

AGENDA

July 9, 2020

1:00 PM – 3:30 PM

Teleconference

Oklahoma City, Oklahoma

I. Welcome, Roll Call, and Public Comment Instructions: **Chairman, Jason Rhynes**

Teleconference Participants

Ms. Sarah Baker – WebEx Teleconference	Ms. Debra Billingsley – WebEx Teleconference
Ms. Mary Brinkley - WebEx Teleconference	Ms. Joni Bruce - WebEx Teleconference
Dr. Joe Catalano – WebEx Teleconference	Mr. Victor Clay - WebEx Teleconference
Dr. Chad Douglas - WebEx Teleconference	Ms. Terrie Fritz - WebEx Teleconference
Mr. Tony Fullbright – WebEx Teleconference	Dr. Allison Garrison – WebEx Teleconference
Ms. Lindsay Hanna - WebEx Teleconference	Ms. Tina Johnson - WebEx Teleconference
Mr. Mark Jones - WebEx Teleconference	Ms. Melissa Miller – WebEx Teleconference
Mr. James Patterson - WebEx Teleconference	Dr. Daniel Post – WebEx Teleconference
Dr. Jason Rhynes - WebEx Teleconference	Ms. Toni Pratt-Reid – WebEx Teleconference
Ms. Katie Roberts – WebEx Teleconference	Mr. Rick Snyder - WebEx Teleconference
Dr. Dwight Sublett – WebEx Teleconference	Dr. Whitney Yeates – WebEx Teleconference

Public access via WebEx:

<https://odot.webex.com/odot/onstage/g.php?MTID=ef3c1d5dcd18259abf13f0c2a2c4a057e>

Telephone: 1-415-655-0002

- II. Action Item: Approval of Minutes of the May 14th, 2020: **Medical Advisory Committee Meeting**
- III. Public Comments (2 minute limit)
- IV. MAC Member Comments/Discussion
- V. Financial Report: **Tasha Black, Senior Director of Financial Services**
- VI. SoonerCare Operations Update: **Melinda Thomason, Senior Director for Stakeholder Engagement**
- VII. DME Update: **Jimmy Witcosky, Director of Financial Management**
- VIII. Legislative Update: **Christina Foss, Legislative Liaison**
- IX. New Business: **Chairman, Jason Rhynes**

- X. Future Meeting:
 - September 10, 2020
 - November 12, 2020

- XI. Adjourn

Oklahoma Health Care Authority
MEDICAL ADVISORY COMMITTEE
MINUTES of the May 14, 2020 Meeting
4345 N. Lincoln Blvd., Oklahoma City, OK 73105

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

Chairman, Dr. Jason Rhynes called the meeting to order at 1:00 PM.

Delegates present were: Ms. Sarah Baker, Ms. Debra Billingsly, Ms. Kristi Blackburn, Dr. Erin Balzer, Dr. Joe Catalano, Mr. Victor Clay, Mr. Brett Coble, Dr. Steven Crawford, Ms. Wanda Felty, Dr. Arlen Foulks, Ms. Terrie Fritz, Ms. Allison Garrison, Dr. Lori Holmquist-Day, Ms. Tina Johnson, Mr. Mark Jones, Ms. Annette Mays, Ms. Melissa Miller, Dr. Daniel Post, Ms. Toni Pratt-Reid, Dr. Jason Rhynes, Dr. Dwight Sublett, Mr. Rick Snyder, Mr. Jeff Tallent, Mr. William Whited, Dr. Paul Wright and Dr. Whitney Yeates.

Alternates present were: Ms. Lois Baer, and Ms. Katie Roberts providing a quorum.

Delegates absent without an alternate were: Mr. Steve Goforth, Mr. James Patterson, and Dr. Raymond Smith.

II. Approval of the March 12, 2020 Minutes

Medical Advisory Committee

The motion to approve the minutes was by Dr. Steven Crawford and seconded by Ms. Annette Mays and passed unanimously.

III. Public Comments (2 minute limit):

There were no public comments made at this meeting.

IV. MAC Member Comments/Discussion:

Ms. Katie Roberts and Mr. Victor Clay discussed the proposed DME policy changes and the potential impact on providers. On February 1st the Medical Providers of Oklahoma sent a letter to the executive team outlining what some of these proposed cuts will do to medical providers. The letter states that the fee schedule that the OHCA has presented will be detrimental to rural providers and members. We ask that the DME rates be put in line with Medicare rates based upon zip code where a member is living. By making this change Medicaid would not have a coverage to Medicare as in the years past. Some examples is oxygen, the current rate by Medicare for rural providers is \$136.77 per month. The rate that Medicaid is proposing is \$74.22, which is a 46% rate cut to rural providers who provide oxygen. CPAP is a 79% cut, hospital beds is a 49% rate cut, and wheelchairs a 48% rate cut.

V. Financial Report:

Tasha Black, Senior Director of Financial Services

Ms. Black presented the financial report ending in January 2020. Revenues for the Oklahoma Health Care Authority (OHCA) through January, accounting for receivables, were \$2,699,774,564 under budget. Expenditures for OHCA, accounting for encumbrances, were \$2,679,953,801 under budget. The state dollar budget variance through January is a positive \$20,523,989. This budget variance is from under spending in Program and Administration of \$15.5 million and \$1.8 million. In revenues we continue to trend in a positive direction, Drug Rebate, Medical Refunds and Taxes and Fees collection of \$1.0 million, \$1.4million and \$0.8million giving a total FY 20 Variance of \$20.5. For more detailed information, see item 5 in the MAC agenda.

VI. SoonerCare Operations Update:

Melinda Thomason, Senior Director for Stakeholder Engagement

Ms. Thomason presented the SoonerCare Operations update to the committee. Information is based on data for March 2020. Patient Centered Medical Home enrollment is at 524,659 which is down by 2,165. Sooner Care Traditional has a current enrollment of 254,416 which is 22,835 more than the previous month. SoonerPlan is up by 1,866, giving a total number of 28,827. Insure Oklahoma has a total enrollment of 19,777, of which 13,855 are in the Employee Sponsored Plan, and 5,922 are in the Individual Plan. In total, SoonerCare enrollment is at 827,679. Total in-state providers is down 1,444 giving a total of 43,903. While the Behavioral Health contracted number is down, the agency Behavioral Health department reports no access to care issues. For more detailed information see agenda item 6 in the MAC agenda.

VII. Legislative Update:

Christina Foss, Legislative Liaison

Ms. Foss presented a legislative update for the committee members discussing the SFY2021 budget. SB1922, the general appropriations bills passed the House and the Senate, and was vetoed by the Governor. SB1973 which has already been signed by the Governor, provides us the flexibility to access our rate preservation funds which helps keep providers rates stable. SoonerCare 2.0 funding measures have passed the Senate floor now and are headed to the House. The Legislature is trying to convene by Friday.

VIII. Proposed Rule Changes: Presentation, Discussion, and Vote:

Sandra Puebla, Director of Federal & State Authorities

Face-to-face tribal consultations regarding the following proposed changes were held on Tuesday, January 7, 2020, Tuesday, March 3, 2020, and Wednesday, April 1, 2020 in the Charles Ed McFall Boardroom of the Oklahoma Health Care Authority (OHCA).

The following work folders were posted on the OHCA public website for a public comment period.

20-05 Continuation of Services Pending Appeals — The proposed new rule will comply with Section 431.230 of Title 42 of the Code of Federal Regulations by describing the conditions in which Medicaid benefits will continue or be reinstated pending an appeal. Additionally, the proposed new rule will describe the application, obligations, and implications for the appellant when Medicaid benefits are continued or reinstated pending an appeal.

Budget Impact: Budget neutral

Discussion: Ms. Wanda Felty and Mr. Rick Snyder asked if the rules language could contain the work folders numbers to make it simpler to refer to the applicable pages. Ms. Maria Maule agreed to make changes going forward.

The rule change motion to approve was by Dr. Steven Crawford and seconded by Ms. Terrie Fritz and passed unanimously.

20-06A Durable Medical Equipment (DME) and Supplies Benefit Moved under the Scope of the Home Health Benefit — The proposed revisions to medical supplier, home health agency, long-term care facilities, hospitals, and general provider policies are needed to comply with the home health final rule in which the DME and supplies benefit was revised from an optional benefit to a mandatory benefit and was made subject to the scope of the home health benefit. Prosthetics and orthotics are under a separate regulation and remain as an optional benefit. DME will now be called medical supplies, equipment and appliances to match language in federal regulation. Policy references which indicate limitations on coverage of medical supplies, equipment, and appliances will be removed. Revisions will require long-term care facilities to provide certain medical supplies, equipment, and appliances as part of their daily per diem payment. Additional revisions will update the place of service for which medical supplies, equipment, and appliances may be received to any setting in which normal life activities take place except for inpatient settings. Further revisions will require and define a face-to-face encounter between a patient and a practitioner before the provision of medical supplies, equipment, and appliances. Revisions will define enteral food; medical supplies, equipment, and appliances; oxygen; supplies; and parenteral equipment and food.

Additionally, the proposed revisions will update organ transplant requirements and guidelines to reflect current practice.

Finally, a reference regarding the new adult eligibility group (ages 19 to 64) will be added, family planning references will be removed, and other changes will be made to shift policy to more appropriate sections as well as grammar and language cleanup.

Budget Impact: The estimated budget impact for State Fiscal Year (SFY) 2021 and SFY2022 will be an increase in the total amount of \$2,615,007, with \$912,376 in state share.

Discussion: Comments were made about respectful language, if adults wear diapers or incontinence supplies, costs of these supplies in IDFs/IID and comparing to bordering states, rates based on the four Medicare prices, working on independent skills is not being in a program, increased costs of mandatory DME program items, and requirements of the CURES Act.

Ms. Felty asked if OHCA will raise the rate for ICF's or is this another cost they will have to absorb with their current ICF rate.

Jimmy Witcosky replied to Ms. Felty that yes, the analysis was being done at the facility level to see how much Durable Medical Equipment supplies to individuals in the facilities, but ICF facilities are minimally impacted.

Ms. Felty would like OHCA to look at bordering states and use their information as well because those states do have a higher rate for ICF, as they accept more individuals with higher needs. Just looking at Oklahoma is not getting a full picture.

Mr. Victor Clay stated that there is a reimbursement rate located on page 50, which clearly defines that the rates will be reimbursed at the lowest of the four Medicare prices in the state of Oklahoma. Also supplies would be reimbursed at 80% of the lowest of the four Medicare prices that's offered through the Medicare reimbursement fee schedule through CMS currently.

Ms. Terrie Fritz asked why there is an anticipated cost, but providers believe it will be economically disadvantaged?

Mr. Clay responded to Ms. Fritz that to understand why there will be a cost increase, because going back far enough to 2010 we talk about excluded items from the state plan, those have to come back into play, under the mandatory Home Health Benefit, so we will be taking on additional items such as nebulizers, CPAP's and things of those nature. So with those coming back, it will increase the cost. We believe that in order to adjust the cost to reduce the cost of pricing on the fee schedule across the board as we bring in those back into the state. By doing that, you will see the increased costs in the budget, but because it has to be governed by the OHCA to be in compliance with the Cures Act, there's where you are going to see the increase in cost. Not due to the fact of rates going up as far as oxygen, wheelchairs, and beds, it's because of the excluded items that are coming back.

Ms. Sandra Puebla responded to Mr. Clay regarding the rate methodology that was exclusively stated in the rules. We did post rules with the exact methodology that is outlined in the Oklahoma State Plan that is being proposed for approval at the CMS level. We since then removed it, and just referenced the Medicaid State Plan so that it would facilitate changes should there be some, once this is approved. If there are needed changes to the methodology, that way we have more flexibility, and only have to change the State Plan rather, than the State Plan and the rules at the same time. So technically the rules are not establishing the payment, their mostly establishing how to come into compliance with these two Federal Regulations that were discussed. Ms. Puebla also stated that the CURES Act mandated Medicaid agencies to ensure that payment for DME and supplies did not go over the UPL, which is the reason why the different types of DME were priced the way they were.

Mr. Jimmy Witcosky agrees with Mr. Clay's statement regarding Ms. Fritz question. The increased cost does come from this being a mandatory benefit, and the Home Health federal regulations allows us to not set any hard limits on any items and to open up coverage for all that qualify for Medicaid equally. So there will be no hard limits on any items, also bringing back items that the agency has cut in past years during budget cuts. Also the increase cost in nursing homes is also factored into that so some of that money will be shifting from the nursing facility to DME.

Mr. Clay stated that the rules that were already voted in on March 30th, the problem is that in order for them to be in compliance with the Cures Act, as the OHCA, is that we must not go above the Medicare fee schedule. Those schedules are determined on the state of Oklahoma based on zip code locations, one in Oklahoma City, Tulsa, and then a non-rural section of the state, in the Enid area that has different methodology when it comes to different fee schedules when it comes to reimbursements. Then you have the rural fee schedules, so we are simply asking, in order for the

OHCA to come into compliance with the 21st Century Cures Act that they mimic and utilize these schedules that are already in place through CMS.

The rule change motion to vote was by Dr. Joe Catalano and seconded by Ms. Melissa Miller. The motion did not carry with 21 votes for no and 2 yes votes.

20-06B, C, and D Durable Medical Equipment (DME) and Supplies Benefit Moved under the Scope of Home Health Benefit — The proposed revisions are needed to comply with the home health final rule in which the DME and supplies benefit was revised from an optional benefit to a mandatory benefit and was made subject to the scope of the home health benefit. Prosthetics and orthotics are under a separate regulation and remain an optional benefit.

Budget Impact: Budget neutral

The rule change motion to approve was by Dr. Daniel Post and seconded by Dr. Dwight Sublett and passed unanimously. The motion did not carry with 18 votes for no, 2 votes for yes and 1 abstention.

20-08A and B Medicaid Expansion — The proposed rule changes will expand Medicaid eligibility for individuals, age nineteen (19) or older and under age sixty-five (65), with incomes at or below 133% of the federal poverty level (FPL) by creating a "new adult group" as per Section 435.119 of Title 42 of the Code of Federal Regulations. Additionally, the proposed changes will remove any references to the SoonerPlan program as it is being terminated. The adults currently being served by SoonerPlan will transition to the new adult Medicaid expansion population and will be eligible to receive more comprehensive services. Finally, revisions will align and better clarify policy to reflect current business practice and correct grammatical errors.

Budget Impact: The estimated budget impact for SFY2021 will be an increase in the total amount of \$1,134,994,140 with \$148,654,454 in state share. The estimated budget impact for SFY2022 will be an increase in the total amount of \$1,206,287,815 with \$164,790,227 in state share.

The rule change motion to vote was by Dr. Dwight Sublett and seconded by Dr. Steven Crawford and passed unanimously with 17 yes votes, and 5 no votes.

20-09 Patient Centered Medical Home (PCMH) — The proposed revisions will add the newly eligible low-income adults, individuals who are nineteen (19) or older and under age sixty-five (65) who meet eligibility criteria set by Section 435.119 of Title 42 of the Code of Federal Regulations, as a covered group under the existing 1115 waiver in order to allow services to be provided by the patient centered medical home (PCMH) service delivery model.

Budget Impact: The estimated budget impact will potentially result in a combined federal and state spending of \$11,240,411 total, with \$3,653,134 in state share for SFY2021. The estimated budget impact for SFY2022 would potentially result in a combined federal and state spending of \$11,240,411, with \$3,610,420 in state share.

The rule change motion to approve was by Dr. Steven Crawford and seconded by Mr. Rick Snyder and passed unanimously.

20-10 Supplemental Hospital Offset Payment Program (SHOPP) — The proposed revisions will amend the Supplemental Hospital Offset Payment Program (SHOPP) assessment policy. According to current policy, the base year Medicare cost report used to calculate the hospital assessment is required to be updated every two years based on the hospital's fiscal year that ended two years prior.

The proposed policy revisions will update the base year Medicare cost report used to calculate the hospital assessment to be every year based on the hospital's fiscal year that ended two years prior. These proposed revisions to the annual recalculation of the tax base will allow the OHCA to maximize SHOPP assessments as needed to fund coverage of the new adult expansion population. Finally, other changes are for grammar and language cleanup.

Budget Impact: Budget neutral

The rule change motion to approve was by Mr. Rick Snyder and seconded by Dr. Steven Crawford and passed unanimously.

IX. New Business: Chairman, Jason Rhynes, O.D.

Ms. Terrie Fritz stated that she has been working some people over at Children's Hospital who are Palliative Care Specialist, and it has come to her attention that Palliative Care is not covered, except it is in our policy mentioned as part of hospice coverage. But Palliative Care is often used by people and needed by children who are not in hospice. Ms. Fritz has been made aware of some discussion of increasing the coverage for palliative care, but she would like to bring it to the attention of the MAC, because palliative care clearly can help children and families who are dealing with very serious chronic diseases, and very serious medical conditions. It is a service that helps develop care goals that respects the quality of life, not what's just available. It helps families choose less aggressive care and less invasive care, but still often improves the overall patient care and overall costs. Ms. Fritz would like a status of this discussion and would like to see this benefit expanded so that children outside of the hospice would have access to this.

Dr. Dwight Sublett supported Ms. Terrie Fritz's comment.

X. Future Meetings

July 9, 2020

September 10, 2020

November 12, 2020

XI. Adjournment

Chairman Rhynes asked for a motion to adjourn. Motion was provided by Dr. Steven Crawford and seconded by Ms. Melissa Miller. There was no dissent and the meeting adjourned at 3:04.



OKLAHOMA

Health Care Authority

FINANCIAL REPORT

For the Eleven Month Period Ended May 31, 2020
Submitted to the CEO & Board

- Revenues for OHCA through May, accounting for receivables, were **\$4,222,478,756** or **.8% under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$4,155,779,026** or **1.4% under** budget.
- The state dollar budget variance through May is a positive **\$27,271,954**.
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	23.7
Administration	3.9
Revenues:	
Drug Rebate	(0.9)
Medical Refunds	
Taxes and Fees	0.6
Total FY 20 Variance	\$ 27.3

ATTACHMENTS

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

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
SFY 2020, For the Eleven Month Period Ending May 31, 2020

REVENUES	FY20 Budget YTD	FY20 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 929,068,128	\$ 929,068,128	\$ -	0.0%
Federal Funds	2,608,862,645	2,578,109,295	(30,753,350)	(1.2)%
Tobacco Tax Collections	40,435,545	43,444,036	3,008,491	7.4%
Quality of Care Collections	79,257,150	76,659,144	(2,598,006)	(3.3)%
Prior Year Carryover	20,110,285	20,110,285	-	0.0%
Federal Deferral - Interest	309,786	309,786	-	0.0%
Rate Preservation Fund	26,914,019	26,914,019	-	0.0%
Drug Rebates	317,056,506	314,273,945	(2,782,561)	(0.9)%
Medical Refunds	32,606,734	32,502,044	(104,690)	(0.3)%
Supplemental Hospital Offset Payment Program	176,570,659	176,570,659	-	0.0%
GME Federal Disallowance Repayment - OU/OSU	17,503,932	17,503,932	-	0.0%
Other Revenues	6,833,190	7,013,483	180,293	2.6%
TOTAL REVENUES	\$ 4,255,528,578	\$ 4,222,478,756	\$ (33,049,822)	(0.8)%

EXPENDITURES	FY20 Budget YTD	FY20 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	\$ 55,448,799	\$ 49,116,035	\$ 6,332,764	11.4%
ADMINISTRATION - CONTRACTS	\$ 143,436,523	\$ 135,137,580	\$ 8,298,943	5.8%
MEDICAID PROGRAMS				
<u>Managed Care:</u>				
SoonerCare Choice	41,540,414	40,697,805	842,609	2.0%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	950,185,424	950,969,423	(783,999)	(0.1)%
Behavioral Health	17,428,260	17,198,421	229,839	1.3%
Physicians	374,162,476	360,547,591	13,614,885	3.6%
Dentists	113,445,875	110,770,623	2,675,253	2.4%
Other Practitioners	53,913,050	49,487,387	4,425,664	8.2%
Home Health Care	27,467,558	26,888,105	579,453	2.1%
Lab & Radiology	26,454,904	24,775,067	1,679,837	6.3%
Medical Supplies	53,557,960	52,746,511	811,449	1.5%
Ambulatory/Clinics	248,827,846	241,869,927	6,957,919	2.8%
Prescription Drugs	626,542,266	617,914,722	8,627,545	1.4%
OHCA Therapeutic Foster Care	217,125	273,652	(56,527)	(26.0)%
<u>Other Payments:</u>				
Nursing Facilities	612,386,143	609,485,530	2,900,613	0.5%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	60,261,543	60,976,176	(714,634)	(1.2)%
Medicare Buy-In	168,138,776	170,050,025	(1,911,249)	(1.1)%
Transportation	72,731,868	70,443,752	2,288,117	3.1%
Money Follows the Person-OHCA	295,725	187,280	108,445	36.7%
Electronic Health Records-Incentive Payments	598,467	598,467	-	0.0%
Part D Phase-In Contribution	93,077,954	93,355,775	(277,821)	(0.3)%
Supplemental Hospital Offset Payment Program	465,695,481	465,695,481	-	0.0%
Telligen	10,196,980	6,593,693	3,603,287	35.3%
Total OHCA Medical Programs	4,017,126,098	3,971,525,411	45,600,686	1.1%
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	\$ 4,216,100,802	\$ 4,155,779,026	\$ 60,321,776	1.4%
REVENUES OVER/(UNDER) EXPENDITURES	\$ 39,427,777	\$ 66,699,731	\$ 27,271,954	

OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
SFY 2020, For the Eleven Month Period Ending May 31, 2020

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	SHOPP Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	\$ 40,787,277	\$ 40,689,231	\$ -	\$ 89,472	\$ -	\$ 8,574	\$ -
Inpatient Acute Care	1,142,575,003	615,525,013	446,130	2,881,354	356,501,780	1,053,560	166,167,167
Outpatient Acute Care	428,429,105	328,587,810	38,137	4,570,931	89,913,454	5,318,773	-
Behavioral Health - Inpatient	69,526,345	9,563,891	-	470,682	17,599,488	-	41,892,284
Behavioral Health - Psychiatrist	9,315,289	7,630,389	-	-	1,680,758	4,142	-
Behavioral Health - Outpatient	16,604,214	-	-	-	-	-	16,604,214
Behavioral Health-Health Home	19,074,487	-	-	-	-	-	19,074,487
Behavioral Health Facility- Rehab	213,632,224	-	-	-	-	116,420	213,632,224
Behavioral Health - Case Management	3,447,418	-	-	-	-	-	3,447,418
Behavioral Health - PRTF	11,348,965	-	-	-	-	-	11,348,965
Behavioral Health - CCBHC	83,069,407	-	-	-	-	-	83,069,407
Residential Behavioral Management	16,228,868	-	-	-	-	-	16,228,868
Targeted Case Management	62,060,389	-	-	-	-	-	62,060,389
Therapeutic Foster Care	273,652	273,652	-	-	-	-	-
Physicians	441,945,238	357,128,716	53,259	4,797,549	-	3,365,616	76,600,098
Dentists	110,801,603	110,758,744	-	30,981	-	11,879	-
Mid Level Practitioners	2,271,250	2,257,368	-	12,642	-	1,240	-
Other Practitioners	47,705,151	46,724,350	409,167	476,373	-	95,261	-
Home Health Care	26,895,716	26,882,748	-	7,611	-	5,357	-
Lab & Radiology	25,494,923	24,618,609	-	719,855	-	156,458	-
Medical Supplies	52,988,419	50,234,156	2,485,571	241,908	-	26,784	-
Clinic Services	243,352,726	235,945,076	-	1,858,776	-	224,092	5,324,782
Ambulatory Surgery Centers	5,856,764	5,693,677	-	156,004	-	7,083	-
Personal Care Services	9,500,219	-	-	-	-	-	9,500,219
Nursing Facilities	609,485,681	391,826,625	217,658,416	151	-	488	-
Transportation	70,278,091	67,497,126	2,509,820	106,396	-	164,750	-
IME/DME/GME	73,894,484	-	-	-	-	-	73,894,484
ICF/IID Private	60,976,176	50,036,389	10,939,788	-	-	-	-
ICF/IID Public	24,079,995	-	-	-	-	-	24,079,995
CMS Payments	263,405,800	263,004,113	401,686	-	-	-	-
Prescription Drugs	631,164,248	615,464,464	-	13,249,526	-	2,450,258	-
Miscellaneous Medical Payments	272,056	262,343	-	-	-	9,713	-
Home and Community Based Waiver	201,379,397	-	-	-	-	-	201,379,397
Homeward Bound Waiver	72,271,356	-	-	-	-	-	72,271,356
Money Follows the Person	187,280	187,280	-	-	-	-	-
In-Home Support Waiver	23,458,803	-	-	-	-	-	23,458,803
ADvantage Waiver	150,723,142	-	-	-	-	-	150,723,142
Family Planning/Family Planning Waiver	3,350,531	-	-	-	-	-	3,350,531
Premium Assistance*	50,774,594	-	-	50,774,594.43	-	-	-
Telligen	6,593,693	6,593,693	-	-	-	-	-
Electronic Health Records Incentive Payments	598,467	598,467	-	-	-	-	-
Total Medicaid Expenditures	\$ 5,326,078,447	\$ 3,257,983,930	\$ 234,941,973	\$ 80,444,805	\$ 465,695,481	\$ 13,020,447	\$ 1,274,108,230

* Includes \$50,333,224.49 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
SFY 2020, For the Eleven Month Period Ending May 31, 2020

REVENUE	FY20 Actual YTD
Revenues from Other State Agencies	\$ 460,057,967
Federal Funds	880,175,819
TOTAL REVENUES	\$ 1,340,233,786
EXPENDITURES	Actual YTD
Department of Human Services	
Home and Community Based Waiver	201,379,397
Money Follows the Person	-
Homeward Bound Waiver	72,271,356
In-Home Support Waivers	23,458,803
ADvantage Waiver	150,723,142
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public	24,079,995
Personal Care	9,500,219
Residential Behavioral Management	9,603,267
Targeted Case Management	54,656,178
Total Department of Human Services	545,672,356
State Employees Physician Payment	
Physician Payments	76,600,098
Total State Employees Physician Payment	76,600,098
Education Payments	
Graduate Medical Education	33,156,519
Indirect Medical Education	35,874,676
Direct Medical Education	4,863,289
Total Education Payments	73,894,484
Office of Juvenile Affairs	
Targeted Case Management	1,979,298
Residential Behavioral Management	6,625,601
Total Office of Juvenile Affairs	8,604,899
Department of Mental Health	
Case Management	3,447,418
Inpatient Psychiatric Free-standing	41,892,284
Outpatient	16,604,214
Health Homes	19,074,487
Psychiatric Residential Treatment Facility	11,348,965
Certified Community Behavioral Health Clinics	83,069,407
Rehabilitation Centers	213,632,224
Total Department of Mental Health	389,069,000
State Department of Health	
Children's First	973,308
Sooner Start	1,883,957
Early Intervention	3,121,968
Early and Periodic Screening, Diagnosis, and Treatment Clinic	1,288,245
Family Planning	332,425
Family Planning Waiver	3,007,262
Maternity Clinic	-
Total Department of Health	10,607,166
County Health Departments	
EPSDT Clinic	567,765
Family Planning Waiver	10,844
Total County Health Departments	578,609
State Department of Education	79,128
Public Schools	1,250,508
Medicare DRG Limit	153,740,252
Native American Tribal Agreements	1,584,815
Department of Corrections	3,029,985
JD McCarty	9,396,930
Total OSA Medicaid Programs	\$ 1,274,108,230
OSA Non-Medicaid Programs	\$ 88,301,320
Accounts Receivable from OSA	\$ 22,175,765

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
SFY 2020, For the Eleven Month Period Ending May 31, 2020

REVENUES	FY 20 Revenue
SHOPP Assessment Fee	176,410,151
Federal Draws	\$ 316,753,452
Interest	160,508
Penalties	-
State Appropriations	(30,200,000)
TOTAL REVENUES	\$ 463,124,110

EXPENDITURES	Quarter	Quarter	Quarter	Quarter	FY 20 Expenditures
	7/1/19 - 9/30/19	10/1/19 - 12/31/19	1/1/20 - 3/31/20	4/1/20 - 6/30/20	
Program Costs:					
Hospital - Inpatient Care	85,252,282	101,785,980	82,341,671	87,121,848	\$ 356,501,780
Hospital -Outpatient Care	23,774,225	26,396,190	19,435,660	20,307,378	89,913,454
Psychiatric Facilities-Inpatient	4,602,238	6,087,933	3,355,142	3,554,176	17,599,488
Rehabilitation Facilities-Inpatient	383,416	456,157	408,477	432,709	1,680,758
Total OHCA Program Costs	114,012,161	134,726,259	105,540,950	111,416,110	\$ 465,695,481
Total Expenditures					\$ 465,695,481

CASH BALANCE	\$ (2,571,371)
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*** 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 2020, For the Eleven Month Period Ending May 31, 2020

REVENUES	Total Revenue	State Share
Quality of Care Assessment	\$ 76,610,182	\$ 76,610,182
Interest Earned	48,962	48,962
TOTAL REVENUES	\$ 76,659,144	\$ 76,659,144

EXPENDITURES	FY 20 Total \$ YTD	FY 20 State \$ YTD	Total State \$ Cost
Program Costs			
Nursing Facility Rate Adjustment	\$ 214,239,001	\$ 68,678,324	
Eyeglasses and Dentures	255,675	\$ 82,236	
Personal Allowance Increase	3,163,740	\$ 1,017,962	
Coverage for Durable Medical Equipment and Supplies	2,485,571	\$ 799,224	
Coverage of Qualified Medicare Beneficiary	946,693	\$ 304,405	
Part D Phase-In	401,686	\$ 401,686	
ICF/IID Rate Adjustment	4,844,311	\$ 1,558,830	
Acute Services ICF/IID	6,095,477	\$ 1,955,237	
Non-emergency Transportation - Soonerride	2,509,820	\$ 806,923	
Total Program Costs	\$ 234,941,973	\$ 75,604,827	\$ 75,604,827
Administration			
OHCA Administration Costs	\$ 535,184	\$ 267,592	
DHS-Ombudsmen	200,967	200,967	
OSDH-Nursing Facility Inspectors	180,709	180,709	
Mike Fine, CPA	5,400	2,700	
Total Administration Costs	\$ 922,260	\$ 651,968	\$ 651,968
Total Quality of Care Fee Costs	\$ 235,864,233	\$ 76,256,795	
TOTAL STATE SHARE OF COSTS			\$ 76,256,795

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

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

**Fund 245: Health Employee and Economy Improvement Act Revolving Fund
SFY 2020, For the Eleven Month Period Ending May 31, 2020**

REVENUES	FY 19 Carryover	FY 20 Revenue	Total Revenue
<i>Prior Year Balance</i>	\$ 8,433,128		
<i>State Appropriations</i>	-		
<i>Federal Draws - Prior Year</i>	258,236		
Total Prior Year Revenue			8,691,364
Tobacco Tax Collections	-	35,731,313	35,731,313
Interest Income	-	265,853	265,853
Federal Draws	-	34,184,917	34,184,917
TOTAL REVENUES	\$ 8,691,364	\$ 70,182,083	\$ 78,873,447

EXPENDITURES	FY 19 Expenditures	FY 20 Expenditures	Total State \$ YTD
Program Costs:			
Employer Sponsored Insurance		\$ 50,333,224	\$ 50,333,224
College Students/ESI Dental		441,370	141,601
Individual Plan			
SoonerCare Choice		\$ 87,144	\$ 28,009
Inpatient Hospital		2,868,228	903,958
Outpatient Hospital		4,510,984	1,454,536
BH - Inpatient Services-DRG		454,421	144,642
BH -Psychiatrist		-	-
Physicians		4,735,073	1,537,522
Dentists		30,547	9,611
Mid Level Practitioner		12,095	3,890
Other Practitioners		469,928	153,185
Home Health		7,611	2,403
Lab and Radiology		706,129	223,846
Medical Supplies		240,510	75,530
Clinic Services		1,811,313	580,413
Ambulatory Surgery Center		155,451	50,734
Skilled Nursing		151	51
Prescription Drugs		13,095,964	4,180,141
Transportation		105,041	33,524
Premiums Collected			(314,883)
Total Individual Plan		\$ 29,290,591	\$ 9,067,111
College Students-Service Costs		\$ 379,620	\$ 123,570
Total OHCA Program Costs		\$ 80,444,805	\$ 59,665,506
Administrative Costs			
Salaries	\$ 43,006	\$ 2,037,737	\$ 2,080,743
Operating Costs	1,501	25,910	27,411
Health Dept-Postponing	-	-	-
Contract - HP	81,669	864,541	946,210
Total Administrative Costs	\$ 126,176	\$ 2,928,188	\$ 3,054,364
Total Expenditures			\$ 62,719,870
NET CASH BALANCE	\$ 8,565,188	\$ 7,588,389.27	\$ 16,153,577

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

**Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund
SFY 2020, For the Eleven Month Period Ending May 31, 2020**

REVENUES	FY 20 Revenue	State Share
Tobacco Tax Collections	\$ 713,095	\$ 713,095
TOTAL REVENUES	\$ 713,095	\$ 713,095

EXPENDITURES	FY 20 Total \$ YTD	FY 20 State \$ YTD	Total State \$ Cost
Program Costs			
SoonerCare Choice	\$ 8,574	\$ 1,933	
Inpatient Hospital	1,053,560	\$ 233,277	
Outpatient Hospital	5,318,773	\$ 1,178,606	
Inpatient Services-DRG	-	\$ -	
Psychiatrist	4,142	\$ 942	
TFC-OHCA	-	\$ -	
Nursing Facility	488	\$ 95	
Physicians	3,365,616	\$ 749,842	
Dentists	11,879	\$ 2,650	
Mid-level Practitioner	1,240	\$ 318	
Other Practitioners	95,261	\$ 21,079	
Home Health	5,357	\$ 1,083	
Lab & Radiology	156,458	\$ 35,535	
Medical Supplies	26,784	\$ 6,024	
Clinic Services	224,092	\$ 50,651	
Ambulatory Surgery Center	7,083	\$ 1,749	
Prescription Drugs	2,450,258	\$ 552,372	
Transportation	164,750	\$ 36,508.00	
Miscellaneous Medical	9,713	\$ 2,094.03	
Total OHCA Program Costs	\$ 12,904,027	\$ 2,874,758	
OSA DMHSAS Rehab	116,420	26,379	
Total Medicaid Program Costs	\$ 13,020,447	\$ 2,901,136	
TOTAL STATE SHARE OF COSTS			\$ 2,901,136

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

OHCA MAC Meeting July 2020 (May 2020 Data)

SOONERCARE ENROLLMENT/EXPENDITURES

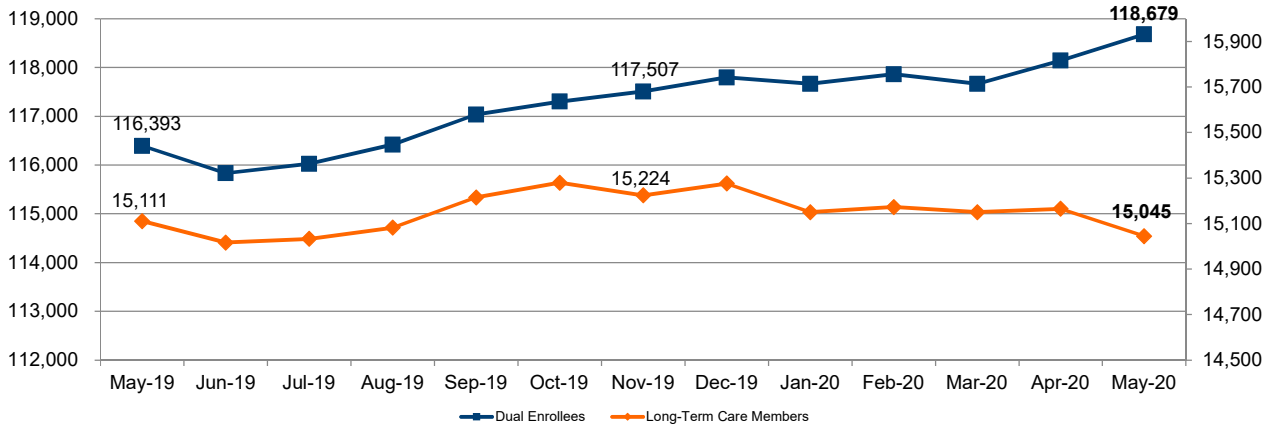
Delivery System		Enrollment May 2020	Children May 2020	Adults May 2020	Enrollment Change	Total Expenditures May 2020	PMPM May 2020
SoonerCare Choice Patient-Centered Medical Home		557,651	460,598	97,053	11,445	\$117,021,885	
Lower Cost	(Children/Parents; Other)	515,414	447,522	67,892	11,007	\$74,915,578	\$145
Higher Cost	(Aged, Blind or Disabled; TEFRA; BCC)	42,237	13,076	29,161	438	\$42,106,307	\$997
SoonerCare Traditional		245,134	89,215	155,919	-145	\$183,928,608	
Lower Cost	(Children/Parents; Other; Q1; SLMB)	128,133	84,552	43,581	-599	\$41,323,152	\$323
Higher Cost	(Aged, Blind or Disabled; LTC; TEFRA; BCC & HCBS Waiver)	117,001	4,663	112,338	454	\$142,605,456	\$1,219
Insure Oklahoma		23,484	710	22,774	1,682	\$7,683,148	
Employer-Sponsored Insurance		14,141	377	13,764	1	\$4,927,076	\$348
Individual Plan		9,343	333	9,010	1,681	\$2,756,071	\$295
SoonerPlan		30,517	1,965	28,552	199	\$155,719	\$5
TOTAL		856,786	552,488	304,298	13,181	\$308,789,360	

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.

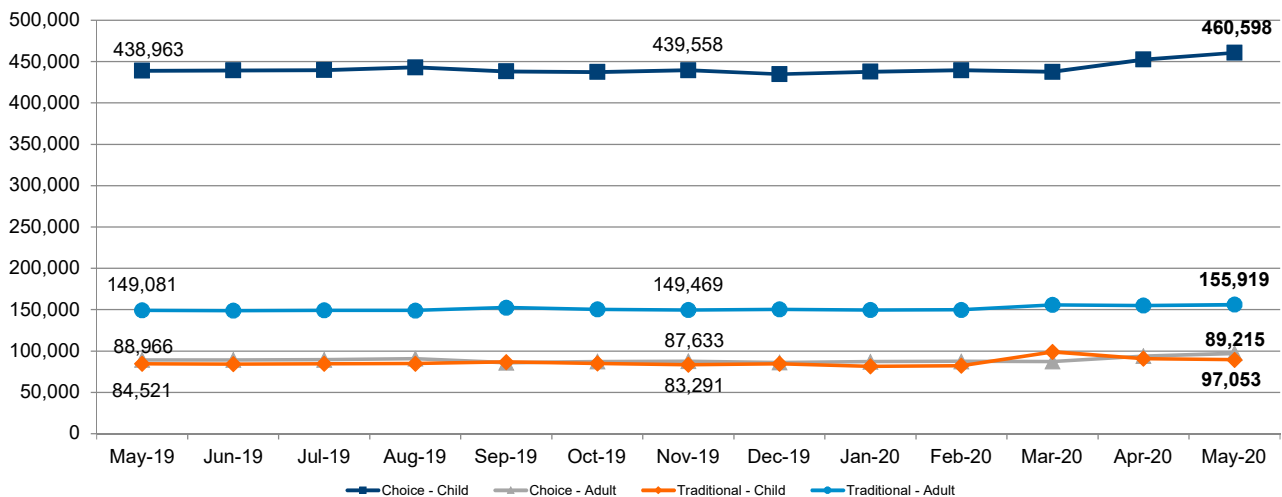
Total In-State Providers: 44,717 (+366)								
(In-State Providers counted multiple times due to multiple locations, programs, types, and specialties)								
Physician	Pharmacy	Dentist	Hospital	MH/BH	Optometrist	Extended Care	Total PCPs*	PCMH
10,635	912	1,236	158	10,946	695	430	7,792	2,744

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

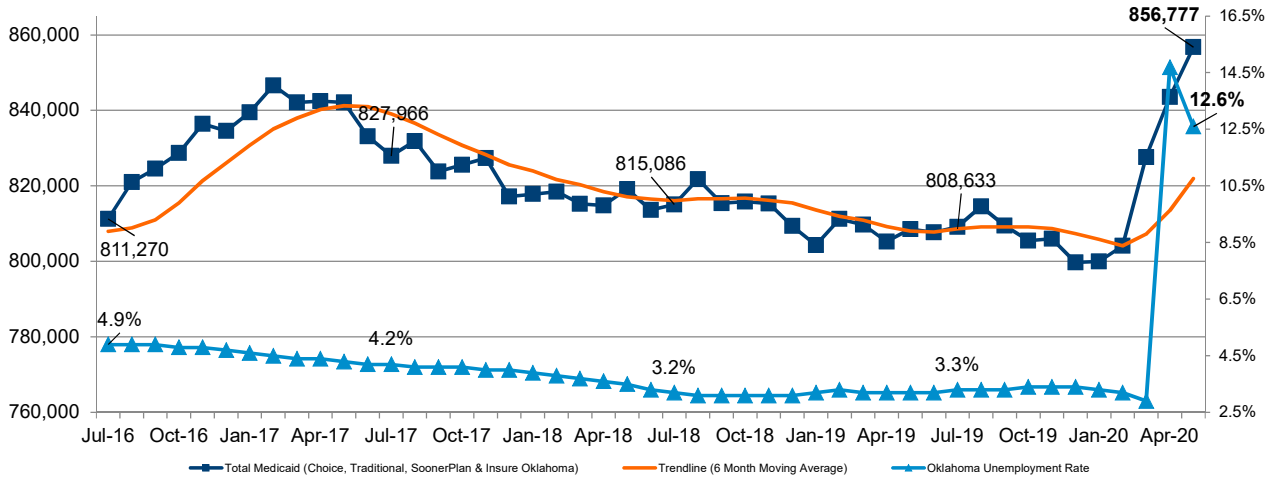
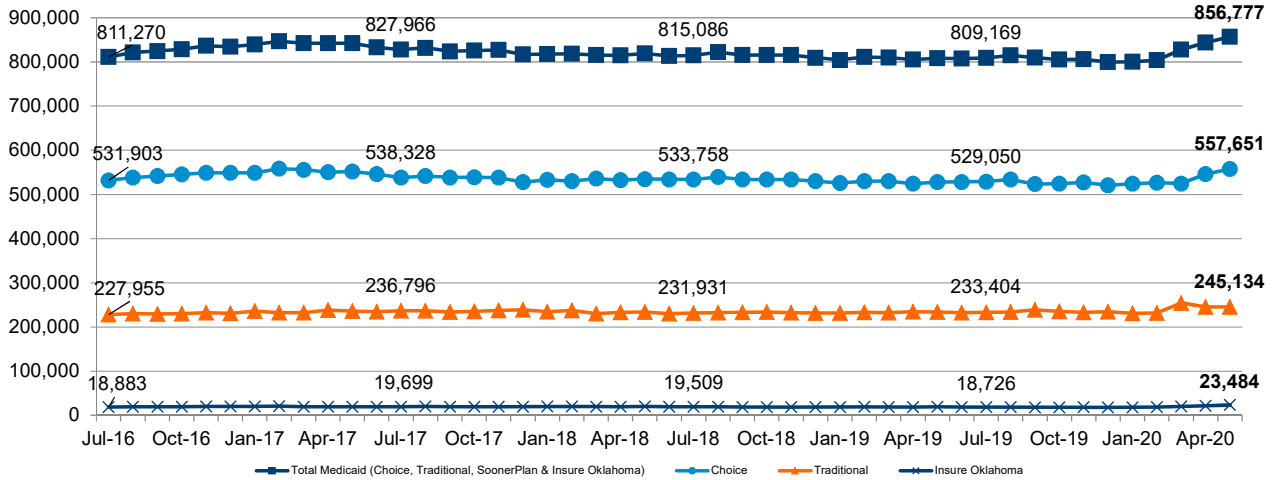
DUAL ENROLLEES & LONG-TERM CARE MEMBERS



CHILDREN & ADULTS ENROLLMENT



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. Data was extracted on 9/26/2018. In June 2017 there were changes to the passive renewal system criteria that reduced the number of passively renewed members by 2/3rds. Enrollment increase beginning in March 2020 is due to COVID response to maintain members continuous coverage of care by postponing recertification.

2020 Telehealth Summary

4345 N. Lincoln Blvd.
 Oklahoma City, OK 73105
okhca.org | mysoonerhealth.org

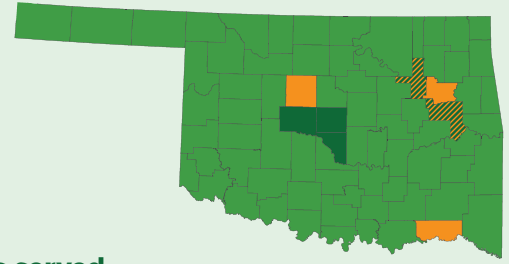


Overview

	March-June 2019	March-June 2020
How many members used telehealth?	6,989	78,545
How many providers conducted services via telehealth?	208	1,815
How many telehealth visits were conducted?	11,941	337,415
What was the average number of telehealth visits per member utilizing this service?	1.7	4.3
What was the total cost for telehealth visits?	\$975K	\$24M
What was the average reimbursement per member?	\$140	\$307
What was the average reimbursement per claim?	\$82	\$71

Number of telehealth visits determined by claims in top 10 codes, which accounts for vast majority of activity.

Where was telehealth used?



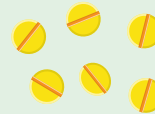
Top 5 counties by percent of enrolled members served:

- Muskogee: 13% of members served
- Choctaw: 12% of members served
- Tulsa: 12% of members served
- Wagoner: 12% of members served
- Kingfisher: 12% of members served

Top 5 counties by number of members served:

- Tulsa: 16,878 (12% of members in this county)
- Oklahoma: 16,755 (9.1% of members in this county)
- Cleveland: 3,825 (9.6% of members in this county)
- Muskogee: 2,590 (12.9% of members in this county)
- Canadian: 2,059 (10.7% of members in this county)

What telehealth services were used?



2019: Top 3 Codes by Volume

- Office/outpatient visit 99213: 4,653*
- Office/outpatient visit 99214: 3,232*
- Alcohol and/or drug service: 1,415
- Total unique procedure codes used: 44

2020: Top 3 Codes by Volume

- Alcohol and/or drug service: 194,917
- Speech/hearing therapy: 26,494
- Office/outpatient visit: 22,157
- Total unique procedure codes used: 172

*There are two codes for office/outpatient visit based on the amount of time a provider spends with the patient.

What was telehealth utilization in rural vs urban markets and per capita?

	Members Served 2020	Percent Members Served by County Type	May Enrollment	Percent Enrollment Served
Rural	30,124	38%	385,484	8%
Urban	46,582	59%	469,778	10%
State Office	1,787	2%	229	780%
Out of State	52	0%	1,286	4%
Grand Total	78,545	100%	856,777	9%