

OKLAHOMA HEALTH CARE AUTHORITY  
BOARD MEETING  
September 16, 2020 at 3:00 P.M.  
Oklahoma Health Care Authority  
Videoconference

**AGENDA**

This meeting will occur via videoconference, but certain parties, including CEO Corbett, Chair Hupfeld, and OHCA staff, will be present at the OHCA building at 4345 N. Lincoln Blvd., Oklahoma City, OK 73105. All other OHCA Board members will participate in the videoconference from a remote location.

Videoconference Participants

Stanley Hupfeld – WebEx videoconference	Jean Hausheer, M.D. – WebEx videoconference
Alex Yaffe – WebEx videoconference	Philip Kennedy – WebEx videoconference
Robert Boyd – WebEx videoconference	Marc Nuttle – WebEx videoconference
Tanya Case – WebEx videoconference	Laura Shamblin, M.D. – WebEx videoconference
Randy Curry, D. Ph. – WebEx videoconference	

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1. Call to Order / Determination of Quorum.....Stan Hupfeld, Chair
2. Consent Agenda.....Stan Hupfeld, Chair
  - a) Approval of the June 30, 2020 OHCA Board Meeting Minutes (Attachment “A”)
  - b) Approval of State Plan Amendment Rate Committee Rates (Attachment “B”)
3. Chief Executive Officer’s Report.....Kevin Corbett, Chief Executive Officer
  - a) MCO Update (Attachment “C”)
  - b) SFY 2020 Metrics (Attachment “D”)
4. Chief of Staff’s Report.....Ellen Buettner, Chief of Staff
5. Chief Operating Officer’s Report.....Melody Anthony, Chief Operating Officer  
State Medicaid Director
6. Discussion of Report from the Legislative.....Alex Yaffe  
Advisory Committee Chair, Legislative Advisory Committee
7. Discussion of Report from the.....Phil Kennedy  
Compliance Advisory Committee Chair, Compliance Advisory Committee

8. Discussion of Report from the.....Bob Boyd  
Strategic Planning Advisory Committee Chair, Strategic Planning Advisory Committee
9. Discussion of Report from the.....Jean Hausheer, M.D.  
Administrative Rules Advisory Committee and Chair, Administrative Rules Advisory Committee  
Possible Action Regarding Agency Rulemaking (Attachment "E")
- a) Consideration and Vote on a Declaration of a Compelling Public Interest for the Promulgation of the Emergency Rule in Attachment "E" in Accordance with 75 O.S. § 253.
  - b) Consideration and Vote on Agency Recommended Rulemaking Pursuant to Article I of the Administrative Procedures Act. OHCA Requests the Adoption of the Following Emergency Rule (see Attachment "E"):
    - i. **APA WF # 20-11 Medicare Part C (Medicare Advantage) — AMENDING** agency rule at **Oklahoma Administrative Code (OAC) 317:30-3-25** will standardize the language in policy regarding the payment of Medicare deductibles, coinsurance, and copays between Medicare Part A, Part B, and Part C.
10. Discussion of Report from the Pharmacy .....Randy Curry  
Advisory Committee and Possible Action Regarding Chair, Pharmacy Advisory Committee  
Drug Utilization Board Recommendations
- a) Consideration and Vote on Recommendations Made by the Drug Utilization Review Board Pursuant to 63 O.S. § 5030.3 To Add the Following Drugs to the Utilization and Scope Prior Authorization Program under OAC 317:30-5-77.2(e) (Attachment "F"):
    - i. Absorica LD™ (Isotretinoin Capsule), Amzeeq™ (Minocycline 4% Topical Foam), Aprizio Pak™ (Lidocaine/Prilocaine 2.5%/2.5% Kit), Exservan™ (Riluzole Oral Film), Metronidazole 1% Gel, Noritate® (Metronidazole 1% Cream), Procysbi® [Cysteamine Delayed-Release (DR) Granule], Pyridostigmine 30mg Tablet, Quzyttir™ (Cetirizine Injection), Slynd™ (Drospirenone Tablet), Talicia® (Omeprazole/Amoxicillin/Rifabutin Capsule), and Tirosint® (Levothyroxine Capsule)
    - ii. Iluvien® (Fluocinolone Intravitreal Implant), Ozurdex® (Dexamethasone Intravitreal Implant), and Retisert® (Fluocinolone Intravitreal Implant)
    - iii. Isturisa® (Osilodrostat)
    - iv. Wakix® (Pitolisant)
11. Discussion and Possible Action.....Stan Hupfeld, Chair  
Possible Executive Session as Recommended by the Director of Legal Services and Authorized by the Open Meeting Act, 25 O.S. § 307(B)(7), To Discuss Confidential Legal Matters Relating to Bid Specifications Protected under 51 O.S. § 24A.10(B)
12. Adjournment.....Stan Hupfeld, Chair

NEXT BOARD MEETING  
November 18, 2020  
TBD

MINUTES OF AN AMENDED BOARD MEETING  
OF THE HEALTH CARE AUTHORITY BOARD  
June 30, 2020  
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 June 29, 2020 at 2:45 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 June 26, 2020 at 5:00 p.m.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman Hupfeld called the meeting to order at 3:04 p.m.

BOARD MEMBERS PRESENT:

Chairman Hupfeld, Vice Chairman Yaffe, Member Boyd, Member Case, Member Curry, Member Hausheer, Member Kennedy, Member Nuttle, Member Shamblin

BOARD MEMBER ABSENT:

Member Nuttle

OTHERS PRESENT:

Ernest Chiang, OHCA  
Brooke Grim  
Beverly Couch, OHCA  
April Anonsen, OHCA  
Julia Jernigan, Creative Capitol  
Anthony Lippe, OHCA  
Brent Wilborn, OKPCA  
Rosalynd Karl, OHCA  
Jimmy Durant, SSM Health  
Patrick Schlecht, OHCA  
Christine Smith, OHCA  
Amy Allen, OHCA  
Samora Johnson, OHCA  
Carolynn Ensey, OHCA  
Kasie McCarty, OHCA  
Karen Stinson, OHCA  
Melissa Boyle, OHCA  
Kristi Selensky, OHCA  
Lashonda Phillips, OHCA  
Kimrey McGinnis, OHCA  
Melanie Lawrence, OHCA  
Barbara Blue, OHCA  
Larry Dalton, ACMEDEQ  
Traylor Rains, OHCA  
Mary Brinkley, Leading Age  
Wes Glinsmann, OKMED  
Fred Mensah, OHCA  
Crystal Hooper, OHCA  
Tracy O'Shannon, OHCA  
Daryn Kirkpatrick, OHCA  
Tony Russell, OHCA  
James Lanier, OHCA  
Mitchell Evans, Humana  
Stephanie Mavredes, OHCA  
Brent Johnson, OHCA  
Wendy Payne, OHCA  
Derek Lieser, OHCA  
Nathan Valentine, OHCA

OTHERS PRESENT:

Marla Marcum, Quest  
Rebecca Cochran, OHCA  
Tewanna Edwards, OHCA  
Sandra Puebla, OHCA  
Josh Bouye, OHCA  
Lisa Jack, OHCA  
Sherry Tinsley-DeAngelis, OHCA  
Tasha Black, OHCA  
Mike Herndon, OHCA  
Mike Nordstrom, Mercer  
Susan Geyer, OHCA  
Chris Dees, OHCA  
John Gilley, The Virtue Center  
Stormy Davenport, OHCA  
Debbie Spaeth  
Melissa Klink, The Virtue Center  
Tina Largent, OHCA  
Anna Rouw, House of Representatives  
Kimberly Downing, OHCA  
Jamie Wilson-Russell, OHCA  
Dawn Watson  
Paula Crouch, OHCA  
Vivian Morris, OHCA  
Jean Kelsey  
Marty Wafford, Chickasaw Nation  
Ashley Carlisle, OHCA  
Phillip Cox, OHCA  
Carolyn Reconnu-Shoffner, OHCA  
Carolyn Berry-Greer, OHCA  
Christi Adkins, OHCA  
Jennifer Brown, OHCA  
Rosalind Moss, OHCA  
Sara Gillum, OHCA  
Nichole Burland, OHCA  
Amy Bradt, OHCA  
Trae Rahill, OHCA  
Brian Hayes, OHCA  
Breanna Russell, OHCA

OTHERS PRESENT:

Braden Mitchell, OHCA  
Christina Foss, OHCA  
Kimberly Wilson, OHCA  
Lisa Thompson, OHCA  
Lana Brown, OHCA  
Della Gregg, OHCA  
Tracy Matthews, OHCA  
David Ward, OHCA  
Ariana Garcia, OHCA  
Matt Robison, OKMED  
Katie Cummings, OHCA  
Andy Garnand, OHCA  
Allison Adams, OHCA  
Janine Archie, OHCA  
Denise Easter, OHCA  
Karen Poteet  
Nelson Solomon  
Edna Bhatti, OHCA  
Kevin Kelley, OHCA  
Audrey Ratten  
Susan Crooke, OHCA  
Andy Cohen, PHPG  
Ginger Clayton, OHCA  
Blaine Morgan, OHCA  
Melissa Richey, OHCA  
Linh Conley, OHCA  
Jimmy Witcosky, OHCA  
Erin Hodges  
Melina Evard, OHCA  
Cynthia Fenton, OHCA  
Jami Parra, OHCA  
Kyle Janzen, OHCA  
Tracy Johnson, OHCA  
Rose Peterson, OHCA  
Nelia French, OHCA  
Amanda Willett, OHCA  
Eboni Bolds, OHCA  
Aimee Merick, OHCA

Amy Wallace, OHCA  
Amy Nichols, OHCA  
Mikea Marzett, OHCA  
Shelley Wilson, OHCA  
Frances Bauman  
Suzie Megehee, OHCA  
Brooklyn Gastineau, OHCA  
Karen Beam, OHCA  
Melinda Thomason, OHCA  
Leslie Schwalbe, Optum  
April Jones, OHCA  
Elba Sisco, OHCA  
Brenda Teel, Chickasaw Nation  
Halley Kinder, OHCA  
Sheila Killingsworth, OHCA  
Sharon Givens, OHCA  
Audrey Benson, Amber Integrated  
Janette Cassel, OHCA  
Debra Montgomery, OHCA  
Rebecca Wisener, OHCA  
Harvey Reynolds, OHCA

Vanessa Andrade, OHCA  
Dawn Galaviz, OHCA  
Kimberly Lawson, OHCA  
Rebecca Boston, OHCA  
Katie Roberts, Stillwater Med  
Kim Potter, OHCA  
Adolph Maren, OHCA  
Dwyna Vick, OHCA  
Elio De Los Santos, Maximus  
Sandra Harrison, OHA  
Sam Abraham, OHCA  
Cassidy Heit, OPCA  
Paula Root  
Jennifer Laizure, OHCA  
Betsy Roth, OHCA  
Kevin Nelson, DRS  
Jennifer Lamb-Hornsby, OHCA  
Mary Dimrey, OHCA  
Steven Buck, Care of OK  
Shantice Atkins, OHCA  
Jennifer Gaskill, OHCA

Tisha Aldridge, OHCA  
Victor Clay, CC Medical  
Peter Onema, OHCA  
Karma Pearson, OHCA  
Connie Cook, OHCA  
Terry Cothran, OHCA  
Tyler Talley  
Kerri Wade, OHCA  
Sheila Bertleson, OHCA  
Tana Parrott, OHCA  
Leroy Young, OSU  
James Keethler, OHCA  
Jennifer Wynn, OHCA  
Corey Burnett, OHCA  
Mary Meyer, OHCA  
Katelynn Burns, OHCA  
Rachel Woodward  
Karen Osborne, OHCA  
Mark Star, OHCA  
Alyssa Doan, OHCA

**ITEM 2 / DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF CONSENT AGENDA WHICH INCLUDES:**

- a) Approval of the Minutes from May 18, 2020 OHCA board meeting
- b) Approval of State Plan Amendment Rate Committee Rates

**MOTION:**

Member Hausheer moved for approval of the items A and B listed in the Consent Agenda, as published. The motion was seconded by Vice-Chairman Yaffe.

**FOR THE MOTION:**

Chairman Hupfeld, Member Boyd (minutes), Member Case, Member Curry, Member Kennedy, Member Shamblin

**AGAINST THE MOTION:**

Member Boyd (Rates)

**BOARD MEMBER ABSENT:**

Member Nuttle

**ITEM 3 / CHIEF EXECUTIVE OFFICER'S REPORT**

Kevin Corbett, Chief Executive Officer

CEO Corbett provided an update on SoonerCare 2.0, COVID-19, DME Rate Analysis, Budget, HIE and Eligibility Audit status, and Diversity, Inclusiveness and Equality.

SoonerCare 2.0: OHCA withdrew its State Plan Amendment to expand, in light of the Governor vetoing the SHOPP funding bill. OHCA along with the Governor's office, issued a press release announcing that a request for proposal will be released in the late Fall of this year. Joe Moser, Health Management Associates (HMA), provided an overview of HMA and Managed Care as it stands to date. The Board requested that the key elements and metrics from HMA be distributed to the board. Mr. Corbett added that MCO Board Workgroups would be created to provide guidance during this process.

COVID-19: There have not been any positive cases at the OHCA to date. Return to work will be completed in two groups. Telehealth utilization increased by 10% from March-June. Discussions are ongoing to expand Telehealth with CMS.

DME Rate Analysis: The analysis is complete and OHCA will move forward with propose DME Rate revisions to the previously approved rate changes. The revisions will result in no reduction in rates for most DME products and will institute a rural and non-rural rate schedule. These changes will go through the regular adjustment process. The previously approved rates will not go into effect on July 1, 2020. There is no retroactive date, at this time, should the revised rates be approved at the September board meeting.

Budget: SFY21 will be impacted by the increase of enrollment as a result of increased unemployment, increased cost due to COVID, and declining state revenue base; the enhanced FMAP will help offset those increases.

HIE: Additional information has been requested of the vendors and will be reviewed.

Eligibility Audit: A press conference was scheduled last week, in which the audit results were released. Actions are underway to implement the needed improvements. Most of those actions will be operational in the next few months.

Diversity and Equality: OHCA has formed a CEO Roundtable to advise Mr. Corbett of actions needed for Diversity.

#### **ITEM 4 / CHIEF OF STAFF'S REPORT**

Ellen Buettner, Chief of Staff

Ms. Buettner provided a return to work update. OHCA staff will return to work in two groups: group 1 will return to work on July 1<sup>st</sup> and group 2 will return to work on July 15<sup>th</sup>. To date, 61% of employees will remain on permanent telework, 13% will be on a flexible work from home schedule, and 25% will return to work full-time. Increased signage has been placed throughout the agency for social distancing and limiting capacity in conference rooms.

Communications Structure: Ms. Buettner introduced Melissa Richey, OHCA Communications Director. The new Communications structure will include a group focused on external communications and the other group will focus on internal communications.

Best Places to Work Survey: The employee engagement survey was sent to OHCA staff, which received 90% response rate. The main goal for this survey is to get a better idea of areas of improvement. This data will be used for internal development moving forward.

#### **ITEM 5 / CHIEF OPERATING OFFICER'S REPORT**

Melody Anthony, Chief Operating Officer/State Medicaid Director

Ms. Anthony provided a brief Telehealth Utilization and COVID-19 Outreach overview. In light of the current pandemic, telehealth utilization increased drastically. Several of the telemedicine codes will remain available after the pandemic. OHCA Medical reviews the CPT codes that are being billed, to ensure appropriate use of these codes. Population Care Management staff are continuing the COVID outreach to our high-risk members. As of April 22<sup>nd</sup>, over 2,100 members have been contacted. Ms. Anthony also presented the questions that are being asked of the member and their child(ren). For more detailed information, see item 5 (attachment C) in the board packet.

#### **ITEM 6 / DISCUSSION OF REPORT FROM THE LEGISLATIVE ADVISORY COMMITTEE**

Alex Yaffe, Chair of the Legislative Advisory Committee

Vice-Chairman Yaffe reminded all participants to go vote.

#### **ITEM 7 / DISCUSSION OF REPORT FROM THE COMPLIANCE ADVISORY COMMITTEE**

Aaron Morris, Chief Financial Officer; Phil Kennedy, Chair of the Compliance Advisory Committee

Financials: The budget totals for the March Financials did not reflect the 6.2% enhancement for the Families First Coronavirus Response Act. The initial Program Federal Funds budget used a Federal match of 66.02% for January through March and the actual Program Federal funds received for January through March was 72.22%. This resulted in the large Medicaid Program variance in March of almost \$70M. The budget was revised to include the 6.2% federal fund enhancement. The revised budget totals are reflected in the May Financials, which resulted in the decreased Medicaid Program variance. There remains a significant variance through May (\$27M) as a result of the decreased program expenditures throughout the pandemic as well as lower than budgeted administrative expenditures

- a) Budget Work Program: Mr. Morris presented the SFY 2021 Budget Work Program which included budget information on Medical Programs, Insure Oklahoma, OHCA Administration, other state agency Medicaid programs, and revenues. OHCA will see an overall SFY 2021 revenue increase of \$472,671,484 and an expenditure increase of \$566,618,358. If the enhanced FMAP deadline gets extended, OHCA will need to do a budget revision. For more detailed information, see item 7 (attachment D) in the board packet.
- b) Consideration and Vote on SFY 2021 Budget Work Program

#### **MOTION:**

Member Kennedy moved for approval of the SFY 2021 Budget Work Program as published. The motion was seconded by Member Hausheer.

FOR THE MOTION:

Chairman Hupfeld, Vice-Chairman Yaffe, Member Boyd, Member Case, Member Curry, Member Shamblin

BOARD MEMBER ABSENT:

Member Nuttle

**ITEM 8i-iv / DISCUSSION OF REPORT FROM THE ADMINISTRATIVE RULES ADVISORY COMMITTEE AND POSSIBLE ACTION REGARDING AGENCY RULEMAKING**

Jean Hausheer, M.D., Chair of Administrative Rules Advisory Committee

- a) Consideration and Vote upon a Declaration of a Compelling Public Interest for the Promulgation of the **Emergency Rules** in Attachment "A" in Accordance with 75 O.S. § 253.
- b) Consideration and Vote of Agency Recommended Rulemaking Pursuant to Article I of the Administrative Procedures Act. OHCA Requests the Adoption of the Following Emergency Rules (see Attachment "E"):
  - i. **APA WF # 20-06A Durable Medical Equipment (DME) and Supplies Benefit Moved under the Scope of the Home Health Benefit** — ADDING agency rules at **OAC 317:30-5-211.20, 317:30-5-211.21, 317:30-5-211.22, 317:30-5-211.23, 317:30-5-211.24, 317:30-5-211.25, 317:30-5-211.26, 317:30-5-211.27, and 317:30-5-211.28;** AMENDING agency rules at **OAC 317:30-3-40, 317:30-3-57, 317:30-3-59, 317:30-5-42.16, 317:30-5-42.17, 317:30-5-133.1, 317:30-5-210, 317:30-5-210.1, 317:30-5-210.2, 317:30-5-211.1, 317:30-5-211.2, 317:30-5-211.3, 317:30-5-211.5, 317:30-5-211.6, 317:30-5-211.10, 317:30-5-211.12, 317:30-5-211.13, 317:30-5-211.14, 317:30-5-211.15, 317:30-5-211.16, 317:30-5-211.17, 317:30-5-218, 317:30-5-545, 317:30-5-546, 317:30-5-547, and 317:30-5-548;** REVOKING agency rules at **OAC 317:30-5-133.2, 317:30-5-211.9, 317:30-5-216, and 317:30-5-549**
  - ii. **APA WF # 20-06B Durable Medical Equipment (DME) and Supplies Benefit Moved under the Scope of the Home Health Benefit** — AMENDING agency rules at **OAC 317:35-18-6**
  - iii. **APA WF # 20-06C Durable Medical Equipment (DME) and Supplies Benefit Moved under the Scope of the Home Health Benefit** — AMENDING agency rules at **OAC 317:40-5-104**
  - iv. **APA WF # 20-06D Durable Medical Equipment (DME) and Supplies Benefit Moved under the Scope of the Home Health Benefit** — AMENDING agency rules at **OAC 317:50-1-14**

MOTION:

Member Hausheer moved for approval of Item 8a.i-iv as published. The motion was seconded by Member Kennedy.

FOR THE MOTION:

Chairman Hupfeld, Vice-Chairman Yaffe, Member Boyd, Member Case, Member Curry, Member Shamblin

BOARD MEMBER ABSENT:

Member Nuttle

MOTION:

Member Hausheer moved for approval of Item 8b.i-iv as published. The motion was seconded by Member Curry.

FOR THE MOTION:

Chairman Hupfeld, Vice-Chairman Yaffe, Member Boyd, Member Case, Member Kennedy, Member Shamblin

BOARD MEMBER ABSENT:

Member Nuttle

**ITEM 9i-viii / DISCUSSION OF REPORT FROM THE PHARMACY ADVISORY COMMITTEE AND POSSIBLE ACTION REGARDING DRUG UTILIZATION BOARD RECOMMENDATIONS**

Randy G. Curry, D.Ph., Chair of Pharmacy Advisory Committee

Action Item – a) Consideration and Vote Regarding Recommendations Made by the Drug Utilization Review Board Pursuant to 63 O.S. § 5030.3 to Add the Following Drugs to the Utilization and Scope Prior Authorization Program under OAC 317:30-5-77.2(e) (see Attachment “F”)

- i. Tepezza™ (Teprotumumab-trbw)
- ii. Mayzent® (Siponimod), Mavenclad® (Cladribine), and Vumerity™ (Diroximel Fumarate)
- iii. Aliqopa™ (Copanlisib), Brukinsa™ (Zanubrutinib), Polivy™ (Polatuzumab Vedotin-piiq), and Ruxience™ (Rituximab-pvvr)
- iv. Ayvakit™ (Avapritinib), Bynfezia Pen™ (Octreotide), and Tazverik™ (Tazemetostat)
- v. Pemfexy™ (Pemetrexed), Rozlytrek® (Entrectinib), and Zirabev™ (Bevacizumab-bvzr)
- vi. Ziextenzo®(Pegfilgrastim-bmez)
- vii. Palforzia™ (Peanut Allergen Powder-dnfp)
- viii. Nourianz™ (Istradefylline Tablet)

MOTION:

Member Curry moved for approval of Item 9i-viii as published. The motion was seconded by Member Hausheer.

FOR THE MOTION:

Chairman Hupfeld, Vice-Chairman Yaffe, Member Boyd, Member Case, Member Kennedy, Member Shamblin

BOARD MEMBER ABSENT:

Member Nuttle

ITEM 10 / ADJOURNMENT

MOTION:

Member Curry moved for approval for adjournment. The motion was seconded by Member Hausheer.

FOR THE MOTION:

Chairman Hupfeld, Vice-Chairman Yaffe, Member Boyd, Member Case, Member Kennedy, Member Shamblin

BOARD MEMBER ABSENT:

Member Nuttle

Meeting adjourned at 5:12 p.m., 6/30/2020

NEXT BOARD MEETING  
September 16, 2020  
Oklahoma Health Care Authority  
4345 N. Lincoln Blvd  
Oklahoma City, OK

*Martina Ordonez*  
Board Secretary

Minutes Approved: \_\_\_\_\_

Initials: \_\_\_\_\_



## STATE PLAN AMENDMENT RATE COMMITTEE

# DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES (DMEPOS) RATES

### 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?

Changes to Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) are needed to comply with the CMS Home Health final rule and the 21st Century CURES Act. Due to the Home Health final rule, Durable Medical Equipment (DME) and Supplies will change from an optional benefit to a mandatory benefit. Prosthetics and Orthotics will continue to be an optional benefit.

### 4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current methodology for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) is:

1. If the item of DMEPOS is covered by Medicare, the Medicaid fee will be equal to or a percentage of the Medicare fee schedule specific to Oklahoma that is available at the time of the fee review, unless there is documentation that the Medicare fee is insufficient for the items covered under the HCPCS code and the item is required by the Medicaid population.
2. For items of DMEPOS not paid at the Medicare fee or a percentage of the Medicare fee, the provider will be reimbursed either at a fee determined by the OHCA or through manual pricing. The fee established by OHCA will be determined from cost information for providers or manufacturers, surveys of Medicaid fees for other states, survey information from national fee analyzers, or other relevant fee-related information.
3. Manual pricing is reasonable when one HCPCS code covers a broad range of items with a broad range of costs, since a single fee may not be a reasonable fee for all items covered under the HCPCS code, resulting in access-to-care issues. Examples include: 1) HCPCS codes with a description of not otherwise covered, unclassified, or other miscellaneous items; and 2) HCPCS codes covering customized items. Effective October



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- 1, 2014, if manual pricing is used, the provider is reimbursed the documented Manufacturer's Suggested Retail Price (MSRP) less 30% or the provider's documented invoice cost plus 30%, whichever is less.
4. Payment for stationary oxygen systems (liquid oxygen systems, gaseous oxygen systems and oxygen concentrators) is based on a continuous rental, i.e., a continuous monthly payment is made as long as it is medically necessary. The rental payment includes all contents and supplies, e.g., regulators, tubing, masks, etc. Portable oxygen systems are considered continuous rental. Separate payment will not be made for maintenance, servicing, delivery, or for the supplier to pick up the equipment when it is no longer necessary. Payment for oxygen and oxygen equipment and supplies will not exceed the Medicare fee for the same HCPCS code. Stationary oxygen system and portable oxygen system rates are reduced by 15 percent for all members residing in nursing facilities (Place of Service 31, skilled nursing facility, & Place of Service 32, nursing facility). For members residing in nursing facilities, oxygen will continue to be reimbursed on a continuous rental basis.
  5. The current Medicaid fee schedule is effective for services provided on or after 01/01/10. The fee schedule will be reviewed and changes posted to the Agency's website ([www.okhca.org](http://www.okhca.org)) in relation to the State Fiscal year beginning July 1, 2010, and updated annually.
  6. Effective for services provided on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%.
  7. Effective for services provided on or after 07-01-14, the rates in effect on 06-30-14 will be decreased by 7.75%.
  8. Effective for services provided on or after 01-01-16, the rates in effect on 12-31-15 will be decreased by 3%.
- 5. NEW METHODOLOGY OR RATE STRUCTURE.**
- All services will now be tied to the Medicare fee schedule and will be updated annually. The Medicare fee schedule lists 4 rate types: non-rural, rural, a Tulsa competitive bid area, and an Oklahoma City competitive bid area. Durable Medical Equipment, Complex Rehab Technology accessories, and medical supplies will be reimbursed at 100% of the respective geographic Medicare fee schedule rates. Complex Rehab Technology (CRT) power wheelchairs, Prosthetics, Orthotics, and parenteral food and supplies will be reimbursed at 70% of the respective geographic Medicare fee schedule rates. At 70% of Medicare, all CRT power wheelchairs will see a 3-27% increase from their current price. Enteral supplies will

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be reimbursed at 125% of the respective geographic Medicare fee schedule rates. Procedure Codes E0482, E0483, and K0606 will be reimbursed at 60% of the respective geographic Medicare fee schedule rates. Procedure Codes A4351 and A4353 will be reimbursed at 65% of the respective geographic Medicare fee schedule rates. Procedure Code A4352 will be reimbursed at 75% of the respective geographic Medicare fee schedule rates. Items that Medicare does not price and does not have a current Medicaid price, OHCA will adopt the ADvantage or DDS Waiver pricing.

For products that do not have a rate published on the Medicare fee schedule, one of the following manual pricing methods will be used: Manufacturer's suggested retail price (MSRP) less 30 percent or the provider's documented invoice cost plus 30 percent, whichever is lesser of the two; or a Fair Market Value fee will be established through claims review and analysis, from cost information from providers or manufacturers, surveys of rates from other Medicaid states, or other reliable pricing data. For durable medical equipment, supplies, and appliances purchased at the pharmacy point of sale, providers will be reimbursed the equivalent of Medicare Part B, ASP + 6%. When ASP is not available, an equivalent price is calculated using Wholesale Acquisition Cost (WAC). If no Medicare, ASP, or WAC pricing is available, then the price will be calculated based on invoice cost. Durable Medical Equipment and Supplies will no longer be reimbursed separately for residents in a nursing facility.

### **6. BUDGET ESTIMATE.**

The estimated budget impact for SFY2021 and SFY2022 will be an increase in the total amount of \$2,615,007; with \$912,376 state share. This budget was presented on the previously approved brief and is not in addition to the prior approved budgeted amount.

### **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 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies:

## STATE PLAN AMENDMENT RATE COMMITTEE

- Durable Medical Equipment, Complex Rehab Technology (CRT) accessories, and medical supplies will be reimbursed at 100% of the respective geographic Medicare fee schedule rates.
- Complex Rehab Technology (CRT) power wheelchairs, Prosthetics, Orthotics, and parenteral food and supplies will be reimbursed at 70% of the respective geographic Medicare fee schedule rates.
- Enteral supplies will be reimbursed at 125% of the respective geographic Medicare fee schedule rates.
- Procedure Codes E0482, E0483, and K0606 will be reimbursed at 60% of the respective geographic Medicare fee schedule rates.
- Procedure Codes A4351 and A4353 will be reimbursed at 65% of the respective geographic Medicare fee schedule rates.
- Procedure Code A4352 will be reimbursed at 75% of the respective geographic Medicare fee schedule rates.
- For products that do not have a rate published on the Medicare fee schedule, a manual pricing method will be used.
- For items purchased at a pharmacy, pharmacy point-of-sale pricing may be used.

### 9. **EFFECTIVE DATE OF CHANGE.**

August 1, 2020 pending CMS and OHCA Board approval.

STATE PLAN AMENDMENT RATE COMMITTEE

CPT CODE D0190 RATE

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

Rate and Method Change

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

Decrease

**3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**

This is a proposal to open coverage and pay for CPT code D0190 (DENTAL SCREENING OF A PATIENT) in a school-based setting.

**4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**

The CPT code D0190 is currently paid \$0.00 in all settings.

**5. NEW METHODOLOGY OR RATE STRUCTURE.**

OHCA proposes to set the rate of CPT code D0190 in a school-based setting at 50% of the SoonerCare Dental RVU rate of for the CPT code. CPT code D0190 will continue to pay \$0.00 in all settings that are not school-based. For the school-based setting, CPT code D0190 will pay \$10.66. This rate is comparable to other payer's reimbursement for dental screenings in a school setting.

**6. BUDGET ESTIMATE.**

The estimated budget impact for the remainder of SFY2021 will be a decrease of \$5,730 total; of which \$1,834 is state share. The estimated budget impact for SFY2022 will be a decrease of \$6,876 total; of which \$1,834 is state share. The reason there is a decrease for adding coverage for a CPT code is because certain other CPT codes will no longer be allowed in a school-based setting.

**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.**



## STATE PLAN AMENDMENT RATE COMMITTEE

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee approve the rate and method change to pricing for CPT code D0190 in a school-based setting at \$10.66.

- 9. EFFECTIVE DATE OF CHANGE.**  
September 1, 2020

**STATE PLAN AMENDMENT RATE COMMITTEE**

**SPEECH- LANGUAGE PATHOLOGY CLINICAL FELLOWSS**

**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 Oklahoma Health Care Authority (OHCA) recommends a revision to the current methodology of Speech-Language Pathology Clinical Fellows.

**4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**

Speech-Language Pathology Clinical Fellows are not currently contracted with or reimbursed. Speech-Language Pathology Clinical Fellows were approved to be paid 85% of a fully licensed Speech-Language Pathology provider at the March 2020, State Plan Amendment Rate Committee and OHCA Board.

**5. NEW METHODOLOGY OR RATE STRUCTURE.**

The proposed methodology is to pay Speech-Language Pathology Clinical Fellows 100% of Speech-Language Pathologists.

**6. BUDGET ESTIMATE.**

The updated changes will be budget neutral from the previous approved budget estimate. The previous approved budget impact was for Physical Therapy Assistants, Occupational Therapy Assistants, and Speech-Language Pathology Assistants & Clinical Fellows. Due to the delaying of this project by one month, this change will be budget neutral.

**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 methodology to pay Speech-Language Pathology Assistants and Clinical Fellows 100% of Speech-Language Pathologists.



## STATE PLAN AMENDMENT RATE COMMITTEE

**9. EFFECTIVE DATE OF CHANGE.**

February 1, 2021, Pending CMS Approval

**STATE PLAN AMENDMENT RATE COMMITTEE**

**MEDICARE DUAL SPECIAL NEED PLANS (D-SNP) HMO CLAIMS**

**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?**

The Oklahoma Health Care Authority (OHCA) recommends a revision to the current methodology for Medicare Dual Special Need Plans (D-SNP) HMO Claims.

**4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**

Medicare Dual Special Need Plans (D-SNP) HMO Claims are currently paid for a capped HMO copay only.

**5. NEW METHODOLOGY OR RATE STRUCTURE.**

The proposed methodology is to pay Medicare Dual Special Need Plans (D-SNP) HMO Claims the same percentage of coinsurance and deductible that Medicare Dual Special Need Plans (D-SNP) PPO Claims are paid.

**6. BUDGET ESTIMATE.**

The proposed changes will be budget neutral. Most claims will see a slight decrease, and a minimal amount of claims with high cost procedure codes will see a significant increase.

**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 approve the proposed methodology to pay Medicare Dual Special Need Plans (D-SNP) HMO Claims the same percentage of coinsurance and deductible that Medicare Dual Special Need Plans (D-SNP) PPO Claims are paid.





## STATE PLAN AMENDMENT RATE COMMITTEE

### 9. EFFECTIVE DATE OF CHANGE.

November 1, 2020

**STATE PLAN AMENDMENT RATE COMMITTEE**

**DEVELOPMENTAL DISABILITIES SERVICES JOB COACHING RATE  
INCREASE**

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

Rate Change

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

Increase

**3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?**

Oklahoma Department of Human Services (OKDHS) – Developmental Disabilities Services (DDS) is seeking to implement a provider rate increase for the Job Coaching Individual rate and identify a group size for the Job Coaching and Enhanced Job Coaching rates. This increase is reflective of the Centers for Medicare and Medicaid Services (CMS) final rule to support individuals to work in competitive integrated settings and the Oklahoma Human Services True North Goals.

In addition, DDS is seeking to start two new services; Job Coaching (Groups of 2-3) and Enhance Job coaching (Groups of 2-3). The current rate for Job Coaching and Enhanced Job Coaching will remain the same but serve groups of 4-5.

The services are available to recipients on the Medicaid In-Home Supports Waiver for Adults, Homeward Bound Waiver and Community Based Waiver.

**4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**

The current rate structure for services provided in the proposed rate changes are fixed and uniform rates established through the State Plan Amendment Rate Committee process. The services, current service codes and rates are as follows:

Description	Service Code	Current Rate
Job Coaching Individual	T2019 U4	\$18.48
Job Coaching	T2019 TF	\$13.88
Enhanced Job Coaching Services	T2019 TG	\$16.16

**STATE PLAN AMENDMENT RATE COMMITTEE**
**5. NEW METHODOLOGY OR RATE STRUCTURE.**

The new rates are based on the individual rate required to pay the job coach \$15 per hour plus the administrative cost. The group was split and a small incentive is provided for those in the group of 2-3.

Description	Service Code	Proposed Rate	Annualized
Job Coaching Individual	T2019 U4	\$25.00	\$3,276,300
Job Coaching (Groups of 4-5)	T2019 TF	\$13.88	No change in cost
Job Coaching (Groups of 2-3)	T2019 HQ	\$15.00	\$13,500,000
Enhanced Job Coaching Services (Groups of 2-3)	T2019 TG-HQ	\$17.28	\$2,851,200
Enhanced Job Coaching Service (Groups of 4-5)	T2019 TG	\$16.16	No change in cost

**6. BUDGET ESTIMATE.**

The estimated budget impact for the remainder of SFY2021 is an increase in the total amount of \$14,720,625; with \$4,679,685 in state share. The estimated budget impact for SFY2022 is an increase in the total amount of \$19,627,500; with \$6,239,582 in state share. The state share will be paid by OKDHS. OKDHS attests it has adequate funding to pay the state share of the projected cost of services.

**7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**

A rate increase and new services will bring the rate up to a competitive level and will not have a negative impact on access to care.

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

OKDHS requests the State Plan Amendment Rate Committee approve the rates identified above.

**9. EFFECTIVE DATE OF CHANGE.**

October 1, 2020

**STATE PLAN AMENDMENT RATE COMMITTEE**

**NON – IMD RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT FACILITY 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 Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) proposes a new provider type and rates for substance abuse services provided in residential treatment facilities (RTFs) with 16 beds or less. This change is requested contingent on approval of a State Plan Amendment.

**4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**

Medicaid rates do not currently exist for substance abuse services provided when a SoonerCare member resides in an RTF with 16 beds or less

**5. NEW METHODOLOGY OR RATE STRUCTURE.**

The new reimbursement methodology will have two (2) components:

- Per diem rates developed from historical ODMHSAS rates and the American Society of Addiction Medicine (ASAM) levels of care (LOC) placement criteria
- Performance-based bonus payments to promote the goals and outcomes of residential treatment

**Residential SUD Per Diem Fee Schedule**

ASAM LOC	Placement Criteria	ODMHSAS Service Description	Current ODMHSAS Rate	Proposed Medicaid Rate	Notes
3.1	Clinically Managed Low-Intensity Residential Services for Adolescents	Halfway House Services	\$63.00	\$63.00	Physician direct services and medications are separately billable

**STATE PLAN AMENDMENT RATE COMMITTEE**

	Clinically Managed Low-Intensity Residential Services for Adults	Halfway House Services	\$ 46.00	\$46.00	Physician direct services and medications are separately billable
3.3	Clinically Managed Population-Specific High Intensity Residential Services for adults only	Residential Treatment for Co-occurring Disorders	\$100.00	\$100.00	Physician direct services and medications are separately billable
3.5	Clinically Managed Medium-Intensity Residential Services for Adolescents	Residential Treatment	\$135.00	\$135.00	Physician direct services and medications are separately billable
	Clinically Managed High-Intensity Residential Services for Adults	Residential Treatment	\$ 85.00	\$ 85.00	Physician direct services and medications are separately billable
Intensive Residential Treatment		\$160.00	\$160.00		
3.7	Medically Monitored High-Intensity Inpatient Services for Adolescents	Medically Supervised Withdrawal Management	\$200.00	\$200.00	Physician direct services and medications are separately billable
	Medically Monitored Intensive Inpatient Services Withdrawal Management for Adults	Medically Supervised Withdrawal Management	\$200.00	\$200.00	
<b>Residential Family-Based Treatment Programs</b> – Allow parents and their children to remain together while the parent receives SUD treatment. Women and children have treatment plans and receive appropriate services, with the goal of improved outcomes and parenting skills.					
		Halfway House Services	\$63.00/ \$117.00	\$117.00	Physician direct services and

**STATE PLAN AMENDMENT RATE COMMITTEE**

3.1		Residential Treatment	\$100.00	\$180.00	medications are separately billable.
3.5	Specialty Programs for Pregnant and Parenting Women	Intensive Residential Treatment	\$132.00	\$250.00	Treatment services for dependent children are separately billable and paid based on the established Medicaid fee schedule.

**Performance Based Payments:**

Using state-defined measures, an analysis will be performed to determine which providers will receive a performance-based payment. The amount available for all measures is up to 10% of per diem payments paid to providers in the reporting period. To earn the performance-based payment, each provider must meet or exceed the state benchmark for all measures. If all measures are met or exceeded, the provider will receive a bonus in the amount of 10% of per diem payments paid to the provider within the reporting period.

**6. BUDGET ESTIMATE.**

The estimated budget impact for SFY2021 is \$523,643.65 total/\$167,618.33 state share (9 months). The estimated budget impact for SFY2022 is \$727,041.37 total/\$232,725.94 state share. The budget impact includes the estimated cost of performance based payments. The state share will be paid by ODMHSAS. ODMHSAS attests it has adequate funding to pay the state share of the projected cost of services.

**7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**

The ODMHSAS has determined that this change will have a positive impact in that the State Plan Amendment will provide access to substance use treatment by allowing Medicaid coverage and reimbursement for services provided to eligible adults and adolescents in non-IMD residential treatment settings.

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



## STATE PLAN AMENDMENT RATE COMMITTEE

The ODMHSAS requests the SPARC to approve the proposed per diem reimbursement rates and performance based payment methodology for RTFs.

**9. EFFECTIVE DATE OF CHANGE.**

October 1, 2020, Pending CMS Approval

**STATE PLAN AMENDMENT RATE COMMITTEE**

**IMD RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT FACILITY  
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 Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) proposes a new provider type and rates for substance abuse services provided in residential treatment facilities (RTFs) with 17 beds or more. This change is requested contingent on approval of the 1115(a) Institution for Mental Disease (IMD) Waiver for Serious Mental Illness (SMI) and Substance Use Disorder (SUD).

**4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.**

Medicaid rates do not currently exist for substance use disorder services provided when a SoonerCare member resides in an RTF with 17 beds or more.

**5. NEW METHODOLOGY OR RATE STRUCTURE.**

The new reimbursement methodology will have two (2) components:

- Per diem rates developed from historical ODMHSAS rates and the American Society of Addiction Medicine (ASAM) levels of care (LOC) placement criteria
- Performance-based bonus payments to promote the goals and outcomes of the waiver

Residential SUD Per Diem Fee Schedule

ASAM LOC	Placement Criteria	ODMHSAS Service Description	Current ODMHSAS Rate	Proposed Medicaid Rate	Notes
3.1	Clinically Managed Low-Intensity Residential Services for Adolescents	Halfway House Services	\$63.00	\$63.00	Physician direct services and medications are



**STATE PLAN AMENDMENT RATE COMMITTEE**

					separately billable
	Clinically Managed Low-Intensity Residential Services for Adults	Halfway House Services	\$ 46.00	\$46.00	Physician direct services and medications are separately billable
3.3	Clinically Managed Population-Specific High Intensity Residential Services for adults only	Residential Treatment for Co-occurring Disorders	\$100.00	\$100.00	Physician direct services and medications are separately billable
3.5	Clinically Managed Medium-Intensity Residential Services for Adolescents	Residential Treatment	\$135.00	\$135.00	Physician direct services and medications are separately billable
	Clinically Managed High-Intensity Residential Services for Adults	Residential Treatment	\$ 85.00	\$ 85.00	Physician direct services and medications are separately billable
Intensive Residential Treatment		\$160.00	\$160.00		
3.7	Medically Monitored High-Intensity Inpatient Services for Adolescents	Medically Supervised Withdrawal Management	\$200.00	\$200.00	Physician direct services and medications are separately billable
	Medically Monitored Intensive Inpatient Services Withdrawal Management for Adults	Medically Supervised Withdrawal Management	\$200.00	\$200.00	
Residential Family-Based Treatment Programs – Allow parents and their children to remain together while the parent receives SUD treatment. Women and children have treatment plans and receive appropriate services, with the goal of improved outcomes and parenting skills.					
		Halfway House Services	\$63.00/ \$117.00	\$117.00	Physician direct services and

**STATE PLAN AMENDMENT RATE COMMITTEE**

3.1		Residential Treatment	\$100.00	\$180.00	medications are separately billable.
3.5	Specialty Programs for Pregnant and Parenting Women	Intensive Residential Treatment	\$132.00	\$250.00	Treatment services for dependent children are separately billable and paid based on the established Medicaid fee schedule.

**Performance Based Payments:**

Using state-defined measures, an analysis will be performed to determine which providers will receive a performance-based payment. The amount available for all measures is up to 10% of per diem payments paid to providers in the reporting period. To earn the performance-based payment, each provider must meet or exceed the state benchmark for all measures. If all measures are met or exceeded, the provider will receive a bonus in the amount of 10% of per diem payments paid to the provider within the reporting period.

**6. BUDGET ESTIMATE.**

The estimated budget impact for SFY2021 is \$13,194,188.25 total/\$4,223,459.66 state share (9 months). The estimated budget impact for SFY2022 is \$19,542,886 total/\$6,255,677.81 state share. The budget impact includes the estimated cost of performance based payments. The state share will be paid by ODMHSAS. ODMHSAS attests it has adequate funding to pay the state share of the projected cost of services.

**7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.**

The ODMHSAS has determined that this change will have a positive impact in that the waiver will provide access to mental health and substance use treatment by allowing Medicaid coverage and reimbursement for services provided to eligible adults with SMI/SUD, ages 21-64, within



## STATE PLAN AMENDMENT RATE COMMITTEE

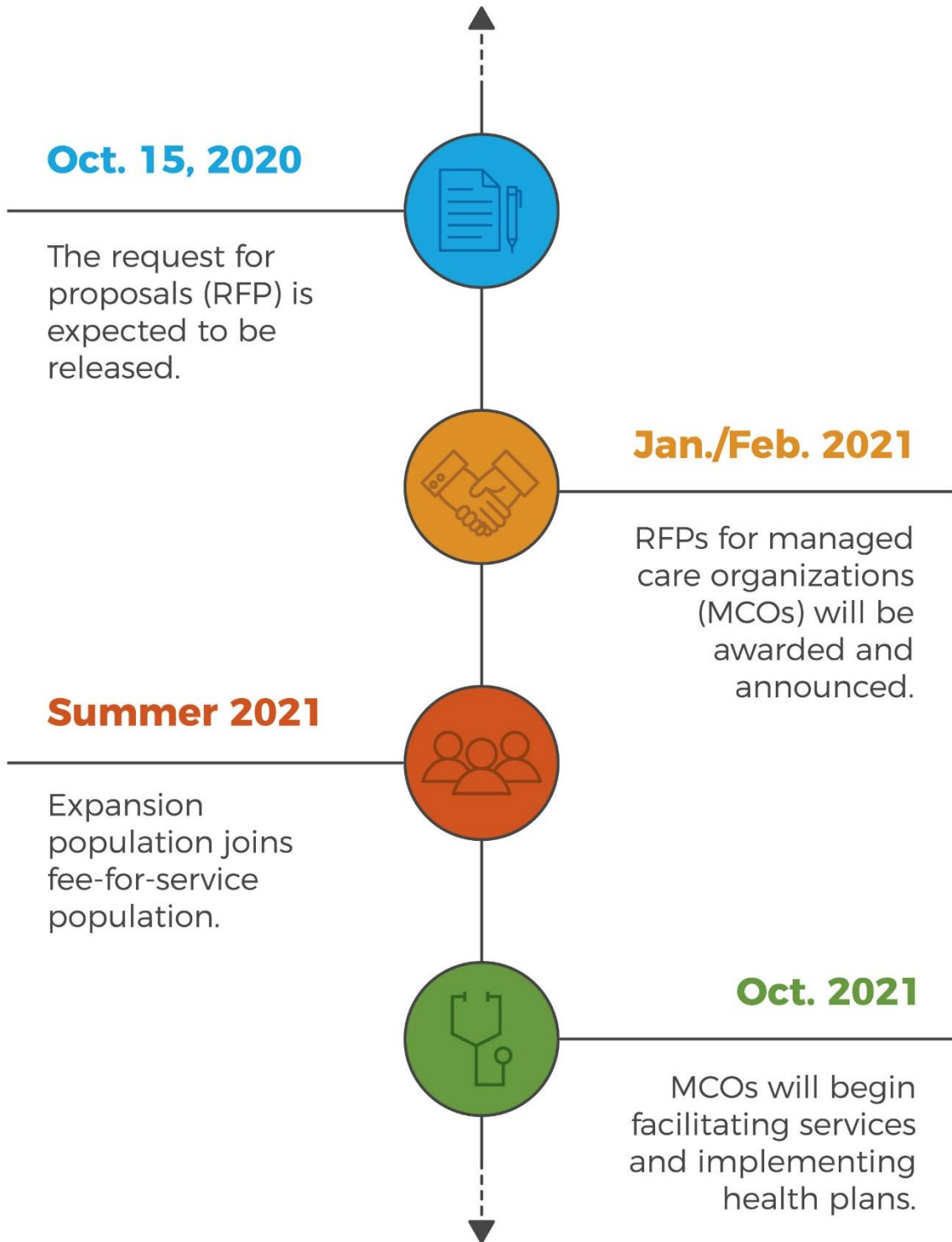
IMDs. Additionally, individuals under the age of 21 will be eligible to receive residential SUD services within an IMD.

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

The ODMHSAS requests the SPARC to approve the proposed per diem reimbursement rates and performance based payment methodology for RTFs.

**9. EFFECTIVE DATE OF CHANGE.**

October 1, 2020, pending CMS approval.



**ADDRESS**

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



**WEBSITES**

okhca.org  
mysoonercare.org



**PHONE**

Admin: 405-522-7300  
Helpline: 800-987-7767



# YEAR IN REVIEW

SFY 2019 – SFY 2020

OKLAHOMA HEALTH CARE AUTHORITY  
4345 N. LINCOLN BLVD. | [OKHCA.ORG](http://OKHCA.ORG) |   

# OUR MEMBERS

## Total Enrollment



**0.7% Increase**

SFY19: 998,209

SFY20: 1,005,671

## Net Additions of New Members

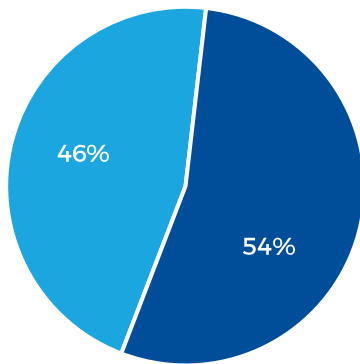


**10.1% Increase**

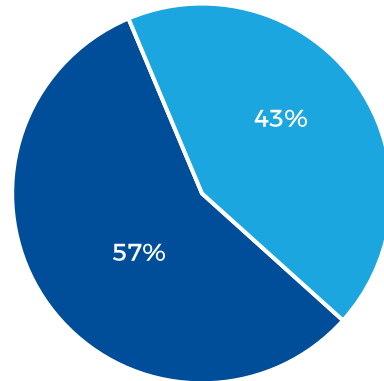
SFY19: 184,764

SFY20: 203,389

## FY 2020 Urban/Rural, Gender and Age

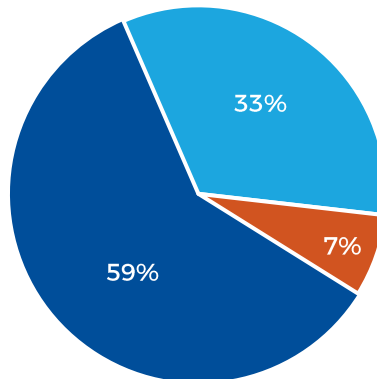


■ Rural ■ Urban



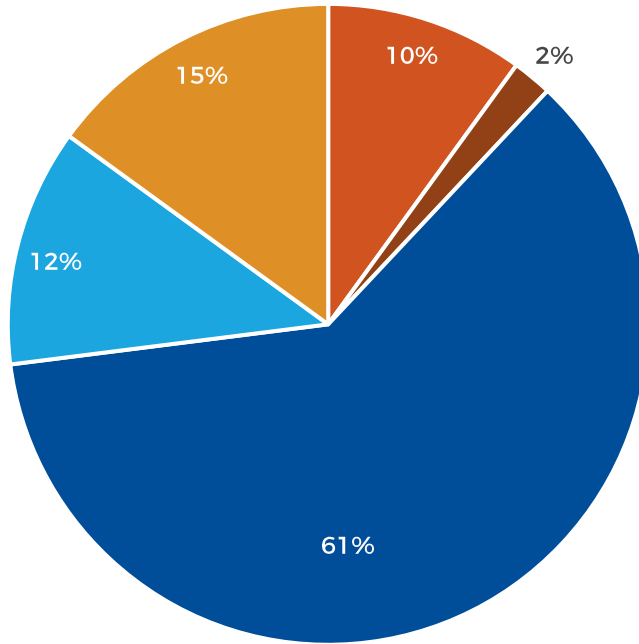
■ Female ■ Male

Other: (State Office/Custody or Out of State Address)



■ Children (0-18) ■ Adults (19-64) ■ Adults 65 & Older

### Race



- American Indian
- Caucasian
- Declined to Answer/Two or More Races
- Asian or Pacific Islander
- Black or African America

Note: Hispanic ethnicity is separate from race for member data so Hispanic members are listed above in their self-reported race. Hispanic or Latino members make up 18% of the population.

### OHCA Deliveries

**1.4% Decrease**

CY18: 18,453

CY19: 18,068

### Percent of Oklahoma Births

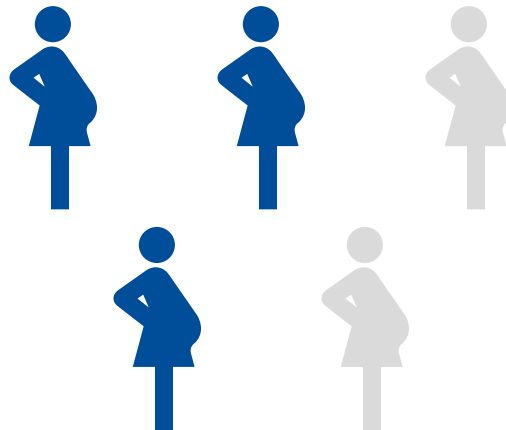
Covered by OHCA

**0.3% Increase**

CY18: 57.1%

CY19: 57.4%

### Births



# SERVICES



## Average Number of Services per Member

**0.5% Decrease**

SFY19: 49.1

SFY20: 48.8

Note: Paid claims only



## Average Days to Process Claims

**0.3% Decrease**

SFY19: 9.91

SFY20: 9.88

## Cost of Average Services per Member

Inpatient Services	Nursing Facility	Outpatient Hospital	Physician	Prescribed Drugs
<b>13.1% Increase</b>	<b>21.4% Increase</b>	<b>1.6% Decrease</b>	<b>8.6% Increase</b>	<b>8.9% Increase</b>
SFY19: \$4,611	SFY19: \$27,217	SFY19: \$796	SFY19: \$757	SFY19: \$1,102
SFY20: \$5,214	SFY20: \$33,033	SFY20: \$783	SFY20: \$822	SFY20: \$1,200

## ER Visits

ER Visits

**7.8% Decrease**

SFY19: 532,237

SFY20: 490,530

Members Using ER

**5.7% Decrease**

SFY19: 269,869

SFY20: 254,514







### Medical PAs Completed

**2.6% Increase**

SFY19: 94,335

SFY20: 96,834

Completed <7 Days

**0.8% Increase**

SFY19: 74.8%

SFY20: 75.4%



### Therapy PAs Completed

**39.5% Increase**

SFY19: 96,319

SFY20: 134,405

Completed <7 Days

**3.9% Increase**

SFY19: 53.4%

SFY20: 55.5%



### Dental PAs Completed

**10.3% Decrease**

SFY19: 69,602

SFY20: 62,455

Completed <7 Days

**32.7% Increase**

SFY19: 50.4%

SFY20: 66.9%



### DME PAs Completed

**24.7% Decrease**

SFY19: 87,556

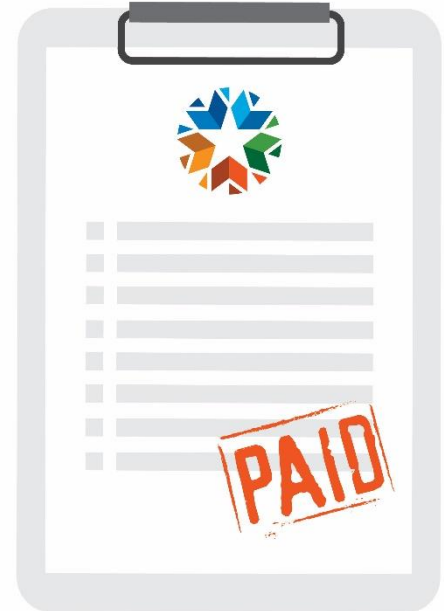
SFY20: 65,950

Completed <7 Days

**12.2% Increase**

SFY19: 75.7%

SFY20: 84.9%



### Number of Paid Claims

**1.4% Decrease**

SFY19: 48,598,046

SFY20: 47,897,626

### Total Claims Expenditures

**2.0% Increase**

SFY19: \$5,782,770,268

SFY20: \$5,899,101,855

# FINANCE

## Average Cost per Member



**3.3% Increase**

SFY19: \$4,795

SFY20: \$4,954

## Cost Trend

Adult (21 & Older)

**3.1% Increase**

SFY19: \$8,604

SFY20: \$8,874

Child (Under 21)

**3.3% Increase**

SFY19: \$2,761

SFY20: \$2,853

ABD

**8.3% Increase**

SFY19: \$12,089

SFY20: \$13,096

LTC Member in Nursing  
Facility

**20.1% Increase**

SFY19: \$29,137

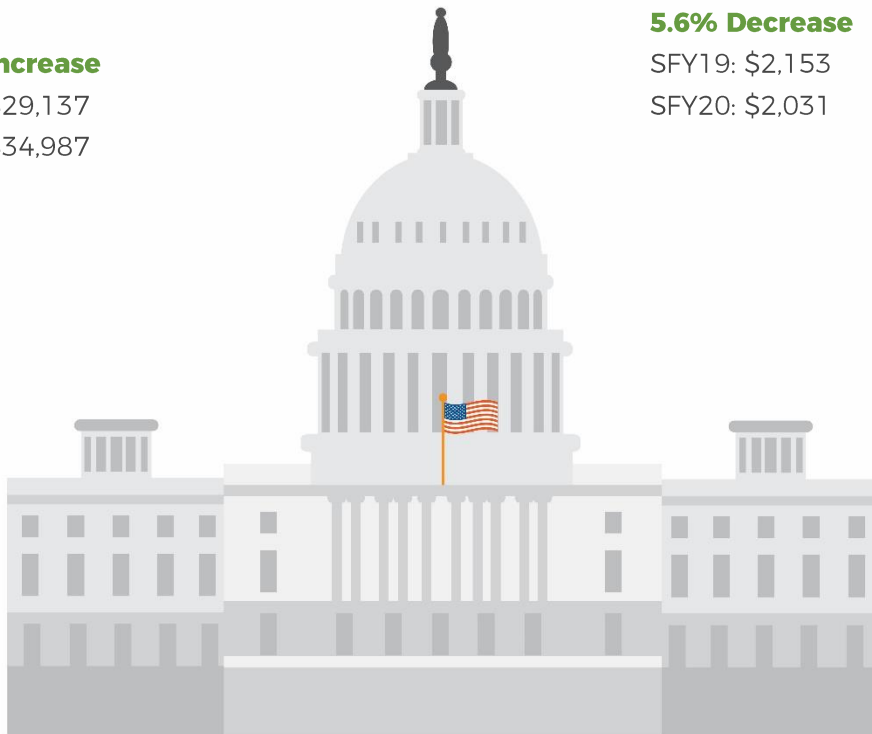
SFY20: \$34,987

Children & Parent/Caregiver

**5.6% Decrease**

SFY19: \$2,153

SFY20: \$2,031



# AGENCY OPERATIONS

## Member Calls Received/Answered



**2.3% Increase**  
SFY19: 804,816  
SFY20: 823,026

## Provider Calls Received/Answered



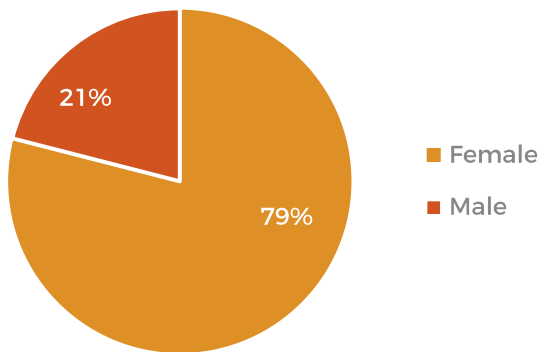
**4.3% Decrease**  
SFY19: 459,732  
SFY20: 439,990

## Member Wait Time

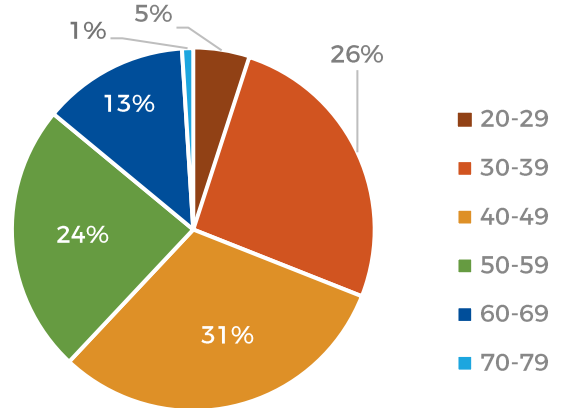


**44.9% Decrease**  
SFY19: 4.9 Seconds  
SFY20: 2.7 Seconds

## FY 2020 Full-Time Employee Gender *as of August 2020*



## FY 2020 Full-Time Employee Age *as of August 2020*



## Average Tenure *as of August 2020* **10.8 Years**

### Total Admin

**0.39% Decrease**

FY19: \$211,868,981

FY20: \$211,039,096

Amount Change = -\$829,885

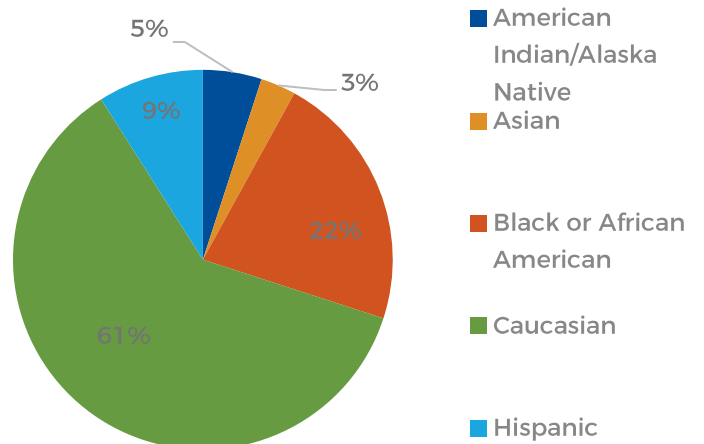
### Admin as Percent of Total Program

FY19: 3.73%

FY20: 3.58%

## Race

*For employee data Hispanic as included as a race.  
As of August 2020.*



**September Board  
Proposed Rule Change**

A tribal consultation regarding the following proposed change was held on Tuesday, July 7, 2020. Additionally, the proposed rule was presented at the Medical Advisory Committee (MAC) meeting on Thursday, September 10, 2020.

The following work folder was posted on the OHCA public website for a public comment period.

**The following emergency rule HAS NOT previously been approved by the Board.**

- A. APA WF # 20-11 Medicare Part C (Medicare Advantage) — AMENDING agency rules at *Oklahoma Administrative Code (OAC) 317:30-3-25* will standardize the language in policy regarding the payment of Medicare deductibles, coinsurance, and copays between Medicare Part A, Part B, and Part C.  
**Budget Impact: Budget neutral****

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

SUBCHAPTER 3. GENERAL PROVIDER POLICIES

PART 1. GENERAL SCOPE AND ADMINISTRATION

**317:30-3-25. Crossovers ~~(coinsurance and deductible)~~ (deductibles, coinsurance, and copays)**

(a) **Medicare Part BA.** Payment is made for Medicare ~~deductible and coinsurance~~ deductibles, coinsurance, and copays on behalf of eligible individuals according to the methodology outlined in the Oklahoma Medicaid State Plan.

(b) **Medicare Part AB.** Payment is made for Medicare ~~deductible and coinsurance~~ deductibles, coinsurance, and copays on behalf of eligible individuals according to the methodology outlined in the Oklahoma Medicaid State Plan.

~~(c) **Medicare Advantage Plans.** Payment is made for Medicare HMO copayments. For services offered by Medicare Advantage Plans that revert to traditional Medicare type benefits, payment is made for coinsurance and deductibles according to subsection (a) and (b) in this section.~~

(c) **Medicare Part C (Medicare Advantage Plans).** Payment is made for Medicare deductibles, coinsurance, and copays on behalf of eligible individuals according to the methodology outlined in the Oklahoma Medicaid State Plan.

## Oklahoma Health Care Authority Board Meeting – Drug Summary

Drug Utilization Review Board Meeting – July 8, 2020

Recommendation/ Vote	Drug	Used for	Cost*	Notes
1	Absorica LD™	<ul style="list-style-type: none"> <li>• Severe recalcitrant nodular acne</li> </ul>	•\$21,352.80 per course	<ul style="list-style-type: none"> <li>• Generics available without a PA</li> </ul>
	Amzeeq™	<ul style="list-style-type: none"> <li>• Non-nodular moderate-to severe acne vulgaris</li> </ul>	•\$467.70	<ul style="list-style-type: none"> <li>• Other more cost effective topical antibiotics w/o PA</li> </ul>
	Aprizio Pak™	<ul style="list-style-type: none"> <li>• Local anesthetic</li> </ul>	•\$1,350.86	<ul style="list-style-type: none"> <li>• More cost effective options w/o PA</li> </ul>
	Exservan™	<ul style="list-style-type: none"> <li>• Amyotrophic Lateral Sclerosis (ALS)</li> </ul>	•N/A	<ul style="list-style-type: none"> <li>• Oral film; generic tablets w/o PA</li> </ul>
	Metronidazole 1% Gel	<ul style="list-style-type: none"> <li>• Rosacea</li> </ul>	•\$102	<ul style="list-style-type: none"> <li>• Other cost effective generics w/o PA</li> </ul>
	Noritate®	<ul style="list-style-type: none"> <li>• Rosacea</li> </ul>	•\$1,956.50	<ul style="list-style-type: none"> <li>• Other cost effective generics w/o PA</li> </ul>
	Procysbi® DR	<ul style="list-style-type: none"> <li>• Nephropathic Cystinosis</li> </ul>	•\$48,633.60 per 30 days	<ul style="list-style-type: none"> <li>• Other cost effective products w/o PA</li> </ul>
	Pyridostigmine 30 mg tab	<ul style="list-style-type: none"> <li>• Myasthenia Gravis</li> </ul>	•\$4,176.00 per 30 days	<ul style="list-style-type: none"> <li>• Other cost effective generics w/o PA</li> </ul>
	Quzyttir™	<ul style="list-style-type: none"> <li>• Acute Urticaria</li> </ul>	•\$300 per dose	<ul style="list-style-type: none"> <li>• IV cetirizine; oral cost effective generics w/o PA</li> </ul>
	Slynd™	<ul style="list-style-type: none"> <li>• Oral Contraceptive</li> </ul>	•\$185.08 per 28 days	<ul style="list-style-type: none"> <li>• Other cost effective contraceptives w/o PA</li> </ul>

## Oklahoma Health Care Authority Board Meeting – Drug Summary

	Talicia®	• Helicobacter pylori (H. pylori) infection	• \$650.16 per regimen	• Triple drug therapy; single ingredient cost effective generics w/o PA
	Tirosint®	• Hypothyroidism	• \$127.20 - \$133.20 per 30 days	• Other cost effective generics w/o PA
2	Iluvien®	• Intravitreal Steroid Implants for macular edema and non-infectious uveitis	• \$244.44 per 30 days	• Other ophthalmic steroids available w/o PA
	Ozurdex®		• \$333.25-\$444.33 per 30 days	
	Retisert®		• \$634.17 per 30 days	
3	Isturisa®	• Cushing's Disease	• \$1,026,000 per year at the maximum recommended dose	• Used if surgery is ineffective or patient is not a good candidate for surgery
4	Wakix®	• Narcolepsy	• \$11,370 per 30 days	• Other cost effective products w/o PA

\*Costs do not reflect rebated prices or net costs. Costs based on National Average Drug Acquisition Costs (NADAC) or Wholesale Acquisition Costs (WAC) if NADAC unavailable. N/A = not available at the time of publication.



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**Recommendation 1: Vote to Prior Authorize Absorica LD™, Amzeeq™, Aprizio Pak™, Exservan™, Metronidazole 1% Gel, Noritate®, Procysbi®, Pyridostigmine 30mg Tablet, Quzyttir™, Slynd™, Talicia®, and Tirosint®**

The Drug Utilization Review Board recommends the prior authorization of Absorica LD™ (Isotretinoin Capsule), Amzeeq™ (Minocycline 4% Topical Foam), Aprizio Pak™ (Lidocaine/Prilocaine 2.5%/2.5% Kit), Exservan™ (Riluzole Oral Film), Metronidazole 1% Gel, Noritate® (Metronidazole 1% Cream), Procysbi® [Cysteamine Delayed-Release (DR) Granule], Pyridostigmine 30mg Tablet, Quzyttir™ (Cetirizine Injection), Slynd™ (Drospirenone Tablet), Talicia® (Omeprazole/Amoxicillin/Rifabutin Capsule), and Tirosint® (Levothyroxine Capsule) with the following criteria:

**Absorica LD™ (Isotretinoin Capsule) Approval Criteria:**

1. An FDA approved diagnosis of severe recalcitrant nodular acne in non-pregnant patients 12 years of age and older with multiple inflammatory nodules with a diameter of 5mm or greater; and
2. Absorica LD™ is not covered for members older than 20 years of age; and
3. Prescriber must verify member is enrolled in the iPLEDGE REMS program; and
4. Prescriber must verify lipid profile and liver function tests will be monitored prior to initiation of Absorica LD™ and at regular intervals during treatment in accordance with the prescribing information; and
5. A patient-specific, clinically significant reason why the member cannot use other isotretinoin capsules available without prior authorization must be provided; and
6. A recent patient weight must be provided on the prior authorization request in order to authorize the appropriate amount of medication according to drug labeling.

**Amzeeq™ (Minocycline 4% Topical Foam) Approval Criteria:**

1. An FDA approved indication of inflammatory lesions of non-nodular, moderate-to-severe acne vulgaris; and



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2. Member must be 9 years of age or older; and
3. Amzeeq™ is not covered for members older than 20 years of age; and
4. A patient-specific, clinically significant reason why the member cannot use erythromycin 2% topical solution or clindamycin 1% topical solution, which are available without prior authorization, must be provided; and
5. A quantity limit of 30 grams per 30 days will apply.

**Aprizio Pak™ (Lidocaine/Prilocaine 2.5%/2.5% Kit) Approval Criteria:**

1. A patient-specific, clinically significant reason why the member cannot use the standard formulation of lidocaine/prilocaine 2.5%/2.5% cream, which is available without prior authorization, must be provided.

**Exservan™ (Riluzole Oral Film) and Approval Criteria:**

1. An FDA approved indication for the treatment of amyotrophic lateral sclerosis (ALS); and
2. A patient-specific, clinically significant reason why the member cannot use riluzole tablets, even when tablets are crushed, must be provided; and
3. A quantity limit of 2 films per day or 60 films per 30 days will apply for Exservan™.

**Metronidazole 1% Gel Approval Criteria:**

1. A patient-specific, clinically significant reason why the member cannot use metronidazole 0.75% gel, which is available without prior authorization, must be provided; and
2. Metronidazole 1% gel is not covered for members older than 20 years of age.

**Noritate® (Metronidazole 1% Cream) Approval Criteria:**

1. A patient-specific, clinically significant reason why the member cannot use metronidazole 0.75% cream, which is available without prior authorization, must be provided; and
2. Noritate® is not covered for members older than 20 years of age.



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**Procysbi® (Cysteamine Bitartrate) Delayed-Release Granule Approval Criteria:**

1. An FDA approved diagnosis of nephropathic cystinosis; and
2. A patient-specific, clinically significant reason why the member cannot use the short-acting formulation Cystagon® (cysteamine bitartrate) must be provided; and
3. Use of Procysbi® granules will require a patient-specific, clinically significant reason why the member cannot use the capsule formulation of Procysbi®.

**Pyridostigmine 30mg Tablet Approval Criteria:**

1. A patient-specific, clinically significant reason why the member cannot use pyridostigmine 60mg tablets, which are available without prior authorization, must be provided.

**Quzyttir™ (Cetirizine Injection) Approval Criteria:**

1. A patient-specific, clinically significant reason why the member cannot use an oral formulation of cetirizine (e.g., tablets, oral solution) must be provided.

**Slynd™ (Drospirenone Tablet) Approval Criteria:**

1. A patient-specific, clinically significant reason why the member cannot use alternative formulations of hormonal contraceptives, which are available without a prior authorization, must be provided.

**Talicia® (Omeprazole/Amoxicillin/Rifabutin Capsule) Approval Criteria:**

1. An FDA approved diagnosis; and
2. A patient-specific, clinically significant reason why the member cannot use the individual components of other triple-therapy treatments approved for the same diagnosis (e.g., omeprazole, amoxicillin, and clarithromycin), which are available without prior authorization, must be provided; and
3. A quantity limit of 168 capsules per 14 days will apply.

**Tirosint® (Levothyroxine Capsule) Approval Criteria:**

1. An FDA approved diagnosis of 1 of the following:



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- a. Hypothyroidism: As replacement therapy in primary (thyroidal), secondary (pituitary), and tertiary (hypothalamic) congenital or acquired hypothyroidism; or
  - b. Pituitary Thyrotropin (Thyroid-Stimulating Hormone, TSH) Suppression: As an adjunct to surgery and radioiodine therapy in the management of thyrotropin-dependent well-differentiated thyroid cancer; and
2. A patient-specific, clinically significant reason why the member cannot use all other formulations of levothyroxine must be provided; and Prescriber must verify member has been compliant with levothyroxine tablets at a maximum dose for at least 8 weeks; and
  4. Prescriber must verify that member has not been able to achieve normal thyroid lab levels despite maximum dosing and compliance with levothyroxine tablets

## **Recommendation 2: Vote to Prior Authorize Iluvien®, Ozurdex®, and Retisert®**

The Drug Utilization Review Board recommends the prior authorization of Iluvien® (Fluocinolone Intravitreal Implant), Ozurdex® (Dexamethasone Intravitreal Implant), and Retisert® (Fluocinolone Intravitreal Implant) with the following criteria:

### **Iluvien® (Fluocinolone Intravitreal Implant) Approval Criteria:**

1. An FDA approved diagnosis of diabetic macular edema (DME) in patients who have been previously treated with a course of corticosteroids and did not have a clinically significant rise in intraocular pressure; and
2. Iluvien® must be administered by an ophthalmologist; and
3. Prescriber must verify that the member will be monitored for increased intraocular pressure, endophthalmitis, and cataract development; and
4. A patient-specific, clinically significant reason why the member requires Iluvien® in place of corticosteroid ophthalmic preparations, such as solution or suspension, must be provided; and
5. A quantity limit of 1 implant per eye every 36 months will apply.

### **Ozurdex® (Dexamethasone Intravitreal Implant) Approval Criteria:**



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1. An FDA approved indication of 1 of the following:
  - a. The treatment of macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO); or
  - b. The treatment of non-infectious uveitis affecting the posterior segment of the eye; or
  - c. The treatment of diabetic macular edema; and
2. Ozurdex<sup>®</sup> must be administered by an ophthalmologist; and
3. Prescriber must verify that the member will be monitored for increased intraocular pressure, endophthalmitis, and cataract development; and
4. Prescriber must agree to periodically monitor the integrity of the implant by visual inspection; and
5. A patient-specific, clinically significant reason why the member requires Ozurdex<sup>®</sup> in place of corticosteroid ophthalmic preparations, such as solution or suspension, must be provided; and
6. A quantity limit of 1 implant per eye every 3 months will apply.

**Retisert<sup>®</sup> (Fluocinolone Intravitreal Implant) Approval Criteria:**

1. An FDA approved diagnosis of chronic, non-infectious posterior uveitis; and
2. Retisert<sup>®</sup> must be administered by an ophthalmologist; and
3. Prescriber must verify that the member will be monitored for increased intraocular pressure, endophthalmitis, and cataract development; and
4. Prescriber must agree to periodically monitor the integrity of the implant by visual inspection; and
5. A patient-specific, clinically significant reason why the member requires Retisert<sup>®</sup> in place of corticosteroid ophthalmic preparations, such as solution or suspension, must be provided; and
6. A patient-specific, clinically significant reason why the member requires Retisert<sup>®</sup> in place of Ozurdex<sup>®</sup> or Yutiq<sup>™</sup> must be provided; and
7. A quantity limit of 1 implant per eye every 30 months will apply.

**Recommendation 3: Vote to Prior Authorize Isturisa<sup>®</sup>**

The Drug Utilization Review Board recommends the prior authorization of Isturisa<sup>®</sup> (Osilodrostat) with the following criteria:

**Isturisa<sup>®</sup> (Osilodrostat) Approval Criteria:**



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1. An FDA approved indication for the treatment of adult patients with Cushing's disease for whom pituitary surgery is not an option or has not been curative; and
2. Member must be 18 years of age or older; and
3. Prescriber must document that the member has had an inadequate response to pituitary surgery or is not a candidate for pituitary surgery; and
4. Prescriber must verify that hypokalemia and hypomagnesemia are corrected prior to starting Isturisa®; and
5. Prescriber must agree to perform and monitor electrocardiogram (ECG) at baseline, 1 week after treatment initiation, and as clinically indicated thereafter; and
6. Prescriber must verify that dose titration will be followed according to package labeling; and
7. For female members, prescriber must verify that the member is not breastfeeding; and
8. Isturisa® must be prescribed by, or in consultation with, an endocrinologist (or be an advanced care practitioner with a supervising physician who is an endocrinologist); and
9. A patient-specific, clinically significant reason why the member cannot use ketoconazole tablets must be provided; and
10. Initial authorizations will be for the duration of 3 months after which time, compliance and 24-hour urine free cortisol levels within the normal range (to demonstrate the effectiveness of this medication) will be required for continued approval. Subsequent approvals will be for the duration of 1 year and will require the prescriber to verify the member is still not a candidate for pituitary surgery.

#### **Recommendation 4: Vote to Prior Authorize Wakix®**

The Drug Utilization Review Board recommends the prior authorization of Wakix® (Pitolisant) with the following criteria:

#### **Wakix® (Pitolisant) Approval Criteria:**

1. An FDA approved diagnosis; and



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2. Use of Wakix® (pitolisant) requires previously failed trials (within the last 180 days) with Tier-1 and Tier-2 stimulants from different chemical categories, Provigil®, and Nuvigil®, unless contraindicated, that did not yield adequate results; and
3. The diagnosis of obstructive sleep apnea requires concurrent treatment for the obstructive sleep apnea; and
4. The diagnosis of shift work sleep disorder requires the member's work schedule to be included with the prior authorization request.



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