1. Welcome—Dana Miller, Director of Tribal Relations

2. Rules, State Plan, and Waiver Amendments—Joseph Fairbanks, Policy Development Coordinator
   - Eliminate certain adult dental benefits
   - Implement prior authorization for certain DME
   - Add excluded population to SoonerCare Choice
   - Limit Federally Qualified Health Centers/Rural Health Clinics visits
   - Reduce hospital readmissions occurring within 30 days
   - Increase member cost share limits
   - Limit number of children's eyeglasses annually
   - Eliminate payment for leave days
   - 1915(c) waiver amendment to update assurances and copays

3. Other Budget Reductions – Joseph Fairbanks, Policy Development Coordinator
   - BR-1 Convert blood glucose supplies to competitive bid national rate
   - BR-2 Implement prior authorization for all sleep studies
   - BR-3 Implement prior authorization for all back and spinal surgeries
   - BR-4 Require prior authorization for all controlled substances
   - BR-5 Reduce payments for physician crossover claims

4. Adjourn—Next Tribal Consultation Scheduled for 11 AM, July 1, 2014
PROPOSED RULE, STATE PLAN, AND WAIVER CHANGES

RC-1- Elimination of Adult Dental Benefits — Policy is amended to remove coverage of certain adult benefits. This rule change applies to perinatal dental services.  
*Additionally, this change requires a state plan amendment.*  
**Budget Impact:** $8,075,106 Total Savings and $3,009,592 State Share

RC-2- Implement prior authorization for certain DME - Policy is amended to implement a prior authorization for oxygen after 90 days.  
*Additionally, this change requires a state plan amendment.*  
**Budget Impact:** $2,000,000 Total Savings and $745,400 State Share

RC-3- Add excluded population to SoonerCare Choice - Policy is amended to exclude members who have other insurance from the OHCA Medical Home program.  
*Additionally, this change requires an amendment to the 1115(a) waiver.*  
**Budget Impact:** $3,887,634 Total Savings and $1,448,921 State Share

RC-4- Limit Federally Qualified Health Centers (FQHC)/Rural Health Clinics (RHC) adult visits - Policy is amended to limit encounter visits for adult members served in a FQHC/RHC to 4 visits per month and limit one encounter visit to 1 per day for all members served in a FQHC/RHC.  
*Additionally, this change requires a state plan amendment.*  
**Budget Impact:** $218,331 Total Savings and $81,372 State Share

RC-5- Reduce hospital readmissions occurring within 30 days - Policy is amended to reduce payment for preventable readmissions that occur within 30 days of discharge.  
*Additionally, this change requires a state plan amendment.*  
**Budget Impact:** $18,783,264 Total Savings and $7,000,523 State Share

RC-6- Increase member cost share limits - Policy is amended to increase cost share limits to the federal maximum limits.  
*Additionally, this change requires a state plan amendment and an amendment to the 1915(c) waivers.*  
**Budget Impact:** $8,294,160 Total Savings and $3,091,234 State Share

RC-7- Limit number of children's eyeglasses annually - Policy is amended to limit medically necessary eyeglasses for children to two per year. Additional medically necessary eyeglasses may be authorized with a prior authorization.  
*Additionally, this change requires a state plan amendment.*  
**Budget Impact:** $347,055 Total Savings and $129,347 State Share

RC-8- Eliminate payment for leave days - Policy is amended to eliminate payment to nursing facilities to reserve beds for members who are absent from the facility.  
*Additionally, this change requires a state plan amendment.*  
**Budget Impact:** $3,106,334 Total Savings and $1,157,751 State Share

RC-9- 1915(c) update assurances and amend waiver pharmacy copays - In accordance with the Final Rule at 42 CFR Part 430 et al. regarding 1915(c) Home and Community Based Services waivers, the
OHCA proposes to amend the waivers to provide assurances to CMS that any areas of non-compliance will be addressed. The Final Rule provides specific instruction regarding what constitutes a home and community-based setting as well as what is required in the process of creating a person centered service plan. Additionally, the waivers will be amended to reflect copay adjustments in the Medicaid State Plan.

**Budget Impact:** Pharmacy copayment reductions are included in RC-6 above.

### OTHER BUDGET REDUCTIONS

**BR-1 Convert blood glucose supplies to competitive bid national rate** — This budget reduction measure will establish pricing based on the national rate for blood glucose supplies. This change requires a state plan amendment.

**Budget Impact:** $797,964 Total Savings and $297,401 State Share

**BR-2 Implement prior authorization for all sleep studies** — This budget reduction initiative will establish a prior authorization requirement for all sleep studies.

**Budget Impact:** $1,238,194 Total Savings and $311,475 State Share

**BR-3 Implement prior authorization for all back and spinal surgeries** — A prior authorization process will be implemented for all back and spinal surgeries.

**Budget Impact:** $4,566,343 Total Savings and $1,551,876 State Share

**BR-4 Require prior authorization for all controlled substances** — A prior authorization will be required for all controlled substances.

**Budget Impact:** $7,900,000 Total Savings and $2,944,330 State Share

**BR-5 Reduce payments for physician crossover claims.** — Payment for Medicare physician crossover claims is reduced. This change requires a state plan amendment.

**Budget Impact:** $8,229,146 Total Savings and $3,067,003 State Share