



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, May 16th
Board Room
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

1. Welcome— Dana Miller, Director of Tribal Government Relations
2. Proposed Rule, State Plan, Waiver, and Rate Amendments—Sandra Puebla, Federal & State Authorities Director

Proposed Rule, State Plan, and Waiver Amendments

- Laboratory Services Policy Update
 - Work Requirements as a Condition of SoonerCare Eligibility
 - Nursing Facility Rate Changes
 - Title XXI State Plan Revisions
 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
 - Vaccine Reimbursement Rate Methodology
 - Diagnostic, Preventative, and Other Medical Services
 - Provider Rate Increase
 - Department of Mental Health and Substance Abuse Services (ODMHSAS) Rate Increase
3. Other Business and Project Updates:
 - Legislative update- Cate Jeffries, Legislative Liaison
 - Action Plan Update-Johnney Johnson, Tribal Government Relations Coordinator
 4. New Business- Dana Miller, Director of Tribal Government Relations
 5. Adjourn—Next Tribal Consultation Scheduled for 11 AM, July 3rd , 2018

Proposed Rule, State Plan, and Waiver Amendments

Laboratory Services Policy Update — The proposed revisions to laboratory services policy strengthens the language outlining medical necessity and compensable and non-compensable laboratory services. Additional revisions add language that defines penalties that can be enforced for not abiding by the rules regarding medical necessity. Finally, the revisions clarify that the Oklahoma Health Care Authority (OHCA) does not pay for all laboratory services listed in the Centers for Medicare and Medicaid Services

(CMS) fee schedule, but only those that are medically necessary, in addition, to requiring four other conditions for payment.

Work Requirements as a Condition of SoonerCare Eligibility — The proposed policy will establish work requirements as a condition of eligibility for applicable adults age 19 through age 50. The agency has been instructed to use the SNAP criteria and exemptions to structure this provision as a condition of eligibility for certain individuals. The state is also able to propose exemptions for additional populations as it deems necessary to mitigate unintended negative eligibility consequences to appropriate populations. Revisions will outline work requirements, including but not limited to, activities that satisfy as work requirements, individuals who are exempt, steps to take if a member's exemption status or employment status changes, reenrollment conditions after a member loses eligibility for non-compliance, and fair hearing rights.

Nursing Facility Rate Changes — For the rate period beginning July 1, 2018, a proposed amendment to the state plan will recalculate the Quality of Care fee for regular nursing facilities, nursing facilities serving residents with Acquired Immune Deficiency Syndrome, regular (greater than 16 beds) intermediate care facilities for individuals with intellectual disabilities (ICF/IID), and acute (16 beds or less) ICF/IID.

Title XXI State Plan Revisions — The proposed changes will revise and update the current Title XXI State Plan's Strategic Objectives and Performance Goals. These changes are being proposed because current measures and goals are obsolete, and it will allow the OHCA to effectively report on the Children's Health Insurance Program (CHIP) through the CHIP annual report. The revisions will update Section 9, of the Title XXI state plan, and establish new targets for performance to ensure the agency is in compliance with the SSA Strategic Objectives and Performance Goals for Title XXI and all applicable federal regulations.

Additionally, the Title XXI state plan will be revised to update Federal Participation Level percentages (FPL %) throughout the entire document to reflect current percentages, update sections within the plan to ensure compliance with federal regulation regarding parity, update language to reflect current practices regarding tribal consultation and public notice processes, renumber sections, remove obsolete processes, update the budget, and correct grammatical errors in order to comport with the new Title XXI state plan template format.

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) — Changes to DMEPOS are needed to comply with the Home Health final rule & the CURES Act. Due to the Home Health final rule, Durable Medical Equipment (DME) and Supplies will change from an optional benefit to a mandatory benefit. Further, language will be added to describe the DMEPOS benefit and coverage as well as align the provision of DMEPOS as per federal regulation. Revisions to the home health benefit will also be made to comply with guidance from the federal final rule. Additional revisions will establish reimbursement methodology for all DMEPOS items; the proposed methodology will define reimbursement for DMEPOS items described within the CURES Act as well as reimbursement for DMEPOS items outside of that guidance.

Vaccine Reimbursement Rate Methodology — The proposed changes will establish a reimbursement methodology/establishment of reimbursement rates for vaccines.

Diagnostic, Preventative, and Other Medical Services — The proposed changes will identify, outline, and/or clarify coverage of diagnostic and preventive services. Revisions will also reflect current practice, applicable federal regulation, and will update any outdated reference and/or incorrect service coverage.

Provider Rate Increase — Upon legislative approval of Senate Bill 1605, revisions are needed to increase the current reimbursement rates for all SoonerCare-contracted provider types by two percent (2%), and increase the current rates for Sooner Care-contracted long-term care facilities by three percent (3%) with the following exemptions: services financed through appropriations to other state agencies, Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS), non-emergency transportation, services provided to Insure Oklahoma (IO) members, payments for drug ingredients/physicians supplied drugs, Indian Health Services/Tribal/Urban Clinics (I/T/U), Federally Qualified Health Centers (FQHCs), Program for the All-inclusive Care for the Elderly (PACE) and Rural Health Centers (RHCs). All rate increases must comply with state and federal law as well as state cost reimbursement methodologies.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is proposing to increase SoonerCare reimbursement rates beginning July 1, 2018, subject to CMS approval, for the following behavioral health services and Provider types:

- 3% rate increase for psychotherapy (individual, family and group) provided in an outpatient behavioral health agency setting by licensure candidates;
- 3% rate increase for psychotherapy (individual, family and group) provided in an outpatient behavioral health agency setting by Licensed Behavioral Health Professionals (LBHPs);
- 3% rate increase for services provided by psychologists in independent practice and in outpatient behavioral health agency setting; and
- 3% per Diem rate increase for Acute Level 1 Inpatient Psychiatric Hospitals.