OKLAHOMA HEALTH CARE AUTHORITY
MEDICAL ADVISORY COMMITTEE MEETING
July 10, 2025, at 1:00 P.M.
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK. 73105

A G E N D A

Public access via Zoom:
https://www.zoomgov.com/webinar/register/WN_GeZUKSHcTZqP2HJKcwSivg
Telephone: 1-669-254-5252 Webinar ID: 161 162 4153

*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 March 6, 2025, MAC Meeting Minutes…….....…...…..Jason Rhynes, O.D., Chair
3. MAC Member Comments/Discussion……...Jason Rhynes, O.D., Chair
4. Medicaid Director's Update……..……Christina Foss, Chief of Staff and State Medicaid Director
5. Financials Report (Attachment "A").……..Tasha Black, Senior Director of Budget and Procurement
6. Change of Service Provision Updates (Attachment "B")…..…..Stephanie Mavredes, Deputy State Medicaid Director
    i. New Gene Cell Therapy
    ii. Aetna New and Established Patient Codes
    iii. Humana Patient Code: T1001
    iv. Humana Patient Codes: 0016U, 0017U, 0022U, and 0023U
    v. OCH Split Fill
    vi. OCH GLP1
7. Legislative Update (Attachment "C")……..Bradley Downs, Legislative Liaison
8. New Business…….……Jason Rhynes, O.D., Chair
9. Adjournment……..Jason Rhynes, O.D., Chair

NEXT BOARD MEETING
September 4, 2025, 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 March 6th, 2025, 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: Dr. Nick Barton, Ms. Joni Bruce, Ms. Janet Cizek, Mr. Tracy Ellis, Ms. Wanda Felty, Dr. Arlen Foulks, Ms. Jennifer King, Dr. J. Daniel Post, Dr. Marny Dunlap and Dr. Jason Rhynes.

Alternates present were: Mr. Steven Buck, and Dr. Rachel Franklin providing a quorum.

Delegates absent without an alternate were**:** Ms. Melissa Miller**,** Dr. Raymond Smith, and Dr. Whitney Yeates.

II. Approval of January 9th, 2025, Minutes

Medical Advisory Committee
The motion to approve the minutes was by Dr. J. Daniel Post by Dr. Arlen Foulks and passed unanimously.

III. Public Comments (2-minute limit):

There were no public comments.

IV. MAC Member Comments/Discussion:

Dr. Crawford emailed requesting an update on SB903, molecular testing for respiratory infectious agents, and an update on the status of MATF.

Dr. Root responded that we have a medical team that is reviewing the PCR testing, and looking at all the documentation that was sent, as well as reaching out to other internal stakeholders as it would have a budget impact.

Ms. Christina Foss stated that SB903 adds 2 additional members to the committee, which is due to CMS requirements and the final access rule that was established last April. It requires states to create a beneficiary advisory committee in which Oklahoma has been a leader in this space. It also requires 25% of the membership from that group to be included in the MAC. We just need to add 1 more to meet that requirement, as well as a member who represents a health plan. After filling those 2 spots, we will be incompliance with CMS guidelines.

Ms. April Anonsen provided an update on the MATF, which has been in place since 2011. The MATF meets every other month on the 1st Saturday, with the last meeting being on February 1st, and the

next one in April. There are currently 12 members, who are receiving SoonerCare benefits. There are 2 vacant spots, and one is pending. We have utilized our partnership many times to help us make improvements to our websites, review letters, and make sure that what we're doing resonates with the members and they understand. We have representatives from the different regions; central, northeast, southeast, northwest, southwest regions. We want to make sure we have a good representation of our members because they all face different challenges. We also make sure we have representation across all our programs like ABD, a waiver, expansion population, SoonerCare choice.

V. Financial Reports:

Josh Richards, Senior Director of Financial Services

Mr. Richards presented the financial report ending in November 2024. OHCA is 2.7% under budget in revenues and 3.9% under budget in expenditure with the result that our budget variance is a positive $45,781,456. The budget variance is primarily attributed to the following: Medicaid Program Variance is a positive 140.4 million state dollars, and administration is 1.8 million state dollars. For more detailed information, see agenda item 5 in the MAC agenda.

VI. SoonerSelect Marketing Plans:

Christina Foss, Chief of Staff

Ms. Foss presented an update on SoonerSelect marketing plans regarding open enrollment. The goal is to inform our SoonerSelect members about open enrollment dates, or how to change their health plan or dental plan, if desired. We want to focus on making sure that our Tribal members have all the information thye need, as they have the opportunity to opt-in SoonerSelect. Our campaign will run March 17th through June13th. We use print flyers and share with our community partners that help enroll members that help guide members.

VII. Prior Authorizations:

Paula Root, Chief of Staff

Dr. Root presented prior authorization requests stating that CPT 65778 will require a prior authorization (PA) effective March 17, 2025. CPT 65778 placement of amniotic membrane om the ocular surface, without sutures. Human amniotic membrane (AM) graft is placed over the ocular surface without using glue or sutures. AM may be used to promote healing of ocular surface conditions that have the potential to create corneal scarring or are not responding to treatment. These conditions include various types of keratitis, corneal ulcers, neurotropic keratopathy, and chemical burns. Affected providers are Optometrists and Ophthalmologists.

VIII. Change of Service Provision:

Sandra Puebla, Deputy State Medicaid Director

Ms. Puebla stated that in January Humana Healthy Horizons submitted a formal request to OHCA for review and approval to change service provisions. OHCA subject matter experts (SMEs) reviewed the request, evaluating it in comparison to OHCA historical processes and practices, standard business practice in other markets, and in available data to determine whether to approve the request. The proposed modification is for reimbursable services, Humana will compare facility charges for evaluation and management (E/M) services provided in emergency departments against defined criteria. When the facility's billed ER E/M service code is higher than what is supported by the criteria for that code. Humana will reimburse at the lower E/M service code based on meeting defined criteria for the lower code, which was approved.

Ms. Puebla also informed the committee that in December Aetna Better Health of Oklahoma submitted a formal request for review and approval to change service provisions. OHCA subject matter experts (SME's) reviewed the requests evaluating them in comparison to OHCA historical processes and practices, standard business practices in other markets, and available data to determine whether to approve the request. The proposed modification claims Aetna will require prior authorizations for the procedure codes listed. 93303,93351,93350,22325,21199, E0935, E0730, & 61640, which were all approved. For more detailed information see item 7 in the MAC agenda.

VIII. Proposed Rule Changes: Presentation, Discussion, and vote:

Kasie McCarty, Senior Director of Federal and State Authorities

APA WF # 25-02 A&B *AD*vantage Waiver Policy Revisions – The OHCA is seeking to revise the *AD*vantage Waiver policy to align with the 1915(c) Home and Community Based waiver amendment effective, October 1, 2023. Key revisions lower the minimum age from 21 to 19 for program eligibility, modify procedural requirements for obtaining member or representative signatures for home-delivered meals, reformat for clarity, and remove outdated language.

Budget Impact: Budget Neutral

The rule change motion to approve as by Dr. Rachel Franklin and seconded by Dr. Arlen Foulks and passes unanimously.

APA WF # 25-05 Nursing Facility Durable Medical Equipment (DME) Revision — The proposed changes are to align administrative rules with the approved Oklahoma Medicaid State Plan, which states that the cost of DME is included in the nursing facility per diem rate and is not permitted to be billed separately.

Budget impact: Budget Neutral

The rule change motion to approve as by Dr. Rachel Franklin and seconded by Dr. Arlen Foulks and passes unanimously.

APA WF # 25-03 SoonerSelect Policy Revisions – The Oklahoma Health Care Authority is proposing an emergency rule revision to align with the State's SoonerSelect 1915(b) waiver amendment. These proposed changes clarify that members receiving only family planning services through SoonerPlan are excluded from enrollment in the SoonerSelect program. Additionally, the choice period for SoonerSelect enrollees will be changed from 60 days to 30 days. The choice period is the timeframe during which a SoonerSelect enrollee may select a plan. If a selection is not made during this timeframe, the enrollee will be automatically assigned to one of the contracted entities.

Budget impact: Budget Neutral

The rule change motion to approve as by Dr. Rachel Franklin and seconded by Dr. Arlen Foulks and passes unanimously.

IX. **New Business:**

Chairman, Jason Rhynes, O.D.

There was no new business addressed.

X. Adjourn:

Chairman, Jason Rhynes, O.D.

Chairman Rhynes asked for a motion to adjourn. Motion was provided by Ms. Wanda Felty and seconded by Dr. J. Daniel Post, there was no dissent and the meeting adjourned at 1:50pm. .

Attachment A

OKLAHOMA
Health Care Authority

FINANCIAL REPORT

For the Eleven Month Period Ending May 31, 2025
Submitted to the CEO & Board

- Revenues for OHCA through May, accounting for receivables, were **$8,431,151,764** or **0.8% under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **$8,529,504,659** or **0.9% under** budget.
- The state dollar budget variance through May is a positive **$7,083,570.**
- The budget variance is primarily attributable to the following (in millions):

Expenditures:		
Administration		17.9
Medicaid Program Variance		60.1
Revenues:		
Appropriations		(12.8)
Federal Funds		(32.8)
Drug Rebate		(13.6)
Medical Refunds		(0.4)
Taxes and Fees		(11.3)
Total FY 25 Variance	**$**	**7.1**

ATTACHMENTS

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
SFY 2025, For the Eleven Months Period Ending May 31, 2025

REVENUES	FY 25 Budget YTD	FY 25 Actual YTD	Variance	% Over/ (Under)
State Appropriations	$ 1,108,716,675	$ 1,095,918,913	$ (12,797,762)	(1.2)%
Federal Funds	5,901,331,320	5,868,572,078	(32,759,243)	(0.6)%
Tobacco Tax Collections	65,384,824	61,960,680	(3,424,144)	(5.2)%
Quality of Care Collections	97,723,012	90,002,921	(7,720,091)	(7.9)%
Prior Year Carryover	279,864,980	279,864,980	-	0.0%
Drug Rebates	602,199,324	588,603,228	(13,596,095)	(2.3)%
Medical Refunds	59,341,813	58,926,456	(415,358)	(0.7)%
Prior Year Carryover Supplemental Hospital Offset Payment Program	-	-	-	0.0%
Supplemental Hospital Offset Payment Program	378,489,299	377,586,809	(902,490)	(0.2)%
Other Revenues	9,003,333	9,715,699	712,367	7.9%
TOTAL REVENUES	**$ 8,502,054,580**	**$ 8,431,151,764**	**$ (70,902,816)**	**(0.8)%**

EXPENDITURES	FY 25 Budget YTD	FY 25 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	**$ 63,395,157**	**$ 56,453,158**	**$ 6,942,000**	**11.0%**
ADMINISTRATION - CONTRACTS	**$ 191,392,504**	**$ 180,481,736**	**$ 10,910,768**	**5.7%**
MEDICAID PROGRAMS				
Managed Care:				
SoonerCare Choice	38,048,691	37,947,270	101,422	0.3%
SoonerSelect Medical	2,323,917,763	2,294,435,268	29,482,495	1.3%
SoonerSelect Dental	173,549,225	170,719,751	2,829,474	1.6%
SoonerSelect DPP - Provider Incentives	110,342,116	83,152,686	27,189,430	24.6%
SoonerSelect CSP	157,995,306	158,838,942	(843,636)	(0.5)%
Acute Fee for Service Payments:				
Hospital Services	1,036,965,000	1,029,583,734	7,381,266	0.7%
Behavioral Health	14,755,442	14,737,879	17,563	0.1%
Physicians	260,350,619	260,256,043	94,576	0.0%
Dentists	58,016,385	57,191,744	824,641	1.4%
Other Practitioners	28,513,049	24,394,523	4,118,525	14.4%
Home Health Care	30,433,085	29,754,401	678,684	2.2%
Lab & Radiology	19,575,908	17,106,888	2,469,020	12.6%
Medical Supplies	71,618,822	74,830,765	(3,211,943)	(4.5)%
Ambulatory/Clinics	382,423,235	403,047,137	(20,623,902)	(5.4)%
Prescription Drugs	843,442,217	851,768,846	(8,326,630)	(1.0)%
OHCA Therapeutic Foster Care	4,300	(5,787)	10,087	234.6%
Other Payments:				
Nursing Facilities	846,998,730	856,541,724	(9,542,994)	(1.1)%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	87,686,882	82,240,434	5,446,447	6.2%
Medicare Buy-In	210,586,113	210,543,101	43,012	0.0%
Transportation	122,601,484	110,114,437	12,487,047	10.2%
Money Follows the Person-OHCA	1,442,017	1,442,419	(402)	(0.0)%
Electronic Health Records-Incentive Payments	183,333	(391)	183,725	100.2%
Part D Phase-In Contribution	123,176,059	121,431,027	1,745,032	1.4%
Supplemental Hospital Offset Payment Program	1,368,617,321	1,368,617,321	-	0.0%
Telligen	11,513,355	10,693,148	820,208	7.1%
OEPIC	29,857,544	23,186,453	6,671,091	22.3%
Total OHCA Medical Programs	**8,352,614,002**	**8,292,569,765**	**60,044,237**	**0.7%**
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	100.0%
TOTAL OHCA	**$ 8,607,491,045**	**$ 8,529,504,659**	**$ 77,986,387**	**0.9%**
REVENUES OVER/(UNDER) EXPENDITURES	**$ (105,436,465)**	**$ (98,352,895)**	**$ 7,083,570**	

OKLAHOMA HEALTH CARE AUTHORITY

Total Medicaid Program Expenditures
by Source of State Funds
SFY 2025, For the Eleven Months Period Ending May 31, 2025

Category of Service	Total	Health Care Authority	Quality of Care	Insure Oklahoma	SHOPP	BCC	Other State Agencies
SoonerCare Choice	37,947,270	37,946,439	$ -	$ -	$ -	$ 831	$ -
SoonerSelect Medical	2,658,644,804	2,294,435,268	$ -	$ -	$ -	$ -	$ 364,209,535.62
SoonerSelect Dental	170,719,751	170,719,751					
SoonerSelect DPP - Provider Incentives	83,152,686	83,152,686	$ -	$ -	$ -	$ -	$ -
SoonerSelect CSP	158,838,942	158,838,942	$ -	$ -	$ -	$ -	$ -
Inpatient Acute Care	1,333,661,864	618,753,230	446,130	(144)	221,194,589	99,627	493,168,433
Outpatient Acute Care	498,860,691	409,507,320	38,137	(242)	88,576,185	739,291	-
Behavioral Health - Inpatient	61,630,014	9,158,817	-	-	11,410,056	-	41,061,141
Behavioral Health - Psychiatrist	9,447,050	5,572,755	-	-	3,867,988	6,307	-
Behavioral Health - Outpatient	15,109,138	-	-	-	-	-	15,109,138
Behavioral Health-Health Home	-	-	-	-	-	-	-
Behavioral Health Facility- Rehab	125,883,740	-	-	-	-	2,567	125,883,740
Behavioral Health - Case Management	2,391,565	-	-	-	-	-	2,391,565
Behavioral Health - PRTF	8,137,812	-	-	-	-	-	8,137,812
Behavioral Health - CCBHC	188,440,758	-					188,440,758
Residential Behavioral Management	2,473,522	-	-	-	-	-	2,473,522
Targeted Case Management	48,100,926	-	-	-	-	-	48,100,926
Therapeutic Foster Care	(5,787)	(5,787)	-	-	-	-	-
Physicians	358,365,748	259,823,590	53,259	(186)	-	379,194	98,109,890
Dentists	57,191,744	57,187,409	-	-	-	4,335	-
Mid Level Practitioners	142,095	142,095	-	-	-	-	-
Other Practitioners	24,252,428	23,832,595	409,167	-	-	10,666	-
Home Health Care	29,754,401	29,753,487	-	-	-	914	-
Lab & Radiology	17,106,888	17,100,785	-	-	-	6,103	-
Medical Supplies	74,830,765	72,340,339	2,485,571	-	-	4,855	-
Clinic Services	418,673,076	396,048,840	-	-	-	38,292	22,585,944
Ambulatory Surgery Centers	6,960,005	6,958,142	-	-	-	1,862	-
Personal Care Services	10,931,961	-	-	-	-	-	10,931,961
Nursing Facilities	856,541,724	593,433,680	263,108,044	-	-	-	-
Transportation	109,880,686	107,155,233	2,554,827	-	-	170,626	-
IME/DME	45,438,757	-	-	-	-	-	45,438,757
ICF/IID Private	82,240,434	69,875,196	12,365,238	-	-	-	-
ICF/IID Public	19,151,966	-	-	-	-	-	19,151,966
CMS Payments	331,974,128	331,286,368	687,760	-	-	-	-
Prescription Drugs	851,768,318	851,445,413	-	(528)	-	323,434	-
Miscellaneous Medical Payments	233,751	233,751	-	-	-	-	-
Home and Community Based Waiver	331,212,996	-	-	-	-	-	331,212,996
Homeward Bound Waiver	81,277,877	-	-	-	-	-	81,277,877
Money Follows the Person	5,925,361	1,442,419	-	-	-	-	4,482,942
In-Home Support Waiver	78,241,468	-	-	-	-	-	78,241,468
ADvantage Waiver	296,249,193	-	-	-	-	-	296,249,193
Family Planning/Family Planning Waiver	824,378	-	-	-	-	-	824,378
Premium Assistance*	23,187,553	-	-	23,187,553	-	-	-
Directed Payments	1,043,568,503	-	-	-	1,043,568,503	-	-
Telligen	10,693,148	10,693,148	-	-	-	-	-
Electronic Health Records Incentive Payments	(391)	(391)	-	-	-	-	-
Total Medicaid Expenditures	**$ 10,570,053,706**	**$ 6,616,831,521**	**$ 282,148,133**	**$ 23,186,453**	**$ 1,368,617,320**	**$ 1,788,903**	**$ 2,277,483,941**

* Includes $23,059,143.96 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
SFY 2025, For the Eleven Months Period Ending May 31, 2025

REVENUE		FY 25 Actual YTD
Revenues from Other State Agencies		652,361,933
Federal Funds		1,619,234,009
TOTAL REVENUES	**$**	**2,271,595,942**

EXPENDITURES		Actual YTD
Oklahoma Human Services		
Home and Community Based Waiver	**$**	**331,212,996**
Money Follows the Person		**4,482,942**
Homeward Bound Waiver		**81,277,877**
In-Home Support Waivers		**78,241,468**
Advantage Waiver		**296,249,193**
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public		**19,151,966**
Personal Care		**10,931,961**
Residential Behavioral Management		**1,003,027**
Targeted Case Management		**38,459,110**
Total Oklahoma Human Services		**861,010,541**
State Employees Physician Payment		
Physician Payments		**98,109,890**
Total State Employees Physician Payment		**98,109,890**
Education Payments		
Indirect Medical Education		**41,427,113**
Direct Medical Education		**4,011,644**
DSH		**-**
Total Education Payments		**45,438,757**
Office of Juvenile Affairs		
Targeted Case Management		**526,116**
Residential Behavioral Management		**1,470,495**
SoonerSelect		**2,519,185**
Total Office of Juvenile Affairs		**4,515,796**
Department of Mental Health & Substance Abuse Services		
Case Management		**2,391,565**
Inpatient Psychiatric Free-standing		**41,061,141**
Outpatient		**15,109,138**
Health Homes		**-**
Psychiatric Residential Treatment Facility		**8,137,812**
Certified Community Behavioral Health Clinics		**188,440,758**
Rehabilitation Centers		**125,883,740**
SoonerSelect		**361,690,351**
Total Department of Mental Health & Substance Abuse Services		**742,714,504**
State Department of Health		
Children's First		**156,463**
Sooner Start		**-**
Health Clinics		**1,056,584**
Early Intervention		**2,177,187**
Early and Periodic Screening, Diagnosis, and Treatment Clinic		**470,910**
Family Planning		**221,951**
Family Planning Waiver		**601,129**
Maternity Clinic		**44,166**
Total Department of Health		**4,728,391**
County Health Departments		
EPSDT Clinic		**48,787**
Family Planning Waiver		**1,298**
Total County Health Departments		**50,085**
State Department of Education		**770,974**
Public Schools		**6,011,075**
Medicare DRG Limit		**457,046,781**
Native American Tribal Agreements		**20,965,497**
Department of Corrections		**10,114,124**
JD McCarty		**26,007,527**
Total OSA Medicaid Programs	**$**	**2,277,483,941**
OSA Non-Medicaid Programs	**$**	**79,671,781**
Accounts Receivable from OSA	**$**	**85,559,781**

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
SFY 2025, For the Eleven Months Period Ending May 31, 2025

REVENUES		FY 25 Revenue
SHOPP Assessment Fee		**376,928,071**
Federal Draws	**$**	**1,033,790,560**
Interest		**658,738**
Penalties		**-**
TOTAL REVENUES	**$**	**1,411,377,369**

EXPENDITURES	Quarter	Quarter	Quarter	Quarter		FY 25 Expenditures
Program Costs:	**7/1/23 - 9/30/23**	**10/1/23 - 12/31/23**	**1/1/24 - 3/31/24**	**4/1/24 - 6/30/24**		
Hospital - Inpatient Care	**37,674,703**	**45,065,154**	**31,528,080**	**37,174,860**	**$**	**151,442,797**
Hospital -Outpatient Care	**15,398,409**	**16,181,232**	**30,068,721**	**1,131,995**	**$**	**62,780,356**
Psychiatric Facilities-Inpatient	**1,566,648**	**1,977,638**	**3,578,591**	**648,178**	**$**	**7,771,054**
Rehabilitation Facilities-Inpatient	**677,400**	**883,598**	**903,066**	**166,444**	**$**	**2,630,508**
Directed Payments - Inpatient	**77,961,764**	**77,961,764**	**78,119,692**	**78,001,252**	**$**	**312,044,472**
Directed Payments - Outpatient	**70,653,413**	**70,653,413**	**70,796,580**	**70,689,199**	**$**	**282,792,606**
Directed Payments - Psych	**2,549,415**	**2,549,415**	**2,265,857**	**2,208,123**	**$**	**9,572,810**
Directed Payments - Inpatient - CHIP	**4,351,201**	**4,351,201**	**4,360,015**	**4,353,405**	**$**	**17,415,823**
Directed Payments - Outpatient - CHIP	**12,588,198**	**12,588,198**	**12,613,706**	**12,594,574**	**$**	**50,384,677**
Directed Payments - Psych - CHIP	**-**	**-**	**288,724**	**342,584**	**$**	**631,308**
Hospital - Inpatient Care - Expansion	**18,715,444**	**20,211,124**	**14,096,629**	**16,728,595**	**$**	**69,751,792**
Hospital -Outpatient Care - Expansion	**6,679,627**	**6,655,438**	**12,057,446**	**403,318**	**$**	**25,795,829**
Psychiatric Facilities-Inpatient - Expansion	**795,716**	**897,893**	**1,647,066**	**298,327**	**$**	**3,639,002**
Rehabilitation Facilities-Inpatient - Expansion	**344,058**	**401,174**	**415,641**	**76,607**	**$**	**1,237,480**
Directed Payments - Inpatient - Expansion	**43,080,527**	**43,080,527**	**43,167,795**	**43,102,348**	**$**	**172,431,197**
Directed Payments - Outpatient - Expansion	**49,542,532**	**49,542,532**	**49,642,921**	**49,567,625**	**$**	**198,295,610**
Directed Payments - Psych - Expansion					**$**	**-**
Total OHCA Program Costs	**342,579,055**	**353,000,301**	**355,550,529**	**317,487,434**		**1,368,617,320**
Total Expenditures					**$**	**1,368,617,320**
SHOPP Revenue transferred to Fund 340 for Medicaid Program expense					**$**	**85,989,946**

*** 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 2025, For the Eleven Months Period Ending May 31, 2025

REVENUES	Total Revenue	State Share
		$ -
Quality of Care Assessment	$ 89,936,578	$ 89,936,578
*Quality of Care Penalties (*Non-Spendable Revenue)*	$ 60,060	$ 60,060
Interest Earned	$ 66,344	$ 66,344
TOTAL REVENUES	$ 90,062,982	$ 90,062,982

EXPENDITURES	FY 25 Total $ YTD	FY 25 State $ YTD	Total State $ Cost
Program Costs			
Nursing Facility Rate Adjustment	$ 259,906,714	$ 85,242,332	
Eyeglasses and Dentures	242,890	$ 79,662	
Personal Allowance Increase	2,958,440	$ 970,244	
Coverage for Durable Medical Equipment and Supplies	2,485,571	$ 815,199	
Coverage of Qualified Medicare Beneficiary	946,693	$ 310,489	
Part D Phase-In	687,760	$ 687,760	
ICF/IID Rate Adjustment	4,078,041	$ 1,337,045	
Acute Services ICF/IID	8,287,198	$ 2,718,007	
Non-emergency Transportation - Soonerride	2,554,827	$ 837,942	
NF Covid-19 Supplemental Payment	-	$ -	
ICF Covid-19 Supplemental Payment	-	$ -	
Ventilator NF DME Supplemental Payment		$ -	
Total Program Costs	**$ 282,148,133**	**$ 92,998,680**	**$ 92,998,680**
Administration			
OHCA Administration Costs	$ 278,031	$ 125,114	
OHS-Ombudsmen	7,800	3,900	
OSDH-Nursing Facility Inspectors	-	-	
Mike Fine, CPA	217,014	108,507	
Total Administration Costs	**$ 502,845**	**$ 237,521**	**$ 237,521**
Total Quality of Care Fee Costs	**$ 282,650,978**	**$ 93,236,201**	
TOTAL STATE SHARE OF COSTS			**$ 93,236,201**

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:
Insure Oklahoma Program (Fund 245: HEEIA)
SFY 2025, For the Eleven Months Period Ending May 31, 2025

REVENUES	FY 24 Carryover	FY 25 Revenue	Total Revenue
Prior Year Balance	$ 1,411,645		
State Appropriations	-		
Federal Draws - Prior Year	216,947		
Total Prior Year Revenue			1,628,592
Transfer to 340 for Expansion-current year		-	-
Tobacco Tax Collections	-	27,922,273	27,922,273
Interest Income	-	88,901	88,901
Federal Draws	-	16,544,759	16,544,759
TOTAL REVENUES	$ 1,628,592	$ 44,555,933	$ 46,184,525

EXPENDITURES		FY 24 Expenditures	FY 25 Expenditures	Total State $ YTD
Program Costs:				
	Employer Sponsored Insurance		$ 23,059,144	$ 23,059,144
	College Students/ESI Dental		128,409	42,105
Individual Plan				
	SoonerCare Choice		$ -	$ -
	Inpatient Hospital		(142)	(46)
	Outpatient Hospital		(240)	(79)
	BH - Inpatient Services-DRG		-	-
	BH -Psychiatrist		-	-
	Physicians		(186)	(61)
	Dentists		-	-
	Mid Level Practitioner		-	-
	Other Practitioners		-	-
	Home Health		-	-
	Lab and Radiology		-	-
	Medical Supplies		-	-
	Clinic Services		-	-
	Ambulatory Surgery Center		-	-
	Skilled Nursing		-	-
	Prescription Drugs		(524)	(171)
	Transportation		-	-
	Premiums Collected			-
Total Individual Plan			$ (1,092)	$ (357)
	College Students-Service Costs		$ (7)	$ (2)
Total OHCA Program Costs			$ 23,186,453	$ 23,100,890
Administrative Costs				
	Salaries	$ (0)	$ 1,225,079	$ 1,225,079
	Operating Costs	141	1,427	1,567
	E&E Development Gainwell	-	-	-
	Contract - Gainwell	189,915	882,598	1,072,513
			-	
Total Administrative Costs		$ 190,055	$ 2,109,104	$ 2,299,159
Total Expenditures				$ 25,400,049
Transfer to Fund 340 for Expansion Costs				$ 18,898,506
NET CASH BALANCE		$ 1,438,537	$ 447,433	$ 1,885,970

OKLAHOMA HEALTH CARE AUTHORITY

Combining Statement of Revenues, Expenditures and Changes in Fund Balance

SFY 2025, For the Eleven Months Period Ending May 31, 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	Ambulance Service Provider Access Payment Program Fund 270	Medicaid Program Fund 340	Clearing Account 1807B	Total Cash Balance
MAY Beginning Fund Balance:	34,742,884	11,831,796	1	579,012,165	18,987,208	1,687,755	-	-	-	121,849,437	41,074,177	809,185,424
MAY Revenues:	12,422,789	125,642	8,387,838	-	54,789	4,166,391	53,981	3,234,789	784,104	767,867,680	24,035,548	821,133,552
MAY Expenditures:	17,636,467	-	-	-	-	2,208,384	-	-	-	873,578,218		893,423,068
Operating Transfers In	6,443,288	-	-	8,333,333	-	-	-	-	-	(612,575,508)	-	154,573,425
Account Receivables	(531,413)	(1,404,979)	-	-	-	-	-	-	-	7,483,068	-	5,546,677
Operating Transfers Out	-	1,404,979	8,387,839	-	-	1,718,046	53,981	3,234,789	-	(714,221,326)	38,754,564	91,705,184
Change in Fund Balance	***1,761,023***	***125,642***	***(1)***	***8,333,333***	***54,789***	***239,961***	***-***	***-***	***784,104***	***(11,547,787)***	***(14,719,016)***	***(14,967,952)***
Ending Fund Balance	**36,503,907**	**11,957,438**	**0**	**587,345,498**	**19,041,998**	**1,927,716**	**-**	**-**	**784,104**	**110,301,650**	**26,355,161**	**794,217,472**

OKLAHOMA HEALTH CARE AUTHORITY

HEALTHY ADULT PROGRAM EXPENDITURES - OHCA

SFY 2025, For the Eleven Months Period Ending May 31, 2025

MAY Beginning Fund Balance:	FY 25 BUDGETED EXPENDITURES Full Year	FY 25 BUDGETED EXPENDITURES Year to Date	FY 25 ACTUAL EXPENDITURES MAY	BUDGET VARIANCE (Over)/ Under
OHCA MEDICAID PROGRAMS				
Managed Care				
SoonerCare Choice	733,092	671,045	664,000	7,045
SoonerSelect Medical	1,219,300,989	1,077,120,701	1,063,945,965	13,174,737
SoonerSelect Dental	55,668,856	49,522,308	48,060,602	1,461,707
Total Managed Care	**1,275,702,937**	**1,127,314,054**	**1,112,670,566**	**14,643,488**
Fee for Service				
Hospital Services:				
Inpatient Acute Care	137,278,155	126,233,298	124,369,981	1,863,316
SHOPP - DPP	370,679,893	370,679,893	370,726,807	(46,914)
SHOPP - FFS	109,418,709	109,418,709	100,424,102	8,994,607
Outpatient Acute Care	120,522,363	112,395,464	117,608,678	(5,213,215)
Total Hospitals	**737,899,120**	**718,727,363**	**713,129,569**	**5,597,794**
Behavioral Mental Health:				
Inpatient Services - DRG	9,768,228	9,038,628	14,206,236	(5,167,607)
Outpatient	-	-	-	-
Total Behavioral Mental Health	**9,768,228**	**9,038,628**	**14,206,236**	**(5,167,607)**
Physicians & Other Providers:				
Physicians	59,490,573	54,901,614	53,740,988	1,160,626
Dentists	10,208,152	9,391,450	9,183,243	208,207
Mid-Level Practitioner	57,090	52,651	47,455	5,196
Other Practitioners	7,649,348	7,090,372	4,546,850	2,543,522
Home Health Care	278,080	256,363	288,510	(32,147)
Lab & Radiology	5,250,120	4,847,315	4,443,425	403,890
Medical Supplies	6,790,391	6,251,251	6,182,217	69,034
Clinic Services	98,927,207	92,511,372	99,171,446	(6,660,074)
Ambulatory Surgery	1,476,424	1,347,154	1,525,518	(178,364)
Total Physicians & Other Providers	**190,127,385**	**176,649,542**	**179,129,652**	**(2,480,110)**
Misc Medical & Health Access Network	**30,672**	**28,172**	**99,750**	(71,578)
Transportation	**18,035,845**	**16,686,494**	**16,488,900**	197,594
Health Access Network	**-**	**-**	**119,080**	(119,080)
Provider Incentive Program	**42,197,573**	**42,197,573**	**24,775,159**	17,422,414
Prescription Drugs	**287,110,023**	**264,987,993**	**269,620,567**	(4,632,574)
Total OHCA Medicaid Programs	**2,560,871,782**	**2,355,629,820**	**2,330,239,479**	**25,390,341**

OKLAHOMA HEALTH CARE AUTHORITY
Summary Statement of Administrative Expenditures
FISCAL YEAR 2025
MAY

EXPENDITURES	Budget YTD	YTD	Encumbrances	YTD Actual + Encumbrances	(Over)/ Under	% (Over)/ Under
Operations						
Payroll	$ 52,385,148	$ 47,893,955	216,335	$ 48,110,290	$ 4,274,858	8.2%
Travel	$ 241,516	$ 96,527	9,803	106,329	135,186	56.0%
Furniture and Equipment	$ 2,576,405	$ 1,761,330	69	1,761,399	815,006	31.6%
Postage	$ 64,167	$ 60,000	5,000	65,000	(833)	(1.3)%
Rent	$ 2,541,766	$ 2,646,623	130,100	2,776,722	(234,956)	(9.2)%
Other Operating	$ 5,586,156	$ 3,185,077	448,340	3,633,417	1,952,739	35.0%
Subtotal Operations	**63,395,157**	**55,643,512**	**809,646**	**56,453,158**	**6,942,000**	**11.0%**
Contracted Services						
KFMC (External Quality Reviewer)	$ 2,919,627	$ 2,691,177	453,854	3,145,030	(225,404)	(7.7)%
Maximus	$ 2,289,566	$ 1,501,435	575,485	2,076,920	212,645	9.3%
Gainwell Technologies	$ 48,302,130	$ 38,767,441	7,030,956	45,798,397	2,503,733	5.2%
Ok Tobacco Settlement Endowment trust	$ 3,666,667	$ 2,283,873	1,680,897	3,964,771	(298,104)	(8.1)%
Other Professional Services	$ 27,094,889	$ 18,948,600	3,452,450	22,401,050	4,693,839	17.3%
OSDH Survey and Certification	$ 5,729,533	$ 1,910,748	1,283,504	3,194,252	2,535,281	44.2%
Other Agency Contracts	$ 7,981,691	$ 5,523,322	1,612,290	7,135,612	846,079	10.6%
Other Grants	$ 1,484,988	$ 881,838	603,150	1,484,988	-	0.0%
Other Grants-100% Federal	-	-	-	-	-	0.0%
HSI Grants	$ 1,759,348	$ 701,639	1,057,709	1,759,348	-	0.0%
Health Inform Tech Grant-APD, IAPD	$ 22,169,058	$ 4,394,914	17,774,144	22,169,058	-	0.0%
Money Follows the Person	$ 1,212,109	$ 849,907	362,203	1,212,109	-	0.0%
Money Follows the Person-TRIBAL	$ 7,970,371	$ 831,150	7,139,221	7,970,371	-	0.0%
Money Follows the Person-Capacity Bldg	$ 1,360,775	$ 615,967	744,807	1,360,775	-	0.0%
Transforming Maternal Health	$ 373,290	$ 97,717	275,573	373,290	-	0.0%
Medicaid Eligibility System Project**	$ 25,992,736	$ 11,372,209	14,620,527	25,992,736	-	0.0%
Interoperability	$ 88,889	$ -	88,889	88,889	-	0.0%
Care Management	$ 7,566,881	$ 2,977,642	4,589,239	7,566,881	-	0.0%
Mobile App	$ 800,000	$ -	800,000	800,000	-	0.0%
MMIS Reprocurement	$ 2,996,667	$ 2,116,000	880,667	2,996,667	-	0.0%
E V V (Electronic Verification & Validation 90%)	$ 4,014,089	$ 1,595,610	2,418,479	4,014,089	-	0.0%
Wavier Incident Management	$ 2,205,600	$ 1,701,581	504,019	2,205,600	-	0.0%
Service Delivery Model	$ 2,064,425	$ 1,921,149	143,276	2,064,425	-	0.0%
SoonerSelect Monitoring Tool	$ 3,018,333	$ 1,350,000	1,668,333	3,018,333	-	0.0%
Claims Extend, EDI, MCO APD's	$ 4,289,134	$ 1,231,356	3,057,778	4,289,134	-	0.0%
HIFA Premium Assistance	$ 2,445,642	$ 2,109,104	336,537	2,445,642	-	0.0%
HIFA - Gainwell (E&E)	-	-	-	-	-	0.0%
Quality of Care Administration	$ 1,596,068	$ 502,845	450,524	953,369	642,698	40.3%
Subtotal Contracted Services	**191,392,504**	**106,877,225**	**73,604,512**	**180,481,736**	**10,910,768**	**5.7%**
Total Administration	**$ 254,787,661**	**$ 162,520,736**	**$ 74,414,158**	**$ 236,934,894**	**$ 17,852,767**	**7.0%**
Check totals	-	-	-	-	-	0.0%

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 May 12, 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 CODE(S) IMPACTED	**OHCA'S CURRENT CLAIMS PROCESSING PROTOCOL**	**PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**ANTICIPATED IMPACT**	**OHCA DECISION**
Implementation of PA Requirement				
Prior authorize CPT Code 38999 for new gene cell therapy Tecelra.	OHCA has a pharmacy coverage policy for this therapy, which states a PA code is required.	Humana will require prior authorization for the procedure code listed and will ensure any request for this service is reviewed for medical necessity.	Humana expects for requests for this CPT code to be extremely rare, as Humana does not have any current requests for this code, nor any requests for this therapy to date.	Approved for dates of service on or after June 2, 2025

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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 June 6, 2025, 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 CODE(S) IMPACTED	**OHCA'S CURRENT CLAIMS PROCESSING PROTOCOL**	**PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**ANTICIPATED IMPACT**	**OHCA DECISION**
New Patient Codes: 99201 – 99205 Established Patient Codes: 99211 - 99215	OHCA does not currently have a protocol requesting that new patient codes not be used for established visits in the same provider practice.	Aetna Better Health of Oklahoma is requesting that new patient codes not be used for established visits in the same provider practice. Applicable to all providers located within the same group setting. Any provider providing services in the group would be considered an established visit.	Aetna will monitor utilization for new versus established patient codes in the same practice to ensure upcoding is mitigated and patient coverage is maintained.	APPROVED for dates of service on or after 7/1/2025.

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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 June 18, 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 CODE(S) IMPACTED	**OHCA'S CURRENT CLAIMS PROCESSING PROTOCOL**	**PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**ANTICIPATED IMPACT**	**OHCA DECISION**
T1001	OHCA currently requires prior authorization for procedure code T1001.	Humana will not require prior authorization for procedure code T1001.	Humana reports over 50% of the claims for this code are from the Oklahoma Health Department who does not request a PA for this service. Humana is requesting to remove prior authorization requirements for this code to ensure parity across provider types.	APPROVED for dates of service on or after 6/23/2025.

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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 June 18, 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 CODE(S) IMPACTED	**OHCA'S CURRENT CLAIMS PROCESSING PROTOCOL**	**PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**ANTICIPATED IMPACT**	**OHCA DECISION**
0016U 0017U 0022U 0023U	OHCA currently requires prior authorization for the procedure codes listed.	Humana will not require prior authorization for the procedure codes listed.	Humana expects minimal impact by not adding prior authorization requirements for these codes. Codes 0016U, 0017U, and 022U do not have any claims for any Humana line of business. While code 0023U has claims, they are minimal.	APPROVED for dates of service on or after 7/1/2025.

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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 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 02/17/2025 Oklahoma Complete Health submitted a formal request to OHCA for review and approval to change service provisions.

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

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**
Split Fill – Edit Logic				
OHCA currently allows full fill for 30 days beginning with first fills for members beginning new treatment.	Oklahoma Complete Health is requesting a change in service provisions to allow the contracted entity to add Split-Fill logic, which will impact new to therapy claims and will allow only a 15-day supply for the first 6 fills (3 months) within a 90-day cumulative lookback period. This will apply to a limited list of medications. The extra fill would not count against the	Many members who begin a new regimen will stop taking their medication(s) within the first 90 days of therapy due to severe side effects, poor tolerability and frequent dose/medication changes. In this scenario, any unused medication cannot be returned to the pharmacy and is therefore discarded and wasted.	Annualized data estimates 62 impacted utilizers and ~$100,000 in savings per year. All savings is attributed to Core patients and we plan to limit this program to Core patients only (CSP is excluded at this time).	APPROVED Effective 5/1/2025

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**
	monthly 6 fill prescription limit. The claims will reject at point of sale with reject code 76/PLE and state "Only 15 Day Supply Allowed". Members requesting an exception to the 15-day fill limit for the first 6 fills may call the Pharmacy Services Call Center (833-750-3660) to request to bypass the split-fill program to receive a full month's supply. Split-Fill logic would apply to the following medications: Abiraterone / Zytiga Afinitor / Everolimus Afinitor Dis / Everolimus Ayvakit Balversa Bexarotene / Targretin Bosulif Brukinsa Calquence Cometriq Erivedge Erlotinib Gavreto			

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**
	Iclusig Inlyta Inrebic Jakafi Jaypirca Lenvima Mektovi Nexavar / Sorafenib Nubeqa Odomzo Pazopanib / Votrient			

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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 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 02/21/2025 Oklahoma Complete Health and Oklahoma Complete Health Children's Specialty Program submitted a formal request to OHCA for review and approval to change service provisions.

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

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**
Remove GLP1s from Maintenance Drug List				
Currently OHCA includes GLP1 medications on the drug maintenance list allowing 90-day supplies to be dispensed.	Oklahoma Complete Health & Oklahoma Complete Health Children's Specialty Program proposes removing GLP1 medication (Trulicity, Byetta, Victoza) from the drug maintenance list allowing only a 30-day supply to be dispensed per fill.	Claims analysis indicated that 48% of GLP1s dispensed for greater than 30 days as the first fill were never refilled. Changing this process could result in significant annualized savings while still making these medications available to enrollees.	The impact of this change will be across ~260 claims (2024 data). We approximate annualized savings of $536,418 by limiting these GLP1 products to 30-day supplies. We expect limited impact to providers. The pharmacy point of sale message will dictate max day supply. Patients/pharmacies will still have the option to request extended day supplies and these	APPROVED Effective 5/1/2025

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**
			will be reviewed by the market pharmacy team on a case by case basis.	

Passed Legislation with OHCA Impact

Oklahoma Health Care Authority

Administrative Rules

- **HJR 1035 (Kendrix, Bergstrom)**
    a. Approves certain proposed permanent rules for agencies related to health and disapproves certain others. (Approves OHCA administrative rules, except APA WF 24-03)
    b. Fiscal Impact: None
    c. Legislative Status: To Secretary of State without Signature
- **HB 2728 (Kendrix, Bergstrom)**
    a. Creates the Regulations from the Executive in Need of Scrutiny (REINS) Act which requires each state agency to conduct an economic analysis on proposed rules and establishes the Legislative Economic Analysis Unit.
    b. Fiscal Impact: None; impact to Policy
    c. Status: Signed by Governor
    d. Effective Date: Emergency; July 1, 2025
- **HB 2731 (Kendrix, Bergstrom)**
    a. Modifies when rules not subject to a joint resolution can be submitted, moving the due date from April 1st to February 1st.
    b. Fiscal Impact: None; impact to Policy
    c. Status: To Secretary of State without Signature
    d. Effective Date: November 1, 2025
- **SB 995 (Bergstrom, Kendrix)**
    a. Adjusts the Administrative Procedures Act to require the Legislature to affirmatively approve agency rules, rejecting them by default otherwise.
    b. Fiscal Impact: None
    c. Status: To Secretary of State without Signature
    d. Effective Date: Emergency; immediately upon passage/approval
- **SB 1024 (Bergstrom, Kendrix)**
    a. Modifies various provisions of the Administrative Procedures Act relating to the modification of rules, removing certain exceptions and adding new provisions; also adds new requirements for Rule Impact Statements, including analysis of alternatives and estimate of time/resources it will take to implement rule.
    b. Fiscal Impact: None
    c. Status: Signed by Governor
    d. Effective Date: Emergency; July 1, 2025

Medicaid

- **HB 1575 (Lawson, Seifried)**
    a. Requires a feasibility study to be conducted to merge HHS systems.
    b. Fiscal Impact: No impact
    c. Status: To Secretary of State without Signature
    d. Effective Date: No date listed
- **HB 1576 (Lawson, Hicks)**
    a. Requires the Oklahoma Health Care Authority to provide coverage for rapid whole genome sequencing through Medicaid when certain criteria is met.
    b. Fiscal Impact: $1,071,712.79 to $2,660,469.24
    c. Status: Veto overridden; To Secretary of State without Signature
    d. Effective Date: Emergency; July 1, 2025
- **HB 1808 (Newton, Rader)**
    a. 3-year prior authorizations for drugs treating chronic conditions and 24 hour turnaround times for urgent PAs
    b. Fiscal Impact: $3 million for HealthChoice; no fiscal for Medicaid
    c. Status: To Secretary of State without Signature
    d. Effective Date: November 1, 2025
- **HB 1810 (Newton, Gillespie)**
    a. Modifies prior authorization requirements to align with the Ensuring Transparency in Prior Authorization Act and various standards related to Medicaid coverage; extends implementation deadline for CSP.
    b. Fiscal Impact: None
    c. Status: To Secretary of State without Signature
    d. Effective Date: Emergency; Sec. 1-3 effective November 1, 2025; all others effective upon passage/approval
- **HB 2049 (Stinson, Gollihare)**
    a. Requires state Medicaid managed care plans to comply with federal and state laws and rules, as applicable, related to mental health and substance use disorder services and directs certain related analysis and reporting.
    b. Fiscal Impact: None
    c. Status: To Secretary of State without Signature
    d. Effective Date: November 1, 2025
- **HB 2052 (Stinson/Rosino) (OHCA Request)**
    a. Exempts domestic health maintenance organizations that contract with the Health Care Authority from certain provisions of the Health Maintenance Organizations Act in relation to Medicaid.
    b. Fiscal Impact: None
    c. Status: To Secretary of State without Signature
    d. Effective Date: November 1, 2025
- **HB 2766 (Caldwell, Hall)**
    a. Makes General Appropriations for FY-2026.

b. Fiscal Impact: Appropriates $1.41B to OHCA
c. Status: To Secretary of State without Signature
d. Effective Date: July 1, 2025

- **HB 2782 (Caldwell, Hall)**
  a. Authorizes the Health Care Authority to budget and expend funds from the Rate Preservation Fund for additional purposes in the event of a decrease in the State's federal assistance rate
  b. Fiscal Impact: N/a
  c. Status: To Secretary of State without Signature
  d. Effective Date: Emergency; immediately upon passage/approval
- **HB 2797 (Caldwell, Hall)**
  a. Sets standards for the Health Care Authority, prohibiting the use of certain statistical methods in claims auditing and voiding any pre-existing audits using such methodology and places home and community waiver audits under OHCA
  b. Fiscal Impact: N/a
  c. Status: To Secretary of State without Signature
  d. Effective Date: Emergency; immediately upon passage/approval
- **SB 56 (Gollihare, Stinson/Osburn) (OHCA Request)**
  a. Authorizes the Oklahoma Health Care Authority to create a program that compensates family members of Medicaid participants as in-home caregivers
  b. Fiscal Impact: Budget neutral to cost savings of $3,101,030
  c. Status: To Secretary of State without Signature
  d. Effective Date: Emergency; July 1, 2025
- **SB 109 (Stanley, Miller)**
  a. Requires health insurance in the state to provide coverage for certain genetic testing procedures related to cancer and family history.
  b. Fiscal Impact: Negligible
  c. Status: To Secretary of State without Signature
  d. Effective Date: November 1, 2025
- **SB176 (Dossett, Roe)**
  a. Requires health benefit plans in the state to provide coverage for a three-month initial supply and a six-month resupply of contraceptives to enrollees prescribed such drugs
  b. Fiscal Impact: Negligible (150,000)
  c. Status: To Secretary of State without Signature
  d. Effective Date: November 1, 2025
- **SB 253 (Hines, Stinson)**
  a. Directs the Health Care Authority to include a supplemental item in its annual budget request reflecting the new state and federal funding necessary to meet reimbursement costs for nursing and other care facilities.
  b. Fiscal Impact: None

c. Status: To Secretary of State without Signature
d. Effective Date: November 1, 2025

- **SB 806 (Pugh, Moore)**
  a. Creates the Food is Medicine Act, subject to federal approval, to incentivize contracted nutrition service entities through the Health Care Authority and Dept of Education.
  b. Fiscal Impact: TBD
  c. Status: Signed by Governor
  d. Effective Date: Emergency; July 1, 2025
- **SB 903 (Rosino, Stinson/Marti) (OHCA Request)**
  a. Modifies the membership for the advisory committee of the Medical Care for Public Assistance Recipients to include a member representing a contracted entity or a health plan association representing more than one organization.
  b. Fiscal Impact: None
  c. Status: To Secretary of State without Signature
  d. Effective Date: November 1, 2025
- **SB 1135 (Hall, Caldwell)**
  a. Adjusts and clarifies certain standards and restrictions on health care premium tax funds and related credits
  b. Fiscal Impact: N/a
  c. Status: To Secretary of State without Signature
  d. Effective Date: Emergency; immediately upon passage/approval
- **SB 1136 (Hall, Caldwell)**
  a. Sets budget limits for the Health Care Authority and sets standards for certain actions related to federal funds.
  b. Fiscal Impact: N/a
  c. Status: To Secretary of State without Signature
  d. Effective Date: No date listed

EGID

- **HB 1187 (West, (R), Burns)**
  a. Modifies opt-out provisions of the Oklahoma Employees Insurance and Benefit Act to remove group insurance.
  b. Fiscal Impact: Negligible
  c. Status: Signed by Governor
  d. Effective Date: November 1, 2025
- **HB 1389 (Provenzano, Stanley)**
  a. Includes additional screening types for healthcare coverage of certain diagnostic breast cancer health treatments.
  b. Fiscal Impact: Negligible

c. Status: Veto overridden; To Secretary of State without Signature
d. Effective Date: November 1, 2025

- **HB 1808 (Newton, Rader)**
  a. 3-year prior authorizations for drugs treating chronic conditions and 24 hour turnaround times for urgent PAs.
  b. Fiscal Impact: $3M
  c. Status: To Secretary of State without Signature
  d. Effective Date: November 1, 2025
- **HB 1811 (Newton, Jech)**
  a. Modifies the timeframe for treatment of chronic conditions and validity period for prior authorization of inpatient and non-inpatient care from 72 to 24 hours.
  b. Fiscal Impact: Negligible
  c. Status: To Secretary of State without Signature
  d. Effective Date: November 1, 2025
- **HB 2048 (Stinson, Howard)**
  a. Creates the 340B Nondiscrimination Act which prohibits health insurers and pharmacy benefits managers from reimbursing 340B entities for certain drugs at reduced rates or engaging in other discriminatory actions.
  b. Fiscal Impact: None; Aon suggests monitoring for rebate slips or request your PBM to evaluate manufacturer 340B exclusions annually.
  c. Status: Veto overridden; To Secretary of State without Signature
  d. Effective Date: November 1, 2025
- **HB 2108 (Osburn, Gillespie) (OHCA Request)**
  a. Adjusts various references in the Employee Insurance and Benefits Act and requires the Health Care Authority to work in conjunction with OMES to determine certain provisions.
  b. Fiscal Impact: None
  c. Status: To Secretary of State without Signature
  d. Effective Date: November 1, 2025
- **SB 109 (Stanley, Miller)**
  - Requires health insurance in the state to provide coverage for certain genetic testing procedures related to cancer and family history.
  - Fiscal Impact: Negligible ($150,000)
  - Status: To Secretary of State without Signature
  - Effective Date: November 1, 2025
- **SB176 (Dossett, Roe)**
  - Requires health benefit plans in the state to provide coverage for a three-month initial supply and a six-month resupply of contraceptives to enrollees prescribed such drugs.
  - Fiscal Impact: Negligible ($150,000)
  - Status: To Secretary of State without Signature
  - Effective Date: November 1, 2025

- **SB 438 (Coleman, Sneed)**
    - Requires health insurers to notify health care providers of fees associated with credit card payments.
    - Fiscal Impact: None
    - Status: Signed by Governor
    - Effective Date: November 1, 2025
- **SB 515 (Frix, Schreiber)**
    - Allows individuals to pay out of pocket for health care services and requires their carrier to count the amount spent towards their deductible.
    - Fiscal Impact: Negligible; administratively burdensome.
    - Status: Signed by Governor
    - Effective Date: November 1, 2025
- **SB 789 (Gollihare, Stinson/Marti)**
    - Requires pharmacy benefit managers, that make their provider network or contracts available to other managers, to provide certain information and prohibits the combination of any government plans with nongovernment plans.
    - Fiscal Impact: No impact
    - Status: To Secretary of State without Signature
    - Effective Date: November 1, 2025
- **SB 993 (Gollihare, Stinson)**
    - Relates to pharmacy benefit managers, adjusting claim limits and setting various standards related to audits.
    - Fiscal Impact: None
    - Status: To Secretary of State without Signature
    - Effective Date: Emergency; immediately upon passage/approval
- **SB 1050 (Seifried, Newton)**
    a. Decreases the window for health insurers to request a refund of payment from insureds or health care providers under the Unfair Claims Settlement Practices Act; the window will move to 12 months.
    b. Fiscal Impact: $500,000
    c. Status: Vetoed overridden; To Secretary of State without Signature
    d. Effective Date: November 1, 2025
- **SB 1067 (Rosino, Stinson)**
    a. Authorizes local government entities to submit certain rates to the Insurance Department and requires the Department to establish and maintain a database of the rates submitted and report related data to the Legislature; raises out of network ambulance rates to lesser of billed charges/325% Medicare rate.
    b. Fiscal Impact: $1.3M
    c. Status: To Secretary of State without Signature
    d. Effective Date: January 1, 2026

State Government

- **HB 1607 (Gise, Kern)**
  - Requires state agencies to report all contract employees to the Office of Management and Enterprise Services.
  - Fiscal Impact: None
  - Status: Signed by Governor
  - Effective Date: November 1, 2025
- **HB 2729 (Kendrix, Bergstrom)**
  - Requires courts to interpret the meaning of statute de novo in a way which favors limiting agency power and prohibits administrative agencies from awarding civil penalties that would also be subject to common law.
  - Fiscal Impact: None
  - Status: Signed by Governor
  - Effective Date: November 1, 2025