

Oklahoma
HealthCare
Authority

Tribal Government Relations
Annual Report
and
Consultation Summary

SFY 2015
(July 1, 2014—June 30, 2015)

Table of Contents

<u>Message from the Chief Executive Officer</u>	<u>1</u>
<u>SoonerCare</u>	<u>4</u>
<u>SoonerCare and Tribal Citizens</u>	<u>5</u>
<u>Tribal Consultation</u>	<u>6</u>
<u>SFY 2015 Tribal Consultation Meetings</u>	<u>7</u>
<u>2015 Tribal Partnership Action Plan</u>	<u>10</u>
<u>Tribal Enrollment Partnership</u>	<u>11</u>
<u>Oklahoma Tribal Medicaid Administrative Match</u>	<u>12</u>
<u>SoonerCare Outreach in Tribal Communities</u>	<u>13</u>
<u>Riverside Dental Event</u>	<u>14</u>
<u>Provider Services to IHS/Tribal/Urban Facilities</u>	<u>15</u>
<u>Insure Oklahoma</u>	<u>16</u>
<u>Legislative Update</u>	<u>17</u>
<u>Tribal Consultation Annual Summary</u>	<u>18</u>

Message from the Chief Executive Officer



Thank you for reading the Oklahoma Health Care Authority's (OHCA) state fiscal year (SFY) 2015 Tribal Relations Annual Report and Consultation Summary. The following pages highlight the work we've done together to improve the health of tribal citizens in Oklahoma. Our Tribal Government Relations Unit, along with staff throughout the agency, work diligently to ensure you are supported in your efforts to provide quality health care and improve health outcomes. We are incredibly grateful for the work that you do to serve SoonerCare members and keep them strong and healthy.

We believe the foundation of successful partnerships is direct and meaningful communication. This is achieved by ongoing and transparent consultation, integration of participation by tribal stakeholders into the decision-making process, and community outreach. Active and informed participation by both OHCA and our partners creates optimal collaboration that allows for a positive collective impact.

We look forward to continuing and strengthening collaborations with tribal governments, Indian Health Service, urban Indian programs and tribal communities. Together we can make Oklahoma stronger.

A handwritten signature in black ink that reads "Joel Nico Gomez". The signature is written in a cursive, flowing style.

Joel Nico Gomez

Oklahoma Health Care Authority (OHCA)

Our Vision

Our vision is for Oklahomans to be healthy and to have access to quality health care services regardless of their ability to pay.

Our Mission Statement

Our mission is to responsibly purchase state and federally funded health care in the most efficient and comprehensive manner possible; and to analyze and recommend strategies for optimizing the accessibility and quality of health care; and to cultivate relationships to improve the health outcomes of Oklahomans.

Our Values

Innovation

Integrity

Accountability

Engagement

Inclusiveness

OHCA Board

Anthony (Tony) Armstrong, vice-chairman

Ann Bryant, member

Tanya Case, member

Charles (Ed) McFall, chairman

Melvin McVay, member

Marc Nuttle, member

Carol Robison, member

OHCA Tribal Relations

Purpose and core functions

The OHCA Tribal Relations Unit serves as a liaison to the Centers for Medicare & Medicaid Services (CMS), Indian Health Service (IHS), urban Indian facilities and Oklahoma tribal governments for state and national level issues. This includes tribal consultation, workgroups, policy development, legislation and tribal sovereignty issues.

Mission statement

The goal of the OHCA Tribal Relations unit is to improve services to American Indian SoonerCare members, Indian health care providers and sovereign tribal governments through effective meaningful communication and maximizing partnerships.

Tribal Relations team

Dana Miller

Director

Dana.Miller@okhca.org

Phone: 405-522-7303

Fax: 405-530-3465

Lucinda Gumm

Coordinator

Lucinda.Gumm@okhca.org

Phone: 405-522-7248

Fax: 405-530-3337

Johnney Johnson

Coordinator

Johnney.Johnson@okhca.org

Phone: 405-522-7058

Fax: 405-530-7235

Janet Dewberry-Byas

Health Promotions Specialist

Janet.Byas@okhca.org

Phone: 405-522-7392

Fax: 405-530-3339

Email the Tribal Relations team at TribalRelations2@okhca.org

SoonerCare

Medicaid was created under Title 19 of the Social Security Act in 1965. It is a federal and state partnership that provides basic health and long-term care services for low-income citizens, largely children and pregnant women. While states may customize the program, they must follow federal guidelines. Medicaid eligibility is based on household finances and/or resources.

In Oklahoma, Medicaid is referred to as SoonerCare and is administered by OHCA is the state agency that administers the program and determines member eligibility. SoonerCare is jointly funded by federal and state government, and helps pay some or all medical bills for many people who can't afford them.

To qualify for SoonerCare, a person must:

- Reside in Oklahoma;
- Be a U.S. citizen or qualified immigrant;
- Meet financial income and resources standards; and
- Meet certain categorical relationships.



Did you know?*

- More than 1 million Oklahomans are enrolled in SoonerCare, or 1 in 4 Oklahomans
- SoonerCare pays for 60 percent of all births in Oklahoma.
- As of August 2015, SoonerCare has a network of 44,288 contracted providers.

*Oklahoma Health Care Authority (OHCA). SoonerCare In Motion 2014 Annual Report, 2015.

SoonerCare and tribal citizens

American Indian Fast Facts

September 2015



Total American Indian Enrollment	Total Enrollment (Includes Insure Oklahoma)	Percent of Total
130,637	836,062	16%

Total Enrollment is the number of members enrolled in SoonerCare and Insure Oklahoma. Excluding Insure Oklahoma, Total SoonerCare Enrollment is 88,964.

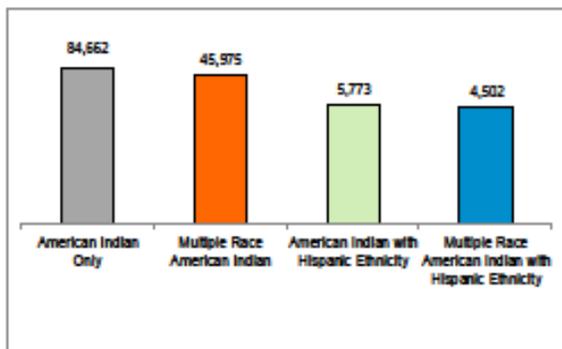
American Indian Enrollment by Aid Category Group

Qualifying Group	Enrollment	% of Total
Children/Parents	106,553	81.56%
Aged/Blind/Disabled	14,683	11.24%
Oklahoma Cares	63	0.05%
TEFRA	37	0.03%
OTHER	2,078	1.59%
SoonerPlan	6,318	4.84%
Insure Oklahoma Employer-Sponsored Insurance (ESI)	783	0.60%
Insure Oklahoma Individual Plan (IP)	122	0.09%

OTHER group includes—Child Custody-Refugee-Qualified Medicare Beneficiary-SLMB-DOSD Supported Living-Program of All Inclusive Care for the Elderly (PACE)-Soon to be Sooners (STBS) and TB patients. For more information go to www.ohca.org under Individuals then to Programs.

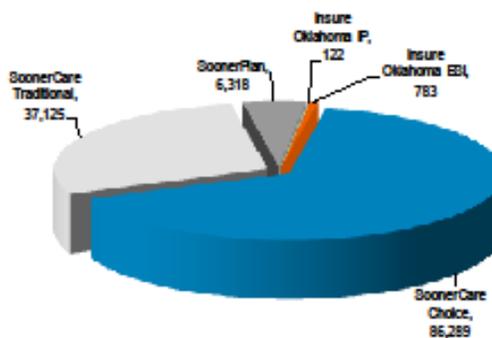
The qualifying FPL level decreased to 133% for the SoonerPlan program in January 2014.

American Indian Race Breakdown

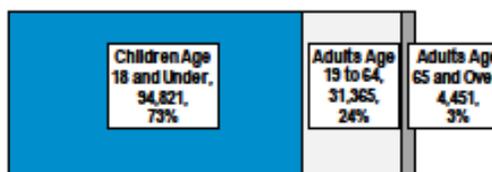


Race is self-reported by members at the time of enrollment. The multiple race members have selected two or more races. Hispanic is an ethnicity not a race.

Enrollment by Delivery System



Age Breakdown of American Indian Enrollment



Gender Breakdown

Female	71,820
Male	58,817

Pregnant Women

American Indian Only	2,674
Multiple Race American Indian	1,258
Total Pregnant American Indian	3,932

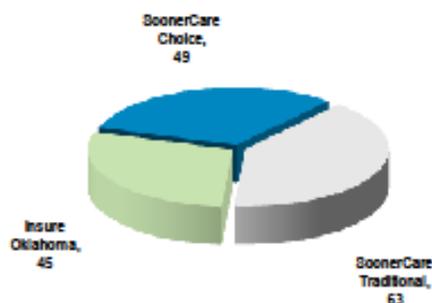
Indian Health Service/Tribal/Urban (I/T/U) Providers

I/T/U Clinics & Hospitals

Clinics	54
Hospitals	9

I/T/U Providers Accepting Non-Indian Members 12

I/T/U Providers by Program



This publication is authorized by the Oklahoma Health Care Authority in accordance with state and federal regulations. OHCA is in compliance with the Title VI and Title VII of the 1964 Civil Rights Act and the Rehabilitation Act of 1973. For additional copies, you can go online to OHCA's web site www.ohca.org under Research/Statistics and Data. The Oklahoma Health Care Authority does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment or the provision of services. Data was compiled by R&S and is subject to change.

10/13/2015

Tribal Consultation

OHCA was the first state agency in Oklahoma to formalize a tribal consultation policy. It was created in coordination with the Oklahoma City Area Inter-Tribal Health Board and several tribal partners, and allows for transparent, continuous, and meaningful communication with tribal governments, health providers, health facilities, elected tribal officials, and other tribal stakeholders. Given the number of tribal governments, sovereign status, and the substantial tribal population represented in the SoonerCare program, it is imperative that OHCA seek the input of tribal governments during the OHCA decision-making and priority setting process. OHCA has embedded tribal consultation into the daily operations of the agency and the rules promulgation process.

OHCA convenes bi-monthly tribal consultation meetings on the first Tuesday of every odd numbered month. These meetings are open for the public to attend, and key tribal stakeholders are invited to provide feedback. In an effort to maximize tribal participation, OHCA utilizes online and teleconference technology enable partners to conveniently participate without having to travel from their community.

SFY 2015 Tribal Consultation attendance:

- Twelve meetings were convened;
- Average number of tribes/organizations represented per meeting was 11; and
- Average number of attendees per meeting was 21.



SFY 2015 Tribal Consultation meetings

Date	Type of Consultation	Tribes/Organizations Represented	Number of Attendees
07/01/14	Bi-monthly	Cherokee Nation Cheyenne & Arapaho Tribes Chickasaw Nation Choctaw Nation Citizen Potawatomi Nation Kaw Nation Muscogee (Creek) Nation Northeastern Tribal Health System Oklahoma City Indian Clinic Oklahoma City Area Inter-Tribal Health Board Oklahoma Department of Mental Health and Substance Abuse Services	21
07/22/14	Bi-monthly follow-up	Cherokee Nation Chickasaw Nation Choctaw Nation Citizen Potawatomi Nation Indian Health Care Resource Center of Tulsa Indian Health Service Modoc Tribe of Oklahoma Muscogee (Creek) Nation Northeastern Tribal Health Center Oklahoma City Indian Clinic	16
09/02/14	Bi-monthly	Absentee Shawnee Tribe of Oklahoma Cherokee Nation Chickasaw Nation Indian Health Care Resource Center of Tulsa Indian Health Service Kaw Nation Modoc Tribe of Oklahoma Muscogee (Creek) Nation Northeastern Tribal Health Center Oklahoma City Indian Clinic Oklahoma City Area Inter-Tribal Health Board	11
09/30/14	Bi-monthly follow-up	Absentee Shawnee Tribe of Oklahoma Cherokee Nation Chickasaw Nation Indian Health Service Kaw Nation Modoc Tribe of Oklahoma Muscogee (Creek) Nation Northeastern Tribal Health Center Oklahoma City Indian Clinic	9

SFY 2015 Tribal Consultation meetings

Date	Type of Consultation	Tribes/Organizations Represented	Number of Attendees
10/21/14	Annual meeting	Absentee Shawnee Tribe of Oklahoma Cherokee Nation Cheyenn & Arapaho Tribes Chickasaw Nation Choctaw Nation of Oklahoma Citizen Potawatomi Nation Indian Health Care Resource Center of Tulsa Indian Health Service Kickapoo Tribe of Oklahoma Muscogee (Creek) Nation Northeastern Tribal Health System Oklahoma City Area Inter-Tribal Health Board Oklahoma City Indian Clinic Osage Nation of Oklahoma Peoria Tribe of Indians of Oklahoma Sac & Fox Nation Seminole Nation of Oklahoma Seneca-Cayuga Tribe of Oklahoma Oklahoma Department of Mental Health and Substance Abuse Services Oklahoma State Department of Health	44
11/04/14	Bi-monthly	Chickasaw Nation Choctaw Nation Muscogee (Creek) Nation Oklahoma City Indian Clinic	7
12/05/14	Bi-monthly follow-up	Chickasaw Nation Indian Health Care Resource Center of Tulsa Oklahoma City Area Inter-Tribal Health Board	4
01/06/15	Bi-monthly	Absentee Shawnee Tribe of Oklahoma Chickasaw Nation Citizen Potawatomi Nation Modoc Tribe of Oklahoma Muscogee (Creek) Nation Oklahoma City Indian Clinic Oklahoma Department of Human Services Oklahoma Department of Mental Health and Substance Abuse Services	13

SFY 2015 Tribal Consultation meetings

Date	Type of Consultation	Tribes/Organizations Represented	Number of Attendees
01/30/15	Bi-monthly follow-up	Chickasaw Nation Citizen Potawatomi Nation Oklahoma City Area Inter-Tribal Health Board	5
02/04/15	Ad-hoc/partnership planning	Absentee Shawnee Tribe Apache Tribe of Oklahoma Cherokee Nation Cheyenne & Arapaho Tribes Chickasaw Nation Choctaw Nation Citizen Potawatomi Nation Indian Health Service Indian Health Care Resource Center of Tulsa Kaw Nation Logisticare Muscogee (Creek) Nation Oklahoma City Area Inter-Tribal Health Board Oklahoma House of Representatives Oklahoma City Indian Clinic Oklahoma State Department of Health Osage Nation Sac & Fox Nation Seminole Nation of Oklahoma	68
03/03/15	Bi-monthly/ Insure Oklahoma workgroup	Chickasaw Nation Indian Health Services Muscogee (Creek) Nation Oklahoma State Department of Health Osage Nation	15
03/26/15	Ad hoc/budget	Absentee Shawnee Tribe of Oklahoma Cheyenne & Arapaho Tribes Citizen Potawatomi Nation Indian Health Care Resource Center of Tulsa Indian Health Service Oklahoma City Indian Clinic Oklahoma City Area Inter-Tribal Health Board	16
05/05/15	Bi-monthly	Absentee Shawnee Tribe Cherokee Nation Chickasaw Nation Choctaw Nation Citizen Potawatomi Nation Kaw Nation	23

SFY 2015 Tribal Consultation meetings

Date	Type of Consultation	Tribes/Organizations Represented	Number of Attendees
05/05/15	Bi-monthly	Indian Health Care Resource Center of Tulsa Indian Health Services Muscogee (Creek) Nation Oklahoma City Indian Clinic Oklahoma City Area Inter-Tribal Health Board Oklahoma State Department of Health	
05/29/15	Bi-monthly follow-up	Chickasaw Nation Choctaw Nation Muscogee (Creek) Nation	4

2015 Tribal Partnership Action Plan

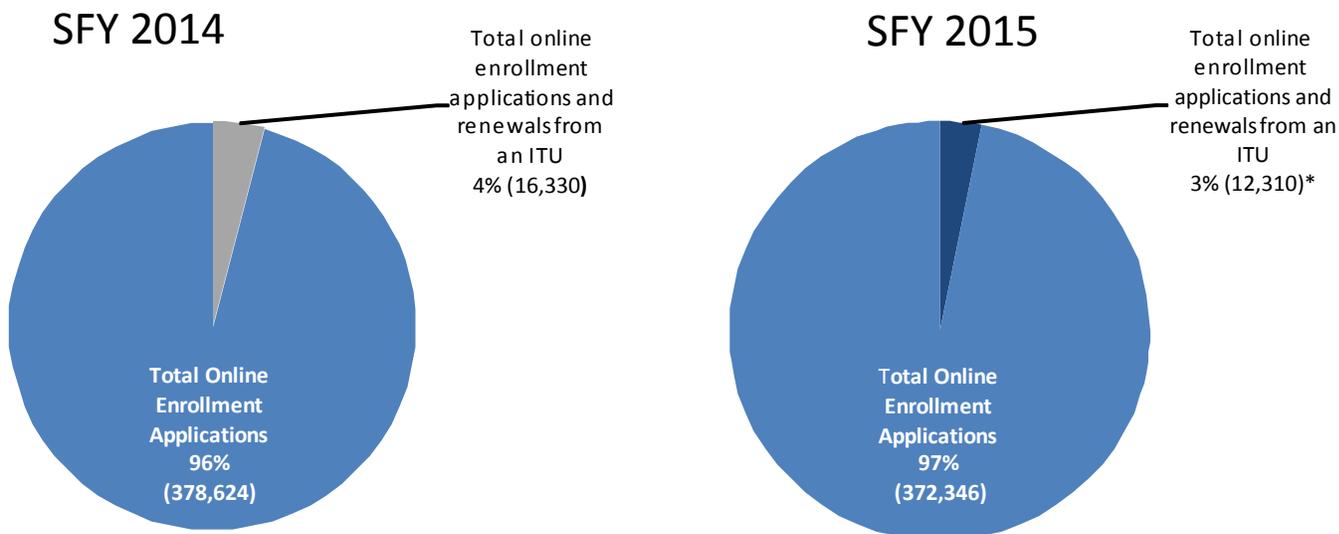
Following the Tribal Consultation Annual Meeting, OHCA convenes a Tribal Partnership Planning Session. During the session an action plan is developed by both OHCA and tribal partners. The intent of the action plan is to guide OHCA in setting priorities and measurements for activities related to tribal relations. Below is a list of topics and objectives identified during the 2015 session. To see the full OHCA Tribal Partnership Action Plan, please go to: www.okhca.org/tribalrelations.

Topic	Objective
<p><u>Health care services reimbursement to ITU providers (ITU Uncompensated Care)</u> <i>Request from tribal leaders and I/T/U health care providers to OHCA for a waiver to allow payments for services not covered under SoonerCare.</i></p>	<ul style="list-style-type: none"> • Hold tribal nations harmless from state budget reductions and sustain ITU reimbursement to address healthcare disparities.
<p><u>Chronic disease prevention for SoonerCare tribal citizens</u> <i>Discussion revealed concerns and importance to address chronic disease prevention among tribal citizens.</i></p>	<ul style="list-style-type: none"> • Increase from 0 to 1 the number of culturally appropriate health communications campaign for tribal SoonerCare members. • Increase from 0 to 1 the number of health intervention efforts with tribal partners tailored to tribal SoonerCare children (e.g., tribal head start, JOM programs, boarding schools, etc.) • Increase from 0 to 1 the creation of OHCA/Tribal Public Resource Directory.
<p><u>Primary care providers recruitment in rural Oklahoma</u> <i>Discussion highlighted the need to recruit more primary care providers in rural Oklahoma.</i></p>	<ul style="list-style-type: none"> • Increase from 0 to 4 OHCA facilitation of information (e.g. Training notices, contact information, etc.) to tribal partners regarding recruitment of I/T/U SoonerCare primary care providers to rural Oklahoma.
<p><u>Non-emergency transportation for SoonerCare tribal citizens</u> <i>Discussion noted the need to address transportation to medical appointments in rural Oklahoma; and increase awareness about SoonerRide.</i></p>	<ul style="list-style-type: none"> • Increase the number of tribal transportation providers with SoonerCare from 0 to 1. Increase from 0 to 1 the number of tribal-specific SoonerRide outreach materials created.
<p><u>Telemedicine needs in rural tribal communities</u> <i>To address access-to-care issues for tribal populations in underserved areas.</i></p>	<ul style="list-style-type: none"> • Increase from 0 to 1 the number of updated OHCA policies specific to the delivery of telemedicine services.
<p><u>Insure Oklahoma Sponsor Choice</u> <i>To address the high number of uninsured tribal citizens.</i></p>	<ul style="list-style-type: none"> • Increase from 0 to 1 the creation of a timeline for the implementation of the Insure Oklahoma Sponsor Choice in 2016

Tribal enrollment partnership

In an effort to increase outreach and linkage to the SoonerCare program, OHCA has partnered with tribal health care providers. This partnership allows ITU's to assist potential SoonerCare members in applying or reapplying for SoonerCare benefits using the "agency view" of OHCA's online enrollment. Currently eight tribes, Indian Health Service (IHS), Oklahoma City Indian Clinic, Indian Health Care Resource Center, and Northeastern Tribal Health System are contracted as agency view partners.

In SFY 2015, ITU's submitted a total of **12,310** SoonerCare applications. OHCA tribal enrollment partnerships increases access to care, potentially saves purchased and referred care funds, and brings revenue back into tribal communities.



**Numbers are subject to change due to certifications occurring after the data is extracted and other factors. This report is based on data retrieved September 2015.*

Oklahoma Tribal Medicaid Administrative Match

Oklahoma Tribal Medicaid Administrative Match (OK TMAM) is an opportunity to increase outreach and link of American Indians into the SoonerCare program. OK TMAM allows tribal enrollment partners to receive reimbursement for the administrative costs of accepting and processing new and renewed SoonerCare applications.

The goal of the OK TMAM program is to address the relatively high rate of uninsured American Indians in Oklahoma by successfully linking tribal citizens to the SoonerCare program. According to 2014 United States Census Bureau findings, the estimated rate for uninsured American Indians and Alaska Natives is 13.9 percent*. All tribal governments are eligible to participate in the TMAM program.

- In SFY 2014, 11 TMAM-contracted tribes were reimbursed \$212,390;
- In SFY 2015, 11 TMAM-contracted tribes were reimbursed \$142,365 (through first three quarters of SFY 2015)

*U.S. Census Bureau. (2014). American Indian and Alaskan Natives Factfinder: Retrieved October 15, 2015, from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_S2702&prodType=table

SFY 2015 payments are an estimate at time of reporting. SFY 2015 4th quarter payments had not been calculated.

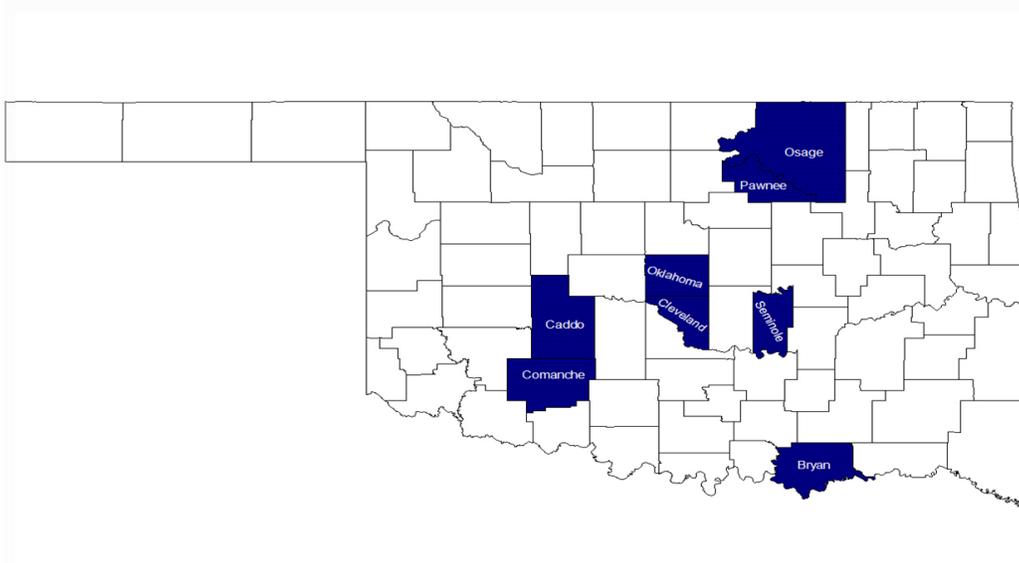
SoonerCare outreach in tribal communities

In SFY 2015, the OHCA Tribal Relations Unit visited numerous tribal community events. The goal of SoonerCare outreach in tribal communities is to connect with SoonerCare members and partners to improve services to American Indian members.

Outreach objectives are:

- To be better informed of tribal community needs and best practices;
- To bridge communication barriers by listening and addressing concerns; and
- To enhance personal interaction in a effort to cultivate meaningful relationships.

Below is a list of the outreach events that OHCA Tribal Relations staff attended in SFY 2015:



07/03/14	Pawnee Nation Health Fair – Pawnee
07/07/14	OKCIC Children’s Health Fair – Oklahoma City
08/01/14	Absentee Shawnee Back to School – Little Axe
08/01/14	OKCIC Adolescent Health Fair – Oklahoma City
08/01/14	Comanche Nation Kids Carnival Back to School Health Fair – Lawton
08/05/14	Kiowa Tribe Back to School Health Fair – Carnegie
08/26/14	OTGR Veterans Training Summit – Durant
10/29/14	5 th Annual Kiowa Tribe Health & Safety Fair – Carnegie
11/24/14	Pawhuska Tribal Health Care Outreach Enrollment – Pawhuska
04/30/15	Seminole Nation Community Health Fair – Seminole
06/27/15	Walk for Wellness – Oklahoma City

Riverside Dental Event



On Sept. 19, 2014, the OHCA Tribal Relations Unit, in cooperation with IHS, the Oklahoma City Area Inter-Tribal Health Board (OCAITHB), and private partners, participated in the Annual Riverside Dental Event in Anadarko. OHCA Tribal Relations staff secured a generous donation from the Colgate-Palmolive company to supply dental products, toothbrushes, toothpaste, and dental floss for the students. A total of 481 students of the Riverside Indian School received dental evaluations by the Indian Health Service (IHS) and any follow-up care that was needed was also coordinated by IHS. Efforts to improve oral health and provide health education to students at the Anadarko school have produced positive results since the first event took place in 2009.



Additionally, nurses from IHS and OHCA were on hand to measure blood pressure, weight, height, and other vital signs. Since the inception of this event, more than 2,500 dental evaluations have been provided to Riverside students.

Partnerships for the Riverside dental event included:

OHCA

BlueCross Blue Shield of Oklahoma

Colgate-Palmolive

IHS

OCAITHB

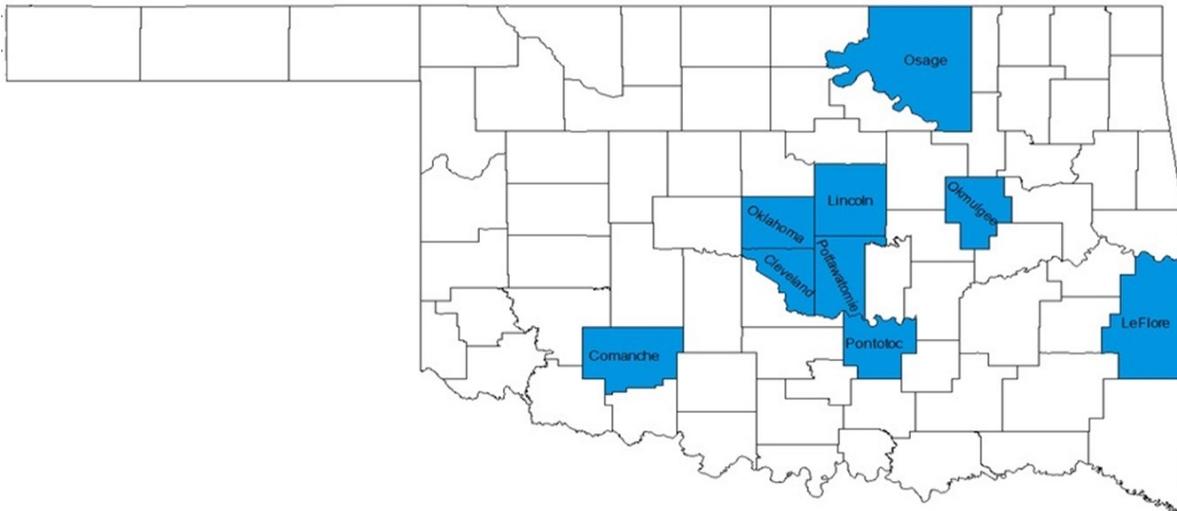
Oklahoma State Department of Health

Riverside Indian School

Provider Services to ITUs

OHCA has an established single point of contact within the Provider Services Unit to offer ongoing support for ITU contracted providers. OHCA Provider Services is available to assist contracted SoonerCare providers with a broad range of issues including but not limited to policy, claims adjudication, and primary care provider changes.

Below is a list of completed trainings and topics completed by OHCA Tribal Relations and Provider Services staff in SFY 2015:



10/29/2014	SoonerCare 101 - Pawhuska
11/20/2014	Agency View Training – Okmulgee
11/20/2014	Primary Care Provider Recruitment - Stroud
01/28/2015	SoonerCare 101 Updates – Oklahoma City
02/6/2015	NODOS/eNBI Training – Ada
03/4-5/2015	SoonerCare 101 Large Group Training - Talihina
03/26/2015	Agency View Training - Ada
04/15/2015	Smoking Cessation – Mcloud
04/30/2015	Behavioral Health Training – Lawton
05/9/2015	Smoking Cessation – Mcloud
05/12-13/2015	CMS/ITU Outreach and Education Event
06/22/2015	SoonerCare 101 - Okmulgee

For more information on services available to contracted OHCA Indian health care providers, please contact Stephanie Mavredes, OHCA provider education specialist at 405-522-7096 or Stephanie.Mavredes@okhca.org

Insure Oklahoma

Thousands of low-income adults and business owners have enrolled in Insure Oklahoma to help meet their health insurance needs. This innovative state program has received national attention as a means of bridging the gap in health care coverage for Oklahomans and is actively accepting applications for both individual and employer assistance.

In SFY 2015, 768 American Indians were enrolled in Insure Oklahoma Employer-Sponsored Insurance (ESI), while 122 American Indians were enrolled in the Insure Oklahoma Individual Plan (IP). *

Who qualifies?

Oklahoma businesses with 250 or fewer employees may qualify for Insure Oklahoma's Employer-Sponsored Insurance (ESI) premium assistance program. Through the ESI program, Insure Oklahoma subsidizes 60 percent of qualified employee health premiums; employers fund 25 percent; and employees pay only 15 percent of health premiums. Employees must earn at or below 200 percent of the federal poverty level (\$54,260 in a two-worker family of four) and meet additional qualifications.

Low-income, adult Oklahomans who do not have access to employer-sponsored insurance, SoonerCare or Medicare may qualify for Insure Oklahoma's Individual Plan (IP). The IP offers medical and pharmacy benefits and premiums are based on a sliding scale. Applicants must earn at or below 100 percent of the federal poverty level (\$30,010 for a family of four in a two-worker household) and meet additional qualifications.



To learn more, please visit www.insureoklahoma.org or call 888-365-3742

*Insure Oklahoma Fast Facts, September 2015. Oklahoma Health Care Authority website. <http://spsprod/sites/publicaffairs/RandS/Document%20Library/12/1/American%20Indian.pdf> Published October 13, 2015. Accessed October 13, 2015.

Legislation tracking

OHCA tracks legislation that is pertinent to SoonerCare. Below are specific bills that have a potential impact on tribal health care systems.

HBI831:

Authored by Representative Seneca Scott, directed OHCA to submit a waiver to CMS for uncompensated care provided at ITUs. It was also to provide payments to these facilities for formerly reimbursable services and to cover otherwise uncompensated care. The bill required that if OHCA was unable to obtain federal financial participation and waiver approval from CMS then the bill would be null and void.

Status:

The bill was introduced in the House on 02/02/15 and was granted a second reading and referred to the House public health committee. The bill was not heard in committee and was laid over on 02/11/15.

HBI566:

Authored by Representative Glen Mulready and Senator Kimberly David, directed OHCA to initiate request for proposals (RFPs) for care coordination models to serve dual and non-dual, non-institutionalized aged, blind and disabled (ABD) persons. It also required the care coordination models for members receiving institutional care to be phased in two years after the initial enrollment period of a care coordination program.

Pursuant to HBI566 passed by the Oklahoma Legislature in 2015, it is the intent of OHCA to issue an RFP for care coordination model(s) for the ABD populations. To comply with the direction of the bill, OHCA will solicit information and input from a wide variety of stakeholders including, but not limited to, members, advocates, providers, health care systems, and the general public through a request for information (RFI) process, for the development and requirements of the RFP.

Status: Signed by the governor on 05/04/15

For details on the ABD Care Coordination RFP process, please visit:
<http://okhca.org/about.aspx?id=17366>

To learn more about current or past legislation, visit www.oklegislature.gov.

SFY 2015 Tribal Consultation annual summary

Tribal consultation is the first step in the OHCA rule-making process. Consultation and consideration of feedback from tribal partners is not only a high priority for OHCA, but it also a standard when developing and revising agency policy, waiver implementation or renewals, state plan changes, demonstration projects, agency budget, and agency business processes. While federal consultation requirements are limited to only those issues with a direct tribal implication, OHCA takes this a step further and consults with tribal partners on all issues. This is done in an effort to increase transparency, and an acknowledgement that Indian health care providers and tribal government officials are indeed the true subject matter experts in what is important to their tribal communities. Below is a summary of Tribal Consultation agenda items considered during SFY 2015.

63 Items Considered

34 Tribal Impact

33 Resolved

1 Pending

Rates for Individually-contracted LBHPs and Psychologists (effective 07/01/14)

Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) proposes to maintain payment rates for individually-contracted psychologists and licensed behavioral health professionals (LBHPs) due to the agency budget shortfall for SFY 2015. The established fee schedule is based on a percentage of the current Medicare Physician Fee Schedule (MPFS), which updates annually. Psychologists are reimbursed at 96.75 percent of the MPFS and LBHPs are reimbursed at 72.56 percent of MPFS. Proposed methodology would maintain rates for each provider type at a percentage of the 2013 calendar year MPFS instead of updating annually.

Disproportionate Share Hospital (DSH) changes (effective 09/01/14)

OHCA proposes to revise the definition of “uninsured”, “inpatient services”, and “outpatient services” for DSH purposes, based on federal regulations, as well as clarify our redistribution methodology of funds which result from recoupments from hospitals that were determined to have been overpaid resulting from the DSH audit. There will be no state budget impact.

Referrals for Specialty Services (effective 08/27/15)

Policy is revised to remove language regarding the inclusion of referral documentation in members’ medical records. The use of electronic referrals will replace the need of paper documentation.

Home and Community Based Services Zero Copay for Preferred Generic Drugs (withdrawn on 09/03/14)

The Zero Copay for Preferred Generic Drugs program will no longer be available for Home and Community Based Services (HCBS) waiver members effective February 2015. Waiver members acquiring generic drugs will be required to provide nominal copay. The copays currently required for waiver members will be applied to the group of preferred generic drugs. Budget Savings: \$25,186 State Share; \$44,418 Federal Share

1115 Waiver SoonerCare Renewal Request (informational only)

OHCA intends to submit a request for renewal of the 1115 SoonerCare Choice and Insure Oklahoma Demonstration Waiver to the CMS, extending the waiver from January 1, 2016, through December 31, 2018. The renewal request will seek to continue authorization for the SoonerCare Choice managed care program, the Health Management Program (HMP) and the Health Access Networks (HANs), in addition to the Insure Oklahoma program. No significant changes are planned for the waiver at this time.

SFY 2015 Tribal Consultation annual summary

1915c Waivers Operational Functions (effective 10/01/15)

OHCA is exploring options to transition the operational functions of its internal 1915c Waiver services and responsibilities. The three (3) internal waivers include: (1) My Life My Choice; (2) Sooner Seniors and (3) Medically Fragile. In total, these waivers serve approximately 160 members. Factors under consideration are to transition the operational waiver responsibilities include, but are not limited to, contracting with an external entity to perform all operational services or transitioning some or all members into other existing waivers as applicable. **UPDATE:** *Members in My Life, My Choice and Sooner Seniors were transitioned to other waivers. OHCA continues to operate the Medically Fragile waiver.*

14-46 AB DDS Psychological Evaluations/Waiver Services List (effective 08/27/14)

The proposed revisions are to implement policy changes recommended during the Oklahoma Department of Human Services (DHS) Developmental Disabilities Services (DDS) annual policy review process. HCBS Waiver's rules for persons with intellectual disabilities or certain persons with related conditions are amended to: (1) include timeframes for how long psychological evaluations are considered valid to determine eligibility for DDS HCBS Waiver services; (2) include timeframes for reporting any address changes or other contact information to DHS; and (3) provide timeframes when an individual is removed from the Request for Waiver Services List when the individual fails to respond or does not provide DHS requested information.

14-23 DDS Third Party Employment (effective 08/27/15)

DDS policy is revised to comply with 29 CFR 552.109 regarding domestic service employees employed by third-party employers, or employers other than the individual receiving services, or his or her family, or household. The regulation precludes third-party employers from claiming the companion exemption.

Tobacco Cessation (effective 09/01/14)

Policy is revised to eliminate the copayment for the tobacco cessation counseling intervention. The removal of the copayments may result in increased quit rates and more successful smoking cessation outcomes.

14-28 Allergy Testing Limitations (effective 08/27/15)

OHCA injection policy is revised to include language detailing service requirements and limitations for allergy testing and immunotherapy coverage. Current OHCA policy is silent as to how these services will be administered and appropriately reimbursed. **UPDATE:** *The agency's rules are revised to establish policy for the appropriate administration of allergy testing and immunotherapy services. Criteria include: definition of "allergy testing" and "immunotherapy," coverage requirements, non-covered services, reimbursement conditions, appropriate delivery sites, provider qualifications, and documentation requirements for home administration of immunotherapy. Additionally, revisions include removal of allergy reimbursement language from injection policy as it is referenced in the new section.*

Family Planning State Plan Amendment (effective 07/01/15)

The State Plan is revised to remove contraceptive brand name products that are no longer covered. Additionally, language will be updated to align practice to industry standards in regard to time intervals for long-acting reversible contraceptive (LARC) insertion, removal, and reimbursement. **UPDATE:** *Language is amended to include additional devices and contraceptive methods that are available to members.*

SFY 2015 Tribal Consultation annual summary

DMEPOS Fair Market Value Pricing (effective 12/01/14)

OHCA proposes a methodology change for selected durable medical equipment, prosthetics, orthotics, and supply (DMEPOS) manually priced items. Fair market value reimbursement rates will be set for specified enteral medical supplies, enteral formulae, durable medical equipment, wheelchairs, wheelchair accessories, and hearing services.

Agency Companion Contractor Intermittent Rate (effective 09/01/15)

OHCA proposes a methodology change, requested by DHS, to add an intermittent rate for the agency companion contractor model. This new per diem rate will be \$65.25. Current agency companion rates for the employee model will be eliminated. Agency companion services may be authorized in the individual plan for members enrolled in the DDS Community Waiver or Homeward Bound Waiver.

14-05 Policy Change for Member Copayments (effective 07/01/14)

These rules were reviewed during the emergency rule process with the exception of the following changes: policy is amended to add diabetic supplies and smoking cessation counseling and products to the service copayment exemption list in order to ensure member access to necessary services that improve member health outcomes.

14-09 SoonerCare Choice Policy Changes (effective 07/01/14)

These rule changes were reviewed during the emergency rule process with the exception of the following change: children in the former foster care eligibility group are excluded from participation in SoonerCare Choice; children who are known to be in OKDHS custody are now eligible to participate in SoonerCare Choice.

14-17 Moving to an SSI Criteria State for Determining Medicaid Eligibility for Aged, Blind and Disabled (ABD) Individuals (effective 01/01/15)

These rule changes were reviewed during the emergency rule process with the exception of the following changes: rules regarding income received from capital resources and rental property are amended to deduct the severance tax from the gross income for ABD applicants. Rules regarding infrequent or irregular income are amended to align with the Social Security Administration rules for determining Supplemental Security Income.

14-18 Policy Change for State Plan Personal Care Services (effective 08/27/15)

Rules for the State Plan personal care services are amended to align with current procedures that are in place at DHS. Changes include: policy clean up to remove unnecessary language regarding personal care service settings; the criteria for persons eligible to serve as personal care assistants; and minor changes to administration of the State Plan personal care services.

14-20 Hospital Presumptive Eligibility (effective 08/27/15)

Hospital presumptive eligibility (HPE) rules are added to comply with Section 1920A of the Act and federal regulations 42 CFR 435.1100-1110. HPE allows participating hospitals to make presumptive eligibility (PE) determinations on behalf of the agency for applicants who are deemed eligible for Medicaid services based on preliminary information provided by the applicant. Hospitals may then provide services under HPE and bill OHCA. Hospitals are guaranteed payment for HPE services, regardless of whether or not the applicant is later found eligible for SoonerCare. The rules will delineate the parameters of the HPE program, eligibility guidelines, and hospital participation rules.

SFY 2015 Tribal Consultation annual summary

14-22 Update to DME Policy (effective 08/24/15)

Policy is revised to update Part 17 (medical suppliers) in Chapter 30 to clarify rules for durable medical equipment (DME) services. Changes include updating billing and prior authorization requirements for DME items, updating the list of DME items that require a certificate of medical necessity, clarifying that repairs for rental DME items are not covered, and revising the definition of “invoice.”

14-25 Dental (effective 08/27/15)

These rule changes were reviewed during the emergency rule process with the exception of the following changes: proposed dental policy is revised to align practice with the Code on Dental Procedures and Nomenclature (CDT) and to ensure the delivery of dental services meets the standard of care. Proposed revisions include guidelines for x-rays, comprehensive and periodic oral evaluations, and dental sealants. Rules are revised to add coverage for the replacement of sealants; current policy restricts coverage for replacement sealants when medically necessary. Revisions also include removal of language regarding composite and amalgam restorations, as it is referenced in a different section. Proposed revisions outline guidelines for stainless steel crowns to clarify that placement is allowed once for a minimum period of 24 months, as well as other necessary language clarification.

14-29A&B Lock-in Policy Cleanup (effective 08/27/15)

Policy is revised to clarify language regarding the Pharmacy Lock-in Program. Current policy locks members into one primary physician and/or one pharmacy. Policy is revised to allow members to be locked in to an approved prescriber rather than a primary care physician and pharmacy. *UPDATE: A process was developed to ensure tribal citizens are able to continue receiving pharmacy services at an ITU.*

14-35 DMEPOS Free Choice (effective 08/27/15)

Rules for SoonerCare members' freedom of choice to select their provider of DMEPOS are amended to state that providers must inform members of this right when filling or ordering DMEPOS.

14-36 Long-term Care Eligibility (withdrawn 6/5/15)

Rules are amended to align with 42 U.S. Code §1396p. Changes include: increasing home equity maximum amount to \$500,000 plus the increase by the annual percentage rate in the urban component of the consumer price index. This allows the individual to decrease this equity interest through the use of a reverse mortgage or home equity loan. The term "relative" is removed from the home exemption rules for members who fail to return back home from a long-term care institution. The term "annuity" is changed to also include annuities purchased by, or on behalf of, an annuitant seeking long-term care services.

14-49 Insure Oklahoma Eligibility (effective 08/27/15)

In order to enhance the enrollment and eligibility process for Insure Oklahoma (IO), the methodology for determining IO eligibility, for both IP and ESI, is changing to the Modified Adjusted Gross Income (MAGI) methodology. This change will align the eligibility methodology for the IO program with that of SoonerCare and allow OHCA to move the IO program to the online enrollment platform for member enrollment. The reasonable opportunity for SoonerCare members to obtain citizenship or alienage documentation will also be amended. In order to have an effective date of January 1, 2016, the MAGI transition will also require an amendment to the I115 Demonstration Waiver.

SFY 2015 Tribal Consultation annual summary

14-50 Telemedicine (effective 08/27/15)

OHCA rules for telemedicine are revised to clarify the definition for "telemedicine," and to remove the definitions sections for consistency. Proposed changes also remove coverage guidelines to expand the scope of the telemedicine delivery method. Revisions remove requirements for a presenter at the distant site to align with the Oklahoma medical licensure rules and guidelines regarding the required use of OHCA-approved telemedicine networks. Proposed revisions also eliminate the originating site fee payment. This additional language ensures that there are no restrictions for services rendered using the telemedicine delivery model.

14-58 High Risk Obstetrical Services (effective 08/27/15)

Rules are revised to allow general obstetrics and gynecology (OB/GYN) providers the ability to evaluate pregnant women for a defined list of high risk obstetrical services without a referral from a maternal fetal medicine (MFM) doctor.

14-39 Therapeutic Foster Care (effective 08/27/15) Policy is revised to indicate a 1.5 hours daily limit on services billed by the treatment parent specialist (TPS) within the therapeutic foster care (TFC) setting. This change in policy aligns with limitations delineated within the State Plan for this particular provider and setting.

14-47 First Visit by the Physician in Active Treatment (effective 08/27/15)

Policy is revised to indicate that when the health and physical (H&P) or a combined H&P and psychiatric evaluation are completed by an allopathic or osteopathic physician with a current license and a board certification/eligible in psychiatry, the assessment(s) may count as the first visit by the physician in active treatment. Additionally, rules are revised to include a distinction between LBHPs and licensure candidates.

14-48 Targeted Case Management (TCM) (effective 08/27/15)

Policy is revised to add the State Plan authorized billing limits of 25 units per month for regular TCM and 54 units for intensive TCM. Rules are also amended to create a distinction between LBHPs and licensure candidates. Additionally, rules are revised to correct scrivener's errors made during the 2014 permanent rulemaking session.

14-55 Distinction between LBHPs and Candidates (effective 08/27/15)

Outpatient behavioral health rules are revised to create distinction between licensed behavioral health professionals (LBHPs) and licensure candidates.

15-01 Adult Dental Coverage for Transplant Clearance (effective 10/1/15)

OHCA rules are revised to add medically necessary dental coverage for SoonerCare adult members needing dental clearance for organ transplants.

Proposed 1115 waiver amendment and rule changes for Insure Oklahoma Choice program (effective TBD)

It was proposed that the 1115 demonstration waiver and corresponding agency rules be amended to reflect a third IO option. The IO Choice program will establish coverage for sponsoring organizations, eligible populations (including dependent spouses and children), qualifying benefit plans, cost sharing and expenditure authorities. The evaluation design will be modified to incorporate the IO Choice program as well.

SFY 2015 Tribal Consultation annual summary

15-09 Timely Filing Limitation (effective 07/01/15)

OHCA rules are revised to require that claims must be received by the fiscal agent within six months from the date of service (DOS). Payment will not be made on claims when more than six months have elapsed between DOS and the date of receipt of the claim by the fiscal agent. Rules are also revised to require that resubmissions of claims must be received by OHCA no later than 18 months from the DOS.

Budget reductions (effective 07/01/15)

To comply with requirements of Article 10, Section 23 of the Oklahoma constitution (which mandates that state agencies shall not incur obligations in excess of the unencumbered balance of cash available), OHCA has taken necessary actions to revise its budget, through reductions in targeted programs, in order to file a balanced budget for SFY 2016.

Visit us and stay informed at:

www.okhca.org

www.soonerfit.org

www.insureoklahoma.org

**Keep our community
conversation going strong at:**



—• www.facebook.com/ok.soonercare



—• twitter.com/oksoonercare



—• www.youtube.com/user/soonercare



—• instagram.com/oksoonercare



—• www.pinterest.com/oksoonercare