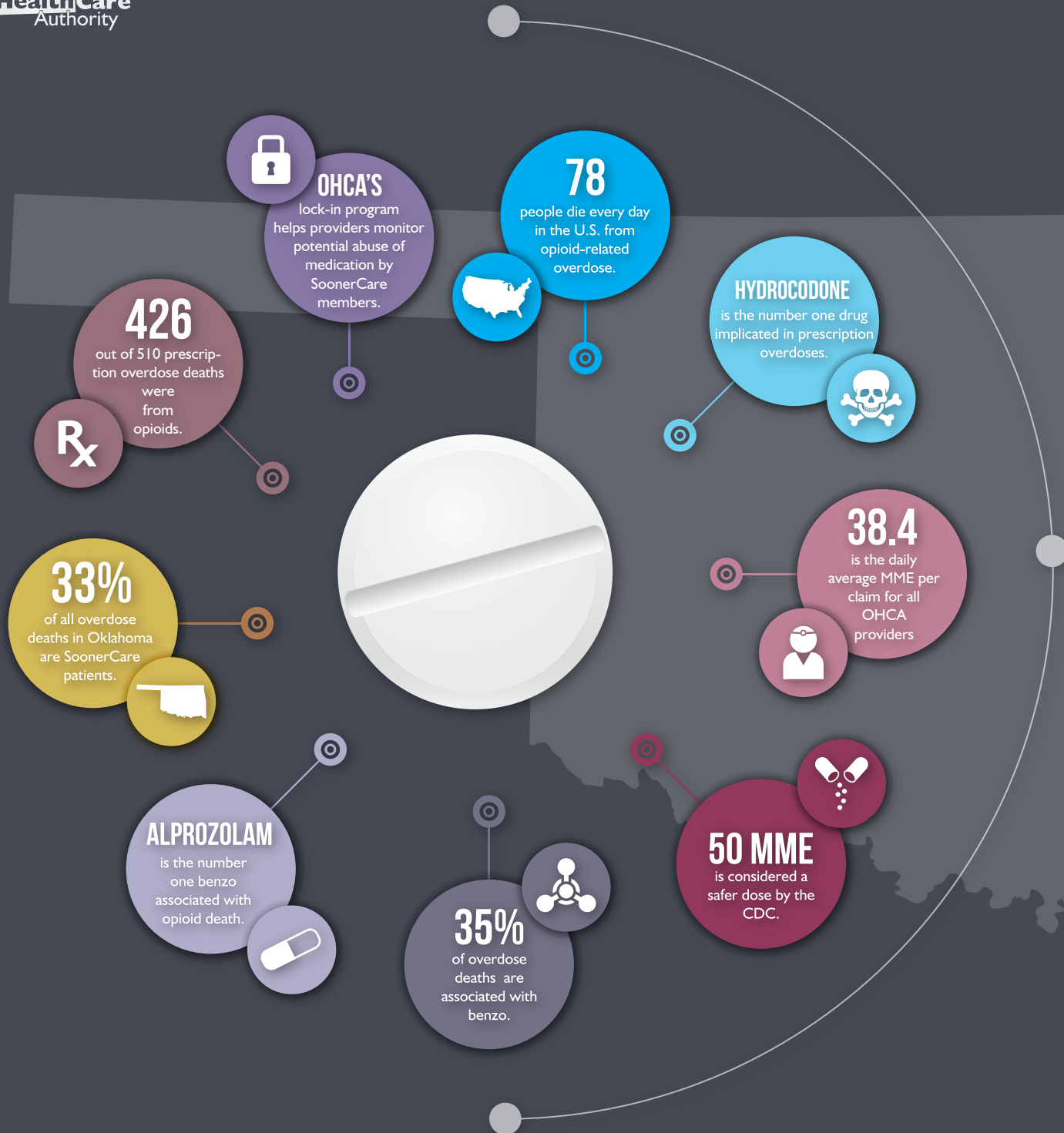
39



Oklahoma Health Care Authority (OHCA) Opioid Initiatives

Programs implemented and/or generated by the OHCA are demonstrated by the following:

- In 2014, the OHCA Pharmacy Department partnered with the Pharmacy Management Consultants (PMC) division of the University of Oklahoma (OU) College of Pharmacy in implementing the “**No More than 4**” campaign restricted the amount of short-acting opioid analgesics paid per claim to 120 units per 30 day supply.
- Historically, the SoonerCare **lock-in program** required members with history of abuse or inappropriate utilization of controlled medications to be “locked in” to a single designated pharmacy. An interdisciplinary team lead by the pharmacy department at the OHCA reviewed members who have been locked in to a single designated pharmacy and prescriber but continue to receive prescriptions for controlled drugs through unapproved pharmacies and/or prescribers.
- The SoonerCare **Pain Management Program** is designed to equip providers with the knowledge and skills to appropriately treat members with chronic pain. To accomplish this, the OHCA has developed a proper prescribing toolkit. Under the OHCA physician leadership, two practice facilitators have been delegated to implement the components of the toolkit within selected SoonerCare practices. Additionally, two behavioral health resource specialists are dedicated to assist providers with linking members with substance use disorder or other behavioral health needs to the appropriate treatment.
- The Pharmacy Department at the OHCA has partnered with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to increase access to **naloxone**. Funds received from the Health Services Initiative – Children’s Health Insurance Program (CHIP) help to provide this lifesaving drug to at-risk youth through the Opioid Overdose and Naloxone Distribution (OEND) Program. OEND makes naloxone available, at no charge, to *any individual* 19 years of age or younger and to anyone who knows a youth who is at risk of overdose in 13 high-need Oklahoma counties.
- In 2017, the OHCA sent **letters to the top 10 prescribers** of hydrocodone, oxycodone and alprazolam. The OHCA interdisciplinary Lock-in team initiated a mailing to prescribers whose patients have had four prescriber claims and four prescriptions claims for opioids and/or other controlled dangerous substances in the previous 90 days. Letters were generated and sent to **446 prescribers** who had patients experiencing multiple prescriber episodes.
- OHCA has evaluated members who have opioid and controlled substance claims by **multiple prescribers through multiple pharmacies**. Along with other initiatives, the number of multiple prescriber episodes in this population has decreased by approximately 50%.
- As of October 2017, the pharmacy program, under the leadership of clinical pharmacists, has incorporated the use of **Morphine Milligram Equivalents (MME)** for all opioids into the Medicaid Management Information System (MMIS), the claims processing and informational retrieval agent utilized by the OHCA.



the problem

Oklahoma ranks as one of the highest states for drug overdose deaths, and Medicaid patients are at a higher risk of opioid overdose than non-Medicaid patients.

the facts

Understanding Oklahoma's opioid crisis is the first step. To see OHCA's average MME per claim per day by NPI prescriber primary specialty, please reference the chart on the back.

the solution

OHCA encourages proper prescribing. For more information and helpful resources, visit okhca.org/painmanagement.

Note: Data collected from 2014-2017.

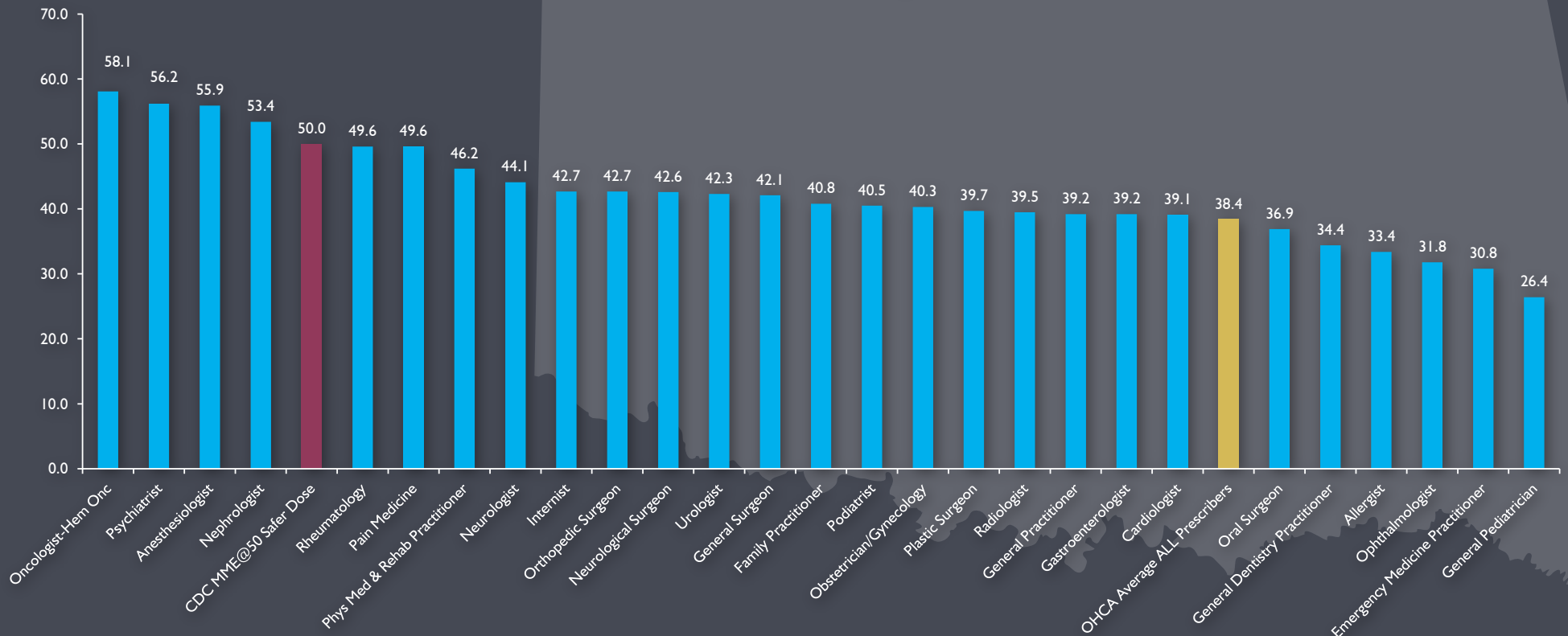
OHCA AVERAGE MME PER CLAIM PER DAY BY NPI PRESCRIBER SPECIALTY

paid opioid claims 90-days

(December 1, 2017 thru February 28, 2018)

n=3987 prescribers, 112 specialties

Data does not reflect diagnosis.



Data from SFY 2017. MME = Morphine Milligram Equivalent, NPI = National Provider Identifier

■ = CDC recommended safer dosage

■ = OHCA average for all prescribers

*No distinction made on patient diagnosis. Excludes cough and cold products and combination products containing buprenorphine and naloxone. Injections, suppositories and compounded items excluded.