



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, May 7th
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, Director of Federal & State Authorities

Proposed Rule, State Plan, and Waiver Amendments

- Payment to State-owned Psychiatric Residential Treatment Facilities (PRTFs)
 - Inpatient Psychiatric Facilities (Under 21) Revisions
 - Access Monitoring Review Plan
 - Rural Health Clinics (RHCs)
 - Cost Sharing Exemptions
 - Applied Behavior Analysis (ABA)
3. Other Business and Project Updates:
 - Reach Out and Read- Shelly Patterson, Director of Community Relations, Performance & Health Improvement
 - Legislative update-MaryAnn Martin, Senior Director of Communications
 4. New Business- Dana Miller, Director of Tribal Government Relations
 5. Adjourn—Next Tribal Consultation Scheduled for 11 AM, July 2nd , 2019

Proposed Rule, State Plan, and Waiver Amendments

Payment to State-owned Psychiatric Residential Treatment Facilities (PRTFs) — The proposed Title XIX State Plan revision will allow for a cost-based reimbursement to State-owned PRTFs rendering inpatient psychiatric services to individuals under the age of twenty-one (21). This amendment is necessary to align the State Plan with current practice.

Inpatient Psychiatric Facilities (Under 21) Revisions — The proposed revisions will create an add-on payment for reactive attachment disorder (RAD) specialty programs serving individuals under the age of twenty-one (21) within psychiatric hospitals, hospitals with a psychiatric wing, and psychiatric residential treatment facilities (PRTFs). Revisions will help offset the cost of providing the intensity of services needed for this population.

Access Monitoring Review Plan — In 2015, the Centers for Medicare and Medicaid Services (CMS) issued a final rule directing states to analyze and monitor access to care for Medicaid fee-for-service programs. Through an access monitoring review plan (AMRP), the State demonstrates sufficient access to care by measuring the following: enrollee needs, the availability of care and providers, utilization of services, characteristics of the enrolled members, and estimated levels of provider payment from other payers. The AMRP must be created in consultation with the Medical Advisory Committee (MAC), be published, and made available to the public for a period of no less than thirty (30) days prior to being submitted to CMS. The final rule instructed the State to submit the initial AMRP on October 1, 2016 and requires the State to submit a revised plan to CMS every three (3) years thereafter. The State will submit the revised AMRP to CMS by September 30, 2019, noting its analysis of access, any deficiencies, and how the State plans to resolve access issues should they arise. The final rule further instructs states to conduct and submit access to care analyses of State Plan Amendments (SPAs) promulgated that affect payment methodology and/or rates which could result in decreased access to care; these access to care analyses on SPAs are reported within the AMRP.

Rural Health Clinics (RHCs) — The proposed policy changes will revise the payment methodology for RHCs to increase access to care in rural areas.

Cost Sharing Exemptions – Policy is being amended to align practice with federal regulation regarding cost sharing exemptions for American Indian/Alaskan Native (AI/AN) members as per 42 Code of Federal Regulations (CFR) 447.56(x). The State is currently utilizing claims and claims review to identify members who are eligible to receive, currently receiving, or have ever received an item or service furnished by an Indian health care provider or through referral under contract health services, and exempt them from cost sharing requirements. The State is seeking authority to allow members, not identified through claims/claims reviews, to self-attest that they meet the requirements for cost sharing exemptions as per 42CFR 447.56(x).

Applied Behavior Analysis (ABA) Services (EPSDT Only) – ABA proposed policy changes regarding coverage and reimbursement, provider participation and credentialing requirements, medical necessity criteria, and service limitations were presented during the January 8, 2019 Tribal consultation; this agenda item serves as a follow up to discuss the proposed reimbursement methodology for ABA services. This proposal will have a 14-day expedited Tribal consultation comment period.