OKLAHOMA HEALTH CARE AUTHORITY
REGULAR BOARD MEETING
May 21, 2025, at 2:00 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_muSoQxIDQYaey06PWGmJ4w
Telephone: 1-669-216-1590 Webinar ID: 160 851 3974

*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. Discussion and Vote on the March 26, 2025, OHCA Board Meeting Minutes……..…..…..….Marc Nuttle, Chair

3. Chief Executive Officer Report (Attachment "A")…..……..Ellen Buettner, Chief Executive Officer

    a) Member Moment

4. State and Federal Update (Attachment "B")……Christina Foss, Chief of Staff and State Medicaid Director

5. Discussion of Report from the Pharmacy……..…….Jeff Cruzan, MD
   Advisory Committee and Possible Action Regarding Member, 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 317:30-5-77.2(e) (Attachment "C"):

Item:	Drug Name:	Used For:
i.	Aucatzyl® (Obecabtagene Autoleucel)	Acute Lymphoblastic Leukemia (ALL)
	Danziten™ (Nilotinib)	Chronc Myeloid Leukemia (CML)
	Grafapex™ (Treosulfan)	Acute Myeloid Leukemia (AML)
	Revuforj® (Revumenib)	Acute Leukemia (AL)
	Rytelo® (Imetelstat)	Myelodysplastic Syndromes (MDS)
ii.	Kebilidi™ (Eladocagene Exuparvovec-tneq)	Aromatic L-Amino Acid Decarboxylase (AADC) Deficiency
iii.	Crenessity™ (Crinecerfont)	Congenital Adrenal Hyperplasia (CAH)
iv.	Ctexli™ (Chenodiol)	Cerebrotendinous Zanthomatosis (CTX)
	Iqirvo® (Elafibranor)	Primary Biliary Cholangitis (PBC)
	Livdelzi® (Seladelpar)	PBC

6. Discussion of Report from the……..……..……Phillip Kennedy
   Compliance Advisory Committee Chair, Compliance Advisory Committee
   and Possible Action

a) 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 "D")

   i. Customer Relationship Management

b) Discussion and Possible Action regarding payments made on behalf of other state agencies for Medicaid services.

7. Discussion of Report of Strategic……..Marc Nuttle, Chair
   Planning & Operational Advisory Committee Chair, Strategic Planning & Operational Advisory Committee

   a) SoonerSelect Year in Review: Dental (Attachment "E") – Stephanie Mavredes, Interim Deputy State Medicaid Director

8. Discussion and Possible Action……Marc Nuttle, Chair
   Proposed Executive Session as Authorized by the Open Meeting Act, 25 O.S. § 307(B)(4), To Discuss Confidential Legal Matters Concerning Pending Litigation

9. Adjournment……..…….Marc Nuttle, Chair

NEXT BOARD MEETING
June 25, 2025, at 2:00PM
Oklahoma Health Care Authority
4345 N. Lincoln Blvd
Oklahoma City, OK 73105

MINUTES OF AMENDED BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
March 26, 2025
Oklahoma Health Care Authority
4345 N. Lincoln Blvd
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 March 25, 2025, at 2:00 p.m. Advance public meeting notice was provided to the Oklahoma Secretary of State. In addition to the posting of statutory public notice, the agency placed its agenda on its website on March 21, 2025, at 12:22 p.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 Corbett, Member Cruzan, Member Kennedy, Member Jolley Member Leland

ITEM 2 / DISCUSSION AND POSSIBLE VOTE ON THE JANUARY 15, 2025, OHCA BOARD MEETING MINUTES
Chairman Nuttle, OHCA Board Chairman

MOTION: Vice-Chairman Yaffe moved for approval of the January 15, 2025, board meeting minutes, as published. The motion was seconded by Member Christ.

FOR THE MOTION: Chairman Nuttle, Vice-Chairman Yaffe, Member Case, Member Christ Member Corbett, Member Cruzan, Member Kennedy, Member Jolley Member Leland

ITEM 3 / CHIEF EXECUTIVE OFFICER REPORT
Ellen Buettner, Chief Executive Officer

CEO Buettner invited Dr. Thomas Nunn, EGID Insurance Program Administrator, to present this month's member moment.

CEO Buettner highlighted OHCA's Empowerment & Accountability Key Principle, recognizing Kristine West and Amber Smith for their efforts in targeting fraud, waste, and abuse.

Key Initiatives Update:

- Senior Staff Recruitment: CEO Buettner stated that OHCA is in the interview process of selection for a Chief Operating Officer and State Medicaid Director. Additional information will be shared in the coming weeks.
- SoonerSelect Update: CEO Buettner acknowledged the upcoming one-year anniversary of SoonerSelect. CEO Buettner joined Rich Rasmussen from the Oklahoma Hospital Association on his podcast to discuss the Medicaid program. CEO Buettner notified the board members that OHCA was made aware of miscommunication as it relates to incentive payments not making its way to a particular group of providers. The issue has been rectified and OHCA staff have been doing outreach to that group individually.
- Executive Order – Return to Work: OHCA's HR team is currently finalizing the report to OMES.
- DOGE-OK: CEO Buettner stated that the Governor established a statewide DOGE Initiative, similar to what's being done at the Federal level. She shared that OHCA has identified multiple opportunities to reduce spending without necessarily cutting core services. OHCA will continue to work on internal cost savings measures on its administrative side.
- Federal Updates: CEO Buettner stated that she has been participating in multiple call and webinars with Federal partners, both at the Congressional level, but also National Associations to get a feel for what Oklahoma can expect. She provided an update on the four items that have been discussed.
    - Cap Federal Funding: This allows each state a capitated per member rate as opposed to a block grant that wouldn't consider those eligibility changes.
    - Reduce Federal Matching Rates: This would be a big change, as it would reduce the amount of federal funding OHCA receives. To put it into context, a drop from 90% to 60% for the expansion population is an impact of about $580 million that Oklahoma would have to make up.
    - Limit Provider Taxes and State Directed Payments: There has been discussion of cutting the SHOPP payment cap to 3%, which would have a big impact to OHCA's provider community, but it would also impact OHCA's expansion funding, as part of that funding comes from the SHOPP payment.

- Work Requirements: Oklahoma currently has a state law that directs agencies to submit a work requirements waiver through CMS, which has been sitting there for several years. Oklahoma is waiting for guidance on what the feds think that program should look like. Once that has been decided, Oklahoma will modify its waiver as necessary.

OHCA staff met with OHS yesterday to discuss opportunities to work together from a technology and partnership standpoint to make sure we're not reinventing the wheel for some of the members where we may have overlap.

Stakeholder Engagement:

- Cross-Systems Hope and Well-Being Listening Session: This is an initiative that is being led by the First Lady, and includes representatives from OHCA, Department of Human Services, Department of Mental Health, and OJA. This initiative will help with how Oklahoma can best serve its members with the most complex conditions. Tanesha Hooks is OHCA's representative.
- State Charitable Campaign: Is something Oklahoma does annually in partnership with the United Way Foundation statewide. CEO Buettner stated that she was this year's co-chair and had incredible support from the OHCA and EGID teams. The State raised over $300,000 and had an increased participation rate.
- LOFT: The Department of Mental Health and Substance Abuse Services (DMHSAS) recently informed the Governor and Legislature that they had a potential budget shortfall they are working through with LOFT. This shortfall is primarily related to the Title XIX program. As of today, OHCA has received $22 million in invoiced payments, with another $6 million expected this week or next to bring them current with any past due balance. Mr. Richards and CEO Buettner are working with the DMH CFO and the Commissioner to ensure that everyone is on the same page in terms of expectations over the next couple of months in terms of invoice payments.

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For more detailed information, see attachment "A" of the board packet.

ITEM 4 / LEGISLATIVE UPDATE
Christina Foss, Chief of Staff

Ms. Foss provided an update on OHCA's current request bills. She informed the board that this is a deadline week, which requires all bills to be heard outside of their chamber of origin. OHCA has quite a few bills that have fiscal impacts to the agency, whether it's on the Medicaid side or Health Choice side. Currently, OHCA has a fiscal impact of about $78 million and EGID has an impact of about $100 million.

OHCA Bills

- HB 2052: This bill exempts the Medicaid Managed Care plans from Title 36, the insurance provisions related to coverage and benefits.
- HB 1810: This bill updates the changes to certain provisions of the managed care law that were approved during last year's legislative session. This bill updates the prior authorization timeline of 24-hours to 72-hours. This would fall in line with some of the other prior authorization requirements that are already in law for other plans.
- SB 56: This bill establishes the paid family caregiver program. There has been a lot of policy work done in the interim so OHCA can get the program up quickly.
- SB 903: This bill adds a couple of members to OHCA's Medical Advisory Committee per CMS rules.

EGID Bills

- HB 1161: This bill is not necessarily related directly to Health Choice but is part of a broader conversation of insurance mandates in general. This bill would require an actuarial analysis of any health insurance mandate put into place.
- HB 1808: This bill affects both Medicaid and Health Choice and would bring Health Choice in line with a 24-hour turnaround time for urgent prior authorization requests for drugs and keeps prior authorizations open for three years.
- SB 789: This bill is related to PBMs and has a large fiscal impact. The OHCA team is monitoring this bill closely because not only does it affect Health Choice, but there have been conversations on whether it would affect the SoonerSelect plans. This bill increases drug prices to 106% of NADAC pricing and increases dispensing fees to $15.

Chaiman Nuttle asked who monitors unfunded mandates. Ms. Foss stated that House and Fiscal staff contact OHCA for the fiscal impacts and do keep track of them. The Senate also monitors that information.

ITEM 5 / DISCUSSION OF REPORT FROM THE PHARMACY ADVISORY COMMITTEE
Dr. Jeff Cruzan, Pharmacy Committee Member

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 "B")

Item:	Drug Name:	Used For:
i.	Ebglyss™ (Lebrikizumab-lbkz)	Atopic Dermatitis
ii.	Ohtuvayre™ (Ensifentrine)	Chronic Obstructive Pulmonary Disease
iii.	Nemluvio® (Nemolizumab-ilto)	Prurigo Nodularis
iv.	Lenmeldy™ (Atidarsagene Autotemcel) Miplyffa™ (Arimoclomol) Aqneursa™ (Levacetylleucine)	Metachromatic Leukodystrophy (MLD) Niemann-Pick Disease (NPD) NPD
v.	Yorvipath® (Palopegteriparatide)	Hypoparathyroidism
vi.	Fabhalta® (Iptacopan) Piasky® (Crovalimab-akkz) Voydeya™ (Danicopan)	Paroxysmal Nocturnal Hemoglobinuria (PNH) / Immunoglobin A Nephropathy (IgAN) PNH PNH
vii.	Tryngolza™ (Olezarsen)	Familial Chylomicronemia Syndrome (FCS)
viii.	Tevimbra® (Tislelizumab-jsgr) Vyloy® (Zolbetuximab-clzb) Ziihera® (Zanidatamab-hrii)	Metastatic Esophageal Squamous Cell Carcinoma (ESCC) Gastroesophageal Junction Adenocarcinoma (GEJA) Biliary Tract Cancer (BTC)
ix.	Fyarro® (Sirolimus Protein-Bound Particles for Injectable Suspension) Niktimvo™ (Axatilimab-csfr) Ojemda™ (Tovorafenib) Tecelra® (Afamitresgene Autoleucel) Voranigo® (Vorasidenib)	Perivascular Epithelioid Cell Tumor (PEComa) Chronic Graft-Versus-Host Disease (cGVHD) Low-Grade Glioma (LGG) Synovial Sarcoma (SS) Astrocytoma
x.	Labetalol Hydrochloride 400mg Tablet Nexiclon™ XR [Clonidine Extended-Release (ER)] Tryvio™ (Aprocitentan)	Hypertension (HTN) HTN HTN

MOTION: Member Jolley moved for approval of item 5ai-x as published. The motion was seconded by Member Christ.

FOR THE MOTION: Chairman Nuttle, Vice-Chairman Yaffe, Member Case, Member Christ, Member Corbett, Member Cruzan, Member Jolley, Member Kennedy, Member Leland

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

ITEM 6 / DISCUSSION OF REPORT FROM THE COMPLIANCE ADVISORY COMMITTEE
Phil Kennedy, Compliance Advisory Committee Chairman

Chairman Kennedy provided the Compliance Committee Update, which included information on OHCA Financials, Program Integrity, and the State Plan Amendment Rate Committee Rate.

OHCA Financials: For the period ending January 31st, 2025, the OHCA's expenditures were 0.7% over budget while revenues were 0.5% over budget. This gives the agency a negative budget variance of $11.2 million. We continue to

focus on timely collection while monitoring our cash flow as we spend our cash reserves from Fund 340. The committee also received a briefing from Commissioner Friesen and her team from DMH. As of today, OHCA has received $22 million of their past due balance. CEO Buettner and Mr. Richards continue to work with them to ensure payments continue. Vice-Chairman Yaffe asked for an aging report of other state agency accounts receivables to be presented moving forward. He asked how the legislators and Governor's office have reacted. CEO Buettner stated that in terms of the relationship, and how the money flows in the Medicaid program between OHCA and the other state agencies, there are some who were aware that this was the way is has been set up, and there were others who either needed a reminder or where just learning about it. The feedback OHCA has received is that they think it would make more sense to have at least DMH dollars, maybe even the largest portion of it back with the OHCA.

Internal Audit: Internal audit communicated that the State Auditor and Inspector's Office plans to issue the state fiscal year 2023 Single Audit at the end of March. Twelve anticipated findings were presented. Corrective action has already been implemented for five of the findings. Three of the findings have anticipated corrective action implementation by June 30, 2025, while corrective action for the remaining four findings is anticipated by December 31, 2025.

Program Integrity: PERM is currently wrapping up. The data processing and medical review portions are both complete. Data processing had no errors, while medical review had three errors. These payment errors are 0.03% of the total dollars reviewed. Eligibility was also completed last week, with all 230 cases deemed correct. We anticipate the official results will be distributed to states late this calendar year.

a) 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. Care Management and Electronic Visit and Verification Services: Member Cruzan asked for clarification as to who this portal is for. Mr. Miller stated that this is a member portal and is only for OHCA's critically ill members.

    ii. Call Center Services: Member Jolley asked if the amount being presented is a cap amount. Mr. Miller stated that it is an hourly rate, adding that if OHCA's volume increases and it doesn't reduce those by other means, it could go over the amount. Vice-Chairman Yaffe asked if OHCA could withstand 20% or 25%, should federal matching be reduced. CEO Buettner stated that that's definitely a risk, and at which point OHCA would reevaluate whether it has the budget to withstand that. OHCA has various termination provisions in all their contracts that would allow them to have that discussion. Mr. Miller added that the $10.4 million is a fixed amount. Vice-Chairman Yaffe asked if this would be something OHCA would seek supplemental appropriations for if federal matching was reduced. CEO Buettner stated that for this contract, specifically, OHCA would attempt to find other opportunities within its budget.

MOTION:	Member Jolley moved to approve item 6ai as published. The motion was seconded by Member Corbett.
FOR THE MOTION:	Chairman Nuttle, Vice-Chairman Yaffe, Member Case, Member Christ Member Corbett, Member Cruzan, Member Kennedy, Member Jolley Member Leland
MOTION:	Member Jolley moved to approve item 6aii as published. The motion was seconded by Member Case.
FOR THE MOTION:	Chairman Nuttle, Vice-Chairman Yaffe, Member Case, Member Christ Member Corbett, Member Cruzan, Member Kennedy, Member Jolley Member Leland

For more detailed information of the contracts, see Attachment "C" of the board packet.

ITEM 7 / DISCUSSION OF REPORT FROM THE ADMINISTRATIVE RULES ADVISORY COMMITTEE AND POSSIBLE ACTION REGARDING AGENCY RULEMAKING

Tanya Case, Chair, Administrative Rules Advisory Committee

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 "D")

i. APA WF # 25-02 A&B ADvantage Waiver Policy Revisions: Member Jolley asked if the increase to two meals was statutorily required. Mr. Ward stated that it was not statutorily required, however OHCA staff recognized that there were issues with members receiving meals with a lack of shortage of caregivers during the public health emergency.
ii. APA WF # 25-03 SoonerSelect Policy Revisions
iii. APA WF # 25-05 Nursing Facility Durable Medical Equipment (DME) Revision

MOTION: Member Jolley moved to approve the emergency rules listed in item 7ai-iii, as published. The motion was seconded by Member Kennedy.

FOR THE MOTION: Chairman Nuttle, Vice-Chairman Yaffe, Member Case, Member Christ Member Corbett, Member Cruzan, Member Kennedy, Member Jolley Member Leland

MOTION: Member Corbett motioned to approve the declaration of a compelling public interest for the promulgation of the emergency rules in item 7ai-iii. The motion was seconded by Vice-Chairman Yaffe.

FOR THE MOTION: Chairman Nuttle, Vice-Chairman Yaffe, Member Case, Member Christ, Member Corbett, Member Cruzan, Member Jolley, Member Kennedy, Member Leland

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

ITEM 8 / DISCUSSION OF REPORT OF THE STRATEGIC PLANNING & OPERATIONAL ADVISORY COMMITTEE
Marc Nuttle, OHCA Board Chairman

Chairman Nuttle asked Sarah Walker, Clinical Outcomes Manager, to provide an update on Primary Care Spend. The update included information on Primary Care Spending/Expenses, Primary Care Definition, Claims Based and Non-Claims Based Progress, Claims Based Primary Care Spending History, and Claims Based and Non-Claims Based Primary Care Current Work.

Chairman Nuttle informed the board that the Attorney General's office has not commented on the dual role Chairman Nuttle currently holds, OHCA Board Chairman and Senior Advisor to DOGE-OK.

For More detailed information, see Attachment "E" of the board packet.

ITEM 9 / ADJOURNMENT
Marc Nuttle, OHCA Board Chairman

MOTION: Member Jolley moved to adjourn. The motion was seconded by Member Corbett

FOR THE MOTION: Chairman Nuttle, Vice-Chairman Yaffe, Member Case, Member Christ Member Corbett, Member Cruzan, Member Kennedy, Member Jolley Member Leland

Meeting adjourned at 3:39 p.m., 3/26/2025.

NEXT BOARD MEETING
May 21, 2025
Oklahoma Health Care Authority
4345 N. Lincoln Blvd
Oklahoma City, OK 73105

Martina Ordonez
Board Secretary

Minutes Approved: _____

*Initials:*_____

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CHIEF EXECUTIVE OFFICER REPORT

Ellen Buettner

May 21, 2025

MEMBER MOMENT

OHCA KEY PRINCIPLES

PASSION FOR PURPOSE

Our purpose is to facilitate quality health care services regardless of ability to pay and create opportunities for our members to attain healthy outcomes.

Empowerment & accountability

We follow through on commitments and take responsibility for our decisions, prioritizing member needs, fiscal stewardship and respect for others.

TRUST & TRANSPARENCY

We are committed to principles of open government by providing consistent and accurate communication to our members, stakeholders and the public.

Best in class & outcome-driven

We strive each day to find ideas and solutions that will drive positive health outcomes for Oklahoma.

SERVANT LEADERSHIP

We strive to help each member of our team achieve personal and professional success. We lead by example for our co-workers, members and stakeholders.

KEY INITIATIVES

- Senior Staff Recruitment
- SoonerSelect Update
- Federal Updates
- Program Integrity
- Budget & Legislation

STAKEHOLDER ENGAGEMENT

- MCE Partners
- State Agency Leadership
- FreshRx
- Oklahoma Primary Care Association
- Healthcare Financial Management Association
- George Kaiser Family Foundation
- National Academy of State Health Policy Advisors
- Provider Engagement
- Oklahoma Pediatric Therapy Advocacy Group

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

MEDICAID DIRECTOR UPDATE

May 21, 2025

FEDERAL UPDATE

CONGRESSIONAL ACTION

- House Energy and Commerce passed their portion of the Budget Reconciliation legislation.
- The Congressional Budget Office released a preliminary score of the legislation estimating $912 billion in federal savings over 10 years and a coverage reduction of 7.7 million people by 2034.
- Some members have requested changes to the legislation, including faster implementation deadlines for Medicaid work and community engagement requirements and restrictions on coverage of undocumented immigrants.
- The House may vote on the package this week, with Speaker Johnson aiming to pass the bill before the Memorial Day recess on Thursday.
- House Speaker has commented that large FMAP decreases and per capita caps are off the table.

Potential Timelines for Action

NAMD
National Association of Medicaid Directors

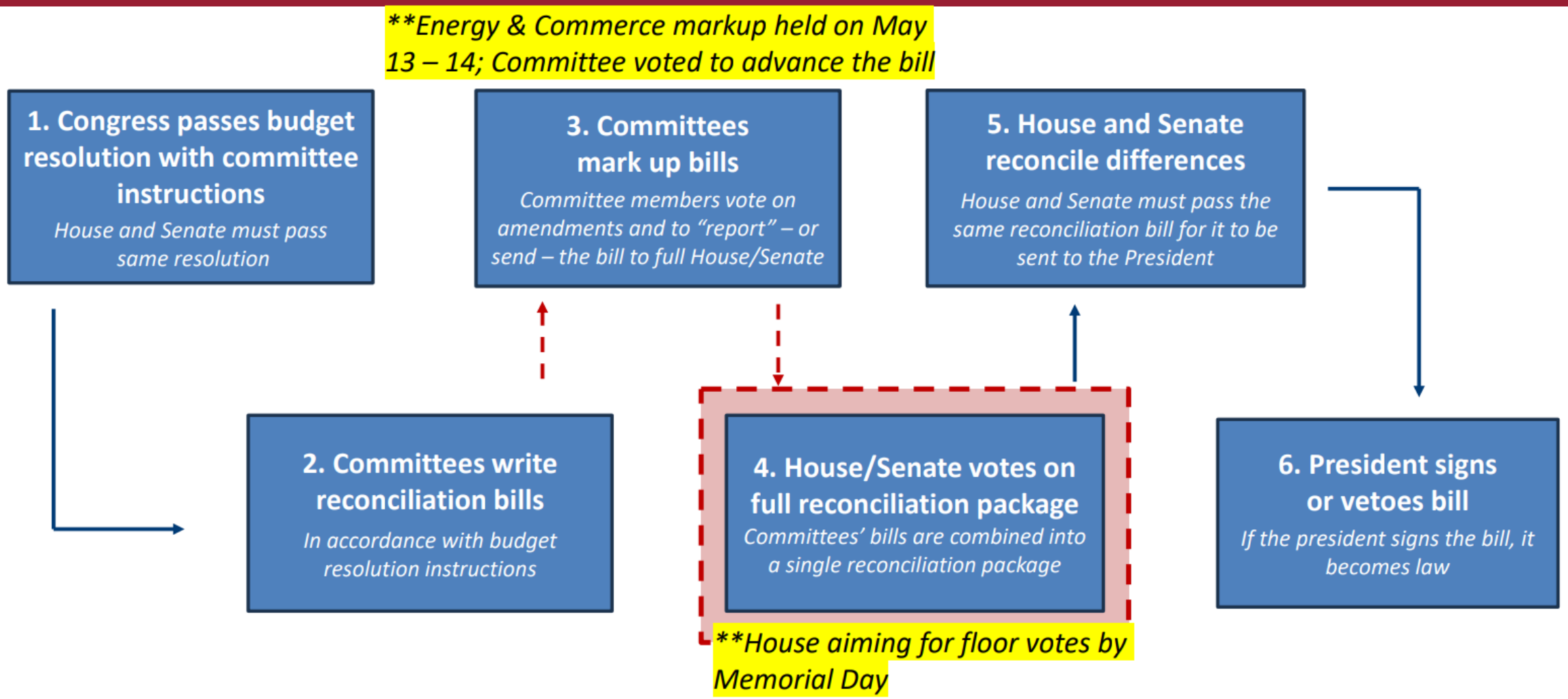
April 2025
House and Senate expected to pass unified budget resolution

Spring/Summer 2025
Committees draft legislation; Senate and House vote on reconciliation packages; Senate and House resolve differences in legislation via formal processes (conference committees) or informal negotiations

September 30, 2025
Deadline for action on FFY25 reconciliation instructions

May 2025 - October 2025
Congress must take action to raise the debt ceiling before the "X date." Action on the debt ceiling may be included in the reconciliation package, which would ***substantially increase pressure on Congress to pass a reconciliation package by summer.*** *The exact date for the debt ceiling being reached is not currently known, but is estimated to be in the summer.*

Budget Reconciliation Process



CONGRESSIONAL ACTION

- Limiting provider taxes.
- State Directed Payments.
- Excluding noncitizens from eligibility.
- Requiring states to make eligibility checks more frequently for expansion adults.
- Cost-sharing for adults not to exceed 5% of income.
- Modifying retroactive coverage.
- Moratorium on implementation of rule relating to staffing standards for long-term care facilities under the Medicare and Medicaid programs.
- Prohibiting federal funding for gender transition procedures for minors.
- Prohibiting reimbursing community health providers like Planned Parenthood that provide family planning and abortion services.
- Mandatory work requirements.

COMMUNITY ENGAGEMENT REQUIREMENTS

- Oklahoma considerations:
  - Constitutional language
  - Exemptions
- U.S. House Energy and Commerce Committee projects $10m annual decrease in total program expenditure.
- Operational impacts:
  - Working with other state agencies
- Proposal: 80 hours per month.

COMMUNITY ENGAGEMENT REQUIREMENTS

Community Engagement requirements apply to able-bodied adults without dependents. Does not apply to:

- Pregnant women.
- Individuals under the age of 19 or over the age of 64.
- Foster youth and former foster youth under the age of 26.
- Members of a tribe.
- Individuals who are considered medically frail.
- 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 or an individual with a disability.
- Incarcerated or recently released from incarceration within past 90 days.

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Drug Utilization Review Board Meetings – April 9, 2025

Vote Item	Drug	Used for	Cost*	Notes
1	Aucatzyl® (Obecabtagene Autoleucel)	• **acute lymphoblastic leukemia (ALL):** ALL is a type of cancer of the blood and bone marrow. Acute lymphocytic leukemia is the most common type of cancer in children. *19 members with diagnosis*	• $525,000 per 1 treatment regimen *Budget impact estimate: $1,050,000 per year*	• Not first line±
	Danziten™ (Nilotinib)	• **chronic myeloid leukemia (CML):** CML is a type of cancer of the blood and bone marrow. About 15% of leukemias in adults are CML. *20 members with diagnosis*	• $234,328 per year *Budget impact estimate: $468,656 per year*	• Used in patients in chronic or accelerated phase of CML
	Grafapex™ (Treosulfan)	• **acute myeloid leukemia (AML):** AML is a type of cancer of the blood and bone marrow. AML is one of the most common leukemias in adults. *97 members with diagnosis:*	• $32,940 per 1 treatment regimen *Budget impact estimate: $1,647,000 per year*	• Used in combination with other therapy
	Revuforj® (Revumenib)	• **Acute Leukemia (AL):** AL is a type of cancer of the blood and bone marrow. AL encompasses AML and ALL. *49 members with diagnosis*	• $947,995 per year *Budget impact estimate: $2,843,985 per year*	• Not first line±
	Rytelo® (Imetelstat)	• **Myelodysplastic syndromes (MDS):** MDS, also known as myelodysplastic neoplasms, are conditions that can occur when the blood-forming cells in the bone marrow become abnormal, resulting in the marrow not making enough healthy new blood cells. This leads to low levels of one or more types of blood cells. MDS is	• $397,040 per year *Budget impact estimate: $3,970,400 per year*	• Not first line±

		considered a type of cancer. *121 members with diagnosis*		
2	Kebilidi™ (Eladocagene Exuparvovec-tneq)	• **Aromatic L-amino Acid Decarboxylase (AADC) Deficiency:** AADC deficiency is a very rare inherited disorder that affects the way nerve cells (neurons) transmit information to other cells. Signs and symptoms usually appear within the first 6 months of life. Approximately 350 people with this condition have been reported in the literature. *No members with diagnosis*	• $3,950,000 per 1 treatment *Budget impact estimate: None*	• Only other treatments available are used to manage symptoms
3	Crenessity™ (Crinecerfont)	• **Congenital Adrenal Hyperplasia (CAH):** CAH encompasses a group of autosomal recessive conditions caused by genetic mutations that disrupt enzymes responsible for producing glucocorticoids, mineralocorticoids, and sex steroids from cholesterol in the adrenal glands. *39 members with diagnosis*	• $459,993 per year *Budget impact estimate: $17,939,750 per year*	• Approved in patients 4 years and older
4	Ctexli™ (Chenodiol)	• **Cerebrotendinous Xanthomatosis (CTX):** CTX is a rare autosomal recessive lipid storage disease associated with abnormally high cholestanol levels in the blood that accumulates in the nervous system and other organ systems. The cholestanol accumulates most notably in the brain, tendons, eyes, arteries and accounts for a broad spectrum of clinical manifestations. The presentation may range from infantile-onset diarrhea, juvenile-onset cataracts, tendon xanthomas, and progressive neurologic	• $644,403 per year *Budget impact estimate: none*	• FDA approved in adults

	Iqirvo® (Elafibranor)	impairments. *No members with diagnosis* • **Primary Biliary Cholangitis (PBC):** PBC is a chronic and progressive condition that causes inflammation and, eventually, the destruction of the bile ducts that run through your liver. Without working bile ducts, bile backs up in your liver, causing liver damage. This can lead to cirrhosis of the liver. *74 members with diagnosis*	• $137,520 per year *Budget impact estimate: $4,125,600 per year*	• Not first line±
	Livdelzi® (Seladelpar)	• **PBC**	• $151,272 per year *Budget impact estimate: $453,816 per year*	• Not first line±

*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.
±Not first line: The patient must have failed treatment with other therapy first per FDA approval.

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Pharmacy Agenda Items

Recommendation 1: Vote to Prior Authorize Aucatzyl®, Danziten™, Grafapex™, Revuforj®, and Rytelo®

The Drug Utilization Review Board recommends the prior authorization of Aucatzyl® (Obecabtagene Autoleucel), Danziten™ (Nilotinib), Grafapex™ (Treosulfan), Revuforj® (Revumenib), and Rytelo® (Imetelstat) with the following criteria:

Aucatzyl® (Obecabtagene Autoleucel) Approval Criteria [Acute Lymphoblastic Leukemia (ALL) Diagnosis]:

1. Diagnosis of B-cell precursor ALL; and
2. Disease is relapsed or refractory; and
3. Member has not received any prior CD19-directed CART product; and
4. Approvals will be for 1 split dose infusion per member per lifetime.

Danziten™ (Nilotinib) Approval Criteria [Chronic Myeloid Leukemia (CML) Diagnosis]:

1. Diagnosis of CML; and
2. Member must have 1 of the following:
    a. Newly diagnosed chronic, accelerated, or blast phase CML; or
    b. Philadelphia chromosome positive (Ph+) CML chronic phase (CP) resistant or intolerant to prior tyrosine-kinase inhibitor (TKI) therapy; or
    c. Post-hematopoietic stem cell transplant; and
3. A patient-specific, clinically significant reason the member cannot use Tasigna® (nilotinib) must be provided.

Grafapex™ (Treosulfan) Approval Criteria [Acute Myeloid Leukemia (AML) or Myelodysplastic Syndromes (MDS) Diagnosis]:

1. Diagnosis of AML or MDS; and
2. Used in combination with fludarabine as preparative regimen prior to allogenic hematopoietic stem cell transplantation (HSCT); and
3. Member is 1 year of age or older; and
4. Member's recent body surface area (BSA) must be provided.

Revuforj® (Revumenib) Approval Criteria [Acute Leukemia Diagnosis]:

1. Diagnosis of acute myeloid leukemia (AML) or acute lymphoblastic leukemia (ALL); and
2. Disease is relapsed or refractory; and
3. Leukemia is positive for a lysine methyltransferase 2A gene (KMT2A) translocation; and
4. Member is 1 year of age or older; and
5. Member's recent weight (kg) must be provided; and

a. For members weighing <40kg, the member's recent body surface area (BSA) must be provided in order to authorize the appropriate amount of drug.

Rytelo® (Imetelstat) Approval Criteria [Myelodysplastic Syndromes (MDS) Diagnosis]:

1. Diagnosis of low- to intermediate-1 risk MDS; and
2. Experiencing transfusion-dependent anemia requiring 4 or more red blood cell units over 8 weeks; and
3. Have not responded, have lost response, or are ineligible for erythropoiesis-stimulating agents (ESAs).

Recommendation 2: Vote to Prior Authorize Kebilidi™

The Drug Utilization Review Board recommends the prior authorization Kebilidi™ (Eladocagene Exuparvovec-tneq) with the following criteria:

Kebilidi™ (Eladocagene Exuparvovec-tneq) Approval Criteria:

1. An FDA approved diagnosis of aromatic L-amino acid decarboxylase (AADC) deficiency; and
2. Diagnosis must be confirmed by
    a. Genetic testing confirming biallelic pathogenic or likely pathogenic mutations in the DDC gene (results of genetic testing must be submitted); and
    b. Functional confirmation with measured diagnostic variations in AADC enzyme activity in plasma and/or levels of neurotransmitter metabolites in cerebrospinal fluid (CSF) (results of testing must be submitted); and
3. Member must be 16 months of age or older; and
4. Female members of reproductive potential must not be pregnant and must have a negative pregnancy test prior to Kebilidi™ administration; and
5. Must be prescribed by a neurologist, neurosurgeon, or a specialist with expertise in the treatment of AADC deficiency; and
6. Prescriber must verify the member has confirmed skull maturity as assessed by neuroimaging; and
7. Must be administered by intraputaminal infusion in a medical center that specializes in stereotactic neurosurgery in addition to the preparation and infusion of Kebilidi™; and
8. Must be shipped via cold chain supply to the facility where the member is scheduled to receive treatment, and the facility must be capable of adhering to the storage, handling, and preparation requirements as described in the package labeling; and

9. Must only be administered using an FDA-authorized cannula for intraparenchymal infusion (e.g., ClearPoint® SmartFlow® Neuro Cannula); and
10. Approvals will be for 1 treatment per member per lifetime.

Recommendation 3: Vote to Prior Authorize Crenessity™

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

Crenessity™ (Crinecerfont) Approval Criteria:

1. An FDA approved indication as adjunctive treatment to glucocorticoid replacement to control androgens in members with classic congenital adrenal hyperplasia (CAH); and
2. A diagnosis of classic CAH due to 21-hydroxylase deficiency (21-OHD) must be confirmed by 1 of the following (results of the selected test must be submitted with the request):
    a. Elevated 17-hydroxyprogesterone (17-OHP); or
    b. Elevated 17-OHP following a cosyntropin stimulation test; or
    c. Genetic testing identifying biallelic pathogenic variants in the CYP21A2 gene; or
    d. Positive newborn screening with confirmatory second-tier testing; or
    e. Submitted historical documentation confirming the diagnosis; and
3. Member must be 4 years of age or older and weigh ≥10kg; and
    a. For members who require weight-based dosing, the member's recent weight must be provided on the prior authorization request; and
4. Crenessity™ must be prescribed by, or in consultation with, an endocrinologist (or an advanced care practitioner with a supervising physician who is an endocrinologist); and
5. Prescriber must verify that member will continue glucocorticoid replacement therapy concomitantly with Crenessity™ and the member will be monitored for signs of acute adrenal insufficiency or adrenal crisis; and
6. For the oral solution, members weighing ≥55kg (or ≥20kg if on concomitant CYP3A4 inducers) will require a patient-specific, clinically significant reason why the capsule formulation cannot be used; and
7. A quantity limit of 60 capsules or 60mL per 30 days will apply; and
    a. For members who require increased doses above 100mg twice daily, a quantity limit override may be approved with documentation that the member is taking a strong or moderate CYP3A4 inducer (e.g., rifampin, carbamazepine, phenytoin, St.

John's wort, phenobarbital, primidone) concomitantly with Crenessity™; and

8. Initial approvals will be for the duration of 6 months. Reauthorization may be granted if the prescriber documents that the member is responding well to therapy as indicated by a decrease in glucocorticoid daily dose from baseline or a decrease in serum androstenedione levels from baseline. Subsequent approvals will be for the duration of 1 year.

Recommendation 4: Vote to Prior Authorize Ctexli™, Iqirvo®, and Livdelzi®

The Drug Utilization Review Board recommends the prior authorization Ctexli™ (Chenodiol), Iqirvo® (Elafibranor), and Livdelzi® (Seladelpar) with the following criteria:

Ctexli™ (Chenodiol) Approval Criteria:

1. An FDA approved diagnosis of cerebrotendinous xanthomatosis (CTX); and
    a. Diagnosis must be confirmed by genetic testing identifying biallelic pathogenic variants in the CYP27A1 gene (results of genetic testing must be submitted); and
2. Member must be 16 years of age or older; and
3. Must be prescribed by a neurologist, geneticist, or other specialist with expertise in the treatment of CTX (or an advanced care practitioner with a supervising physician who is a neurologist, geneticist, or other specialist with expertise in the treatment of CTX); and
4. Prescriber must agree to obtain baseline liver transaminase, including alanine aminotransferase (ALT) and aspartate aminotransferase (AST), and total bilirubin levels prior to initiating treatment; and
5. Prescriber must agree to monitor liver transaminase and total bilirubin levels yearly and as clinically indicated and will interrupt or discontinue treatment with Ctexli™, if appropriate, per package labeling; and
6. Member must not be using bile acid sequestering agents (e.g., cholestyramine, colestipol) or aluminum-based antacids concomitantly with Ctexli™; and
7. Initial approvals will be for a duration of 3 months. After 3 months of treatment, subsequent approvals (for a duration of 1 year) may be granted if the prescriber documents the member is responding well to treatment, as indicated by a reduction in cholestanol or bile alcohol levels or documentation of other clinical improvements; and
8. A quantity limit of 90 tablets per 30 days will apply.

Iqirvo® (Elafibranor) Approval Criteria:

1. An FDA approved diagnosis of primary biliary cholangitis (PBC); and

2. Member must be 18 years of age or older; and
3. Member must have elevated alkaline phosphatase (ALP) ≥1.67 times the upper limit of normal (ULN) and total bilirubin (TB) ≤2 times the ULN at baseline; and
4. Must be prescribed by a gastroenterologist, hepatologist, or other specialist with expertise in the treatment of PBC (or an advanced care practitioner with a supervising physician who is a gastroenterologist, hepatologist, or other specialist with expertise in the treatment of PBC); and
5. Member must have taken ursodeoxycholic acid (UDCA) at an appropriate dose for at least 1 year (unless intolerance is documented) with inadequate improvement in liver function tests; and
    a. Prescriber must confirm proper timing of bile acid sequestrants if co-administered with UDCA (4 hours before or 4 hours after) and member compliance with UDCA; and
6. Iqirvo® must be taken in combination with UDCA; or
    a. For Iqirvo® monotherapy consideration, the prescriber must document a patient-specific, clinically significant reason why the member is unable to take UDCA; and
7. Member must not have decompensated cirrhosis (e.g., ascites, variceal bleeding, hepatic encephalopathy); and
8. Prescriber must agree to monitor all of the following:
    a. Muscle pain or myopathy at baseline and periodically during treatment; and
9. Fracture risk and bone health; and
10. Liver function tests at baseline and thereafter; and
11. Female members of reproductive potential must have a negative pregnancy test prior to initiation of therapy, must agree to use effective non-hormonal contraception (or add a barrier method when using hormonal contraception), and must not be breastfeeding during treatment and for 3 weeks following the last dose of Iqirvo®; and
12. A quantity limit of 30 tablets per 30 days will apply; and
13. Initial approvals will be for a duration of 3 months. After 3 months of treatment, further approval (for a duration of 1 year) may be granted if the prescriber documents the member is responding well to treatment, as indicated by improvements in liver function tests.

Livdelzi® (Seladelpar) Approval Criteria:

1. An FDA approved diagnosis of primary biliary cholangitis (PBC); and
2. Member must be 18 years of age or older; and
3. Member must have elevated alkaline phosphatase (ALP) ≥1.67 times the upper limit of normal (ULN) and total bilirubin (TB) ≤2 times the ULN at baseline; and

4. Must be prescribed by a gastroenterologist, hepatologist, or other specialist with expertise in the treatment of PBC (or an advanced care practitioner with a supervising physician who is a gastroenterologist, hepatologist, or other specialist with expertise in the treatment of PBC); and
5. Member must have taken ursodeoxycholic acid (UDCA) at an appropriate dose for at least 1 year (unless intolerance is documented) with inadequate improvement in liver function tests; and
    a. Prescriber must confirm proper timing of bile acid sequestrants if co-administered with UDCA (4 hours before or 4 hours after) and member compliance with UDCA; and
6. Livdelzi® must be taken in combination with UDCA; or
    a. For Livdelzi® monotherapy consideration, the prescriber must document a patient-specific, clinically significant reason why the member is unable to take UDCA; and
7. Member must not have decompensated cirrhosis (e.g., ascites, variceal bleeding, hepatic encephalopathy); and
8. Prescriber must agree to monitor all of the following:
    a. Fracture risk and bone health; and
9. Liver function tests at baseline and thereafter; and
10. Member must not be taking OAT3 inhibitors (e.g., probenecid) or strong CYP2C9 inhibitors concurrently with Livdelzi®; and
11. A patient-specific, clinically significant reason why the member cannot use Iqirvo® (elafibranor) must be provided; and
12. A quantity limit of 30 capsules per 30 days will apply; and
13. Initial approvals will be for a duration of 3 months. After 3 months of treatment, further approval (for a duration of 1 year) may be granted if the prescriber documents the member is responding well to treatment, as indicated by improvements in liver function tests.

SUBMITTED TO THE C.E.O. AND BOARD ON MAY 21, 2025
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	Customer Relationship Management (CRM)
Purpose and Scope	A ninety-day (90) extension to the current contract is requested to facilitate the execution of the new agreement, under which the Oklahoma Health Care Authority (OHCA) will transition to utilizing the statewide contract SW1118. The extension is essential to ensure uninterrupted service delivery and to maintain compliance with all state and federal regulations. Currently Maximus provides critical operational support to OHCA through the management of a Customer Relationship Management (CRM) solution. This includes the operation of a call center that handles interactions with members and prospective members of OHCA's health care benefits programs, contracted or prospective health care providers, allied agencies and organizations, and other relevant stakeholders. This temporary extension is intended to ensure uninterrupted service delivery, allowing for a seamless transition to the new statewide contract framework while maintaining established service standards and regulatory compliance.
Mandate	N/A
Procurement Method	Sole Source Contract Extension
External Approvals	CMS
Contract Term	June 30, 2025, through September 30, 2025

BUDGET

Amount requested for Approval.	Annual Cost $2,562,944.20 Not to exceed total Contract amount
Federal Match Percentage(s) within the Total Contract Not-to-Exceed	75/50%

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 Maximus Health Services Inc. contract as described above for a not-to-exceed amount of $2,562,944.20 for SFY26.

Additional Information

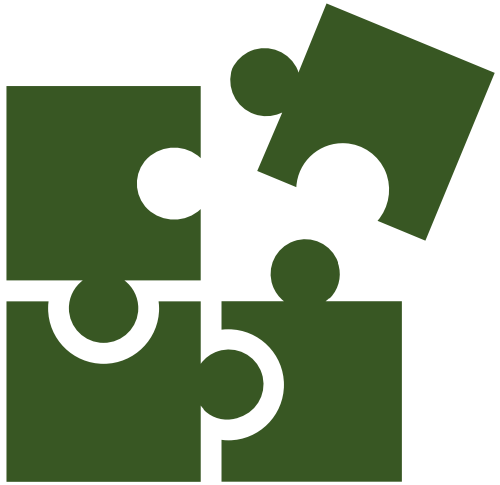
Contract Term, Including all Optional Renewal Years (Oklahoma law limits State Agencies from encumbering funds for more than a single State Fiscal Year. As a result, all State of Oklahoma contracts are entered into for an initial year period with subsequent optional renewal years. Every OHCA professional 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 either $1,000,000.00 or 25%, 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.)

SOONERSELECT DENTAL: A YEAR IN REVIEW

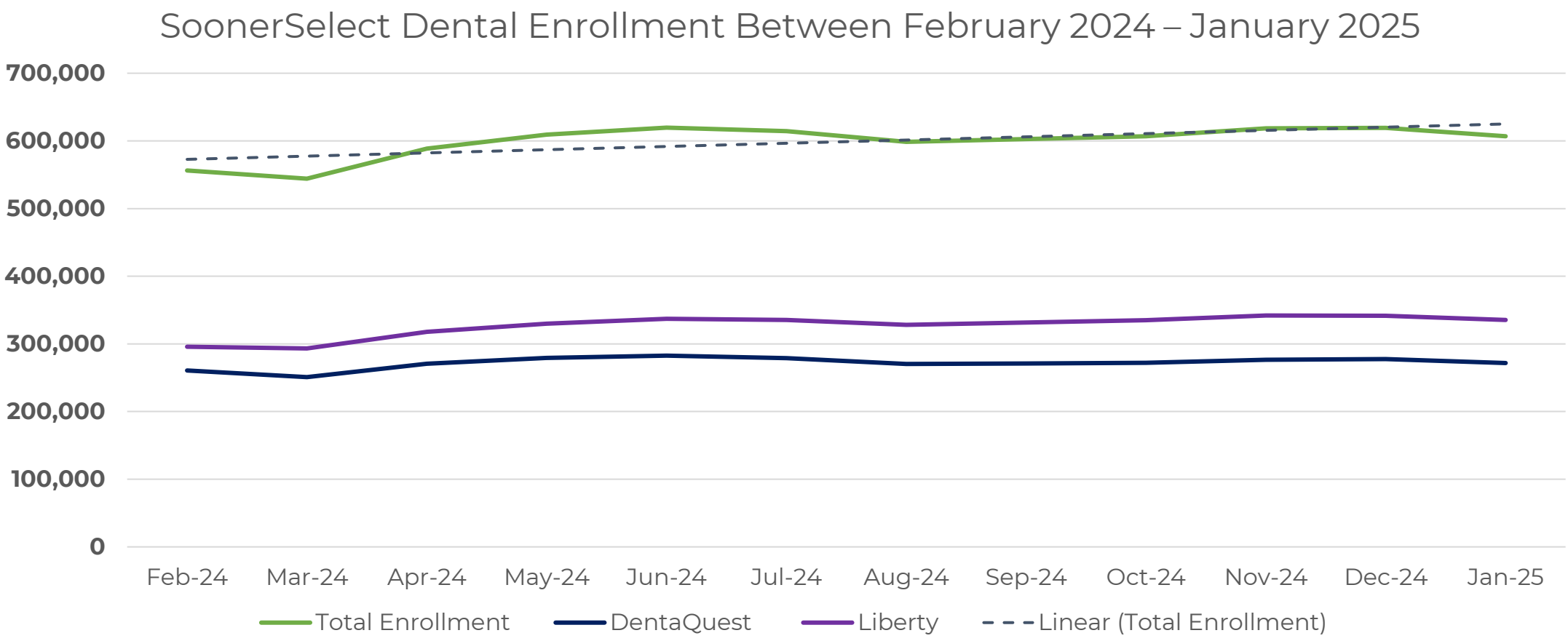
May 2025 Board Report

SOONERSELECT DENTAL

- The SoonerSelect Dental program launched on Feb. 1, 2024, with over 556K members enrolled in a dental plan
- Messaging focused on "**pick a plan**" that fits, encouraging members to make an active selection between one of the 2 dental plan offerings:
  - DentaQuest
  - Liberty Dental Plan



ENROLLMENT


SoonerSelect Dental Enrollment Between February 2024 – January 2025
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Total Enrollment
DentaQuest
Liberty
Linear (Total Enrollment)

REPORTING

- SoonerSelect Dental contract includes robust reporting requirements to allow for monitoring and oversight of contractual requirements
  - Includes 120 regulatory reports
  - Varied cadences including daily (during early implementation), weekly, monthly, quarterly, semi-annually, and annually
- SoonerSelect Operations may also request ad hoc reporting submissions

YEAR 1 ACHIEVEMENTS

- Notable highlights include:

Over 571K claims paid between 2/1/24-1/31/25*

Over 95% of clean claims paid within 0-14 days*

Over $200M in dental expenditures between 2/1/24-3/31/25

Over 180K prior authorization submissions

98% of SoonerCare Dental providers are contracted with at least 1 dental plan**

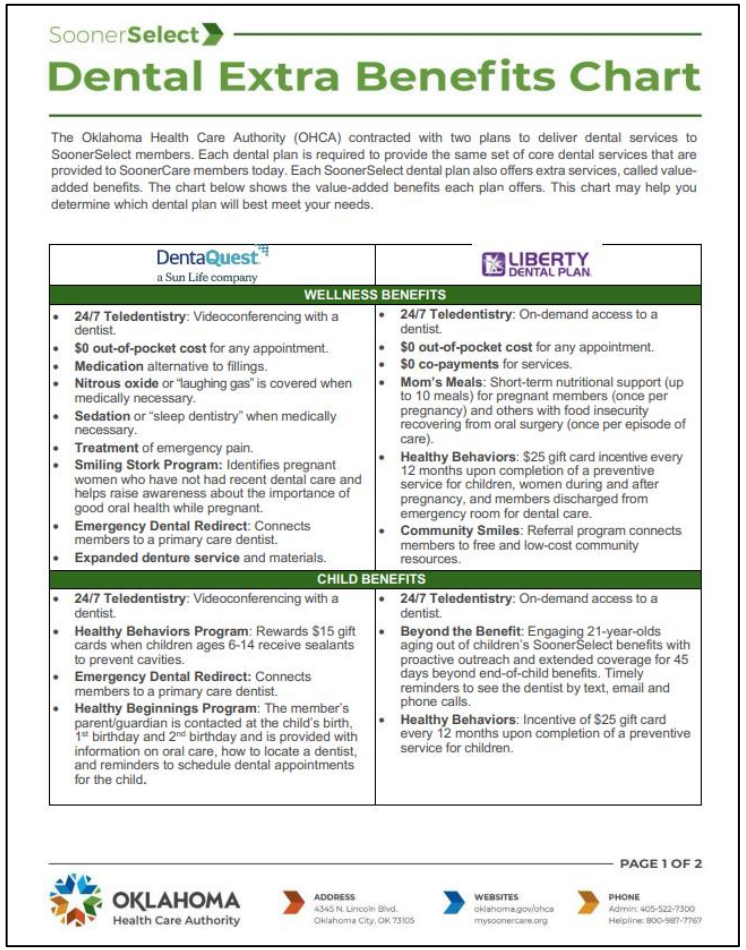
CVO implementation

Dental plan scorecards

* Based on CE reporting
** Based on FFY24 claims data

VALUE-ADDED BENEFITS

- Dental plans also provide extra services, called value-added benefits (VABs), that are in addition to the core set of dental services
  - Waived co-pays
  - Teledentistry
  - Access to additional resources and services
    - Reminder calls
    - Community resources
    - Incentive programs



SoonerSelect

Dental Extra Benefits Chart

The Oklahoma Health Care Authority (OHCA) contracted with two plans to deliver dental services to SoonerSelect members. Each dental plan is required to provide the same set of core dental services that are provided to SoonerCare members today. Each SoonerSelect dental plan also offers extra services, called value-added benefits. The chart below shows the value-added benefits each plan offers. This chart may help you determine which dental plan will best meet your needs.

DentaQuest, a Sun Life company	LIBERTY DENTAL PLAN
WELLNESS BENEFITS	
• **24/7 Teledentistry**: Videoconferencing with a dentist. • **$0 out-of-pocket cost** for any appointment. • **Medication** alternative to fillings. • **Nitrous oxide** or "laughing gas" is covered when medically necessary. • **Sedation** or "sleep dentistry" when medically necessary. • **Treatment** of emergency pain. • **Smiling Stork Program:** Identifies pregnant women who have not had recent dental care and helps raise awareness about the importance of good oral health while pregnant. • **Emergency Dental Redirect**: Connects members to a primary care dentist. • **Expanded denture service** and materials.	• **24/7 Teledentistry**: On-demand access to a dentist. • **$0 out-of-pocket cost** for any appointment. • **$0 co-payments** for services. • **Mom's Meals**: Short-term nutritional support (up to 10 meals) for pregnant members (once per pregnancy) and others with food insecurity recovering from oral surgery (once per episode of care). • **Healthy Behaviors**: $25 gift card incentive every 12 months upon completion of a preventive service for children, women during and after pregnancy, and members discharged from emergency room for dental care. • **Community Smiles**: Referral program connects members to free and low-cost community resources.
CHILD BENEFITS	
• **24/7 Teledentistry**: Videoconferencing with a dentist. • **Healthy Behaviors Program**: Rewards $15 gift cards when children ages 6-14 receive sealants to prevent cavities. • **Emergency Dental Redirect:** Connects members to a primary care dentist. • **Healthy Beginnings Program**: The member's parent/guardian is contacted at the child's birth, 1st birthday and 2nd birthday and is provided with information on oral care, how to locate a dentist, and reminders to schedule dental appointments for the child.	• **24/7 Teledentistry**: On-demand access to a dentist. • **Beyond the Benefit**: Engaging 21-year-olds aging out of children's SoonerSelect benefits with proactive outreach and extended coverage for 45 days beyond end-of-child benefits. Timely reminders to see the dentist by text, email and phone calls. • **Healthy Behaviors**: Incentive of $25 gift card every 12 months upon completion of a preventive service for children.

PAGE 1 OF 2

OKLAHOMA Health Care Authority

ADDRESS 4345 N. Lincoln Blvd. Oklahoma City, OK 73105

WEBSITES oklahoma.gov/ohca mysoonercare.org

PHONE Admin: 405-522-7300 Helpline: 800-987-7767

CE OUTREACH AND COMMUNITY INVOLVEMENT

- Active community involvement
  - Community baby showers
  - MATF participation
- Care management engagement efforts
- Member outreach and education following natural disasters

WHAT'S NEXT?

- Open enrollment is here – key dates include:
  - **May 1, 2025**: Open enrollment begins
  - **June 13, 2025**: Open enrollment ends
  - **July 1, 2025**: Plan selection changes begin on this date

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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OPERATIONAL METRICS

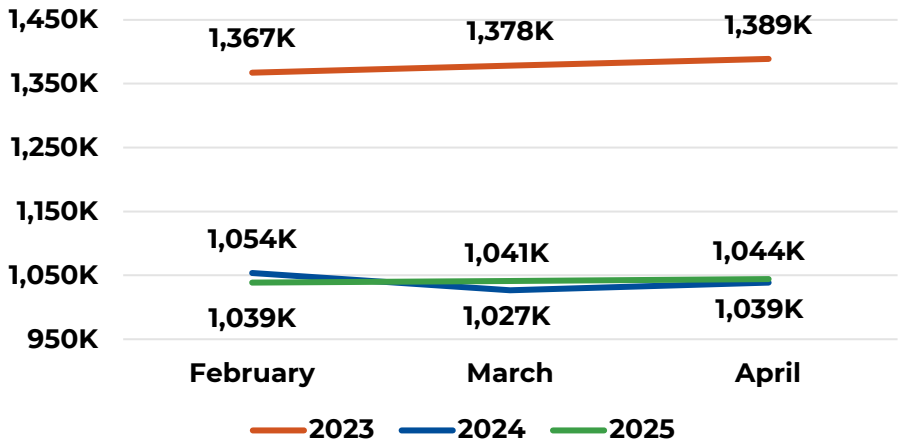
May 2025 Board Meeting

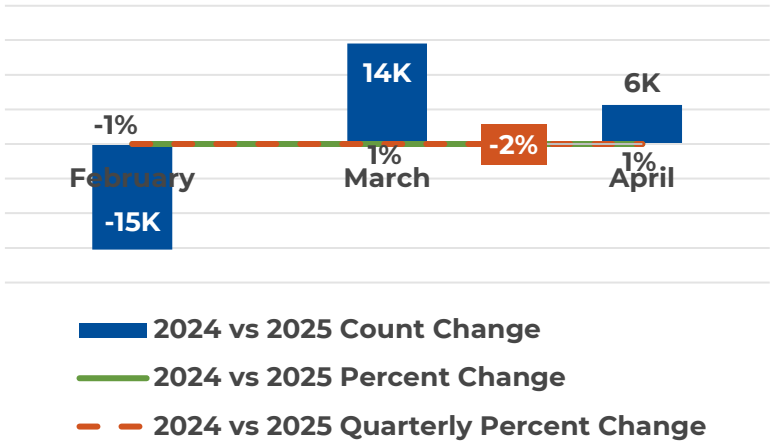
OKLAHOMA HEALTH CARE AUTHORITY

4345 N. LINCOLN BLVD. | OKHCA.ORG |

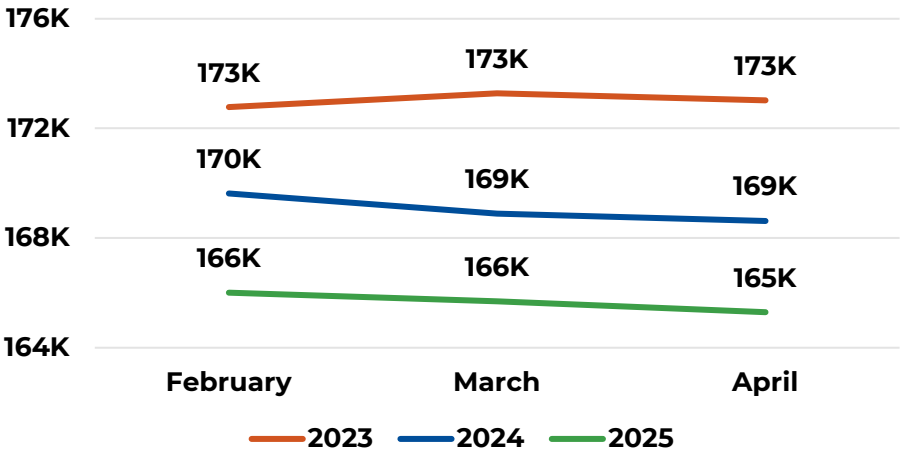
Enrollment & Utilization

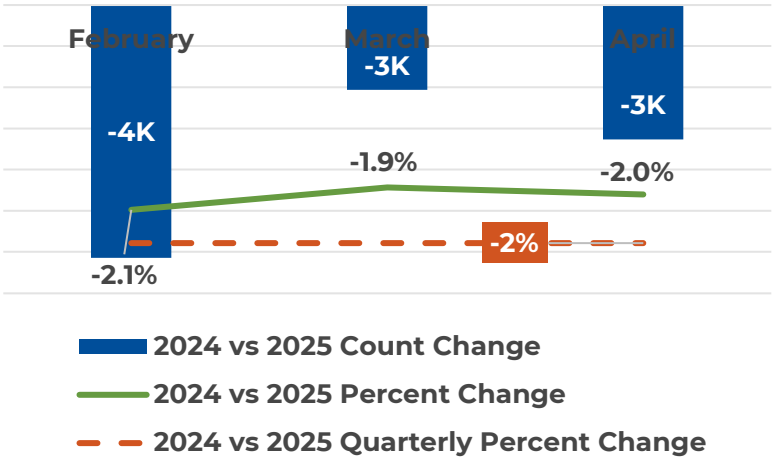
Total Enrolled Members





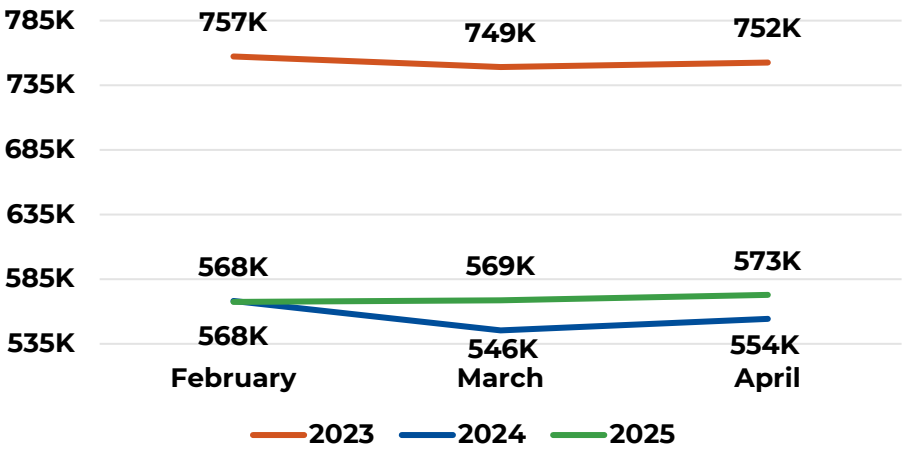
Aged/Blind/Disabled Enrolled

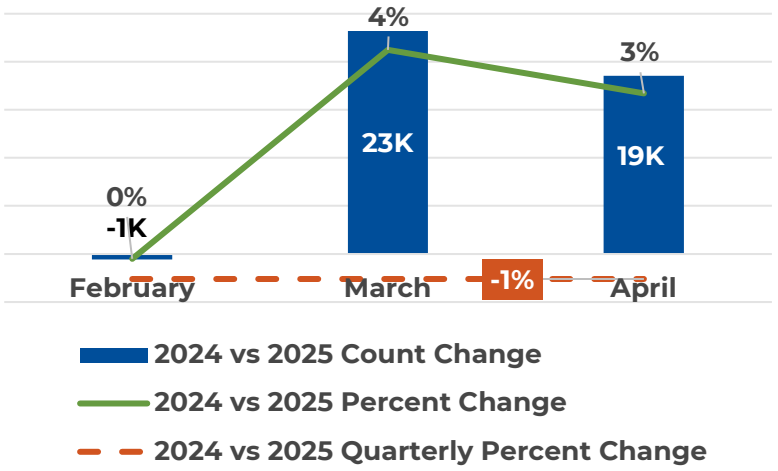




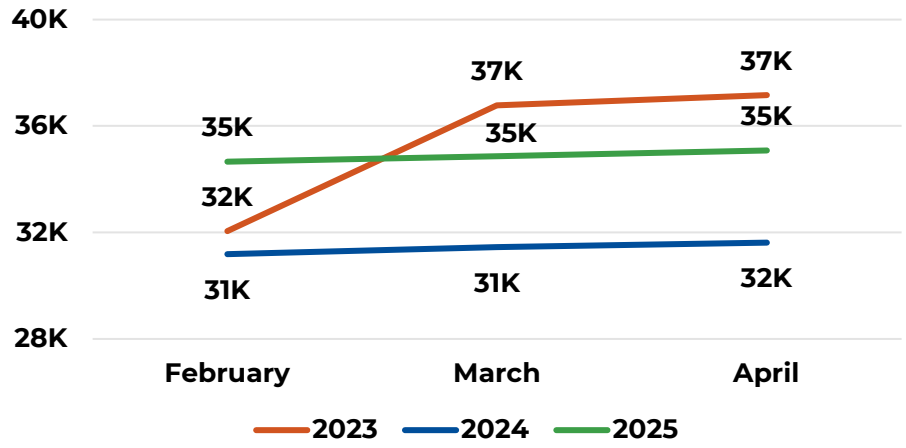
Enrollment & Utilization (Cont.)

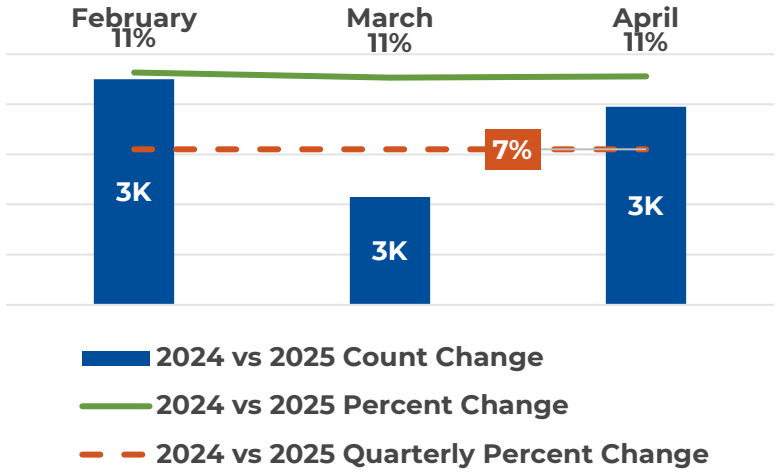
Children & Parent/Caretaker Enrolled





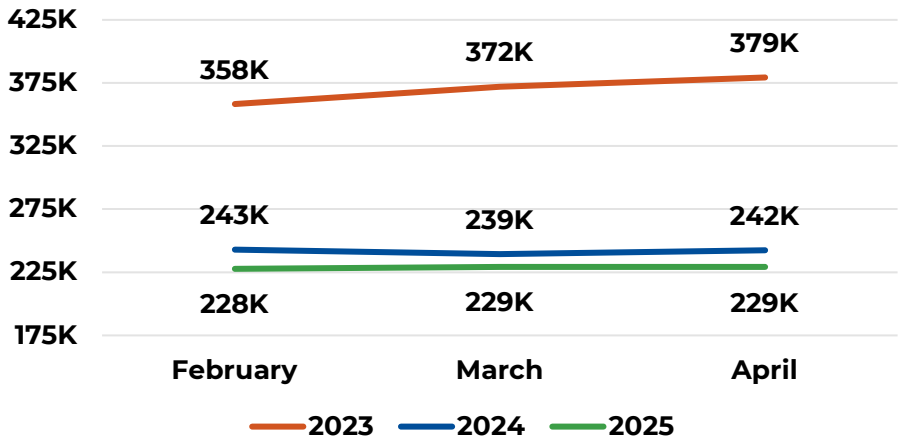
Pregnant (Full Scope) Enrolled

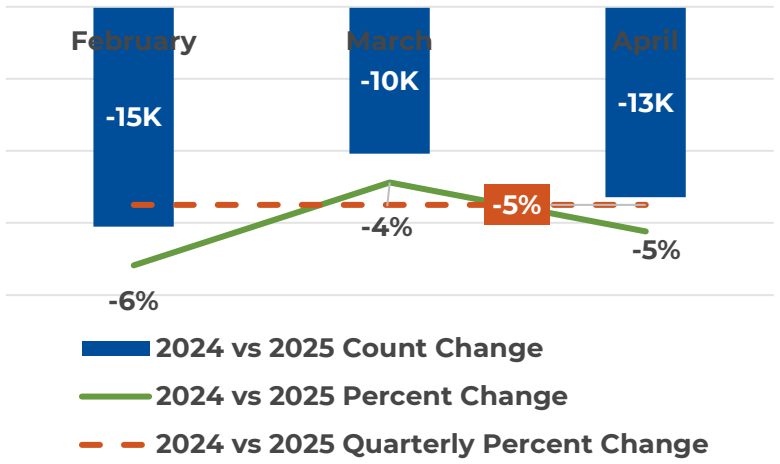




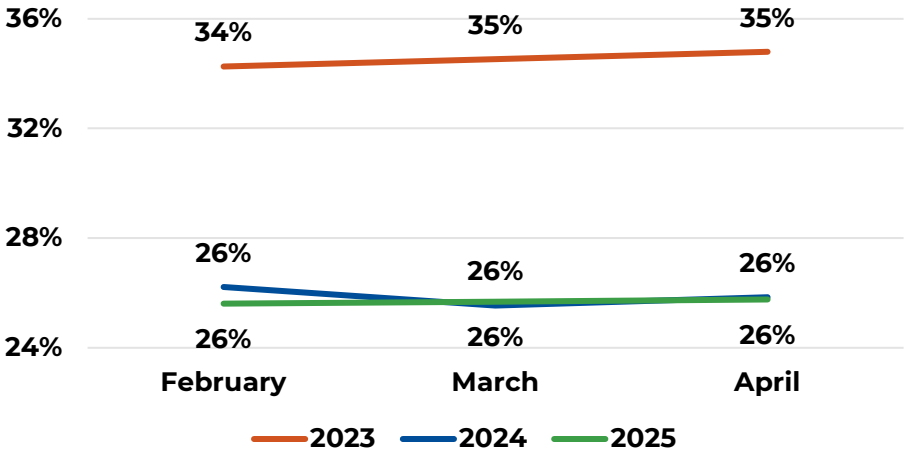
Enrollment & Utilization (Cont.)

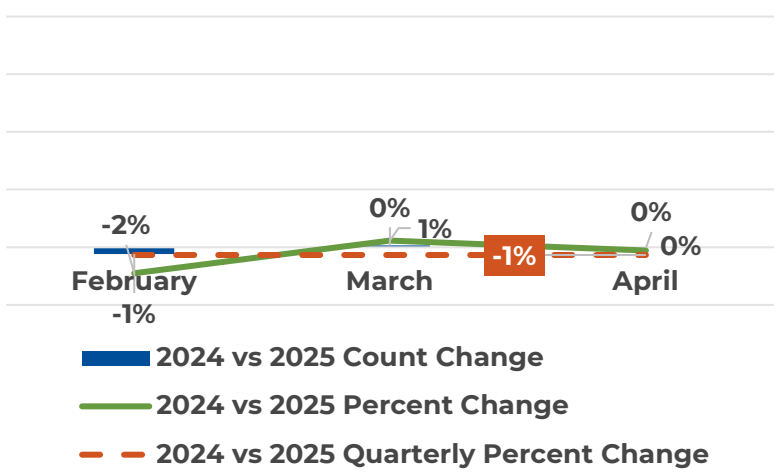
Expansion Enrolled





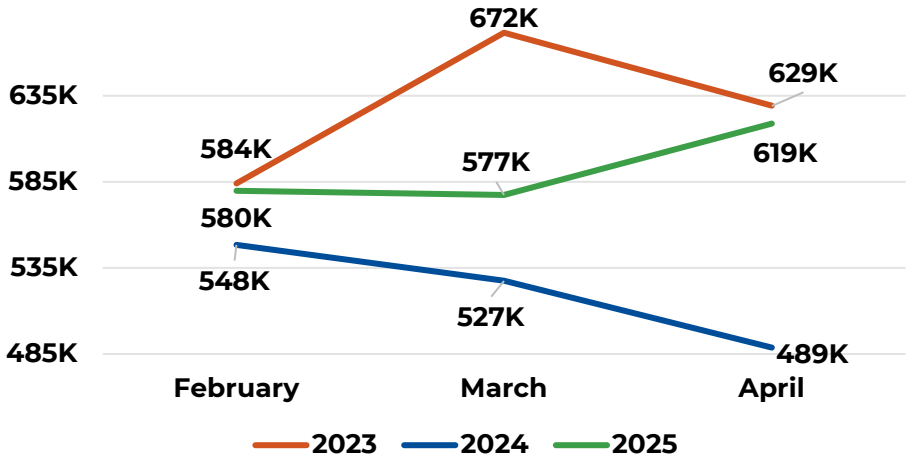
Percent of OK Population Enrolled

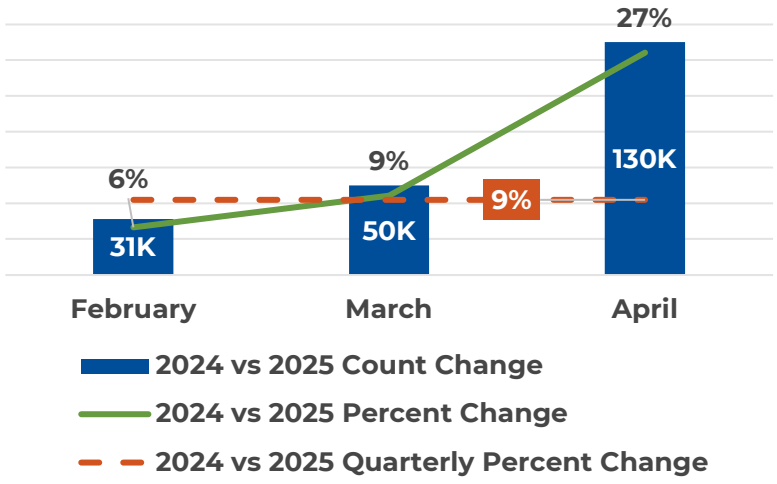




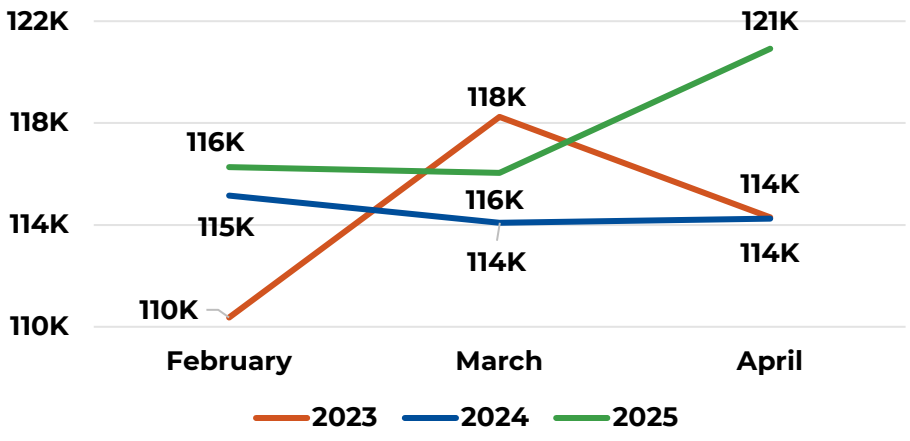
Enrollment & Utilization (Cont.)

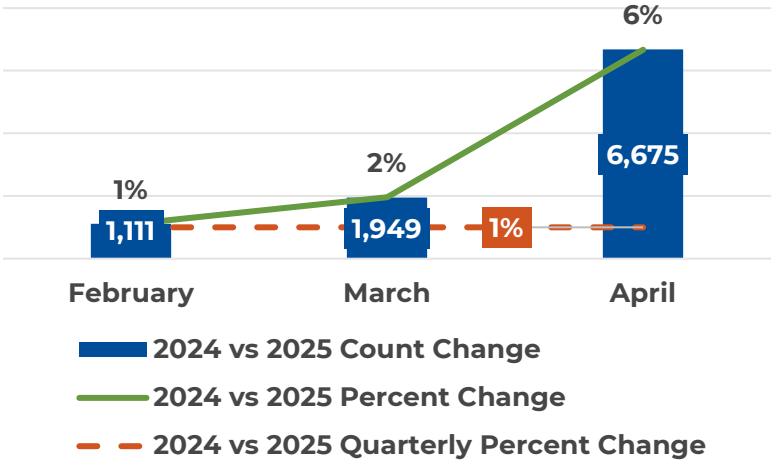
Total Members Utilization





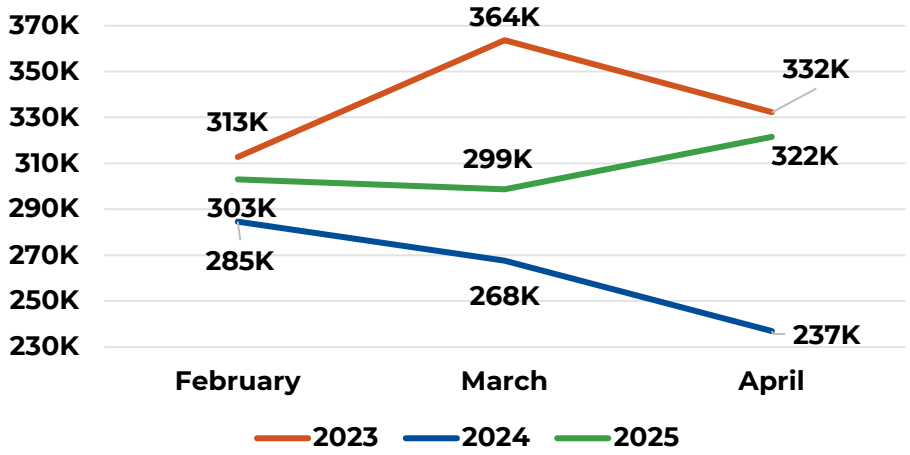
Aged/Blind/Disabled Utilization

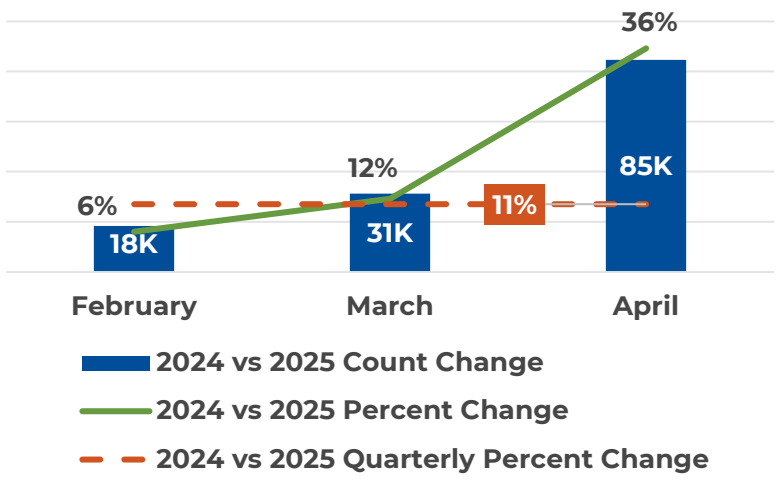




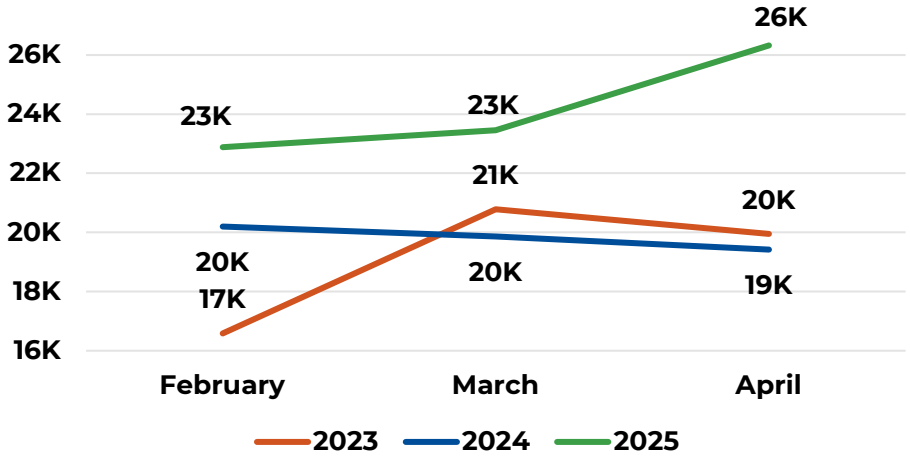
Enrollment & Utilization (Cont.)

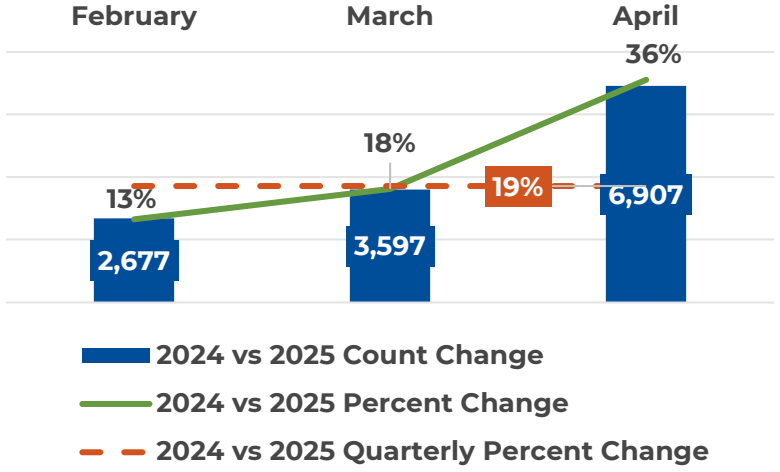
Children & Parent/Caretaker Utilization





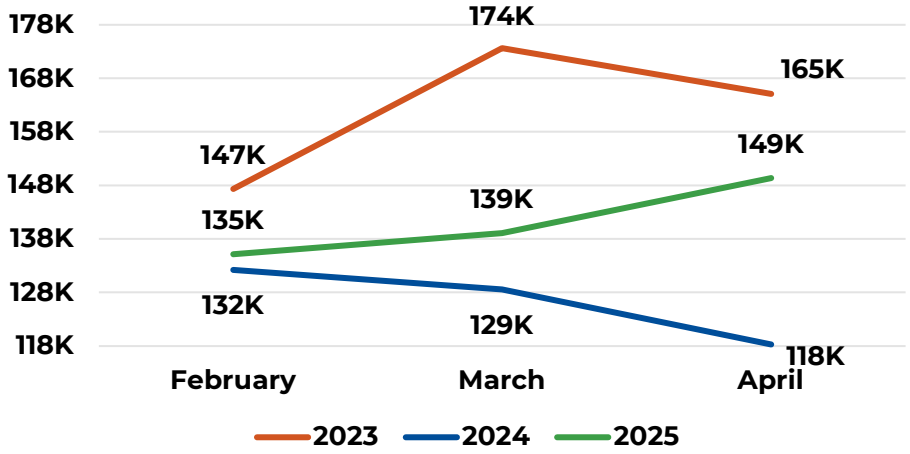
Pregnant (Full Scope) Utilization

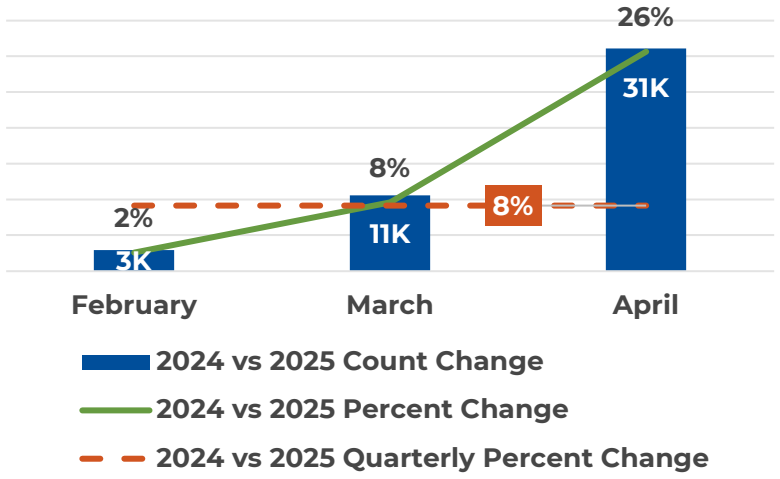




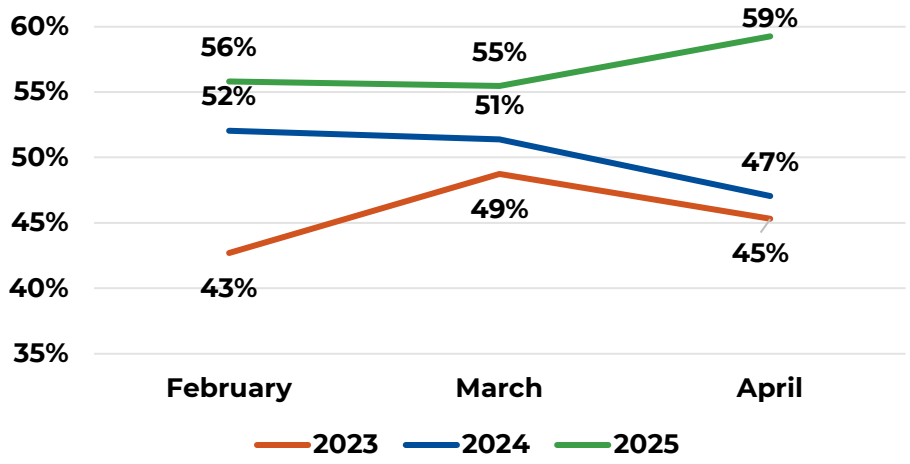
Enrollment & Utilization (Cont.)

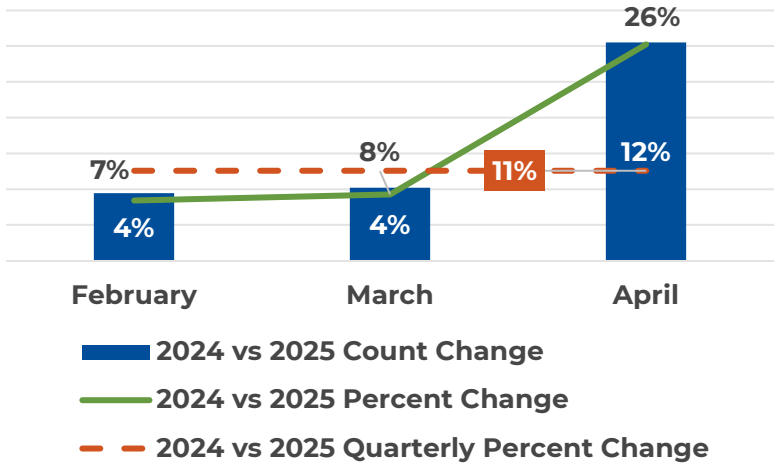
Expansion Utilization





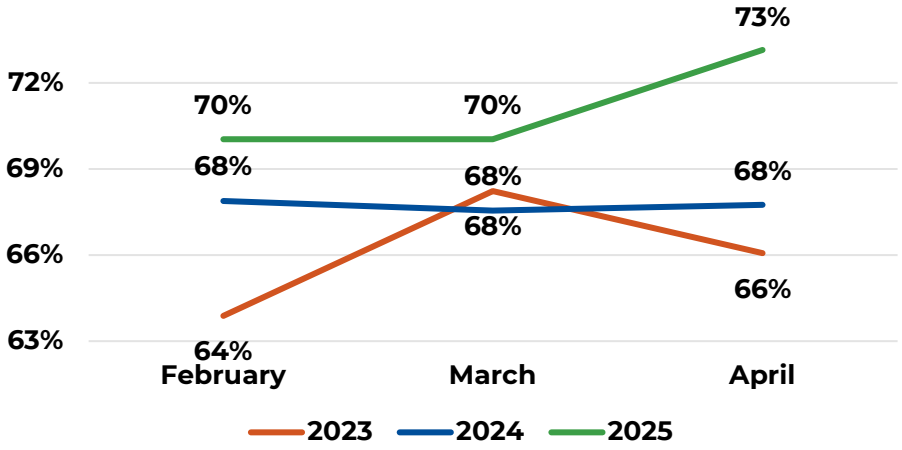
Percent of Total Enrolled Members Utilization

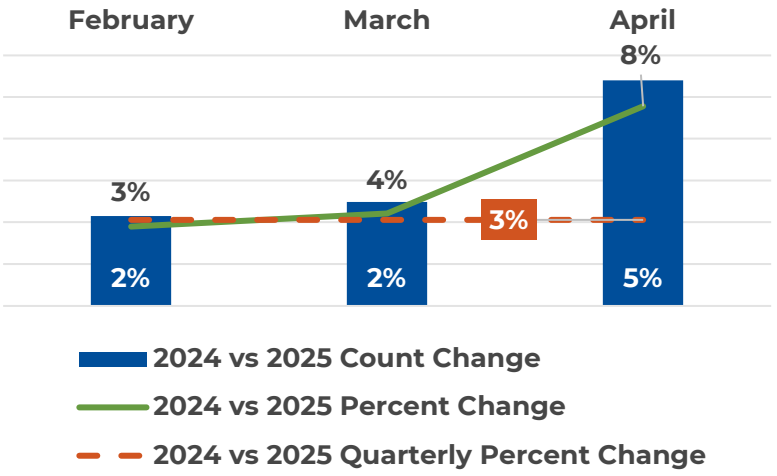




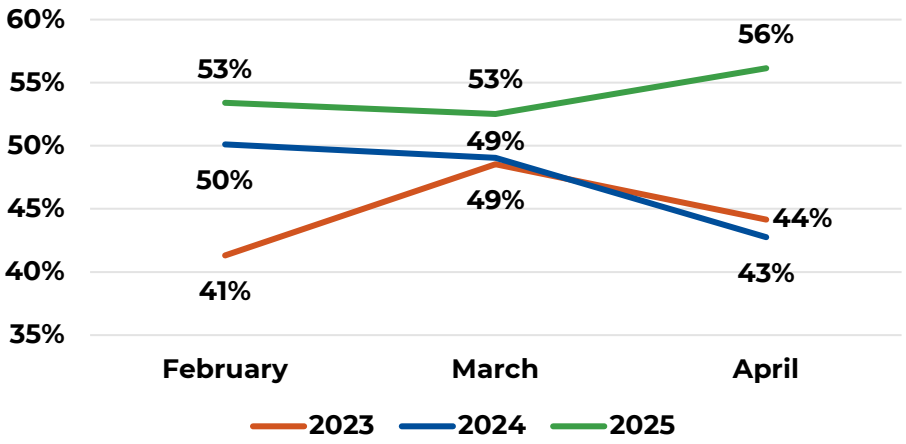
Enrollment & Utilization (Cont.)

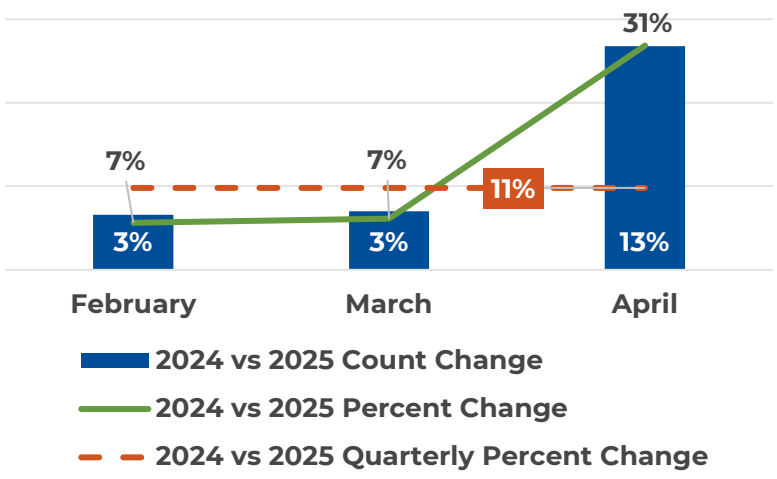
Percent of Aged/Blind/Disabled Enrolled Members Utilization



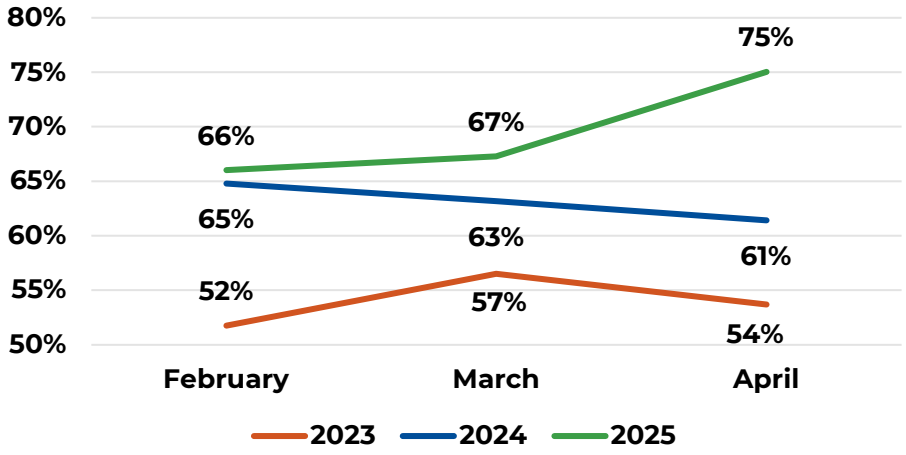


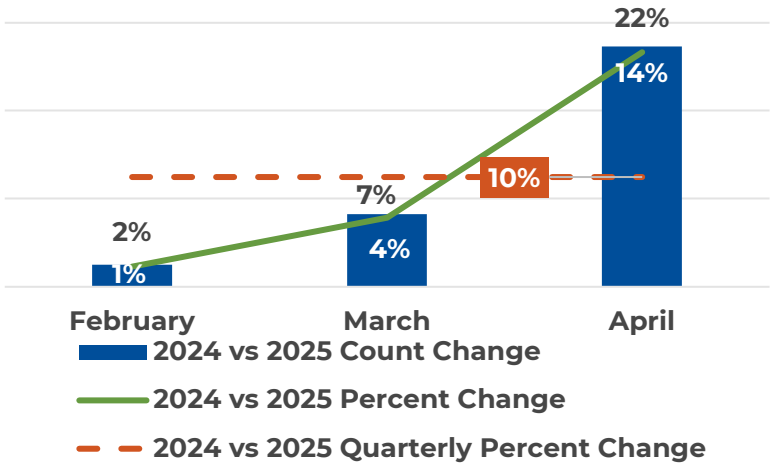
Percent of Children & Parent/Caretaker Enrolled Members Utilization



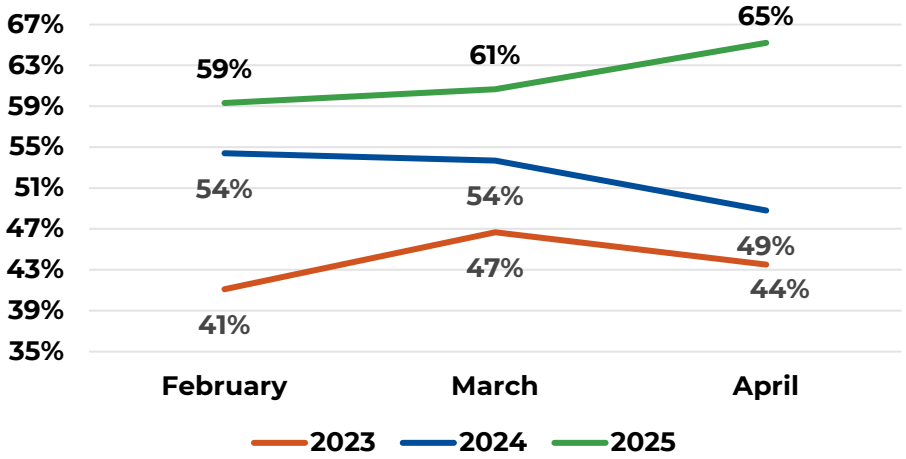


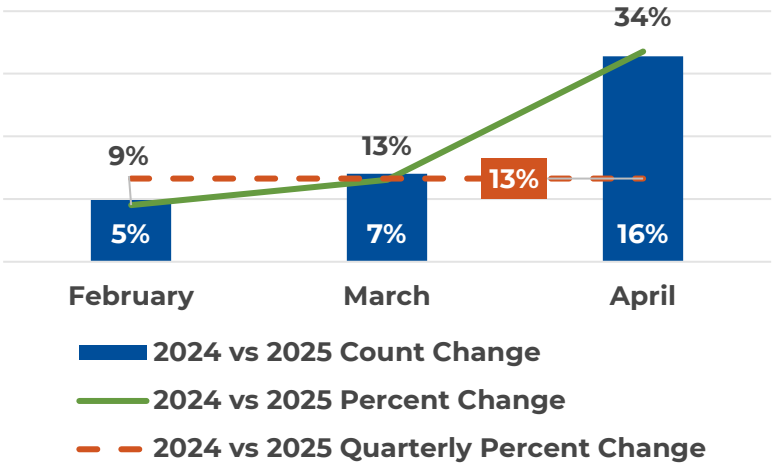
Percent of Pregnant (Full Scope) Enrolled Members Utilization





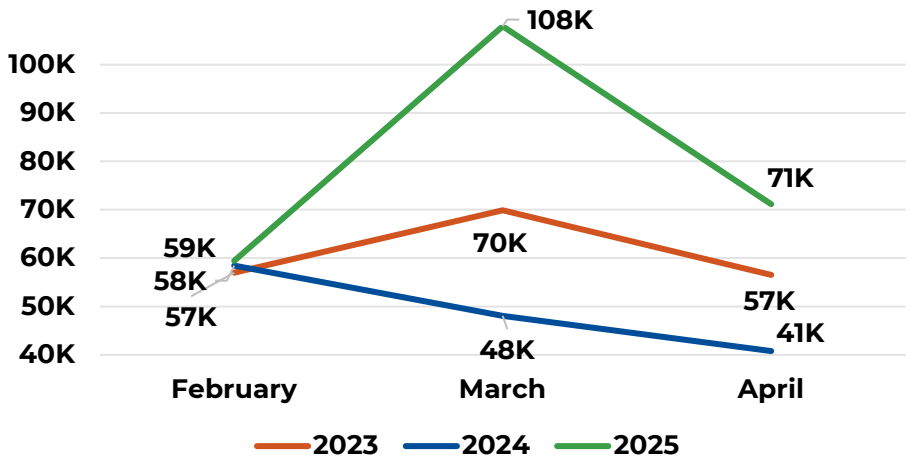
Percent of Expansion Enrolled Members Utilization

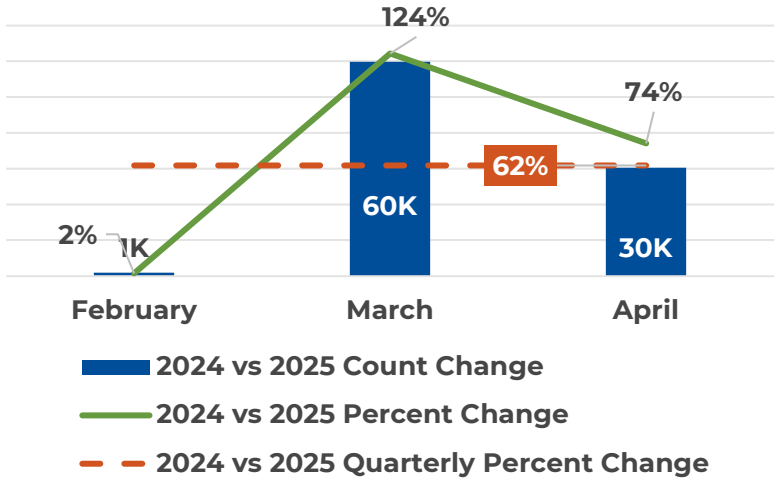




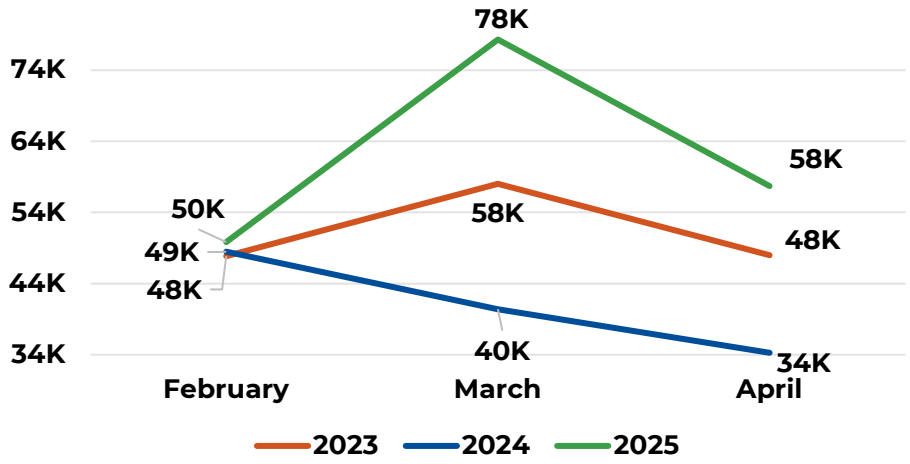
Utilization

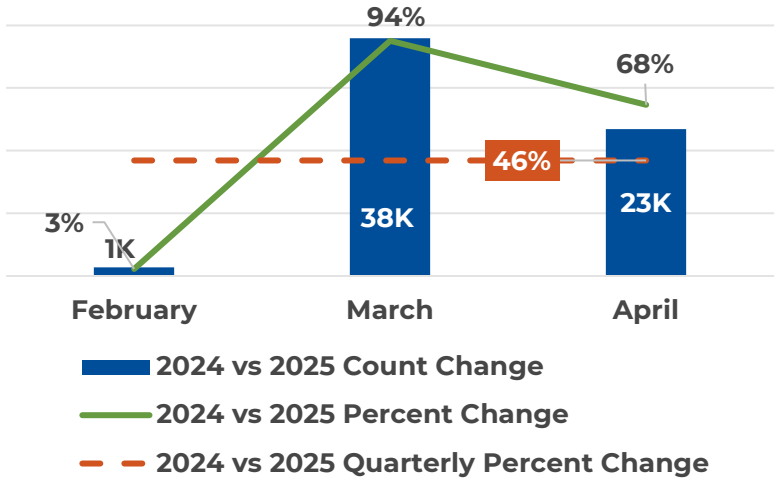
Emergency Department Visits (Claims)





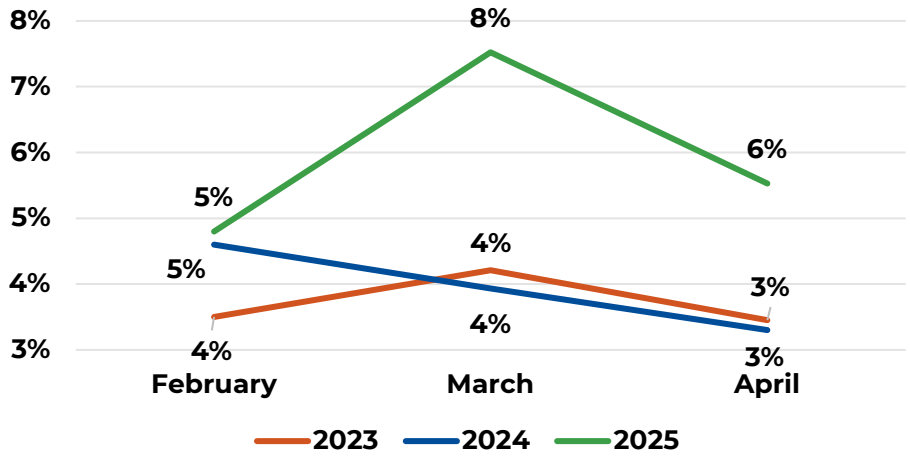
Members Utilizing Emergency Department

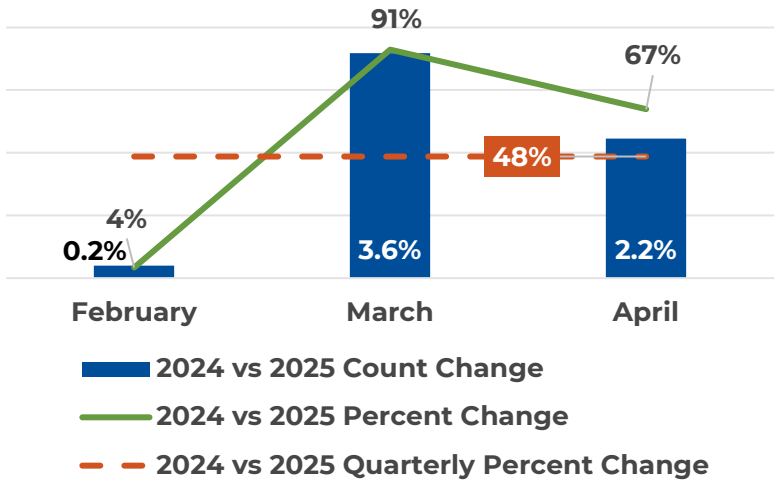




Utilization (Cont.)

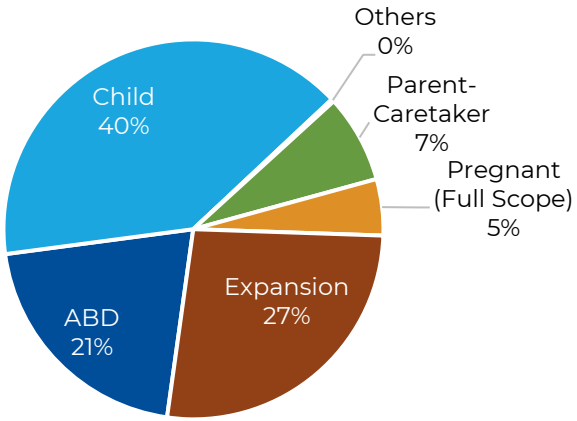
Percent Total Enrolled Using ED



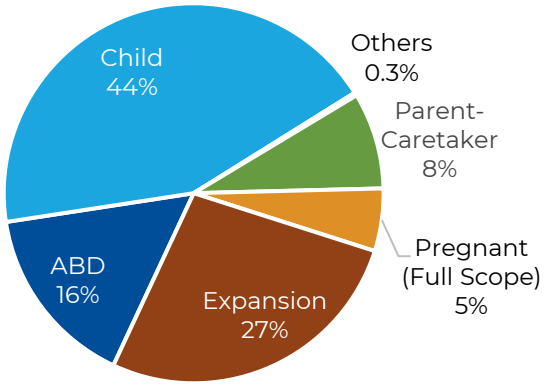


Members Utilizing Emergency Department By Qualifying Group

Q3 2024

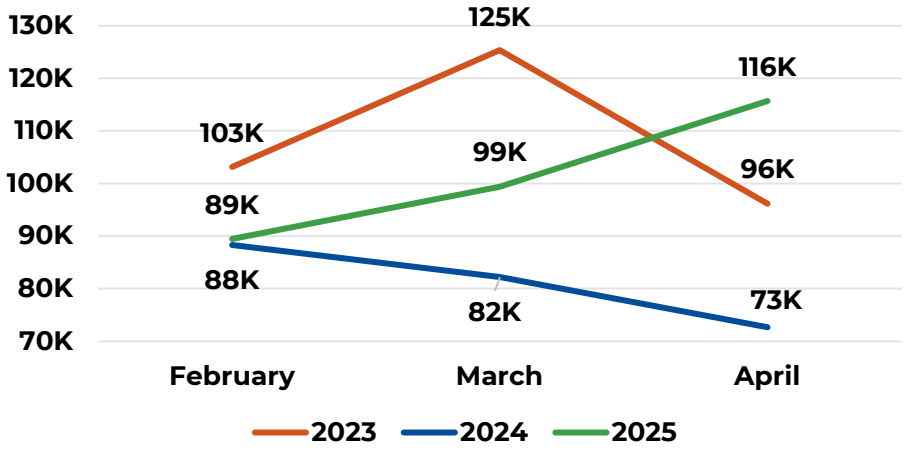


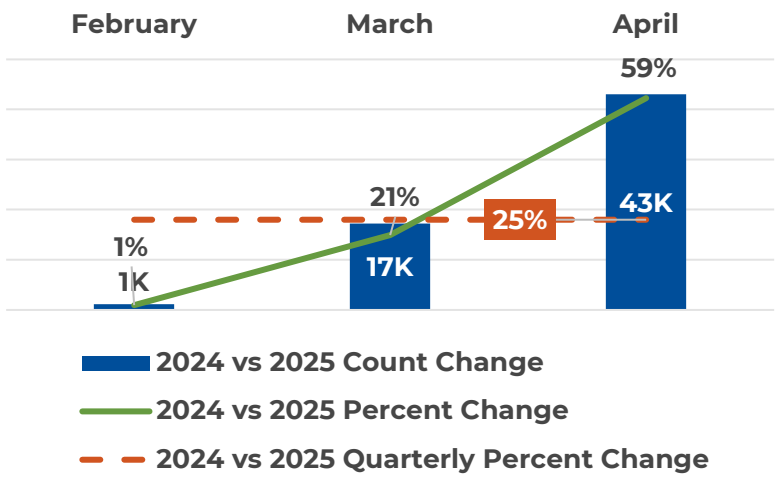
Q3 2025



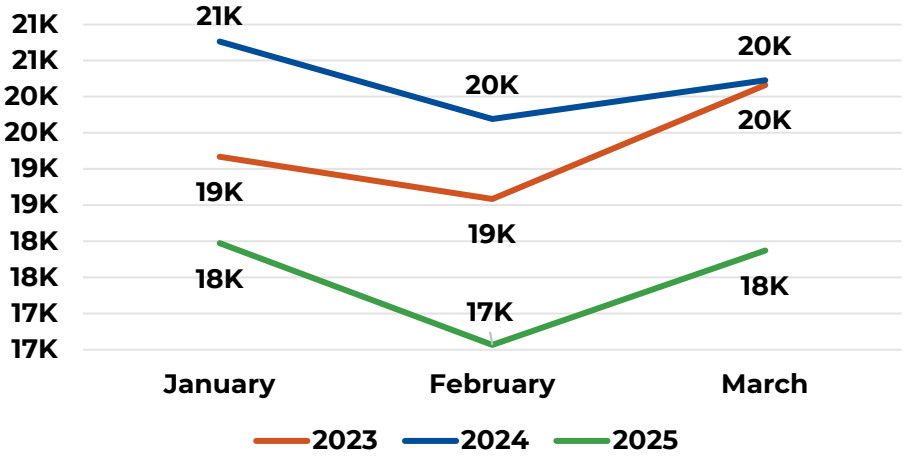
Utilization (Cont.)

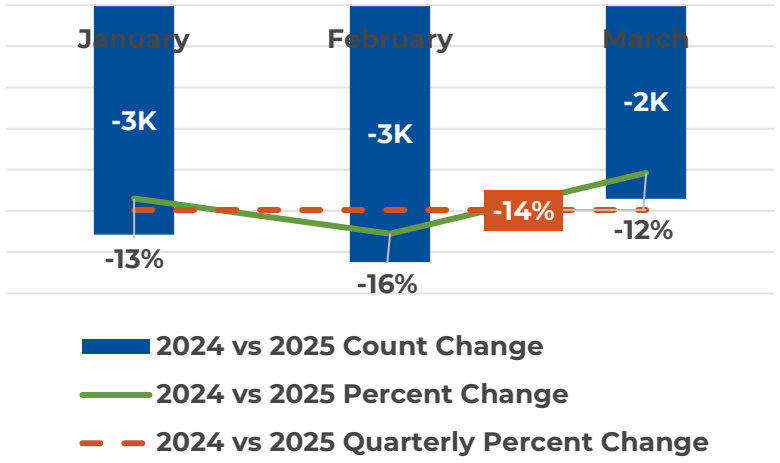
Telemedicine - Total Visits





Members With Opioid Claims

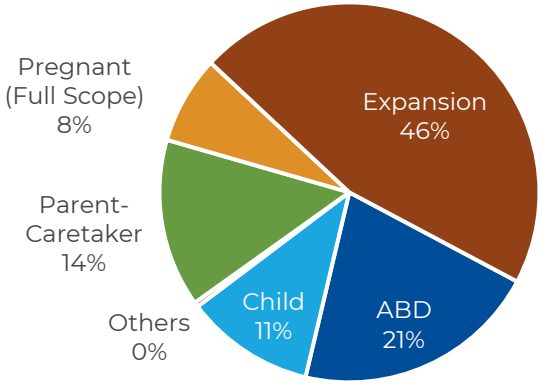




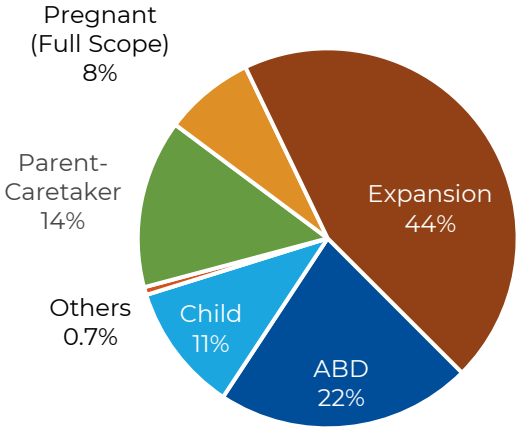
Utilization (Cont.)

Members With Opioid Claims By Qualifying Group

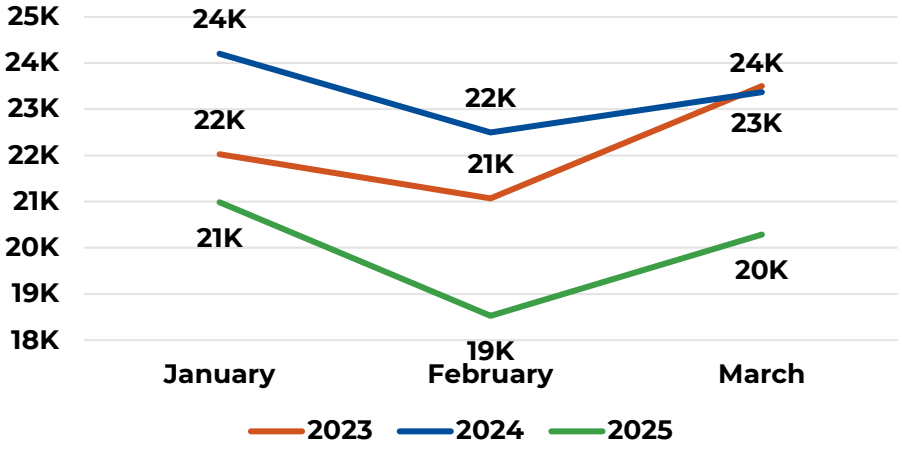
Q3 2024

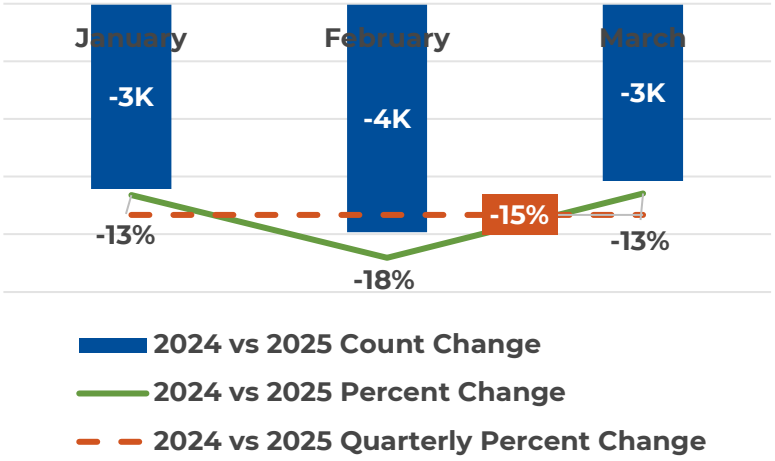


Q3 2025



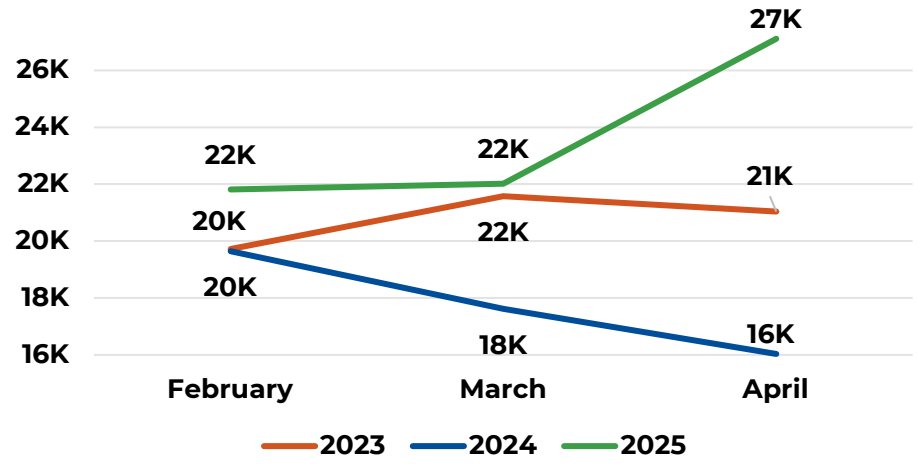
Total Opioid Claims

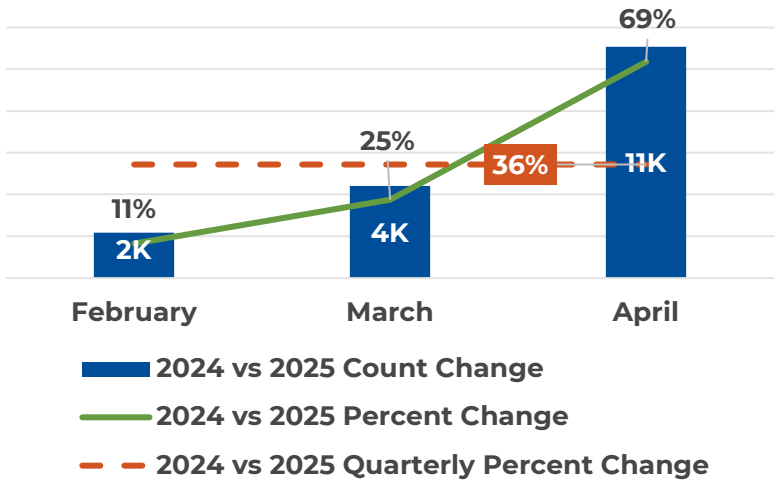




Utilization (Cont.)

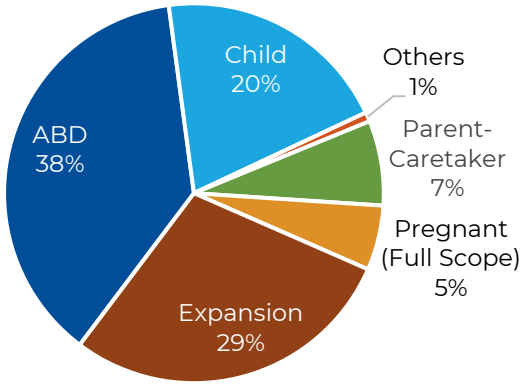
Out of State Services (Non Border County) - Total Members Utilization



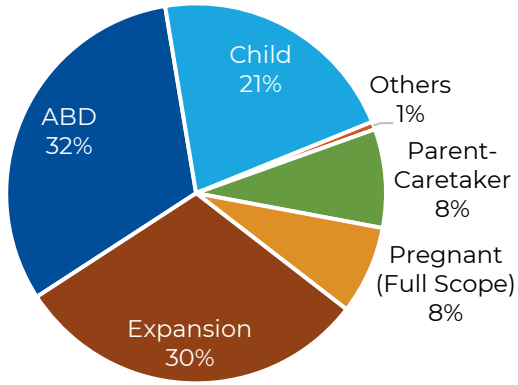


Out of State Services (Non Border County) - Total Members Utilization By Qualifying Group

Q3 2024

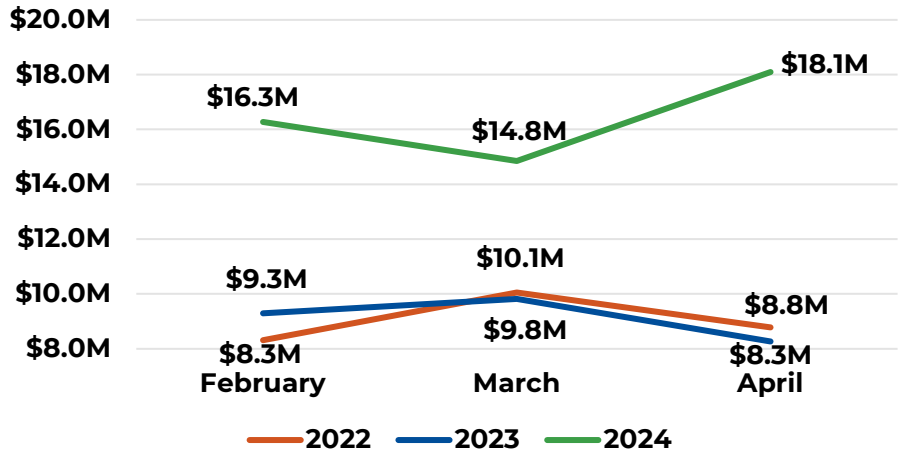


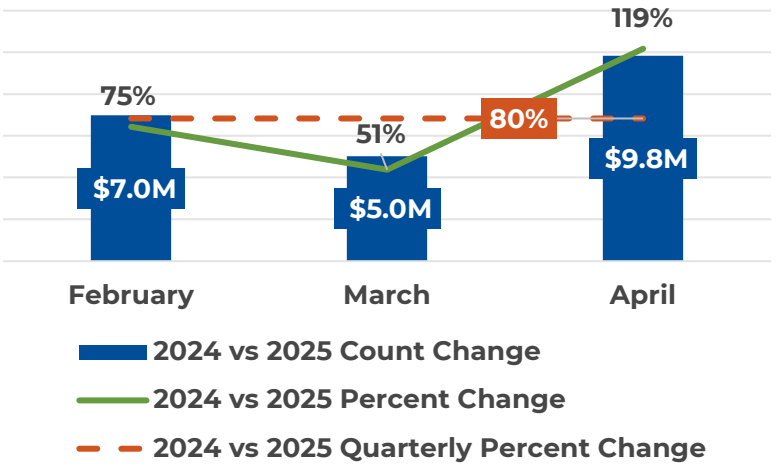
Q3 2025



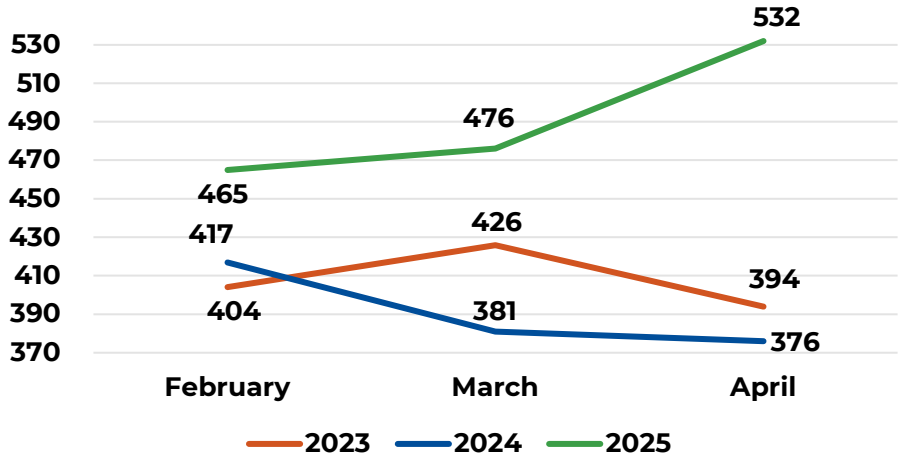
Utilization (Cont.)

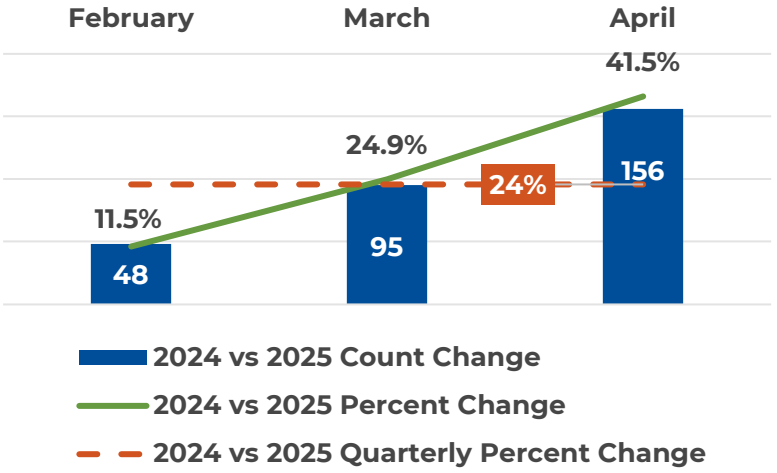
Out of State Services (Non Border County) - Total Reimbursements





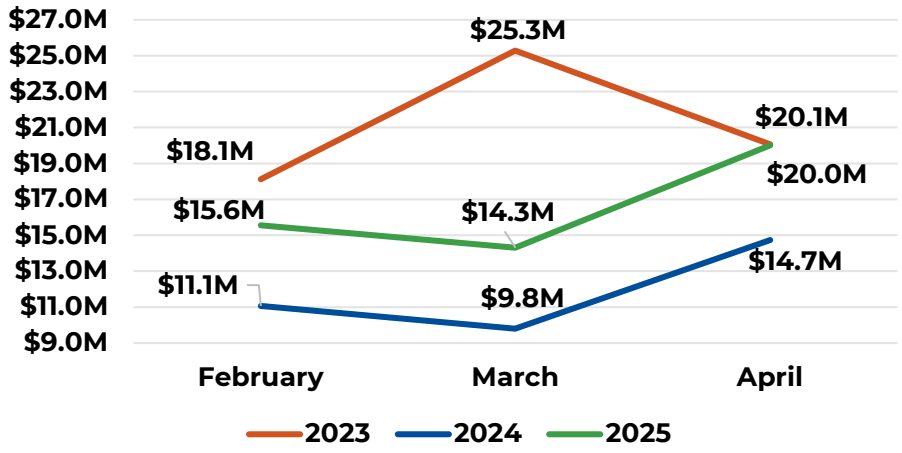
Out of State Services (Non Border County) - Total Active Billing Providers

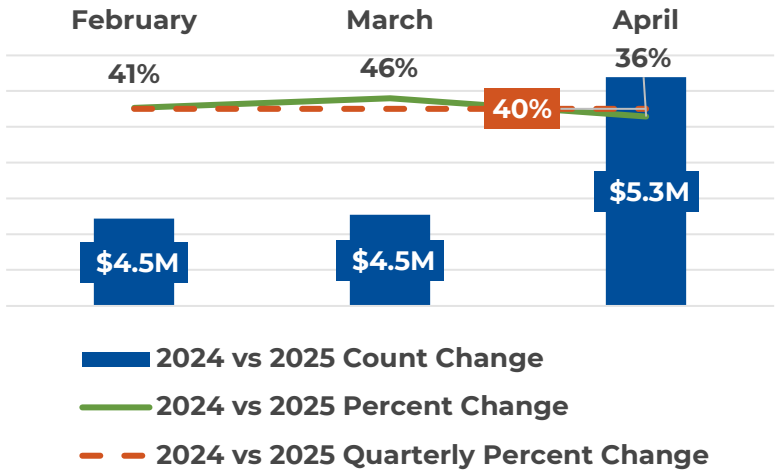




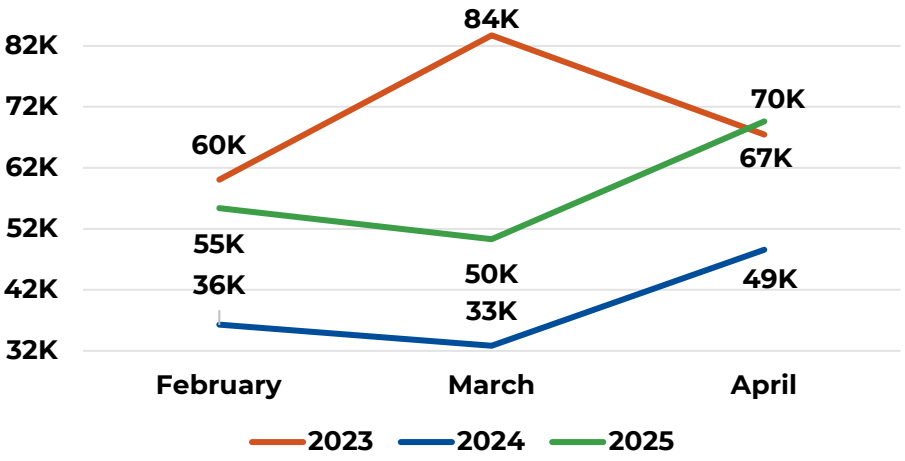
Utilization (Cont.)

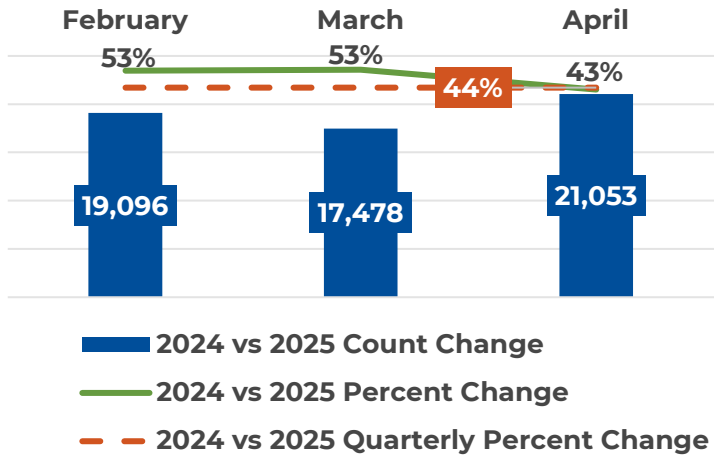
Dental Claims





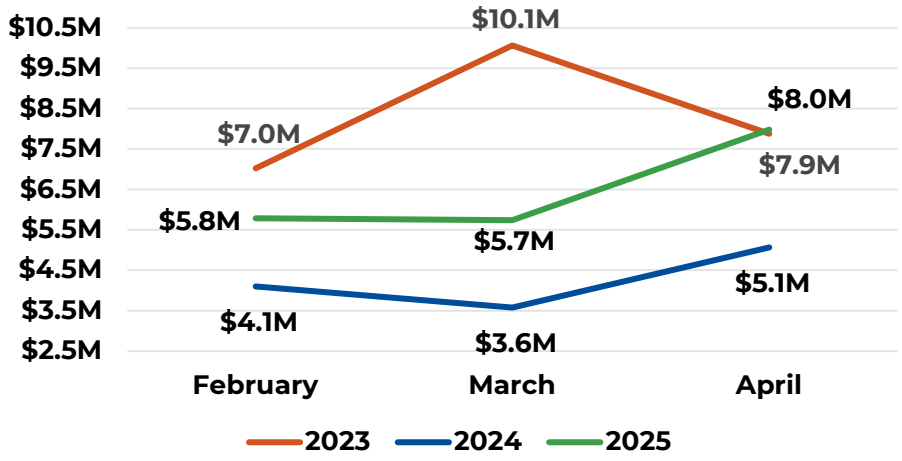
Total Members with Dental Claims

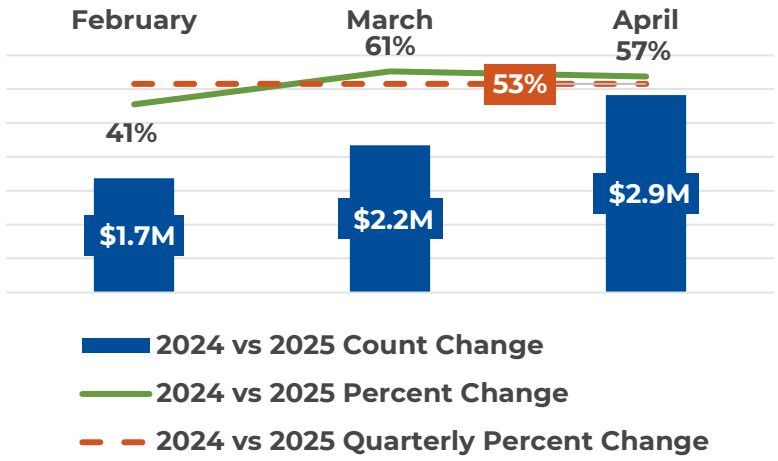




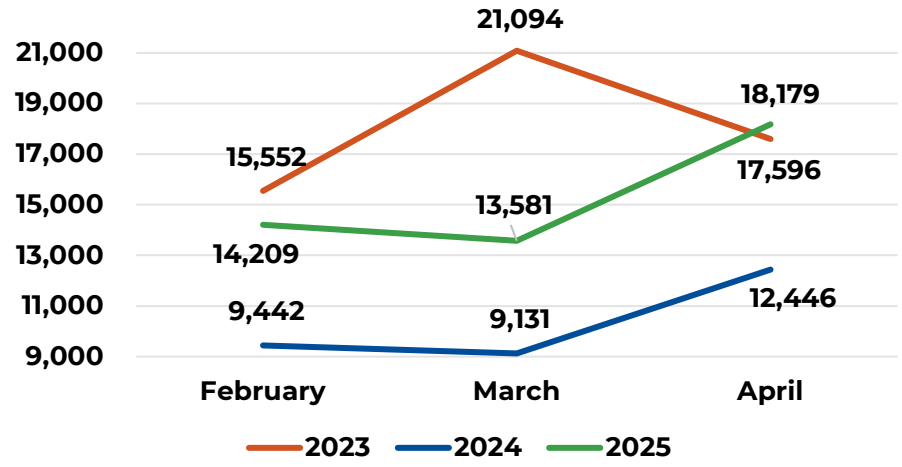
Utilization (Cont.)

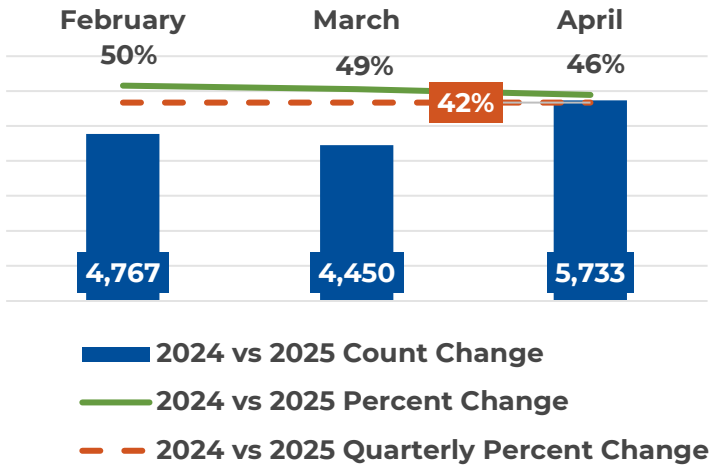
Adult (21 & Over) Dental Claims





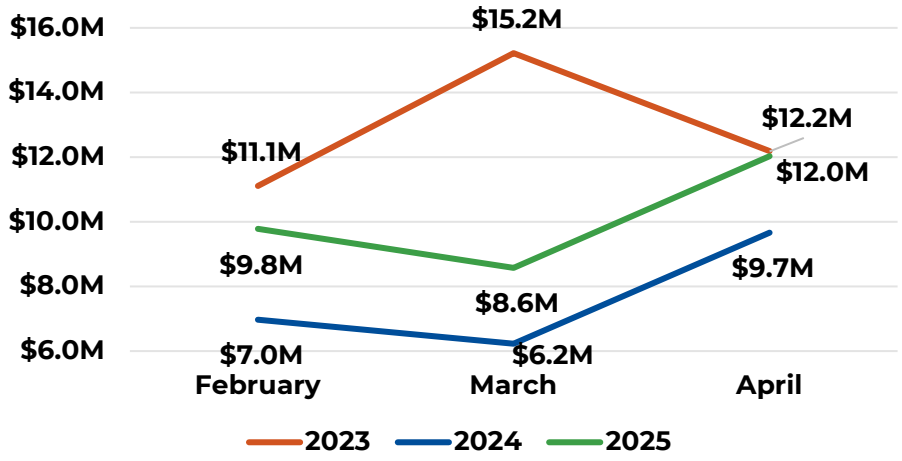
Adults (21 & Over) with Dental Claims

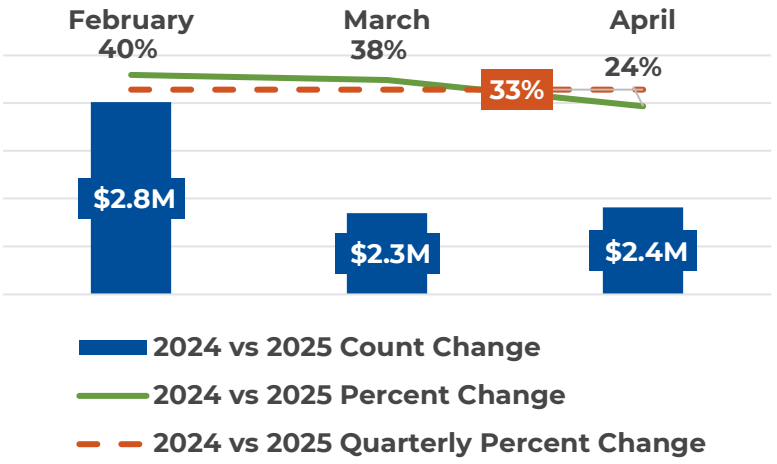




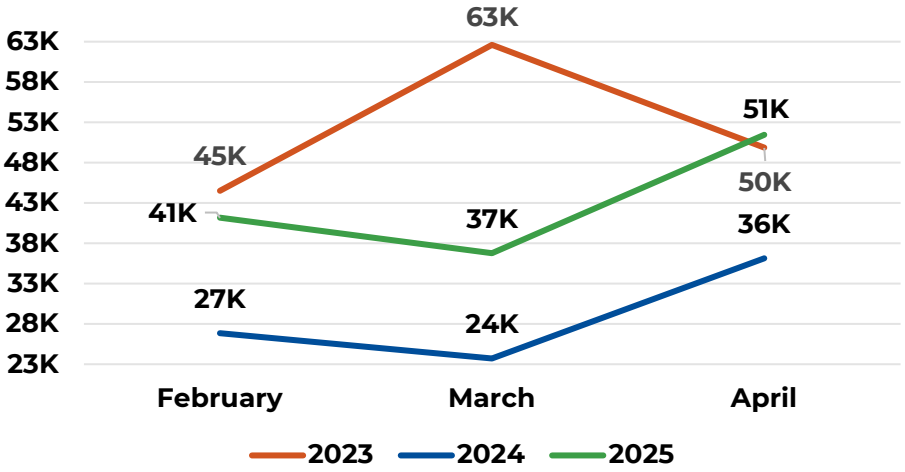
Utilization (Cont.)

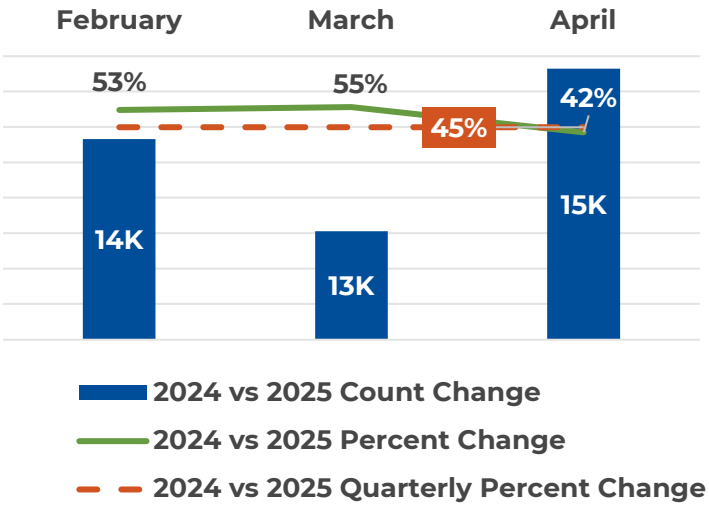
Children (Under 21) Dental Claims





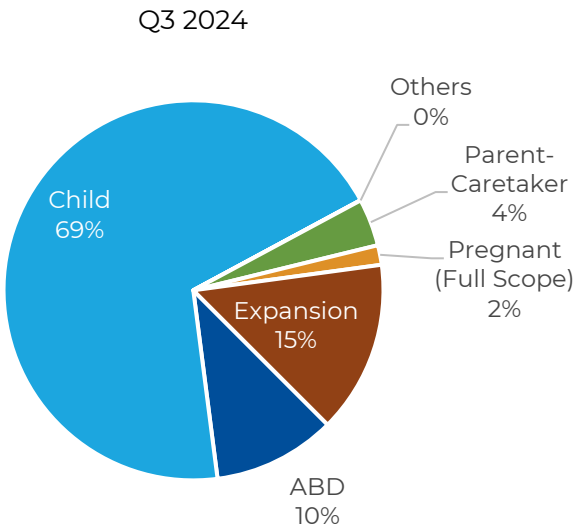
Children (Under 21) with Dental Claims

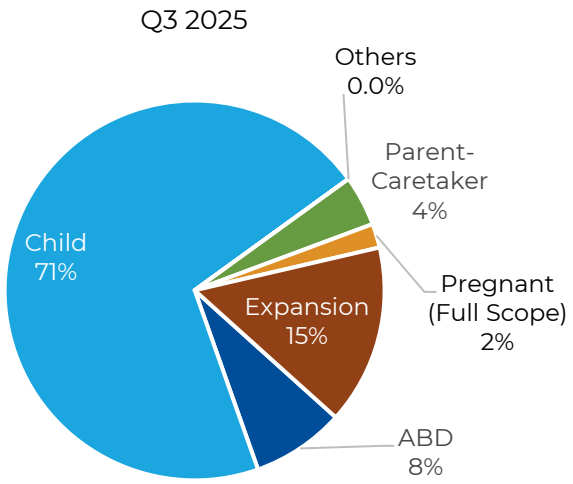




Utilization (Cont.)

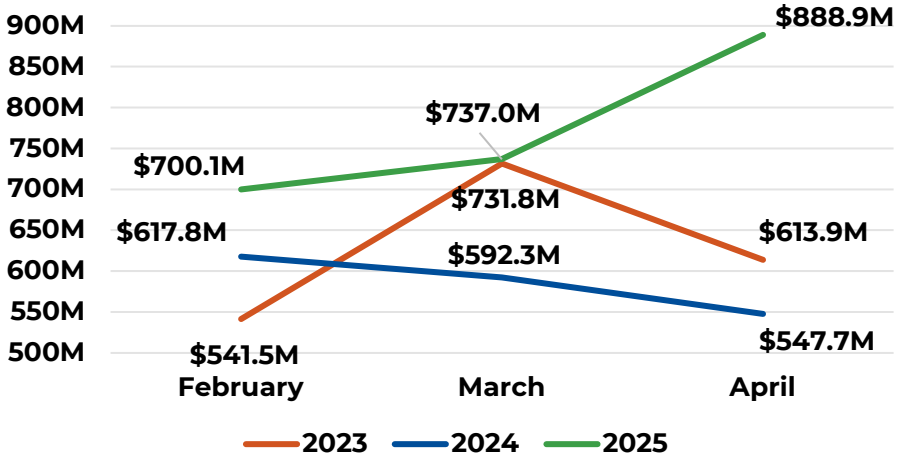
Members With Dental Claims By Qualifying Group

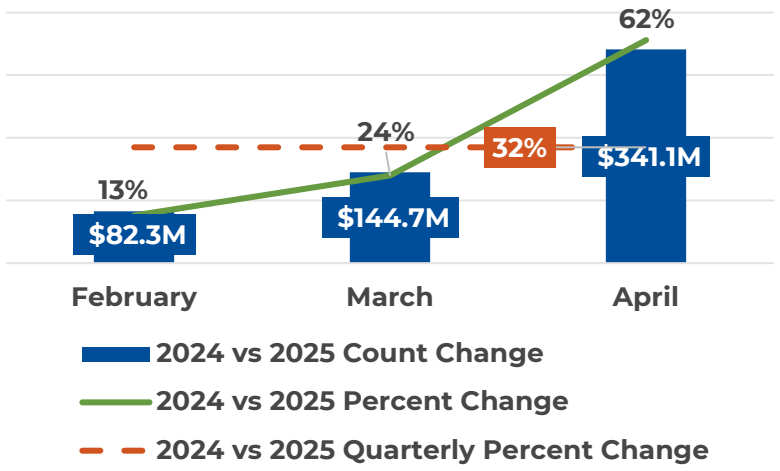




Financials

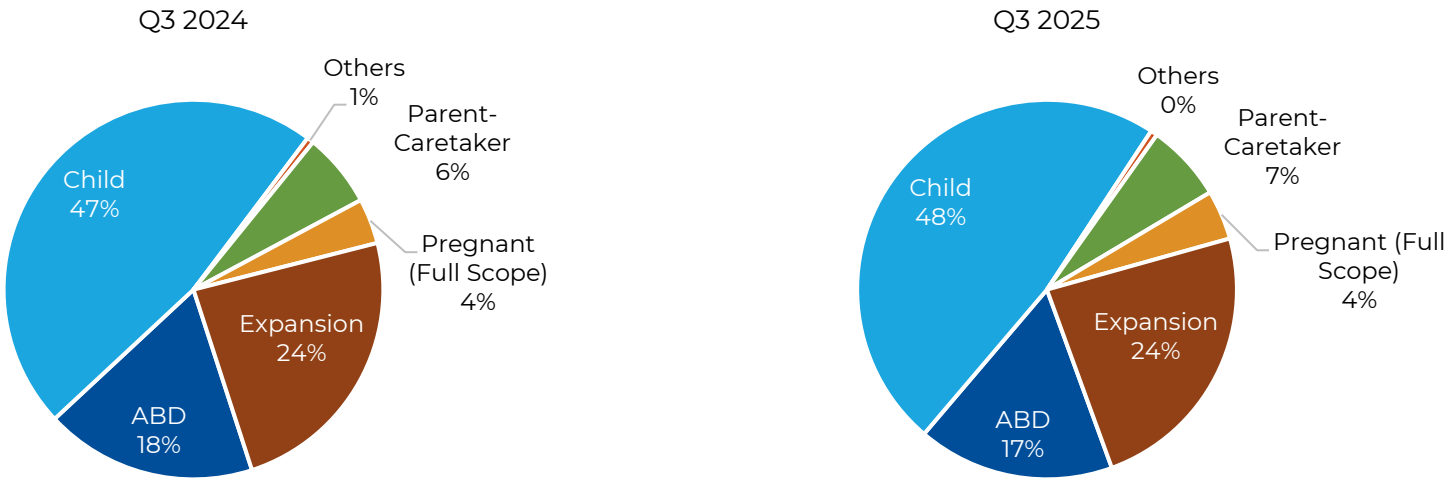
Total Agency Expenditures



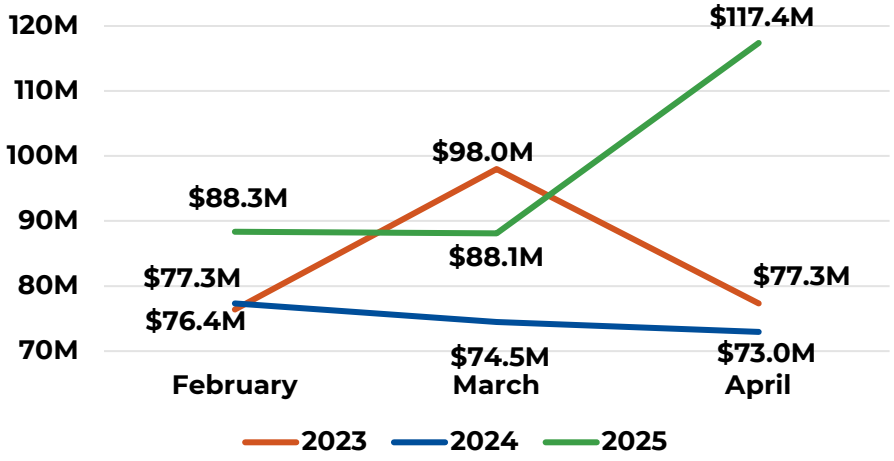


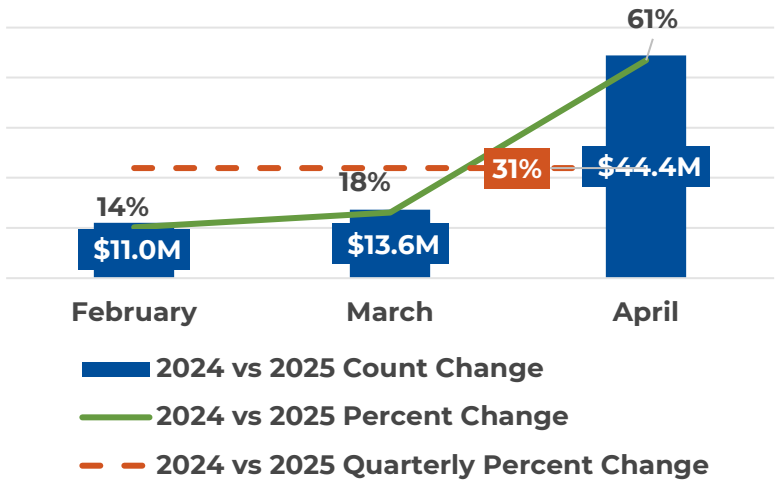
Financials (Cont.)

Total Agency Members Utilization by Qualifying Group



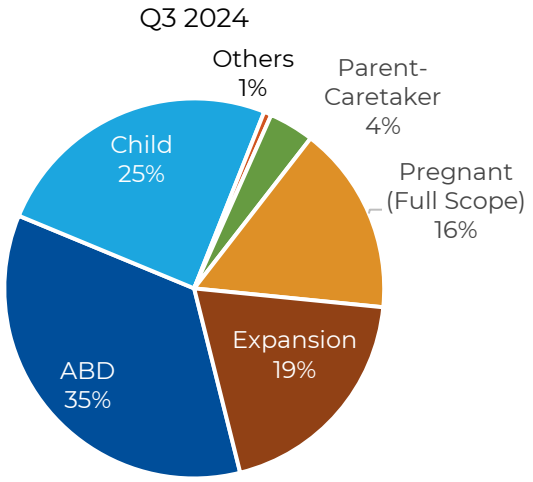
Inpatient Services Expenditures

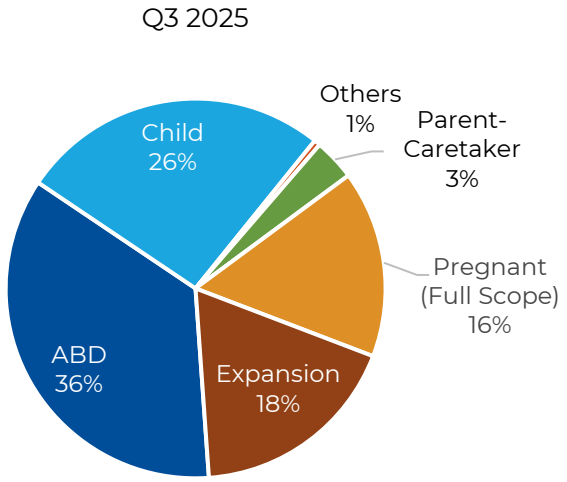




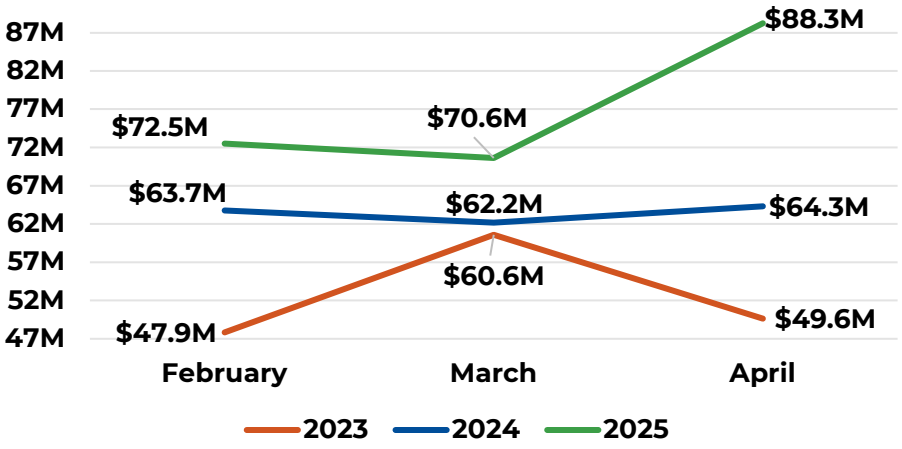
Financials (Cont.)

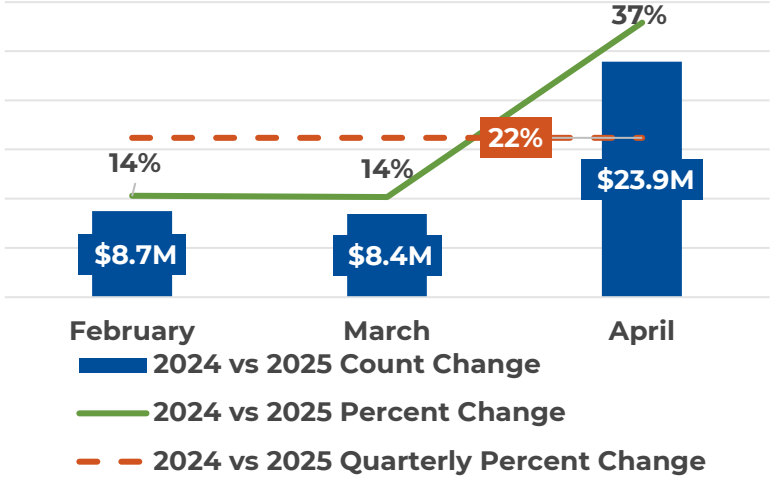
Inpatient Services Members Utilization by Qualifying Group





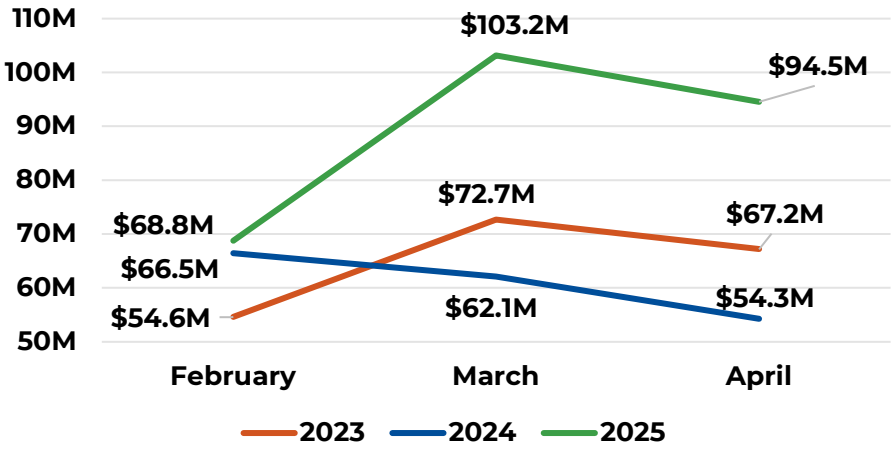
Nursing Facility Expenditures

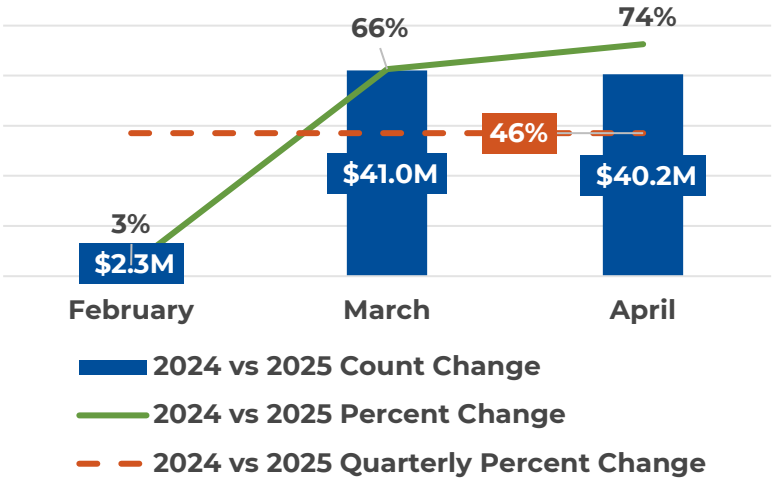




Financials (Cont.)

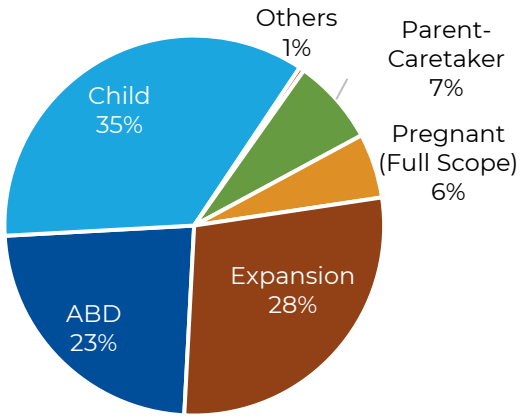
Outpatient Hospital Expenditures



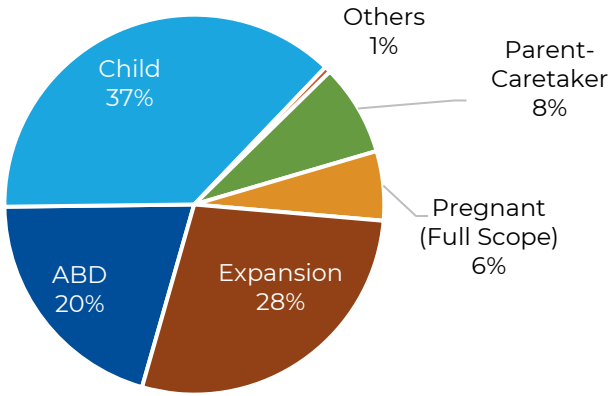


Outpatient Hospital Members Utilization by Qualifying Group

Q3 2024

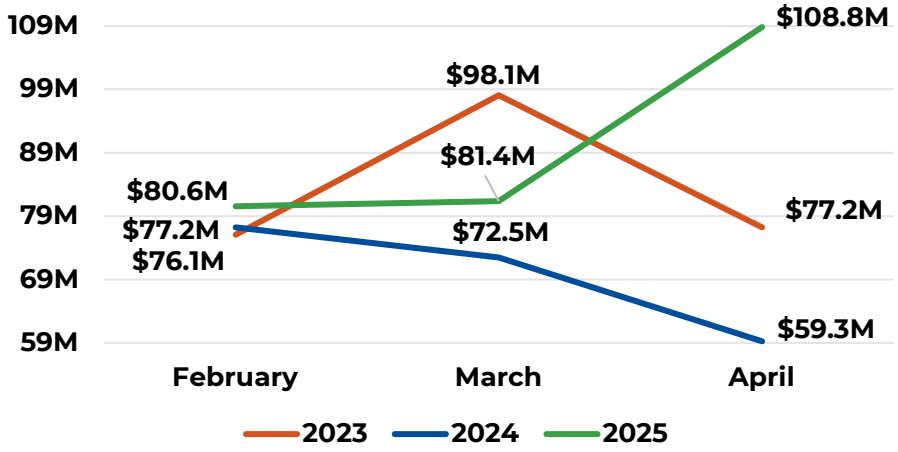


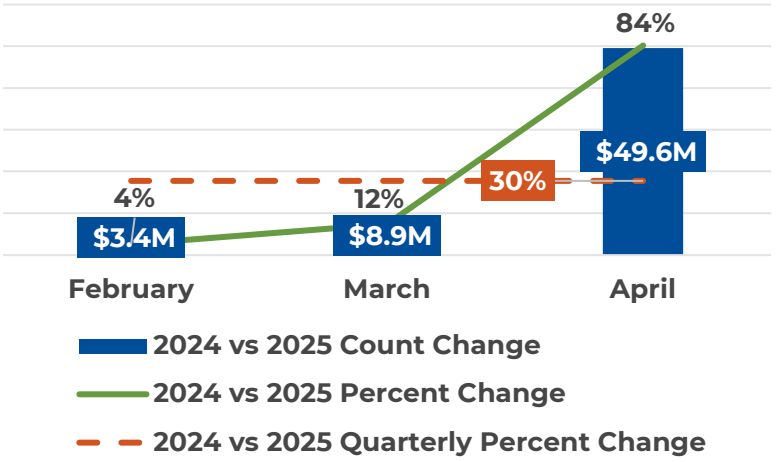
Q3 2025



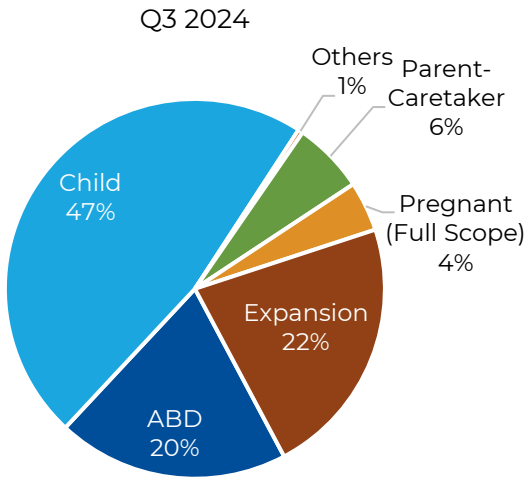
Financials (Cont.)

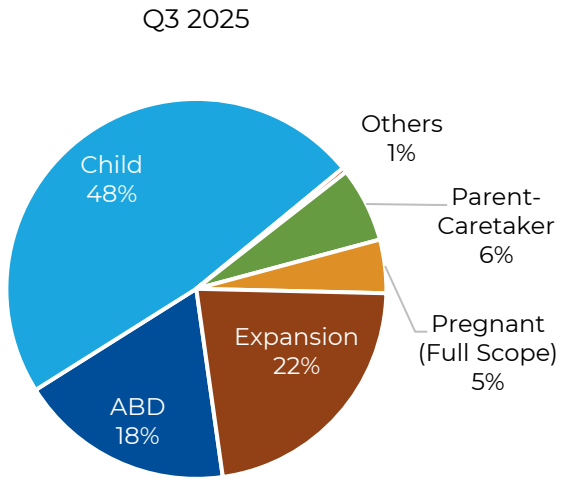
Physician Expenditures





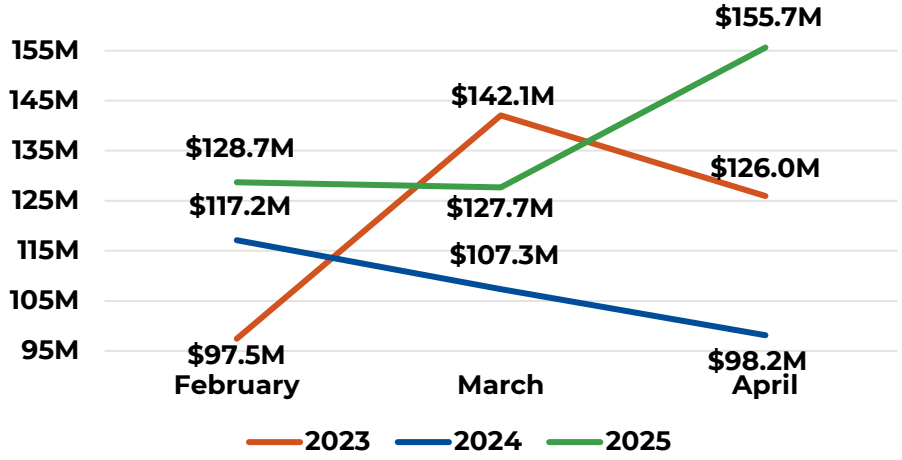
Physician Members Utilization By Qualifying Group

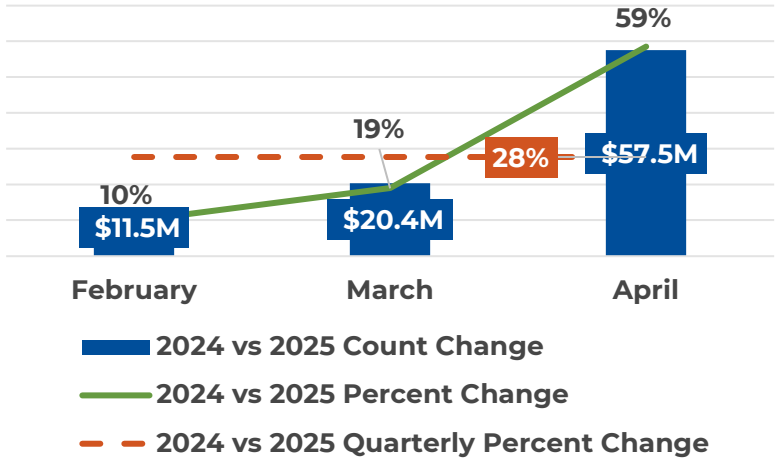




Financials (Cont.)

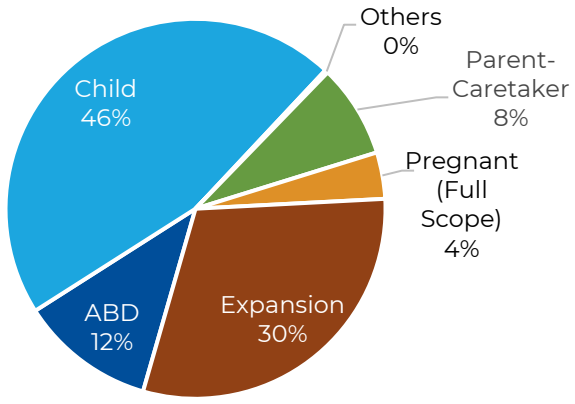
Prescribed Drugs Expenditures



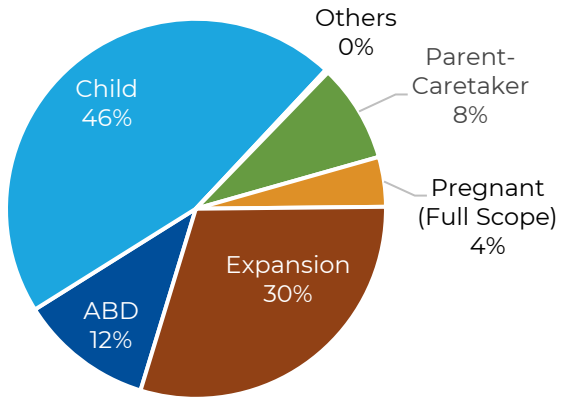


Prescribed Drugs Members Utilization By Qualifying Group

Q3 2024

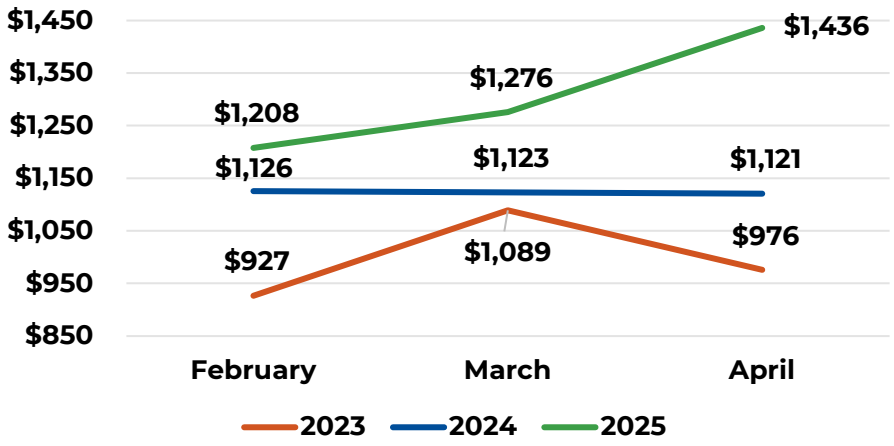


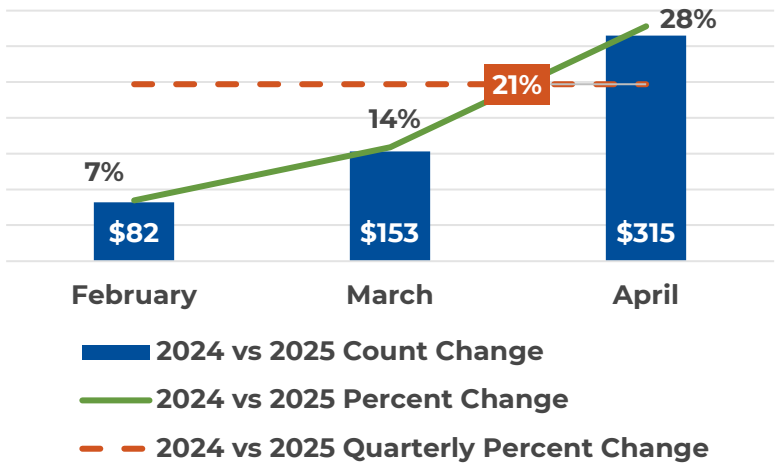
Q3 2025



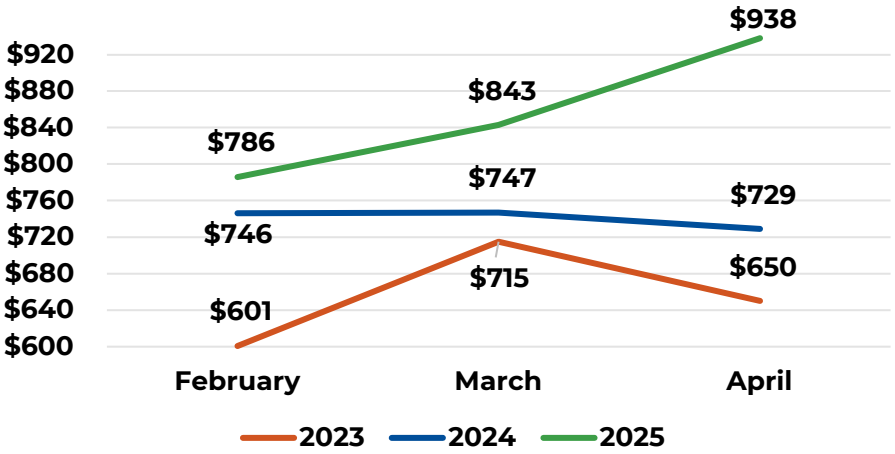
Financials (Cont.)

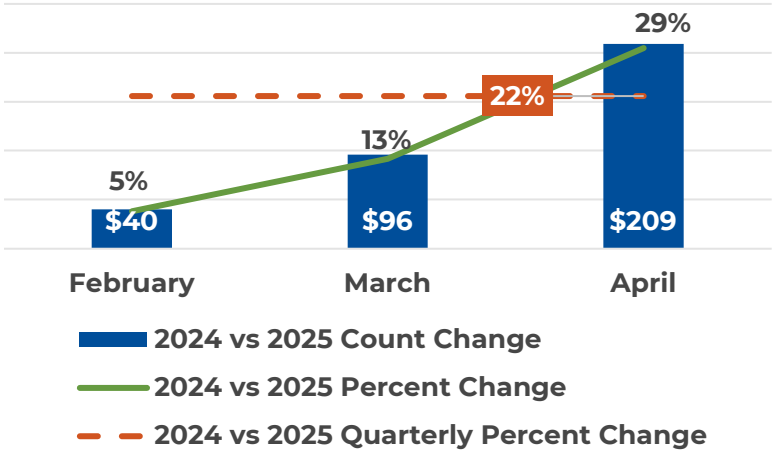
Average Per Total Member Served





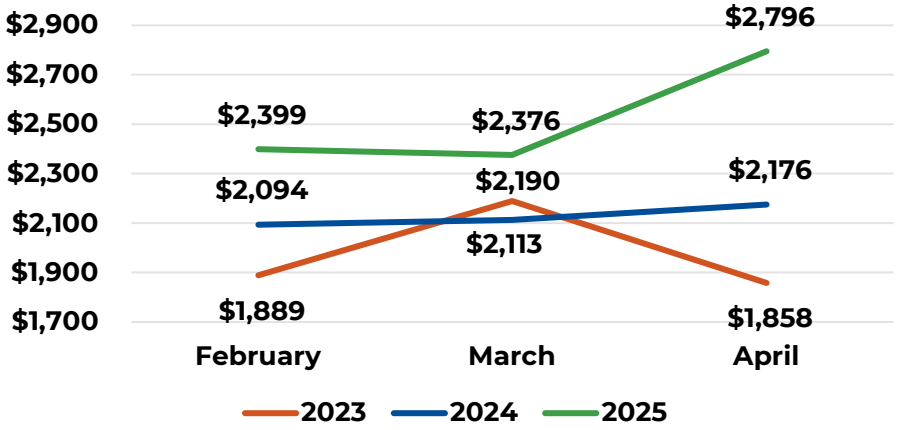
Average Per Child (Under 21) Member Served

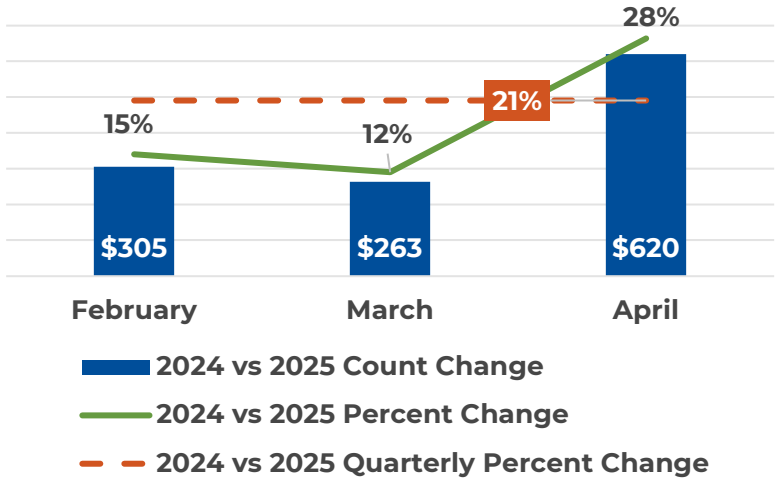




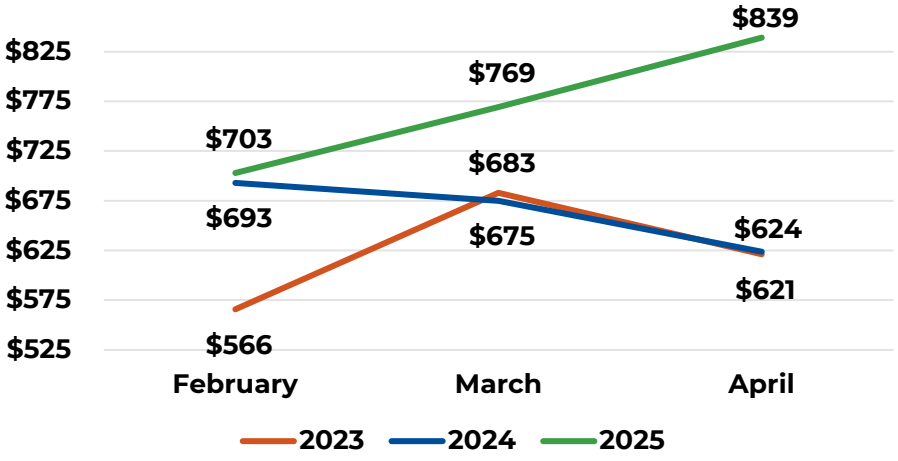
Financials (Cont.)

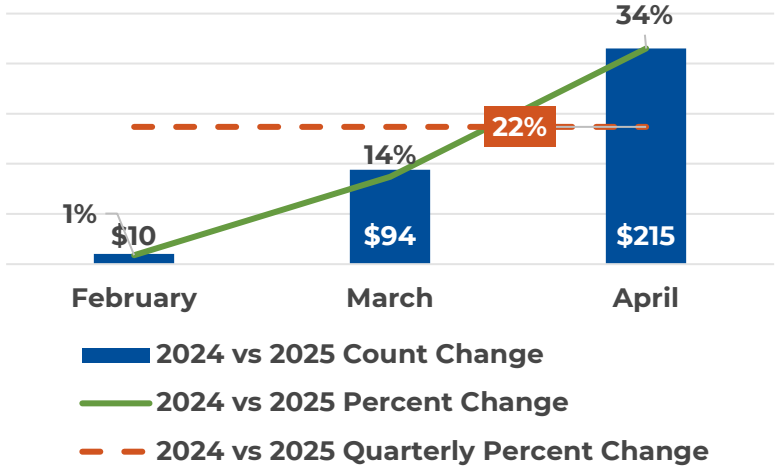
Average Per Aged/Blind/Disabled Member Served





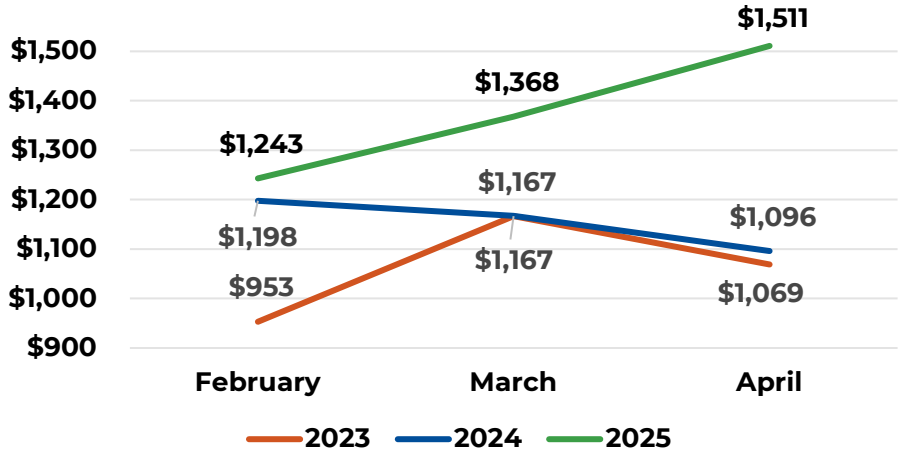
Average Per Children & Parent/Caretaker Member Served

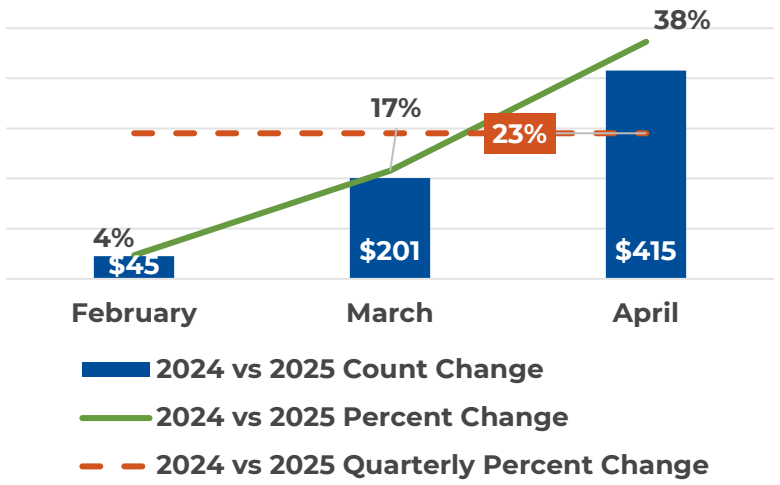




Financials (Cont.)

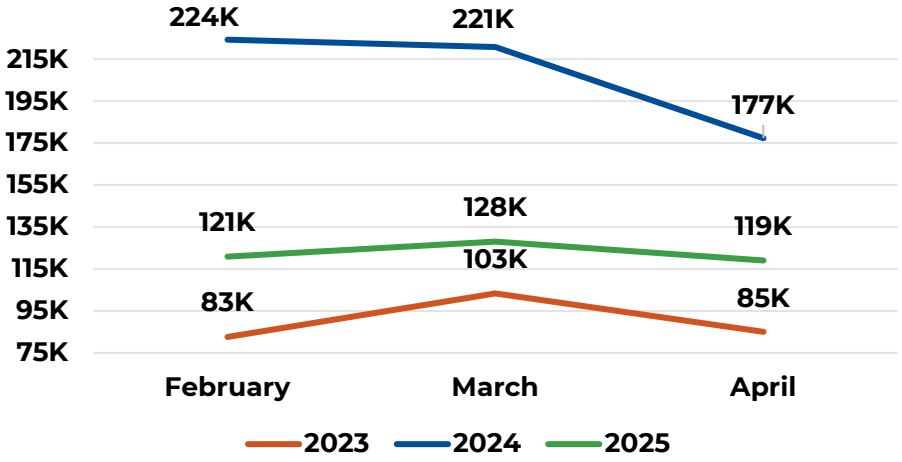
Average Per Expansion Member Served (Effective July 2021)

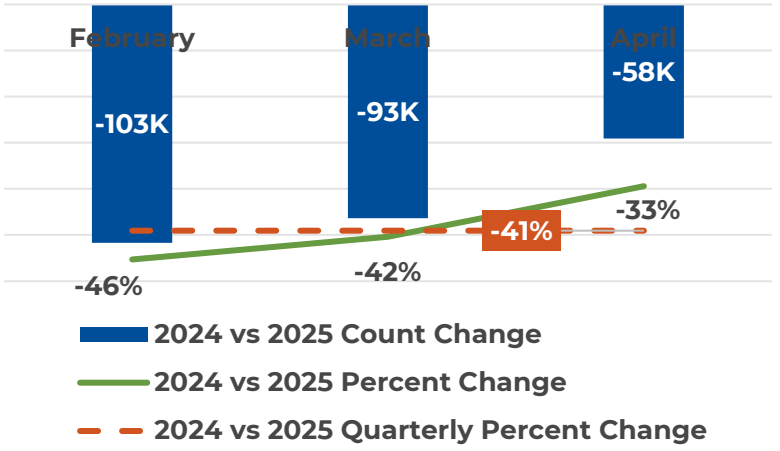




Call Center

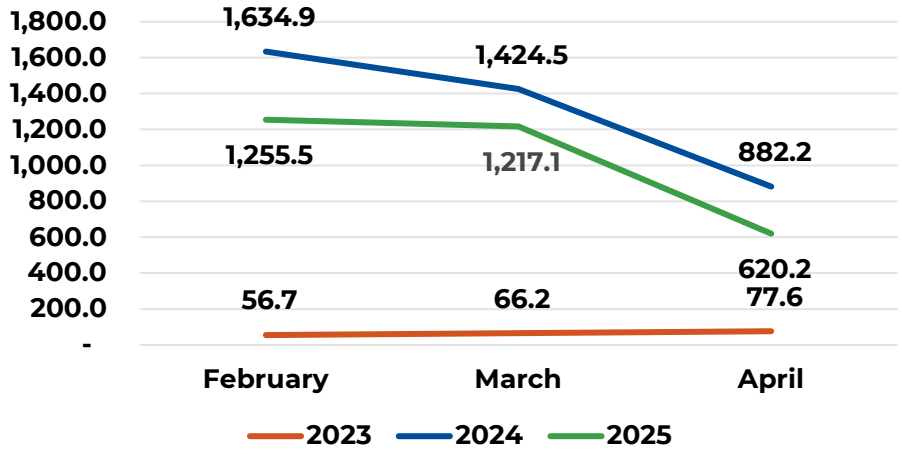
Call Center - Member Calls Answered

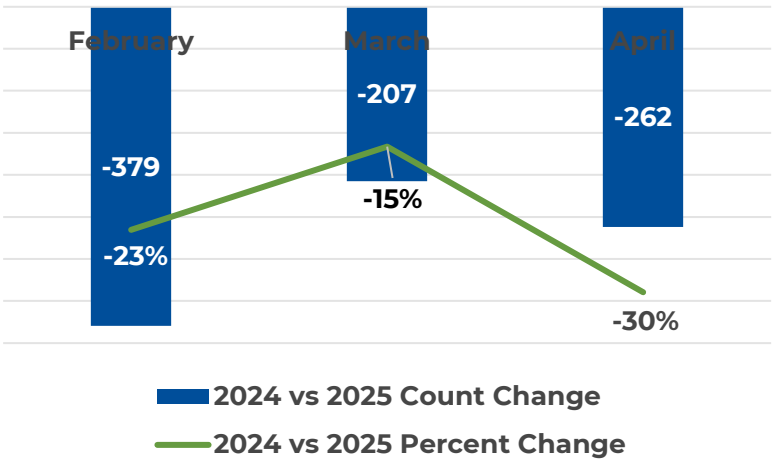




Call Center (Cont.)

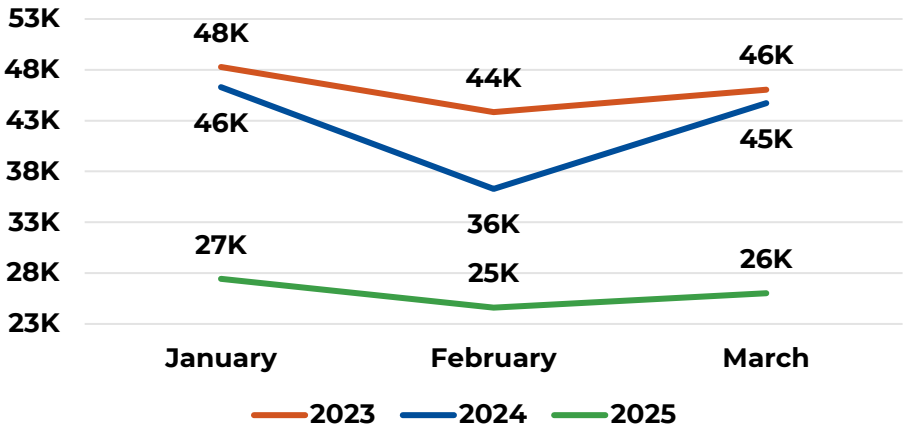
Call Center - Average Wait Time (In Seconds)

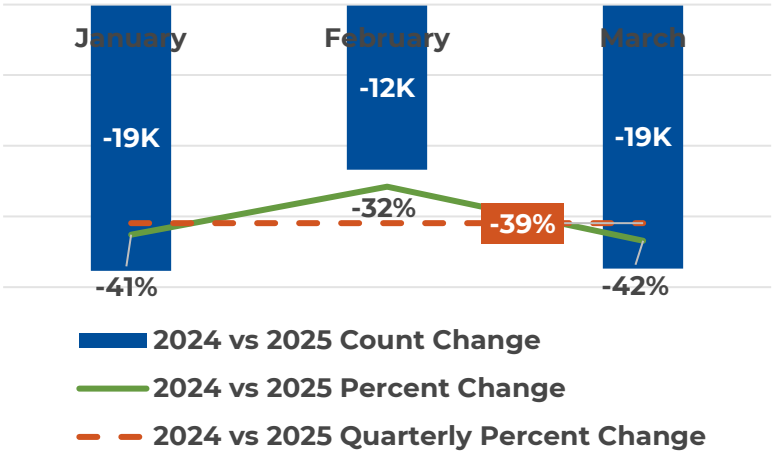




Prior Authorization

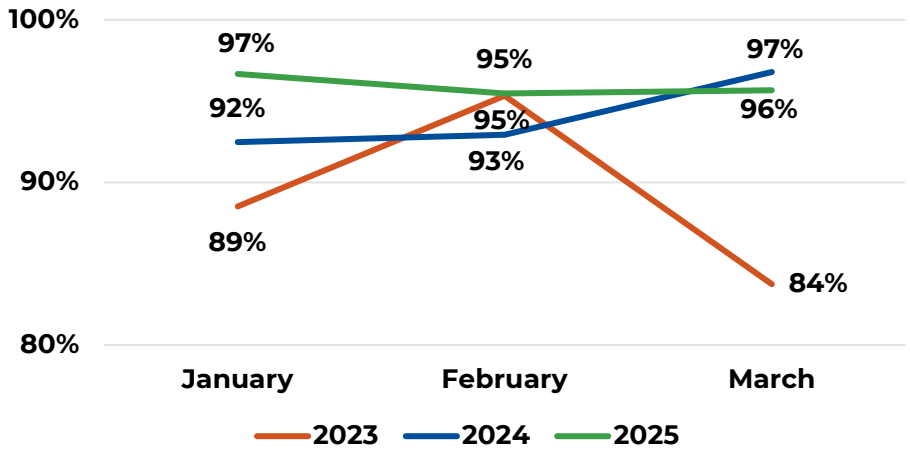
Prior Authorization - Total Combined - Total Completed PA Volume

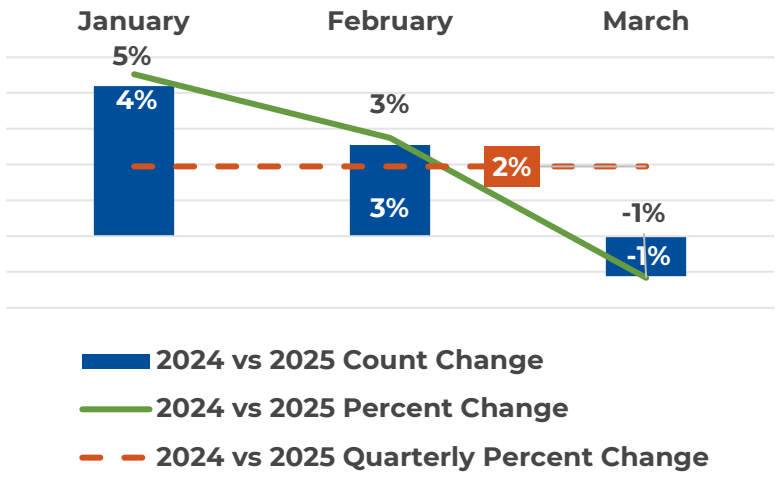




Prior Authorization (Cont.)

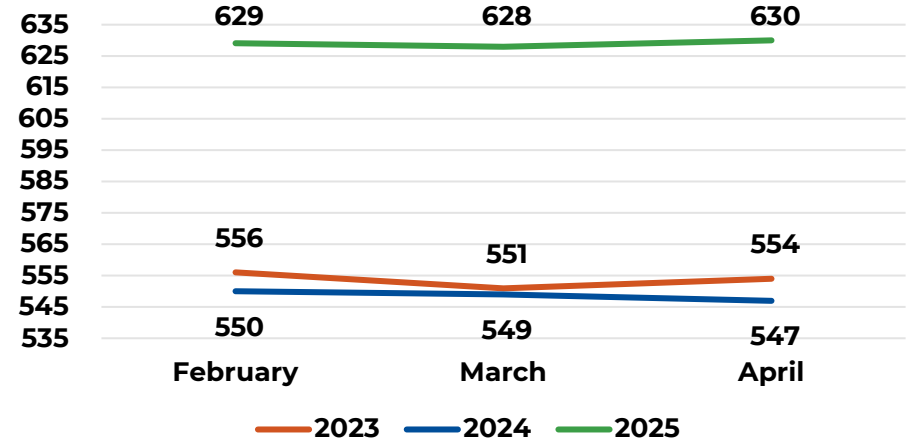
Prior Authorization - Total Combined - Total Percent Completed 0-6 Days

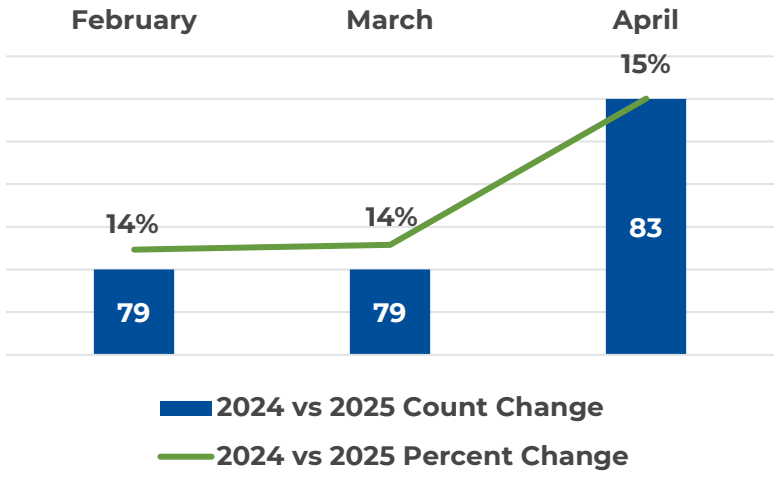




Agency Stats & Provider Network

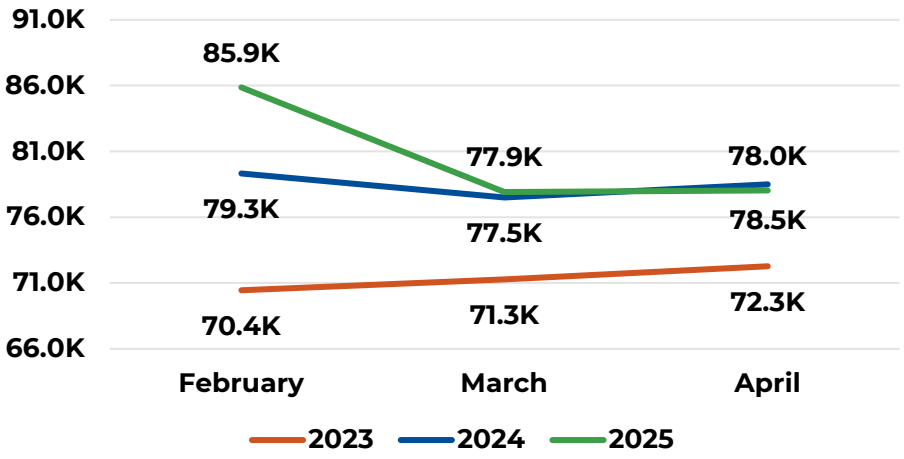
OHCA Admin - Number of FTEs

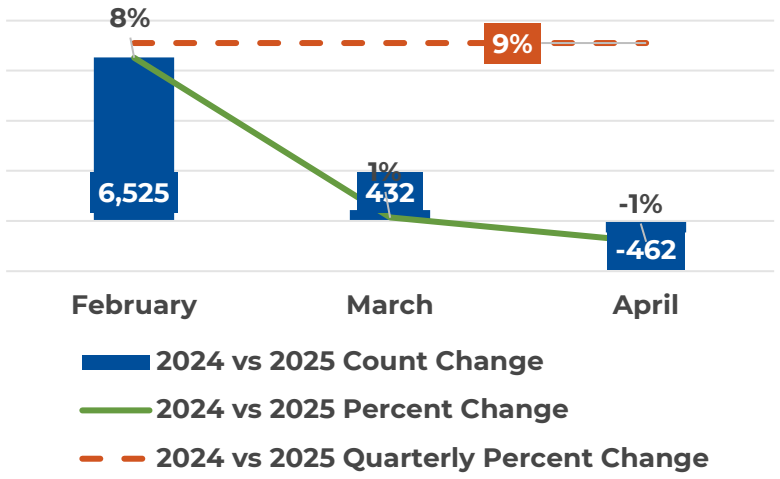




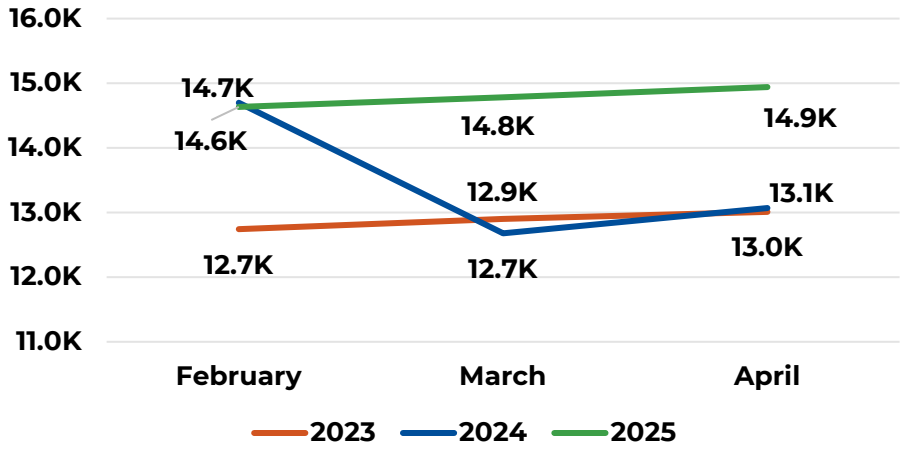
Agency Stats & Provider Network (Cont.)

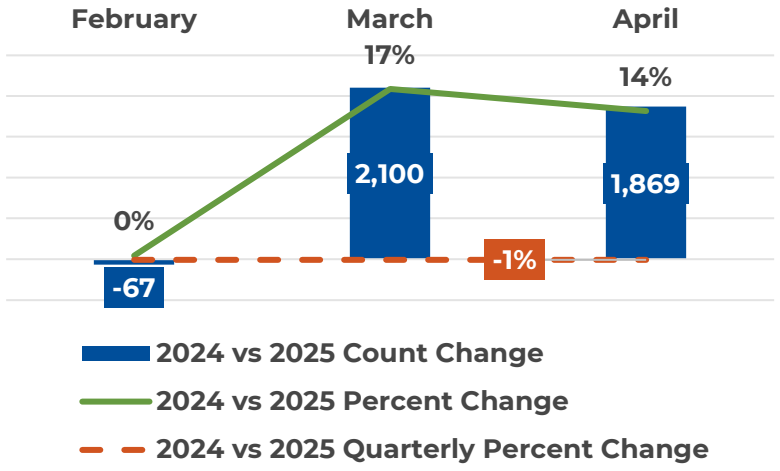
Total Providers





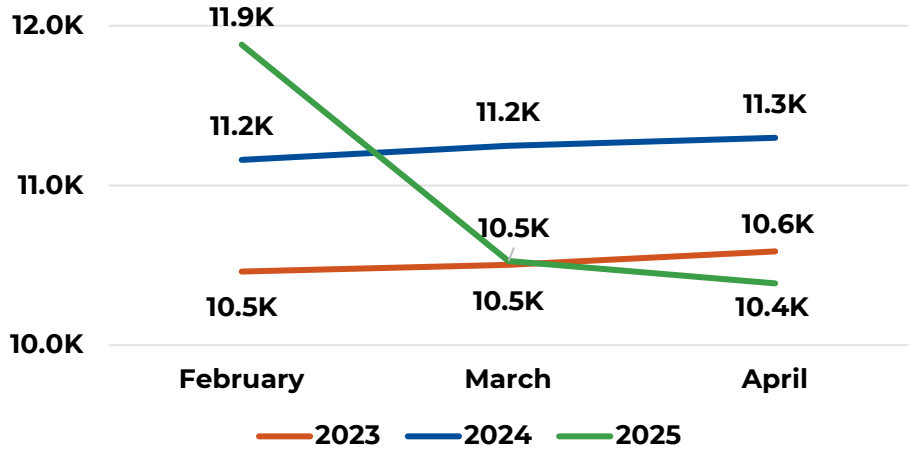
Mental Health Providers (In-State Only)

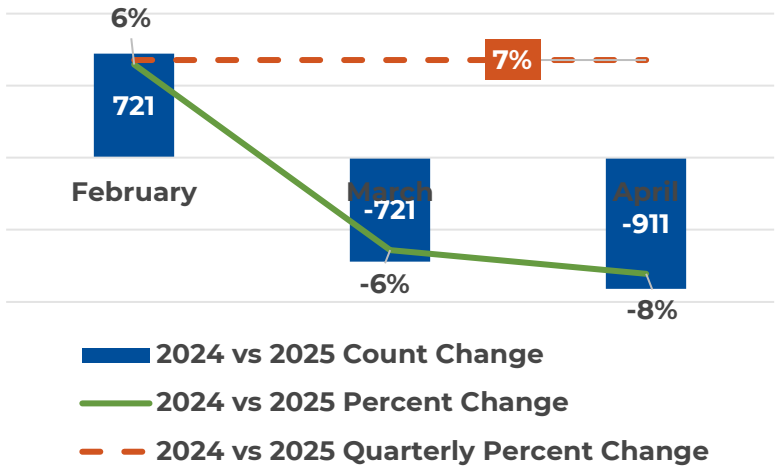




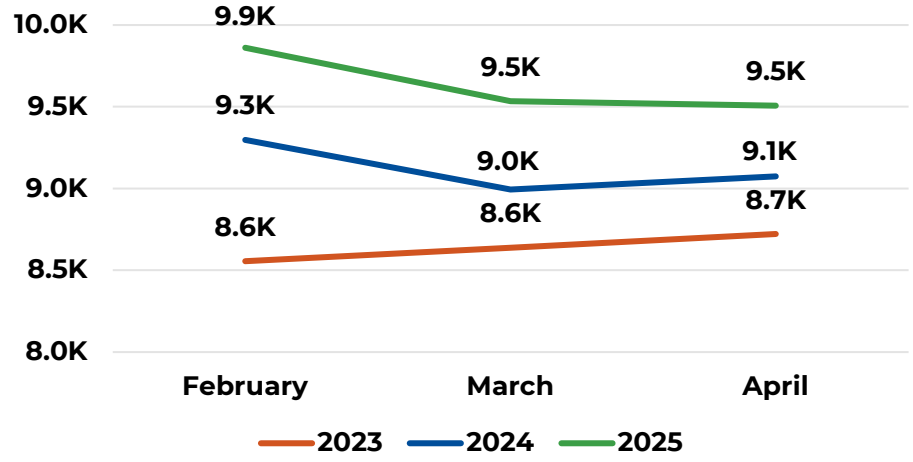
Agency Stats & Provider Network (Cont.)

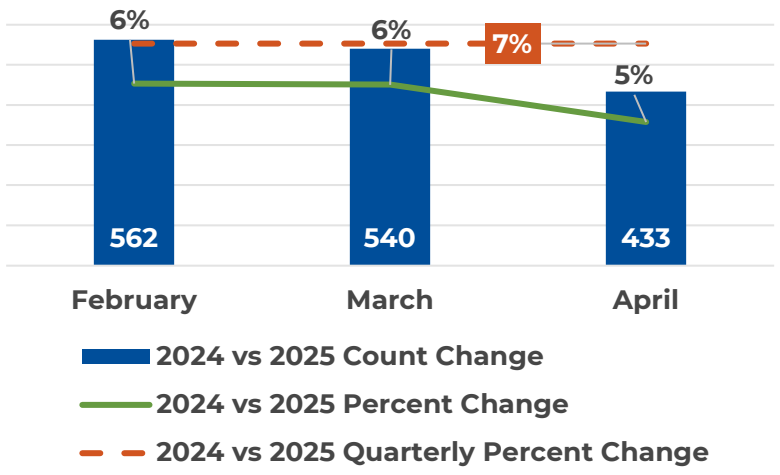
Physicians (In-State Only)





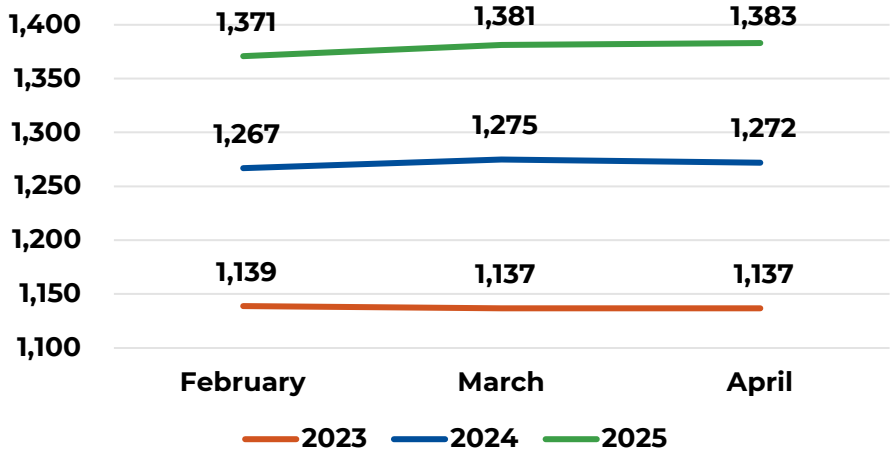
Primary Care Providers (In-State Only)

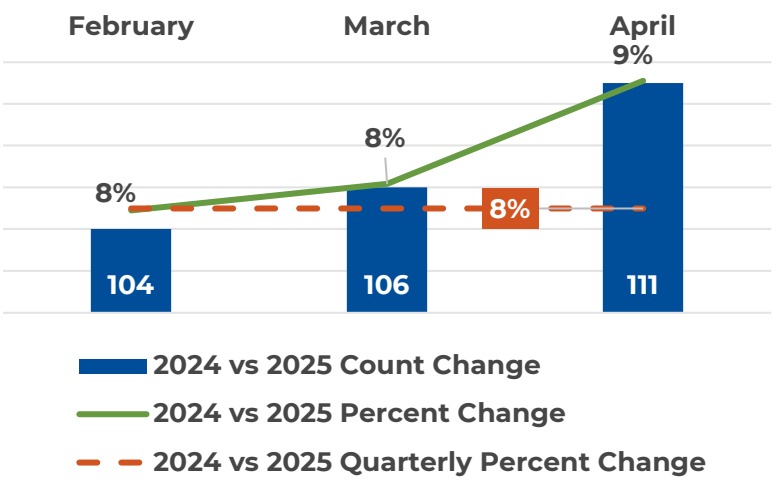




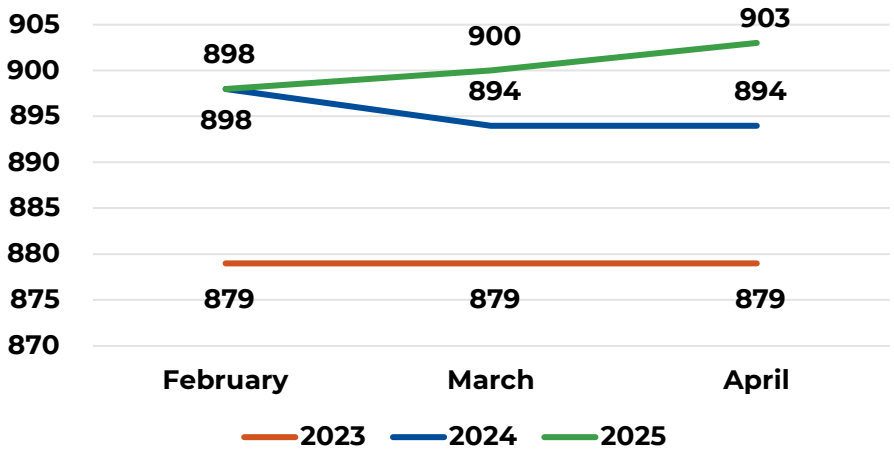
Agency Stats & Provider Network (Cont.)

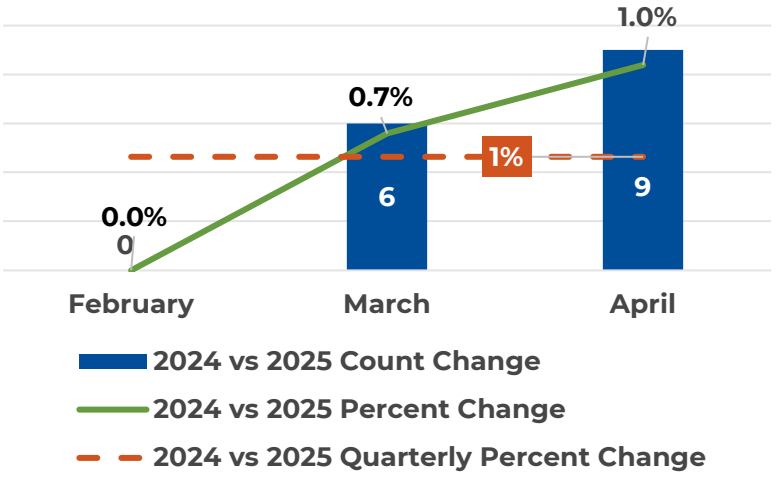
Dentists (In-State Only)





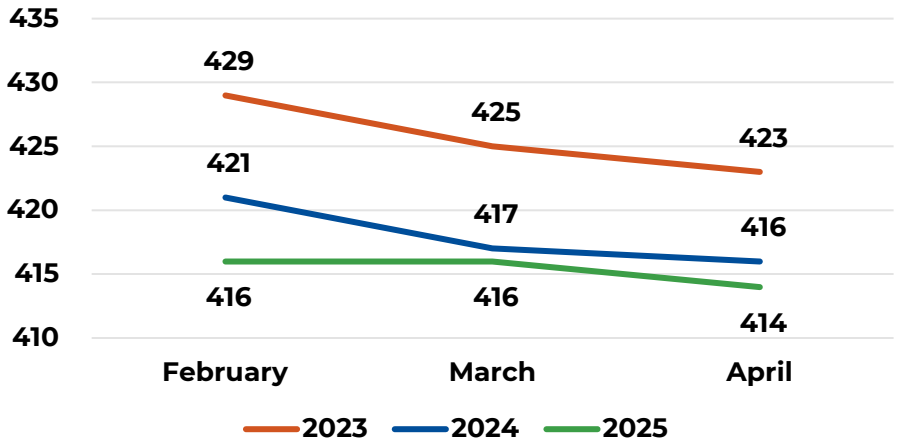
Pharmacy (In-State Only)

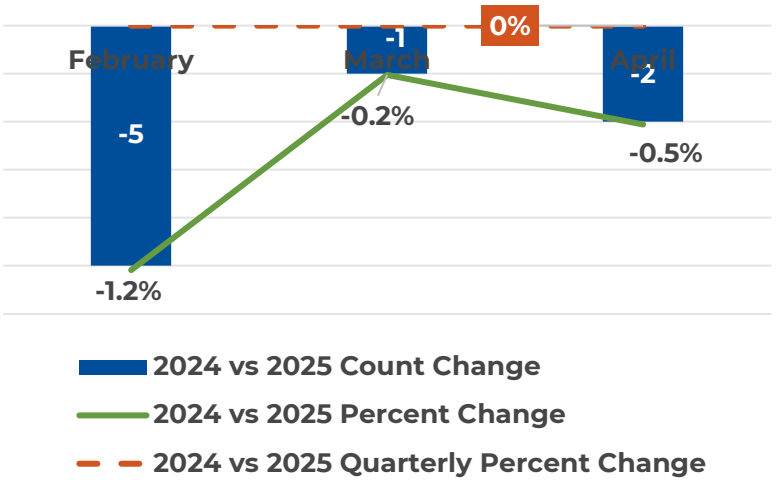




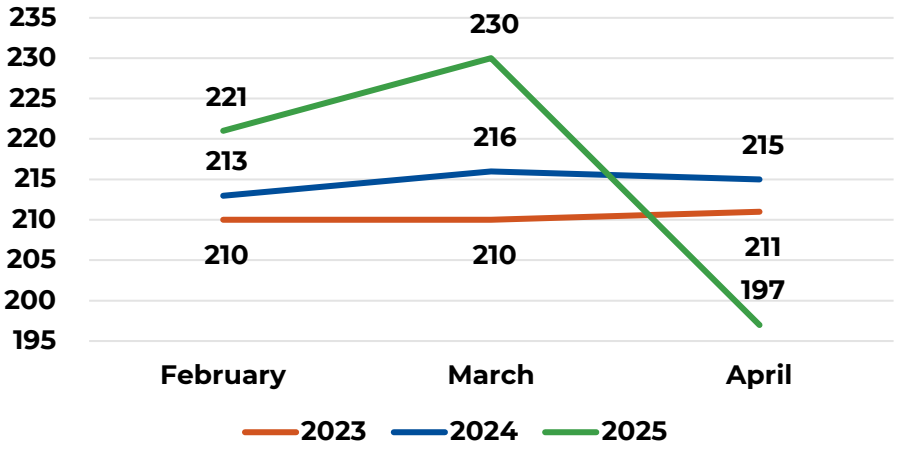
Agency Stats & Provider Network (Cont.)

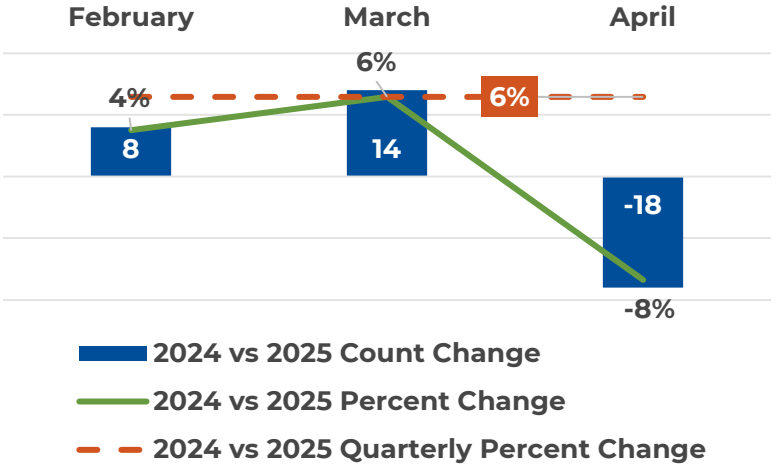
Extended Care Facilities (In-State Only)





Hospitals (In-State Only)





Operational Metrics Query Notes:

Enrollment is any point in time and any length of time enrolled during a month.

Enrollment group (Expansion, ABD, etc.) is based on aid category at time of service.

Payment cycles (number of payment processing weeks) is the main driver of most monthly variances.

Paid claims based on paid dates (FFS or MCE paid claim).

Type of claim (Inpatient, Outpatient, etc.) is based on the claim's category of service.

Emergency department claims based on paid facility claims based on paid dates with revenue codes between 450 and 459.

Opioid data is from the Opioid dashboard MME Calculations files.

Out of state is paid claims based on paid dates. Billing provider is not OK, and address type is service. Results are filtered to just border counties (within 50 miles of border). Data excludes non border county results and specialty pharmacy.

Telemedicine is paid claims based on paid dates. Claim includes procedure codes: Q3014;99441;99442;99443;98966;98967;98968;D9995, or procedure code modifiers GT or 95 or place of service was 02 – telehealth or 10 – telehealth (patients home).

Call center data from Call Center Data_Call Volume Change XLSX (Call Center_Member Calls tab).

Prior Authorization data is based on traditional path PAs. Accelerated path PAs are excluded. Counts include all PA line items (amendments, system added modifiers, etc) and are point in time. Completed PAs are Approved, Cancelled, System Cancelled and Denied. Monthly totals are calculated from the first day of the month to the last Sunday of the month; therefore, monthly totals may not reflect an entire month.

FTE counts from the latest available org chart or from last for a month. Uses agency count OHCA filled number.