



Out-of-State Services Webinar – Nov. 2019

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Out-of-State Services

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- An agency-wide project was initiated December of 2017 to examine and improve OOS services
- **The project was divided into two phases:**
 - 1. Examination and improvement of OOS policy.**
 - 2. Examination and improvement of all technical aspects of the system.**

Divided into Two Phases:

1. Examination and improvement of OOS policy

- Phase one completed with recent approval of new rules by the Governor.
- Implementation date: Sept. 1, 2019.
- New rules are the principle content of this presentation.

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 - 3. Review and coordination of contract status for providers.**

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 1. Phase two is well underway at this time.
 2. Divided into three work groups:
 1. Development of provider portal.
 2. Development of systems for tracking, claims and research.
 3. Review and coordination of contract status for providers.
- 3. Phase two will be the topic of a future presentation.**

Three Types of Out-of-State Services:

- 1. Everyday medical care provided across the state border.**
- 2. Unplanned emergency care provided out of state.**
- 3. Planned medical care provided out of state.**

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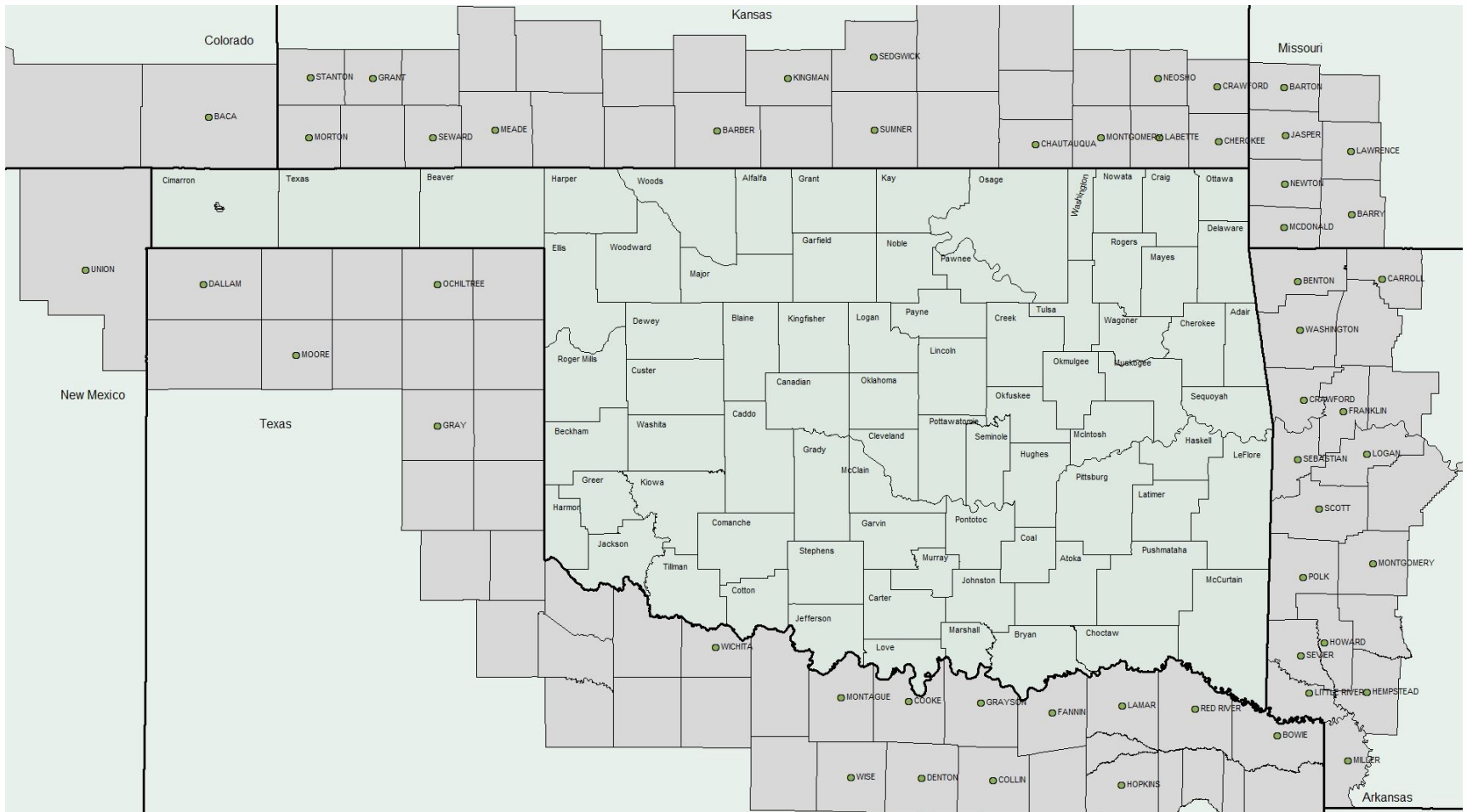
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- **New rules make no changes to this service.**

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Three Types of Out-of-State Services:

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2. Unplanned emergency care provided out of state.

- **Member is out of state for some non-medical reason such as vacation, visiting family, etc. (e.g. temporarily out of state).**

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- **Situation is reviewed for medical necessity. If approved, claims are paid.**

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2. Limitations for out-of-state services.
- 3. Prior authorization requirements.**

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 - **Demographic information.**

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 - **Documents establishing that the service cannot be provided inside Oklahoma and why.**

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- **Except for TRUE medical and behavioral health emergencies, all necessary documents must be provided at least 10 days prior to the date of service.**

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 - Documents establishing that the service cannot be provided inside Oklahoma and why.
 - Statement of treatment and/or diagnostic plan.
 - Except for true medical and behavioral health emergencies, all necessary documents must be provided at least 10 days prior to the date of service.
 - **Requests for OOS service will not be reviewed until all necessary documents have been provided.**

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2. Limitations for OOS services.
 - **OHCA cannot pay non-contracted providers.**
 - **Single case agreements with non-contracted providers are no longer allowed.**

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 - Though a referring provider may request a destination OOS provider, OHCA's chief medical officer or designee will have final determination of destination.
 - **All self referrals will be denied.**

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3. Prior authorization requirements:

All out-of-state services not cross-border, nor temporarily out of state must be prior authorized. This includes out-of-state services with contracted providers.

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3. Prior authorization requirements:

All out-of-state services not cross-border, nor temporarily out of state must be prior authorized. This includes out-of-state services with contracted providers.

All prior authorized services required in Oklahoma will apply to OOS services.

3. Planned medical care provided OOS

1. Required input for request for OOS services
2. Limitations for OOS services

3. Prior Authorization requirements

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All prior authorized services required in Oklahoma will apply to OOS services.

Meals, travel and lodging must be prior authorized and only when medically necessary and in association with compensable services and are associated with other limitations.

Phase One Provider Training

Member services:

- Future webinars.
- Fall training will include out-of-state services.

Communications Services:

- Website updates.
- Print media.
- Assistance with presentations.

Legislative Interest

- **Leadership from the Oklahoma House and Senate have asked OHCA personnel to present about OOS services.**

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- Leadership from the Oklahoma House and Senate have asked OHCA personnel to present about OOS services.
- **Positive response from the legislature.**