



**STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY**

**TRIBAL CONSULTATION MEETING**

**AGENDA**

**11 AM, JANUARY 5<sup>TH</sup>, 2016**

**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—William Baker, Senior Policy Specialist
  - 15-01 Dental
  - 15-07A General Coverage and Obstetrical Reimbursement
  - 15-07B Obstetrical Reimbursement
  - 15-17 Policy Revision to Allow for a Single Contracted Provider for Eyeglasses
  - 15-18 Policy Revision to Comply with Senate Bill 494 dealing with Complex Rehabilitation Technology Products and Services
  - 15-36 Policy Revision to Remove Specific Limits on Diabetic Testing Supplies
  - 15-41 Third Party Liability
  - 15-42 Audit Procedures
  - 15-43 Appeals Procedures
  - 15-48 Service Quality Review
  - 15-50 Policy Revision to Amend Policy Regarding Home Property in a Revocable Trust as a Countable Resource
  - 15-52 Policy Revision to Clarify the Scope of the Administrative Law Judge's Jurisdiction
  - 15-53 Policy Revision to Streamline the Process of Program Integrity Audit Appeals and Rule Revocation of Nursing Home Provider Contract Appeals Policy
  - 15-54 Insure Oklahoma
  - 15-55 Pace Program

- 15-56 Pharmacy Lock-in
  - 15-57 Long Term Care (LTC)
  - 15-58 DSM Reference Cleanup and Ad Hoc Reviews
  - 15-61 Appeal process for contract terminations
  - 15-62 Staffing Ratio
  - 15-65 Behavioral Health Admission Assessment and Evaluations
  - 15-66 Department of Human Services (DHS)
  - Revision of Title 317, Chapter 30, Subchapter 5, Part 110 title. I/T/U rules proposed policy revisions include clean-up of current language that is outdated to align with current business practices.
3. Proposed State Plan Amendment
    - Presumptive Eligibility
    - Title XXI Health Service Initiative (HSI)
  4. Proposed Waiver Amendment
    - OKDHS Waiver Renewals
  5. Other Business—Dana Miller, Director of Tribal Government Relations
    - Aged, Blind & Disabled Care Coordination update—Dana Northrup, Project Manager
    - Champions of Health— Shelly Patterson, Director Office of Health Promotion
  6. Adjourn—Next Tribal Consultation Scheduled for 11 AM, March 1<sup>st</sup> , 2016

## **Proposed Rule Amendments**

**15-01 Dental** - The proposed Dental policy revisions add limited dental services for adult SoonerCare members who meet all medical criteria, but need dental clearance to obtain organ transplant approval. The proposed rule states that services must be prior authorized and are limited to: Comprehensive oral evaluation, two radiographic bitewings, prophylaxis, fluoride application, limited restorative procedures, and periodontal scaling/root planning. The aforementioned changes were approved during promulgation of the emergency rule. The following are proposed changes not previously reviewed: the proposed Dental policy is revised to mirror new terminology from the Code on Dental Procedures and Nomenclature (CDT) and to clean up outdated language. Revisions also include removing the 36 month language for comprehensive oral evaluations. Appropriate utilization parameters for comprehensive evaluations are identified in the CDT and eliminating limits in policy will allow the agency to continue to align with parameters set forth in the CDT without future promulgation of rules. In addition, a change includes removing language which restricts emergency examination/limited oral evaluation from being performed within two months, the new proposed language will allow dentist to perform emergency evaluations as medically necessary. Proposed revisions also clarify the separate note requirement must address the 5A's and that the signature is one office note signature provided at the end of the visit.

**15-07A General Coverage and Obstetrical Reimbursement** - The proposed policy revisions to the Obstetrical policy decrease the number of units allowed for ultrasounds from six to three; decrease the number of units for a singleton fetus for biophysical profiles/non-stress tests or any combination thereof to a total of five, with one test per week beginning at 34 weeks gestation and continuing to 38 weeks; and, decrease the number of ultrasounds currently granted to the Maternal Fetal Medicine (MFM) doctors to assist in the diagnosis of a high risk condition from six to one. These decreases align with the current standards of care and reflect the current number of ultrasounds and biophysical profiles currently being utilized. Additionally, proposed changes to General Coverage policy revokes payment for removal of benign skin lesions for adults and eliminates coverage for adult sleep studies. The aforementioned changes were approved during promulgation of the emergency rule. The following are proposed changes not previously reviewed: proposed revisions amend the reimbursement structure for OB services. Currently the agency utilizes the global care CPT codes for routine obstetrical care billing, which can be used if the provider provided care for a member for greater than one trimester. The proposed policy will require obstetrical care be billed using the appropriate evaluation and management codes for antepartum care, as well as the appropriate delivery only and postpartum care services when rendered. The change allows for more accurate tracking of each antepartum service provided as well as the postpartum service. Additionally, proposed policy is amended to clarify the separate note and signature requirement for providers performing tobacco use cessation counseling. Proposed revisions clarify the separate note requirement must address the 5A's and that the signature is one office note signature provided at the end of the visit. In addition, revisions include striking reimbursement language for clinical fellows or chief residents in an outpatient academic setting. OHCA reimburses chief residents the same residents and the separate payment distinction based on practice setting is not needed. Additional changes include general language clean-up to terms and services to ensure language is consistent throughout Chapter 30.

**15-07B Obstetrical Reimbursement** - Proposed Obstetrical policy amends the reimbursement structure for OB services. Currently the agency utilizes the global care CPT codes for routine obstetrical care billing, which can be used if the provider had provided care for a member for greater than one trimester. The proposed policy will require obstetrical care be billed using the appropriate evaluation and management codes for antepartum care, as well as the appropriate delivery only and postpartum care services when rendered. The change allows for more accurate tracking of each antepartum service provided as well as the postpartum service.

**15-17 Policy Revision to Allow for a Single Contracted Provider for Eyeglasses** - Proposed policy changes moves the purchase of all eyeglasses frames and lenses from currently contracted optical suppliers to a single contracted vendor at a volume discount. The agency will either become a participating member of an existing contract or will select a contracted vendor through an RFP process. In addition, proposed policy changes allow OHCA to pay a dispensing fee to providers who dispense eyeglasses, clarify that eyeglasses meant as a backup are not covered, clarify that high-index lenses require prior authorization and include other language only changes for clarity.

**15-18 Policy Revision to Comply with Senate Bill 494 dealing with Complex Rehabilitation Technology Products and Services** - Proposed DME revisions establish focused regulations and policies for Complex Rehabilitation Technology (CRT) products and services in order to comply with Senate Bill 494. The proposed revisions designate specific HCPCS billing codes as CRT, establish specific supplier standards for companies that provide CRT, restrict the provision of CRT to only qualified CRT suppliers, and establish other requirements for the provision of CRT.

**15-36 Policy Revision to Remove Specific Limits on Diabetic Testing Supplies** - The proposed revisions remove specific quantity limits to diabetic testing supplies to replace with more general language about testing supplies being based on insulin use or type of diabetes. Proposed revisions also specify that a prior authorization may be required for supplies beyond the standard allowance.

**15-41 Third Party Liability** - Proposed revisions to policy clarify the payer of last resort provisions when third party liability claims are involved. Language will be added for exceptions to policy for medical expenses incurred in relation to a claim or lawsuit for which third party responsibility is involved. Policy revisions include clarification concerning certain denials by private insurance companies. Proposed revisions also include language to prohibit billing more than the Medicaid rate for a covered service and that the payments made by OHCA represent payment in full.

**15-42 Audit Procedures** - Proposed program integrity audit and review policy is revised to clarify OHCA audit procedures and address issues such as extrapolation, reconsideration and audits. Definitions will be expanded to include universe, sample and error rate. Language will be amended to clarify those items included in the audit/review process, the provider's options after an initial audit/review, and the process for selecting sample claims in a probability sample audit.

**15-43 Appeals Procedures** - Proposed OHCA policy changes clarify and make corrections to instructions for the submission of claim inquiries by providers. Proposed changes include title change to section, removal of incorrect references to revoked policy, and updated guidance on proper form used for

claim inquiries. Proposed policy changes should result in decreased confusion for providers inquiring about payment for services provided to members.

**15-48 Service Quality Review** - Proposed policy revisions replace Inspection of Care language with the more appropriate Service Quality Review language to mirror practice and other policy changes. In addition, minor cleanup changes were made and the term outpatient was removed where referenced regarding behavioral health services to minimize confusion for Therapeutic Foster Care providers.

**15-50 Policy Revision to Amend Policy Regarding Home Property in a Revocable Trust as a Countable Resource** - Proposed policy changes would amend countable resource policy in regard to home property in a revocable trust. Current policy states that home property in a revocable trust retained certain exemptions. Those exemptions are not found in federal regulations. Federal regulations states that the sum of the trust shall be considered resources available to the individual.

**15-52 Policy Revision to Clarify the Scope of the Administrative Law Judge's Jurisdiction** - Proposed policy changes correct citations and references to state statutes, specify that policy addresses appeals and not grievances which are addressed in other policies, remove provisions related to the Administrative Law Judge's jurisdiction to match other rules or statutes and language clean-up for clarity and accuracy.

**15-53 Policy Revision to Streamline the Process of Program Integrity Audit Appeals and Rule Revocation of Nursing Home Provider Contract Appeals Policy** - The proposed policy clarifies the purpose of the Program Integrity audit appeal hearings, clarifies which issues are appealable, and streamlines the process of audit appeal hearings. In addition, OHCA proposes to revoke the rules in nursing home provider contract appeals policy. Due to the fact that Oklahoma is not a right to contract state, there is not a requirement to have the rule in place.

**15-54 Insure Oklahoma** - The proposed revisions to the Insure Oklahoma policy clarify inconsistent and conflicting language. Proposed revisions include clean-up to remove outdated policy to align with current business practices. Proposed revisions add coverage for emergency transportation for the Insure Oklahoma Individual Plan.

**15-55 PACE** - The proposed PACE policy revisions are to clarify transfer criteria for transfers from one PACE site to another. Revisions require members to acknowledge transfer criteria and PACE qualifications for continuation of care. In addition rules clarify enrollment standards for members who voluntarily dis enroll and wish to transfer to another PACE site.

**15-56 Pharmacy Lock-In** - The proposed policy revisions clarify and enhance lock-in procedures. Proposed revisions would strengthen the consequences of not adhering to the lock-in restrictions by sanctioning members who have been locked in with a single prescriber and pharmacy.

**15-57 Long Term Care (LTC)** - The proposed LTC policy is revised for clarity and consistency to reflect current business practices.

**15-58 DSM Reference Cleanup and Ad Hoc Reviews** - Proposed policy revisions remove outdated references to Axis I and II diagnosis language to align with changes to the Diagnostic and Statistical Manual of Mental Disorders (DSM). Additional revisions clarify assessment and evaluation criterion and include cleanup to outdated language. Rules are also revised to remove outdated references to provider manual to reflect current medical necessity manual regarding the outline for procedures for out-of-state reviews. In addition policy is revised to include Service Quality Review requirements for Ad Hoc reviews.

**15-61 Appeal process for contract terminations** - The proposed Grievance Procedures and Process policy amends language to clarify the appeals process for a 30 day for cause and immediate contract termination and removes references to suspended contracts. Proposed changes also add language to rules addressing 60 day without cause termination. The amendments makes clear that pursuant to contract terms, either party may terminate the contract with a 30 day written notice when it is a for cause termination, or with a 60 day notice if the termination is without cause. Additionally, changes detail the post-termination panel committee composition and its function and add language that specifies the timeframe for which a provider must submit a written response to OHCA requesting reconsideration.

**15-62 Staffing Ratio** - Proposed policy revisions clarify staffing ratio, 24 hour nursing care requirements and outline supervisions requirements for psychiatric facilities. In addition, revisions clarify that any unit that does not allow clear line of site due to presence of walls or doors is a separate unit. Additionally, revisions include adding a requirement that admission assessments for inpatient psychiatric care both acute and residential levels must be completed by a Licensed Behavioral Health Professionals (LBHP) or candidate for licensure.

**15-65 Behavioral Health Admission Assessment and Evaluations** - Proposed policy revisions add requirement admission criteria for assessment. Revisions also clarify that candidates for licensure can perform assessments and psychosocial evaluations when appropriate and medically necessary. In addition revisions clarify evaluation and re-evaluation criteria.

**15-66 Department of Human Services (DHS)** - The proposed rule amendment will allow active military personnel who applied for Home and Community-Based Services (HCBS) in another state to have the application date honored in the state of Oklahoma.

### **Proposed State Plan Amendment**

**Presumptive Eligibility** - Proposed changes will update and remove redundancy regarding provider metrics in the current State Plan hospital presumptive eligibility (HPE) pages. The State Plan notes performance standards for qualifying hospitals that participate in HPE determinations, two of the metrics account for the same standard; therefore, a SPA is needed to remove one of the metrics and eliminate redundancy.

**Title XXI Health Service Initiative (HSI)** - Due to an increase in the CHIP FMAP for FY16 and FY17 to fund health service initiatives, the OHCA is exploring various projects including two projects targeting

long acting reversible contraceptives (LARC); a foster child behavior health coordination and passport upgrade project; a naloxone rescue kits project; an outpatient donor breast milk project; and an academic detailing program targeting attention deficit hyperactivity disorder (ADHD) medications and atypical antipsychotic medications. State match will be provided by partner agencies and/or organizations. HSIs protect public health and/or the health of individuals, improve or promote a state's capacity to deliver public health services, strengthen the human and material resources necessary to accomplish public health goals to improve children's health, and target low-income children under 19.

### **Proposed Waiver Amendment**

**OKDHS Waiver Renewals** - The Oklahoma Department of Health and Human Services is seeking a 5 year renewal of the DDS Community & Homeward Bound waivers. The Community waiver serves individuals who are 3 years of age and older with a diagnosis of intellectual disability and certain persons with related conditions determined to meet the ICF/IID level of care. The Homeward Bound waiver serves individuals who are 18 years of age and older with a diagnosis of intellectual disability and certain persons with related conditions determined to meet the ICF/IID level of care. Persons in the Homeward Bound waiver are also certified as a member of the plaintiff class in the Homeward Bound vs. the Hissom Memorial Center lawsuit.