



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

TRIBAL CONSULTATION MEETING

AGENDA

11 AM, MAY 6, 2014

OHCA BOARD ROOM

4345 N. LINCOLN BLVD.

OKLAHOMA CITY, OK 73105

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