

TRIBAL GOVERNMENT RELATIONS
Annual Report and Consultation Summary
SFY 2016 (July 1, 2015—June 30, 2016)



SoonerFit Art Contest winner, Kayla Nadelén

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We are pleased to share with you this report of our activities, accomplishments, and highlights that occurred during the 2016 state fiscal year. At Oklahoma Health Care Authority, we are fortunate to have great partnerships with tribal health stakeholders. We understand that without these valuable partnerships, we would not be successful in accomplishing our common goals.

Together, we have been able to address tribal citizen enrollment into the SoonerCare program with Tribal Medicaid Administrative Match and Agency View agreements. The Riverside Dental Event is just one example of how we, along with our partners, are able to reach out to tribal communities with culturally appropriate messages and support for wellness.

It is with excitement and sincere gratitude that we are able to move forward together with our tribal partners to continue improving the health status and access to care for tribal citizens.

Respectfully,
OHCA Tribal Government Relations Team



Danlin

Johnny John

Loretta Quberry-Byers

Lynda Lane

Oklahoma **HealthCare** Authority

Our Vision

Our vision is for Oklahomans to be healthy and to have access to quality health care services regardless of their ability to pay.

Our Mission Statement

Our mission is to responsibly purchase state and federally-funded health care in the most efficient and comprehensive manner possible; to analyze and recommend strategies for optimizing the accessibility and quality of health care; and, to cultivate relationships to improve the health outcomes of Oklahomans.

Our Values

Innovation | Integrity | Accountability | Engagement | Inclusiveness

Our Behavior

OHCA staff will operate as members of the same team, with a common mission and each with a unique contribution to make toward our success.

OHCA will be open to new ways of working together.

OHCA will use qualitative and quantitative data to guide and evaluate our actions and improve our performance in a purposeful way over time.



OHCA Board

Joel Nico Gomez, Chief Executive Officer

Anthony (Tony) Armstrong, Vice-chairman

Ann Bryant, member

Tanya Case, member

Charles (Ed) McFall, Chairman

Melvin McVay, member

Marc Nuttle, member

Carol Robison, member

TRIBAL GOVERNMENT RELATIONS PURPOSE AND CORE FUNCTIONS

OHCA Tribal Government Relations unit serves as a liaison between OHCA and CMS, Indian Health Service, Urban Indian facilities, and Oklahoma tribal governments for state and national level issues including tribal consultation, workgroups, policy development, legislation, and tribal sovereignty issues.

TRIBAL GOVERNMENT RELATIONS MISSION STATEMENT

The goal of the OHCA Tribal Government Relations unit is to improve services to American Indian SoonerCare members, Indian health care providers, and sovereign tribal governments through effective meaningful communication, and maximizing partnerships.

OHCA TRIBAL GOVERNMENT RELATIONS STAFF

Dana Miller

Director

Dana.Miller@okhca.org

Phone: 405-522-7303

Fax: 405-530-3465

Lucinda Gumm

Coordinator

Lucinda.Gumm@okhca.org

Phone: 405-522-7248

Fax: 405-530-3337

Johnney Johnson

Coordinator

Johnney.Johnson@okhca.org

Phone: 405-522-7058

Fax: 405-530-7235

Janet Dewberry-Byas

Health Promotions Specialist

Janet.Byas@okhca.org

Phone: 405-522-7392

Fax: 405-530-3339

**EMAIL THE TRIBAL GOVERNMENT RELATIONS TEAM:
TRIBALGOVERNMENTRELATIONS@OKHCA.ORG**



WHY?

Medicaid was created under Title XIX of the Social Security Act in 1965. It is a federal and state partnership that provides basic health and long-term care services for low-income citizens, largely children and pregnant women. While states may customize the program, they must follow federal guidelines. Medicaid eligibility is based on household finances and/or resources.

In Oklahoma, Medicaid is referred to as SoonerCare. OHCA administers the program and determines member eligibility. SoonerCare is jointly funded by federal and state government, and helps pay some or all medical bills for many people who can't afford them.

WHO?

To qualify for SoonerCare, a person must:

- Reside in Oklahoma;
- Be a U.S. citizen or qualified immigrant;
- Meet financial income and resources standards;
- Meet certain categorical relationships.



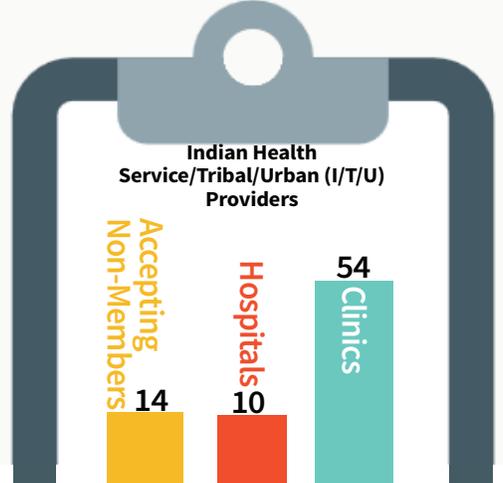
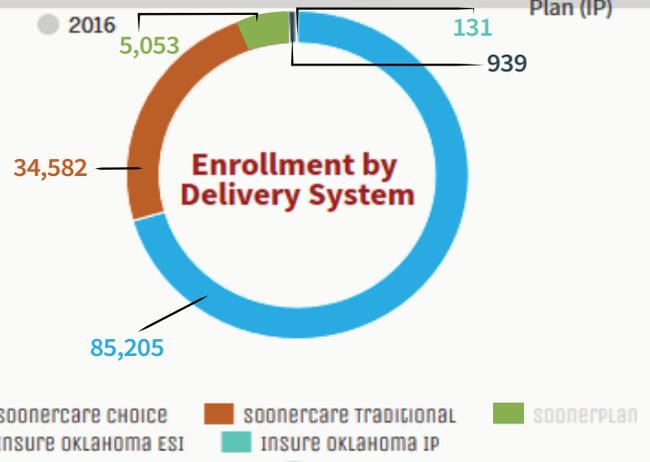
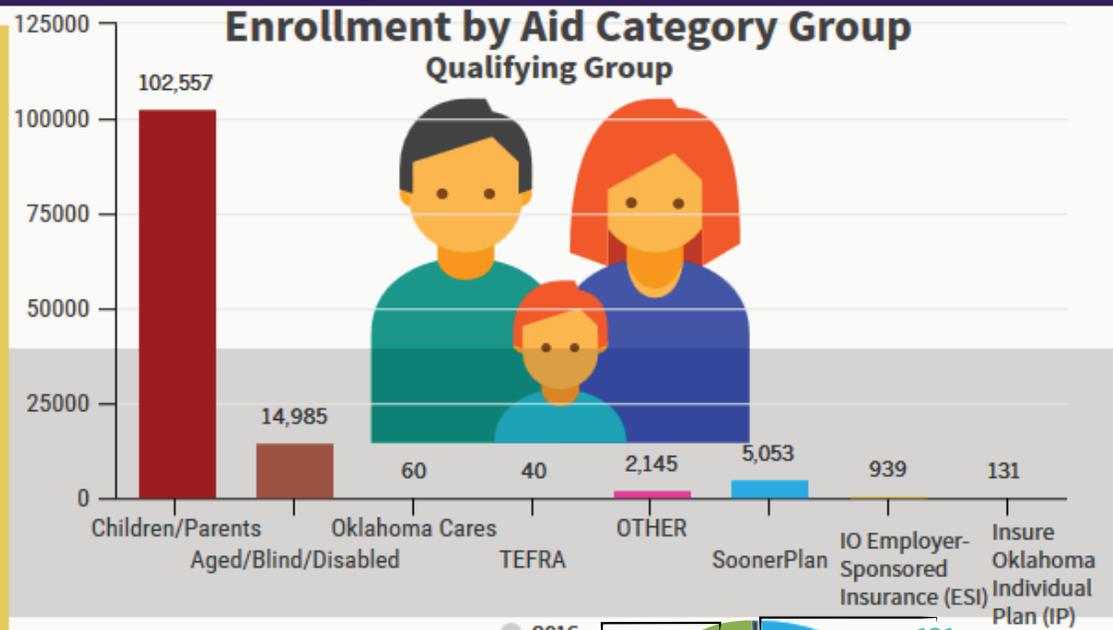
DID YOU KNOW?*

- More than 1 million Oklahomans are enrolled in SoonerCare, or 1 in 4 Oklahomans
 - SoonerCare pays for 60 percent of all births in Oklahoma
 - As of August 2015, SoonerCare has a network of 44,288 contracted providers

*Oklahoma Health Care Authority (OHCA). SoonerCare In Motion 2014 Annual Report, 2015.

American Indian Fast Facts

July 2016





SOONERCARE TRIBAL CONSULTATION ANNUAL MEETING:

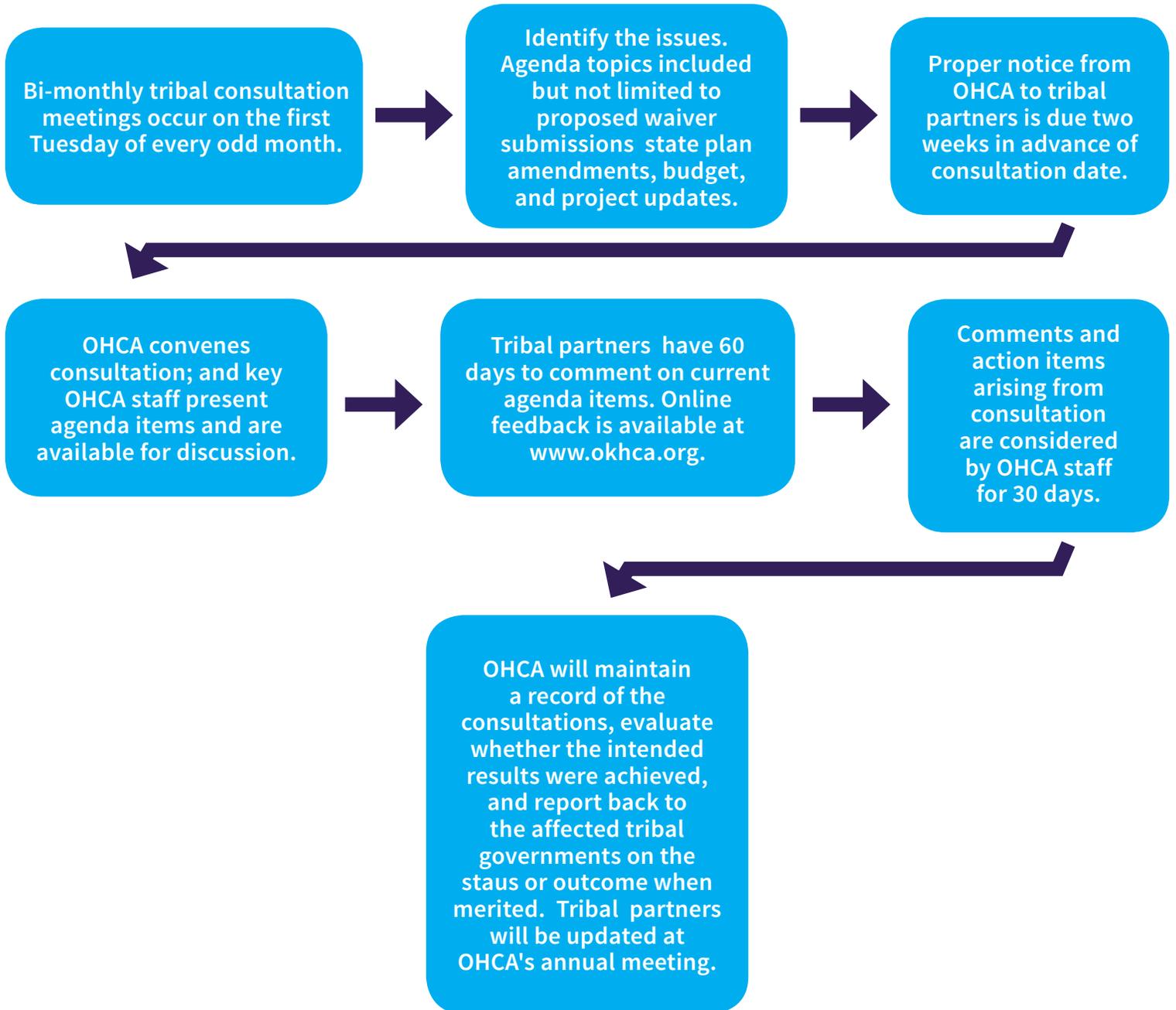
OHCA's Annual Tribal Consultation meeting provides an opportunity for tribal communities to receive updates, as well as give input and ask questions about the SoonerCare and Insure Oklahoma program. The meeting also brings state and tribal leaders together to share best practices. Topics of concern this year included access to care issues for rural tribal communities, eldercare, and preventive and mental healthcare. OHCA was the first state agency in Oklahoma to formalize a tribal consultation policy.

BI-MONTHLY TRIBAL CONSULTATION:

OHCA convenes bi-monthly tribal consultation meetings on the first Tuesday of every odd numbered month. These meetings are open for the public to attend, and key tribal stakeholders are invited to provide feedback. Also, in an effort to maximize tribal participation, OHCA utilizes online and teleconference technology to enable partners to conveniently participate without having to travel from their community.

SFY 2016 TRIBAL CONSULTATION ATTENDANCE:

- Nine meetings were convened;
- Average number of tribes/organizations represented per meeting was eight;
- Average number of attendees per meeting was 13.



90 ITEMS CONSIDERED:

- **29 Tribal Impact**
- **23 Resolved**
- **4 Pending**
- **1 Not Implemented**
- **1 Withdrawn**
- **32 No Tribal Impact**

15-27 A & B (Medical Residents) Primary Care Providers at Indian Health Service Facilities — OHCA proposes to revise policy to clarify inconsistent and conflicting language authorizing medical residents as Primary Care Physicians (PCP) under SoonerCare. Language cleanup will reflect current OHCA practices. Consultation Date: 11/3/15; Status: Effective 9/1/16

I/T/U Language Update — OHCA proposes to amend policy to update Indian Health Services, Tribal Programs and Urban Indian Clinics (I/T/U) rules for clarity and consistency with other sections of Chapter 30. Proposed revisions update professional staff titles, clarify requirements for providers to contract with OHCA and appear on the IHS listing of tribal facilities, update language to include the use of OHCA's EPE system and clarify professional staff recognized by OHCA. Additional revisions would remove language on telemedicine originating fees, define homebound individuals, require documentation of treatment and add requirements for licensure candidates. Proposed revisions include clean-up to remove outdated policy to align with current practice and to clarify I/T/U encounters and outpatient encounters, inpatient practitioner services and prior authorizations. Consultation Date: 11/3/15, 1/5/16; Status: Effective 9/1/16

15-01 Dental — The proposed Dental policy revisions add limited dental services for adult SoonerCare members who meet all medical criteria, but need dental clearance to obtain organ transplant approval. The proposed rule states that services must be prior authorized and are limited to: Comprehensive oral evaluation, two radiographic bitewings, prophylaxis, fluoride application, limited restorative procedures, and periodontal scaling/root planning. The aforementioned changes were approved during promulgation of the emergency rule. The following are proposed changes not previously reviewed: the proposed Dental policy is revised to mirror new terminology from the Code on Dental Procedures and Nomenclature (CDT) and to clean up outdated language. Revisions also include removing the 36 month language for comprehensive oral evaluations. Appropriate utilization parameters for comprehensive evaluations are identified in the CDT and eliminating limits in policy will allow the agency to continue to align with parameters set forth in the CDT without future promulgation of rules. In addition, a change includes removing language which restricts emergency examination/limited oral evaluation from being performed within two months, the new proposed language will allow dentist to perform emergency evaluations as medically necessary. Proposed revisions also clarify the separate note requirement must address the 5A's and that the signature is one office note signature provided at the end of the visit. Consultation Date: 1/5/16; Status: Effective 9/1/16

15-36 Policy Revision to Remove Specific Limits on Diabetic Testing Supplies — The proposed revisions remove specific quantity limits to diabetic testing supplies to replace with more general language about testing supplies being based on insulin use or type of diabetes. Proposed revisions also specify that a prior authorization may be required for supplies beyond the standard allowance. Consultation Date: 1/5/16; Status: Effective 9/1/16

15-42 Audit Procedures — Proposed program integrity audit and review policy is revised to clarify OHCA audit procedures and address issues such as extrapolation, reconsideration and audits. Definitions will be expanded to include universe, sample and error rate. Language will be amended to clarify those items included in the audit/review process, the provider's options after an initial audit/review, and the process for selecting sample claims in a probability sample audit. Consultation Date: 1/5/16; Status: Effective 9/1/16

15-43 Appeals Procedures — Proposed OHCA policy changes clarify and make corrections to instructions for the submission of claim inquiries by providers. Proposed changes include title change to section, removal of incorrect references to revoked policy, and updated guidance on proper form used for claim inquiries. Proposed policy changes should result in decreased confusion for providers inquiring about payment for services provided to members. Consultation Date: 1/5/16; Status: Effective 9/1/16

15-50 Amend Policy Regarding Home Property in a Revocable Trust as a Countable Resource — Proposed policy changes would amend countable resource policy in regard to home property in a revocable trust. Current policy states that home property in a revocable trust retained certain exemptions. Those exemptions are not found in federal regulations. Federal regulations states that the sum of the trust shall be considered resources available to the individual. Consultation Date: 1/5/16; Status: Effective 9/1/16

15-55 PACE — The proposed PACE policy revisions are to clarify transfer criteria for transfers from one PACE site to another. Revisions require members to acknowledge transfer criteria and PACE qualifications for continuation of care. In addition, rules clarify enrollment standards for members who voluntarily disenroll and wish to transfer to another PACE site. Consultation Date: 1/5/16; Status: Effective 9/1/16

15-56 Pharmacy Lock-In — The proposed policy revisions clarify and enhance lock-in procedures. Proposed revisions would strengthen the consequences of not adhering to the lock-in restrictions by sanctioning members who have been locked in with a single prescriber and pharmacy. Consultation Date: 1/5/16; Status: Effective 9/1/16

15-61 Appeal process for contract terminations — The proposed Grievance Procedures and Process policy amends language to clarify the appeals process for a 30 day for cause and immediate contract termination and removes references to suspended contracts. Proposed changes also add language to rules addressing 60 day without cause termination. The amendments makes clear that pursuant to contract terms, either party

may terminate the contract with a 30 day written notice when it is a for cause termination, or with a 60 day notice if the termination is without cause. Additionally, changes detail the post-termination panel committee composition and its function and add language that specifies the timeframe for which a provider must submit a written response to OHCA requesting reconsideration. Consultation Date: 1/5/16; Status: Effective 9/1/16

15-66 Department of Human Services (DHS) — The proposed rule amendment will allow active military personnel who applied for Home and Community-Based Services (HCBS) in another state to have the application date honored in the state of Oklahoma. Consultation Date: 1/5/16; Status: Effective 9/1/16

16-02 Policy Revision to Allow Reimbursement for Eyeglasses Fitting Fee and Refraction — OHCA proposes to revise rules to allow SoonerCare contracted providers of vision services to be reimbursed separately for refraction in an eye exam. In addition, revisions allow SoonerCare contracted suppliers of eyeglasses to be paid a fitting fee if the requirements of a fitting fee are met. Previously, reimbursement for refraction was bundled into the payment for the eye exam and reimbursement for fitting was bundled into the payment for the eyeglass materials. Consultation Date: 3/1/16; Status: Pending

15-17 Reimbursement for Eyeglasses — OHCA recommends a sole vendor for providing eyeglasses to our members. A mutual plan was considered and agreed to by OHCA, Oklahoma Optometry Association, and other stakeholders, but it requires a change in payment methodology for eyeglasses and materials. In addition, the agreed upon plan also requires additional OHCA rule changes to allow for refraction and fitting fee reimbursement to offset some of the loss of reimbursement to the eyeglass materials. Payment for the refraction and fitting fees can be addressed via the reference file/RBRVS once approval is received to activate the appropriate codes. This has been proposed and recommended in an emergency rule change that is currently going through the rule making process and it is proposed to be implemented September 1, 2016. Current methodology for eyeglasses and materials/lens are paid at a set maximum rate. This rate is based on a percentage off the CMS DME fee schedule. OHCA proposes a flat rate for eye glass materials as follows: V2020 (Eyeglass frame) = \$10.00 per frame; V2100-V2114 and V2200-V2214 lens = \$13.98 per lens. Based on the number of paid claims for SFY2015, the proposed budget impact is an estimated savings of \$3,945,960 total dollars, \$1,539,318 state share. If approved by the SPARC committee and the OHCA Board, this change will be effective to coincide with the permanent rule change. Consultation Date: 3/1/16; Status: Effective 9/1/16

Title XXI Health Service Initiative (HSI) — Due to an increase in the CHIP FMAP for FY16 and FY17 to fund health service initiatives, the OHCA is exploring various projects including two projects targeting long acting reversible contraceptives (LARC); a foster child behavior health coordination and passport upgrade project; a naloxone rescue kits project; an outpatient donor breast milk project; and an academic detailing program targeting attention deficit hyperactivity disorder (ADHD) medications and atypical antipsychotic medications. State match will be provided by partner agencies and/or organizations. HSIs protect public health and/or the

health of individuals, improve or promote a state's capacity to deliver public health services, strengthen the human and material resources necessary to accomplish public health goals to improve children's health, and target low-income children under 19. Consultation Date: 1/5/16; Status: Approved on 5/26/16

OK DEPARTMENT of MENTAL HEALTH and SUBSTANCE ABUSE SERVICES:

15-65 ODMHSAS — Behavioral Health Admission Assessment and Evaluations — Proposed policy revisions add requirement admission criteria for assessment. Revisions also clarify that candidates for licensure can perform assessments and psychosocial evaluations when appropriate and medically necessary. In addition revisions clarify evaluation and re-evaluation criteria. Consultation Date: 1/5/16; Status Effective 9/1/16

16-04 ODMHSAS — Reduction in limits for psychotherapy provided in Outpatient Behavioral Health Agencies

— Outpatient behavioral health agency rules are amended in order to set daily and weekly limits for the amount of individual, group and family psychotherapy that are reimbursable by SoonerCare. The current daily limits of 6 units of individual, 12 units of group and 12 units of family therapies will be reduced to 4 units, 6 units and 4 units respectively. Additionally, weekly limits will be imposed that limit the total amount of group therapy in a week to 3 hours and Individual and Family therapy will cumulatively be limited to 2 hours per week. These emergency revisions are necessary to reduce the Oklahoma Department of Mental Health and Substance Abuse Services' operations budget for the remainder of SFY 2016 in order to meet the balanced budget requirements as mandated by State law. Without the recommended revisions, the Department is at risk of exhausting its State appropriated dollars required to maintain the State's Medicaid Behavioral Health Program. Consultation Date: 4/6/16; Status: Effective 6/1/16

16-05 ODMHSAS — Reduction in limits for psychotherapy provided by Independently Contracted Licensed Behavioral Health Professionals

— Rules for Licensed Behavioral Health Professionals who choose to practice on their own are amended in order to reduce the monthly limits of psychotherapy reimbursable by SoonerCare. The current limit of 8 units/sessions per month will be reduced to 4 units/sessions per month. These emergency revisions are necessary to reduce the Oklahoma Department of Mental Health and Substance Abuse Services' operations budget for the remainder of SFY 2016 in order to meet the balanced budget requirements as mandated by State law. Without the recommended revisions, the Department is at risk of exhausting its State appropriated dollars required to maintain the State's Medicaid Behavioral Health Program. Consultation Date: 4/6/16; Status: Effective 6/1/16

16-06 ODMHSAS — Reduction in limits for reimbursable service plan updates

— Outpatient behavioral health agency rules are amended in order to reduce the number of SoonerCare compensable service plan updates to one every six months. Outpatient behavioral health agencies will now be reimbursed for one initial comprehensive treatment plan and one update thereto bi-annually. These emergency revisions are necessary to reduce the Oklahoma Department of Mental Health and Substance Abuse Services' operations budget for

the remainder of SFY 2016 in order to meet the balanced budget requirements as mandated by State law. Without the recommended revisions, the Department is at risk of exhausting its State appropriated dollars required to maintain the State's Medicaid Behavioral Health Program. Consultation Date: 4/6/16; Status: Effective 6/1/16

ODMHSAS — Reimbursement rate reduction for Licensure Candidates — The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) recommends a revision to the current methodology and reimbursement structure for payments to behavioral health practitioners actively and regularly receiving board approved supervision to become licensed by an Oklahoma behavioral health licensing board (Licensure Candidate). The fees currently paid to Licensure Candidates for services rendered would be reduced by 10 percent. Consultation Date: 4/6/16; Status: Pending

ODMHSAS — Reimbursement rate reduction for Independent Licensed Behavioral Health Professionals — The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) recommends a revision to the current methodology and reimbursement structure for payments to independently contracted Licensed Behavioral Health professionals who choose to practice on their own. The fees currently paid to these providers would be reduced by 30 percent (15 percent reduction to account for accreditation & overhead costs not incurred by independent practitioners as compared to an outpatient agency provider and 15 percent reduction in fee for service rate). Consultation Date: 4/6/16; Status: Effective 5/1/16

ODMHSAS — Reimbursement rate reduction for Psychologists — The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) recommends a revision to the current methodology and reimbursement structure for payments to Psychologists. The fees currently paid to these providers would be reduced by 10 percent. Consultation Date: 4/6/16; Status: Effective 5/1/16

ODMHSAS — Reimbursement rate reduction for Psychiatric Residential Treatment Facilities (PRTF) — The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) proposes to revise the payment methodology for Private, in-state Psychiatric Residential Treatment Facilities (PRTF), Private Psychiatric Hospitals (Institutions for Mental Disease) and General Hospitals with Psychiatric Units. The proposed rates would be 15 percent less than the rates currently in effect. Changes are necessary to reduce the Agency's spending to balance the state budget in accordance with Article 10, Section 23 of the Oklahoma Constitution, which prohibits a state agency from spending more money than is allocated. Consultation Date: 04/06/16; Status: Effective 5/1/16

ODMHSAS — Rate reduction for Freestanding Psychiatric Hospitals (Per Diem) — The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) proposes to revise the payment methodology for freestanding psychiatric hospitals reimbursed using a fixed capital per diem methodology.

The proposed rates would be 3 percent less than the rates currently in effect. Changes are necessary to reduce the Agency's spending to balance the state budget in accordance with Article 10, Section 23 of the Oklahoma Constitution, which prohibits a state agency from spending more money than is allocated.

Consultation Date: 4/6/16; Status: Effective 5/1/16

Comments: While ITU providers will not be directly affected by the ODMHSAS rate reductions; there were several concerns from tribal partners about statewide access to behavioral health care for tribal citizens.

ADvantage Waiver Renewal Application — The Oklahoma Department of Human Services is seeking a five year renewal of the ADvantage waiver. The ADvantage waiver serves the frail elderly and adults with physical disabilities age 21 and over who do not have intellectual disabilities or cognitive impairment. Specific changes include, but are not limited to, (1) Removal of Speech and Language services (this service has not been utilized therefore, they are asking the services be removed;) (2) Removal of waiver to limit CD PASS (this service has not been provided statewide in the past and required a “waiver of state wideness” however, they have expanded CD PASS statewide and ask that the restriction be removed;) (3) Other changes include general clarification and clean-up. Consultation Date: 3/1/16; Status: Pending

16-07 ADvantage Waiver — The proposed policy revisions are to remove coverages for Speech and Language services from the Advantage Waiver, due to lack of utilization. Consultation Date: 5/3/16; Status: Withdrawn from consideration

2017-2018 SoonerCare Choice and Insure Oklahoma I 115(a) Demonstration Waiver Extension Request — Pursuant to 42 CFR §431.408, the Oklahoma Health Care Authority (OHCA) is providing notice of its plan to submit an update to its current renewal application for the SoonerCare Choice and Insure Oklahoma I 115(a) waiver to the Centers for Medicare and Medicaid Services (CMS). The OHCA is requesting an additional two year extension of the waiver for the period January 1, 2017, to December 31, 2018. Consultation Date: 5/3/16; Status: Pending

Tribal Medicaid Administrative Match — SFY17 contract language updated for the current renewal period. Article 13 and new submission requirements are outlined in the new language. Consultation Date: 5/3/16; Status: Effective 7/1/16

SFY16 Agency Budget

I 115 SoonerCare Choice/Insure Oklahoma demonstration waiver, Medically Fragile 1915(c) waiver, Living Choice demonstration and Program of All-Inclusive Care for the Elderly (PACE) Capitation Contract Rates — In order to minimize the impact of current and forecasted state budget concerns, OHCA will implement administrative and provider rate cuts unless the services are reimbursed with all federal dollars.

These include a three percent across-the-board reduction as follows: Provider reimbursement based on the fee schedule; SoonerCare Choice monthly care coordination and quarterly provider incentive payments; Program of All-Inclusive Care for the Elderly (PACE) capitation rates; Medically Fragile waiver and the Living Choice demonstration. The budget cuts will not include federally qualified health centers (FQHCs), rural health centers (RHCs), complex rehabilitation technology products or services or SoonerCare services that are funded by other state or federal agencies. OHCA is not taking action to reduce services for which other state agencies are appropriated the state dollars to operate specified SoonerCare programs. Consultation Date: 11/3/15, 11/19/15; Status: Effective 1/1/16

Comments: While ITU providers are exempted from rate reductions, the tribal PACE program will be subject to the capitation rate reduction based on this program's state match paid by the OHCA. Concerns were expressed by tribal partners about the negative affect on this reduction to the sustainability to the PACE program.

SFY17 Agency Budget

In preparation for the SFY17 agency budget, OHCA convened on April 6, 2016 an ad hoc tribal consultation meeting to discuss rate reductions due to a potential state revenue failure. The discussion included a need to spread the reduction over a 12-month period in an effort to minimize the rate reduction. Over the last two years OHCA has cut over \$500 million from the agency budget. ITU provider rates will continue to be held harmless, although an indirect negative effect may occur.

OHCA identified a long term solution, Medicaid Rebalancing Act of 2020, to the state budget issues and to stabilize the SoonerCare program. The Medicaid Rebalancing Act of 2020 will feature the Insure Oklahoma HealthStead Account (HSA), which would provide health care access for Oklahoma adults working to improve their health status and earning potential. It would be available to Oklahomans below 133 percent of the federal poverty level (FPL). This plan would reduce the size of Oklahoma's Medicaid program, reduce the number of uninsured Oklahomans and promote responsible Medicaid spending. Status: Not Implemented.

Following the Annual Tribal Consultation Meeting, OHCA convenes a Tribal Partnership Planning Session. During the session, an action plan is developed by both OHCA and tribal partners. The intent of the action plan is to guide OHCA in setting priorities and measurements for activities related to tribal relations. To see the full OHCA Tribal Partnership Action Plan, please go to: www.okhca.org/tribalrelations.

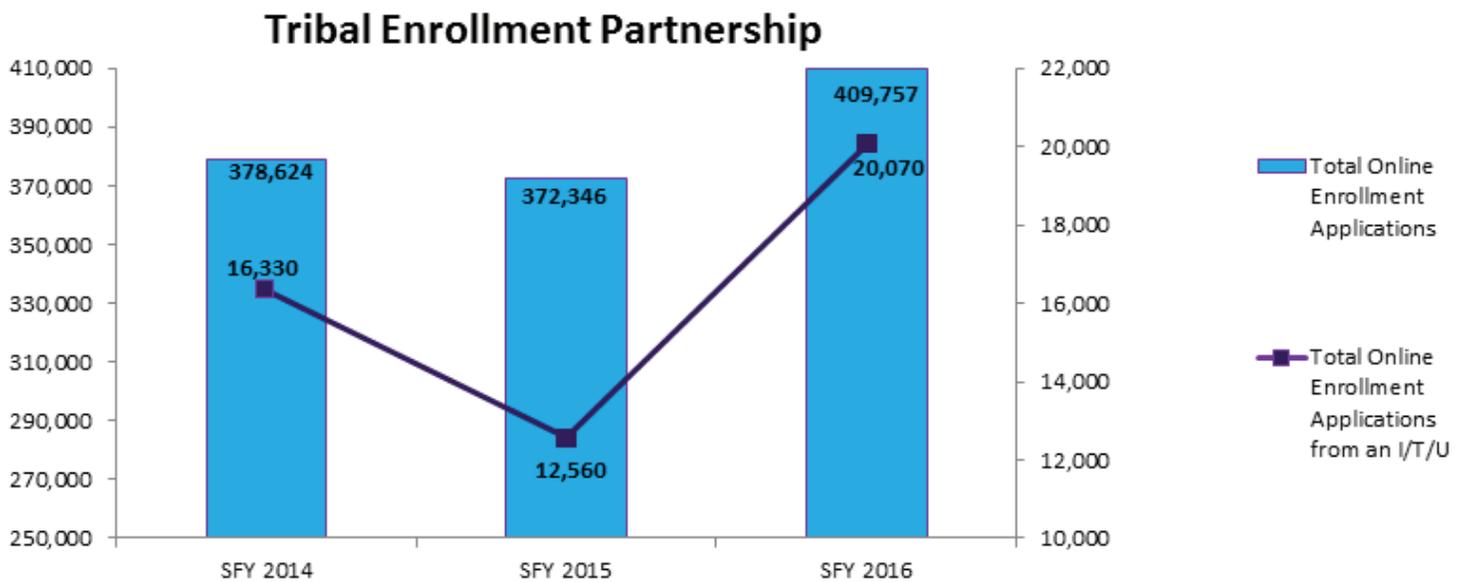
IDENTIFIED BY TRIBAL PARTNERS AT THE OCTOBER 20, 2015 ANNUAL TRIBAL CONSULTATION MEETING

TOPICS	STRATEGIES (CONDITIONS THAT FAVOR SUCCESS.)	OBJECTIVES (WHAT DOES SUCCESS LOOK LIKE?)
<p>Need for more behavioral health and substance abuse services in tribal communities</p> <p>Discussion highlighted the following concerns:</p> <ul style="list-style-type: none"> • Barriers for outpatient behavioral health services; • A need for more providers to serve both adults and children; • A high rate of suicide and/or depression among tribal citizens. 	<ul style="list-style-type: none"> • Tribal community leaders to have readily accessible resource information to address behavioral health needs among their tribal citizens. • Indian health care providers to be acutely aware of OHCA policy, which will allow them to maximize SoonerCare reimbursement rates and thus be able to more effectively address behavioral health needs in their tribal communities. 	<ul style="list-style-type: none"> • Increase from 0 to 4 the number of resource links to listed providers to address access to care concerns. • Increase from 0 to 1 to develop a proposal of OHCA policy modification to address outpatient behavioral health time restraints. • OHCA will update tribal partners on recent training summaries and activities at bi-monthly consultations. • OHCA and ODMHSAS will increase from 0 to 1 co-sponsored outpatient behavioral health training and roundtable discussions.
<p>Increased support for tribal health programs to address access to care for tribal citizens.</p> <p>Discussion highlighted the following concerns:</p> <ul style="list-style-type: none"> • Need for increased participation from tribal leaders in health care advocacy; • Concern for uninsured tribal citizen's health care needs; • Maximize revenue opportunities for tribal health care programs; • Traditional healing and culturally competent approaches to wellness. 	<ul style="list-style-type: none"> • Tribal governments and OHCA continuously communicating and working toward improving health care in tribal communities. • Active support between tribal governments and stakeholders aligned to maximize advocacy efforts. • Maximized tribal representation and communication at OHCA tribal consultations and public meetings. • Tribal citizens to actively engage in tribal culture for improved health outcomes. 	<ul style="list-style-type: none"> • Increase from 0 to 1 the number of proposed policy by OHCA to increase federal matching for services provided to AI/AN. • Increase from 0 to 1 the proposed policy by OHCA to transition I/T/U Rx reimbursement to the OMB rate. • OHCA and IHS to develop a pilot program and evaluate findings for reimbursement of prescription services. • Increase from 11 to 13 the average of tribal organizations represented at OHCA tribal consultation meetings.
<p>Lack of resources to meet the growing needs of the tribal elder population.</p> <p>Discussion noted the need to address the following health care concerns for tribal elders:</p> <ul style="list-style-type: none"> • Helping tribal elders to remain safely at home and in their community; • Additional funding needed for respite care and home modifications; • Increased information and knowledge within the tribal community about OHCA's Tribal Money Follows the Person program; • Limited options for nursing home care. 	<ul style="list-style-type: none"> • Tribal communities need to be aware of and utilize OHCA resources, when caring for elders. 	<ul style="list-style-type: none"> • OHCA increase from 0 to 1 to facilitate learning sessions about OHCA's home and community based waiver programs.
<p>Centers for Medicare and Medicaid Systems (CMS) approval and OHCA implementation of the Insure Oklahoma (IO) Sponsor's Choice waiver amendment.</p> <p>This topic was originally addressed at ad hoc tribal consultation on February 4, 2015 to address the high number of uninsured tribal citizens via a 1115 waiver.</p>	<ul style="list-style-type: none"> • Continue efforts on a CMS-approved IO Sponsor Choice waiver amendment. 	<ul style="list-style-type: none"> • Increase from 0 to 1 the creation of a timeline for the implementation of the Insure Oklahoma Sponsor's Choice in 2016.

TRIBAL ENROLLMENT PARTNERSHIP

In an effort to increase outreach and linkage to the SoonerCare program, OHCA has partnered with tribal health care providers. This partnership allows ITU's to assist potential SoonerCare members in applying or reapplying for SoonerCare benefits using the "agency view" of OHCA's online enrollment. Currently eight tribes, Indian Health Service (IHS), Oklahoma City Indian Clinic, Indian Health Care Resource Center, and Northeastern Tribal Health System are contracted as agency view partners.

ITU's submitted a total of 409,757 SoonerCare applications. OHCA tribal enrollment partnerships increase access to care, and supports Indian health care in Oklahoma.

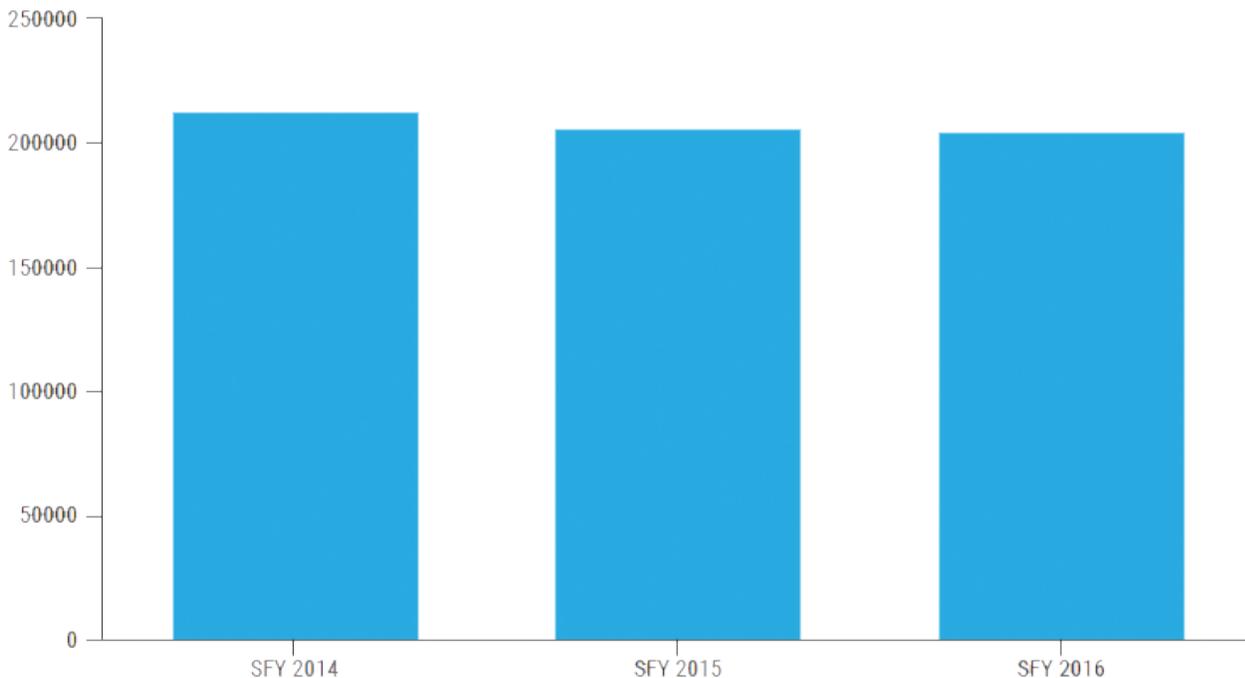


**Disclaimer: Numbers are subject to change due to certifications occurring after the data is extracted and other factors. This report is based on data retrieved August 2016.*

Oklahoma Tribal Medicaid Administrative Match (OK TMAM) is an opportunity to increase outreach and link American Indians into the SoonerCare program. OK TMAM allows tribal enrollment partners to receive reimbursement for the administrative costs of accepting and processing new and renewed SoonerCare applications.

The goal of the OK TMAM program is to address the relatively high rate of uninsured American Indians in Oklahoma by successfully linking tribal citizens to the SoonerCare program. According to 2014 United States Census Bureau findings, the estimated rate for uninsured American Indians and Alaska Natives is 13.9 percent*. All tribal governments are eligible to participate in the TMAM program.

11 TMAM Contracted Tribes



- In SFY 2014, 11 TMAM contracted tribes were reimbursed \$213,008
- In SFY 2015, 11 TMAM contracted tribes were reimbursed \$206,550
- In SFY 2016, 11 TMAM contracted tribes were reimbursed \$205,140 (through first three quarters of SFY 2016)

*U.S. Census Bureau. (2014). American Indian and Alaskan Natives Factfinder: Retrieved October 15, 2015, from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_S2702&prodType=table

SFY 2015 payments are an estimate at time of reporting. SFY 2015 4th quarter payments had not been calculated.

SOONERCARE OUTREACH IN TRIBAL COMMUNITIES

The OHCA Tribal Government Relations team visited numerous tribal community events. The goal of SoonerCare outreach in tribal communities is to connect with SoonerCare members and partners to increase awareness of the SoonerCare program, and learning about the unique needs of tribal communities.



Below is a list of the outreach events that OHCA Tribal Relations staff attended in SFY 2016:

7/9/15	Sac and Fox Nation Health Fair—Stroud, OK
7/31/15	Little Axe Health Center Health Fair—Norman, OK
8/28/15	Riverside Heath Fair—Anadarko, OK
9/17/15	Seminole Nation Day—Seminole, OK
10/14/15	Community Baby Shower—Lawton, OK
11/13/15	Native American Day—Seminole, OK
4/21/16	Seminole Diabetes Community Health Fair—Seminole, OK
5/19/16	Clinton Health Fair—Clinton, OK
6/23/16	1st Annual Patient Benefits Fair—Lawton, OK



On August 28, 2015, the OHCA Tribal Government Relations unit, in cooperation with the Indian Health Service (IHS), the Southern Plains Health Board, and private partners, participated in the 8th Annual Riverside Dental Event in Anadarko, OK. Tribal Government Relations staff secured a generous donation from the Colgate-Palmolive company to supply dental products including: toothbrushes, toothpaste and dental floss for the students.

A total of 472 students of the Riverside Indian School received dental evaluations by IHS and any follow-up care that was needed was also coordinated by IHS. Since the first event in 2009, students at the Anadarko school have seen great improvements in oral health.

Additionally, nurses from IHS, OHCA, and Absentee Shawnee clinic were on hand to provide wellness and preventive education. Since the inception of this event, nearly 3,000 dental evaluations have been provided to Riverside students.



OHCA has established a single point of contact to offer ongoing support for ITU SoonerCare providers. These services are available to assist contracted SoonerCare providers with a broad range of issues including but not limited to: claims, policy, eligibility applications for benefits, training requests, claims adjudication, home view training, and Primary Care Provider changes.



SFY 2016

- 7/30/15 Ponca City, OK – SoonerCare 101 Training
- 8/3/15 Stroud, OK – PCP Recruitment
- 8/25/15 Oklahoma City, OK – ODMHSAS Systems of Care Large Group Training
- 10/6/15 Stroud, OK – Electronic Referrals Training
- 10/16/15 Ada, OK – Electronic Referrals Training
- 11/4/15 Oklahoma City, OK – SoonerCare 101 Training
- 11/10/15 Durant, OK – Tribal Health Revenue Improvement Conference (THRICE)
- 11/20/15 Pawhuska, OK – SoonerCare 101 Training
- 12/14/15 Lawton, OK – Electronic Referrals and SoonerCare 101 Training
- 12/17/15 Oklahoma City, OK – SoonerCare Updates Training
- 2/2/16 Ada, OK – Tribal Health Revenue Improvement Conference (THRICE)
- 2/4/16 Durant, OK – Immunization Initiative
- 2/5/16 Oklahoma City, OK – Provider Portal Training
- 3/4/16 Oklahoma City, OK – SoonerCare 101 and Electronic Referrals Training
- 5/3-5/4/16 Dallas, TX – Centers for Medicare & Medicaid Services I/T/U Education/Outreach Event
- 5/17/16 Catoosa, OK – Tribal Health Revenue Improvement Conference (THRICE)
- 5/19/16 Perkins, OK – Home View Training
- 6/8/16 Okmulgee, OK – Behavioral Health Training



Helping Oklahomans Stay Strong Insure Oklahoma Employer-Sponsored Insurance



Oklahoma businesses with 250 or fewer employees may qualify for Insure Oklahoma’s Employer-Sponsored Insurance premium assistance program. Through the ESI program, Insure Oklahoma subsidizes 60 percent of qualified employee health premiums, employers fund 25 percent and employees pay only 15 percent of health premiums. Employees must earn at or below 200 percent of the federal poverty level (\$54,260 in a two-worker family of four) and meet additional qualifications.

Insure Oklahoma Individual Plan

Low-income, adult Oklahomans who do not have access to employer-sponsored insurance, Medicaid or Medicare may qualify for Insure Oklahoma’s Individual Plan. The Individual Plan offers medical and pharmacy benefits and premiums are based on a sliding scale. Applicants must earn at or below 100 percent of the federal poverty level (\$30,010 for a family of four in a two worker household) and meet additional qualifications.

What Oklahomans Say

“If we didn’t have Insure Oklahoma, we would have to increase our deductible to the maximum and increase employee participation in the premiums.”

– Angela Hendricks, Bentley Hedges Travel President & CEO

“I had no other help until Insure Oklahoma came along. I’m very, very thankful. I don’t really know what I would do without it.”

– Debbie Guinn, Bentley Hedges Travel employee

***To learn more, please visit www.insureoklahoma.org
 or call 1-888-365-3742.***



OHCA tracks legislation that is pertinent to SoonerCare. Below are the specific bills with a potential impact on tribal health care systems.

SB 1616

- General appropriations for state agencies, boards and commissions for state fiscal year 2017
- OHCA was appropriated \$991,050,514
- Effective date: July 1, 2016

HB2962

The bill directs OHCA to work with certain state agencies (Oklahoma Department of Mental Health and Substance Abuse Services, State Department of Education and Oklahoma State Department of Health) to develop a report on the feasibility and impact of including applied behavior analysis (ABA) therapy as a treatment option for SoonerCare members with autism spectrum disorder. In addition, the bill requires health benefit plans and the Oklahoma Employees Health Insurance Plans to provide coverage for the screening, diagnosis and treatment of autism spectrum disorder, and sets a maximum benefit allowed for applied behavior analysis treatment.

- Status** <
- Effective date: November 1, 2016
 - Signed by the Governor on May 4, 2016

HB 2803

Medicaid Rebalancing Act of 2020

The proposed measure limited Medicaid coverage to 133 percent of the federal poverty level for nondisabled children and pregnant women when the current maintenance-of-effort expires in 2019. It would create a new individual Insure Oklahoma commercial insurance plan for adults between the ages of 19 and 64 whose incomes do not exceed 133 percent of the federal poverty level. The plan would include an incentive account, and would be suspended if the federal matching rate for the plan dropped below 90 percent.

- Status** <
- Passed the House committee, but did not receive a Senate committee hearing.
 - Dormant/Failed

HB 3210

\$1.50 increase to cigarette tax

The proposal increased the cigarette excise tax by \$1.50 per pack of cigarettes. Revenue collected from the increase would have been credited to the Health Care Revolving Fund and appropriated at the discretion of the Legislature to agencies for activities eligible to be matched with federal Medicaid dollars or mental health safety net services.

- Status** <
- Failed on the House floor, 40-59, which made it ineligible to be heard in the Senate.
 - Dormant/Failed

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