Oklahoma Health Care Authority
MEDICAL ADVISORY COMMITTEE
June 10th, 2021
1:00 – 3:30 PM

Charles Ed McFall Board Room

AGENDA

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

II. Action Item: Approval of Minutes of the May 13th, 2021: **Medical Advisory Committee Meeting**

III. Public Comments (2 minute limit)

IV. MAC Member Comments/Discussion

V. Financial Report: **Tasha Black, Senior Director of Financial Services**

VI. SoonerCare Operations Update: **Melinda Thomason, Senior Director for Stakeholder Engagement**

VII. Legislative Update: **Christina Foss, Legislative Liaison**

VIII. Proposed Rule Changes: Presentation, Discussion, and Vote: **Sandra Puebla, Senior Director of Federal & State Authorities**

   A. **APA WF # 21-08 Statewide HIE (OKSHINE)**
   B. **APA WF # 21-09 Supplemental Hospital Offset Payment Program (SHOPP)**

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

X. Future Meeting: **Chairman, Jason Rhynes, O.D.**
September 9, 2021
November 4, 2021

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

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Oklahoma Health Care Authority
MEDICAL ADVISORY COMMITTEE
MINUTES of the May 13, 2021 Meeting
4345 N. Lincoln Blvd., Oklahoma City, OK 73105

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

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

Delegates present were: Ms. Debra Billingsly, Ms. Kristi Blackburn, Ms. Mary Brinkley, Dr. Erin Balzer, Mr. Victor Clay, Mr. Brett Coble, -Dr. Steven Crawford, Ms. Wanda Felty, Dr. Arlen Foulks, Ms. Terrie Fritz, Ms. Allison Garrison, Dr. Craig Kupiec, Dr. Lori Holmquist-Day, Tina Johnson, Mr. Mark Jones, Ms. Melissa Miller, Dr. Daniel Post, Ms. Toni Pratt-Reid, Dr. Jason Rhynes, Dr. Dwight Sublett, Ms. Mitzi McCullock, Mr. Jeff Tallent, and Dr. Whitney Yeates.

Alternates present were: Ms. Lindsay Hanna and Mr. Tony Fullbright, providing a quorum.

***Delegates absent without an alternate were*:** Dr. Joe Catalano, Mr. Steve Goforth, Ms. Annette Mays, Mr. James Patterson, and Dr. Raymond Smith.

II. Approval of the March 11, 2021 Minutes

Medical Advisory Committee

The motion to approve the minutes was by Dr. Arlen Foulks and seconded by Dr. Steven Crawford and passed unanimously.

III. Public Comments (2 minute limit):

There were no public comments.

IV. MAC Member Comments/Discussion:

Chairman, Jason Rhynes, O.D.

Dr. Rhynes mentioned that starting at the next MAC meeting, the committee needs to give Melody, Dr. Rhynes, and OHCA a notice of what you would like to discuss, so we can make sure we have the appropriate staff for your question.

V. Financial Report:

Tasha Black, Senior Director of Financial Services

Ms. Black presented the financial report ending in January 2021. OHCA is 2.5% under budget in revenues and 3.9% under budget in expenditures with the result that our budget variance is a positive $35,627,232. The budget variance is primarily attributed to the following: Medicaid Program Variance is a positive 31.5 million state dollars, and administration is a positive 1.2 million

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state dollars. Drug Rebate is 2.8 million state dollars over budget. Taxes and Fees, which also included tobacco tax, is 0.1 million state dollars over budget. For more detailed information, see item 5 in the MAC agenda.

VI. SoonerCare Operations Update:

Melody Anthony, Chief Operating Officer

Ms. Anthony presented the SoonerCare Operations update to the committee. Information is based on data for March 2021. Patient Centered Medical Home enrollment is at 627,096 which is up by 5,515. Sooner Care Traditional has a current enrollment of 284,134 which is 1,306 more than the previous month. SoonerPlan is up by 1,260, giving a total number of 47,579. Insure Oklahoma has a total enrollment of 38,752 of which 15,710 are in the Employee Sponsored Plan, and 23,042 are in the individual plan. In total, SoonerCare enrollment is at 997,544. Total in-state providers is up 691 giving a total of 47,107. For more detailed information, please see item 6 in the MAC agenda.

VII. Peripheral Nerve Stimulation Presentation:

Mike Herndon, Chief Medical Officer

Dr. Herndon discussed what a Peripheral Nerve Stimulation involves, indications, and the approval criteria. For more detailed information, please see item 7 In the MAC agenda.

VIII. Legislative Update:

Christina Foss, Legislative Liaison

Ms. Ellen Buettner presented the legislative update to the MAC, discussing bills that are dead, or in conference committee or waiting to be revived through the JCAB process. If you have been on social media in the past couple of hours, you will have seen that the Governor and House and Senate Leadership are set to announce their budget agreement at 3:30pm today. SB1045, SB1046, and SB1047 are the JCAB shell bills for the OHCA appropriations. If you want to follow the money that will be coming to us, those will be the bills to watch. We do no know if there will be a line item or limits bill, but we expect to see something soon on that. We do expect to see a bill come out in JCAB related to the directed payments for SHOPP. We have had conversations throughout session and even prior to that, about the importance of maintaining those federal funds. This is one step on the process, as you know, we already have our CMS approval to move to a directed payment model in a managed care environment. This will just put that in statute, so we are all sure that the money is going to the right place. We are not sure what the final funding for expansion is going to look like, that is still up in the air.

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As far as our request bills, they will all be going to conference. SB293 was one that ran out of time in House, that was our lean formula bill. SB689, which is the MAC re-construction, language was added in while in the House, since there were changes it has to go back to accept or reject, and will likely be going back to conference. SB207, which is the CEO appeal bill, is still moving along, with very little push back, but the title was struck going through appropriations. SB434, the tribal shared savings bill, again the title was struck going through appropriations, so it will have to go back through the conference committee process.

IX. IMD Post Award Forum:

Melissa Miller, Director of Medicaid Behavioral Health Policy and Planning with ODMHSAS

Ms. Miller discussed the 1115 Institutions for Mental Disease (IMD) Waiver, the purpose of IMD Waivers, the overview of Oklahoma's IMD waiver, Included populations and services, challenges, and, achievements. For more detailed information, please see item 9 in the MAC agenda.

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

Sandra Puebla, Director of Federal & State Authorities

The following work folders were posted on the Oklahoma Health Care Authority (OHCA) public website for a public comment period.

APA WF # 21-02 State Plan Personal Care Services — The proposed rule revisions will revoke the State Plan Personal Care Services Eligible Provider Exception to comply with federal regulation. 42 Code of Federal Regulations (C.F.R.) § 440.167does not allow a legal guardian to provide personal care services. Additional revisions will align policy with current business practice and correct grammatical errors.
Budget Impact: Budget neutral
Tribal Consultation: March 2, 2021
The rule change motion to approve was by Dr. Steven Crawford and seconded by Dr. Dwight Sublett and passed unanimously.

APA WF # 21-03 Remove Reasonable Limits on Amounts for Necessary Medical and Remedial Care not Covered under the Oklahoma Medicaid State Plan — The proposed change will remove policy which set reasonable limitations on medical expenses not covered under SoonerCare from an individual's post-eligibility income and for determining the vendor payment for nursing facilities or for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The rules had been previously promulgated and approved but not yet implemented.
Budget Impact: Budget neutral
Tribal Consultation: March 2, 2021

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The rule change motion to approve was by Dr. Steven Crawford and seconded by Dr. Arlen Foulks and passed unanimously.

APA WF # 21-05A&B Medicaid Expansion and Prosthetics and Orthotics Changes — The proposed changes will expand Medicaid eligibility for individuals defined by 42 C.F.R. § 435.119 (Expansion Adults). Additionally, the proposed changes will define Expansion Adult benefits, prior authorization requirements, and/or medically necessity criteria. Additional rule changes will be made to indicate that Expansion Adults will receive prosthetics and orthotics above the current limits to meet federal regulation requirements.
Budget Impact: The estimated budget impact for SFY2022 will be an increase in the total amount of $1,339,830,140 with $164,138,054 in state share.
Tribal Consultation: March 2, 2021
The rule change motion to approve was by Mr. Victor Clay and seconded by Dr. Dwight Sublett and passed unanimously.

APA WF # 21-06 Insure Oklahoma (IO) Individual Plan (IP) and Timely Filing — The proposed changes reflect that IO IP members and IO Employer-Sponsored Insurance (ESI) members with incomes at or below 138% of the federal poverty level (FPL) will transition to and be provided services by the SoonerCare program under the Expansion Adult option. Additionally, proposed changes will remove references to the IO IP program as the program is being terminated, add new timely filing requirements for IO ESI subsidy payments, align and clarify policy with current practice, and correct grammatical errors.
Budget Impact: The budget impact is reflected in APA WF 21-05A&B.
Tribal Consultation: September 1, 2020 and March 2, 2021
The rule change motion to approve was by Dr. Steven Crawford and seconded by Mr. Victor Clay and passed unanimously.

APA WF # 21-07 Payments from Trusts for Clothing Expenses not Counted as Income - The proposed revisions update policy regarding trust accounts and countable income for aged, blind, and disabled (ABD) members. In accordance with amended Supplemental Security Income (SSI) rules, payments from the trust to the member or to a third party for the purpose of providing for the member's clothing needs are not countable income in determining Medicaid eligibility, thus requiring an update to OHCA rules.
Budget Impact: Budget neutral
Tribal Consultation: May 4, 2021
The rule change motion to approve was by Ms. Allison Garrison and seconded by Ms. Terrie Fritz and passed unanimously.

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XI. MAC Meeting Dates for Calendar 2021:

Chairman, Jason Rhynes, O.D.

July 8, 2021
September 9, 2021
November 4, 2021

XII. **New Business:**

Chairman, Jason Rhynes, O.D.

Dr. Rhynes talked about United Health Care has contracted with a group called March Vision, which is a vision insurance group. The language in March Visions contract, does not mimic what the current agreement is with OHCA. It has been brought to Dr. Herndon's attention, and the OHCA is still internalizing their response, and what they want to discuss with March Vision. Dr. Rhynes will keep the MAC updated as this is a concern for some optometrists across Oklahoma.

XIII. Adjourn:

Chairman, Jason Rhynes, O.D.
Chairman Rhynes asked for a motion to adjourn. Motion was provided by Dr. Steven Crawford and seconded by Ms. Kristi Blackburn there was no dissent and the meeting adjourned at 2:33pm.

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OKLAHOMA
Health Care Authority

FINANCIAL REPORT

For the Nine Month Period Ending March 31, 2021
Submitted to the CEO & Board

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- Revenues for OHCA through March, accounting for receivables, were **$3,587,246,182** or **3.6% under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **$3,397,788,110** or **5.2% under** budget.
- The state dollar budget variance through March is a positive **$52,989,927.**
- The budget variance is primarily attributable to the following (in millions):

Expenditures:		
Medicaid Program Variance		49.1
Administration		2.1
Revenues:		
Drug Rebate		3.0
Medical Refunds		1.6
Taxes and Fees		(2.9)
Total FY 21 Variance	**$**	**52.9**

ATTACHMENTS

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
SFY 2021, For the Nine Month Period Ending March 31, 2021

REVENUES	FY21 Budget YTD	FY21 Actual YTD	Variance	% Over/ (Under)
State Appropriations	$ 765,363,096	$ 765,363,096	$ -	0.0%
Federal Funds	2,380,637,074	2,232,572,686	(148,064,388)	(6.2)%
Tobacco Tax Collections	34,491,188	35,621,693	1,130,505	3.3%
Quality of Care Collections	64,406,289	59,717,679	(4,688,610)	(7.3)%
Prior Year Carryover	19,420,980	19,420,980	-	0.0%
Federal Deferral - Interest	182,695	182,695	-	0.0%
Rate Preservation Fund	4,092,470	4,092,470	-	0.0%
Drug Rebates	296,095,227	307,797,306	11,702,079	4.0%
Medical Refunds	26,826,503	32,942,001	6,115,498	22.8%
Supplemental Hospital Offset Payment Program	121,579,482	121,579,482	-	0.0%
GME Federal Disallowance Repayment - OU/OSU	-	-	-	0.0%
Other Revenues	7,268,466	7,956,093	687,627	9.5%
TOTAL REVENUES	**$ 3,720,363,470**	**$ 3,587,246,182**	**$ (133,117,289)**	**(3.6)%**

EXPENDITURES	FY21 Budget YTD	FY21 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	**$ 45,315,504**	**$ 39,478,591**	**$ 5,836,914**	**12.9%**
ADMINISTRATION - CONTRACTS	**$ 115,255,963**	**$ 114,492,917**	**$ 763,046**	**0.7%**
MEDICAID PROGRAMS				
Managed Care:				
SoonerCare Choice	36,517,361	36,944,017	(426,656)	(1.2)%
Acute Fee for Service Payments:				
Hospital Services	824,763,462	785,862,685	38,900,778	4.7%
Behavioral Health	15,257,822	13,909,278	1,348,544	8.8%
Physicians	300,436,373	278,066,470	22,369,903	7.4%
Dentists	105,870,006	103,974,341	1,895,665	1.8%
Other Practitioners	42,227,633	36,333,054	5,894,580	14.0%
Home Health Care	25,705,968	24,086,545	1,619,423	6.3%
Lab & Radiology	26,145,390	25,126,193	1,019,197	3.9%
Medical Supplies	48,050,267	48,008,679	41,587	0.1%
Ambulatory/Clinics	229,433,469	211,748,097	17,685,373	7.7%
Prescription Drugs	541,497,270	532,816,491	8,680,779	1.6%
OHCA Therapeutic Foster Care	322,041	352,237	(30,196)	(9.4)%
Other Payments:				
Nursing Facilities	541,815,182	466,333,831	75,481,351	13.9%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	51,699,856	49,863,340	1,836,516	3.6%
Medicare Buy-In	149,429,598	149,826,974	(397,376)	(0.3)%
Transportation	62,629,890	61,472,656	1,157,234	1.8%
Money Follows the Person-OHCA	158,525	162,236	(3,711)	(2.3)%
Electronic Health Records-Incentive Payments	92,065	92,065	-	0.0%
Part D Phase-In Contribution	56,808,865	54,171,342	2,637,522	4.6%
Supplemental Hospital Offset Payment Program	355,765,738	355,765,738	-	0.0%
Telligen	8,607,696	8,900,335	(292,639)	(3.4)%
Total OHCA Medical Programs	**3,423,234,477**	**3,243,816,602**	**179,417,874**	**5.2%**
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	**$ 3,583,895,326**	**$ 3,397,788,110**	**$ 186,107,216**	**5.2%**
REVENUES OVER/(UNDER) EXPENDITURES	**$ 136,468,144**	**$ 189,458,071**	**$ 52,989,927**	

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OKLAHOMA HEALTH CARE AUTHORITY

Total Medicaid Program Expenditures
by Source of State Funds
SFY 2021, For the Nine Month Period Ending March 31, 2021

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	SHOPP Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	$ 37,088,683	$ 36,936,902	$ -	$ 144,666	$ -	$ 7,115	$ -
Inpatient Acute Care	960,868,704	498,514,565	365,015	5,775,986	277,303,557	925,173	177,984,409
Outpatient Acute Care	359,411,341	280,718,193	31,203	8,435,353	64,918,056	5,308,536	-
Behavioral Health - Inpatient	50,675,537	6,875,848	-	1,002,939	11,892,748	-	30,904,002
Behavioral Health - Psychiatrist	8,684,807	7,033,430	-	-	1,651,377	-	-
Behavioral Health - Outpatient	13,526,426	-	-	-	-	-	13,526,426
Behaviorial Health-Health Home	12,024,435	-	-	-	-	-	12,024,435
Behavioral Health Facility- Rehab	162,370,772	-	-	-	-	109,217	162,370,772
Behavioral Health - Case Management	4,071,013	-	-	-	-	-	4,071,013
Behavioral Health - PRTF	9,676,825	-	-	-	-	-	9,676,825
Behavioral Health - CCBHC	89,525,354	-					89,525,354
Residential Behavioral Management	15,161,604	-	-	-	-	-	15,161,604
Targeted Case Management	45,804,739	-	-	-	-	-	45,804,739
Therapeutic Foster Care	352,237	352,237	-	-	-	-	-
Physicians	353,446,805	275,519,415	43,576	6,832,275	-	2,503,479	68,548,059
Dentists	104,106,887	103,967,076	-	132,546	-	7,265	-
Mid Level Practitioners	978,116	946,068	-	31,699	-	350	-
Other Practitioners	36,121,361	34,965,760	334,773	734,724	-	86,103	-
Home Health Care	24,096,738	24,074,013	-	10,193	-	12,532	-
Lab & Radiology	26,241,515	24,993,258	-	1,115,322	-	132,934	-
Medical Supplies	48,442,905	45,938,053	2,033,649	434,226	-	36,977	-
Clinic Services	222,429,050	206,602,689	-	4,050,944	-	207,119	11,568,297
Ambulatory Surgery Centers	5,182,464	4,929,994	-	244,176	-	8,294	-
Personal Care Services	7,438,669	-	-	-	-	-	7,438,669
Nursing Facilities	466,333,831	303,438,971	162,887,848	-	-	7,012	-
Transportation	61,364,740	58,840,804	2,035,686	326,825	-	161,425	-
IME/DME/GME	56,404,622	-	-	-	-	-	56,404,622
ICF/IID Private	49,863,340	40,982,522	8,880,818	-	-	-	-
ICF/IID Public	16,725,148	-	-	-	-	-	16,725,148
CMS Payments	203,998,316	203,691,022	307,294	-	-	-	-
Prescription Drugs	552,393,747	530,784,739	-	19,577,256	-	2,031,752	-
Miscellaneous Medical Payments	434,741	430,764	-	-	-	3,976	-
Home and Community Based Waiver	194,591,705	-	-	-	-	-	194,591,705
Homeward Bound Waiver	57,880,248	-	-	-	-	-	57,880,248
Money Follows the Person	162,236	162,236	-	-	-	-	-
In-Home Support Waiver	18,805,518	-	-	-	-	-	18,805,518
ADvantage Waiver	145,470,688	-	-	-	-	-	145,470,688
Family Planning/Family Planning Waiver	2,706,299	-	-	-	-	-	2,706,299
Premium Assistance*	44,491,331	-	-	44,491,331.23	-	-	-
Telligen	8,900,335	8,900,335	-	-	-	-	-
Electronic Health Records Incentive Payments	92,065	92,065	-	-	-	-	-
Total Medicaid Expenditures	**$ 4,478,345,896**	**$ 2,699,690,960**	**$ 176,919,861**	**$ 93,340,463**	**$ 355,765,738**	**$ 11,549,261**	**$ 1,141,188,831**

* Includes $44,037,366.65 paid out of Fund 245

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OKLAHOMA HEALTH CARE AUTHORITY

Summary of Revenues & Expenditures:
Other State Agencies
SFY 2021, For the Nine Month Period Ending March 31, 2021

REVENUE	FY21 Actual YTD
Revenues from Other State Agencies	$ 362,717,558
Federal Funds	845,590,370
TOTAL REVENUES	**$ 1,208,307,927**

EXPENDITURES	Actual YTD
Department of Human Services	
Home and Community Based Waiver	194,591,705
Money Follows the Person	-
Homeward Bound Waiver	57,880,248
In-Home Support Waivers	18,805,518
ADvantage Waiver	145,470,688
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public	16,725,148
Personal Care	7,438,669
Residential Behavioral Management	9,694,356
Targeted Case Management	40,686,267
Total Department of Human Services	**491,292,600**
State Employees Physician Payment	
Physician Payments	68,548,059
Total State Employees Physician Payment	**68,548,059**
Education Payments	
Graduate Medical Education	-
Indirect Medical Education	36,950,916
Direct Medical Education	4,972,829
DSH	14,480,877
Total Education Payments	**56,404,622**
Office of Juvenile Affairs	
Targeted Case Management	1,752,922
Residential Behavioral Management	5,467,248
Total Office of Juvenile Affairs	**7,220,170**
Department of Mental Health	
Case Management	4,071,013
Inpatient Psychiatric Free-standing	30,904,002
Outpatient	13,526,426
Health Homes	12,024,435
Psychiatric Residential Treatment Facility	9,676,825
Certified Community Behavioral Health Clinics	89,525,354
Rehabilitation Centers	162,370,772
Total Department of Mental Health	**322,098,826**
State Department of Health	
Children's First	-
Sooner Start	764,196
Early Intervention	2,240,141
Early and Periodic Screening, Diagnosis, and Treatment Clinic	545,974
Family Planning	183,232
Family Planning Waiver	2,523,067
Maternity Clinic	-
Total Department of Health	**6,256,610**
County Health Departments	
EPSDT Clinic	235,491
Family Planning Waiver	-
Total County Health Departments	**235,491**
State Department of Education	**142,390**
Public Schools	**983,020**
Medicare DRG Limit	**165,198,423**
Native American Tribal Agreements	**10,022,635**
Department of Corrections	**3,394,504**
JD McCarty	**9,391,483**
Total OSA Medicaid Programs	**$ 1,141,188,831**
OSA Non-Medicaid Programs	**$ 88,593,521**
Total Other State Agencies	**$ 1,229,782,352**
Accounts Receivable from OSA	**$ 21,474,425**

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OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

Fund 205: Supplemental Hospital Offset Payment Program Fund

SFY 2021, For the Nine Month Period Ending March 31, 2021

REVENUES		FY 21 Revenue
SHOPP Assessment Fee		119,720,477
SHOPP Assessment Fee - Expansion		1,742,485
Federal Draws	$	261,747,703
Interest		116,520
Penalties		-
State Appropriations		(22,650,000)
TOTAL REVENUES	$	360,677,185

EXPENDITURES	Quarter	Quarter	Quarter	Quarter		FY 21 Expenditures
Program Costs:	7/1/20 - 9/30/20	10/1/20 - 12/31/20	1/1/21 - 3/31/21	4/1/21 - 6/30/21		
Hospital - Inpatient Care	87,121,848	97,820,590	92,361,119		$	277,303,557
Hospital -Outpatient Care	20,307,378	22,294,727	22,315,951			64,918,056
Psychiatric Facilities-Inpatient	3,554,176	3,995,809	4,342,763			11,892,748
Rehabilitation Facilities-Inpatient	432,709	486,476	732,193			1,651,377
Total OHCA Program Costs	111,416,110	124,597,602	119,752,025	-	$	355,765,738
Total Expenditures					$	355,765,738

CASH BALANCE		
	$	4,911,448

*** Expenditures and Federal Revenue processed through Fund 340

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OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 230: Nursing Facility Quality of Care Fund
SFY 2021, For the Nine Month Period Ending March 31, 2021

REVENUES	Total Revenue	State Share
Quality of Care Assessment	**59,691,126**	**$ 59,691,126**
*Quality of Care Penalties (*Non-Spendable Revenue)*	**196,732**	**$ 196,732**
Interest Earned	**26,553**	**26,553**
TOTAL REVENUES	**$ 59,914,411**	**$ 59,914,411**

EXPENDITURES	FY 21 Total $ YTD	FY 21 State $ YTD	Total State $ Cost
Program Costs			
Nursing Facility Rate Adjustment	$ 160,391,961	$ 42,542,069	
Eyeglasses and Dentures	180,687	$ 47,971	
Personal Allowance Increase	2,315,200	$ 613,730	
Coverage for Durable Medical Equipment and Supplies	2,033,649	$ 538,239	
Coverage of Qualified Medicare Beneficiary	774,567	$ 205,002	
Part D Phase-In	307,294	$ 307,294	
ICF/IID Rate Adjustment	3,942,156	$ 1,045,407	
Acute Services ICF/IID	4,938,662	$ 1,308,354	
Non-emergency Transportation - Soonerride	2,035,686	$ 539,450	
Total Program Costs	**$ 176,919,861**	**$ 47,147,515**	**$ 47,147,515**
Administration			
OHCA Administration Costs	$ 458,422	$ 229,211	
DHS-Ombudsmen	14,593	14,593	
OSDH-Nursing Facility Inspectors	-	-	
Mike Fine, CPA	5,400	2,700	
Total Administration Costs	**$ 478,415**	**$ 246,504**	**$ 246,504**
Total Quality of Care Fee Costs	**$ 177,398,276**	**$ 47,394,019**	
TOTAL STATE SHARE OF COSTS			**$ 47,394,019**

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

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 245: Health Employee and Economy Improvement Act Revolving Fund
SFY 2021, For the Nine Month Period Ending March 31, 2021

REVENUES	FY 20 Carryover	FY 21 Revenue	Total Revenue
Prior Year Balance	$ 16,831,479		
State Appropriations	(4,000,000)		
Federal Draws - Prior Year	254,424		
Total Prior Year Revenue			13,085,903
Tobacco Tax Collections	-	29,297,728	29,297,728
Interest Income	-	260,140	260,140
Federal Draws	-	32,708,819	32,708,819
TOTAL REVENUES	**$ 13,085,903**	**$ 62,266,687**	**$ 75,352,590**

EXPENDITURES		FY 20 Expenditures	FY 21 Expenditures	Total State $ YTD
Program Costs:				
	Employer Sponsored Insurance		$ 44,037,367	$ 44,037,367
	College Students/ESI Dental		453,965	120,328
Individual Plan				
	SoonerCare Choice		$ 140,847	$ 37,144
	Inpatient Hospital		5,726,346	1,513,056
	Outpatient Hospital		8,296,351	2,190,350
	BH - Inpatient Services-DRG		973,041	256,459
	BH -Psychiatrist		-	-
	Physicians		6,716,513	1,773,449
	Dentists		129,886	34,201
	Mid Level Practitioner		31,147	8,214
	Other Practitioners		722,175	190,707
	Home Health		10,193	2,691
	Lab and Radiology		1,087,911	287,250
	Medical Supplies		427,219	112,720
	Clinic Services		3,928,629	1,034,039
	Ambulatory Surgery Center		243,352	64,725
	Skilled Nursing		-	-
	Prescription Drugs		19,253,316	5,078,052
	Transportation		323,305	84,987
	Premiums Collected			(52,936)
Total Individual Plan			**$ 48,010,230**	**$ 12,615,108**
	College Students-Service Costs		**$ 838,902**	**$ 221,648**
Total OHCA Program Costs			**$ 93,340,463**	**$ 56,994,452**
Administrative Costs				
	Salaries	$ -	$ 1,591,886	$ 1,591,886
	Operating Costs	3,088	7,738	10,826
	E&E Development DXC	-	-	-
	Contract - DXC	273,666	922,188	1,195,854
Total Administrative Costs		**$ 276,754**	**$ 2,521,812**	**$ 2,798,566**
Total Expenditures				**$ 59,793,018**
NET CASH BALANCE		**$ 12,809,149**	**$ 2,750,422.91**	**$ 15,559,572**

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OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

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

SFY 2021, For the Nine Month Period Ending March 31, 2021

REVENUES	FY 21 Revenue	State Share
Tobacco Tax Collections	$ 584,692	$ 584,692
TOTAL REVENUES	**$ 584,692**	**$ 584,692**

EXPENDITURES	FY 21 Total $ YTD	FY 21 State $ YTD	Total State $ Cost
Program Costs			
SoonerCare Choice	$ 7,115	$ 1,525	
Inpatient Hospital	925,173	$ 199,366	
Outpatient Hospital	5,308,536	$ 1,128,757	
Inpatient Services-DRG	-	$ -	
Psychiatrist	-	$ -	
TFC-OHCA	-	$ -	
Nursing Facility	7,012	$ 1,571	
Physicians	2,503,479	$ 536,379	
Dentists	7,265	$ 1,563	
Mid-level Practitioner	350	$ 78	
Other Practitioners	86,103	$ 18,318	
Home Health	12,532	$ 2,683	
Lab & Radiology	132,934	$ 28,484	
Medical Supplies	36,977	$ 7,985	
Clinic Services	207,119	$ 44,457	
Ambulatory Surgery Center	8,294	$ 1,755	
Prescription Drugs	2,031,752	$ 434,587	
Transportation	161,425	$ 34,820.09	
Miscellaneous Medical	3,976	$ 838.00	
Total OHCA Program Costs	**$ 11,440,044**	**$ 2,443,167**	
OSA DMHSAS Rehab	109,217	23,468	
Total Medicaid Program Costs	**$ 11,549,261**	**$ 2,466,634**	
TOTAL STATE SHARE OF COSTS			**$ 2,466,634**

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

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June MAC
Proposed Rules Amendment Summaries

The following work folders were posted on the Oklahoma Health Care Authority (OHCA) public website for a public comment period.

APA WF # 21-08 Statewide HIE (OKSHINE) - The proposed policy is necessary to comply with Senate Bill 574 and Oklahoma Statutes 63 § 1-133, which creates the official health information exchange. The proposed additions to policy will outline the program description, definitions, user requirements, and needed certifications of the Oklahoma State Health Information Network and Exchange (OKSHINE). The implementation of OKSHINE will allow for statewide interoperability and the sharing of Medicaid and public health information to a degree never before experienced in Oklahoma.

Budget Impact:

The SFY 2021 total cost is $4,052,999 ($3,647,699 in federal share and $405,300 in state share). The SFY 2022 total cost is $16,092,660 ($9,045,165 in federal share and $7,047,495 in state share).

Tribal Consultation: **June 8, 2021**

APA WF # 21-09 Supplemental Hospital Offset Payment Program (SHOPP) - The proposed changes will amend the Supplemental Hospital Offset Payment Program (SHOPP) policy to be in compliance with Senate Bill 1045.

The proposed changes will define “directed payments” as specific payments made by managed care plans to providers under certain circumstances that assist states in furthering the goals and priorities of their Medicaid programs. The measure provides that funds from SHOPP may be used to fund supplemental or directed payments. Additionally, the changes will modify the assessment calculation methodology from a rate needed to generate an amount up to the sum of certain expenses to a fixed rate. Additionally, the proposed changes renders the portion of the SHOPP fee attributable to certain expenses null and void if federal matching funds for the program become unavailable. The measure also eliminates the termination date of the program and removes a cap on quarterly transfers of funds. Finally, other changes are for grammar and language cleanup and to align the SHOPP rule with current business practice and needed changes for the funding of expansion adults and services through managed care.

Tribal Consultation: **June 8, 2021**

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

SUBCHAPTER 3. GENERAL PROVIDER POLICIES

PART 1. GENERAL SCOPE AND ADMINISTRATION

317:30-3-35. Oklahoma State Health Information Network and Exchange (OKSHINE)

(a) **Authority.** This rule is promulgated under the authority granted in Title 63 of the Oklahoma Statutes Section 1-133 (63 O.S. § 1-133). This Section is intended to be read in conjunction with applicable Oklahoma statutes and federal law.

(b) **Applicability and purpose.**

(1) **Applicability.** This section shall apply to and govern the establishment and operation of the statewide health information exchange (HIE), herein referred to as OKSHINE.

(2) **Purpose.** OKSHINE is the state-designated organization that facilitates the exchange of health information to and from authorized individuals and health care organizations in the state for the purpose of improving health outcomes, as per 63 O.S. § 1-133.

(c) **Definitions.** The following words and terms, when used in this section, shall have the following meaning, unless the context clearly indicates otherwise:

(1) **OKSHINE** means an organization that oversees, governs, and facilitates health information exchange among health care providers that are not related health care organizations as defined in the Oklahoma Statutes, to improve the security of patient information, coordination of patient care, and the efficiency of health care delivery.

(2) **Participant** means an organization, health care practitioner or institution, health plan, or health care clearinghouse who has executed a written participation agreement (PA) and business associate agreement (BAA) with OKSHINE.

(3) **Participant agreement** means the agreement between OKSHINE and a participant which authorizes the participant to have access to OKSHINE and outlines the policies and procedures for access, protection, and use of the electronic protected health information.

(4) **Oklahoma Statewide Health Information Exchange (OKHIE)** means a certified HIE as referenced in 63 O.S. § 1-133 whose primary business activity is health information exchange.

(d) **OKHIE Certification.** Per 63 O.S. § 1-133, an initial certification and an annual recertification will be required for health information exchanges to qualify as an OKHIE. In order to receive certification, the applying HIE must submit an application

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to the Oklahoma Health Care Authority (OHCA) and provide all requested documentation. The application and standards for certification shall be posted on the OHCA OKSHINE public website.

(1) The OHCA shall establish a health information exchange certification with input from stakeholders.

(2) Until such time as the health information exchange certification is established by the OHCA, an OKSHINE or an HIE organization that was previously certified by the Oklahoma Health Information Exchange Trust (OHIET) shall be deemed an OKHIE.

(3) An HIE must provide documentation of certification from OHIET to OHCA in order to receive initial OKHIE certification.

(e) **Fees.**

(1) **Certification fees.** Each health information exchange which applies for certification, will be required to pay annual certification/recertification fees. The OHCA will develop the certification criteria and will publish the criteria and associated fees, when available, on the OHCA OKSHINE public website.

(2) **Participant fees.** Each participant, as defined in this section, will be required to pay an annual participation fee as outlined in the participant agreement. The OHCA will develop the criteria for the fees and will publish the criteria when available. The participant agreement and fee schedule will be posted on the OHCA OKSHINE public website.

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

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 3. HOSPITALS

317:30-5-58. Supplemental Hospital Offset Payment Program

(a) **Purpose.** The Supplemental Hospital Offset Payment Program (SHOPP) is a hospital assessment fee that is eligible for federal matching funds when used to reimburse SoonerCare services in accordance with Section 3241.1 of Title 63 of the Oklahoma Statutes (O.S.).

(b) **Definitions.** The following words and terms, when used in this Section have the following meaning, unless the context clearly indicates otherwise:

(1) **"Base Year"** means a hospital's fiscal year ending in 2009, as reported in the Medicare Cost Report or as determined by the Oklahoma Health Care Authority (OHCA) if the hospital's data is not included in a Medicare Cost Report.

(2) **"Fee"** means supplemental hospital offset assessment pursuant to Section (§) 3241.1 of Title 63 of the ~~Oklahoma Statutes~~O.S.

(3) **"Hospital"** means an institution licensed by the State Department of Health as a hospital pursuant to ~~Section~~§ 1-701.1 of Title 63 of the ~~Oklahoma Statutes~~O.S. maintained primarily for the diagnosis, treatment, or care of patients.

(4) **"Hospital Advisory Committee"** means the Committee established for the purposes of advising the OHCA and recommending provisions within and approval of any state plan amendment or waiver affecting the Supplemental Hospital Offset Payment Program.

(5) **"NET hospital patient revenue"** means the gross hospital revenue as reported on Worksheet G-2 (Columns 1 and 2, Lines "Total inpatient routine care services", "Ancillary services", "Outpatient services") of the Medicare ~~Cost Report~~cost report, multiplied by hospital's ratio of total net to gross revenue, as reported on Worksheet G-3(Column 1, Line 3)"Net patient revenues"~~)~~ and Worksheet G-2 (Part I, Column 3, Line "Total patient revenues").

(6) **"Medicare ~~Cost Report~~cost report"** means the ~~Hospital Cost Report~~hospital cost report, Form CMS-2552-96 or subsequent versions.

(7) **"Upper payment limit"(UPL)"** means the maximum ceiling imposed by ~~42 C F R "~~42 Code of Federal Regulations (C.F.R.) §§ 447.272 and 447.321 on hospital Medicaid reimbursement for inpatient and outpatient services, other than to hospitals

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owned or operated by state government.

(8) **"Upper payment limit gap"** means the difference between the upper payment limit and SoonerCare payments not financed using hospital assessments.

(c) **Supplemental Hospital Offset Payment Program.**

(1) Pursuant to 63 ~~Okla. Stat.~~O.S. §§ 3241.1 through 3241.6 the ~~Oklahoma Health Care Authority (OHCA)~~OHCA is mandated to assess hospitals licensed in Oklahoma, unless exempted under (c) (2) of this Section, a supplemental hospital offset payment fee.

(2) The following hospitals are exempt from the SHOPP fee:

(A) ~~a~~A hospital that is owned or operated by the state or a state agency, or the federal government, as determined by OHCA, using most recent Medicare cost report worksheet S-2, column 1, line 18 or other line that indicates ownership, or by a federally recognized Indian tribe or Indian Health Services, as determined by OHCA, using the most recent IHS/Tribal facility list for Oklahoma as updated by the Indian Health Service Office of Resource Access and Partnerships in Partnership with the Centers for Medicare and Medicaid Services and ~~State~~state operations.

(B) ~~a~~A hospital that provides more than fifty percent (50%) of its inpatient days under a contract with a state agency other than the OHCA, as determined by OHCA, using data provided by the hospital;

(C)~~a~~A hospital for which the majority of its inpatient days are for any one of the following services, as determined by OHCA, using the Inpatient Discharge Data File published by the Oklahoma State Department of Health, or in the case of a hospital not included in the Inpatient Discharge Data File, using substantially equivalent data provided by the hospital:

(i) ~~treatment~~Treatment of a neurological injury;

(ii) ~~treatment~~Treatment of cancer;

(iii) ~~treatment~~Treatment of cardiovascular disease;

(iv) ~~obstetrical~~Obstetrical or childbirth services; or

(v) ~~surgical~~Surgical care except that this exemption will not apply to any hospital located in a city of less than five hundred thousand (500,000) population and for which the majority of inpatient days are for back, neck, or spine surgery.

(D) ~~a~~A hospital that is certified by the Centers for Medicare and Medicaid Services (CMS) as a long term acute hospital, according to the most recent list of LTCH's published on the CMS http://www.cms.gov/LongTermCareHospitalPPS/08download.asp or as a children's hospital; and

(E) ~~a~~A hospital that is certified by CMS as a critical access hospital, according to the most recent list published by

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Flex Monitoring Team for Critical Access Hospital (CAH) Information at http://www.flexmonitoring.org/cahlistRA.cgi, which is based on CMS quarterly reports, augmented by information provided by state Flex Coordinators.

(d) **The Supplemental Hospital Offset Payment Program Assessment.**

(1) The SHOPP assessment is imposed on each hospital, except those exempted under (c) (2) of this Section, for each calendar year in an amount calculated as a percentage of each hospital's net hospital patient revenue. ~~The assessment rate until December 31, 2012, is two and one-half percent (2.5%). At no time in subsequent years will the assessment rate exceed four percent (4%).~~The SHOPP assessment is imposed on each hospital, except those exempted under (c) (2) of this Section, in an amount calculated as a percentage of each hospital's net hospital patient revenue. At no time will the assessment rate exceed four percent (4%). For the calendar year ending December 31, 2022, the assessment rate shall be fixed at three percent (3%). For the calendar year ending December 31, 2023, the assessment rate shall be fixed at three and one-half percent (3.5%). For the calendar year ending December 31, 2024 and for all subsequent calendar years shall, the assessment rate exceed shall be fixed at four percent (4%).

~~(2) OHCA will review and determine the amount of annual assessment in December of each year.~~

~~(3)~~(2) A hospital may not charge any patient for any portion of the SHOPP assessment.

~~(4)~~(3) The ~~Method~~method of collection is as follows:

(A) The OHCA will send a notice of assessment to each hospital informing the hospital of the assessment rate, the hospital's net hospital patient revenue calculation, and the assessment amount owed by the hospital for the applicable year.

(B) The hospital has thirty (30) days from the date of its receipt of a notice of assessment to review and verify the hospital's net patient revenue calculation, and the assessment amount.

(C) New hospitals will only be added at the beginning of each calendar year.

(D) The annual assessment imposed is due and payable on a quarterly basis. Each quarterly installment payment is due and payable by the fifteenth day of the first month of the applicable quarter (i.e. January 15th, April 15th, etc.)

(E) Failure to pay the amount by the 15th or failure to have the payment mailing postmarked by the 13th ~~will~~may result in a debt to the State of Oklahoma and is subject to penalties of ~~5%~~five percent (5%) of the amount ~~and interest of 1.25%~~one and a quarter percent (1.25%) ~~per month~~.

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(F) If a hospital fails to timely pay the full amount of a quarterly assessment, OHCA ~~will~~may add to the assessment:

(i) ~~a~~A penalty assessment equal to five percent (5%) of the quarterly amount not paid on or before the due date, and

(ii) ~~on~~On the last day of each quarter after the due date until the assessed amount and the penalty imposed under section (i) of this paragraph are paid in full, an additional five percent (5%) penalty assessment on any unpaid quarterly and unpaid penalty assessment amounts.

(iii) ~~the~~The quarterly assessment including applicable penalties and interest must be paid regardless of any appeals action requested by the facility. If a provider fails to pay the OHCA the assessment within the time frames noted on the invoice to the provider, the assessment~~,~~ and applicable penalty~~, and interest~~ will be deducted from the facility's payment. Any change in payment amount resulting from an appeals decision in which a recoupment or additional allocation is necessary will be adjusted in future payments in accordance with ~~OAC~~Oklahoma Administrative Code (OAC) 317:2-1-15 SHOPP appeals.

(iv) If additional allocation or recoupment resulting from an appeal is for the current calendar year and another SHOPP payment is scheduled for the calendar year, an adjustment to the next payment will be calculated. If additional allocation or recoupment is for a prior calendar year, a separate payment/account receivable (AR) will be issued.

(G) The SHOPP assessments excluding penalties and interest are an allowable cost for cost reporting purposes.

(e) **Supplemental Hospital Offset Payment Program Cost Reports.**

(1) The report referenced in paragraph (b)(6) must be signed by the preparer and by the Owner, authorized Corporate Officer or Administrator of the facility for verification and attestation that the reports were compiled in accordance with this section.

(2) The Owner or authorized Corporate Officer of the facility must retain full accountability for the report's accuracy and completeness regardless of report submission method.

(3) Penalties for false statements or misrepresentation made by or on behalf of the provider are provided at 42 ~~U.S.C.~~United States Code (U.S.C.) Section 1320a-7b which states, in part, "Whoever...(2) at any time knowingly and willfully makes or causes to be made any false statement of a material fact for use in determining rights to such benefits or payment...shall (i) in the case of such statement, representation, failure, or conversion by any person in connection with furnishing (by the

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person) of items or services for which payment is or may be under this title (42 U.S.C. § 1320 et seq.), be guilty of a felony and upon conviction thereof fined not more than ~~$25,000~~twenty-five thousand dollars ($25,000) or imprisoned for not more than five (5) years or both, or (ii) in the case of such a statement, representation, concealment, failure or conversion by any other person, be guilty of a misdemeanor and upon conviction thereof fined not more than ~~$10,000~~ten thousand dollars ($10,000) or imprisoned for not more than one year, or both."

(4) Net hospital patient revenue is determined using the data from each hospital's applicable Medicare ~~Cost Report~~cost report contained in the Centers for Medicare and Medicaid Services' Healthcare Cost Report Information System (HCRIS) file.

(A) Through 2013, the base year for assessment shall be the hospital's fiscal year that ended in 2009, as contained in the HCRIS file dated December 31, 2010;

(B) For years 2014 and 2015, the base year for assessment shall be the hospital's fiscal year that ended in 2012, as contained in the HCRIS file dated June 30, 2013; and

~~(C) For subsequent two-year periods the base year for assessment shall be the hospital's fiscal year that ended two years prior (e.g.,2016 & 2017 B 2014 fiscal year; 2018 & 2019 B 2016 fiscal year), as contained in the HCRIS file dated June 30 of the following year.~~

(C) ~~Beginning with calendar year 2022 and subsequent years,~~ the base year for assessment shall be the hospital's fiscal year that ended two years prior (e.g. calendar year 2022 will use 2020 fiscal year cost reports), as contained in the HCRIS file dated June 30 of each year.

(5) If a hospital's applicable Medicare ~~Cost Report~~cost report is not contained in the Centers for Medicare and Medicaid Services' HCRIS file, the hospital will submit a copy of the hospital's applicable Medicare ~~Cost Report~~cost report to the ~~Oklahoma Health Care Authority (OHCA)~~OHCA in order to allow the OHCA to determine the hospital's net hospital patient revenue for the base year.

(6) If a hospital commenced operations after the due date for a Medicare ~~Cost Report~~cost report, the hospital will submit its initial Medicare ~~Cost Report~~cost report to ~~Oklahoma Health Care Authority (OHCA)~~OHCA in order to allow the OHCA to determine the hospital's net patient revenue for the base year.

(7) Partial year reports may be prorated for an annual basis. Hospitals whose assessments were based on partial year cost reports will be reassessed the following year using a cost report that contains a full year of operational data.

(8) In the event that a hospital does not file a uniform cost

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report under 42 U.S.C., Section 1396a(a)(40), the OHCA will provide a data collection sheet for such facility.

(f) **Closure, merger and new hospitals.**

(1) If a hospital ceases to operate as a hospital or for any reason ceases to be subject to the fee, the assessment for the year in which the cessation occurs is adjusted by multiplying the annual assessment by a fraction, the numerator of which is the number of days in the year during which the hospital is subject to the assessment and denominator of which is 365. Within 30 days of ceasing to operate as a hospital, or otherwise ceasing to be subject to the assessment, the hospital will pay the assessment for the year as so adjusted, to the extent not previously paid.

(2) Cost reports required under (e)(5),(e)(6),or (e)(8) of this subsection for assessment calculation must be submitted to OHCA by September 30 of each year.

(g) **Disbursement of payment to hospitals.**

(1) All in-state inpatient hospitals are eligible for hospital access payments each year as set forth in this subsection except for those listed in OAC 317:30-5-58 (c) (2):

(A) In addition to any other funds paid to inpatient critical access hospital for services provided to SoonerCare members, each critical access hospital will receive hospital access payments equal to the amount by which the payment for these services was less than one hundred one percent (101%) of the hospital's cost of providing these services.

(B) In addition to any other funds paid to hospitals for inpatient hospital services to SoonerCare members, each eligible hospital will receive inpatient hospital access payments each year equal to the hospital's pro rata share of the inpatient supplemental payment pool as reduced by payments distributed in paragraph (1) (A) of this Section. The pro rata share will be based upon the hospital's SoonerCare payment for inpatient services divided by the total SoonerCare payments for inpatient services of all eligible hospitals within each class of hospital and cannot exceed the UPL for the class.

(2) All in-state outpatient hospitals are eligible for hospital access payments each year as set forth in this subsection except for those listed in OAC 317:30-5-58 (c) (2):

(A) In addition to any other funds paid to outpatient critical access hospital for services provided to SoonerCare members, each critical access hospital will receive hospital access payments equal to the amount by which the payment for these services was less than one hundred one percent (101%) of the hospital's cost of providing these services.

(B) In addition to any other funds paid to hospitals for

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outpatient hospital services to SoonerCare members, each eligible hospital will receive outpatient hospital access payments each year equal to the hospital's pro rata share of the outpatient supplemental payment pool as reduced by payments distributed in paragraph (2) (A) of this Section. The pro rata share will be based upon the hospital's SoonerCare payment for outpatient services divided by the total SoonerCare payments for outpatient services of all eligible hospitals within each class of hospital and cannot exceed the UPL for the class.

(3) Medicaid payments to a group of facilities within approved categories may not exceed the upper payment limit in accordance with 42 ~~CFR~~C.F.R. 447.272 (b) (2) and 42 ~~CFR~~C.F.R 447.321 (b) (2). If any audit determines that a class of hospitals has exceeded the inpatient and/or outpatient UPL the overpayment will be recouped and redistributed based on the following methods:

(A) If it is determined prior to issuance of hospital access payments that the pool of hospitals would exceed the upper payment limit estimate of that pool, the amount above the UPL estimate will be allocated to another pool of hospitals that does not exceed the upper payment limit estimate of that pool. The reallocation can be applied to multiple pools if necessary.

(B) If the overpayment cannot be redistributed due to all classes being paid at their UPL, the overpayment will be deposited in to the SHOPP fund.

(4) ~~In order to ensure sufficient funds to make payments effective July 1, 2013 OHCA shall reduce the next quarterly payment by 1.4% (OHCA will pay out 23.6% of the assessment rather than 25%). This reduction will be distributed in the fourth (4th) quarter of the year as soon as all assessments are received. This payment will also be increased by penalties collected within the year as long as the penalties do not cause the payment to exceed the UPL estimate.~~

(5) Effective for all subsequent calendar years the OHCA will distribute payments in the following quarterly percentages: 23.6%, 25%, 25%, 25%. A 5th fifth (5th) payment of 1.4% in the fourth (4th) quarter of each calendar year will also be made as soon as all assessments are received. ~~This payment will also be increased by any penalties collected within the year as long as the penalties do not cause the payment to exceed the UPL estimate. If all assessments are r~~eceived prior to the 4th fourth (4th) quarterly payment being processed the 4th fourth (4th) quarter payment may be adjusted to pay out 26.4% plus accrued penalties.

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