



STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

I/T/U Public Notice 2017-10

December 14, 2017

**RE: Oklahoma Health Care Authority (OHCA) Proposed Rule, State Plan, and Waiver Amendments**

Dear Tribal Representative:

The purpose of this letter is to give you notice of proposed changes that will be reviewed at the tribal consultation meeting held on January 2<sup>nd</sup>, 2018 at 11 a.m. in the Oklahoma Health Care Authority (OHCA) Board Room at the OHCA's office, located at 4345 N Lincoln, Oklahoma City, OK. The OHCA invites you to attend this meeting, and we welcome any comments you may have. The agency is committed to active communication with Tribal Governments during the decision-making and priority-setting process and therefore keeps you apprised of all proposed changes.

Enclosed are summaries of the currently proposed rule, state plan, and waiver amendments for your review. The summaries describe the purpose of each change.

Please note that these are only proposed changes and have not yet taken effect. Before implementation, new changes must obtain budget authorization, the OHCA Board approval, and when applicable, federal approval and the governor's approval.

Additionally, the OHCA posts all proposed changes on the agency's [Policy Change Blog](#) and the [Native American Consultation Page](#). This public website is designed to give all constituents and stakeholders an opportunity to review and make comments regarding upcoming policy changes. To ensure that you stay apprised of proposed policy changes, you may sign up for web alerts for the page to be automatically notified when any new proposed policy changes are posted for comment.

The OHCA values consultation with Tribal Governments and will provide your representatives a reasonable amount of time to respond to this notification. If you have any questions or comments about the proposed policy changes, please use the online comment system found on the [Policy Change Blog](#) and/or the [Native American Consultation Page](#).

Sincerely,

Dana Miller  
Director, Tribal Government Relations



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**Tribal Consultation Meeting Agenda**  
**11 AM, January 2<sup>nd</sup>**  
**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**

- Expedited Appeals
  - Prior Authorization Policy
  - Adult Emergency Dental Extractions
  - Inpatient Behavioral Health Revisions
  - Behavioral Health Assessment and Targeted Case Management
  - Pharmacy Revisions
  - Insure Oklahoma Revisions
  - Medically Fragile Waiver Revisions
  - Focus on Excellence (FOE) Revisions
  - Nursing Home Supplemental Payment Program
  - School-based Policy Revisions
  - Pharmacy State Plan Revision
  - Medical ID Card Revisions
  - Pharmacy Value Based Purchasing
  - Increase of University Physician Enhanced Payments
  - Outpatient Laboratory, X-Ray, and Select Machine Testing Services for Adults Limitation
  - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Periodicity Schedule Update
  - Termination of CHIP Stand-Alone Programs
3. HHS Work & Training Requirements Committee - Buffy Heater, HHS Strategy Officer
  4. Other Business and Project Updates:
    - Legislative Update- Cate Jeffries, Legislative Liaison
  5. New Business- Dana Miller, Director of Tribal Government Relations

Adjourn—Next Tribal Consultation Scheduled for 11am, March 6<sup>th</sup> 2018



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**Proposed Rule, State Plan, and Waiver Amendments**

**Expedited Appeals** — The proposed policy revisions will clarify timelines for appeal decisions and add a new Section to outline the expedited appeals guidelines which are required by new regulations in cases when an appellant's life or health could be in jeopardy.

**Prior Authorization Policy** — The proposed revisions will update the prior authorization (PA) policy by adding language about how a provider can obtain information on how and/or where to submit PA requests. Additional revisions will update a list of services requiring a PA but clarify that the list is not exhaustive. Further revisions will add a new section to clarify that previously called preauthorization of emergency medical services for certain aliens refers to retrospective review for payment for emergency medical services to certain aliens. Finally, revisions will revoke certain sections of policy because they are covered in other parts of policy.

**Adult Emergency Dental Extractions** — The proposed revisions will add new language regarding the medically necessary images and oral examination that can accompany an emergency extraction.

**Inpatient Behavioral Health Revisions** — The proposed inpatient behavioral health revisions will require general hospitals and psychiatric hospitals to maintain medical records and other documentation to demonstrate they comply with certification of need for care, plan of care, and utilization review plans requirements. Psychiatric hospitals will also need to maintain these records to demonstrate they comply with medical evaluation and admission review requirements. Rule revisions add medical necessity criteria for admission in cases of psychiatric disorders and chemical dependency detoxification for adults. Additionally, rule revisions will specify that the individual plan of care (IPC) must be developed in consultation with the member or others in whose care the member will be released after discharge. Revisions also describe the team of professionals and credentials required in the IPC development and review. Moreover, revisions will expand certificate of need requirements for psychiatric residential treatment facilities (PRTFs) to mirror federal regulation. Other revisions will include replacing incorrect terminology used to refer to PRTFs and acute care settings.

**Behavioral Health Assessment and Targeted Case Management** — The proposed behavioral health assessment and treatment plan requirements will clarify that intensive case management is only available to adults with Serious Mental Illness in Programs of Assertive Community Treatment (PACT) and children with Serious Emotional Disturbance (SED) in a System of Care Network. Revisions will also clarify instances in which case management is not billable. Additionally, revisions will change requirements for BH assessments by allowing for diagnostic impressions on the assessment, while still requiring a diagnosis on the service plan. Other revisions will allow for one member signature page for both the assessment and treatment plan as well as allow a temporary change of service provider to be documented in a progress note for the service provided. Other revisions will include minor updates of terminology to align with current policy.

**Pharmacy Revisions** — The proposed pharmacy revisions will require non-resident pharmacies to have an Oklahoma license. Revisions will outline that pharmacies may be selected for audits, therefore, pharmacy records must be available for seven years. Additionally, Phenylketonuria drug products will no longer be exempted from the prescription limit; however, naloxone for use in opioid overdose will be exempted. In addition, revisions will remove coverage for over the counter cough and cold medicine.



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New rules will require providers to substitute generic medications for brand name medication when the net cost of the brand name is lower than the net cost of the generic medication. Revisions will also clarify and outline how claims are to be handled for submissions and/or reversals. Finally, revisions will update policy terminology to align with current practice.

**Insure Oklahoma Revisions** — The proposed Insure Oklahoma (IO) policy revisions will remove an outdated Section referencing to "Premium Payment" as well as the term "self-funded" and its affiliated language. Additionally, the revisions update the IO Individual Plan (IP) member eligibility requirements, regarding the terms "employed" and "unemployed" to comply with Oklahoma State Statute Title 40 Sections 40-1-210 and 40-1-217. Finally, proposed revisions will update acronyms in an effort to better align with current business processes.

**Medically Fragile Waiver Revisions** — The proposed policy revisions to the Medically Fragile Waiver will provide cleanup to the (Overview, Services and Annual Re-evaluation) sections of existing policy for general clarification and alignment with current waiver operation and language included in the approved waiver. Additional revisions will include updating some acronyms that are used in existing policy.

**Focus on Excellence (FOE) Revisions** — The proposed revisions will add new language that defines and describes the eligibility criteria for the FOE program in policy.

**Nursing Home Supplemental Payment Program** — The proposed revisions will update and revise the nursing home supplemental payment program for nursing facilities by changing the methodology for computing the Upper Payment Limit (UPL). Additionally, the proposed revisions will update the care criteria section and eligibility requirements that a nursing facility will be required to meet to participate in the UPL program and receive the UPL payments. Finally, revisions will update some acronyms, definitions and references to other legal authorities.

**School-based Policy Revisions** — The proposed school-based revisions will remove unintended barriers for medical services rendered in the school setting pursuant to an Individual Education Plan (IEP). The proposed revisions will eliminate the need for prior authorization for certain services in a school setting if the therapies are documented in the child's IEP and have been prescribed or referred by a physician or other licensed practitioner of the healing arts.

Additionally, the proposed revisions will allow for the child's IEP or Individual Family Services Plan (IFSP) to serve as the plan of care for consideration of reimbursement for school-based services; and the revisions will update the requirements needed in an IEP, IFSP or plan of care. The proposed revisions will also eliminate the reference to EPSDT where the term is no longer valid. The Oklahoma State Department of Education will be required to be the referring entity for IEP services. Further revisions will also update eligibility requirements for providers who provide services in school-based settings. Other revisions will remove specific references that are no longer applicable, update some acronyms, definitions, and references to other legal authorities.

**Pharmacy State Plan Revision** — The proposed revision will remove language regarding cosmetic or hair growth medications and sexual or erectile dysfunction medications from the State Plan. Currently, the State Plan has language noting that the aforementioned medications are not a covered benefit; however, the language will be removed all together to comply with federal guidance.



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**Medical ID Card Revisions** — The proposed revisions will amend a sentence pertaining to SoonerCare insurance verification. Additionally, revisions will update language to reflect how the Oklahoma Department of Human Services (DHS) notifies members of eligibility and ineligibility for medical services by the mailing out computer-generated forms. Further revisions will update the language for the medical and financial certification processes for the DHS ADvantage program.

**Pharmacy Value Based Purchasing** — The proposed revisions will incorporate value based purchasing contract language to policy. Value based purchasing contracts provide an opportunity to increase supplemental drug rebates, help clarify the complicated drug purchasing landscape for the SoonerCare program, and help improve patient access to evidence-based therapies while helping the program predict and manage prescription drug costs.

**Increase of University Physician Enhanced Payments** — The proposed revisions will increase the supplemental payments made for services provided by physicians who are state-employed and affiliated with universities. The current payments rates are set at 140 percent of the Medicare allowable and will be increased based on the maximum percentage allowed by the Medicare Equivalent of the Average Commercial Rate calculation. The additional state share will be provided by the University of Oklahoma and Oklahoma State University.

**Outpatient Laboratory, X-Ray, and Select Machine Testing Services for Adults Limitation** — The proposed revisions will establish benefit limits for outpatient laboratory, x-ray, and select machine testing services provided to adults on a fee-for-service basis. Revisions will include a cap on services per member per year; certain diagnoses will be exempt from this restriction, in addition to some high cost diagnostic testing (i.e., MRI, MRA, etc.). A process for authorizing additional claims submitted for review by the provider will be used for individuals who meet medical necessity criteria demonstrating the need for additional services. Changes are needed to limit inappropriate billing of these services.

**Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Periodicity Schedule Update** — The proposed revisions will update the EPSDT Periodicity Schedule recommended for physicians and other practitioners who provide screening services to children. The proposed periodicity schedule will reflect recommendations by the American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD). Additionally, it amends other sections that refer to the outdated periodicity schedule recommendations and updates the hearing, vision, and dental EPSDT Sections to align with current industry standards.

**Termination of CHIP Stand-Alone Programs** — Funding for the Children's Health Insurance Program (CHIP) was not reauthorized on September 30, 2017; however, reauthorization by Congress can possibly be granted. In the event that CHIP funding is not reauthorized, the Oklahoma Health Care Authority will terminate CHIP stand-alone programs effective February 28, 2018.

**HHS Work & Training Requirements Committee**

The Governor, through the efforts of the HHS Secretary and cabinet agencies, has convened a working committee charged with looking for creative solutions to encourage consumer education and training opportunities leading to sustainable employment and improve the economic burdens that lead to



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disparate health conditions across our state and throughout our communities. As has already been explored by other states, the State of Oklahoma has an opportunity through the use of a section 1115 waiver to encourage skills and workforce development by promoting and better coordinating training and job-seeking opportunities for SoonerCare and Insure Oklahoma members. Programs such as SNAP and TANF currently include such requirements as a condition for eligibility. The committee is recommending alignment and adoption of these requirements with the SoonerCare and Insure Oklahoma programs