



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, September 6th
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

- Pharmacy Reimbursement
 - Elimination of Diagnostic Cast
 - Medical Residents' Licensure Requirements and Policy Clean Up
 - Home Health Face to Face Requirement
 - Molecular Pathology Reimbursement Changes
 - Diagnosis Related Group Relative Weights Methodology Update
 - Supplemental Hospital Offset Payment Program (SHOPP) Update
 - Title XXI Health Service Initiative (HSI)
 - Medically Fragile Waiver
 - Obstetrical Reimbursement
3. Other Business—Dana Miller, Director of Tribal Government Relations
 - 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 Outpatient Behavioral Health policy-Dana Miller, Tribal Government Relations Director
 - Sponsor's Choice Update-Becky Pasternik-Ikard, State Medicaid Director
 - Nursing Home UPL program- Tywanda Cox, Chief of Federal and State Policy
 - Contract renewal deadline-Provider Contracting
 4. Adjourn—Next Tribal Consultation Scheduled for 11 AM, November 1st , 2016

100% FMAP and Sponsor's Choice workgroup will convene immediately following this meeting. GoToMeeting and call-in attendees remain on the site and call.



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Proposed Rule, State Plan, and Waiver Amendments

Pharmacy Reimbursement — Proposed pharmacy changes reflect direction in new federal regulations and the Affordable Care Act (ACA) regarding covered outpatient drugs. This change will impact reimbursement rates for I/T/U and non-I/T/U pharmacy providers. Changes will allow ITU pharmacies to be reimbursed at the federal OMB encounter rate. The OMB rate will be paid based on a-per member-per facility-per day payment. Current methodology for Non-I/T/U pharmacies includes ingredient cost and a dispensing fee; both are affected by this change. Currently, the agency utilizes published drug pricing benchmarks to determine the Estimated Acquisition Cost (EAC) for drug ingredient costs. Proposed methodology changes will now use Actual Acquisition Cost (AAC) to price for brand and generic drugs. The change will also require the agency to provide a professional dispensing fee instead of the current \$3.60 dispensing fee.

Elimination of Diagnostic Cast — Proposed Dental policy is revised to allow photographic images of study models to be submitted to OHCA as part of the prior authorization request.

Medical Residents' Licensure Requirements and Policy Clean Up — Proposed General Coverage policy adds contracting requirements for medical residents and adds language mirroring requirements set by regulatory state medical boards. Additional revisions remove language that pertains to non-licensed physicians in a training program and clarifies language exempting SoonerCare Choice members from office visits limits.

Home Health Face to Face Requirement — Proposed Home Health policy revisions add language in accordance with federal regulation that directs Home Health providers to conduct and document a face to face encounter with a member to validate coverage for services. Providers must document a face to face visit with the member and the visit must relate to the member's need for home health services.

Molecular Pathology Reimbursement Changes — Proposed General Coverage policy will clarify reimbursement requirements for molecular pathology tests that examine multiple genes in a single test panel. The proposed policy changes will require providers to utilize a one code for one test approach to billing molecular pathology tests.

Diagnosis Related Group Relative Weights Methodology Update — Revisions are made to the relative weights payment methodology state plan pages to remove outdated information such as ICD procedure codes and specific software utilized to compute relative weights. Additional changes to the state plan include clarification that a hospital bed size is considered big when greater than 300 beds and small when less than or equal to 300 beds as well as clarify that



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adjusted managed care encounter data for hospital fee-for-service claims is compiled/updated annually in relation to relative weights payment computation.

Supplemental Hospital Offset Payment Program (SHOPP) Update — Revisions are made to change the method for calculating the hospital specific cost to charge ratio to align with the method recommended by Centers for Medicare and Medicaid Services (CMS). Additional changes to the state plan include clarification of trending as used in the calculation and other language clarification.

Title XXI Health Service Initiative (HSI) — Due to an increase in the CHIP FMAP for FY17 to fund health service initiatives, the OHCA is exploring a project to create a coordinated system to manage all communications between the Medicaid enterprise and its providers, members, and other stakeholders. State match will be provided by OHCA. HSIs protect public health and/or the health of individuals, improve or promote 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 target low-income children under 19.

Medically Fragile Waiver — The Medically Fragile Waiver is amended to include proposed clean-up changes related to transitions that have been made to align the waiver with policy. The proposed effective date of the changes is December 1, 2016.

Obstetrical reimbursement- Proposed revisions will amend the obstetrical reimbursement policy to revert back to a bundled reimbursement structure.