

Member Advisory Task Force

Members Present: 10

Steering Committee: 4

Guests: 7

Item	Notes	Recommendations / Golden Nuggets
<p>Welcome, Introductions, Consent Agenda Co-Chairs</p>	<p>Welcome and introductions.</p> <p>Please review the notes from the last meeting and if there is something missed please send email to facilitator so it can be added.</p> <p>Today the Communications Department and video staff from Oklahoma University will be videoing some MATF members giving their testimonials regarding how SoonerCare has helped their family.</p>	
<p>Legislative/Budget Update Communications and Legislative Liaison staff</p>	<p>This year there was a 5% provider increase with some exceptions. Oklahoma Health Care (OHCA) has received the list of exceptions and Private Duty Nursing (PDN) is not on the list. Services financed via other state agencies are not eligible. OHCA will follow-up on the exceptions with Department of Human Services (DHS). Last year there was a 3% rate increase for providers.</p> <p>A special savings fund (FMAT Stabilization Fund) of \$29 million was established for rate preservation. These are federal funds and the sole purpose would be for provider funding in the future should the State have to reduce such funding. Approval must be given by the State Treasurer and Office of Management and Enterprise Services (OMES) for OHCA to use these funds. OHCA was the only agency to receive a stabilization fund.</p>	<p>RECOMMENDATION: Two legislators (Hicks and Munson) asking for an interim study of provider rates for PDN. If granted, MATF would like to partner with OHCA when the study is done.</p>

	<p>No limits bill – OHCA is the only agency that did not have one.</p> <p>State employees will also receive a raise \$600 - \$1,500 per employee.</p> <p>Graduate Medical Education separated out from OHCA.</p> <p>Effective October 1st, there will be an overhaul of long-term care facilities including those with intellectual disabilities: receiving a substantial increase, changes of quality control measures, and staff ratios. SB 280 - \$21.6 million going to AIDS, Nursing Homes, INTELLECTUAL DISABILITIES.</p> <p>SB 575 – Telemedicine in Schools. Parents can give consent and their child can be seen by telemedicine for 1 year. OHCA is working on rules and how payment will be made and monitoring.</p> <p>One member shared a concern about child missing school and school giving trouble for family. There are only so many days during the school year a child can be absent. With the new Bill even if there are doctor notes, some absences will not be approved.</p> <p>The Americans With Disabilities Act (ADA) has an overarching rule whether you are in education or not. That rule states that everybody has to have reasonable accommodations when they have the criteria under ADA. SMA would be under that criteria. Suggestion was made to look at the Bill regarding absences and go to State Department of Education (SDE) and inquire what oversight will be provided to assure that everybody has access to education and is not kicked out of school because of absences. An unintended consequence of the bill is children with high medical needs.</p> <p>Managing the health care for children with medically fragile or very complicated health concerns will be presented at the August meeting.</p> <p>Over the next few months OHCA will be looking at: Out-of-state expenditures; the Governor’s health care plan as an alternative to the Medicaid expansion state question that has had a court challenge filed; psychiatric residential treatment facilities; adults with Traumatic Brain Injury (TBI) treatment options, other states have waivers that will be reviewed to start</p>	<p>MATF member will receive assistance connected to Todd Loftin, OSDE.</p> <p>RECOMMENDATION: Possibly an interim study on this Bill regarding the effect to children with high medical needs.</p> <p>RECOMMENDATION: To call the State Department of Education together regarding this issue. School staff may need additional training regarding this.</p>
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	<p>conversations. Adults on Medicaid with TBI have not place to go; interim study deadline is the end of June for the House and the end of July for the Senate.</p>	
<p>Patient Centered Medical Homes (PCMH) Overview</p>	<p>When a Medicaid program contracts with the Federal program and has a State Plan with buy in, and there is clear direction of what will be done, funds are given that help to pay the bills related to operation of said program. The portion received from the Federal government is called Federal Matching Assistance Percentage (FMAP). When things are good the FMAP percent is at 70% and the State match is 30%. The FMAP percentage is calculated on the poverty level of your state.</p> <p>In the early 90's paying providers was getting harder and there were provider rate reductions. Other states were saying the way to go is Managed Care, and that the budget challenges could be overcome, and the budget would be more stable and predictable. PCMH was created to implement managed care and have a better budget predictability in the Medicaid Program. An element in Managed Care is designed and structured in the system so that if you meet the criteria for the program, PCMH will help you get aligned with a provider. There are multiple kinds of managed care. Approximately 9 years ago when a member aligned with a doctor and medical home the focus was on the member. A PCMH does a full comprehensive assessment of the member and member's family and their needs. The whole medical team and office staff knows you, listens to you, and wants to help you. Oklahoma moved in that direction. Also, the way payment was paid to providers changed. Primary Care Case Management – main medical care is covered by the primary provider, who can refer the patient to specialists. Sixty-five to seventy percent of the enrollees in this program are aligned this way. Federal Approval and a Waiver was received for Managed Care Patient-Centered Medical Homes. People can be enrolled in PCMH if: they are not a nursing home patient; if not in a home or community-based services waiver, if do not have other insurance of some kind; and if not in state or tribal custody for children; and the duals Medicare/Medicaid.</p> <p>There are more than 1,000 clinics that are Patient-Centered Medical Homes and take care of 65-70% of the members. Some of the doctors are also in fee for service program.</p>	

	<p>This program is approved in the waiver and an extra level of scrutiny is required. There is a special evaluation to complete every year, based on the patient Medical-Centered Home, and on the patient having regular access to care:</p> <ol style="list-style-type: none"> a. Are they getting in to see the Doctor? b. Do they have lower emergency room use? <p>In the future, OHCA will be looking at the care coordination payment. Have already reviewed other states' programs and are working with a consultant in what the upgrade of the program will look like. Plans are to provide information later this fall to the physicians, other providers, and member and advocacy groups.</p> <p>There are 4 programs that provide additional care coordination for members related to the Medical-Centered Medical Home. One is called Health Access Networks (HAN) and the Patient Medical-Centered Medical Home can choose if they would like to or need to have for their clinic. Health Management Program (HMP) this contractor has nurses, social workers, and some administrative staff who do health coaching for members, especially for members who are learning how to handle a chronic condition. These staff members can come to your home or go to the doctor with you. There is also a Chronic Care Unit at OHCA, helping people with sickle cell, Hep C, new meds, and provide support to the members. Also, there are specialty areas such as Population Care Management helping short term conditions and Behavioral Health.</p> <p>There are still three tiers in the Medical Home and will be looked at in the future redesign. Re-design will allow payments for outcomes. Information is available to review front page of OHCA website click on "patient centered med home". Members are encouraged to review.</p> <p>Insure OK</p> <ul style="list-style-type: none"> - Employer sponsored - Individual 	<p>RECOMMENDATION: Medical Care Coordination for ALL. Those on DD waiver do not get medical care coordination. Which for many their health concerns are more</p>
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	<p>To provide comments, concerns, ideas for Patient Centered Medical Home send an email to: medhomecomments@okhca.org</p> <ul style="list-style-type: none"> - About ½ of members are in a medical home 	<p>significant than need for DD.</p>
<p>Lunch and Upcoming Agenda Discussion</p>	<p>Agenda Items –</p> <p>Teen Task Force – came from MATF Strategic Planning meeting.</p> <ul style="list-style-type: none"> - Encourage young adults, pre-teen, teen 13 -20 years to more personally responsible for their health care - Health literacy - Well child visits during adolescents – tough to get them in - If you want to talk about a population and how to help them they need to be engaged - Get parent and youth comfortable <p>Prescription cough medicine not covered in cases where kids have asthma or bad cough</p> <p>Prescription coverage, over the counter, and differences between adults and kids</p> <p>One member asked about emotional support (therapist) for child</p>	
<p>Care Coordination from Behavioral Health Services (Behavioral Health Manager)</p>	<p>Care Coordination is a huge component of the Behavioral Health Unit. Authorization of children and adult inpatient services for ages 0-64 is one of the largest functions of the Unit. Behavioral Health Unit completes prior authorizations for Therapeutic Foster Care for children in Child Care Welfare custody.</p> <p>For a list of providers can call direct number 800-652-2010 or Sooner Health Care Line Member Services at 800-987-7767.</p> <p>Generally Behavioral Health and Mental Health are interchangeable. Sometimes it is differentiated because it includes substance abuse. Substance abuse and mental health outpatient services is available for children and adults. Inpatient services are for children and adults with mental</p>	<p>RECOMMENDATION: Need Infographic defining behavioral and mental health, and substance abuse and the appropriate</p>

	<p>health related issues as the primary diagnosis. The only substance abuse inpatient stay for children and adults is for a medical detox. However, some state dollars are available through the Department of Mental Health and Substance Abuse for substance abuse residential beds.</p> <p>There are no session limits for children under 21. Different types of providers have different limits. Independent contractors – 4 sessions/month and agency contracts have a tier system based on medical necessity for outpatients up to a certain amount of dollars.</p> <p>If someone does not have insurance there are Community Health Services across the state that are usually accessible on a sliding scale fee.</p> <p>You do not have to have a referral to go to counseling. Behavioral health services do not require a referral from the primary care physician, but all services must have prior authorization. The provider can see a someone one time (intake) and if additional sessions are needed then the provider will complete the prior authorization form.</p> <p>Sooner Ride – Can access for doctor appointments, therapy, and pharmacy. Requires a 3-day advance notice to schedule Sooner Ride unless there is a crisis. You can also get reimbursement. There are rules about how far you can drive. Reservations can be made up to 14 days in advance. Prior authorization is required for any travel that will be over 100 miles.</p> <p>Care coordination has 12 reviewers (1 nurse and 11 licensed counselors) that are assigned to take calls each day. Four to five crisis calls are received daily. They will help find the outpatient resources if do not meet inpatient eligibility requirements.</p> <p>When a child or adult is discharged from an inpatient mental health setting, one person is assigned to call or attempt to call the adult and/or guardian. They will assess that their medication is available for the patient at home and</p>	<p>agency (Behavioral Health and Mental Health Services or Department of Mental Health & Substance Abuse) to contact for services.</p> <p>Joni will send out list of Community Health Centers</p> <p>RECOMMENDATION: Laminate and send to members the front page of the important numbers in the SoonerCare.</p> <p>GOLDEN NUGGET: Can use Sooner Ride to go to the pharmacy.</p> <p>GOLDEN NUGGET: When you schedule Sooner Ride for a doctor's appointment go ahead and schedule for both a doctor's appointment and travel to the pharmacy. Then if you are given a prescription you have transportation to the pharmacy arranged. That can be cancelled if you do not need to go to the pharmacy.</p>
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	<p>see what other resources may be needed or any barriers they can assist with that will help them remain stable “transition to success”; i.e., trouble getting ahold of the provider they are to see for the follow-up visit. The behavioral health unit can assist in the short-term transition, but nothing is available for long-term.</p> <p>There are two board certified child and adolescent psychiatrists (and one part-time) on staff. There is a psychiatric contact line for peer-to-peer service. Example: a primary care doctor is prescribing a psychiatric medication to one of our members. The doctor can call the number and set up a time to consult with one of our doctors.</p> <p>Transportation for parents when child is inpatient.</p> <p>Telehealth is accepted for family therapy but cannot be the only visit.</p> <p>Bundled payment per day includes funding for hospital to give small amount of money to family for gas.</p> <p>Residential only for kids to 21 years. No providers for the 18-21 years.</p> <p>Adults do not have access to post-acute.</p> <p>Behavioral Health Unit also coordinates intra-agency referrals. There is coordination between the psychiatric and medical doctors to assure members receive needed care.</p> <p>When patient is getting ready to go home, there is a mechanism in place that the outpatient provider can provide transition services if the inpatient provider writes an order.</p> <p>Psychological testing is available for SoonerCare.</p>	<p>RECOMMENDATION: Get Sooner Ride information out better.</p> <p>RECOMMENDATION: Search for other states that may have a model for assisting families when their child is coming home after an inpatient stay.</p> <p>RECOMMENDATION: For the back to school issue of the newsletter, Facebook, website – way to access mental health information for youth who need counseling – scared about going back to school.</p>
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<p>Wrap-Up, Agenda for August 3 Discussion, Adjournment (Co-chairs)</p>	<p>Future agenda item: SoonerRide rules and regulations.</p> <p>Next meeting – August 3, October 12, December 7</p> <p>Meeting adjourned</p>	
<p>Future MATF Meetings: Tentative August 3, October 12, December 7 Board of Directors: August 8; Sept. 12; October 10, November 14, December 12, 2019 from 1 pm to 3 pm</p>		