OKLAHOMA HEALTH CARE AUTHORITY
SPECIAL SCHEDULED BOARD MEETING
June 25, 2019 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 Stan Hupfeld, Chairman

1. Call to Order / Determination of Quorum

2. Action Item – Approval of the May 21, 2019 OHCA Board Meeting Minutes

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

3. Discussion Item – Public Comment on this meeting's agenda items by attendees who gave 24 hour prior written notice

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

4. Discussion Item – Chief Executive Officer's Report

   a) Award Presentation – Chairman Hupfeld

   b) All-Star Recognition

      - April All-Star – Judith Jones
      - May All-Star – Devin Lockard

   c) Introduction of Carter Kimble, Deputy Secretary of Health and Mental Health

   d) Financial Update – Aaron Morris, Chief Financial Officer

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

   f) Oklahoma Residency Verification Process – Melody Anthony, Deputy State Medicaid Director

   g) Legislative Update – Lindsey Bateman, Assistant Director of Government Relations

   h) Chief Medical Officer Update – Dr. Mike Herndon, Chief Medical Officer

   i) Health Services Initiative Update – Shelly Patterson, Director of Community Relations and Performance & Health Improvement

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

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

Item to be presented by Josh Richards, Director of Program Integrity

6. 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 $108.31 for Regular Nursing Facilities and update the pool amount for these facilities in the state plan for the "Other" and "Direct Care" components to $186,146,037. If SFY 2020, this change has an estimated increase of $3,391,494 total; of which $1,183,292 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 $209.50 for the Acquired Immune Deficiency Syndrome (AIDS) rate for Nursing Facilities. In SFY2020, this change has an estimated increase of $7,299 total; of which $2,546 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 Qualified Behavioral Health Aid I (QBHA I)/Treatment Parent Specialist (TPS) rate for Therapeutic Foster Care (TFC) to $9.81 per 15 minute unit with a maximum of 6 units per day. The estimated annual budget impact in SFY 2020 will be an increase of $625,464 total; of which $218,225 is state share. The state share will be paid by DHS with the current TFC budget.

d) Consideration and Vote for a rate change to increase the rate for Qualified Behavioral Health Aid II (QHBA II)/Treatment Parent Specialist (TPS) for Intensive Treatment Family Care (ITFC) providers to $21.43 per 15 minute unit with a 6 unit max per day. The providers have additional training and certifications, serve children with more intense behavioral issues than TFC, and is a stay at home parent with a maximum of one child receiving services. The estimated annual budget impact for the remainder of SFY 2020 will be an increase of $1,731,183 total; of which $594,557 is state share. The SFY 2021 budget impact will be an increase of $2,324,813 total; of which $768,816 is state share. The state share will be paid by DHS with the current TFC budget.

e) Consideration and Vote for a method change to correct and update the Developmental Disabilities Services (DDS) Agency Companion procedure codes to reflect procedure code reassignment and current authorization practice. Rates will be adjusted on the following agenda item.

f) Consideration and Vote for a rate change to increase the Developmental Disabilities Services (DDS) Waiver rate paid for Waiver Services. 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. This is an across the board rate increase of 4.00% for all services that the DDS Waiver has established a fixed rate. The estimated budget impact for the remainder of SFY 2020 will be an increase of $9,863,029 total; of which $3,351,457 is state share. The SFY 2021 budget impact will be an increase of $13,150,705 total; of which $4,607,221 is state share. DHS attests that it has adequate funds to cover the state share of the projected cost of services.

g) Consideration and Vote for a rate change to increase the rate paid for Personal Care Services for recipients on the Advantage Waiver and State Plan Personal Care Programs by 4.00%. The estimated budget impact for the remainder of SFY 2020 for State Plan Personal Care Services will be an increase of $185,081 total; of which $62,891 is state share. The SFY 2021 budget impact for State Plan Personal Care Services will be an increase of $246,775 total; of which $80,843 is state share. The estimated budget impact for the remainder of SFY 2020 for the Advantage Waiver

Personal Care Services will be an increase of $4,479,449 total; of which $1,522,117 is state share. The SFY 2021 budget impact for State Plan Personal Care Services will be an increase of $5,972,599 total; of which $1,956,623 is state share. DHS attests that it has adequate funds to cover the state share of the projected cost of services.

h) Consideration and Vote to establish new rates for Applied Behavioral Analysis (ABA) services. ABA will be using an existing rate methodology for Physician Services. The payment amount for each service paid under the fee schedule is the product of a uniform relative value unit (RVU) for each service and the Medicare conversion factor (CF). The Medicare CF converts the relative values into payment amount. CMS updates the RVU and CF annually. Procedure codes 97151, 97155, and 97156 will be paid at $23.55 per 15 minutes. Procedure Code 97153 will be paid at $17.35 per 15 minutes. The estimated budget impact for SFY2020 will be an increase of $11,455,015 total; of which $3,996,655 is state share.

i) Consideration and Vote for a rate method change for Enhanced Payments for State University Employed or Contracted Physicians. The proposed payment methodology for State University Employed or Contracted Physicians is 175% of the Medicare Physician Fee Schedule. The estimated annual budget impact will be an increase of $51,067,779 total; of which $17,817,548 is state share. The state share will be paid by the University of Oklahoma and Oklahoma State University.

Item to be presented by Tasha Black, Senior Director of Financial Services

7. Action Item – Consideration and Vote of the SFY 20 Budget Work Program

Item to be presented by Jill Ratterman, Clinical Pharmacist

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

a) Aldurazyme® (Laronidase) and Naglazyme® (Galsulfase) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

b) Plenvu® [Polyethylene Glycol (PEG)-3350/Sodium Ascorbate/Sodium Sulfate/Ascorbic Acid/ Sodium Chloride/Potassium Chloride]to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

c) Consensi® (Amlodipine/Celecoxib) and Kapspargo™ Sprinkle [Metoprolol Succinate Extended-Release (ER)] to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

d) H.P. Acthar® Gel (Repository Corticotropin Injection) update *criteria* in the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

e) Fulphila® (Pegfilgrastim-jmdb), Nivestym™ (Filgrastim-aafi), and Udenyca™ (Pegfilgrastim-cbqv) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

f) Xyosted™ [Testosterone Enanthate Subcutaneous (Sub-Q) Auto-Injector] and Jatenzo® (Testosterone Undecanoate Oral Capsule) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

g) Cablivi® (Caplacizumab-yhdp) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

h) Dextenza® (Dexamethasone Ophthalmic Insert), Inveltys™ (Loteprednol Etabonate Suspension), Lotemax® SM (Loteprednol Etabonate Gel), and Oxervate™ (Cenegermin-bkbj) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

i) Lorbrena® (Lorlatinib), Mvasi® (Bevacizumab-awwb), and Vizimpro® (Dacomitinib) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

Item to be presented by Stan Hupfeld, 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 opioid litigation
- Discussion of pending eligibility litigation
- Discussion of pending declaratory judgement litigation

10. Action Item – Consideration and vote for the formation of a separate Audit Committee.

11. ADJOURNMENT

NEXT BOARD MEETING
August 21, 2019
Oklahoma Health Care Authority
Oklahoma City, OK

MINUTES OF A SPECIAL BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
May 21, 2019
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 20, 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 15, 2019 at 3:43 a.m.

Pursuant to a roll call of the members, a quorum was declared to be present, and Becky Pasternik-Ikard called the meeting to order at 9:08 a.m.

BOARD MEMBERS PRESENT: Chairman Hupfeld, Vice-Chairman Yaffe, Member Case, Member Hausheer, Member Kennedy, Member Nuttle, Member Shamblin

BOARD MEMBERS ABSENT: Member Boyd

OTHERS PRESENT:

Renee Weeks, Parent
Steve Metzer, Journal Record
Mary Brinkley, Leading Age OK
Mike Fogarty
Angela Monson, OK Policy
Breanne Russell, OHCA
Kyle Janzen, OHCA
Any Nichols, OHCA
Jean Krieske, OHCA
Mia Smith, OHCA
Gloria LaFitte, OHCA
Vanessa Andrade, OHCA
Fred Oraene, OHCA
Tanesha Hooks, OHCA
Courtney Barrett, OHCA
LeKenya Antwine, OHCA
Bert Bailey, OHCA
Tiffany Rideau, OHCA
David Blatt, OPI
David Ward, OHCA
Catina Baker, OHCA
Audra Cross, OHCA
Tasha Black, OHCA
Katelynn Burns, OHCA
Rachel Jones, OHCA
Rachel Mix, OUSCM-Sooner HAN
RoseAnn Duplan, ODLC
Cindy Bacon, CC-HAN
Morgan Johnson, SOH
Amber Smith, SAI
Stephanie Mavredes, OHCA
Braden Mitchell, OHCA
Bob Suave, OMA

OTHERS PRESENT:

Kristin Tainock
Rick Bert, OHCA
Lisa Spain, DXC
Shantice Atkins, OHCA
Amy Bradt, OHCA
Annie Baghdayan, OLBAB/OU
Will Widman, DXC
Kambra Reddick, OHCA
Elio De Los Santos, Maximus
Carmen Johnson, OHCA
Johnney Johnson, OHCA
Joe Dorman, OICA
Kristin Pease, OHCA
Mary Triplet, OHCA
Lisa Cates, OHCA
Monika Lutz, OHCA
Daryn Kirkpatrick, OHCA
Trudy Johnson, OHCA
Jackie Shipp, ODMHSAS
Roanne Foral, OHCA
MaryAnn Martin, OHCA
Josh Richards, OHCA
Yasmine Barve, OHCA
Peter Onema, OHCA
Jo Stainsby, OHCA
Tiffanie Moore, BCBA, OKABA & Blue Sprig
Brian Wilkerson, ODLC
Jessica Dyer, Soaring on Hope Pediatric Therapy
Tara Hood, Parent & Volunteer Advocate Autism Speaks
Harvey Reynolds, OHCA
Jennifer King, OHCA
Jimmy Witcosky, OHCA
Jim Meyer

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE SPECIAL BOARD MEETING HELD MAY 21, 2019.

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.

DRAFT

MOTION:	Member Hausheer moved for approval of the May 21, 2019 board meeting minutes as published. The motion was seconded by Member Kennedy.
FOR THE MOTION:	Chairman Hupfeld, Vice-Chairman Yaffe, Member Case, Member Nuttle, Member Shamblin
BOARD MEMBERS ABSENT:	Member Boyd

ITEM 3 / PUBLIC COMMENT ON THIS MEETING'S AGENDA ITEMS BY ATTENDEES WHO GAVE 24 HOUR PRIOR WRITTEN NOTICE
Nicole Nantois, Chief of Legal Services

Speakers:
- Tara Hood, Parent & Volunteer advocate for Autism Speaks
- Tiffany Moore, OKABA & Blue Sprig
- Brian Wilkerson, ODLC
- RoseAnn Duplan, ODLC
- Angela Monson, OK Policy
- Renee Weeks, Parent
- Annie Baghdayan, OLBAB/OU

ITEM 4A /EMPLOYEE RECOGNITION

- January All-Star – Lisa Cates, Administrative Assistant
- February All-Star – Peter Onema, Long Term Care Manager
- March All-Star – Rachel Jones, Population Care Management Coordinator

ITEM 4B / FINANCIAL UPDATE
Aaron Morris, Chief Financial Officer

Mr. Morris gave a brief update on OHCA's March financials. OHCA's revenues were under budget with Drug Rebate under budget by $1.8 million state dollars, Medical Refunds under budget by $0.4 million state dollars and taxes and fees under budget by $3.6 million state dollars. Our Medicaid Program Expenditure variance is under budget by $ 10.8 million state dollars and under budget by $4.4 million state dollars in administration. OHCA's total budget variance is a positive $13.8 million state dollars, about 0.4%. Nursing facility lines are under budget, due to nursing facility bed days and the physician and drug lines are under budget as well. OHCA will likely end the year with some carry over. Next month, OHCA will present the SFY 2020 budget. For more detailed information, see Item 4b in the board packet.

ITEM 4C / MEDICAID DIRECTOR'S UPDATE
Melody Anthony, Deputy State Medicaid Director

Ms. Anthony provided an update for May 2019 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 trend for providers, monthly enrollment and a monthly trend in enrollment for Choice, Traditional and Insure Oklahoma. She further provided trends for total members and how it relates to the unemployment rate and enrollment by state fiscal year. This month's board packet also included graphs showing monthly and yearly trend for the uninsured population. For more detailed information, see Item 4c in the board packet.

ITEM 4D / CHIEF MEDICAL OFFICER UPDATE
Mike Herndon, Chief Medical Officer

Dr. Herndon gave a brief overview of Medical Professional Services, which included information on the different units within the department and what their job duties entail. For more detailed information, see Item 4d in the board packet.

ITEM 4E / LEGISLATIVE UPDATE
Audra Cross, Legislative Liaison

DRAFT

Ms. Cross presented that she expected the Legislature to sine die by Thursday, May 23, 2019. Ms. Cross also presented information regarding SB 1044 which directed OHCA to provide a 5% rate increase in the current reimbursement rate for SoonerCare contracted Long Term Care facilities, a 5% provider rate increase with some exclusions, revised payment methodology for rural health care clinics and revised methods for the disproportionate share hospital program. HB 2767 created a rate preservation fund with $29 million dollars to help maintain reimbursement rates for providers in the event of a FMAP decrease. A general appropriation bill was sent to the Governor for signature this morning. SB 280 changed nursing home and Long Term Care facility pay for performance program. The estimated impact will be $ 26.1 million with an implementation date of October 1, 2019. The Governor vetoed SB 251 which would have directed OHCA to contract with private entities for third party liability recovery services. SB 575 was signed by the Governor which will pave the way for telemedicine in schools and will require parental consent. HB 2591 was signed by the Governor defending statutory rape cover up Act which prohibits reimbursement through Medicaid to a provider who has been convicted of this crime. The bill directs OHCA to adopt rules for investigations of complaints against providers. House Resolution 1022 was a rules bill. Originally, OHCA had rules that were going to be disapproved. After further explanation of the rules, they were approved.

ITEM 4F / SFY 2018 OKLAHOMA SINGLE AUDIT FINDINGS
Amber Smith, Audit Manager

Ms. Smith reported on the 7 findings of the SFY 2018 Oklahoma Single Audit. For more detailed information, see Item 4f in the board packet.

ITEM 4G / 2018 HEALTH ACCESS NETWORK (HAN) EVALUATION
Melinda Thomason, Senior Director for Stakeholder Engagement; Cindy Bacon, Partnership for Healthy Central Communities HAN; Rachel Mix, OU Sooner HAN

Ms. Thomason gave a brief overview of the 2018 HAN Evaluation, which included information on the SoonerCare Choice Waiver, HAN Service Locations, Redesign Tasks, Utilization Analysis, Member Survey and HAN Leadership. Ms. Thomason introduced Ms. Mix and Ms. Bacon and both gave brief updates. For more detailed information, see Item 4g in the board packet.

ITEM 5 / ANNOUNCEMENTS OF CONFLICTS OF INTEREST PANEL RECOMMENDATIONS FOR ALL ACTION ITEMS
Nicole Nantois, Chief of Legal Services

There were no recommendations regarding conflicts

ITEM 6A-C / CONSIDERATION AND VOTE UPON THE RECOMMENDATIONS OF THE STATE PLAN AMENDMENT RATE COMMITTEE
Carrie Evans, Deputy Chief Executive Officer

A. Consideration and Vote for a rate method change for Maternal Depression Screenings. The proposed revisions will add fee-for-service coverage and reimbursement language for maternal depression screenings (CPT code 96161) at Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) well-child visits. A fee-for-service reimbursement of $5.00 per screening was selected and is in line with reimbursement offered by other states. The estimated budget impact for the remainder of SFY2020 will be an increase of $143,053 total; of which $49,911 is state share. The estimated budget impact for SFY2021 will be an increase of $342,936 total; of which $113,409 is state share.

MOTION:	Member Hausheer moved for approval of Item 6a as published. The motion was seconded by Member Shamblin.
FOR THE MOTION:	Chairman Hupfeld, Vice-Chairman Yaffe, Member Case, Member Kennedy, Member Nuttle
BOARD MEMBERS ABSENT:	Member Boyd

B. Consideration and Vote for a rate method change for Enhanced Payments for State University Employed or Contracted Physicians. The proposed payment methodology for State University Employed or Contracted Physicians is 175% of the Medicare Physician Fee Schedule. The estimated annual budget impact will be an increase of $51,067,779 total; of which $17,817,548 is state share. The state share will be paid by the University

of Oklahoma and Oklahoma State University.

MOTION: This item was pulled from the agenda

C. Consideration and Vote for a rate method change for Rural Health Clinics. The proposed payment methodology for hospital-based rural health clinic services is paid at the provider's encounter rate established by Medicare that is in effect for the date of service. The proposed methodology or independent rural health clinics is paid at the rural health clinic payment limit established by CMS that is in effect for the date of service. The estimated annual budget impact will be an increase of $17,657,446 total; of which $6,160,683 is state share.

MOTION: Member Case moved for approval of Item 6c as published. The motion was seconded by Vice-Chairman Yaffe

FOR THE MOTION: Chairman Hupfeld, Member Hausheer, Member Kennedy, Member Nuttle, Member Shamblin

BOARD MEMBERS ABSENT: Member Boyd

ITEM 7A-C / CONSIDERATION AND VOTE OF AGENCY RECOMMENDED RULEMAKING PURSUANT TO ARTICLE I OF THE ADMINISTRATIVE PROCEDURES ACT. THE AGENCY REQUESTS THE ADOPTION OF THE FOLLOWING EMERGENCY RULES

Action Item – a) Consideration and Vote upon a Declaration of a Compelling Public Interest for the promulgation of *all Emergency Rules* in item eight in accordance with 75 Okla. Stat. § 253.

Action Item – b) Consideration and Vote of Agency Recommended Rulemaking Pursuant to Article I of the Administrative Procedures Act. The Agency Requests the Adoption of the Following Emergency Rules:

MOTION: Member Hausheer moved for approval of Item 7A.A-C as published. The motion was seconded by Member Shamblin

FOR THE MOTION: Chairman Hupfeld, Vice-Chairman Yaffe, Member Case, Member Kennedy, Member Nuttle,

BOARD MEMBERS ABSENT: Member Boyd

The following emergency rules HAVE NOT previously been approved by the Board.

A. ADDING agency rules at ***OAC 317:30-5-263 through 317:30-5-268*** will incorporate new rules to sustain the certified community behavioral health clinics (CCBHC) project beyond its demonstration period in Oklahoma. The services provided include nine types of behavioral health treatment services, with an emphasis on the provision of 24-hour crisis care, utilization of evidence based practices, care coordination, and integration with physical health. The proposed rules will outline CCBHC member eligibility, provider participation requirements, and program scope. **Budget Impact: As these rules represent the sustainability plan for a current demonstration project, there are no new immediate costs to the Oklahoma Health Care Authority (OHCA) or the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) for implementation and enforcement of the proposed rule. However, ODMHSAS estimates a FFY 2020 net fiscal impact for CCBHCs, as $35.6M ($23.5M Federal / 12.1M State).**

(Reference APA WF # 19-02)

MOTION: Member Hausheer moved for approval of Item 7B.A as published. The motion was seconded by Member Case

FOR THE MOTION: Chairman Hupfeld, Vice-Chairman Yaffe, Member Kennedy, Member Nuttle, Member Shamblin

DRAFT

BOARD MEMBERS ABSENT: Member Boyd

B. AMENDING agency rules at ***OAC 317:30-5-355.1, 317:30-5-357, 317:30-5-376, 317:30-5-664.1, 317:30-5-1076, 317:30-5-1090, and 317:30-5-1154*** and ADDING agency rules at ***OAC 317:30-3-65.12*** will establish coverage and reimbursement for Applied Behavior Analysis (ABA) services as an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. The proposed language will define scope of service, provider criteria and credentialing requirements, medical necessity, intervention criteria, and extension requests for continued services. Other revisions will involve limited rewriting aimed at clarifying text and updating outdated policy sections.
Budget Impact: The proposed changes would potentially result in a combined federal and state spending of $11,455,015 total with $4,969,759 in state share for FFY19 and FFY20.

(Reference APA WF # 19-03)

MOTION: Member Hausheer moved for approval of Item 7B.B as published. The motion was seconded by Member Case

FOR THE MOTION: Chairman Hupfeld, Vice-Chairman Yaffe, Member Kennedy, Member Nuttle, Member Shamblin

BOARD MEMBERS ABSENT: Member Boyd

C. AMENDING agency rules at ***OAC 317:35-5-26*** and ADDING agency rules at ***OAC 317:35-5-67*** to comply with the federal regulation at 42 CFR § 435.916(d), which requires a prompt redetermination of eligibility whenever information is received about a change in a member's circumstances that may affect eligibility. In accordance with the new policy, a member's eligibility will be terminated if his or her mail is returned to the agency as unforwardable, with address unknown, and the Oklahoma Health Care Authority has made a reasonable but unsuccessful attempt to verify the member's current address. Per 42 CFR §§ 431.213 and 431.231, advance notice is not required to be given to the member when eligibility is terminated due to returned mail; however notice will be sent to the member by mail and email, if the agency has an email address on file. Notice will also be posted to the member's online SoonerCare account. If the member's whereabouts become known within the eligibility period, eligibility will be reinstated. Rules and procedures for terminating eligibility due to returned mail are employed by other states' Medicaid agencies, including those of Alabama, Arizona, Ohio, New Jersey, New York, Oregon, and Colorado.
Budget Impact: Agency staff has determined that the impact of the proposed rule changes on the budget is unknown, however, savings are expected to be realized as members that have not provided a current address lose eligibility.

(Reference APA WF # 19-04)

MOTION: Member Hausheer moved for approval of Item 7B.C as published. The motion was seconded by Member Nuttle

FOR THE MOTION: Chairman Hupfeld, Vice-Chairman Yaffe, Member Case, Member Kennedy, Member Shamblin

BOARD MEMBERS ABSENT: Member Boyd

ITEM 8A-G / CONSIDERATION AND VOTE REGARDING RECOMMENDATIONS MADE BY THE DRUG UTILIZATION REVIEW BOARD UNDER 63 OKLAHOMA STATUES 5030.3.
Burl Beasley, Assistant Director of Pharmacy Services

a) Inbrija™ (Levodopa Inhalation) and Osmolex ER™ (Amantadine Extended-Release) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

b) Epidiolex® (Cannabidiol), Diacomit® (Stiripentol), and Sympazan™ (Clobazam Oral Film) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

c) Gamifant® (Emapalumab-lzsg) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

d) Firdapse® (Amifampridine) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

e) Takhzyro™ (Lanadelumab-flyo) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

f) Copiktra™ (Duvelisib) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

g) Lutathera® (Lutetium Lu 177 Dotatate) and Vitrakvi® (Larotrectinib) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

MOTION:	Member Hausheer moved for approval of Item 8a-g as published. The motion was seconded by Vice-Chairman Yaffe.
FOR THE MOTION:	Chairman Hupfeld, Member Case, Member Kennedy, Member Nuttle, Member Shamblin
BOARD MEMBERS ABSENT:	Member Boyd

ITEM 9 / 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 Hupfeld entertained a motion to go into Executive Session at this time.

MOTION:	Member Hausheer moved for approval to move into Executive Session. The motion was seconded by Vice-Chairman Yaffe.
FOR THE MOTION:	Chairman Hupfeld, Member Case, Member Kennedy, Member Nuttle, Member Shamblin
BOARD MEMBERS ABSENT:	Member Boyd

ITEM 10 / ELECTION OF THE OKLAHOMA HEALTH CARE AUTHORITY 2019 BOARD OFFICERS

MOTION:	Member Nuttle moved for approve Stanley Hupfeld as Chairman. The motion was seconded by Member Case.
FOR THE MOTION:	Chairman Hupfeld, Vice-Chairman Yaffe, Member Hausheer, Member Kennedy, Member Shamblin
BOARD MEMBERS ABSENT:	Member Boyd
MOTION:	Member Case moved for approve Alex Yaffe as Vice-Chairman. The motion was seconded by Member Nuttle.
FOR THE MOTION:	Chairman Hupfeld, Vice-Chairman Yaffe, Member Hausheer, Member Kennedy, Member Shamblin
BOARD MEMBERS ABSENT:	Member Boyd

ITEM 11 / APPROVAL OF THE 2019 SPECIAL BOARD MEETINGS

MOTION:	Member Case moved for approval of the June 25, 2019 meeting and the remaining Special Board Meetings to occur on the third Wednesday of every month. The motion was seconded by Member Hausheer.
FOR THE MOTION:	Chairman Hupfeld, Vice-Chairman Yaffe, Member Kennedy, Member Nuttle, Member Shamblin
BOARD MEMBERS ABSENT:	Member Boyd

DRAFT

ITEM 12 / NEW BUSINESS

There was no new business.

ITEM 13 / ADJOURNMENT

MOTION: Member Hausheer moved for approval for adjournment. The motion was seconded by Member Kennedy.

FOR THE MOTION: Chairman Hupfeld, Vice-Chairman Yaffe, Member Case, Member Nuttle, Member Shamblin

BOARD MEMBERS ABSENT: Member Boyd

Meeting adjourned at 4:02 p.m., 5/21/2019

NEXT BOARD MEETING
June 25, 2019
Oklahoma Health Care Authority
Oklahoma City, OK

Martina Ordonez
Board Secretary

Minutes Approved: _______________

*Initials:*_____________

DRAFT

FINANCIAL REPORT

For the Eleven Months Ended May 31, 2019
Submitted to the CEO & Board

- Revenues for OHCA through May, accounting for receivables, were **$3,970,468,676** or **.5% under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **$4,016,512,318** or **.5% under** budget.
- The state dollar budget variance through May is a negative **$195,693.**
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	.1
Administration	5.6
Revenues:	
Drug Rebate	(1.3)
Medical Refunds	.4
Taxes and Fees	(5.0)
Total FY 19 Variance	**$ (.2)**

ATTACHMENTS

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

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
SFY 2019, For the Eleven Month Period Ending May 31, 2019

REVENUES	FY19 Budget YTD	FY19 Actual YTD	Variance	% Over/ (Under)
State Appropriations	$ 935,268,137	$ 935,268,137	$ -	0.0%
State Appropriations - GME Appropriated Funds	$ 100,873,960	$ 100,873,960	$ -	0.0%
Federal Funds	2,254,774,199	2,243,371,194	(11,403,005)	(0.5)%
Tobacco Tax Collections	45,110,903	40,506,909	(4,603,994)	(10.2)%
Quality of Care Collections	72,673,459	71,904,729	(768,730)	(1.1)%
Prior Year Carryover	20,414,314	20,414,314	-	0.0%
Federal Deferral - Transfer	4,676,719	4,676,719	-	0.0%
Federal Deferral - Interest	313,373	313,373	-	0.0%
Drug Rebates	298,034,156	294,477,963	(3,556,194)	(1.2)%
Medical Refunds	34,249,889	35,448,240	1,198,351	3.5%
Supplemental Hospital Offset Payment Program	210,561,758	210,561,758	-	0.0%
Other Revenues	12,294,243	12,651,381	357,137	2.9%
TOTAL REVENUES	**$ 3,989,245,111**	**$ 3,970,468,676**	**$ (18,776,435)**	**(0.5)%**

EXPENDITURES	FY19 Budget YTD	FY19 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	**$ 54,650,583**	**$ 44,814,024**	**$ 9,836,559**	**18.0%**
ADMINISTRATION - CONTRACTS	**$ 106,973,924**	**$ 97,472,386**	**$ 9,501,538**	**8.9%**
MEDICAID PROGRAMS				
Managed Care:				
SoonerCare Choice	36,433,121	36,275,989	157,132	0.4%
Acute Fee for Service Payments:				
Hospital Services	869,175,888	883,916,269	(14,740,380)	(1.7)%
Behavioral Health	18,098,705	16,210,862	1,887,843	10.4%
Physicians	380,837,693	364,074,820	16,762,873	4.4%
Dentists	118,932,088	119,733,396	(801,308)	(0.7)%
Other Practitioners	50,037,523	48,214,360	1,823,163	3.6%
Home Health Care	19,857,161	22,475,602	(2,618,442)	(13.2)%
Lab & Radiology	25,153,104	23,913,614	1,239,490	4.9%
Medical Supplies	48,953,711	50,173,802	(1,220,090)	(2.5)%
Ambulatory/Clinics	214,213,675	230,903,993	(16,690,318)	(7.8)%
Prescription Drugs	601,709,778	586,097,580	15,612,198	2.6%
OHCA Therapeutic Foster Care	153,625	18,696	134,929	87.8%
Other Payments:				
Nursing Facilities	513,801,204	522,310,918	(8,509,714)	(1.7)%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	57,746,391	59,309,566	(1,563,174)	(2.7)%
Medicare Buy-In	163,415,257	160,642,425	2,772,831	1.7%
Transportation	65,764,857	63,543,003	2,221,854	3.4%
Money Follows the Person-OHCA	320,307	299,037	21,270	6.6%
Electonic Health Records-Incentive Payments	5,066,088	5,066,088	-	0.0%
Part D Phase-In Contribution	99,716,944	98,905,549	811,395	0.8%
Supplemental Hospital Offset Payment Program	473,090,847	473,090,847	-	0.0%
Telligen	10,034,695	8,140,561	1,894,134	18.9%
Total OHCA Medical Programs	**3,772,512,661**	**3,773,316,975**	**(804,314)**	**(0.0)%**
OHCA Non-Title XIX Medical Payments	81,934	34,974	46,960	0.0%
OHCA Non-Title XIX - GME	100,873,959	100,873,959	(0)	0.0%
TOTAL OHCA	**$ 4,035,093,060**	**$ 4,016,512,318**	**$ 18,580,742**	**0.5%**
REVENUES OVER/(UNDER) EXPENDITURES	**$ (45,847,950)**	**$ (46,043,643)**	**$ (195,693)**	

OKLAHOMA HEALTH CARE AUTHORITY

Total Medicaid Program Expenditures
by Source of State Funds
SFY 2019, For the Eleven Month Period Ending May 31, 2019

Category of Service	Total		Health Care Authority	Quality of Care Fund	HEEIA	SHOPP Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	$ 36,358,024		$ 36,266,837	$ -	$ 82,035	$ -	$ 9,152	$ -
Inpatient Acute Care	1,080,038,286		566,893,793	446,130	2,931,956	354,121,348	920,582	154,724,478
Outpatient Acute Care	420,651,474		310,405,758	38,137	4,020,284	100,975,425	5,211,870	-
Behavioral Health - Inpatient	48,188,123		8,338,414	-	403,092	16,336,426	-	23,110,191
Behavioral Health - Psychiatrist	9,530,097		7,872,448	-	-	1,657,648	-	-
Behavioral Health - Outpatient	15,276,440		-	-	-	-	-	15,276,440
Behaviorial Health-Health Home	37,979,667		-	-	-	-	-	37,979,667
Behavioral Health Facility- Rehab	215,574,289		-	-	-	-	96,871	215,574,289
Behavioral Health - Case Management	2,504,926		-	-	-	-	-	2,504,926
Behavioral Health - PRTF	43,888,201		-	-	-	-	-	43,888,201
Behavioral Health - CCBHC	59,500,877		-					59,500,877
Residential Behavioral Management	11,303,604		-	-	-	-	-	11,303,604
Targeted Case Management	65,948,789		-	-	-	-	-	65,948,789
Therapeutic Foster Care	18,696		18,696	-	-	-	-	-
Physicians	427,250,042		360,327,121	53,259	4,719,349	-	3,694,439	58,455,873
Dentists	119,776,051		119,721,005	-	42,655	-	12,391	-
Mid Level Practitioners	2,019,989		2,011,056	-	8,454	-	479	-
Other Practitioners	46,642,998		45,688,883	409,167	440,174	-	104,774	-
Home Health Care	22,486,307		22,467,199	-	10,704	-	8,403	-
Lab & Radiology	24,602,863		23,707,843	-	689,249	-	205,771	-
Medical Supplies	50,384,795		47,655,979	2,485,571	210,994	-	32,252	-
Clinic Services	232,808,504		225,025,435	-	1,636,065	-	246,779	5,900,225
Ambulatory Surgery Centers	5,789,416		5,622,739	-	157,637	-	9,040	-
Personal Care Services	9,830,566		-	-	-	-	-	9,830,566
Nursing Facilities	522,310,918		319,374,809	202,935,018	-	-	1,091	-
Transportation	63,506,918		60,958,394	2,315,093	105,046	-	128,385	-
IME/DME/GME	81,103,838		-	-	-	-	-	81,103,838
ICF/IID Private	59,309,566		48,534,166	10,775,400	-	-	-	-
ICF/IID Public	13,060,950		-	-	-	-	-	13,060,950
CMS Payments	259,547,974		259,136,572	411,402	-	-	-	-
Prescription Drugs	599,767,431		583,516,995	-	13,669,851	-	2,580,585	-
Miscellaneous Medical Payments	141,131		133,230	-	-	-	7,901	-
Home and Community Based Waiver	193,247,996		-	-	-	-	-	193,247,996
Homeward Bound Waiver	72,439,381		-	-	-	-	-	72,439,381
Money Follows the Person	299,037		299,037	-	-	-	-	-
In-Home Support Waiver	22,522,032		-	-	-	-	-	22,522,032
ADvantage Waiver	133,539,959		-	-	-	-	-	133,539,959
Family Planning/Family Planning Waiver	3,910,245		-	-	-	-	-	3,910,245
Premium Assistance*	53,412,804		-	-	53,412,804.06	-	-	-
Telligen	8,140,561		8,140,561	-	-	-	-	-
Electronic Health Records Incentive Payments	5,066,088		5,066,088	-	-	-	-	-
Total Medicaid Expenditures	**$ 5,079,679,852**	**$ -**	**$ 3,067,183,058**	**$ 219,869,176**	**$ 82,540,351**	**$ 473,090,847**	**$ 13,270,764**	**$ 1,223,822,526**

* Includes $52,994,201.10 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
SFY 2019, For the Eleven Month Period Ending May 31, 2019

REVENUE	FY19 Actual YTD
Revenues from Other State Agencies	$ 524,490,729
Federal Funds	775,876,122
TOTAL REVENUES	**$ 1,300,366,851**

EXPENDITURES	Actual YTD
Department of Human Services	
Home and Community Based Waiver	193,247,996
Money Follows the Person	-
Homeward Bound Waiver	72,439,381
In-Home Support Waivers	22,522,032
ADvantage Waiver	133,539,959
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public	13,060,950
Personal Care	9,830,566
Residential Behavioral Management	6,277,471
Targeted Case Management	58,036,020
Total Department of Human Services	**508,954,375**
State Employees Physician Payment	
Physician Payments	58,455,873
Total State Employees Physician Payment	**58,455,873**
Education Payments	
Graduate Medical Education	43,527,194
Indirect Medical Education	34,965,572
Direct Medical Education	2,611,072
Total Education Payments	**81,103,838**
Office of Juvenile Affairs	
Targeted Case Management	2,149,979
Residential Behavioral Management	5,026,133
Total Office of Juvenile Affairs	**7,176,112**
Department of Mental Health	
Case Management	2,504,926
Inpatient Psychiatric Free-standing	23,110,191
Outpatient	15,276,440
Health Homes	37,979,667
Psychiatric Residential Treatment Facility	43,888,201
Certified Community Behavioral Health Clinics	59,500,877
Rehabilitation Centers	215,574,289
Total Department of Mental Health	**397,834,590**
State Department of Health	
Children's First	555,858
Sooner Start	1,860,187
Early Intervention	3,569,881
Early and Periodic Screening, Diagnosis, and Treatment Clinic	1,515,404
Family Planning	357,501
Family Planning Waiver	3,543,490
Maternity Clinic	964
Total Department of Health	**11,403,285**
County Health Departments	
EPSDT Clinic	598,878
Family Planning Waiver	9,254
Total County Health Departments	**608,132**
State Department of Education	**145,536**
Public Schools	**1,491,515**
Medicare DRG Limit	**144,535,167**
Native American Tribal Agreements	**1,924,791**
Department of Corrections	**1,633,595**
JD McCarty	**8,555,715**
Total OSA Medicaid Programs	**$ 1,223,822,526**
OSA Non-Medicaid Programs	**$ 75,554,128**
Accounts Receivable from OSA	**$ (990,197)**

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
SFY 2019, For the Eleven Month Period Ending May 31, 2019

REVENUES		FY 19 Revenue
SHOPP Assessment Fee		210,366,014
Federal Draws	$	290,755,133
Interest		193,460
Penalties		2,283
State Appropriations		(30,200,000)
TOTAL REVENUES	$	471,116,890

EXPENDITURES	Quarter	Quarter	Quarter	Quarter		FY 19 Expenditures
Program Costs:	7/1/18 - 9/30/18	10/1/18 - 12/31/18	1/1/19 - 3/31/19	4/1/19 - 6/30/19		
Hospital - Inpatient Care	84,988,728	99,052,816	83,045,794	87,034,010	$	354,121,348
Hospital -Outpatient Care	25,649,937	29,135,930	22,823,205	23,366,353		100,975,425
Psychiatric Facilities-Inpatient	3,352,856	3,909,783	4,421,971	4,651,816		16,336,426
Rehabilitation Facilities-Inpatient	416,290	485,439	368,383	387,537		1,657,648
Total OHCA Program Costs	114,407,810	132,583,968	110,659,352	115,439,716	$	473,090,847
Total Expenditures					$	473,090,847

CASH BALANCE	$	(1,973,957)

*** Expenditures and Federal Revenue processed through Fund 340

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

Fund 230: Nursing Facility Quality of Care Fund

SFY 2019, For the Eleven Month Period Ending May 31, 2019

REVENUES	Total Revenue	State Share
Quality of Care Assessment	**$ 71,861,439**	**$ 71,861,439**
Interest Earned	**43,290**	**43,290**
TOTAL REVENUES	**$ 71,904,729**	**$ 71,904,729**

EXPENDITURES	FY 19 Total $ YTD	FY 19 State $ YTD	Total State $ Cost
Program Costs			
Nursing Facility Rate Adjustment	$ 199,569,267	$ 77,120,473	
Eyeglasses and Dentures	250,330	96,756	
Personal Allowance Increase	3,115,420	1,204,167	
Coverage for Durable Medical Equipment and Supplies	2,485,571	960,899	
Coverage of Qualified Medicare Beneficiary	946,693	365,983	
Part D Phase-In	411,402	411,402	
ICF/IID Rate Adjustment	4,948,935	1,912,436	
Acute Services ICF/IID	5,826,465	2,250,087	
Non-emergency Transportation - Soonerride	2,315,093	894,878	
Total Program Costs	**$ 219,869,176**	**$ 85,217,082**	**$ 85,217,082**
Administration			
OHCA Administration Costs	$ 494,306	$ 247,153	
DHS-Ombudsmen	184,199	184,199	
OSDH-Nursing Facility Inspectors	320,646	320,646	
Mike Fine, CPA	18,600	9,300	
Total Administration Costs	**$ 1,017,751**	**$ 761,298**	**$ 761,298**
Total Quality of Care Fee Costs	**$ 220,886,927**	**$ 85,978,380**	
TOTAL STATE SHARE OF COSTS			**$ 85,978,380**

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 2019, For the Eleven Month Period Ending May 31, 2019

REVENUES	FY 18 Carryover	FY 19 Revenue	Total Revenue
Prior Year Balance	$ 12,902,064	$ -	$ 6,997,587
State Appropriations	(6,000,000)	-	-
Tobacco Tax Collections	-	33,315,370	33,315,370
Interest Income	-	208,611	208,611
Federal Draws	208,931	34,043,858	34,043,858
TOTAL REVENUES	**$ 7,110,995**	**$ 67,567,839**	**$ 74,565,425**

EXPENDITURES		FY 18 Expenditures	FY 19 Expenditures	Total State $ YTD
Program Costs:				
	Employer Sponsored Insurance		$ 52,994,201	$ 52,994,201
	College Students/ESI Dental		418,603	161,878
Individual Plan				
	SoonerCare Choice		$ 79,836	$ 30,875
	Inpatient Hospital		2,914,967	1,129,003
	Outpatient Hospital		3,922,824	1,525,871
	BH - Inpatient Services-DRG		388,020	149,433
	BH -Psychiatrist		-	-
	Physicians		4,652,297	1,802,268
	Dentists		41,897	16,062
	Mid Level Practitioner		7,677	2,967
	Other Practitioners		435,830	168,894
	Home Health		10,704	4,219
	Lab and Radiology		679,453	262,573
	Medical Supplies		209,510	81,173
	Clinic Services		1,589,502	613,142
	Ambulatory Surgery Center		157,066	60,980
	Prescription Drugs		13,458,808	5,179,383
	Transportation		103,651	39,898
	Premiums Collected		-	(494,418)
Total Individual Plan			**$ 28,652,043**	**$ 10,572,323**
	College Students-Service Costs		**$ 475,505**	**$ 184,201**
Total OHCA Program Costs			**$ 82,540,351**	**$ 63,912,604**
Administrative Costs				
	Salaries	$ 24,543	$ 2,127,814	$ 2,152,357
	Operating Costs	9,662	126,739	136,401
	Health Dept-Postponing	-	-	-
	Contract - HP	79,204	787,339	866,543
Total Administrative Costs		**$ 113,409**	**$ 3,041,892**	**$ 3,155,301**
Total Expenditures				**$ 67,067,905**
NET CASH BALANCE		**$ 6,997,587**		**$ 7,497,520**

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund
SFY 2019, For the Eleven Month Period Ending May 31, 2019

REVENUES	FY 19 Revenue	State Share
Tobacco Tax Collections	$ 664,925	$ 664,925
TOTAL REVENUES	**$ 664,925**	**$ 664,925**

EXPENDITURES	FY 19 Total $ YTD	FY 19 State $ YTD	Total State $ Cost
Program Costs			
SoonerCare Choice	$ 9,152	$ 2,474	
Inpatient Hospital	920,582	245,899	
Outpatient Hospital	5,211,870	1,406,489	
Inpatient Services-DRG	-	-	
Psychiatrist	-	-	
TFC-OHCA	-	-	
Nursing Facility	1,091	287	
Physicians	3,694,439	1,007,874	
Dentists	12,391	3,320	
Mid-level Practitioner	479	129	
Other Practitioners	104,774	28,202	
Home Health	8,403	2,250	
Lab & Radiology	205,771	55,412	
Medical Supplies	32,252	8,651	
Clinic Services	246,779	66,759	
Ambulatory Surgery Center	9,040	2,414	
Prescription Drugs	2,580,585	696,282	
Transportation	128,385	34,770	
Miscellaneous Medical	7,901	2,092	
Total OHCA Program Costs	**$ 13,173,894**	**$ 3,563,304**	
OSA DMHSAS Rehab	$ 96,871	26,144	
Total Medicaid Program Costs	**$ 13,270,764**	**$ 3,589,448**	
TOTAL STATE SHARE OF COSTS			**$ 3,589,448**

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 2019
(April 2019 Data)

SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System			Enrollment April 2019	Children April 2019	Adults April 2019	Enrollment Change	Total Expenditures April 2019	PMPM April 2019
SoonerCare Choice Patient-Centered Medical Home			**524,324**	**436,592**	**87,732**	**-5,946**	**$160,739,262**	
	Lower Cost	*(Children/Parents; Other)*	482,337	423,570	58,767	-5,468	$114,438,440	$237
	Higher Cost	*(Aged, Blind or Disabled; TEFRA; BCC)*	41,987	13,022	28,965	-478	$46,300,822	$1,103
SoonerCare Traditional			**234,444**	**85,666**	**148,778**	**2,308**	**$182,223,094**	
	Lower Cost	*(Children/Parents; Other; Q1; SLMB)*	118,353	80,827	37,526	1,949	$44,100,965	$373
	Higher Cost	*(Aged, Blind or Disabled; LTC; TEFRA; BCC & HCBS Waiver)*	116,091	4,839	111,252	359	$138,122,129	$1,190
Insure Oklahoma			**18,819**	**512**	**18,307**	**-5**	**$7,148,060**	
	Employer-Sponsored Insurance		13,492	323	13,169	-117	$4,832,825	$358
	Individual Plan		5,327	189	5,138	112	$2,315,235	$435
SoonerPlan			**27,692**	**2,251**	**25,441**	**-824**	**$225,389**	$8
TOTAL			**805,279**	**525,021**	**280,258**	**-4,467**	**$350,335,805**	

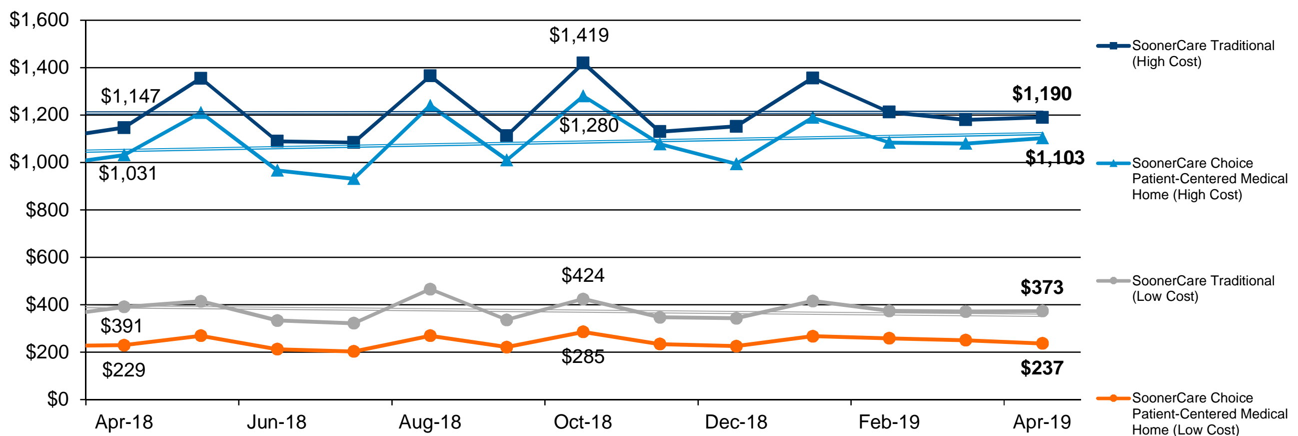
Enrollment totals include all members enrolled during the report month. Members may not have expenditure data. Children are members aged 0 - 20 or for Insure Oklahoma enrolled as Students or Dependents.
Dual Eligibles (Medicare & Medicaid) are in the Traditional delivery system in both the Low Cost (Q1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

Total In-State Providers: 36,596 (+280) **(In-State Providers counted multiple times due to multiple locations, programs, types, and specialties)**

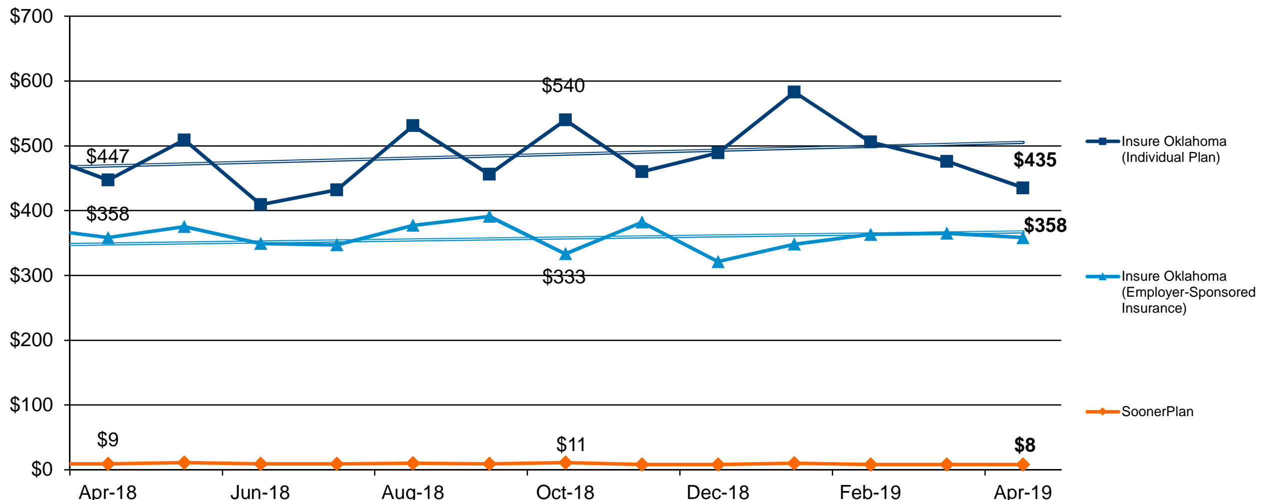
Physician	Pharmacy	Dentist	Hospital	MH/BH	Optometrist	Extended Care	Total PCPs*	PCMH
9,956	892	1,144	153	11,293	645	428	7,297	2,603

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

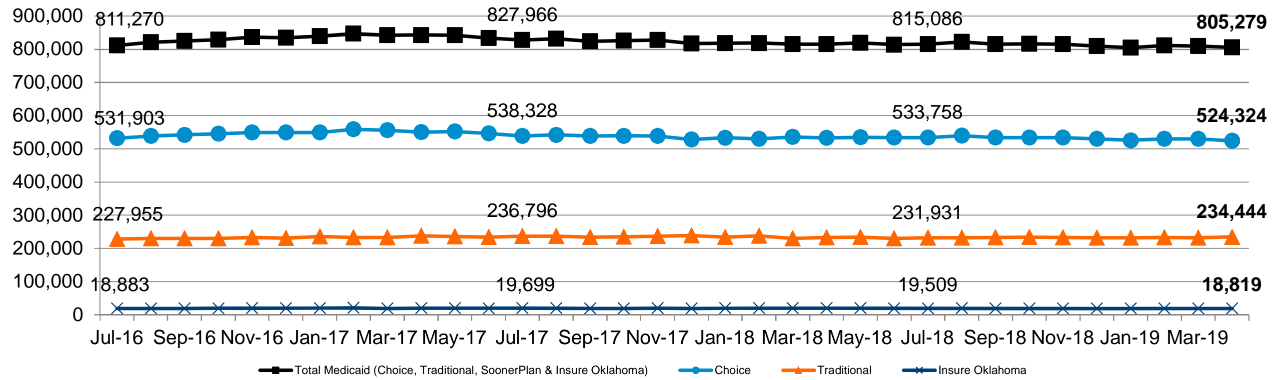
PER MEMBER PER MONTH COST BY GROUP

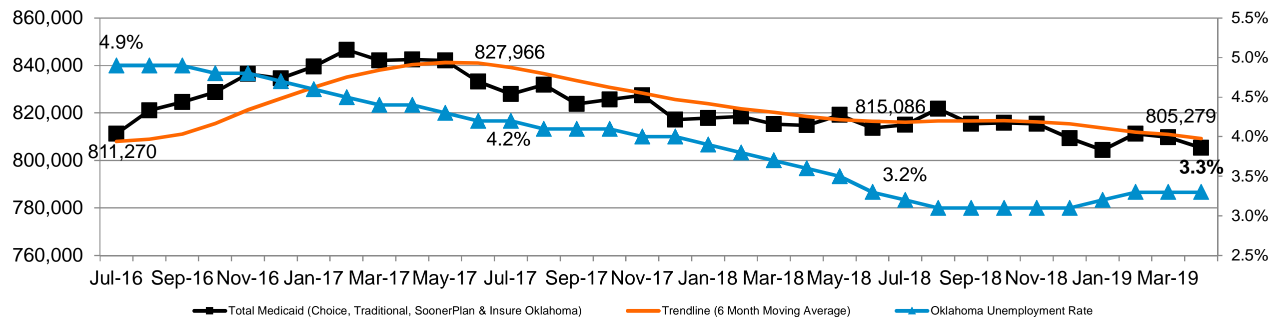


Low Cost includes members qualified under Children/Parents (TANF) and Other; High Cost members qualify under Aged, Blind or Disabled, Oklahoma Cares, TEFRA or a Home and Community-Based Services waiver.



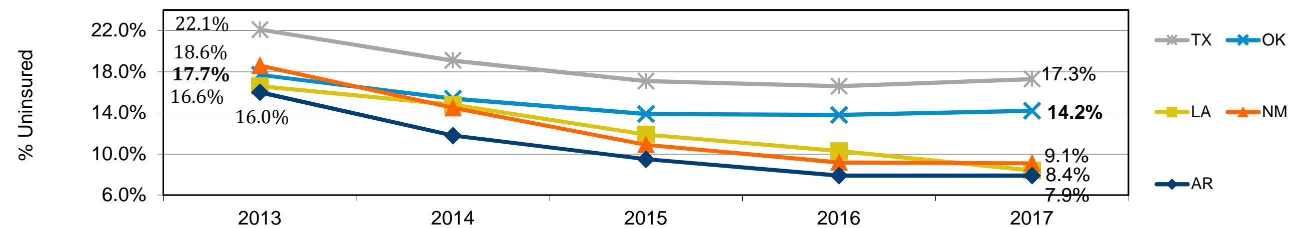
ENROLLMENT BY MONTH



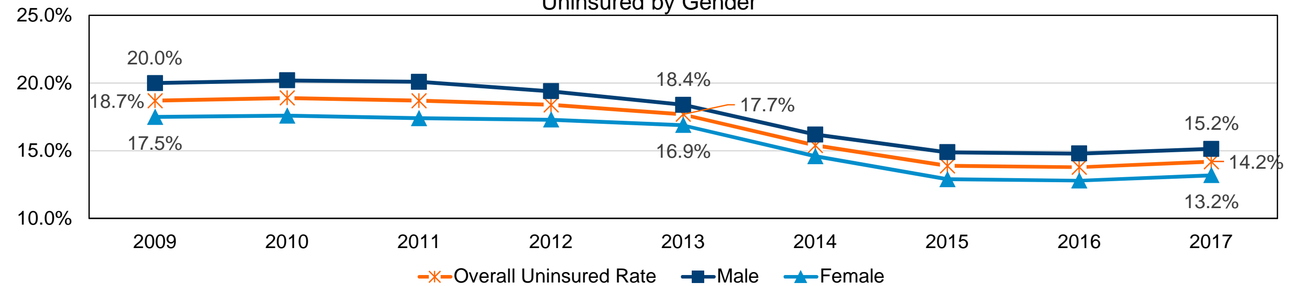


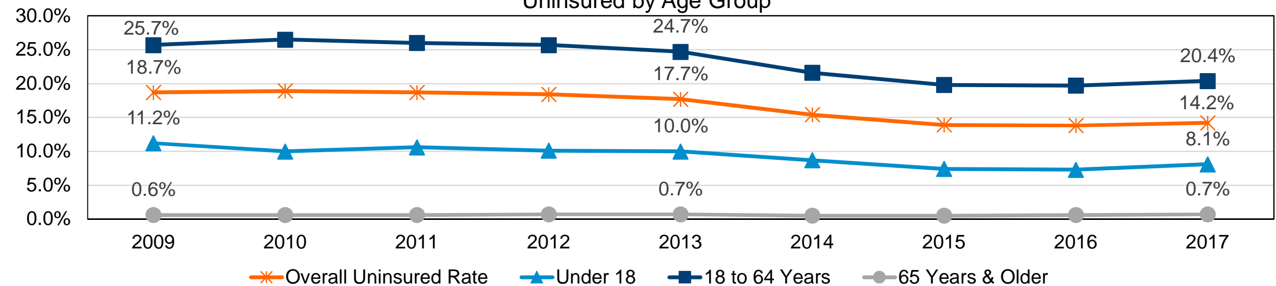
Oklahoma Unemployment Rate is from the Bureau of Labor Statistics 'Local Area Unemployment Statistics' (https://www.bls.gov/lau/) and is seasonally adjusted.
In June 2017 there were changes to the passive renewal system criteria that reduced the number of passively renewed members by 2/3rds.

OKLAHOMA UNINSURED (CALENDAR YEAR)



AR, LA and NM have expanded Medicaid.





CY 2018 Uninsured will be available around October 2019 once data is released by Census.gov.

Oklahoma Residency Verification Process

OHCA Board Meeting

July 25, 2019

Melody Anthony, COO

Work Group Members

Project Manager, Braden Mitchell

Board Members and Stakeholder

Chairman Stan Hupfeld
Dr. Jean Hausheer
Dr. Laura Shamblin
Mr. Joe Dorman

SoonerCare Operations

Becky Pasternik-Ikard, CEO
Melody Anthony, COO
Melinda Thomason, Stakeholder Engagement
Mary Triplet, Member Services
Efren Herrera, Member Services,
Carolyn Reconnu Shoffner, RN, Population Care Management
Amy Nichols, Behavioral Health Services
Casey Dunham, Provider Services
LaDawn Fulgenzi, Provider Services

Work Group Members

Business Enterprises

Derek Lieser, Enrollment Automation and Data Integrity
Halley Kinder, Enrollment Automation and Data Integrity
Chris Dees, Enrollment Automation and Data Integrity
Trish Harland, Electronic Customer Relations
Leslie Sickler, Electronic Customer Relations
Susie Megehee, Business Enterprises
Chris Glenn, Performance and Electronic Processes

Communications

MaryAnn Martin, Senior Director
Shelly Patterson, Director, Community Outreach/Performance and Health Improvement Program
Jo Stainsby, Director, Public Information

Work Group Members

Legal Division

Maria Maule, JD, Senior Director

Jillian Welch, JD, Deputy General Counsel

Sandra Manzo De Puebla, Federal and State Policy

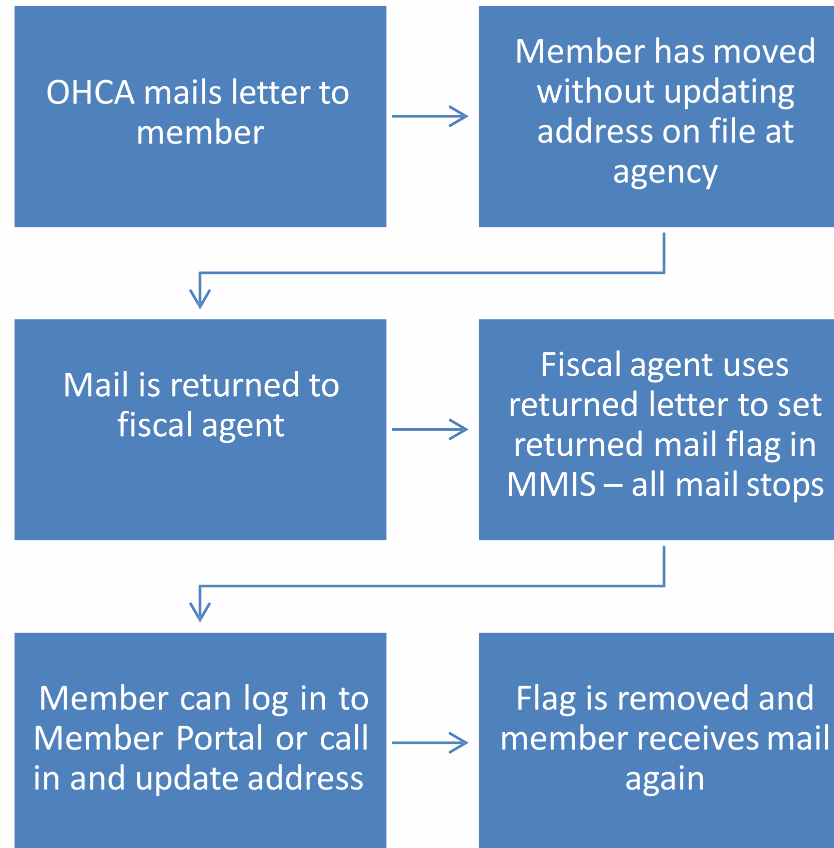
Tribal Government Relations

Johnney Johnson, Associate Director

DXC Technology

Reggie Givens

Current processes for returned mail:



Discussion Items

- Current
- Future
- Questions

Current and Planned New Processes

Ongoing

- Identify address changes made.
- Hold message with address reminder.
- Develop outbound calling campaign scripts.
- Test outbound calling scripts – July 2019
- Prioritize vulnerable populations.
- Create Agency Partner training plan.
- Other states' insights through Eligibility Technical Advisory Group call.

Current and Planned New Processes

Ongoing

- Work with other State Agencies, current partners and agency staff to assist in reaching these members.
  - Attorney General's Office
  - DHS
  - DMH
  - OSDH
  - FQHC
  - ITU
  - Health Access Networks
  - Health Management Program
  - Chronic Care Unit

Current and Planned New Processes

Ongoing

- Providers
  - Signage given to providers to post at reception/front desk.
  - Create an indicator with eligibility checks in provider portal: "Please ask the member to contact OHCA to update information."
  - Educational provider webinars – July 11, July 25, Aug 8. Posted on website for future training.

Additional Planned New Processes

Ongoing

- Change current enrollment to allow us to contact member's Authorized Representative.
- We will use outbound calling number that shows "State of Oklahoma."
- Work with vendor partners to utilize additional resources.
  - Telligen
  - LogistiCare
  - Pharmacy Management Consultants

Additional Planned New Processes

TBD

- Technical Modifications
  - Make address changes a one-click process in Home View.
  - Enhance application to be more mobile friendly.

Planned New Improvements to Process

TBD

- OHCA Public web page
  - Extract the portion of our existing enrollment video about changing your address.
  - Modify MySoonerCare.org homepage with Quick Links.
  - Direct link to member portal from OHCA homepage.

Broadening Outreach Now

Member Services
Provider Services

- Launch outreach calling campaign, prioritizing vulnerable populations.
- Use OHCA member services and other staff, temporary or contracted staff.
- Continue distribution of fliers to providers around the state.

Communications
Provider Services

- Use data to identify clusters and trends in member location, developing targeted media campaigns and outreach in identified communities.
- Design multilingual fliers for coalitions and workgroups, different public places (libraries, pharmacist reception area, etc.)
- Meet face to face with community partners and advocates statewide.
- Continue social media and digital campaign through member and provider newsletters, social media platforms, strategic website content.

Member Services
Communications

- Establish ongoing meetings with Agency Partners (organizations with access to “Agency View” enrollment) for continued training. – July 19, July 23, and July 30
- Consider Webinar for community partners and advocates.
- Consider ad campaigns in rural community newspapers and billboards.

After Rule is Effective

Planning

- When mail is returned, contact members via letter and email (if available) with 30 days notice of potential closing of eligibility.
- Continue outreach calling campaign, prioritizing vulnerable populations.
- Continue using OHCA member services and other staff, temporary or contracted staff, as indicated.

TBD

- Future Strategies
  - Robocalls.
  - Texting if permitted under current FCC and HIPAA regulations.

Questions Comments

Thank you for your support and guidance on this new process.

Melody Anthony, COO
405-522-7360
Melody.Anthony@okhca.org

Legislative Overview

February-May 2019

57th Legislature

- The 2019 legislative session kicked off on Monday, February 4th at noon with the newly elected Governor Kevin Stitt, breaking down his goals and budget proposal for his first session.
- The Oklahoma House welcomed 45 new members of their 101 total seats
- The Oklahoma Senate began with 11 new members of their 48 seats
  - Legislator education was a top priority for the OHCA Government Relations team
- Bill filing began November 15, 2018 with a filing deadline of January 17, 2019

By the Numbers

- More than 2,800 bills were filed in January
- OHCA Government Relations began tracking 193 pieces of legislation
- Of the 193:
  - 103 bills failed the 2/28 committee deadline
  - 14 bills failed the 3/14 floor deadline
  - 14 more bills failed the 4/11 opposing chamber committee deadline
  - 8 bills failed the 4/25 opposing chamber floor deadline

By the Numbers Cont.

Governor Stitt:

- Vetoed 4 of OHCA's tracked bills
- Signed 36 tracked bills
- Bill signing protocol
  - The governor had five days from the receipt of a bill, excluding Sundays, to sign or veto a measure while the Legislature was in session. If he took no action, the bill became law.
  - He had 15 days after adjourning sine die to sign or veto bills passed during the final week of the legislative session, or they were "pocket vetoed".

Governor Signed

- SB 1, creates the Legislative Office of Fiscal Transparency (LOFT)
- SB 280, nursing facility pay-for-performance program
- SB 316, all MOUs and MOAs to be published online
- SB 456, giving the governor authority to appoint OHCA CEO, restructuring the board
- SB 509, step-therapy reform
- SB 575, telemedicine bill
- SB 773, mental health loan repayment program
- SB 888, long-term care counseling for seniors
- HB 2591, defunding statutory rape cover-up act
- HB 2632, patient's right to pharmacy choice

Dormant Legislation

- SB 306, $25 million disbursement notification
- SB 497 / HB 2316, pharmacists as providers
- SB 499, creating hospital districts
- SB 940, imported drugs
- HB 1268, excess sale proceeds for property liens (OHCA request bill)
- HB 1277, HCBS reimbursement
- HB 2649, prenatal dental
- HB 1886, agency rule notifications

Themes

- Accountability & transparency
- Health care / Medicaid expansion
- Rural Oklahoma
- Education
- Criminal justice reform
- Budget

OHCA Budget

SB 1044 - Provider Rate Increase, effective October 1

- 5% reimbursement rate increase for long-term care facilities
- 5% provider increase with some exclusions:
  - Services financed through appropriations to other state agencies, DME Prosthetics, Orthotics & Supplies, non-emergency transportation, services provided to Insure Oklahoma members, payments for drug ingredients/physician supplied drugs, Indian Health Services/Indian Tribal/Urban Clinics and FQHCs, Program for the All-Inclusive Care for the Elderly and Rural Health Centers
- Directs OHCA to revise the payment methodology for rural health care clinics to increase payments to maximize the federal match.
- Directs OHCA to revise the methodology of the Disproportionate Share Hospital Program and then distribute the additional dollars from this revision to qualifying rural hospitals.

OHCA Budget

HB 2765 - General Appropriations

- $818,977,368 to OHCA from General Revenue
- $50,000,000 to OHCA from the Special Cash Fund of the State Treasury
- $131,062,000 to OHCA from the Health Care Enhancement Fund of the State Treasury

HB 2767 - Rate Preservation Fund - $29 million

- Creates a fund for the sole purpose of maintaining reimbursement rates to providers when decreases in FMAP would otherwise result in reimbursement rate decreases by OHCA.

HB 2771 - Employee Pay Raise

- Ranging from $600 to $1,500 based on current pay
  - $1,500 for those making $40,000 or less
  - $1,250 for those making more than $40,000 but less than $50,000
  - $800 for those making more than $50,000 but less than $60,000
  - $600 for those making $60,000 or more

SB 280

SB 280 – Nursing Home Reform

- Pay-for-performance program, changes quality measures, modifies staffing ratios, increases personal needs allowance for nursing home residents

  - Estimated fiscal impact: $26.1 million

  - Effective date: October 1, 2019
    - Subject to CMS approval

Other Considerations & SINE DIE

- A ballot initiative has been filed, SQ 802, to expand Medicaid by a Constitutional amendment. A court challenge has been filed by the Oklahoma Council of Public Affairs to keep the question off the November 2020 ballot.

- The Legislature adjourned without hearing a Legislative plan to expand Insure Oklahoma.

- The House and Senate both adjourned around noon on Thursday, May 23.

- The Second Session of the 57th Legislature will convene February 3, 2020.

The Interim

- Interim Studies
- Out-of-State Expenditures
- Comprehensive Healthcare Reform from Governor Stitt
- Psychiatric Residential Treatment Facilities Audit
- Criminal Justice Reform's impact on Behavioral Health
- Treatment options for adults with TBI

Rules

- Governor Stitt has not signed the proposed Returned Mail or Applied Behavioral Analysis emergency rules approved by the OHCA Board.
- He has 45 days to take action and they will take effect upon his signature.
- If he does not sign, they are disproved and statute requires the governor to provide reasoning within 15 days for disapproval.

Contact

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Medical / Dental Directors Section

Medical Authorization and Review

1. Medical Authorization Unit
2. Systems Integrity / Suspended Claims Review

OHCA Medical Professional Services

Quality Assurance / Quality Improvement Section

Medical Administrative Support Services Section

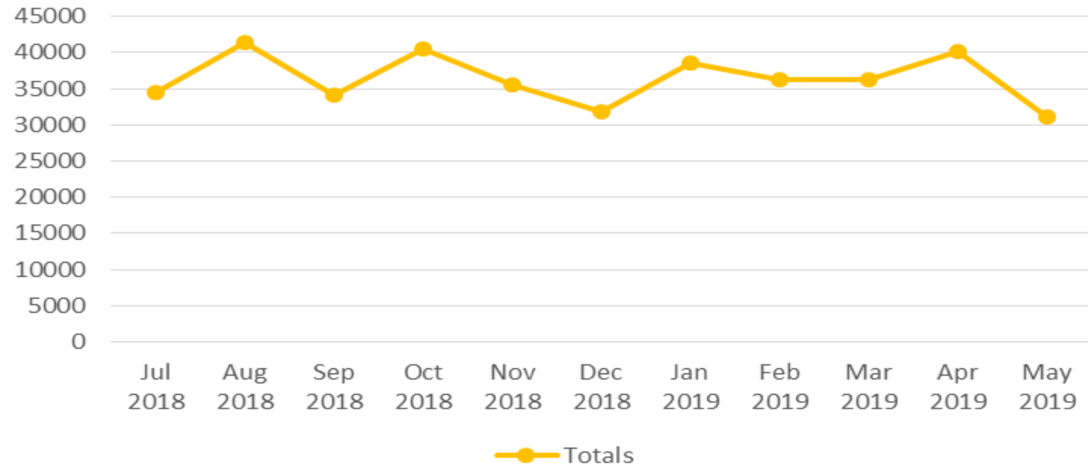
Medical Authorization Unit - Staff

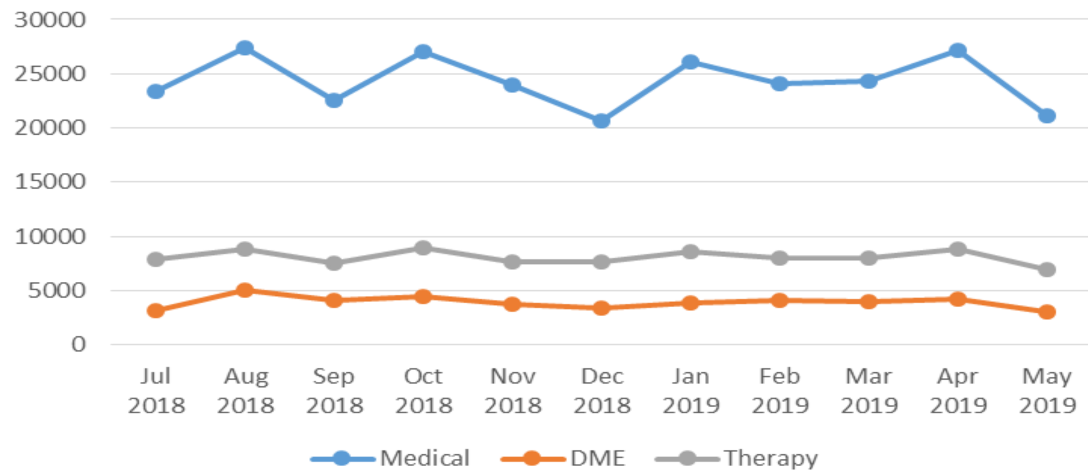
- Prior Authorization Review
  - 9 Full time nurses / 6 Full time Analysts
    - 1 Director
    - 2 Supervisors
    - 1 Sr. Medical Review Nurse
    - 5 Medical Reviews Nurses
    - 6 Medical Auth Analysts
    - Consultants:
      - 5 PT (with 1 handling DME)
      - 4 SLP Therapists
      - 1 OT
      - 5 Contract Nurses

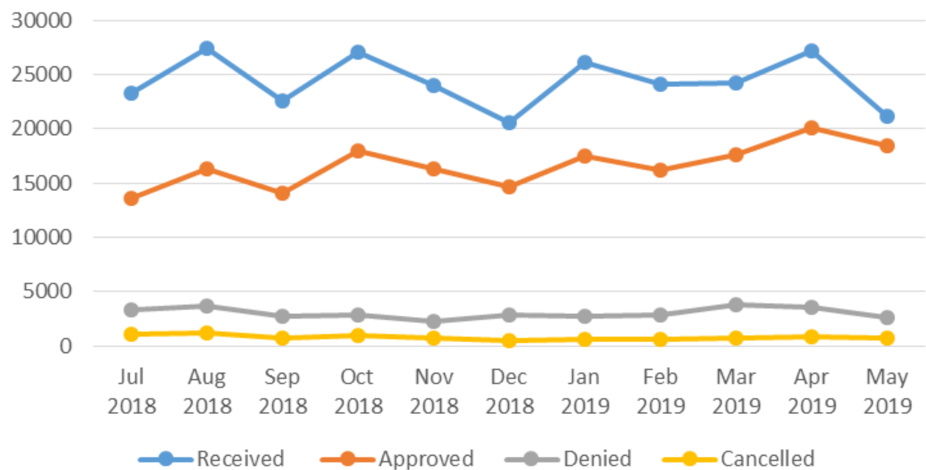
Medical Authorization Unit - Functions

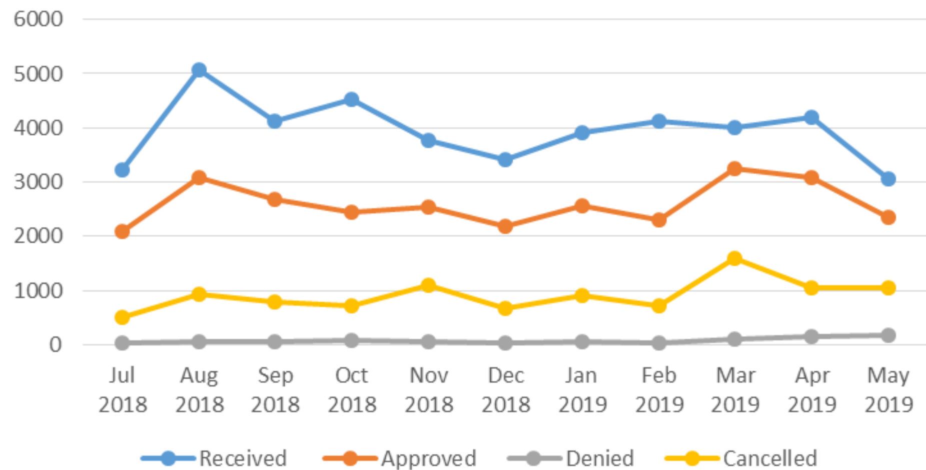
1. Timely review of PAs to determine medical necessity
   a. Medical
   b. DME
   c. Therapies (OT / PT / ST)

2. Calls and E-mails


Total PAs Received (Medical/DME/Therapy)
45000
40000
35000
30000
25000
20000
15000
10000
5000
0
Jul 2018
Aug 2018
Sep 2018
Oct 2018
Nov 2018
Dec 2018
Jan 2019
Feb 2019
Mar 2019
Apr 2019
May 2019
Totals


Breakdown of PAs Received
30000
25000
20000
15000
10000
5000
0
Jul 2018
Aug 2018
Sep 2018
Oct 2018
Nov 2018
Dec 2018
Jan 2019
Feb 2019
Mar 2019
Apr 2019
May 2019
Medical
DME
Therapy


Medical Totals
30000
25000
20000
15000
10000
5000
0
Jul 2018
Aug 2018
Sep 2018
Oct 2018
Nov 2018
Dec 2018
Jan 2019
Feb 2019
Mar 2019
Apr 2019
May 2019
Received
Approved
Denied
Cancelled


DME Totals
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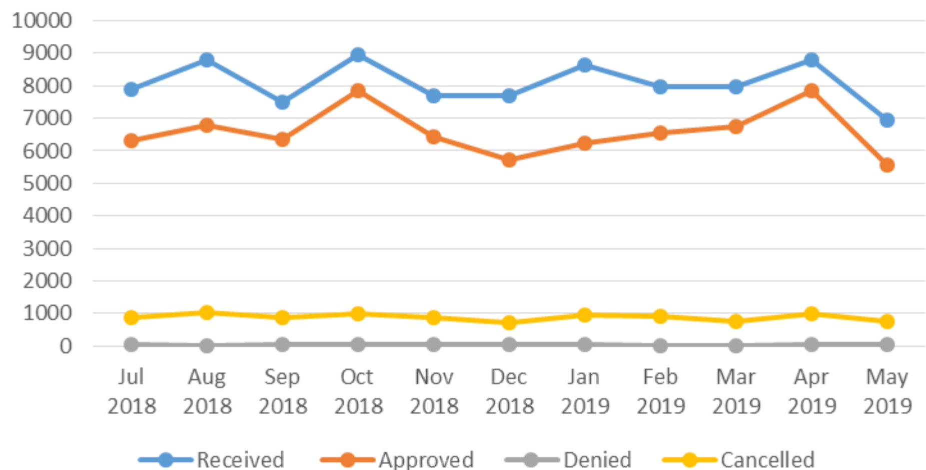
5000
4000
3000
2000
1000
0
Jul 2018
Aug 2018
Sep 2018
Oct 2018
Nov 2018
Dec 2018
Jan 2019
Feb 2019
Mar 2019
Apr 2019
May 2019
Received
Approved
Denied
Cancelled


Therapy (PT/OT/ST) Totals
10000
9000
8000
7000
6000
5000
4000
3000
2000
1000
0
Jul 2018
Aug 2018
Sep 2018
Oct 2018
Nov 2018
Dec 2018
Jan 2019
Feb 2019
Mar 2019
Apr 2019
May 2019
Received
Approved
Denied
Cancelled

HSI Initiatives

Shelly Patterson, MPH
Director of Community Relations, Performance and Health Improvement

OHCA Board Meeting
June 25, 2019

What's an HSI?

Health Services Initiatives

Overarching goal to improve the health of children (under age 19)

Section 2105(a)(2)(B) of Title XXI of the Social Security Act:

- Activities must be for the purposes of improving the health of children and be designed to:
  - Protect the public health;
  - Protect the health of individuals;
  - Improve or promote a State's capacity to deliver public health services;
  - And/or strengthen the human and material resources necessary to accomplish public health goals

Funded under CHIP, as long as services are for children under age 19, even if the children are not necessarily enrolled in CHIP

HSI funds cannot be used as match for federal grants

Subject to CHIP 10% administrative cap

HSI Development

- **Identify Gaps and Assess Needs**
- **Connect and Partner**
- **Policy and Monitoring**
  - CMS State Plan Amendment approval required
  - CMS requires states to include HSI programmatic metrics and outcomes in annual CHIP report

CHIP Matching Rates

FFY 2016 – 95.69%
FFY 2017 – 94.96%
FFY 2018 – 94.00%
FFY 2019 – 96.67%
FFY 2020 – 87.71%

Programs and Partners

Approved	HSI Program	Partner
May 2016	Opioid Education & Naloxone Distribution	OK Department of Mental Health and Substance Abuse Services
	Pharmacy Academic Detailing	OU College of Pharmacy
	Foster Care and Psychotropic Meds	OK Department of Human Services
	Long-Acting Reversible Contraception (3 projects)	OK State Department of Health, Foundation and Donors
Nov 2018	Sickle Cell Disease Care Kits	Supporters of Families with Sickle Cell Disease
	Infant Safe Sleep	OK State Department of Health
	Developmental Screening/Early Literacy	OU Department of Pediatrics and Reach Out and Read

Reducing Sleep-Related Infant Mortality

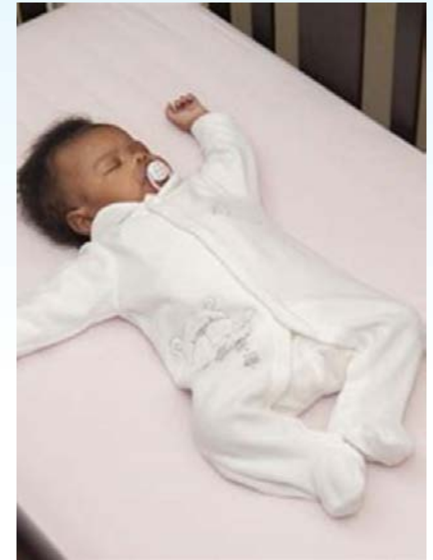
- Sleep-related deaths remain the third leading cause of infant mortality
- Partnership and state share match from OK State Department of Health (OSDH)
- Expands upon infant safe sleep interventions in delivery hospitals
- Promotes access to safe sleep environment for infants

OSDH and Local Hospitals

- All newborns assessed for need
- Safe sleep kits distributed to those in need
  - Crib, sleep sack, safe sleep educational materials
- Education for families/caregivers
- Year One
  - Develop agreements with at least four hospitals
  - Distribute 400 kits
- Successive years
  - Continue adding hospitals
  - Distribute additional kits

Projected Outcomes

- Evaluation of caregiver safe sleep practices
  - Increase safe sleep practices by caregivers per AAP recommendations:
    - Back to sleep
    - Use of safe crib
    - Firm mattress
    - No loose blankets, bumper pads or pillows
- Reduce number of sleep related infant deaths



Increase Developmental Screening

- SoonerCare members 0-3
  - Rate of developmental screening 17.1% (2017)
- Partnership and state share match OU Department of Pediatrics
- Training for pediatric and primary care practices
  - Implement Reach Out and Read
  - Use standardized developmental screening tools with young children

Reach Out and Read (ROR)

- 6000 clinics nationwide
- 80+ in OK
- Promotes literacy via pediatric health care
- EPSDT policy and ROR mission share common goals to ensure timely and quality developmental surveillance
- This project aims to improve quality of the child's preventive health visit and developmental screening processes via ROR
  - Provider training and standardized developmental screening tools

Projected Outcomes and Progress

- Increase screening rate in ROR practices
- Approval date 11/1/2018
- As of 4/5/2019:
  - Recruit 20 new providers into ROR: 13 enrolled
  - Train 20 providers on ROR and developmental screening: 39 providers trained

Questions?

Shelly Patterson, MPH

Director of Community Relations, Performance and Health Improvement

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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 facilities. Additionally, the change allows OHCA to calculate the annual reallocation of the pool for “Direct Care” 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 $108.12 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 Components 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 $174,676,429. The current Quality of Care (QOC) fee is $11.62 per patient day.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
There is no change in methodology; however there is a rate change for Regular Nursing Facilities as a result of the required annual recalculation of the Quality of Care (QOC) fee and reallocation of the pool for "Direct Care" and "Other Cost" components of the rate as per the State Plan. The new Base Rate Component will be $108.31 per patient day. The new combined pool amount for "Direct Care" and "Other Cost" components will be $186,146,037. The new Quality of Care (QOC) fee will be $11.81 per patient day.

6. **BUDGET ESTIMATE.**
The estimated budget impact for SFY2020 will be an increase in the total amount of $3,391,494; with $1,183,292 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 to the base rate component from $108.12 per patient day to $108.31 per patient day.
   - A change to the combined pool amount for "Direct Care" and "Other Cost" Components from $174,676,429 to $186,146,037 for the annual reallocation of the Direct Care Cost Component as per the State Plan.

9. **EFFECTIVE DATE OF CHANGE.**
July 1, 2019, contingent upon CMS approval.

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 $208.76 per patient day. The Quality of Care (QOC) fee is $11.62 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 $209.50 per patient day. The recalculated Quality of Care (QOC) fee will be $11.81 per patient day.

6. **BUDGET ESTIMATE.**
   The estimated budget impact for SFY2020 will be an increase in the total amount of $7,299; with $2,546 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 to the AIDS rate from $208.76 per patient day to $209.50 per patient day.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2019, contingent upon CMS approval.

THERAPEUTIC FOSTER CARE (TFC) 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 rate was established over ten years ago and has been found to be inadequate for the Qualified Behavioral Health Aid I (QBHA I)/Treatment Parent Specialist (TPS) to recruit providers. This increase will account for over ten year's inflation without an increase.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   The current rate structure for TPS $7.77 per quarter hour with up to 6 units provided each day.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The TPS rate was established in 2008 and has not been adjusted since and there is a need to increase the TPS salary to entice more people to become a TPS provider. This increase accounts for inflationary increase which will help bring new providers to serve children with increased therapeutic needs. It is proposed that the TPS rate should go from $7.77 per 15 minute unit to $9.81 per 15 minute unit with a maximum of 6 units per day.

6. **BUDGET ESTIMATE.**
   DHS would like to propose the TPS rate increase from $7.77 to $9.81 for an SFY2020 and SFY20201 total cost of $625,464, with an SFY2020 state match of $218,225 and an SFY2021 state match of $206,841. The state share will be paid by DHS with the current TFC budget.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   Increase in access to care

8. **RATE OR METHOD CHANGE IN THE FORM OF A MOTION.**
   The Oklahoma Department of Human Services (DHS) request a rate change for QHBA I/TPS rate from $7.77 per 15 minutes to $9.81 per 15 minutes with a maximum of 6 units per day.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2019 or upon CMS approval

INTENSIVE TREATMENT FAMILY CARE (ITFC) 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 proposal also builds in a structure to establish as rate for Qualified Behavioral Health Aid II (QHBA II)/Treatment Parent Specialist (TPS) providers that have additional training and certifications, serve children with more intense behavioral issues than TFC, and is a stay at home parent with a maximum of one child receiving services. This more intensive service will be called Intensive Treatment Family Care (ITFC).

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   This is a new rate.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   DHS has seen children who need therapeutic services in a home setting but have more intense needs and behaviors than those traditionally served by Therapeutic Foster Care (TFC) agencies. In order to adequately serve these children in a family setting the TPS provider needs more up front and ongoing training, be required to have not outside employment in order to garner full attention to this child, have a maximum of one child at a time, and pass a heightened screening and interview process. The TPS rate for services to these more intense children would have a rate of $21.43 per 15 minute unit.

6. **BUDGET ESTIMATE.**
   DHS would like to propose the TPS new rate to be established at $21.43 per 15 minute unit with a 6 unit per day maximum for an SFY2020 total cost of $1,731,183 with a state match of $594,557 and an SFY2021 total cost of $2,324,813 with a state match of $768,816. The state share will be paid by DHS with the current TFC budget.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   Increase in access to care.

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

The Oklahoma Department of Human Services (DHS) request a new rate for Qualified Behavioral Health Aid II (QHBA II)/Treatment Parent Specialist (TPS) providers that have the met the increased standards and stay at home full time and serve more challenging children with a rate of $21.43 per 15 minute unit for a maximum of 6 units per day.

9. EFFECTIVE DATE OF CHANGE.

September 1, 2019 or upon CMS and Governor approval.

DEVELOPMENTAL DISABILITIES SERVICES PROCEDURE CODE REVISION AND CORRECTION

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?**
   This is a proposal to correct and update the DDS Agency Companion procedure codes to reflect procedure code reassignment and current authorization practice. Procedure code S5136 (Companion Care, adult; per diem) was determined to be incorrectly assigned for the age group served. S5126 (Attendant care services; per diem) is being revised to reflect current levels of Agency Companion services provided.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   The current rate structure for services for which the Agency Companion procedure code is being corrected 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:

Description	Service Code	Unit Rate
AGENCY COMPANION – CLOSE (THER LEAVE)	S5126 U4 (TV)	$96.50
AGENCY COMPANION – ENHANCED (THER LEAVE)	S5126 TG (TV)	$125.50
AGENCY COMPANION – PERVASIVE (THER LEAVE)	S5136 TG (TV)	$137.25

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The table below indicates the procedure code start dates and service revisions / procedure code reassignment proposed:

PROCEDURE CODE CORRECTION / REVISIONS:

Description	Original Service Code	Correct Service Code	Start Date
AGENCY COMPANION – CLOSE (THER LEAVE)	S5126 U4 (TV)	S5126 U1 (TV)	7/1/19
AGENCY COMPANION – ENHANCED (THER LEAVE)	S5126 TG (TV)	S5126 (TV)	7/1/19
AGENCY COMPANION – PERVASIVE (THER LEAVE)	S5136 TG (TV)	S5126 TF (TV)	7/1/19

6. **BUDGET ESTIMATE.**
No Budget Impact

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
No impact on access to care.

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 corrections and updates to the service codes identified in this Brief.

9. **EFFECTIVE DATE OF CHANGE.**
July 1, 2019, or upon CMS approval.

DEVELOPMENTAL DISABILITIES SERVICES INCREASES

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,** as noted below**.** 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.

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 following represents all services for which DDS has established a fixed rated. The services and current service codes and rates are as follows:

Description	Service Code	Unit Rate
ADULT DAY CARE	S5100	$2.00
HTS - HABILITATION TRAINING SPECIALIST	T2017	$4.05
INTENSIVE PERSONAL SUPPORTS	T2017 TF	$4.05
HTS – HABILITATION TRAINING SPECIALIST-SELF DIRECTED	T2017 U1 TF	$4.05
DAILY LIVING SUPPORTS (THER LEAVE)	T2033 (TV)	$154.00
HOMEMAKER	S5130	$3.85
HOMEMAKER RESPITE	S5150	$3.85
ES - COMMUNITY BASED INDIVIDUAL SERVICES	T2015 U4	$16.20
ES - CENTER BASED PREVOCATIONAL SVS	T2015 U1	$5.00
ES - COMMUNITY BASED PREVOC SERVICES	T2015 TF	$10.00
ES - EMPLOYMENT SPECIALIST	T2019	$6.04
ES - ENHANCED COMMUNITY BASED PREVOC	T2015	$13.32
ES - ENHANCED JOB COACHING SVS	T2019 TG	$3.88
ES - JOB COACHING INDIVIDUAL SVS	T2019 U4	$4.44
ES - JOB COACHING SERVICE	T2019 TF	$3.34
ES - JOB STABILIZATION / EXTENDED SVS	T2019 U1	$1.38

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

Description	Service Code	Unit Rate
ES - PRE-VOC. HTS - SUPP. SUPPORTS	T2015 TG	$12.60
AGENCY COMPANION – CLOSE (THER LEAVE)	S5126 U1 (TV)	$96.50
AGENCY COMPANION – ENHANCED (THER LEAVE)	S5126 (TV)	$125.50
AGENCY COMPANION – PERVASIVE (THER LEAVE)	S5126 TF (TV)	$137.25
TRANSPORTATION MILEAGE	S0215	$0.50
PROFESSIONAL INDIRECT SERVICE - TRAVEL	S0215 SE	$0.50
TRANSPORATION – ADAPTED –NON EMERGENCY	A0130	$1.30
NURSING EXTENDED DUTY	T1000	$6.50
NURSING INTERMITTENT SKILLED	T1001	$50.50
SKILLED NURSING – RN	G0299	$15.00
SKILLED NURSING – LPN	G0300	$14.00
SPECIALIZED FOSTER CARE – ADULT	S5140	$54.00
SPECIALIZED FOSTER CARE – CHILD	S5145	$54.00
GROUP HOME ALT. LIVING HOME, 4 BED	T1020	$292.00
GROUP HOME, 6 BED	T1020	$72.50
GROUP HOME, 7 BED	T1020	$62.00
GROUP HOME, 8 BED	T1020	$54.25
GROUP HOME, 9 BED	T1020	$49.50
GROUP HOME, 10 BED	T1020	$45.75
GROUP HOME, 11 BED	T1020	$42.75
GROUP HOME, 12 BED	T1020	$40.25
GROUP HOME COMM. LIVING HOME, 6 BED	T1020	$166.75
GROUP HOME COMM. LIVING HOME, 7 BED	T1020	$143.00
GROUP HOME COMM. LIVING HOME, 8 BED	T1020	$138.25
GROUP HOME COMM. LIVING HOME, 9 BED	T1020	$122.75
GROUP HOME COMM. LIVING HOME, 10 BED	T1020	$120.75
GROUP HOME COMM. LIVING HOME, 11 BED	T1020	$109.75
GROUP HOME COMM. LIVING HOME, 12 BED	T1020	$108.50
RESPITE IN - GROUP HOME, 6 BED	S5151	$94.90
RESPITE IN - GROUP HOME, 7 BED	S5151	$84.00
RESPITE IN - GROUP HOME, 8 BED	S5151	$76.25
RESPITE IN - GROUP HOME, 9 BED	S5151	$71.50
RESPITE IN - GROUP HOME, 10 BED	S5151	$67.75

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

Description	Service Code	Unit Rate
RESPITE IN - GROUP HOME, 11 BED	S5151	$64.75
RESPITE IN - GROUP HOME, 12 BED	S5151	$62.25
RESPITE IN - COMMUNITY LIVING HOME, 6 BED	S5151	$188.75
RESPITE IN - COMMUNITY LIVING HOME, 7 BED	S5151	$165.00
RESPITE IN - COMMUNITY LIVING HOME, 8 BED	S5151	$160.25
RESPITE IN - COMMUNITY LIVING HOME, 9 BED	S5151	$144.75
RESPITE IN - COMMUNITY LIVING HOME, 10 BED	S5151	$142.75
RESPITE IN - COMMUNITY LIVING HOME, 11 BED	S5151	$131.75
RESPITE IN - COMMUNITY LIVING HOME, 12 BED	S5151	$130.50
RESPITE MAXIMUM	S5151	$76.00
RESPITE IN-AGENCY COMPANION – CLOSE	S5151	$118.50
RESPITE IN-AGENCY COMPANION – ENHANCED	S5151	$147.50
RESPITE IN-AGENCY COMPANION – PERVASIVE	S5151	$159.25
HTS - HABILITATION TRAINING SPECIALIST	T2017 SE	$4.05
INTENSIVE PERSONAL SUPPORTS	T2017 TF SE	$4.05
HOMEMAKER	S5130 SE	$3.85
ES - COMMUNITY BASED INDIVIDUAL SERVICES	T2015 U4 SE	$16.20
ES - CENTER BASED PREVOCATIONAL SVS	T2015 U1 SE	$5.00
ES - COMMUNITY BASED PREVOC SERVICES	T2015 TF SE	$10.00
ES - ENHANCED COMMUNITY BASED PREVOC	T2015 SE	$13.32
ES - JOB COACHING INDIVIDUAL SVS	T2019 U4 SE	$4.44
ES - PRE-VOC. HTS - SUPP. SUPPORTS	T2015 TG SE	$12.60
FAMILY COUNSELING - GROUP	90853 U1	$5.53
FAMILY COUNSELING - W/O CLIENT	90846	$16.58
FAMILY COUNSELING - W/ CLIENT	90847	$16.58
OCCUPATIONAL THERAPY	G0152	$20.00
PHYSICAL THERAPY	G0151	$20.00
PSYCHIATRY SERVICES (PHYSICIAN)	90832	$50.00
PSYCHOLOGICAL -COGNITIVE/BEHAVIOR TREATMENT - GROUP	90853	$10.37
PSYCHOLOGICAL SERVICES - THERAPY	H0004	$20.73
PSYCHOLOGICAL SERVICES - SCREENING	T1023	$20.73
SPEECH/LANGUAGE SERVICES	G0153	$18.79

5. NEW METHODOLOGY OR RATE STRUCTURE.
This is an across the board rate increase of 4% for all services that DDS has established a fixed rate. The table below indicates the services and per service rate increase proposed:

Description	Service Code	Current Unit Rate	New Rate	% Increase
ADULT DAY CARE	S5100	$2.00	$2.08	4%
HTS - HABILITATION TRAINING SPECIALIST	T2017	$4.05	$4.21	4%
INTENSIVE PERSONAL SUPPORTS	T2017 TF	$4.05	$4.21	4%
HTS – HABILITATION TRAINING SPECIALIST-SELF DIRECTED	T2017 U1 TF	$4.05	$4.21	4%
DAILY LIVING SUPPORTS (THER LEAVE)	T2033 (TV)	$154.00	$160.16	4%
HOMEMAKER	S5130	$3.85	$4.00	4%
HOMEMAKER RESPITE	S5150	$3.85	$4.00	4%
ES - COMMUNITY BASED INDIVIDUAL SERVICES	T2015 U4	$16.20	$16.84	4%
ES - CENTER BASED PREVOCATIONAL SVS	T2015 U1	$5.00	$5.20	4%
ES - COMMUNITY BASED PREVOC SERVICES	T2015 TF	$10.00	$10.40	4%
ES - EMPLOYMENT SPECIALIST	T2019	$6.04	$6.28	4%
ES - ENHANCED COMMUNITY BASED PREVOC	T2015	$13.32	$13.85	4%
ES - ENHANCED JOB COACHING SVS	T2019 TG	$3.88	$4.04	4%
ES - JOB COACHING INDIVIDUAL SVS	T2019 U4	$4.44	$4.62	4%
ES - JOB COACHING SERVICE	T2019 TF	$3.34	$3.47	4%
ES - JOB STABILIZATION / EXTENDED SVS	T2019 U1	$1.38	$1.44	4%
ES - PRE-VOC. HTS - SUPP. SUPPORTS	T2015 TG	$12.60	$13.10	4%
AGENCY COMPANION – CLOSE (THER LEAVE)	S5126 U1 (TV)	$96.50	$100.36	4%
AGENCY COMPANION – ENHANCED (THER LEAVE)	S5126 (TV)	$125.50	$130.52	4%
AGENCY COMPANION – PERVASIVE (THER LEAVE)	S5126 TF (TV)	$137.25	$142.74	4%
TRANSPORTATION MILEAGE	S0215	$0.50	$0.52	4%
PROFESSIONAL INDIRECT SERVICE - TRAVEL	S0215 SE	$0.50	$0.52	4%
TRANSPORATION – ADAPTED –NON EMERGENCY	A0130	$1.30	$1.35	4%
NURSING EXTENDED DUTY	T1000	$6.50	$6.76	4%
NURSING INTERMITTENT SKILLED	T1001	$50.50	$52.52	4%
SKILLED NURSING – RN	G0299	$15.00	$15.60	4%
SKILLED NURSING – LPN	G0300	$14.00	$14.56	4%
SPECIALIZED FOSTER CARE – ADULT	S5140	$54.00	$56.16	4%
SPECIALIZED FOSTER CARE – CHILD	S5145	$54.00	$56.16	4%
GROUP HOME ALT. LIVING HOME, 4 BED	T1020	$292.00	$303.68	4%
GROUP HOME, 6 BED	T1020	$72.50	$75.40	4%
GROUP HOME, 7 BED	T1020	$62.00	$64.48	4%
GROUP HOME, 8 BED	T1020	$54.25	$56.42	4%
GROUP HOME, 9 BED	T1020	$49.50	$51.48	4%
GROUP HOME, 10 BED	T1020	$45.75	$47.58	4%
GROUP HOME, 11 BED	T1020	$42.75	$44.46	4%
GROUP HOME, 12 BED	T1020	$40.25	$41.86	4%
GROUP HOME COMM. LIVING HOME, 6 BED	T1020	$166.75	$173.42	4%

5. NEW METHODOLOGY OR RATE STRUCTURE (CONT'D)

Description	Service Code	Current Unit Rate	New Rate	% Increase
GROUP HOME COMM. LIVING HOME, 7 BED	T1020	$143.00	$148.72	4%
GROUP HOME COMM. LIVING HOME, 8 BED	T1020	$138.25	$143.78	4%
GROUP HOME COMM. LIVING HOME, 9 BED	T1020	$122.75	$127.66	4%
GROUP HOME COMM. LIVING HOME, 10 BED	T1020	$120.75	$125.58	4%
GROUP HOME COMM. LIVING HOME, 11 BED	T1020	$109.75	$114.14	4%
GROUP HOME COMM. LIVING HOME, 12 BED	T1020	$108.50	$112.84	4%
RESPITE IN - GROUP HOME, 6 BED	S5151	$94.90	$98.70	4%
RESPITE IN - GROUP HOME, 7 BED	S5151	$84.00	$87.36	4%
RESPITE IN - GROUP HOME, 8 BED	S5151	$76.25	$79.30	4%
RESPITE IN - GROUP HOME, 9 BED	S5151	$71.50	$74.36	4%
RESPITE IN - GROUP HOME, 10 BED	S5151	$67.75	$70.46	4%
RESPITE IN - GROUP HOME, 11 BED	S5151	$64.75	$67.34	4%
RESPITE IN - GROUP HOME, 12 BED	S5151	$62.25	$64.74	4%
RESPITE IN - COMMUNITY LIVING HOME, 6 BED	S5151	$188.75	$196.30	4%
RESPITE IN - COMMUNITY LIVING HOME, 7 BED	S5151	$165.00	$171.60	4%
RESPITE IN - COMMUNITY LIVING HOME, 8 BED	S5151	$160.25	$166.66	4%
RESPITE IN - COMMUNITY LIVING HOME, 9 BED	S5151	$144.75	$150.54	4%
RESPITE IN - COMMUNITY LIVING HOME, 10 BED	S5151	$142.75	$148.46	4%
RESPITE IN - COMMUNITY LIVING HOME, 11 BED	S5151	$131.75	$137.02	4%
RESPITE IN - COMMUNITY LIVING HOME, 12 BED	S5151	$130.50	$135.72	4%
RESPITE MAXIMUM	S5151	$76.00	$79.04	4%
RESPITE IN-AGENCY COMPANION – CLOSE	S5151	$118.50	$123.24	4%
RESPITE IN-AGENCY COMPANION – ENHANCED	S5151	$147.50	$153.40	4%
RESPITE IN-AGENCY COMPANION – PERVASIVE	S5151	$159.25	$165.62	4%
HTS - HABILITATION TRAINING SPECIALIST	T2017 SE	$4.05	$4.21	4%
INTENSIVE PERSONAL SUPPORTS	T2017 TF SE	$4.05	$4.21	4%
HOMEMAKER	S5130 SE	$3.85	$4.00	4%
ES - COMMUNITY BASED INDIVIDUAL SERVICES	T2015 U4 SE	$16.20	$16.84	4%
ES - CENTER BASED PREVOCATIONAL SVS	T2015 U1 SE	$5.00	$5.20	4%
ES - COMMUNITY BASED PREVOC SERVICES	T2015 TF SE	$10.00	$10.40	4%
ES - ENHANCED COMMUNITY BASED PREVOC	T2015 SE	$13.32	$13.85	4%
ES - JOB COACHING INDIVIDUAL SVS	T2019 U4 SE	$4.44	$4.62	4%
ES - PRE-VOC. HTS - SUPP. SUPPORTS	T2015 TG SE	$12.60	$13.10	4%
FAMILY COUNSELING - GROUP	90853 U1	$5.53	$5.75	4%
FAMILY COUNSELING - W/O CLIENT	90846	$16.58	$17.24	4%
FAMILY COUNSELING - W/ CLIENT	90847	$16.58	$17.24	4%
OCCUPATIONAL THERAPY	G0152	$20.00	$20.80	4%
PHYSICAL THERAPY	G0151	$20.00	$20.80	4%
PSYCHIATRY SERVICES (PHYSICIAN)	90832	$50.00	$52.00	4%
PSYCHOLOGICAL -COGNITIVE/BEHAVIOR TREATMENT - GROUP	90853	$10.37	$10.78	4%
PSYCHOLOGICAL SERVICES - THERAPY	H0004	$20.73	$21.56	4%
PSYCHOLOGICAL SERVICES - SCREENING	T1023	$20.73	$21.56	4%
SPEECH/LANGUAGE SERVICES	G0153	$18.79	$19.54	4%

6. **BUDGET ESTIMATE.**
The estimated annual change is an increase for SFY2020 in the total amount of $9,863,029, with $3,351,457 in state share; and an increase for SFY2021 in the total amount of $13,150,705, with $4,607,221 in state share. The Department of Human Services attests that it has adequate funds to cover the state share of the projected cost of services.

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 4% rate increase on all DDS waiver services in which DDS has established the fixed rate.

9. **EFFECTIVE DATE OF CHANGE.**
October 1, 2019, or upon CMS approval.

AD*vantage* WAIVER & STATE PLAN PERSONAL CARE SERVICE RATES 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 personal care services for recipients on the **AD*vantage* Waiver** and **State Plan Personal Care** programs.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   The current rate structure for State Plan Personal Care 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 current rate structure for AD*vantage* Waiver services for which a rate increase is being implemented is a fixed and uniform rate configuration established through waiver requirements as noted below and the State Plan Amendment Rate Committee process.
   - Assisted Living Services are configured based on a modifier of the State Plan Personal Care Rate equivalent to 11.636, 15.702, and 21.964 for Standard, Intermediate and High tier levels, respectively.
     - These rates are consistent with the mandated 4% increase.
   - CD-PASS rates for Personal Services Assistance and Advanced Personal Services Assistance are set within 80% to 95 % of the corresponding rates for Personal Care Services and Advanced Supportive/Restorative Services, respectively.
     - These rates are consistent with the mandated 4% increase.

(Continued on next page)

The service codes and current rates are listed below:

State Plan Service	Service Code	Unit Type	Current Rate
Personal Care Assistant	T1019	¼ hour	$4.05
State Plan Skilled Nursing Assessment	T1001	Visit	60.00

AD*vantage* Waiver Services	Service Code	Unit Type	Current Rate
Personal Care Assistant	T1019	¼ hour	$4.05
Advanced Supportive/Restorative	T1019-TF	¼ hour	4.35
Respite - In Home	T1005	¼ hour	4.05
Respite - In Home Extended	S9125	Daily	168.80
CM Standard	T1016	¼ hour	14.70
Transitional CM Standard	T1016-U3	¼ hour	14.70
CM Very Rural	T1016-TN	¼ hour	21.05
Transitional CM Very Rural	T1016-TN-U3	¼ hour	21.05
Adult Day Health	S5100-U1	¼ hour	2.00
Adult Day Health - Therapies	S5105-TG	Episode	11.25
Adult Day Health - Personal Care	S5105	Episode	7.95
Adult Day Health – Laundry	S5105-U1	Episode	7.50
Assisted Living - Standard	T2031	Daily	47.10
Assisted Living - Intermediate	T2031-TF	Daily	63.55
Assisted Living - High	T2031-TG	Daily	88.90
Self-Directed – Personal Services Assistant	S5125	¼ hour	3.42
Self-Directed – Advanced Personal Services Assistant	S5125-TF	¼ hour	4.11
Physical Therapy	G0151	¼ hour	20.00
Occupational Therapy	G0152	¼ hour	20.00
Skilled Nursing Home Health Setting RN	G0299	¼ hour	15.00
Skilled Nursing Home Health Setting LPN	G0300	¼ hour	14.00
Extended State Plan Skilled Nursing RN	G0299-TF	¼ hour	15.00
Extended State Plan Skilled Nursing RN	G0300-TF	¼ hour	14.00
RN Assessment Evaluation	T1002	¼ hour	15.00

5. NEW METHODOLOGY OR RATE STRUCTURE.

State Plan Service	Service Code	Unit Type	New Rate
Personal Care Assistant	T1019	¼ hour	$4.21
State Plan Skilled Nursing Assessment	T1001	Visit	62.40

AD*vantage* Waiver Services	Service Code	Unit Type	New Rate
Personal Care Assistant	T1019	¼ hour	4.21
Advanced Supportive/Restorative	T1019-TF	¼ hour	4.52
Respite - In Home	T1005	¼ hour	4.21
Respite - In Home Extended	S9125	Daily	175.55
CM Standard	T1016	¼ hour	15.29
Transitional CM Standard	T1016-U3	¼ hour	15.29
CM Very Rural	T1016-TN	¼ hour	21.89
Transitional CM Very Rural	T1016-TN-U3	¼ hour	21.89
Adult Day Health	S5100-U1	¼ hour	2.08
Adult Day Health - Therapies	S5105-TG	Episode	11.70
Adult Day Health - Personal Care	S5105	Episode	8.27
Adult Day Health – Laundry	S5105-U1	Episode	7.80
Assisted Living - Standard	T2031	Daily	48.99
Assisted Living - Intermediate	T2031-TF	Daily	66.11
Assisted Living - High	T2031-TG	Daily	92.47
Self-Directed – Personal Services Assistant	S5125	¼ hour	3.56
Self-Directed – Advanced Personal Services Assistant	S5125-TF	¼ hour	4.27
Physical Therapy	G0151	¼ hour	20.80
Occupational Therapy	G0152	¼ hour	20.80
Skilled Nursing Home Health Setting RN	G0299	¼ hour	15.60
Skilled Nursing Home Health Setting LPN	G0300	¼ hour	14.56
Extended State Plan Skilled Nursing RN	G0299-TF	¼ hour	15.60
Extended State Plan Skilled Nursing RN	G0300-TF	¼ hour	14.56
RN Assessment Evaluation	T1002	¼ hour	15.60

6. BUDGET ESTIMATE.

The estimated change for State Plan Personal Care services for SFY2020 is an increase in the total amount of $185,081, with $62,891 in state share; and an SFY2021 increase in the total amount of $246,775 total dollars, with $80,843 in state share.

The estimated annual change for the AD*vantage* Waiver for SFY2020 is an increase in the total amount of $4,479,449, with $1,522,117 in state share; and an SFY2021 increase in the total amount of $5,972,599 total dollars, with $1,956,623 in state share.

The Department of Human Services attests that it has adequate funds to cover the state share of the projected cost of services.

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, 2019, or upon CMS approval.

APPLIED BEHAVIORAL ANALYSIS (ABA) RATES

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

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

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   The Oklahoma Health Care Authority is requesting the establishment of rates for Applied Behavioral Analysis (ABA) services.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   Currently ABA services are not covered.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   ABA will be using an existing rate methodology that is used for physician services. The payment amount for each service paid under the fee schedule is the product of a uniform relative value unit (RVU) for each service and the Medicare conversion factor (CF). The Medicare CF converts the relative values into payment amount. CMS updates the RVU and CF annually. The current proposed rates are as follows:

Code	Description	2019 CMS Intermediary Rate for Oklahoma
97151	Behavioral identification assessment by qualified health professional, each 15 minutes	$23.55
97153	Adaptive behavior treatment by protocol administered by technician under direction of qualified health care professional to one patient, each 15 minutes	$17.35
97155	Adaptive behavior treatment with protocol modification administered by qualified health care professional to one patient, each 15 minutes	$23.55
97156	Family adaptive behavior treatment guidance by qualified health care professional (with or without patient present, each 15 minutes	$23.55

6. **BUDGET ESTIMATE.**
The estimated budget impact for SFY2020 and SFY20201 will be an increase in the total amount of $11,455,015; with $3,996,655 in state share in SFY2020 and $3,788,173 in state share in SFY2021.

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 rates for Applied Behavioral Analysis (ABA) services:
- Procedure Code 97151: $23.55/15 minutes
- Procedure Code 97153: $17.35/15 minutes
- Procedure Code 97155: $23.55/15 minutes
- Procedure Code 97156: $23.55/15 minutes

9. **EFFECTIVE DATE OF CHANGE.**
July 1, 2019

ENHANCED PAYMENTS FOR STATE UNIVERSITY EMPLOYED OR CONTRACTED PHYSICIANS

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

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

3. **PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**
   The Oklahoma Health Care Authority (OHCA) would like to change the rate methodology for the State University Employed or Contracted Physicians. The proposed revisions will increase the enhanced payments made for services provided by teaching physicians who are employed by or contracted with state universities.

4. **CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**
   The current payment methodology for State University Employed or Contracted Physicians is 140% of the Medicare Physician Fee Schedule.

5. **NEW METHODOLOGY OR RATE STRUCTURE.**
   The proposed payment methodology for State University Employed or Contracted Physicians is 175% of the Medicare Physician Fee Schedule. The percentage was chosen to not exceed the following payment methodology:
   - An average of the commercial payment from the top five (5) commercial payors for each CPT code were provided to generate the Average Commercial Rate (ACR).
   - Both the Medicare rate and the ACR were multiplied by the Oklahoma Medicaid fee-for-service (FFS) volume of services reimbursed for eligible CPT codes.
   - The statewide Medicare equivalent of the ACR was calculated by dividing the product of ACR and FFS volume by the product of the Medicare and FFS volume.

6. **BUDGET ESTIMATE.**
   The estimated budget impact for SFY2020 will be an increase of $51,067,779 total; of which $17,817,548 is state share. The state share will be paid by the University of Oklahoma and Oklahoma State University.

7. **AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**
   The Oklahoma Health Care Authority does not anticipate an 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 approve the proposed payment methodology for State University Employed or Contracted Physicians at 175% of the Medicare Physician Fee Schedule.

9. **EFFECTIVE DATE OF CHANGE.**
   July 1, 2019

OKLAHOMA HEALTH CARE AUTHORITY
SFY-2020 BUDGET WORK PROGRAM
Summary by Program Expenditure

Description	SFY-2019	SFY-2020	Inc / (Dec)	% Change
Medical Program				
Managed Care - Choice / HAN / PACE	39,537,173	44,953,357	5,416,184	13.7%
Hospitals	949,623,941	1,018,151,020	68,527,079	7.2%
Behavioral Health	19,785,350	18,371,268	(1,414,082)	-7.1%
Nursing Homes	557,060,824	654,970,356	97,909,533	17.6%
Physicians	413,091,913	410,944,901	(2,147,012)	-0.5%
Dentists	128,845,088	137,597,970	8,752,883	6.8%
Mid-Level Practitioner	2,395,546	2,263,839	(131,707)	-5.5%
Other Practitioners	51,806,166	62,167,179	10,361,013	20.0%
Home Health	21,524,325	27,348,872	5,824,547	27.1%
Lab & Radiology	27,265,862	27,012,293	(253,568)	-0.9%
Medical Supplies	53,080,241	57,968,025	4,887,784	9.2%
Clinic Services	224,967,315	281,549,669	56,582,354	25.2%
Ambulatory Surgery Center	7,168,273	6,344,970	(823,303)	-11.5%
Prescription Drugs	650,871,301	683,498,176	32,626,875	5.0%
Miscellaneous	126,716	154,648	27,932	22.0%
ICF/IID	62,609,273	65,290,429	2,681,156	4.3%
Transportation	71,363,446	74,847,894	3,484,447	4.9%
Medicare Buy-in (Part A & B)	178,548,314	180,133,697	1,585,382	0.9%
Medicare clawback payment (Part D)	108,587,739	101,493,792	(7,093,947)	-6.5%
SHOPP - Supplemental Hosp Offset Pymt.	492,456,059	498,389,052	5,932,993	1.2%
Money Follows the Person - Enhanced	346,999	322,609	(24,390)	-7.0%
Health Management Program (HMP)	10,946,940	11,123,978	177,038	1.6%
GME - Graduate Medical Education (100% State)	110,044,319	-	(110,044,319)	-100.0%
Electronic Health Records Incentive Pymts	15,000,000	7,500,000	(7,500,000)	-50.0%
Non-Title XIX Medical	89,382	89,382	-	0.0%
TOTAL OHCA MEDICAL PROGRAM	4,197,142,505	4,372,487,376	175,344,871	4.2%
Insure Oklahoma - Premium Assistance				
Employer Sponsored Insurance - ESI	62,686,080	60,230,969	(2,455,111)	-3.9%
Individual Plan - IP	33,002,531	33,325,235	322,703	1.0%
TOTAL INSURE OKLAHOMA PROGRAM	95,688,611	93,556,204	(2,132,407)	-2.2%
OHCA Administration				
Operations	53,618,344	54,408,692	790,348	1.5%
Contracts	34,763,276	36,663,116	1,899,840	5.5%
Insure Oklahoma	4,172,378	4,223,480	51,102	1.2%
Business Enterprises	81,182,848	119,613,638	38,430,789	47.3%
Grant Mgmt	4,413,664	4,652,382	238,718	5.4%
TOTAL OHCA ADMIN	178,150,510	219,561,308	41,410,798	23.2%
TOTAL OHCA PROGRAMS	**4,470,981,626**	**4,685,604,888**	**214,623,261**	**4.8%**
Other State Agency (OSA) Programs				
Department of Human Services (OKDHS)	565,009,254	562,248,179	(2,761,075)	-0.5%
Oklahoma State Dept of Health (OSDH)	15,423,210	13,092,441	(2,330,770)	-15.1%
The Office of Juvenile Affairs (OJA)	7,032,296	8,274,090	1,241,794	17.7%
University Hospitals (Medical Education Pymnts)	255,436,069	250,181,298	(5,254,770)	-2.1%
Medical Education Program Phase-Down	85,958,723	32,645,396	(53,313,327)	-62.0%
Department of Mental Health (DMHSAS)	423,495,585	437,755,675	14,260,089	3.4%
Department of Education (DOE)	1,042,540	1,801,015	758,475	72.8%
Non-Indian Payments	2,710,552	2,566,388	(144,165)	-5.3%
Department of Corrections (DOC)	1,928,834	2,178,127	249,294	12.9%
JD McCarty	8,808,950	8,987,329	178,379	0.0%
OSA Non-Title XIX	90,650,000	92,650,000	2,000,000	2.2%
TOTAL OSA PROGRAMS	**1,457,496,014**	**1,412,379,937**	**(45,116,077)**	**-3.1%**
TOTAL MEDICAID PROGRAM	**5,928,477,640**	**6,097,984,825**	**169,507,184**	**2.9%**

OKLAHOMA HEALTH CARE AUTHORITY
SFY-2020 BUDGET WORK PROGRAM
Summary by Program Expenditure

Description	SFY-2019	SFY-2020	Inc / (Dec)	% Change
REVENUES				
Federal - Program	3,259,240,022	3,571,929,883	312,689,861	9.6%
Federal - Administration	115,380,102	150,380,663	35,000,561	30.3%
Drug Rebates	361,783,138	383,160,877	21,377,739	5.9%
Medical Refunds	37,014,933	35,559,788	(1,455,144)	-3.9%
NF Quality of Care Fee	80,122,777	86,386,763	6,263,987	7.8%
OSA Refunds & Reimbursements	613,056,965	543,917,546	(69,139,419)	-11.3%
Federal Disallowance Repayment (OU / OSU)	-	17,503,932	17,503,932	100.0%
Tobacco Tax	88,016,829	79,012,234	(9,004,595)	-10.2%
Insurance Premiums	1,507,177	1,383,704	(123,473)	-8.2%
Misc Revenue	233,733	432,913	199,180	85.2%
Prior Year Carryover	14,414,314	20,110,285	5,695,971	39.5%
Other Grants	743,508	4,433,678	3,690,170	496.3%
Hospital Provider Fee (SHOPP bill)	219,821,479	203,733,190	(16,088,288)	-7.3%
Insure Oklahoma Fund 245 - Transfer	6,000,000	-	(6,000,000)	-100.0%
Federal Deferral Fund	4,676,719	-	(4,676,719)	-100.0%
State Appropriated - Deans GME Program	110,044,319	-	(110,044,319)	-100.0%
State Appropriated - OHCA	1,016,421,628	1,000,039,368	(16,382,260)	-1.6%
TOTAL REVENUES	**5,928,477,640**	**6,097,984,825**	**169,507,185**	**2.9%**

Oklahoma Health Care Authority Board Meeting – Drug Summary
Drug Utilization Review Board – Drug Summary June 12, 2019

Recommendation	Drug	Used for	Cost*	Notes
1.	Aldurazyme® and Naglazyme®	Mucopolysaccharidosis I (MPS I) Mucopolysaccharidosis VI (MPS VI)	• 28 days - $10,560.00 • Yearly - $137,280.00 • 28 days - $22,524.00 • Yearly - $292,812.00	Incidence 1:100,000 Adolescent onset, Weekly IV infusions Impact on quality of life Impact on life expectancy??
2.	Plenvu®	Colonoscopy prep	$105.31 per treatment	Less expensive alternatives available
3.	Consensi® and Kapspargo™	• Hypertension and Osteoarthritis • Hypertension	• N/A • Yearly $691.20 vs. $72.00 generic	Amlodipine + celecoxib combination Metoprolol sprinkle
4.	H.P. Acthar® Gel	Infantile spasms Multiple sclerosis	See notes	Updated criteria Top 100 reimbursed drug (#66)
5.	Fulphila® , Nivestym™ and Udenyca™	Febrile neutropenia	N/A	Biosimilar(s) to Neupogen® & Neulasta®
6.	Xyosted™ and Jatenzo®	Testosterone replacement	• Weekly inj. = $475.00 month • N/A	Auto-injector New capsule formulation
7.	Cablivi®	Acquired thrombotic thrombocytopenic purpura (aTTP)	$299,300.00 per treatment	In conjunction with plasma exchange therapy.
8.	Dextenza® Inveltys™ Lotemax® SM and Oxervate™	• Corticosteroids - post eye surgery • Recombinant human growth hormone for neurotrophic keratitis	8 week treatment – *one* eye $94,399.76 8 week treatment- *both* eyes $188,799.52	Ophthalmic insert Ophthalmic steroid suspension Ophthalmic gel Ophthalmic solution Verified epithelial defects in consultation with ophthalmologist.
9.	Lorbrena®, Mvasi® and Vizimpro®	• Metastatic small cell lung cancer (NSCLC) • Metastatic colorectal cancer • NSCLC with mutations	• $16055.70 - monthly • $N/A – per treatment • $12,399.00- monthly	Oncology prior authorization criteria.

Recommendation 1: Vote to Prior Authorize Aldurazyme® (Laronidase) and Naglazyme® (Galsulfase)

The Drug Utilization Review Board recommends the prior authorization of Aldurazyme® (laronidase) and Naglazyme® (galsulfase) with the following criteria:

Aldurazyme® (Laronidase) Approval Criteria:

1. An FDA approved diagnosis of Hurler, Hurler-Scheie, or Scheie syndrome (mucopolysaccharidosis type I; MPS I) confirmed by:
   a. Enzyme assay demonstrating a deficiency of alpha-L-iduronidase (IDUA) enzyme activity; or
   b. Molecular genetic testing to confirm pathogenic mutations in the *IDUA* gene; and
2. For Scheie syndrome, the provider must document that the member has moderate-to-severe symptoms; and
3. Aldurazyme® must be administered by a health care professional prepared to manage anaphylaxis; and
4. Initial approvals will be for the duration of 6 months. Reauthorization may be granted if the prescriber documents the member is responding well to treatment; and
5. The member's recent weight must be provided on the prior authorization request in order to authorize the appropriate amount of drug required according to package labeling.

Naglazyme® (Galsulfase) Approval Criteria:

1. An FDA approved diagnosis of Maroteaux-Lamy syndrome (mucopolysaccharidosis type VI; MPS VI) confirmed by:
   a. Enzyme assay demonstrating a deficiency of arylsulfatase B (ASB) enzyme activity; or
   b. Genetic testing to confirm diagnosis of MPS VI; and
2. Naglazyme® must be administered by a health care professional prepared to manage anaphylaxis; and
3. Initial approvals will be for the duration of 6 months. Reauthorization may be granted if the prescriber documents the member is responding well to treatment; and
4. The member's recent weight must be provided on the prior authorization request in order to authorize the appropriate amount of drug required according to package labeling.

Recommendation 2: Vote to Prior Authorize Plenvu® [Polyethylene Glycol (PEG)-3350/Sodium Ascorbate/Sodium Sulfate/Ascorbic Acid/Sodium Chloride/Potassium Chloride]

The Drug Utilization Review Board recommends the prior authorization of Plenvu® (PEG-3350/sodium ascorbate/sodium sulfate/ascorbic acid/sodium chloride/potassium chloride) with criteria similar to the other prior authorized bowel preparation medications:

Clenpiq™, ColPrep™ Kit, OsmoPrep®, Plenvu®, 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 must be provided.
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 3: *Update* H.P. Acthar® Gel (Repository Corticotropin Injection) *criteria* in the utilization and scope prior authorization category

The Drug Utilization Review Board recommends updating the H.P. Acthar® Gel (repository corticotropin injection) prior authorization criteria with the following:

H.P. Acthar® Gel (Repository Corticotropin Injection) Approval Criteria:

1. An FDA approved diagnosis of infantile spasms; and
    a. Member must be 2 years of age or younger; and
    b. Must be prescribed by, or in consultation with, a neurologist or an advanced care practitioner with a supervising prescriber that is a neurologist; or
2. An FDA approved diagnosis of multiple sclerosis (MS); and
    a. Member is experiencing an acute exacerbation; and
    b. Must be prescribed by, or in consultation with, a neurologist or an advanced care practitioner with a supervising prescriber that is a neurologist or a prescriber that specializes in MS; and
    c. Prescriber must rule out pseudo-exacerbation from precipitating factors (e.g., pain, stress, infection, premenstrual syndrome); and
    d. Symptoms of acute exacerbation last at least 24 hours; and
    e. Member must be currently stable within the last 30 days on an immunomodulator agent, unless contraindicated; and
    f. A patient-specific, clinically significant reason why the member cannot use alternative corticosteroid therapy [e.g., intravenous (IV) methylprednisolone, IV dexamethasone, oral prednisone] must be provided; and
    g. A quantity limit of daily doses of up to 120 units for up to 3 weeks for acute exacerbation will apply
3. An FDA approved diagnosis of nephrotic syndrome without uremia of the idiopathic type or that is due to lupus erythematosus to induce a diuresis or a remission of proteinuria; and
    a. Must be prescribed by, or in consultation with, a nephrologist or an advanced care practitioner with a supervising prescriber that is a nephrologist; and
    b. A patient-specific, clinically significant reason why the member cannot use alternative corticosteroid therapy (e.g., prednisone) must be provided; or

4. An FDA approved diagnosis of the following disorders or diseases: rheumatic; collagen; dermatologic; allergic states; ophthalmic; respiratory; or edematous states; and
    a. A patient-specific, clinically significant reason why the member cannot use alternative corticosteroid therapy must be provided.

Recommendation 4: Vote to Prior Authorize Consensi® (Amlodipine/Celecoxib) and Kapspargo™ Sprinkle [Metoprolol Succinate Extended-Release (ER)]

The Drug Utilization and Review Board recommends the prior authorization of Consensi® (amlodipine/ celecoxib) and Kapspargo™ Sprinkle (metoprolol succinate ER) with the following criteria:

Consensi® (Amlodipine/Celecoxib Tablets) Approval Criteria:

1. A patient-specific, clinically significant reason why the member cannot use the individual components separately, which are available without prior authorization, must be provided; and
2. A quantity limit of 30 tablets per 30 days will apply.

Kapspargo™ Sprinkle [Metoprolol Succinate Extended-Release (ER) Capsules] Approval Criteria:

1. A patient-specific, clinically significant reason why the member cannot use metoprolol succinate ER tablets, which are available without prior authorization, must be provided.

Recommendation 5: Vote to Prior Authorize Fulphila® (Pegfilgrastim-jmdb), Nivestym™ (Filgrastim-aafi), and Udenyca™ (Pegfilgrastim-cbqv)

The Drug Utilization Review Board recommends the prior authorization of Fulphila® (pegfilgrastim-jmdb), Nivestym™ (filgrastim-aafi), and Udenyca™ (pegfilgrastim-cbqv) with the following criteria:

Fulphila® (Pegfilgrastim-jmdb) and Udenyca™ (Pegfilgrastim-cbqv) Approval Criteria:

1. An FDA approved diagnosis; and
2. A patient-specific, clinically significant reason why the member cannot use Neulasta® (pegfilgrastim) or Neupogen® (filgrastim) must be provided.

Granix® (Tbo-filgrastim), Nivestym™ (Filgrastim-aafi), and Zarxio® (Filgrastim-sndz) Approval Criteria:

1. An FDA approved diagnosis; and
2. A patient-specific, clinically significant reason why the member cannot use Neupogen® (filgrastim) must be provided.

Recommendation 6: Vote to Prior Authorize Xyosted™ [Testosterone Enanthate Subcutaneous (Sub-Q) Auto-Injector] and Jatenzo® (Testosterone Undecanoate Oral Capsule)

The Drug Utilization Review Board recommends the following changes to the Testosterone Products Product Based Prior Authorization (PBPA) category:

1. The placement of Xyosted™ (testosterone enanthate sub-Q auto-injector) into Tier-2. Current Tier-2 criteria will apply. Additionally, the member must be trained by a health care professional on sub-Q administration and storage of Xyosted™ sub-Q auto-injector.
2. The placement of Jatenzo® (testosterone undecanoate oral capsule) into the Special Prior Authorization (PA) Tier. Current Special PA criteria will apply.

The following are Testosterone Products Tier Chart and Approval Criteria:

Testosterone Products		
Tier-1*	**Tier-2**	**Special PA**
methyltestosterone powder	testosterone enanthate sub-Q auto-injector (Xyosted™)	fluoxymesterone oral tab (Androxy®)
testosterone cypionate IM inj (Depo-Testosterone®)	testosterone nasal gel (Natesto®)	methyltestosterone oral tab/cap (Android®, Methitest®, Testred®)
testosterone enanthate IM inj (Delatestryl®)	testosterone patch (Androderm®)	testosterone buccal tab (Striant®)
testosterone topical gel (Androgel®)+	testosterone topical gel (Fortesta®, Testim®, Vogelxo®)	testosterone pellets (Testopel®)
	testosterone topical solution (Axiron®)	testosterone undecanoate oral cap (Jatenzo®)
	testosterone undecanoate IM inj (Aveed®)	

*Tier-1 products include generic injectable products and supplementally rebated topical products.
+Brand name preferred
PA = prior authorization; IM = intramuscular; inj = injection; sub-Q = subcutaneous; tab = tablet; cap = capsule

Initial Approval Criteria for All Testosterone Products:

1. An FDA approved diagnosis:
   a. Testicular failure due to cryptorchidism, bilateral torsions, orchitis, vanishing testis syndrome, or orchiectomy; or
   b. Idiopathic gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency, or pituitary hypothalamic injury from tumors, trauma, or radiation; or
   c. Delayed puberty; or
   d. Advanced inoperable metastatic mammary cancer in females 1 to 5 years postmenopausal, or premenopausal females with breast cancer benefitting from oophorectomy and have been determined to have a hormone-responsive tumor; and
2. Must include 2 labs showing pre-medication, morning testosterone (total testosterone) levels <300ng/dL; and
3. Must include 1 lab showing abnormal gonadotropins and/or other information necessary to demonstrate diagnosis; or
4. Testosterone and gonadotropin labs are not required for authorization of testosterone therapy if documentation is provided for established hypothalamic pituitary or gonadal disease, if the pituitary gland or testes has/have been removed, or for postmenopausal

females with advanced inoperable metastatic mammary cancer or premenopausal females with breast cancer benefitting from oophorectomy and that have been determined to have a hormone-responsive tumor.

Testosterone Products Tier-2 Approval Criteria:

1. All diagnoses and laboratory requirements listed in the initial approval criteria for all testosterone products must be met; and
2. A trial of at least 2 Tier-1 products (must include at least 1 injectable and 1 topical formulation) at least 12 weeks in duration; or
3. A patient-specific, clinically significant reason why member cannot use all available Tier-1 products must be provided; or
4. Prior stabilization on a Tier-2 product (within the past 180 days); and
5. Approvals will be for the duration of 1 year; and
6. For Xyosted™ [testosterone enanthate subcutaneous (sub-Q) auto-injector]:
   a. Member must be trained by a health care professional on sub-Q administration and storage of Xyosted™ sub-Q auto-injector.

Testosterone Products Special Prior Authorization (PA) Approval Criteria:

1. All diagnoses and laboratory requirements listed in the initial approval criteria for all testosterone products must be met; and
2. A patient-specific, clinically significant reason why member cannot use all other available formulations of testosterone must be provided; and
3. Approvals will be for the duration of 1 year.

Recommendation 7: Vote to Prior Authorize Cablivi® (Caplacizumab-yhdp)

The Drug Utilization Review Board recommends the prior authorization of Cablivi® (caplacizumab-yhdp) with the following criteria:

Cablivi® (Caplacizumab-yhdp) Approval Criteria:

1. An FDA approved diagnosis of acquired thrombotic thrombocytopenic purpura (aTTP); and
2. Member must be undergoing plasma exchange therapy; and
   a. Dates of initiation of plasma exchange therapy must be listed on the prior authorization request; and
   b. Authorizations will be for the duration of plasma exchange and for 30 days after discontinuation of plasma exchange; and
3. Member must be utilizing immunosuppressant therapy; and
4. Cablivi® must be prescribed by, or in consultation with, a hematologist; and
5. A quantity limit of 11mg per day will apply. Initial approvals will be for the duration of plasma exchange plus 30 days. Reauthorization, after completing 30 days post-plasma exchange, may be considered if the prescriber documents sign(s) of persistent underlying disease remain. Reauthorization will be for a maximum of 28 days.

Recommendation 8: Vote to Prior Authorize Dextenza® (Dexamethasone Ophthalmic Insert), Inveltys™ (Loteprednol Etabonate Suspension), Lotemax® SM (Loteprednol Etabonate Gel), and Oxervate™ (Cenegermin-bkbj)

The Drug Utilization Review Board recommends the prior authorization of Dextenza® (dexamethasone ophthalmic insert) with the following criteria:

Dextenza® (Dexamethasone Ophthalmic Insert) Approval Criteria:

1. An FDA approved indication of the treatment of ocular pain following ophthalmic surgery; and
2. Prescriber must verify that Dextenza® will be placed by a physician immediately following ophthalmic surgery; and
3. Date of ophthalmic surgery must be provided; and
4. A patient-specific, clinically significant reason why corticosteroid ophthalmic preparations, such as solution or suspension, typically used following ophthalmic surgery are not appropriate for the member must be provided; and
5. A quantity limit of 2 inserts per 30 days will apply.

Additionally, the Drug Utilization Review Board recommends the placement of Inveltys™ (loteprednol etabonate 1% suspension) and Lotemax® SM (loteprednol etabonate 0.38% gel) into Tier-2 of the Ophthalmic Corticosteroids Product Based Prior Authorization (PBPA) category. Current Tier-2 criteria will apply.

Ophthalmic Corticosteroids	
Tier-1	**Tier-2**
dexamethasone (Maxidex®) 0.1% susp	fluorometholone (FML Forte®) 0.25% susp
dexamethasone sodium phosphate 0.1% soln	fluorometholone (FML S.O.P®) 0.1% oint
difluprednate (Durezol®) 0.05% emul	loteprednol (Inveltys™) 1% susp
fluorometholone (Flarex®) 0.1% susp	loteprednol (Lotemax®) 0.5% gel
fluorometholone (FML Liquifilm®) 0.1% susp	loteprednol (Lotemax®) 0.5% oint
loteprednol (Lotemax®) 0.5% susp	loteprednol (Lotemax® SM) 0.38% gel
prednisolone acetate (Omnipred®) 1% susp	prednisolone acetate (Pred Forte®) 1% susp
prednisolone acetate (Pred Mild®) 0.12% susp	
prednisolone sodium phosphate 1% soln	

soln = solution; susp = suspension; emul = emulsion; oint = ointment
Tier structure based on supplemental rebate participation, and/or National Average Drug Acquisition Costs (NADAC), or Wholesale Acquisition Costs (WAC) if NADAC unavailable.

Ophthalmic Corticosteroids Tier-2 Approval Criteria:

1. Documented trials of all Tier-1 ophthalmic corticosteroids (from different product lines) in the last 30 days that did not yield adequate relief of symptoms or resulted in intolerable adverse effects; or
2. Contraindication(s) to all lower-tiered medications; or
3. A unique indication for which the Tier-1 ophthalmic corticosteroids lack.

The Drug Utilization Review Board recommends the prior authorization of Oxervate™ (cenegermin-bkbj) with the following criteria:

Oxervate™ (Cenegermin-bkbj) Approval Criteria:

1. An FDA approved diagnosis of neurotrophic keratitis; and
2. Oxervate™ must be prescribed by, or in consultation with, an ophthalmologist; and
3. Prescriber must verify that the member has persistent epithelial defect (PED) (stage 2 disease) or corneal ulceration (stage 3 disease) of at least 2 weeks duration that is refractory to 1 or more conventional non-surgical treatments for neurotrophic keratitis; and
    a. Specific non-surgical treatments and dates of trials must be listed on the prior authorization request; and
4. Prescriber must verify that the member has evidence of decreased corneal sensitivity within the area of the PED or corneal ulcer and outside of the area of the defect in at least 1 corneal quadrant; and
5. Prescriber must verify the member has been counseled on the proper administration and storage of Oxervate™; and
6. Approvals will be for a maximum duration of 8 weeks of total therapy per eye; and
7. A quantity limit of 2 weekly kits per 14 days will apply. A quantity limit override will be approved for 4 weekly kits per 14 days with prescriber documentation of treatment in both eyes.

Recommendation 9: Vote to Prior Authorize Lorbrena® (Lorlatinib), Mvasi® (Bevacizumab-awwb), and Vizimpro® (Dacomitinib)

The Drug Utilization Review Board recommends the prior authorization of Lorbrena® (lorlatinib), Mvasi® (bevacizumab-awwb), and Vizimpro® (dacomitinib) with the following criteria:

Lorbrena® (Lorlatinib) Approval Criteria [Non-Small Cell Lung Cancer (NSCLC) Diagnosis]:

1. A diagnosis of metastatic NSCLC; and
2. Tumor expresses anaplastic lymphoma kinase (ALK) translocation; and
3. Used as a single-agent as second-line therapy following disease progression on either alectinib or ceritinib; or
4. Used as a single-agent as third-line or greater therapy following disease progression on crizotinib and 1 other ALK inhibitor (i.e., ceritinib, alectinib).

Mvasi® (Bevacizumab-awwb) Approval Criteria:

1. A patient-specific, clinically significant reason why the member cannot use Avastin® (bevacizumab), which is available without prior authorization, must be provided.

Vizimpro® (Dacomitinib) Approval Criteria [Non-Small Cell Lung Cancer (NSCLC) Diagnosis]:

1. A diagnosis of metastatic NSCLC; and
2. Member has not received prior epidermal growth factor receptor (EGFR) therapy for metastatic disease; and
3. Member must meet 1 of the following:

a. EGFR exon 19 deletion; or
b. Exon 21 L858R substitution mutation.