

OKLAHOMA HEALTH CARE AUTHORITY
REGULAR SCHEDULED BOARD MEETING
December 13, 2018 at 1:00 P.M.
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
OKC, OK

AGENDA

Items to be presented by Anthony Armstrong, Chairman

1. Call to Order / Determination of Quorum
2. Action Item – Approval of the October 11, 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 Recognition
 - September All-Star – Daryn Kirkpatrick, Director of the Office of Creative Media and Design
 - October All-Star – Jennifer Brown, MFP Clinical Nurse
 - b) Financial Update – Aaron Morris, Chief Financial Officer
 - c) SFY 20 Budget Request – Tasha Black, Senior Director of Financial Services
 - d) Medicaid Director’s Update – Melody Anthony, Deputy State Medicaid Director
 - e) 2018 NAMD Fall Conference Update – Becky Pasternik-Ikard, CEO and Nicole Nantois, Chief of Legal Services
 - f) OHCA/DHS Collaborative Initiatives – Tony Russell, OHCA Manager of Behavioral Health Services, Cody Inman, DHS Special Assistant to Director Ed Lake and Jimmy Arias, DHS Program Administrator
 - g) An Overview of Cherokee Nation Health Services and OSU Partnership – Brian Hail, Chief Executive Officer of Cherokee Nation W.W Hastings Hospital

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 Kimberly Wilson, Director of Purchasing and Contracts

5. Action Item – Consideration and Vote of Authority for Expenditure of Fund for:
 - a) OHCA Care Management System

Item to be presented by Carrie Evans, Deputy Chief Executive Officer

6. Action Item – Consideration and Vote Upon the Recommendations of the State Plan Amendment Rate Committee

a) Consideration and Vote for a rate change to align CPT code 80050 (general health panel) to a rate that is equal to the combined rate total of CPT codes 80053 (comprehensive metabolic panel), 84443 (thyroid stimulating hormone), and 85025 (automated complete blood count [CBC] and white blood cell count [WBC]). CPT code 80050 is a panel code that combines CPT codes 80053, 84443 and 85025 into a single code. The default rate for CPT 80050 was set in 1993 and has never been increased or decreased; CMS does not cover this panel code and therefore does not set a rate. The default rates for CPT codes 80053, 85025 and 84443 have gradually decreased over time, as per CMS pricing, which has resulted in the rate for the panel code to be greater than the total of the individual components combined. The estimated budget impact for the remainder of SFY2019 will be a decrease of \$150,000 total; of which \$56,430 is state share. The estimated budget impact for SFY2020 will be a decrease of \$300,000 total; of which \$104,670 is state share.

Item to be presented by Burl Beasley, Pharmacy Director

7. 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 Jynarque™ (Tolvaptan) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - b) Consideration and vote to add Siklos® (Hydroxyurea Tablets) and NutreStore® (L-Glutamine) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - c) Consideration and vote to add Palynziq™ (Pegvaliase-pqpz) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - d) Consideration and vote to add Galafold™ (migalastat) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - e) Consideration and vote to add Qbrexza™ (glycopyrronium) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - f) Consideration and vote to add Orilissa™ (Elagolix) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - g) Consideration and vote to add Yescarta® (Axicabtagene) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - h) Consideration and vote to add Braftovi™ (Encorafenib), Mektovi® (Binimetinib), and Libtayo® (Cemiplimab-rwlc) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - i) Consideration and vote to add Krystexxa® (Pegloticase) to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

Item to be presented by Anthony Armstrong, Chairman

8. Action Item – Consideration and Vote Upon the Oklahoma Health Care Authority Board Meeting Dates, Times and Locations for Calendar Year 2019
9. Action Item – Election of the Oklahoma Health Care Authority 2019 Board Officers
10. 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 Agency Employment Matters

11. New Business
12. ADJOURNMENT

NEXT BOARD MEETING
January 10, 2019
Oklahoma Health Care Authority
Oklahoma City, OK

MINUTES OF A REGULAR BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
October 11, 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 October 11, 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 September 7, 2018 at 11:40 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 1:03 p.m.

BOARD MEMBERS PRESENT: Chairman Armstrong, Member Bryant, Member Case, Member Hupfeld, Member McVay

BOARD MEMBERS ABSENT: Vice-Chairman Yaffe, Member Nuttle

OTHERS PRESENT:

LeKenya Antwine, OHCA
Nicole Collins, OHCA
Kyle Janzen, OHCA
Aaron Morris, OHCA
Veronica Giggers, OHCA
MaryAnn Martin, OHCA
Tyler Talley, eCap
Rick Snyder, OHA
Cate Jeffries, OHCA
Jimmy Witcosky, OHCA
Karen Beam, OHCA
Mia Smith, OHCA
Della Gregg, OHCA
Carmen Johnson, OHCA
Sandra Puebla, OHCA
Dwynna Vick, OHCA
Trudy Johnson, OHCA
Jean Krieske, OHCA

OTHERS PRESENT:

Avis Hill, OHCA
Breanna Russell, OHCA
Gloria LaFitte, OHCA
Bill Garrison, OHCA
David Ward, OHCA
Brenda Teel, Chickasaw Nation
Stephanie Mavredes, OHCA
Lindsey Bateman, OHCA
Katelynn Burns, OHCA
Kambra Reddick, OHCA
Jennifer Wynn, OHCA
Melinda Thomason, OHCA
Harvey Reynolds, OHCA
Daryn Kirkpatrick, OHCA
Kasie Wren, OHCA
Kevin Kelley, OHCA
Mike Fogarty

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULAR SCHEDULED BOARD MEETING HELD September 13 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 Hupfeld moved for approval of the September 13, 2018 board meeting minutes as published. The motion was seconded by Member McVay.

FOR THE MOTION: Chairman Armstrong, Member Bryant, Member Case

BOARD MEMBERS ABSENT: Vice-Chairman Yaffe, Member Nuttle

ITEM 3A /EMPLOYEE RECOGNITION

The following OHCA employee was recognized

- August All-Star – Veronica Giggers, MFP Clinical Nurse

ITEM 3B / FINANCIAL UPDATE

Aaron Morris, Chief Financial Officer

Mr. Morris gave a brief update on OHCA’s August financials. OHCA has a positive \$1.8 million state dollar variance. The agency is under budget in program spending by \$2.8 million state dollars and under budget in administrative spending by \$0.5 million state dollars. OHCA continues to run under budget in drug rebates by \$0.8 million state dollars and tobacco tax revenues by \$0.4 million state dollar. OHCA is running under budget in medical refunds by \$0.3 million state dollars. For more detailed information, see Item 3b in the board packet.

ITEM 3C / MEDICAID DIRECTOR’S UPDATE

Melody Anthony, Deputy State Medicaid Director

Ms. Anthony provided an update for August 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 trend for providers, monthly enrollment and a monthly trend in enrollment for Choice, Traditional and Insure Oklahoma and trend for total members and how it relates to the unemployment rate. For more detailed information, see Item 3c in the board packet.

ITEM 3D / UPDATE ON INSULIN COVERAGE

Burl Beasley, Assistant Director of Pharmacy

Mr. Beasley gave an update on Insulin Coverage, which included information on the number of Oklahomans with diabetes, a timeline for insulin development, an abbreviated list of insulin currently available to OHCA beneficiaries, OHCA amount paid per claim insulin SFY18 and OHCA insulin utilization. For more detailed information, see item 3d in the board packet.

ITEM 3E / OHCA STRATEGY FORUMS UPDATE

Carrie Evans, Deputy Chief Executive Officer

Ms. Evans gave an OHCA Strategy Forums Update, which included information on the Regional Forums, Focus on Community-related Strategies and the schedule for the forums. For more detailed information, see item 3e in the board packet.

ITEM 4 / ANNOUNCEMENTS OF CONFLICTS OF INTEREST PANEL RECOMMENDATIONS FOR ALL ACTION ITEMS

Nicole Nantois, Chief of Legal Services

There were no recommendations regarding conflicts.

ITEM 5A-B / CONSIDERATION AND VOTE OF THE AUTHORITY FOR EXPENDITURE OF FUND

Kimberly Wilson, Procurement & Contracts Development Director

a) Health Management Program (HMP)

MOTION:

Member Hupfeld moved for approval of item 5a as published. The motion was seconded by Member McVay

FOR THE MOTION:

Chairman Armstrong, Member Bryant, Member Case

BOARD MEMBERS ABSENT:

Vice-Chairman Yaffe, Member Nuttle

b) CSG Government Solutions, INC

MOTION:

Member Case moved for approval of item 5b as published. The motion was seconded by Member Bryant

FOR THE MOTION:

Chairman Armstrong, Member Hupfeld, Member McVay

BOARD MEMBERS ABSENT:

Vice-Chairman Yaffe, Member Nuttle

ITEM 6A / CONSIDERATION AND VOTE OF AGENCY RECOMMENDED RULEMAKING PURSUANT TO ARTICLE I OF THE ADMINISTRATIVE PROCEDURES ACT. THE AGENCY REQUESTS THE ADOPTION OF THE FOLLOWING EMERGENCY RULES

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

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

A. AMENDING agency rules at OAC 317:30-5-20, 317:30-5-40.1, and 317:30-5-42.10 which will strengthen lab services policy by delineating medical necessity and compensable and non-compensable lab services. Additional revisions will add language to define penalties that can be enforced if a provider does not abide by the rules regarding medical necessity of lab services. Further, revisions will clarify that OHCA does not pay for all lab services listed in the Centers for Medicare & Medicaid Services (CMS) fee schedule but only those that are medically necessary in addition to the four other conditions required for payment.

Budget Impact: Agency staff has determined that the proposed rule changes will result in a budget savings by decreasing reimbursement of medically unnecessary lab tests. Between 2014 and 2017, despite a decrease in member enrollment of 1.8 percent, there has been a 9.8 percent increase in members receiving lab tests and an increase of approximately \$502,384 in reimbursement for lab testing.

(Reference APA WF # 18-01)

MOTION: Member McVay moved for approval of emergency rulemaking for Item 6a.a as published. The motion was seconded by Member Bryant.

FOR THE MOTION: Chairman Armstrong, Member Case, Member Hupfeld

BOARD MEMBERS ABSENT: Vice-Chairman Yaffe, Member Nuttle

MOTION: Member Case moved for approval of emergency rulemaking for Item 6b.a as published. The motion was seconded by Member Bryant.

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

BOARD MEMBERS ABSENT: Vice-Chairman Yaffe, 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

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

MOTION: Member Case moved for approval to move into Executive Session. The motion was seconded by Member Hupfeld

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

BOARD MEMBERS ABSENT: Vice-Chairman Yaffe, Member Nuttle

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 Chairman Armstrong

FOR THE MOTION: Member Bryant, Member Case, Member Hupfeld

BOARD MEMBERS ABSENT:

Vice-Chairman Yaffe, Member Nuttle

Meeting adjourned at 3:10 p.m., 10/11/2018

NEXT BOARD MEETING
November 8, 2018
Oklahoma Health Care Authority
Oklahoma City, OK

Martina Ordonez
Board Secretary

Minutes Approved: _____

Initials: _____

DRAFT



FINANCIAL REPORT

For the Four Months Ended October 31, 2018
Submitted to the CEO & Board

- Revenues for OHCA through October, accounting for receivables, were **\$1,505,705,949** or **.7% under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$1,527,864,926** or **.9% under** budget.
- The state dollar budget variance through October is a positive **\$3,677,050**.
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	2.5
Administration	1.6
Revenues:	
Drug Rebate	.9
Medical Refunds	1
Taxes and Fees	(2.4)
Total FY 18 Variance	\$ 3.6

ATTACHMENTS

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

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
SFY 2019, For the Four Month Period Ending October 31, 2018

REVENUES	FY19 Budget YTD	FY19 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 354,613,952	\$ 354,613,952	\$ -	0.0%
State Appropriations - GME Appropriated Funds	\$ 36,681,440	\$ 36,681,440	\$ -	0.0%
Federal Funds	850,425,071	837,582,637	(12,842,434)	(1.5)%
Tobacco Tax Collections	17,016,935	14,579,351	(2,437,584)	(14.3)%
Quality of Care Collections	26,534,138	26,333,184	(200,954)	(0.8)%
Prior Year Carryover	8,000,000	8,000,000	-	0.0%
Federal Deferral - Interest	75,679	75,679	-	0.0%
Drug Rebates	97,811,252	100,318,177	2,506,924	2.6%
Medical Refunds	11,524,749	14,410,032	2,885,284	25.0%
Supplemental Hospital Offset Payment Program	109,038,695	109,038,695	-	0.0%
Other Revenues	3,881,946	4,072,801	190,855	4.9%
TOTAL REVENUES	\$ 1,515,603,858	\$ 1,505,705,949	\$ (9,897,909)	(0.7)%
EXPENDITURES	FY19 Budget YTD	FY19 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	\$ 19,449,208	\$ 15,950,264	\$ 3,498,944	18.0%
ADMINISTRATION - CONTRACTS	\$ 34,508,753	\$ 33,064,642	\$ 1,444,112	4.2%
MEDICAID PROGRAMS				
<u>Managed Care:</u>				
SoonerCare Choice	13,361,885	13,212,228	149,657	1.1%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	320,206,052	319,878,308	327,744	0.1%
Behavioral Health	6,697,076	6,309,078	387,998	5.8%
Physicians	140,888,659	131,764,036	9,124,623	6.5%
Dentists	44,584,591	46,286,819	(1,702,228)	(3.8)%
Other Practitioners	18,652,292	19,252,213	(599,921)	(3.2)%
Home Health Care	7,353,427	8,225,588	(872,161)	(11.9)%
Lab & Radiology	9,307,417	8,949,423	357,994	3.8%
Medical Supplies	18,098,844	18,126,555	(27,711)	(0.2)%
Ambulatory/Clinics	79,799,320	80,629,694	(830,374)	(1.0)%
Prescription Drugs	215,285,210	211,330,097	3,955,113	1.8%
OHCA Therapeutic Foster Care	57,610	527	57,083	0.0%
<u>Other Payments:</u>				
Nursing Facilities	189,354,055	192,102,162	(2,748,107)	(1.5)%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	21,274,782	21,547,230	(272,448)	(1.3)%
Medicare Buy-In	58,151,234	57,841,459	309,775	0.5%
Transportation	24,013,958	24,172,913	(158,955)	(0.7)%
Money Follows the Person-OHCA	120,114	143,503	(23,389)	0.0%
Electronic Health Records-Incentive Payments	1,502,926	1,502,926	-	0.0%
Part D Phase-In Contribution	38,115,953	37,897,950	218,003	0.6%
Supplemental Hospital Offset Payment Program	240,296,305	240,296,305	-	0.0%
Telligen	3,648,980	2,694,773	954,207	26.1%
Total OHCA Medical Programs	1,450,770,689	1,442,163,786	8,606,903	0.6%
OHCA Non-Title XIX Medical Payments	29,794	4,794	25,000	0.0%
OHCA Non-Title XIX - GME	36,681,440	36,681,440	0	0.0%
TOTAL OHCA	\$ 1,541,439,884	\$ 1,527,864,926	\$ 13,574,958	0.9%
REVENUES OVER/(UNDER) EXPENDITURES	\$ (25,836,026)	\$ (22,158,977)	\$ 3,677,050	

OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
SFY 2019, For the Four Month Period Ending October 31, 2018

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	SHOPP Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	\$ 13,242,354	\$ 13,208,962	\$ -	\$ 30,126	\$ -	\$ 3,265	\$ -
Inpatient Acute Care	447,428,011	205,171,839	162,229	1,168,569	178,894,597	168,635	61,862,143
Outpatient Acute Care	169,572,414	112,631,696	13,868	1,731,273	53,465,536	1,730,041	-
Behavioral Health - Inpatient	16,430,842	3,622,410	-	147,541	7,059,648	-	5,601,243
Behavioral Health - Psychiatrist	3,563,193	2,686,669	-	-	876,524	-	-
Behavioral Health - Outpatient	5,385,466	-	-	-	-	-	5,385,466
Behavioral Health-Health Home	17,175,080	-	-	-	-	-	17,175,080
Behavioral Health Facility- Rehab	76,202,801	-	-	-	-	29,305	76,202,801
Behavioral Health - Case Management	897,659	-	-	-	-	-	897,659
Behavioral Health - PRTF	21,426,605	-	-	-	-	-	21,426,605
Behavioral Health - CCBHC	14,534,084	-	-	-	-	-	14,534,084
Residential Behavioral Management	3,699,583	-	-	-	-	-	3,699,583
Targeted Case Management	22,881,240	-	-	-	-	-	22,881,240
Therapeutic Foster Care	527	527	-	-	-	-	-
Physicians	155,433,730	130,167,378	19,367	1,851,398	-	1,577,291	21,818,296
Dentists	46,304,423	46,283,504	-	17,604	-	3,316	-
Mid Level Practitioners	696,040	692,784	-	3,148	-	108	-
Other Practitioners	18,736,960	18,381,125	148,788	177,639	-	29,408	-
Home Health Care	8,231,045	8,223,800	-	5,458	-	1,788	-
Lab & Radiology	9,221,258	8,892,409	-	271,836	-	57,014	-
Medical Supplies	18,211,817	17,213,046	903,844	85,262	-	9,665	-
Clinic Services	81,655,138	78,484,775	-	575,649	-	84,382	2,510,333
Ambulatory Surgery Centers	2,126,394	2,057,631	-	65,857	-	2,906	-
Personal Care Services	3,617,604	-	-	-	-	-	3,617,604
Nursing Facilities	192,102,162	116,837,327	75,264,835	-	-	-	-
Transportation	24,174,500	23,255,041	839,158	33,485	-	46,817	-
IME/DME	35,780,881	-	-	-	-	-	35,780,881
ICF/IID Private	21,547,230	17,611,369	3,935,861	-	-	-	-
ICF/IID Public	7,208,194	-	-	-	-	-	7,208,194
CMS Payments	95,739,409	95,585,486	153,923	-	-	-	-
Prescription Drugs	215,624,932	210,485,829	-	4,294,835	-	844,268	-
Miscellaneous Medical Payments	31,898	31,453	-	-	-	445	-
Home and Community Based Waiver	70,864,061	-	-	-	-	-	70,864,061
Homeward Bound Waiver	27,659,510	-	-	-	-	-	27,659,510
Money Follows the Person	143,503	143,503	-	-	-	-	-
In-Home Support Waiver	8,434,519	-	-	-	-	-	8,434,519
ADvantage Waiver	49,181,979	-	-	-	-	-	49,181,979
Family Planning/Family Planning Waiver	1,472,163	-	-	-	-	-	1,472,163
Premium Assistance*	19,154,083	-	-	19,154,083.44	-	-	-
Telligen	2,694,773	2,694,773	-	-	-	-	-
Electronic Health Records Incentive Payments	1,502,926	1,502,926	-	-	-	-	-
Total Medicaid Expenditures	\$ 1,929,990,993	\$ 1,115,866,260	\$ 81,441,873	\$ 29,613,762	\$ 240,296,305	\$ 4,588,654	\$ 458,213,445

* Includes \$18,997,784.20 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
SFY 2019, For the Four Month Period Ending October 31, 2018

REVENUE	FY19 Actual YTD
Revenues from Other State Agencies	\$ 206,934,411
Federal Funds	280,771,281
TOTAL REVENUES	\$ 487,705,693
EXPENDITURES	Actual YTD
Department of Human Services	
Home and Community Based Waiver	\$ 70,864,061
Money Follows the Person	-
Homeward Bound Waiver	27,659,510
In-Home Support Waivers	8,434,519
ADvantage Waiver	49,181,979
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public	7,208,194
Personal Care	3,617,604
Residential Behavioral Management	2,317,181
Targeted Case Management	19,868,989
Total Department of Human Services	189,152,038
State Employees Physician Payment	
Physician Payments	21,818,296
Total State Employees Physician Payment	21,818,296
Education Payments	
Indirect Medical Education	34,965,572
Direct Medical Education	815,309
Total Education Payments	35,780,881
Office of Juvenile Affairs	
Targeted Case Management	713,266
Residential Behavioral Management	1,382,402
Total Office of Juvenile Affairs	2,095,668
Department of Mental Health	
Case Management	897,659
Inpatient Psychiatric Free-standing	5,601,243
Outpatient	5,385,466
Health Homes	17,175,080
Psychiatric Residential Treatment Facility	21,426,605
Certified Community Behavioral Health Clinics	14,534,084
Rehabilitation Centers	76,202,801
Total Department of Mental Health	141,222,939
State Department of Health	
Children's First	176,025
Sooner Start	772,525
Early Intervention	1,432,271
Early and Periodic Screening, Diagnosis, and Treatment Clinic	682,465
Family Planning	110,947
Family Planning Waiver	1,355,562
Maternity Clinic	964
Total Department of Health	4,530,759
County Health Departments	
EPSDT Clinic	223,230
Family Planning Waiver	5,654
Total County Health Departments	228,883
State Department of Education	57,189
Public Schools	633,500
Medicare DRG Limit	60,000,000
Native American Tribal Agreements	831,149
Department of Corrections	158,706
JD McCarty	1,703,437
Total OSA Medicaid Programs	\$ 458,213,445
OSA Non-Medicaid Programs	\$ 29,209,437
Accounts Receivable from OSA	\$ (282,811)

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
SFY 2019, For the Four Month Period Ending October 31, 2018

REVENUES	FY 19 Revenue
SHOPP Assessment Fee	108,991,771
Federal Draws	\$ 145,537,897
Interest	44,642
Penalties	2,283
State Appropriations	(15,100,000)
TOTAL REVENUES	\$ 239,476,592

EXPENDITURES	Quarter	Quarter	Quarter	Quarter	FY 19 Expenditures
	7/1/18 - 9/30/18	10/1/18 - 12/31/18	1/1/19 - 3/31/19	4/1/19 - 6/30/19	
Program Costs:					
Hospital - Inpatient Care	84,988,728	93,905,869			\$ 178,894,597
Hospital -Outpatient Care	25,649,937	27,815,599			53,465,536
Psychiatric Facilities-Inpatient	3,352,856	3,706,792			7,059,648
Rehabilitation Facilities-Inpatient	416,290	460,234			876,524
Total OHCA Program Costs	114,407,810	125,888,494	-	-	\$ 240,296,305

Total Expenditures	\$ 240,296,305
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CASH BALANCE	\$ (819,712)
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OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 230: Nursing Facility Quality of Care Fund
SFY 2019, For the Four Month Period Ending October 31, 2018

REVENUES	Total Revenue	State Share
Quality of Care Assessment	\$ 26,319,727	\$ 26,319,727
Interest Earned	13,457	13,457
TOTAL REVENUES	\$ 26,333,184	\$ 26,333,184

EXPENDITURES	FY 19 Total \$ YTD	FY 19 State \$ YTD	Total State \$ Cost
Program Costs			
Nursing Facility Rate Adjustment	\$ 74,042,134	\$ 29,897,165	
Eyeglasses and Dentures	93,321	37,689	
Personal Allowance Increase	1,129,380	457,018	
Coverage for Durable Medical Equipment and Supplies	903,844	365,853	
Coverage of Qualified Medicare Beneficiary	344,252	139,345	
Part D Phase-In	153,923	153,923	
ICF/IID Rate Adjustment	1,818,777	734,871	
Acute Services ICF/IID	2,117,085	854,618	
Non-emergency Transportation - Soonerride	839,158	339,632	
Total Program Costs	\$ 81,441,873	\$ 32,980,114	\$ 32,980,114
Administration			
OHCA Administration Costs	\$ 182,836	\$ 91,418	
DHS-Ombudsmen	-	-	
OSDH-Nursing Facility Inspectors	35,001	35,001	
Mike Fine, CPA	-	-	
Total Administration Costs	\$ 217,837	\$ 126,419	\$ 126,419
Total Quality of Care Fee Costs	\$ 81,659,710	\$ 33,106,533	
TOTAL STATE SHARE OF COSTS			\$ 33,106,533

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

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 245: Health Employee and Economy Improvement Act Revolving Fund
SFY 2019, For the Four Month Period Ending October 31, 2018

REVENUES	FY 18 Carryover	FY 19 Revenue	Total Revenue
Prior Year Balance	\$ 12,902,064	\$ -	\$ 9,997,587
State Appropriations	(3,000,000)	-	-
Tobacco Tax Collections	-	11,990,854	11,990,854
Interest Income	-	84,924	84,924
Federal Draws	208,931	11,696,330	11,696,330
TOTAL REVENUES	\$ 10,110,995	\$ 23,772,108	\$ 33,769,694

EXPENDITURES	FY 18 Expenditures	FY 19 Expenditures	Total State \$ YTD
Program Costs:			
Employer Sponsored Insurance		\$ 18,997,784	\$ 18,997,784
College Students/ESI Dental		156,299	63,200
Individual Plan			
SoonerCare Choice		\$ 29,289	\$ 11,860
Inpatient Hospital		1,165,214	470,746
Outpatient Hospital		1,681,384	682,642
BH - Inpatient Services-DRG		138,743	55,655
BH -Psychiatrist		-	-
Physicians		1,827,604	739,618
Dentists		17,576	6,912
Mid Level Practitioner		3,039	1,222
Other Practitioners		175,725	71,042
Home Health		5,458	2,245
Lab and Radiology		267,830	107,720
Medical Supplies		84,784	34,251
Clinic Services		553,363	223,347
Ambulatory Surgery Center		65,857	26,668
Prescription Drugs		4,232,782	1,708,552
Transportation		33,128	13,367
Premiums Collected		-	(196,564)
Total Individual Plan		\$ 10,281,775	\$ 3,959,282
College Students-Service Costs		\$ 177,904	\$ 72,244
Total OHCA Program Costs		\$ 29,613,762	\$ 23,092,510
Administrative Costs			
Salaries	\$ 24,543	\$ 746,756	\$ 771,299
Operating Costs	9,662	35,470	45,132
Health Dept-Postponing	-	-	-
Contract - HP	79,204	224,311	303,515
Total Administrative Costs	\$ 113,409	\$ 1,006,537	\$ 1,119,946
Total Expenditures			\$ 24,212,456
NET CASH BALANCE	\$ 9,997,587		\$ 9,557,238

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

**Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund
SFY 2019, For the Four Month Period Ending October 31, 2018**

REVENUES	FY 19 Revenue	State Share
Tobacco Tax Collections	\$ 239,337	\$ 239,337
TOTAL REVENUES	\$ 239,337	\$ 239,337

EXPENDITURES	FY 19 Total \$ YTD	FY 19 State \$ YTD	Total State \$ Cost
Program Costs			
SoonerCare Choice	\$ 3,265	\$ 924	
Inpatient Hospital	168,635	47,911	
Outpatient Hospital	1,730,041	489,723	
Inpatient Services-DRG	-	-	
Psychiatrist	-	-	
TFC-OHCA	-	-	
Nursing Facility	-	-	
Physicians	1,577,291	450,429	
Dentists	3,316	930	
Mid-level Practitioner	108	31	
Other Practitioners	29,408	8,358	
Home Health	1,788	508	
Lab & Radiology	57,014	16,244	
Medical Supplies	9,665	2,704	
Clinic Services	84,382	24,000	
Ambulatory Surgery Center	2,906	799	
Prescription Drugs	844,268	239,109	
Transportation	46,817	13,293	
Miscellaneous Medical	445	129	
Total OHCA Program Costs	\$ 4,559,349	\$ 1,295,094	
OSA DMHSAS Rehab	\$ 29,305	8,354	
Total Medicaid Program Costs	\$ 4,588,654	\$ 1,303,448	
TOTAL STATE SHARE OF COSTS			\$ 1,303,448

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

OKLAHOMA HEALTH CARE AUTHORITY
SFY 2020
Budget Request Detail

Description of Priority	# FTE	State	Total
1 Annualizations FFP Match Rate from 62.38% to 66.02% (effective 10/01/2019) Medicare A & B Premiums - Estimated increase effective 01/01/2019 Annualization of FY'19 Provider Rate increase (3 months impact in FY'20) CHIP- ACA Enhanced FMAP 23% bump reduced to 11.5% in FFY-2020*		(127,203,355) 1,320,814 6,115,917 11,975,473	- 3,785,651 16,257,088 -
2 Maintenance FY'20 Growth/Utilization increases (2.6%) Medicare A & B premiums - Estimated increase effective 01/01/2020 Rebase Medicare physician fee schedule to align with current RVUs Applied Behavioral Analysis (ABA) Sustaining Living Choice Institution Transitions/Replacement of Federal Grants Medicaid Inflationary Contract Increases	1.0	(\$107,791,151) 24,210,119 1,228,473 3,000,000 3,996,655 67,790 2,302,005	\$20,042,739 86,011,592 3,615,282 8,598,452 11,455,015 135,579 7,747,887
3 One-Time Funding FY-2018 One-time budgeted Carryover & Replace	1.0	\$34,805,042 5,000,000	\$117,563,807
4 Mandates Diabetes Self Management Training (State - SB 972) DME Transfer - Home Health - Waiver to TXIX (Federal - 42 CFR 440.70) Community Engagement / HOPE Act (State - HB 2932 / 1270) Administrative Oversight of the 1915(c) Waivers (Federal - 42 CFR 431.10) Electronic Visit Verification Systems (EVV) Ongoing Maintenance (Federal - Cures Act)	- 5.0 4.0 1.0 -	\$5,000,000 100,523 4,821,405 864,732 38,024 15,000	\$0 288,114 13,626,145 1,729,464 76,048 60,000
5 Program Enhancements 12.14% Across The Board (ATB) provider rate increase to 100% Physician Fee Schedule Health Access Network Performance Improvement Redesign and PACE Expansion Contract with Therapy Assistants Adult Outpatient Lab/Radiology Services Limitation Medication Assisted Treatment - Remove Prior Authorization Remove Certain Medications from Monthly Limitation Outsource Imaging Prior Authorizations Relax Policy that Limits Adult dental to Emergency Extractions Obesity Reduction/Nutrition Counseling Wellpass Extension - Health related text messages for SoonerCare Members Other Program Enhancements	10.0	\$5,839,684 92,277,661 1,550,332 2,233,932 1,069,143 1,029,836 942,030 708,567 605,102 316,498 110,400 1,072,628	\$15,779,771 264,481,687 4,443,486 6,402,785 3,064,326 5,903,331 5,400,000 1,417,133 1,734,313 907,132 220,800 3,511,592
6 Operational Excellence Implement a New Care Management Solution MMIS Procurement Project Planning Upgrade to Change Healthcare ClaimsXTen Product Pharmacy Electronic Prior Authorization OK Benefits Data Exchange/Web Services	-	\$101,916,129 2,125,000 450,000 279,110 239,905 200,000	\$297,486,585 8,500,000 4,500,000 558,220 2,399,048 2,000,000
7 Employee Compensation Analysis / Implementation		\$1,464,040	\$2,928,080
FY-2020 Budget Request Totals	11.0	\$44,527,758	\$471,758,251

Draft

OHCA Board Meeting December 2018 (October 2018 Data)

SOONERCARE ENROLLMENT/EXPENDITURES

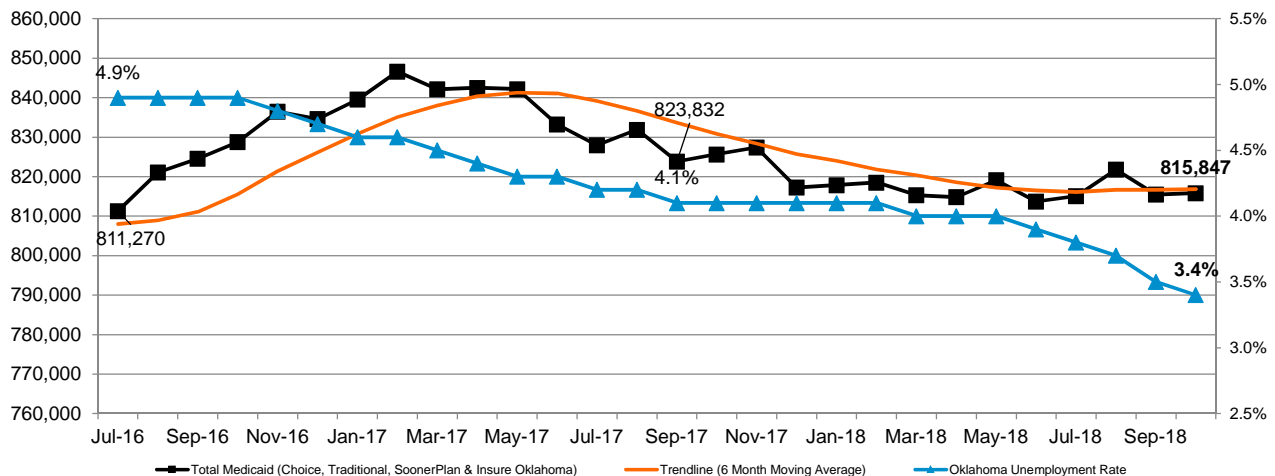
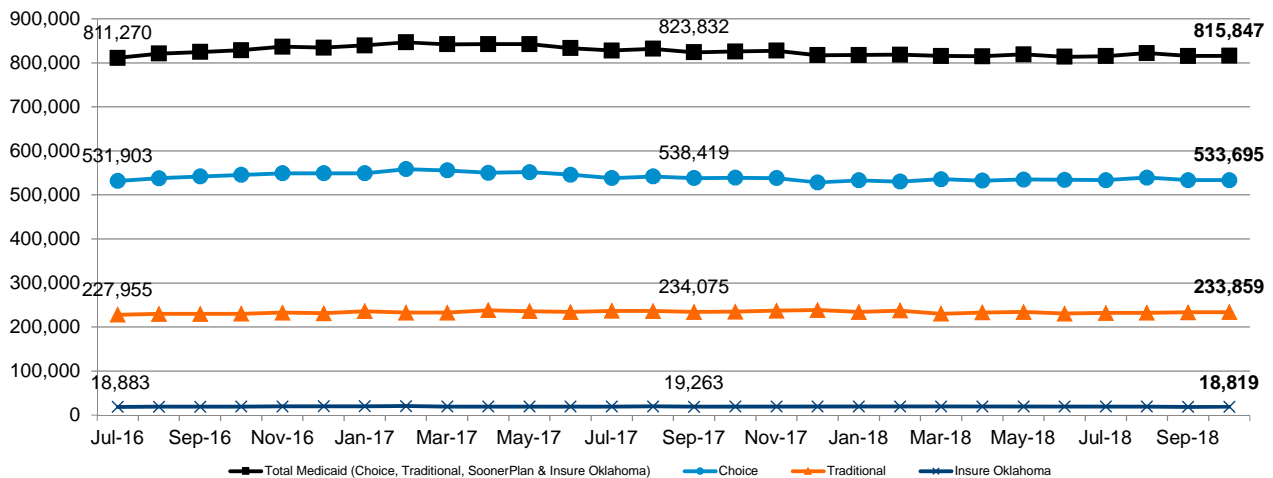
Delivery System		Enrollment October 2018	Children October 2018	Adults October 2018	Enrollment Change	Total Expenditures October 2018	PMPM October 2018
SoonerCare Choice Patient-Centered Medical Home		533,695	442,880	90,815	-80	\$195,294,575	
Lower Cost	<i>(Children/Parents; Other)</i>	490,365	429,279	61,086	-33	\$139,814,696	\$285
Higher Cost	<i>(Aged, Blind or Disabled; TEFRA; BCC)</i>	43,330	13,601	29,729	-47	\$55,479,879	\$1,280
SoonerCare Traditional		233,859	85,942	147,917	463	\$214,040,358	
Lower Cost	<i>(Children/Parents; Other; Q1; SLMB)</i>	118,402	81,213	37,189	383	\$50,150,222	\$424
Higher Cost	<i>(Aged, Blind or Disabled; LTC; TEFRA; BCC & HCBS Waiver)</i>	115,457	4,729	110,728	80	\$163,890,136	\$1,419
Insure Oklahoma		18,819	509	18,310	-177	\$7,334,745	
Employer-Sponsored Insurance		13,675	298	13,377	-36	\$4,555,043	\$333
Individual Plan		5,144	211	4,933	-141	\$2,779,702	\$540
SoonerPlan		29,474	2,439	27,035	190	\$309,662	\$11
TOTAL		815,847	531,770	284,077	396	\$416,979,341	

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

Total In-State Providers: 33,166 (+343) (In-State Providers counted multiple times due to multiple locations, programs, types, and specialties)								
Physician	Pharmacy	Dentist	Hospital	Mental Health	Optometrist	Extended Care	Total PCPs*	PCMH
9,785	886	1,114	159	4,579	634	391	6,979	2,536

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

ENROLLMENT BY MONTH



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

W.W. Hastings Campus Addition

AT-A-GLANCE

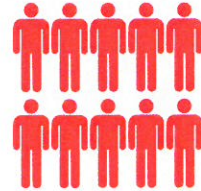
A four-story, 469,000-square-foot, state-of-the-art outpatient facility will be the largest tribal health center funded by IHS in the entire country.

Slated for completion in fall 2019, the facility will feature a new ambulatory surgery center with five surgical suites and two endoscopy suites, and expanded space for podiatry, audiology, dental, optometry, primary care, laboratory, pharmacy, rehabilitation services, behavioral health and more.



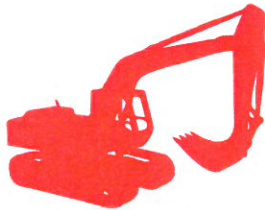
850

NEW HEALTH JOBS
ANTICIPATED



10

ADDITIONAL
SPECIALISTS



350

CONSTRUCTION
JOBS



\$200M

INFRASTRUCTURE
INVESTMENT





GWYB DBF
CHEROKEE NATION®
Health Services



Overview of Joint Venture Project and Health Services

Cherokee Nation Health Services

Vision Statement

The Cherokee people will achieve an optimal level of health resulting in healthy communities for this and future generations.

Cherokee Nation Health Services

Mission Statement

We are dedicated to working with our communities, families, and individuals to promote and improve their health.

Cherokee Nation Health Services

- Eight Health Centers
- Student/employee Health Center,
- Tribal hospital
- Several additional health programs, including Tribal Public Health and EMS



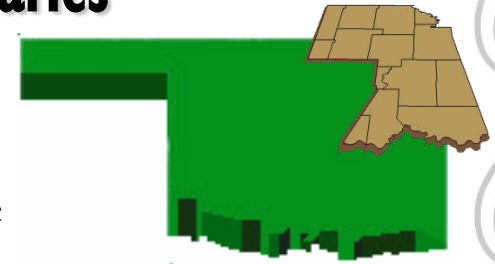
Cherokee Nation Health Services facilities are accredited via Det Norske Veritas, a deeming authority of CMS.






ISO 9001 Certification achieved

Demonstrates commitment to consistency, continual improvement, and customer satisfaction.

14 County Jurisdictional Boundaries



Legend

-  Cherokee Nation Clinic
-  Hospital
-  Main Complex

Cherokee Nation

Long Range Health Plan

- Seamless health care delivery model, where primary and tertiary health care facilities compliment each other, so we can offer state of the art, comprehensive care to our citizens in an efficient and coordinated manner
- Establishment of a health care facility so services are accessible within a 30 minute radius.

Key Initiatives

- Hiring physicians, advanced practice providers, and support staff
- Building new health facilities and expanding existing ones

How we can expand scope of services?

- Increased Third Party Revenue
- Joint Venture Construction Program
- Reinvestment of tribal dividends for Health Capital Expansion and Improvement

Perspective

- 180,000 Square Feet
- Over 35 years old
- Designed to serve 60,000 patient visits per year
- In FY 2017, served over 500,000 visits

Groundbreaking February 2017



Conceptual Drawing of Exterior



Cherokee Nation
Outpatient Health Center - Tahlequah
CHILDERS | HKS Facade



Tahlequah Health Campus JV

- 469,000 Square Foot Multi-story Structure
- Expected total staff of 1,249
- Largest single project in Cherokee Nation and CNB history
- Largest Joint Venture agreement in history
- Fast Track Schedule using Lean Construction Methods for September 2019 Opening
- LEED Silver Certification



Mock-up for Design Phase with Clinical Stakeholders

Tahlequah Health Campus JV

- 469,000 Square Foot Multi-story Structure
- Expected total staff of 1,249
- Largest single project in Cherokee Nation and CNB history
- Largest Joint Venture agreement in history
- Fast Track Schedule using Lean Construction Methods for September 2019 Opening
- LEED Silver Certification

Services

- Primary Care
- Ancillary Services
 - Imaging
 - Laboratory
 - Pharmacy
- Specialty Care
- Preventive Care
- Behavioral Health

W.W. Hastings Campus Addition

AT-A-GLANCE

A four-story, 469,000-square-foot, state-of-the-art outpatient facility will be the largest tribal health center funded by IHS in the entire country.

Slated for completion in fall 2019, the facility will feature a new ambulatory surgery center with five surgical suites and two endoscopy suites, and expanded space for podiatry, audiology, dental, optometry, primary care, laboratory, pharmacy, rehabilitation services, behavioral health and more.



850
NEW HEALTH JOBS
ANTICIPATED



10
ADDITIONAL
SPECIALISTS



350
CONSTRUCTION
JOBS



\$ 200M
INFRASTRUCTURE
INVESTMENT



Rendering courtesy of Chalkers Architects.

Design

- With over 240 exam rooms, standardization was priority
- Allows for maximum flexibility
 - Changes in technology
 - Telemedicine
 - Care delivery patterns change



Superstructure Steel Going Up (September 2017)



November 10, 2017



Topping Off Ceremony on March 26, 2018



COLLEGE OF
Osteopathic Medicine
CHEROKEE NATION



Continual Improvement

- **Renewed focus on Customer Service**
- **Focus on employee innovation and engagement**
- **Baby Friendly Hospital**
- **CPC Plus**

Overview of Contract Health

- For care that can't be provided via Direct Service, qualifying patients can obtain care via Contract Health Services
- Also known as Purchased and Referred Care
- Approval and funding based on Medical Priority

Important Takeaways

- No such thing as “Indian Insurance”
- Think of CHS as a referral, not guarantee of payment
- CHS is the payer of last resort
- CHS can provide a great deal of care but can be difficult to navigate

Q & A

GV (Wado)



Submitted to the C.E.O. and Board on December 13, 2018
AUTHORITY FOR EXPENDITURE OF FUNDS
Request for Proposal for OHCA Care Management System

BACKGROUND

The Oklahoma Health Care Authority is soliciting competitive sealed bids from qualified Contractors for fixed price proposals for a hosted Care Management (CM) Solution to primarily serve the Medicaid population of Oklahoma. The CM Solution needs to be implemented to comply with Centers for Medicare and Medicaid Services (CMS) Seven Conditions and Standards and CMS Medicaid Information Technology Architecture (MITA) 3.0. OHCA is seeking a system that will integrate closely with the Oklahoma Medicaid Management Information System (MMIS) and allow the agency to:

- Coordinate care management activities between business units and other organizations;
- Automate workflows;
- Provide better tracking and reporting capabilities;
- Provide smooth communication across business units and state organizations; and,
- Create a registry of care management outcomes across the agency.

SCOPE OF WORK

OHCA intends to award a single Contract to a Contractor for the new Care Management System and ongoing maintenance and operations. OHCA is interested in proposals that demonstrate an integrated team approach with a single Prime Contractor and additional subcontractors, contracted to the Prime Contractor if indicated.

The Contractor is expected to demonstrate an approach and solution that will:

- Be flexible, robust, and interoperable with OHCA IT Enterprise technology to meet Care Management needs of OHCA;
- Be expandable in the future for possible additional users and agencies;
- Be flexible to meet State and federal policy changes; and,
- Be collaborative with OHCA staff with respect for the staffing limitations within OHCA and their other commitments.

OHCA Care Management Solution will be utilized for the early identification of member healthcare needs, coordination of care, and results reporting. The solution will be built on MITA 3.0 compliant architecture meeting CMS Seven Conditions and Standards. In addition, the project includes implementing the proposed solution throughout the entire OHCA provider network and providing ongoing support for the System. The Contractor is also expected to host the System and provide technical support post-implementation.

Specifically, the project will include the following components:

- Replacement of the current system, Atlantes, with a robust, full-functioning Care Management Solution which also includes risk stratification, and clinical/health analytics;
- Conversion of Data from the MMIS and the Legacy Care Management System - Atlantes;
- Implementation of Mobile access for OHCA staff, Members, Stakeholders, and Providers;
- Hosting and operation of the Care Management Solution;

- Implementation of the Care Management Solution including services, installation, support, knowledge transfer, and training;
- Near real-time data exchange with the Oklahoma MMIS;
- Support for Member and Provider/Stakeholder portals that provide remote access from a variety of devices and locations, including mobile technology;
- HIE and external provider EHR connectivity as well as direct messaging ability; and,
- Ongoing maintenance and operation of the Care Management Solution;

CONTRACT PERIOD

- Date of Award through June 30, 2019 with seven (7) options to renew

CONTRACT AMOUNT AND PROCUREMENT METHOD

- Contract shall be awarded through competitive bidding process conducted by OHCA and OMES
- The contract qualifies for enhanced Federal Funding. Project Implementation will receive a 90% Federal Match. Project Operations will receive a 75% Federal Match.
- The anticipated State and federal funds will not exceed \$14,000,000.00 in implementation costs and will not exceed \$21,000,000.00 for the total seven (7) year contract.

RECOMMENDATION

- Board approval to expend funds for the services discussed above

CPT CODE 80050 RATE ALIGNMENT

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

Rate and Method Change

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

Decrease

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

This is a proposal to align the rate of CPT code 80050 (general health panel) to a rate that is equal to the combined rate total of CPT codes 80053 (comprehensive metabolic panel), 84443 (thyroid stimulating hormone), and 85025 (automated complete blood count [CBC] and white blood cell count [WBC]).

CPT code 80050 is a panel code that combines CPT codes 80053, 84443 and 85025 into a single code. The default rate for CPT 80050 was set in 1993 and has never been increased or decreased; CMS does not cover this panel code and therefore does not set a rate. The default rates for CPT codes 80053, 85025 and 84443 have gradually decreased over time, as per CMS pricing, which has resulted in the rate for the panel code to be greater than the total of the individual components combined. Generally, a lab panel code reimburses the same or less than the combined individual component rates.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate methodology is to price 80050 at \$53.48. Which is the same rate established in 1993. The rates for the individual component codes, 80053, 84443 and 85025 are set each year by CMS.

	Default Rate	10/1/2018 Rate
80050	\$53.48	\$47.69
80053	\$12.39	\$11.04
85025	\$9.11	\$8.13
84443	\$19.71	\$17.58
Total of component pricing 80053 + 85025 + 84443	\$41.21	\$36.75

5. NEW METHODOLOGY OR RATE STRUCTURE.

OHCA proposes to set the rate of CPT 80050 (currently \$41.21). This amount is equal the total rates of CPT codes 80053, 84443 and 85025 combined. As CMS pricing changes for these individual component codes, the default rate set for CPT 80050 should also change to remain equal to the combined totals of the three codes. Plan is to continue to apply budget reduction pricing as per agency guidelines.

6. BUDGET ESTIMATE.

The estimated budget impact for the remainder of SFY2019 will be a decrease of \$150,000 total; of which \$56,430 is state share. The estimated budget impact for SFY2020 will be a decrease of \$300,000 total; of which \$104,670 is state share.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate an impact on access to care.

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

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee approve the rate and method change to pricing for CPT 80050 to equal the total price of CPT codes 80053, 84443 and 85025 combined, in order to equalize payment for these services.

9. EFFECTIVE DATE OF CHANGE.

January 1, 2019

Oklahoma Health Care Authority Board Meeting – Drug Summary

Drug Utilization Review Board – Drug Summary October 10, 2018

Recommendation	Drug	Used for	Cost*	Notes
1	Jynarque™	polycystic kidney disease	\$13,041.28 per 28 days	Dosed in blister pack cards
2	Siklos® and NutreStore®	sickle cell anemia (Siklos) sickle cell anemia and short bowel syndrome (NutreStore)	\$150.00 per 30 days \$1,065.60 per 30 days	Hydroxyurea tablet L-Glutamine powder
3	Palynziq™	phenylketonuria	\$25,376.00 per year	
4	Galafold™	Fabry disease	N/A	
5	Qbrexza™	axillary hyperhidrosis	\$549.90 per 30 days	Single use cloths

Drug Utilization Review Board – Drug Summary November 14, 2018

Recommendation	Drug	Used for	Cost*	Notes
6	Orilissa™	endometriosis	\$5070.24 / 6 months	6-24 months lifetime approval
7	Yescarta®	B-cell lymphoma	\$373,000.00	One time dose (lifetime) Admin in certified facility
8	Braftovi™, Mektovi® Libtayo®	metastatic melanoma cutaneous squamous cell carcinoma	\$ 10,976.40/month N/A	Oral therapy given together Infused every 3 weeks
9	Krystexxa®	Gout	\$40,845.92 per 28 days	PEG uric acid enzyme Infused every 2 weeks

*Costs do not reflect rebated prices or net costs. Costs based on National Average Drug Acquisition Costs (NADAC) or Wholesale Acquisition Costs (WAC) in NADAC unavailable.

N/A = not available at the time of publication.



Recommendation 1: Vote to Prior Authorize Jynarque™ (Tolvaptan)

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

Jynarque™ (Tolvaptan) Approval Criteria:

1. An FDA approved indication to slow kidney function decline in adults at risk of rapidly progressing autosomal dominant polycystic kidney disease (ADPKD); and
2. Member must be 18 years of age or older; and
3. Member must not have any contraindications to taking Jynarque™ including the following:
 - a. Taking any concomitant strong CYP3A inhibitors (e.g., ketoconazole, itraconazole, lopinavir/ritonavir, indinavir/ritonavir, ritonavir, conivaptan); and
 - b. A history of signs or symptoms of significant liver impairment or injury (does not include uncomplicated polycystic liver disease); and
 - c. Uncorrected abnormal blood sodium concentrations; and
 - d. Unable to sense or respond to thirst; and
 - e. Hypovolemia; and
 - f. Hypersensitivity to tolvaptan or any of its components; and
 - g. Uncorrected urinary outflow obstruction; and
 - h. Anuria; and
4. Member must not be taking any of the following medications concomitantly with Jynarque™:
 - a. Strong CYP3A inhibitors (e.g., ketoconazole, itraconazole, lopinavir/ritonavir, indinavir/ritonavir, ritonavir, conivaptan); and
 - b. Strong CYP3A inducers (e.g., rifampin); and
 - c. OATP1B1/3 and OAT3 transporter substrates (e.g., statins, bosentan, glyburide, nateglinide, repaglinide, methotrexate, furosemide); and
 - d. BCRP transporter substrates (e.g., rosuvastatin); and
 - e. V₂-receptor agonists (e.g., desmopressin); and
5. Jynarque™ must be prescribed by a nephrologist or specialist with expertise in the treatment of ADPKD (or be an advanced care practitioner with a supervising physician who is a nephrologist or specialist with expertise in the treatment of ADPKD); and
6. Prescriber must agree to assess ALT, AST, and bilirubin prior to initiation of Jynarque™, at 2 weeks and 4 weeks after initiation, then monthly for 18 months, and every 3 months thereafter; and
7. Female members must not be pregnant and must have a negative pregnancy test prior to therapy initiation; and

8. Prescriber, pharmacy, and member must be enrolled in the Jynarque™ Risk Evaluation and Mitigation Strategy (REMS) program and maintain enrollment throughout therapy.

Recommendation 2: Vote to Prior Authorize Siklos® (Hydroxyurea Tablets) and NutreStore® (L-Glutamine)

The Drug Utilization Review Board recommends the prior authorization of Siklos® (Hydroxyurea Tablets) and NutreStore® (L-Glutamine) with the following criteria:

Siklos® (Hydroxyurea Tablets) Approval Criteria:

9. An FDA approved indication of sickle cell anemia; and
10. Member must be 2 years of age or older; and
11. Member must have a history of moderate-to-severe, painful crises; and
12. A trial of hydroxyurea capsules or a patient-specific, clinically significant reason why hydroxyurea capsules are not appropriate for the member; and
13. Prescriber must agree to monitor blood counts every 2 weeks throughout therapy; and
14. Prescriber must agree to monitor the member for the development of secondary malignancies; and
15. Female members must not be pregnant and must have a negative pregnancy test prior to therapy initiation; and
16. Male and female members of reproductive potential must be willing to use effective contraception during and after treatment with Siklos® for at least 6 months after therapy; and
17. Member must not be given live vaccines while on Siklos® therapy; and
18. Initial approvals will be for the duration of 12 months. Reauthorization may be granted if the prescriber documents the member is responding well to treatment.

NutreStore® (L-Glutamine) Approval Criteria [Short Bowel Syndrome (SBS) Diagnosis]:

1. An FDA approved diagnosis of SBS; and
2. NutreStore® must be used in conjunction with a recombinant human growth hormone product that is approved for this indication; and
3. Member must be receiving optimal management of SBS (e.g., specialized oral diet, enteral feedings, parenteral nutrition, fluid and micronutrient supplements); and
4. Approvals will be for up to 16 weeks.

NutreStore® (L-Glutamine) Approval Criteria [Sickle Cell Disease (SCD) Diagnosis]:

1. A diagnosis of SCD; and
2. Member must be 5 years of age or older; and
3. A trial of hydroxyurea or documentation why hydroxyurea is not appropriate for the member; and
4. NutreStore® must be prescribed by, or in consultation with, a hematologist or a specialist with expertise in treatment of SCD (or in consultation with an advanced care practitioner with a supervising physician who is a hematologist or specialist with expertise in treating SCD); and
5. The member's recent weight must be provided on the prior authorization request in order to authorize the appropriate amount of drug required.

6. Initial approvals will be for a duration of six months. Reauthorization may be granted if the prescriber documents the member is responding well to treatment.

Recommendation 3: Vote to Prior Authorize Palynziq™ (Pegvaliase-pqpz)

The Drug Utilization Review Board recommends the prior authorization of Palynziq™ (pegvaliase-pqpz)

Palynziq™ (Pegvaliase-pqpz) Approval Criteria:

1. An FDA approved diagnosis to reduce blood phenylalanine concentrations in patients with phenylketonuria who have uncontrolled blood phenylalanine concentrations >600µmol/L on existing management; and
2. Documentation of active management with a phenylalanine restricted diet; and
3. Baseline phenylalanine concentration must be documented on the prior authorization request and must be drawn within the last 30 days; and
4. Documentation the member's average blood phenylalanine concentration over the last 6 months is >600µmol/L on existing management; and
5. Concomitant use with Kuvan® (sapropterin) will not be approved; and
6. Prescriber, pharmacy, and member must be enrolled in the Palynziq™ Risk Evaluation and Mitigation Strategy (REMS) program and maintain enrollment throughout therapy; and
7. Initial dose must be administered under the supervision of a health care provider equipped to manage anaphylaxis and observe the member for at least 60 minutes following injection; and
8. Member must be prescribed auto-injectable epinephrine and be counseled on its appropriate use; and
9. Initial approvals will be for the duration of 33 weeks to allow for initial titration and for 24 weeks of maintenance treatment with 20mg once daily dosing. Patients should then be assessed for a 20% reduction in blood phenylalanine concentration from pre-treatment baseline or a blood phenylalanine concentration ≤600µmol/L.
 - a. If member has not achieved a 20% reduction in blood phenylalanine concentration from pre-treatment baseline or a blood phenylalanine concentration ≤600µmol/L, approvals may be granted for the 40mg once daily dosing for a duration of 16 weeks; or
 - b. If member has achieved a 20% reduction in blood phenylalanine concentration from pre-treatment baseline or a blood phenylalanine concentration ≤600µmol/L, subsequent approvals will be for the duration of one year; and
10. Members who do not achieve at least a 20% reduction in blood phenylalanine concentration from pre-treatment baseline or a blood phenylalanine concentration ≤600µmol/L after 16 weeks of continuous treatment with the maximum dosage of 40mg once daily will not be approved for subsequent approvals; and
11. Subsequent approvals will be for the duration of one year.
12. Reauthorization will require the following:
 - a. Documentation of active management with a phenylalanine restricted diet; and
 - b. Verification from the prescriber of continued response to therapy.

Recommendation 4: Vote to Prior Authorize Galafold™ (migalastat)

The Drug Utilization Review Board recommends the prior authorization of Galafold™ (migalastat) with the following criteria

Galafold™ (Migalastat) Approval Criteria:

1. An FDA approved diagnosis of Fabry disease with a confirmed amenable *GLA* gene variant based on in vitro assay data; and
2. Galafold™ must be prescribed in consultation with a geneticist or an advanced care practitioner with a supervising physician who is a geneticist; and
3. Member must have an estimated glomerular filtration rate (eGFR) of at least 30mL/min/1.73m²; and
4. Galafold™ will not be approved for concomitant use with enzyme replacement therapy (ERT); and
5. Galafold™ will initially be approved for six months. After that time, compliance will be required for continued authorization; and
6. A quantity limit of 14 capsules per 28 days will apply.

Recommendation 5: Vote to Prior Authorize Qbrexza™ (glycopyrronium)

The Drug Utilization Review Board recommends the prior authorization of Qbrexza™ (glycopyrronium) with the following criteria

Qbrexza™ (Glycopyrronium) Approval Criteria:

1. An FDA approved diagnosis of primary axillary hyperhidrosis in pediatric patients 9 years of age to 20 years of age; and
2. Documentation of assessment by a licensed behavior specialist or the prescribing physician indicating the member's hyperhidrosis is causing social anxiety, depression, or similar mental health-related issues that impact the member's ability to function in day-to-day living must be provided; and
3. Member must have failed a trial of Drysol™ (20% aluminum chloride) at least three weeks in duration; and
4. Prescriber must verify that the member has received counseling on the safe and proper use of Qbrexza™; and
5. A quantity limit of one box (30 cloths) per 30 days will apply.

Recommendation 6: Vote to Prior Authorize Orilissa™ (Elagolix)

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

Orilissa™ (Elagolix) Approval Criteria:

1. An FDA approved diagnosis of moderate-to-severe pain associated with endometriosis; and

2. Member must be 18 years of age or older; and
3. Member must not have known osteoporosis; and
4. Female members must not be pregnant and must have a negative pregnancy test prior to initiation of therapy; and
5. Female members of reproductive potential must be willing to use effective non-hormonal contraception during treatment with Orilissa™ and for at least one week after discontinuing treatment; and
6. Member must not have severe hepatic impairment (Child-Pugh C); and
7. Member must not be taking a strong organic anion transporting polypeptide (OATP) 1B1 inhibitor (e.g., cyclosporine, gemfibrozil); and
8. Orilissa™ must be prescribed by, or in consultation with, an obstetrician/gynecologist or a specialist with expertise in the treatment of endometriosis; and
9. A failed trial at least one month in duration with nonsteroidal anti-inflammatory drugs (NSAIDs) or a patient-specific, clinically significant reason why the member cannot use NSAIDs; and
10. A failed trial at least three months in duration of hormonal contraceptives or a patient-specific, clinically significant reason why the member cannot use hormonal contraceptives; and
11. A patient-specific, clinically significant reason why the member cannot use leuprolide depot formulations which are available without prior authorization; and
12. Dosing and lifetime approval duration will be limited based on the following:
 - a. Coexisting condition of moderate hepatic impairment (Child-Pugh B):
 - i. 150mg once daily for a maximum of 6 months; and
 - b. Normal liver function or mild hepatic impairment (Child-Pugh A):
 - i. 150mg once daily for a maximum of 24 months; or
 - ii. 200mg twice daily for a maximum of 6 months.

Recommendation 7: Vote to Prior Authorize Yescarta® (Axicabtagene)

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

Yescarta® (Axicabtagene) Approval Criteria [Lymphoma Diagnosis]:

1. Large B-cell lymphoma [including diffuse large B cell lymphoma (DLBCL), high grade B-cell lymphoma, and DLBCL arising from follicular lymphoma (FL)]; and
2. Member must be 18 years of age or older; and
3. Relapsed or refractory disease; and
4. Member must not have primary central nervous system lymphoma; and
5. Member must have had two or more lines of therapy; and
6. Health care facilities must be on the certified list to administer chimeric antigen receptor (CAR) T-cells and must be trained in the management of cytokine release syndrome (CRS), neurologic toxicities, and comply with the REMS requirements.

Recommendation 8: Vote to Prior Authorize Braftovi™ (Encorafenib), Mektovi® (Binimetinib), and Libtayo® (Cemiplimab-rwlc)

The Drug Utilization Review Board recommends the prior authorization of Braftovi™ (Encorafenib), Mektovi® (Binimetinib), and Libtayo® (Cemiplimab-rwlc) with the following criteria:

Braftovi™ (Encorafenib) Approval Criteria [Melanoma Diagnosis]:

1. Diagnosis of unresectable or metastatic melanoma; and
2. BRAF V600E or V600K mutation; and
3. Used in combination with binimetinib.

Mektovi® (Binimetinib) Approval Criteria [Melanoma Diagnosis]:

1. Diagnosis of unresectable or metastatic melanoma; and
2. BRAF V600E or V600K mutation; and
3. Used in combination with encorafenib.

Libtayo® (Cemiplimab-rwlc) Approval Criteria [Cutaneous Squamous Cell Carcinoma (CSCC) Diagnosis]:

1. Diagnosis of metastatic or locally advanced CSCC; and
2. Member is not eligible for curative surgery or radiation; and
3. Member has not received prior immunotherapy agent(s) [e.g., Keytruda® (pembrolizumab), Opdivo® (nivolumab), Yervoy® (ipilimumab)].

Recommendation 9: Vote to Prior Authorize Krystexxa® (Pegloticase)

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

Krystexxa® (Pegloticase) Approval Criteria:

1. An FDA approved diagnosis of gout; and
2. Member must have symptomatic gout with:
 - a. ≥3 gout flares in the previous 18 months; or
 - b. ≥1 gout tophus; or
 - c. Gouty arthritis; and
3. Failure of the following urate lowering therapies: allopurinol, febuxostat, lesinurad, and probenecid titrated to the maximum tolerable dose for at least 3 months; and
4. Pegloticase must be administered in a health care setting by a health care provider prepared to manage anaphylaxis; and
5. Prescriber must attest that the member will be pre-medicated with antihistamines and corticosteroids to reduce the risk of anaphylaxis; and
6. Prescriber must document that member does not have glucose-6-phosphate dehydrogenase (G6PD) deficiency prior to starting pegloticase; and
7. Member must discontinue oral urate-lowering agents prior to starting pegloticase; and
8. Member must receive gout flare prophylaxis with non-steroidal anti-inflammatory drug(s) (NSAIDs) or colchicine at least 1 week before initiation of pegloticase therapy and continue for at least 6 months unless medically contraindicated or member is unable to tolerate therapy.
9. Approvals will be for the duration of 6 months. Reauthorizations may be granted if the prescriber documents the member is responding well to treatment, and member has not exceeded >4 consecutive weeks without therapy.

2019 Proposed OHCA Board Meetings

January						
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January 10, 2019 • 1:00 pm
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma

February 14, 2019 • 1:00 pm
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma

March 21, 2019 • 1:00 pm
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma

May 9, 2019 • 1:00 pm
Oklahoma Health Care Authority
4345 N. Lincoln Blvd. Oklahoma
City, Oklahoma

June 27, 2019 • 1:00 pm
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma

August 8, 2019 • 1:00 pm
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma

September 12, 2019 • 1:00 pm
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma

October 10, 2019 • 1:00 pm
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma

November 14, 2019 • 1:00 pm
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma

December 12, 2019 • 1:00 pm
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma

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