



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

**MEDICAL ADVISORY COMMITTEE MEETING
DRAFT AGENDA
January 17, 2013
1:00 p.m. – Ponca Conference Room
2401 NW 23rd St., Suite 1A
Oklahoma City, OK 73107**

- I. Welcome, Roll Call, and Public Comment Instructions
- II. Approval of minutes of the November 14, 2012 Medical Advisory Committee Meeting
- III. MAC Member Comments/Discussion
- IV. Financial Report: Gloria Hudson, Director of General Accounting
 - A. November Financial Summary
 - B. November Financial Detail Report
- V. SoonerCare Operations Update: Kevin Rupe, Member Services Director
 - A. SoonerCare Programs Report
 - B. Productivity Report
- VI. Policy - Proposed Process for Disseminating Information: Tywanda Cox, Health Policy Director
- VII. New Business
- VIII. Adjourn

Next Meeting: Wednesday, March 13, 2013

MEDICAL ADVISORY COMMITTEE MEETING
Meeting Minutes
November 14, 2012

Members Present: Ms. Bellah, Ms. Diane Stockton for Ms. Bierig, Ms. Brinkley, Ms. Case, Mr. Rick Snyder for Ms. Patti Davis, Mr. Goforth, Dr. Grogg, Ms. Holiman-James, Mr. Jones, Mr. Dennis Teal for Mr. McAdoo, Ms. Mayes, Dr. McNeill, Dr. Post, Dr. Rhoades, Dr. Rhynes, Ms. Russell, Ms. Slatton-Hodges, Mr. Tallent, Dr. Wells, Ms. Wheaton, Dr. Jay Kinnard for Dr. Woodward, Dr. Wright

Members Absent: Dr. Bourdeau, Dr. Cavallaro, Dr. Crawford, Ms. Felty, Ms. Fritz, Dr. Ogle, Mr. Patterson, Mr. Pilgrim, Dr. Simon

- I. Welcome, Roll Call, and Public Comment Instructions
Roll call determined the establishment of a quorum. Vice Chair Dr. McNeill welcomed the MAC.

Public comment was made by 3 individuals; Dr. Bill Piatt, Dr. Jim Igo and Mr. Robert Lee. All voiced their support of Action Item #12-19.

- II. Approval of minutes of the September 20, 2012 Medical Advisory Committee Meeting
Motion to approve by Dr. Rhynes, seconded by Dr. Post. Approved.

- III. MAC Member Comments/Discussion
There were no comments.

- IV. Financial Report: Gloria Hudson, Director of General Accounting

- A. August Financial Summary
B. August Financial Detail Report

There were no questions.

- V. SoonerCare Operations Update: Jennifer King

- A. SoonerCare Programs Report
B. Behavioral Health Report

- VI. Dental Update – Dr. Leon Bragg

Dr. Bragg reviewed the handout. The additional codes discussed were opened July 1, 2012.

- VII. MAC Meeting Dates for 2013

Dates were reviewed. No questions.

- VIII. Care Management - Hemophilia: Marlene Asmussen

Discussion that Care Management contacts the members age 18 and under. A question was asked regarding what members with hemophilia do after age 19. Ms. Asmussen referred to OHCA's Care Management department, where they have social workers who can offer assistance.

IX. Action Items: Tywanda Cox

OHCA Initiated

12-07 Therapy Referral Requirements— Agency policy on therapy services is revised to comply with federal law, which requires a prescription or referral from a physician or practitioner of the healing arts before therapy services are rendered. Policy is also revised to require a prior authorization for speech therapy services.

Budget Impact: Total Budget *Savings* of \$25,000; State Savings of \$8,750

12-08 Parental Consent Policy— Policy is amended to match state law and current agency operational requirements that parental or legal guardian consent must be given prior to rendering services to a minor child.

Budget Impact: Budget neutral

12-09 Long Term Care Crossover Payments— Policy will be amended to allow 100% payment of Medicare Crossover deductibles and coinsurance at skilled nursing facilities. Current policy allows payment at the Medicaid rate, which was previously adjusted to 0%. The rationale behind current policy is based on a federal policy that allowed federal reimbursement/write-offs for bad debts. That federal policy is no longer in effect and has prompted the policy amendment request.

Budget Impact: *Budget Cost* of \$24 million, \$8.6 million state share

Discussion by MAC members regarding communication on the items, and Mr. Fogarty thanked them and acknowledged that as an advisory body, they are advising that OHCA communicates these matters with others. Staff also mentioned that the OHCA does communicate with various groups. These Action Items are federal law and OHCA has initiated these emergency rules to be in compliance with the federal law. These go to the Board for their approval.

12-07, 12-08, 12-09 voted en bloc. 1 against, all others in favor. Ms. Holiman-James motioned to approve, Dr. Wright seconded. Motion carried.

ODMHSAS Initiated

12-19 Behavioral Health Rehabilitation Services – Outpatient Behavioral Health rules are revised to: (1) Clarify that rehabilitative services are adjunct (enhancing) interventions designed to complement more intensive behavioral health therapies and interventions; (2) Limit BHRS services to age appropriate target populations for children and eliminate coverage to children under the age of 6 unless medical necessity requires an exception pursuant to EPSDT requirements; and (3) Impose limits on BHRS services which will be based on the individual's level of need as determined by standardized assessment tools recognized by ODMHSAS and OHCA.

Budget Impact: SFY 2013 \$7,823,775 Total *Savings* (\$2,814,994 State Savings); SFY 2014 \$18,777,062 Total *Savings* (\$6,755,986 State Savings)

The MAC advises to clarify language as to who can provide medication training/support. Mr. Tallent approved, seconded by Dr. Post. Motion carried.

X. New Business

XI. Adjourn

Next Meeting: Thursday, January 17, 2013.

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
Fiscal Year 2013, For the Five Months Ended November 30, 2012

REVENUES	FY13 Budget YTD	FY13 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 402,388,755	\$ 402,388,755	\$ -	0.0%
Federal Funds	805,301,139	786,583,008	(18,718,131)	(2.3)%
Tobacco Tax Collections	25,685,571	25,000,763	(684,808)	(2.7)%
Quality of Care Collections	23,639,315	23,639,315	-	0.0%
Prior Year Carryover	43,075,735	43,075,735	-	0.0%
Federal Deferral - Interest	54,194	54,194	-	0.0%
Drug Rebates	77,025,371	83,435,100	6,409,729	8.3%
Medical Refunds	20,176,559	24,875,238	4,698,679	23.3%
SHOPP	186,770,814	186,770,814	-	0.0%
Other Revenues	7,920,520	8,006,118	85,598	1.1%
TOTAL REVENUES	\$ 1,592,037,973	\$ 1,583,829,039	\$ (8,208,934)	(0.5)%

EXPENDITURES	FY13 Budget YTD	FY13 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	\$ 19,360,029	\$ 17,026,270	\$ 2,333,759	12.1%
ADMINISTRATION - CONTRACTS	\$ 49,530,428	\$ 43,030,413	\$ 6,500,015	13.1%
MEDICAID PROGRAMS				
<u>Managed Care:</u>				
SoonerCare Choice	14,188,509	13,877,530	310,980	2.2%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	363,460,165	357,327,168	6,132,997	1.7%
Behavioral Health	8,877,532	7,990,382	887,150	10.0%
Physicians	196,281,048	196,757,956	(476,909)	(0.2)%
Dentists	62,149,157	63,301,646	(1,152,489)	(1.9)%
Other Practitioners	30,338,278	30,028,488	309,790	1.0%
Home Health Care	9,687,431	8,937,438	749,992	7.7%
Lab & Radiology	25,285,522	25,223,377	62,145	0.2%
Medical Supplies	21,006,958	21,100,212	(93,255)	(0.4)%
Ambulatory/Clinics	48,518,865	49,043,823	(524,958)	(1.1)%
Prescription Drugs	165,172,273	158,987,942	6,184,330	3.7%
OHCA TFC	1,332,307	1,098,043	234,265	0.0%
<u>Other Payments:</u>				
Nursing Facilities	219,874,495	219,659,175	215,321	0.1%
ICF-MR Private	24,448,149	24,837,245	(389,096)	(1.6)%
Medicare Buy-In	53,910,899	53,349,778	561,121	1.0%
Transportation	25,781,439	26,470,893	(689,454)	(2.7)%
MFP-OHCA	-	671,319	(671,319)	0.0%
EHR-Incentive Payments	9,074,479	9,074,479	-	0.0%
Part D Phase-In Contribution	32,520,667	32,237,203	283,464	0.9%
SHOPP payments	171,568,377	171,568,377	-	0.0%
Total OHCA Medical Programs	1,483,476,548	1,471,542,475	11,934,073	0.8%
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	\$ 1,552,456,387	\$ 1,531,599,158	\$ 20,857,230	1.3%

REVENUES OVER/(UNDER) EXPENDITURES	\$ 39,581,585	\$ 52,229,881	\$ 12,648,296	
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OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
Fiscal Year 2013, For the Five Months Ended November 30, 2012

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	Medicaid Program Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	\$ 14,064,568	\$ 13,869,147	\$ -	\$ 187,038	\$ -	\$ 8,383	\$ -
Inpatient Acute Care	261,221,986	221,368,317	202,786	4,018,634	21,551,860	842,214	13,238,175
Outpatient Acute Care	117,878,759	111,579,075	17,335	4,516,769	-	1,765,581	-
Behavioral Health - Inpatient	9,681,923	5,089,598	-	9,316	-	-	4,583,009
Behavioral Health - Psychiatrist	2,900,784	2,900,784	-	-	-	-	-
Behavioral Health - Outpatient	7,995,505	-	-	-	-	-	7,995,505
Behavioral Health Facility- Rehab	111,288,070	-	-	250,363	-	46,515	110,991,192
Behavioral Health - Case Management	3,247,391	-	-	-	-	-	3,247,391
Behavioral Health - PRTF	41,998,911	-	-	-	-	-	41,998,911
Residential Behavioral Management	8,517,820	-	-	-	-	-	8,517,820
Targeted Case Management	25,998,052	-	-	-	-	-	25,998,052
Therapeutic Foster Care	1,098,043	1,098,043	-	-	-	-	-
Physicians	219,703,742	167,429,590	24,209	6,066,984	26,367,544	2,936,614	16,878,801
Dentists	63,322,851	59,724,376	-	21,205	3,552,023	25,246	-
Mid Level Practitioners	1,678,053	1,634,637	-	41,181	-	2,236	-
Other Practitioners	28,487,120	27,774,481	185,985	95,504	423,539	7,611	-
Home Health Care	8,937,438	8,930,867	-	-	-	6,571	-
Lab & Radiology	26,717,466	24,912,918	-	1,494,088	-	310,459	-
Medical Supplies	21,437,249	19,997,136	1,076,006	337,036	-	27,070	-
Clinic Services	50,264,832	44,621,545	-	677,094	-	121,404	4,844,789
Ambulatory Surgery Centers	4,519,981	4,291,906	-	219,106	-	8,969	-
Personal Care Services	5,245,281	-	-	-	-	-	5,245,281
Nursing Facilities	219,659,175	139,943,483	62,487,663	-	17,224,961	3,068	-
Transportation	26,336,175	23,927,277	1,074,381	624	1,309,846	24,047	-
GME/IME/DME	50,403,015	-	-	-	-	-	50,403,015
ICF/MR Private	24,837,245	20,428,235	4,063,087	-	345,923	-	-
ICF/MR Public	22,593,793	-	-	-	-	-	22,593,793
CMS Payments	85,586,981	84,460,724	1,126,257	-	-	-	-
Prescription Drugs	167,267,294	139,182,526	-	8,279,352	19,053,342	752,074	-
Miscellaneous Medical Payments	135,342	135,104	-	-	-	239	-
Home and Community Based Waiver	68,434,227	-	-	-	-	-	68,434,227
Homeward Bound Waiver	36,722,875	-	-	-	-	-	36,722,875
Money Follows the Person	1,586,990	671,319	-	-	-	-	915,670
In-Home Support Waiver	9,697,439	-	-	-	-	-	9,697,439
ADvantage Waiver	74,598,455	-	-	-	-	-	74,598,455
Family Planning/Family Planning Waiver	4,037,301	-	-	-	-	-	4,037,301
Premium Assistance*	21,292,656	-	-	21,292,656	-	-	-
EHR Incentive Payments	9,074,479	9,074,479	-	-	-	-	-
SHOPP Payments**	171,568,377	171,568,377	-	-	-	-	-
Total Medicaid Expenditures	\$ 2,030,037,640	\$ 1,133,045,567	\$ 70,257,708	\$ 47,506,952	\$ 89,829,038	\$ 6,888,300	\$ 510,941,699

* Includes \$21,133,483.36 paid out of Fund 245 and **\$171,568,377 paid out of Fund 205

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
Fiscal Year 2013, For the Five Months Ended November 30, 2012

REVENUE	FY13 Actual YTD
Revenues from Other State Agencies	\$ 211,725,065
Federal Funds	327,849,904
TOTAL REVENUES	\$ 539,574,969
EXPENDITURES	Actual YTD
Department of Human Services	
Home and Community Based Waiver	\$ 68,434,227
Money Follows the Person	915,670
Homeward Bound Waiver	36,722,875
In-Home Support Waivers	9,697,439
ADvantage Waiver	74,598,455
ICF/MR Public	22,593,793
Personal Care	5,245,281
Residential Behavioral Management	6,682,456
Targeted Case Management	19,218,335
Total Department of Human Services	244,108,529
State Employees Physician Payment	
Physician Payments	16,878,801
Total State Employees Physician Payment	16,878,801
Education Payments	
Graduate Medical Education	14,300,000
Graduate Medical Education - PMTC	1,608,384
Indirect Medical Education	30,449,271
Direct Medical Education	4,045,360
Total Education Payments	50,403,015
Office of Juvenile Affairs	
Targeted Case Management	1,373,531
Residential Behavioral Management - Foster Care	-
Residential Behavioral Management	1,835,364
Total Office of Juvenile Affairs	3,208,896
Department of Mental Health	
Case Management	3,247,391
Inpatient Psych FS	4,583,009
Outpatient	7,995,505
PRTF	41,998,911
Rehab	110,991,192
Total Department of Mental Health	168,816,007
State Department of Health	
Children's First	915,206
Sooner Start	943,531
Early Intervention	2,672,091
EPSDT Clinic	1,065,636
Family Planning	27,884
Family Planning Waiver	3,993,418
Maternity Clinic	22,247
Total Department of Health	9,640,014
County Health Departments	
EPSDT Clinic	355,184
Family Planning Waiver	15,999
Total County Health Departments	371,182
State Department of Education	37,638
Public Schools	1,781,251
Medicare DRG Limit	11,250,000
Native American Tribal Agreements	2,458,191
Department of Corrections	239,793
JD McCarty	1,748,382
Total OSA Medicaid Programs	\$ 510,941,699
OSA Non-Medicaid Programs	\$ 32,739,187
Accounts Receivable from OSA	\$ 4,105,916

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
Fiscal Year 2013, For the Five Months Ended November 30, 2012

REVENUES	FY 13 Revenue
SHOPP Assessment Fee	\$ 77,054,350
Federal Draws	109,700,608
Penalties	15,856
State Appropriations	(15,000,000)
TOTAL REVENUES	\$ 171,770,814

EXPENDITURES	Quarter	Quarter	FY 13 Expenditures
	7/1/12 - 9/30/12	10/1/12 - 12/31/12	
Program Costs:			
Hospital - Inpatient Care	76,857,805	76,538,280	\$ 153,396,085
Hospital -Outpatient Care	3,224,900	3,217,022	\$ 6,441,922
Psychiatric Facilities-Inpatient	5,660,381	5,636,765	\$ 11,297,146
Rehabilitation Facilities-Inpatient	217,066	216,157	\$ 433,223
Total OHCA Program Costs	85,960,153	85,608,224	\$ 171,568,377
Total Expenditures			\$ 171,568,377

CASH BALANCE	\$ 202,438
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OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 230: Nursing Facility Quality of Care Fund
Fiscal Year 2013, For the Five Months Ended November 30, 2012

REVENUES	Total Revenue	State Share
Quality of Care Assessment	\$ 23,147,481	\$ 23,147,481
Interest Earned	13,041	13,041
TOTAL REVENUES	\$ 23,160,522	\$ 23,160,522

EXPENDITURES	FY 13 Total \$ YTD	FY 13 State \$ YTD	Total State \$ Cost
Program Costs			
NF Rate Adjustment	\$ 60,877,979	\$ 21,934,336	
Eyeglasses and Dentures	122,084	43,987	
Personal Allowance Increase	1,487,600	535,982	
Coverage for DME and supplies	1,076,006	387,685	
Coverage of QMB's	430,315	155,042	
Part D Phase-In	1,126,224	1,126,224	
ICF/MR Rate Adjustment	2,042,114	735,774	
Acute/MR Adjustments	2,020,973	728,157	
NET - Soonerride	1,074,381	387,099	
Total Program Costs	\$ 70,257,675	\$ 26,034,286	\$ 26,034,286
Administration			
OHCA Administration Costs	\$ 229,049	\$ 114,524	
DHS - 10 Regional Ombudsman	-	-	
OSDH-NF Inspectors	-	-	
Mike Fine, CPA	-	-	
Total Administration Costs	\$ 229,049	\$ 114,524	\$ 114,524
Total Quality of Care Fee Costs	\$ 70,486,724	\$ 26,148,810	
TOTAL STATE SHARE OF COSTS			\$ 26,148,810

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are transferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

Fund 245: Health Employee and Economy Improvement Act Revolving Fund

Fiscal Year 2013, For the Five Months Ended November 30, 2012

REVENUES	FY 12 Carryover	FY 13 Revenue	Total Revenue
Prior Year Balance	\$ 27,390,790	\$ -	\$ 19,671,927
State Appropriations			
Tobacco Tax Collections	-	20,562,237	20,562,237
Interest Income	-	326,553	326,553
Federal Draws	674,029	14,272,539	14,272,539
All Kids Act	(7,160,896)	121,625	121,625
TOTAL REVENUES	\$ 20,903,923	\$ 35,282,953	\$ 54,833,256

EXPENDITURES	FY 12 Expenditures	FY 13 Expenditures	Total \$ YTD
Program Costs:			
Employer Sponsored Insurance		\$ 20,870,501	\$ 20,870,501
College Students		159,172	159,172
All Kids Act		262,983	262,983
Individual Plan			
SoonerCare Choice		\$ 180,291	\$ 64,959
Inpatient Hospital		3,982,224	1,434,795
Outpatient Hospital		4,472,137	1,611,311
BH - Inpatient Services-DRG		242,587	87,404
BH -Psychiatrist		-	-
Physicians		5,996,717	2,160,617
Dentists		12,923	4,656
Mid Level Practitioner		40,460	14,578
Other Practitioners		93,030	33,519
Home Health		-	-
Lab and Radiology		1,475,014	531,448
Medical Supplies		325,058	117,118
Clinic Services		665,695	239,850
Ambulatory Surgery Center		217,182	78,251
Prescription Drugs		8,161,371	2,940,542
Miscellaneous Medical		624	624
Premiums Collected		-	(978,897)
Total Individual Plan		\$ 25,865,313	\$ 8,340,775
College Students-Service Costs		\$ 274,400	\$ 98,866
All Kids Act- Service Costs		\$ 74,583	\$ 26,872
Total OHCA Program Costs		\$ 47,506,952	\$ 29,759,169
Administrative Costs			
Salaries	\$ 30,032	\$ 640,194	\$ 670,226
Operating Costs	48,746	133,120	181,866
Health Dept-Postponing	-	-	-
Contract - HP	1,153,217	1,124,367	2,277,584
Total Administrative Costs	\$ 1,231,995	\$ 1,897,681	\$ 3,129,676
Total Expenditures			\$ 32,888,845
NET CASH BALANCE	\$ 19,671,927		\$ 21,944,411

**OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:**

**Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund
Fiscal Year 2013, For the Five Months Ended November 30, 2012**

REVENUES	FY 13 Revenue	State Share
Tobacco Tax Collections	\$ 410,378	\$ 410,378
TOTAL REVENUES	\$ 410,378	\$ 410,378

EXPENDITURES	FY 13 Total \$ YTD	FY 13 State \$ YTD	Total State \$ Cost
Program Costs			
SoonerCare Choice	\$ 8,383	\$ 2,114	
Inpatient Hospital	842,214	212,406	
Outpatient Hospital	1,765,581	445,279	
Inpatient Services-DRG	-	-	
Psychiatrist	0	-	
TFC-OHCA	0	-	
Nursing Facility	3,068	774	
Physicians	2,936,614	740,614	
Dentists	25,246	6,367	
Mid-level Practitioner	2,236	564	
Other Practitioners	7,611	1,920	
Home Health	6,571	1,657	
Lab & Radiology	310,459	78,298	
Medical Supplies	27,070	6,827	
Clinic Services	121,404	30,618	
Amulatory Surgery Center	8,969	2,262	
Prescription Drugs	752,074	189,673	
Transportation	24,047	6,065	
Miscellaneous Medical	239	60	
Total OHCA Program Costs	\$ 6,841,786	\$ 1,725,498	
OSA DMHSAS Rehab	\$ 46,515	\$ 11,731	
Total Medicaid Program Costs	\$ 6,888,300	\$ 1,737,229	
TOTAL STATE SHARE OF COSTS			\$ 1,737,229

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are transferred to Fund 340 to support the costs, not to exceed the calculated state share amount.



FINANCIAL REPORT

For the Five Months Ended November 30, 2012

Submitted to the CEO & Board

January 10, 2013

- Revenues for OHCA through November, accounting for receivables, were **\$1,583,829,039** or **(.5%) under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$1,531,599,158** or **1.3% under** budget.
- The state dollar budget variance through November is **\$12,648,296 positive**.
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	4.8
Administration	4.5
Revenues:	
Taxes and Fees	(.7)
Drug Rebate	2.3
Overpayments/Settlements	1.7
Total FY 13 Variance	\$ 12.6

ATTACHMENTS

Summary of Revenue and Expenditures: OHCA	1
Medicaid Program Expenditures by Source of Funds	2
Other State Agencies Medicaid Payments	3
Fund 205: Supplemental Hospital Offset Payment Program Fund	4
Fund 230: Quality of Care Fund Summary	5
Fund 245: Health Employee and Economy Act Revolving Fund	6
Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund	7

SoonerCare Programs

November 2012 Data for January 2013 Board Meeting

SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System	Monthly Enrollment Average SFY2012	Enrollment November 2012	Total Expenditures November 2012	Average Dollars Per Member Per Month November 2012
SoonerCare Choice Patient-Centered Medical Home	468,268	515,033	\$117,191,865	
<i>Lower Cost</i> (Children/Parents/Other)		469,683	\$87,775,520	\$187
<i>Higher Cost</i> (Aged, Blind or Disabled; TEFRA; BCC)		45,350	\$29,416,345	\$649
SoonerCare Traditional	241,278	221,564	\$182,617,565	
<i>Lower Cost</i> (Children/Parents/Other)		113,600	\$41,993,173	\$370
<i>Higher Cost</i> (Aged, Blind or Disabled; TEFRA; BCC & HCBS Waiver)		107,964	\$140,624,392	\$1,303
SoonerPlan	41,378	48,669	\$826,696	\$17
Insure Oklahoma	31,502	30,501	\$9,657,484	
<i>Employer-Sponsored Insurance</i>	17,728	16,483	\$4,589,313	\$278
<i>Individual Plan</i>	13,773	14,018	\$5,068,171	\$362
TOTAL	782,425	815,767	\$310,293,610	

The enrollment totals above include all members enrolled during the report month; therefore, some members may not have expenditure data. Custody expenditures are excluded. Non-member specific expenditures of \$34,392,959 are excluded.

Net Enrollee Count Change from Previous Month Total	7,643
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New Enrollees	19,703
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Opportunities for Living Life (OLL) (subset of data above)

Qualifying Group	Age Group	Enrollment
Aged/Blind/Disabled	Child	19,508
Aged/Blind/Disabled	Adult	132,473
Other	Child	168
Other	Adult	20,766
PACE	Adult	119
TEFRA	Child	442
Living Choice	Adult	100
OLL Enrollment		173,576

The "Other" category includes DDS/State, PKU, Q1, Q2, Refugee, S/MB, Soon-to-be-Sooners (STBS) and TB members.

Medicare and SoonerCare	Monthly Average SFY2012	Enrolled November 2012
Dual Enrollees	107,504	108,473

	Monthly Average SFY2012	Enrolled November 2012
Long-Term Care Members	15,770	15,741
Child	87	65
Adult	15,683	15,676

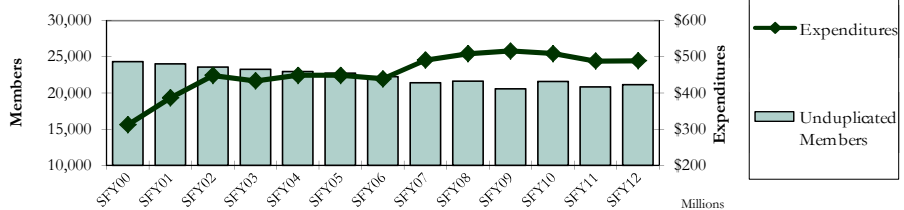
FACILITY PER MEMBER PER MONTH
\$3,553

SFY2012 Long-Term Care

Statewide LTC Occupancy Rate - 71.7%
SoonerCare funded LTC Bed Days 67.2%

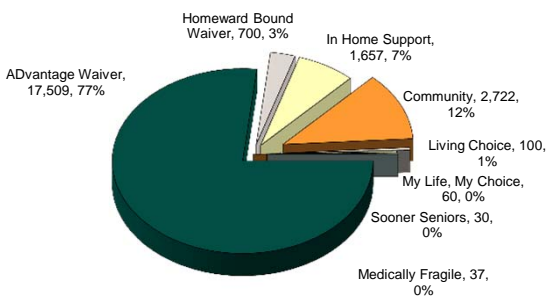
Data as of September 2012

Standard SoonerCare Nursing Facility - Unduplicated Members and Total Expenditure Trends



Data as of Nov. 19, 2012. Figures do not include intermediate care facilities for the intellectually disabled (ICF/ID).

Waiver Enrollment Breakdown Percent



- Advantage Waiver** - Serves frail elderly individuals age 65 or older and adults age 21 and older with physical disabilities who would otherwise require placement in a nursing facility.
- Community** - serves individuals 3 years of age and older who have intellectual disabilities and certain persons with related conditions who would otherwise require placement in an intermediate care facility for the intellectually disabled (ICF/ID).
- Homeward Bound Waiver** - Designed to serve the needs of individuals with intellectual disabilities or "related conditions" who are also members of the Plaintiff Class in *Homeward Bound et al. v. The Hissom Memorial Center, et al.* who would otherwise qualify for placement in an ICF/ID.
- In Home Support** - Serves the needs of individuals 3 years of age and older with intellectual disabilities who would otherwise require placement in an ICF/ID.
- Living Choice** - Promotes community living for people of all ages who have disabilities or long-term illnesses.
- Medically Fragile** - This program serves qualifying individuals who meet hospital or skilled nursing facility level of care.
- My Life, My Choice** - This program is for adults with physical disabilities who transitioned to the community under the Living Choice program.
- Sooner Seniors** - This program is for adults 65 and older with long term illnesses who transitioned to community-based services in the Living Choice program.

SoonerCare Programs

SOONERCARE CONTRACTED PROVIDER INFORMATION

Provider Counts	Monthly Average SFY2012	Enrolled November 2012*
Total Providers	29,723	34,759
<i>In-State</i>	20,881	27,445
<i>Out-of-State</i>	8,842	7,314

*Effective July 2012, the methodology for counting providers has changed to count provider network. Previous counts will include group practice and its members; the current count will include members only. Provider Network is providers who are contracted to provide health care services by locations, programs, types, and specialties. Providers are being counted multiple times if they have multiple locations, programs, types,

Program	% of Capacity Used
SoonerCare Choice	46%
SoonerCare Choice I/T/U	15%
Insure Oklahoma IP	3%

Select Provider Type Counts	<i>In-State</i>		<i>Totals</i>	
	<i>Monthly Average SFY2012</i>	<i>Enrolled November 2012*</i>	<i>Monthly Average SFY2012</i>	<i>Enrolled November 2012</i>
Physician***	7,497	7,244	13,790	10,698
Pharmacy	874	896	1,153	1,200
Mental Health Provider**	3,395	5,616	3,449	5,685
Dentist	986	1,191	1,124	1,363
Hospital	194	200	934	1,077
Optometrist	550	602	587	640
Extended Care Facility	375	363	375	363

Above counts are for specific provider types and are not all-inclusive.

Total Primary Care Providers***	4,915	4,736	6,955	6,029
Patient-Centered Medical Home	1,711	1,873	1,739	1,915

Including Physicians, Physician Assistants and Advance Nurse Practitioners.

*Items shaded above represent a 10% or more increase (green) or decrease (red) from the previous fiscal year's average.

**Due to federal regulations, OHCA must have an approved agreement on file for all providers providing care to our members. To meet this requirement OHCA is directly contracting with providers that had previously billed through a group or agency. This contributed to the increase in the provider counts for Mental Health Providers.

***Decrease in current month's count is due to contract renewal period which is typical during all renewal periods.

ELECTRONIC HEALTH RECORDS (EHR) INCENTIVE STATISTICS

The Electronic Health Records Incentive Program is a federal program that offers major financial support to assist certain providers to adopt (acquire and install), implement (train staff, deploy tools, exchange data), upgrade (expand functionality or interoperability) or meaningfully use certified EHR technology.

As Of 1/2/2013	December 2012		Since Inception	
	Number of Payments	Payment Amount	Total Number of Payments	Total Payment Amount
Eligible Professionals	49	\$837,250	1,509	\$33,036,667
Eligible Hospitals	5*	\$5,897,106	85	\$58,525,725
Totals	54	\$6,734,356	1,594	\$91,562,391

*Current Eligible Hospitals Paid
 DEACONESS HSP
 MEDICAL CENTER HOSPITALS
 NORMAN REGIONAL HOSPITAL
 PONCA CITY MEDICAL CENTER
 WOODWARD REGIONAL HOSPITAL

**SoonerCare Program Operations
January 17, 2013 MAC Meeting
Productivity Report: July – September 2012**

CARE MANAGEMENT	Monthly Average for Quarter
Active Cases Under Care Management	3,272
Oklahoma Cares Cases	914
High-Risk and At-Risk OB Cases	349
Fetal Infant Mortality (Mom) Cases	715
Fetal Infant Mortality (Baby) Cases	1,746
Private Duty Nursing Cases	205
Onsite Evaluations (TEFRA, Private Duty Nursing, Living Choice)	65
Caesarean Section Reviews	270
Social Service Referrals (Legislative Inquiry, Resource Referrals, Meals and Lodging Coordination)	82

MEMBER SERVICES	Total for Quarter
Electronic Newborn- 1 PCP Enrollments Facilitated	1,290
SoonerRide Assistance Calls Handled	2,085
Member Services Calls Handled	21,512
Patient Dismissal Requests Processed	2,286
Member Services Surveys & Outreach letters	15,003

BEHAVIORAL HEALTH	Total for Quarter
Acute Prior Authorizations Processed	1,483
Residential Treatment (RTC) PAs Processed	6,801
Therapeutic Foster (TFC) PAs Processed	1,072

PROVIDER SERVICES	Total for Quarter
Provider Manual Enrollments Completed	1,456 PCP 5,570 Newborns
Dental Prior Authorizations Processed	13,163
Provider On-Site Education/Recruitment Visits Completed	978
Inpatient Notifications to PCPs Completed	3,113
Phone Calls Handled	9,887
Claim Reviews Processed	5,487
Regional Provider Training Sessions	2 held in September Average attendance of 350
Monthly Webinars	Started in August Average attendance of 20

January 2013 MAC Proposed Rule Changes Summaries

Information Only

The following are summaries of proposed rules, state plan amendments, and waiver amendments. These proposals are still in the research stage and are not final. As such, some of the proposals you see here may not advance beyond the research stage. OHCA prepared this document to give members of the MAC a preview of policy revisions that may be included in the public rulemaking process Feb. 1-March 3. This document is for informational purposes only.

Starting Feb. 1, you may view the actual proposed rules at www.okhca.org/proposed-changes. A feedback form will accompany each proposed rule so that questions and input about the rules can be collected and considered.

A public meeting about the rules will be hosted at 1 p.m., Monday, March 4, in the Ponca meeting room of the OHCA.

- 1. 12-03 Rural Health Clinics Update**— Rural Health Clinics policy is revised to allow RHCs to bill lab services separately, as they can under Medicare. RHC policy is also updated to eliminate language that is inapplicable to OHCA's current operational practices.
Budget Impact: Budget neutral
- 2. 12-13 ICD-9 Removal**— Agency policy is revised to remove references to the ICD-9 International Classification of Diseases diagnosis coding, which is being replaced by a new system of coding, ICD-10.
Budget Impact: Budget neutral
- 3. 12-14 Certified Nurse Midwife-** OHCA rules for Nurse Midwives and Birthing Center services are being revised to align with current obstetric policy. Proposed changes include clarification concerning the type of nurse midwife approved to provide SoonerCare services, and the services the nurse midwife can provide to eligible members. Additionally, proposed revisions include clean-up to remove language that references outdated practices concerning enrollment, and format changes for consistency and clarity purposes.
Budget Impact: Budget neutral
- 4. 12-15 Genetic Testing** — Policy will be amended to define the circumstances under which genetic testing will be covered by OHCA. Both the volume and cost of genetic testing are growing, and the growth rates are expected to rise significantly going forward. Currently, OHCA has no written policy addressing the medical necessity of genetic testing, although claims are being paid through nonspecific laboratory codes.

Policy will set medical necessity criteria similar to other Medicaid states and private insurance, which requires the member to undergo a genetic risk assessment or display clinical evidence indicating a chance of a genetic abnormality AND that those results change treatment, change health monitoring, provide prognosis, or provide information needed for genetic counseling for the patient.

Budget Impact: Budget neutral

- 5. 12-19 Outpatient Behavioral Health* –**
 1. ODMHSAS is proposing rule revisions to disallow coverage of Psychosocial Rehabilitation (PSR) services for children below age 6 unless services are

medically necessary and required pursuant to Federal Early and Periodic Screening Diagnosis and Treatment (EPSDT) laws.

2. The Agency is also proposing rule revisions which will control utilization of Rehabilitation services by imposing limits on the number of units that qualified providers will be reimbursed. The utilization limits will be prior authorized by OHCA or its designated agent and will be directly correlated to the individual member's level of need.
3. Utilization parameters will be increased for Medication Training and Support.
4. Revised rules also change the provider qualifications for Behavioral Health Rehabilitation Specialists including specific degree, certification & training requirements. Proposed revisions to Behavioral Health Case Management rules change provider qualifications for Case Managers including specific degree and training requirements as well as remove documentation submission requirements as a condition of payment for the provision of case management services.
5. Revisions are also proposed to clearly state that services must be conducted in a setting that protects and assures confidentiality, and must be provided as a direct face-to-face service with the member in order to be compensable.
6. Licensed Behavioral Health Provider rules are revised to correct references to the Agency's behavioral health provider manual.

Budget Impact: \$1.2 million in state savings (ODMHSAS), \$4 million in federal savings

*** Portions of this rule have been previously seen by the MAC and OHCA Board as an Emergency Rule. Since then, new revisions were added.**

6. **12-20 Telemedicine** - OHCA rules for Telemedicine are being revised to include specific provider responsibilities to assure compliance with HIPAA guidelines. Current policy is silent to the appropriate HIPAA compliant applications, guidelines, devices, and/or safeguards concerning telemedicine services. The proposed revisions include additional conditions that apply to services rendered via telemedicine, provider responsibilities, and additional network standards as they relate to assuring HIPAA compliance during telemedicine related transmissions.

Budget Impact: Budget neutral

7. **12-21 Therapy Provider Qualifications** – OHCA rules for therapy services are being revised to add “services may be provided under the direction of a qualified provider.” The purpose of this change is to allow students and other non-qualified providers to participate in the care of SoonerCare members while under the direct supervision and guidance of a qualified provider.

Budget Impact: Budget neutral

8. **12-22 Transportation** – OHCA rules are revised define emergency and urgent as it relates to ambulance transports; rules are also to revised to clarify that out of state transports require a prior authorization. Additional revisions include clean-up to remove obsolete language to align with current practices.

Budget Impact: Budget neutral

- 9. 12-23 SoonerRide-** OHCA rules are revised to move meal and lodging related services to general provider policies as these services are not considered SoonerRide services. Additional revisions include clean-up to outdated Code of Federal Regulation references, and clarification concerning approved escorts.
Budget Impact: Budget neutral
- 10. 12-24 Insure Oklahoma –** OHCA rules are revised to align policy with state and federal requirements; additionally rules are revised to align adult outpatient behavioral health services with children outpatient behavioral health services in the Individual Plan.
Budget Impact: Budget impact yet to be determined
- 11. 12-25 Dental clarification changes –** SoonerCare dental rules are revised to update pulp cap language to align with current practice and language contained in OAC 317:30-5-699. In addition, OAC 317:30-5-700 (C) Orthodontic rules are revised to align OHCA current verification of continuing education policy with the Oklahoma Board of Dentistry prerequisite licensing requirement. The amendment change to OHCA policy will require all General and Pediatric dentists providing orthodontic care to complete 60 hours of continuing education hours and at least 20 hours of continuing education in the field of orthodontics every (3) three year cycle.
Budget Impact: Budget neutral
- 12. 12-29 Community Spouse Allowance –** Rules are amended to clarify that a member receiving Home and Community Based Services (HCBS) (such as ADvantage) is considered a community spouse for the purpose of calculating the community spouse allowance when his/her spouse is in a nursing facility. This amendment brings the rules into compliance with Federal law and regulation and the State Plan. It allows the spouse in the nursing facility to deem income to the spouse who remains at home, regardless of whether that spouse is receiving HCBS, before the vendor payment owed to the nursing facility is calculated.
Budget Impact: \$500,000 state share, \$1.3 million total
- 13. 12-30 Medically Fragile Waiver Services -** Rules are revised to add Institutional Transition Services and Self-Directed Goods and Services to the Medically Fragile Waiver Program. Additional revisions include removing language that does not align with program practices, for consistency and clarity purposes.
Budget Impact: Budget neutral
- 14. 12-31 My Life; My Choice Waiver Services -** Rules are revised to add Institutional Transition Services, Assisted Living Services and Self-Directed Goods and Services to the My Life; My Choice Waiver Program. (If a member is approved for the Assisted Living Services bundle, the member is responsible for payment of room and board charges.) Additional revisions include removing language that does not align with program practices, for consistency and clarity purposes.
Budget Impact: Budget neutral
- 15. 12-32 Sooner Seniors Waiver Services -** Rules are revised to add Institutional Transition Services, Assisted Living Services and Self-Directed Goods and Services to the Sooner Seniors Waiver Program. (If a member is approved for the Assisted Living Services bundle, the member is responsible for payment of room and board charges.) Additional revisions include removing language that does not align with program practices, for consistency and clarity purposes.
Budget Impact: Budget neutral

- 16. 12-33 SHOPP overpayment and recoupment procedures** - SHOPP rules are revised to clarify overpayment and recoupment procedures, if it is determined due to appeal, penalty, or other reason that additional allocation/ recoupment is necessary.

Budget Impact: Budget impact yet to be determined.

17. 12-34 State Plan Personal Care

Rules for State Plan Personal Care are revised to clarify compliance with the Long Term Care Security Act regarding background checks for providers of direct patient access for long term care services. The Long Term Care Security Act includes a listing of mandatory registry checks and requirements for background investigations and fingerprinting. The Act also requires that all background checks are to be administered through the Oklahoma State Department of Health (OSDH).

Budget Impact: Budget neutral

- 18. 12-35 Vaccine Administration** — Agency policy is amended with respect to vaccine administration as follows:

- a. Adults. The change will allow for reimbursement of a separately payable administration fee for vaccines given to adults.
- b. Children. Separately, the policy clarifies Vaccine for Children Program administration fee rules to state VFC providers may not charge multiple administration fees per shot.

Budget Impact: \$60,000 state share, \$170,000 total

- 19. 12-37 Genetic Counseling**—Policy is amended to expand genetic counseling services to all members that are eligible for medically necessary genetic testing. Currently, we only cover genetic counseling for members with a pregnancy at high risk of genetic abnormalities.

Budget Impact: \$125,000 state and federal

- 20. 12-38 Electronic Health Records Updates**— Policy on the Oklahoma Electronic Health Records Incentive Program will be updated to account for changes in federal rules on the program. Changes include adding additional options for patient volume calculation, expanding the definition of a Children's Hospital, adding an exception to the hospital-based eligible professional criteria, and allowing CMS to take over administrative appeals for cases in which they are the auditor on meaningful use provisions.

Budget Impact: Budget neutral

- 21. 12-39 Tobacco Cessation Counseling** – OHCA rules are revised to expand provider types for tobacco cessation counseling to include Registered Nurses and Licensed Clinical Social Workers. The purpose of the proposed rule revision is to increase opportunities for SoonerCare members to access quality cessation services.

Budget Impact: Budget impact not yet determined

22. 12-40 Inpatient Behavioral Health –

1. Agency Inpatient Psychiatric Hospital rules are being revised to clarify the medical necessity criteria required for admission and continued stays in psychiatric residential treatment facility (PRTF) and acute levels of care.
2. Changes are also being proposed to the rules regarding Individual Plans of Care to ensure early parent/guardian involvement in the treatment of children under the age of 18 receiving inpatient psychiatric services as well as
3. to revise the "active treatment" requirements for individuals 18-21 years of age receiving services in an acute psychiatric hospital by making the requirements

less proscriptive for this age group since they typically do not receive services in children's psychiatric units, so providers should not be held to the same requirements.

4. Active treatment requirements for children under 18 are further revised to provide more clarity in areas that have been identified as causing provider confusion.
5. Proposed revisions will also revise Inspection of Care (IOC) rules to provide the pro-rating timeline used when reviewing clinical documentation for compliance with active treatment requirements as well as to clarify that certain "critical documents" cannot be substituted with other evaluations/assessments.

Budget Impact: Budget neutral

- 23. 12-Y Kinship Guardianship Assistance Recipients** - Eligibility rules are amended to add the mandatory eligibility group of children receiving Kinship Guardianship Assistance. Once the State has established a kinship guardianship assistance program, SoonerCare eligibility is mandated by federal laws and regulations. These amendments will provide eligibility coverage whether the child receives the assistance through the program established by OKDHS or through kinship guardianship programs that may be established by tribes in the future.

Budget Impact: Budget neutral

- 24. 12-KK Compliance with ACA Eligibility Rules** - Eligibility rules are amended to provide that eligibility for children, pregnant women, and parents and caretaker relatives is determined using the Modified Adjusted Gross Income (MAGI) methodology, as mandated by ACA. Rules are amended to add two eligibility groups mandated by the ACA: Former foster care children aged 19-26, and CHIP children who would lose eligibility as a result of the MAGI method. Rules regarding eligibility determination procedures are amended to establish the passive renewal process mandated by ACA, as well as the ACA rule that medical verification of pregnancy can only be required when the individual's declaration that she is pregnant is not reasonably compatible with other information available to the agency.

Budget Impact: Budget impact yet to be determined

- 25. 12-AAA Authorized Representatives** - Eligibility rules are amended to 1) define the role of an authorized representative; 2) establish tiers of authorization members may designate for their representatives; 3) define who may act as an authorized representative; 4) provide that no one may charge or receive a fee for applying on someone else's behalf; 5) provide that if an authorized representative is employed or contracted by a SoonerCare provider and that representative either cannot provide documentation that the member consented to the designation, or provides false information, or withholds information that leads to an ineligible person being certified for SoonerCare, that these actions are grounds for recoupment of claims paid for the member in question during the certification period in question; and 6) provide that the maximum time a member's designation of an authorized representation will last is 12 months.

Budget Impact: Budget neutral

- 26. 12-LLL Elimination of Presumptive Eligibility for Pregnant Women** - Eligibility rules are amended to eliminate presumptive eligibility (PE) for pregnant women. Under the PE program, certain qualified SoonerCare providers used to determine pregnant women presumptively eligible for SoonerCare; the women then had 30 days to apply and be fully determined eligible or ineligible. The purpose of PE was to give pregnant women access to

care quickly. PE is no longer used because pregnant women can now have their eligibility fully determined in real-time through Online Enrollment.

Budget Impact: Budget neutral

27. 12-UUU Nursing Facility Policy Clean-up

The proposed rule change adds language clarifying that all program requirements set out in State Statute and Oklahoma Health Care Authority policy regarding wage enhancements for certain nursing facility employees have been met. The proposed rule change also clarifies that the Quality of Care fee assessed by the Oklahoma Health Care Authority is authorized through the Medicaid State Plan and clarifies that part of the fee structure is based on a waiver of uniformity as approved by the Centers for Medicare and Medicaid Services (CMS). Finally, proposed revisions include the removal of language incorrectly stating that rates for public ICF's/MR are set through a public rate setting process rather than the current practice of reimbursement based on cost reports. Other minor policy clarifications are also included as a part of the proposed rule change.

Budget Impact: Budget neutral

28. 12-VVVV – Long Term Care Sub-Acute Hospital Reimbursement Methodology

OHCA proposes to amend Long Term Care (LTC) Sub-Acute Hospital policy to update reimbursement language from a prospective per diem methodology to a cost based methodology. This proposed change is to bring policy in alignment with the approved State Plan LTC reimbursement methodology.

Budget Impact: Budget neutral

Proposed State Plan Changes and Waiver Changes

State Plan Amendments (Expedited Timeframe)

- 1. Item A-**The OHCA proposes to amend the Oklahoma Medicaid State Plan as it relates to the Recovery Audit Contractor Program (RAC). Section 1902(a)(42)(B)(i) mandates states to contract with RACs to identify underpayments and overpayments and recouping overpayments under the State plan and under any waiver of the State plan with respect to all services for which payment is made to any entity under such plan or waiver. The OHCA requested and was approved an extension for implementation of the RAC until the OHCA could obtain a contractor through a competitive bid procurement process. The OHCA originally anticipated having a contract in place by August 1, 2012 however, due to unforeseen delays, the OHCA did not have a RAC contract in place by the original date denoted in the state plan. Therefore, the state plan must be updated with a new target date. The OHCA has solicited bids for the RAC and evaluations have been conducted. The OHCA anticipates having a contract in place no later than March 1, 2013. The OHCA will submit a state plan amendment to change the implementation date in the current state plan from no later than August 1, 2012 to no later than March 1, 2013.
- 2. Item B-**The OHCA proposes to amend the Oklahoma Medicaid State Plan to correct a technical error. Current eligibility income levels for Children and Pregnant Women under Title XIX of the Oklahoma State Medicaid Plan are at or below 185% of the FPL. Parents of children are at or below 73% of the AFDC Need Standard (which is approximately 32% of the FPL). During a previous amendment in 2008, parents of children were erroneously included in the 185% FPL with children and pregnant women. The State has never implemented and has no future intentions of expanding income limits for parents of children to 185% of the FPL. The OHCA will submit a state plan amendment to correct the income

limit for parents of children from 185% to at or below 73% of the AFDC Need Standard in accordance with OAC Title 317 promulgated rules and current practices.

- 3. Item C-**The OHCA is proposing to amend the Part 4.19D page 7.1 of the State Plan to correct an error in the Employee Satisfaction metric to 65 from 50. The original Rates and Standards and public notices were made at the correct level of 65 but the State Plan amendment was filed as 50; we are adjusting the State Plan to correct this oversight. The Metric is one of 10 used to determine the score of a facility participating in the Focus on Excellence Quality Rating Program.

State Plan Amendments (Regular Timeframe)

- 1. Compliance with ACA Eligibility Rules (reference 12- KK, item 24 of proposed rules) -** The State intends to submit Title XIX and Title XXI State Plan Amendments to provide that eligibility for children, pregnant women, and parents and caretaker relatives is determined using the Modified Adjusted Gross Income (MAGI) methodology, and to add two eligibility groups mandated by the ACA: Former foster care children aged 19-26, and CHIP children who would lose eligibility as a result of the MAGI method.
- 2. Elimination of Presumptive Eligibility for Pregnant Women (reference 12-LLL, item 26 of proposed rules) -** The State will submit a Title XIX State Plan amendment to eliminate presumptive eligibility (PE) for pregnant women. PE is no longer used because pregnant women can now have their eligibility fully determined in real-time through Online Enrollment.
- 3. Kinship Guardianship Assistance Recipients (reference 12-Y, item 23 of proposed rules) -** The State will submit a Title XIX State Plan amendment to add the mandatory eligibility group of children receiving Kinship Guardianship Assistance. This amendment will provide eligibility coverage whether the child receives the assistance through the program established by OKDHS or through kinship guardianship programs that may be established by tribes in the future.
- 4. Behavioral Health Rehabilitation Specialists (reference 12-19, item 5 of proposed rules) -** The State intends to submit a TXIX State Plan amendment to change the provider qualifications for Behavioral Health Rehabilitation Specialists including specific degree, certification & training requirements, and to change provider qualifications for Case Manager including specific degree and training requirements.
- 5. Prior Authorizations for Outpatient Behavioral Health Rehabilitation Services (reference 12-19, item 5 of proposed rules)–** The State will submit a TXIX State Plan amendment to reinstate prior authorizations.
- 6. Proposed Amendment to the ADvantage Waiver for Home Delivered Meals**
The ADvantage waiver is a 1915(c) Home and Community based services waiver serving adults with physical disabilities and the elderly. One of the services available to ADvantage members is home delivered meals. In order to ensure an adequate number of providers for home delivered meals, the OHCA is proposing to allow out of state vendors to supply frozen, pre-packaged meals to ADvantage members. This amendment requires approval by the Centers for Medicare and Medicaid Services (CMS) as well as OHCA Board approval. The amendment, if approved, will become effective in approximately six months. This is a proposed waiver amendment only and does not affect ADvantage policy.
- 7. Outpatient Behavioral Health Agency Provider Certification (reference 12-19, item 5 of proposed rules) –** The OHCA, in collaboration with ODMHSAS, proposes to amend the

Medicaid State Plan in order to ensure consistency throughout the outpatient behavioral health agency provider qualification pages. Revisions were made to the State Plan which became effective July 1, 2012, giving government & private outpatient behavioral health agencies the option of choosing between national accreditation or certification from ODMHSAS, in accordance with state statute. Agency staff has since identified two provisions in the Plan that were inadvertently not revised during the previous amendment process to fully reflect the intent behind the July 1, 2012 changes. OHCA will submit a State Plan Amendment to make the necessary updates in accreditation/certification terminology.

- 8. Removal of Billing Code-Specific Information from State Plan** – The OHCA, in collaboration with ODMHSAS, proposes to amend the Medicaid State Plan in order to remove specific references to the Healthcare Common Procedure Coding System (HCPCS) code H2012 from the State Plan page outlining the reimbursement methodology for Partial Hospitalization (PHP), an outpatient behavioral health service. The Agency has identified a HCPCS code for PHP that is more appropriate for the service than H2012 and removal of the specific code from the plan will enable the Agency to make the appropriate changes to the claims processing system.
- 9. Home and Community Based Transportation-** The OHCA will submit a Title XIX State Plan amendment to remove the reference of “Children Only” as it relates to the non-emergency broker providing transportation to individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution. Transportation for this population does not exclude adults; the proposed amendment will bring the State Plan into compliance with practices.