I/T/U Public Notice 2019-07

August 20, 2019

RE: Oklahoma Health Care Authority (OHCA) Proposed Rule, State Plan, and Waiver Amendments

Dear Tribal Representative:

The purpose of this letter is to give you notice of proposed changes that will be reviewed at the tribal consultation meeting on September 3, 2019 at 11 a.m. in the Oklahoma Health Care Authority (OHCA) Charles Ed McFall Boardroom located at 4345 N Lincoln, Oklahoma City, OK. The OHCA invites you to attend this meeting, and we welcome any comments regarding the proposed changes. The agency is committed to active communication with tribal governments during the decision-making and priority-setting process to keep you apprised of all proposed changes.

Enclosed are summaries of the current proposed rules, state plans, and waiver amendments for your review. The summaries describe the purpose of each change.

Please note that these are only proposed changes and have not yet taken effect. Before implementation, new changes must obtain budget authorization and the OHCA Board approval, and when applicable, federal approval and Governor approval must be obtained.

Additionally, the OHCA posts all proposed changes on the agency's Policy Change Blog and the Native American Consultation Page. This public website is designed to give all constituents and stakeholders an opportunity to review and make comments regarding upcoming policy changes. To ensure that you stay informed of proposed policy changes, you may sign up for web alerts to be automatically notified when any new proposed policy changes are posted for comment.

The OHCA values consultation with tribal governments and will provide your representatives a reasonable amount of time to respond to this notification. If you have any questions or comments about the proposed policy changes, please use the online comment system found on the Policy Change Blog and/or the Native American Consultation Page.

Sincerely,

\S\ Dana Miller
Director, Tribal Government Relations
Proposed Rule, State Plan, and Waiver Amendments

Value-Based Supplemental Rebate Agreement — The proposed amendment to the State Plan will revise language to reflect the new effective date for the Value-Based Supplemental Rebate Agreement. The agreements will be effective on January 1, 2020 and after.

Diabetes Self-Management Training (DSMT) — The proposed policy changes to provide for coverage and reimbursement of DSMT were presented during the January 8, 2019 Tribal consultation; this agenda item serves as a follow up to discuss the proposed reimbursement methodology.

Medically Fragile Waiver Revisions — The proposed revisions to the Medically Fragile waiver will include increasing the length of time a member has to complete and submit an LD-1 form from 20 days to 30 days after a triggering event (denied or reduced services); in order to request an appeal.

Federally Qualified Health Centers (FQHCs) & Rural Health Clinics (RHCs) Limitations (14-day Expedited) — A State Plan amendment is needed to reflect current rules and business practice of reimbursing for four (4) visits per adult member per month within FQHCs and RHCs. Further policy revisions will correct rule inconsistencies as an FQHC may bill for more than one (1) medically necessary encounter per 24-hour period under certain conditions when the appropriate modifier is applied. This item requests an expedited 14-day consultation.

Behavioral Health Targeted Case Management (TCM) (14-day Expedited) — The Oklahoma Department of Mental Health and Substance Abuse Services seeks to amend OHCA’s behavioral health TCM rules and State Plan page to establish monthly limits on the amount of TCM that is reimbursable by SoonerCare. The TCM limit per member month will be increased from 16 units per member per year to 12 units per member per month. This item requests an expedited 14-day consultation.

Organ Transplant — Revisions are needed to extend covered organ and tissue transplant procedures to include pancreas and intestinal transplants. Organ transplant requirements and guidelines will be updated to include donor search and procurement services and ensure that the methods used for organ acquisition are consistent with the Medicare program. These amendments are necessary to reflect current practice.