



Tribal Consultation Meeting Agenda
11 AM, March 2nd
Online Microsoft Teams Meeting

1. Welcome— Dana Miller, Director of Tribal Government Relations
2. Proposed Rule, State Plan, Waiver, and Rate Amendments— Dana Miller,
Director of Tribal Government Relations

Proposed Rule, State Plan, and Waiver Amendments

- Supplemental Rebate Agreement for Managed Care Organization (MCO) Update
 - Remove Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
 - Home Health Ordering Provider Disaster Relief Request
 - Hospice Services
 - Adult Expansion Alternative Benefits Plan (ABP) Update
 - State Plan Personal Care Services
 - Medicaid Expansion
3. Other Business and Project Updates- Dana Miller, Director of Tribal Government Relations
 4. Adjourn—Next Tribal Consultation Scheduled for 11 AM, May 4th, 2021



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

okhca.org
mysoonerCare.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767



Proposed Rule, State Plan, and Waiver Amendments

Supplemental Rebate Agreement for Prescription Drugs Update — The proposed amendment to the Oklahoma State Plan will revise the State’s Supplemental Rebate Agreement (SRA) to include prescription drug claims submitted by managed care organizations (MCO) and prepaid ambulatory health plans (PAHP) in the supplemental rebate process. ***This item requests an expedited 30-day tribal consultation comment period.***

Remove Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid — The proposed revisions will remove the rules that allow reasonable limitations to be considered before a medical expense, not covered under SoonerCare, can be deducted from an individual's post-eligibility income when determining the vendor payment for SoonerCare services in a long-term care facility. The rules, being removed, were previously approved but not yet implemented and may be reconsidered after the public health emergency (PHE) declaration expires.

Home Health Ordering Provider Disaster Relief Request — In response to the COVID-19 public health emergency (PHE), the OHCA submitted a disaster relief State Plan Amendment (DRSPA) request to the Centers for Medicare & Medicaid Services (CMS) to allow nurse practitioners, clinical nurse specialists, or physician assistants, working in accordance with State law to order home health services as per the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The DRSPA request has a retroactive proposed effective date of March 27, 2020 and will be in effect from the date of CMS approval until the termination of the PHE.

Hospice Services — The State is seeking to add hospice benefits for the expansion population and adults enrolled in a managed care organization (MCO). Currently, hospice is only provided to children under age 21.

Adult Expansion Alternative Benefits Plan (ABP) Update — The Oklahoma Health Care Authority (OHCA) seeks to remove the 24-day limitation for inpatient physician services, add medication assisted treatment (MAT) services, and add residential substance abuse disorder (SUD) treatment services to the Adult Expansion ABP.



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Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

State Plan Personal Care Services — The proposed revisions will remove a member's legal guardian as a service provider of State Plan personal care services. This proposed change reflects guidance received from the Centers for Medicare and Medicaid Services (CMS). Further revisions better define State Plan personal care services, align rules with current business practices, and correct formatting and grammatical errors.

Medicaid Expansion—The proposed revisions will expand Medicaid eligibility for individuals, age nineteen (19) and under age sixty-five (65), with incomes at or below 133% of the federal poverty level (FPL) by creating a "new adult group" as per Section 435.119 of Title 42 of the Code of Federal Regulations. Additionally, proposed changes will remove references to the Insure Oklahoma (IO) Individual Plan (IP) program as the program is being terminated. The adults currently being served by IO IP will transition to the new adult Medicaid expansion population and will be eligible to receive more comprehensive services. Further, adults currently receive a limited prosthetics and orthotics benefit. Policy will be revised to reflect a more comprehensive coverage of prosthetics and orthotics available to expansion adults. Finally, revisions will align and better clarify policy with current practice and correct grammatical errors.



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