



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, May 23rd
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

- Provider Rate Reductions
 - Policy Revision to Medical Identification Card Policy
 - Pharmacy Revisions
 - Hospice Care Curative Treatment for Children
 - Nursing Facility Rate Changes
 - Long Acting Reversible Contraceptives (LARC)
 - 2018 SoonerCare Choice and Insure Okla 1115(a) Demonstration Waiver Extension Request
 - Proposed 1115 Waiver Amendment
3. Other Business and Project Updates:
 - Provider Contracts- Amy Bradt, Provider Contracting Manager
 - Budget update- Austin Marshall, Director of Government Relations
 - Long Term Care update-Lisa Moses, LTC Financial Management
 - New Tribal VPN tunnel update-Brett May, Performance & Electronic Process Director
 4. New Business- Dana Miller, Director of Tribal Government Relations
 5. Adjourn—Next Tribal Consultation Scheduled for 11 AM, July 11th, 2017

Proposed Rule, State Plan, and Waiver Amendments

Provider Rate Reductions — The Oklahoma Health Care Authority will potentially implement provider rate cuts in order to minimize the impact of current and forecasted state budget concerns. Any budget reduction measure adopted will have a proposed effective date of July 1, 2017, or later.

Policy Revision to Medical Identification Card Policy — The proposed revisions remove references that refer to the issuing/ mailing of member medical identification cards. Revisions also remove any reference that describes providers checking a member’s plastic identification card. This policy change is the result of the Oklahoma Health Care Authority no longer printing and/or issuing plastic cards. Members now have access to print their medical identification card from their online member account. Non-online enrollment members can visit their local Department of Human Services office to get a printed card. Providers can verify eligibility online via the Eligibility Verification System.

Pharmacy Revisions - The proposed pharmacy revisions reduce brand name prescriptions from two (2) to one (1) per month per eligible non-institutionalized and non-wavier adult member. Revisions also remove coverage of optional non-prescription drugs for adults. (Insulin, nicotine replacement products for smoking cessation, and family planning products are not optional.) Additionally, compounded prescriptions for topical use will require a prior authorization for allowable cost exceeding a pre-determined limit.

Budget Impact: Net of rebate, the combined reduction in the pharmacy benefit is expected to be about \$11 million total dollars, \$4 million state dollars.

Hospice Care Curative Treatment for Children — The proposed state plan amendment (SPA) will align Medicaid hospice services with current program operations and federal regulations. The proposed SPA will allow children to receive hospice services without forgoing other medical/curative services to which the child is entitled to under Medicaid. Additional revisions to the hospice state plan pages are made to make the benefit more descriptive.

Nursing Facility Rate Changes — For the rate period beginning July 1, 2017, a proposed amendment to the state plan will recalculate the Quality of Care for regular nursing facilities, nursing facilities serving residents with Acquired Immune Deficiency Syndrome, regular (greater than 16 beds) intermediate care facilities for individuals with intellectual disabilities (ICF/IID), and acute (16 beds or less) ICF/IID.

Long Acting Reversible Contraceptives (LARC) — The proposed state plan amendment (SPA) will revise coverage language to increase access and utilization of LARC devices. The proposed SPA will expand access to these devices by removing unnecessary restrictions. Changes within the proposed SPA will support appropriate birth spacing, which can reduce infant and maternal mortality.

2018 SoonerCare Choice and Insure Oklahoma 1115(a) Demonstration Waiver Extension Request — Per federal regulation, the Oklahoma Health Care Authority (OHCA) is providing notice of its plan to submit an update to its current renewal application for the SoonerCare Choice and Insure Oklahoma 1115(a) waiver to the Centers for Medicare and Medicaid Services. The OHCA is requesting an additional year extension of the waiver for the period January 1, 2018 to December 31, 2018. The OHCA plans to extend the demonstration with one change to clarify and define payment methodology. The state will provide clarification for supplemental payments to the State of Oklahoma teaching universities. This will reflect value based purchasing. The OHCA welcomes comments on the continuation of the SoonerCare

Choice and Insure Oklahoma programs. The existing waiver application is currently posted on the OHCA website. It can be found on the Policy Change Blog and the Native American Consultation Page. The OHCA will be accepting comments/feedback for the waiver application until June 24, 2017.

Proposed 1115 Waiver Amendment — The Oklahoma Health Care Authority (OHCA) proposes an amendment to the 1115(a) demonstration waiver. Pursuant to House Bill 1566 passed by the Oklahoma Legislature, the OHCA has issued a Request for Proposal for a care coordination model for the Aged, Blind and Disabled (ABD) populations. The outcome will allow for a fully capitated, statewide model of care coordination to best serve Oklahoma Medicaid’s ABD population known as SoonerHealth+. The ABD population currently receiving health care services under the 1115(a) demonstration will be added as a separate program under the 1115 waiver to transition eligibility to the SoonerHealth+ program once implemented. The benefits for the ABD population will be delivered in a new program called SoonerHealth+ program. These individuals will receive all benefits including care coordination services through a fully capitated managed care delivery model.