

TRIBAL CONSULTATION MEETING
AGENDA
11 AM, JULY 5TH, 2016
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 Amendments

- 16-10 Fingerprint-based Criminal Background Checks (FCBC)

Proposed State Plan Amendments

- Reimbursement for Eyeglasses
- Nursing Facility Rate Changes
- Unbundling of Obstetrical (OB) Services
- Proposed Amendments to the State Plan, Medically Fragile Waiver, Living Choice Demonstration, and Program of All-Inclusive Care for the Elderly (PACE) capitation contract rates

Rate Amendment

- Reimbursement Methodology for Outpatient Behavioral Health Assessments

3. Other Business—Dana Miller, Director of Tribal Government Relations
 - OHCA SFY 17 Budget update.
 - Project Updates:
 - 100% FMAP through an ITU-Dana Miller, Tribal Government Relations Director
 - HB 1566- Aged, Blind, & Disabled Care Coordination- Dana Northrop, Project Manager
 - ITU Pharmacy reimbursement- Kerri Wade, Pharmacy Operations Manager
 - ITU Outpatient Behavioral Health policy-Lucinda Gumm, Tribal Gov't Relations Coordinator
 - LogistiCare Tribal Addendum-Lucinda Gumm, Tribal Gov't Relations Coordinator
 - Sponsor's Choice Update-Dana Miller, Tribal Government Relations Director
4. Adjourn—Next Tribal Consultation Scheduled for 11 AM, September 6th, 2016

Proposed Rule Amendments

16-10 Fingerprint-based Criminal Background Checks (FCBC) — In accordance with federal guidance, policy is revised to require OHCA to screen all provider enrollment applications based on a categorical risk level of "limited," "moderate," or "high" related to increased financial risk of fraud, waste or abuse to the Medicaid program. When the agency determines that a provider's categorical risk level is "high," the agency must require providers to consent to criminal background checks, including fingerprinting. The requirement to submit fingerprints applies to both the "high" risk provider and any person with a 5% or more direct or indirect ownership interest in the provider. Providers who have an active Medicare contract and have been successfully screened, including fingerprinted, are exempt. At this time, DME and Home Health providers are deemed high-risk by OHCA.

Proposed State Plan Amendments

Reimbursement for Eyeglasses — A proposed payment methodology change for eyeglasses and materials will require an amendment to the Title XIX State Plan. Reimbursement for eyeglass materials will be set at a flat rate for the frame and the lens.

Nursing Facility Rate Changes — For the rate period beginning July 1, 2016, a proposed amendment to the Title XIX State Plan will revise the Quality of Care fee for regular nursing facilities, nursing facilities serving residents with Acquired Immune Deficiency Syndrome (AIDS), regular (greater than 16 beds) intermediate care facilities for individuals with intellectual disabilities (ICF/IID), and acute (16 beds or less) intermediate care facilities for individuals with intellectual disabilities (ICF/IID).

Unbundling of Obstetrical (OB) Services — Proposed changes will remove references to bundled payment for obstetrical services for Soon-to-be-Sooners. Presently, the agency utilizes the global care CPT codes for routine obstetrical care billing. These codes can be used if the provider has provided care for a member for more than one trimester. A Title XXI State Plan amendment (SPA) is needed to require providers rendering obstetrical services to bill using the appropriate codes for antepartum care evaluation and management as well as delivery only and postpartum care services as OHCA is changing this obstetrical care policy across-the-board for services to pregnant women under Title XIX or Title XXI.

Proposed Amendments to the State Plan, Medically Fragile Waiver, Living Choice Demonstration, and Program of All-Inclusive Care for the Elderly (PACE) capitation contract rates

On January 1, 2016, the OHCA implemented a three percent across-the-board provider rate reduction which affected SoonerCare Choice care coordination and provider incentive payments, Program of All-Inclusive Care for the Elderly (PACE) capitation rates, the Medically Fragile waiver and the Living Choice demonstration. The January 1, 2016 budget cuts excluded services financed through appropriations to other state agencies, complex rehabilitation technology provider services, long term care facilities, child abuse exams, non-emergency transportation, Insure Oklahoma, payments for drug ingredients/physician supplied drugs, services paid for by other state agencies, excluding school based services and services provided to Native Americans through Indian Health Services Indian/Tribal/Urban Clinics. The January 1, 2016 provider rate reductions were implemented to accommodate a State revenue failure which caused a decrease in appropriated funding and to submit a balanced budget.

The OHCA proposes a reinstatement of the three percent provider rate reduction that was implemented on January 1, 2016 for the following services and/or programs: emergency transportation, Private Duty Nursing (PDN), the Medically Fragile waiver, the Living Choice demonstration, and Program of all-Inclusive Care for the Elderly (PACE). OHCA is proposing to reinstate the above reduced rates to select programs and provider types that the agency has identified serve our most vulnerable populations and provide access to critical programs. While the agency is unable to reinstate all programs and provider types at this time, adequate and sufficient provider rates continues to be a priority of our agency.

Reimbursement Methodology for Outpatient Behavioral Health Assessments - ODMHSAS

Rules at 317:30-5-241.1 were revised to remove specific minimum time requirements for behavioral health assessment services in order to allow providers more flexibility in how they conduct and bill assessments. Rules no longer require at least 1.5 hours in order to bill for a low complexity assessment or over 2 hours in order to bill for a moderate complexity assessment. The Department of Mental Health and Substance Abuse Services (ODMHSAS) will revise the reimbursement methodology for behavioral health assessments by submitting the methodology to the State Plan Amendment Rate Committee (SPARC) and subsequent Board committee for approval