OKLAHOMA HEALTH CARE AUTHORITY
AMENDED BOARD MEETING
November 16, 2022, at 2:00 P.M.
Bethany Children's Health Center
6800 NW 39th Street
Bethany, OK. 73008

A G E N D A

Public access via Zoom:
https://www.zoomgov.com/webinar/register/WN_6eIS6tZLRMCc6Jw3EjykfA
Telephone: 1-669-216-1590 Webinar ID: 161 374 9267

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

1. Call to Order / Determination of Quorum ..... Marc Nuttle, Chair

2. Consent Agenda…..... Marc Nuttle, Chair

    a) Approval of the September 21, 2022, OHCA Board Meeting Minutes (Attachment "A")
    b) Discussion and Possible Vote regarding the Authority's ability to withstand the procurement decision made by the CEO based on the Authority's budget and available funds pursuant to 63 O.S. Section 5006(A)(2) under OAC 317:10-1-16 (Attachment "B")

        i. Third Party Liability Services

3. Chief Executive Officer's Report.....Kevin Corbett, Chief Executive Officer

4. Chief of Staff Report……..Ellen Buettner, Chief of Staff

5. Health Information Exchange Presentation (Attachment "C")…….Steve Miller, State Coordinator, Health Information Exchange

6. Discussion of Report from the Pharmacy.....…Corey Finch, M.D.
   Advisory Committee and Possible Action Regarding Chair, Pharmacy Advisory Committee
   Drug Utilization Review Board Recommendation:

    a) Discussion and Possible Vote on Recommendations Made by the Drug Utilization Review Board Pursuant to 63 O.S. § 5030.1, § 5030.3 To Add the Following Drugs to the Utilization and Scope Prior Authorization Program under OAC 317:2-1-11 (Attachment "D"):

        i. Recorlev®(Levoketoconazole) – Treatment for Cushing's Syndrome
        ii. Adlarity®(Donepezil Transdermal System) and Aduhelm® (Aducanumabavwa) – Treatment for Alzheimer's Disease
        iii. Alymsys® (Bevacizumab-maly), Lonsurf® (Trifluridine/Tipiracil), and Stivarga® (Regorafenib) – Treatment for Colon Cancer
        iv. Camzyos™ (Mavacamten) – Treatment for Obstructive Hypertrophic Cardiomyopathy
        v. Herceptin Hylecta™ (Trastuzumab/Hyaluronidase-oysk) – Treatment for Breast Cancer
        vi. Amvuttra™ (Vutrisiran) – Treatment for Polyneuropathy of hATTR

7. Discussion of Report from the (Attachment "E")..... Phil Kennedy
   Compliance Advisory Committee Chair, Compliance Advisory Committee

8. Discussion and Possible Action…….Marc Nuttle, Chair
   Regarding OHCA Board Meeting Dates and
   Times for Calendar Year 2023 (Attachment “F”)

9. Discussion and Possible Action…….Marc Nuttle, Chair
   Elections of the OHCA 2023 Board Officers

10. Adjournment.....……..Marc Nuttle, Chair

NEXT BOARD MEETING
January 18, 2022, at 2:00PM
Oklahoma Health Care Authority
4345 N. Lincoln Blvd
Oklahoma City, OK 73105

MINUTES OF A REGULAR BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
September 21, 2022
Oklahoma Health Care Authority Boardroom
Oklahoma City, Oklahoma

Manner and Time of Notice of Meeting: A statutorily required public meeting notice was placed on the front door of the Oklahoma Health Care Authority on September 20, 2022 at 2:00 p.m. Advance public meeting notice was provided to the Oklahoma Secretary of State. In addition to the posting of the statutory public notice, the agency placed its agenda on its website on September 19, 2022 at 8:00 a.m.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman Nuttle called the meeting to order at 2:00 p.m.

BOARD MEMBERS PRESENT: Chairman Nuttle, Vice-Chairman Yaffe, Member Case, Member Christ, Member Cruzan, Member Finch, Member Kennedy, Member Sharpe

BOARD MEMBERS ABSENT: Member Dell'Osso

ITEM 2 / DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF CONSENT AGENDA WHICH INCLUDES:

Chairman Nuttle requested that the minutes be voted on separately.

a) Approval of the June 22, 2022, OHCA Board Meeting Minutes (Attachment "A")

MOTION: Member Kennedy moved for approval of item 2a, of the consent agenda as published. The motion was seconded by Member Sharpe.

BOARD MEMBERS PRESENT: Chairman Nuttle, Vice-Chairman Yaffe, Member Case, Member Christ, Member Cruzan, Member Finch, Member Kennedy, Member Sharpe

ABSTAINED: Vice-Chairman Yaffe

BOARD MEMBERS ABSENT: Member Dell'Osso

b) Discussion and Possible Vote to Approve the State Plan Amendment Rate Committee Rates pursuant to 63 O.S. Section 5006(A)(2) under OAC 317:1-3-4 (Attachment "B")
c) Discussion and Possible Vote regarding the Authority's ability to withstand the procurement decision made by the CEO based on the Authority's budget and available funds pursuant to 63 O.S. Section 5006(A)(2) under OAC 317:10-1-16. (Attachment "C")

i. Behavioral Health Care Management System
ii. Care Management System
iii. Prior Authorization Reviews
iv. Public Health Emergency (PHE) Unwinding

MOTION: Member Kennedy moved for approval of Items 2b and 2c of the consent agenda, as published. The motion was seconded by Member Sharpe.

BOARD MEMBERS PRESENT: Chairman Nuttle, Vice-Chairman Yaffe, Member Case, Member Christ, Member Cruzan, Member Finch, Member Kennedy, Member Sharpe

BOARD MEMBERS ABSENT: Member Dell'Osso

ITEM 3 / CHIEF EXECUTIVE OFFICER'S REPORT
Kevin Corbett, Chief Executive Officer

CEO Corbett provided an update on FY22 highlights, budget, financial position and operating metrics, expansion, and the public health emergency (PHE). CEO Corbett introduced Brandon Keppner, Chief Operating Officer, and new board member John Christ.

FY 2022 Highlights – OHCA has had a busy year with the roll out of Medicaid Expansion, the Public Health Emergency, and Managed Care. In terms of volume, OHCA saw a 20% increase in members as compared to 2021. The number of

phone calls increased, as well as the number of applications processed. Oklahoma is ranked number one of all states in the time it takes to process an application. OHCA's Eligibility and Coverage Services team has been able to process all applications within 24-hours or less. In terms of claims, OHCA process 60 million claims in FY22 versus 52 million claims in FY21. In prior years, 260,000 prior authorizations were submitted and reviewed within 72-hours or less. For 2022, that number doubled to 500,000. The new adult dental benefit and Expansion had a huge impact on prior authorizations.

Medicaid Expansion – FY22 was a successful year on budget, both from enrollment and cost. OHCA is publicizing that it has over 300,000 expansion members. About 100,000 members were previously members of OHCA under existing matching, which were transferred. There are about 70,000 to 80,000 members that are at risk of losing benefits after the public health emergency is terminated.

Public Health Emergency (PHE) Unwinding – The PHE has continued to get extended. At this time, it is expected to terminate in January 2023, requiring OHCA to go through the unwinding process which will impact a series of members that currently have continuous coverage. It has been determined that there are 260,000 members would be impacted. Of those members, 80,000 are new expansion members. Most of those members would no longer qualify due to income levels exceeding the eligibility criteria. The unwinding process will begin in February, should the PHE be terminated in January. The additional FMAP received during the PHE will also end at the end of March.

FY2024 Budget Process – The budget process has already begun and will run through the end of legislative session.

H.E.L.P – OHCA announced the expansion of pregnancy benefits for SoonerCare population. The expansion will increase the FPL limit to 200%. The majority of expansion women, under the 138% FPL would receive full scope pregnancy benefits. OHCA does not anticipate any pushback.

The State underwent a Human Capital System switch to Workday. OHCA's HR and Payroll team worked hard to make this change successful.

Vice-Chairman Yaffe requested an update on the Private Duty Nursing reduction. CEO Corbett stated that throughout the pandemic reviews were not being evaluated. The reviews have since been started and has resulted in a reduction and/or cancellation of services based on medical necessity. Members have an opportunity to appeal the reduction or cancellation decision. OHCA is working with other agencies to provide resources to members that have been affected.

ITEM 4 / STATE MEDICAID DIRECTOR REPORT
Traylor Rains, State Medicaid Director

Mr. Rains provided an update on SoonerCare Select and other program updates.

SoonerSelect – OHCA scheduled two hybrid Dental RFP town hall meetings: July 19, 2022; and July 26, 2022. The Dental RFP was released on September 1, 2022. Bidders will have 60-days to submit responses. Two Medical RFP town halls have been scheduled for September 29, 2022, at 1:00pm; and October 5, 2022, at 2:00pm. Both town halls will be streamed virtually. The Medical and Children's Specialty RFPs will be released early to mid-October and bidders will have 90-days to respond.

Program Updates – Effective July 1, 2022, referrals for OB/GYN services will no longer be required for most primary/preventive services. This is an effort to align with OHCA's continued goal of removing barriers to access primary care. Members who have chosen a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) as their Patient Centered Medical (PCMH) Home can now exceed the monthly limit of four visits per month. Adult SoonerCare members can now have access to Partial Hospitalization (PHP) services for both mental health and substance use disorders. Finally, the PHE unwinding operational plan has been posted to OHCA's website. A link was provided in the packet. For more detailed information, see attachment D in the board packet.

ITEM 5 / CHIEF OF STAFF REPORT
Ellen Buettner, Chief of Staff

Ms. Buettner provided an update on Workday, Cristo Rey

Workday – The new system will improve the way the State recruits, retains, and manages across the state. The initial kickoff was related to payroll, but as it is developed it will create more opportunities for succession planning.

Cristo Rey – Four students were invited to the agency and assigned to areas they are interested in. The areas selected are Finance, Legal, and Communications.

Communication Efforts – SB 1337 directed the agency to create a Quality Committee. OHCA received about 40 applications that are currently being reviewed. OHCA also continues to regularly engage with OSMA, Osteopathic Association, and the Academy of Family Physicians, who were hands on in developing SB 1337, to develop quality metrics and the physician payment incentives, as well as making this transition as successful as possible. Lastly, OHCA has had about 704 total media impressions. Primarily, those are related to the SoonerSelect Transition and H.E.L.P. Taskforce.

ITEM 6i-iv / DISCUSSION OF REPORT FROM THE PHARMACY ADVISORY COMMITTEE AND POSSIBLE ACTION REGARDING DRUG UTILIZATION BOARD RECOMMENDATIONS

Corey Finch, M.D., Chair, Pharmacy Advisory Committee

Action Item – a) Discussion and Possible Vote Regarding Recommendations Made by the Drug Utilization Review Board Pursuant to 63 O.S. § 5030.3 to Add the Following Drugs to the Utilization and Scope Prior Authorization Program under OAC 317:30-5-77.2(e) (see Attachment "F")

i. Camcevi™ (Leuprolide), Pluvicto™ (Lutetium Lu 177 Vipivotide Tetraxetan), Tivdak® (Tisotumab Vedotin-tftv), and Welireg™ (Belzutifan)
ii. Livtencity™ (Maribavir)
iii. Ryplazim®(Plasminogen, Human-tvmh)
iv. Fleqsuvy™ (Baclofen Oral Suspension), Loreev XR™ [Lorazepam Extended-Release (ER) Capsule], Sutab®(Sodium Sulfate/Magnesium Sulfate/Potassium Chloride Tablet), Tarpeyo™ [Budesonide Delayed-Release (DR) Capsule], Vuity™ (Pilocarpine 1.25% Ophthalmic Solution), and Xipere®(Triamcinolone Acetonide Injection)

MOTION:	Member Case moved for approval of item 6i-iv, as published. The motion was seconded by Member Cruzan.
BOARD MEMBERS PRESENT:	Chairman Nuttle, Vice-Chairman Yaffe, Member Case, Member Christ, Member Cruzan, Member Finch, Member Kennedy, Member Sharpe
BOARD MEMBERS ABSENT:	Member Dell'Osso

ITEM 7 / DISCUSSION OF REPORT FROM THE COMPLIANCE ADVISORY COMMITTEE

Phil Kennedy, Chair, Compliance Advisory Committee

Member Kennedy provided an update on the August 19, 2022; and September 14, 2022, Compliance Committee meetings.

Financials – Revenue: Non-federal revenue was under budget, while drug rebate and medical refunds stand out. Drug rebates typically come in around 55% of total drug spend, however we reduced that to 44% for FY22 which was due to expansion and timing of rebate collections. Of the 44%, only 42% was collected, which resulted in the 2.2% variance. Medical refunds are a combination of reporting, timing, and overaggressive budgeting.

Administration expense: operations and contracts are under budget by large percentages, but OHCA continues on par for prior year obligations that will decrease the variance on contracts significantly. Adjustments made to the FY23 budget will include adjusted operating budget to include employee vacancy rate and adjusted contracts to match project start and implementation schedule and other known areas of spend.

Program expense: The largest driver of variance is payments to nursing facilities and the variance in that line is due to supplemental payments throughout the PHE. Overall, the total variance is about $28.2 million. OHCA continues to refine the budget to better match spend but the program spend has a very low variance.

Fund Balance: Fund 236, Rate Preservation Fund, ends the year at $198 million and will continue to grow in FY23. This fund is used for specific purposes in statute, mostly to maintain provider reimbursement rates during periods of declining FMAP or declining state revenue. Fund 240, Federal Deferral Fund, is up to $66 million but $52 million will be used for the HCBS ARPA related initiatives. Fund 340, Medicaid Program Fund, ends the year at $717 million, mostly due to the Enhance FMAP.

Expansion: Expansion spend ended the year under budget, but the last few months spend exceeded projections. OHCA has readjusted for FY23 but will readjust once the PHE expires. New data suggests that potentially 90,000 current expansion enrollees are not eligible but continue to receive benefits due to the PHE.

Program Integrity – OHCA Program Integrity completed 647 audits, which resulted in $5,646,798 in case identified overpayments and $624,526 in new overpayments from appeals. Of the 647 audits completed, 61% of the dollars have

been recovered to date. The increase in new overpayments from appeals from FY20 to FY21 was due to the backlog being worked on. The backlog is almost cleared. CMS is nearing the completion of the Payment Error Rate Measurement review for 2022. A total of 1,835 claims were reviewed with zero errors noted. 343 eligibility cases have been reviewed with 13 errors noted. Of the 13 noted cases, 8 have been finalized and 5 are in appeal status.

FY 2024 Budget Request Update – Mr. Morris provided a preliminary overview of OHCA's FY2024 budget request which included information on budget history, annualizations, maintenance, one-time funding, program enhancements, and operational excellence.

ITEM 8i-viii / DISCUSSION OF REPORT FROM THE ADMINISTRATIVE RULES ADVISORY COMMITTEE AND POSSIBLE ACTION REGARDING AGENCY RULEMAKING

Sandra Puebla, Deputy State Medicaid Director

a) Discussion and Possible Vote on Recommended Rulemaking Pursuant to Article I of the Administrative Procedures Act and in accordance with 75 O.S. § 253. OHCA Requests the Adoption of the Following Emergency Rules (see Attachment "H"):

i. APA WF # 22-05 Ambulance Service Provider Access Payment Program
ii. APA WF # 22-12 Staff Ratios and Staff Licensing Requirements for Out-of-State Psychiatric Providers
iii. APA WF # 22-13 Advanced Practice Registered Nurses (APRN) and Physician Assistants (PA) Rendering Physician-Required Psychiatric Services
iv. APA WF # 22-14 Coverage for Donor Human Breast Milk
v. APA WF # 22-15 Removing Provider Panel Limits in the Patient Centered Medical Home (PCMH)
vi. APA WF # 22-16 Statewide Health Information Exchange (HIE)
vii. APA WF # 22-17 Covering Former Foster Care Youth from Another State
viii. APA WF # 22-18 Mobile Dental Services

MOTION: Member Cruzan moved for approval of item 8ai-viii, as emergency in nature. The motion was seconded by Member Case.

BOARD MEMBERS PRESENT: Chairman Nuttle, Vice-Chairman Yaffe, Member Case, Member Christ, Member Cruzan, Member Finch, Member Kennedy, Member Sharpe

BOARD MEMBERS ABSENT: Member Dell'Osso

MOTION: Member Sharpe moved for approval of the emergency rules listed in item 8a.i-viii, as published. The motion was seconded by Member Kennedy.

BOARD MEMBERS PRESENT: Chairman Nuttle, Vice-Chairman Yaffe, Member Case, Member Christ, Member Cruzan, Member Finch, Member Kennedy, Member Sharpe

BOARD MEMBERS ABSENT: Member Dell'Osso

ITEM 9 / PROPOSED EXECUTIVE SESSION AS RECOMMENDED BY THE CHIEF OF LEGAL SERVICES AND AUTHORIZED BY THE OPEN MEETINGS ACT, 25 OKLAHOMA STATUTES §307(B) (4).

Marc Nuttle, OHCA Board Chairman

MOTION: Member Case moved to go into Executive Session. The motion was seconded by Vice-Chairman Yaffe.

BOARD MEMBERS PRESENT: Chairman Nuttle, Vice-Chairman Yaffe, Member Case, Member Christ, Member Cruzan, Member Finch, Member Kennedy, Member Sharpe

BOARD MEMBERS ABSENT: Member Dell'Osso

MOTION: Vice-Chairman Yaffe moved to leave Executive Session. The motion was seconded by Member Sharpe.

BOARD MEMBERS PRESENT: Chairman Nuttle, Vice-Chairman Yaffe, Member Case, Member Christ, Member Cruzan, Member Finch, Member Kennedy, Member Sharpe

BOARD MEMBERS ABSENT: Member Dell'Osso

ITEM 10 / ADJOURNMENT
Marc Nuttle, OHCA Board Chairman

MOTION:	Vice-Chairman Yaffe moved to adjourn. The motion was seconded by Member Kennedy.
BOARD MEMBERS PRESENT:	Chairman Nuttle, Vice-Chairman Yaffe, Member Case, Member Christ, Member Cruzan, Member Finch, Member Kennedy, Member Sharpe
BOARD MEMBERS ABSENT:	Member Dell'Osso

Meeting adjourned at 3:38 p.m., 9/21/2022

NEXT BOARD MEETING
November 16, 2022
Oklahoma Health Care Authority
4345 N. Lincoln Blvd
Oklahoma City, OK 73105

Martina Ordonez
Board Secretary

Minutes Approved: _____

Initials: _____

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Attachment B

SUBMITTED TO THE C.E.O. AND BOARD ON NOVEMBER 16, 2022
Discussion and vote regarding the Authority's ability to withstand the procurement decision made by the CEO based on the Authority's budget and available funds

BACKGROUND

Services	Third Party Liability Services
Purpose and Scope	The Oklahoma Health Care Authority (OHCA) is seeking to extend current contract for one hundred and eighty (180) days for the services to perform Medicaid Third Party Liability (TPL) revenue collection services in accordance with 42 CRF 433.135 et. seq. Pending RFP. The Vendor is assisting OHCA in achieving the following goals: * Maximize revenues to OHCA: * Cost avoid claims before payments are generated: *Lessen the accounting and collection work required of OHCA: * Reduce call volume to onsite TPL staff
Mandate	By law, all other available third party resources must meet their legal obligation to pay claims before the Medicaid program pays for the care of an individual eligible for Medicaid. States are required to take all reasonable measures to ascertain the legal liability of third parties to pay for care and services that are available under the Medicaid state plan.
Procurement Method	Amendment
External Approvals	N/A
Contract Term	October 1, 2022 through March 30, 2023

BUDGET

Amount Requested for Approval.	$2,250,000.00
Federal Match Percentage(s) within the Total Contract Not-to-Exceed	50%

RECOMMENDATION

The Authority affirms its ability to withstand the procurement decision made by the CEO based on the budget and available funds. Board approval is requested to extend the Third-Party Liability services described above for 6 months, not-to-exceed $2,250,000.00 total dollars.

Additional Information

Contract Term, Including all Optional Renewal Years (Oklahoma law limits State Agencies from encumbering funds for more than a single State Fiscal Year. As a result, all State of Oklahoma contracts are entered into for an initial year period with subsequent optional renewal years. Every OHCA professional services contract includes standard contract termination language, including immediate, 30 days for cause, 60 days without cause, and non-renewal terminations.)
Total Contract Not-to-Exceed Requested for Approval. (Actual not-to-exceed amounts are established by the competitive bid process. If the not-to-exceed amount exceeds the amount previously approved by $1,000,000.00 or more, the contract increase shall require additional Board approval.)
Federal Match Percentage(s) (CMS authorizes Federal Match based upon specific criteria, for example, a single Information Technology contract may qualify for 50% administrative match, 75% operational match, and 90% implementation match.)

THE OFFICE OF THE STATE COORDINATOR FOR HEALTH INFORMATION EXCHANGE

Steve Miller, CHCIO
State Coordinator for Health Information Exchange

WHY A HEALTH INFORMATION EXCHANGE?

70%
of Oklahomans have records in more than one health care delivery system

Health Information Exchanges help...

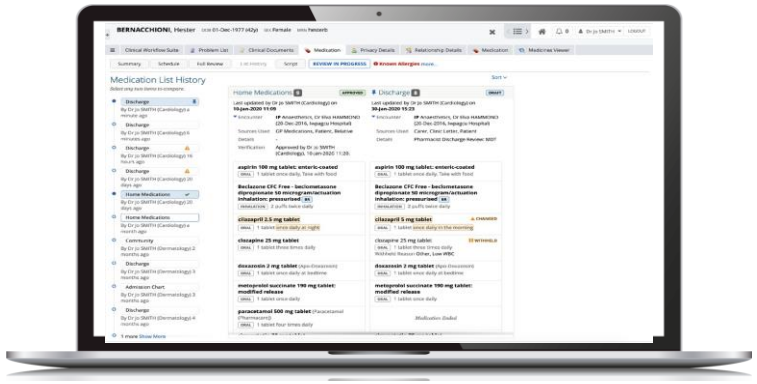
- **Reduce health care costs** associated with redundant testing, hospital readmissions, and emergency department visits.
- **Improve care coordination** during transitions between health care settings, reduce adverse drug events and missed preventative care
- **Improve patient experience and performance** on quality measures
- **Comply with State and Federal programs** such as CMS interoperability rules.

Reduce the clinical impact of care fragmentation!

CAPABILITIES

Care Coordination/
Records Aggregation

Clinical and
Claims
Data Integration



Portal & EMR Integrated Access

Direct
Messaging

Quality/Care
Gap Mgmt.

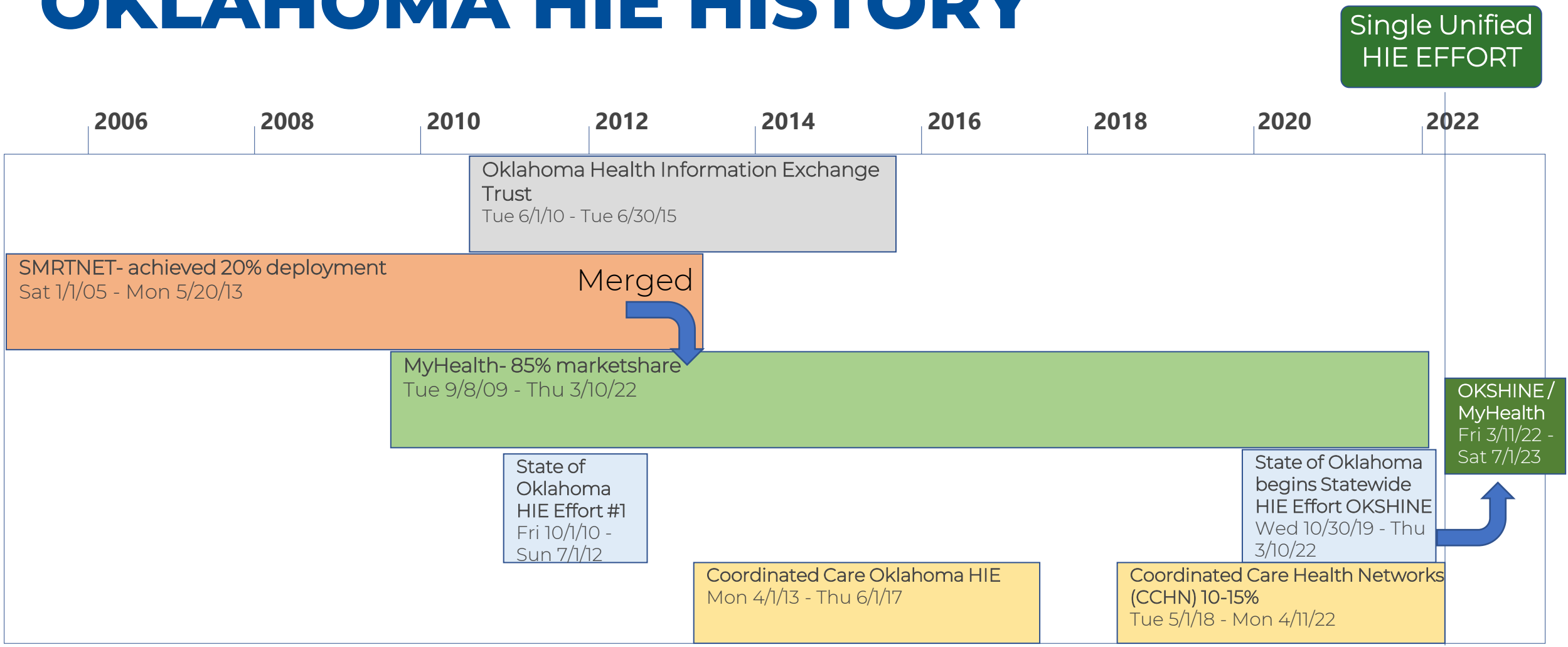
Real-time
Notifications
(CoP)

Provider and
Relationship Registry

Public Health
Reporting

Utilization Goal: 100% of new patients are looked up in the HIE

OKLAHOMA HIE HISTORY



LEGISLATION

SB 574 (May 2021)

- Created the **Oklahoma State Health Information Network Exchange**, (OKSHINE)

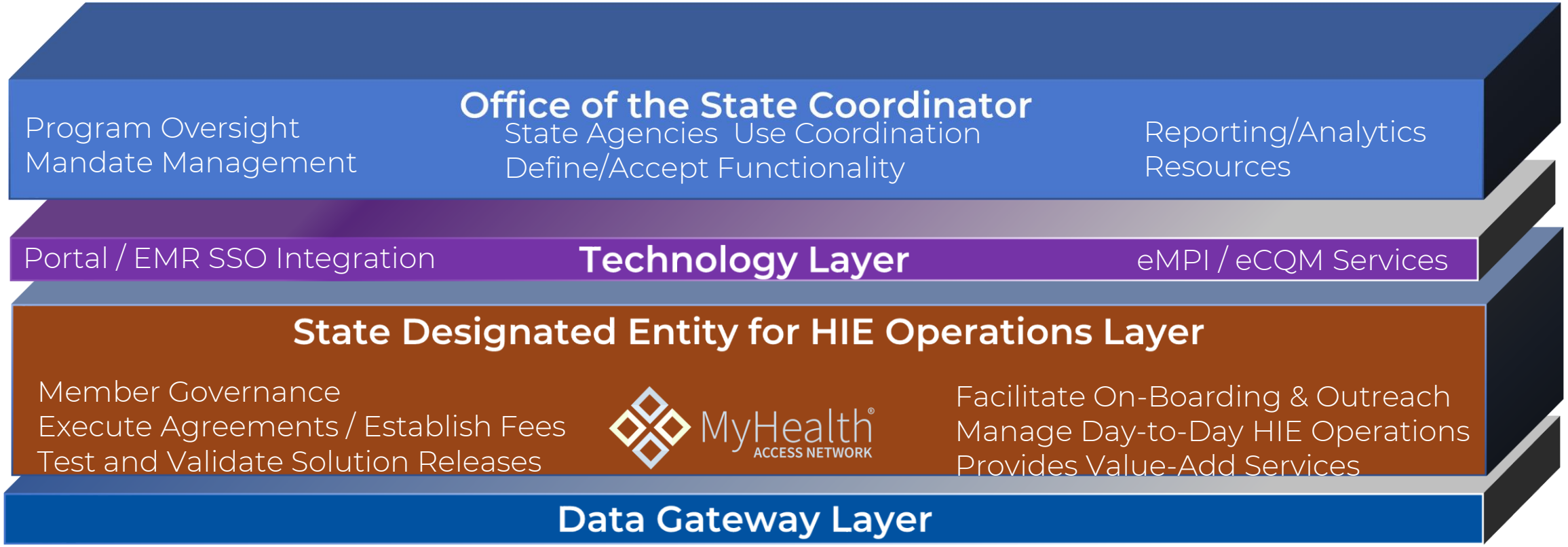
SB 1369 (May 2022)

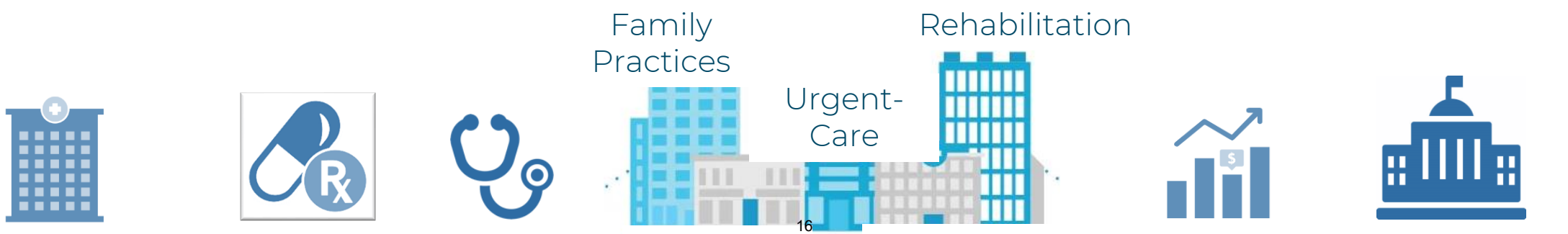
- Created the **Office of the State Coordinator** for Health Information Exchange
- Created concept of a **State Designated Entity for HIE Operations** overseen by the office.
- Defined the Health Information Exchange Organization as one governed by it's stake holders.
- Declared a Mandate that **"all providers"** participate in the statewide HIE **by July 1, 2023**
  - Establish a direct secure connection to the SDE and **transmit active patient data**.
  - **Actively Utilize HIE services** to securely access records during and/or in support of patient care.
- Coordinator may grant **exemptions** (financial hardship or technological capability)
  - Hardship exemption does not exclude provider from requirements
  - Requires submission of detailed justification as to the hardship and a plan with timeline for remediation.

SB 1337

- Provides for managed care entities and providers to submit data to the HIE

FRAMEWORK


Office of the State Coordinator
Program Oversight
Mandate Management
State Agencies Use Coordination
Define/Accept Functionality
Reporting/Analytics
Resources
Portal / EMR SSO Integration
Technology Layer
eMPI / eCQM Services
State Designated Entity for HIE Operations Layer
Member Governance
Execute Agreements / Establish Fees
Test and Validate Solution Releases
MyHealth ACCESS NETWORK
Facilitate On-Boarding & Outreach
Manage Day-to-Day HIE Operations
Provides Value-Add Services
Data Gateway Layer


Family Practices
Rehabilitation
Urgent-Care
Other HIE's
Pharmacists
Physicians
Hospitals
Long-Term Care
Payers
State Agencies

MYHEALTH

In choosing MyHealth, an Oklahoma-based 501c3:

- >80% of Oklahoma's healthcare data already connected
- ~400 organizations do not need to reconnect
- Existing legal agreements and policies remain in place
- Eligible for Federal funding from CMS and other agencies
- Extensive Governance of Network and Data Use
  - Providers and other healthcare stakeholders
  - State is a Participant

STRATEGY AND MILESTONE DATES

Outreach and On-Boarding – Get the Word Out/Leverage the Mandate

- ✓ Oklahoma Hospital Association
- ✓ Rural Health Conference
- ✓ Oklahoma Primary Care Association
- OHCA Medical Advisory Committee
- Oklahoma Podiatric Medical Association
- Osteopathic Conference - Ongoing Outreach and Onboarding through-out 2023

Leverage State Designated Entity to deliver benefits now

- Improve utilization/care coordination and analyze care gaps

Expedite bringing enhanced technology live

- Q4/2022 Complete Testing and Gap Analysis
- Q1/2023 Validate eCQM Solution and finalize measures
- Q2/2023 Complete Tuning of eMPI and finalize data migration process
- Q3 /2023 1st Final Testing Complete
- Q4/2023 Data Migration Begins
- Q1/2024 First Providers live on enhanced technology (Migrations continue throughout 2024)

KPI'S

Transmit

- >90% of health care activity in the state is captured within the HIE
- Number of unique providers and organizations submitting data quarter over quarter

Utilization

- % of new patient encounters in which the patient's records were reviewed in the HIE
- Number of patient lookups in the HIE
- Number of Alerts Delivered

Quality

- TBD (Utilization and Improvement)

OKLAHOMA
Health Care Authority

Questions and Answers

Steve Miller, CHCIO
State Coordinator for Health Information Exchange
stephen.miller@okhca.org
405.522.7797

www.oklahoma.gov/ohca/okshine
Phone: 405.522.7478 Email: okshine@okhca.org

Attachment D

Oklahoma Health Care Authority Board Meeting – Drug Summary

Drug Utilization Review Board Meeting – October 12, 2022

Recommendation/ Vote	Drug	Used for	Cost*	Notes
1	Recorlev®	• Cushing's Syndrome	• $777,600 per year	• Cheaper treatment options available Cushing's Syndrome is a rare disorder effecting approximately 40-70 people per 1 million
2	Adlarity® Aduhelm®	• Alzheimer's Disease	• $41,062 per year • $32,994 per year	• Cheaper generic treatments available • No requests received
3	Alymsys® Lonsurf® Stivarga®	• Colon Cancer	• $149,468 per year • $260,696 per year • $265,880 per year	• Biosimilar with cheaper products available • Not first line therapy • Not first line therapy
4	Camzyos™	• Obstructive Hypertrophic Cardiomyopathy (HCM)	• $88,275 per year	• Genetic heart disorder; 1 in 500 have HCM with most undiagnosed. Two-thirds of those diagnosed have obstructive HCM
5	Herceptin Hylecta®	• Breast Cancer	• $84,154 per year	• Other trastuzumab options available
6	Amvuttra™	• Polyneuropathy of hATTR	• 463,500 per year	• Rare disease with no utilization of other treatments last year
		•	•	•

*Costs do not reflect rebated prices or net costs. Costs based on National Average Drug Acquisition Costs (NADAC) or Wholesale Acquisition Costs (WAC) if NADAC unavailable. N/A = not available at the time of publication.

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Recommendation 1: Vote to Prior Authorize Recorlev®

The Drug Utilization Review Board recommends the prior authorization of Recorlev® (Levoketoconazole) with the following criteria:

Recorlev® (Levoketoconazole) Approval Criteria:

1. An FDA approved indication for the treatment of adult members with Cushing's disease for whom pituitary or adrenal surgery is not an option or has not been curative; and
2. Member must be 18 years of age or older; and
3. Recorlev® must be prescribed by, or in consultation with, and endocrinologist (or an advanced care practitioner with a supervising physician who is an endocrinologist); and
4. Prescriber must document that the member has had an inadequate response to pituitary or adrenal surgery or is not a candidate for pituitary or adrenal surgery; and
5. Prescriber agrees to obtain baseline liver test and electrocardiogram (ECG) prior to initiating treatment; and
6. Prescriber agrees to monitor liver enzymes and bilirubin weekly for at least 6 weeks after initiating treatment, every 2 weeks for the next 6 weeks, monthly for the next 3 months, and then as clinically indicated; and
7. Prescriber must verify that hypokalemia and hypomagnesemia are corrected prior to starting Recorlev®; and
8. Member must not be taking medications that cause QT prolongation associated with ventricular arrhythmias, including torsades de pointes (e.g., dofetilide, dronedarone, methadone, quinidine, ranolazine); and Member must not be taking medications that are sensitive substrates of
9. CYP3A4 and/or P-gp (e.g., digoxin, lovastatin, simvastatin, tacrolimus, triazolam); and
10. If the member is taking medications that are strong CYP3A4 inhibitors (e.g., ritonavir, mifepristone) or strong CYP3A4 inducers (e.g. isoniazid, carbamazepine, rifampicin, phenytoin), the prescriber must verify the medication will be stopped 2 weeks before and during treatment with Recorlev® per package labeling; and
11. For female members, prescriber must verify that the member is not breastfeeding; and
12. A patient-specific, clinically significant reason why the member cannot use ketoconazole tablets and metyrapone capsules must be provided; and
13. Initial authorizations will be for the duration of 3 months. Continued authorization at that time will require the prescriber to provide a recent 24-hour urine free cortisol (UFC) level within the normal range to demonstrate the effectiveness of this medication, and compliance will also be checked at that time. Subsequent approvals will be for the duration of 1 year and will require the prescriber to verify the member is still not a candidate for pituitary or adrenal surgery.

Recommendation 2: Vote to Prior Authorize Adlarity® and Aduhelm®

The Drug Utilization Review Board recommends the prior authorization of Adlarity® (Donepezil Transdermal System) and Aduhelm® (Aducanumabavwa) with the following criteria:

Adlarity® (Donepezil Transdermal System) Approval Criteria:

1. Special formulation products including oral solutions, transdermal patches, and other convenience formulations require prior authorization with the following approval criteria:
    a. A patient-specific, clinically significant reason why the special formulation is necessary in place of the standard formulation.

Aduhelm® (Aducanumab-avwa) Approval Criteria:

1. An FDA approved diagnosis of mild cognitive impairment or mild dementia stage of Alzheimer's disease [stage 3 or stage 4 Alzheimer's disease based on the Global Deterioration Scale (GDS)]. Diagnosis must be confirmed by at least 2 of the following:
    a. Mini-Mental State Exam (MMSE) score between 24 and 30; or
    b. Clinical Dementia Rating Global Score (CDR-GS) equal to 0.5; or
    c. Montreal Cognitive Assessment (MoCA) score ≥19; or
    d. Quick Dementia Rating System (QDRS) score ≤5; and
2. Member must have presence of amyloid pathology confirmed by a positive amyloid positron emission tomography (PET) scan or cerebral spinal fluid (CSF) test; and
3. Aduhelm® must be prescribed by, or in consultation with, a neurologist (or an advanced care practitioner with a supervising physician who is a neurologist); and
4. Other known medical or neurological causes of dementia have been ruled out (i.e., vascular dementia, dementia with Lewy bodies, frontotemporal dementia, Parkinson's disease dementia); and
5. Member must not have brain hemorrhage, bleeding disorder, or cerebrovascular abnormalities that increase the risk of hemorrhage; and
6. Member must not be taking anticoagulant or antiplatelet agents except for aspirin 325mg per day or less; and
7. Member must not have had a stroke or transient ischemic attack (TIA) or unexplained loss of consciousness in the past year; and
8. Member must not have any contraindications to brain magnetic resonance imaging (MRI) or PET scans; and
9. Member must not have any pre-treatment localized superficial siderosis, ≥10 brain microhemorrhages, or a brain hemorrhage >1cm

within 1 year of treatment initiation as safety with Aduhelm® has not been established in patients with these conditions; and
10. Member must have a recent (within 1 year) brain MRI prior to initiating treatment with Aduhelm® and prior to the 7th infusion (1st dose of 10mg/kg) and 12th infusion (6th dose of 10mg/kg); and
11. The prescriber must confirm that the member will be monitored for amyloid-related imaging abnormalities (ARIA) during the first 8 doses of treatment with Aduhelm®, particularly during titration, and also throughout treatment; and
12. If ≥10 new incident microhemorrhages or >2 focal areas of superficial siderosis [radiographic severe amyloid related imaging abnormalitieshemosiderin deposition (ARIA-H)] are observed on MRI, prescriber must confirm that treatment will be continued with caution and only after a clinical evaluation and a follow-up MRI demonstrating radiographic stabilization (i.e., no increase in size or number of ARIA-H); and
13. Aduhelm® must be administered by a health care provider; and
14. Aduhelm® must be shipped via cold chain supply shipping and stored in a refrigerator; and
15. Member's weight must be provided and have been taken within the last 4 weeks to ensure accurate weight-based dosing; and
16. Initial approvals will be for 6 months. Confirmation that MRI has been completed and is acceptable to the provider prior to 7th infusion is required for continuation; and
17. Subsequent approvals will be for 6 months and prescriber must document that the member has responded well to therapy compared to pretreatment baseline status as evidenced by improvement, stability, or slowing in cognitive and/or functional impairment using the same baseline test(s) performed at initiation of therapy; and
18. Approval quantities will be dependent on the member's weight and dosing based on the Aduhelm® Prescribing Information; and
19. The maximum dose approvable is 10mg/kg per 28 days.

Recommendation 3: Vote to Prior Authorize Alymsys®, Lonsurf®, and Stivarga®

The Drug Utilization Review Board recommends the prior authorization of Alymsys® (Bevacizumab-maly), Lonsurf® (Trifluridine/Tipiracil), and Stivarga® (Regorafenib) with the following criteria:

Alymsys® (Bevacizumab-maly) Approval Criteria:

1. A patient-specific, clinically significant reason why the member cannot use Avastin® (bevacizumab) or Zirabev® (bevacizumab-bvzr), which are available without prior authorization, must be provided. Biosimilars

and/or reference products are preferred based on the lowest net cost product(s) and may be moved to either preferred or non-preferred if the net cost changes in comparison to the reference product and/or other available biosimilar products.

2.

Lonsurf® (Trifluridine/Tipiracil) Approval Criteria [Colorectal Cancer (CRC) Diagnosis]:

1. Diagnosis of metastatic, recurrent, or unresectable CRC; and
2. Previously treated with a fluoropyrimidine-, oxaliplatin-, and irinotecanbased chemotherapy; and
3. Previously treated with an anti-vascular endothelial growth factor (VEGF) therapy; and
    a. If RAS wild-type disease, previously treated with an anti-epidermal growth factor receptor (EGFR) therapy; and
4. Used as monotherapy or in combination with bevacizumab.

Lonsurf® (Trifluridine/Tipiracil) Approval Criteria [Gastric or Gastroesophageal Junction (GEJ) Adenocarcinoma Diagnosis]:

1. Diagnosis of metastatic gastric or GEJ adenocarcinoma; and
2. Previously treated with at least 2 prior lines of chemotherapy that included a fluoropyrimidine, a platinum, paclitaxel, docetaxel, or irinotecan; and
3. If human epidermal receptor type 2 (HER2) positive disease, prior treatment should have included HER2 targeted therapy.

Stivarga® (Regorafenib) Approval Criteria [Colorectal Cancer (CRC) Diagnosis]:

1. Diagnosis of metastatic, recurrent, or unresectable CRC; and
2. Previous treatment with a fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy; and
3. Previous treatment with an anti-vascular endothelial growth factor (VEGF) therapy; and
4. If RAS wild-type disease, previously treated with an anti-epidermal growth factor receptor (EGFR) therapy.

Stivarga® (Regorafenib) Approval Criteria [Gastrointestinal Stromal Tumor (GIST) Diagnosis]:

1. Diagnosis of locally advanced unresectable or metastatic GIST; and
2. Previously treated with imatinib and sunitinib.

Stivarga® (Regorafenib) Approval Criteria [Hepatocellular Carcinoma (HCC) Diagnosis]:

1. Diagnosis of HCC; and
2. Previous treatment with sorafenib.

Recommendation 4: Vote to Prior Authorize Camzyos™

The Drug Utilization Review Board recommends the prior authorization of Camzyos™ (Mavacamten) with the following criteria:

Camzyos™ (Mavacamten) Approval Criteria:

1. An FDA approved diagnosis of obstructive hypertrophic cardiomyopathy (HCM); and
2. Member must be 18 years of age or older; and
3. Member must have New York Heart Association (NYHA) class II to III heart failure; and
4. Camzyos™ must be prescribed by, or in consultation with, a cardiologist (or an advanced care practitioner with a supervising physician who is a cardiologist); and
5. Member must have left ventricular ejection fraction (LVEF) ≥55%; and
6. Member must be on current treatment with or have a documented failure, contraindication, or intolerance to beta blockers or nondihydropyridine calcium channel blockers; and
7. Member must not be taking concurrent moderate to strong CYP2C19 inhibitors (e.g., proton pump inhibitors, clopidogrel, voriconazole, fluvoxamine), strong CYP3A4 inhibitors (e.g., itraconazole, ketoconazole, ritonavir), moderate to strong CYP2C19 inducers (e.g., rifampicin, carbamazepine), or moderate to strong CYP3A4 inducers (e.g., rifampin, carbamazepine, phenytoin); and
8. Member must not be taking or planning to take disopyramide, ranolazine, or a combination of a beta blocker and a calcium channel blocker concomitantly with Camzyos™; and
9. Female members of reproductive potential must have a negative pregnancy test prior to initiation of therapy and must agree to use effective contraception during treatment and for 4 months after the final dose of Camzyos™; and
10. Prescriber, pharmacy, and member must be enrolled in the Camzyos™Risk Evaluation and Mitigation Strategy (REMS) program and maintain enrollment throughout therapy; and
11. Initial approvals will be for the duration of 6 months. Further approval may be granted if the prescriber documents that the member is responding well to treatment; and
12. Subsequent approvals will be for the duration of 1 year.

Recommendation 5: Vote to Prior Authorize Herceptin Hylecta™

The Drug Utilization Review Board recommends the prior authorization of Herceptin Hylecta™ (Trastuzumab/Hyaluronidase-oysk) with the following criteria:

Herceptin Hylecta™ (Trastuzumab/Hyaluronidase-oysk) Approval Criteria [Breast Cancer Diagnosis]:

1. Diagnosis of human epidermal growth factor receptor 2 (HER2)-positive breast cancer; and
2. Authorization Herceptin Hylecta™(trastuzumab/hyaluronidase-oysk) will also require a patient-specific, clinically significant reason why the member cannot use Ogivri® (trastuzumab-dkst), Ontruzant® (trastuzumab-dttb),or Trazimera™ (trastuzumab-qyyp). Biosimilars and/or reference products are preferred based on the lowest net cost product(s) and may be moved to either preferred or non-preferred if the net cost changes in comparison to the reference product and/or other available biosimilar products.

Recommendation 6: Vote to Prior Authorize Amvuttra™

The Drug Utilization Review Board recommends the prior authorization of Herceptin Amvuttra™(Vutrisiran) with the following criteria:

Amvuttra™ (Vutrisiran) Approval Criteria:

1. An FDA approved indication for the treatment of polyneuropathy of hereditary transthyretin-mediated (hATTR) amyloidosis; and
2. Diagnosis confirmed by the following:
    a. Tissue (fat pad) biopsy confirming amyloid deposits; and or
    b. Genetic confirmation of transthyretin (TTR) gene mutation (e.g., Val30Met); and
3. Prescriber must verify member is currently experiencing signs and symptoms of polyneuropathy and other causes of polyneuropathy have been ruled out; and
4. Must be prescribed by or in consultation with a cardiologist, geneticist, or neurologist (or an advanced care practitioner with a supervising physician who is a cardiologist, geneticist, or neurologist); and
5. Prescriber must confirm the member will take the recommended daily allowance of vitamin A; and
6. Prescriber must confirm the member does not have severe renal impairment, end-stage renal disease, and/or moderate or severe hepatic impairment; and
7. Prescriber must confirm the member has not undergone a liver transplant; and
8. Amvuttra™ will not be approved for concomitant use with Onpattro® (patisiran), Tegsedi® (inotersen), Vyndamax® (tafamidis), or Vyndaqel®(tafamidis meglumine); and

9. Authorization for Amvuttra™ will also require a patient-specific, clinically significant reason why the member cannot use Onpattro®; and
10. For Amvuttra™, a quantity limit of 0.5mL per 90 days will apply; and
11. Approvals will be for the duration of 1 year 6 months. Reauthorization may be granted if the prescriber documents the member is responding well to treatment and member has not undergone a liver transplant.

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COMPLIANCE COMMITTEE REPORT

Financials through 9/30/22

Financial Report for the three month period ending September 30, 2022, submitted to the CEO & Board

- Revenues for OHCA through September were $1,966,137,917 or 3.3% over budget
- Expenditures for OHCA were $1,771,441,808 or 5% over budget
  - Medicaid Program – ($22.7 million)
  - Medicaid Administration – ($1.0 million)
- The state dollar budget variance through September is a negative $21,053,228

Program Integrity through 9/30/22

SFY	# of Audits	Case Identified Overpay	Overpay from Appeals	Case Amount Recovered	Average Error Rate
2020	573	$4,659,884	$492,835	92%	23%
2021	525	$5,446,000	$2,195,116	84%	42%
2022	647	$5,646,798	$624,526	61%	56%
2023 YTD	210	$1,125,972	$381,123	94%	69%

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Attachment F

2023

January 18, 2023 · 2:00 p.m.

Oklahoma Health Care Authority

March 22, 2023 · 2:00pm

Oklahoma Health Care Authority

May 17, 2023 · 2:00 p.m.

Oklahoma Health Care Authority

June 28, 2023 · 2:00 p.m.

Oklahoma Health Care Authority

September 20, 2023 · 2:00p p.m.

Oklahoma Health Care Authority

December 7, 2023 · 2:00 p.m.

Oklahoma Health Care Authority

January

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	**18**	19	20	21
22	23	24	25	26	27	28
29	30	31				

March

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	**22**	23	24	25
26	27	28	29	30	31	

May

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	**17**	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	**28**	29	30	

September

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	**20**	21	22	23
24	25	26	27	28	29	30

December

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	**7**	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

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OPERATIONAL METRICS

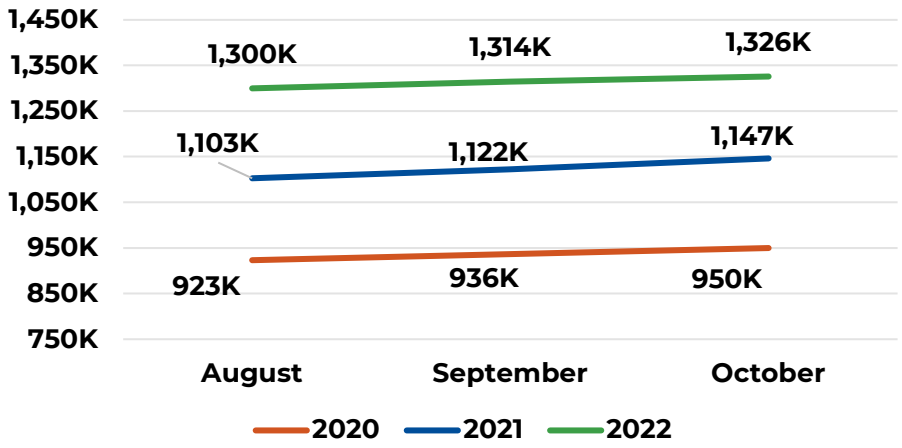
November 2022 Board Meeting

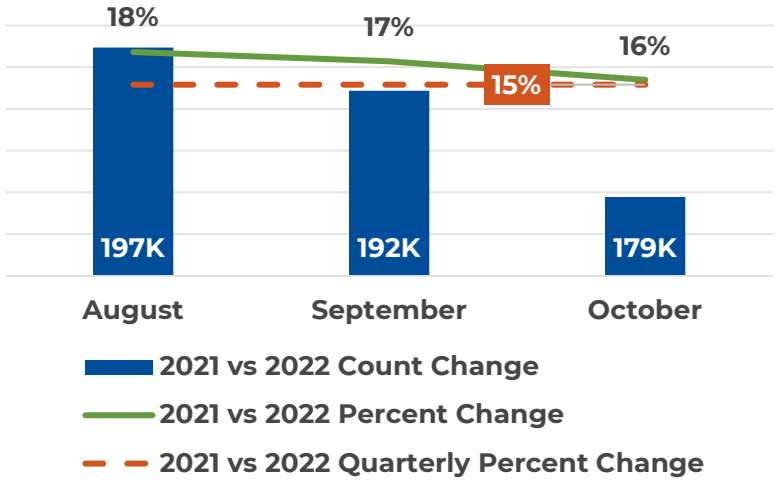
OKLAHOMA HEALTH CARE AUTHORITY

4345 N. LINCOLN BLVD. | OKHCA.ORG |

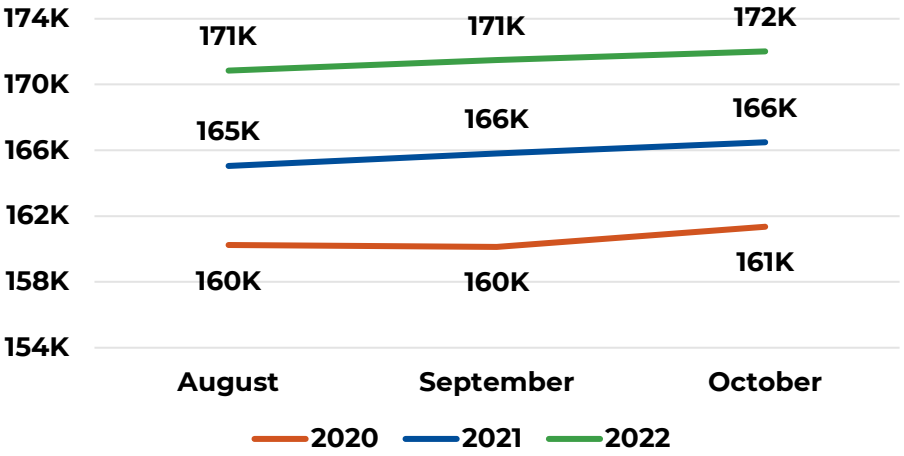
Enrollment & Utilization

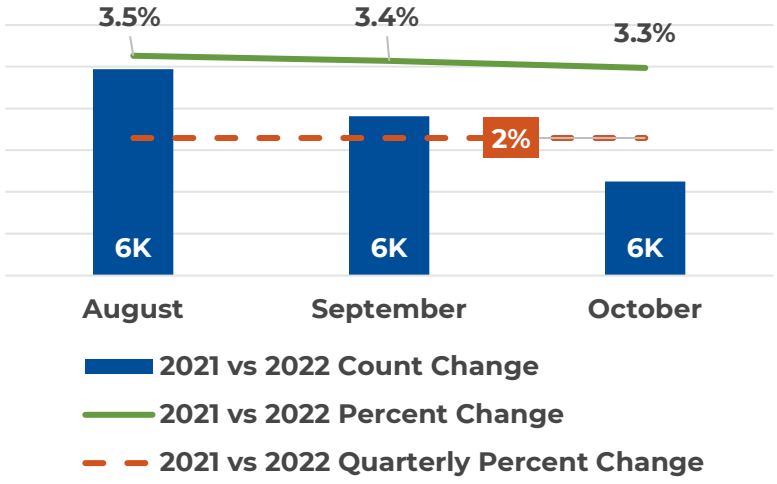
Total Enrolled Members





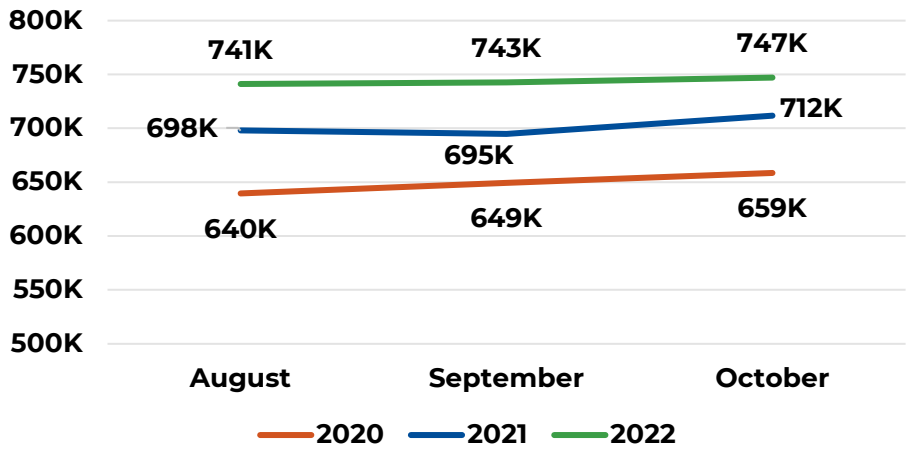
Aged/Blind/Disabled Enrolled

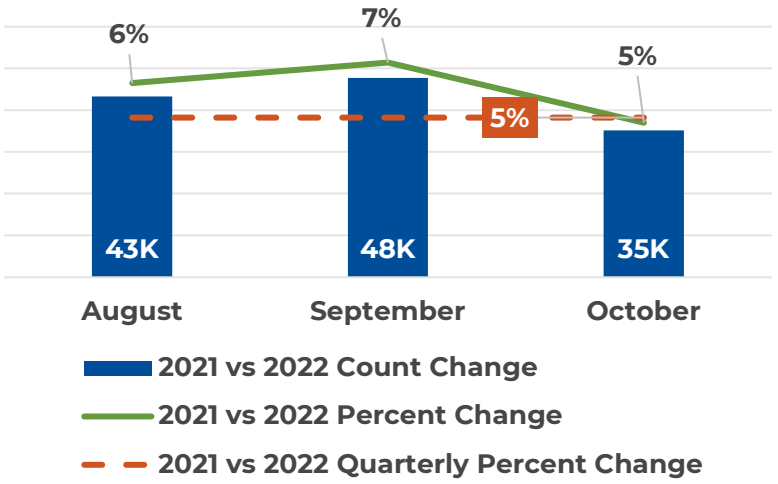




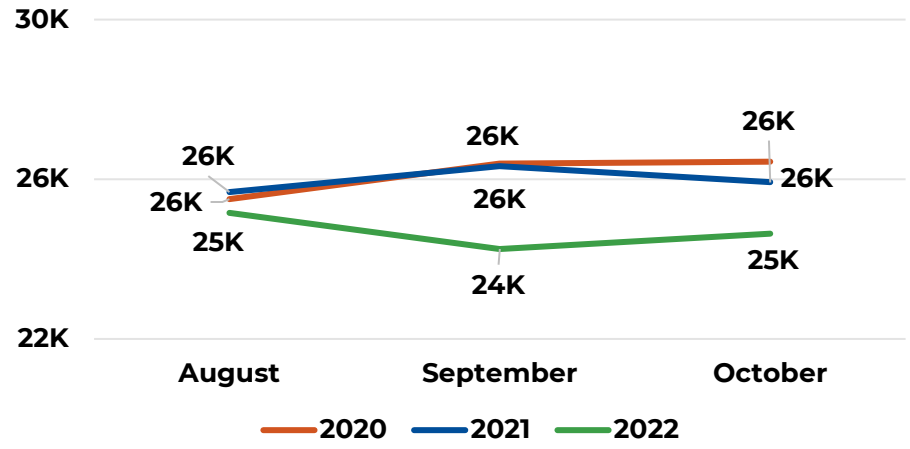
Enrollment & Utilization (Cont.)

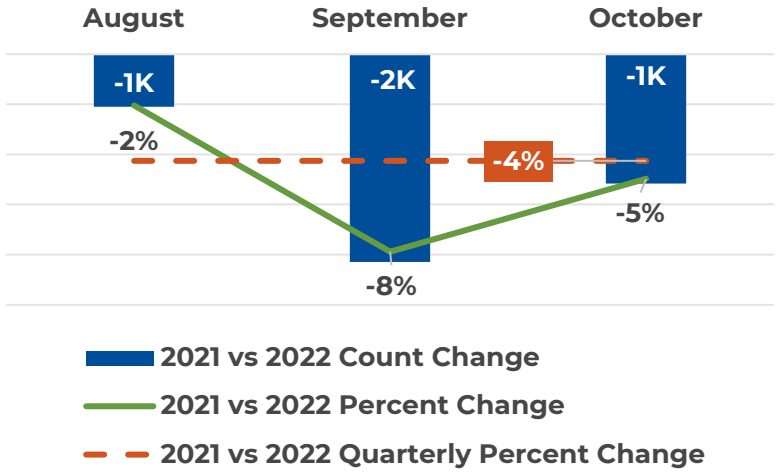
Children & Parent/Caretaker Enrolled





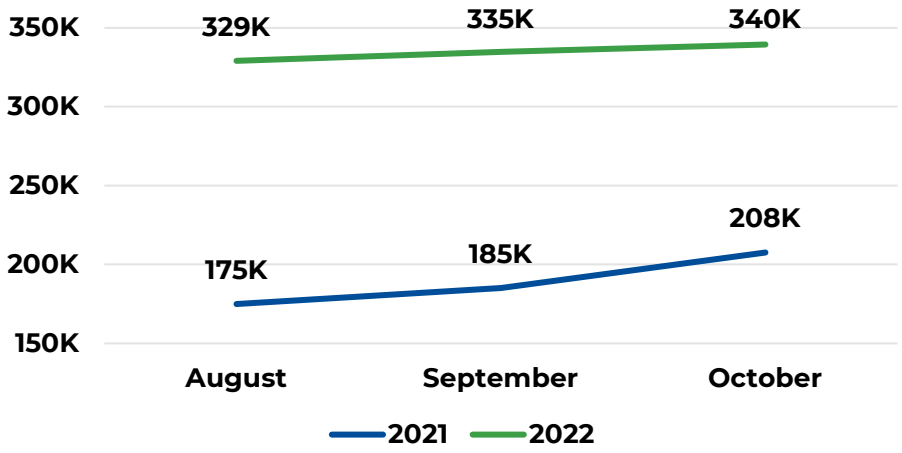
Pregnant (Full Scope) Enrolled

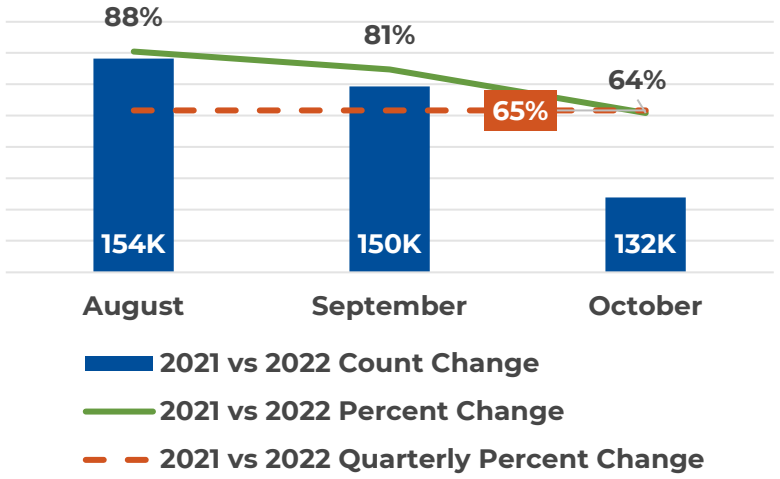




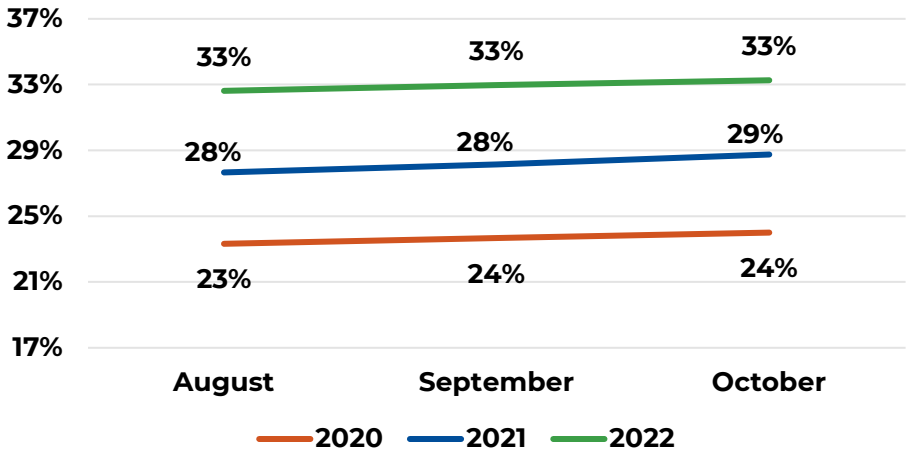
Enrollment & Utilization (Cont.)

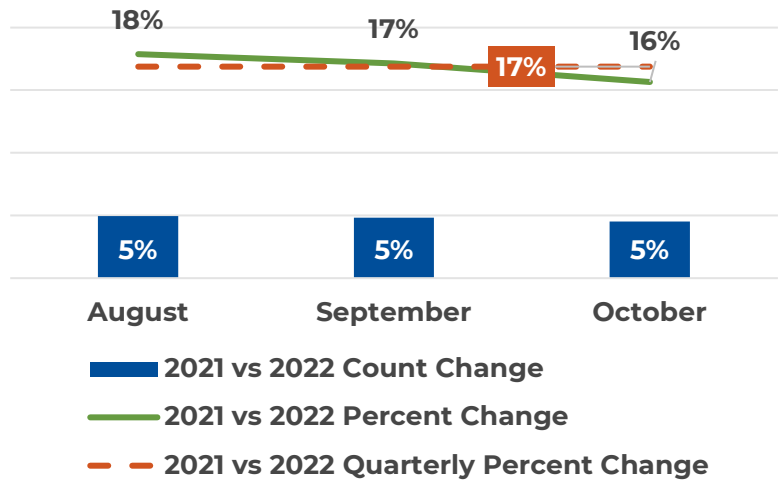
Expansion Enrolled (Effective July 2021)





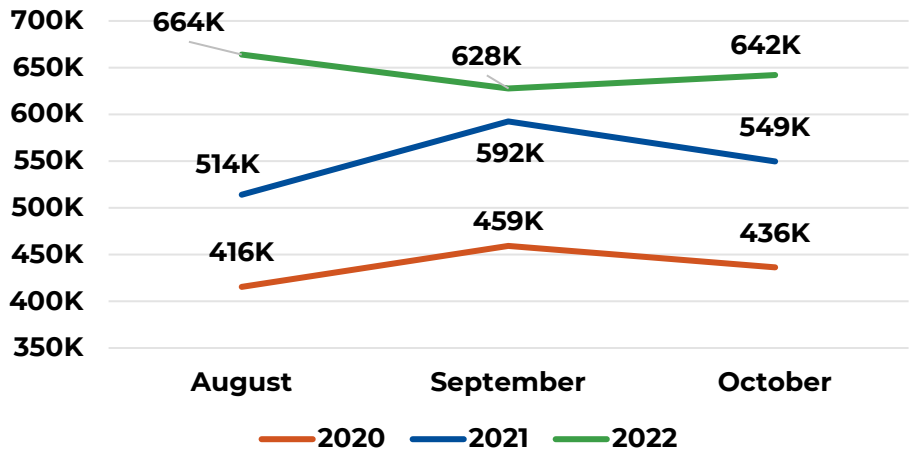
Percent of OK Population Enrolled

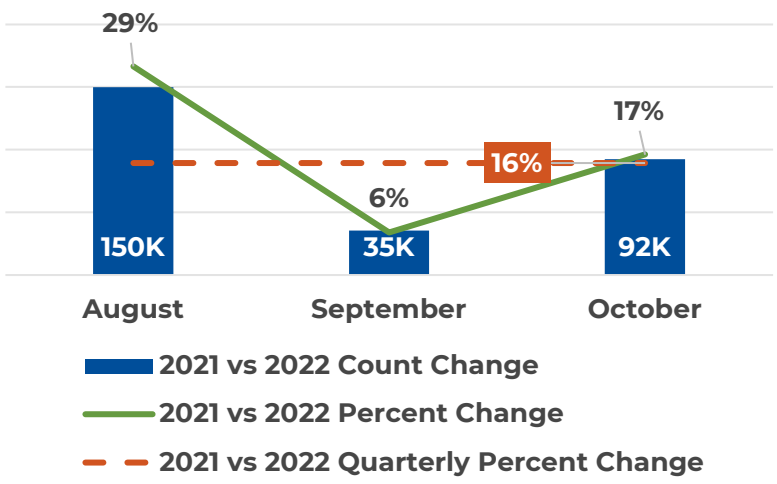




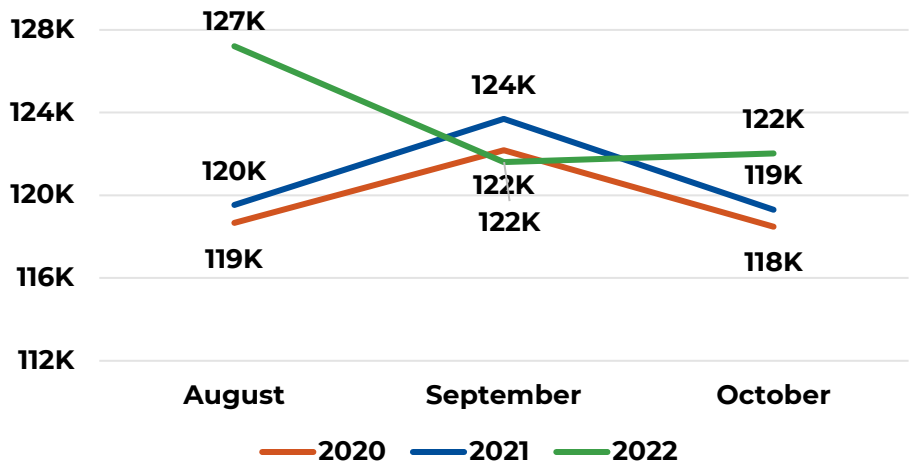
Enrollment & Utilization (Cont.)

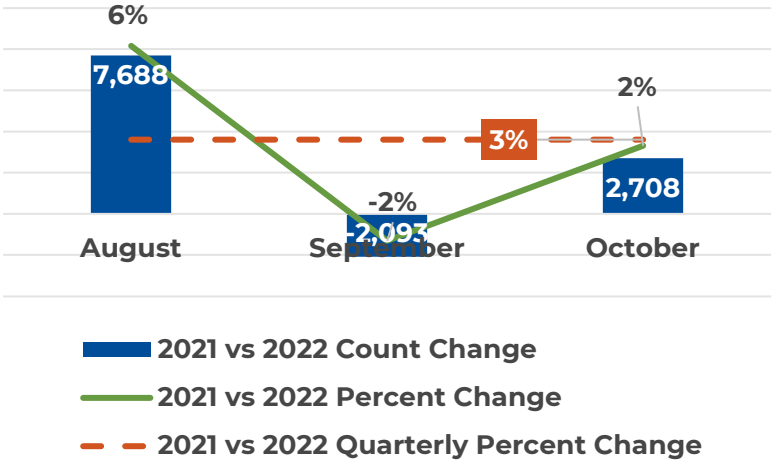
Total Members Utilization





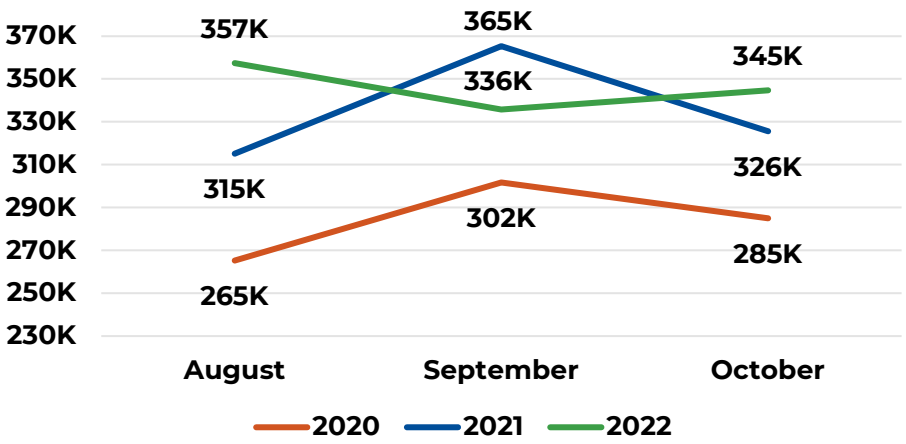
Aged/Blind/Disabled Utilization

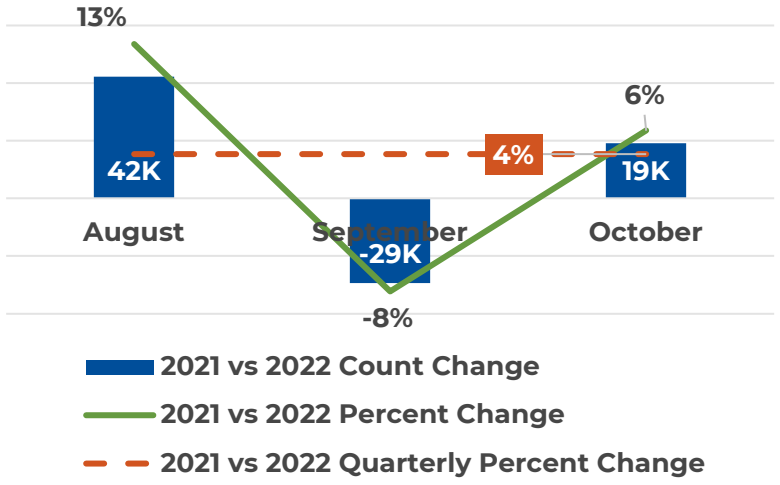




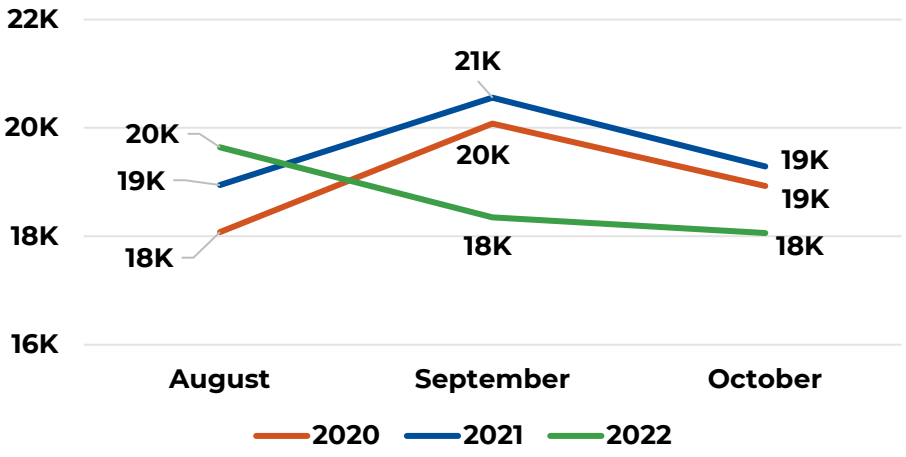
Enrollment & Utilization (Cont.)

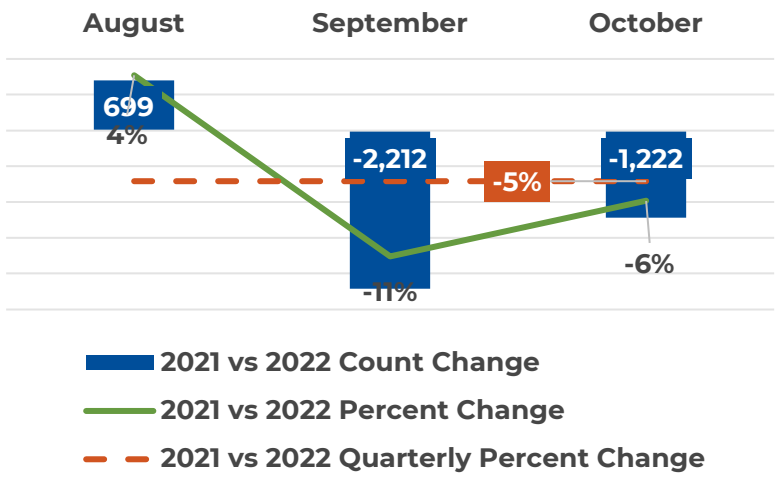
Children & Parent/Caretaker Utilization





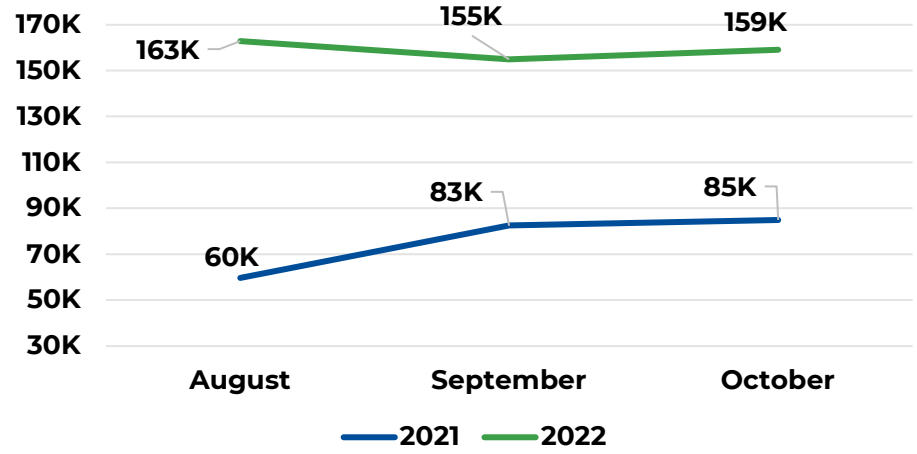
Pregnant (Full Scope) Utilization

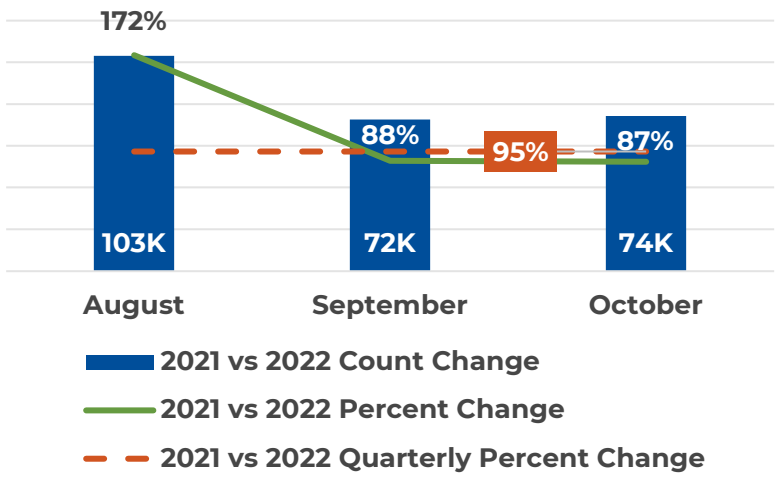




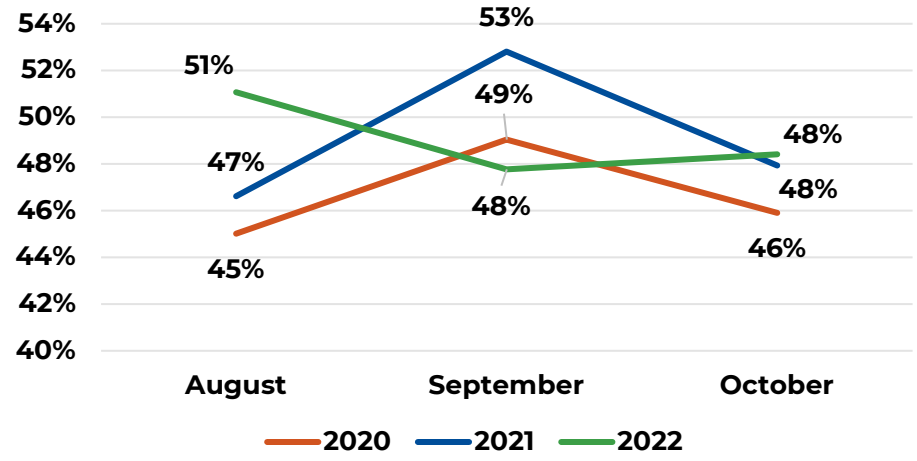
Enrollment & Utilization (Cont.)

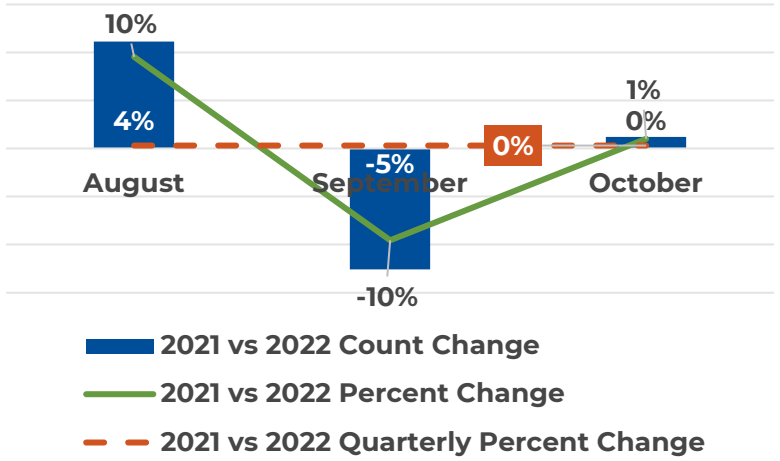
Expansion Utilization (Effective July 2021)





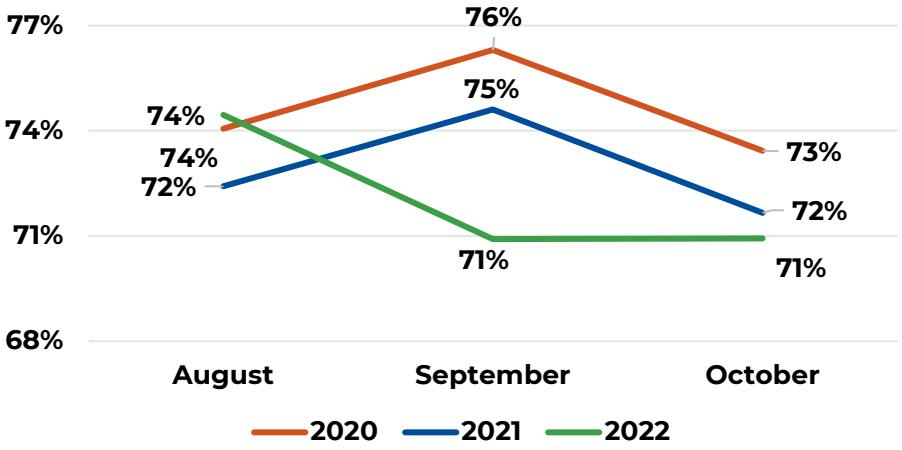
Percent of Total Enrolled Members Utilization

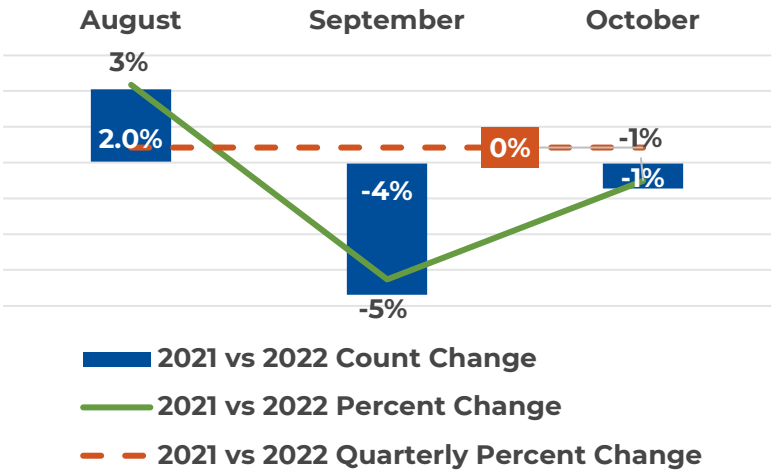




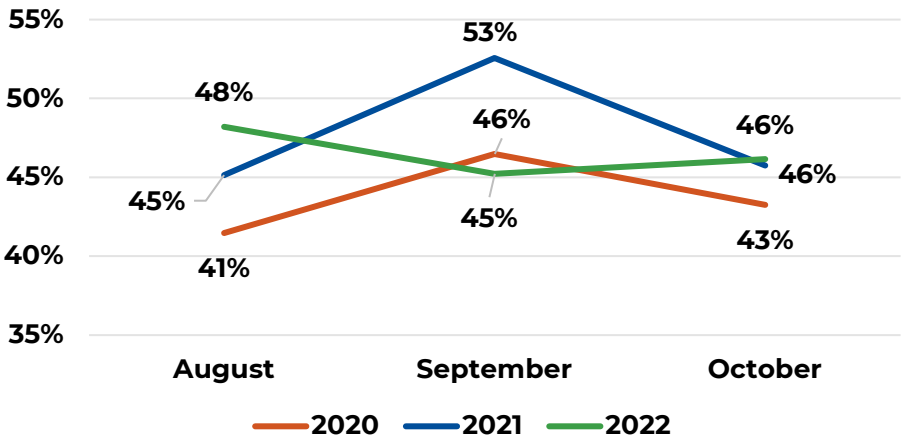
Enrollment & Utilization (Cont.)

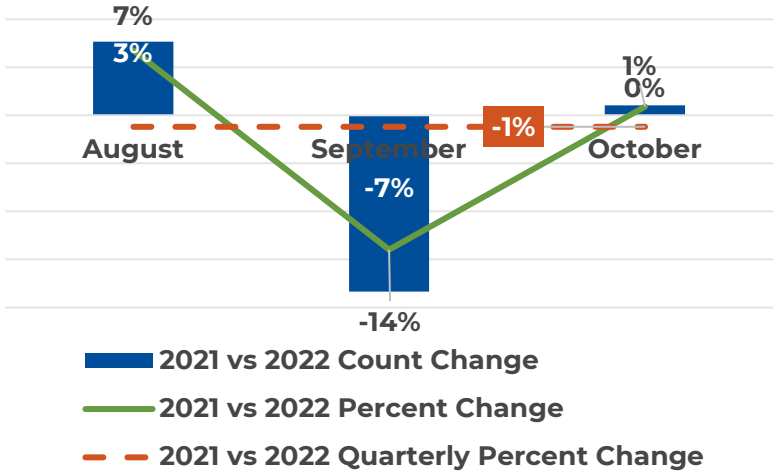
Percent of Aged/Blind/Disabled Enrolled Members Utilization





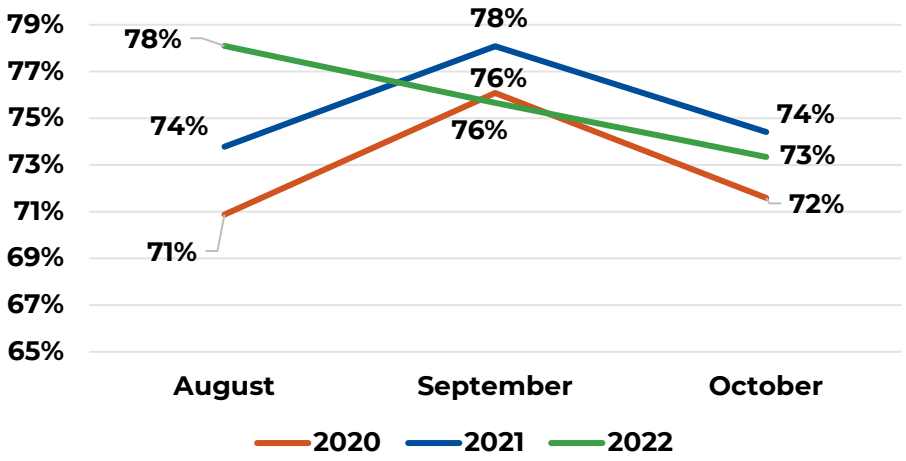
Percent of Children & Parent/Caretaker Enrolled Members Utilization

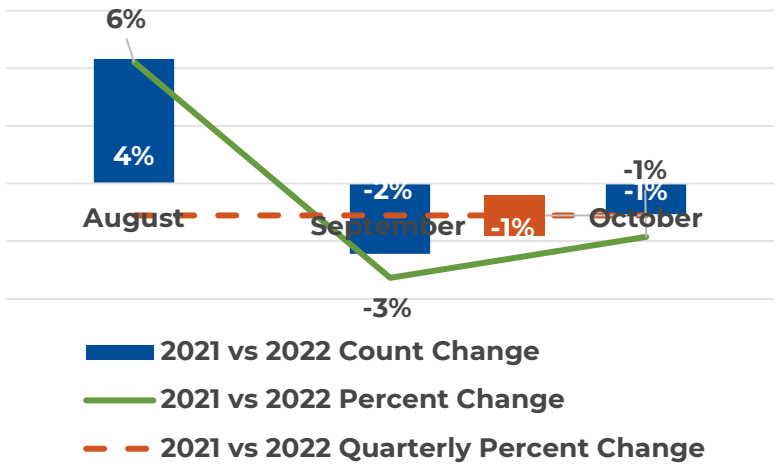




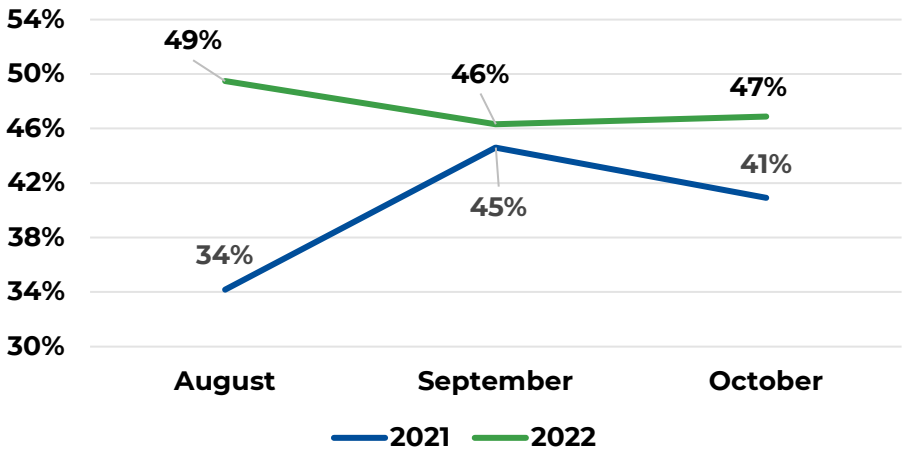
Enrollment & Utilization (Cont.)

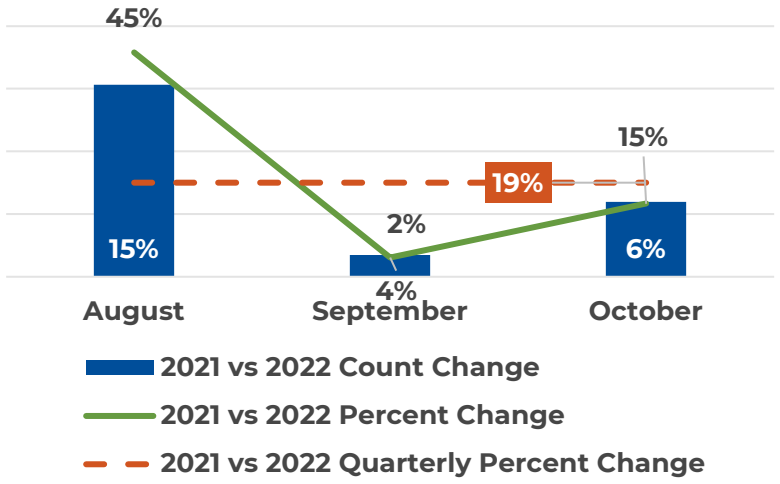
Percent of Pregnant (Full Scope) Enrolled Members Utilization





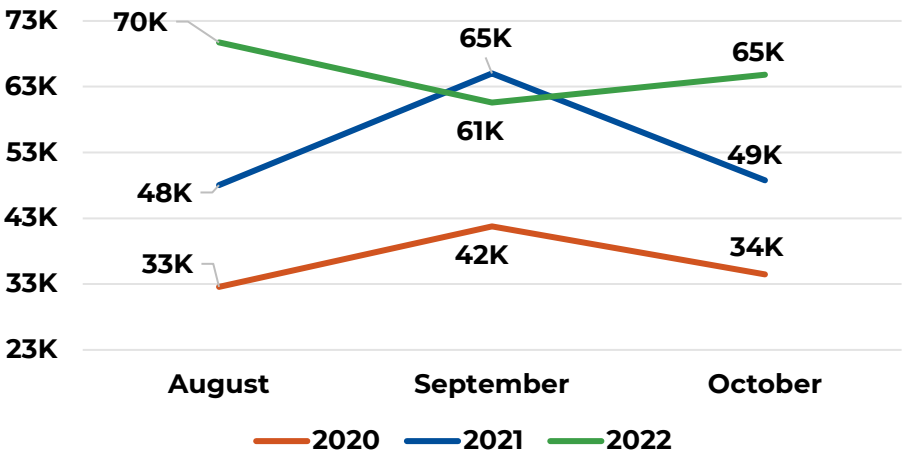
Percent of Expansion Enrolled Members Utilization (Effective July 2021)

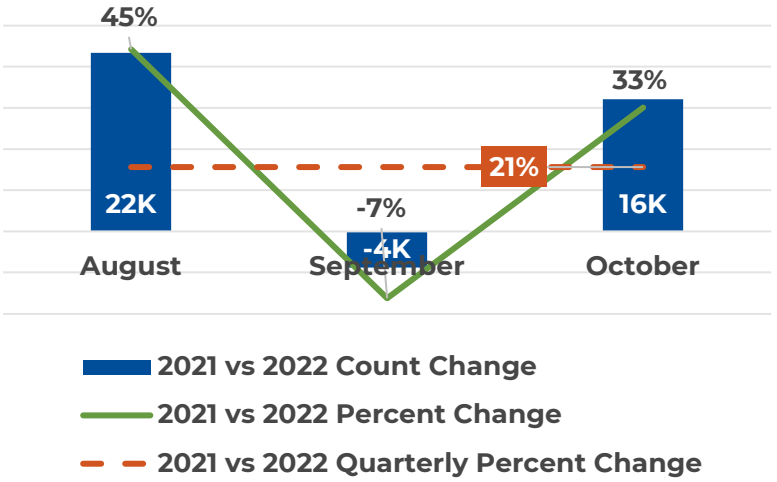




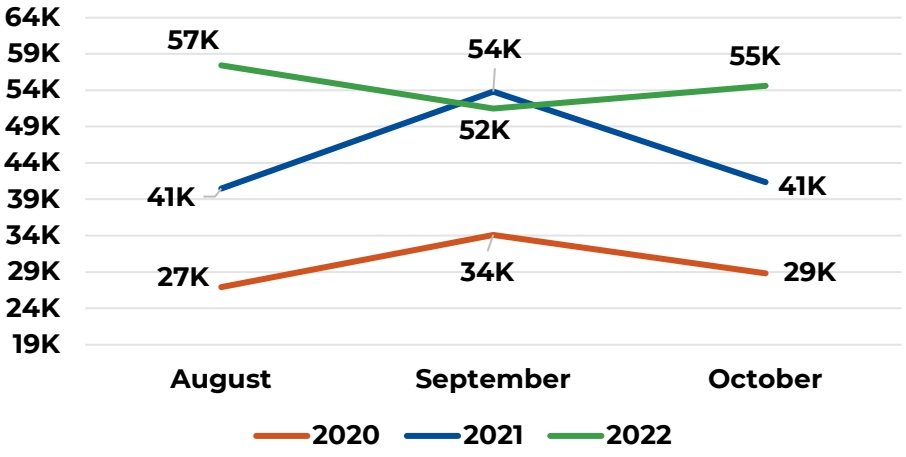
Utilization

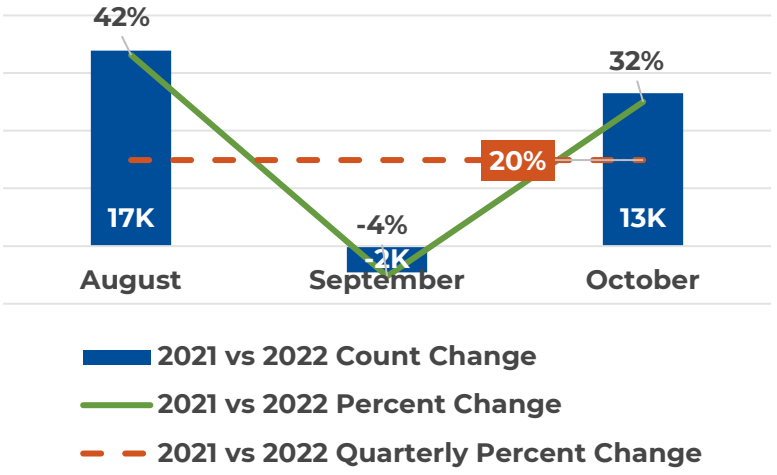
Emergency Department Visits (Claims)





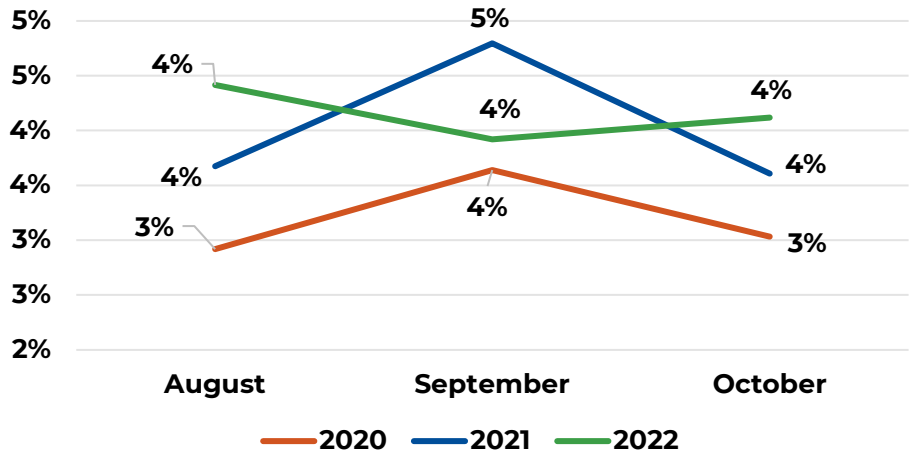
Members Utilizing Emergency Department

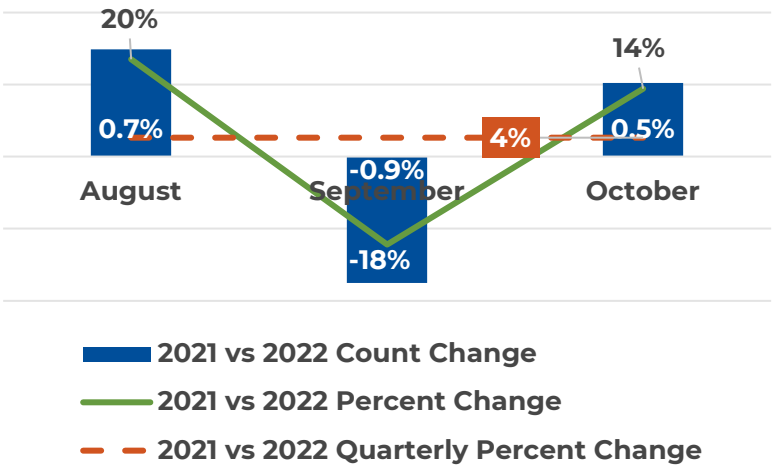




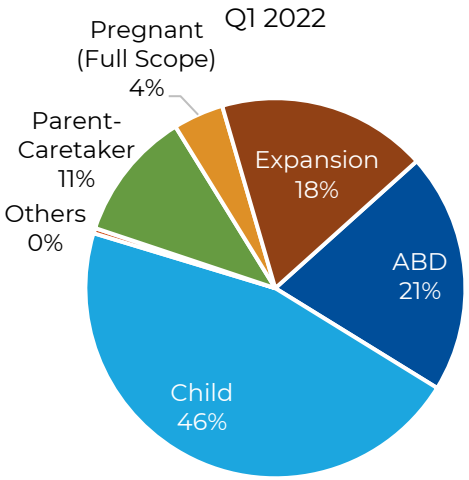
Utilization (Cont.)

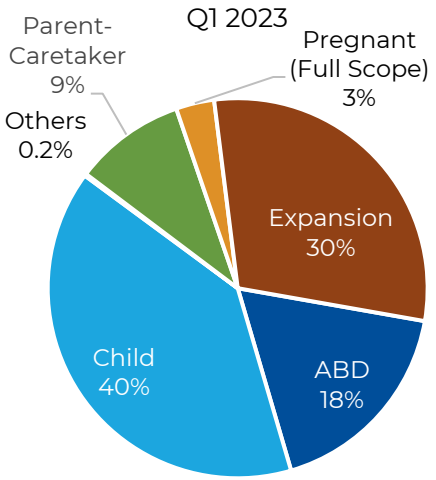
Percent Total Enrolled Using ED





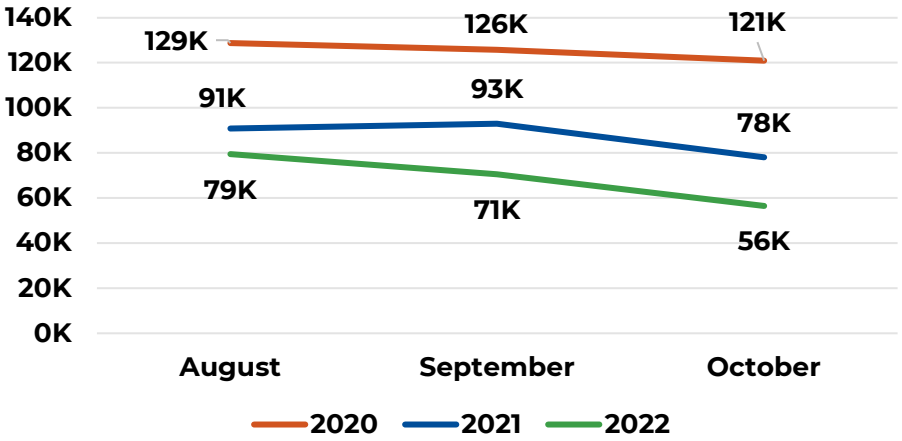
Members Utilizing Emergency Department By Qualifying Group

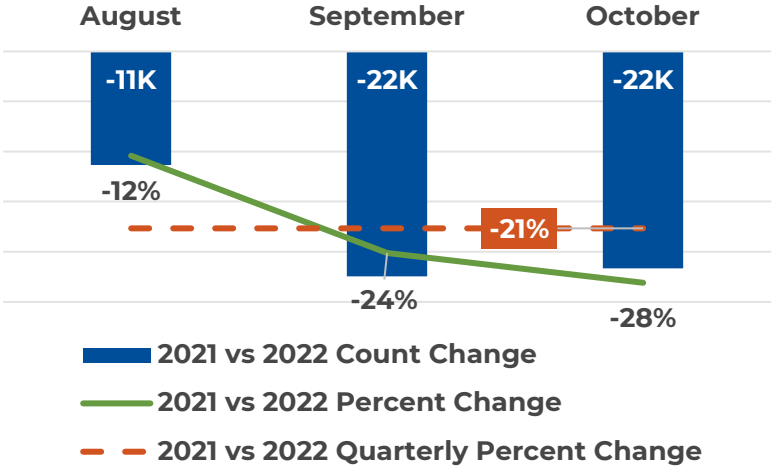




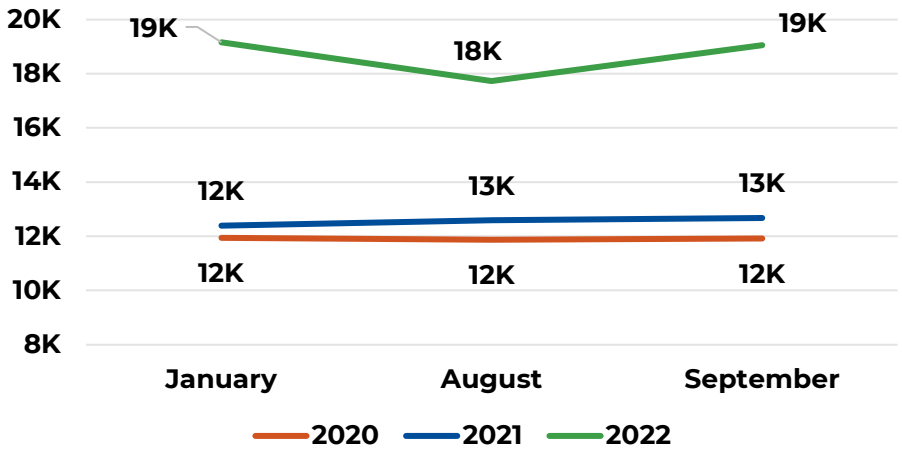
Utilization (Cont.)

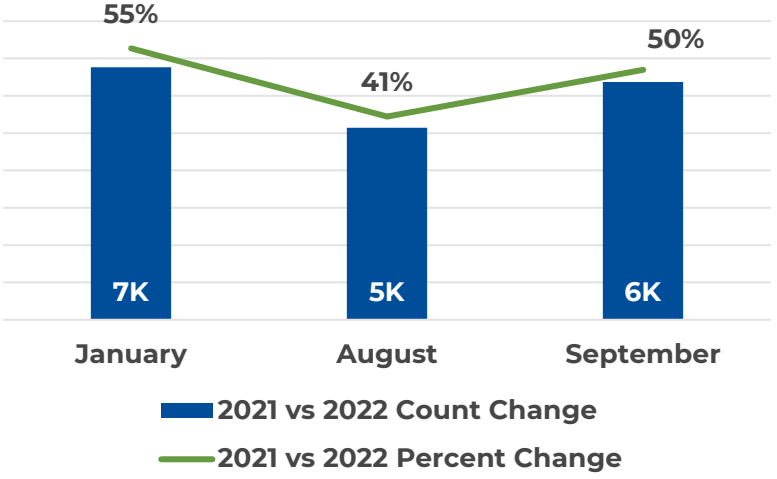
Telemedicine - Total Visits





Members With Opioid Claims

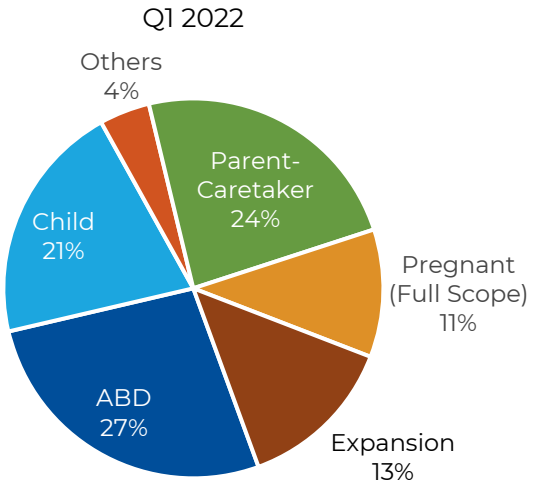


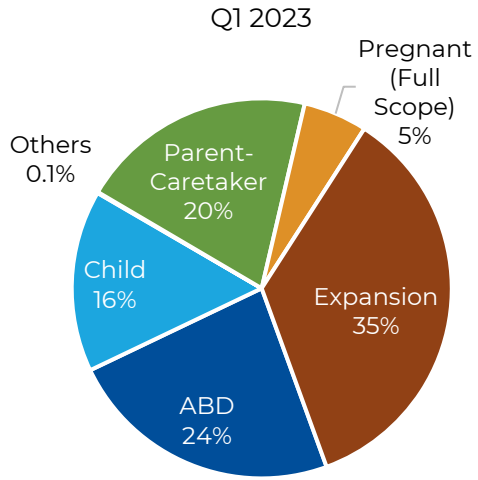


Quarterly Percentage Change unavailable as only had aggregate counts for Oct 2021 and needed actual IDs.

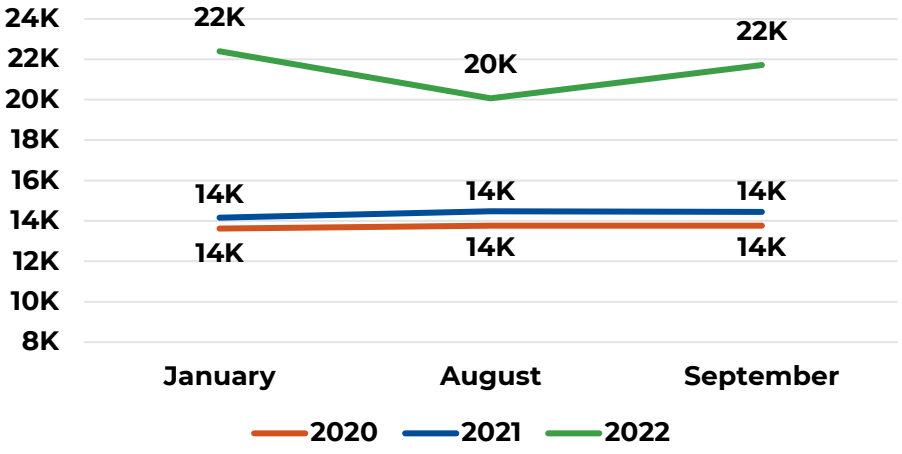
Utilization (Cont.)

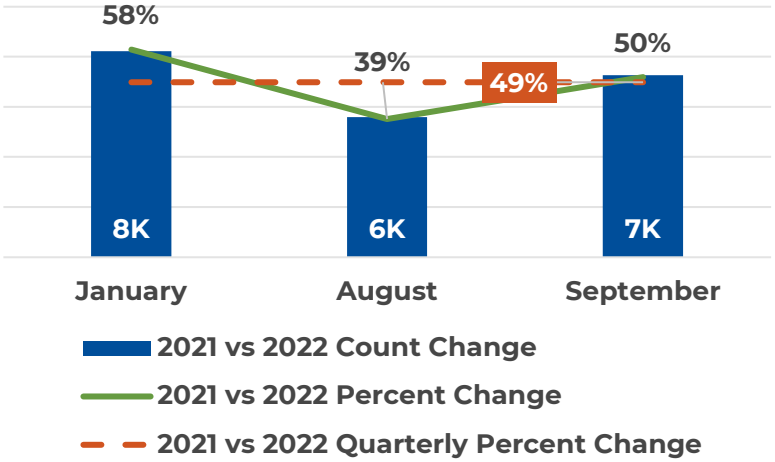
Members With Opioid Claims By Qualifying Group





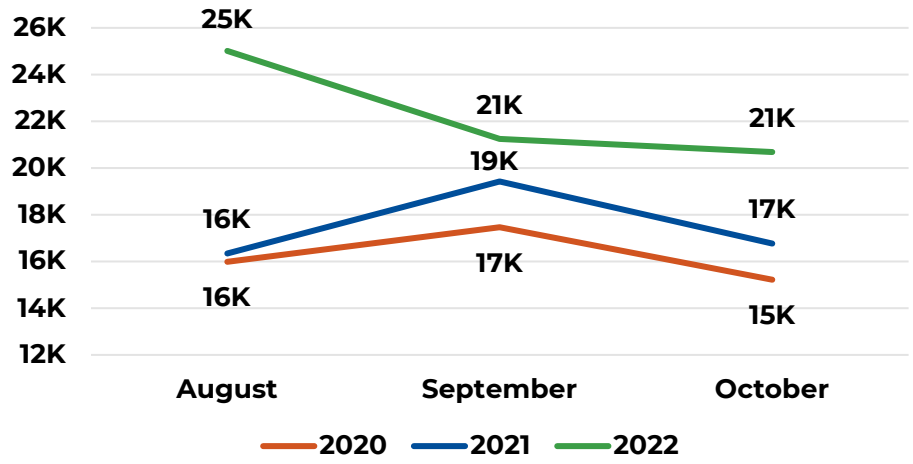
Total Opioid Claims

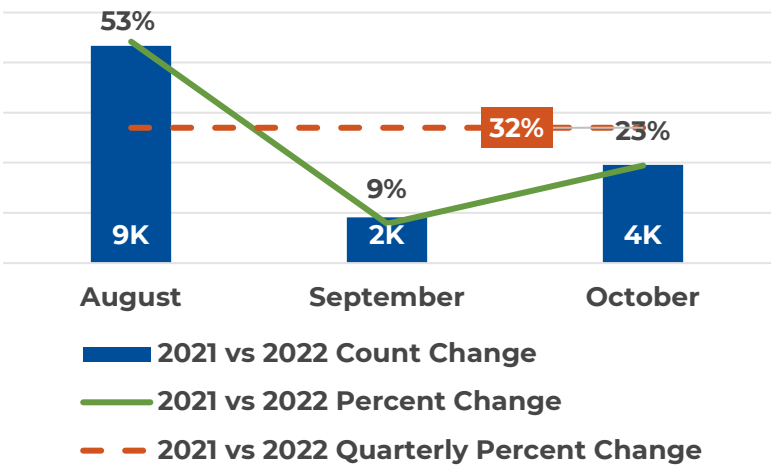




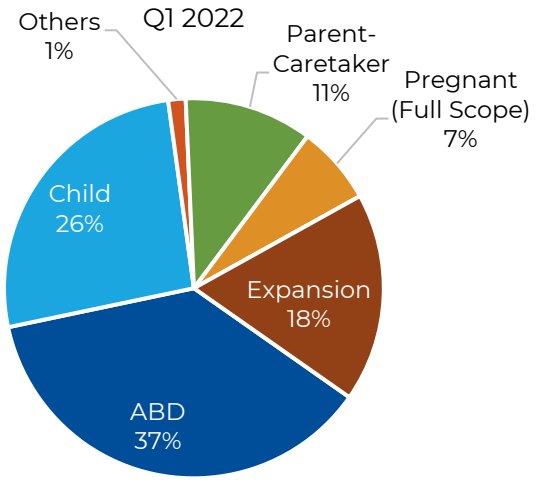
Utilization (Cont.)

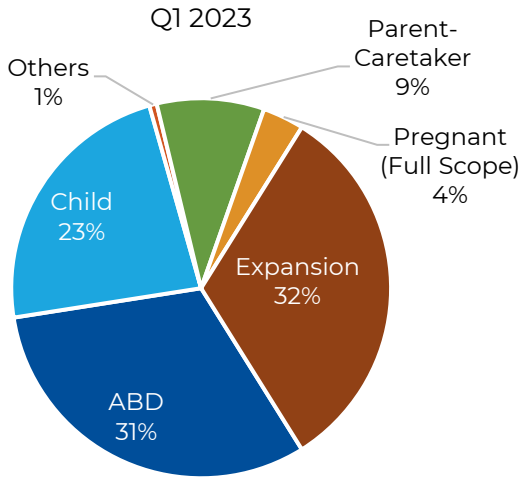
Out of State Services - Total Members Utilization





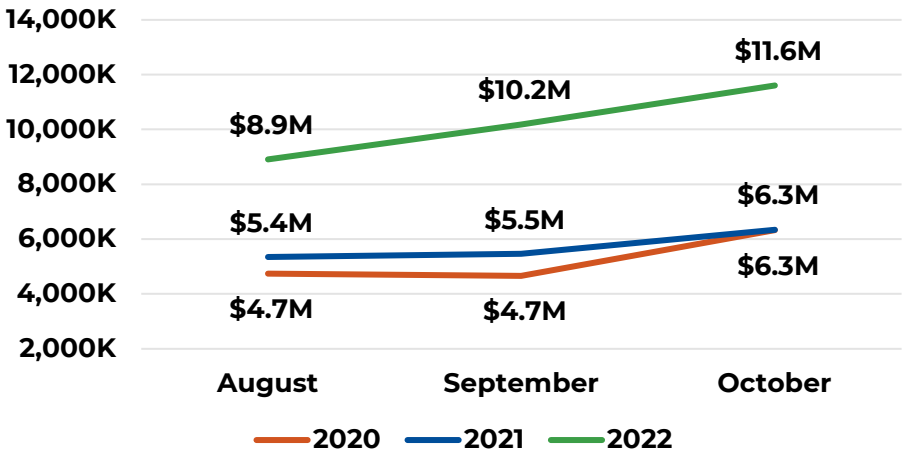
Out of State Services - Total Members Utilization By Qualifying Group

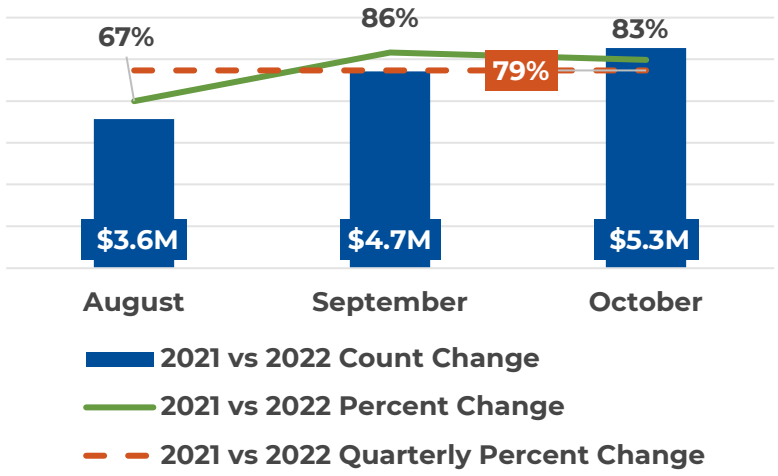




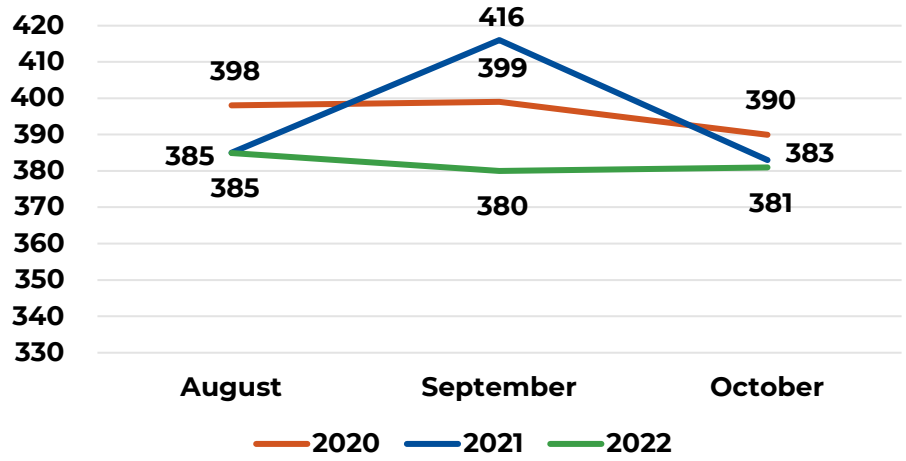
Utilization (Cont.)

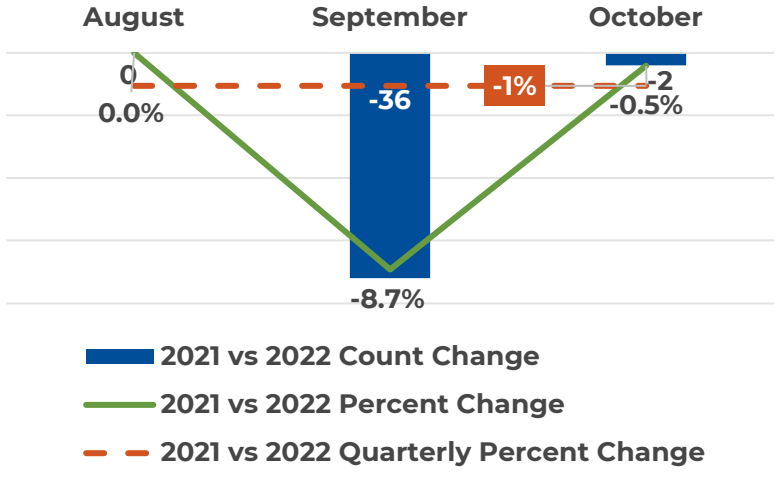
Out of State Services - Total Reimbursements





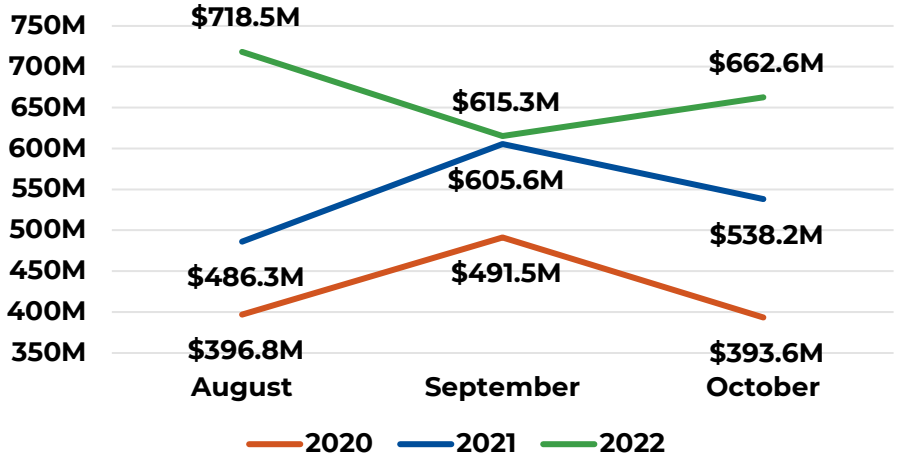
Out of State Services - Total Active Billing Providers

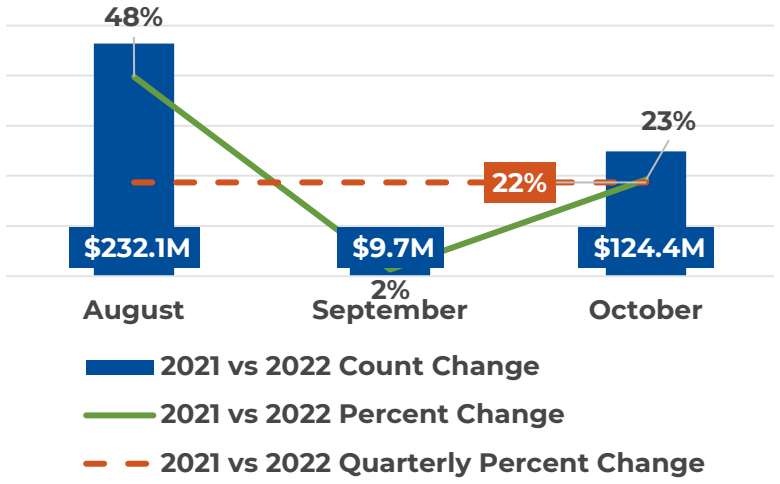




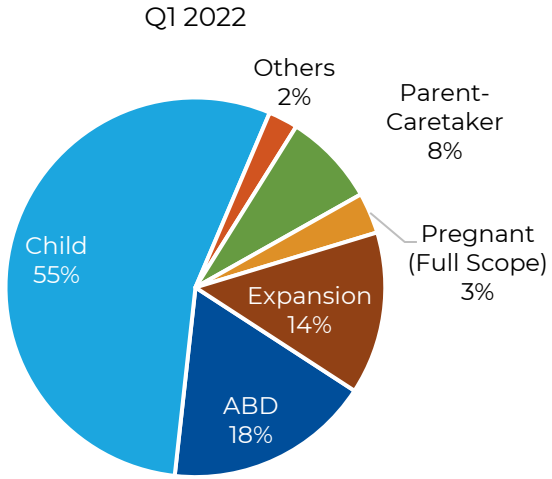
Financials

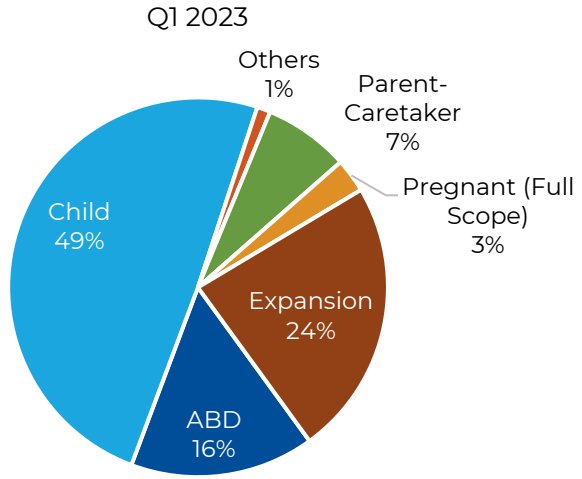
Total Agency Expenditures





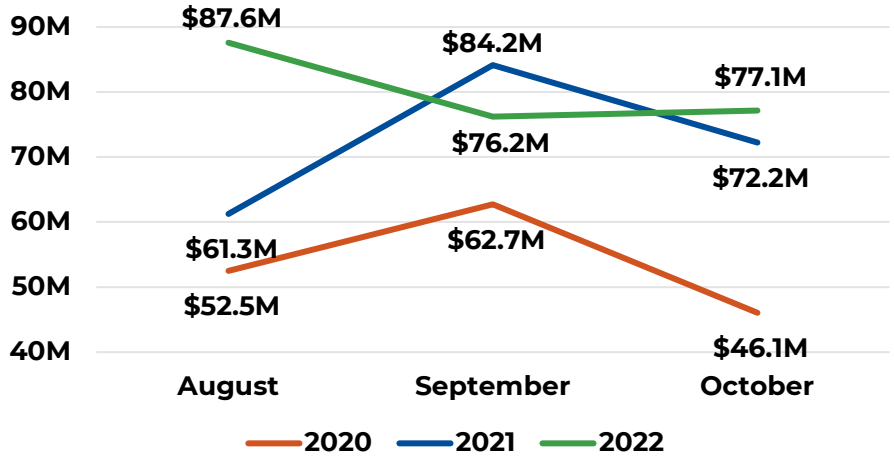
Total Agency Members Utilization by Qualifying Group

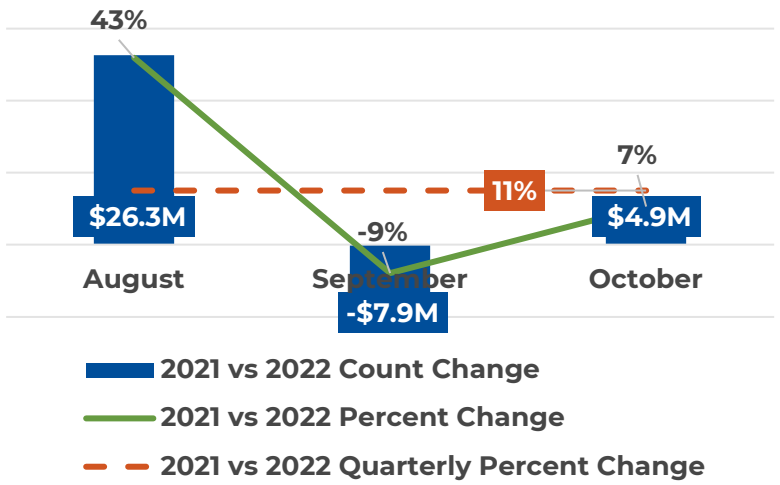




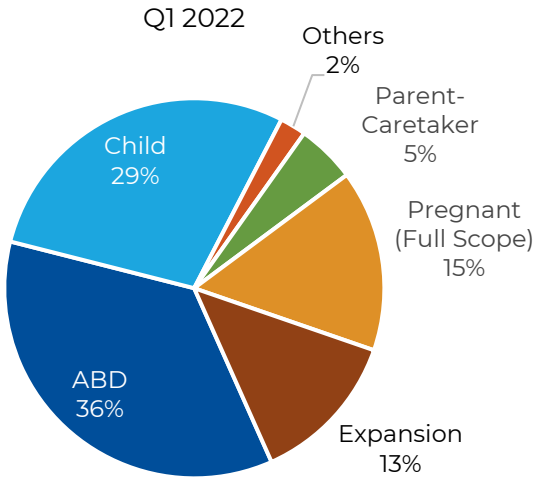
Financials (Cont.)

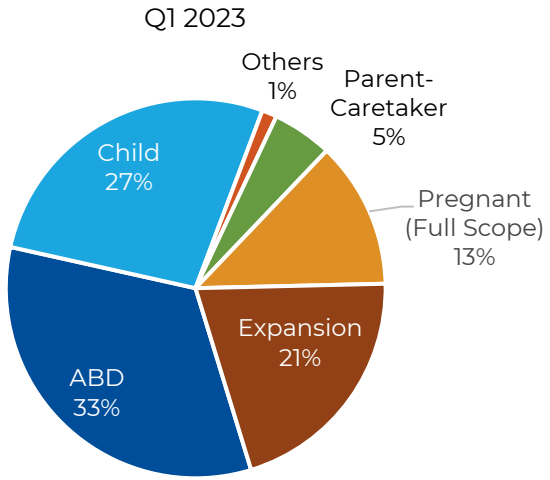
Inpatient Services Expenditures





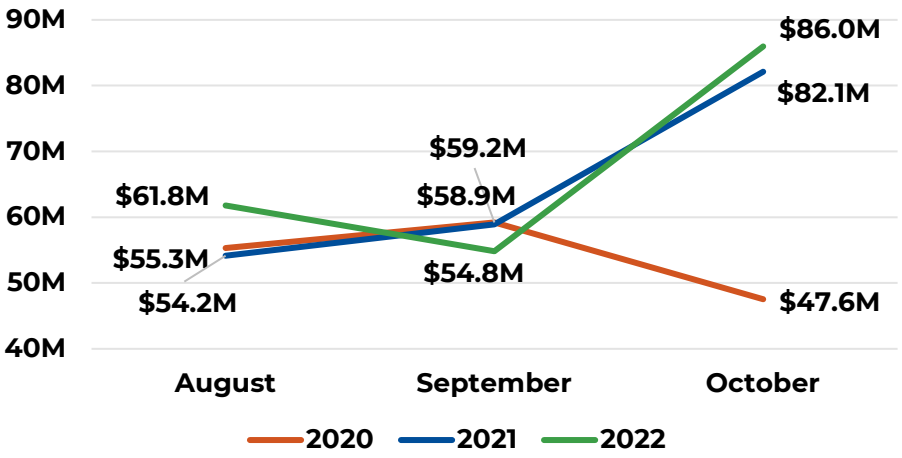
Inpatient Services Members Utilization by Qualifying Group

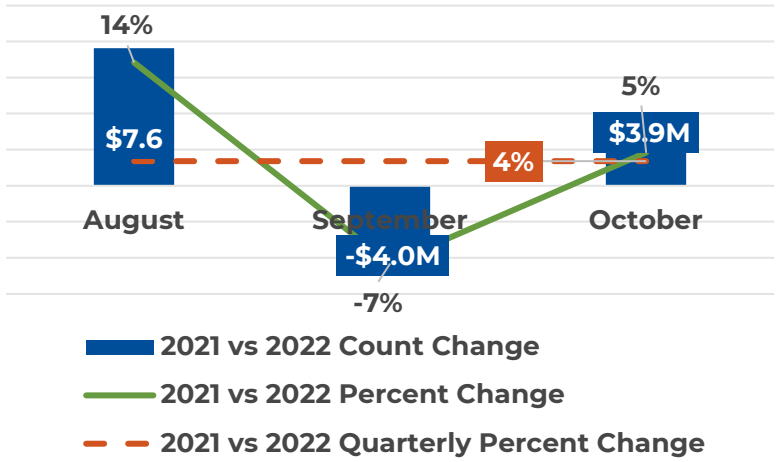




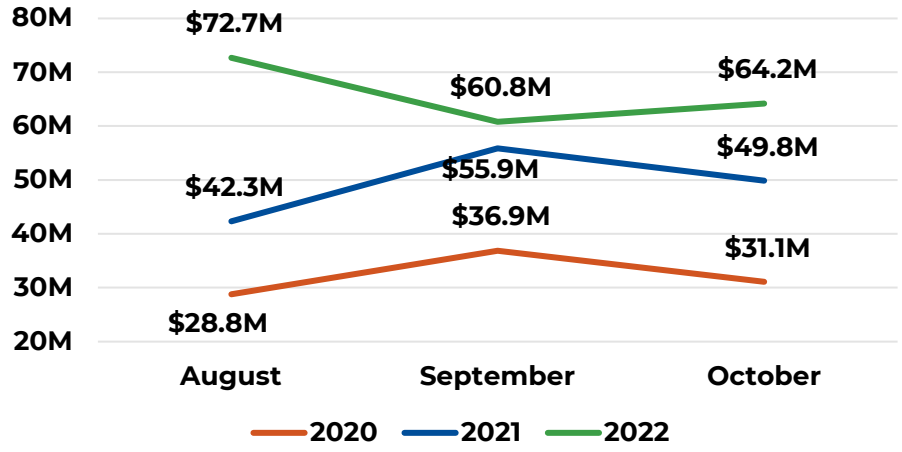
Financials (Cont.)

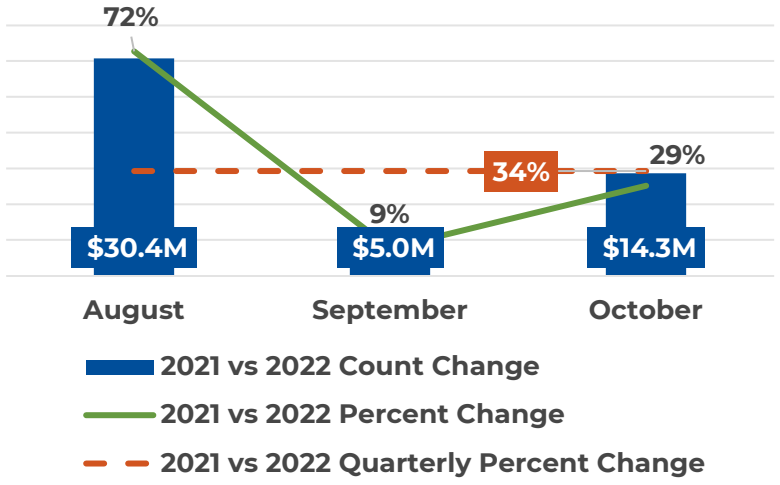
Nursing Facility Expenditures





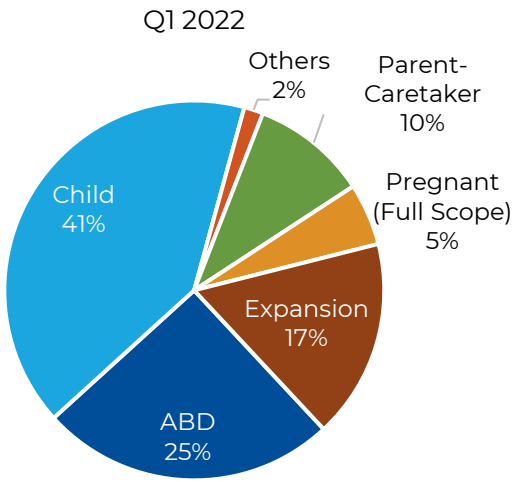
Outpatient Hospital Expenditures

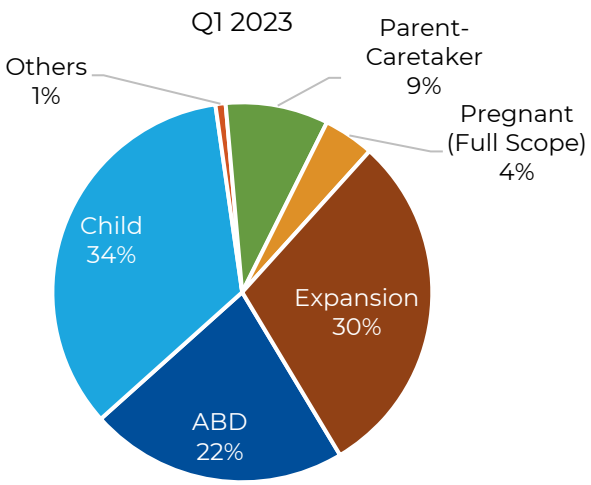




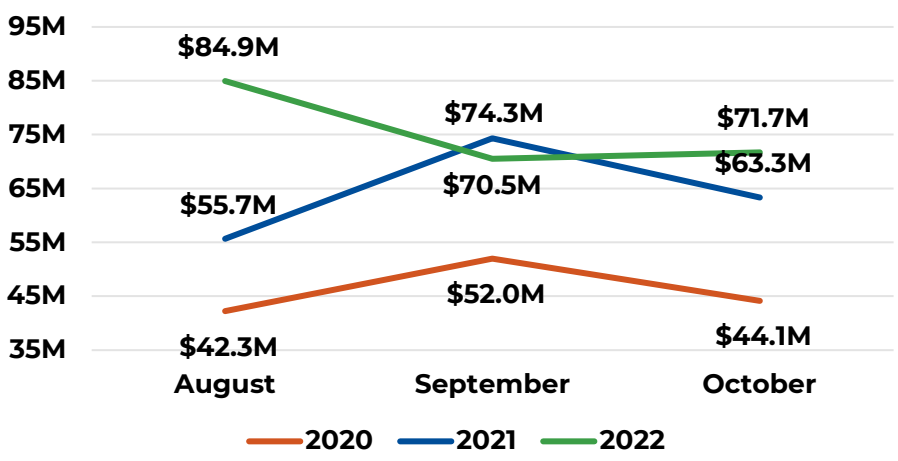
Financials (Cont.)

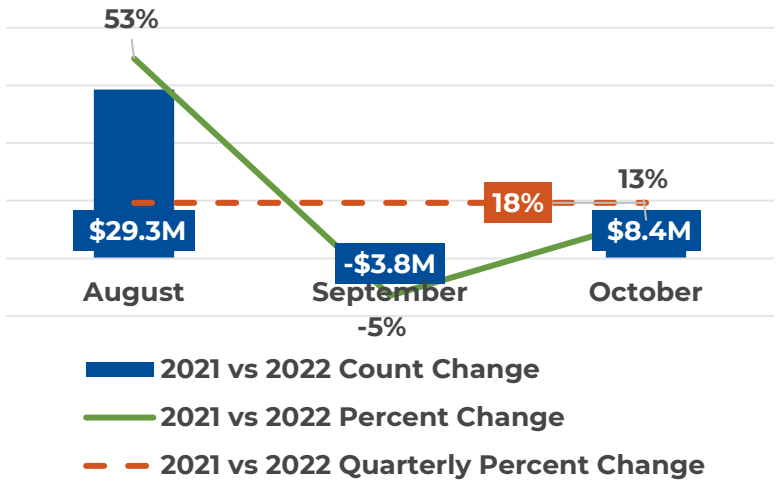
Outpatient Hospital Members Utilization by Qualifying Group





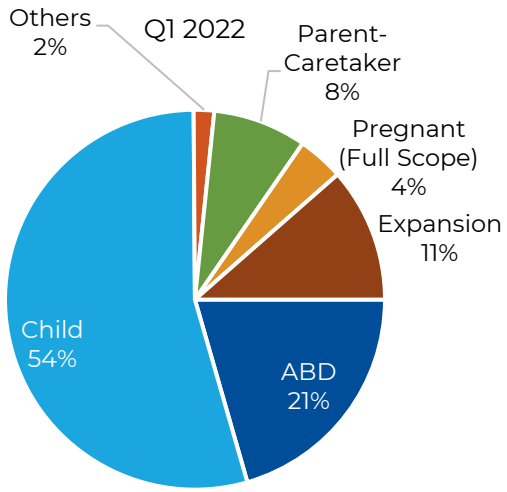
Physician Expenditures

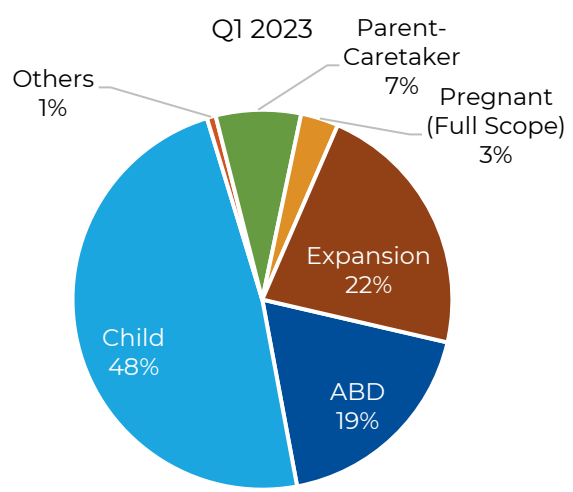




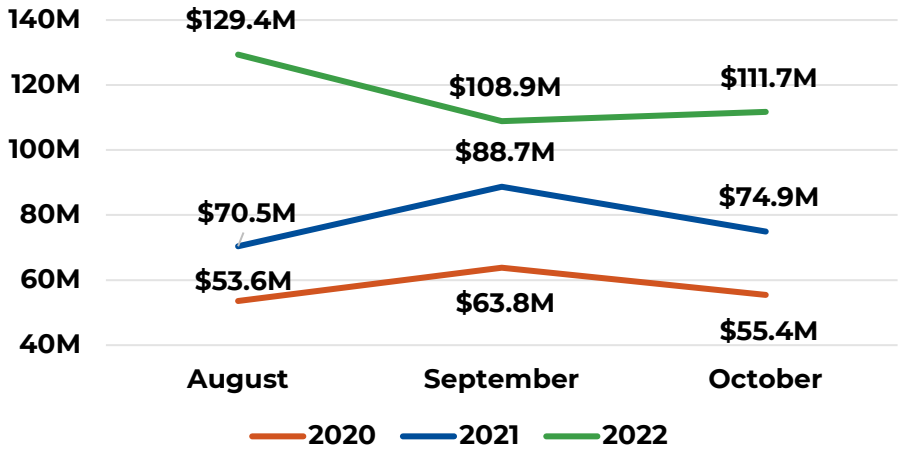
Financials (Cont.)

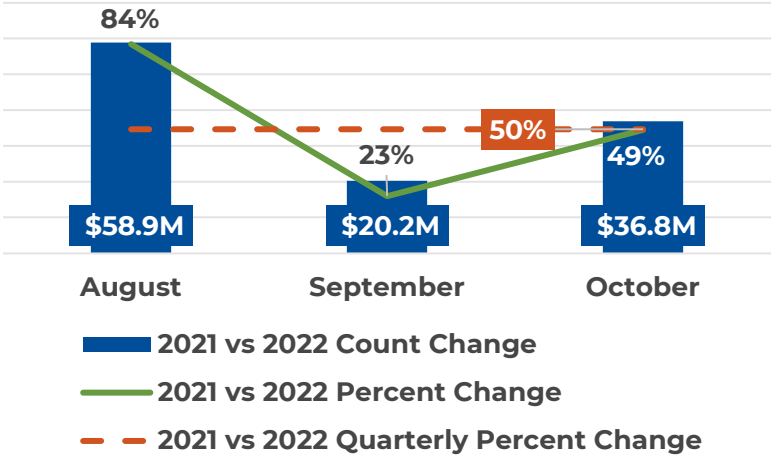
Physician Members Utilization By Qualifying Group





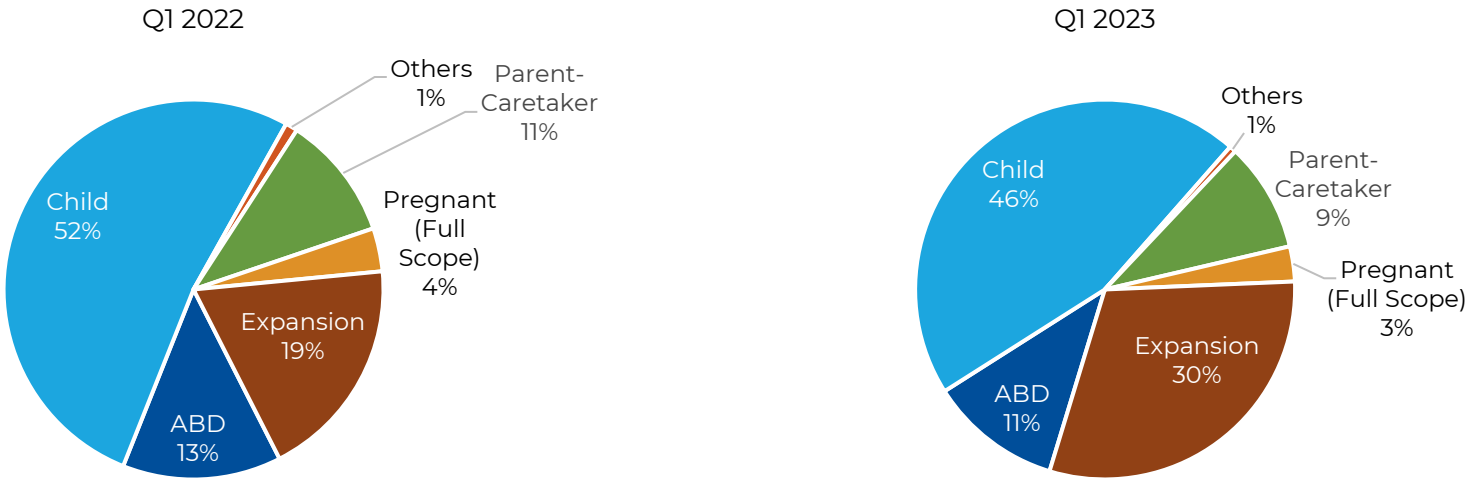
Prescribed Drugs Expenditures



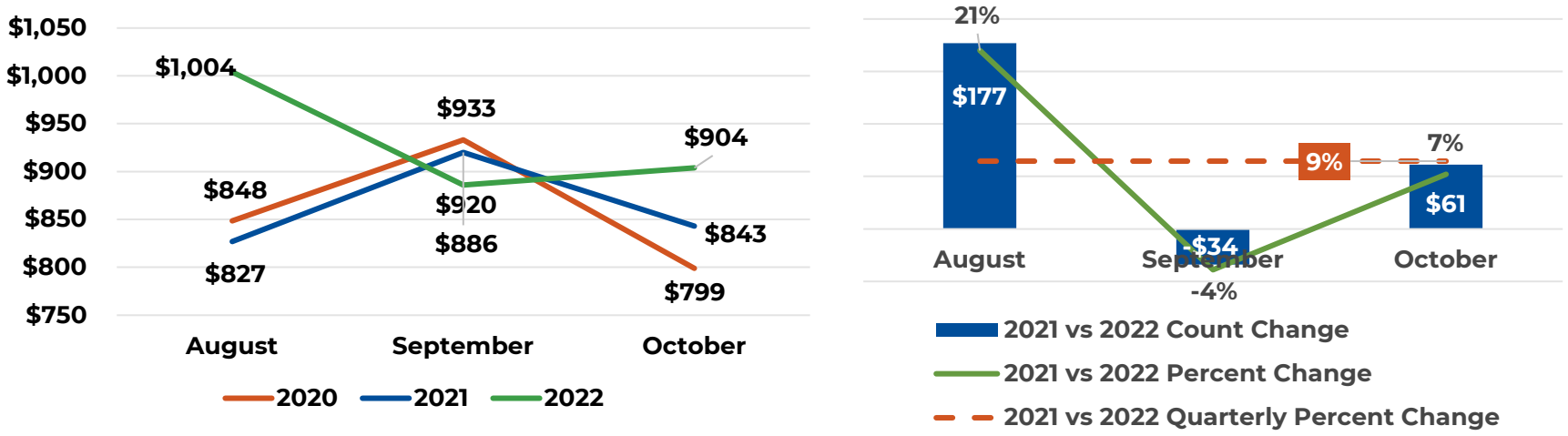


Financials (Cont.)

Prescribed Drugs Members Utilization By Qualifying Group

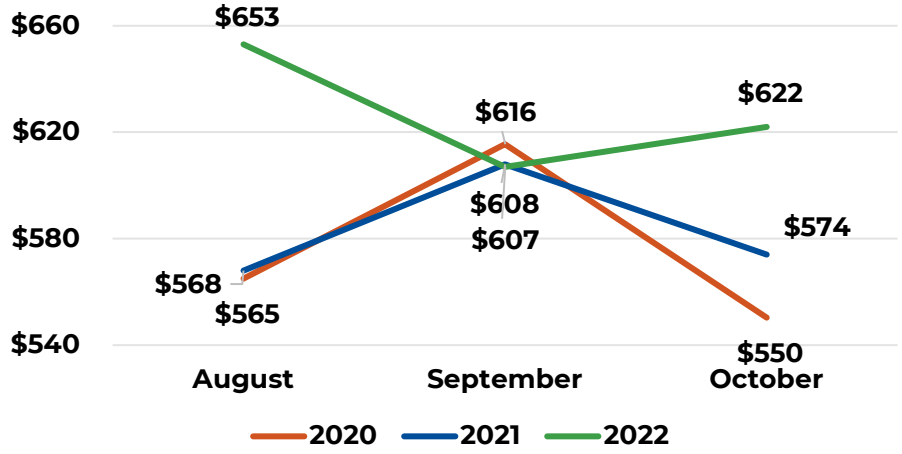


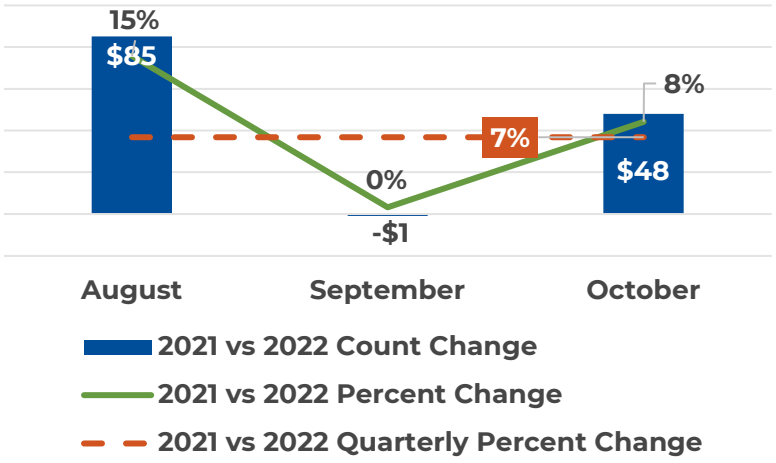
Average Per Total Member Served



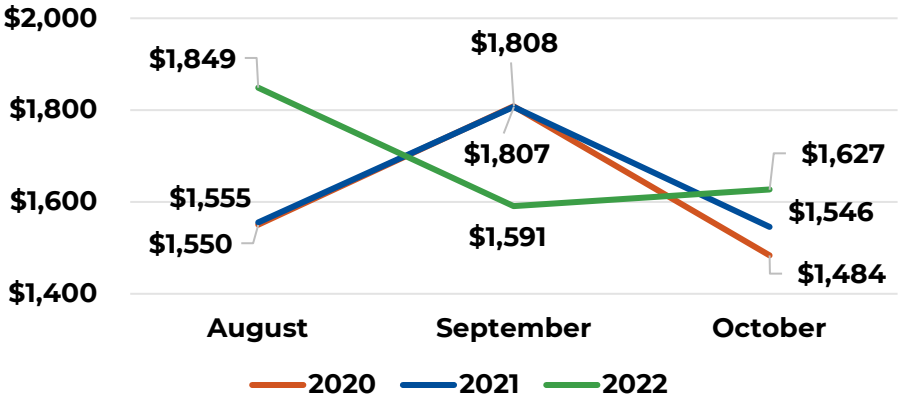
Financials (Cont.)

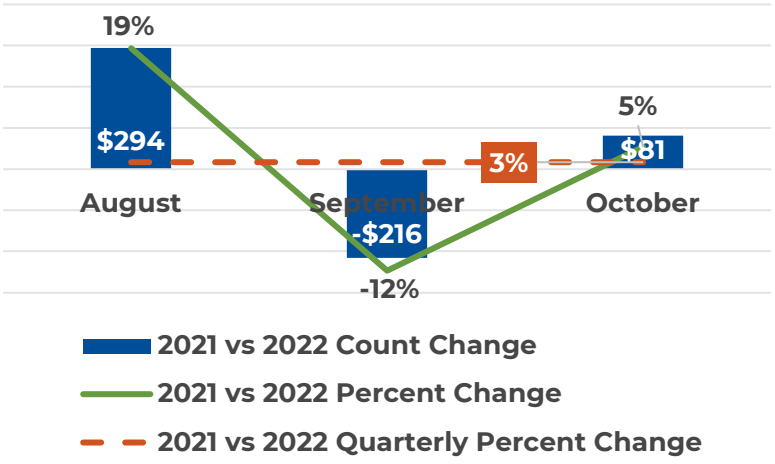
Average Per Child (Under 21) Member Served





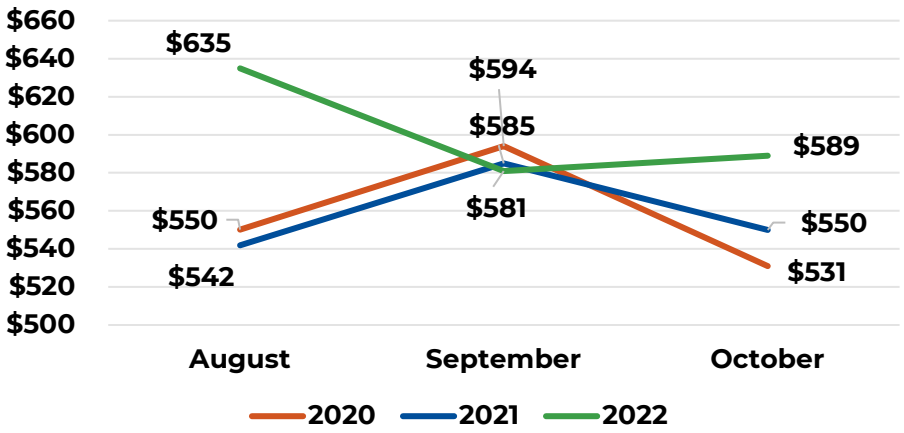
Average Per Aged/Blind/Disabled Member Served

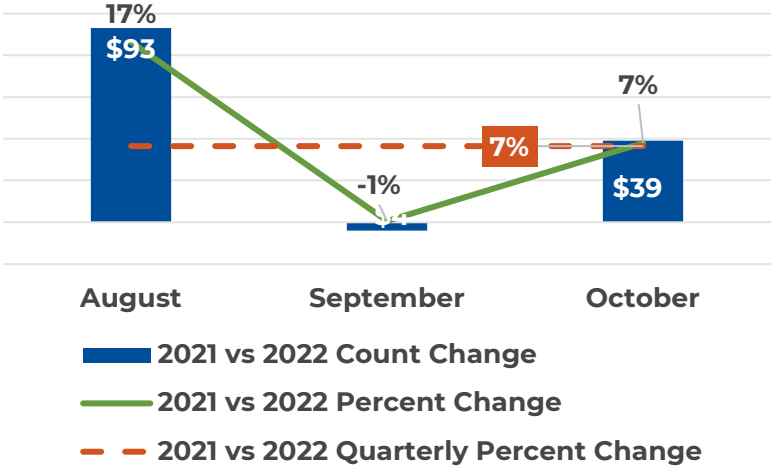




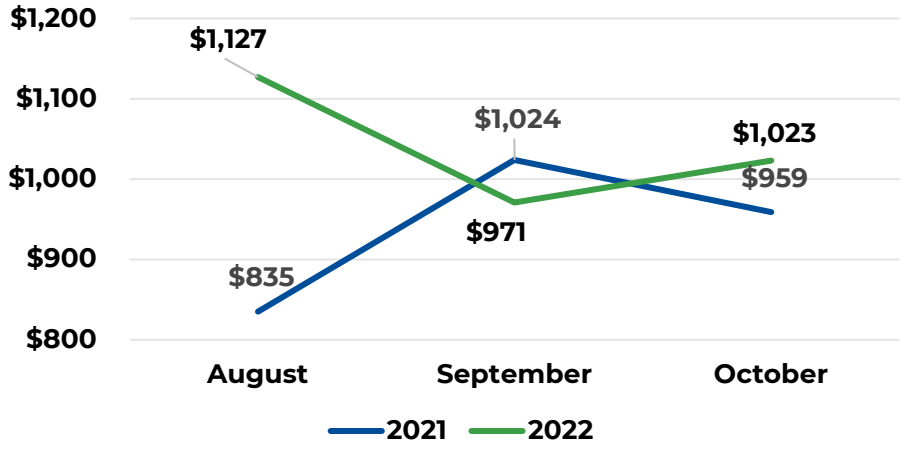
Financials (Cont.)

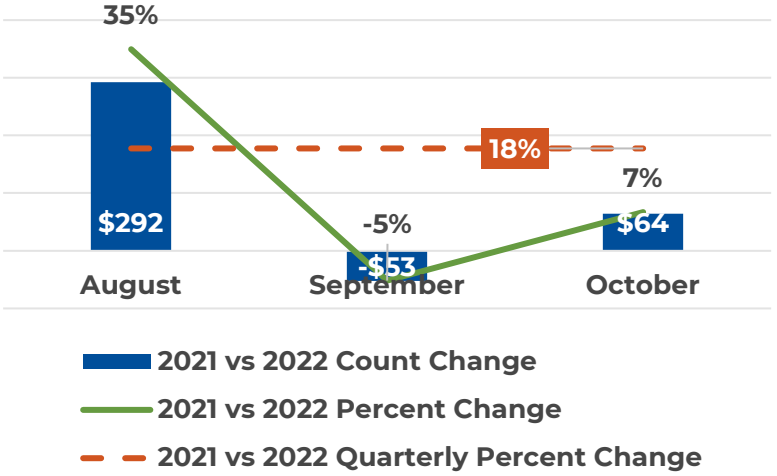
Average Per Children & Parent/Caretaker Member Served





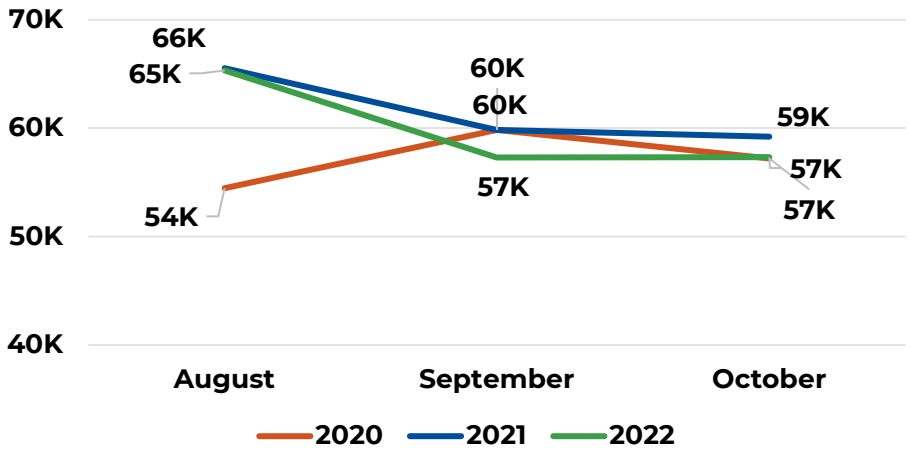
Average Per Expansion Member Served (Effective July 2021)

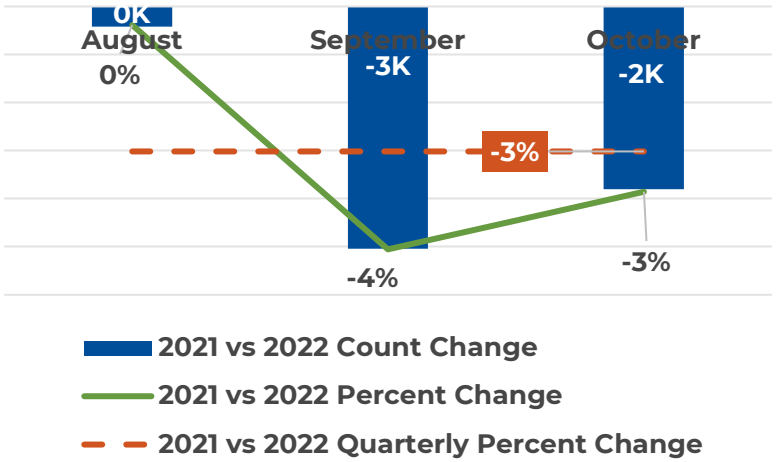




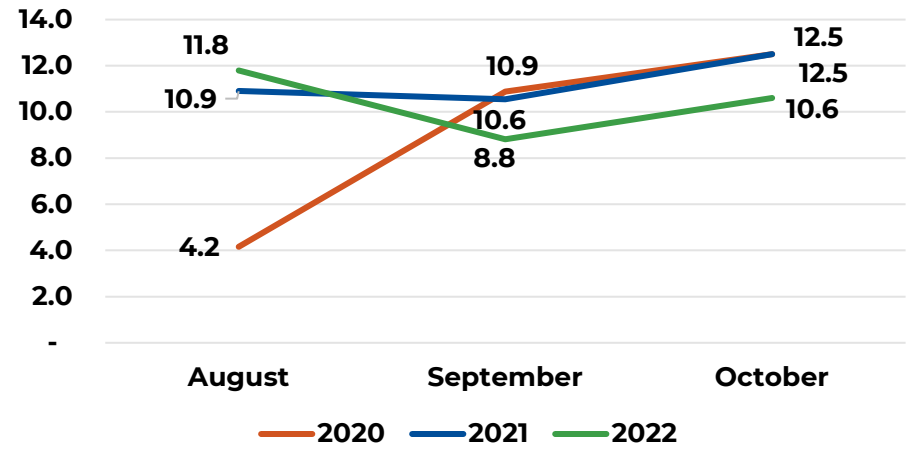
Call Center

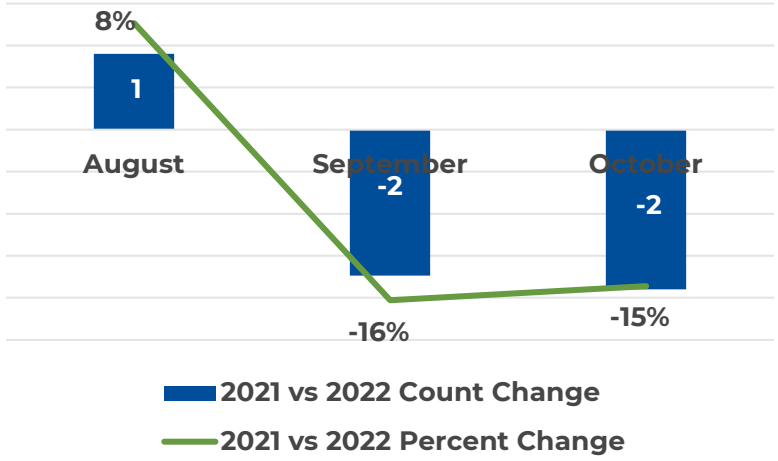
Call Center - Member Calls Answered





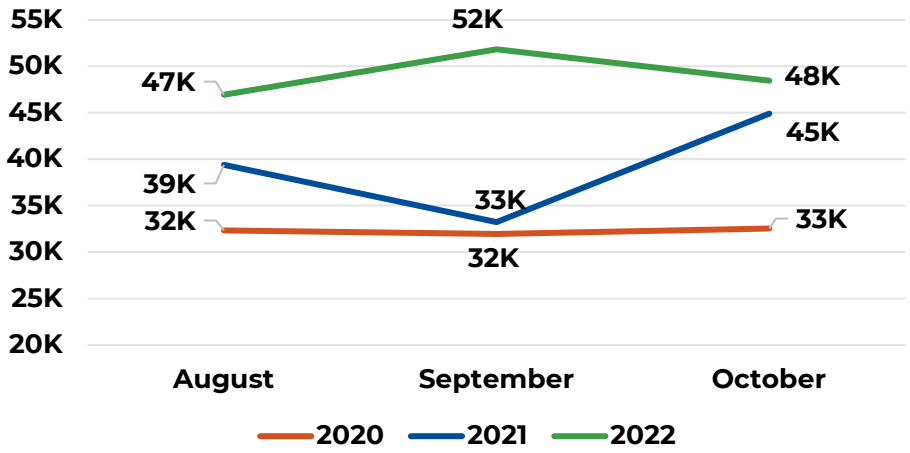
Call Center - Average Wait Time (In Seconds)

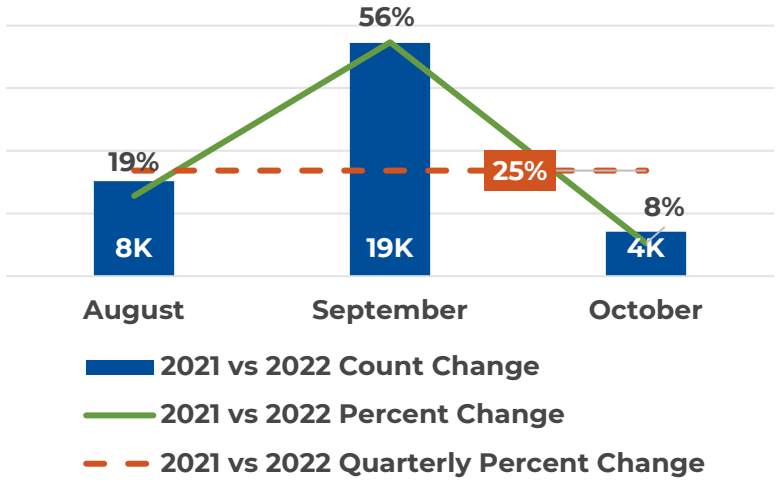




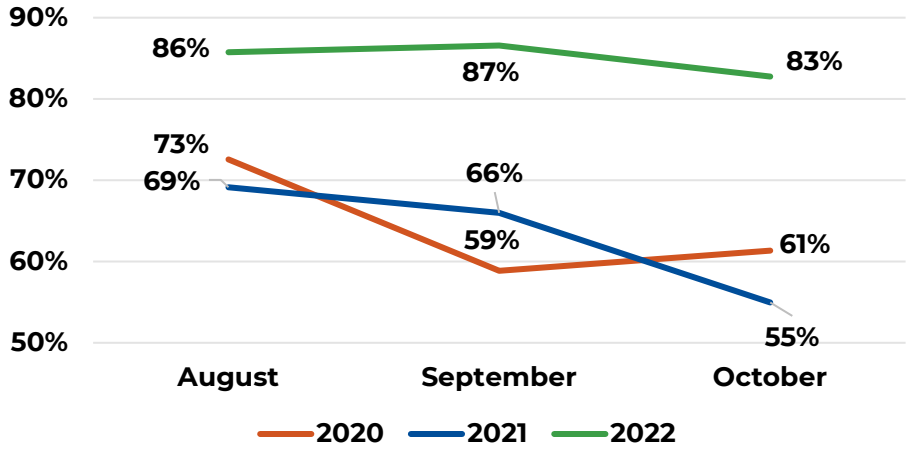
Prior Authorization

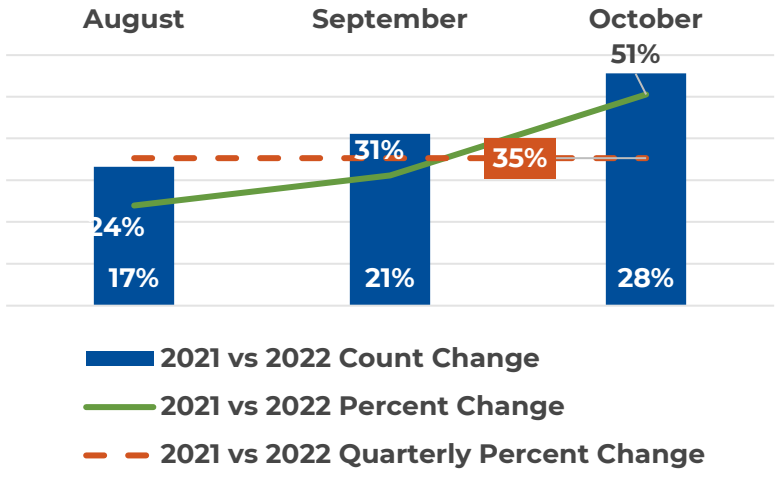
Prior Authorization - Total Combined - Total Completed PA Volume





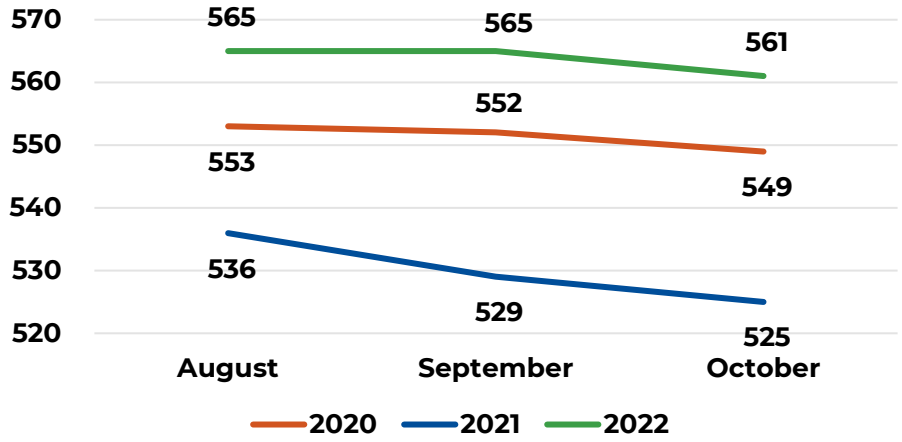
Prior Authorization - Total Combined - Total Percent Completed 0-6 Days

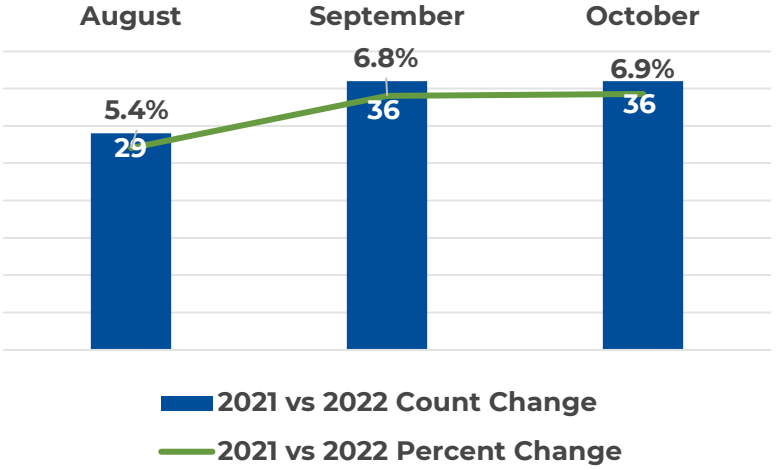




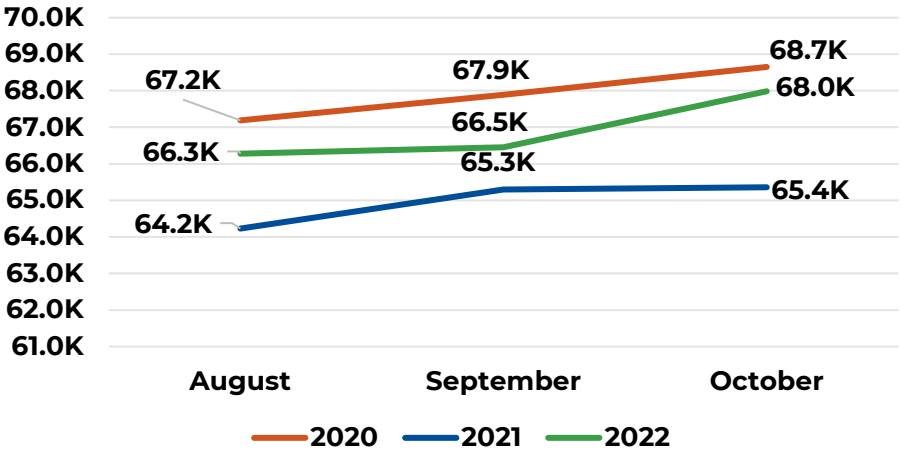
Agency Stats & Provider Network

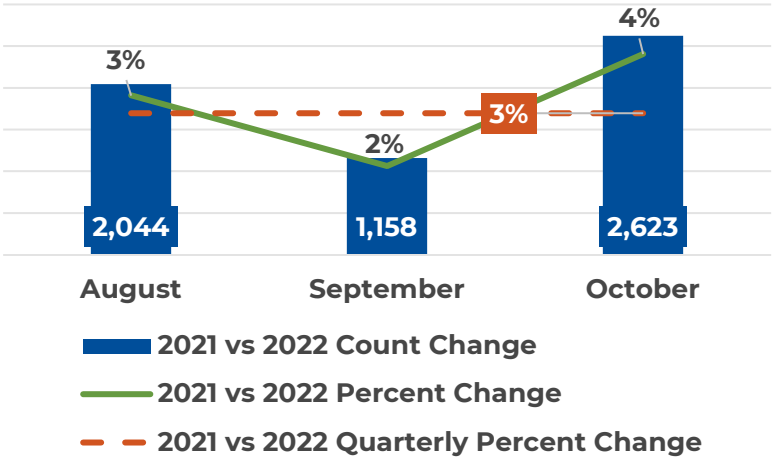
OHCA Admin - Number of FTEs





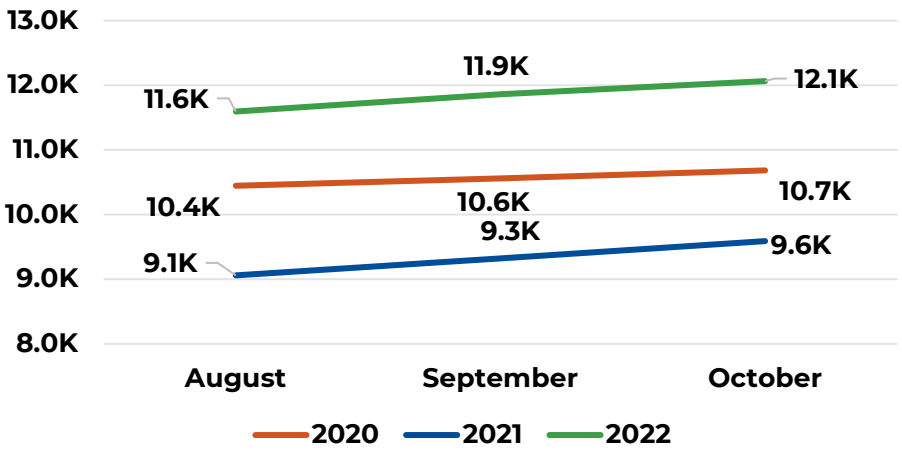
Total Providers

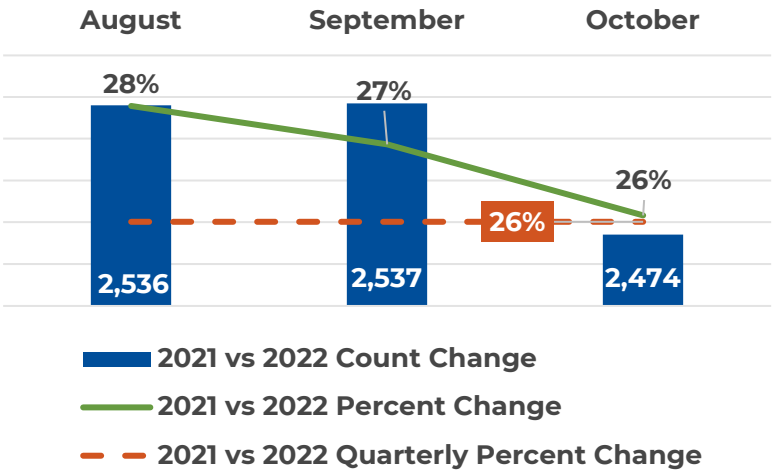




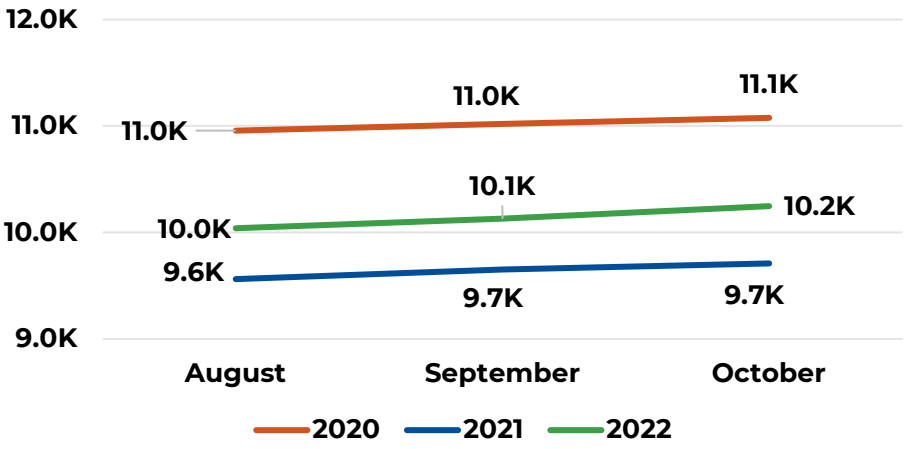
Agency Stats & Provider Network (Cont.)

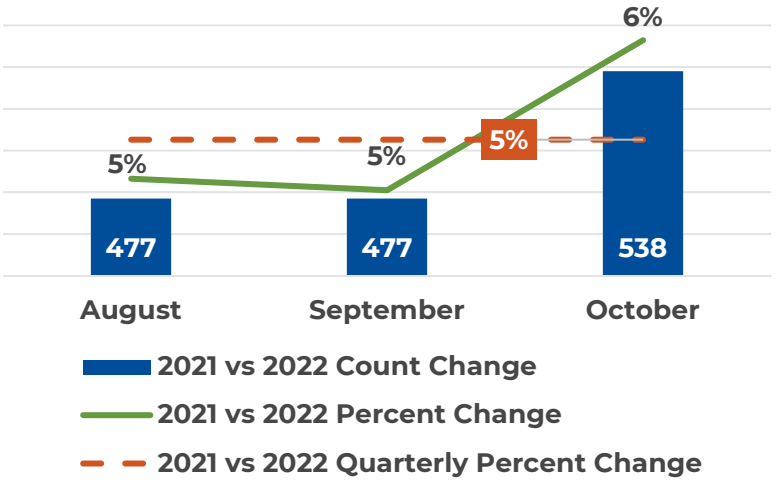
Mental Health Providers (In-State Only)





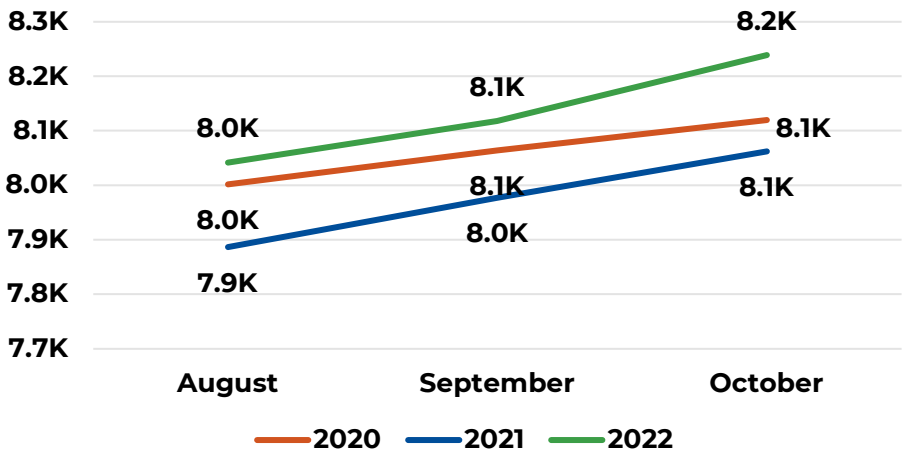
Physicians (In-State Only)

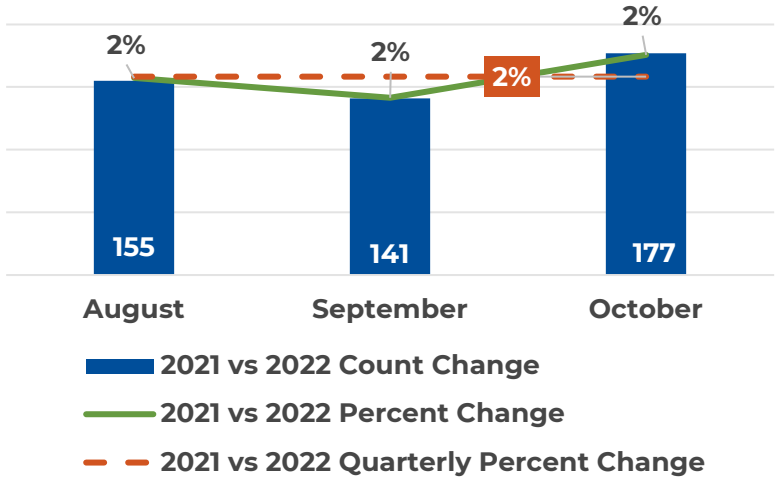




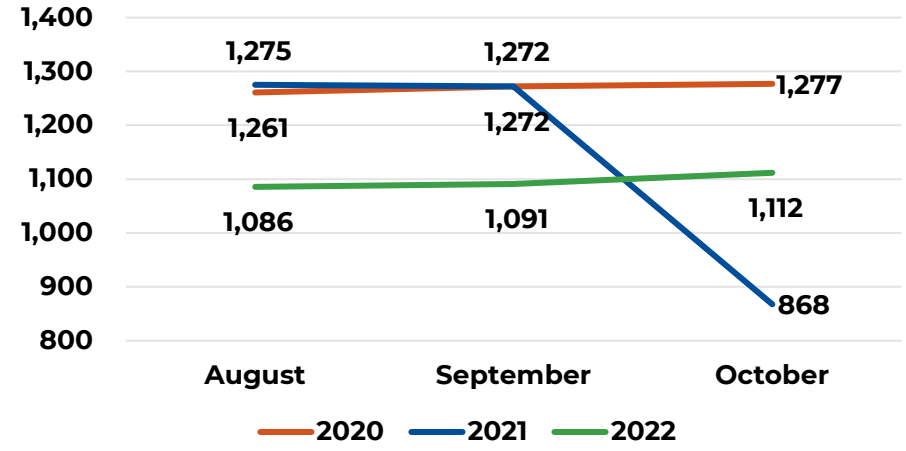
Agency Stats & Provider Network (Cont.)

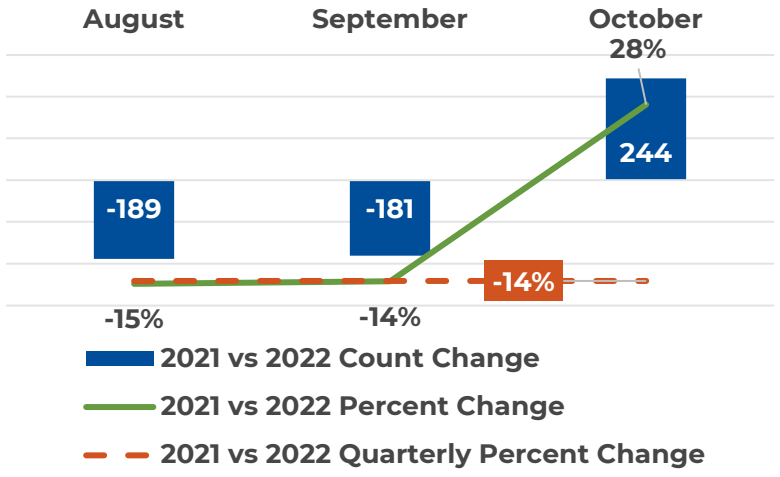
Primary Care Providers (In-State Only)





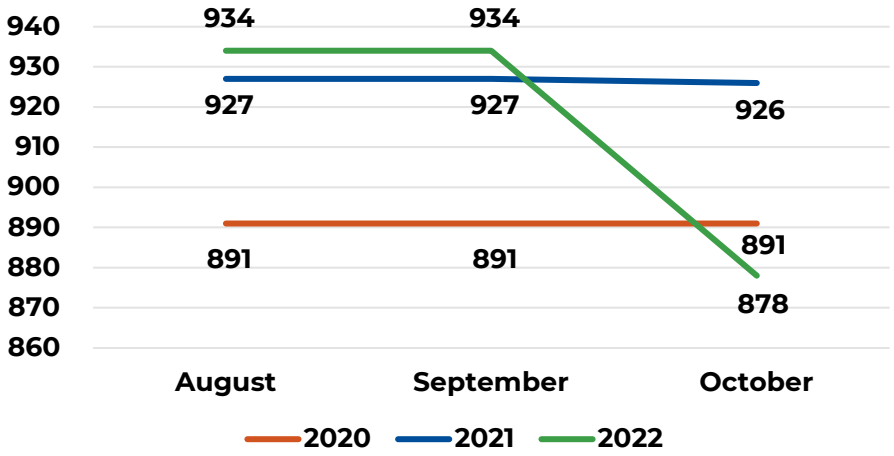
Dentists (In-State Only)

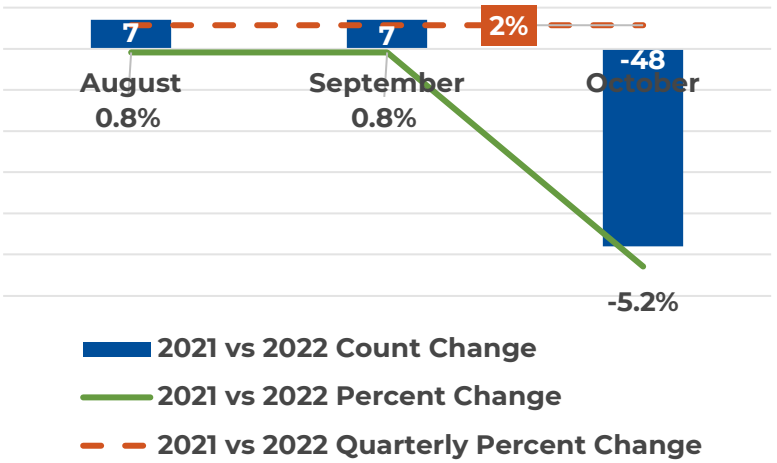




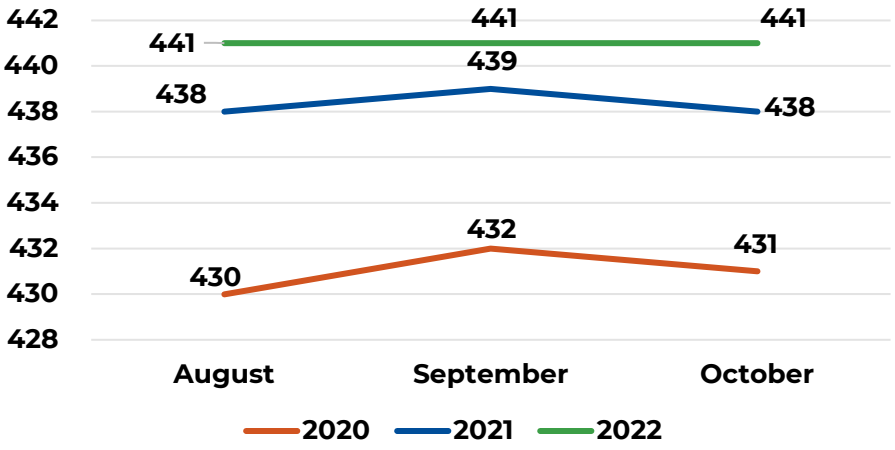
Agency Stats & Provider Network (Cont.)

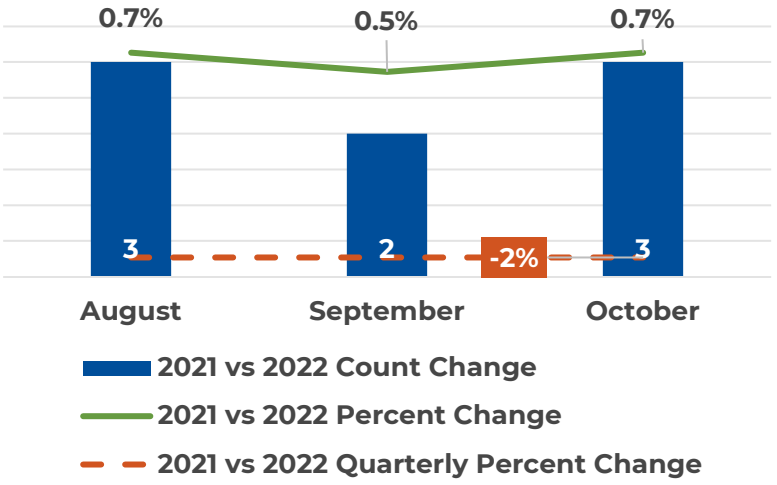
Pharmacy (In-State Only)





Extended Care Facilities (In-State Only)





Agency Stats & Provider Network (Cont.)

Hospitals (In-State Only)