



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, January 3rd
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—Demetria Bennett, Policy Development Coordinator

Proposed Rule, State Plan, and Waiver Amendments

- 16-03 Cost Sharing
- 16-14 Inpatient Behavioral Health Policy Revisions
- 16-18 Telemedicine Revisions
- 16-19 Policy Revision to Allow Additional TEFRA Developmental Evaluation Options
- 16-28 Policy Revision to Contracting Rules
- 16-29 General Policy Cleanup
- 16-30 Insure Oklahoma Policy Changes and Cleanup
- 16-31 A&B Long Term Care Facility Policy Revisions
- 16-32 Provider Contracting Updates and Hospital Language Cleanup
- 16-33 Therapeutic Foster Care (TFC) Revisions
- 16-35 Outpatient Behavioral Health Policy Revisions
- 16-36 Policy Revision to Program Integrity Audits and Electronic Records/Electronic Signatures/Hand-Written Signatures
- Insure Oklahoma Waiting Period for Dependent Children with Creditable Coverage and Language Update
- Incontinence Supplies Sole Source 1915(b)(4) Waiver Request
- In-Home Supports for Adults Waiver Renewal Application
- In-Home Supports for Children Waiver Renewal Application
- Over-the-Counter Products Update
- Establishing rates for mammography codes

- Other Business and Project Updates:
 - 100% FMAP through an ITU- Johnney Johnson, Coordinator, Tribal Government Relations
 - Insure Oklahoma Sponsors Choice update- Dana Miller, Director of Tribal Government Relations
 - Provider contract renewal update- Amy Bradt, Provider Contracting Manager
 - SoonerRide tribal amendment- Lucinda Gumm, Coordinator, Tribal Government Relations
 - SoonerHealth Plus update- Dana Northrup, Project Manager
 - ITU Provider Training report- Stephanie Mavredes, Provider Education Specialist
- 3. New Business- Dana Miller, Director of Tribal Government Relations
 - Pharmacy State Plan Amendment- Sandra Puebla, Federal Authorities Coordinator
- 4. Adjourn—Next Tribal Consultation Scheduled for 11 AM, March 7th, 2017

Proposed Rule, State Plan, and Waiver Amendments

16-03 Cost Sharing — Proposed policy revisions include language cleanup in Chapter 30 in order to match Federal regulations enacted in 2013. The aggregate limit on premiums and cost sharing incurred by all members in the Medicaid household will not exceed 5 percent of the family's income applied on a monthly basis.

16-14 Inpatient Behavioral Health Policy Revisions — Proposed Inpatient Behavioral Health policy is revised to clarify that payment for Health Home transitioning services provided under arrangement with an inpatient provider will be directly reimbursed to the Health Home outside of the inpatient facility's per diem or DRG rate.

16-18 Telemedicine Revisions — The proposed revisions rename the service telehealth to be more inclusive of an array of telehealth technologies that could potentially be used to deliver healthcare services to SoonerCare members. The revisions define telehealth and specific telehealth technologies and remove language requiring informed consent due to changes in Oklahoma statutes. Additionally, revisions remove language that was missed in a previous rule revision that removed references to "originating site".

16-19 Policy Revision to Allow Additional TEFRA Developmental Evaluation Options — Proposed revisions allow additional providers to evaluate Tax Equity and Fiscal Responsibility Act (TEFRA) applicants under age three for the measurement of developmental milestones in order to determine Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) institutional level of care. Current rules only allow for an evaluation by SoonerStart Early Intervention Program. There are other appropriate providers and evaluation tools that can be utilized to evaluate developmental milestones. The criteria for severe dysfunctional deficiencies in at least two total domain areas remain in effect.

16-28 Policy Revision to Contracting Rules — The proposed provider contracting revisions revoke administrative sanction rules as the language is obsolete and does not accord with current agency

practices. Proposed revisions also revoke other agency rules which have been substantively revised to clarify what the agency may consider when deciding whether to terminate a contract with a particular enrolled provider. Also, proposed revisions add a new rule which explains what factors OHCA may take into consideration when deciding whether to approve an application for a new or renewing provider enrollment contract. In addition, proposed revisions add a new rule which modifies and replaces the Emergency Rule which will expire on September 14, 2017. The new rule fulfills a Federal requirement for all state Medicaid agencies to institute fingerprint-based criminal background checks for certain "high categorical risk" providers who want to contract with the state. Proposed revisions also add a new rule which streamlines, clarifies and provides examples of the kinds of conduct that may serve as a basis for a for-cause termination of a provider contract.

16-29 General Policy Cleanup — Policy revisions will reflect the correct physical address of the Oklahoma Health Care Authority along with minor language cleanup and formatting errors throughout policy.

16-30 Insure Oklahoma Policy Changes and Cleanup — The proposed policy revisions include minor language cleanup and removal of outdated language in order to reflect current business practices. In addition, proposed revisions add new language regarding college student enrollment as well as applicant eligibility requirements for the Insure Oklahoma Individual Plan member.

16-31 A&B Long Term Care Facility Policy Revisions — Proposed Long Term Care policy revisions update rules to align with current business practices, state and federal regulation changes and remove references to outdated terminology.

16-32 Provider Contracting Updates and Hospital Language Cleanup — Proposed revisions to the following provider types amend rules to ensure policy mirrors OHCA provider contract language: Optometrists, Renal Dialysis Facilities, Hospitals, Birthing Centers and Podiatrists. Hospital policy is further revised to update requirements for reporting abuse to align rules with state statutes.

16-33 Therapeutic Foster Care (TFC) Revisions — The proposed Therapeutic Foster Care revisions remove minimum time requirements for behavioral health assessment services to allow providers more flexibility in completing biopsychosocial assessments. Additional revisions add frequency limitations to clarify limits on how often an assessment can be completed at a single agency. Further revisions clarify if an assessment is performed by a licensure candidate, it must be countersigned by the licensed behavioral health professional who is responsible for the member's care. This change will clarify oversight requirements for licensure candidates and ensure quality of care. Rules are also revised to clarify specific clinical documentation requirements when changes need to be made to the service plan prior to the scheduled six month review/update. In addition, minor language clean-up changes are made.

16-35 Outpatient Behavioral Health Policy Revisions — Proposed policy revisions remove outdated references to Axis diagnosis and add new language to align with changes to the Diagnostic and Statistical Manual of Mental Disorders (DSM). Additional revisions clarify clinical outpatient behavioral health agency provider documentation requirements for when changes need to be made to the service plan

prior to the scheduled six month review/update. Rules are also revised to clarify that behavioral health case management is not reimbursable for members who are enrolled in a Health Home. Case management and care coordination are included with the Health Home payment and separate reimbursement for behavioral health case management would result in duplication. Additionally, rules are revised to clarify that, unless otherwise specified in rule, reimbursement is not allowed for outpatient behavioral health services provided to members who are considered to be in "inpatient status". Additional provisions, which were previously approved as emergency rules, are not revised and contained in this work folder.

16-36 Policy Revision to Program Integrity Audits and Electronic Records/Electronic Signatures/Hand-Written Signatures — Proposed revisions in Program Integrity Audits/Reviews policy clarify the OHCA audit process by: explaining that the scope of audits may include examination for fraud, waste, and/or abuse of the SoonerCare program; establishing a clearly defined response due date for providers who want to request an informal reconsideration and/or formal appeal of audit findings; informing providers that overpayments identified through the audit process may be withheld from future payments if the provider fails to timely contest the underlying audit findings; and other language clean-up. Also, proposed revisions in electronic records and signatures policy set a consistent timeframe in which medical records are to be authenticated, including those instances in which transcription occurs. Additionally, the rules have been revised to correct errors, improve reader comprehension, and make the language consistent with other OHCA administrative rules.

Insure Oklahoma Waiting Period for Dependent Children with Creditable Coverage and Language Update — A proposed amendment to the Title XXI State Plan will revise the current language regarding the waiting period for dependent children eligible for Insure Oklahoma benefits who already have or have had creditable coverage through another source. The current Title XXI State Plan states that they must undergo a six-month uninsured waiting period, with exceptions, prior to becoming eligible for either the Insure Oklahoma Employer Sponsored Insurance (ESI) or Individual Plan (IP). Proposed changes will make the waiting period optional and no more than 90 days. This State Plan Amendment (SPA) is needed in order to come into compliance with new federal regulations which require that waiting periods can be no longer than 90 days.

Further, the amendment will update language regarding coverage for dependent children in the Insure Oklahoma Individual Plan, as the Centers for Medicare & Medicaid Services (CMS) has eliminated this population by limiting income qualifications for the Individual Plan to less than 100 percent of the federal poverty level (FPL). As coverage for dependent children was for those in households from 185 to 200 percent of the FPL, Individual Plan coverage is no longer possible. The State took necessary action to comply with the federal requirements regarding financial qualifications for the Individual Plan effective January 1, 2014, and is now updating the Title XXI language for dependent children to match.

Incontinence Supplies Sole Source 1915(b)(4) Waiver Request — The State will seek to waive freedom of choice for incontinence supplies under Section 1902(a)(23) of the 1902 Social Security Act via a 1915(b)(4) waiver request. The State has elected to utilize selective contracting in order to deliver a high quality program with sufficient utilization controls for incontinence supplies under the EPSDT benefit for

children ages 4 through 20, as long as medical necessity criteria are met. OHCA has negotiated fixed rate reimbursement for the incontinence supplies furnished under the provider agreement. Further, OHCA has expanded the agreement to include professional service contract terms, in which the vendor provides customer service for members and ordering providers.

In-Home Supports for Adults Waiver Renewal Application — The Oklahoma Department of Human Services is seeking a 5 year renewal of the In-Home Supports for Adults (IHSW-A) waiver. The IHSW-A serves individuals with Intellectual Disabilities age 18 and over. Specific changes include, but are not limited to, (1) Updating the rate determination methods section with details related to the fixed rate method associated with Prevocational and Supported Employment services; (2) Updating the Family Counseling service provider section; (3) Updating the Person Centered Planning and Service Delivery section; (4) Updating language regarding critical incidents and reporting, dental service providers, seclusion and restraints and supported employment services definition and limits; (5) Updating Specialized Medical Supplies and Assistive Technology language to remove waiver coverage of incontinence supplies as these supplies are now covered by SoonerCare; (6) Updated unduplicated number of participants and reserved capacity number; and (7) Deleted Physician Services from Appendices C and J. Other changes include general clarification and clean-up.

In-Home Supports for Children Waiver Renewal Application — The Oklahoma Department of Human Services is seeking a 5 year renewal of the In-Home Supports for Adults (IHSW-C) waiver. The Oklahoma Department of Human Services is seeking a 5 year renewal of the In-Home Supports for Children (IHSW-C) waiver. The IHSW-C serves individuals with Intellectual Disabilities age 3 to 17. Specific changes include, but are not limited to, (1) Updating Person Centered Planning and Service Delivery section; (2) Unduplicated number of participants and reserved capacity numbers; (3) Updating cost data/estimates updated throughout Appendix J; (4) Updating Specialized Medical Supplies and Assistive Technology language to remove waiver coverage of incontinence supplies as these supplies are now covered by SoonerCare; and (5) Added Prevocational and Supported Employment services for members age 16 and above. Other changes include general clarification and clean-up.

Over-the-Counter Products Update — A proposed amendment to the Title XIX State Plan will revise language pertaining to pharmacy over-the-counter (OTC) coverage. The State Plan currently states that OTC drugs, rather than products, are reimbursable. Not all covered OTC products are considered drugs; therefore, a change in language is needed to clarify OTC coverage and align the State Plan to current practice.

Establishing rates for mammography codes

The Oklahoma Health Care Authority (OHCA) is proposing a method change to rates for mammography with bundled computer aided detection. Existing CPT codes have been deleted and new CPT codes for 2017 have been established. CMS has determined the Medicare claims system will be unable to process claims using the new 2017 CPT codes due to technical issues; therefore, CMS will continue to use their established G codes for mammography and change the descriptor to match the new 2017 CPT codes. There are no current RVU rates set for these 2017 CPT codes; therefore, the OHCA proposes to set CPT rates to mirror the rates set for the CMS G codes with the same descriptions.

New Business

Pharmacy State Plan Amendment — A proposed amendment to the Title XIX State Plan will revise language to reflect OHCA's participation in the Sovereign States Drug Consortium for supplemental rebate negotiation. The amendment will also update the pharmacy coverage to specify that investigational drugs are not covered; even if they have been FDA approved but are part of a post marketing study or trial.