



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, March 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—Sasha Teel, Policy Development Coordinator

Proposed Rule, State Plan, and Waiver Amendments

- Therapeutic Foster Care Revisions
 - Increased Enhanced Payments for State University Affiliated Physicians
 - Methodology Clarification for Outpatient Services
 - 1115(a) Demonstration Health Access Network (HAN) Revisions
3. Other Business and Project Updates:
 - Hope Act update- Derek Lieser, Enrollment Automation & Data Integrity Director
 - Legislative update-MaryAnn Martin, Senior Director of Communications
 4. New Business- Dana Miller, Director of Tribal Government Relations
 5. Adjourn—Next Tribal Consultation Scheduled for 11 AM, May 7th , 2019

Proposed Rule, State Plan, and Waiver Amendments

Therapeutic Foster Care Revisions — The proposed revisions will align therapeutic foster care policy with current practice. Revisions will add new language establishing a more intensive treatment program for children in the Oklahoma Department of Human Services (DHS) and the Oklahoma Office of Juvenile Affairs (OJA) custody known as Intensive Treatment Family Care (ITFC). ITFC is a therapeutic foster care model whose goal is to stabilize children with severe emotional and behavioral disorders while in a family-like setting so that a transition to a lower level of care can occur. The proposed revisions will define ITFC, member criteria for the provision of ITFC services, provider participation and credentialing requirements, and program coverage and limitations. Lastly, the proposed revisions will establish reimbursement methodology and applicable rates for ITFC services.

Increased Enhanced Payments for State University Affiliated Physicians — The proposed revisions were presented at the January 2, 2018 Tribal consultation and are included on this consultation’s agenda with the newly proposed enhanced payment increase. The proposed revisions will increase the enhanced payments made for services provided by physicians who are employed by or contracted with state universities. The current payments rates are set at 140 percent of the Medicare allowable and will be increased to 175 percent. The increase is 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.

Methodology Clarification for Outpatient Services — The proposed policy will reflect the correct month that the Agency’s fee schedule for outpatient services is updated to reflect Medicare rates pursuant to the specified reimbursement methodology in the State Plan.

1115(a) Demonstration Health Access Network (HAN) Revisions — OHCA will seek approval of the following modifications to the 1115(a) demonstration for the current extension period that will be in effect through December 31, 2023. OHCA proposes to ask CMS to remove language in three paragraphs from the approved Special Terms and Conditions (STCs) at **STC 40** that are either duplicative or no longer applicable to the duties of Health Access Networks (HANs). The paragraphs identified for removal are in relation to 1) ensuring access to all levels of care, 2) submitting a development plan, and 3) offering core components of electronic medical records, improved access to specialty care, telemedicine, and expanded quality improvement strategies.

OHCA proposes to continue the currently approved monitoring and evaluation components identified in the STCs. The hypotheses and measures provided in the current evaluation design remain applicable with the following corrections to **STC 84. Evaluation of the Health Access Networks**.

One correction will be to remove the word pilot from the reference to the program in the first paragraph. In addition, the subsequent paragraphs will be revised to reflect the Evaluation Design that the State has submitted to the CMS includes the following:

- a. Impact on Costs: The implementation and expansion of the HANs will reduce costs associated with the provision of health care services to SoonerCare beneficiaries served by the HANs;
- b. Impact on Access: The implementation and expansion of the HANs will improve access to and the availability of health care services to SoonerCare beneficiaries served by the HANs;
- c. Impact on Quality and Coordination: The implementation and expansion of the HANs will improve the quality and coordination of health care services to SoonerCare beneficiaries served by the HANs, with specific focus on the populations at greatest risk, including those with multiple chronic illnesses; and

d. Impact on PCMH Program: The implementation and expansion of the HANs will enhance the State's Patient Centered Medical Home program through an evaluation of PCP profiles that incorporates a review of utilization, disease guideline compliance and cost.