



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Tribal Consultation Meeting Agenda
11 AM, September 3rd
Board Room
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

1. Welcome— Dana Miller, Director of Tribal Government Relations
2. Introduction of new OHCA CEO – Kevin S. Corbett, Chief Executive Officer
3. Proposed Rule, State Plan, Waiver, and Rate Amendments—Sasha Teel, Policy Development Coordinator

Proposed Rule, State Plan, and Waiver Amendments

- Value-Based Supplemental Rebate Agreement
 - Diabetes Self-Management Training (DSMT)
 - Medically Fragile Waiver Revisions
 - Federally Qualified Health Centers (FQHCs) & Rural Health Clinics (RHCs) Limitations (14-day Expedited)
 - Behavioral Health Targeted Case Management (TCM) (14-day Expedited)
 - Organ Transplant
3. Other Business and Project Updates- Dana Miller, Director of Tribal Government Relations
 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Manual Pricing
 - Neonatal Services – Jimmy Witcosky, Director Financial Management
 - Contract Reconstruction Timeline – Amy Bradt, Director of Provider Enrollment
 - SoonerCare Application Document Requirement Changes – Melinda Thomason, SoonerCare Senior Director
 4. Adjourn—Next Tribal Consultation Scheduled for 11 AM, November 5th , 2019

Proposed Rule, State Plan, and Waiver Amendments

Value-Based Supplemental Rebate Agreement — The proposed amendment to the State Plan will revise language to reflect the new effective date for the Value-Based Supplemental Rebate Agreement. The agreements will be effective on January 1, 2020 and after.

Diabetes Self-Management Training (DSMT) — The proposed policy changes to provide for coverage and reimbursement of DSMT were presented during the January 8, 2019 Tribal consultation; this agenda item serves as a follow up to discuss the proposed reimbursement methodology.

Medically Fragile Waiver Revisions — The proposed revisions to the Medically Fragile waiver will include increasing the length of time a member has to complete and submit an LD-1 form from 20 days to 30 days after a triggering event (denied or reduced services); in order to request an appeal.

Federally Qualified Health Centers (FQHCs) & Rural Health Clinics (RHCs) Limitations (14-day Expedited) — A State Plan amendment is needed to reflect current rules and business practice of reimbursing for four (4) visits per adult member per month within FQHCs and RHCs. Further policy revisions will correct rule inconsistencies as an FQHC may bill for more than one (1) medically necessary encounter per 24-hour period under certain conditions when the appropriate modifier is applied. This item requests an expedited 14-day consultation.

Behavioral Health Targeted Case Management (TCM) (14-day Expedited) — The Oklahoma Department of Mental Health and Substance Abuse Services seeks to amend OHCA's behavioral health TCM rules and State Plan page to establish monthly limits on the amount of TCM that is reimbursable by SoonerCare. The TCM limit per member month will be increased from 16 units per member per year to 12 units per member per month. This item requests an expedited 14-day consultation.

Organ Transplant — Revisions are needed to extend covered organ and tissue transplant procedures to include pancreas and intestinal transplants. Organ transplant requirements and guidelines will be updated to include donor search and procurement services and ensure that the methods used for organ acquisition are consistent with the Medicare program. These amendments are necessary to reflect current practice.

Other Business

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Manual Pricing — The Oklahoma Health Care Authority (OHCA) recommends a revision to the current methodology for some DMEPOS Procedure Codes. Currently these codes are paid a percentage of the Medicare fee schedule or a Fair Market Value fee determined by the OHCA. The proposed methodology for the below DMEPOS Procedure Codes is to use a manual pricing method. The provider is reimbursed the documented Manufacturer's Suggested Retail Price (MSRP) less 30% or the provider's documented invoice cost plus 30%, whichever is less.

Neonatal Services — The Oklahoma Health Care Authority is requesting to increase rates for certain Neonatal services. Currently, Neonatal services are paid at 89.17% of the Medicare Physician Fee Schedule. The proposed rate methodology is to pay Neonatal services at 100% of the Medicare Physician Fee Schedule.