OKLAHOMA HEALTH CARE AUTHORITY
MEDICAL ADVISORY COMMITTEE MEETING
November 6, 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_sU9MUM6uQHiQSTec44XcRQ
Telephone: 1-669-254-5252 Webinar ID: 160 473 6362

*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. Public Comment…….……Jason Rhynes, O.D., Chair

3. Discussion and Vote on the September 4, 2025, MAC Meeting Minutes…..……...….Jason Rhynes, O.D., Chair

4. MAC Member Comments/Discussion……...Jason Rhynes, O.D., Chair

5. Medicaid Director's Update (Attachment "A")…….……Melissa Miller, State Medicaid Director

6. Legislative Update…….……Bradley Downs, Legislative Liaison

7. Financial Update (Attachment "B")……..……Tasha Black, Senior Director of Budget and Procurement

8. Change of Service Provision Updates (Attachment "C")…..….Stephanie Mavredes, Deputy Director of SoonerSelect

    i. Add Prior Authorizations to Select Procedure Codes – 21199, 22325, 61640, 93350, 93304, 93351
    ii. Anesthesia for Pain Management
    iii. Intensity Modulated Radiation Therapy
    iv. Aetna Not Adding Prior Authorization Requirements to HCPCS Codes – Parenteral Nutrition Solution
    v. Not Adding Prior Authorization Requirements to CPT Codes – 97022, 97150, 97164, 97168
    vi. Aetna Split Fill Edit Logic
    vii. Not Adding Prior Authorization for HCPCS Code – T2101
    viii. Not Adding Prior Authorization for CPT Codes – 96920, 96921, 96922
    ix. Removal of CPT Codes – 82233, 82234, 84393, 84394
    x. Not Adding Prior Authorization Requirements CPT Codes – 86003, 86008, 95027, 95028, 95052, 95056, 95060, 95065
    xi. Not Adding Prior Authorization Requirements CPT Codes – 97022, 97150, 97164, 97168, 97602, 97760, 97763
    xii. Not Adding Prior Authorization Requirements HCPCS Codes – Q0507 and Q0508
    xiii. Not Adding Prior Authorization Requirements HCPCS Codes – A4453 and A4459
    xiv. Humana Not Adding Prior Authorization Requirements HCPCS Codes – Parenteral Nutrition Solution
    xv. Oklahoma Complete Health Split Fill Edit Logic

9. Proposed Rule Changes: Presentation, Discussion, and Vote……..…Heather Cox, Policy and Program Management Director (Attachment "D")

    i. APA WF# 25-06 Rapid Whole Genome Sequencing

10. OHCA MAC Meeting Dates and Times for Calendar Year 2026 (Attachment "E")……..…….Jason Rhynes, O.D., Chair

11. New Business……Jason Rhynes, O.D., Chair

12. Adjournment……..Jason Rhynes, O.D., Chair

NEXT BOARD MEETING
January 8, 2025, at 1:00 P.M.
Oklahoma Health Care Authority
4345 N. Lincoln Blvd
Oklahoma City, OK 73105

Oklahoma Health Care Authority
MEDICAL ADVISORY COMMITTEE
MINUTES of the September 4th, 2025, Meeting
4345 N. Lincoln Blvd., Oklahoma City, OK 73105

1. **Welcome, Roll Call, and Public Comment Instructions:**

Chairman, Dr. Jason Rhynes called the meeting to order at 1:02 PM.

Delegates present were: Mr. Nick Barton, Ms. Joni Bruce, Ms. Janet Cizek, Mr. Tracy Ellis, Ms. Wanda Felty, Dr. Arlen Foulks, Ms. Sharon Millington, Ms. Melissa Miller, Dr. Jason Rhynes, Dr. Ashley Weedn providing a quorum.

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

***Delegates absent without an alternate were*:** Dr. Autumn Hurd, Dr. J. Daniel Post, Dr. Raymond Smith.

Chairman Rhynes asked the committee to introduce themselves and state the agency they represent.

2. **Approval of July 10th, 2025, Minutes**

Medical Advisory Committee
The motion to approve the minutes was by Ms. Janet Cisek, seconded by Dr. Arlen Foulks and passed unanimously.

3. **MAC Member Comments/Discussion:**

Ms. Bruce asked what the plans are at the Health Care Authority to help ensure access to care for all kids who need behavioral health services. Ms. Foss stated that ODMHSAS is in the midst of a large evaluation and working with a consultant to determine the sustainability of not just the Medicaid portion of the program, but sustainability of their agency overall. OHCA anticipates getting some results and recommendations from that report and analysis fairly soon. Chairman Rhynes asked if this falls under Managed Medicaid, under Medicaid, or both. Ms. Foss stated that she did not know the breadth of what the ODMHSAS is currently reviewing, but it is her understanding that they are reviewing they're state dollar contracts. Ms. Miller added that Ms. Bruce is referencing the specific ODHMSAS funding for individuals who are not eligible or enrolled in Medicaid.

Mr. Barton made a comment about the legislative and financial updates not being on this month's agenda. He also asked about the committee alternates. Ms. Foss stated that OHCA does not typically provide a legislative update throughout the year, only during session, and added that she would be happy to answer questions on those subjects as they come up. Chairman Rhynes reminded the committee that each member needs to have an active alternate.

4. **State Medicaid Director Update**

Christina Foss, Chief of Staff/State Medicaid Director

Ms. Foss provided an overview of the Rural Health Transformation Program (RHTP) that Oklahoma will see coming out of HR1, Medicaid Reentry Program, and School-Based Services,

Rural Health Transformation Program: RHTP is a new provision that came out of HR1 which created a $50 billion rural health transformation fund. The funds will be distributed over five years beginning next year. The breakdown for that is that about 50% of funds for each fiscal year are distributed equally among states with approved applications, and then the rest of the 50% of those funds are allotted based on things like rural population size, number of rural health facilities, and the situation of the state's hospitals. The official application or CMS guidance has not been released, but CMS has stated that this is an opportunity to look at sustainability of the rural healthcare system. The funds aren't meant to be used to prop up reimbursement rates, but to be used for some innovative solutions across the state on a statewide plan. Some broad uses of these funds could be implementing evidence-based interventions to improve chronic disease management, use of telehealth or AI to improve rural healthcare, value-cased care models, and workforce. States will submit their applications through their Governor's office, which could potentially be due by November. OHCA will also be doing some targeted stakeholder engagement meetings

Medicaid Reentry Program: OHCA was recently awarded a grant for enhancing the EHR system through the Department of Corrections. The grant will help the Department of Corrections enhance their system quite a bit.

School-Based Services: OHCA has been working on School-Based Services for the past two years, on expanding school-based services outside of an IEP. OHCA is looking to submit a state plan amendment that would extend that opportunity for kids that are eligible for Medicaid and wouldn't necessarily have to be on an IEP. The grant funds would be used to provide peer-to-peer support for schools that want to learn how to bill Medicaid. They can partner with the 10 Champion districts to be able to train others on how to do that.

Ms. Bruce asked if the link has been shared on OHCA's social media sites. Ms. Foss stated that it has been shared on social media.

5. <u>Change of Service Provision:</u>
Stephanie Mavredes, Deputy State Medicaid Director

Ms. Mavredes presented the following six Change of Service Provisions:

i. Aetna Drug Maintenance List
ii. Humana Custom Drug Maintenance
iii. Oklahoma Complete Health Custom Drug Maintenance
iv. Aetna Reinstating PA Requirements for Certain J Codes

v. Humana Reinstating PA Requirements for Certain J Codes – Mr. Ellis stated that he assumes the process has been determined for the PA to be a speedy process. Ms. Mavredes stated that that is correct. Adding that there are strict guidelines in the contract specific to PA requirements. The plans would still be required to go through and adhere to that, in order to meet the requirements outlined in the contract. Dr. Franklin stated that it is her understanding that these codes are not long-established practices, they are things that have been recently approved, but do not have their own CPT code. Ms. Mavredes stated that that is also her understanding.

vi. Humana Removal of PA Requirements for Hospice Rev Code

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

6. <u>Proposed Rules Changes: Presentation, Discussion, and Vote</u>
Heather Cox, Program Management Director

i. APA WF# 25-12 Clinic Services Update (Four Walls)
ii. APA WF# 25-15 340B Program Revisions

The rule change motion to approve as by Dr. Arlen Foulks and seconded by Mr. Nick Barton and passes unanimously.

iii. APA WF# 25-16 Provider Attestation Revisions

Dr. Franklin stated that the physician community had some questions about the imprecise language that was in the executive order itself that has led to some concern. They wanted to make sure that abortion-related activities were defined in such a way that a provider would not be concerned about providing miscarriage care, providing care in an emergency setting, following an abortion that they had nothing to do with. Particularly because the law also requires physicians to report to the state medical board when they participate in a complication of an abortion. Dr. Franklin stated she was not at all speaking against the work OHCA has done, but physicians would like the reassurance when this is publicized. That we are speaking not of those specific circumstances in which it is recognized that physicians need to provide care. Ms. Cox stated that she would meet with OHCA Legal to discuss if there is something that could be added and still comply with the law, but also be clear. Ms. Wheeler-Sisk added that the definition of abortion in the executive order does rely on 68OS1-730, which does define abortion is such a way that the life of the mother is an exception to that, meaning those services would not be something that would fall under the order.

Wanda asked if the attestation was specific to Medicaid patients. Ms. Foss stated that the executive order applies to all state agencies. It is not Medicaid specific. Ms. Wheeler-Sisk added that the behavior would not necessarily have to be with a SoonerCare member. It is if the provider is referring for or affiliated with someone who provides abortion-related care. Dr. Franklin asked a clarifying question: if a provider works for a trans-state organization where

abortion may not be provided in OK, but in one of their other facilities, it is provided in a different state the physician is affiliated with. Ms. Wheeler-Sisk stated yes, that is correct.

Nick Barton commented on the sped-up timeline for this as it did not go the entire 60-days. Due to the timelines in the executive order regarding implementation, implementation has to be completed within 120 days.

Melissa Miller asked if it was safe to assume that if they were to attest to things that were not allowed it would result in denial if the attestation did not comply with the EO. Ms. Wheeler-Sisk stated that the approach that OHCA will be taking is that they are going to review every attestation that discloses something. It does allow OHCA discretion to determine whether a provider is violating Oklahoma's Public Policy.

Dr. Foulks asked about the application and specific language. Ms. Wheeler-Sisk stated that the attestation has not been finalized, but that it will say "what they are aware of". She encouraged providers to say that they cannot attest at this time because they don't know, because the legal team can work with the providers after they receive the information.

Joni asked how the physician should manage a situation where they counsel a patient, and the patient feels strongly that they don't want to put a child through pain. Ms. Wheeler-Sisk stated that that is the type of referral that the order would require be given to the Health Care Authority.

Dr. Franklin asked if this applies to all providers. Ms. Wheeler-Sisk stated that the order is very specific that every SoonerCare provider must sign the attestation.

The rule change motion to approve as by Dr. Rachel Franklin and seconded by Mr. Steve Buck and passes unanimously.

iv. APA WF# 25-08 Birthing Centers and Licensed Midwives
vi. APA WF# 25-14 Paid Family Caregiver
vii. APA WF# 25-09 FQHC and RHC Policy Revisions

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

viii. APA WF# 25-01 Functional Family Therapy

Mr. Barton asked if there would be a reduction in state share. Ms. Foss stated that the state share would be covered by OJA and DHS and added that it is her understanding that they are both budgeted for it.

Ms. Bruce expressed her concern about expanding what SoonerCare is going to be paying for when there are so many services going away.

The rule change motion to approve as by Ms. Sharon Millington and seconded by Mr. Steve Buck and passes unanimously.

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

7. New Business:

Chairman, Jason Rhynes, O.D.

Chairman Rhynes stated that he has tried to raise the amount for a pair of eyeglasses. Currently, the six states that touch Oklahoma pay between $83 and $87. He stated that he will find out at the end of this month if it will get added to the budget or not.

8. Adjourn:

Chairman, Jason Rhynes, O.D.

Chairman Rhynes asked for a motion to adjourn. Motion was provided by Mr. Nick Barton and seconded by Mr. Steven Buck; there was no dissent and the meeting adjourned at 2:11pm.

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MEDICAID DIRECTOR UPDATE

November 6, 2025

FEDERAL CHANGES IN H.R.1

COMMUNITY ENGAGEMENT REQUIREMENTS

- Community Engagement requirements apply to expansion adults ages 19-64 not otherwise exempt
- 80 hours/month required - includes employment, community service/work programs, or educational programs (or combination)
- OR demonstration of minimum monthly income
- Members given 30 days to demonstrate compliance after initial adverse determination
- Requirements are expected to impact 126,000 members
- Implementation date: 12/31/2026

COMMUNITY ENGAGEMENT REQUIREMENTS EXEMPTIONS

Does not apply to:

- Pregnant/postpartum women
- Foster youth and former foster youth under the age of 26
- Members of a tribe
- Veterans with rated disability
- Individuals who are considered medically frail
- Individuals participating in substance use disorder rehabilitation
- Individuals who are already in compliance with the work requirements under the Temporary Assistance for Needy Families (TANF) program or Supplemental Nutrition Assistance Program (SNAP)
- Parent or caregiver of a dependent child 13 or younger or an individual with a disability
- Incarcerated individuals

OTHER ELIGIBILITY IMPLICATIONS

- Increased redetermination requirements
  - Redeterminations will occur every 6 months for expansion adults
- Retroactive eligibility
  - Limits retroactive coverage from 90 days (current practice) to 1 month for expansion adults; 2 months for other eligibility categories
- Changes to eligibility for certain non-citizen groups
  - Estimated 6,000 refuges will lose coverage

MEMBER OUTREACH

- Member outreach and engagement will be crucial as we approach implementation.

- OHCA welcomes the MAC's feedback on ways we can best help our members prepare for these changes.

RURAL HEALTH TRANSFORMATION

- Award decision by 12/31/25
- OSDH as designated administrator
- $50 billion distributed over 5 years
  - 50% of funding distributed equally across all states with approved applications
    - Baseline funding for all states who apply is $100M per year
  - 50% of funding distributed based on various factors regarding the rural nature of the state

PROGRAMMATIC UPDATES

JUVENILE REENTRY INITIATIVE

- OHCA is leading the implementation of the Section 5121 mandate.
- The mandate extends Medicaid coverage to youth up to age 21 and former foster care youth up to age 26 for 30 days pre- and post-release from carceral settings.
- Preliminary workplans are being developed for OHCA divisions and partner agencies, including DOC, OJA, and ODMHSAS.

SCHOOL-BASED SERVICES

- March 1, 2026 – launch of school-based services expansion for behavioral health and nursing services for Medicaid-eligible students outside of an IEP, ie; 504 plans, Behavioral Health Plans (BHP) and Individualized Health Plans (IHP)

- July 1, 2026 – Integration into SoonerSelect managed care

OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

oklahoma.gov/ohca
MySoonerCare.org

Agency: 405-522-7300
Helpline: 800-987-7767

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Attachment B

OKLAHOMA
Health Care Authority

FINANCIAL REPORT

For the Fiscal Year Ended June 30, 2025
Submitted to the CEO & Board

- Revenues for OHCA through June, accounting for receivables, were**$9,251,194,065** or **0.7% under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **$9,259,385,117** or **0.7% under** budget.
- The state dollar budget variance through May is a negative **$8,191,052**
- The budget variance is primarily attributable to the following (in millions):

Expenditures:		
Administration		21.1
Medicaid Program Variance		40.2
Revenues:		
Appropriations		(2.1)
Federal Funds		(47.9)
Drug Rebate		(1.9)
Medical Refunds		(4.3)
Taxes and Fees		(13.3)
Total FY 25 Variance	**$**	**(8.2)**

ATTACHMENTS

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
SFY 2025, For the Fiscal Year Ended June 30, 2025

REVENUES	FY 25 Budget YTD	FY 25 Actual YTD	Variance	% Over/ (Under)
State Appropriations	$ 1,201,509,100	$ 1,199,407,751	$ (2,101,349)	(0.2)%
Federal Funds	6,343,840,200	6,295,946,840	(47,893,360)	(0.8)%
Tobacco Tax Collections	71,359,598	67,498,790	(3,860,808)	(5.4)%
Quality of Care Collections	106,681,462	97,785,483	(8,895,979)	(8.3)%
Prior Year Carryover	317,978,238	317,978,238	-	0.0%
Drug Rebates	749,274,498	747,369,374	(1,905,124)	(0.3)%
Medical Refunds	64,696,524	60,386,214	(4,310,310)	(6.7)%
Insurance Premium Tax	74,164,391	75,790,331	1,625,940	2.2%
Supplemental Hospital Offset Payment Program	378,505,966	377,623,074	(882,891)	(0.2)%
Other Revenues	12,672,440	11,407,970	(1,264,470)	(10.0)%
TOTAL REVENUES	**$ 9,320,682,417**	**$ 9,251,194,065**	**$ (69,488,352)**	**(0.7)%**

EXPENDITURES	FY 25 Budget YTD	FY 25 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	**$ 69,379,954**	**$ 61,497,263**	**$ 7,882,691**	**11.4%**
ADMINISTRATION - CONTRACTS	**$ 212,385,705**	**$ 199,200,663**	**$ 13,185,042**	**6.2%**
MEDICAID PROGRAMS				
Managed Care:				
SoonerCare Choice	41,279,675	41,033,197	246,478	0.6%
SoonerSelect Medical	2,612,011,085	2,563,554,412	48,456,673	1.9%
SoonerSelect Dental	194,355,694	190,160,482	4,195,212	2.2%
SoonerSelect DPP - Provider Incentives	110,342,116	112,507,306	(2,165,190)	(2.0)%
SoonerSelect CSP	174,551,836	177,299,406	(2,747,570)	(1.6)%
Acute Fee for Service Payments:				
Hospital Services	1,132,425,702	1,127,149,759	5,275,943	0.5%
Behavioral Health	15,979,708	16,013,081	(33,373)	(0.2)%
Physicians	282,762,059	282,649,063	112,996	0.0%
Dentists	62,447,847	62,213,667	234,180	0.4%
Other Practitioners	30,805,808	25,681,386	5,124,422	16.6%
Home Health Care	32,930,935	32,368,514	562,421	1.7%
Lab & Radiology	21,403,784	18,562,444	2,841,341	13.3%
Medical Supplies	77,393,889	80,771,527	(3,377,638)	(4.4)%
Ambulatory/Clinics	410,057,691	432,023,441	(21,965,750)	(5.4)%
Prescription Drugs	913,783,709	925,305,112	(11,521,403)	(1.3)%
OHCA Therapeutic Foster Care	7,300	(5,032)	12,332	168.9%
Other Payments:				
Nursing Facilities	917,581,958	928,362,334	(10,780,376)	(1.2)%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	94,994,122	88,574,866	6,419,256	6.8%
Medicare Buy-In	232,204,721	232,058,831	145,890	0.1%
Transportation	130,797,612	122,103,399	8,694,213	6.6%
Money Follows the Person-OHCA	1,562,186	1,560,181	2,005	0.1%
Electronic Health Records-Incentive Payments	200,000	(391)	200,391	100.2%
Part D Phase-In Contribution	135,112,497	133,109,135	2,003,362	1.5%
Supplemental Hospital Offset Payment Program	1,368,617,321	1,368,736,766	(119,445)	(0.0)%
Telligen	12,560,024	11,724,302	835,722	6.7%
OEPIC	32,658,101	25,170,005	7,488,096	22.9%
Total OHCA Medical Programs	**9,038,827,376**	**8,998,687,191**	**40,140,186**	**0.4%**
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	100.0%
TOTAL OHCA	**$ 9,320,682,417**	**$ 9,259,385,117**	**$ 61,297,300**	**0.7%**
REVENUES OVER/(UNDER) EXPENDITURES	**$ (0)**	**$ (8,191,052)**	**$ (8,191,052)**	

OKLAHOMA HEALTH CARE AUTHORITY

Total Medicaid Program Expenditures
by Source of State Funds
SFY 2025, For the Fiscal Year Ended June 30, 2025

Category of Service	Total	Health Care Authority	Quality of Care	Insure Oklahoma	SHOPP	BCC	Other State Agencies
SoonerCare Choice	41,033,197	41,032,319	$ -	$ -	$ -	$ 878	$ -
SoonerSelect Medical	2,970,806,095	2,563,554,412	$ -	$ -	$ -	$ -	$ 407,251,682.66
SoonerSelect Dental	190,160,482	190,160,482					
SoonerSelect DPP - Provider Incentives	112,507,306	112,507,306	$ -	$ -	$ -	$ -	$ -
SoonerSelect CSP	177,299,406	177,299,406	$ -	$ -	$ -	$ -	$ -
Inpatient Acute Care	1,454,895,452	678,269,723	486,687	(144)	221,314,034	99,627	554,725,526
Outpatient Acute Care	536,869,666	447,439,494	41,604	(242)	88,576,185	812,625	-
Behavioral Health - Inpatient	66,695,231	9,981,960	-	-	11,410,056	-	45,303,215
Behavioral Health - Psychiatrist	9,899,110	6,024,815	-	-	3,867,988	6,307	-
Behavioral Health - Outpatient	16,731,645	-	-	-	-	-	16,731,645
Behavioral Health-Health Home	-	-	-	-	-	-	-
Behavioral Health Facility- Rehab	147,995,775	-	-	-	-	2,632	147,995,775
Behavioral Health - Case Management	2,574,936	-	-	-	-	-	2,574,936
Behavioral Health - PRTF	8,871,684	-	-	-	-	-	8,871,684
Behavioral Health - CCBHC	204,613,511	-					204,613,511
Residential Behavioral Management	3,002,592	-	-	-	-	-	3,002,592
Targeted Case Management	52,882,063	-	-	-	-	-	52,882,063
Therapeutic Foster Care	(5,032)	(5,032)	-	-	-	-	-
Physicians	384,656,732	282,189,313	58,101	(186)	-	401,649	102,007,854
Dentists	62,213,667	62,209,332	-	-	-	4,335	-
Mid Level Practitioners	157,672	157,672	-	-	-	-	-
Other Practitioners	25,523,714	25,065,479	446,364	-	-	11,870	-
Home Health Care	32,368,514	32,367,599	-	-	-	914	-
Lab & Radiology	18,562,444	18,553,060	-	-	-	9,384	-
Medical Supplies	80,771,527	78,054,925	2,711,532	-	-	5,071	-
Clinic Services	454,008,311	424,361,449	-	-	-	43,813	29,603,048
Ambulatory Surgery Centers	7,618,178	7,615,339	-	-	-	2,839	-
Personal Care Services	11,881,455	-	-	-	-	-	11,881,455
Nursing Facilities	928,362,334	642,461,263	285,901,071	-	-	-	-
Transportation	121,841,844	118,873,022	2,784,480	-	-	184,341	-
IME/DME	46,769,824	-	-	-	-	-	46,769,824
ICF/IID Private	88,574,866	75,189,390	13,385,476	-	-	-	-
ICF/IID Public	20,668,244	-	-	-	-	-	20,668,244
CMS Payments	365,167,966	364,370,793	797,173	-	-	-	-
Prescription Drugs	925,304,584	924,971,923	-	(528)	-	333,189	-
Miscellaneous Medical Payments	261,555	261,555	-	-	-	-	-
Home and Community Based Waiver	360,872,621	-	-	-	-	-	360,872,621
Homeward Bound Waiver	88,047,968	-	-	-	-	-	88,047,968
Money Follows the Person	6,469,508	1,560,181	-	-	-	-	4,909,327
In-Home Support Waiver	83,682,128	-	-	-	-	-	83,682,128
ADvantage Waiver	318,707,158	-	-	-	-	-	318,707,158
Family Planning/Family Planning Waiver	910,370	-	-	-	-	-	910,370
Premium Assistance*	25,171,104	-	-	25,171,104	-	-	-
Directed Payments	1,043,568,503	-	-	-	1,043,568,503	-	-
Telligen	11,724,302	11,724,302	-	-	-	-	-
Electronic Health Records Incentive Payments	(391)	(391)	-	-	-	-	-
Total Medicaid Expenditures	**$ 11,510,699,817**	**$ 7,296,251,092**	**$ 306,612,488**	**$ 25,170,005**	**$ 1,368,736,765**	**$ 1,919,473**	**$ 2,512,012,627**

* Includes $25,034,453.29 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY

Summary of Revenues & Expenditures:
Other State Agencies
SFY 2025, For the Fiscal Year Ended June 30, 2025

REVENUE		FY 25 Actual YTD
Revenues from Other State Agencies		713,048,761
Federal Funds		1,802,421,278
TOTAL REVENUES	**$**	**2,515,470,038**

EXPENDITURES		Actual YTD
Oklahoma Human Services		
Home and Community Based Waiver	**$**	**360,872,621**
Money Follows the Person		**4,909,327**
Homeward Bound Waiver		**88,047,968**
In-Home Support Waivers		**83,682,128**
Advantage Waiver		**318,707,158**
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public		**20,668,244**
Personal Care		**11,881,455**
Residential Behavioral Management		**1,087,311**
Targeted Case Management		**42,308,717**
Total Oklahoma Human Services		**932,164,929**
State Employees Physician Payment		
Physician Payments		**102,007,854**
Total State Employees Physician Payment		**102,007,854**
Education Payments		
Indirect Medical Education		**41,427,113**
Direct Medical Education		**5,342,711**
DSH		**-**
Total Education Payments		**46,769,824**
Office of Juvenile Affairs		
Targeted Case Management		**608,762**
Residential Behavioral Management		**1,915,281**
SoonerSelect		**2,861,263**
Total Office of Juvenile Affairs		**5,385,306**
Department of Mental Health & Substance Abuse Services		
Case Management		**2,574,936**
Inpatient Psychiatric Free-standing		**45,303,215**
Outpatient		**16,731,645**
Health Homes		**-**
Psychiatric Residential Treatment Facility		**8,871,684**
Certified Community Behavioral Health Clinics		**204,613,511**
Rehabilitation Centers		**147,995,775**
SoonerSelect		**404,390,419**
Total Department of Mental Health & Substance Abuse Services		**830,481,185**
State Department of Health		
Children's First		**168,546**
Sooner Start		**-**
Health Clinics		**1,093,150**
Early Intervention		**2,464,564**
Early and Periodic Screening, Diagnosis, and Treatment Clinic		**537,543**
Family Planning		**255,097**
Family Planning Waiver		**653,975**
Maternity Clinic		**48,208**
Total Department of Health		**5,221,083**
County Health Departments		
EPSDT Clinic		**60,625**
Family Planning Waiver		**1,298**
Total County Health Departments		**61,923**
State Department of Education		**1,151,115**
Public Schools		**6,180,360**
Medicare DRG Limit		**516,495,122**
Native American Tribal Agreements		**27,863,522**
Department of Corrections		**10,720,127**
JD McCarty		**27,510,277**
Total OSA Medicaid Programs	**$**	**2,512,012,627**
OSA Non-Medicaid Programs	**$**	**85,373,548**
Accounts Receivable from OSA	**$**	**81,916,137**

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

Fund 205: Supplemental Hospital Offset Payment Program Fund

SFY 2025, For the Fiscal Year Ended June 30, 2025

REVENUES		FY 25 Revenue
SHOPP Assessment Fee		376,928,071
Federal Draws	$	1,033,870,683
Interest		695,004
Penalties		-
TOTAL REVENUES	$	1,411,493,758

EXPENDITURES	Quarter 7/1/23 - 9/30/23	Quarter 10/1/23 - 12/31/23	Quarter 1/1/24 - 3/31/24	Quarter 4/1/24 - 6/30/24		FY 25 Expenditures
Program Costs:						
Hospital - Inpatient Care	37,674,703	45,065,154	31,528,080	37,294,305	$	151,562,242
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	317,606,879		1,368,736,765

Total Expenditures	$	1,368,736,765
SHOPP Revenue transferred to Fund 340 for Medicaid Program expense	$	58,291,848

*** 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 Fiscal Year Ended June 30, 2025

REVENUES	Total Revenue	State Share
		$ -
Quality of Care Assessment	$ 97,711,933	$ 97,711,933
*Quality of Care Penalties (*Non-Spendable Revenue)*	$ 60,060	$ 60,060
Interest Earned	$ 73,550	$ 73,550
TOTAL REVENUES	**$ 97,845,543**	**$ 97,845,543**

EXPENDITURES	FY 25 Total $ YTD	FY 25 State $ YTD	Total State $ Cost
Program Costs			
Nursing Facility Rate Adjustment	$ 282,409,375	$ 92,650,208	
Eyeglasses and Dentures	263,936	$ 86,590	
Personal Allowance Increase	3,227,760	$ 1,058,904	
Coverage for Durable Medical Equipment and Supplies	2,711,532	$ 889,586	
Coverage of Qualified Medicare Beneficiary	1,032,756	$ 338,821	
Part D Phase-In	797,173	$ 797,173	
ICF/IID Rate Adjustment	4,396,830	$ 1,441,990	
Acute Services ICF/IID	8,988,646	$ 2,948,924	
Non-emergency Transportation - Soonerride	2,784,480	$ 913,544	
NF Covid-19 Supplemental Payment	-	$ -	
ICF Covid-19 Supplemental Payment	-	$ -	
Ventilator NF DME Supplemental Payment		$ -	
Total Program Costs	**$ 306,612,488**	**$ 101,125,740**	**$ 101,125,740**
Administration			
OHCA Administration Costs	$ 300,584	$ 135,263	
OHS-Ombudsmen	13,200	6,600	
OSDH-Nursing Facility Inspectors	-	-	
Mike Fine, CPA	217,014	108,507	
Total Administration Costs	**$ 530,798**	**$ 250,370**	**$ 250,370**
Total Quality of Care Fee Costs	**$ 307,143,286**	**$ 101,376,110**	
TOTAL STATE SHARE OF COSTS			**$ 101,376,110**

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 Fiscal Year Ended June 30, 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	-	30,417,877	30,417,877
Interest Income	-	97,142	97,142
Federal Draws	-	17,982,143	17,982,143
TOTAL REVENUES	$ 1,628,592	$ 48,497,162	$ 50,125,754

EXPENDITURES		FY 24 Expenditures	FY 25 Expenditures	Total State $ YTD
Program Costs:				
	Employer Sponsored Insurance		$ 25,034,453	$ 25,034,453
	College Students/ESI Dental		136,651	44,819
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			$ 25,170,005	$ 25,078,913
Administrative Costs				
	Salaries	$ (0)	$ 1,333,689	$ 1,333,689
	Operating Costs	141	1,560	1,701
	E&E Development Gainwell	-	-	-
	Contract - Gainwell	189,915	885,065	1,074,980
			-	
Total Administrative Costs		$ 190,055	$ 2,220,314	$ 2,410,370
Total Expenditures				$ 27,489,282
Transfer to Fund 340 for Expansion Costs				$ 20,616,552
NET CASH BALANCE		$ 1,438,537	$ 581,383	$ 2,019,920

OKLAHOMA HEALTH CARE AUTHORITY

Combining Statement of Revenues, Expenditures and Changes in Fund Balance

SFY 2025, For the Fiscal Year Ended June 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	Ambulance Service Provider Access Payment Program Fund 270	Insurance Premium Tax Fund 270	Medicaid Program Fund 340	Clearing Account 1807B	Total Cash Balance
JUNE Beginning Fund Balance:	36,503,907	11,957,438	0	587,345,498	19,041,998	1,927,716	-	-	784,104	-	110,301,650	24,035,548	791,897,859
JUNE Revenues:	10,035,070	99,498,747	7,898,164	-	57,605	3,941,229	49,802	2,984,464	327,440	73,992,924	783,277,925	41,308,655	1,023,372,023
JUNE Expenditures:	14,621,644	-	-	-	-	2,086,519	-	-	-	-	944,372,569		961,080,733
Operating Transfers In	7,691,547	-	-	8,333,337	-	-	-	-	-	-	172,452,401	-	226,628,270
Account Receivables	(682,297)	99,462,482	-	-	-	-	-	-	-	-	(13,459,758)	-	85,320,426
Operating Transfers Out	-	-	7,896,792	-	-	1,718,046	49,802	2,984,464	1,111,544	73,992,924	-	21,913,909	147,818,466
Change in Fund Balance	***3,787,270***	***36,265***	***1,372***	***8,333,337***	***57,605***	***136,663***	***-***	***-***	***(784,104)***		***24,817,515***	***19,394,746***	***55,780,668***
Ending Fund Balance	**40,291,177**	**11,993,703**	**1,372**	**595,678,835**	**19,099,602**	**2,064,379**	**-**	**-**	**-**		**135,119,165**	**43,430,294**	**847,678,527**

OKLAHOMA HEALTH CARE AUTHORITY

HEALTHY ADULT PROGRAM EXPENDITURES - OHCA

SFY 2025, For the Fiscal Year Ended June 30, 2025

JUNE Beginning Fund Balance:	FY 25 BUDGETED EXPENDITURES Full Year	FY 25 BUDGETED EXPENDITURES Year to Date	FY 25 ACTUAL EXPENDITURES JUNE	BUDGET VARIANCE (Over)/ Under
OHCA MEDICAID PROGRAMS				
Managed Care				
SoonerCare Choice	733,092	733,092	725,279	7,812
SoonerSelect Medical	1,219,300,989	1,219,300,989	1,193,876,261	25,424,728
SoonerSelect Dental	55,668,856	55,668,856	53,446,200	2,222,656
Total Managed Care	**1,275,702,937**	**1,275,702,937**	**1,248,047,740**	**27,655,197**
Fee for Service				
Hospital Services:				
Inpatient Acute Care	137,278,155	137,278,155	133,889,227	3,388,928
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	120,522,363	128,820,843	(8,298,480)
Total Hospitals	**737,899,120**	**737,899,120**	**733,860,979**	**4,038,141**
Behavioral Mental Health:				
Inpatient Services - DRG	9,768,228	9,768,228	15,541,263	(5,773,035)
Outpatient	-	-	-	-
Total Behavioral Mental Health	**9,768,228**	**9,768,228**	**15,541,263**	**(5,773,035)**
Physicians & Other Providers:				
Physicians	59,490,573	59,490,573	58,709,849	780,724
Dentists	10,208,152	10,208,152	10,114,999	93,153
Mid-Level Practitioner	57,090	57,090	51,399	5,692
Other Practitioners	7,649,348	7,649,348	4,653,874	2,995,475
Home Health Care	278,080	278,080	344,306	(66,226)
Lab & Radiology	5,250,120	5,250,120	4,797,002	453,118
Medical Supplies	6,790,391	6,790,391	6,724,745	65,646
Clinic Services	98,927,207	98,927,207	106,073,770	(7,146,564)
Ambulatory Surgery	1,476,424	1,476,424	1,641,317	(164,893)
Total Physicians & Other Providers	**190,127,385**	**190,127,385**	**193,111,261**	**(2,983,876)**
Misc Medical & Health Access Network	**30,672**	**30,672**	**101,274**	(70,602)
Transportation	**18,035,845**	**18,035,845**	**17,784,321**	251,524
Health Access Network	**-**	**-**	**129,940**	(129,940)
Provider Incentive Program	**42,197,573**	**42,197,573**	**24,775,159**	17,422,414
Prescription Drugs	**287,110,023**	**287,110,023**	**294,966,201**	(7,856,178)
Total OHCA Medicaid Programs	**2,560,871,782**	**2,560,871,782**	**2,528,318,138**	**32,553,644**

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SoonerSelect

SoonerSelect Contracted Entity (CE) Requests to Change Service Provisions

The SoonerSelect 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 10/20/2025 Oklahoma Complete Health and Oklahoma Complete Health Children's Specialty Program submitted a request to change service provisions. Previously, on 12/6/2024, Aetna Better Health of Oklahoma had submitted a formal request to OHCA for review and approval to change similar 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 in the table below:

SoonerSelect Requests to Change Service Provisions			
MEDICAL PROCEDURE CODE	**MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**REQUESTOR**	**OHCA DECISION**
21199 – Reconstruct lower jaw	Add prior authorization process to attempt to manage utilization of specific codes and achieve overall cost savings.	Oklahoma Complete Health Oklahoma Complete Health CSP Aetna Better Health of Oklahoma	Approved
22325 – Treatment of spine fracture	Add prior authorization process to attempt to manage utilization of specific codes and achieve overall cost savings.	Oklahoma Complete Health Oklahoma Complete Health CSP Aetna Better Health of Oklahoma	Approved
61640 – Injection treatment of nerve	Add prior authorization process to attempt to manage utilization of specific codes and achieve overall cost savings.	Oklahoma Complete Health	Approved

SoonerSelect Requests to Change Service Provisions			
MEDICAL PROCEDURE CODE	**MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**REQUESTOR**	**OHCA DECISION**
		Oklahoma Complete Health CSP Aetna Better Health of Oklahoma	
93350 – Stress TTE only	Add prior authorization process to attempt to manage utilization of specific codes and achieve overall cost savings.	Oklahoma Complete Health Oklahoma Complete Health CSP Aetna Better Health of Oklahoma	Approved
93304 – Echo Transthoracic	Add prior authorization process to attempt to manage utilization of specific codes and achieve overall cost savings.	Oklahoma Complete Health Oklahoma Complete Health CSP Aetna Better Health of Oklahoma	Approved
93351 – Stress TTE complete	Add prior authorization process to attempt to manage utilization of specific codes and achieve overall cost savings.	Oklahoma Complete Health Oklahoma Complete Health CSP Aetna Better Health of Oklahoma	Approved

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 September 5, 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				
PROCEDURE CODE(S) IMPACTED	**OHCA'S CURRENT CLAIMS PROCESSING PROTOCOL**	**PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**ANTICIPATED IMPACT**	**OHCA DECISION**
Anesthesia for Pain Management				
20526 – Therapeutic injection into the carpal tunnel **20550** – Injections into a tendon sheath, ligament, or joint **20551** – Injecting a therapeutic substance into a single tendon origin or insertion **20552** – Trigger point injections in one or two muscles **20553** – Trigger point injections administered into three or more muscles	OHCA's current protocol allows for separate reimbursement for CPT code 99152 and the pain management procedures.	Aetna Better Health of Oklahoma is seeking approval to treat anesthesia as incidental when billed with certain pain management codes. Charges for anesthesia CPT code 99152 should be denied as incidental.	Some impact to Members and Providers as anesthesia will be denied as incidental when billed with certain codes.	Approved 9/24/2025 *Item will be presented at the November 2025, MAC meeting*

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
20600 – Arthrocentesis involving injection into a small joint or bursa without ultrasound guidance **20605** – Arthrocentesis involving injection into an intermediate joint or bursa without ultrasound guidance **20610** – Arthrocentesis involving injection into a major joint or bursa **27096** – Sacroiliac joint injections **36468** – Injection of a sclerosing solution for the treatment of spider veins **36470-36479** – Sclerotherapy/ablation and spider or incompetent vein treatments **62263** – Percutaneous lysis of epidural adhesions for chronic pain **62264** - Percutaneous lysis of epidural adhesions in an outpatient setting **62273** – Injection of blood or clot patch into the epidural space				

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**
62280 – Injection or infusion of a neurolytic substance into the subarachnoid space of the spinal column 62281 – Injection or infusion of a neurolytic substance in the space at the cervical or thoracic level **62282** – Injection or infusion of a neurolytic substance in the lumbar or sacral epidural space **62320-62327** – Injection of diagnostic or therapeutic substances into the cervical or thoracic spine with or without imaging guidance **62367** – Electronic analysis of a programmable, implanted pump for intrathecal or epidural drug infusion **62368** - Electronic analysis of a programmable, implanted pump for intrathecal or epidural drug infusion, including reprogramming the pump				

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
64402 – Injection of an anesthetic agent into the facial nerve **64405** – Injection of anesthetic and/or steroid agents into the greater occipital nerve **64417** – Injection of anesthetic agents and/or steroids into the axillary nerve **64418** – Injection of an anesthetic agent into the branches of the trigeminal nerve **64420** – Injection of anesthetic agents into the intercostal nerve at a single level **64421** – Injection of anesthetic agents and/or steroids into the intercostal nerves **64425** – Injection of anesthetic agents and/or steroids into the ilioinguinal and iliohypogastric nerves **64430** – Injection of an anesthetic agent into the pudendal nerve **64435** – Injection of an anesthetic agents or steroids into the paracervical nerve **64447** – Injection of anesthetic agents and/or steroids into the femoral nerve				

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
64448 – Injection of anesthetic agents into the femoral nerve for pain relief **64450** – Suprascapular nerve block **64483** – Lumbar epidural injections for single level injections with image guidance **64484** – Injection of anesthetic agents and/or steroids via a transforaminal epidural approach **64490-64495** – Injection of a diagnostic or therapeutic agent into the paravertebral facet joint at the cervical or thoracic level **64620** – Destruction by neurolytic agent of the intercostal nerve **64633-64636** – Neurolytic destruction of the nerves innervating the T12-L1 paravertebral facet joint **64640** – Destruction of peripheral nerves **0213T** – Injection of a diagnostic or therapeutic agent into a paravertebral facet joint or the associated spinal nerves in the				

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**
cervical or thoracic regions performed under ultrasound guidance **0214T** – Injection of a diagnostic or therapeutic agent into the paravertebral facet joint or nerves innervating that joint, using ultrasound guidance **0215T** – Injection of a diagnostic or therapeutic agent into the paravertebral facet joint or nerves innervating that joint, to alleviate pain or administer anesthetics **0216T** – Injection of a diagnostic or therapeutic agent into the paravertebral facet joint **0217T** – Injection procedure where a diagnostic or therapeutic agent is injected into an additional lumbar or sacral paravertebral facet joint under ultrasound guidance **0218T** – Injection of a diagnostic or therapeutic agent into the paravertebral facet joints or the nerves that innervate				

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**
those joints at the lumbar or sacral levels using ultrasound guidance **0228T** – Injection of an anesthetic agent and/or steroid into the cervical or thoracic foramen under ultrasound guidance **0229T** – Injection of anesthetic agents and/or steroids into the cervical or thoracic foramina with ultrasound guidance after the primary procedure **0230T** – Transforaminal epidural injection at a single level in the lumbar or sacral region, performed under ultrasound guidance **0231T** – Injection of an anesthetic agent and/or steroid into the transforaminal epidural space in the lumbar or sacral region with ultrasound guidance				

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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 September 5, 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				
PROCEDURE CODE(S) IMPACTED	**OHCA'S CURRENT CLAIMS PROCESSING PROTOCOL**	**PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**ANTICIPATED IMPACT**	**OHCA DECISION**
Intensity Modulated Radiation Therapy				
77014 – Computed Tomography guidance for the placement of radiation therapy fields **77280** – Simple simulation of a single treatment area in radiation therapy **77285** – Intermediate simulation for radiation therapy **77290** – Complex	The codes listed are set in OHCA's system as incidental to 77301 and not allowed to be billed separately. OHCA's system is not set up to edit for 60 days before or after.	ABHOK is requesting to consider the codes listed as incidental during intensity radiation therapy (CPT 77301) when performed within 60 days (before or after) the date of service CPT 77301 was performed.	Aetna reviewed 392 claims from August 2024 – August 2025 and determined implementing this change would result in an estimated overpayment potential of $45,544.70.	Approved 9/12/2025 *Item will be presented at the November 2025, MAC meeting*

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**
radiation simulation therapy **77295** – Three-dimensional radiotherapy plan **77306** – Creation of a teletherapy isodose plan **77307** – Complex teletherapy isodose plan **77316** – Simple brachytherapy isodose plan **77317** – Intermediate level brachytherapy isodose planning **77318** – Complex brachytherapy isodose planning **77321** – Specialized teletherapy port plan **77331** – Special dosimetry **77370** – Special medical radiation physics consultation				

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 October 23, 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				
OHCA's CURRENT PROCESSING PROTOCOL	**PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**REASON FOR PROPOSED CHANGE**	**ANTICIPATED IMPACT**	**OHCA DECISION**
Not Adding Prior Authorization Requirement to Certain HCPCS Codes				
B4164 - Parenteral Nutrition Solution: Carbohydrates 50% or less **B4168** - Parenteral Nutrition Solution; Amino Acid 3.5% **B4172** - Parenteral Nutrition Solution; Amino Acid 5.5% through 7% **B4176** - Parenteral Nutrition	Aetna Better Health of Oklahoma is seeking approval to remove the listed HCPCS Codes from their Prior Authorization process.	Aetna does not feel the addition of these codes to their prior authorization list would be beneficial.	Aetna does not expect any claim impact or increase in spending by not adding prior authorization for these codes.	Approved 10/24/2025 *Item will be presented at the November 2025, MAC meeting*

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**
Solution; Amino Acid 7% through 8.5% **B4178** - Parenteral Nutrition Solution; Amino Acid greater than 8.5% **B4180** - Parenteral Nutrition Solution: Carbohydrates greater than 50% **B4185** - Parenteral Nutrition Solution, NOS, Containing 10 grams of Lipids **B4189** - Parenteral Nutrition Solution 10-51 grams of protein **B4193** - Parenteral Nutrition Solution 52-73 grams of protein **B4197** - Parenteral Nutrition Solution 74- 100 grams of protein **B4199** - Parenteral Nutrition Solution over 100 grams of protein **B4216** - Parenteral Nutrition				

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**
Additives home mix per day **B4220** - Parenteral Nutrition Supply Kit; Pre-mix, per day **B4222** - Parenteral Nutrition Supply Kit; Home mix, per day **B4224** - Parenteral Nutrition Administration Kit **B5000** - Parenteral Nutrition Solution compounded with amino acids and carbohydrates **B5100** - Parenteral Nutrition Solution compounded with amino acids, carbohydrates, electrolytes, and vitamins **B5200** - Parenteral Nutrition Solution compounded with amino acids, carbohydrates, electrolytes, trace elements and vitamins				

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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 October 23, 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				
PROCEDURE CODE(S) IMPACTED	**PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**REASON FOR PROPOSED CHANGE**	**ANTICIPATED IMPACT**	**OHCA DECISION**
Not Adding Prior Authorization Requirements for Certain CPT Codes				
97022 – Application of whirlpool therapy **97150** – Group therapy sessions **97164** – Re-evaluation of physical therapy plan **97168** – Re-evaluation for occupational therapy	Aetna Better Health of Oklahoma is requesting to remove these CPT codes from their Prior Authorization list.	Aetna does not feel the addition of these codes to their prior authorization list would be beneficial.	Aetna does not anticipate significant claim impact or increased spending by not requiring a PA for these codes.	Approved 10/24/2025 *Item will be presented at the November 2025, MAC meeting*

Presented at the 11/6/2025 Medical Advisory Committee meeting

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

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On September 23, 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				
OHCA'S CURRENT CLAIMS 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.	Aetna Better Health of Oklahoma 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 each fill. Once the fills add up to a cumulative 90-day supply within a 120-day cumulative lookback period, members would be able to receive the full month's supply. This will apply to a limited list of medications. The extra fill would not count against the monthly 6 fill prescription limit. The claims will reject at point	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.	Analysis since April 2024 to August 2025, looked at 44 utilizers of impacted drugs. Cost impact of a 15-day supply for each utilizer was $141,000.	Approved 10/15/2025 *Item will be presented at the November 2025, MAC meeting*

SoonerSelect Medical Requests to Change Service Provisions				
OHCA'S CURRENT CLAIMS PROCESSING PROTOCOL	**PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**REASON FOR PROPOSED CHANGE**	**ANTICIPATED IMPACT**	**OHCA DECISION**
	of sale with reject code 76/PLE and state "Only 15 Day Supply Allowed. Call pharmacy helpdesk for override code if provider requests full day supply to be filled". Members may request an exception to the Split-Fill Logic through their pharmacy to receive a full month's supply; the pharmacy will need to enter an override code by calling the Pharmacy Help Desk. Split-Fill logic would apply to the following medications: Abiraterone / Zytiga Afinitor / Everolimus Ayvakit Balversa Bexarotene / Targretin Bosulif Brukinsa Calquence Cometriq Erivedge Erlotinib Gavreto Iclusig Inlyta Inrebic Jakafi Jaypirca Lenvima Mektovi Nexavar / Sorafenib Nubeqa			

SoonerSelect Medical Requests to Change Service Provisions				
OHCA'S CURRENT CLAIMS PROCESSING PROTOCOL	**PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**REASON FOR PROPOSED CHANGE**	**ANTICIPATED IMPACT**	**OHCA DECISION**
	Odomzo Pazopanib / Votrient Piqray 250mg Retevmo Rubraca Sunitinib / Sutent Tafinlar Talzenna Tibsovo Verzenio Vitrakvi Xalkori Xtandi Zejula Zolinza			

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On September 22, 2025, Humana Healthy Horizons of Oklahoma (HHH), submitted a formal request to OHCA for review and approval to change service provisions.

On October 22, 2025, Aetna Better Health of Oklahoma (ABHOK) submitted the same 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 CLAIMS PROCESSING PROTOCOL	**PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**REASON FOR PROPOSED CHANGE**	**ANTICIPATED IMPACT**	**OHCA DECISION**
Not Adding Prior Authorization Requirements for a Specific HCPCS Code				
T2101 – Human Breast Milk Processing, Storage, and Distribution	Humana Healthy Horizons of Oklahoma, and Aetna Better Health of Oklahoma, are requesting to not add this code to their Prior Authorization list.	Code T2101 does not have any claims for any Humana line of business. Both Humana and Aetna do not feel the addition of this code to their prior authorization list would be beneficial.	Neither Humana nor Aetna anticipate any significant impact or spending increase by not adding this code.	**Humana** – Approved 10/10/2025 **Aetna** – Approved 10/23/2025 *Item will be presented at the November 2025, MAC meeting*

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On September 22, 2025, Humana Healthy Horizons of Oklahoma (HHH) submitted a formal request to OHCA for review and approval to change service provisions.

On October 23, 2025, Aetna Better Health of Oklahoma (ABHOK) submitted the same 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**
Not Adding Prior Authorization Requirements for Certain CPT Codes				
96920 - Excimer Laser treatment for Psoriasis on areas totaling less than 250 square centimeters **96921** - Excimer Laser treatment for Psoriasis on areas between 250 to 500 square centimeters **96922** - Excimer Laser treatment for Psoriasis on areas greater than 500 square centimeters	Humana Healthy Horizons of Oklahoma, and Aetna Better Health of Oklahoma are requesting to remove these CPT codes from their Prior Authorization list.	Currently, these codes do not have any claims for any Humana line of business. Both Humana and Aetna do not feel the addition of these codes to their prior authorization list would be beneficial.	Neither Humana nor Aetna anticipate any significant impact or spending increase by not adding these codes.	**Humana** – Approved 9/29/2025 **Aetna** – Approved 10/24/2025 *Item will be presented at the November 2025, MAC meeting*

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On September 25, 2025, Humana Health Horizons of Oklahoma (HHH) submitted a formal request to OHCA for review and approval to change service provisions.

On October 23, 2025, Aetna Better Health of Oklahoma (ABHOK)submitted the same 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**
Not Requiring Prior Authorization for Certain CPT Codes				
82233 – Detection of beta-amyloid proteins **82234** – Measurement of beta-amyloid 1-42 **84393** – Testing for presence of phosphorylated tau pTau proteins **84394** – Test measuring total tau	OHCA currently requires Prior Authorization for the codes listed.	Humana Healthy Horizons of Oklahoma, and Aetna Better Health of Oklahoma are requesting to remove these CPT codes from their Prior Authorization list.	Humana has claims for 2 members for codes 82233 and 82234. Humana does not currently have any claims for codes 84393 and 84394. Neither Humana nor Aetna anticipate any significant impact or spending increase by not adding these codes.	**Humana** – Approved 10/8/2025 **Aetna** – Approved 10/24/2025 *Item will be presented at the November 2025, MAC meeting*

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On September 22, 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				
OHCA's CURRENT PROCESSING PROTOCOL	**PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**REASON FOR PROPOSED CHANGE**	**ANTICIPATED IMPACT**	**OHCA DECISION**
Not Adding Prior Authorization Requirements for Certain CPT Codes				
86003 (Quantifying or semi-quantifying allergen-specific IgE in serum using crude allergen extracts) **86008** (Quantifying or semi-quantifying allergen-specific IgE in a patient's serum using recombinant or purified allergen components) **95027** (Intracutaneous tests for airborne allergens)	Humana Healthy Horizons of Oklahoma is requesting to not add these codes to their Prior Authorization list.	Due to the low cost of these codes, Humana does not feel it would be beneficial to require prior authorization. Also, Humana has not seen any evidence of fraud/waste/abuse.	No significant impact or spending increase is anticipated by not adding these codes. Would help reduce unnecessary burden on providers.	Approved 9/29/2025 *Item will be presented at the November 2025, MAC meeting*

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**
95028 (Medical procedural code used for allergy testing procedures) **95052** (Photo patch test) **95056** (Photosensitivity tests) **95060** (Ophthalmic mucous membrane test) **95065** (Direct nasal mucous membrane test)				

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 September 22, 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				
OHCA's CURRENT PROCESSING PROTOCOL	**PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**REASON FOR PROPOSED CHANGE**	**ANTICIPATED IMPACT**	**OHCA DECISION**
Not Adding Prior Authorization Requirements for Certain CPT Codes				
97022 – Application of whirlpool therapy **97150** – Group therapy sessions **97164** – Re-evaluation of physical therapy plan **97168** – Re-evaluation for occupational therapy **97602** – Removal of devitalized tissue from wounds through non-selective	Humana Healthy Horizons of Oklahoma is requesting to remove these CPT codes from their Prior Authorization list.	Humana does have claim volume for these codes in Oklahoma, but with low spend (average claim cost of $35)	Humana does not anticipate significant claim impact or increased spending by not requiring a PA for these codes.	Approved 9/29/2025 *Item will be presented at the November 2025, MAC meeting*

Presented at the 11/6/2025 Medical Advisory Committee meeting

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**
debridement without anesthesia **97760** – Orthotic management and training **97763** – Orthotic and prosthetic management and training				

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 September 22, 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				
OHCA's CURRENT PROCESSING PROTOCOL	**PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**REASON FOR PROPOSED CHANGE**	**ANTICIPATED IMPACT**	**OHCA DECISION**
Not Adding Prior Authorization Requirements for Certain HCPCS Codes				
Q0507 – Misc supply or accessory for use with external Ventricular Assist Device (VAD). **Q0508** – Misc supply or accessory for use with an implanted Ventricular Assist Device (VAD).	Humana Healthy Horizons of Oklahoma is requesting to not add these codes to their Prior Authorization list.	Prior authorization is required by Humana for these Ventricular Assist Device (VAD) codes. However, criteria states the supplies are approvable if the VAD is approved.	Humana does not anticipate providers to request supplies without an approved VAD. Claim volume for these codes is very low.	Approved 9/29/2025 *Item will be presented at the November 2025, MAC meeting*

Presented at the 11/6/2025 Medical Advisory Committee meeting

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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 September 22, 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				
OHCA's CURRENT PROCESSING PROTOCOL	**PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL**	**REASON FOR PROPOSED CHANGE**	**ANTICIPATED IMPACT**	**OHCA DECISION**
Not Adding Prior Authorization Requirements for Certain HCPCS Codes				
A4453 – Rectal catheter **A4459** – Manual trans anal irrigation system	Humana Healthy Horizons of Oklahoma is requesting to remove these HCPCS codes from their Prior Authorization list.	Humana currently has one member in Oklahoma using these codes.	Humana does not anticipate significant claim impact or increased spending by not requiring a PA for these codes.	Approved 9/29/2025 *Item will be presented at the November 2025, MAC meeting*

Presented at the 11/6/2025 Medical Advisory Committee meeting

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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 September 25, 2025, Humana Healthy Horizons of Oklahoma (HHH) 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**
Not Adding Prior Authorization Requirements to Certain HCPCS Codes				
B4164 -Parenteral Nutrition Solution: Carbohydrates 50% or less **B4168** -Parenteral Nutrition Solution; Amino Acid 3.5% **B4172** - Parenteral Nutrition Solution; Amino Acid 5.5% through 7% **B4176** - Parenteral Nutrition Solution; Amino Acid 7% through 8.5% **B4178** - Parenteral Nutrition Solution; Amino Acid greater than 8.5%	Humana Healthy Horizons of Oklahoma is seeking approval to remove the listed HCPCS Codes to their Prior Authorization process.	Humana does not expect any claim impact or increase in spend by not adding prior authorization for these codes.	Very little anticipated impact as Humana does not currently have any claims in Oklahoma for these codes.	Approved 10/8/2025 *Item will be presented at the November 2025, MAC meeting*

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
B4180 - Parenteral Nutrition Solution: Carbohydrates greater than 50% **B4185** - Parenteral Nutrition Solution, NOS, Containing 10 grams of Lipids **B4216** - Parenteral Nutrition; Additives Home Mix, Per Day **B4220** - Parenteral Nutrition Supply Kit; Pre-mix, Per Day **B4222** - Parenteral Nutrition Supply Kit; Home Mix, Per Day **B4224** - Parenteral Nutrition Administration Kit **B5000** - Parenteral Nutrition Solution **B5100** - Parenteral Nutrition Solution				

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.

This request was already reviewed approved, and presented at MAC; however, some medications covered under the request were inadvertently omitted from the list presented to the MAC. This document includes an updated and complete list of medications covered by this 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				

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
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 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	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
	Afinitor / Everolimus Afinitor Dis / Everolimus Ayvakit Balversa Bexarotene / Targretin Bosulif Brukinsa Calquence Cometriq Erivedge Erlotinib Gavreto Iclusig Inlyta Inrebic Jakafi Jaypirca Lenvima Mektovi Nexavar / Sorafenib Nubeqa Odomzo Pazopanib / Votrient Piqray 250mg Retevmo Rubraca Sunitinib/Sutent Tafinlar Talzenna Tibsovo Verzenio			

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**
	Vitrakvi Xalkori Xtandi Zejula Zolinza			

November 6, 2025 MAC
Proposed Rule Amendment Summary

This proposed **EMERGENCY** rule was previously presented at Tribal Consultation and was subject to at least a 15-day public comment period.

The Agency is requesting the effective date to be February 1, 2026 for the following item:

APA WF# 25-06 Rapid Whole Genome Sequencing — The proposed policy changes establish coverage and reimbursement for rapid whole genome sequencing (rWGS) in accordance with House Bill 1576 (2025). Coverage applies to members under age 21 who have an unknown complex or acute illness and are receiving intensive care unit hospital services. The testing may help identify genetic changes and determine the member's condition. When medically necessary, coverage on behalf of the child will include comparator testing of one or both parents. Prior authorization will be required. Rapid whole genome sequencing will be excluded from the Per Discharge Prospective Rate for hospitals and reimbursed separately under the Ambulatory Payment Classification fee schedule. Reimbursement for testing provided in an I/T/U facility will be included in the Inpatient Hospital Per Diem Rate.

> **Budget Impact:** The estimated total cost for SFY2026 (5 months) is $1,083,333 with $368,242 in state share. The estimated total cost for SFY2027 is $2,600,000 with $867,880 in state share.

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

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 3. HOSPITALS

317:30-5-47. Reimbursement for inpatient hospital services

Reimbursement will be made for inpatient hospital services in the following manner:

(1) Covered inpatient services provided to eligible SoonerCare members admitted to in-state acute care and critical access hospitals will be reimbursed the lesser of the billed charges or the Diagnosis Related Group (DRG) amount. In addition to the billed charges or DRG payment, whichever is less, an outlier payment may be made to the hospital for very high-cost stays. Additional outlier payment is applicable if either the amount billed by the hospital or DRG payment, whichever applies, is less than a threshold amount of the hospital cost. Each inpatient hospital claim is tested to determine whether the claim qualified for a cost outlier payment. Payment is equal to a percentage of the cost after the threshold is met.

(2) The lesser of the billed charges or DRG amount and outlier, if applicable, represent full reimbursement for all non-physician services provided during the inpatient stay. Payment includes but is not limited to:

(A) Laboratory services;

(B) Prosthetic devices, including pacemakers, lenses, artificial joints, cochlear implants, implantable pumps;

(C) Technical component on radiology services;

(D) Transportation, including ambulance, to and from another facility to receive specialized diagnostic and therapeutic services;

(E) Pre-admission diagnostic testing performed within seventy-two (72) hours of admission; and

(F) Organ transplants.

(3) Charges for services or supplies deemed not medically necessary and/or not separately billable may be recouped upon post payment review of outlier payments.

(4) Hospitals may submit a claim for payment only upon the final discharge of the patient or upon completion of a transfer of the patient to another hospital.

(5) Covered inpatient services provided to eligible members of the SoonerCare program, when treated in out-of-state hospitals will be reimbursed in the same manner as in-state hospitals. Refer to OAC 317:30-3-90 and 317:30-3-91.

(6) Cases which indicate transfer from one (1) acute care hospital to another will be monitored under a retrospective utilization review policy to help ensure that payment is not made for inappropriate transfers.

(7) The transferring hospital will be paid the lesser of the calculated transfer fee or the DRG base payment amount for a non-transfer.

(8) If the transferring or discharge hospital or unit is exempt from the DRG, that hospital or unit will be reimbursed according to the method of payment applicable to the particular facility or units.

(9) Covered inpatient services provided in out-of-state specialty hospitals may be reimbursed at a negotiated rate not to exceed one-hundred percent (100%) of the cost to provide the service. Negotiation of rates will only be allowed when the OHCA determines that the specialty hospital or specialty unit provides a unique (non-experimental) service required by SoonerCare members and the provider will not accept the DRG payment rate. Prior authorization is required.
(10) New providers entering the SoonerCare program will be assigned a peer group and will be reimbursed at the peer group base rate for the DRG payment methodology or the statewide median rate for per diem methods.
(11) All inpatient services are reimbursed per the methodology described in this Section and/or as approved under the Oklahoma Medicaid State Plan.
(12) For high-investment drugs, refer to OAC 317:30-5-47.6.
(13) Separate reimbursement may be obtained for provision of two (2) doses of emergency opioid antagonist upon discharge as per state law.
(14) For rapid whole genome sequencing, refer to OAC 317:30-5-47.7

317:30-5-47.7 Rapid whole genome sequencing- inpatient hospitals

(a) **Coverage**. Rapid whole genome sequencing is covered for members who meet the following criteria. This service includes testing for the member and one or two biological parents. Prior authorization is required.

(1) The member is under 21 years of age;
(2) The member has a complex or acute illness of unknown etiology, that is not confirmed to be an environmental exposure, toxic ingestion, infection with normal response to therapy, or trauma; and
(3) The member is receiving inpatient hospital services in an intensive care unit or other high acuity unit.

(b) **Billing**. Rapid whole genome sequencing must be billed on an outpatient claim. All rapid whole genome sequencing, including any parental testing, must be performed on behalf of a member who meets the criteria in (a) and should be filled under that member's SoonerCare member ID number.
(c) **Reimbursement**. Rapid whole genome sequencing may be reimbursed separately from the DRG pursuant to the Oklahoma Medicaid State Plan for members receiving services at an inpatient hospital. Services will be reimbursed according to the APC fee schedule.
(d) Rapid whole genome sequencing provided to eligible members, when treated in out-of-state inpatient hospitals, may be reimbursed in the same manner as in-state hospitals. Out-of-state inpatient hospitals must meet applicable out-of-state conditions of payment set forth in OAC 317:30-3-89 through 317:30-3-92, and in the Oklahoma Medicaid State Plan.

2026 OHCA MAC Meetings

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	**8**	9	10
11	12	13	14	15	16	17
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January 8, 2026
1:00pm

Su	Mo	Tu	We	Th	Fr	Sa
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March 5, 2026
1:00pm

Su	Mo	Tu	We	Th	Fr	Sa
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May 7, 2026
1:00pm

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July 9, 2026
1:00pm

Su	Mo	Tu	We	Th	Fr	Sa
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September 3, 2026
1:00pm

Su	Mo	Tu	We	Th	Fr	Sa
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November 5, 2026
1:00pm