

Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

# Tribal Consultation Meeting Agenda 11 am, May 2, 2023 Online Microsoft Teams Meeting

- 1. Welcome: Kathrine McCoy, Senior Coordinator of Tribal Government Relations
- 2. Proposed Rule, State Plan, Waiver, and Rate Amendments
  - POLICY UPDATES
    - Audio-only Health Service Delivery
    - Reach Out and Read Oral Health Service Initiative
    - o Mental Health Transport
    - Provider preventable conditions
    - Nursing Facility Rebasing
- 3. Other Business and Project Updates
  - Medicaid Managed Care Quality Strategy Chris Radley & Tammy Elliott
  - 988 Mental Health Lifeline Josh DeBartolo
  - PHE Unwinding Kathrine McCoy
  - Tribal Partnership Action Plan Kathrine McCoy
  - TGR Website Vickie Sams
  - Community Health Events Vickie Sams & Carley Fryrear
- 4. Adjourn—Next Tribal Consultation Scheduled for 11 am, July 5, 2023 (unless there Is a need for an ad-hoc meeting which would be June 6, 2023).

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

### **POLICY UPDATES:**

To further the agency's commitment to meaningful consultation with Tribal partners, all proposed policy revisions will be provided at the start of the consultation when they are available. An I/T/U public notice advised of the below proposed rule, state plan, and waiver revisions will be issued at least 60 days prior to their submission, but no less than 14 days (limited to abnormal circumstances). The agency strives to keep Tribal partners abreast of any exigent circumstances that may arise and cause timeframes to be updated or shortened. In addition, the agency's website houses a policy changes blog that is dedicated to Native American Consultation. This blog page allows for comments/questions from providers and members to be submitted to the Agency and become part of the official record. All comments received are considered during the policy making process. The policy updates that are presented during this Tribal Consultation meeting will be officially posted for I/T/U provider and member review during the consultation period. To ensure that you stay informed of proposed policy changes, please sign up for the <u>web alert</u> option. These alerts will be sent out to all subscribers whenever any new proposed policy changes are posted for public comment.



ADDRESS 4345 N. Lincoln Blvd. Oklahoma City, OK 73105



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**Audio-only Health Service Delivery** — The proposed policy revisions allow for audioonly service delivery for individual psychotherapy and for medically necessary covered primary care and other approved health services delivered in a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), and Indian Health Service/Tribal Program/Urban Indian Clinic (I/T/U). Audio-only services are delivered through the use of audio-only technology, permitting real-time communication between a patient and the provider, for the purpose of diagnosis, consultation, or treatment, and does not include the use of facsimile or email nor the delivery of health care services that are customarily delivered by audio-only technology and customarily not billed as separate services by the provider, such as the sharing of laboratory results. FQHCs and RHCs will be reimbursed at the fee-for-service rate; audio-only services delivered by I/T/U providers, including I/T/U-FQHCs, will remain at the all-inclusive rate.

 $\label{eq:linear} \underline{\textbf{Anticipated Tribal Impact:}} \ \mbox{Direct; Impact if I/T/Us deliver services by audio-only telehealth.}$ 

Proposed Timeline:

60-day Tribal Consultation Period: 4/28/23 – 6/27/23 Tribal Consultation: 5/2/23 Public Comment Period: 4/28/23 – 5/13/23 MAC Meeting: 5/4/23 Board Meeting: 6/28/23 Proposed Effective Date: July 1, 2023

**Reach Out and Read Oral Health Service Initiative** — The State is seeking to amend the CHIP Title XXI State Plan Health Service Initiative (HSI), Reach Out and Read (ROR). This amendment will add a dental component to the current ROR HSI that will allow primary care providers to play an integral role in prevention of tooth decay for lowincome children 12 months to 60 months of age during well child visits. PCPs participating in the program will receive training on oral health, fluoride varnish application, and the ROR program. Children will receive fluoride varnish and be provided an oral health book, toothbrush, and toothpaste. Parents will receive child oral health resource materials and a referral to a dental home if needed. This HSI ensures preventive measures are taken as soon as possible and decreases initial tooth decay that could possibly result in other health related issues.

**Anticipated Tribal Impact:** I/T/U PCPs who participate in the ROR program and AI/AN, low-income children 12 months to 60 months of age who visit a PCP participating in the ROR program.

# Proposed Timeline:

**30-day** Tribal Consultation Period: 4/28/23 – 5/28/23 Public Comment Period: 4/28/23 – 5/28/23





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Tribal Consultation: 5/2/23 SPA Requested Effective Date: 7/1/23

**Mental Health Transport** — Effective July 1, 2023, the Agency in partnership with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) will seek approval of a State Plan amendment to cover and reimburse for secure mental health transportation to treatment facilities for the purpose of examination, emergency detention, protective custody, or inpatient services. The Department currently provides these services, required by Oklahoma Statutes, Title 43A Section 1-110, with no federal or Medicaid match. This project would provide reimbursement to ODMHSAS when the service is provided to Medicaid members.

**Anticipated Tribal Impact:** No direct impact; AI/AN members who are in need of mental health transportation.

Proposed Timeline:

60-day Tribal Consultation Period: 4/28/23 – 6/27/23 Tribal Consultation: 5/2/23 Public Comment Period: 4/28/23 – 5/13/23 MAC Meeting: 5/4/23 Board Meeting: 6/28/23 Proposed Effective Date: July 1, 2023

**Provider preventable conditions** — Revisions to Agency rules and the Medicaid state plan are needed to align with the Centers for Medicare and Medicaid Services (CMS) final rule regarding Section 2702 of the Affordable Care Act, which reduces or prohibits payments related to provider preventable conditions (PPCs). PPCs include Health Care-Acquired Conditions (HCACs) which apply to any inpatient hospitals settings and Other-Provider Preventable Conditions (OPPCs) which apply to any health care setting. The Agency's list of PPCs for non-payment will align with the PPCs as identified by Medicare with exceptions for pediatric and obstetric patients for Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery. In aligning with Medicare, two additional OPPCs for Surgical Site infection following cardiac implantable electronic device (CIED) and latrogenic pneumothorax with venous catheterization.

**Anticipated Tribal Impact:** No direct impact; For non-DRG reimbursement methodologies, payment may be adjusted if the Agency can reasonably isolate for nonpayment the portion of the payment directly related treatment for, and related to, the provider preventable conditions.

### Proposed Timeline:

60-day Tribal Consultation Period: 4/28/23 – 6/27/23





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Public Comment Period: 4/28/23 – 5/13/23 MAC Meeting: 5/4/23 Board Meeting: 6/28/23 Proposed Effective Date: 9/1/23

**Nursing Facility Rebasing** — For the rate period beginning July 1, 2023, a proposed amendment to the state plan will recalculate the Quality of Care (QOC) fee for regular nursing facilities, nursing facilities serving residents with Acquired Immune Deficiency Syndrome (AIDS) and Regular and Acute Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID).

### Anticipated Tribal Impact: None Proposed Timeline: 60-day Tribal Consultation Period: 4/28/23 – 6/27/23 Public Comment Period: 5/2/23 – 6/1/23 SPARC Meeting: 6/21/23 Board Meeting: 6/28/23 Proposed Effective Date: 7/1/23





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