OKLAHOMA HEALTH CARE AUTHORITY
REGULAR SCHEDULED BOARD MEETING
May 10, 2018 at 1:00 P.M.
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
OKC, OK

A G E N D A

Items to be presented by Anthony Armstrong, Chairman

1. Call to Order / Determination of Quorum

2. Action Item – Approval of the March 26, 2018 OHCA Board Meeting Minutes

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

3. Discussion Item – Chief Executive Officer's Report

   a) All- Star Introduction –
      - January All-Star – Shakina Johnson, MFP Research Analyst (Tywanda)
      - February All-Star – Stefond Brown, Provider Contract Analyst III (Nicole)

   b) Financial Update – Carrie Evans, Deputy Chief Executive Officer

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

   d) Legislative Update – Cate Jeffries, Legislative Liaison

   e) OHCA Response to Opioid Crisis – Burl Beasley, Assistant Director of Pharmacy Services

   f) Quality Improvement Plan – Melinda Thomason, Director of Heath Care Systems Innovations

   g) Business Enterprises Update – Kyle Janzen, Chief of Business Operations

   h) Connect4Health Update – Daryn Kirkpatrick, Director of Office of Creative Media and Design

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

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

Item to be presented by Tiffany Lyon, Procurement & Contracts Development Director

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

   a) Incontinence Supplies – People First Industries, Inc.

   b) Text and Email Services – Voxiva

Item to be presented by Nancy Nesser, Pharmacy Director

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

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

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

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

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

Item to be presented by Anthony Armstrong, Chairman

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

- Discussion of Pending Contractual Litigation
- Discussion of Pending Eligibility Litigation

Item to be presented by Anthony Armstrong, Chairman

8. New Business

9. ADJOURNMENT

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

MINUTES OF A SPECIAL BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
March 26, 2018
Oklahoma Health Care Authority Boardroom
Oklahoma City, Oklahoma

Manner and Time of Notice of Meeting: A statutorily required public meeting notice was placed on the front door of the Oklahoma Health Care Authority on March 21, 2018 at 12:45 p.m. Advance public meeting notice was provided to the Oklahoma Secretary of State. In addition to the posting of the statutory public notice, the agency placed its agenda on its website on March 20, 2018 at 7:46 a.m.

Pursuant to a roll call of the members, a quorum was declared to be present, and Vice-Chairman Yaffe called the meeting to order at 1:00 p.m.

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

OTHERS PRESENT:	OTHERS PRESENT:
Shannon Wilkinson, OHCA	Jesse Smith, JKP
Mike Herndon, OHCA	Miranda Kreffer, DHS-MSU
Will Widman, DXC	Maria Maule, OHCA
Gloria LaFitte, OHCA	Dwyna Vick, OHCA
Fred Oraene, OHCA	Vanessa Andrade, OHCA
Kathleen Kelley, DHS	Courtney Barrett, OHCA
David Dude, American Cancer Society	Lisa Spain, DXC
Rhonda Mitchell, OHCA	Brenda Lambeth, ADvantage
Daryn Kirkpatrick, OHCA	Ginger Clayton, OHCA
Carmen Johnson, OHCA	Kimrey McGinnis, OHCA
Beverly Couch, OHCA	Kyle Janzen, OHCA
Monika Lutz, OHCA	LeKenya Antwine, OHCA
David Ward, OHCA	Shelly Patterson, OHCA
Kelli Brodersen, OHCA	Terry Cothran, EoP

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULAR SCHEDULED BOARD MEETINGS HELD FEBRUARY 8, 2018.

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

MOTION:	Member Bryant moved for approval of the February 8, 2018 board meeting minutes as published. The motion was seconded by Member Case.
FOR THE MOTION:	Vice Chairman Yaffe, Member McVay
BOARD MEMBERS ABSENT:	Chairman Armstrong, Member Nuttle

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

Ms. Evans gave a brief update on OHCA's January financials. OHCA has a positive $12.7 million state dollar variance, largely in part by the $31.7 million the OHCA received from the legislature for the federal deferral for the graduate medical education program. The agency is under budget in program spending by $15 million, as well as in administration. OHCA continues to run over budget in drug rebates and tobacco tax revenues. For February, OHCA ran significantly over budget in program spending by $15 million due to flu related illnesses. Based on estimates, March will be right at or slightly over, budget. For more detailed information, see Item 3a in the board packet.

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

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

ITEM 3C / LEGISLATIVE
Cate Jeffries, Legislative Liaison

Ms. Jeffries gave a brief update regarding two legislative sessions. Both OHCA request bills are no longer in the legislative process. HB 1270, The Hope Act, passed the House floor and was signed by the Governor. OHCA has created a workgroup to look at the bill and identify next steps. On March 5th, the Governor issued an executive order to direct OHCA to develop a recommendation for a waiver to require work activities for certain Medicaid recipients. This is aimed at adults who don't meet certain exceptions, such as, pregnancy and disability status. Recommendations will need to be submitted to the Governor within six months. For more detailed information, see item 3c in the board packet.

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

There were no recommendations regarding conflicts.

ITEM 5A-W / CONSIDERATION AND VOTE OF AGENCY RECOMMENDED RULEMAKING PURSUANT TO ARTICLE I OF THE ADMINISTRATIVE PROCEDURES ACT. THE AGENCY REQUESTS THE ADOPTION OF THE FOLLOWING PERMANENT RULES
Tywanda Cox, Chief of State and Federal Policy

The following permanent rules HAVE previously been approved by the Board and the Governor under EMERGENCY rulemaking. These rules HAVE NOT been revised for PERMANENT rulemaking.

a. AMENDING agency rules at ***OAC 317:35-7-40, 317:35-9-75, 317:35-15-7, 317:35-17-12, and 317:35-19-22*** will remove references regarding the issuing or mailing of member medical identification cards. This policy change is the result of the OHCA no longer printing and/or issuing plastic medical identification cards. Members now have access to print their medical identification card from their online member account, or non-online enrollment members can visit their local county Oklahoma Department of Human Services (DHS) office to obtain a printed card. Providers can verify the eligibility online via the eligibility verification system (EVS). Revisions will also update language to reflect how the DHS notifies members of eligibility and ineligibility for medical services by the mailing out of computer-generated forms. Additionally, the policy revisions will update the language for the medical and financial certification processes for the DHS ADvantage program.
Budget Impact: Savings were approved during promulgation of the emergency rule; the PERM rule change will not result in any additional costs and/or savings to the agency.

(Reference APA WF # 17-05B)

b. REVOKING agency rules at ***OAC 317:30-5-131.1*** will remove wage enhancement language and requirements for specified employees in nursing facilities (NF) serving adults and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IIDs). AMENDING agency rules at ***OAC 317:30-5-131.2*** will also remove references to the wage enhancement language. As a result of the increase of federal minimum wage and the change in rate setting methodology related to wages for employees of NFs serving adults and ICFs/IIDs, 63 Oklahoma Statutes, Sec. 5022 and 5022.1 were repealed. The repeal of these Sections resulted in the OHCA policy being obsolete; therefore, the removal of the language is necessary to comply with state regulation.
Budget Impact: Budget neutral

(Reference APA WF # 17-12)

c. AMENDING agency rules at ***OAC 317:35-5-42*** will update the Aged, Blind and Disabled (ABD) countable income policy by removing specific amounts for the income disregard of a student's earned income and instead refer to the Oklahoma Department of Human Services (DHS) Appendix C-1. These amounts are used by DHS when

determining countable income and eligibility for the ABD category. The Social Security Administration revises the student earned income exclusion yearly. Additionally, the proposed revisions will clarify the definition of student status to ensure that an unintended barrier is not created for the access of SoonerCare services.
Budget Impact: Budget neutral

(Reference APA WF # 17-15)

d. AMENDING agency rules at ***OAC 317:2-1-16*** will revise the grievance procedures and appeals processes for the supplemental payment program for nursing facilities owned and operated by non-state government-owned (NSGO) entities. The proposed revisions will remove the program eligibility determination as an appealable issue and will require that the NSGO entity must have an attorney file their LD-2 form. Finally, revisions will update acronyms, definitions, and references to other legal authorities; and correct grammatical errors.
Budget Impact: There is no cost to the OHCA as the state share will be financed by the NSGO and will be transferred to the state by way of an intergovernmental transfer for claiming of federal financial participation.

(Reference APA WF # 17-33A)

e. AMENDING agency rules at ***OAC 317:30-5-136*** will update and revise the rules for the nursing home supplemental payment program for nursing facilities. Additionally, the proposed revisions will update the care criteria Section and eligibility requirements that a nursing facility will be required to meet to receive the upper payment limit (UPL) reimbursement and participate in the UPL program. Finally, revisions will update acronyms, definitions and references to other legal authorities.
Budget Impact: There is no cost to the OHCA as the state share will be financed by the NSGO and will be transferred to the state by way of an intergovernmental transfer for claiming of federal financial participation.
(Reference APA WF # 17-33B)

MOTION: Member Case moved for approval of item 5a-e as published. The motion was seconded by Member McVay.

FOR THE MOTION: Vice Chairman Yaffe, Member Bryant

BOARD MEMBERS ABSENT: Chairman Armstrong, Member Nuttle

The following permanent rules HAVE previously been approved by the Board and the Governor under EMERGENCY rulemaking. These rules HAVE been revised for PERMANENT rulemaking.

OHCA Initiated

f. REVOKING agency rules at ***OAC 317:30-3-88*** will remove the Section that refers to the issuing of member medical identification cards. This policy change was the result of the Oklahoma Health Care Authority (OHCA) no longer printing and/or issuing plastic medical identification cards. Members now have access to print their medical identification card from their online member account, or non-online enrollment members can visit their local county Oklahoma Department of Human Services (DHS) office to obtain a printed card. The medical identification card alone was never proof of eligibility so providers still must check the eligibility verification system (EVS) to determine eligibility. **The aforementioned changes were reviewed and approved during promulgation of the emergency rule.**

AMENDING agency rules at ***OAC 317:30-3-24*** will modify a sentence pertaining to SoonerCare insurance verification by a provider. **The aforementioned "permanent rule-making" revisions have not been reviewed or approved.**
Budget Impact: Savings were approved during promulgation of the emergency rule; the PERM rule change will not result in any additional costs and/or savings to the agency.

(Reference APA WF # 17-05A)

g. AMENDING agency rules at ***OAC 317:30-3-57, 317:30-5-70 through 317:30-5-70.2, 317:30-5-72, 317:30-5-72.1, 317:30-5-76, 317:30-5-77.2, and 317:30-5-78.1*** will remove coverage of optional non-prescription drugs for adults (insulin, nicotine replacement products for smoking cessation, and family planning products are not

optional). Additionally, compounded prescriptions will require a prior authorization for allowable cost exceeding a pre-determined limit. Rules will amend the number of prescriptions allowed for adults receiving services under the 1915 (c) Home and Community-Based Services Waivers from two to three, which will align policy with current practices. **The aforementioned changes were reviewed and approved during promulgation of the emergency rule.**

Further pharmacy revisions will clarify eligible provider qualifications for pharmacies. Revisions will outline that pharmacies may be selected for audits; therefore, pharmacy records must be available for seven years. Language regarding Phenylketonuria (PKU) formula and amino acid bars is stricken as coverage criteria is outlined in another Section of policy. Additionally, naloxone for use in opioid overdose will be exempted from the prescription limit. Revisions will also remove coverage for over the counter cough and cold medicine. New rules will require providers to dispense brand name medication when the net cost to the agency of the brand name is lower than the net cost of the generic medication. Furthermore, language will clarify and outline claim submission and reversals when not picked up by the member within 15 days of the date of service. Finally, revisions will update policy terminology to align with current practice. **The aforementioned "permanent rule-making" revisions have not been reviewed or approved.**
Budget Impact: Savings regarding the removal coverage of optional non-prescription drugs were approved during the promulgation of the emergency rule.

Revisions requiring pharmacy providers to reverse claim submissions after a certain timeframe will result in savings; however until changes are implemented, the agency is unable to project the savings amount.

Additional rule changes will not result in a significant budget impact, if any.

(Reference APA WF # 17-06)

h. AMENDING agency rules at ***OAC 317:30-5-696*** will clarify dental coverage for adults by amending the rule that limits dental services for adults to emergency extractions. The policy was initially intended for emergency extractions and was later revised to medically necessary extractions. The intent of the change was to ensure the emergency extractions were medically necessary; therefore, the policy will revert to the original language to include the term emergency along with reference to where emergency dental care is defined in policy. Additionally, the proposed revisions add new language on the medically necessary images and oral examination that can accompany an emergency extraction. **The aforementioned changes were reviewed and approved during promulgation of the emergency rule.**

AMENDING agency rules at ***OAC 317:30-5-695*** will add a new definition for the images that can accompany an emergency extraction and a definition for emergency extraction. **The aforementioned "permanent rule-making" revisions have not been reviewed or approved.**
Budget Impact: Savings were approved during promulgation of the emergency rule; the PERM rule change will not result in any additional costs and/or savings to the agency.

(Reference APA WF # 17-14)

i. AMENDING agency rules at ***OAC 317:30-5-95 and 317:30-5-95.39*** will update definitions and align them with federal regulations. In addition, the term "American Osteopathic Accreditation" will be removed as an accrediting body for Psychiatric Residential Treatment Facilities (PRTFs), as it is no longer an accreditation option for these types of facilities. The term "Licensed independent practitioner" will be removed from the rules, and the new rules now describe in detail which types of practitioners can order restraint or seclusion, or perform face-to-face assessments of patients. Rules will also be amended to align policy with federal requirements for restraint or seclusion. PRTFs, a type of inpatient facility that exclusively serves minors and young adults, must comply with the condition of participation for restraint or seclusion, as is established by 42 C.F.R. §§ 483.350 through 483.376. Additionally, all general and psychiatric hospitals must comply with federally-established standards for restraint or seclusion, in accordance with 42 C.F.R. § 482.13(e) – (g). **The aforementioned changes were reviewed and approved during promulgation of the emergency rule.**

AMENDING agency rules at ***OAC 317:30-5-95.1, 317:30-5-95.4, 317:30-5-95.6, 317:30-5-95.9 through 317:30-5-95.14, 317:30-5-95.16, 317:30-5-95.19 through 317:30-5-95.21, 317:30-5-95.33, 317:30-5-95.35, and 317:30-5-97*** will require general hospitals and psychiatric hospitals to maintain medical records and other documentation to demonstrate they comply with certification of need for care, plan of care, and utilization review plans requirements. Psychiatric hospitals will also need to maintain these records to demonstrate they comply with

medical evaluation and admission review requirements. Rule revisions will add medical necessity criteria for admission in cases of psychiatric disorders and chemical dependency detoxification for adults. Additionally, rule revisions will specify that the individual plan of care (IPC) must be developed in consultation with the member or others who will care for the member upon discharge. Revisions will also describe the team of professionals and credentials required in the IPC development and review. Moreover, revisions will expand certificate of need requirements for PRTFs to mirror federal regulation. Other revisions will include replacing incorrect terminology used to refer to PRTFs and other settings. **The aforementioned "permanent rule-making" revisions have not been reviewed or approved.**
Budget Impact: The agency anticipates that the proposed changes that clarify medical necessity criteria for adults from an acute psychiatric admission, will potentially result in a savings of approximately $890,000 total; $368,727 state share savings for SFY2018.

(Reference APA WF # 17-19)

j. AMENDING agency rules ***OAC 317:45-11-20*** will strengthen the Insure Oklahoma Individual Plan program integrity for self-employed individuals. Revisions will make it incumbent upon the self-employed applicant to verify self-employment by completing and submitting certain documentation. Additionally, revisions will help ensure that self-employed applicants are engaged in routine, for-profit activity, in accordance with Internal Revenue Service guidelines. **The aforementioned changes were reviewed and approved during promulgation of the emergency rule.**

AMENDING agency rules at ***OAC 317:45-1-3, 317:45-1-4, 317:45-5-1, 317:45-7-1, 317:45-9-1, 317:45-9-2, 317:45-11-10, 317:45-11-11, and 317:45-11-23*** will remove the definition/term "self-funded" in order to update policy and reflect current business practices. Further revisions will add additional clarification on who is able to determine whether a college student is dependent or independent. Additionally, proposed revisions will update acronyms and correct grammatical and formatting errors.

REVOKING agency rules at ***OAC 317:45-11-25*** will remove the Section regarding premium payment to align policy with current business practices. **The aforementioned "permanent rule-making" revisions have not been reviewed or approved.**
Budget Impact: Budget neutral

(Reference APA WF # 17-26)

ODMHSAS Initiated

k. AMENDING agency rules at ***OAC 317:30-5-241.6*** will establish yearly limits on the amount of targeted case management that is reimbursable by SoonerCare on a fee-for-service basis. The limit of 25 units per member per month will be reduced to 16 units per member per year. A process for authorizing up to 25 units per member per month will be incorporated for individuals who meet medical necessity criteria demonstrating the need for additional units. **The aforementioned changes were reviewed and approved during promulgation of the emergency rule.**

AMENDING agency rules at ***OAC 317:30-5-241.1*** will change requirements for behavioral health assessments by allowing for diagnostic impressions on the assessment, while still requiring a diagnosis on the service plan. Additionally, proposed rules will allow for one client signature that will apply to both the assessment and treatment plan as well as allow a temporary change of service provider to be documented in a progress note for the service provided. These changes will allow for more flexibility in performing an assessment and developing a treatment plan. Other revisions will include minor updates of terminology to keep language consistent throughout OHCA policy. **The aforementioned "permanent rule-making" revisions have not been reviewed or approved.**
Budget Impact: Savings were approved during promulgation of the emergency rule; the PERM rule change will not result in any additional costs and/or savings to the agency.

(Reference APA WF # 17-09)

MOTION: Member McVay moved for approval of item 5f-k as published. The motion was seconded by Member Bryant.

FOR THE MOTION: Vice Chairman Yaffe, Member Case

BOARD MEMBERS ABSENT: Chairman Armstrong, Member Nuttle

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

OHCA Initiated

l. AMENDING agency rules at ***OAC 317:30-5-1020, 317:30-5-1021 and 317:30-5-1023*** will remove unintended barriers for medical services rendered in the school setting pursuant to an Individual Education Plan (IEP). The proposed revisions will allow an IEP and all relevant supporting documentation (hereinafter, "plan of care") that meet certain requirements to serve as the prior medical authorization for most medically necessary services that can be provided in a school setting with the exception of personal care services. Personal care services must still receive prior authorization in accordance with Oklahoma Health Care Authority's (OHCA) federally-approved Medicaid state plan.

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

Additionally, the revisions update the requirements needed in an IEP and plan of care. The proposed revisions will also eliminate the reference to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) where the term is no longer valid. All claims related to school-based services that are submitted to the OHCA for reimbursement must include any numeric identifier obtained from the Oklahoma State Department of Education. The proposed revisions will also update eligibility requirements for practitioners who provide services in school-based settings. Finally, the revisions will remove specific references that are no longer applicable, update acronyms and references to other legal authorities, and correct grammatical errors.
Budget Impact: It is estimated that the change will result in a positive impact to the Oklahoma school districts of about $6.5 million, as a result of federal matching funds.

(Reference APA WF # 17-07)

m. AMENDING agency rules at ***OAC 317:2-1-2*** and ADDING agency rules at ***OAC 317:2-1-2.5*** will clarify timelines for appeal decisions and add a new section outlining expedited appeals, which are required by new regulations in cases when an appellant's life or health could be in jeopardy. The timelines and process for expedited appeals will be outlined in the new section of policy. In addition, language referring to nursing home wage enhancement will be deleted due to changes in state statute that resulted in the policy being obsolete. Finally, revisions will clarify the purpose and other details of the appeal process, as well as, other general language cleanup.
Budget Impact: Budget neutral

(Reference APA WF # 17-10A)

n. AMENDING agency rules at ***OAC 317:35-6-62 and 317:35-6-62.1*** AND RENUMBERING to ***OAC 317:35-5-65 and 317:35-5-66***. The renumbering of the Sections will move the policy regarding notification processes, from the "SoonerCare for Pregnant Women and Families with Children" Section to the "Eligibility and Countable Income" Section of policy, as the notification policy applies to all SoonerCare programs. Federal regulations require the agency to communicate with all members through the members' choice of electronic format or regular mail. The revisions are necessary to meet federal regulation, including notification and expedited appeals requirements, to ensure effective communication with all SoonerCare members.
Budget Impact: Budget neutral

(Reference APA WF # 17-10B)

o. AMENDING agency rules at ***OAC 317:35-7-48, 317:35-9-67, 317:35-10-10, 317:35-10-26, 317:35-15-6 and 317:35-19-20*** will revise the income policy for how income is computed for non-disabled adults and children to mirror current system computations for income. The online eligibility system rounds cents down to the nearest

dollar in its calculations; therefore, policy will be revised to match current online eligibility system. Additional revisions will revise multiple Sections of policy that paired "Prior to October 1, 2013" policy with "Effective October 1, 2013" policy. The pre-MAGI policy will be removed, as it is no longer applicable.
Budget Impact: Budget neutral

(Reference APA WF # 17-21)

p. ADDING agency rules at ***OAC 317:30-3-31 and 317:30-3-32*** will revise prior authorization (PA) policy by adding language that clarifies the scope of a Section as encompassing all PAs. Proposed revisions will add language about how a provider can obtain information on how and/or where to submit PA requests. Additionally, revisions will update a list of services requiring a PA, but will clarify that the list is not exhaustive and will explain other qualifying factors. Further revisions will add a new Section that clarifies that what was previously called preauthorization of emergency medical services for certain aliens is actually retrospective review for payment for emergency medical services to certain aliens. REVOKING agency rules at ***OAC 317:30-3-78, 317:30-3-79, 317:30-3-82 and 317:30-3-83*** will remove the Sections, as these are already addressed in other parts of policy.
Budget Impact: Budget neutral

(Reference APA WF # 17-22A)

q. REVOKING agency rules at ***OAC 317:35-3-3*** will remove a Section of policy in Chapter 35 because it is more appropriately covered in Chapter 30.

AMENDING agency rules at ***OAC 317:35-5-25*** will remove language regarding preauthorization of emergency medical services for certain aliens because it will be covered in a new Section of policy in Chapter 30.
Budget Impact: Budget neutral

(Reference APA WF # 17-22B)

r. AMENDING agency rules at ***OAC 317:50-1-2, 317:50-1-3, 317:50-1-5, 317:50-1-6, 317:50-1-9, 317:50-1-11, 317:50-1-12, and 317:50-1-14*** will revise the Medically Fragile Waiver policy by providing updates to the overview, services and annual re-evaluation Sections of existing policy for general clarification and alignment with the approved waiver; including updating of some acronyms used in existing policy. In addition, new language will provide guidelines on when the Uniform Comprehensive Assessment Tool is required to be updated if submitted after 90 days. In order to align revisions with federal regulation requirements, new environmental modifications service guidelines will be added in addition to guidelines on how payments are to be submitted for this service. Further revisions will provide new criteria in determining a member's eligibility for self-directed services. Finally, proposed revisions will include the removal of outdated language relating to program medical eligibility and updating obsolete acronyms.
Budget Impact: Budget neutral

(Reference APA WF # 17-27)

s. ADDING agency rules at ***OAC 317:30-5-137*** will define and describe the eligibility criteria for the Focus on Excellence (FOE) program in policy. Additionally, the proposed revisions will add new language on the quality measure care criteria that a nursing facility must meet to continue status in the FOE program. Finally, the proposed revisions will add new language on the FOE payment and appeals processes.
Budget Impact: Budget neutral

(Reference APA WF # 17-30)

t. AMENDING agency rules at ***OAC 317:30-3-65, 317:30-3-65.2, 317:30-3-65.4, 317:30-3-65.6 through 317:30-3-65.10, 317:30-5-640.1, and 317:30-5-1022*** will update the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) periodicity schedule recommended for physicians and other practitioners who provide screening services to children. The new periodicity schedule will reflect the recommendations by the American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD). Additionally, revisions will amend other Sections that refer to the old periodicity schedule recommendations and will update the hearing, vision and dental EPSDT Sections to align with current industry standards. Further revisions will update acronyms and titles, and correct grammatical mistakes for better flow and understanding.

REVOKING agency rules at ***OAC 317:30-3-65.1*** will remove a Section of policy that refers to the old periodicity schedule recommendations.
Budget Impact: Budget neutral

(Reference APA WF # 17-32)

ODMHSAS Initiated

u. AMENDING agency rules at ***OAC 317:30-5-240.1, 317:30-5-240.2 and 317:30-5-241.2*** will add the Accreditation Commission for Health Care (ACHC) as an additional accreditation option for outpatient behavioral health agencies. Additionally, proposed revisions will update policy terminology in order to align with current practice.
ODMHSAS Budget Impact: Budget neutral

(Reference APA WF # 17-16)

DHS Initiated

v. AMENDING agency rules at ***OAC 317:30-5-950 and 317:30-5-953*** will update the ADvantage Waiver policy by replacing references to the Interactive Voice Response Authentication system with references to the Electronic Visit Verification (EVV) system. The EVV system is the current industry standard for electronic billing and verification software systems. Proposed revisions will provide clarification of the EVV system billing process, which is currently in place for billing of personal care and nursing services in both the ADvantage and State Plan personal care programs. Revisions will also ensure that the technological terms used in this policy accurately reflect the advances in electronic billing and verification software systems.
DHS Budget Impact: Budget neutral

(Reference APA WF # 17-24A)

w. AMENDING agency rules at ***OAC 317:35-17-16 and 317:35-17-19*** will update information regarding the certification and recertification periods of medical eligibility determination and systems that are used by the nurses in communicating with the Department of Human Services (DHS) county offices. Additionally, proposed revisions will update obsolete acronyms that are used in existing policy.

ADDING agency rules at ***OAC 317:35-17-26*** will outline the rules and processes for the Ethics of Care Committee for the ADvantage and State Plan personal care program.
DHS Budget Impact: Budget neutral
(Reference APA WF # 17-24B)

MOTION: Member Case moved for approval of item 5l-w as published. The motion was seconded by Member McVay.

FOR THE MOTION: Vice Chairman Yaffe, Member Bryant

BOARD MEMBERS ABSENT: Chairman Armstrong, Member Nuttle

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

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

b) Consideration and vote to add **Zilretta™ (Triamcinolone Acetonide Extended-Release Injectable Suspension)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

c) Consideration and vote to add **Varubi® IV (Rolapitant) and Cinvanti™ (Aprepitant)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

d) Consideration and vote to add **Prevymis™ (Letermovir Tablets and Injection)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

e) Consideration and vote to add **Mepsevii™ (Vestronidase Alfa-vjbk)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

f) Consideration and vote to add **Xadago® (Safinamide) and Gocovri™ (Amantadine Extended-Release)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

MOTION:	Member Bryant moved for approval of item 6a-f as published. The motion was seconded by Member Case.
FOR THE MOTION:	Vice Chairman Yaffe, Member McVay
BOARD MEMBERS ABSENT:	Chairman Armstrong, Member Nuttle

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

There was no executive session

ITEM 8 / NEW BUSINESS

There was no new business.

ITEM 9 / ADJOURNMENT

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

Meeting adjourned at 2:00 p.m., 3/26/2018

NEXT BOARD MEETING
May 10, 2018
Oklahoma Health Care Authority
Oklahoma City, OK

Martina Ordonez
Board Secretary

Minutes Approved: _____

*Initials:*_____

FINANCIAL REPORT

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

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

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

ATTACHMENTS

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

REVENUES	FY18 Budget YTD	FY18 Actual YTD	Variance	% Over/ (Under)
State Appropriations	$ 769,451,477	$ 769,451,477	$ -	0.0%
Federal Funds	1,715,242,501	1,713,914,880	(1,327,621)	(0.1)%
Tobacco Tax Collections	36,167,080	38,323,515	2,156,435	6.0%
Quality of Care Collections	58,522,772	58,865,268	342,496	0.6%
Prior Year Carryover	44,249,967	44,249,967	-	0.0%
Federal Deferral	12,895,732	12,895,732	-	0.0%
Drug Rebates	240,960,113	248,461,957	7,501,844	3.1%
Medical Refunds	27,849,420	26,650,764	(1,198,656)	(4.3)%
Supplemental Hospital Offset Payment Program	176,112,487	176,112,487	-	0.0%
Other Revenues	15,221,022	15,229,488	8,467	0.1%
TOTAL REVENUES	**$ 3,096,672,570**	**$ 3,104,155,534**	**$ 7,482,964**	**0.2%**

EXPENDITURES	FY18 Budget YTD	FY18 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	**$ 42,601,847**	**$ 37,659,902**	**$ 4,941,945**	**11.6%**
ADMINISTRATION - CONTRACTS	**$ 79,344,579**	**$ 73,621,127**	**$ 5,723,452**	**7.2%**
MEDICAID PROGRAMS				
Managed Care:				
SoonerCare Choice	31,740,967	31,026,560	714,407	2.3%
Acute Fee for Service Payments:				
Hospital Services	680,567,099	686,496,397	(5,929,298)	(0.9)%
Behavioral Health	16,030,112	14,613,311	1,416,801	8.8%
Physicians	299,469,877	296,593,210	2,876,667	1.0%
Dentists	93,458,140	92,783,859	674,281	0.7%
Other Practitioners	40,721,212	39,444,863	1,276,349	3.1%
Home Health Care	13,697,303	14,287,323	(590,020)	(4.3)%
Lab & Radiology	22,063,412	20,283,191	1,780,221	8.1%
Medical Supplies	37,776,665	38,397,399	(620,734)	(1.6)%
Ambulatory/Clinics	157,052,220	161,051,317	(3,999,097)	(2.5)%
Prescription Drugs	457,175,362	459,745,318	(2,569,956)	(0.6)%
OHCA Therapeutic Foster Care	9,000	56,226	(47,226)	0.0%
Other Payments:				
Nursing Facilities	410,478,997	407,516,772	2,962,225	0.7%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	46,099,786	45,558,074	541,712	1.2%
Medicare Buy-In	131,062,761	130,616,544	446,217	0.3%
Transportation	48,902,871	49,575,908	(673,037)	(1.4)%
Money Follows the Person-OHCA	177,606	237,836	(60,231)	0.0%
Electonic Health Records-Incentive Payments	5,830,424	5,830,424	-	0.0%
Part D Phase-In Contribution	82,938,589	92,854,664	(9,916,075)	(12.0)%
Supplemental Hospital Offset Payment Program	372,689,771	372,689,771	-	0.0%
Telligen	7,934,670	8,678,132	(743,462)	(9.4)%
Total OHCA Medical Programs	**2,955,876,843**	**2,968,337,100**	**(12,460,257)**	**(0.4)%**
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	**$ 3,077,912,651**	**$ 3,079,618,129**	**$ (1,705,478)**	**(0.1)%**
REVENUES OVER/(UNDER) EXPENDITURES	**$ 18,759,919**	**$ 24,537,405**	**$ 5,777,486**	

OKLAHOMA HEALTH CARE AUTHORITY

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

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

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

OKLAHOMA HEALTH CARE AUTHORITY

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

REVENUE		FY18 Actual YTD
Revenues from Other State Agencies	$	502,135,576
Federal Funds		581,536,474
TOTAL REVENUES	**$**	**1,083,672,050**

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

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

Fund 205: Supplemental Hospital Offset Payment Program Fund

SFY 2018, For the Nine Month Period Ending March 31, 2018

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

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

CASH BALANCE	$	869,781

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

Fund 230: Nursing Facility Quality of Care Fund

SFY 2018, For the Nine Month Period Ending March 31, 2018

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

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

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

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

Fund 245: Health Employee and Economy Improvement Act Revolving Fund

SFY 2018, For the Nine Month Period Ending March 31, 2018

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

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

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

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

SFY 2018, For the Nine Month Period Ending March 31, 2018

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

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

TOTAL STATE SHARE OF COSTS	**$ 2,466,755**

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

OHCA Board Meeting
May 10, 2018
(March 2018 Data)

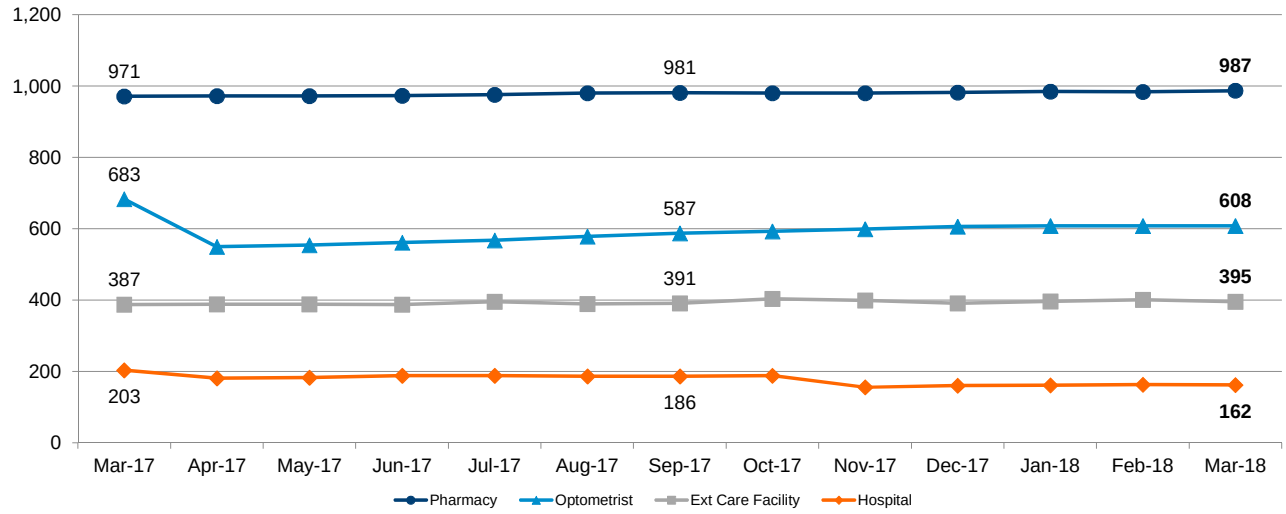
SOONERCARE ENROLLMENT/EXPENDITURES

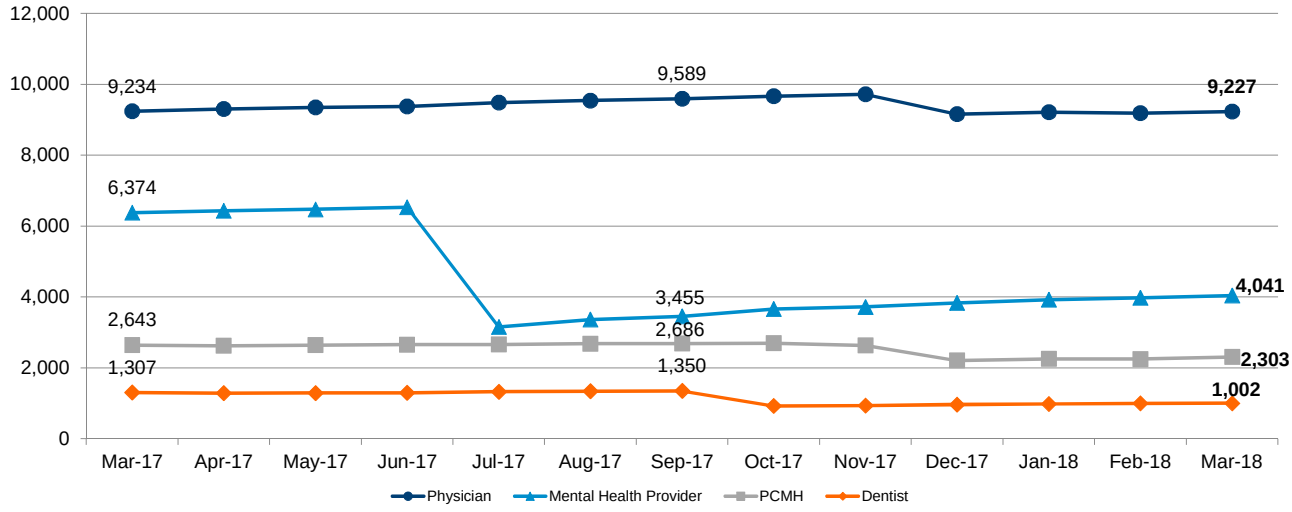
Delivery System			Enrollment March 2018	Children March 2018	Adults March 2018	Enrollment Change	Total Expenditures March 2018	PMPM March 2018
SoonerCare Choice Patient-Centered Medical Home			**535,704**	**443,027**	**92,677**	**5,437**	**$154,491,132**	
	Lower Cost	*(Children/Parents; Other)*	490,810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

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

IN-STATE CONTRACTED PROVIDERS

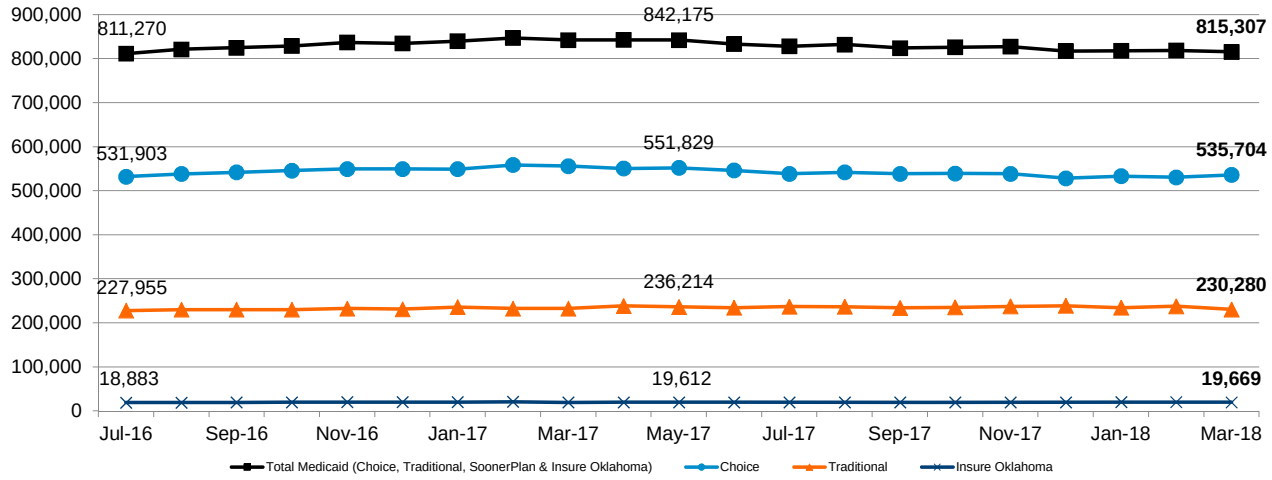
Total In-State Providers: 32,195 (+307) **(In-State Providers counted multiple times due to multiple locations, programs, types, and specialties)**

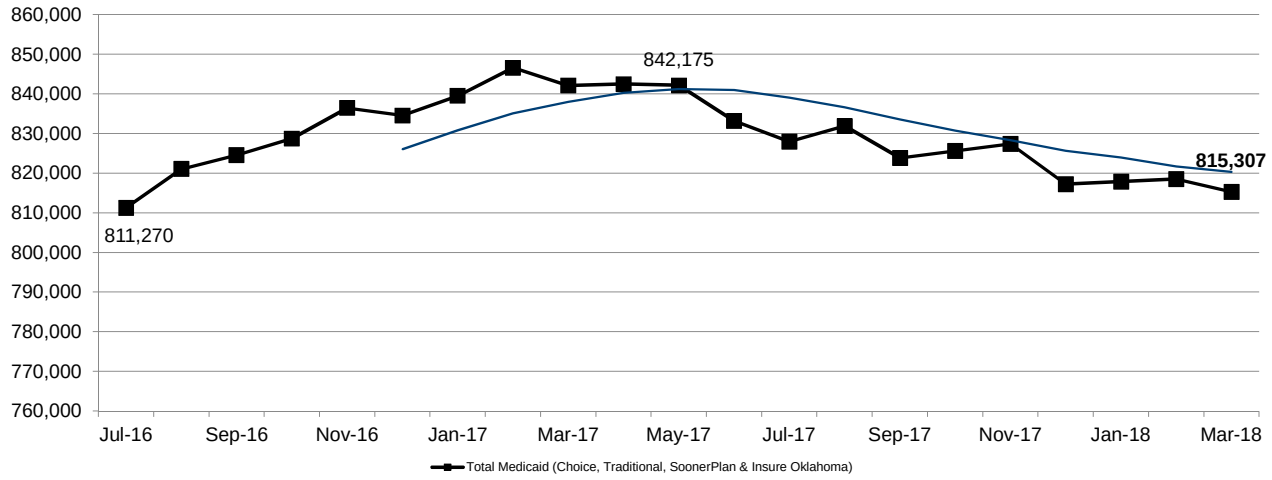




*In general, decreases are due to contract renewal. Decrease during contract renewal period is typical during all renewal periods. Hospital decrease in November 2017 was due to psychiatric hospitals and residential treatment centers changing from provider type hospital to provider type inpatient psychiatric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

ENROLLMENT BY MONTH





*Trendline is 6 months moving average.

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

Legislative Update

Report for May 10, 2018

Sine Die Adjournment

The 56th Legislature adjourned sine die on May 3, 2018. The governor has 15 days – through May 18 – to sign or veto bills passed in the final week of session. After sine die, bills that are not signed by the governor are considered vetoed.

The Senate adjourned second special session on April 17 and the House adjourned April 19. **HB 1024XX**, which gives state employees a pay raise, along with a few revenue/appropriations measures were among bills passed during the special session.

State Fiscal Year 2019 Appropriations

SB 1600, which makes appropriations to state agencies for the upcoming fiscal year, was signed by the Governor on April 30.

OHCA SFY 19 Appropriations	
General Revenue	$973,841,858.00
General Revenue *For Medical Schools*	$110,044,319.00
Special Cash	$30,000,000.00
Tobacco Settlement	$12,579,769.00
HEIIA Fund	$6,000,000.00
Total Appropriations	**$1,132,465,946.00**

Work Requirements

The Governor issued a work requirements executive order (EO) on March 5 to direct OHCA to develop recommendations for a Medicaid work requirements program. OHCA will provide recommendations to the Governor and Legislature within six months of the EO.

In addition to the governor's EO, the following companion legislation was passed:

HB 2932 – Directs OHCA to seek a work requirements waiver and specifies program criteria.

- *Sent to governor, 5-3-18*

Other OHCA Legislation

SB 972 – Requires OHCA to examine the feasibility of a state plan amendment for diabetes self-management training.

- *Governor signed, 4-12-18*

SB 1053 –Authorizes Oklahoma Department of Veterans Affairs to obtain certification through CMS and accept payments/reimbursements from Medicare and Medicaid programs for services provided through Oklahoma veterans centers.

- *Governor signed, 4-24-18*

SB 1591 – Provides authority for OHCA to establish a supplemental reimbursement program for certain ground emergency medical transportation services.

- *Sent to governor, 5-2-18*

SB 1605 – Directs OHCA to increase provider reimbursement rates and provides other legislative direction for SFY19.

- *Sent to governor, 5-3-18*

Upcoming Dates

The deadline for filing Interim Study Requests is Friday, June 8.

The 57th Legislature will convene January 8, 2019, at noon and recess no later than 5 p.m. the same day. The governor's state address will be Monday, February 4, 2019, at noon.

OHCA Responds to the Opioid Crisis

May 10, 2018

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

Oklahoma HealthCare Authority

Agenda

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

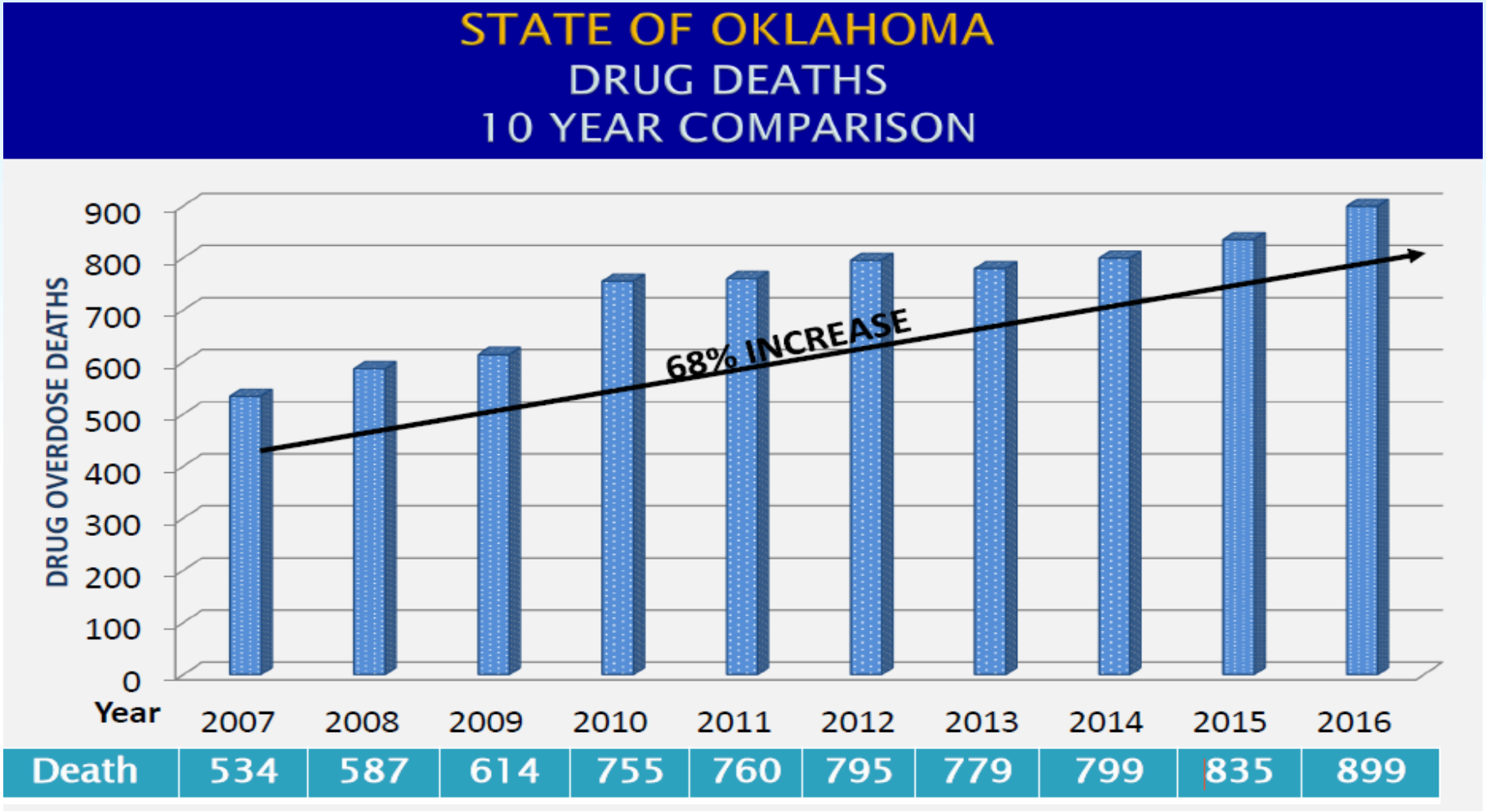
Prescription Drug Overdoses Oklahoma

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

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

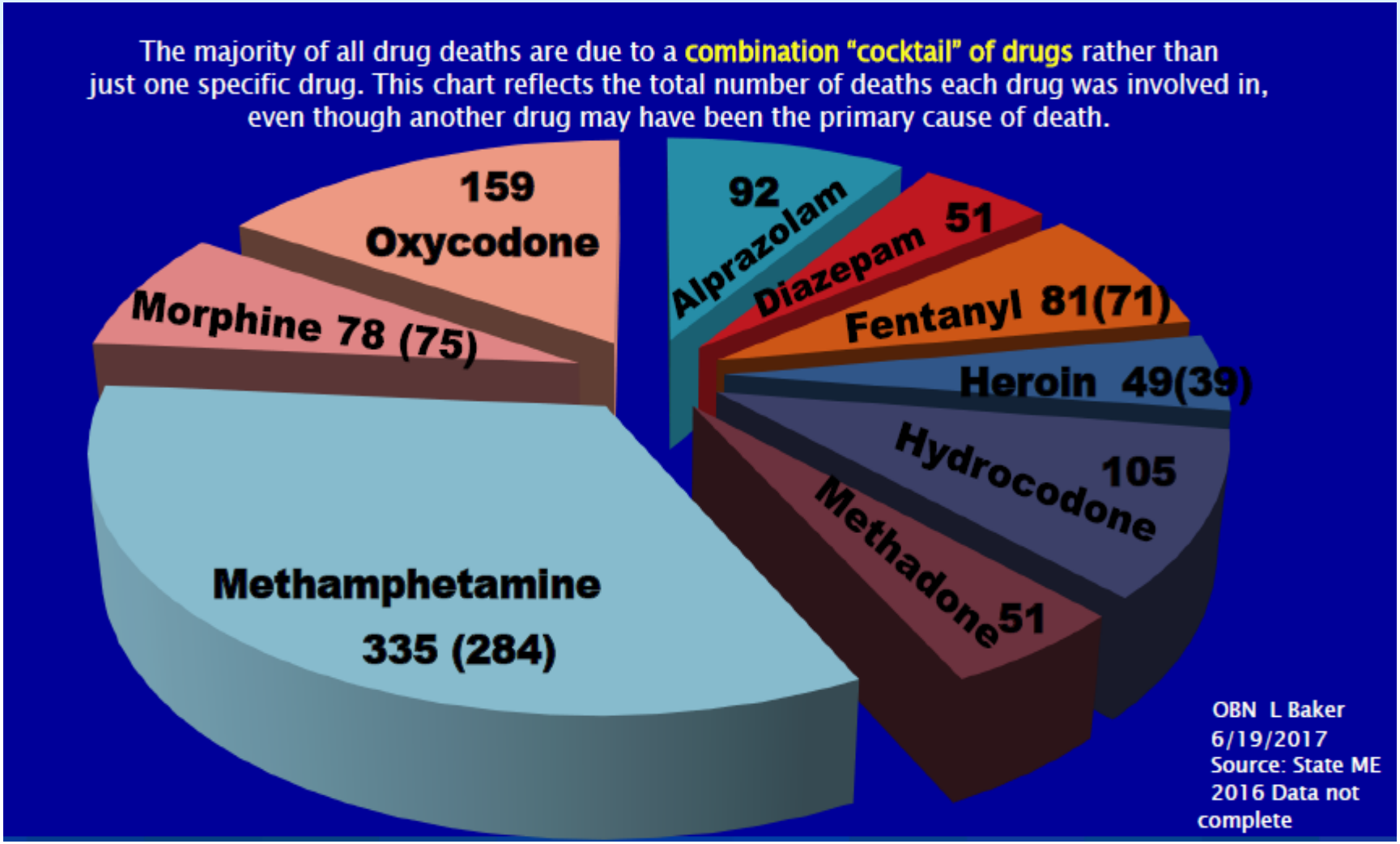
The cascade effect...

All Drug Deaths 2007-2016



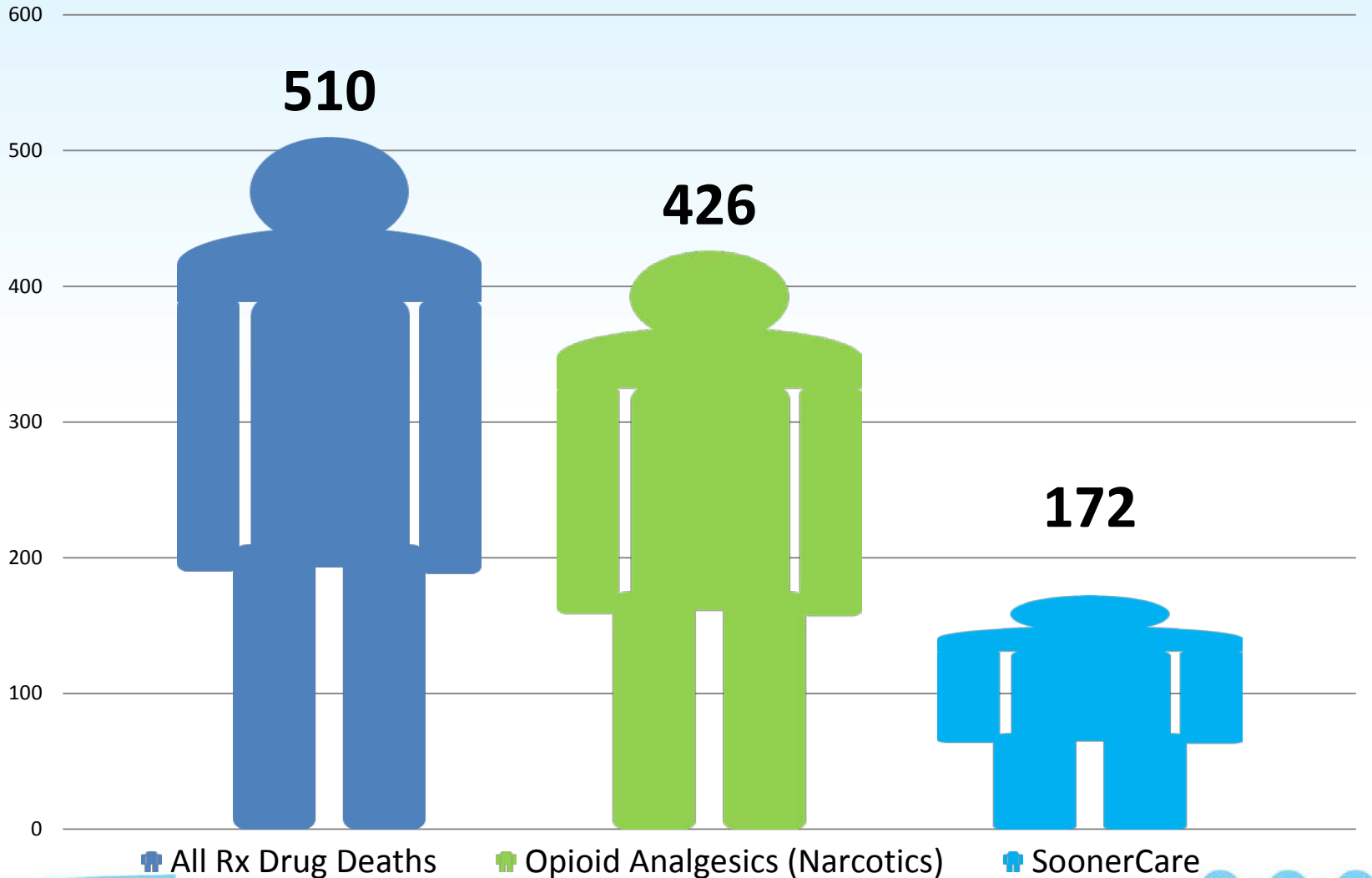
http://www.oag.ok.gov/Websites/oag/images/Second%20Opioid%20Meeting%20Presentations%20-%20Combined.pdf

All Drug Deaths 2017



Poisoning-Drug Overdose Death Rates - Oklahoma 2014

Source: OSDH, Injury Prevention Service, Unintentional Poisonings Data



OHCA Initiatives

OHCA Initiatives

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

Naloxone

Naloxone

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

Naloxone

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

Patient review and restriction program Lock-in

Lock-In Program

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

Lock in 2.0

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

Morphine Milligram Equivalent (MME)

Morphine Milligram Equivalent (MME)

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

MME

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

MME 3 Phase Plan

- Phase 1

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

MME 3 Phase Plan (cont.)

- Phase 2 *(current)*

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

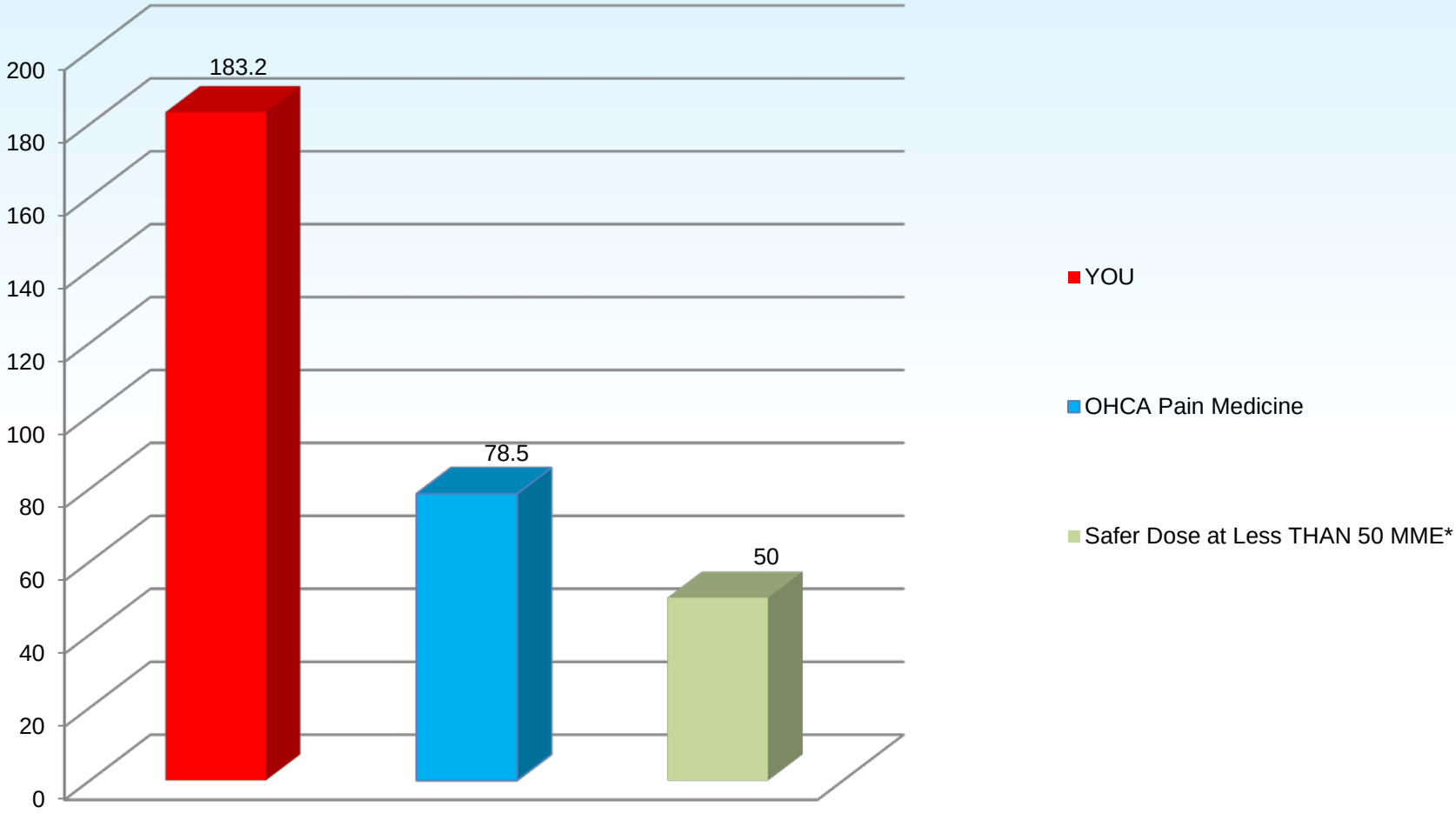
MME 3 Phase Plan (cont.)

- Phase 3

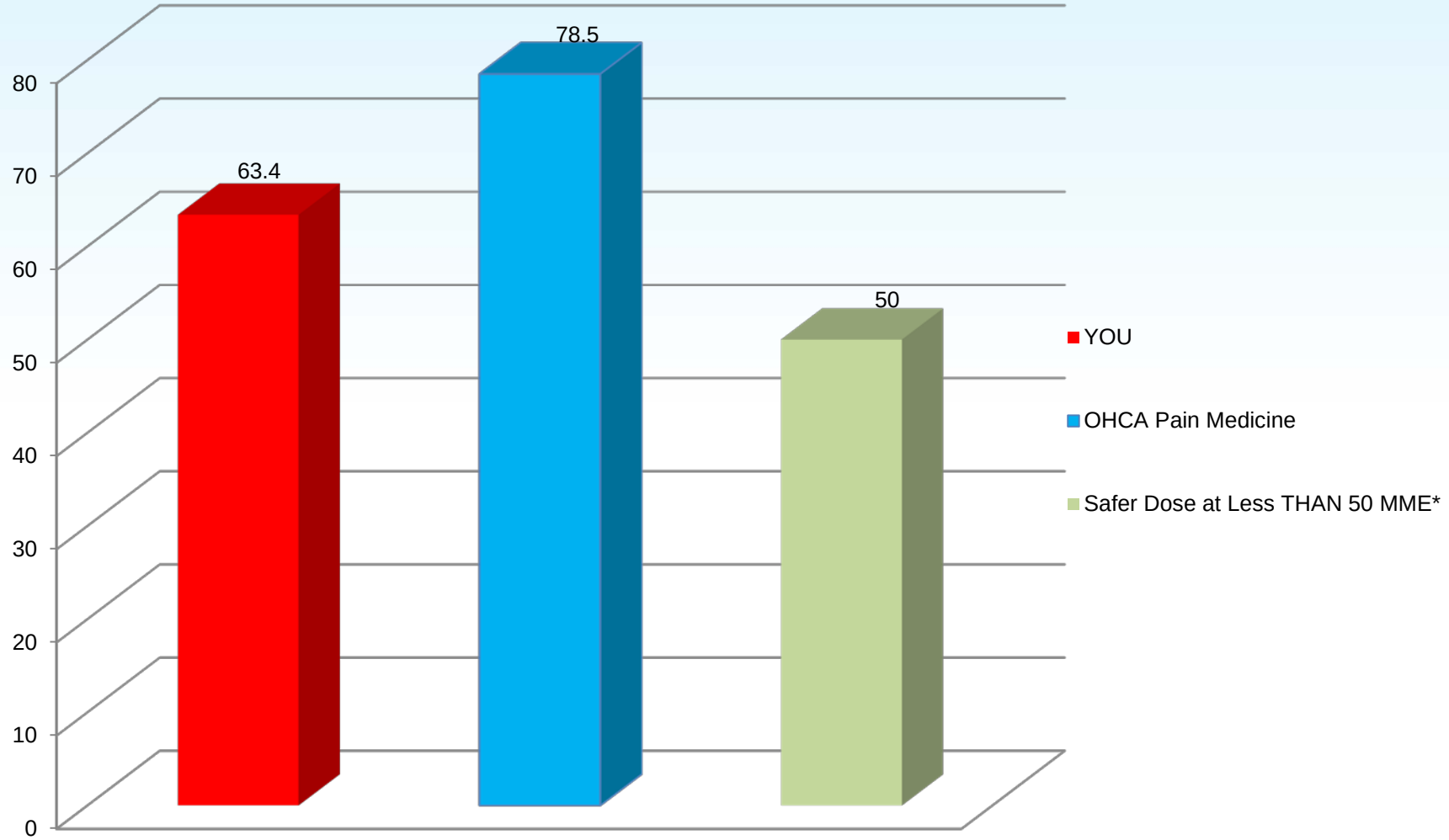
Provide prescribers with daily MME via official communications. Identify top MME prescribers for quality assurance and program integrity review.

MME Prescriber Report

MME Prescriber Report



MME Prescriber Report



Communication Strategies

Prescriber Communication - Letter

REBECCA PASTERNIK-IKARD
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

[DATE]

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

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

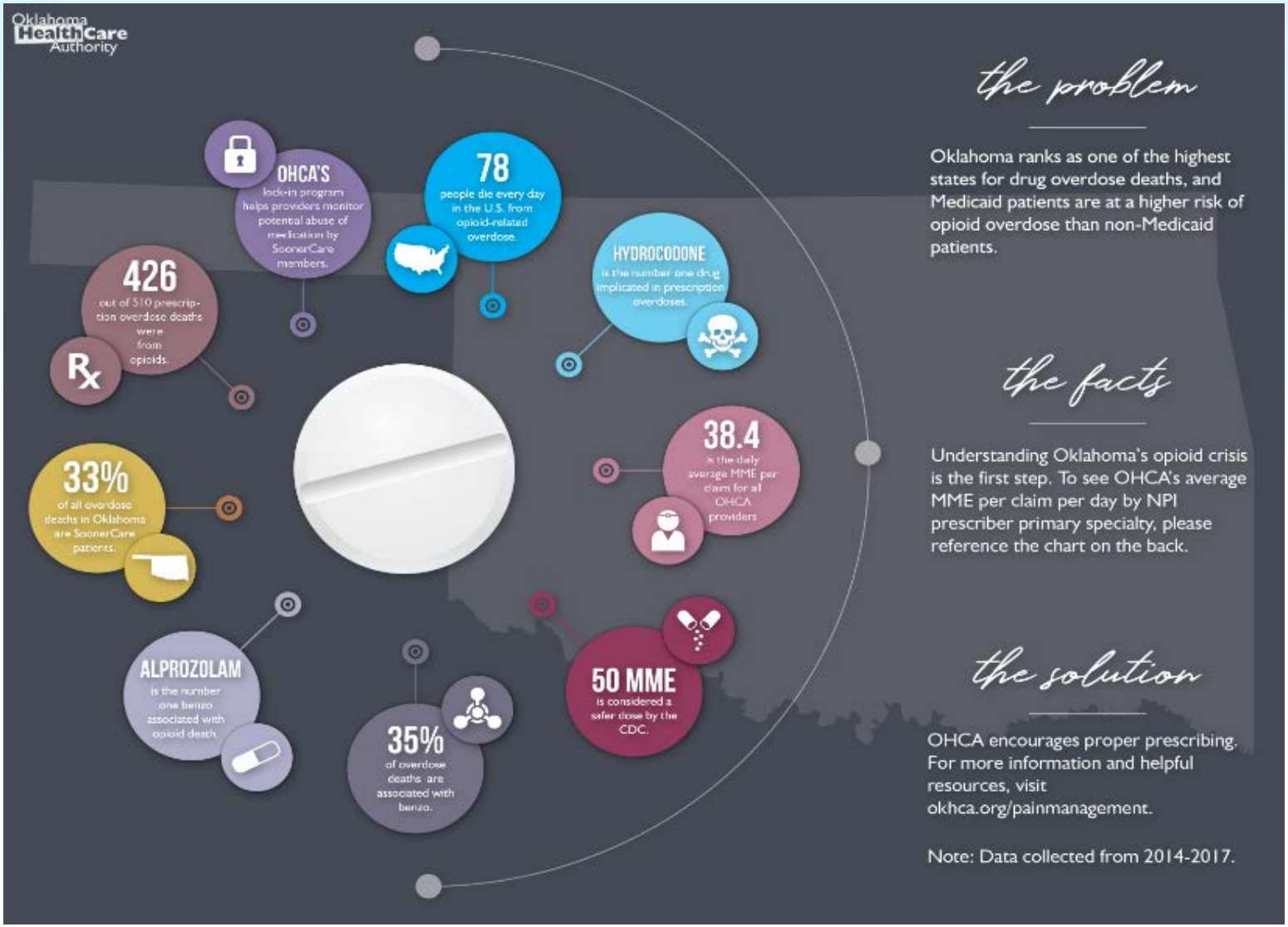
Dear [Provider]:

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

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

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

Infographic



MME Prescriber Notification

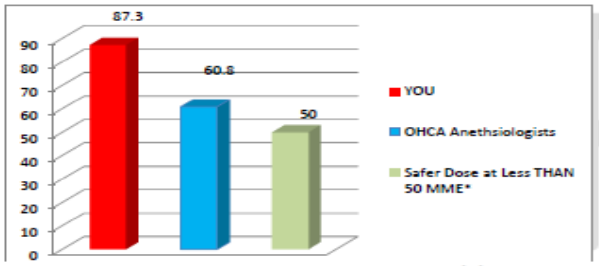
Morphine Milligram Equivalent (MME) Report
Jan 1st 2015 through September 30th 2015.

Oklahoma HealthCare Authority

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

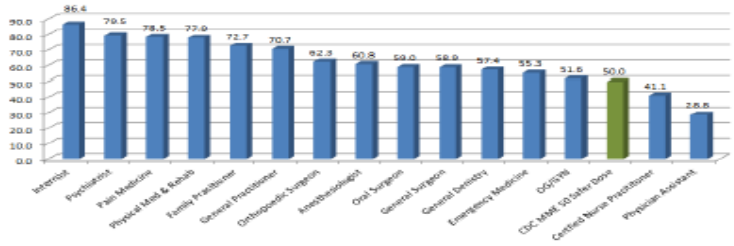
When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥50 morphine milligram equivalents (MME)/day,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

The graph indicates **your average MME/Claim*** for the period January 1st 2015 through September 30th 2015.
*MME =Strength per Unit * (Number of Units/ Days Supply) * MME conversion factor = MME/Day x Avg # of Claims
PROVIDER <MM>
Number of Claims: 3109
Number of Clients: 626
Average MME*/Day: 87.3



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

OHCA Average MME per Claim
by NPI Prescriber Primary Specialty
Top prescribers opioid claims greater than 1000/90 days
(July 1st 2015 thru Sept 30th 2015)



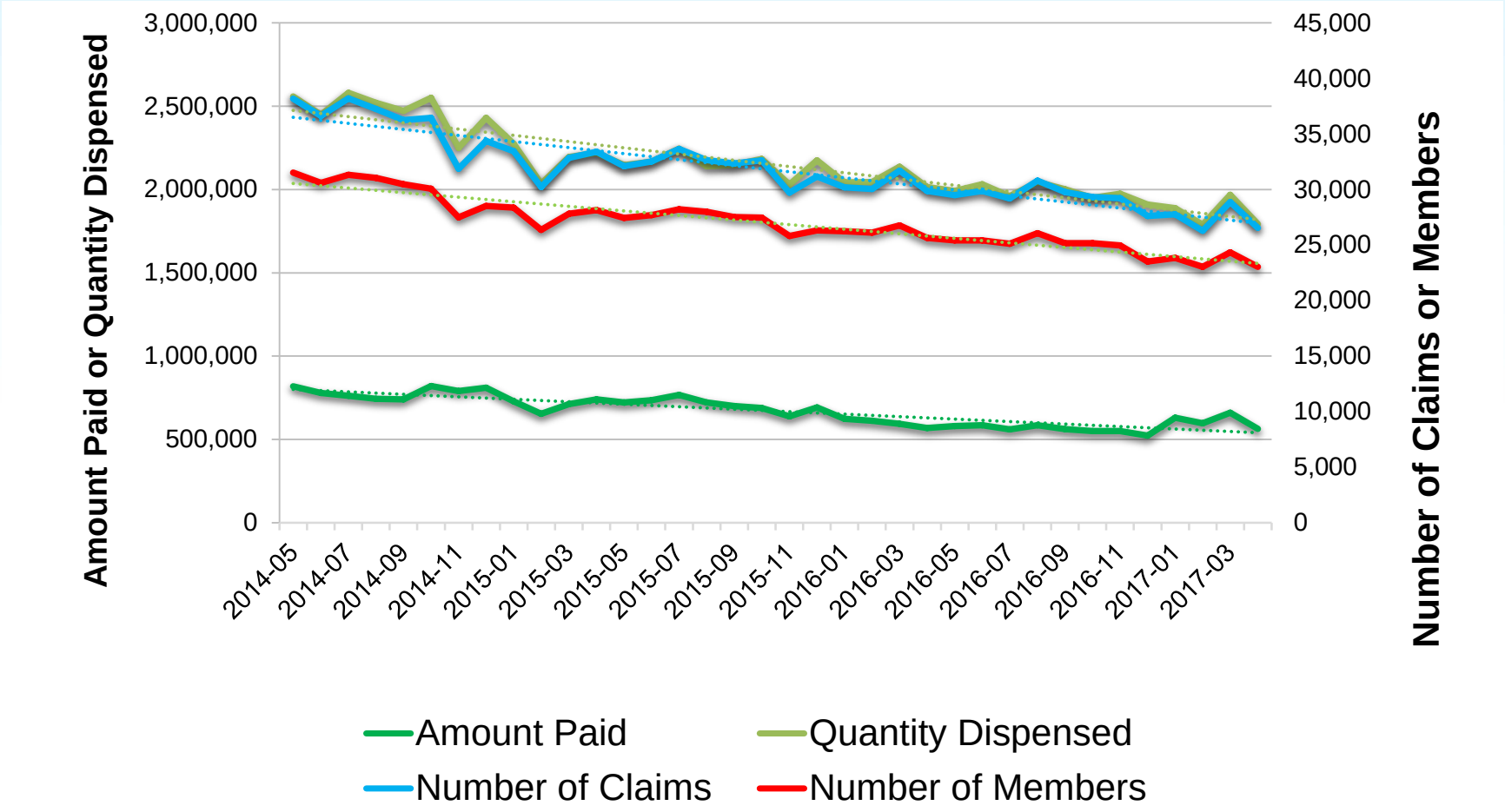
Data compiled by OHCA Pharmacy Department. Data valid as of April 1st 2016. Please direct questions to

Other –Communication

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

Results

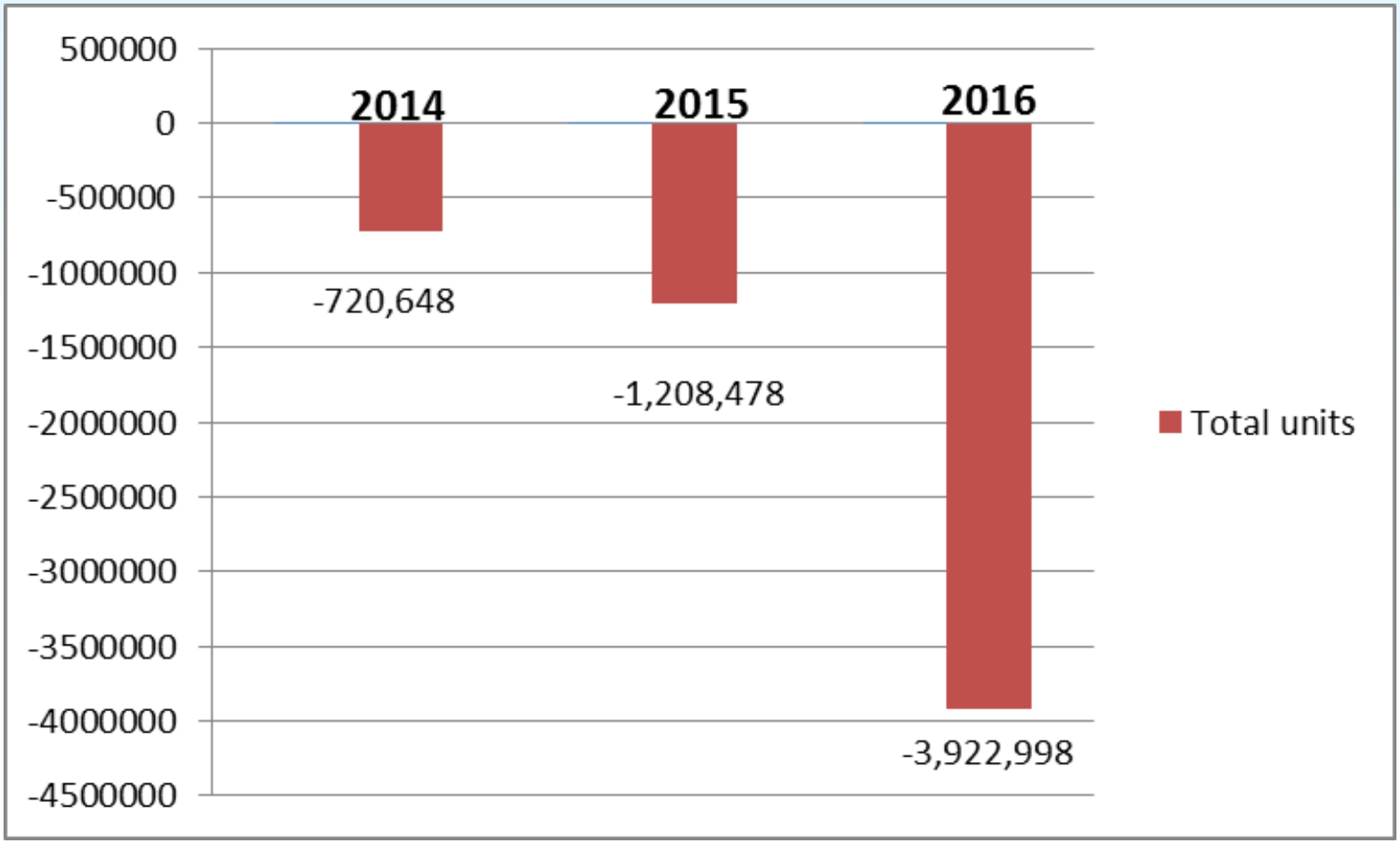
Short-Acting Opioid Analgesic Trends: May 2014-April 2017



Quantity Limit Edit

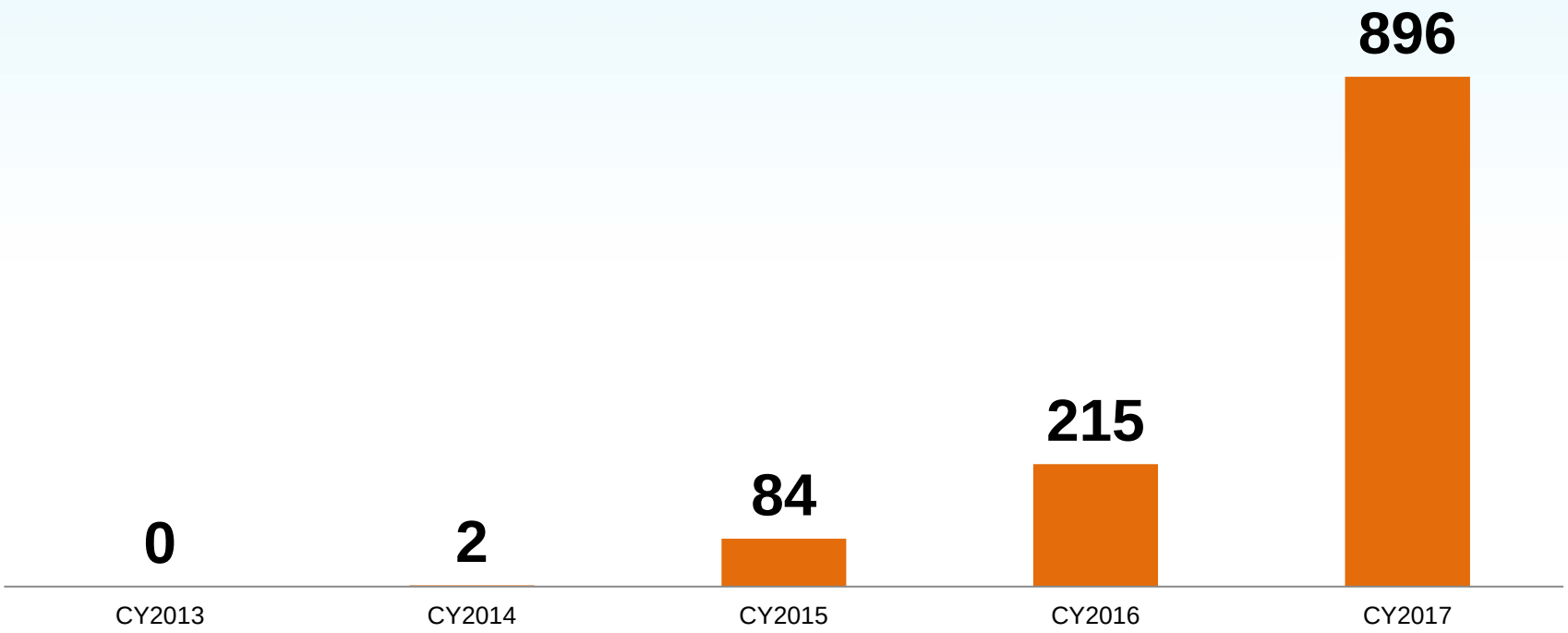
Number of Units

Decrease in Pills Diverted



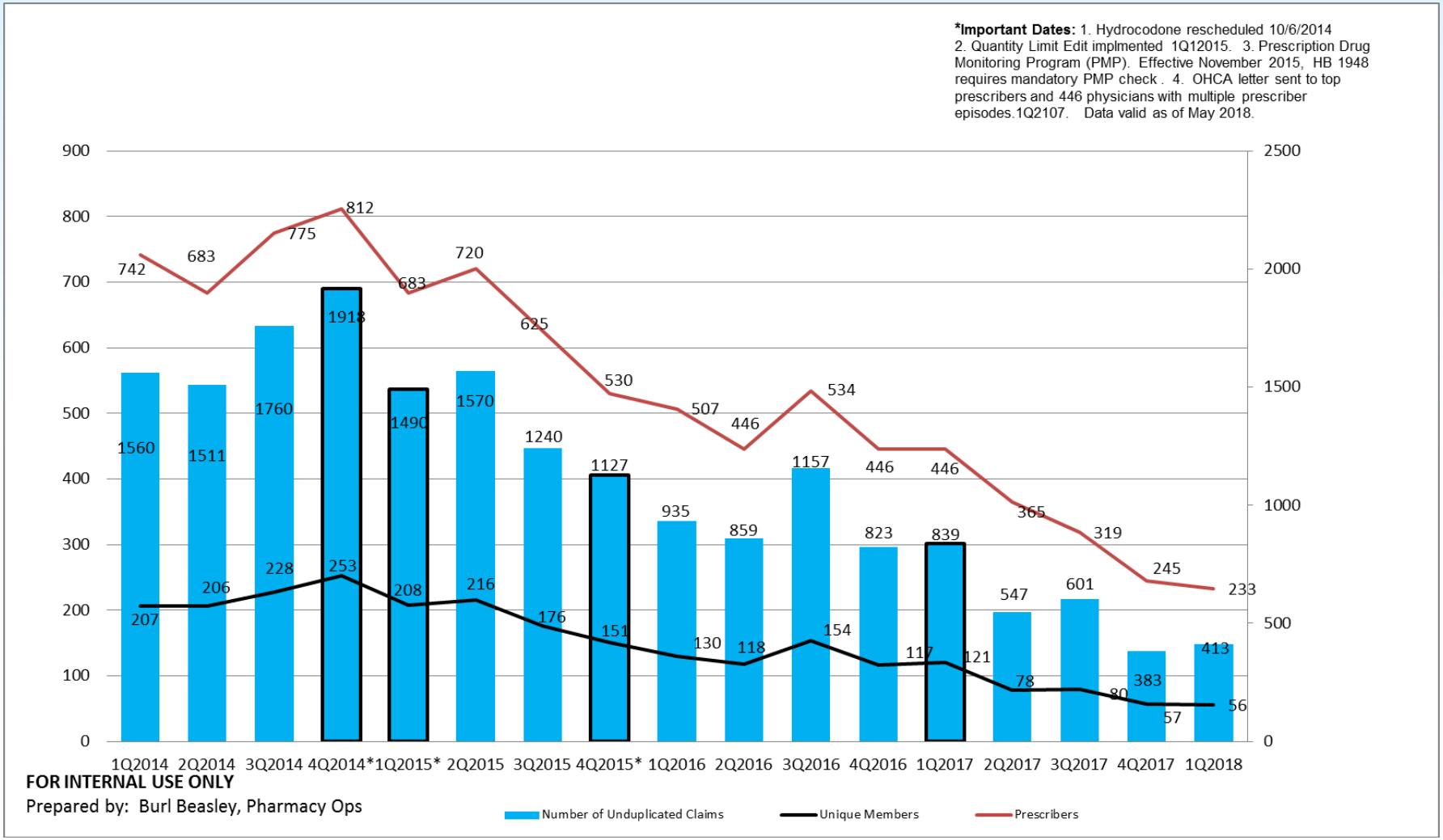
OHCA Naloxone Claims
CY 2013 – CY 2017

Data valid as of October 2017



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

Multiple Prescriber Episodes*
1Q2014 - 1Q2018
Members, Prescribers, Number of Claims



FOR INTERNAL USE ONLY

Prepared by: Burl Beasley, Pharmacy Ops

Next Steps and Summary

Other - Legislation

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

Other – Legislation (cont.)

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

Others - OHCA

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

Summary

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

QUESTION COMMENTS

Oklahoma Health Care Authority (OHCA) Opioid Initiatives

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

- In 2014, the OHCA Pharmacy Department partnered with the Pharmacy Management Consultants (PMC) division of the University of Oklahoma (OU) College of Pharmacy in implementing the **"No More than 4"** campaign restricted the amount of short-acting opioid analgesics paid per claim to 120 units per 30 day supply.

- Historically, the SoonerCare **lock-in program** required members with history of abuse or inappropriate utilization of controlled medications to be "locked in" to a single designated pharmacy. An interdisciplinary team lead by the pharmacy department at the OHCA reviewed members who have been locked in to a single designated pharmacy and prescriber but continue to receive prescriptions for controlled drugs through unapproved pharmacies and/or prescribers.

- The SoonerCare **Pain Management Program** is designed to equip providers with the knowledge and skills to appropriately treat members with chronic pain. To accomplish this, the OHCA has developed a proper prescribing toolkit. Under the OHCA physician leadership, two practice facilitators have been delegated to implement the components of the toolkit within selected SoonerCare practices. Additionally, two behavioral health resource specialists are dedicated to assist providers with linking members with substance use disorder or other behavioral health needs to the appropriate treatment.

- The Pharmacy Department at the OHCA has partnered with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to increase access to **naloxone.** Funds received from the Health Services Initiative – Children's Health Insurance Program (CHIP) help to provide this lifesaving drug to at-risk youth through the Opioid Overdose and Naloxone Distribution (OEND) Program. OEND makes naloxone available, at no charge, to *any individual* 19 years of age or younger and to anyone who knows a youth who is at risk of overdose in 13 high-need Oklahoma counties.

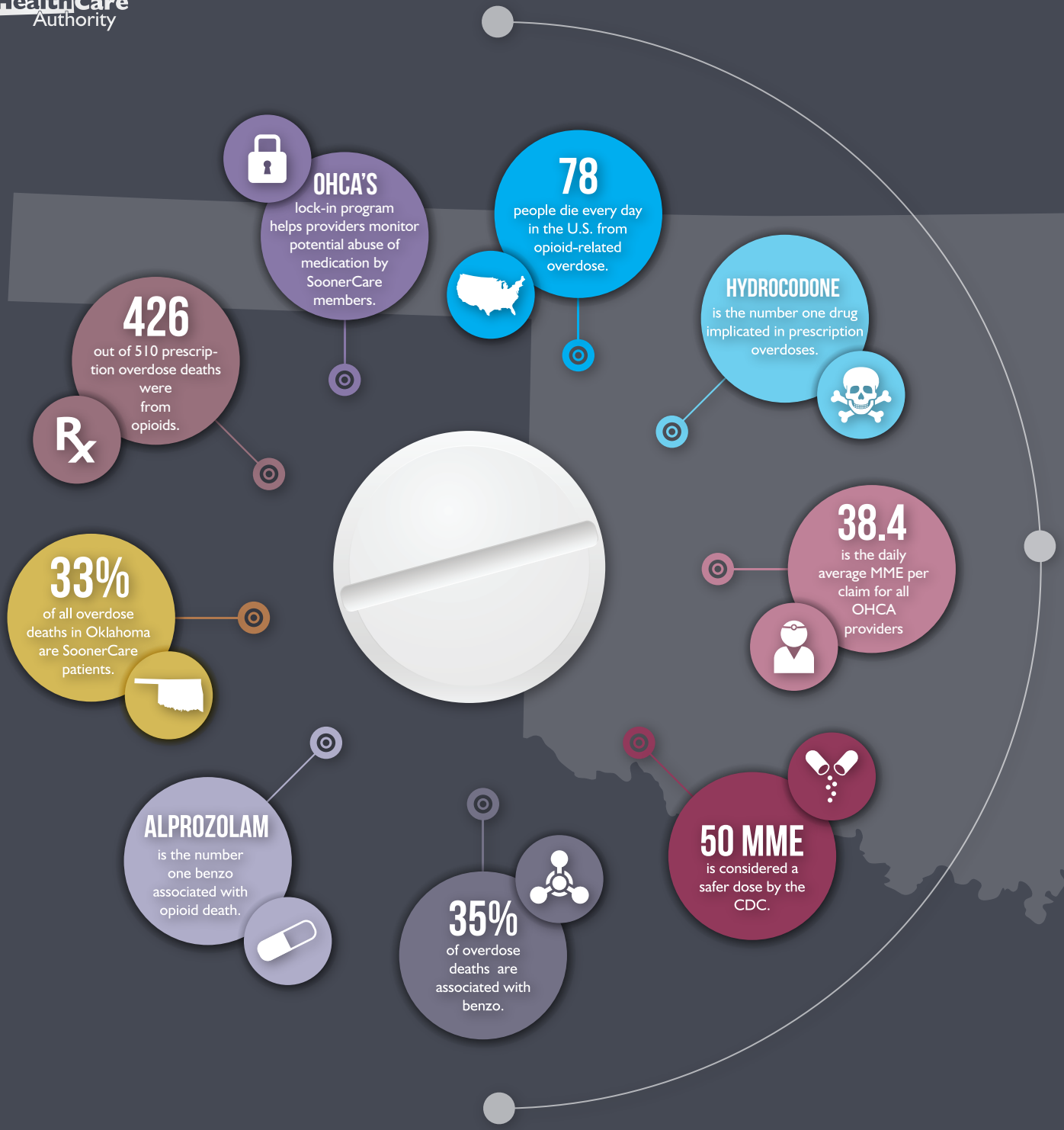
- In 2017, the OHCA sent **letters to the top 10 prescribers** of hydrocodone, oxycodone and alprazolam. The OHCA interdisciplinary Lock-in team initiated a mailing to prescribers whose patients have had four prescriber claims and four prescriptions claims for opioids and/or other controlled dangerous substances in the previous 90 days. Letters were generated and sent to **446 prescribers** who had patients experiencing multiple prescriber episodes.

- OHCA has evaluated members who have opioid and controlled substance claims by **multiple prescribers through multiple pharmacies.** Along with other initiatives, the number of multiple prescriber episodes in this population has decreased by approximately 50%.

- As of October 2017, the pharmacy program, under the leadership of clinical pharmacists, has incorporated the use of **Morphine Milligram Equivalents (MME)** for all opioids into the Medicaid Management Information System (MMIS), the claims processing and informational retrieval agent utilized by the OHCA.

Oklahoma Health Care Authority

Oklahoma HealthCare Authority



the problem

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

the facts

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

the solution

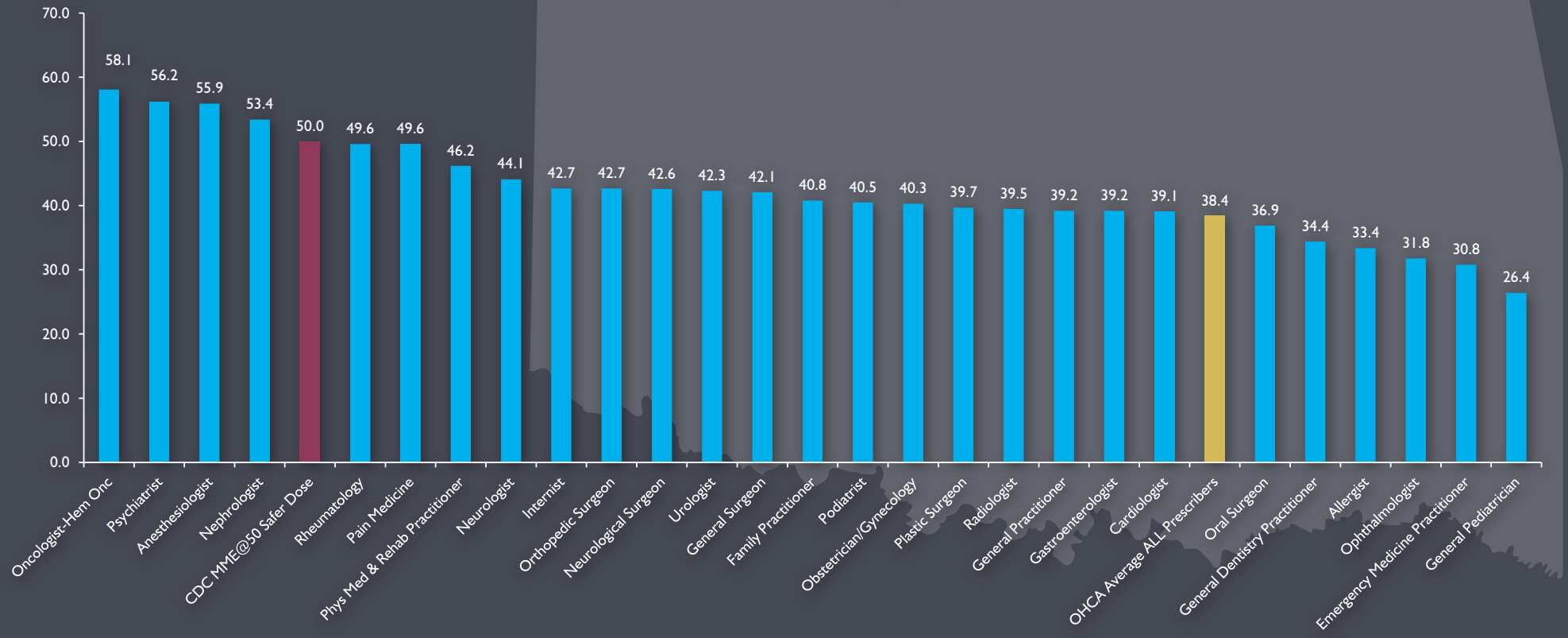
OHCA encourages proper prescribing. For more information and helpful resources, visit okhca.org/painmanagement.

Note: Data collected from 2014-2017.

OHCA AVERAGE MME PER CLAIM PER DAY BY NPI PRESCRIBER SPECIALTY

paid opioid claims 90-days

(December 1, 2017 thru February 28, 2018)
n=3987 prescribers, 112 specialties
Data does not reflect diagnosis.



Data from SFY 2017. MME = Morphine Milligram Equivalant, NPI = National Provider Identifer

= CDC recommended safer dosage

= OHCA average for all prescribers

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

Oklahoma HealthCare Authority

Quality Improvement in Oklahoma

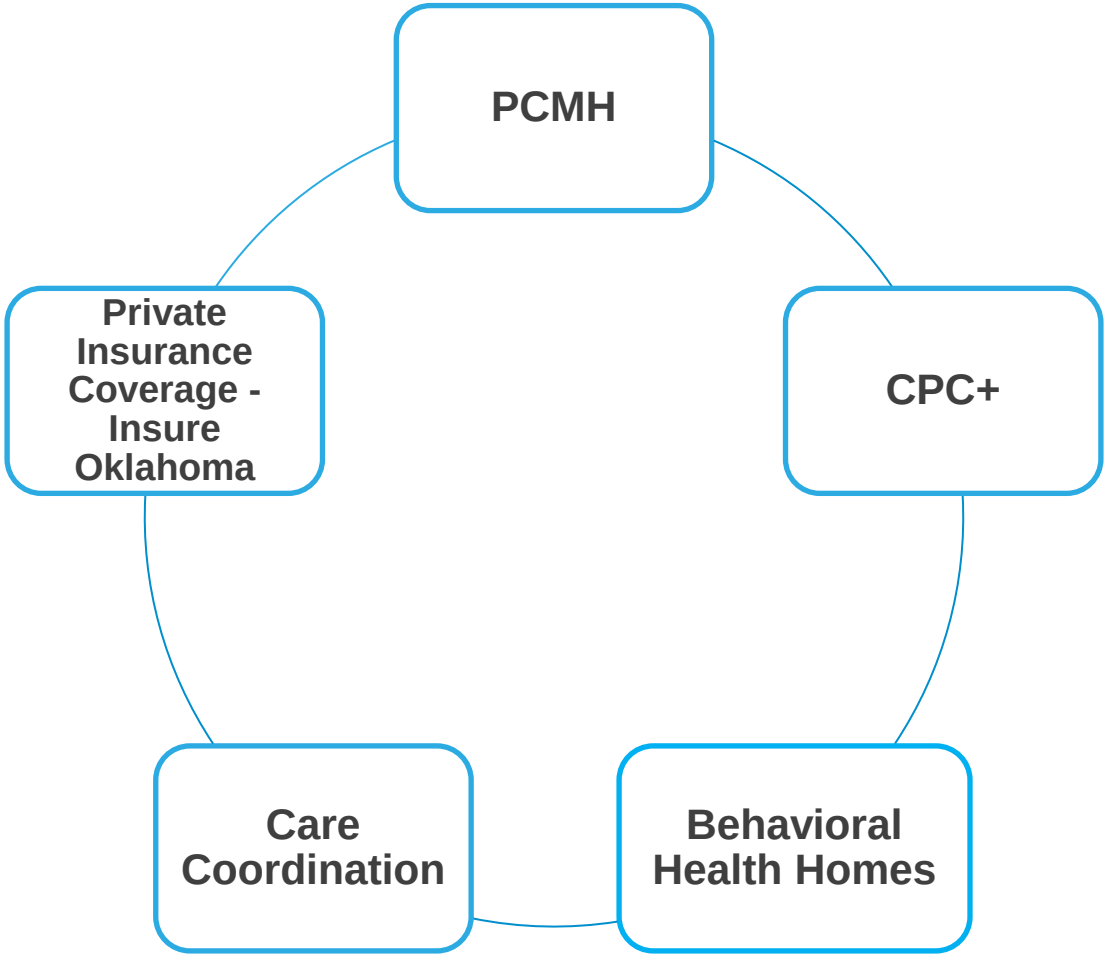
CMS Quality Technical Advisory Group (Q-TAG) Apr 25, 18

Becky Pasternik-Ikard, Chief Executive Officer
Melinda Thomason, Director Health Care
Systems Innovation

SoonerCare (Oklahoma Medicaid)

- SoonerCare is the largest public purchaser of health care in the state.
- SoonerCare covered 988,008 Oklahomans in SFY2017.
- SoonerCare covered 29,644 births in SFY 2017, and paid for 58% of the total births in Oklahoma in CY 2016.
- 1115 Waiver authorizes managed care. SoonerCare Choice is PCCM managed care for ~70 percent of enrollees.
- Insure Oklahoma provides premium assistance for ESI; also a state-based public program.

OHCA Innovations



Strategy Plan & Quality Improvement Plan

- Quality
  - Traditional oversight through utilization control
  - QIO Contract
  - PCMH compliance
- Measure Reporting
- Multiple approaches

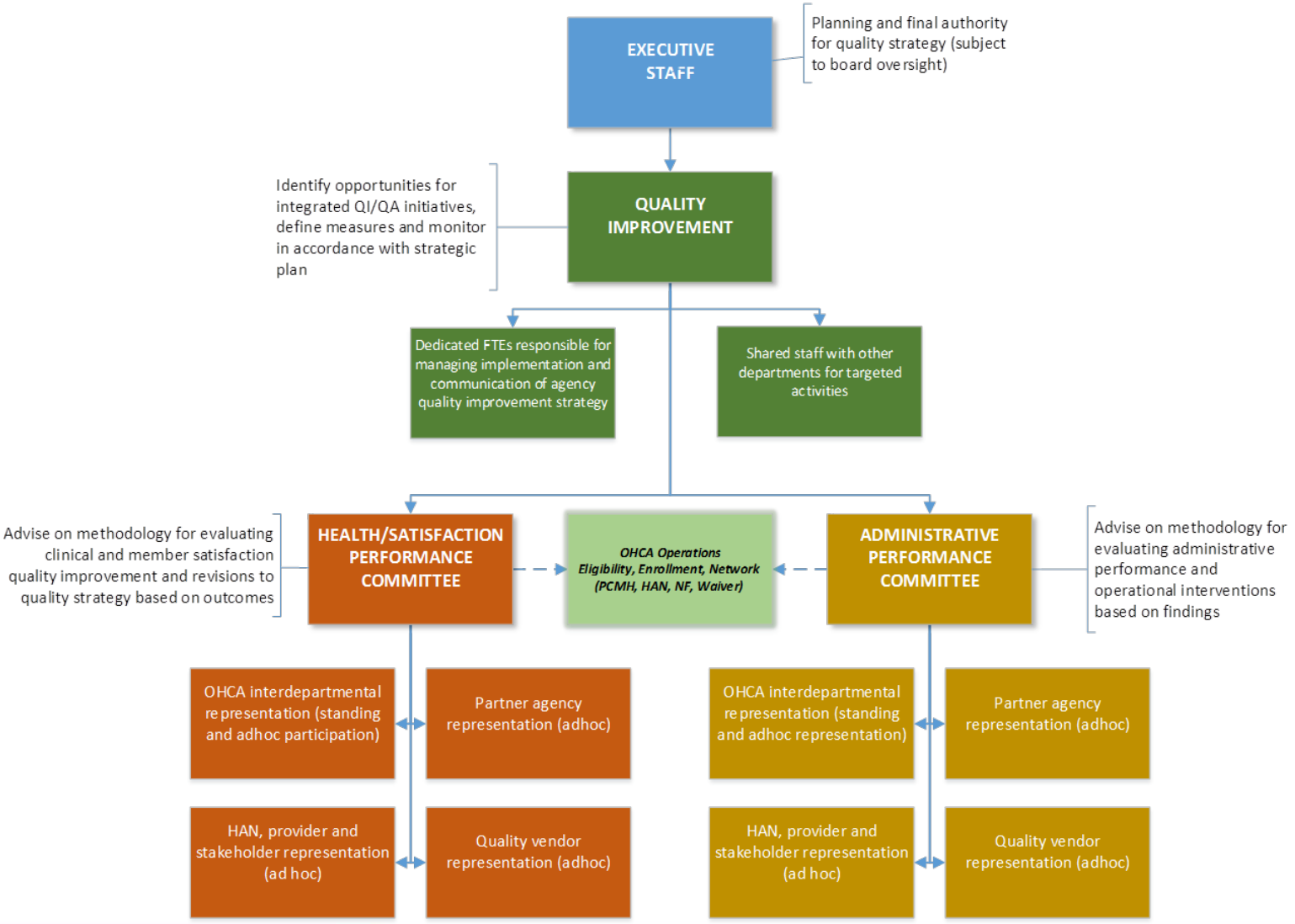
SoonerCare QIP Development

- Proposed QIP structure (overview)
- Initial identification of potential agency-level performance measures
  - Clinical/Satisfaction
  - Administrative
- Development of performance improvement projects

Proposed Structure

- Dedicated function to be established to promote agency Quality Improvement activities
- Function's focus is to support and facilitate Quality Improvement at the agency and department level – not to serve as a "check box" exercise that creates unnecessary work for departments
- Function oversees, and is supported by, two Quality Improvement advisory committees – Clinical/Satisfaction and Administrative
- Committees serve as a platform for active involvement of all departments in quality improvement activities
- Committees also serve as a platform for inclusion of key external partners, e.g., Health Access Networks, Telligen and other agencies (on an ad hoc basis)

Organizational Structure



Responsibilities

- Managing the activities of the standing Quality Committees
- Facilitating selection of quality measures to be used by the agency to monitor overall performance, establishing baseline values and monitoring trends over time
- Assisting with development of potential Performance Improvement Projects
- Facilitating final approval of proposed Performance Improvement Projects from Executive Staff, if applicable, due to a budget impact
- Assisting in the evaluation of Performance Improvement Projects and determining their impact, including by accounting for exogenous factors and/or other initiatives with overlapping target populations

Continued on next slide...

Responsibilities cont'd

- Supporting the development of a PCMH report card as part of any future PCMH redesign; supporting evaluation of HAN activities as part of any future expanded HAN care coordination model
- Conducting targeted training of OHCA employees on the definition and role of quality improvement within the agency and the purpose and process for development of PIPs
- Performing ad hoc data analysis at the request of departments
- Communicating the OHCA's quality improvement activities and progress within the agency and to external stakeholders, both through the QIP and other methods (e.g., website material, presentations/webinars etc.)
- Updating the QIP on an annual basis

Year I Activities

- Finalize SFY 2019 Quality Improvement Plan ("living" document as measures and PIPs are defined)
- Create standing committees for clinical and administrative quality
- Update department-specific quality measures
  - Ensure alignment with agency quality improvement goals
  - Establish baselines and benchmarks
- Facilitate development of PIPs within departments
  - Objective will be to identify one PIP per department (can be an existing initiative)
  - Voluntary participation
- Support HAN PIP activities
- Support PCMH redesign activities

QIP Clinical/Satisfaction Measures

Measure Set	Focus
CMS core measures/other reportable (CMS Report Card is derived from this measure set)	Broad-based but with significant number of preventive measures
HMP/CCU	Focus on chronic conditions
SoonerHealth+	Focus on ABD membership
CPC+	Focus on older members
PCMH redesign & MyHealth	Focus on measures that can be influenced by primary care provider
Service Efforts & Accomplishments	Broad-based but with significant number of satisfaction measures
OHIP priorities	Broad-based population health emphasis (priorities cross-walked to measures by PHPG)

Performance Improvement Projects

- Performance Improvement Projects (PIPs) are departmental or interdepartmental/ stakeholder initiatives to support OHCA quality goals
- PIP development should be informed by (but not wholly reliant on) agency-level QIP measures
- PIPs can originate within departments or across departments (and with outside stakeholders), or can be identified by a quality committee
- A template and initial PIP approval process, to facilitate review and approval of proposed activities are in use, along with incorporation in agency Project Management Process

Next Steps

- Finalization of proposed QI function structure and staffing
- Departmental review and recommendations for final QI measure set; establishment of measure set baselines and benchmarks
- Identification of potential Performance Improvement Projects (ongoing process)
- Publication of QIP document
- Formation of QI Committees
- Development of training plan

Questions?

Oklahoma HealthCare Authority

Business Enterprises Overview

May 10,2018

OHCA Board Meeting

Kyle Janzen

Enrollment Automation & Data Integrity

- Data Exchanges
- Member & Identity Management
- Enrollment

Electronic Customer Relations

- Pharmacy
  - Prospective Drug Utilization Review (ProDUR)
  - Drug Rebate
- Provider
- Managed Care
- Call Centers
- Third Party Liability (TPL)
- Program Integrity (PI)
- Electronic Data Interchange (EDI)

Performance and Electronic Process

- Claims Processing
- Financial
- Prior Authorization
- Management & Administrative Reporting (MAR)
- Secure Provider Portal

Electronic Health Operations

- Oklahoma E.H.R. Incentive Program
- E-Prescibing (SureScripts)
- Insure Oklahoma
- SharePoint/eDiscovery
- Care Management
- MITA
- Public Health Reporting Support to OSDH for Health-e Oklahoma
- Independent Verification & Validation (IV&V)

Support Services

- Helpdesk system
  - Requests and tracking
- End user support
  - Hardware
  - Software

Program Manager

- APD
- RFP Care Management
- CMS liaison for System Standards

Security Governance

- HIPAA/HITECH
- MARS-e
- SSA
- Compliance
- Framework

Contractors

- DXC
  - Medicaid Systems
    - MMIS
    - EE
- OMES
  - IT services
  - Infrastructure

Funding

- APDs
  - MMIS
  - Modernizaton
  - EE
  - HIT
  - Funding matches
    - 90/10 – Enhanced funding for Medicaid planning and new implementations
    - 75/25 – Operational funding for Medicaid systems
    - 50/50 – Administrative funding

Questions?

Connect4health

Daryn Kirkpatrick, MPH, CPH
Director, Office of Creative Media & Design
OHCA Board Presentation
May 10, 2018

Oklahoma HealthCare Authority

Connect4health

Maternity

Pediatrics

Adult Health

+ Benefit/Administrative

Text4baby

- T4B provides digital support service for pregnancy and baby's first year.
- Three+ messages per week
- Proven outcomes: knowledge, behavior, pre- and post-partum care, well-child visits, immunization coverage
- English and Spanish
- The only free texting service in the U.S.

T4B Interactive Messaging
(1st Year)

Post-Partum Visit

text4baby: Don't forget your Dr.'s visit 3-8 weeks after giving birth. Your Dr. will tell you how your body is healing & talk about how you are feeling. Ask about birth control. You can get pregnant even before period is back. Drs. say wait 18 months between pregnancies for your body & baby's health.

Dev. Milestones

text4baby: Baby should be able to move their arms & legs together, hold head up & smile at you! Questions? Ask Dr. at 4 month visit or call 800-311-2229. At the 4 mo visit, ask Dr. for the results from baby's hearing test. If baby has trouble hearing, ask Dr. about "early intervention" services to help.

Learning

text4baby: You are your baby's first teacher! When you feed your baby, talk to your baby, calm your baby when crying, you are building your baby's brain.
For videos that show you how to bathe baby, treat diaper rash, or trim baby's nails, visit text4b.org/100.

Safety

text4baby: The temperature in a car can rise 20 degrees in 10 min & kid's bodies can heat up 5 times faster than adults. NEVER leave baby in a car alone.
Keep baby out of the sun and covered. Sunscreen is not safe until 6 months old.

Other examples include depression, nutrition, safe sleep and oral health.

Text4kids

- T4K provides digital support service for parenting.
- Ages 1-18
- 10-100 messages per year based on age
- Personalized for each child
- English and Spanish
- Based on Bright Futures guidelines
- Developed in collaboration with American Academy of Pediatrics

Text4Kids Interactive Messaging
(Years 1-18)

Year	1	2	3	4	5	6	7	8	12	18

Well Child Visits

text4kids: Wow, James is almost 2! His Dr's visit is coming up soon. Have you scheduled his 3 year visit yet? Reply 1 for Yes or Reply 2 for No.

text4kids: Don't forget, the 2 year well visit is a big one! Talk to the Dr. about toilet training, talking & testing for lead. Bring questions! If you haven't scheduled his 2 yr well visit yet, call the Dr. today & set an appointment. Reply REMIND to set up a text reminder.

Immunizations

text4kids: Wow! Lizzie is almost 5 and may be off to school this year! Ask Dr. if she is up to date on shots. he/she'll need her shot record to start school. Ask for a copy of her shot record for school at the next Dr's visit. Did you schedule the 5 year well visit yet? Reply 1 for Yes or 2 for No.

Dental Visits

text4kids: Recordatorio del examen dental. Elena debe ir al dentista cada 6 meses. Ya tiene cita para su examen dental? Envia 1 para Si o 2 para No.

Weight & Nutrition

text4kids: Teach Jordan to limit food and drinks that are high in fat or sugar, like candy, fast foods, and soda. Try to keep it for special occasions Help Jordan learn to choose healthy foods when he is eating away from home. Go to text4k.com for tips.

Developmental Milestones

text4kids: This year Jordan's speech will really take off. Is he using 2 word sentences like "Want milk"? Reply 1 for Yes or Reply 2 for No.

HPV

text4kids: Julie has her 12 year doctor's visit coming up. Ask the doctor if she is caught up with vaccines (shots), especially the 3 doses of HPV. The Vaccines for Children Program provides NO cost vaccines for eligible kids under age 19. For more info, visit cdc.gov

Txt4health

- T4H provides digital support service for adult health and wellness.
- Women and men aged 18+
- ~50 messages per year
- Personalized based on age, gender and profile
- English and Spanish
- Based on U.S. Preventive Services Task Force recommendations

Benefit/Administrative

- Monthly and ad hoc messages to SoonerCare members regarding important benefit information and timely alerts
- Member handbook, changes to SoonerCare ID card printing, SoonerRide, address changes and more
- Plan to add targeted messaging around Insure Oklahoma premium payments due, missing eligibility information, and redetermination dates

Benefit/Admin Messages

Administrative and broadcast messages are designed to support member engagement and satisfaction:

- Rolling calendar year or monthly
- Re-enrollment/ re-determination
- Coverage information
- Services and benefits
- Online resources
- Surveys or special messages

Benefits

Welcome to SoonerCare! Check out the member handbook at www.okhca.org/handbook to learn more about your benefits.

Re-enrollment reminder

There's not much time left to renew Emily and Adam's SoonerCare insurance. Visit www.mysoonercare.org to renew

Transportation

Need a ride to your doctor appointment? SoonerCare can help. Visit www.okhca.org/sooneerride to learn more about SoonerRide transportation services.

Surveys

SoonerCare cares about you. Rate us on how we are doing with your health insurance. Choose: 1 for Great, 2 for OK, 3 for could be better.

Total Enrollment

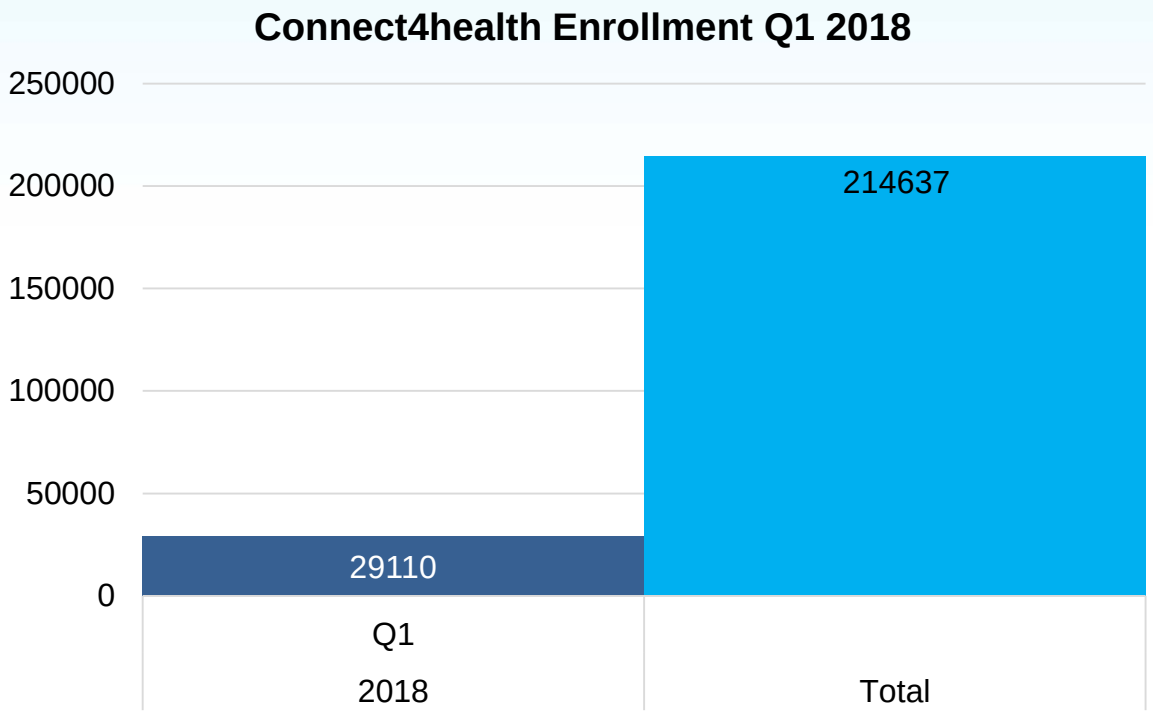
Connect4health (3 programs)

Cumulative Enrollment since July 2016

214,637

Current Active Users (Cumulative)

97,132



Txt4health and Text4kids

Txt4health

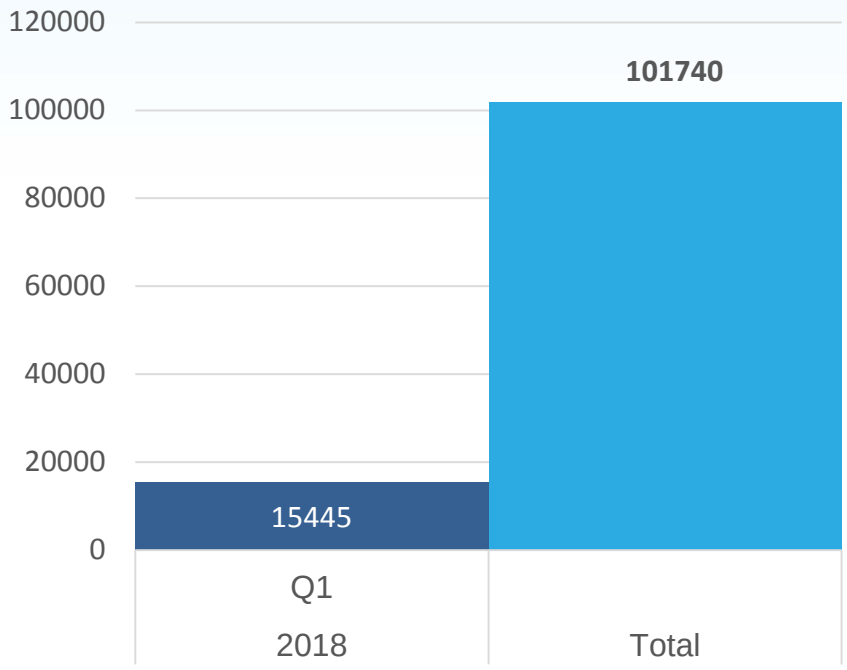
Cumulative Enrollment since July 2016

101,740

Current Active Users (Cumulative)

38,564

T4H Enrollment Q1 2018



Text4kids

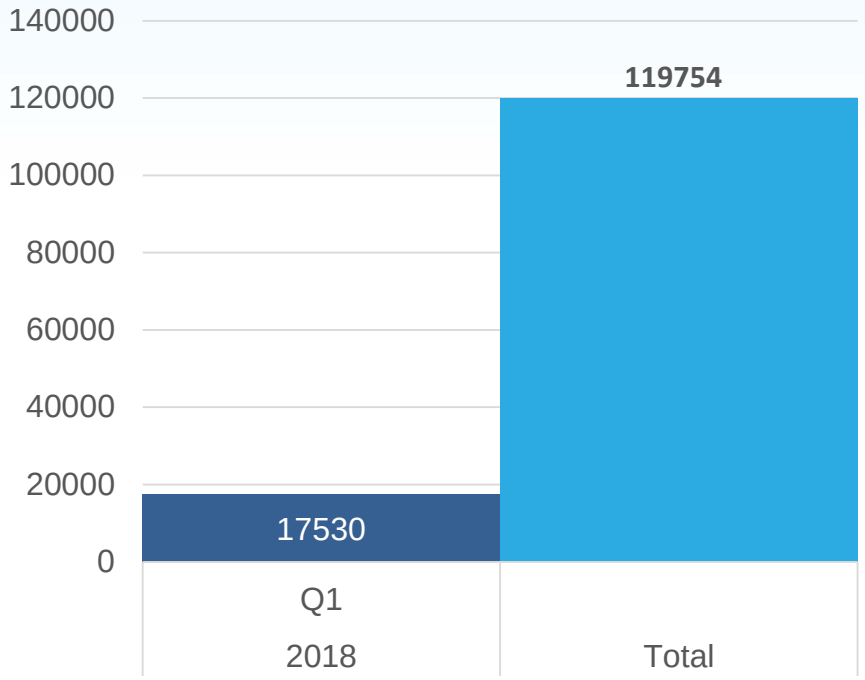
Cumulative Enrollment since July 2016

119,754

Current Active Users (Cumulative)

56,273

T4K Enrollment Q1 2018



Text4baby

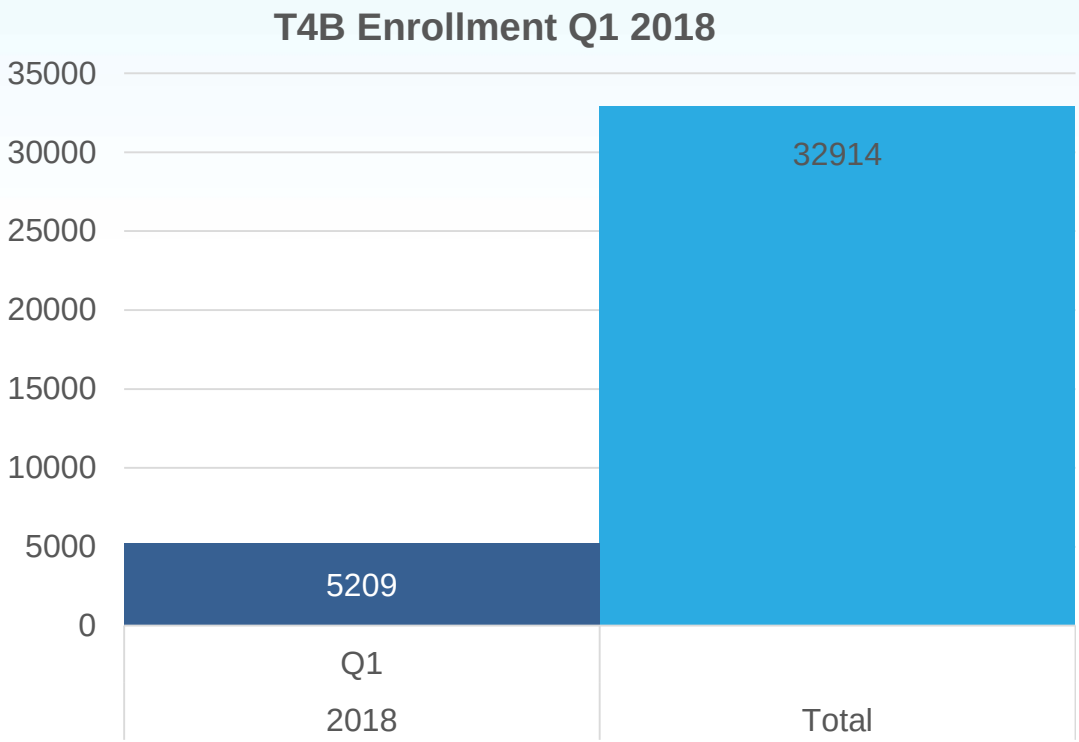
Text4baby

Cumulative Enrollment since July 2016

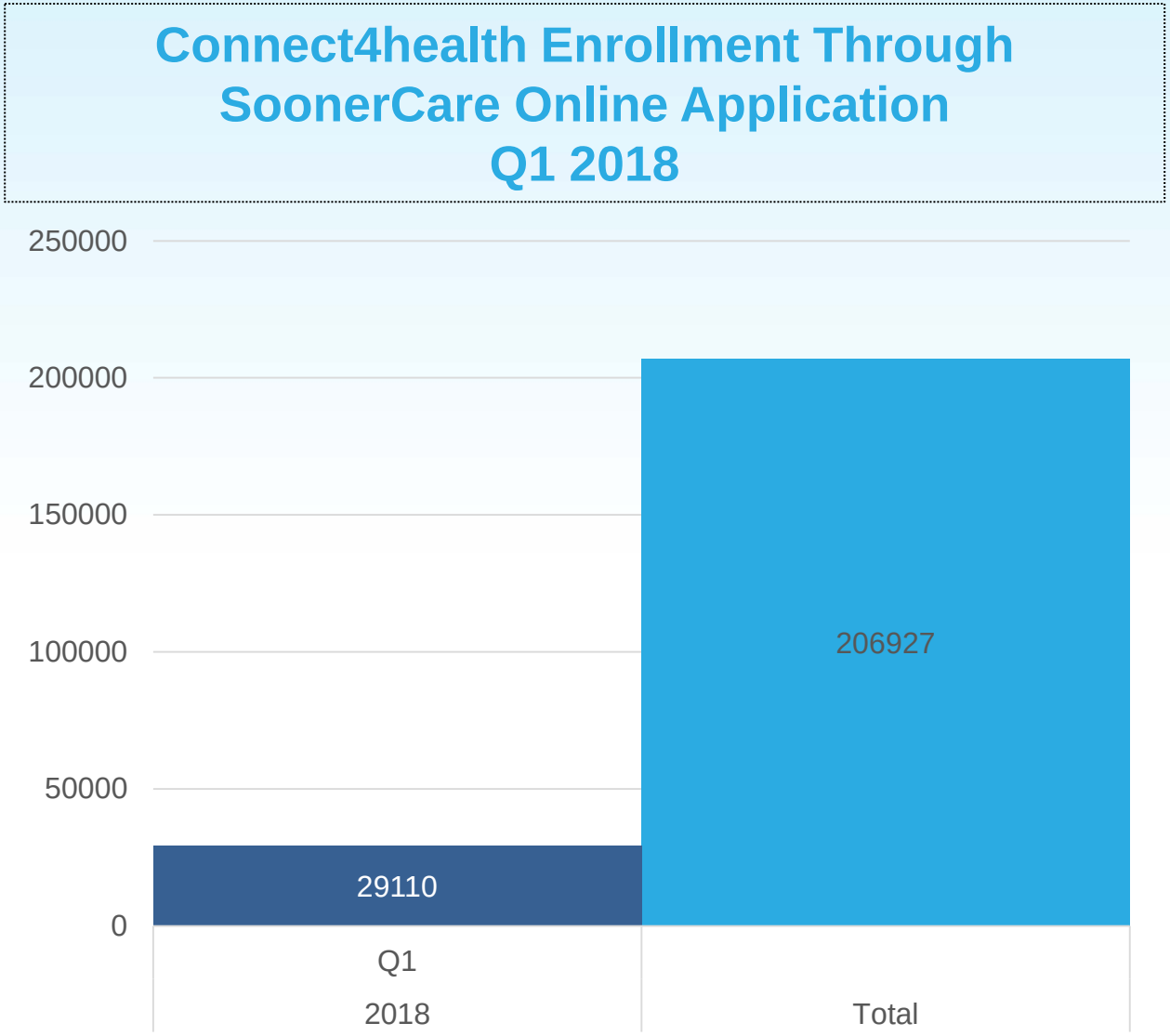
32,914

Current Active Users (Cumulative)

13,223



Enrollment via SoonerCare



Questions?

Daryn Kirkpatrick

Director, Office of Creative Media & Design

Email: Daryn.Kirkpatrick@okhca.org

Submitted to the C.E.O. and Board on May 10, 2018

AUTHORITY FOR EXPENDITURE OF FUNDS
Incontinence Supplies- People First Industries, Inc.

BACKGROUND

OHCA will Contract with People First Industries Inc. to provide and deliver incontinence supplies to eligible SoonerCare members' homes.

SCOPE OF WORK

- Be an enrolled Oklahoma Health Care Authority provider throughout the term of this contract, or the State may terminate this contract for cause.
- Accept all orders of covered products it receives from treating SoonerCare medical providers.
- Verify SoonerCare eligibility of each member prior to rendering services no earlier than the business day before each shipment.
- Submit claims for reimbursement to the Medicaid Management Information System (MMIS) and when submitting claims, the date of service shall be the date that the member receives the products.
- Contractor will offer Attends as the preferred brand and will offer other brand options if required, on a member-to-member basis.
- Operate a toll-free call center and fax number to receive product orders, emergency requests for products, respond to members regarding product use, skin care, and take and log complaints, problems, and questions regarding benefits.

CONTRACT PERIOD

The term of this Agreement shall begin on July 1, 2018 and end on June 30, 2024. A purchase order will be issued for the first agreement period and a change order to the original purchase order will be issued to the Contractor at the beginning of the following agreement period.

CONTRACT AMOUNT AND PROCUREMENT METHOD

- Will be awarded through a State Use contract, as mandated, giving preference to an in-state sheltered workshop
- This contract will be paying for administrative function only as supplies (with delivery costs included) will be paid through the MMIS
- Federal matching percentage is 50%
- Estimated contract amount: $180,000 per contract year

RECOMMENDATION

- Board approval to procure the services discussed above.

Submitted to the C.E.O. and Board on May 10, 2018
AUTHORITY FOR EXPENDITURE OF FUNDS
Text and Email Services
Voxiva

BACKGROUND

The purpose of this Contract is to provide parents and other caregivers support to improve the development and well-being of Oklahoma's children.

SCOPE OF WORK

- Voxiva will send members targeted text and email messages via Connect4Heatlh; offer the Text4Baby, Text4Kids, and Text4Health services to Members; and enroll Members in Text4Baby, Text4Kids, and Text4Heatlh
- Provide certain OHCA content that Voxiva will deliver to Members, and access certain User Data about their Members' use of the Voxiva Health Services as consented to the OHCA by the Member.
- Provide OHCA with certain marketing tools supporting OHCAs' efforts to market the Voxiva Health Services to Members.

CONTRACT PERIOD

Award through June 30, 2018 with two one year renewal options.

CONTRACT AMOUNT AND PROCUREMENT METHOD

- Will be awarded through an OMES approved Sole Source agreement.
- Federal matching percentage is 50%.
- George Kaiser Family Foundation agrees to pay the 50% state share for the first term of the contract.

Total contract costs per fiscal year:
SFY 2018 $110,400.00 as Base Year
SFY 2019 $220,800.00 as Renewal Option One
SFY 2020 $220,800.00 as Renewal Option Two

CONTRACT AMOUNT AND PROCUREMENT METHOD

- Will be awarded through an OMES approved Sole Source agreement.
- Federal matching funds percentage at 50%.
- Grant request to pay the 50% state share has been approved by the George Kaiser Family Foundation.

RECOMMENDATION

Board approval to procure services as described above.

Drug	Used for	Cost	Notes
Ocrevus	Multiple sclerosis	$65,000 per year	only drug for progressive MS
Luxturna	Genetic form of blindness	$850,000 one time treatment	First FDA approved gene therapy
Prolastin C Liquid	Enzyme deficiency COPD	$108,000 per year	11 members in 2017
Arzerra	Leukemia/lymphoma	$5,600 - $12,695 per cycle	
Gazyva	Leukemia/lymphoma	$6,064 - $18,200 per cycle	
Imbruvica	Leukemia/lymphoma	$12,150 - $16,200 per month	
Venclexta	Leukemia/lymphoma	$11,200 per month	
Zydelig	Leukemia/lymphoma	$10,250 per month	

Recommendation 1: Prior Authorize Ocrevus™ (Ocrelizumab)

The Drug Utilization Review Board recommends the prior authorization of Ocrevus™ (ocrelizumab) with the following criteria:

Ocrevus™ (Ocrelizumab) Approval Criteria:

1. An FDA approved diagnosis of relapsing or primary progressive forms of Multiple Sclerosis (MS); and
2. Approvals will not be granted for concurrent use with other disease modifying therapies; and
3. Ocrevus™ must be administered in a setting with appropriate equipment and personnel to manage anaphylaxis or serious infusion reactions. The prescriber must agree that the member will be monitored for one hour after each infusion; and
4. Prescriber must verify hepatitis B virus (HBV) testing has been performed prior to initiating Ocrevus™ therapy and member does not have active HBV; and
5. Verification from the prescriber that member has no active infection(s); and
6. Verification from the prescriber that female members are not currently pregnant and will use contraception while receiving Ocrevus™ therapy and for six months after the last infusion of Ocrevus™; and
7. Compliance will be checked for continued approval.

Recommendation 2: Prior Authorize Luxturna™ (Voretigene Neparvovec-rzyl)

The Drug Utilization Review Board recommends the prior authorization of Luxturna™ (voretigene neparvovec-rzyl) with the following criteria with changes noted in red based on recommendations by the Drug Utilization Review (DUR) Board:

Luxturna™ (Voretigene Neparvovec-rzyl) Approval Criteria:

1. An FDA approved diagnosis of biallelic *RPE65* mutation-associated retinal dystrophy; and
    a. Diagnosis must be confirmed by genetic testing; and
2. Member must have sufficient viable retinal cells in both eyes as determined by the treating physician(s); and
3. Member must have best corrected visual acuity of 20/60 or worse in both eyes and/or visual field less than 20 degrees in any meridian in both eyes; and
4. Member must be four years of age or older; and
5. Member must not have participated in a previous *RPE65* gene therapy study or have previously received treatment with Luxturna™; and
6. Member must not have had intraocular surgery in the past 6 months; and
7. Female members of child bearing age must not be pregnant and must have a negative pregnancy test immediately prior to administration of Luxturna™; and

8. Male and female members of child bearing age must be willing to use effective contraception during treatment with Luxturna™ and for at least 4 months after administration of Luxturna™; and
9. Member must take the recommended systemic oral corticosteroid regimen, starting 3 days prior to administration of Luxturna™ to each eye, and continuing after administration of Luxturna™, as per package labeling of Luxturna™; and
10. Luxturna™ must be prescribed and administered by a retinal surgeon with expertise in the treatment of biallelic *RPE65* mutation-associated retinal dystrophy and in the administration of Luxturna™ at an Ocular Gene Therapy Treatment Center; and
    a. Luxturna™ must be shipped via cold chain supply shipping and delivery to the Ocular Gene Therapy Treatment Center where the member is scheduled to receive treatment; and
    b. Luxturna™ must be stored frozen prior to preparation for administration (Luxturna™ should be administered within 4 hours of preparation); and
    c. The receiving facility must have in place a mechanism to track patient-specific Luxturna™ from receipt to storage to administration; and
11. Luxturna™ must be administered subretinally to each eye on separate days within a close interval, but no fewer than 6 days apart; and
    a. The scheduled procedure date for each eye must be provided; and
12. Only one single-dose vial per eye will be approved per member per lifetime; and
    a. Each single-dose vial of Luxturna™ is to be dispensed immediately prior to the scheduled procedure for the specific eye.
13. A prior authorization request with patient-specific information may be submitted for consideration of Luxturna™ for members not meeting all of the current prior authorization criteria requirements.

Recommendation 3: Prior Authorize Prolastin®-C Liquid [Alpha$_1$-Proteinase Inhibitor (Human)]

The Drug Utilization Review Board recommends the prior authorization of Prolastin®-C Liquid [alpha$_1$-proteinase inhibitor (human)] with the following criteria:

Prolastin®-C Liquid [Alpha$_1$-Proteinase Inhibitor (Human)] Approval Criteria:

1. An FDA approved indication for augmentation and maintenance therapy of patients 18 years of age or older with severe hereditary deficiency of alpha$_1$-antitrypsin (AAT) with clinical evidence of emphysema; and
2. Diagnosis confirmed by all of the following:
    a. Genetic confirmation of PiZZ, PiZ(null) or Pi(null, null) phenotype alpha$_1$-antitrypsin deficiency (AATD) or other alleles determined to increase risk of AATD; and
    b. Serum levels of AAT less than 11µmol/L; and
    c. Documented emphysema with airflow obstruction; and
3. Prescriber must document that member's forced expiratory volume in one second (FEV_1) is less than or equal to 65% predicted; and
4. Must be prescribed by a pulmonary disease specialist or advanced care practitioner specializing in pulmonary disease; and
5. The prescriber must verify the member is a non-smoker; and

6. The prescriber must verify the member does not have antibodies to IgA; and

7. A patient-specific, clinically significant reason why the member cannot use Prolastin®-C, Aralast NP™, Glassia®, and Zemaira®; and

8. The member's recent weight must be provided on the prior authorization request in order to authorize the appropriate amount of drug required according to package labeling.

Recommendation 4: Prior Authorize Arzerra® (Ofatumumab), Gazyva® (Obinutuzumab), Imbruvica® (Ibrutinib), Venclexta™ (Venetoclax), and Zydelig® (Idelalisib)

Arzerra® (Ofatumumab) Approval Criteria [Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) Diagnosis]:

1. As first-line treatment of CLL in combination with chlorambucil or bendamustine; or
2. For relapsed or refractory disease as a single-agent or in combination with fludarabine and cyclophosphamide; or
3. As maintenance therapy as second-line extended dosing following complete or partial response to relapsed or refractory therapy (maximum 2 years).

Arzerra® (Ofatumumab) Approval Criteria [Waldenström's Macroglobulinemia (WM)/Lymphoplasmacytic Lymphoma Diagnosis]:

1. For previously treated disease that does not respond to primary therapy or for progressive or relapsed disease; and
2. As a single-agent or combination therapy; and
3. Member is rituximab-intolerant.

Gazyva® (Obinutuzumab) Approval Criteria [Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) Diagnosis]:

1. In combination with chlorambucil or bendamustine for first-line therapy; or
2. As a single-agent for relapsed or refractory disease.

Gazyva® (Obinutuzumab) Approval Criteria [Follicular Lymphoma (FL) Diagnosis]:

1. Grade 1 or 2 patients with Stage I (≥7cm), contiguous Stage II (≥7cm), noncontiguous Stage II, Stage III, or Stage IV patients (first, second, or subsequent therapy); and
2. In combination with CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone), CVP (cyclophosphamide, vincristine, and prednisone), or bendamustine; and
3. When used for maintenance therapy a total of 12 doses will be approved.

Gazyva® (Obinutuzumab) Approval Criteria [Gastric or Nongastric Mucosa-Associated Lymphoid Tissue (MALT) Lymphoma, Nodal or Splenic Marginal Zone Lymphoma (MZL) Diagnosis]:

1. As second-line or subsequent therapy in combination with bendamustine; or
2. Maintenance therapy as second-line consolidation or extended dosing in rituximab-refractory patients treated with obinutuzumab and bendamustine for a total of 12 doses.

Imbruvica® (Ibrutinib) Approval Criteria [Follicular Lymphoma (FL) Diagnosis]:

1. A diagnosis of Grade 1 or 2 FL; and
2. As subsequent therapy (third-line or greater) for histologic transformation to non-germinal center diffuse large B-cell lymphoma.

Imbruvica® (Ibrutinib) Approval Criteria [Gastric or Nongastric Mucosa-Associated Lymphoid Tissue (MALT) Lymphoma, Nodal or Splenic Marginal Zone Lymphoma (MZL) Diagnosis]:

1. As second-line or subsequent therapy for refractory or progressive disease.

Imbruvica® (Ibrutinib) Approval Criteria [Chronic Graft-Versus-Host Disease (cGVHD) Diagnosis]:

1. A diagnosis of cGVHD after failure of one or more lines of therapy.

Imbruvica® (Ibrutinib) Approval Criteria [Histologic Transformation of Marginal Zone Lymphoma (MZL) to Diffuse Large B-Cell Lymphoma Diagnosis]:

1. As third-line or greater therapy for patients who have transformed to non-germinal center diffuse large B-cell lymphoma.

Imbruvica® (Ibrutinib) Approval Criteria [Mantle Cell Lymphoma (MCL) Diagnosis]:

1. As second-line or subsequent therapy; and
2. Used as a single-agent or in combination with rituximab or lenalidomide/rituximab.

Imbruvica® (Ibrutinib) Approval Criteria [Diffuse Large B-Cell Lymphoma Diagnosis or Acquired Immunodeficiency Syndrome (AIDS)-Related B-Cell Lymphoma Diagnosis]:

1. A diagnosis of non-germinal center diffuse large B-cell lymphoma; and
2. As second-line or subsequent therapy; and
3. Member is not a candidate for high-dose therapy.

Imbruvica® (Ibrutinib) Approval Criteria [Post-Transplant Lymphoproliferative Disorders Diagnosis]:

1. As second-line and subsequent therapy in patients with partial response, persistent, or progressive disease; and
2. Non-germinal center B-cell type.

Imbruvica® (Ibrutinib) Approval Criteria [Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) Diagnosis]:

1. As first or subsequent therapy for CLL/SLL; and
2. As a single-agent or in combination with bendamustine/rituximab.

Imbruvica® (Ibrutinib) Approval Criteria [Hairy Cell Leukemia Diagnosis]:

1. As a single-agent in patients with indication for treatment for progression.

Imbruvica® (Ibrutinib) Approval Criteria [Waldenström's Macroglobulinemia (WM)/Lymphoplasmacytic Lymphoma Diagnosis]:

1. As first or subsequent therapy; and
2. As a single-agent.

Venclexta™ (Venetoclax) Approval Criteria [Mantle Cell Lymphoma (MCL) Diagnosis]:

1. As second-line or subsequent therapy; and
2. As a single-agent only.

Venclexta™ (Venetoclax) Approval Criteria [Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) Diagnosis]:

1. For relapsed/refractory disease; and
2. In combination with rituximab or as a single-agent.

Zydelig® (Idelalisib) Approval Criteria [Follicular Lymphoma (FL) Diagnosis]:

1. A diagnosis of Grade 1 to 2 FL; and
2. As second-line or subsequent therapy for refractory or progressive disease; and
3. Refractory to both alkylator and rituximab therapy.

Zydelig® (Idelalisib) Approval Criteria [Gastric or Nongastric Mucosa-Associated Lymphoid Tissue (MALT) Lymphoma, Nodal or Splenic Marginal Zone Lymphoma (MZL) Diagnosis]:

1. As second-line or subsequent therapy for refractory or progressive disease; and
2. Refractory to both alkylator and rituximab therapy.

Zydelig® (Idelalisib) Approval Criteria [Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) Diagnosis]:

1. For relapsed or refractory disease; and
2. In combination with rituximab or rituximab/bendamustine; or

As a single-agent.