



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, November 6th
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—Sandra Puebla, Federal & State Authorities Director

Proposed Rule, State Plan, and Waiver Amendments

- Update Electronic Health Record (EHR) Incentive Program Policy
 - Green Thumb Program Name Change
 - Suspended Claims Review and Prepayment Review
 - ADvantage Waiver
 - Breast and Cervical Cancer (BCC) Treatment Program
 - Developmental Disabilities Services Division (DDS)
 - Tax Equity and Fiscal Responsibility Act (TEFRA) Policy Update
 - Eligibility Termination Indicated by Returned Mail
 - Deductible and Coinsurance for Medicare Claims
 - Non-Emergency Transportation
 - Reimbursement Methodology for Partial Hospitalization Program Services (PHP)
 - SHOPP calculation change
3. Other Business and Project Updates:
 - Update on Senate Bill 972 – Marlene Asmussen, Director Population Care Management
 - Provider Training – Ashley Johnson, Provider Representative
 - Sponsors Choice update- Dana Miller, Director of Tribal Government Relations
 4. New Business- Dana Miller, Director of Tribal Government Relations
 5. Adjourn—Next Tribal Consultation Scheduled for 11 AM, January 8th , 2018

Proposed Rule, State Plan, and Waiver Amendments

Update Electronic Health Record (EHR) Incentive Program Policy — The proposed revisions will amend policy about how to qualify for the EHR Incentive Program by changing the timeframe in which hospitals must meet the SoonerCare patient volume criteria for a continuous 90-day period from the preceding calendar year to the preceding federal fiscal year. Additionally, the proposed revisions will add a 30-day time limit for eligible providers to submit documentation or make corrections to avoid denial of their EHR attestation. Finally, the proposed revisions will add language further defining the process and timeframes for providers to request an informal reconsideration or a formal appeal.

Green Thumb Program Name Change — The proposed revisions will amend the Eligibility and Resource Disregards policy to update the name of the Green Thumb program to its new name, the Senior Community Service Employment Program (Experience Works). Benefits acquired through this program are disregarded when counting resources for Medicaid's Aged, Blind, and Disabled (ABD) eligibility determination. This policy revision is requested by the Oklahoma Department of Human Services (DHS).

Suspended Claims Review and Prepayment Review — The proposed revisions will help ensure that the OHCA follows state and federal law by adding rules that define and explain the various reviews that may be performed by the OHCA or its contractor. Suspended claims review and provider-specific prepayment review are two examples. The proposed rules will help the OHCA safeguard against unnecessary utilization of medical supplies and services and help ensure payments are consistent, efficient, economic, and provide good quality of care. Finally, these revisions help ensure that reimbursements are for medically necessary and otherwise appropriate medical supplies and services.

ADvantage Waiver — The proposed revisions to the ADvantage Waiver will add new language to outline requirements for personal care services and consumer directed personal assistance services and supports (CD-PASS) for case management services. Revisions will also remove and update outdated policy in order to align with current business practices and ensure rules are in accordance with state laws and regulations.

Breast and Cervical Cancer (BCC) Treatment Program — The proposed revisions to the BCC policy will provide cleanup and removal of old references and outdated language in order to reflect current business practices. Additionally, policy will reflect new guidelines that are already being implemented to make the "in need of treatment" determination.

Developmental Disabilities Services Division (DDS) — The proposed revisions to the DDS policy will amend rules to implement changes recommended during the annual Department of Human Services (DHS) DDS rule review process. Additionally, revisions will reflect new service requirements for employment services through Home and Community-Based Services waivers. Further revisions will eliminate and/or update outdated policy in order to better align with current business practices.

Tax Equity and Fiscal Responsibility Act (TEFRA) Policy Update — The proposed revisions will remove references to "OKDHS worker" and "local county office" and replace it with "the Oklahoma Health Care

Authority (OHCA)". Currently, TEFRA applications are processed entirely by the TEFRA/Level of Care Unit of the OHCA.

Eligibility Termination as Indicated by Returned Mail — Policy will be added to expedite compliance with the Act to Restore Hope, Opportunity and Prosperity for Everyone (HOPE Act), codified at 56 O.S. §§ 246 through 250. The HOPE Act requires verification of a member's residency status. In accordance with the new policy, a member's eligibility will be terminated if his or her mail is returned to the agency as unforwardable, with address unknown. Per 42 C.F.R. §§ 431.213 and 431.231, advance notice is not required to be given to the member when eligibility is terminated due to returned mail; however, if the member's whereabouts become known within the eligibility period, eligibility will be reinstated.

Deductible and Coinsurance for Medicare Claims — The proposed revisions will update the reimbursement percentage amount for deductible and coinsurance on crossover claims to reflect current practice. Revisions are needed within the State Plan and SoonerCare rules.

Non-Emergency Transportation — The proposed revisions will amend policy to provide non-emergency transportation (NET) to pregnant women covered under the Title XXI State Plan. The revisions are needed to comply with Parity federal regulations which instruct the State to provide equivalent services to all children covered under the Plan.

Reimbursement Methodology for Partial Hospitalization Program Services (PHP) — The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) requests a change to the current reimbursement for Partial Hospitalization Program Services (PHP) from a one hour unit of service to a single daily payment for all services provided in a day. This methodology is in line with the Healthcare Common Procedure Coding System (HCPCS) guidelines for the PHP Code, H0035, and will reduce the likelihood of a payment error finding.

OHCA recommends a change to the way cost is calculated for Critical Access Hospital (CAH) inpatient SHOPP payments. Historically, an inpatient specific cost-to-charge ratio has not been used for calculating inpatient SHOPP payments. In lieu of an inpatient specific cost-to-charge ratio, OHCA has used the generic hospital cost-to-charge ratio which is applied to DRG outlier payments. This current method is a blended (inpatient/outpatient) CCR that is an average of cost reports available from the most recent 3 year period. OHCA already uses an outpatient specific cost-to-charge ratio in calculations for SHOPP CAH payments. OHCA has been approved by CMS to implement the proposed CCR methodology for UPL demonstration purposes, but to implement the change for SHOPP CAH payments would require a State Plan amendment. This is proposed as a more appropriate method to calculate a hospital's inpatient cost-to-charge ratio and more accurately reimburse CAHs for inpatient services under SHOPP.