

OKLAHOMA HEALTH CARE AUTHORITY
MEDICAL ADVISORY COMMITTEE MEETING
March 5, 2026, at 1:00 P.M.
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK. 73105

AGENDA

Public access via Zoom:

https://www.zoomgov.com/webinar/register/WN_2vO2vy91S3yfzXiPXV2NvQ

Telephone: 1-669-254-5252 Webinar ID: 161 547 2970

*Please note: Since the physical address for the MAC Meeting has resumed, any livestreaming option provided is provided as a courtesy. Should such livestreaming option fail or have technical issues, the MAC Meeting will not be suspended or reconvened because of this failure or technical issue.

1. Welcome, Roll Call, and Public Comment Instructions.....Jason Rhynes, O.D., Chair
2. Discussion and Vote on the January 8, 2026, MAC Meeting Minutes.....Jason Rhynes, O.D., Chair
3. MAC Member Comments/Discussion.....Jason Rhynes, O.D., Chair
4. Medicaid Director’s Update.....Melissa Miller, State Medicaid Director
5. Change of Service Provision Updates (Attachment “A”).....Stephanie Mavredes, Chief Managed Care Officer
 - i. Remove Prior Authorization for Nursing Assessment and Evaluation Code T1001
 - ii. Remove Prior Authorization for Incontinence Supplies for Codes A4335, A4927, T4521, T4522, T4523, T4524, T4529, T4530, T4533, T4543, T4525, T4526, T4527, T4528, T4531, T4532, T4534, T4544, T4535, T4537, T4540, T4541, T4542
 - iii. Remove Prior Authorization for Doppler Velocimetry Code 76821
 - iv. Remove Prior Authorization for Enteral Nutrition Infusion Pump Codes B9002, B9004, B9006
 - v. Remove Prior Authorization for Neurobehavioral Stats Exam Code 96116
 - vi. Remove Prior Authorization for CT Scan and Visit for Codes 71271, G0296
 - vii. Remove Prior Authorization for Certain Codes for Hearing Aids for Codes 92628, 92629, 92631, 92632, 92634, 92635, 92642
 - viii. Remove Prior Authorization for Diagnostic Ultrasounds for Codes 76815, 76816, 76817, 76818, 76819, 59025
 - ix. Remove Prior Authorization for Compression Burn Garment for Code A6512
 - x. Remove Prior Authorization for Implantable Pumps for Codes 95990 and 95991
 - xi. Process Change for ABA Assessment for Codes 97151, and 97151-TS
 - xii. Change of Requirements for ABA Supervision
 - xiii. Add Prior Authorization for Air Transport for Codes A0430 and A0435
6. Financial Update (Attachment “B”).....Tasha Black, Senior Director of Budget and Procurement
7. Legislative Update.....Bradley Downs, Legislative Liaison
8. Discussion and Possible Action: MAC Charter/Bylaws (Attachment “C”).....Jason Rhynes, O.D., Chair
9. New Business.....Jason Rhynes, O.D., Chair
10. Adjournment.....Jason Rhynes, O.D., Chair

NEXT MAC MEETING
May 7, 2026, at 1:00 P.M.
Oklahoma Health Care Authority
4345 N. Lincoln Blvd
Oklahoma City, OK 73105

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Oklahoma Health Care Authority
MEDICAL ADVISORY COMMITTEE
MINUTES of the January 8th, 2026, Meeting
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1. Welcome, Roll Call, and Public Comment Instructions:

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

Delegates present were: Dr. Steven Crawford, Ms. Janet Cizek, Mr. Tracy Ellis, Ms. Wanda Felty, Dr. Arlen Foulks, Dr. Terry Mills, Dr. Daniel Post, Dr. Jason Rhynes, and Dr. Ashley Weedn providing a quorum.

Alternates present were: Ms. Heather Pike, and Ms. Kimrey McGinnis providing a quorum.

Delegates absent without an alternate were: Mr. Nick Barton, Mr. Brett Coble, Dr. Raymond Smith, and Dr. Autumn Hurd.

2. Approval of November 6th, 2025, Minutes

Medical Advisory Committee

The motion to approve the minutes was by Dr. Arlen Foulks, seconded by Ms. Wanda Felty and passed unanimously.

3. MAC Member Comments/Discussion:

Chairman Rhynes introduced Dr. Terry Mills, CEO of Aetna, as the newest member of the MAC. Dr. Mills provided a brief overview of his background.

Dr. Eve Switzer presented concerns regarding APA WF 25-23 Sports Physical Clarification.

Dr. Weedn commented on the pay-for-performance framework within SoonerSelect Medicaid and its impact. Specifically, concerns related to the patient panels, assignment, and error rates. She added that the performance incentives are attributed to the TIN number instead of the individual clinic or provider NPI number, and that can cause a problem with independent practices. Dr. Weedn also stated that the MAC can play a role by advising on the need for standardized claims-based attribution methodologies across all MCOs to improve data integrity and fairness, and performance evaluation, reviewing and potentially making a recommendation regarding attribution at the NPI or clinic level instead of the TIN level. The MAC can also request regular reporting from MCOs on panel accuracy, corrective action and measurable outcomes, and supporting coordinated stakeholder engagement, including with the Oklahoma Chapter of AAP, to provide pediatric-specific clinical guidance.

4. State Medicaid Director Update

Melissa Miller, State Medicaid Director

Oklahoma Health Care Authority
MEDICAL ADVISORY COMMITTEE
MINUTES of the January 8th, 2026, Meeting
4345 N. Lincoln Blvd., Oklahoma City, OK 73105

Ms. Miller provided a State Medicaid Director Update, which included information on Rural Health Transformation, Oklahoma Award Amount, Oklahoma's Rural Health Transformation Initiatives, OHCA Managed Initiatives, Other Initiatives, Rural Health Transformation Policy Initiatives, Transforming Maternal Health, and MAC Changes.

Chairman Rhynes asked Ms. Miller to expand a little more on the removal of physician visit limits. Mr. Miller stated that if an individual member is not in SoonerCare Choice, OHCA's Patient Centered Medical Home program, there is a limit of four physician visits per month, and two physician visits per month if they are in a nursing facility. There will be a rule summary that will also help physicians navigate through this change. Chairman Rhynes added that he would like to include Optometry and Ophthalmology in that limit change. Ms. Miller states she would take that under advisement.

Dr. Crawford asked for a status update on the TMAH funding. Ms. Miller stated that Oklahoma currently has funding for the planning phase and added that we have a 10-year funding period. Dr. Crawford stated that he believed it was held up in the federal level. Ms. Miller stated that the team would look into it.

Regarding the MAC changes, Dr. Foulks asked if ex-members would be able to be some of the non-voting members, to advise when needed. Ms. Miller stated no, that the only non-voting members are reps from the state agencies. Dr. Foulks stated he understood that but added that it would be helpful to have some of those ex-members present to advise the current members. It has been helpful to him. Ms. Miller stated that ex-members can certainly attend the meetings and make comments; however, she did not think policy would allow for the ex-members to sit on the MAC.

Dr. Post asked how these changes will affect their MAC alternates. Ms. Miller stated it would not change until the new MAC members are appointed. Changes to alternates can be made at any time if you are a current member. She added that the alternate is tied to the member, so if a new member is appointed, then they have the option of appointing a new alternate.

For more detailed information, see attachment A to the committee packet.

5. Managed Care Program Annual Report

Stephanie Mavredes, Chief Managed Care Officer

Ms. Mavredes provided an update on the Managed Care Program Annual Report, which has to be submitted to CMS annually. Attachment B of the January MAC packet is OHCA's first submission to CMS and covers the last state fiscal years' worth of information. They are also posted publicly on OHCA's public website. The electronic packet also includes a link at the bottom of the document titled, 'SoonerSelect Data and Reports'.

For more detailed information, see attachment B to the committee packet.

Oklahoma Health Care Authority
MEDICAL ADVISORY COMMITTEE
MINUTES of the January 8th, 2026, Meeting
4345 N. Lincoln Blvd., Oklahoma City, OK 73105

6. Change of Service Provision:

Stephanie Mavredes, Deputy State Medicaid Director

Ms. Mavredes presented the following seventeen Change of Service Provisions. As a reminder, she stated that the SoonerSelect contracts have language in them that requires the plans to ask for OHCA review and approval when they deviate from the current OHCA process, which is represented by the change of service provisions listed below. The MAC is not required to vote on these items.

- i. Add Prior Authorizations to Select Surgical Codes – 49650, 58662, 49591, 54360, 49593, 49505, 49595, 49329, 59841
- ii. Add Prior Authorizations to Select Surgical Codes – 92928, 15734, T4523
- iii. Decrease Threshold Triggering Review for ABA Code 97153
- iv. Remove Prior Authorizations for HCPCS Codes – B9002, B9004, B9006
- v. Not Adding Prior Authorization for HCPCS Codes – A4335, A4927, T4521, T4522, T4523, T4524, T4529, T4530, T4533, T4543, T4525, T4526, T4527, T4528, T4531, T4532, T4534, T4544, T4535, T4537, T4540, T4541, T4542
- vi. Not Adding Prior Authorization for CPT Code - 76821
- vii. No Prior Authorizations for CPT and HCPCS Codes – 71271 and G0296
- viii. Intensity Modulated Radiation Therapy Codes – 77014, 77280, 77285, 77290, 77295, 77306, 77307, 77316, 77317, 77318, 77321, 77331, 77370
- ix. Anesthesia for Pain Management
- x. Not Adding Prior Authorization Requirements CPT Codes – 96112 and 96113
- xi. Adding Prior Authorization Requirements CPT Codes – 93350 and 93351
- xii. No Prior Authorizations for HCPCS Codes – 33274 and 33275
- xiii. No prior Authorizations for HCPCS Codes – 97533, 97542, 97602, 97755, 97760, 97761, 97763
- xiv. No Prior Authorizations for CPT Codes – 86003, 86008, 95027, 95028, 95052, 95056, 95060, 95065
- xv. No Prior Authorizations for HCPCS Codes – 33981, 33982, 33983, 33990, 33991, 33993, Q0507, Q0508
- xvi. No Prior Authorization for HCPCS Codes – E8002 and E0642
- xvii. Remove Prior Authorization for HCPCS Codes – A4453 and A4459

Ms. Mavredes also provided details for the upcoming SoonerSelect town halls.

For more detailed information, see Attachment C of the Committee packet.

7. Post-Award Forums

Kelsey Dewbre, Sr. Policy and Program Advisor; and Tanesha Hooks, Dr. Director of Behavioral Health

Oklahoma Health Care Authority
MEDICAL ADVISORY COMMITTEE
MINUTES of the January 8th, 2026, Meeting
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Ms. Dewbre provided a brief overview of the SoonerCare Choice Program. She added that per federal regulations, OHCA is required to solicit public comments every year on its 1115 Waiver, known as SoonerCare Choice. Comments received during this forum and in writing will be included in the waiver monitoring report submitted to CMS. The committee did not have any questions.

Ms. Hooks provided a brief overview of OHCA's 1115 IMD Waiver. She added that per federal regulations, the state holds an annual post-award public forum for this demonstration. Any comments received at the MAC meeting and in writing will be included in the monitoring materials that are submitted to CMS. Dr. Crawford had two questions. First, does OHCA have a cost analysis of moving to Managed Medicaid with the current situation? Is there any cost savings that has occurred or is it more costly? Second, is there a plan to add the ABD population to SoonerSelect at any time in the future? Ms. Miller stated that OHCA has not heard about adding the ABD population to SoonerSelect. She added that that is something that could occur legislatively, but that's not something in the works at this time. Ms. Miller also stated that she does not think OHCA has enough information or data to perform such analysis, so she could not provide a direct answer at this time.

8. Proposed Rules Changes: Presentation, Discussion, and Possible Action

Heather Cox, Deputy State Medicaid Director

- i. APA WF# 25-04A&B Hospice for HCBS
- ii. APA WF# 25-07 Health Information Exchange (HIE) Cleanup
- iii. APA WF# 25-10 Residential Behavioral Management Services
- iv. APA WF# 25-11 Dental Policy Revisions
- v. APA WF# 25-13 Secure Behavioral Health Transportation
- vi. APA WF# 25-17 Outpatient Behavioral Health Agency Services
- vii. APA WF# 25-18 Inpatient Psychiatric Accrediting Bodies
- viii. APA WF# 25-19 Medically Fragile Change of Agency
- ix. APA WF# 25-21 Pharmacists' Policy Revisions
- x. APA WF# 25-22 Elective Sterilization Clarification

The rule change motion to approve D.i-x as by Dr. Steven Crawford and seconded by Dr. Arlen Foulks and passes unanimously.

- xi. APA WF# 25-23 Sports Physical Clarification – Ms. Cox stated that she spoke with Ms. Karen Beam regarding the discussion that occurred earlier in the meeting. The team is going to investigate the diagnosis code to determine why it was denied. Ms. Miller clarified that the changes are clarifying current practice. The reason behind it not being separately billable is that it does not meet the definition of medical necessity. Ms. Cox stated that a sports physical is not medically necessary, but if it is done in conjunction with an office visit or a checkup, it can be billed.

Oklahoma Health Care Authority
MEDICAL ADVISORY COMMITTEE
MINUTES of the January 8th, 2026, Meeting
4345 N. Lincoln Blvd., Oklahoma City, OK 73105

The rule change motion to approve D.xi as by Dr. Steven Crawford and seconded by Dr. Daniel Post and passes unanimously.

- xii. APA WF# 25-24 PACE Two-Way Agreement
- xiii. APA WF# 25-26 Lactation Consultant Revisions
- xiv. APA WF# 25-27 Determination of Qualifying Categorical Relationships
- xvi. APA WF# 25-02B ADvantage Waiver Revisions
- xviii. APA WF# 26-02 Telehealth Originating Site Reimbursement

The rule change motion to approve D.xii-xiv, xvi, and xviii as by Dr. Arlen Foulks and seconded by Dr. Steven Crawford and passes unanimously.

- xv. APA WF# 25-28A&B Developmental Disabilities Services Revisions – Ms. Felty stated that she did not believe that this rule change went through the DDS Policy Advisory Committee before it came to MAC. Mr. David Ward stated that he could not attest that this rule change went through the DDS Advisory Committee as he does not sit on that committee; however, he believes the change was made in the waiver program, so OHCA needed to update the rules to catch up with the waiver amendment. Ms. Felty added that her concern is that there is an entirely new service listed in the rule text, under self-directed services called CBSDS. Mr. Ward stated that he would investigate it and get back to the committee. After further investigation, Mr. Ward stated that this rule change was taken to the DDS Advisory Committee on July 18, 2024.

The rule change motion to approve D.xv as by Dr. Daniel Post and seconded by Dr. Steven Crawford and passes unanimously.

- xvii. APA WF# 26-01 Removal of Physician Limit Caps – Dr. Rhynes if all the managed care organizations will follow this new rule as well, if it is passed as emergency. Ms. Cox stated that the plans will follow, but that a lot of the plans don't particularly impose a limit. Ms. Miller added that most members on the fee-for-service side are in SoonerCare Choice, which does not have a limit. Dr. Post pointed out that there are sections for other specialties, but not chiropractic services. Ms. Miller stated that the reason for that may be because of the limited scope of chiropractic services, so there wasn't a separate section labeled chiropractic services. Ms. Miller and Ms. Cox stated that they would investigate that.

The rule change motion to approve D.xvii as by Dr. Terry Mills and seconded by Dr. Steven Crawford and passes unanimously.

APA WF 26-05 was pulled from the agenda and was not voted on but the committee was able to ask questions regarding the rule. Dr. Rhynes asked if this is for people that have IEP. Is it excluded to just nurses and behavioral health? Ms. Cox stated that those services are already allowed in schools, and this would open to others like a 504 plan for those to be Medicaid reimbursable. Currently, OHCA is taking a phased approach, so it's just going to be behavioral health and nursing services. Ms. Miller

Oklahoma Health Care Authority
MEDICAL ADVISORY COMMITTEE
MINUTES of the January 8th, 2026, Meeting
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added that this specific policy change is allowing school staff to bill with the school to be the billing entity. This would allow the school to hire staff to do these services.

For more detailed information, see Attachment D of the Committee packet.

9. Election of the OHCA 2026 MAC Officers: Presentation, Discussion, and Possible Action

Chairman, Jason Rhynes, O.D.

Dr. Crawford asked if all the current members of the MAC serve a full year with all the revisions. Ms. Miller stated that there will be a couple that will not, but that those members would be notified.

Dr. Jason Rhynes called for a motion for the election of officers for 2026. Dr. Jason Rhynes was nominated for Chair by Ms. Wanda Felty and seconded by Dr. Steven Crawford and passed unanimously. Ms. Wanda Felty was nominated for Vice Chairman by Dr. Daniel Post and seconded by Dr. Steven Crawford and passed unanimously.

10. New Business:

Chairman, Jason Rhynes, O.D.

No new business was discussed.

11. Adjourn:

Chairman, Jason Rhynes, O.D.

Chairman Rhynes asked for a motion to adjourn. Motion was provided by Dr. Steven Crawford and seconded by Dr. Arlen Foulks; there was no dissent and the meeting adjourned at 2:47pm.



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

The SoonerSelect Medical Contract at Section 1.7: Covered Benefits and Section 1.8: Medical Management states that medical 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 February 9, 2026, Aetna Better Health of Oklahoma (ABHOK) submitted a formal request to OHCA for review and approval to change service provisions.

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 table below:

SoonerSelect Medical Requests to Change Service Provisions				
OHCA's CURRENT PROCESSING PROTOCOL	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
Removing Prior Authorization Requirements for T1001				
T1001 – Nursing Assessment/Evaluation	Aetna Better Health of Oklahoma is requesting to remove this HCPCS code from their Prior Authorization list.	Aetna is seeking to align with other CE's who have removed this code from their Prior Authorization List.	Aetna does not anticipate significant claim impact or increased spending.	Approved 2/13/2026 <i>Item will be presented at the March 5, 2026, MAC meeting</i>

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SoonerSelect

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

The SoonerSelect Medical Contract at Section 1.7: Covered Benefits and Section 1.8: Medical Management states that medical 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 January 7, 2026, Aetna Better Health of Oklahoma submitted a formal request to OHCA for review and approval to change service provisions.

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 table below:

SoonerSelect Medical Requests to Change Service Provisions				
PROCEDURE CODES IMPACTED	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
Removal of Specific HCPCS Codes from Prior Authorization List – Incontinence Supplies				
A4335 – Misc Incontinence Supplies A4927 – Non-Sterile Gloves 100pk T4521 – Adult Sized Disposable Incontinence Product T4522 – Adult Sized Disposable Incontinence Product, Brief/Diaper, Medium T4523 – Adult Sized Disposable Incontinence Product,	Aetna Better Health of Oklahoma is requesting to remove the specified HCPCS codes from their Prior Authorization list.	This change will allow Aetna to align with other CEs who have already removed the PA requirement for these codes.	No significant impact or spending increase anticipated.	Approved 2/13/2026 <i>Item will be presented at the March 5, 2026, MAC meeting</i>

SoonerSelect Medical Requests to Change Service Provisions

PROCEDURE CODES IMPACTED	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
<p>Brief/Diaper, Large</p> <p>T4524 – Adult Sized Disposable Incontinence Product, Brief/Diaper, Extra Large</p> <p>T4529 – Pediatric-Sized Disposable Incontinence Product, Brief/Diaper, Small/Medium</p> <p>T4530 – Pediatric-Sized Disposable Incontinence Product, Brief/Diaper, Large</p> <p>T4533 – Youth-Sized Disposable Incontinence Product</p> <p>T4543 – Adult Sized Disposable Incontinence Product, Brief/Diaper, Extra Large or Larger</p> <p>T4525 – Adult-Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Small</p> <p>T4526 – Adult-Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Medium</p>				

SoonerSelect Medical Requests to Change Service Provisions

PROCEDURE CODES IMPACTED	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
<p>T4527 – Adult-Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Large</p> <p>T4528 – Adult-Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Extra Large</p> <p>T4531 – Pediatric-Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Small/Medium</p> <p>T4532 – Pediatric-Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Large</p> <p>T4534 – Youth-Sized Disposable Incontinence Product, Protective Underwear/Pull-On</p> <p>T4544 – Adult-Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Above Extra Large</p> <p>T4535 – Disposable Liner/Shield/Guar</p>				

SoonerSelect Medical Requests to Change Service Provisions

PROCEDURE CODES IMPACTED	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
<p>d/Pad/Undergarment</p> <p>T4537 – Incontinence Product, Protective Under-pad, Reusable, Bed Size</p> <p>T4540 – Reusable Protective Under-pad, Chair Use</p> <p>T4541 – Incontinence Product, Disposable Under-pad, Large</p> <p>T4542 – Incontinence Product, Disposable Under-pad, Small</p>				

SoonerSelect

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

The SoonerSelect Medical Contract at Section 1.7: Covered Benefits and Section 1.8: Medical Management states that medical 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 January 9, 2026, Aetna Better Health of Oklahoma submitted a formal request to OHCA for review and approval to change service provisions.

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 table below:

SoonerSelect Medical Requests to Change Service Provisions				
PROCEDURE CODES IMPACTED	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
Remove PA for CPT 76521-Doppler Velocimetry				
76821 – Doppler velocimetry of the fetal middle cerebral artery (specialized ultrasound procedure to assess blood flow to the fetus)	Aetna Better Health of Oklahoma is requesting removal of this CPT code to their Prior Authorization list.	Removal of prior authorization requirements aligns with changes previously made by one or more CEs.	No significant impact or spending increase anticipated by not adding this code.	Approved 2/13/2026 <i>Item will be presented at the March 5, 2026, MAC meeting</i>

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The SoonerSelect Medical Contract at Section 1.7: Covered Benefits and Section 1.8: Medical Management states that medical 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 January 7, 2026, Aetna Better Health of Oklahoma submitted a formal request to OHCA for review and approval to change service provisions.

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 table below:

SoonerSelect Medical Requests to Change Service Provisions				
PROCEDURE CODES IMPACTED	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
No PA for Certain HCPCS Codes Related to DME Supplies for Nutrition				
B9002 – Enteral nutrition infusion pump (portable or stationary) B9004 – Parenteral nutrition infusion pump (portable) B9006 – Parenteral nutrition infusion pump (stationary)	Aetna Better Health of Oklahoma is requesting to remove these specific HCPCS codes from their Prior Authorization list.	Removal of Prior Authorization requirements for these codes aligns with changes previously made by one or more CEs. Additionally, utilization is controlled with the approval of the procedure of placing a feeding tube.	No significant impact or spending increase is anticipated by removing these codes.	Approved 2/13/2026 <i>Item will be presented at the March 5, 2026, MAC meeting</i>

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

The SoonerSelect Medical Contract at Section 1.7: Covered Benefits and Section 1.8: Medical Management states that medical 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 December 18, 2025, Aetna Better Health of Oklahoma (ABHOK) submitted a formal request to OHCA for review and approval to change service provisions.

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 table below:

SoonerSelect Medical Requests to Change Service Provisions				
PROCESS IMPACTED	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
Removing Prior Authorization Requirement for Neurobehavioral Status Exam (NBSE)				
96116 – First hour of a Neurobehavioral Status Exam (NBSE)	Aetna Better Health of Oklahoma is requesting to remove the Prior Authorization requirement for this code.	Due to low volume/utilization, Aetna is seeking to remove this code from their Prior Authorization List.	Aetna does not anticipate significant claim impact or increased spending by not requiring a PA for these codes.	Approved 2/13/2026 <i>Item will be presented at the March 2026, MAC meeting</i>

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On January 7, 2026, Aetna Better Health of Oklahoma submitted a formal request to OHCA for review and approval to change service provisions.

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 table below:

SoonerSelect Medical Requests to Change Service Provisions				
PROCEDURE CODES IMPACTED	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
No Prior Authorization Requirements for Certain CPT and HCPCS Codes Related to Lung Cancer Screen				
71271 – Low dose CT scan of the thorax specifically for lung cancer screening G0296 – Counseling visit to discuss the need for lung cancer screening using low dose CT scan	Aetna Better Health of Oklahoma is requesting to remove these specific CPT and HCPCS codes from their Prior Authorization list.	Removal of prior authorization requirements aligns with changes previously made by one or more CEs.	No significant impact or spending increase anticipated by not adding these codes.	Approved 2/13/2026 <i>Item will be presented at the March 5, 2026, MAC meeting</i>

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

The SoonerSelect Medical Contract at Section 1.7: Covered Benefits and Section 1.8: Medical Management states that medical 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 January 26, 2026, Humana Healthy Horizons in Oklahoma submitted a formal request to OHCA for review and approval to change service provisions.

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 table below:

SoonerSelect Medical Requests to Change Service Provisions				
PROCEDURE CODES IMPACTED	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
Remove Specific CPT Codes related to Hearing Aid Devices from Prior Authorization List				
92628 – Evaluation for hearing aid candidacy (first 30 minutes) 92629 – Billing each 15 minutes of service beyond a time limit in audiology 92631 – Hearing aid selection services 92632 – Selection of hearing aids for one or both ears 92634 – Fitting of hearing aid devices 92635 – Evaluative and therapeutic Otorhinolaryngologic services 92642 – Hearing aid devices fitting services	Humana Healthy Horizons of Oklahoma is requesting to remove these CPT codes from their Prior Authorization list.	An audit was conducted on “Hearing Aids” category, and a negative ROI was noted.	No significant impact or spending increase anticipated by not adding this code.	Approved 2/13/2026 <i>Item will be presented at the March 5, 2026, MAC meeting</i>

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

The SoonerSelect Medical Contract at Section 1.7: Covered Benefits and Section 1.8: Medical Management states that medical 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 January 26, 2026, Humana Healthy Horizons of Oklahoma submitted a formal request to OHCA for review and approval to change service provisions.

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 table below:

SoonerSelect Medical Requests to Change Service Provisions				
PROCEDURE CODES IMPACTED	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
Not Adding Specific CPT Codes to Prior Authorization List				
76815 – Limited Obstetrical Ultrasound 76816 – Diagnostic Ultrasound Procedure – Specifically for follow-up evaluations of each fetus 76817 – Transvaginal Ultrasound 76818 – Fetal Biophysical Profile (BPP) with a Non-Stress Test (NST)	Humana Healthy Horizons of Oklahoma is requesting to not add these CPT codes to their Prior Authorization list.	Due to low cost, Humana does not feel the addition of these codes to their prior authorization list would be beneficial.	No significant impact or spending increase anticipated by not adding these codes.	Approved 2/13/2026 <i>Item will be presented at the March 5, 2026, MAC meeting</i>

SoonerSelect Medical Requests to Change Service Provisions

PROCEDURE CODES IMPACTED	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
<p>76819 – Fetal Biophysical Profile (BPP) without a Non-Stress Test (NST)</p> <p>59025 – Fetal Non-Stress Test (NST)</p>				

SoonerSelect

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

The SoonerSelect Medical Contract at Section 1.7: Covered Benefits and Section 1.8: Medical Management states that medical 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 January 26, 2026, Humana Healthy Horizons of Oklahoma submitted a formal request to OHCA for review and approval to change service provisions.

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 table below:

SoonerSelect Medical Requests to Change Service Provisions				
PROCEDURE CODES IMPACTED	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
Removing specific HCPCS Code from Prior Authorization List				
A6512 – Compression burn garment	Humana Healthy Horizons of Oklahoma is requesting to remove this specific HCPCS code from their Prior Authorization list.	Humana does not feel the addition of this code to their prior authorization list would be beneficial.	No significant impact or spending increase is anticipated by not adding this code. An audit was conducted, and Humana reports no claims and no criteria found for this service.	Approved 2/13/2026 <i>Item will be presented at the March 5, 2026, MAC meeting</i>

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SoonerSelect

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

The SoonerSelect Medical Contract at Section 1.7: Covered Benefits and Section 1.8: Medical Management states that medical 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 January 26, 2026, Humana Healthy Horizons of Oklahoma submitted a formal request to OHCA for review and approval to change service provisions.

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 table below:

SoonerSelect Medical Requests to Change Service Provisions				
PROCEDURE CODES IMPACTED	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
Removing Certain CPT Codes from Prior Authorization List				
95990 – Refilling and maintenance of implantable pumps or reservoirs for drug delivery 95991 – Refilling and maintenance of implantable pumps or reservoirs for drug delivery to the spine or brain	Humana Healthy Horizons of Oklahoma is requesting to remove these specific CPT codes from their Prior Authorization list.	Humana does not feel the addition of these codes to their prior authorization list would be beneficial.	No significant impact or spending increase is anticipated by not adding these codes. An audit was conducted, and Humana reports no claims and no criteria found for these services.	Approved 2/13/2026 <i>Item will be presented at the March 5, 2026, MAC meeting</i>

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SoonerSelect

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

The SoonerSelect Medical Contract at Section 1.7: Covered Benefits and Section 1.8: Medical Management states that medical 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 December 31, 2025, Humana Healthy Horizons of Oklahoma submitted a formal request to OHCA for review and approval to change service provisions.

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 table below:

SoonerSelect Medical Requests to Change Service Provisions				
PROCEDURE CODES IMPACTED	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REASON FOR PROPOSED CHANGE	ANTICIPATED IMPACT	OHCA DECISION
Applied Behavior Analysis (ABA) Assessments- Process Change				
<p>97151 – Initial Assessment - Applied Behavior analysis (ABA) assessments covering evaluation, treatment planning and caregiver communications</p> <p>97151-TS – Reassessment – Billed in 15-minute units with a maximum of 32 units (8 hours) per authorization period</p>	<p>Initial Assessment 97151 - Limit to 24 units (6 hours)</p> <p>Reassessment (97151 TS) – Introduce a modifier (e.g., TS)</p> <p>Cap at 16 units (4 hours) every 6 months</p>	<p>Initial Assessment 97151 – 24 units should suffice for comprehensive assessment. Setting a reasonable cap helps ensure efficiency and consistency.</p> <p>Reassessment (97151 TS)- Reassessments require less time than initial evaluations.</p>	<p>This approach supports appropriate utilization, reduces therapy fatigue, aligns with national norms, and maintains flexibility for individualized treatment planning.</p> <p>Cost savings for 2026 are estimated at \$339,000</p>	<p>Approved 2/25/2026</p> <p><i>Item will be presented at the March 5, 2026, MAC meeting</i></p>

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

The SoonerSelect Medical Contract at Section 1.7: Covered Benefits and Section 1.8: Medical Management states that medical 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 10/17/2025, Oklahoma Complete Health & Oklahoma Complete Health Children's Specialty Program submitted a formal request to OHCA for review and approval to change service provisions. OCH & OCHCSP are requesting to increase the percentage of required supervision hours related to Applied Behavioral Analysis services to bring the requirement in line with national standards, improve quality of care, and reduce the risk of fraud, waste, and abuse.

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. This request has been approved by SMEs in its entirety.

OHCA decisions are noted in the in the table below:

SoonerSelect Medical & CSP Requests to Change Service Provisions

Process Changes	PROPOSED MODIFICATION TO PROTOCOL	REASON FOR PROPOSED MODIFICATION	ANTICIPATED IMPACT	OHCA DECISION
Increase Required Case Supervision for Applied Behavioral Analysis (ABA) Services				
<p>For ABA services, increase case supervision to 10% of direct treatment hours.</p> <ul style="list-style-type: none"> • 1-2 hours of case supervision for every 10 hours of direct treatment • If direct treatment totals less than 10 hours per week, 2 hours of supervision is required 	<p>Increase in required case supervision of Applied Behavioral Analysis (ABA) services from 5% of direct treatment hours to 10 %.</p>	<p>Aligning with CASP (Council of Autism Service Providers) guidelines elevate clinical standards, strengthens compliance, and enhances professional development by allowing more feedback and coaching for staff. Overall, this change aligns with nationally recognized standards of care.</p>	<p>Enhance the quality and effectiveness of ABA services.</p> <p>Member Impact: Improved quality of care through closer monitoring of treatment plans, timely adjustments, support better outcomes by reducing treatment drift, promote skill acquisition, and enable greater family engagement through expanded caregiver training and collaboration</p> <p>Financial Impact: The increased billing for additional supervision hours is expected to be offset by reduced waste, improved treatment efficiency, and gain long-term savings associated with better outcomes and decreased regression.</p> <p>Other Impacts: This change is related to the prevention of fraud, waste, and abuse. Increasing case supervision from 5% to 10% reduces the risk of billing for ineffective or non-compliant ABA services.</p>	<p>Approved 2/23/2026</p>



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

The SoonerSelect Medical Contract at Section 1.7: Covered Benefits and Section 1.8: Medical Management states that medical 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 12/8/2025, Oklahoma Complete Health & Oklahoma Complete Health Children's Specialty Program submitted a formal request to OHCA for review and approval to change service provisions. This request is to implement a prior authorization process for non-emergency air ambulance services.

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. SMEs have approved this request.

OHCA decisions are noted in the in the table below:

SoonerSelect Medical Requests to Change Service Provisions				
PROCEDURE CODES	PROPOSED MODIFICATION TO CURRENT PROTOCOL	REASON FOR PROPOSED MODIFICATION	ANTICIPATED IMPACT	OHCA DECISION
Implement Prior Authorization Requirement for Codes A0430 & A0435				
A0430 – Ambulance Service Conventional Air Transport 1 Way Fixed Wing	Implement a prior authorization (PA) requirement for non-emergent air transportation.	Ensure that non-emergency air transportation is medically necessary.	A0430 AMB SRV CONV AIR TRANS 1W FIX WING: OCH anticipates 26 paid claims with an approval rate of 82% and \$92,887 paid in total, \$3,573 avg per claim	APPROVE 2/23/2026
A0435 – Fixed Wing Air Mileage, Per Statute Mile	Emergency air transport will not require prior authorization. The CE's billing system checks claims for emergency indicators (such as field 24c on 1500 claims form) and will automatically bypass the PA requirement to pay the claim.	Promote appropriate utilization of resources and cost-effective care delivery	A0435 FIXED WING AIR MILEAGE P/STATUTE MI: OCH anticipates 27 paid claims with an approval rate of 88% and \$49,271 paid in total, \$1,825 avg per claim	

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OKLAHOMA

Health Care Authority

FINANCIAL REPORT

For the Four Month Period Ending November 31, 2025
Submitted to the CEO & Board

- Revenues for OHCA through November, accounting for receivables, were **\$4,145,508,422** or **2.2% under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$4,092,149,804** or **2.4% under** budget.
- The state dollar budget variance through November is a positive **\$7,381,588**.
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Administration	0.6
Medicaid Program Variance	100.6
Revenues:	
Appropriations	(3.6)
Federal Funds	(72.1)
Drug Rebate	3.1
Medical Refunds	(15.8)
Taxes and Fees	(5.4)
Total FY 25 Variance	\$ 7.4

ATTACHMENTS

Summary of Revenue and Expenditures: OHCA	1
Medicaid Program Expenditures by Source of Funds	2
Other State Agencies Medicaid Payments	3
Fund 205: Supplemental Hospital Offset Payment Program Fund	4
Fund 230: Quality of Care Fund Summary	5
Fund 245: Insure Oklahoma Program (HEEIA Fund)	6
Combining Statement of Revenue, Expenditures and Fund Balance	7
Medicaid Expansion - Healthy Adult Program: OHCA	8
Summary of Administrative Expenditures: OHCA	9

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
SFY 2026, For the Five Month Period Ending November 30, 2025

REVENUES	FY 26 Budget YTD	FY 26 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 741,430,738	\$ 737,860,356	\$ (3,570,382)	(0.5)%
Federal Funds	2,899,188,351	2,827,000,230	(72,188,121)	(2.5)%
Tobacco Tax Collections	28,111,225	29,390,981	1,279,757	4.6%
Quality of Care Collections	42,533,652	42,639,928	106,276	0.2%
Prior Year Carryover	57,296,120	57,296,119	(1)	(0.0)%
Drug Rebates	240,372,804	243,474,777	3,101,973	1.3%
Medical Refunds	27,430,875	11,634,938	(15,795,937)	(57.6)%
Insurance Premium Tax	-	-	-	0.0%
Supplemental Hospital Offset Payment Program	198,908,296	192,667,705	(6,240,592)	(3.1)%
Other Revenues	4,099,529	3,543,388	(556,140)	(13.6)%
TOTAL REVENUES	\$ 4,239,371,589	\$ 4,145,508,422	\$ (93,863,166)	(2.2)%

EXPENDITURES	FY 26 Budget YTD	FY 26 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	\$ 29,496,296	\$ 29,532,562	\$ (36,266)	(0.1)%
ADMINISTRATION - CONTRACTS	\$ 74,456,805	\$ 73,851,641	\$ 605,164	0.8%
MEDICAID PROGRAMS				
<u>Managed Care:</u>				
SoonerCare Choice	17,170,523	17,283,249	(112,726)	(0.7)%
SoonerSelect Medical	1,158,529,766	1,097,831,550	60,698,216	5.2%
SoonerSelect Dental	83,416,634	80,833,047	2,583,587	3.1%
SoonerSelect CSP	77,518,282	73,994,007	3,524,275	4.5%
SoonerSelect DPP - Provider Incentives	57,544,751	28,851,381	28,693,370	49.9%
SoonerSelect DPP - SHOPP	543,762,798	556,276,852	(12,514,054)	(2.3)%
SoonerSelect DPP - ASPAPP	4,483,567	4,483,567	-	0.0%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	483,252,126	475,014,182	8,237,944	1.7%
Behavioral Health	7,004,382	6,795,834	208,548	3.0%
Physicians	122,477,421	116,511,402	5,966,019	4.9%
Dentists	25,523,396	26,104,914	(581,518)	(2.3)%
Other Practitioners	13,038,495	9,603,703	3,434,792	26.3%
Home Health Care	13,936,761	14,012,553	(75,792)	(0.5)%
Lab & Radiology	8,095,578	7,780,037	315,541	3.9%
Medical Supplies	35,462,817	35,185,853	276,964	0.8%
Ambulatory/Clinics	192,079,686	197,228,060	(5,148,374)	(2.7)%
Prescription Drugs	407,117,099	413,658,295	(6,541,196)	(1.6)%
OHCA Therapeutic Foster Care	3,750	5,101	(1,351)	(36.0)%
<u>Other Payments:</u>				
Nursing Facilities	403,106,617	409,046,830	(5,940,213)	(1.5)%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	39,492,316	37,748,966	1,743,350	4.4%
Medicare Buy-In	108,206,077	108,388,063	(181,987)	(0.2)%
Transportation	59,204,543	46,788,836	12,415,707	21.0%
Money Follows the Person-OHCA	681,000	882,299	(201,300)	(29.6)%
Electronic Health Records-Incentive Payments	-	-	-	0.0%
Part D Phase-In Contribution	59,076,700	59,178,493	(101,793)	(0.2)%
Supplemental Hospital Offset Payment Program	152,163,927	151,193,598	970,328	0.6%
Telligen	5,233,343	4,871,379	361,964	6.9%
OEPIIC	11,809,104	9,213,549	2,595,555	22.0%
Total OHCA Medical Programs	4,089,391,457	3,988,765,601	100,625,856	2.5%
OHCA Non-Title XIX Medical Payments	50,000	-	50,000	100.0%
TOTAL OHCA	\$ 4,193,394,558	\$ 4,092,149,804	\$ 101,244,754	2.4%

REVENUES OVER/(UNDER) EXPENDITURES	\$ 45,977,030	\$ 53,358,618	\$ 7,381,588	
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OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
SFY 2026, For the Five Month Period Ending November 30, 2025

Category of Service	Total	Health Care Authority	Quality of Care	Insure Oklahoma	SHOPP	BCC	Other State Agencies
SoonerCare Choice	17,283,249	17,283,073	\$ -	\$ -	\$ -	176	\$ -
SoonerSelect Medical	1,293,489,319	1,097,831,550	\$ -	\$ -	\$ -	-	\$ 195,657,768.92
SoonerSelect Dental	80,833,047	80,833,047					
SoonerSelect DPP - SHOPP/ASPAPP/Prov In	604,895,287	33,334,947	\$ -	\$ -	\$ 556,276,852	\$ -	\$ 15,283,488.19
SoonerSelect CSP	73,994,007	73,994,007	\$ -	\$ -	\$ -	\$ -	\$ -
Inpatient Acute Care	641,399,969	271,747,384	202,786	(71)	103,523,426	38,688	265,887,756
Outpatient Acute Care	242,415,434	202,487,106	17,335	(67)	39,390,177	520,883	-
Behavioral Health - Inpatient	27,284,609	4,021,545	-	-	6,435,049	-	16,828,015
Behavioral Health - Psychiatrist	4,619,236	2,774,289	-	-	1,844,946	-	-
Behavioral Health - Outpatient	10,245,673	-	-	-	-	-	10,245,673
Behavioral Health-Health Home	-	-	-	-	-	-	-
Behavioral Health Facility- Rehab	38,505,082	-	-	-	-	161	38,505,082
Behavioral Health - Case Management	1,057,599	-	-	-	-	-	1,057,599
Behavioral Health - PRTF	4,288,069	-	-	-	-	-	4,288,069
Behavioral Health - CCBHC	89,546,829	-	-	-	-	-	89,546,829
Residential Behavioral Management	2,082,705	-	-	-	-	-	2,082,705
Targeted Case Management	20,646,856	-	-	-	-	-	20,646,856
Therapeutic Foster Care	5,101	5,101	-	-	-	-	-
Physicians	136,602,542	116,245,467	24,209	-	-	241,726	20,091,140
Dentists	26,104,914	26,103,486	-	-	-	1,428	-
Mid Level Practitioners	94,973	94,973	-	-	-	-	-
Other Practitioners	9,508,730	9,319,381	185,985	-	-	3,364	-
Home Health Care	14,012,553	14,012,553	-	-	-	-	-
Lab & Radiology	7,780,037	7,777,182	-	-	-	2,856	-
Medical Supplies	35,185,853	34,054,273	1,129,805	-	-	1,775	-
Clinic Services	202,428,463	193,649,272	-	-	-	30,840	8,748,351
Ambulatory Surgery Centers	3,547,948	3,546,702	-	-	-	1,246	-
Personal Care Services	4,994,933	-	-	-	-	-	4,994,933
Nursing Facilities	409,046,830	279,920,981	129,125,849	-	-	-	-
Transportation	46,654,910	45,090,437	1,470,007	-	-	94,466	-
IME/DME	43,959,566	-	-	-	-	-	43,959,566
ICF/IID Private	37,748,966	31,831,070	5,917,896	-	-	-	-
ICF/IID Public	1,933,365	-	-	-	-	-	1,933,365
CMS Payments	167,566,556	166,908,561	657,995	-	-	-	-
Prescription Drugs	413,658,126	413,482,360	-	(169)	-	175,935	-
Miscellaneous Medical Payments	133,926	133,183	-	-	-	743	-
Home and Community Based Waiver	168,683,780	-	-	-	-	-	168,683,780
Homeward Bound Waiver	38,577,372	-	-	-	-	-	38,577,372
Money Follows the Person	3,123,743	882,299	-	-	-	-	2,241,443
In-Home Support Waiver	37,066,476	-	-	-	-	-	37,066,476
ADvantage Waiver	127,068,860	-	-	-	-	-	127,068,860
Family Planning/Family Planning Waiver	342,982	-	-	-	-	-	342,982
Premium Assistance*	9,213,856	-	-	9,213,856	-	-	-
Telligen	4,871,379	4,871,379	-	-	-	-	-
Electronic Health Records Incentive Payments	-	-	-	-	-	-	-
Total Medicaid Expenditures	\$ 5,102,503,710	\$ 3,132,235,609	\$ 138,731,866	\$ 9,213,549	\$ 707,470,450	\$ 1,114,287	\$ 1,113,738,109

* Includes 9,158,888.83 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
SFY 2026, For the Five Month Period Ending November 30, 2025

REVENUE	FY 26 Actual YTD
Revenues from Other State Agencies	284,246,109
Federal Funds	796,421,156
TOTAL REVENUES	\$ 1,080,667,265
EXPENDITURES	Actual YTD
Oklahoma Human Services	
Home and Community Based Waiver	\$ 168,683,780
Money Follows the Person	2,241,443
Homeward Bound Waiver	38,577,372
In-Home Support Waivers	37,066,476
Advantage Waiver	127,068,860
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public	1,933,365
Personal Care	4,994,933
Residential Behavioral Management	367,484
Targeted Case Management	17,169,424
SoonerSelect	3,692,386
Total Oklahoma Human Services	401,795,524
State Employees Physician Payment	
Physician Payments	20,091,140
SoonerSelect	15,283,488
Total State Employees Physician Payment	35,374,628
Education Payments	
Graduate Medical Education	-
Indirect Medical Education	42,628,499
Direct Medical Education	1,331,067
DSH	-
Total Education Payments	43,959,566
Office of Juvenile Affairs	
Targeted Case Management	283,570
Residential Behavioral Management	1,715,221
SoonerSelect	2,554,467
Total Office of Juvenile Affairs	4,553,257
Department of Mental Health & Substance Abuse Services	
Case Management	1,057,599
Inpatient Psychiatric Free-standing	16,828,015
Outpatient	10,245,673
Health Homes	-
Psychiatric Residential Treatment Facility	4,288,069
Certified Community Behavioral Health Clinics	89,546,829
Rehabilitation Centers	38,505,082
SoonerSelect	187,861,942
Total Department of Mental Health & Substance Abuse Services	348,333,210
State Department of Health	
Children's First	71,003
Sooner Start	-
Health Clinics	4,468
Early Intervention	672,047
Early and Periodic Screening, Diagnosis, and Treatment Clinic	153,319
Family Planning	94,405
Family Planning Waiver	248,577
Maternity Clinic	20,672
SoonerSelect	1,529,412
Total Department of Health	2,793,903
County Health Departments	
EPSDT Clinic	24,279
Family Planning Waiver	-
Total County Health Departments	24,279
Native American Tribal Agreements	
SoonerSelect	8,545,612
	2,058
	8,547,670
Department of Corrections	
SoonerSelect	6,105,085
	17,505
	6,122,590
State Department of Education	
Public Schools	686,517
Medicare DRG Limit	1,764,295
JD McCarty	252,796,357
	6,986,314
Total OSA Medicaid Programs	\$ 1,113,738,109
OSA Non-Medicaid Programs	\$ 27,862,454
Accounts Receivable from OSA	\$ 60,933,298

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
SFY 2026, For the Five Month Period Ending November 30, 2025

REVENUES	FY 26 Revenue
SHOPP Assessment Fee	192,292,809
Federal Draws	\$ 531,449,232
Interest	374,895
Penalties	-
TOTAL REVENUES	\$ 724,116,936

EXPENDITURES	Quarter	Quarter	Quarter	Quarter	FY 26 Expenditures
Program Costs:	7/1/25 - 9/30/25	10/1/25 - 12/31/25	1/1/26 - 3/31/26	4/1/26 - 6/30/26	
Hospital - Inpatient Care	33,165,493	33,700,485	-	-	\$ 66,865,978
Hospital - Outpatient Care	13,243,727	13,457,361	-	-	\$ 26,701,088
Psychiatric Facilities-Inpatient	2,063,079	2,096,359	-	-	\$ 4,159,438
Rehabilitation Facilities-Inpatient	591,490	601,032	-	-	\$ 1,192,522
Directed Payments - Inpatient	95,202,463	95,201,064	-	-	\$ 190,403,528
Directed Payments - Outpatient	53,168,269	53,168,269	-	-	\$ 106,336,538
					-
Directed Payments - Inpatient - CHIP	5,507,058	5,506,977	-	-	\$ 11,014,035
Directed Payments - Outpatient - CHIP	7,521,081	7,521,081	-	-	\$ 15,042,162
					-
Hospital - Inpatient Care - Expansion	17,957,988	18,699,460	-	-	\$ 36,657,448
Hospital - Outpatient Care - Expansion	6,216,213	6,472,876	-	-	\$ 12,689,090
Psychiatric Facilities-Inpatient - Expansion	1,114,791	1,160,820	-	-	\$ 2,275,611
Rehabilitation Facilities-Inpatient - Expansion	319,614	332,810	-	-	\$ 652,424
Directed Payments - Inpatient - Expansion	50,715,662	50,714,916	-	-	\$ 101,430,578
Directed Payments - Outpatient - Expansion	66,025,006	66,025,006	-	-	\$ 132,050,011
					-
Total OHCA Program Costs	352,811,935	354,658,515	-	-	707,470,450
Total Expenditures					\$ 707,470,450

<i>SHOPP Revenue transferred to Fund 340 for Medicaid Program expense</i>	<i>\$ 191,244,367</i>
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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 2026, For the Five Month Period Ending November 30, 2025

REVENUES	Total Revenue	State Share
Quality of Care Assessment	\$ 42,596,957	\$ -
<i>Quality of Care Penalties (*Non-Spendable Revenue)</i>	\$ -	\$ -
Interest Earned	\$ 42,971	\$ 42,971
TOTAL REVENUES	\$ 42,639,928	\$ 42,639,928

EXPENDITURES	FY 26 Total \$ YTD	FY 26 State \$ YTD	Total State \$ Cost
Program Costs			
Nursing Facility Rate Adjustment	\$ 127,642,938	\$ 42,338,773	
Eyeglasses and Dentures	114,111	\$ 37,850	
Personal Allowance Increase	1,368,800	\$ 453,958	
Coverage for Durable Medical Equipment and Supplies	1,129,805	\$ 374,689	
Coverage of Qualified Medicare Beneficiary	430,315	\$ 142,710	
Part D Phase-In	657,995	\$ 657,995	
ICF/IID Rate Adjustment	1,716,809	\$ 569,412	
Acute Services ICF/IID	4,201,086	\$ 1,393,661	
Non-emergency Transportation - Soonerride	1,470,007	\$ 487,559	
NF Covid-19 Supplemental Payment	-	\$ -	
ICF Covid-19 Supplemental Payment	-	\$ -	
Ventilator NF DME Supplemental Payment	-	\$ -	
Total Program Costs	\$ 138,731,866	\$ 46,456,606	\$ 46,456,606
Administration			
OHCA Administration Costs	\$ 129,972	\$ 58,487	
OHS-Ombudsmen	-	-	
OSDH-Nursing Facility Inspectors	-	-	
Mike Fine, CPA	-	-	
Total Administration Costs	\$ 129,972	\$ 58,487	\$ 58,487
Total Quality of Care Fee Costs	\$ 138,861,838	\$ 46,515,093	
TOTAL STATE SHARE OF COSTS			\$ 46,515,093

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 2026, For the Five Month Period Ending November 30, 2025

REVENUES	FY 25 Carryover	FY 26 Revenue	Total Revenue
<i>Prior Year Balance</i>	\$ 2,064,379		
<i>State Appropriations</i>	-		
<i>Federal Draws - Prior Year</i>	227,686		
Total Prior Year Revenue			2,292,065
<i>Transfer to 340 for Expansion-current year</i>		-	-
Tobacco Tax Collections	-	13,241,792	13,241,792
Interest Income	-	49,273	49,273
Federal Draws	-	6,555,268	6,555,268
TOTAL REVENUES	\$ 2,292,065	\$ 19,846,333	\$ 22,138,398

EXPENDITURES	FY 25 Expenditures	FY 26 Expenditures	Total State \$ YTD
Program Costs:			
Employer Sponsored Insurance		\$ 9,158,889	\$ 9,158,889
College Students/ESI Dental		54,967	18,263
Individual Plan			
SoonerCare Choice	\$	-	\$ -
Inpatient Hospital		-	-
Outpatient Hospital		-	-
BH - Inpatient Services-DRG		-	-
BH -Psychiatrist		-	-
Physicians		-	-
Dentists		-	-
Mid Level Practitioner		-	-
Other Practitioners		-	-
Home Health		-	-
Lab and Radiology		-	-
Medical Supplies		-	-
Clinic Services		-	-
Ambulatory Surgery Center		-	-
Skilled Nursing		-	-
Prescription Drugs		-	-
Transportation		-	-
Premiums Collected		-	-
Total Individual Plan		\$ -	\$ -
College Students-Service Costs		\$ (307)	\$ (103)
Total OHCA Program Costs		\$ 9,213,549	\$ 9,177,049
Administrative Costs			
Salaries	\$ 13,046	\$ 599,262	\$ 612,309
Operating Costs	133	533	667
E&E Development Gainwell	-	-	-
Contract - Gainwell	289,587	298,710	588,297
		-	-
Total Administrative Costs	\$ 302,766	\$ 898,506	\$ 1,201,272
Total Expenditures			\$ 10,378,321
Transfer to Fund 340 for Expansion Costs			\$ 8,349,945
NET CASH BALANCE	\$ 1,989,298	\$ 1,420,834	\$ 3,410,132

OKLAHOMA HEALTH CARE AUTHORITY
Combining Statement of Revenues, Expenditures and Changes in Fund Balance
SFY 2026, For the Five Month Period Ending November 30, 2025

	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	Indian Health Service/Tribal /Urban Indian (I/T/U) Fund 256	Ambulance Service Provider Access Payment Program Fund 270	Insurance Premium Tax Fund 270	Medicaid Program Fund 340	Clearing Account 1807B	Total Cash Balance
NOVEMBER Beginning Fund Balance:														
Prior year	26,626,493	11,993,703	0	558,187,810	19,099,602	4,223	-	-	-	-	-	187,605,588	52,089,261	855,606,680
Current year	(6,015,889)	1,051,129	0	-	231,996	3,031,089	-	-	-	-	-	39,265,608	2,286,425	39,850,358
	20,610,604	13,044,832	0	558,187,810	19,331,598	3,035,312	-	-	-	-	-	226,871,196	54,375,686	895,457,039
NOVEMBER Revenues:														
Prior year	1,544,419	-	-	-	-	-	-	-	-	-	-	8,443	-	1,552,862
Current year	20,366,409	267,266	8,152,941	-	60,171	4,035,248	50,823	3,045,759	978	1,111,544	-	757,243,400	9,714,888	804,049,427
	21,910,828	267,266	8,152,941	-	60,171	4,035,248	50,823	3,045,759	978	1,111,544	-	757,251,843	9,714,888	805,602,290
NOVEMBER Expenditures:														
Prior year	3,187,399	-	-	-	-	-	-	-	-	-	-	-	-	3,187,399
Current year	13,962,659	-	-	-	-	1,972,280	-	-	-	-	-	910,929,765	-	926,864,704
	17,150,058	-	-	-	-	1,972,280	-	-	-	-	-	910,929,765	-	930,052,102
Operating Transfers In														
Prior year														
Current year	7,213,873	-	-	-	-	-	-	-	-	-	-	114,455,747	-	121,669,620
	4,680,395	-	-	-	-	-	-	-	-	-	-	106,402,734	-	121,669,620
Account Receivables														
	(70,006)	(4,942)	-	-	-	-	-	-	-	-	-	12,070,276	-	11,995,328
	(70,006)	(4,942)	-	-	-	-	-	-	-	-	-	12,070,276	-	11,995,328
Operating Transfers Out														
Prior year	2,533,478	-	-	2,893,494	-	4,223	-	-	-	-	-	8,053,013	-	13,484,208
Current year	-	-	8,152,941	-	-	1,665,766	50,823	3,045,759	-	1,111,544	-	-	52,089,261	66,116,095
	-	-	8,152,941	2,893,494	-	1,669,989	50,823	3,045,759	-	1,111,544	-	-	52,089,261	79,600,303
Change in Fund Balance	9,511,171	272,208	0	(2,893,494)	60,171	392,979	0	(0)	978	-	-	(59,345,465)	(42,374,373)	(94,375,824)
Ending Fund Balance	30,121,775	13,317,040	0	555,294,316	19,391,769	3,428,292	-	-	978	-	-	167,525,731	12,001,313	801,081,215

OKLAHOMA HEALTH CARE AUTHORITY
HEALTHY ADULT PROGRAM EXPENDITURES - OHCA
SFY 2026, For the Five Month Period Ending November 30, 2025

NOVEMBER Beginning Fund Balance:	FY 26 BUDGETED EXPENDITURES		FY 26 ACTUAL EXPENDITURES	BUDGET VARIANCE (Over)/ Under
	Full Year	Year to Date	NOVEMBER	
OHCA MEDICAID PROGRAMS				
Managed Care				
SoonerCare Choice	968,531	396,564	290,192	106,371
SoonerSelect Medical	1,259,108,822	524,628,676	506,004,815	18,623,861
SoonerSelect Dental	54,029,588	22,512,328	21,949,730	562,598
SoonerSelect DPP - Provider Incentives	39,619,931	19,809,965	10,741,795	9,068,171
SoonerSelect DPP - SHOPP	377,020,937	188,510,469	233,480,589	(44,970,121)
SoonerSelect DPP - ASPAPP	2,162,153	2,162,153	2,162,153	-
Total Managed Care	1,732,909,961	758,020,155	774,629,274	(16,609,120)
Fee for Service				
Hospital Services:				
Inpatient Acute Care	136,057,057	57,562,601	57,479,389	83,212
SHOPP - FFS	102,129,084	51,064,542	52,274,573	(1,210,031)
Outpatient Acute Care	133,635,120	56,537,936	60,379,761	(3,841,825)
Total Hospitals	371,821,261	165,165,078	170,133,722	(4,968,644)
Behavioral Mental Health:				
Inpatient Services - DRG	15,373,994	6,504,382	6,542,079	(37,697)
Outpatient	-	-	-	-
Total Behavioral Mental Health	15,373,994	6,504,382	6,542,079	(37,697)
Nursing Home	83,776	35,444	28,762	6,682
Physicians & Other Providers:				
Physicians	57,930,086	24,508,883	26,231,828	(1,722,945)
Dentists	9,973,516	4,219,564	4,700,615	(481,050)
Mid-Level Practitioner	52,081	22,034	23,077	(1,043)
Other Practitioners	4,783,786	2,023,909	309,652	1,714,257
Home Health Care	321,410	135,981	257,968	(121,987)
Lab & Radiology	4,910,845	2,077,665	2,119,720	(42,055)
Medical Supplies	6,929,999	2,931,923	3,056,045	(124,122)
Clinic Services	111,157,193	47,028,043	52,931,754	(5,903,711)
Ambulatory Surgery	2,016,799	853,261	694,476	158,785
Total Physicians & Other Providers	198,075,715	83,801,264	90,325,134	(6,523,870)
Misc Medical & Health Access Network	27,272	11,538	63,582	(52,044)
Transportation	16,488,976	5,728,709	8,321,616	(2,592,906)
Prescription Drugs	304,847,022	128,973,740	138,022,285	(9,048,545)
Total OHCA Medicaid Programs	2,639,627,978	1,148,240,311	1,188,066,455	(39,826,144)

OKLAHOMA HEALTH CARE AUTHORITY
Summary Statement of Administrative Expenditures
FISCAL YEAR 2026
NOVEMBER

EXPENDITURES	Budget		Encumbrances	YTD Actual		(Over)/ Under	% (Over)/ Under
	YTD	YTD		+ Encumbrances			
Operations							
Payroll	\$ 25,715,969	\$ 21,811,364	2,175,997	\$ 23,987,361	\$ 1,728,609	6.7%	
Travel	\$ 77,755	\$ 35,193	4,008	39,201	38,554	49.6%	
Furniture and Equipment	\$ 648,103	\$ 32,314	52,045	84,358	563,745	87.0%	
Postage	\$ 20,833	\$ 20,000	3,750	23,750	(2,917)	(14.0)%	
Rent	\$ 1,092,380	\$ 2,660,108	140,303	2,800,411	(1,708,031)	(156.4)%	
Other Operating	\$ 1,941,256	\$ 695,680	1,901,801	2,597,481	(656,226)	(33.8)%	
Subtotal Operations	29,496,296	25,254,659	4,277,903	29,532,562	(36,266)	(0.1)%	
Contracted Services							
KFMC (External Quality Reviewer)	\$ 1,404,512	\$ 1,080,947	499,576	1,580,524	(176,012)	(12.5)%	
Maximus	\$ 1,173,521	\$ 366,996	762,945	1,129,940	43,580	3.7%	
Gainwell Technologies	\$ 23,230,646	\$ 14,333,615	8,526,117	22,859,732	370,914	1.6%	
Ok Tobacco Settlement Endowment trust	\$ 933,333	\$ -	1,438,514	1,438,514	(505,180)	(54.1)%	
Other Professional Services	\$ 10,217,620	\$ 6,114,827	3,422,758	9,537,585	680,035	6.7%	
OSDH Survey and Certification	\$ 1,921,250	\$ 207,125	1,787,535	1,994,660	(73,410)	(3.8)%	
Other Agency Contracts	\$ 3,066,776	\$ 1,556,194	1,473,335	3,029,529	37,247	1.2%	
Other Grants	\$ 342,374	\$ 39,126	303,248	342,374	-	0.0%	
Other Grants-100% Federal	\$ -	\$ -	-	-	-	0.0%	
HSI Grants	\$ 799,703	\$ 49,035	750,668	799,703	-	0.0%	
Health Inform Tech Grant-APD, IAPD	\$ 2,956,775	\$ 971,197	1,985,578	2,956,775	-	0.0%	
Money Follows the Person	\$ 909,882	\$ 413,036	496,846	909,882	-	0.0%	
Money Follows the Person-TRIBAL	\$ 369,903	\$ 343,935	25,968	369,903	-	0.0%	
Money Follows the Person-Capacity Bldg	\$ 738,889	\$ 250,604	488,285	738,889	-	0.0%	
Transforming Maternal Health	\$ 262,722	\$ 106,251	156,471	262,722	-	0.0%	
School Based Services	\$ 416,667	\$ 2,680	413,987	416,667	-	0.0%	
Medicaid Eligibility System Project**	\$ 12,822,552	\$ 4,657,194	8,165,358	12,822,552	-	0.0%	
Interoperability	\$ 361,111	\$ -	361,111	361,111	-	0.0%	
Care Management	\$ 3,647,907	\$ 1,030,316	2,617,591	3,647,907	-	0.0%	
Mobile App	\$ 200,001	\$ -	200,001	200,001	-	0.0%	
MMIS Reprourement	\$ 3,754,000	\$ 480,000	3,274,000	3,754,000	-	0.0%	
E V V (Electronic Verification & Validation 90%)	\$ 1,789,924	\$ 357,630	1,432,294	1,789,924	-	0.0%	
Wavier Incident Management	\$ 365,478	\$ 619,650	(254,172)	365,478	-	0.0%	
Service Delivery Model	\$ -	\$ -	-	-	-	0.0%	
SoonerSelect Monitoring Tool	\$ 1,242,083	\$ -	1,242,083	1,242,083	-	0.0%	
Claims Extend, EDI, MCO APD's	\$ -	\$ -	-	-	-	0.0%	
HIFA Premium Assistance	\$ 1,171,213	\$ 898,506	272,707	1,171,213	-	0.0%	
HIFA - Gainwell (E&E)	\$ -	\$ -	-	-	-	0.0%	
Quality of Care Administration	\$ 357,963	\$ 129,972	-	129,972	227,991	63.7%	
Subtotal Contracted Services	74,456,805	34,008,836	39,842,805	73,851,641	605,164	0.8%	
Total Administration	\$ 103,953,101	\$ 59,263,495	\$ 44,120,708	\$ 103,384,203	\$ 568,898	0.5%	
Check totals	-	-	-	-	-	0.0%	

**OKLAHOMA HEALTH CARE AUTHORITY
MEDICAID ADVISORY COMMITTEE (MAC)
BY-LAWS**

Section 1: Basis for Operation

The Medicaid Advisory Committee (MAC) is established to comply with 42 CFR 431.12 and Sec. 1902(a)(4) of the Social Security Act. The MAC operates pursuant to 63 O.S. § 5009.2 and advises the Oklahoma Health Care Authority (OHCA), the single State agency for the Medicaid program. The authority and scope of responsibility of the MAC shall meet federal and state Medicaid requirements and any additional advisory duties as determined appropriate by the OHCA Chief Executive Officer or designee.

Section 2: Purpose

The purpose of the MAC shall be to advise OHCA on matters related to policy development and the effective administration of the Medicaid program. At a minimum, the MAC must determine, in collaboration with the Member Advisory Task Force (MATF) and OHCA, which topics to provide advice on related to the following:

1. Additions and changes to services;
2. Coordination of care;
3. Quality of services;
4. Eligibility, enrollment, and renewal processes;
5. Medicaid recipient and provider communications by the OHCA and managed care organizations;
6. Access to care and quality of services for all Medicaid populations;
7. Other issues that impact the provision or outcomes of health and medical care services in the Medicaid program as determined by the MAC or OHCA.

Section 3: Membership

The MAC shall consist of no more than sixteen (16) members appointed by the Director of OHCA or designee. The Director may solicit nominations from organizations or entities identified in statute, consider recommendations from the MAC, and appoint members as necessary to meet statutory composition requirements.

The MAC shall be comprised of members from each of the following:

1. Participating Soonercare providers and other representatives of the health professions who are familiar with the health and social needs of Medicaid beneficiaries, including at least one physician from each class of physicians: Allopathic Medicine, Osteopathic Medicine, Dentistry, Chiropractic, Podiatric Medicine, and Optometry;
2. A pediatrician member approved by a state organization or state chapter of a national pediatric organization, who monitors provider relations and provides a forum for grievances.
3. Members of consumers' groups, including Medicaid beneficiaries and representatives of consumer organizations, including representation for nursing homes, individuals with developmental disabilities, and one or more behavioral health professions;
4. A member representing a contracted entity, or a health plan association representing more than one such entity;
5. Other state agencies that serve Medicaid beneficiaries, including the Director of the Department of Human Services or designee and the Commissioner of Mental Health and Substance Abuse Services or designee, who serve as ex officio, non-voting members;
6. A tribal member, who is a member or citizen of a federally recognized American Indian tribe or nation whose primary headquarters is in Oklahoma;
7. For purposes of compliance with 42 C.F.R. § 431.12, OHCA's Member Advisory Task Force (MATF) serves as the State's Beneficiary Advisory Council (BAC). MATF members will be appointed to the MAC in compliance with 42 C.F.R. § 431.12.

Except for ex-officio members, individuals shall be selected from the representative categories based on their individual knowledge, experience, and interest in health and medical service programs.

Members with an actual or potential conflict of interest related to a specific matter shall disclose such interest. A disclosed interest does not automatically preclude participation unless the matter uniquely or directly affects the member in a manner distinct from similarly situated individuals, in which case the member shall refrain from discussion and voting.

Appointments shall be for a term not to exceed four (4) consecutive calendar years. Members may be reappointed to additional non-consecutive terms. Appointments shall be made on a rotating and continuous basis to promote continuity of membership.

Section 4: Officers, subcommittees and support services

The MAC shall elect a Chair and Vice Chair from among its members. Officers shall serve one-year terms and may not serve more than four (4) consecutive terms in the same office.

The Chair shall preside over meetings, assist with agenda development, and support preparation of the annual report. The Vice Chair shall perform the duties of the Chair when necessary.

The MAC may establish subcommittees as needed. Subcommittee recommendations are advisory and subject to MAC approval. OHCA shall provide staff support and technical assistance necessary for the MAC to carry out its duties.

Section 5: Alternates

The appointing authority may designate one alternate per MAC member. An alternate must meet the same general eligibility requirements as the member they replace. An alternate may attend meetings and participate in discussions and may vote only when formally seated by the Chair in place of an absent member. When seated, an alternate counts toward quorum. Alternates are subject to the same conflict-of-interest requirements as members. Service as an alternate does not constitute service as a MAC member and does not extend or replace a member's term.

Section 6: Procedures, Meetings and Quorum

The MAC shall meet at least once per quarter and plans to meet every other month. The MAC shall make at least two (2) meetings per year open to the public and include a dedicated public comment period, and the MAC may elect to open additional meetings. The MAC is advisory in nature and does not exercise governing authority or take final action; accordingly, meetings of the MAC are not intended to be subject to the Oklahoma Open Meeting Act, 25 O.S. §§ 301-314.

Meetings may be conducted in person, virtually, or in a hybrid format. At a minimum, a telephone option shall be available for members and, when applicable, the public.

A quorum shall consist of a majority of appointed voting members.

Each member has one vote. Each appointed member shall have one vote. Proxy voting is not permitted. An alternate may vote only when formally seated by the Chair in place of the appointed member and, when seated, shall count toward quorum. Ex officio members are non-voting.

Meetings shall be accessible to individuals with disabilities and provide meaningful access to individuals with limited English proficiency, consistent with applicable federal law.

Meeting minutes shall be maintained and posted on the OHCA website.

Section 7: Amendment of By-Laws

These bylaws may be amended by majority vote of the MAC, subject to approval by the Director of the single State Medicaid agency or designee.

Section 8: Annual Reporting

The MAC, with support from OHCA, shall prepare an annual report describing activities, topics discussed, and recommendations made during the year. The report shall include a summary of MATF activities and the State's response to MAC and MATF recommendations and shall be posted on the OHCA website.

Section 9: Compensation and Reimbursement

Members shall serve without compensation but may be reimbursed for necessary travel expenses in accordance with applicable state law.

DRAFT