

Item	Notes	Recommendations/ Golden Nuggets
<p><b>Welcome, Consent Agenda</b></p>	<p>Welcome and participants introductions were done.</p> <p>Even though MATF members normally are not paid more than \$600 in a calendar year, the Oklahoma Family Network is required to have members complete a W-9 form. W-9 forms were distributed. If a member reaches the \$600 level, they will receive a Form 1099 at the end of the year. The stipend form has been revised to include mileage (.54 cents/mile). Individuals should let the Oklahoma Family Network (OFN) know if they pay child care and the cost can be factored in.</p>	
<p><b>Legislative Watch</b></p>	<p>The legislative session started on Monday, February 6<sup>th</sup>. The Governor presented the State of the State address and reiterated again, her desire to increase the cigarette tax. Last year, the agency worked with other health care agencies on the Medicaid Rebalancing Act. The Medicaid Rebalancing Act was going to be a way to stabilize provider rates and increase access for individuals to Insure Oklahoma. It would be funded by a new cigarette tax as well as leveraging federal dollars through Medicaid expansion. Medicaid expansion is not a viable option through the current Presidential administration and the matching rate the federal government provides to help reimburse providers is lower than anticipated. The budget request this year is almost \$200 million. The state is expecting an \$860 million shortfall. Legislators heard from patients, hospitals, doctors, nurses, and individuals, about the need for the cigarette tax. Portions of the cigarette tax would come to the Oklahoma Health Care Authority (OHCA) and they would be able to spend it on the reimbursement rates that are expected to go down because of federal loss. The committee vote will be next Monday and there may be an issue on the house floor for passage. To pass a tax increase in the state of Oklahoma, there must be 3/4 support by members of the legislature.</p> <p>There is currently a bill that states the "Soon to Be Sooners" program should be discontinued. This program includes pregnancy services and provides coverage for U.S. citizens and non U.S. citizens. There is a push at the capitol to not provide services to non U.S. citizens. These babies are going to be born in Oklahoma and the mom may not have had prenatal care. It is beneficial to have prenatal care to reduce possible problems at birth. When someone comes in for prenatal care, the services are paid out of the Soon to Be Sooners program budget. If the individual falls into income eligibility and they show up at the ER, has had no prenatal care, and the baby is delivered at the hospital, OHCA pays for the delivery. If money is spent up front for prenatal care, hopefully there will be a healthy delivery.</p>	<p><b>Recommendation:</b>  <b>MATF members should send an e-mail to their legislator(s) in support of the cigarette tax</b> (contact the presenter if you are unaware of whom your legislator is. They will send a link to OFN with a listing of legislators to include contact information)</p>

	<p>Last year there was a bill, HB 2962, which was a bill to require private insurers to cover certain treatments for children with autism and ADA therapy. In the bill, OHCA was required to work with other agencies on what ADA therapy is, cost for implementation, the number of kids impacted, what states cover it and why they cover it. A report was compiled and submitted to the legislature in December and is available on the OHCA website. The information compiled determined that across state agencies, there are numerous services available.</p> <p>HB 1579 – this bill will allow a data exchange with the Department of Public Safety for verifying member identity (obtain a state ID number or driver’s license number to confirm identity). Question was asked about including a photo. It may be additional cost to DPS to include a photo, but it could possibly be included.</p> <p>SB 729 – this bill is a Medicaid super lean bill. 3<sup>rd</sup> party claims – OHCA will get paid back in full before other leans are paid.</p> <p>SB 773 – this bill is a care coordination model for foster care kids. OHCA works with DHS to assure kids in the foster care system get as much of their Sooner Care benefit as possible and coverage continues if the child is adopted. Their medical benefit will transfer with them wherever they are located and includes managed care. The language states an RFP will be prepared. Instead of completing an RFP, there have been discussions to request information from managed care companies and have them provide what is available and decide if it will be good for Oklahoma.</p> <p>SB 798 – Currently, when an audit is done on a provider and the provider appeals the audit finding, the Legal Division engages an administrative law judge from the Attorney General’s office to serve as the middle party between the provider and the OHCA. The Attorney General’s office is paid for this service. On the member side, federal law requires OHCA to have an internal administrative law judge. If there is an appeal by a member, there is someone internal to serve as that objective third party. Appeals are done quickly and this helps providers.</p> <p>SB 819 – this bill relates to property leans. When someone is in a nursing facility for over a year, a lean can be placed on the individual’s home. The bill would state even though the lean cannot be placed until day 366, it will be back dated to the date of arrival to the nursing facility. It costs approximately \$50,000 to care for someone in a nursing home. OHCA covers 70% of the cost for nursing home costs in Oklahoma.</p> <p>SB 828 – this bill relates to the Supplemental Offset Payment Program where providers pay a fee to OHCA and use the fees as a safe share. The fees will be used for nursing homes.</p> <p>There are approximately 30% new members with the legislature this year. It is</p>	<p><b>Recommendation: The presenter should stay engaged with Senator on this as it moves forward. MATF members who have experience with this should contact individuals in other states who are doing and find out how it is working and connect to families who are using.</b></p>
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	<p>important the MATF educate them on who we are and how it impacts ourselves, our communities, and families.</p> <p>The presenter will send this information to the OFN for distribution and if members have questions let the OFN know and the information will be forwarded to the presenter.</p>	<p><b>Recommendation: MATF should review the bills and find one bill to let a legislator know about. The Co-chairs are available if members need help.</b></p>
<p><b>Rules Update</b></p>	<p>The OHCA is a purchaser of health care but they do not provide direct care. They partner with the Health Department, the Department of Mental Health and Substance Abuse Services (ODMHSAS), and DHS. All of the rules come through the OHCA since they are the single state Medicaid agency. At this time, the OHCA is in the permanent rulemaking process. Any rule promulgated out of session must be brought back for permanent rulemaking. OHCA presented 13 rules to their board. The OHCA board adopted them and now they go to the Governor, state legislature, and will go through the permanent rulemaking process.</p> <p>Initiated by ODMHSAS/previously an emergency rule that was brought through as a budget reduction action - Group family and individual therapy was changed from 4 units and 6 units to 4 units respectively. Weekly limits were imposed that limits the total amount of group therapy to 3 hours/week. Individual and family therapy is limited to 2 hours/week. Making the emergency rule permanent.</p> <p>Initiated by ODMHSAS - limits psychotherapy therapy reimbursement for practitioners who practice independently and decreasing monthly. Making the emergency rule permanent.</p> <p>Initiated by OHCA - revisions for eye glasses for children. Separated out payment for sitting fees, must provide polycarbonate on all glasses for children, and separated out the refraction in the eye exam.</p> <p>OHCA was going to change the way they reimburse for obstetrical care. Process was to pay a global fee. If provider provided a certain amount of obstetrical care, they received a lump payment. Have proposed to separate it out by service. They didn't like that infrastructure and it was changed back to the global fee payment.</p> <p>Initiated by OHCA - clarifying licensing provisions, contracting requirements for medical residents and clarifying direct physician care of visit limits, amending policy to clarify medical necessity requirements for molecular pathology services and who can order testing.</p> <p>Initiated by ODMHSAS – changed language to reflect core active treatment hours, went from 4 to 4 ½. Necessity criteria for input on treatment plan reviews payment for</p>	

	<p>health home trans. services.</p> <p>Initiated by OHCA - 32 units for personal care services.</p> <p>State Plan Rate Comm. – increasing from 5 to 7 members.</p> <p>Pharmacy/billing – reimburse tribal organizations at the OMB rate.</p> <p>Mental Health – 45-50 minutes outpatient services. FQHC – reimburse on encounter basis not minimum and will bill by procedure code.</p> <p>Home Health Services/federal requirement – must be seen face-to-face to begin by provider.</p> <p>The presenter encouraged members to review the bills and let them know of any questions. The “Oklahoma Register” handout was distributed to provide a summary of the bills and dates for the public hearings.</p> <p>March 23<sup>rd</sup> is the next Board Meeting and the rules will be voted on at that time.</p>	<p><b>Recommendation:</b>  <b>MATF members should provide comments or concerns on-line or present information at the public hearing.</b></p>
<p><b>Review of Staff Survey</b></p>	<p>In a previous meeting, there was discussion about adding information to the OHCA Staff Survey whether staff had utilized Sooner Care themselves or knew someone who had been on Sooner Care or had a child with special health care needs. This was added to the survey and was sent to OHCA staff. There were 407 respondents and 184 said they have been on Sooner Care or knows someone who has been on Sooner Care (45%). Eighty-eight staff said they have a child or a family member with special health care needs (21%).</p> <p>A member has presented their story twice at the MATF meetings. The information was impactful and we received positive feedback. If anyone wants to present in the future, let the Co-Chairs know.</p> <p>Members reviewed a handout showing the number of members who signed up for e-mail communication. Currently, 70% of members have signed up for e-mail communication. There will be a text test message for individuals who have not signed up, asking if they want to receive information via e-mail. The following information will be sent via e-mail - newsletters, eligibility, reminders, member letters, etc. Eventually, we would like to be able to cross reference medical visits. There is similar work going on with Text-4-Health. MATF members reported they have received 1-2 texts per week. OHCA is working with someone to provide 10-20,000 phone numbers of members who have not signed up for e-mail communications and a text will be sent to members, asking them if they want to sign up for electronic communication and provide a link.</p>	<p><b>Recommendation:</b>  <b>MATF members should identify types of information that would be beneficial to include with the electronic communications to include the number of messages recommended per</b></p>

	<p>Member Handbook – going electronic did not cause any issues. There were 4,500 put on-line to order and there are 3,000 remaining.</p>	<p><b>week and avoid duplication. Discuss at an upcoming MATF Meeting.</b></p>
<p><b>Pediatric Hospice Benefit</b></p>	<p>The hospice definition is any service for comfort or support, whether it is physical comfort, relieving pain, or emotional support. For near the end of life due to a terminal illness, the timeline is 6 months or less. Services are for the patient as well as the family. Palliative care and hospice care are both for support. Palliative care can be done at any time along with treatment and it is to help manage the side effects of the treatment. It can also be with the news of receiving the diagnosis; it can be a serious illness and it does not have to be a terminal illness. Palliative care is not a benefit package or bundle under insurance but the individual services can be directed and covered under Sooner Care. If a person needs pain medications or counseling, these can be covered.</p> <p>Hospice is for the terminal illness, when it is no longer responding to treatment and is initiated towards the end of life. It is a benefit service/bundle and is authorized by OHCA for the hospice provider to provide services. There is an interdisciplinary team to include physicians, social workers, dietitians, home health aide, and nurses where services are coordinated and sometimes with coordination of care, the life expectancy goes beyond the initial expectancy. With the medical equipment and medications, the home health aide and any therapies needed are covered under the benefit. Counseling can be for the family, patient, siblings, etc. The hospice team will create a plan of care. If the family requests a chaplain, the hospice providers can provide assistance with setting up. Typically, once someone elects hospice, they are no longer seeking treatment for that illness. For children on Sooner Care, up to age 21, hospice is an added benefit. If parent/guardian chooses to continue with treatment, hospice can be initiated while treatment continues.</p> <p>Process – it begins with conversations between the parent/guardian and the doctor. The doctor will send forms to hospice for authorization. The doctor writes a letter of medical necessity and completes forms to confirm life expectancy and diagnosis of terminal illness. The Parent/guardian signs the election of hospice statement; the plan of care is developed and sent in with the request for authorization. It gets reviewed, and the parent and hospice providers are notified with dates/range approved, and the authorization number. Initial authorization is for 90 days. An additional 90 days can be authorized, if needed; then, additional authorizations every 60 days for as long as necessary. When it gets close to the end of each authorization period, the family/guardian can remind the hospice provider to complete the required paperwork to extend services.</p>	

	<p>Adults – hospice is covered by Medicare. The ADvantage waiver, through the Department of Human Services (DHS), also covers hospice. The DHS website has a list of available providers.</p> <p>The presenter will send information presented at the meeting to the OFN for distribution to MATF members.</p>	
<p><b>Staff Survey Results</b></p> <p><b>Special Thanks and Commitment Letters</b></p> <p><b>Future MATF Meetings</b></p> <p><b>Final Comments</b></p> <p><b>Member Concerns</b></p> <p><b>Announcements</b></p> <p><b>Upcoming Agenda Items</b></p> <p><b>Adjourn</b></p>	<p>Member’s child submitted a video for the Sooner Fit art contest. The video showed the child doing pushups and sit ups. They won first place.</p> <p>Recognitions – Member was recognized for all their work on the MATF. They will continue to be contacted via e-mail about the MATF. One of Co-chair’s was recognized for reminding the MATF to be more vocal and she has opened doors for the MATF to have more opportunities.</p> <p>The next MATF meeting is scheduled for April 8<sup>th</sup>.</p> <p>The Joining Forces Conference is scheduled for March 29<sup>th</sup>, Moore-Norman Vo-Tech, South campus. MATF members are welcome to attend the conference. Funding is available for mileage, hotel, and child care. On March 28<sup>th</sup>, there will be an Emerging Leaders Institute (this is by special invitation only). The OFN will send a conference flyer and registration information.</p>	