



STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

I/T/U Public Notice 2019-02

February 25, 2019

**RE: Oklahoma Health Care Authority (OHCA) Proposed Rule, State Plan, and Waiver Amendments**

Dear Tribal Representative:

The purpose of this letter is to give you notice of proposed changes that will be reviewed at the tribal consultation meeting held on March 5, 2019 at 11:00 a.m. in the Oklahoma Health Care Authority (OHCA) Charles Ed McFall Boardroom located at 4345 N Lincoln, Oklahoma City, OK. The OHCA invites you to attend this meeting, and we welcome any comments regarding the proposed changes. The agency is committed to active communication with tribal governments during the decision-making and priority-setting process and therefore keeps you apprised of all proposed changes.

Enclosed are summaries of the current proposed rules, state plans, and waiver amendments for your review. The summaries describe the purpose of each change.

Please note that these are only proposed changes and have not yet taken effect. Before implementation, new changes must obtain budget authorization, the OHCA Board approval, and when applicable, federal approval and the governor's approval.

Additionally, the OHCA posts all proposed changes on the agency's [Policy Change Blog](#) and the [Native American Consultation Page](#). This public website is designed to give all constituents and stakeholders an opportunity to review and make comments regarding upcoming policy changes. To ensure that you stay informed of proposed policy changes, you may sign up for web alerts to be automatically notified when any new proposed policy changes are posted for comment.

The OHCA values consultation with tribal governments and will provide your representatives a reasonable amount of time to respond to this notification. If you have any questions or comments about the proposed policy changes, please use the online comment system found on the [Policy Change Blog](#) and/or the [Native American Consultation Page](#).

Sincerely,

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Dana Miller  
Director, Tribal Government Relations

## **Proposed Rule, State Plan, and Waiver Amendments**

**Therapeutic Foster Care Revisions** — The proposed revisions will align therapeutic foster care policy with current practice. Revisions will add new language establishing a more intensive treatment program for children in the Oklahoma Department of Human Services (DHS) and the Oklahoma Office of Juvenile Affairs (OJA) custody known as Intensive Treatment Family Care (ITFC). ITFC is a therapeutic foster care model whose goal is to stabilize children with severe emotional and behavioral disorders while in a family-like setting so that a transition to a lower level of care can occur. The proposed revisions will define ITFC, member criteria for the provision of ITFC services, provider participation and credentialing requirements, and program coverage and limitations. Lastly, the proposed revisions will establish reimbursement methodology and applicable rates for ITFC services.

**Increased Enhanced Payments for State University Affiliated Physicians** — The proposed revisions were presented at the January 2, 2018 Tribal consultation and are included on this consultation's agenda with the newly proposed enhanced payment increase. The proposed revisions will increase the enhanced payments made for services provided by physicians who are employed by or contracted with state universities. The current payments rates are set at 140 percent of the Medicare allowable and will be increased to 175 percent. The increase is based on the maximum percentage allowed by the Medicare Equivalent of the Average Commercial Rate calculation. The additional state share will be provided by the University of Oklahoma and Oklahoma State University.

**Methodology Clarification for Outpatient Services** — The proposed policy will reflect the correct month that the Agency's fee schedule for outpatient services is updated to reflect Medicare rates pursuant to the specified reimbursement methodology in the State Plan.

**1115(a) Demonstration Health Access Network (HAN) Revisions** — OHCA will seek approval of the following modifications to the 1115(a) demonstration for the current extension period that will be in effect through December 31, 2023. OHCA proposes to ask CMS to remove language in three paragraphs from the approved Special Terms and Conditions (STCs) at **STC 40** that are either duplicative or no longer applicable to the duties of Health Access Networks (HANs). The paragraphs identified for removal are in relation to 1) ensuring access to all levels of care, 2) submitting a development plan, and 3) offering core components of electronic medical records, improved access to specialty care, telemedicine, and expanded quality improvement strategies.

OHCA proposes to continue the currently approved monitoring and evaluation components identified in the STCs. The hypotheses and measures provided in the current evaluation design remain applicable with the following corrections to **STC 84. Evaluation of the Health Access Networks**.

One correction will be to remove the word pilot from the reference to the program in the first paragraph. In addition, the subsequent paragraphs will be revised to reflect the Evaluation Design that the State has submitted to the CMS includes the following:

- a. Impact on Costs: The implementation and expansion of the HANs will reduce costs associated with the provision of health care services to SoonerCare beneficiaries served by the HANs;

b. Impact on Access: The implementation and expansion of the HANs will improve access to and the availability of health care services to SoonerCare beneficiaries served by the HANs;

c. Impact on Quality and Coordination: The implementation and expansion of the HANs will improve the quality and coordination of health care services to SoonerCare beneficiaries served by the HANs, with specific focus on the populations at greatest risk, including those with multiple chronic illnesses; and

d. Impact on PCMH Program: The implementation and expansion of the HANs will enhance the State's Patient Centered Medical Home program through an evaluation of PCP profiles that incorporates a review of utilization, disease guideline compliance and cost.