OKLAHOMA HEALTH CARE AUTHORITY
REGULAR SCHEDULED BOARD MEETING
June 28, 2018 at 1:00 P.M.
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
OKC, OK

A G E N D A

Items to be presented by Anthony Armstrong, Chairman

1. Call to Order / Determination of Quorum

2. Action Item – Approval of the May 10, 2018 OHCA Board Meeting Minutes

Item to be presented by Becky Pasternik-Ikard, Chief Executive Officer

3. Discussion Item – Chief Executive Officer's Report

   a) All-Star Introduction
      - March All-Star – Tammy Hanchey, Docket Clerk
      - May All-Star – Sheila Bertelson, System Analyst III

   b) Financial Update – Aaron Morris, Chief Financial Officer

   c) Medicaid Director's Update – Melody Anthony, Deputy State Medicaid Director

   d) Value Based Care SoonerCare Pharmacy – Burl Beasley, Assistant Director of Pharmacy Services

   e) Tribal Partnership Update – Dana Miller, Tribal Government Relations Director

   f) Policy in Review – Sandra Puebla, Health Policy Director

Item to be presented by Nicole Nantois, Chief of Legal Services

4. Announcements of Conflicts of Interest Panel Recommendations for All Action Items Regarding This Board Meeting.

Item to be presented by Kimberely Helton, Professional Services Contract Manager

5. Action Item – Consideration and Vote of Authority for Expenditure of Fund for:

   a) SoonerCare Call Center - Maximus

Item to be presented by Tasha Black, Director of Budget & Fiscal Planning

6. Action Item – Consideration and Vote of the SFY 19 Budget Work Program

Item to be presented by Tywanda Cox, Chief of Federal and State Policy

7. Action Item – Consideration and Vote Upon the Recommendations of the State Plan Amendment Rate Committee
   a) Consideration and Vote for a rate change to increase the base rate component to $107.98 for

Regular Nursing Facilities and update the pool amount for these facilities in the state plan for the "Other" and "Direct Care" components to $158,938,847. In SFY2019, this change has an estimated total dollar increase of $3,031,836, of which $1,169,379 is state share coming from the increased Quality of Care Fee, which is paid by the facilities.

b) Consideration and Vote for a rate change to increase the base rate component to $201.32 for the Acquired Immune Deficiency Syndrome (AIDS) rate for Nursing Facilities. In SFY2019, this change has an estimated total dollar increase of $6,603 of which $2,547 is state share coming from the increased Quality of Care Fee, which is paid by the facilities.

c) Consideration and Vote for a rate change to increase the rates for Freestanding Psychiatric Hospitals by 3.00%. In SFY2019, this change has an estimated total dollar increase of $334,498 of which $129,016 is state share paid by ODMHSAS.

d) Consideration and Vote for a rate change to increase the rates for Psychologists in Independent Practice by 3.00%. In SFY2019, this change has an estimated total dollar increase of $212,195 of which $81,844 is state share paid by ODMHSAS.

e) Consideration and Vote for a rate change to increase the rates for Psychotherapy provided in an Outpatient Behavioral Health Clinic by 3.00%. In SFY2019, this change has an estimated total dollar increase of $3,826,697 of which $1,475,957 is state share paid by ODMHSAS.

f) Consideration and Vote for a rate change to increase the rates for ADvantage Waiver and State Plan Services by the various amounts listed on the briefs located in the Board packets. In SFY2019, this change has an estimated total dollar increase for the Waiver Services of $10,186,341 of which $3,832,101 is state share paid by OKDHS. In SFY2019, this change has an estimated total dollar increase for the State Plan Services of $397,352 of which $149,484 is state share paid by OKDHS.

g) Consideration and Vote for a rate change to increase the rates for Habilitation Training Specialist (HTS) and Intensive Personal Supports (IPS) services to $4.05 per 15-minute unit. In SFY2019, this change has an estimated total dollar increase for the Waiver Services of $7,560,000 of which $2,844,072 is state share paid by OKDHS.

h) Consideration and Vote for a rate change to increase the rates for Homemaker services to $3.85 per 15-minute unit. The estimated annual change is cost neutral. Other services that are more expensive are provided when Homemaker services are not available. The increase in the rate will allow for better recruitment and retention of Homemaker staff.

i) Consideration and Vote for a rate change to increase the rates for Developmental Disabilities Services by the various amounts listed on the briefs located in the Board packets. In SFY2019, this change has an estimated total dollar increase for the Waiver Services of $12,300,816 of which $4,627,567 is state share paid by OKDHS.

j) Consideration and Vote for a rate change to increase the rates for Community Living Group Home by the various amounts listed on the briefs located in the Board packets. In SFY2019, this change has an estimated total dollar increase for the Waiver Services of $2,033,079 of which $764,844 is state share paid by OKDHS.

k) Consideration and Vote for a rate change to increase the rates for Respite Services by the various amounts listed on the briefs located in the Board packets. The estimated annual change is cost neutral. Other services that are more expensive are provided when Respite is not available. The increase in the rate will allow for better recruitment and retention of Respite providers.

l) Consideration and Vote for a rate methodology change to clarify language in the State Plan on how vaccinations are priced. Vaccinations will be priced using Medicare Part B Average Sales Price (ASP) plus 6%. When ASP pricing is unavailable, an equivalent price is calculated using Wholesale Acquisition Cost (WAC). If no WAC pricing is available, the price will be calculated based on invoice cost. There will be no budget impact due to the methodology is already in use today.

Item to be presented by Burl Beasley, Assistant Director of Pharmacy Services

8. Action Item – Consideration and Vote Regarding Recommendations Made by the Drug Utilization Review Board Under 63 Oklahoma Statutes 5030.3.

a) **Clenpiq™ (Sodium Picosulfate/ Magnesium Oxide/Anhydrous Citric Acid)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e)

b) **Admelog® (Insulin Lispro), Fiasp® (Insulin Aspart), and Humulin® R U-500 Vials (Insulin Human 500 Units/mL)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e)

c) **Prexxartan® (Valsartan Oral Solution), Tekturna® (Aliskiren Oral Pellets), and CaroSpir® (Spironolactone Oral Suspension)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e)

d) **Benznidazole** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e)

Item to be presented by Anthony Armstrong, Chairman

9. Discussion Item – Proposed Executive Session as Recommended by the Chief of Legal Services and Authorized by the Open Meetings Act, 25 Oklahoma Statutes § 307(B)(1),(4) and (7).

   Discussion of Pending Contractual Litigation
   Discussion of Pending Declaratory Litigation
   Discussion of Pending CMS Action

10. New Business

11. ADJOURNMENT

NEXT BOARD MEETING
August 9, 2018
Oklahoma Health Care Authority
Oklahoma City, OK

MINUTES OF A REGULAR BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
May 10, 2018
Oklahoma Health Care Authority Boardroom
Oklahoma City, Oklahoma

Manner and Time of Notice of Meeting: A statutorily required public meeting notice was placed on the front door of the Oklahoma Health Care Authority on May 9, 2018 at 12:45 p.m. Advance public meeting notice was provided to the Oklahoma Secretary of State. In addition to the posting of the statutory public notice, the agency placed its agenda on its website on May 4, 2018 at 12:09 p.m.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman Armstrong called the meeting to order at 1:11 p.m.

BOARD MEMBERS PRESENT: Chairman Armstrong, Vice-Chairman Yaffe, Member Bryant, Member Case, Member Hupfeld, Member Nuttle, Member McVay

OTHERS PRESENT:
Carly Putnam, OK Policy
Mary Brinkley, Leading Age OK
Daryn Kirkpatrick, OHCA
Stefond Brown, OHCA
Shakina, Johnson, OHCA
Bill Garrison, OHCA
LeKenya Antwine, OHCA
Sandra Puebla, OHCA
Patrick Schlecht, OHCA
Derek Lieser, OHCA
Tyler Talley, eCap
Jennifer Wynn, OHCA
Laura Wilcox, OHCA
Brent Wilburn, OKPCA
Brenda, Chickasaw Nation
David Ward, OHCA
Courtney Barrett, OHCA
Nelson Solomon, OHCA

OTHERS PRESENT:
Meg Wingerter, The Oklahoman
Rick Snyder, OHA
Sasha Teel, OHCA
Rachel Buckles, OHCA
Kyle Janzen, OHCA
Amy Bradt, OHCA
Tewanna Edwards, OHCA
Dwyna Vick, OHCA
Shelly Patterson, OHCA
David Dude, American Cancer Society
Mike Fogarty
Lisa Spain, DXC
Brenna Wallach, OHCA
Mike Herndon, OHCA
Tasha Black, OHCA
Spencer Kusi, OSDH
Lynn Puckett, OHCA

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE SPECIAL SCHEDULED BOARD MEETING HELD MARCH 26, 2018.

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

MOTION: Member Case moved for approval of the March 26, 2018 board meeting minutes as published. The motion was seconded by Vice-Chairman Yaffe.

FOR THE MOTION: Chairman Armstrong, Member Bryant, Member Hupfeld, Member McVay

ABSTAINED: Member Nuttle

ITEM 3A / EMPLOYEE RECOGNITION

The following OHCA employees were recognized

- January All-Star – Shakina Johnson, MFP Research Analyst
- February All-Star – Stefond Brown, Provider Contract Analyst III

ITEM 3B / FINANCIAL UPDATE
Carrie Evans, Chief Financial Officer

Ms. Evans gave a brief update on OHCA's March financials. OHCA has a positive $5.8 million state dollar variance; about $5.1 million lower than February. The agency is over budget in program spending which is believed to be a direct reflection of an increased flu season. OHCA is running under budget in administrative spending. OHCA continues to run over budget in drug rebates and tobacco tax revenues. OHCA is over budget by $12 million dollars which is 0.4% variance for the year. For April, OHCA will continue to run over budget in program spending by $6 million. Based on estimates, May will be end in the positive. For more detailed information, see Item 3b in the board packet.

ITEM 3C / MEDICAID DIRECTOR'S UPDATE
Melody Anthony, Deputy State Medicaid Director

Ms. Anthony provided an update for March 2018 data that included a report on the number of SoonerCare enrollees in different areas of the Medicaid program and total in-state providers. Ms. Anthony also presented charts showing monthly enrollment and monthly change in enrollment for Choice, Traditional and Insure Oklahoma. For more detailed information, see Item 3b in the board packet.

ITEM 3D / LEGISLATIVE
Cate Jeffries, Legislative Liaison

Ms. Jeffries gave a brief update regarding two legislative sessions. The Senate adjourned the second special session on April 17, 2018 and the House adjourned April 19, 2018. HB 1024XX, which gives state employees a pay raise, along with a few revenue/appropriation measures were among bills that were passed during the special session. The 56th Legislature adjourned sine die on May 3, 2018. The governor has through May 18 to sign or veto bills passed in the final week of session. After sine die, bills that are not signed by the governor will be considered vetoed and will not move forward. SB 1600, which makes appropriations to state agencies for the upcoming fiscal year, was signed by the governor on April 30, 2018. The Governor issued a work requirements executive order (EO) on March 5 to direct OHCA to develop recommendations for a Medicaid work requirements program. OHCA will provide recommendations to the Governor and Legislature within six months of the EO. In addition to the Governor's EO, HB 2932 was passed. This bill directs OHCA to seek a work requirements waiver and specifies program criteria, which was sent to the Governor on May 3, 2018. For more detailed information, see item 3d in the board packet.

ITEM 3E / OHCA RESPONSE TO OPIOID CRISES
Burl Beasley, Assistant Director of Pharmacy Services

Mr. Beasley gave an opioid crisis update, which included information on prescription drug overdoses in Oklahoma, the cascade effect, all drug deaths from 2007 to 2016, All drug deaths in 2017, Oklahoma poisoning-drug overdose death rates in 2014, OHCA initiatives, Naloxone, the lock-in program, Morphine Milligram Equivalent (MME), MME 3 phase plan, MME prescriber report, communication strategies and letter, MME prescriber notification, other communication, short-acting opioid analgesic trends from May 2014 to April 2017, quality limit edit, OHCA naloxone claims, multiple prescriber episodes, next steps and summary and legislation. Mr. Beasley also included two infographics with several fast facts. For more detailed information, see item 3e in the board packet.

ITEM 3F / QUALITY IMPROVEMENT PLAN (QIP)
Melinda Thomason, Director of Health Care Systems Innovations

Ms. Thomason gave a Quality Improvement Plan update, which included information on SoonerCare, OHCA innovations, Strategy plan and quality improvement plan, SoonerCare QIP development, proposed structure, organizational structure, responsibilities, year one activities, QIP clinical/satisfaction measures, performance improvement projects and next steps. For more detailed information, see item 3f in the board packet.

ITEM 3G / BUSINESS ENTERPRISE OVERVIEW
Kyle Janzen, Chief of Business Operations

Mr. Janzen gave a brief business enterprises overview, which included information on enrollment automation and data integrity, electronic customer relations, performance and electronic process, electronic health operations, support services, program manager, security governance, contractors and funding. For more detailed information, see item 3g in the board packet.

ITEM 3H / CONNECT4HEALTH

Daryn Kirkpatrick, Director of Office of Creative Media and Design

Ms. Kirkpatrick gave an update on Connect4Health, which included information on Connect4Health, Text4Baby (T4B), T4B interactive messaging, Text4Kids (T4K), T4K interactive messaging, Text4Health, benefit/administrative, benefit/administrative messaging, total enrollment, and enrollment via SoonerCare. For more detailed information, see item 3h in the board packet.

ITEM 4 / ANNOUNCEMENTS OF CONFLICTS OF INTEREST PANEL RECOMMENDATIONS FOR ALL ACTION ITEMS
Nicole Nantois, Chief of Legal Services

There were no recommendations regarding conflicts.

ITEM 5A-B / CONSIDERATION AND VOTE OF THE AUTHORITY FOR EXPENDITURE OF FUND
Tiffany Lyon, Procurement & Contracts Development Director

a) Incontinence Supplies – People First Industries, Inc.

MOTION: Member Case moved for approval of Item 5a as published. The motion was seconded by Member Bryant

FOR THE MOTION: Chairman Armstrong, Vice-Chairman Yaffe, Member Hupfeld, Member McVay, Member Nuttle

b) Text and Email Services – Voxiva

MOTION: Member Case moved for approval of Item 5b as published. The motion was seconded by Vice-Chairman Yaffe

FOR THE MOTION: Chairman Armstrong, Member Bryant, Member Hupfeld, Member McVay, Member Nuttle

ITEM 6A-D / CONSIDERATION AND VOTE REGARDING RECOMMENDATIONS MADE BY THE DRUG UTILIZATION REVIEW BOARD UNDER 63 OKLAHOMA STATUES 5030.3.
Nancy Nesser, Pharmacy Director

a) Consideration and vote to add **Ocrevus™ (Ocrelizumab)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

b) Consideration and vote to add **Luxturna™ (Voretigene Neparvovec-rzyl)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

c) Consideration and vote to add **Prolastin®-C Liquid [Alpha$_1$-Proteinase Inhibitor (Human)]** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

d) Consideration and vote to add **Arzerra® (Ofatumumab), Gazyva® (Obinutuzumab), Imbruvica® (Ibrutinib), Venclexta™ (Venetoclax), and Zydelig® (Idelalisib)**to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

MOTION: Member Nuttle moved for approval of item 6a-f as published. The motion was seconded by Member McVay

FOR THE MOTION: Chairman Armstrong, Vice Chairman Yaffe, Member Bryant, Member Case, Member Hupfeld

ITEM 7 / PROPOSED EXECUTIVE SESSION AS RECOMMENDED BY THE CHIEF OF LEGAL SERVICES AND AUTHORIZED BY THE OPEN MEETINGS ACT, 25 OKLAHOMA STATUTES §307(B) (4)
Nicole Nantois, Chief of Legal Services

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

MOTION:	Vice-Chairman Yaffe moved for approval to move into Executive Session. The motion was seconded by Member McVay
FOR THE MOTION:	Chairman Armstrong, Member Bryant, Member Case, Member Hupfeld, Member Nuttle

ITEM 8 / NEW BUSINESS

There was no new business.

ITEM 9 / ADJOURNMENT

MOTION:	Member Case moved for approval for adjournment. The motion was seconded by Member Bryant
FOR THE MOTION:	Chairman Armstrong, Vice-Chairman Yaffe, Member Hupfeld, Member McVay, Member Nuttle

Meeting adjourned at 3:55 p.m., 5/10/2018

NEXT BOARD MEETING
June 28, 2018
Oklahoma Health Care Authority
Oklahoma City, OK

Martina Ordonez
Board Secretary

Minutes Approved: _____

*Initials:*_____

FINANCIAL REPORT

For the Ten Months Ended April 30, 2018
Submitted to the CEO & Board

- Revenues for OHCA through April, accounting for receivables, were **$3,497,244,733** or **.3% over** budget.
- Expenditures for OHCA, accounting for encumbrances, were **$3,485,221,890** or **.3% over** budget.
- The state dollar budget variance through April is a positive **$477,716.**
- The budget variance is primarily attributable to the following (in millions):

Expenditures:		
Medicaid Program Variance		(10.5)
Administration		4.5
Revenues:		
Drug Rebate		4.8
Medical Refunds		(.9)
Taxes and Fees		2.6
Total FY 18 Variance	**$**	**.5**

ATTACHMENTS

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
SFY 2018, For the Ten Month Period Ending April 30, 2018

REVENUES	FY18 Budget YTD	FY18 Actual YTD	Variance	% Over/ (Under)
State Appropriations	$ 858,953,921	$ 858,953,921	$ -	0.0%
Federal Funds	1,942,353,431	1,940,451,975	(1,901,456)	(0.1)%
Tobacco Tax Collections	40,292,682	43,240,664	2,947,982	7.3%
Quality of Care Collections	65,134,618	64,797,436	(337,182)	(0.5)%
Prior Year Carryover	44,249,967	44,249,967	-	0.0%
Federal Deferral	12,895,765	12,895,765	-	0.0%
Drug Rebates	246,902,717	258,583,975	11,681,258	4.7%
Medical Refunds	31,431,832	29,282,033	(2,149,799)	(6.8)%
Supplemental Hospital Offset Payment Program	229,425,411	229,425,411	-	0.0%
Other Revenues	15,341,780	15,363,586	21,806	0.1%
TOTAL REVENUES	**$ 3,486,982,124**	**$ 3,497,244,733**	**$ 10,262,609**	**0.3%**

EXPENDITURES	FY18 Budget YTD	FY18 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	**$ 47,742,936**	**$ 41,241,349**	**$ 6,501,587**	**13.6%**
ADMINISTRATION - CONTRACTS	**$ 89,133,171**	**$ 82,356,704**	**$ 6,776,467**	**7.6%**
MEDICAID PROGRAMS				
Managed Care:				
SoonerCare Choice	35,231,902	33,913,019	1,318,883	3.7%
Acute Fee for Service Payments:				
Hospital Services	747,465,279	759,551,647	(12,086,368)	(1.6)%
Behavioral Health	17,771,662	15,865,305	1,906,357	10.7%
Physicians	331,363,189	329,457,522	1,905,667	0.6%
Dentists	103,057,793	102,977,667	80,126	0.1%
Other Practitioners	44,697,405	43,510,485	1,186,920	2.7%
Home Health Care	15,289,334	16,005,251	(715,917)	(4.7)%
Lab & Radiology	24,125,042	22,296,890	1,828,152	7.6%
Medical Supplies	41,785,548	42,359,424	(573,876)	(1.4)%
Ambulatory/Clinics	173,279,357	178,931,362	(5,652,005)	(3.3)%
Prescription Drugs	504,715,529	508,486,425	(3,770,896)	(0.7)%
OHCA Therapeutic Foster Care	10,000	56,226	(46,226)	0.0%
Other Payments:				
Nursing Facilities	452,310,176	450,286,119	2,024,057	0.4%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	50,748,482	50,554,974	193,508	0.4%
Medicare Buy-In	145,860,068	145,028,586	831,482	0.6%
Transportation	54,114,297	55,016,446	(902,149)	(1.7)%
Money Follows the Person-OHCA	195,822	271,020	(75,198)	0.0%
Electonic Health Records-Incentive Payments	8,034,424	8,034,424	-	0.0%
Part D Phase-In Contribution	92,462,319	102,338,962	(9,876,643)	(10.7)%
Supplemental Hospital Offset Payment Program	487,107,581	487,107,581	-	0.0%
Telligen	8,816,300	9,574,502	(758,202)	(8.6)%
Total OHCA Medical Programs	**3,338,441,507**	**3,361,623,837**	**(23,182,329)**	**(0.7)%**
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	**$ 3,475,406,997**	**$ 3,485,221,890**	**$ (9,814,893)**	**(0.3)%**
REVENUES OVER/(UNDER) EXPENDITURES	**$ 11,575,127**	**$ 12,022,843**	**$ 447,716**	

OKLAHOMA HEALTH CARE AUTHORITY

Total Medicaid Program Expenditures
by Source of State Funds
SFY 2018, For the Ten Month Period Ending April 30, 2018

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	SHOPP Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	$ 34,007,387	$ 33,903,607	$ -	$ 94,368	$ -	$ 9,412	$ -
Inpatient Acute Care	1,000,442,523	502,776,461	405,572	2,844,768	366,046,212	745,941	127,623,570
Outpatient Acute Care	360,868,070	253,102,071	34,670	3,539,925	101,704,472	2,486,932	-
Behavioral Health - Inpatient	37,437,846	9,128,880	-	271,967	17,883,336	-	10,153,663
Behavioral Health - Psychiatrist	8,209,986	6,736,425	-	-	1,473,561	-	-
Behavioral Health - Outpatient	12,503,565	-	-	-	-	-	12,503,565
Behaviorial Health-Health Home	43,475,236	-	-	-	-	-	43,475,236
Behavioral Health Facility- Rehab	193,514,702	-	-	-	-	65,404	193,514,702
Behavioral Health - Case Management	5,514,197	-	-	-	-	-	5,514,197
Behavioral Health - PRTF	39,814,856	-	-	-	-	-	39,814,856
Behavioral Health - CCBHC	38,589,648	-					38,589,648
Residential Behavioral Management	11,358,617	-	-	-	-	-	11,358,617
Targeted Case Management	54,710,393	-	-	-	-	-	54,710,393
Therapeutic Foster Care	56,226	56,226	-	-	-	-	-
Physicians	386,588,365	325,666,899	48,417	4,313,761	-	3,742,206	52,817,082
Dentists	103,021,522	102,967,828	-	43,855	-	9,839	-
Mid Level Practitioners	1,968,512	1,954,905	-	13,146	-	461	-
Other Practitioners	41,957,723	41,090,380	371,970	402,605	-	92,769	-
Home Health Care	16,013,685	15,996,895	-	8,434	-	8,356	-
Lab & Radiology	22,927,846	22,134,344	-	630,956	-	162,545	-
Medical Supplies	42,626,066	40,079,069	2,259,610	266,642	-	20,745	-
Clinic Services	180,976,798	173,063,308	-	1,198,971	-	137,850	6,576,669
Ambulatory Surgery Centers	5,855,291	5,725,067	-	125,087	-	5,137	
Personal Care Services	9,158,656	-	-	-	-	-	9,158,656
Nursing Facilities	450,286,119	273,183,313	177,095,190	-	-	7,616	-
Transportation	55,015,499	52,877,435	1,946,616	90,855	-	100,593	-
IME/DME	40,064,721	-	-	-	-	-	40,064,721
ICF/IID Private	50,554,974	41,193,145	9,361,829	-	-	-	-
ICF/IID Public	11,145,322	-	-	-	-	-	11,145,322
CMS Payments	237,835,508	237,363,887	471,621	-	-	-	-
Prescription Drugs	519,173,801	506,410,906	-	10,687,376	-	2,075,519	-
Miscellaneous Medical Payments	91,802	89,835	-	-	-	1,967	-
Home and Community Based Waiver	162,232,020	-	-	-	-	-	162,232,020
Homeward Bound Waiver	62,917,080	-	-	-	-	-	62,917,080
Money Follows the Person	271,020	271,020	-	-	-	-	-
In-Home Support Waiver	19,767,918	-	-	-	-	-	19,767,918
ADvantage Waiver	134,859,652	-	-	-	-	-	134,859,652
Family Planning/Family Planning Waiver	3,717,284	-	-	-	-	-	3,717,284
Premium Assistance*	49,265,418	-	-	49,265,418	-	-	-
Telligen	9,574,502	9,574,502	-	-	-	-	-
Electronic Health Records Incentive Payments	8,034,424	8,034,424	-	-	-	-	-
Total Medicaid Expenditures	**$ 4,466,404,780**	**$ 2,663,380,833**	**$ 191,995,496**	**$ 73,798,132**	**$ 487,107,581**	**$ 9,673,291**	**$ 1,040,514,851**

* Includes $48,917,390.21 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY

Summary of Revenues & Expenditures:
Other State Agencies
SFY 2018, For the Ten Month Period Ending April 30, 2018

REVENUE		FY18 Actual YTD
Revenues from Other State Agencies	$	541,453,876
Federal Funds		631,727,979
TOTAL REVENUES	**$**	**1,173,181,856**

EXPENDITURES		Actual YTD
Department of Human Services		
Home and Community Based Waiver	$	162,232,020
Money Follows the Person		-
Homeward Bound Waiver		62,917,080
In-Home Support Waivers		19,767,918
ADvantage Waiver		134,859,652
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public		11,145,322
Personal Care		9,158,656
Residential Behavioral Management		7,124,132
Targeted Case Management		48,243,076
Total Department of Human Services		**455,447,856**
State Employees Physician Payment		
Physician Payments		52,817,082
Total State Employees Physician Payment		**52,817,082**
Education Payments		
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		1,659,496
Residential Behavioral Management		4,234,484
Total Office of Juvenile Affairs		**5,893,981**
Department of Mental Health		
Case Management		5,514,197
Inpatient Psychiatric Free-standing		10,153,663
Outpatient		12,503,565
Health Homes		43,475,236
Psychiatric Residential Treatment Facility		39,814,856
Certified Community Behavioral Health Clinics		38,589,648
Rehabilitation Centers		193,514,702
Total Department of Mental Health		**343,565,867**
State Department of Health		
Children's First		872,329
Sooner Start		2,671,533
Early Intervention		3,715,481
Early and Periodic Screening, Diagnosis, and Treatment Clinic		1,349,135
Family Planning		173,258
Family Planning Waiver		3,510,771
Maternity Clinic		5,088
Total Department of Health		**12,297,595**
County Health Departments		
EPSDT Clinic		571,878
Family Planning Waiver		33,255
Total County Health Departments		**605,133**
State Department of Education		**89,930**
Public Schools		**130,081**
Medicare DRG Limit		**119,103,673**
Native American Tribal Agreements		**1,979,036**
Department of Corrections		**1,094,785**
JD McCarty		**7,425,112**
Total OSA Medicaid Programs	**$**	**1,040,514,851**
OSA Non-Medicaid Programs	**$**	**121,473,654**
Accounts Receivable from OSA	**$**	**(11,193,351)**

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

Fund 205: Supplemental Hospital Offset Payment Program Fund

SFY 2018, For the Ten Month Period Ending April 30, 2018

REVENUES		FY 18 Revenue
SHOPP Assessment Fee	$	229,262,112
Federal Draws		287,111,577
Interest		115,277
Penalties		48,023
State Appropriations		(30,200,000)
TOTAL REVENUES	$	486,336,988

EXPENDITURES	Quarter 7/1/17 - 9/30/17	Quarter 10/1/17 - 12/31/17	Quarter 1/1/18 - 3/31/18	Quarter 4/1/18 - 6/30/18		FY 18 Expenditures
Program Costs:						
Hospital - Inpatient Care	98,870,820	100,810,689	81,365,975	84,998,728	$	366,046,212
Hospital -Outpatient Care	25,537,046	26,042,806	24,474,682	25,649,937		101,704,472
Psychiatric Facilities-Inpatient	7,574,695	4,905,352	2,050,433	3,352,856		17,883,336
Rehabilitation Facilities-Inpatient	328,886	335,409	392,978	416,290		1,473,561
Total OHCA Program Costs	132,311,447	132,094,256	108,284,068	114,417,810	$	487,107,581
Total Expenditures					$	487,107,581
CASH BALANCE					$	(770,593)

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 230: Nursing Facility Quality of Care Fund
SFY 2018, For the Ten Month Period Ending April 30, 2018

REVENUES	Total Revenue	State Share
Quality of Care Assessment	$ 64,765,255	$ 64,765,255
Interest Earned	32,181	32,181
TOTAL REVENUES	**$ 64,797,436**	**$ 64,797,436**

EXPENDITURES	FY 18 Total $ YTD	FY 18 State $ YTD	Total State $ Cost
Program Costs			
Nursing Facility Rate Adjustment	$ 174,045,080	$ 71,393,292	
Eyeglasses and Dentures	222,690	91,347	
Personal Allowance Increase	2,827,420	1,159,808	
Coverage for Durable Medical Equipment and Supplies	2,259,610	926,892	
Coverage of Qualified Medicare Beneficiary	860,630	353,030	
Part D Phase-In	471,621	193,459	
ICF/IID Rate Adjustment	4,418,173	1,812,334	
Acute Services ICF/IID	4,943,657	2,027,888	
Non-emergency Transportation - Soonerride	1,946,616	798,502	
Total Program Costs	**$ 191,995,496**	**$ 78,756,552**	**$ 78,756,552**
Administration			
OHCA Administration Costs	$ 435,875	$ 217,938	
DHS-Ombudsmen	76,585	76,585	
OSDH-Nursing Facility Inspectors	471,719	471,719	
Mike Fine, CPA	9,600	4,800	
Total Administration Costs	**$ 993,779**	**$ 771,042**	**$ 771,042**
Total Quality of Care Fee Costs	**$ 192,989,275**	**$ 79,527,594**	
TOTAL STATE SHARE OF COSTS			**$ 79,527,594**

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 2018, For the Ten Month Period Ending April 30, 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	-	35,564,304	35,564,304
Interest Income	-	149,116	149,116
Federal Draws	307,956	30,373,846	30,373,846
TOTAL REVENUES	$ 4,981,038	$ 66,087,266	$ 70,898,578

EXPENDITURES		FY 17 Expenditures	FY 18 Expenditures	Total $ YTD
Program Costs:				
	Employer Sponsored Insurance		$ 48,917,390	$ 48,917,390
	College Students/ESI Dental		348,028	142,761
Individual Plan				
	SoonerCare Choice		$ 91,341	$ 37,468
	Inpatient Hospital		2,813,344	1,154,034
	Outpatient Hospital		3,483,679	1,429,005
	BH - Inpatient Services-DRG		261,017	107,069
	BH -Psychiatrist		-	-
	Physicians		4,295,596	1,762,053
	Dentists		41,586	17,058
	Mid Level Practitioner		12,958	5,315
	Other Practitioners		397,800	163,178
	Home Health		8,434	3,459
	Lab and Radiology		617,795	253,419
	Medical Supplies		263,234	107,979
	Clinic Services		1,167,839	479,048
	Ambulatory Surgery Center		125,087	51,311
	Prescription Drugs		10,509,656	4,311,061
	Transportation		90,119	36,967
	Premiums Collected		-	(517,407)
Total Individual Plan			$ 24,179,484	$ 9,401,018
	College Students-Service Costs		$ 353,230	$ 144,718
Total OHCA Program Costs			$ 73,798,132	$ 58,605,887
Administrative Costs				
	Salaries	$ 40,359	$ 1,798,878	$ 1,839,237
	Operating Costs	25,578	167,225	192,803
	Health Dept-Postponing	-	-	-
	Contract - HP	103,788	1,096,054	1,199,842
Total Administrative Costs		$ 169,725	$ 3,062,157	$ 3,231,882
Total Expenditures				$ 61,837,769
NET CASH BALANCE		$ 4,811,312		$ 9,060,808

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund

SFY 2018, For the Ten Month Period Ending April 30, 2018

REVENUES	FY 18 Revenue	State Share
Tobacco Tax Collections	$ 709,716	$ 709,716
TOTAL REVENUES	**$ 709,716**	**$ 709,716**

EXPENDITURES	FY 18 Total $ YTD	FY 18 State $ YTD	Total State $ Cost
Program Costs			
SoonerCare Choice	$ 9,412	$ 2,702	
Inpatient Hospital	745,941	214,160	
Outpatient Hospital	2,486,932	713,998	
Inpatient Services-DRG	-	-	
Psychiatrist	-	-	
TFC-OHCA	-	-	
Nursing Facility	7,616	2,187	
Physicians	3,742,206	1,074,387	
Dentists	9,839	2,825	
Mid-level Practitioner	461	132	
Other Practitioners	92,769	26,634	
Home Health	8,356	2,399	
Lab & Radiology	162,545	46,667	
Medical Supplies	20,745	5,956	
Clinic Services	137,850	39,577	
Ambulatory Surgery Center	5,137	1,475	
Prescription Drugs	2,075,519	595,881	
Transportation	100,593	28,880	
Miscellaneous Medical	1,967	565	
Total OHCA Program Costs	**$ 9,607,887**	**$ 2,758,424**	
OSA DMHSAS Rehab	$ 65,404	$ 18,777	
Total Medicaid Program Costs	**$ 9,673,291**	**$ 2,777,202**	
TOTAL STATE SHARE OF COSTS			**$ 2,777,202**

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.

OHCA Board Meeting
June 28, 2018
(April 2018 Data)

SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System			Enrollment April 2018	Children April 2018	Adults April 2018	Enrollment Change	Total Expenditures April 2018	PMPM April 2018
SoonerCare Choice Patient-Centered Medical Home			**532,606**	**440,668**	**91,938**	**-3,098**	**$158,120,006**	
	Lower Cost	*(Children/Parents; Other)*	487,775	426,323	61,452	-3,035	$111,889,906	$229
	Higher Cost	*(Aged, Blind or Disabled; TEFRA; BCC)*	44,831	14,345	30,486	-63	$46,230,101	$1,031
SoonerCare Traditional			**233,001**	**85,887**	**147,114**	**2,721**	**$178,335,919**	
	Lower Cost	*(Children/Parents; Other; Q1; SLMB)*	117,633	81,051	36,582	2,424	$45,952,969	$391
	Higher Cost	*(Aged, Blind or Disabled; LTC; TEFRA; BCC & HCBS Waiver)*	115,368	4,836	110,532	297	$132,382,950	$1,147
Insure Oklahoma			**19,691**	**536**	**19,155**	**22**	**$7,513,497**	
	Employer-Sponsored Insurance		14,386	337	14,049	-46	$5,144,742	$358
	Individual Plan		5,305	199	5,106	68	$2,368,755	$447
SoonerPlan			**29,529**	**2,569**	**26,960**	**-125**	**$265,529**	$9
TOTAL			**814,827**	**529,660**	**285,167**	**-480**	**$344,234,952**	

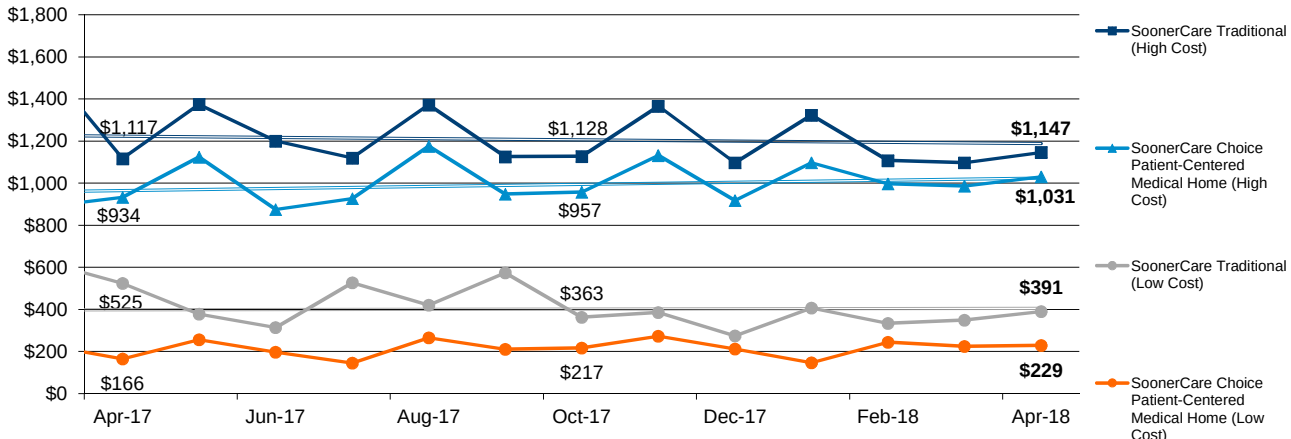
Enrollment totals include all members enrolled during the report month. Members may not have expenditure data. Children are members aged 0 - 20 or for Insure Oklahoma enrolled as Students or Dependents.
Dual Eligibles (Medicare & Medicaid) are in the Traditional delivery system in both the Low Cost (Q1 & SLMB) and High Cost (ABD) groups. OTHER includes DDSD, PKU, Q1, Refugee, SLMB, STBS and TB.

Total In-State Providers: 31,493 (-702) **(In-State Providers counted multiple times due to multiple locations, programs, types, and specialties)**

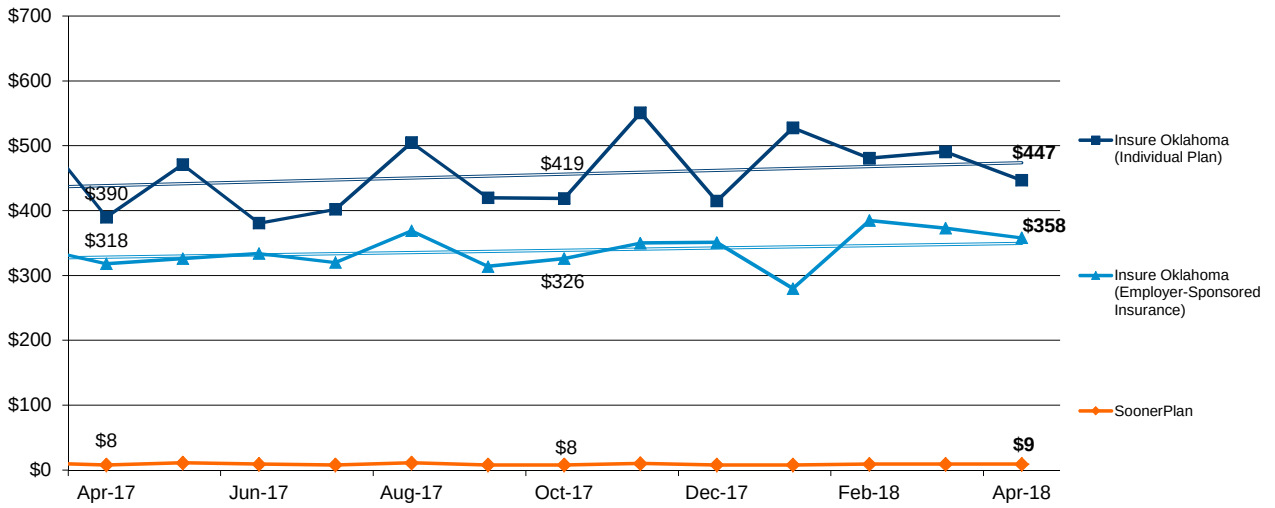
Physician	Pharmacy	Dentist	Hospital	Mental Health	Optometrist	Extended Care	Total PCPs*	PCMH
9,272	984	1,015	163	4,154	611	392	6,645	2,322

*PCPs consist of all providers contracted as a Certified Registered Nurse Practitioner, Family Practitioner, General Pediatrician, General Practitioner, Internist, General Internist, and Physician Assistant.

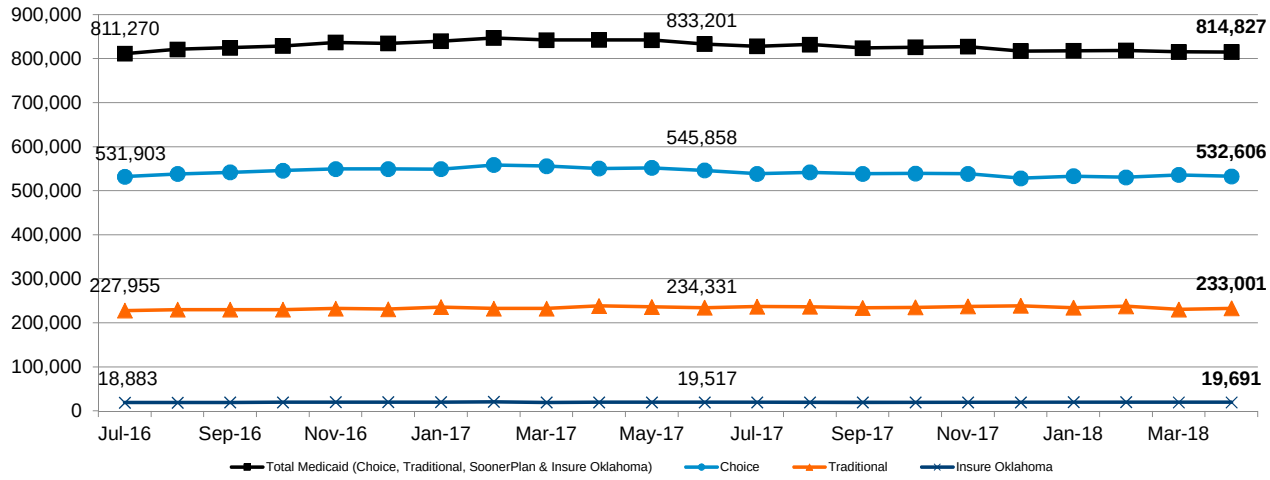
PER MEMBER PER MONTH COST BY GROUP

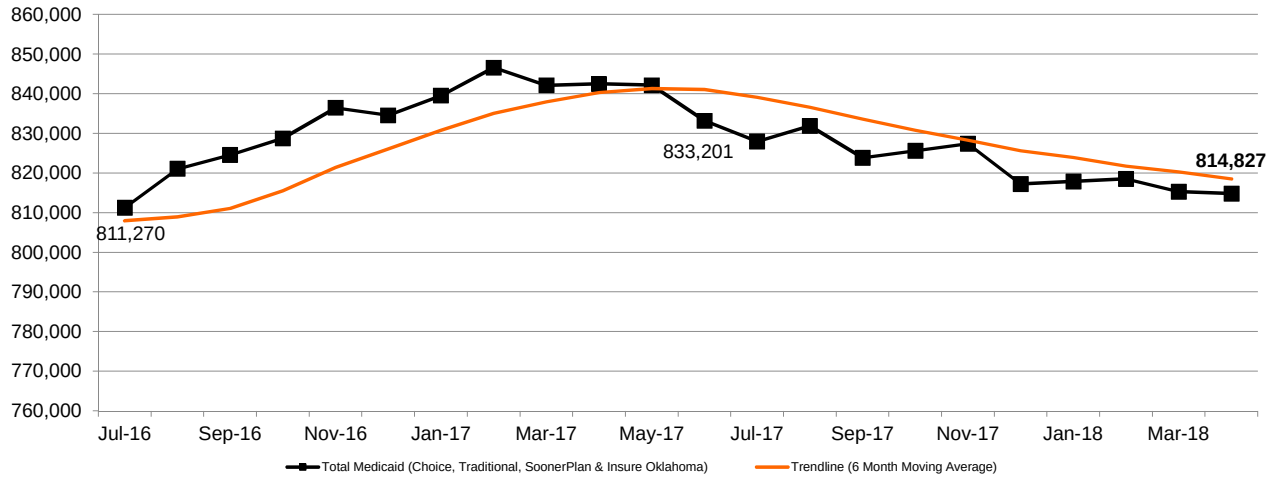


Low Cost includes members qualified under Children/Parents (TANF) and Other; High Cost members qualify under Aged, Blind or Disabled, Oklahoma Cares, TEFRA or a Home and Community-Based Services waiver.



ENROLLMENT BY MONTH





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

Value Based Care
SoonerCare Pharmacy

June 28 2018

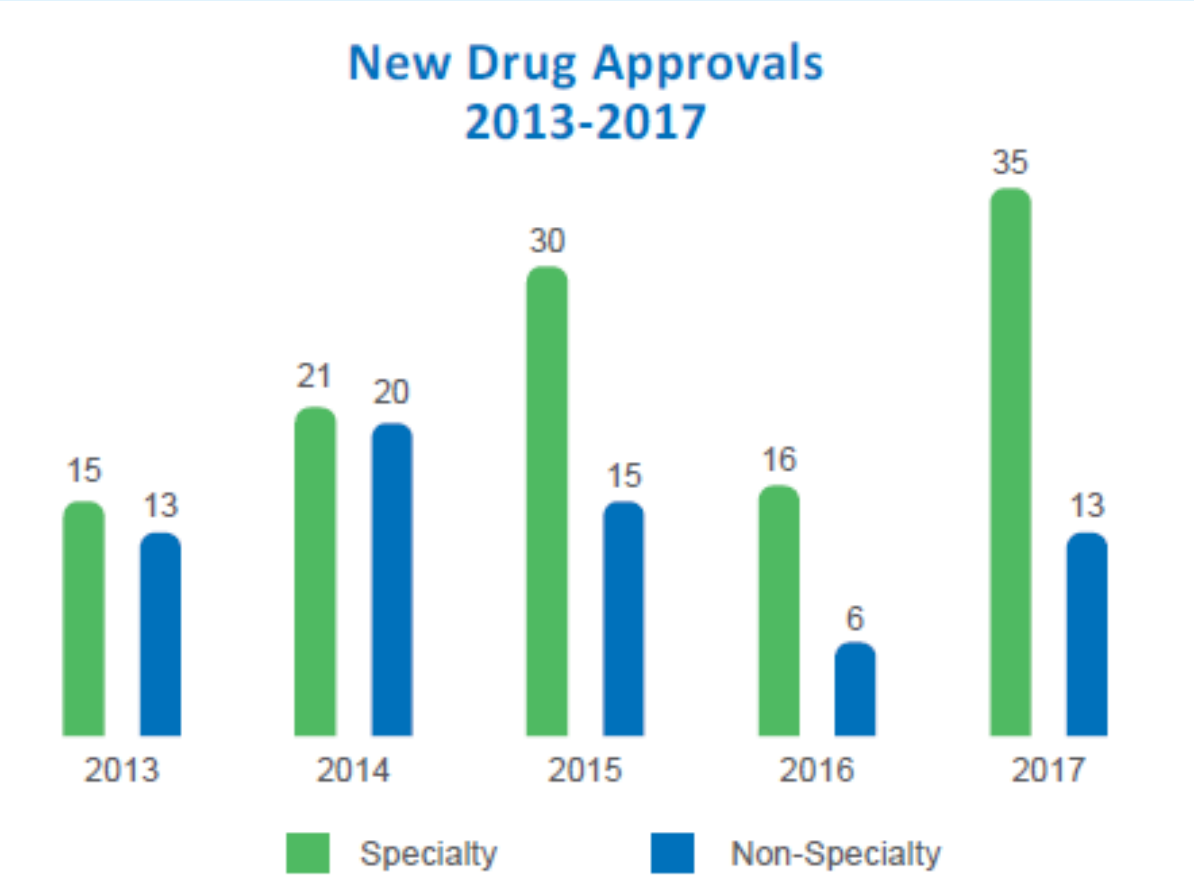
Burl Beasley, Pharmacy Operations

Oklahoma HealthCare Authority

Background

- Rapid rise in prescription drug costs
- U.S. market prices set on what market can bare
- Specialty drugs are part of the spend
  - Special handling, monitoring, administration
  - Complex, chronic, costly, conditions

Drug Approval Trends



Payment Strategies

- Enhanced rebates & supplements
- Multi-state purchase agreements
- In-state purchasing pools
- Support from non-profit entities
  - SMART-D
  - NASHP

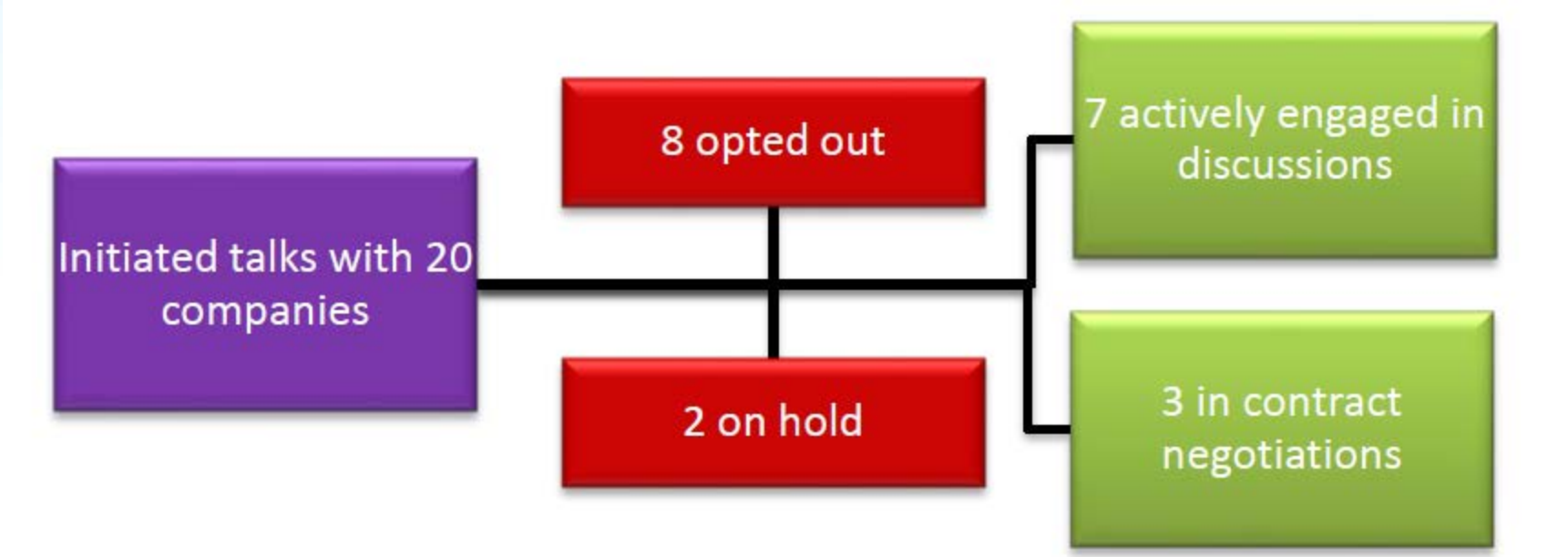
Payment Strategies

- National Academy for State Health Policy (NASHP)
- Pharmacy Management Consultants
  - OU College of Pharmacy

Alternate Payment Model

- Financial APM
  - Price volume agreements, market share, patient utilization
  - Easiest to administer
- Health Outcome Based APM
  - Guaranteed outcomes, PMPY guarantees, event based
  - More difficult to assess (none done…yet)

Alternate Payment Model



APM – next steps

- Submitted SPA to CMS
  - Awaiting approval
- Negotiate contracts between payer and manufacturer
- Preliminary Results (6-8 months)
  - Evaluate results for next steps

OHCA and Tribal Partnerships

June 28, 2018

Dana Miller, Tribal Government Relations Director

Oklahoma HealthCare Authority

OHCA Tribal Government Relations Mission Statement

The goal of OHCA Tribal Government Relations is to improve services to American Indian SoonerCare members, Indian health care providers, and sovereign tribal governments through effective meaningful communication, and maximizing partnerships.

Meet the TGR team!

- Dana Miller, Director
- Johnney Johnson, Associate Director
- Lucinda Gumm, Coordinator
- Janet Dewberry-Byas, Coordinator

COMMUNICATION

TRIBAL COMMUNITY ENGAGEMENT

COLLABORATION

TGR Annual Report

SFY 2017

OHCA TRIBAL GOVERNMENT RELATIONS ANNUAL REPORT

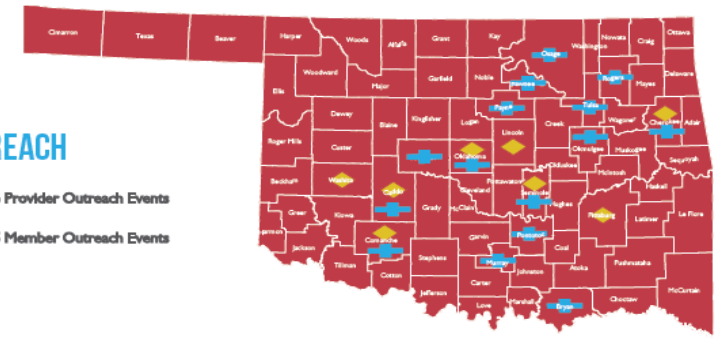
MISSION

Our mission is to responsibly purchase state and federally-fund health care in the most efficient and comprehensive manner possible; to analyze and recommend strategies for optimizing the accesiblity and quality of health care; and, to cultivate relaitonships to improve the health outcomes of Oklahomans.

VISION

Our vision is for Oklahomans to be healthy and to have access to quality health care services regardless of their ability to pay.

OUTREACH



- 26 Provider Outreach Events
- 15 Member Outreach Events

BI-MONTHLY TRIBAL CONSULTATION PROCESS

Bi-monthly tribal consultation meetings occur on the first Tuesday of every odd month.

Topics for discussion inlcude but are not limited to state plan amendments, budget, policy and other business.

Notice is sent to tribal partners two weeks in advance of consultation date.

OHCA convenes meeting; key OHCA staff present agenda items and are available for discussion.

OHCA maintains a record of the consultations and outcomes, and reports accordingly.

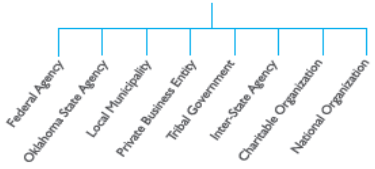
Comments are considered by OHCA for 30 days.

Tribal partners have 60 days to comment on current agenda items.

TRIBAL CONSULTATIONS

- 6 Meetings
- 56 Items Considered
- 23 Tribes/Organizations Represented on Average
- 16 Tribal Attendees on Average

78 PARTNERSHIPS



PARTNER OUTREACH PRESENTATIONS

- Tribal Health Revenue Improvement Conference (THRICe)
- Southern Plains Tribal Health board (SPTHB) Quarterly Meeting
- Inter-tribal Council of the Five Tribes Quarterly Meeting
- National Indian Health Board (NIHB)
- Tribal Epidemiology Center (TEC) Conferece

Oklahoma HealthCare Authority

ENROLLMENT

22,074 SoonerCare Applications Submitted by Tribal Partners

SPOTLIGHT

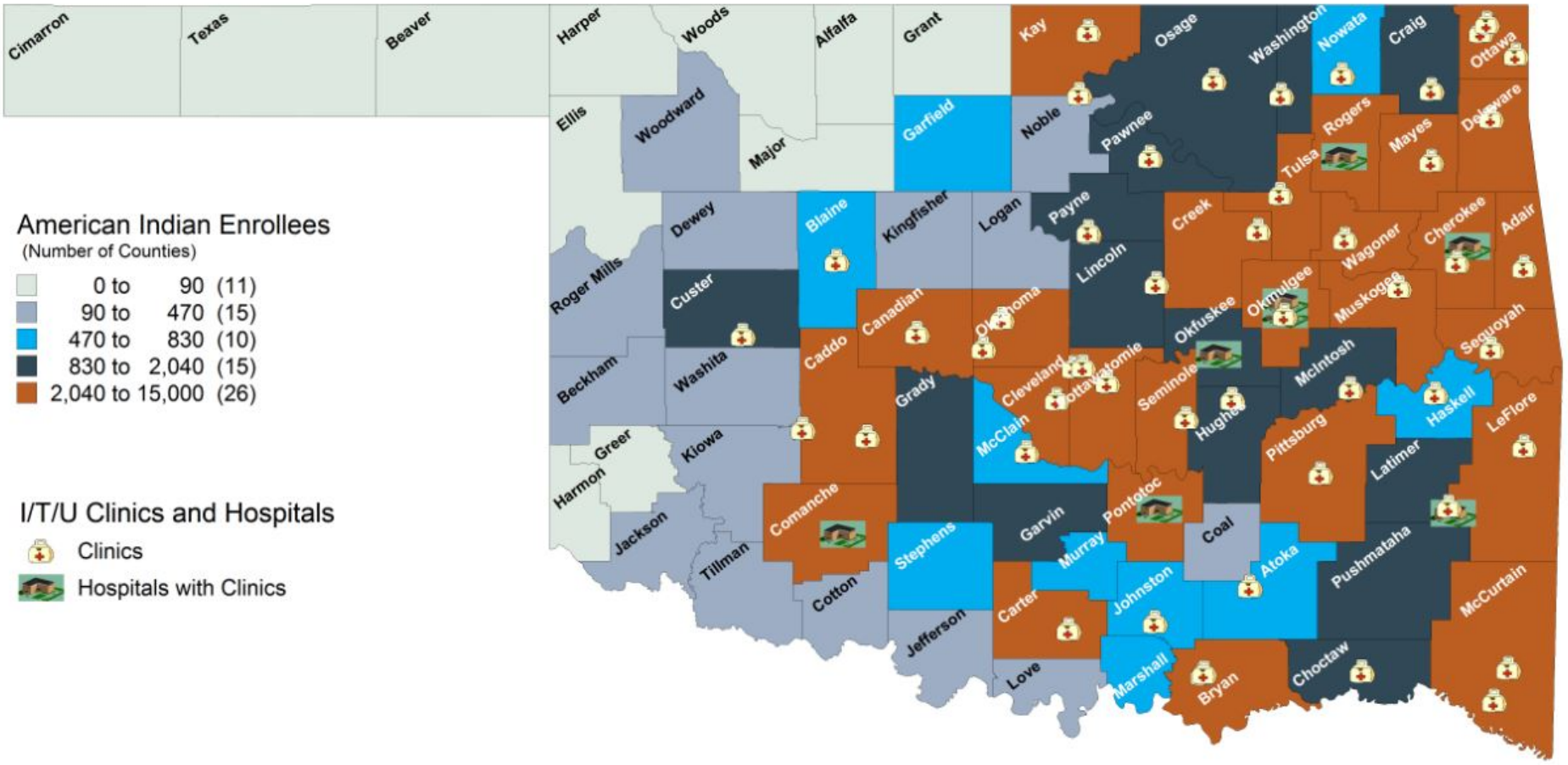
I/T/U Pharmacy Reimbursement
Transition from Fee Schedule to Encounter

I/T/U Outpatient Behavioral Health
Policy Change Eliminates Uncompensated Care

100% FMAP
Parternship Between Tribal Health and OHCA to Reduce State Expenditures

Indian Health and SoonerCare

- **16% (130,157)** of the SoonerCare population is American Indian (AI/AN)
  - **61%** verified
  - **39%** self-reported
- **64** I/T/Us; all contract with OHCA



American Indian Enrollees
(Number of Counties)

0 to	90	(11)
90 to	470	(15)
470 to	830	(10)
830 to	2,040	(15)
2,040 to	15,000	(26)

I/T/U Clinics and Hospitals

- Clinics
- Hospitals with Clinics

Indian Health and SoonerCare

In 1976, Congress authorized I/T/Us eligible for Medicare and Medicaid payments

100% FMAP* In recognition of federal trust and responsibility

Indian Health is ALWAYS the payer of last resort

AIR* or OMB* rates set by the federal government

**FMAP – Federal Medical Assistance Percentage*
**AIR – All-Inclusive Rate*
**OMB – Office of Management and Budget*

Impact

- IHS funding is finite; Medicaid reimbursement is ongoing revenue

- *Medicaid revenues help facilities cover needed operational costs, including provider payments and infrastructure developments, supporting their ability to meet demands for care and maintain care capacity.* (Kaiser Foundation, 2018 https://www.kff.org/medicaid/issue-brief/medicaid-and-american-indians-and-alaska-natives/)

Indian Health and SoonerCare

- Expenditures for American Indian/Alaska Native people at I/T/U facilities are at 100% FMAP; no state dollars are involved
- Government to Government relationship

Tribal Consultation

- First state agency in OK to have a formal policy; 2007
- OK State Plan; required by CMS
- 1st Tuesday of every odd month; Annual Meeting; ad hoc
- Tribal and tribal community leaders; stakeholders
- 24 hr. feedback online; full text posted
- 56 average policy items considered each year

Tribal Partnership Action Plan

- Input from Annual Meeting; tribal partner feedback
- Measurable objectives, activities, strategies, resources, etc.
- Online comments/updates
- Action Items:
  - Access to Care
  - Elder Care
  - Outreach and coverage
  - Transportation
  - Behavioral Health
  - Preventive Care

2017-18 OHCA TRIBAL PARTNERSHIP ACTION PLAN

Action Item: Access to Care

Purpose: Increased support for tribal health programs to address healthcare for tribal citizens.

Strategy *Conditions that favor success*	Objective *What does success look like?*	Activities *Who will contribute what?*	Resources Needed	Update
Freedom of Choice	SoonerCare members have the ability to call the SoonerCare helpline to request and receive an I/T/U same-day primary care provider change. Inclusion of I/T/U primary care providers as an option for assignment in the SoonerCare enrollment application.	OHCA to modify internal processes that will allow SoonerCare members to choose an I/T/U provider at any time. Tribal partners to continue assisting their patient census with SoonerCare enrollment.	OHCA to dedicate agency resources (including IT and administrative) and expenses to modify current processes. Tribal partners to share and utilize best practices for SoonerCare enrollment; and empower SoonerCare member's freedom of choice by advising on the importance of PCP alignment.	05/04/17: SoonerCare helpline is able to process same-day I/T/U PCP selection 9/13/17: OHCA approved initial plans & resources to modify the online enrollment process to allow for I/T/U PCP selection.
Provider Network	OHCA and tribal partners to have increased communication about the potential for I/T/U specific provider types.	OHCA to research non-traditional provider types, and report findings from other state Medicaid programs. Tribal partners to provide research and data about their provider types that are currently not recognized and reimbursed by OHCA.	OHCA and tribal partners to share information learned and communicate solutions for feasibility. Information from other state Medicaid programs with contracted Indian health programs.	
Health Services Models	Increased and more efficient use of Telehealth. OHCA to design a mechanism for allowable offsite services.	OHCA to consult with tribal partners, develop policy, and create contract provisions to allow for increased reimbursement for telehealth and offsite services provided by I/T/Us. Tribal partners to respond to survey tool assessing tribal health service models in their community.	OHCA to utilize administrative agency resources. Centers for Medicare and Medicaid Services (CMS) to offer guidance on policy. Tribal partners to participate in consultation and provide timely feedback.	9/27/17:"4 Walls" policy was approved by OHCA board.
Chronic Disease Management	Increase tribal member awareness of OHCA care management. Establish a joint partnership between OHCA & tribal care management.	Convene tribal / OHCA care management workgroup. Tribal partners to respond to survey tool assessing chronic disease management services and needs in their community.	OHCA to utilize administrative agency resources; OHCA Population Care Management team. Tribal partners to participate in consultation and provide timely feedback.	

Collaborative Governance

- 100% FMAP Initiative
  - Referrals from an ITU = state dollar savings
  - Administrative resources from ITU

Partnerships and Engagement

- 80 established partnerships
  - Tribal governments
  - Tribal organizations
  - Private and public entities (federal, state, & local municipality)
  - Charitable and National organizations
- Engagement Strategies
  - Regional consultations
  - Direct service tribes
  - Annual Meeting strategic planning and roundtable discussion

10 years of successful partnerships

- 1st state agency in Oklahoma to have a **formal tribal consultation policy**
- 1st state in the nation to promulgate policy to allow **out-of-state children residing at Indian boarding schools eligibility for Medicaid**
- 1st tribal Program for the All-Inclusive Care of the Elderly **(PACE)** in the nation; first PACE in Oklahoma (Cherokee Nation)
- Indian health care specific provider contracts; **recognize sovereignty and federal relationship**
- Tribal Medicaid Administrative Match **(TMAM)**; first pay-for-product plan in the nation
- Grant **initiatives** to address Elder Care (Tribal Money Follows the Person) and Prenatal care (Strong Start- Choctaw Nation and Oklahoma City Indian Clinic)
- SoonerCare online enrollment **ITU partnerships**; secure access to eligibility process
- **Consultation best practices** that are used as a model for other states Medicaid programs
- ITU **Pharmacy** to OMB rate
- **Outpatient behavioral health** policy; 45-minute rule
- OHCA Tribal Partnership **Action Plan**

Oklahoma HealthCare Authority

Federal & State Authorities

Sandra Manzo de Puebla

Director, Federal & State Authorities

June 28, 2018

Overview of Authorities

- Title XIX State Plan
- Title XXI CHIP State Plan
- 1115(a) SoonerCare Choice Demonstration
- 1915(c) Home & Community-based Services
- Title 317 of Oklahoma's of Administrative Code (OAC) Rules

Similarities & Public Processes

- Tribal Consultation
  - Regularly scheduled, bi-monthly, face-to-face Tribal Consultations
- Defined public notice requirements
  - Public Notice
  - Agency's Proposed Changes Blog
  - Open Meetings
  - CMS' comment period

Approval Processes

- Title XIX and Title XXI State Plans
  - Retrospective implementation
- 1115(a) SoonerCare Choice
  - Prospective implementation
- 1915(c) HCBS Waivers
  - Retrospective or prospective implementation
- Title 317 OAC Rules
  - Prospective implementation

Duration of Authority

- Title XIX and Title XXI State Plans
  - Continued approval
- 1115(a) SoonerCare Choice
  - 3 or 5 year period
  - yearly in a 3 year cycle
- 1915(c) HCBS Waivers
  - 3 or 5 year period
- Title 317 OAC Rules
  - Continued approval

Lead Time for Implementation of Changes

- Title XIX and Title XXI State Plans
  - 6 months
- 1115(a) SoonerCare Choice
  - 120 days
- 1915(c) HCBS Waivers
  - 120 days
- Title 317 OAC Rules
  - 4 months for Emergency
  - 10 months for Permanent

SFY18 Amendments

- Title XIX and Title XXI State Plans
  - 19 submitted: 9 approved, 10 pending
- 1115(a) SoonerCare Choice
  - 3 submitted: 1 approved, 1 pending, 1 disapproved
- 1915(c) HCBS Waivers
  - 3 submitted: 3 approved
- Title 317 OAC Rules
  - 44 submitted: 12 emergency, 32 permanent, 44 approved

SUBMITTED TO THE C.E.O. AND BOARD ON JUNE 28TH, 2018

AUTHORITY FOR EXPENDITURE OF FUNDS
SOONERCARE CALL CENTER - MAXIMUS

BACKGROUND

Oklahoma Health Care Authority (OHCA) has a current agreement with Maximus to provide first and second tier call center support for assisting SoonerCare members, providers, employers, and other customers and stakeholders with customer service requests including eligibility and enrollment.

Currently, OHCA is making efforts to enhance communication with members, providers, and other stakeholders by utilizing other methods of communication including text messaging, mobile applications, and advanced IVR capabilities. These efforts are not ready to be implemented, but once implemented they will have a drastic impact on the cost and scope of the OHCA call center support contractor. It is in the best interests of OHCA to continue with the current vendor while working to implement enhanced communication methods such as listed above. Continuing the current contract will allow OHCA to develop a RFP for a Mobile Texting Computing solution that better utilizes existing technologies available in the marketplace.

SCOPE OF WORK

- Answer first tier inbound calls from current and potential SoonerCare members, providers, employers, and other customers and stakeholders
- Provide second tier staff located at OHCA
- Provide assistance with online enrollment workflow processing
- Make outbound calls to audit PCP availability after hours and others as requested by OHCA
- Use interactions with providers and members to keep demographic information updated
- Assist OHCA in expanding the use of other customer relationship management technologies including IVR, web, instant messaging, etc. where appropriate
- Provide additional agents short-term as needed for program changes or expansions

CONTRACT PERIOD

- July 1, 2018 thru June 30, 2019 with the option to renew for two additional years thru June 30, 2021.

CONTRACT AMOUNT AND PROCUREMENT METHOD

- Will be awarded through an OMES and CMS approved Sole Source agreement
- Federal matching at 50% for Tier 1 services and 75% for Tier 2 services.
- Estimated costs of $7 million per year.

RECOMMENDATION

- Board approval to procure the services discussed above.
- Board approval is subject to approval by OMES and CMS.

OKLAHOMA HEALTH CARE AUTHORITY

SFY-2019 BUDGET WORK PROGRAM

Summary by Program Expenditure

Description	SFY-2018	SFY-2019	Inc / (Dec)	% Change
Medical Program				
Managed Care - Choice / HAN / PACE	40,746,105	39,268,387	(1,477,719)	-3.6%
Hospitals	907,168,863	943,869,096	36,700,233	4.0%
Behavioral Health	21,752,150	19,641,446	(2,110,704)	-9.7%
Nursing Homes	546,305,330	553,845,408	7,540,078	1.4%
Physicians	403,106,633	410,387,030	7,280,397	1.8%
Dentists	124,634,154	127,906,721	3,272,567	2.6%
Mid-Level Practitioner	2,771,662	2,377,975	(393,687)	-14.2%
Other Practitioners	50,925,598	51,429,554	503,957	1.0%
Home Health	18,646,407	21,375,514	2,729,107	14.6%
Lab & Radiology	29,144,887	27,065,868	(2,079,020)	-7.1%
Medical Supplies	50,689,689	53,080,241	2,390,552	4.7%
Clinic Services	201,846,082	224,170,601	22,324,519	11.1%
Ambulatory Surgery Center	7,142,709	7,115,694	(27,015)	-0.4%
Prescription Drugs	611,586,312	650,392,591	38,806,278	6.3%
Miscellaneous	159,611	126,716	(32,895)	-20.6%
ICF/IID	61,233,048	62,151,360	918,312	1.5%
Transportation	65,121,788	71,112,486	5,990,698	9.2%
Medicare Buy-in (Part A & B)	175,264,062	178,548,314	3,284,252	1.9%
Medicare clawback payment (Part D)	111,583,548	108,587,739	(2,995,809)	-2.7%
SHOPP - Supplemental Hosp Offset Pymt.	516,242,406	492,456,059	(23,786,346)	-4.6%
Money Follows the Person - Enhanced	236,807	346,999	110,191	46.5%
Health Management Program (HMP)	10,579,560	10,946,940	367,380	3.5%
Electronic Health Records Incentive Pymts	39,788,361	15,000,000	(24,788,361)	-62.3%
Non-Title XIX Medical	89,382	89,382	-	0.0%
TOTAL OHCA MEDICAL PROGRAM	3,996,765,155	4,071,292,120	74,526,965	1.9%
Insure Oklahoma - Premium Assistance				
Employer Sponsored Insurance - ESI	62,022,233	62,686,080	663,847	1.1%
Individual Plan - IP	30,366,964	33,002,531	2,635,567	8.7%
TOTAL INSURE OKLAHOMA PROGRAM	92,389,197	95,688,611	3,299,414	3.6%
OHCA Administration				
Operations	52,142,289	53,618,345	1,476,056	2.8%
Contracts	31,079,425	34,760,276	3,680,852	11.8%
Insure Oklahoma	4,072,082	4,172,378	100,296	2.5%
Business Enterprises	73,979,434	80,402,531	6,423,097	8.7%
Grant Mgmt	5,437,239	4,254,904	(1,182,335)	-21.7%
TOTAL OHCA ADMIN	166,710,469	177,208,435	10,497,966	6.3%
TOTAL OHCA PROGRAMS	**4,255,864,821**	**4,344,189,166**	**88,324,345**	**2.1%**
Other State Agency (OSA) Programs				
Department of Human Services (OKDHS)	603,243,836	579,893,002	(23,350,834)	-3.9%
Oklahoma State Dept of Health (OSDH)	13,623,998	15,423,210	1,799,212	13.2%
The Office of Juvenile Affairs (OJA)	7,032,296	7,032,296	-	0.0%
University Hospitals (Medical Education Pymnts)	344,700,756	334,391,396	(10,309,360)	-3.0%
Physician Manpower Training Commission	6,864,093	-	(6,864,093)	-100.0%
Department of Mental Health (DMHSAS)	405,107,155	413,320,728	8,213,573	2.0%
Department of Education (DOE)	1,436,234	553,422	(882,813)	-61.5%
Non-Indian Payments	2,132,165	2,710,552	578,388	27.1%
Department of Corrections (DOC)	1,348,819	1,482,089	133,270	9.9%
JD McCarty	8,208,720	8,177,846	(30,873)	0.0%
OSA Non-Title XIX	88,150,000	90,650,000	2,500,000	2.8%
TOTAL OSA PROGRAMS	**1,481,848,072**	**1,453,634,541**	**(28,213,531)**	**-1.9%**
TOTAL MEDICAID PROGRAM	**5,737,712,893**	**5,797,823,707**	**60,110,815**	**1.0%**

OKLAHOMA HEALTH CARE AUTHORITY

SFY-2019 BUDGET WORK PROGRAM

Summary by Program Expenditure

Description	SFY-2018	SFY-2019	Inc / (Dec)	% Change
REVENUES				
Federal - program	3,099,658,768	3,201,861,349	102,202,581	3.3%
Federal - admin	108,267,864	114,444,327	6,176,463	5.7%
Drug Rebates	327,842,473	345,877,041	18,034,568	5.5%
Medical Refunds	38,596,658	37,014,933	(1,581,726)	-4.1%
NF Quality of Care Fee	78,839,208	80,122,777	1,283,568	1.6%
OSA Refunds & Reimbursements	653,760,038	570,720,161	(83,039,877)	-12.7%
Tobacco Tax	92,264,757	88,016,829	(4,247,928)	-4.6%
Insurance Premiums	2,099,136	1,507,177	(591,959)	-28.2%
Misc Revenue	255,904	233,733	(22,171)	-8.7%
Prior Year Carryover	35,249,968	5,000,000	(30,249,968)	-85.8%
Other Grants	3,477,266	737,957	(2,739,309)	-78.8%
Hospital Provider Fee (SHOPP bill)	242,266,132	219,821,479	(22,444,653)	-9.3%
OHCA Revolving Fund 200 - Transfer	6,000,000	-	(6,000,000)	-100.0%
Insure Oklahoma Fund 245 - Transfer	3,000,000	6,000,000	3,000,000	100.0%
State Appropriated - Deans GME Program	31,770,311	110,044,319	78,274,008	246.4%
State Appropriated - OHCA	1,014,364,409	1,016,421,627	2,057,218	0.2%
TOTAL REVENUES	**5,737,712,893**	**5,797,823,707**	**60,110,815**	**1.0%**

REBECCA PASTERNIK-IKARD
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA

OKLAHOMA HEALTH CARE AUTHORITY

SPARC Agenda
June 26, 2018
10:00 AM
OHCA Board Room

Rate issues to be addressed:

REGULAR NURSING FACILITIES RATE

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   Increase

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   The change is being made to increase the Quality of Care (QOC) Fee for Regular Nursing Facilities per 56 O.S. 2011, Section 2002. This change allows OHCA to collect additional QOC fees from providers and match them with federal funds which provides rate increases to the facilities. Additionally this will allow OHCA to calculate the annual reallocation of the pool for the "Direct" and "Other Cost" components of the rate as per The State Plan.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   The current rate methodology for Regular Nursing facilities calls for the establishment of a prospective rate which consists of four components. The current components are as follows:
   A. Base Rate Component is $107.79 per patient day.
   B. A Focus on Excellence (FOE) Component defined by the points earned under this performance program ranging from $1.00 to $5.00 per patient day.
   C. An "Other Cost" Component which is defined as the per day amount derived from dividing 30% of the pool of funds available after meeting the needs of the Base and FOE Component by the total estimated Medicaid days for the rate period. This component once calculated is the same for each facility.
   D. A "Direct Care "Component which is defined as the per day amount derived from allocating 70% of the pool of funds available after meeting the needs of the Base and FOE Components to the facilities. This component is determined separately and is different for each facility. The method (as approved in the State Plan) allocates the 70% pool of funds to each facility (on a per day basis) based on their relative expenditures for direct care costs.

   The current combined pool amount for "Direct Care" and "Other Cost" components is $160,636,876. The current Quality of Care (QOC) fee is $11.29 per patient day.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
There is no change in the methodology; however there is a proposed rate change for Regular Nursing facilities as a result of the required annual recalculation of the Quality of Care (QOC) fee and the annual reallocation of the pool for the "Direct" and "Other Cost" components of the rate as per The State Plan. The Base Rate Component will be $107.98 per patient day. The new combined pool amount for "Direct Care" and "Other Cost" components will be $158,938,847. The new Quality of Care (QOC) fee will be $11.48 per patient day.

6. **BUDGET ESTIMATE.**
The estimated budget impact for SFY2019 will be an increase in the total amount of $3,031,836; with $1,169,379 in state share coming from the increased QOC Fee (which is paid by the providers).

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the following for Regular Nursing facilities:
   - An increase in the base rate component from $107.79 per patient day to $107.98 per patient day.
   - A change in the combined pool amount for the "Other Cost" and "Direct Care" Components from $160,636,876 to $158,938,847 total dollars to account for decrease in Medicaid days and the annual reallocation of the Direct Care Cost Component as per the State Plan.

9. **EFFECTIVE DATE OF CHANGE.**
July 1, 2018

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) NURSING FACILITES RATES

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   Increase

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   The change is being made to increase the Quality of Care (QOC) Fee for nursing facilities serving residents with AIDS per 56 O.S. 2011, Section 2002. This change allows the Oklahoma Health Care Authority (OHCA) to collect additional QOC fees from providers and match them with federal funds which provides rate increases to the facilities.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   The current rate methodology for nursing facilities serving residents with AIDS requires the establishment of a prospective rate which is based on the reported allowable cost per day. The current rate for this provider type is $200.65 per patient day. The Quality of Care (QOC) fee is $11.29 per patient day.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   There is no change in methodology; however there is a rate change for nursing facilities serving residents with AIDS as a result of the required annual recalculation of the Quality of Care (QOC) fee. The rate for this provider type will be $201.32 per patient day. The recalculated Quality of Care (QOC) fee will be $11.48 per patient day.

6. **BUDGET ESTIMATE.**
   The estimated budget impact for SFY2019 will be an increase in the total amount of $6,603; with $2,547 in state share coming from the increased QOC Fee (which is paid by the facilities).

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
   The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the following for nursing facilities serving residents with AIDS:
   - An increase in the AIDS rate from $200.65 per patient day to $201.32 per patient day.

9. **EFFECTIVE DATE OF CHANGE.**
   July 1, 2018

FREESTANDING PSYCHIATRIC HOSPITALS RATE INCREASE

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   This change represents an Increase in the reimbursement rates for services provided by freestanding psychiatric hospitals paid using a prospective per diem methodology.

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) received $2,000,000 in funding from the Legislature through HB3707 to assist with restoring provider reimbursement rate reductions that were made in 2016. ODMHSAS is proposing that a portion of these funds be used to reinstate the 3% rate reduction that was made to freestanding psychiatric hospitals.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   Inpatient hospital services provided in freestanding psychiatric hospitals are reimbursed using a prospective per diem methodology that is based on the median cost per day calculated from 1988 claims and trended uniform cost report data. The rates were last updated by a factor of -3% on 5/1/16.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   Rates for freestanding psychiatric hospitals in effect as of June 30, 2018 will be increased by 3 percent.

6. **BUDGET ESTIMATE.**
   Estimated cost to ODMHSAS for SFY2019 is $334,498 Total; $129,016 State share.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   The Agency has determined that this change will have a positive impact on access to care.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
   The Agency requests the SPARC to approve the proposed reimbursement methodology for freestanding psychiatric hospitals by increasing the rates in effect as of June 30, 2018 by 3 percent.

9. **EFFECTIVE DATE OF CHANGE.**
   July 1, 2018

PSYCHOLOGISTS IN INDEPENDENT PRACTICE RATE INCREASE

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   This change represents an Increase in the reimbursement rates for services provided by Psychologists in Independent Practice.

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) received $2,000,000 in funding from the Legislature through HB3707 to assist with restoring provider reimbursement rate reductions that were made in 2016. ODMHSAS is proposing that a portion of these funds be used to increase reimbursement rates by 3% for services provided by psychologists in independent practice.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   Psychologists in Independent Practice are currently reimbursed at payment rates equal to 87.07% of the CY2013 Medicare Physician Fee Schedule.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   Psychologists in Independent Practice will be reimbursed at 89.68% of the CY2013 Medicare Physician Fee Schedule.

6. **BUDGET ESTIMATE.**
   Estimated cost to ODMHSAS for SFY2019 is $212,195 Total dollars; $81,844 State share.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   The Agency has determined that this change will have a positive impact on access to care.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
   The Agency requests the SPARC to approve the proposed reimbursement methodology for Psychologists in Independent Practice as 89.68% of the CY2013 Medicare Physician Fee Schedule.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2018

PSYCHOTHERAPY PROVIDED IN OUTPATIENT BEHAVIORAL HEALTH CLINICS RATE INCREASE

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   This change represents an Increase in the reimbursement rates for psychotherapy services (individual, group and family) provided by Behavioral Health Licensure Candidates and Licensed Behavioral Health Professionals in Outpatient Behavioral Health Clinics.

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) received $2,000,000 in funding from the Legislature through HB3707 to assist with restoring provider reimbursement rates that were reduced in 2016. ODMHSAS is proposing that a portion of these funds be used to increase reimbursement rates for psychotherapy services (individual, group and family) provided by Behavioral Health Licensure Candidates and Licensed Behavioral Health Professionals in Outpatient Behavioral Health Clinics by 3%.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   Outpatient Behavioral Health Clinics are reimbursed at payment rates which in the aggregate equal 71.75% of the 2007 Medicare Physician Fee Schedule.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   ODMHAS proposes to increase the reimbursement rates for psychotherapy services provided by Behavioral Health Licensure Candidates and Licensed Behavioral Health Professionals in Outpatient Behavioral Health Clinics by 3%. With this increase, behavioral health clinics would continue to not exceed the upper limit of 71.75% of the 2007 Medicare Physician Fee Schedule.

6. **BUDGET ESTIMATE.**
   Estimated cost to ODMHSAS for SFY2019 is $3,826,697 Total; $1,475,957 State Share.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   The Agency has determined that this change will have a positive impact on access to care.

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Agency requests the SPARC to approve the proposed 3% increase to rates for psychotherapy services provided by Licensure Candidates and Licensed Behavioral Health Professionals in Outpatient Behavioral Health Clinics.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2018

ADVANTAGE WAIVER SERVICES RATES

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   Increase

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   This is a proposal to increase the rate paid for services for recipients on the **AD*vantage* Waiver**. Rate increases for State Plan Personal Care and State Plan Skilled Nursing services are also included in this brief.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   The current rate structure for services for which a rate increase is being implemented is a fixed and uniform rate configuration established through the State Plan Amendment Rate Committee process. The services and current service codes and rates are as follows:

Service	Service Code	Current Rate
State Plan Personal Care	T1019	$3.78
State Plan Skilled Nursing	T1001	$47.20
ADvantage Personal Care	T1019	$3.78
Respite - In Home	T1005	$3.78
Respite - In Home Extended	S9125	$160.77
Advanced Supportive/Restorative	T1019-TF	$4.07
CM Standard	T1016	$13.75
Transitional CM Standard	T1016-U3	$13.75
CM Very Rural	T1016-TN	$19.69
Transitional CM Very Rural	T1016-TN-U3	$19.69
Adult Day Health	S5100-U1	$1.88
Adult Day Health - Therapies	S5105-TG	$10.50
Adult Day Health - Personal Care	S5105	$7.50
Hospice	S9126	$119.10
Registered Nurse - Home Health Setting	G0299	$13.50
Registered Nurse - Extended State Plan	G0299-TF	$13.50

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE – CONTINUED.

Service	Service Code	Current Rate
LPN - Home Health Setting	G0300	$13.50
LPN - Extended State Plan	G0300-TF	$13.50
RN Assessment/Evaluation	T1002	$13.50
Assisted Living - Standard	T2031	$44.01
Assisted Living - Intermediate	T2031-TF	$59.40
Assisted Living - High	T2031-TG	$83.09
Home Delivered Meals	S5170	$4.88
Personal Services Assistant	S5125	$3.20
Advanced Personal Services Assistant	S5125-TF	$3.84
Optional/Budget Expense	T2025	$0.97

5. NEW METHODOLOGY OR RATE STRUCTURE.

The table below indicates the services and per service rate increases proposed. All rates are per unit rates, unless otherwise indicated by an asterisk (*).

Service	Service Code	Current Rate	New Rate	% Increase
State Plan Personal Care	T1019	$3.78	$4.05	7%
State Plan Skilled Nursing	T1001	$47.20	$50.50	7%
ADvantage Personal Care	T1019	$3.78	$4.05	7%
Respite - In Home	T1005	$3.78	$4.05	7%
Respite - In Home Extended	S9125	$160.77	$168.80*	5%
Advanced Supportive/Restorative	T1019-TF	$4.07	$4.35	7%
CM Standard	T1016	$13.75	$14.70	7%
Transitional CM Standard	T1016-U3	$13.75	$14.70	7%
CM Very Rural	T1016-TN	$19.69	$21.05	7%
Transitional CM Very Rural	T1016-TN-U3	$19.69	$21.05	7%
Adult Day Health	S5100-U1	$1.88	$2.00	7%
Adult Day Health - Therapies	S5105-TG	$10.50	$11.25	7%
Adult Day Health - Personal Care	S5105	$7.50	$7.95	6%
Hospice	S9126	$119.10	$123.80*	4%
Registered Nurse - Home Health Setting	G0299	$13.50	$15.00	11%
Registered Nurse - Extended State Plan	G0299-TF	$13.50	$15.00	11%

*Per diem rate

5. NEW METHODOLOGY OR RATE STRUCTURE – CONTINUED.

Service	Service Code	Current Rate	New Rate	% Increase
LPN - Home Health Setting	G0300	$13.50	$14.00	4%
LPN - Extended State Plan	G0300-TF	$13.50	$14.00	4%
RN Assessment/Evaluation	T1002	$13.50	$15.00	11%
Assisted Living - Standard	T2031	$44.01	$47.10*	7%
Assisted Living - Intermediate	T2031-TF	$59.40	$63.55*	7%
Assisted Living - High	T2031-TG	$83.09	$88.90*	7%
Home Delivered Meals	S5170	$4.88	$5.15	5%
Personal Services Assistant	S5125	$3.20	$3.42	7%
Advanced Personal Services Assistant	S5125-TF	$3.84	$4.11	7%
Optional/Budget Expense	T2025	$0.97	$1.04	7%

*Per diem rate

6. BUDGET ESTIMATE.

The estimated annual AD*vantage* budget change is an increase in the amount of $10,186,341 total dollars; $3,832,101 state share paid by OKDHS.

The estimated annual State Plan budget change (includes both Personal Care and Skilled Nursing) is an increase in the amount of $397,352 total dollars; $149,484 state share paid by OKDHS.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

A rate increase will stabilize existing programs enabling providing agencies to provide salaries comparable to similar type service salaries.

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Department of Human Services requests the State Plan Amendment Rate Committee approve the proposed rate increases.

9. EFFECTIVE DATE OF CHANGE.

The effective date of the rate change will be upon notification from the Centers for Medicare and Medicaid Services (CMS).

HABILITATION TRAINING SPECIALIST (HTS) / INTENSIVE PERSONAL SUPPORTS (IPS) RATE INCREASE

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   Increase

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   This is a proposal to increase the rate paid for **Habilitation Training Specialist (HTS)** and **Intensive Personal Supports (IPS)** services used to provide direct care services to persons enrolled in the DDS waiver programs. HTS is available to service recipients on the Homeward Bound Waiver, Community Based Waiver, In-Home Supports Waiver for Adults, and In-Home Supports Waiver for Children. IPS is available to Homeward Bound and Community Based Waiver recipients.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   To receive DDS HTS/IPS Services, the service recipient must be eligible for the DDS Community waiver or the In-Home Supports Waiver for Adults or Children, or the Homeward Bound Waiver; meet the requirements for ICF/MR level of care; and be financially eligible for Medicaid at the ICF/MR eligibility standard. The service recipient must choose to have services in the community, rather than the ICF/MR. Services are authorized based on need as identified by the service recipient's Team and upon informed selection by the service recipient. Authorized services are listed as a component of the service recipient's annual plan of care.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The increased rate is requested to assure that access to HTS/IPS services is available and that providers are able to recruit and retain staff to deliver the care required by the service recipients. The Providers' costs for liability insurance, worker's compensation, health insurance, and the amount necessary to pay competitive wages have increased since the existing rate was established as supported by costs reports. The increased rate proposal represents an increase of $.27 (7%) to the current rate of $4.05 per 15-minute unit ($1.08 per hour) and is required for the rate to remain competitive. The increased rate will allow

Providers to increase the hourly wages and/or benefits paid to direct support staff who provide HTS/IPS services. The following table itemizes the recommended rate components on an **hourly** basis:

Description	Service Code
HTS – Habilitation Training Specialist (State Fund)	T2017 (SE)
HTS – Habilitation Training Specialist - Self Directed	T2017 U1 TF
IPS – Intensive Personal Support (State Fund)	T2017 TF (SE)

Current Rate $15.12 per hour ($3.78 per 15 minute)
New Rate $16.20 per hour ($4.05 per 15 minute) 7% increase

Direct Support Wages	$9.41
Direct Support Benefits – (28.65%)	$2.70
Direct Support Supervision ($43k + 28.65% / 20 to 1 ratio)	$1.40
Direct Support Training (100 Hours)	$0.58
All Other Expenses – (15%)	$2.11
Total	$16.20

Per 15 minute Unit $4.05

6. **BUDGET ESTIMATE.**
The estimated annual change is an increase in the amount of $7,560,000 total dollars; $2,844,072 state share paid by OKDHS.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
A rate increase will stabilize existing programs enabling providing agencies to provide salaries comparable to similar type service salaries.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
The Department of Human Services recommends the rate of $4.05 per 15-minute unit.

9. **EFFECTIVE DATE OF CHANGE.**
October 1, 2018, Upon CMS approval (estimated date October 1, 2018)

HOMEMAKER RATE INCREASE

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   Increase

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   This is a proposal to increase the rate paid for **Homemaker** services used to provide direct care services to persons enrolled in the DDS waiver programs. Homemaker is available to service recipients on the Homeward Bound Waiver, Community Based Waiver, In-Home Supports Waiver for Adults, and In-Home Supports Waiver for Children.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   To receive DDS Homemaker, the service recipient must be eligible for the DDS Community waiver or the In-Home Supports Waiver for Adults or Children, or the Homeward Bound Waiver; meet the requirements for ICF/MR level of care; and be financially eligible for Medicaid at the ICF/MR eligibility standard. The service recipient must choose to have services in the community, rather than the ICF/MR. Services are authorized based on need as identified by the service recipient's Team and upon informed selection by the service recipient. Authorized services are listed as a component of the service recipient's annual plan of care.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The increased rate is requested to assure that access to Homemaker services is available and that providers are able to recruit and retain staff to deliver the care required by the service recipients. The increased rate will allow Providers to increase the hourly wages and/or benefits paid to direct support staff who provide Homemaker services. The following table itemizes the recommended rate components on an **hourly** basis:

Homemaker (State Fund)	S5130 (SE)	
Homemaker Respite	S5150	
Current Rate $12.80 per hour ($3.20 per 15 minute)		
New Rate $15.40 per hour ($3.85 per 15 minute)		20% increase

Direct Support Wages	$9.00
Direct Support Benefits – (28.65%)	$2.58
Direct Support Supervision ($43k + 28.65% / 20 to 1 ratio)	$1.40
Direct Support Training (75 Hours)	$0.42
All Other Expenses – (15%)	$2.00
Total	$15.40
Per 15 minute Unit	$3.85

6. **BUDGET ESTIMATE.**
The estimated annual change is cost neutral. Other services that are more expensive are provided when Homemaker was not available. The increase in the rate will allow for better recruitment and retention of Homemaker staff.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
A rate increase will stabilize existing programs enabling providing agencies to provide salaries comparable to similar type service salaries.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
The Department of Human Services recommends the rate of $3.85 per 15-minute unit.

9. **EFFECTIVE DATE OF CHANGE.**
October 1, 2018, Upon CMS approval (estimated date October 1, 2018)

DEVELOPMENTAL DISABILITIES SERVICES RATES

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   Increase

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   This is a proposal to increase the rate paid for other **Waiver Services** using the same methodology proposed (or percentage) in increasing the **Habilitation Training Specialist (HTS)** and **Intensive Personal Supports (IPS).** The services are available to service recipients on the Homeward Bound Waiver, Community Based Waiver, In-Home Supports Waiver for Adults, and In-Home Supports Waiver for Children. IPS is available to Homeward Bound and Community Based Waiver recipients.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   The current rate structure for services for which a rate increase is being implemented is a fixed and uniform rate configuration established through the State Plan Amendment Rate Committee process. The services and current service codes and rates are as follows:

Decription	Service Code	Unit Rate
Adult Day Care	S5100	$1.88
DAILY LIVING SUPPORTS	T2033	$143.97
DAILY LIVING SUPPORTS - THER LEAVE	T2033 TV	$143.97
GROUP HOME		
6 BED	T1020	$67.79
7 BED	T1020	$57.90
8 BED	T1020	$50.66
9 BED	T1020	$46.32
10 BED	T1020	$42.70
11 BED	T1020	$40.05
12 BED	T1020	$37.63
GROUP HOME ALT. LIVING HOME, 4 BED	T1020	$272.85
AGENCY COMPANION (Contractor) - CLOSE	S5126 U4	$90.23
THERAPEUTIC LEAVE	S5126 U4 TV	$90.23
AGENCY COMPANION (Contractor) - ENHANCED	S5126 TG	$117.49
THERAPEUTIC LEAVE	S5126 TG TV	$117.49
AGENCY COMPANION (Contractor) - PERVASIVE	S5136 TG	$128.34
THERAPEUTIC LEAVE	S5136 TG TV	$128.34

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE CONT'D.

Decription	Service Code	Unit Rate
ES - CENTER BASED PREVOCATIONAL SVS	T2015 U1	$4.67
ES - CENTER BASED PREVOCATIONAL SVS - STATE FUND	T2015 U1 SE	$4.67
ES - COMMUNITY BASED PREVOC SERVICES	T2015 TF	$9.34
ES - COMMUNITY BASED PREVOC SERVICES - STATE FUND	T2015 TF SE	$9.34
ES - PRE-VOC. HTS - SUPP. SUPPORTS	T2015 TG	$11.77
ES - PRE-VOC. HTS - SUPP. SUPPORTS - STATE FUND	T2015 TG SE	$11.77
ES - ENHANCED COMMUNITY BASED PREVOC	T2015	$12.47
ES - ENHANCED COMMUNITY BASED PREVOC - STATE FUND	T2015 SE	$12.47
ES - COMMUNITY BASED INDIVIDUAL SERVICES	T2015 U4	$15.13
ES - COMMUNITY BASED INDIVIDUAL SERVICES - STATE FUND	T2015 U4 SE	$15.13
ES - JOB STABILIZATION / EXTENDED SVS	T2019 U1	$1.29
ES - JOB COACHING SERVICE	T2019 TF	$3.12
ES - ENHANCED JOB COACHING SVS	T2019 TG	$3.63
ES - JOB COACHING INDIVIDUAL SVS	T2019 U4	$4.15
ES - JOB COACHING INDIVIDUAL SVS - STATE FUND	T2019 U4 SE	$4.15
ES - EMPLOYMENT SPECIALIST	T2019	$5.66
TRANSPORTATION - MILEAGE	S0215	$0.47
PROFESSIONAL INDIRECT SERV. (TRAVEL)	S0215 SE	$0.47
TRANSPORTATION - ADAPTED - NON_EMERGENCY VAN	A0130	$1.21
NURSING EXTENDED DUTY	T1000	$6.06
NURSING INTERMITTENT SKILLED	T1001	$47.20
SKILLED NURSING - RN	G0299	$13.50
SKILLED NURSING - LPN	G0300	$13.50
SPECIALIZED FOSTER CARE - ADULT	S5140	$50.00
SPECIALIZED FOSTER CARE - CHILD	S5145	$50.00

5. NEW METHODOLOGY OR RATE STRUCTURE.

The table below indicates the services and per service rate increase proposed:

Decription	Service Code	Current Unit Rate	NEW RATE	% INCREASE
Adult Day Care	S5100	$ 1.88	$2.00	6%
DAILY LIVING SUPPORTS	T2033	$ 143.97	$154.00	7%
DAILY LIVING SUPPORTS - THER LEAVE	T2033 TV	$ 143.97	$154.00	7%
GROUP HOME				
6 BED	T1020	$ 67.79	$72.50	7%
7 BED	T1020	$ 57.90	$62.00	7%
8 BED	T1020	$ 50.66	$54.25	7%
9 BED	T1020	$ 46.32	$49.50	7%
10 BED	T1020	$ 42.70	$45.75	7%
11 BED	T1020	$ 40.05	$42.75	7%
12 BED	T1020	$ 37.63	$40.25	7%
GROUP HOME ALT. LIVING HOME, 4 BED	T1020	$ 272.85	$292.00	7%

5. NEW METHODOLOGY OR RATE STRUCTURE CONT'D.

Decription	Service Code	Current Unit Rate	NEW RATE	% INCREASE
AGENCY COMPANION (Contractor) - CLOSE	S5126 U4	$ 90.23	$96.50	7%
THERAPEUTIC LEAVE	S5126 U4 TV	$ 90.23	$96.50	7%
AGENCY COMPANION (Contractor) - ENHANCED	S5126 TG	$ 117.49	$125.50	7%
THERAPEUTIC LEAVE	S5126 TG TV	$ 117.49	$125.50	7%
AGENCY COMPANION (Contractor) - PERVASIVE	S5136 TG	$ 128.34	$137.25	7%
THERAPEUTIC LEAVE	S5136 TG TV	$ 128.34	$137.25	7%
ES - CENTER BASED PREVOCATIONAL SVS	T2015 U1	$ 4.67	$5.00	7%
ES - CENTER BASED PREVOCATIONAL SVS - STATE FUND	T2015 U1 SE	$ 4.67	$5.00	7%
ES - COMMUNITY BASED PREVOC SERVICES	T2015 TF	$ 9.34	$10.00	7%
ES - COMMUNITY BASED PREVOC SERVICES - STATE FUND	T2015 TF SE	$ 9.34	$10.00	7%
ES - PRE-VOC. HTS - SUPP. SUPPORTS	T2015 TG	$ 11.77	$12.60	7%
ES - PRE-VOC. HTS - SUPP. SUPPORTS - STATE FUND	T2015 TG SE	$ 11.77	$12.60	7%
ES - ENHANCED COMMUNITY BASED PREVOC	T2015	$ 12.47	$13.32	7%
ES - ENHANCED COMMUNITY BASED PREVOC - STATE FUND	T2015 SE	$ 12.47	$13.32	7%
ES - COMMUNITY BASED INDIVIDUAL SERVICES	T2015 U4	$ 15.13	$16.20	7%
ES - COMMUNITY BASED INDIVIDUAL SERVICES - STATE FUND	T2015 U4 SE	$ 15.13	$16.20	7%
ES - JOB STABILIZATION / EXTENDED SVS	T2019 U1	$ 1.29	$1.38	7%
ES - JOB COACHING SERVICE	T2019 TF	$ 3.12	$3.34	7%
ES - ENHANCED JOB COACHING SVS	T2019 TG	$ 3.63	$3.88	7%
ES - JOB COACHING INDIVIDUAL SVS	T2019 U4	$ 4.15	$4.44	7%
ES - JOB COACHING INDIVIDUAL SVS - STATE FUND	T2019 U4 SE	$ 4.15	$4.44	7%
ES - EMPLOYMENT SPECIALIST	T2019	$ 5.66	$6.04	7%
TRANSPORTATION - MILEAGE	S0215	$ 0.47	$0.50	6%
PROFESSIONAL INDIRECT SERV. (TRAVEL)	S0215 SE	$ 0.47	$0.50	6%
TRANSPORTATION - ADAPTED - NON_EMERGENCY VAN	A0130	$ 1.21	$1.30	7%
NURSING EXTENDED DUTY	T1000	$ 6.06	$6.50	7%
NURSING INTERMITTENT SKILLED	T1001	$ 47.20	$50.50	7%
SKILLED NURSING - RN	G0299	$ 13.50	$15.00	11%
SKILLED NURSING - LPN	G0300	$ 13.50	$14.00	4%
SPECIALIZED FOSTER CARE - ADULT	S5140	$ 50.00	$54.00	8%
SPECIALIZED FOSTER CARE - CHILD	S5145	$ 50.00	$54.00	8%

6. BUDGET ESTIMATE.

The estimated annual change is an increase in the amount of $12,300,816 total dollars; $4,627,567 state share paid by OKDHS.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

A rate increase will stabilize existing programs enabling providing agencies to provide salaries comparable to similar type service salaries.

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Department of Human Services requests the State Plan Amendment Rate Committee approve the proposed rate increases.

9. EFFECTIVE DATE OF CHANGE.

October 1, 2018, Upon CMS approval (estimated date October 1, 2018)

COMMUNITY LIVING GROUP HOME RATE INCREASE

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   Increase

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   This is a proposal to increase the per diem paid for 6-Bed through 12-Bed Community Living Group Home services for adults in order to continue to provide specialized residential services to service recipients with a diagnosis of severe/profound mental retardation and complex physical needs. These services are available to recipients of the Homeward Bound Waiver or Community Waiver.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   To ensure the Community Living Group Home providers are able to recruit and retain staff to deliver the services, DDS proposes the following: a 33% increase over the existing rate of $125.45 for 6-Bed; a 18% increase over the existing rate of $121.35 for 7-Bed; a 33% increase over the existing rate of $103.74 for 8-Bed; a 26% increase of the existing rate of $97.46 for 9-Bed; a 31% increase over the existing rate of $92.16 for 10-Bed; a 26% increase over the existing rate of $92.16 for 11-Bed; a 25% increase over the existing rate of $87.09 for 12-Bed. These increases are required to provide salary equity in direct care staff in comparison to similar type service salaries. Reimbursements will be made up to 365 days per year (366 for leap years), but no payments will be made for leave days. It is projected that, on average, individuals will use 20 days per year for Therapeutic Leave, which will not be reimbursed on a daily basis. The occupancy factor built into the rates is considered full compensation for leave days.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The T1020 rate structure is as follows:

Size	Current Rate	Proposed Rate	% Increase
6-Bed	$125.45	$166.75	33%
7-Bed	$121.35	$143.00	18%
8-Bed	$103.74	$138.25	33%

Size	Current Rate	Proposed Rate	% Increase
9-Bed	$97.45	$122.75	26%
10-Bed	$92.16	$120.75	31%
11-Bed	$92.16	$109.75	26%
12-Bed	$87.09	$108.50	25%

Reimbursements will be made up to 365 days per year (366 for leap years), but no payments will be made for leave days. It is projected that, on average, individuals will use 20 days per year for Therapeutic Leave, which will not be reimbursed on a daily basis. The occupancy factor built into the rates is considered full compensation for leave days.

6. **BUDGET ESTIMATE.**
   The estimated annual change is an increase in the amount of $2,033,079 total dollars; $764,844 state share paid by OKDHS.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   A rate increase will stabilize existing programs enabling providing agencies to provide salaries comparable to similar type service salaries.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
   The Department of Human Services requests the State Plan Amendment Rate Committee approve the proposed rate increases.

9. **EFFECTIVE DATE OF CHANGE.**
   October 1, 2018, Upon CMS approval (estimated date October 1, 2018)

RESPITE SERVICES RATE INCREASE

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Rate Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   Increase

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   This is a proposal to increase the rate paid for **Respite** per diem services used to provide services to persons enrolled in the DDS waiver programs. Respite is available to service recipients on the Homeward Bound Waiver, Community Based Waiver, In-Home Supports Waiver for Adults, and In-Home Supports Waiver for Children.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   To receive DDS Respite, the service recipient must be eligible for the DDS Community waiver or the In-Home Supports Waiver for Adults or Children, or the Homeward Bound Waiver. Respite services are provided for the relief of the primary caregiver. Services are authorized based on need as identified by the service recipient's Team and upon informed selection by the service recipient. Authorized services are listed as a component of the service recipient's annual plan of care.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The increased rate is developed by taking the increased per diem rates and adding $22.00 to the rate. This increase will cover the expenses that are allowed to be claimed for the cost of room and board expense associated with a Respite service, which is allowed in 42 CFR §441.310(a)(2) The following table itemizes the recommended rate at each **per diem** level:

Decription		Service Code	Current Unit Rate	NEW RATE	% INCREASE
RESPITE MAXIMUM		S5151	$ 50.00	$76.00	52%
RESPITE IN - GROUP HOME					
	6 BED	S5151	$ 68.04	$94.50	39%
	7 BED	S5151	$ 57.90	$84.00	45%
	8 BED	S5151	$ 50.66	$76.25	51%
	9 BED	S5151	$ 46.32	$71.50	54%
	10 BED	S5151	$ 42.70	$67.75	59%
	11 BED	S5151	$ 40.05	$64.75	62%
	12 BED	S5151	$ 37.63	$62.25	65%
RESPITE IN - COMMUNITY LIVING HOME					
	6 BED	S5151	$ 125.45	$188.75	50%
	7 BED	S5151	$ 121.35	$165.00	36%
	8 BED	S5151	$ 111.46	$160.25	44%
	9 BED	S5151	$ 103.74	$144.75	40%
	10 BED	S5151	$ 97.46	$142.75	46%
	11 BED	S5151	$ 92.16	$131.75	43%
	12 BED	S5151	$ 87.09	$130.50	50%
RESPITE IN - AGENCY COMPANION (Contractor) - CLOSE		S5151	$ 90.23	$118.50	31%
RESPITE IN - AGENCY COMPANION (Contractor) - ENHANCED		S5151	$ 117.49	$147.50	26%
RESPITE IN - AGENCY COMPANION (Contractor) - PERVASIVE				$159.25	New

6. **BUDGET ESTIMATE.**
   The estimated annual change is cost neutral. Other services that are more expensive are provided when Respite is not available. The increase in the rate will allow for better recruitment and retention of Respite Providers.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   A rate increase will stabilize existing programs enabling providing agencies and offset Room and Board Costs.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
   The Department of Human Services requests the State Plan Amendment Rate Committee approve the proposed rate increases.

9. **EFFECTIVE DATE OF CHANGE.**
   October 1, 2018, Upon CMS approval (estimated date October 1, 2018)

VACCINATION RATE METHODOLOGY

1. **IS THIS A RATE CHANGE OR A METHOD CHANGE?**
   Method Change

2. **IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?**
   No Impact

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   Language is being added to the Oklahoma State Plan to clarify how vaccinations are priced when there is not a published Medicare price.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   The current rate methodology is to use Wholesale Acquisition Cost (WAC) that is also used for physician administered drugs.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The rate methodology is not changing; however language is being added to the Oklahoma State Plan to clarify this method. Vaccinations are reimbursed at a price equivalent to Medicare Part B, ASP + 6%. When ASP is not available, an equivalent price is calculated using Wholesale Acquisition Cost (WAC). If no pricing is available, the price will be calculated based on invoice cost.

6. **BUDGET ESTIMATE.**
   There will be no budget impact due to this is the rate method already being used.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   The Oklahoma Health Care Authority does not anticipate any impact on access to care.

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
   The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the rate method change to price vaccinations using Wholesale Acquisition Cost (WAC).

9. **EFFECTIVE DATE OF CHANGE.**
   July 1, 2018

Drug	Used for	Cost	Notes
Clenpiq™	Colon cleansing	$128.00 per course	Me too drug
Admelog®, Fiasp®, Humulin® R U-500 Vials	Diabetes	$450.90, $532.20	Insulin analogs
Prexxartan®, CaroSpir®	Special formulations	N/A	Blood pressure. Other formulations available
Benznidazole	Chagas disease	$720.00 per course	Infectious disease

Recommendation 1: Prior Authorize Clenpiq™ (Sodium Picosulfate/ Magnesium Oxide/Anhydrous Citric Acid)

The Drug Utilization Review Board recommends the prior authorization of Clenpiq™ with criteria similar to the other prior authorized bowel preparation medications:

Clenpiq™, ColPrep™ Kit, OsmoPrep®, Prepopik®, and SUPREP® Approval Criteria:

1. An FDA approved indication for use in cleansing of the colon as a preparation for colonoscopy; and
2. A patient-specific, clinically significant reason other than convenience why the member cannot use other bowel preparation medications available without prior authorization.
3. If the member requires a low volume polyethylene glycol electrolyte lavage solution, Moviprep® is available without prior authorization. Other medications currently available without a prior authorization include: Colyte®, Gavilyte®, Golytely®, and Trilyte®.

Recommendation 2: Prior Authorize Admelog® (Insulin Lispro), Fiasp® (Insulin Aspart), and Humulin® R U-500 Vials (Insulin Human 500 Units/mL).

The Drug Utilization Review Board recommends the prior authorization of Admelog® (insulin lispro), Fiasp® (insulin aspart), and Humulin® R U-500 vials (insulin human 500 units/mL) with the following criteria:

Admelog® (Insulin Lispro) Approval Criteria:

1. An FDA approved diagnosis of diabetes mellitus; and
2. A patient-specific, clinically significant reason why the member cannot use Humalog® (insulin lispro) must be provided.

Fiasp® (Insulin Aspart) Approval Criteria:

1. An FDA approved diagnosis of diabetes mellitus; and
2. A patient-specific, clinically significant reason why the member cannot use NovoLog® (insulin aspart) must be provided.

Humulin® R U-500 Vials (Insulin Human 500 Units/mL) Approval Criteria:

1. An FDA approved diagnosis of diabetes mellitus; and
2. A patient-specific, clinically significant reason why the member cannot use the Humulin® R U-500 KwikPen® (insulin human 500units/mL), which is available without prior authorization, must be provided.

Recommendation 3: Prior Authorize Prexxartan® (Valsartan Oral Solution), Tekturna® (Aliskiren Oral Pellets), and CaroSpir® (Spironolactone Oral Suspension)

The Drug Utilization Review Board recommends the prior authorization of Prexxartan® (valsartan oral solution), Tekturna® (aliskiren oral pellets), and CaroSpir® (spironolactone oral suspension) with the following criteria:

Prexxartan® (Valsartan Oral Solution) Approval Criteria:

1. A patient-specific, clinically significant reason why the member cannot use valsartan oral tablets in place of the oral solution formulation even when the tablets are crushed must be provided.

Tekturna® (Aliskiren Oral Pellets) Approval Criteria:

1. An FDA approved indication; and
2. A recent trial, within the previous six months and at least four weeks in duration, of an angiotensin I converting enzyme inhibitor (ACEI) [or an angiotensin II receptor blocker (ARB) if previous trial of an ACEI] and a diuretic, used concomitantly at recommended doses, that did not yield adequate blood pressure control; and
3. Member must be 6 years of age or older; and
4. A patient-specific, clinically significant reason why the member cannot use Tekturna® tablets must be provided.

CaroSpir® (Spironolactone Oral Suspension) Approval Criteria:

1. An FDA approved indication; and
2. A patient-specific, clinically significant reason why the member cannot use spironolactone oral tablets must be provided.

Recommendation 4: Prior Authorize Benznidazole

The Drug Utilization Review Board recommends the prior authorization of benznidazole tablets with the following criteria:

Benznidazole Tablets Approval Criteria:

1. An FDA approved diagnosis of Chagas disease (American trypanosomiasis) caused by *Trypanosoma cruzi*; and
2. Benznidazole must be prescribed by or in consultation with an infectious disease specialist; and
3. Female members of reproductive potential must have a pregnancy test prior to treatment with benznidazole; and
4. Female members of reproductive potential must be willing to use effective contraception during treatment with benznidazole tablets and for 5 days after the last dose; and
5. Member must not have taken disulfiram within the last two weeks; and

The member's recent weight must be provided on the prior authorization request in order to authorize the appropriate amount of drug. The approval duration will be for 60 days of therapy.