Out-of-State Services
Webinar – Nov. 2019

Robert D. Evans, M.D., M.Ed.
Senior Medical Director
Out-of-State Services

- Extremely complex system involving many if not most divisions of the agency.
Out-of-State Services

- Extremely complex system involving most if not all divisions of the agency.
- **An agencywide project was initiated December 2017 to examine and improve OOS services.**
Out-of-State Services

• Extremely complex system involving most if not all divisions of the agency.

• 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.
   – New rules are the principle content of this presentation.
Divided into Two Phases:

1. Examination and improvement of OOS policy.

2. Examination and improvement of all technical aspects of the system.
   - Phase two is well underway at this time.
Divided into Two Phases:

1. Examination and improvement of OOS policy.
2. Examination and improvement of all technical aspects of the system.

1. Phase two is well underway at this time.

2. Divided into three work groups:
   1. Development of provider portal.
Divided into Two Phases:

1. Examination and improvement of OOS policy.

2. Examination and improvement of all technical aspects of the system.

   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.
Divided into Two Phases:

1. Examination and improvement of OOS policy.

2. Examination and improvement of all technical aspects of the system.

   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.
Divided into two phases:

1. Examination and improvement of OOS policy.

2. Examination and improvement of all technical aspects of the system.
   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.
Three Types of Out-of-State Services:

1. Everyday medical care provided across the state border.
1. Everyday medical care provided across the state border.

- Member lives near state border.
1. Everyday medical care provided across the state border.

- Member lives near state border.
- **Closest doctor, clinic or hospital is across state lines in bordering state.**
1. Everyday medical care provided across the state border.

- Member lives near state border.
- Closest doctor, clinic or hospital is across state lines in bordering state.
- **Doctor, clinic and hospital are contracted SoonerCare providers.**
1. Everyday medical care provided across the state border.

- Member lives near state border.
- Closest doctor, clinic or hospital is across state lines in bordering state.
- Doctor, clinic and hospital are contracted SoonerCare providers.
- **Member may pursue medical care across state lines as if the doctor, clinic and hospital were in Oklahoma.**
1. Everyday medical care provided across the state border.

- Member lives near state border.
- Closest doctor, clinic or hospital is across state lines in bordering state.
- Doctor, clinic and hospital are contracted SoonerCare providers.
- Member may pursue medical care across state lines as if the doctor, clinic and hospital were in Oklahoma.
- **New rules make no changes to this service.**
1. Everyday medical care provided across the state border.
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.
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).
2. Unplanned emergency care provided out of state.

- Member is temporarily out of state.
- Member sustains injury or illness that demands care.
2. Unplanned emergency care provided out of state.

- Member is temporarily out of state.
- Member sustains injury or illness that demands care.
- Member is unable to return to Oklahoma for care or would be harmed by time needed to return to Oklahoma.
2. Unplanned emergency care provided out of state.

- Member is temporarily out of state.
- Member sustains injury or illness that demands care.
- Member is unable to return to Oklahoma for care or would be harmed by time to return to Oklahoma.
- Member may seek care at any appropriate facility.
2. Unplanned emergency care provided out of state.

- Member is temporarily out of state.
- Member sustains injury or illness that demands care.
- Member is unable to return to Oklahoma for care or would be harmed by time to return to Oklahoma.
- Member may seek care at any appropriate facility.

**Member should contact OHCA as soon as possible.**
2. Unplanned emergency care provided out of state.

- Member is temporarily out of state.
- Member sustains injury or illness that demands care.
- Member is unable to return to Oklahoma for care or would be harmed by time to return to Oklahoma.
- Member may seek care at any appropriate facility.
- Member should contact OHCA as soon as possible.
- **If unable, facility will contact OHCA as soon as coverage is discovered.**
2. Unplanned emergency care provided out of state.

- Member is temporarily out of state.
- Member sustains injury or illness that demands care.
- Member is unable to return to Oklahoma for care or would be harmed by time to return to Oklahoma.
- Member may seek care at any appropriate facility
- Member should contact OHCA as soon as possible.
- If unable, facility will contact OHCA as soon as coverage is discovered.

- **Situation is reviewed for medical necessity. If approved, claims are paid.**
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.
3. Planned medical care provided out of state.

There are three areas of new or expanded policy:

1. **Required input for out-of-state services request.**
3. Planned medical care provided out of state.

There are three areas of new or expanded policy:

1. Required input for out-of-state services request.

2. Limitations for out-of-state services.
3. Planned medical care provided out of state.

There are three areas of new or expanded policy:
1. Required input for out-of-state services request.
2. Limitations for out-of-state services.
3. Prior authorization requirements.
3. Planned medical care provided out of state.

1. Required input for OOS services request.
   - Demographic information.
3. Planned medical care provided out of state.

1. Required input for OOS services request.
   - Demographic information.
   - **Condition and diagnosis for which OOS services are requested.**
3. Planned medical care provided out of state.

1. Required input for OOS services request.
   - Demographic information.
   - Condition and diagnosis for which OOS services are requested.
   - **Documents to determine medical necessity.**
3. Planned medical care provided out of state.

1. Required input for OOS services request.
   - Demographic information.
   - Condition and diagnosis for which OOS services are requested.
   - Documents to determine medical necessity.
   - **Documents listing doctors and facilities where member has been treated for this or a related diagnosis.**
3. Planned medical care provided out of state.

1. Required input for OOS services request.
   - Demographic information.
   - Condition and diagnosis for which OOS services are requested.
   - Documents to determine medical necessity.
   - Documents listing doctors and facilities where member has been treated for this or a related diagnosis.
   - **Documents establishing that the service cannot be provided inside Oklahoma and why.**
3. Planned medical care provided out of state.

1. Required input for OOS services request.
   - Demographic information.
   - Condition and diagnosis for which OOS services are requested.
   - Documents to determine medical necessity.
   - Documents listing doctors and facilities where member has been treated for this or a related diagnosis.
   - Documents establishing that the service cannot be provided inside Oklahoma and why.
   - Statement of expected treatment and/or diagnostic plan.
3. Planned medical care provided out of state.

1. Required input for OOS services request.
   – Demographic information.
   – Condition and diagnosis for which OOS services are requested.
   – Documents to determine medical necessity.
   – Documents listing doctors and facilities where member has been treated for this or a related diagnosis.
   – Documents establishing that the service cannot be provided inside Oklahoma and why.
   – Statement of expected 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.**
3. Planned medical care provided out of state.

1. Required input for OOS services request.
   - Demographic information.
   - Condition and diagnosis for which OOS services are requested.
   - Documents to determine medical necessity.
   - Documents listing doctors and facilities where member has been treated for this or a related diagnosis.
   - 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.**
3. Planned medical care provided out of state.

1. Required input for OOS services request.

2. Limitations for OOS services.
3. Planned medical care provided out of state.

1. Required input for OOS services request.
2. Limitations for OOS services.
   - **OHCA cannot pay non-contracted providers.**
   - **Single case agreements with non-contracted providers are no longer allowed.**
3. Planned medical care provided out of state.

1. Required input for OOS services request.

2. Limitations for OOS services.
   - OHCA cannot pay non-contracted providers.
   - Single case agreements with non-contracted providers are no longer allowed.
   - **Members currently treated under SCA will be transitioned to contracted providers.**
3. Planned medical care provided out of state.

1. Required input for OOS services request.

2. Limitations for OOS services.
   - OHCA cannot pay non-contracted providers.
   - Single case agreements with non-contracted providers are no longer allowed.
   - Members currently treated under SCA will be transitioned to contracted providers.
   - **Though a referring provider may request a destination OOS provider, OHCA’s chief medical officer or designee will have final determination of destination.**
3. Planned medical care provided out of state.

1. Required input for OOS services request.

2. Limitations for OOS services.
   - OHCA cannot pay non-contracted providers.
   - Single case agreements with non-contracted providers are no longer allowed.
   - Members currently treated under SCA will be transitioned to contracted providers.
   - 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.**
3. Planned medical care provided out of state.

1. Required input for OOS services request.
2. Limitations for OOS services.
3. Prior authorization requirements.
3. Planned medical care provided out of state.

1. Required input for OOS services request.
2. Limitations for OOS services.
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.
3. Planned medical care provided out of state.

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

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.

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.
Legislative Interest

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