

AGENDA

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Telephone: 1-669-254-5252

Webinar ID: 160 187 4205

- I. Welcome, Roll Call, and Public Comment Instructions: **Chairman, Jason Rhynes, O.D.**
- II. Action Item: Approval of Minutes of the March 7th, 2024: **Medical Advisory Committee Meeting**
- III. Public Comments (2 minute limit)
- IV. MAC Member Comments/Discussion
- V. Financial Report: **Josh Richards, Senior Director of Financial Services**
- VI. Legislative Updates: **Christina Foss, Chief of Staff**
- VII. SoonerSelect Operations Update: **Sandra Puebla, Deputy State Medicaid Director**
 - A. SoonerSelect Dental – Request to change service provision: **Bernard Rhone, Director of Dental Services**
- VIII. Medicaid Directors Update: **Traylor Rains, State Medicaid Director**
 - A. PHE Unwinding Update: **April Anonsen, Deputy State Medicaid Director- Member Services**
 - B. Provider Survey Results: **Denise Easter, QI Satisfaction Improvement Manager**
- IX. Proposed Rule Changes: Presentation, Discussion, and Vote: **Kasie McCarty, Senior Director of Federal and State Authorities**
 - A. **APA WF # 24-15 Third Party Liability (TPL) Prior Authorization**
- X. New Business: **Chairman, Jason Rhynes, O.D.**
- XI. Future Meeting: **Chairman, Jason Rhynes, O.D.**

Oklahoma Health Care Authority
MEDICAL ADVISORY COMMITTEE

July 11, 2024

September 12, 2024

November 7, 2024

XII. Adjourn **Chairman, Jason Rhynes, O.D.**

Oklahoma Health Care Authority
MEDICAL ADVISORY COMMITTEE
MINUTES of the March 7, 2024, Meeting
4345 N. Lincoln Blvd., Oklahoma City, OK 73105

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

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

Delegates present were: Mr. Nick Barton, Ms. Joni Bruce, Mr. Brett Coble, Ms. Wanda Felty, Dr. Arlen Foulks, Ms. Tina Johnson, Ms. Jennifer King, Ms. Melissa Miller, and Dr. Jason Rhynes

Alternates present were: Dr. Eve Switzer Pike providing a quorum.

Delegates absent without an alternate were: Ms. Janet Cizek, Dr. J. Daniel Post Dr. Raymond Smith, and Dr. Whitney Yeates.

II. Approval of the January 4th, 2024 Minutes

Medical Advisory Committee

The motion to approve the minutes was by Ms. Wanda Felty by Ms. Tina Johnson and passed unanimously.

III. Public Comments (2-minute limit):

There were no public comments.

IV. MAC Member Comments/Discussion:

There were no MAC Member comments.

V. Financial Report:

Josh Richards, Senior Director of Financial Services

Mr. Richards presented the financial report ending in November 2023. OHCA is 0.3% over budget in revenues and 0.5 under budget in expenditures with the result that our budget variance is a positive \$27,921,334. The budget variance is primarily attributed to the following: Medicaid Program Variance is a positive 23.4 million state dollars, and administration is a positive 4.4 million state dollars. For more detailed information, see agenda item 5 in the MAC agenda.

VI. Legislative Updates:

Christina Foss, Chief of Staff

Ms. Foss stated that OHCA had their budget hearing with the senate in January. There are a few bills out that we are currently keeping our eye on. SB1417 is a bill that will modernize the way we reimburse nursing facilities. SB1419 will establish a family caregiver model. This will allow our

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members who qualify for private duty nursing, to be employed by a home health agency with the proper training to eventually be reimbursed. Finally, SB1703 a requirement from 2022 consolidated appropriations act.

VII. Medicaid Directors Update:

Traylor Rains, State Medicaid Director

Mr. Rains noted that we are currently in open enrollment for Medical, ending March 10th. As of this morning we have about 90,000 members enrolled. If members don't choose a plan by the 10th, then beginning the 11th, we will be auto-assigning which will take a couple of days. As of Monday, in the dental program, we have around 650,000 individuals enrolled. That is up 1,000,00 since it opened. As we ended PHE, we ended with about 276,000 individuals that were un-enrolled and no longer met criteria for eligibility or didn't respond to their renewal requests. However there has been a tremendous volume in renewals and re-applications.

VIII. Proposed Rule Change: Presentation, Discussions, and Vote:

Heather Cox, Federal Authorities Manager

APA WF # 24-03 Collaborative Care Model Reimbursement – The proposed emergency revisions amend rules to comply with state statute at Title 36 Oklahoma Statute § 6060.11a. Senate Bill 444 of the 2023 legislative session directed the agency to implement a "Collaborate Care Model" by requiring reimbursement for behavioral health and substance use disorder services delivered in a primary care setting. The proposed revisions will add "behavioral health integration" as a covered physician's service. The agency is developing medical guidelines that address documentation and limits to ensure proper utilization and billing.

Budget Impact: The estimated budget impact for SFY 2024 will be an increase in the total amount of \$127,262; with \$41,322 in state share. The estimated budget impact for SFY 2025 will be an increase in the total amount of \$1,527,145; with \$501,056 in state share.

The rule change motion to approve as by Dr. Arlen Foulks and seconded by Ms. Joni Bruce and passes unanimously.

APA WF # 24-04 Hospital-Administered Opioid Antagonist Reimbursement – The proposed emergency revisions amend rules to comply with state statute at Title 43A Oklahoma Statute § Section 2-401.2. Senate Bill 712 of the 2023 legislative session directed the agency to reimburse for opioid antagonists separately when provided to members with symptoms of an opioid overdose,

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MINUTES of the March 7, 2024, Meeting
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opioid disorder, or any other adverse opioid event related to opioid use in a hospital emergency department.

Budget Impact: The estimated budget impact for SFY 2024 will be an increase in the total amount of \$142,203; with \$46,173 in state share. The estimated budget impact for SFY 2025 will be an increase in the total amount of \$284,406; with \$93,314 in state share.

The rule change motion to approve as by Dr. Arlen Foulks and seconded by Ms. Joni Bruce and passes unanimously.

APA WF # 24-05 Private Duty Nursing (PDN) Coverage Limitations Change – The proposed emergency policy revisions are necessary to protect public health, safety, and/or welfare by providing families and PDN agencies with the flexibility to staff cases according to the family's need and the member's level of care. Revisions will clarify the criteria for virtual visits when a member is assessed for PDN services. Other policy revisions will change the designated care hours from "per day" to "per week". Language will be amended to reflect maximum hours authorized from 16 hours per day to 112 hours per week. Revisions will also add that a member's medical necessity can be determined by an OHCA physician's appointed designee.

Budget Impact: Budget neutral.

The rule change motion to approve as by Dr. Steven Crawford and seconded by Ms. Wanda Felty and passes unanimously.

The proposed **EMERGENCY** rules were presented at the March 5, 2024 Tribal Consultation and were subject to at least a 15-day public comment period. The Agency is requesting the effective date to be immediately upon receiving gubernatorial approval.

APA WF # 24-12 Medication Limits – These emergency revisions are necessary to protect public health, safety, and/or welfare by removing the list of medications exempt from the prescription limits policy, as the list will be hosted on the OHCA website instead. The rule revision and accompanying State Plan amendment are intended to streamline the process of adding new exemptions. New exemptions will be approved by a committee including representatives from Pharmacy and Finance before being posted online.

Budget Impact: Budget neutral.

The rule change motion to approve as by Dr. Arlen Foulks and seconded by Ms. Joni Bruce and passes unanimously.

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IX. MAC Meeting Dates for Calendar 2024:

Chairman, Jason Rhynes, O.D.

July 11, 2024

September 12, 2024

November 7, 2024

X. New Business:

Chairman, Jason Rhynes, O.D.

XI. Adjourn:

Chairman, Jason Rhynes, O.D.

Chairman Rhynes asked for a motion to adjourn. Motion was provided by Ms. Tina Johnson and seconded by Ms. Melissa Miller, there was no dissent and the meeting adjourned at 2:10pm.

DRAFT



OKLAHOMA

Health Care Authority

FINANCIAL REPORT

For the Seven Month Period Ending January 31, 2024
Submitted to the CEO & Board

- Revenues for OHCA through January, accounting for receivables, were **\$4,827,768,975** or **1.1% under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$4,879,047,945** or **0.9% under** budget.
- The state dollar budget variance through January is a negative **\$9,724,136**.
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Administration	(1.7)
Medicaid Program Variance	44.9
Revenues:	
Federal Funds	(129.5)
Drug Rebate	52.2
Medical Refunds	18.1
Taxes and Fees	6.3
Total FY 24 Variance	\$ (9.7)

ATTACHMENTS

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Medicaid Program Expenditures by Source of Funds	2
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Fund 205: Supplemental Hospital Offset Payment Program Fund	4
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Combining Statement of Revenue, Expenditures and Fund Balance	7
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OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
SFY 2024, For the Seven Month Period Ending January 31, 2024

REVENUES	FY 24 Budget YTD	FY 24 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 479,185,424	\$ 479,185,424	\$ -	0.0%
Federal Funds	3,313,191,132	3,183,640,147	(129,550,986)	(3.9)%
Tobacco Tax Collections	25,634,713	24,117,061	(1,517,652)	(5.9)%
Quality of Care Collections	54,548,565	54,936,633	388,068	0.7%
Prior Year Carryover	392,491,910	392,491,910	-	0.0%
Federal Deferral - Interest	885,730	885,730	-	0.0%
Drug Rebates	351,841,372	404,072,451	52,231,079	14.8%
Medical Refunds	22,916,627	41,018,189	18,101,562	79.0%
Prior Year Carryover Supplemental Hospital Offset Payment Program	-	-	-	0.0%
Supplemental Hospital Offset Payment Program	236,431,626	243,744,833	7,313,207	3.1%
Other Revenues	3,581,499	3,676,597	95,099	2.7%
TOTAL REVENUES	\$ 4,880,708,598	\$ 4,827,768,975	\$ (52,939,623)	(1.1)%

EXPENDITURES	FY 24 Budget YTD	FY 24 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	\$ 38,684,913	\$ 36,063,915	\$ 2,620,998	6.8%
ADMINISTRATION - CONTRACTS	\$ 101,310,777	\$ 105,640,444	\$ (4,329,667)	(4.3)%
MEDICAID PROGRAMS				
<u>Managed Care:</u>				
SoonerCare Choice	36,300,877	38,514,513	(2,213,636)	(6.1)%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	1,006,347,147	1,016,231,733	(9,884,586)	(1.0)%
Behavioral Health	20,537,490	18,675,635	1,861,855	9.1%
Physicians	372,868,414	357,677,924	15,190,490	4.1%
Dentists	149,019,620	144,641,591	4,378,029	2.9%
Other Practitioners	53,941,438	48,949,857	4,991,581	9.3%
Home Health Care	19,197,100	21,950,106	(2,753,006)	(14.3)%
Lab & Radiology	29,287,694	27,509,340	1,778,354	6.1%
Medical Supplies	60,556,793	71,079,707	(10,522,914)	(17.4)%
Ambulatory/Clinics	391,327,027	394,910,896	(3,583,869)	(0.9)%
Prescription Drugs	1,014,867,027	994,962,576	19,904,451	2.0%
OHCA Therapeutic Foster Care	252,423	270,798	(18,375)	(7.3)%
<u>Other Payments:</u>				
Nursing Facilities	485,419,009	486,751,418	(1,332,408)	(0.3)%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	50,763,817	48,820,667	1,943,150	3.8%
Medicare Buy-In	144,113,881	140,992,047	3,121,834	2.2%
Transportation	78,380,454	81,268,732	(2,888,278)	(3.7)%
Money Follows the Person-OHCA	383,010	807,988	(424,977)	(111.0)%
Electronic Health Records-Incentive Payments	(2,750)	(2,750)	-	0.0%
Part D Phase-In Contribution	65,915,277	64,639,358	1,275,919	1.9%
Supplemental Hospital Offset Payment Program	595,375,932	596,623,160	(1,247,228)	(0.2)%
Telligen	7,326,681	7,068,291	258,389	3.5%
Total OHCA Medical Programs	4,582,178,361	4,562,343,587	19,834,774	0.4%
OHCA Non-Title XIX Medical Payments	200,089,382	175,000,000	25,089,382	12.5%
TOTAL OHCA	\$ 4,922,263,432	\$ 4,879,047,945	\$ 43,215,487	0.9%
REVENUES OVER/(UNDER) EXPENDITURES	\$ (41,554,834)	\$ (51,278,971)	\$ (9,724,136)	

OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
SFY 2024, For the Seven Month Period Ending January 31, 2024

Category of Service	Total	Health Care Authority	Quality of Care	Insure Oklahoma	SHOPP	BCC	Other State Agencies
SoonerCare Choice	\$ 38,514,513	\$ 38,512,744	\$ -	\$ -	\$ -	1,769	\$ -
Inpatient Acute Care	1,016,154,051	570,645,639	283,901	37,145	425,101,270	538,095	19,548,002
Outpatient Acute Care	588,427,436	443,699,635	24,269	(1,198)	143,664,535	1,040,194	-
Behavioral Health - Inpatient	81,201,808	11,343,619	-	-	23,606,058	-	46,252,130
Behavioral Health - Psychiatrist	11,583,312	7,327,285	-	-	4,251,297	4,731	-
Behavioral Health - Outpatient	13,296,434	-	-	-	-	-	13,296,434
Behavioral Health-Health Home	-	-	-	-	-	-	-
Behavioral Health Facility- Rehab	169,196,381	-	-	-	-	121,822	169,196,381
Behavioral Health - Case Management	4,188,928	-	-	-	-	-	4,188,928
Behavioral Health - PRTF	7,520,257	-	-	-	-	-	7,520,257
Behavioral Health - CCBHC	236,018,508	-	-	-	-	-	236,018,508
Residential Behavioral Management	10,427,285	-	-	-	-	-	10,427,285
Targeted Case Management	48,359,852	-	-	-	-	-	48,359,852
Therapeutic Foster Care	270,798	270,798	-	-	-	-	-
Physicians	435,229,733	357,115,895	33,892	(711)	-	528,136	77,552,521
Dentists	144,641,591	144,606,483	-	-	-	35,108	-
Mid Level Practitioners	585,127	585,061	-	-	-	66	-
Other Practitioners	48,364,730	48,074,252	260,379	-	-	30,099	-
Home Health Care	21,950,106	21,949,593	-	-	-	513	-
Lab & Radiology	27,509,340	27,477,679	-	-	-	31,661	-
Medical Supplies	71,079,707	69,474,694	1,581,727	-	-	23,286	-
Clinic Services	398,008,382	386,099,395	-	-	-	130,420	11,778,566
Ambulatory Surgery Centers	8,681,080	8,674,665	-	-	-	6,415	-
Personal Care Services	6,278,969	-	-	-	-	-	6,278,969
Nursing Facilities	486,751,418	322,011,365	164,738,970	-	-	1,083	-
Transportation	80,930,555	79,450,983	1,369,118	4,848	-	105,607	-
IME/DME	49,740,836	-	-	-	-	-	49,740,836
ICF/IID Private	48,820,667	41,134,643	7,686,024	-	-	-	-
ICF/IID Public	12,228,096	-	-	-	-	-	12,228,096
CMS Payments	205,631,405	205,341,681	289,725	-	-	-	-
Prescription Drugs	994,959,744	993,946,503	-	(2,832)	-	1,016,073	-
Miscellaneous Medical Payments	343,024	342,232	-	-	-	792	-
Home and Community Based Waiver	175,678,528	-	-	-	-	-	175,678,528
Homeward Bound Waiver	49,660,772	-	-	-	-	-	49,660,772
Money Follows the Person	3,109,142	807,988	-	-	-	-	2,301,154
In-Home Support Waiver	27,249,825	-	-	-	-	-	27,249,825
ADvantage Waiver	152,831,488	-	-	-	-	-	152,831,488
Family Planning/Family Planning Waiver	1,045,734	-	-	-	-	-	1,045,734
Premium Assistance*	17,881,682	-	-	17,881,682	-	-	-
Telligen	7,068,291	7,068,291	-	-	-	-	-
Electronic Health Records Incentive Payments	(2,750)	(2,750)	-	-	-	-	-
Total Medicaid Expenditures	\$ 5,701,416,788	\$ 3,785,958,375	\$ 176,268,003	\$ 17,918,933	\$ 596,623,160	\$ 3,615,870	\$ 1,121,154,268

* Includes \$17,772,187.82 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
SFY 2024, For the Seven Month Period Ending January 31, 2024

REVENUE	FY 24 Actual YTD
Revenues from Other State Agencies	338,596,382
Federal Funds	818,537,285
TOTAL REVENUES	\$ 1,157,133,668
EXPENDITURES	Actual YTD
Oklahoma Human Services	
Home and Community Based Waiver	175,678,528
Money Follows the Person	2,301,154
Homeward Bound Waiver	49,660,772
In-Home Support Waivers	27,249,825
Advantage Waiver	152,831,488
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public	12,228,096
Personal Care	6,278,969
Residential Behavioral Management	7,049,533
Targeted Case Management	41,969,244
Total Oklahoma Human Services	475,247,609
State Employees Physician Payment	
Physician Payments	77,552,521
Total State Employees Physician Payment	77,552,521
Education Payments	
Indirect Medical Education	40,220,498
Direct Medical Education	2,868,715
DSH	6,651,623
Total Education Payments	49,740,836
Office of Juvenile Affairs	
Targeted Case Management	1,180,392
Residential Behavioral Management	3,377,752
Total Office of Juvenile Affairs	4,558,145
Department of Mental Health & Substance Abuse Services	
Case Management	4,188,928
Inpatient Psychiatric Free-standing	46,252,130
Outpatient	13,296,434
Health Homes	-
Psychiatric Residential Treatment Facility	7,520,257
Certified Community Behavioral Health Clinics	236,018,508
Rehabilitation Centers	169,196,381
Total Department of Mental Health & Substance Abuse Services	476,472,640
State Department of Health	
Children's First	432,716
Sooner Start	-
Early Intervention	2,805,092
Early and Periodic Screening, Diagnosis, and Treatment Clinic	823,866
Family Planning	481,024
Family Planning Waiver	564,710
Maternity Clinic	30,506
Total Department of Health	5,137,914
County Health Departments	
EPSDT Clinic	337,906
Family Planning Waiver	-
Total County Health Departments	337,906
State Department of Education	103,059
Public Schools	1,869,349
Medicare DRG Limit	-
Native American Tribal Agreements	10,586,288
Department of Corrections	4,249,974
JD McCarty	15,298,028
Total OSA Medicaid Programs	\$ 1,121,154,268
OSA Non-Medicaid Programs	\$ 68,305,164
Accounts Receivable from OSA	\$ 32,325,764

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
SFY 2024, For the Seven Month Period Ending January 31, 2024

REVENUES	FY 24 Revenue
SHOPP Assessment Fee	243,628,841
Federal Draws	\$ 463,911,899
Interest	115,992
Penalties	-
TOTAL REVENUES	\$ 707,656,732

EXPENDITURES	Quarter	Quarter	Quarter	Quarter	FY 24 Expenditures
	7/1/23 - 9/30/23	10/1/23 - 12/31/23	1/1/24 - 3/31/24	4/1/24 - 6/30/24	
Program Costs:					
Hospital - Inpatient Care	72,804,465	81,004,557	95,099,366	-	\$ 248,908,387
Hospital -Outpatient Care	21,789,985	28,450,242	26,682,592	-	\$ 76,922,818
Psychiatric Facilities-Inpatient	3,822,524	4,245,717	6,298,122	-	\$ 14,366,364
Rehabilitation Facilities-Inpatient	600,398	666,868	1,532,766	-	\$ 2,800,032
Hospital - Inpatient Care - Expansion	59,318,897	58,436,993	58,436,993	-	\$ 176,192,884
Hospital -Outpatient Care - Expansion	25,384,635	20,678,541	20,678,541	-	\$ 66,741,717
Psychiatric Facilities-Inpatient - Expansion	3,103,457	3,068,119	3,068,119	-	\$ 9,239,695
Rehabilitation Facilities-Inpatient - Expansion	487,455	481,905	481,905	-	\$ 1,451,265
Total OHCA Program Costs	187,311,816	197,032,941	212,278,403	-	596,623,160

Total Expenditures	\$ 596,623,160
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<i>SHOPP Revenue transferred to Fund 340 for Medicaid Program expense</i>	\$ 111,033,571
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*** Expenditures and Federal Revenue processed through Fund 340

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 230: Nursing Facility Quality of Care Fund
SFY 2024, For the Seven Month Period Ending January 31, 2024

REVENUES	Total Revenue	State Share
<i>FY22 EFMAP Surplus</i>		\$ -
Quality of Care Assessment	\$ 54,895,997	\$ 54,895,997
<i>Quality of Care Penalties (*Non-Spendable Revenue)</i>	\$ 243,842	\$ 243,842
Interest Earned	\$ 40,636	\$ 40,636
TOTAL REVENUES	\$ 55,180,476	\$ 55,180,476

EXPENDITURES	FY 24 Total \$ YTD	FY 24 State \$ YTD	Total State \$ Cost
Program Costs			
Nursing Facility Rate Adjustment	\$ 162,726,256	\$ 50,219,151	
Eyeglasses and Dentures	154,174	\$ 47,580	
Personal Allowance Increase	1,858,540	\$ 572,991	
Coverage for Durable Medical Equipment and Supplies	1,581,727	\$ 487,624	
Coverage of Qualified Medicare Beneficiary	602,441	\$ 185,724	
Part D Phase-In	289,725	\$ 289,725	
ICF/IID Rate Adjustment	2,878,990	\$ 888,210	
Acute Services ICF/IID	4,807,033	\$ 1,484,001	
Non-emergency Transportation - Soonerride	1,369,118	\$ 422,087	
NF Covid-19 Supplemental Payment	-	\$ -	
ICF Covid-19 Supplemental Payment	-	\$ -	
Ventilator NF DME Supplemental Payment	-	\$ -	
Total Program Costs	\$ 176,268,003	\$ 54,597,092	\$ 54,597,092
Administration			
OHCA Administration Costs	\$ 178,071	\$ 89,036	
OHS-Ombudsmen	-	-	
OSDH-Nursing Facility Inspectors	-	-	
Mike Fine, CPA	-	-	
Total Administration Costs	\$ 178,071	\$ 89,036	\$ 89,036
Total Quality of Care Fee Costs	\$ 176,446,074	\$ 54,686,127	
TOTAL STATE SHARE OF COSTS			\$ 54,686,127

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:
 Insure Oklahoma Program (Fund 245: HEEIA)
 SFY 2024, For the Seven Month Period Ending January 31, 2024

REVENUES	FY 23 Carryover	FY 24 Revenue	Total Revenue
Prior Year Balance	\$ 4,153,089		
State Appropriations	-		
Federal Draws - Prior Year	163,131		
Total Prior Year Revenue			4,316,220
Transfer to 340 for Expansion-current year		-	-
Tobacco Tax Collections	-	19,835,462	19,835,462
Interest Income	-	100,660	100,660
Federal Draws	-	12,896,885	12,896,885
TOTAL REVENUES	\$ 4,316,220	\$ 32,833,007	\$ 37,149,227

EXPENDITURES	FY 23 Expenditures	FY 24 Expenditures	Total State \$ YTD
Program Costs:			
Employer Sponsored Insurance		\$ 17,772,188	\$ 17,772,188
College Students/ESI Dental		109,494	33,746
Individual Plan			
SoonerCare Choice	\$ -	\$ -	-
Inpatient Hospital		37,168	11,513
Outpatient Hospital		(1,176)	(361)
BH - Inpatient Services-DRG		-	-
BH -Psychiatrist		-	-
Physicians		(711)	(220)
Dentists		-	-
Mid Level Practitioner		-	-
Other Practitioners		-	-
Home Health		-	-
Lab and Radiology		-	-
Medical Supplies		-	-
Clinic Services		-	-
Ambulatory Surgery Center		-	-
Skilled Nursing		-	-
Prescription Drugs		(2,776)	(854)
Transportation		4,848	1,501
Premiums Collected		-	-
Total Individual Plan		\$ 37,352	\$ 11,578
College Students-Service Costs		\$ (101)	\$ (30)
Total OHCA Program Costs		\$ 17,918,933	\$ 17,817,482
Administrative Costs			
Salaries	\$ (25)	\$ 825,861	\$ 825,836
Operating Costs	1,612	1,365	2,976
E&E Development Gainwell	-	-	-
Contract - Gainwell	187,653	372,056	559,709
Total Administrative Costs	\$ 189,239	\$ 1,199,282	\$ 1,388,521
Total Expenditures			\$ 19,206,003
Transfer to Fund 340 for Expansion Costs			\$ 11,983,154
NET CASH BALANCE	\$ 4,126,981	\$ 1,833,089	\$ 5,960,070

OKLAHOMA HEALTH CARE AUTHORITY
Combining Statement of Revenues, Expenditures and Changes in Fund Balance
SFY 2024, For the Seven Month Period Ending January 31, 2024

	Administration Fund 200	Supplemental Hospital Offset Payment Program Fund 205	Quality of Care Fund 230	Rate Preservation Fund 236	Federal Deferral Fund 240	Health Employee and Economy Act Fund 245	Belle Maxine Hilliard Breast & Cervical Cancer Treatment (Tobacco) Fund 250	Medicaid Program (Tobacco) Fund 255	Ambulance Service Provider Access Payment Program Fund 270	Medicaid Program Fund 340	Clearing Account 1807B	Total Cash Balance
January Beginning Fund Balance:												
Prior year	33,041,091	340,832	991,429	331,540,779	28,068,549	4,126,981	-	-	49,189	925,869,195	139,002,294	1,463,030,340
Current year	10,629,729	1,259,441	(670,030)	82,069,026	793,484	1,532,844	-	-	(49,189)	(190,556,387)	2,356,373	(92,634,709)
Total	43,670,820	1,600,273	321,399	413,609,805	28,862,032	5,659,825	-	-	-	735,312,808	141,358,667	1,370,395,631
January Revenues:												
Prior year	134,534	-	-	-	(3,726,377)	-	-	-	-	-	-	(3,591,843)
Current year	7,129,323	91,345,693	7,781,581	-	92,247	4,514,755	55,993	3,355,339	-	862,762,755	14,099,503	991,137,189
Total	7,263,857	91,345,693	7,781,581	-	(3,634,130)	4,514,755	55,993	3,355,339	-	862,762,755	14,099,503	987,545,346
December Expenditures:												
Prior year	-	-	-	-	-	-	-	-	-	-	-	-
Current year	13,174,667	-	-	-	-	2,457,337	-	-	-	974,681,616	-	990,313,620
Total	13,174,667	-	-	-	-	2,457,337	-	-	-	974,681,616	-	990,313,620
Operating Transfers In												
Prior year	-	-	-	-	-	-	-	-	-	-	-	-
Current year	11,476,061	-	-	13,678,171	-	-	-	-	-	200,731,318	-	225,885,551
Total	11,476,061	-	-	13,678,171	-	-	-	-	-	200,731,318	-	225,885,551
Operating Transfers Out												
Prior year	2,562,650	-	-	-	-	-	-	-	-	53,980,622	-	56,543,272
Current year	-	92,777,535	7,879,730	-	-	1,711,879	55,993	3,355,339	-	-	139,002,294	244,782,770
Total	2,562,650	92,777,535	7,879,730	-	-	1,711,879	55,993	3,355,339	-	53,980,622	139,002,294	301,326,042
Change in CY Fund Balance	16,060,446	(172,400)	(768,179)	95,747,197	885,730	1,878,383	-	-	(49,189)	(101,743,929)	(122,546,419)	(110,708,360)
Ending Fund Balance	46,673,421	168,432	223,250	427,287,976	25,227,902	6,005,364	-	-	-	770,144,644	16,455,876	1,292,186,865

OKLAHOMA HEALTH CARE AUTHORITY
HEALTHY ADULT PROGRAM EXPENDITURES - OHCA
SFY 2024, For the Seven Month Period Ending January 31, 2024

August Beginning Fund Balance:	FY24 BUDGETED EXPENDITURES		FY24 ACTUAL EXPENDITURES	BUDGET VARIANCE
	Full Year	Year to Date	YTD through December	(Over)/ Under
OHCA MEDICAID PROGRAMS				
Managed Care				
SoonerCare Choice	5,789,439	3,362,566	2,864,110	498,455
Total Managed Care	5,789,439	3,362,566	2,864,110	498,455
Fee for Service				
Hospital Services:				
Inpatient Acute Care	291,431,643	167,066,622	138,190,632	28,875,990
SHOPP	382,583,441	285,780,447	253,625,560	32,154,888
Outpatient Acute Care	319,817,537	169,052,215	167,953,963	1,098,252
Total Hospitals	993,832,621	621,899,285	559,770,155	62,129,129
Behavioral Mental Health:				
Inpatient Services - DRG	10,426,282	4,720,820	17,032,636	(12,311,816)
Outpatient	-	-	-	-
Total Behavioral Mental Health	10,426,282	4,720,820	17,032,636	(12,311,816)
Physicians & Other Providers:				
Physicians	205,315,208	117,251,653	116,948,107	303,546
Dentists	70,836,608	40,542,498	36,485,660	4,056,838
Mid-Level Practitioner	478,694	273,312	152,266	121,045
Other Practitioners	24,616,049	14,058,897	16,222,480	(2,163,583)
Home Health Care	1,250,393	718,313	727,575	(9,262)
Lab & Radiology	24,049,698	13,754,523	12,824,279	930,244
Medical Supplies	21,911,470	12,576,280	15,806,673	(3,230,393)
Clinic Services	202,765,818	116,260,442	101,645,601	14,614,841
Ambulatory Clinics	6,406,782	3,677,135	3,473,634	203,501
Total Physicians & Other Providers	557,630,720	319,113,052	304,286,275	14,826,777
Misc Medical & Health Access Network	166,019	98,973	145,997	(47,024)
Transportation	36,001,530	20,758,343	17,554,259	3,204,084
Health Access Network	-	-	264,210	(264,210)
Prescription Drugs	861,352,299	493,851,326	459,867,501	33,983,825
Total OHCA Medicaid Programs	2,465,198,912	1,463,804,365	1,361,785,144	102,019,221



SoonerSelect Dental Contracted Entity (CE) Requests to Change Service Provisions

The SoonerSelect Dental Contract at Section 1.7: Covered Benefits and Section 1.8: Dental Services Utilization Management states that dental contracted entities (CEs) may not impose prior authorization guidelines/criteria or utilization management practices that are more restrictive than OHCA without OHCA prior approval.

On April 4, 2024, LIBERTY Dental Plan submitted a formal request to OHCA for review and approval to change service provisions. Similarly, on April 9, 2024, DentaQuest submitted a formal request to OHCA for review and approval to change service provision.

OHCA subject matter experts (SMEs) reviewed the requests, evaluating them in comparison to OHCA historical processes and practices, standard business practice in other markets, and available data to determine whether to approve the requests.

OHCA decisions are noted in the in the table below:

SoonerSelect Dental Requests to Change Service Provisions				
DENTAL PROCEDURE CODE	OHCA'S CURRENT CLAIMS PROCESSING PROTOCOL	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REQUESTOR	OHCA DECISION
Surgical Extractions				
<ul style="list-style-type: none"> D7210: Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated D7250: Removal of residual tooth roots (cutting procedure) 	No documentation or attachments required at the time of claim submission.	At the time of claim submission, require a current, diagnostic quality radiograph depicting the entire tooth when the service is performed on more than 1 tooth in a quadrant or on more than 2 teeth on one claim for the same date of service. Down coding to a D7140 is allowable based on submitted documentation.	DentaQuest LIBERTY Dental Plan	Approve
Alveoloplasty				
<ul style="list-style-type: none"> D7310: Alveoloplasty in conjunction with 	No documentation or attachments required	If at least one of the extractions in the quadrant is not	DentaQuest LIBERTY Dental Plan	Approve

SoonerSelect Dental Requests to Change Service Provisions

DENTAL PROCEDURE CODE	OHCA'S CURRENT CLAIMS PROCESSING PROTOCOL	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REQUESTOR	OHCA DECISION
extractions - four or more teeth or tooth spaces, per quadrant	at the time of claim submission.	surgical in nature, the following documentation must be included at the time of claim submission: a comprehensive treatment plan, a detailed narrative and radiographs or photographs.		
<ul style="list-style-type: none"> • D7321: Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant 	No documentation or attachments required at the time of claim submission.	At the time of claim submission, require a comprehensive treatment plan, a detailed narrative of tooth sites involved, and radiographs or photographs.	DentaQuest LIBERTY Dental Plan	Approve
Indirect Pulp Caps				
<ul style="list-style-type: none"> • D3120: Pulp cap-indirect (excluding final restoration) 	No documentation or attachments required at the time of claim submission.	At the time of claim submission, require radiographs if the service is rendered on 2 or more teeth per quadrant or on 3 or more teeth on one claim for the same date of service.	DentaQuest LIBERTY Dental Plan	Approve
Stainless Steel Crowns				
<ul style="list-style-type: none"> • D2930: Prefabricated stainless steel crown-primary tooth • D2932: Prefabricated resin crown • D2933: Prefabricated stainless steel crown with resin window • D2934: Prefabricated 	No documentation or attachments required at the time of claim submission.	At the time of claim submission, require a current, diagnostic quality radiograph depicting the entire tooth when the service is performed on 2 or more teeth per quadrant or on 3 or more teeth on one claim for the same date of service.	DentaQuest LIBERTY Dental Plan	Approve

SoonerSelect Dental Requests to Change Service Provisions

DENTAL PROCEDURE CODE	OHCA'S CURRENT CLAIMS PROCESSING PROTOCOL	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REQUESTOR	OHCA DECISION
esthetic coated stainless steel crown - primary tooth				
Deep Sedation & General Anesthesia				
<ul style="list-style-type: none"> D9222: Deep sedation/general anesthesia - first 15 minutes D9223: Deep sedation/general anesthesia - each subsequent 15 minute increment 	No documentation or attachments required at the time of claim submission.	At the time of claim submission, require a general anesthesia report or anesthesia log when more than 4 units total (combined between D9222 and D9223) are billed.	DentaQuest LIBERTY Dental Plan	Approve Note: Refer to applicable medical HCPCS/CPT codes for Certified Registered Nurse Anesthetist (CRNA) billing guidelines.
Miscellaneous				
<ul style="list-style-type: none"> Third-Party Liability (TPL) and Explanation of Benefits (EOBs) 	At the time of claim submission, an EOB is not required if a member's TPL remits payment for any line of service on the claim. The provider must indicate the TPL paid amount on the claim. If the TPL denies payment, a copy of the EOB must be submitted with the claim.	Require the submission of an EOB for all claims with TPL (paid and denied).	DentaQuest LIBERTY Dental Plan	Approve
<ul style="list-style-type: none"> Single Claims Over \$2,000 	Not Applicable	Allow Dental CEs to conduct pre-payment review for all dental claims submitted where the total billed amount is \$2,000 or greater on a claim for a single date of service. Note: Orthognathic surgeries are excluded from pre-payment review.	DentaQuest LIBERTY Dental Plan	Approve

SoonerSelect Dental Requests to Change Service Provisions

DENTAL PROCEDURE CODE	OHCA'S CURRENT CLAIMS PROCESSING PROTOCOL	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REQUESTOR	OHCA DECISION
<ul style="list-style-type: none"> Pre-Payment Review 	Not Applicable	Allow Dental CEs to implement pre-payment reviews to determine medical necessity and appropriateness of care prior to claim adjudication.	DentaQuest	OHCA will consider pre-payment review on a case-by-case basis for individual CDT codes. CE is still required to meet contractual requirements for timely payment of claims for all services under pre-payment review.



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PROVIDER SURVEY HIGHLIGHTS



SoonerCare

PROVIDER SURVEY HIGHLIGHTS



The **CUSTOMER SERVICE** domain contains some of the most consistently satisfied responses across the board.

OHCA is building upon this by improving receptiveness to provider feedback, identifying areas for improvement, tracking OHCA responses and giving this information back to providers.



Dental providers expressed high dissatisfaction with the **DENTAL REIMBURSEMENT RATE**.

The survey was conducted before dental provider rates were increased. OHCA will monitor future provider surveys to measure the impact of the rate increase.



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PROVIDER SURVEY HIGHLIGHTS



Responses were highly favorable in the areas of **PROVIDER SERVICES STAFF, WEBSITE NAVIGATION AND CONTENT**, and ease of use of the **PROVIDER PORTAL**.

OHCA is building upon this by improving receptiveness to provider feedback, identifying areas for improvement, tracking OHCA responses and giving this information back to providers.



PT/OT/ST therapists reported low satisfaction with the **PRIOR AUTHORIZATION SYSTEM** and echoed their frustrations in the open-ended questions.

In July, OHCA began contracting with OU to process these PAs. Since then, the portion of PAs processed in 72 hours or less has improved from lows around 15% to as high as 99%.



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PROVIDER SURVEY HIGHLIGHTS



Providers expressed an interest in learning more about access to case managers and being more involved with **CARE MANAGEMENT**.

It opens an opportunity to share with providers how case managers can work with members.



Providers were satisfied with the timeliness of **CLAIMS PROCESSING** and reimbursement accuracy.

Customer service for claims processing again showed consistently satisfied responses from providers.



SoonerCare

PROVIDER SURVEY HIGHLIGHTS



Timeliness of the **CREDENTIALING PROCESS** and the service provided by the SoonerCare credentialing staff received satisfied ratings from licensed medical and behavioral health providers.

OHCA can use the successful credentialing system and adapt to the newest provider groups less familiar with credentialing, such as the doulas and DSME providers.



Medical providers were generally dissatisfied with the **PHARMACY PRIOR AUTHORIZATION SYSTEM**.

Now is an excellent time to explore the pharmacy PA system that SoonerSelect CEs and other payers use.



SoonerCare

PROVIDER SURVEY HIGHLIGHTS



While no questions in the survey directly addressed **SOONERRIDE**, some expressed frustration with the non-emergency transport and its barriers for some members.

Non-emergency transport will be provided by SoonerSelect CEs, many of which are enhancing the benefit to address some of the barriers. The FY 2024 survey will ask specifically about SoonerRide to better understand providers' perspectives



Provider survey has improved OHCA **COMMUNICATION WITH PROVIDERS.**

The survey allowed providers to add direct email addresses for communications. In many cases, OHCA only has the email addresses of credentialing staff.



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PROVIDER SURVEY HIGHLIGHTS



All rendering providers
Not a statistical sample



Low response rate
Survey bias



Address concerns
Open communication



OKLAHOMA
Health Care Authority

GET IN TOUCH

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APA WF # 24-15 Third Party Liability (TPL) Prior Authorization — Section 202 of the Consolidated Appropriations Act (2022) includes a provision requiring states to pass legislation restricting third party insurers from denying a claim solely on the basis of the Medicaid member’s failure to obtain a prior authorization for a service, so long as that service is covered under the state plan or a waiver. The proposed rule revisions will align the third-party liability policy with current proposed state legislation that will put in place this new restriction.

Budget Impact: The estimated total cost for SFY2025 is \$250,060 (\$167,975 in federal share and \$82,085 in state share).

Proposed Rule Timeline:

Tribal Consultation: April 30, 2024

30-day Tribal Consultation Period: April 19, 2023 – May 19, 2024

Public Comment Period: April 19, 2023 – May 19, 2024

Board Meeting: June 26, 2024

Emergency Rule Requested Effective Date: July 1, 2024

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

SUBCHAPTER 3. GENERAL PROVIDER POLICIES

PART 1. GENERAL SCOPE AND ADMINISTRATION

317:30-3-24. Third party liability

As the Medicaid Agency, the Oklahoma Health Care Authority (OHCA) is the payer of last resort, with few exceptions. When other resources are available, those resources must first be utilized. Exceptions to this policy are those receiving medical treatment through Indian Health Services and those eligible for the Crime Victims Compensation Act. Guidance for third party liability under the Insure Oklahoma program is found in Oklahoma Administrative Code (OAC) 317:45, Insure Oklahoma.

(1) If a member has coverage by an absent parent's insurance program or any other policy holder, that insurance resource must be used prior to filing a SoonerCare claim. This includes Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO) and any other insuring arrangements that provide a member access to healthcare. Members must comply with all requirements of their primary insurance as well as SoonerCare requirements in order to take advantage of both coverages. For example, a member must comply with the network restrictions of both the primary and SoonerCare plans ~~as well as prior authorization requirements~~. If the member does not comply with the requirements of the primary plan, he/she will be responsible for the charges incurred. ~~Denials by private insurance companies because the member did not secure a preauthorization or use a participating provider is not a sufficient reason for SoonerCare to make payment~~ The state's authorization that an item or service is as covered under the state plan, or a waiver of such plan, shall meet the prior authorization requirements of the primary insurer. If the provider is aware of private insurance or liability, a claim must first be filed with that source. When private insurance information is known to the OHCA, the eligibility verification system will reflect that information. If payment is denied by the primary insurance, except as stated above, the provider must attach the Explanation of Benefits (EOB), stating the reason for the denial, to the claim submitted to the Fiscal Agent. When payment is received from another source, that payment amount must be reflected on the claim form.

(2) It is possible that other resources are available but are unknown to OHCA. Providers will routinely question SoonerCare members to determine whether any other resources are available. In some instances, coverage may not be obvious, for example, the member may be covered by a policy on which he/she is not the subscriber (e.g., a child whose absent parent maintains medical and hospital coverage).

(3) If the provider receives payment from another source after OHCA has made payment, it is necessary that the provider reimburse OHCA for the SoonerCare payment. The provider may retain the primary insurance payment, if any, that represents payment for services that are not covered services under SoonerCare. By accepting the OHCA's payment, the provider agrees to accept it as payment in full and, therefore, cannot retain any portion of other resource money as payment for reduced charges on covered services. Other than SoonerCare copayments, a provider cannot bill a member for any unpaid portion of the bill or for a claim that is not paid because of provider administrative error. If, after reimbursing OHCA and retaining a portion of

the other payment in satisfaction of any non-covered services there is money remaining, it must be refunded to the member.

(4) If a member is covered by a private health insurance policy or plan, he/she is required to inform medical providers of the coverage, including:

- (A) provision of applicable policy numbers;
- (B) assignment payments to medical providers;
- (C) provision of information to OHCA of any coverage changes; and
- (D) release of money received from a health insurance plan to the provider if the provider has not already received payment or to the OHCA if the provider has already been paid by the OHCA.

(5) Members are responsible for notifying their providers of the intent to make application for SoonerCare coverage and of any retroactive eligibility determinations. Members may be responsible for any financial liability if they fail to notify the provider of the eligibility determinations and as a result, the provider is unable to secure payment from OHCA.

(6) Members must present evidence of any other health insurance coverage to a medical provider each time services are requested. Members may be responsible for any financial liability if they fail to furnish the necessary information before the receipt of services and as a result, the provider is unable to secure payment from OHCA.