



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, September 5th
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

- Breast and Cervical Cancer Benefit Update
 - Authentication of Medical Records
 - I/T/U Reimbursement Outside of Four Walls
 - Expedited Appeals
 - Notification Policy Revisions
 - Advantage Waiver Revisions
 - Wage Enhancement and Trust Fund Policy Cleanup
 - Private Duty Nursing Rate Increase
 - Title XXI Stand-Alone Programs
 - Title XXI Health Service Initiatives (HSI)
 - Reimbursement Rate Reduction for Durable Medical Equipment
 - Adult Dental Extractions
3. Other Business and Project Updates:
 - Budget update- Cate Jeffries, Legislative Liaison
 - Provider Enrollment- Amy Bradt, Provider Contracting Manager
 4. New Business- Dana Miller, Director of Tribal Government Relations
 5. Adjourn—Next Tribal Consultation Scheduled for 11 AM, November 7th, 2017

Proposed Rule, State Plan, and Waiver Amendments

Breast and Cervical Cancer Benefit Update — The proposed revisions comply with federal regulation, which addresses optional eligibility for individuals needing treatment for breast and cervical cancer. In

order to align revisions with federal regulation requirements, the term "women" will be replaced with the term "individuals".

Authentication of Medical Records — The proposed electronic records/electronic signatures and signature requirements policy revisions clarify the requirements related to the authentication of medical records.

I/T/U Reimbursement Outside of Four Walls — The proposed Indian Health Services, Tribal Program and Urban Indian Clinics (I/T/U) revisions were presented at the March 7, 2017 tribal for consideration, but was tabled due to need for further guidance from CMS. Revisions allow I/T/Us designated as Federally Qualified Health Centers to be reimbursed at the OMB rate for services provided outside of the four walls of their facilities. These revisions are necessary in order to come into compliance with federal regulations.

Expedited Appeals — The proposed appeals policy revisions clarify timelines for appeal decisions and add a new section outlining expedited appeals, which are required by new regulations in cases when an appellant's life or health could be in jeopardy. The timelines and process for expedited appeals are outlined in the new section of policy.

Notification Policy Revisions — The proposed notification policy revisions moves two sections regarding notification from the "SoonerCare for Pregnant Women and Families with Children" section to the "Eligibility and Countable Income" section of policy because the notification policy applies to all SoonerCare programs.

ADvantage Waiver Revisions — The proposed revisions to the ADvantage Waiver include cleanup to remove and update outdated policy in order to align with current business practices. In addition, proposed revisions add new language regarding the Ethics of Care Committee for the ADvantage and State Plan Personal Care program, which outlines rules and processes. Finally, proposed revisions clarify rules are in accordance with state laws and regulations.

Wage Enhancement and Trust Fund Policy Cleanup — The proposed revisions remove wage enhancement language and requirements for specified employees in nursing facilities (NF) serving adults and intermediate care facilities for individual with intellectual disabilities (ICFs/IIDs). The revisions are necessary to comply with changes in Oklahoma state statute, which became effective July 1, 2017. The federal minimum wage and the change in rate setting methodology increased the wages for employees of NFs serving adults and ICFs/IIDs, resulting in the policy being obsolete.

Private Duty Nursing Rate Increase — The Oklahoma Health Care Authority proposes to increase the rate paid for private duty nursing from \$6.30 per 15-minute unit (\$25.20/hour) to \$7.55 per 15-minute unit (\$30.20/hour). The adjustment attempts to better align the rates with the current economic situation experienced by this industry in Oklahoma as well as recruit and retain nurses in the field.

Title XXI Stand-Alone Programs — The Oklahoma Health Care Authority is currently reviewing potential impacts to populations and/or benefits of the Children Health Insurance Programs (CHIP) in the event of

a federal funding shortfall. Due to the uncertainty of CHIP reauthorization, the agency is moving forward with contingency planning to address concerns timely and effectively.

Title XXI Health Service Initiatives (HSI) — The Oklahoma Health Care Authority (OHCA) is exploring a project that will utilize CHIP Health Service Initiative (HSI) funds to provide training and development to pediatric clinics participating in the Reach Out and Read project. The Reach out and Read HSI will aim to improve children’s cognitive development. HSIs protect public health and/or the health of individuals, improves or promotes a state’s capacity to deliver public health services, strengthen the human and material resources necessary to accomplish public health goals to improve children’s health, and targets low-income children under 19.

Reimbursement Rate Reduction for Durable Medical Equipment — In an effort to account for the loss of revenue based on the recent Supreme Court decision regarding the Cigarette Fee, the agency is considering reducing the reimbursement rates for oxygen and nebulizers. The proposed change will have an expedited Tribal consultation period of, September 5, 2017- September 19, 2017.

Adult Dental Extractions — In an effort to clarify dental coverage for adults, the agency is proposing to amend the rule that restricts dental services for adults to “emergency” extractions. The policy was initially intended for emergency extractions and was later revised to medically necessary extractions. The intent of the change was to ensure the emergency extractions were medically necessary; therefore, the policy will revert back to the original language to include the term emergency.