



Oklahoma
HealthCare
Authority

SoonerCare

Maximizing Medicaid Reimbursement & Tribal Health

September 2019

Johnney Johnson

Disclaimer

**This presentation was compiled by OHCA
Provider Services and Tribal Government
Relations.**

The information contained within this presentation is intended as a reference only and is current as of September 2019.

Content is subject to change.

Oklahoma Health Care Authority's Vision

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

Oklahoma Health Care Authority Tribal Government Relations Mission Statement

The goal of Oklahoma Health Care Authority Tribal Government Relations is to improve services to American Indian SoonerCare members; Indian health care providers, and sovereign tribal governments, through effective meaningful communication, and by maximizing partnerships.

Medicaid

- Medicaid was created as Title 19 of the Social Security Act in 1965
- Federal program administered by the states
- Centers for Medicare & Medicaid Services (CMS) oversight; Federal Medical Assistance Percentage (FMAP)
- Provides coverage for basic health care and long-term care services
- Entitlement program: Eligibility is based on categorical relationships and household income and/or resources

SoonerCare

- In Oklahoma, Medicaid is referred to as **SoonerCare** and is administered by the Oklahoma Health Care Authority
- Oklahoma State Plan and Waivers
- Insure Oklahoma - low cost and premium assistance program for small businesses and employees

What We Do

- **IMPLEMENT:** Mandatory services are required by federal and state law
- **MONITOR:** Federal (CMS) oversight; state statues; internal oversight
- **PAYOR:** Health coverage for SoonerCare members; provider network

Indian Health and SoonerCare



American Indian Fast Facts August 2019

Validation Percent		Total American Indian Enrollment	Total Enrollment (Includes Insure Oklahoma)	Percent of Total
Self Reported	38%	133,177	814,606	16%
Verified	62%			

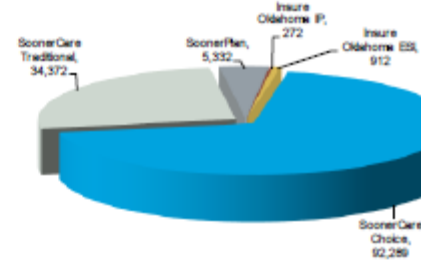
Total Enrollment is the number of members enrolled in SoonerCare and Insure Oklahoma.

American Indian Enrollment by Aid Category

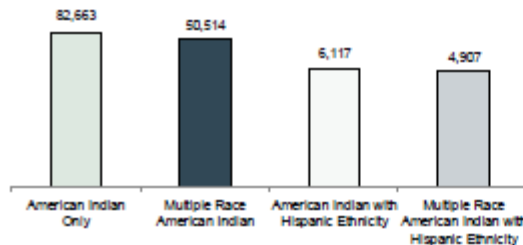
Qualifying Group	Enrollment	% of Total
Children/Parents	108,542	81.50%
Aged/Blind/Disabled	15,790	11.86%
Oklahoma Cares	60	0.05%
TEFRA	54	0.04%
OTHER	2,215	1.66%
SoonerPlan	5,332	4.00%
Insure Oklahoma Employer-Sponsored Insurance (ESI)	912	0.68%
Insure Oklahoma Individual Plan (IP)	272	0.20%

OTHER group includes—Child Custody-Refugee-Qualified Medicare Beneficiary-SLMB-DDSD Supported Living-Program of All Inclusive Care for the Elderly (PACE)-Soon to be Sooner (STBS) and TB patients. For more information go to www.ohca.org under Individuals New to Programs.

American Indian Enrollment by Delivery System

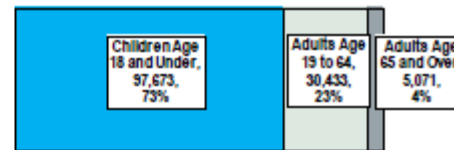


American Indian Race Breakdown



Race is self-reported by members at the time of enrollment. The multiple race members have selected two or more races. Hispanic is an ethnicity not a race.

Age Breakdown of American Indian Enrollment



Gender Breakdown of American Indian Enrollment

Female	72,557
Male	60,620

SoonerCare

Oklahoma Health Care Authority
SFY 2017

FAST FACTS

MEMBERS

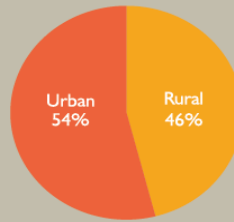


62% CHILDREN, AGES 0-20

38% ADULTS

1,014,983

Unduplicated Members
Enrolled in SoonerCare and Insure
Oklahoma



Children

578,667 children from the state of Oklahoma are enrolled in SoonerCare and Insure Oklahoma. This is 60.2 percent of all children aged 17 and younger.

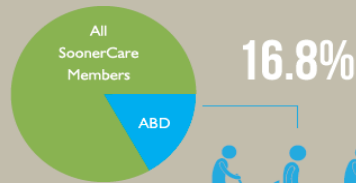
578,667
CHILDREN

58.9 percent of children aged 0-17 enrolled in SoonerCare are under the poverty level.



Aged, Blind, and Disabled

ABD enrollees made up 16.8 percent of SoonerCare members and accounted for 46 percent of all expenditures.



AGENCY

Administrative Costs

SoonerCare administrative costs comprised 4.05 percent of the total expenditures. The Oklahoma Health Care Authority (OHCA) operating costs represented 45.7 percent of OHCA administrative costs, and the other 54.3 percent were contract costs.

4.05%



Category

Most-used category

ADULTS: NURSING FACILITY

\$550,753,495

CHILDREN: PHYSICIAN

\$302,541,777



SoonerCare funded 67.8 percent of the total long-term care-occupied bed days.

Pregnancy

SoonerCare covers approximately 58.0 percent of births in Oklahoma. In SFY 2017, SoonerCare deliveries accounted for 30,490 of the 52,607 births in Oklahoma.

\$305M

\$111M

Drug Rebate Cost Savings

Federal and state prescription drug rebate collections led to a total of \$305,676,273 in cost savings for OHCA in SFY 2017.

Generic Drugs

By limiting the amount paid for generic drugs, OHCA saved more than \$111.6 million through the State Maximum Allowable Cost Program.



58%



*State fiscal year (SFY)=July 1, 2016 - June 30, 2017

I/T/U Policies and Rules, *cont.*

- Select “**Chapter 30**” for Medical Providers Fee For Service”

- Select “**SubChapter 5**” for Individual Providers and Specialties

- Select “**Part 110**” for Indian Health Services, Tribal Programs, and Urban Indian Clinics (I/T/Us)

Part 110: I/T/U Policy

Breakdown, *cont.*

- **Section 1093:** I/T/U visiting nurses services
- **Section 1094:** Behavioral health services provided at I/T/Us
- **Section 1095:** I/T/U services not compensable under outpatient encounters
- **Section 1096:** I/T/U off-site services
- **Section 1097:** Billable I/T/U encounters
- **Section 1098:** I/T/U outpatient encounters
- **Section 1099:** I/T/U service limitations
- **Section 1100:** Inpatient care provided by IHS facilities

Outpatient Encounters

- “An I/T/U encounter means a face to face or telehealth contact between a health care professional and an IHS eligible SoonerCare member for the provision of medically necessary Title XIX or Title XXI covered services through an IHS or Tribal 638 facility or an urban Indian clinic within a 24-hour period ending at midnight, as documented in the patient's record.”

317:30-5-1098 I/T/U outpatient encounters

Outpatient Encounters, *cont.*

Examples include but are not limited to:

- Medical and diagnostic services
- Behavioral health services
- Dental services
- Vision services
- Physical, occupational and speech therapy
- Podiatry
- Visiting nurse services
- Smoking and tobacco use cessation counseling

317:30-5-1098 I/T/U outpatient encounters

Outpatient Encounters, *cont.*

- “More than one outpatient visit with a medical professional within a 24-hour period for **distinctly different diagnoses** may be reported as two encounters.”
- “I/T/U outpatient encounters for IHS eligible SoonerCare members whether medical, dental, or behavioral health, are not subject to prior authorization.”

317:30-5-1098 I/T/U outpatient encounters

Services Outside of the Encounter Rate

317:30-5-1090 Provision of other health services outside of the I/T/U encounter

[Revised 09-01-17]

- (a) Medically necessary SoonerCare covered services that are not included in the I/T/U outpatient encounter rate may be billed outside the encounter rate within the scope of the SoonerCare fee-for-service contract. The services will be reimbursed at the fee-for-service rate, and will be subject to any limitations, restrictions or prior authorization requirements.

Services Outside of the Encounter Rate, *cont.*

Examples include but are not limited to:

- Durable medical equipment
- Glasses
- Ambulance
- Home health
- Inpatient practitioner services
- Non-emergency transportation
- Behavioral health case management
- Psychosocial rehabilitative services
- Psychiatric residential treatment facility services

Encounter Rate

- The annual OMB rate for covered encounters paid to contracted I/T/U providers is established by the Office of Management and Budget (OMB), and is published in the Federal Register.

Calendar Year	Outpatient Rate <i>(per encounter)</i>	Inpatient Rate <i>(per covered day)</i>
2016	\$368	\$2,655
2017	\$391	\$2,933
2018	\$427	\$3,229
2019	\$455	\$3,442

I/T/U Revenue Codes

- Contracted I/T/U providers bill with revenue codes for compensable services:
 - **512**: Dental
 - **513**: Behavioral Health
 - **519**: Medical
 - **528**: Off-Site Services

OHCA 2018-13

REBECCA PA STERNIK-KIKARD
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2018-13
July 30, 2018

RE: **Indian Health Service, Tribal and Urban Indian Clinics (I/T/U) Revenue Codes**

Dear Indian Health Service, Tribal and Urban Indian Clinics (I/T/U) provider,

The Oklahoma Health Care Authority (OHCA) has made one change to an existing revenue code and added one revenue code, as these are required for billing the encounter rate by an I/T/U.

The changed revenue code is:

- **513 Behavioral Health Encounters**
 - Effective **September 1, 2017**, Oklahoma Administrative Code (OAC) 317:30-5-1094 was updated to specify that behavioral health services must be billed using the appropriate procedure code(s) in addition to the behavioral health revenue code. The time indicated on the claim form must be the time actually spent with the member.

The added revenue code is:

- **528 Off-Site Services Encounters**
 - Effective **September 1, 2018**, medically-necessary services rendered off-site must be billed using the off-site services encounter revenue code. Additionally, to become compliant with 42 CFR 440.90, I/T/Us have to be contracted as an ITU/Federally Qualified Health Center (FQHC) to bill for off-site services. See CMS Frequently-Asked Questions, Federal Funding for Services "Received Through" an IHS/Tribal Facility and Furnished to Medicaid-Eligible American Indians and Alaska Natives (SHO #16-002) (Jan. 18, 2017), available at www.medicaid.gov/federal-policy-guidance/downloads/faq11817.pdf

The OHCA policy for I/T/Us is located at OAC 317:30-5-1085 through 317:30-5-1100.

This policy allows I/T/U facilities to bill separately for medical, behavioral health, and dental encounters provided within a 24-hour period. Additionally, I/T/U off-site services may be covered if the services rendered were within the provider's scope of practice and are of the same integrity of services rendered at the I/T/U facility (OAC 317:30-5-1096).

Medically-necessary covered services must use one of the following four revenue codes:

- 512 Dental Encounters
- 513 Behavioral Health Encounters
- 519 Medical Encounters
- 528 Off-Site Services Encounters

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Behavioral Health Updates

Effective September 1, 2017:

- The 45-50 minute face-to-face requirement for a behavioral health encounter was removed from policy.
- I/T/U providers are required to append procedure code(s) when billing for a behavioral health encounter.

REBECCA PASTERMIK-IKARD
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2017-21
August 1, 2017

RE: Indian Health Services, Tribal Programs, and Urban Indian Clinics (I/T/Us) and Federally Qualified Health Centers Policy Updates – Effective September 1, 2017

Dear Provider,

The Oklahoma Health Care Authority (OHCA) has made policy changes, which were promulgated through the 2017 legislative session per the Administrative Procedures Act. All policy changes are effective September 1, 2017, and will be posted to the [policy website](#) on that date. In the interim, a comprehensive summary of the changes is listed below.

Please note, the Oklahoma Administrative Code (OAC) links identified below will be updated with the new policy changes on the respective effective date. Please forward this letter to your administrative, billing, and compliance departments.

This rule change was posted to the OHCA Proposed Policy Changes [website](#) on September 16, 2016 through January 15, 2017 during the 2017 permanent rule making session.

Beginning September 1, 2017:

Indian Health Services, Tribal Programs, and Urban Indian Clinics (I/T/Us) and Federally Qualified Health Centers policy at OAC [317-30-5-660.3](#), [317-30-5-661.4](#), [317-30-5-664.1](#), [317-30-5-1087](#), [317-30-5-1090](#), [317-30-5-1094](#), and [317-30-5-1098](#) is updated to remove the minimum 45-50 minute time requirement for outpatient behavioral health encounters. Rules are added to indicate that behavioral health services must be billed on an appropriate claim form using appropriate Current Procedural Code and guidelines.

The OHCA encourages you to review each rule change in its entirety. If you have any questions regarding these rule changes, please call the OHCA Provider Helpline at 1-800-522-9111.

Thank you for the services you provide to our SoonerCare members.

Sincerely,

Rebecca Pasternik-Ikard

Rebecca Pasternik-Ikard
Chief Executive Officer

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Provider Letter 2017-21

Behavioral Health Fee Schedule

- An outpatient behavioral health fee schedule with SoonerCare covered procedure codes is available online at www.okhca.org/bh
- Not every service on the behavioral health fee schedule is billable as an I/T/U encounter.
 - Some services are outside of the OMB rate and require special contracts.

Fee Schedules/Getting Paid

- ▶ [Rates and Codes for Outpatient Behavioral Health Agencies - Effective 9/1/2016](#)
- ▶ [Physician Fee Schedules](#)
- ▶ [Independent LBHP Rates and Codes - effective 5/1/2016](#)
- ▶ [Psychologist Rates and Codes - effective 5/1/2016](#)
- ▶ [Private LBHP Rates and Codes - 9/1/2015](#)
- ▶ [Private LBHP Rates and Codes - 7/1/2013](#)
- ▶ [Private LBHP Rates and Codes - 1/1/2013](#)

Oklahoma Tribal Medicaid Administrative Match

Oklahoma Tribal Medicaid Administrative Match (OK TMAM) is an opportunity to increase outreach and lineage of American Indians into the SoonerCare program through the payment of a product. The product, for purposes of the program, is an approved SoonerCare application or renewal.

How to Participate in OK TMAM

- Once a tribe has an approved OK TMAM contract, it is eligible to receive payment for the following:
 - \$40 per new, approved SoonerCare online application
 - \$30 per approved SoonerCare paper application
 - \$15 per approved SoonerCare online renewal

Outreach & Linkage

- Tribal Medicaid Administrative Match (TMAM)
 - 13 tribes contracted
 - SFY2020 encumbered \$422,500

OHCA Tribal Government Relations mission is to create and promote collaborative relationships among OHCA, tribal health care stakeholders, sovereign tribal governments, federal agencies, and non-traditional partners through meaningful communication. We strive to maximize partnerships to achieve mutual goals and improve the health outcomes of Oklahomans.

TGR Purpose and Core Functions:

- **Tribal consultation**
 - **Ongoing; bi-monthly; annual**
 - **Anything that has an indirect and direct impact on I/T/Us and American Indian SoonerCare members**
- **Community engagement**
 - **Partner support; tribal events**
 - **Outreach and linkage; Tribal Medicaid Administrative Match (13 tribal contractors; past 5 years expenditures=\$1,340,325)**
 - **Culturally appropriate outreach strategies**
- **Tribal healthcare network support**
 - **All (62) tribal health care providers contract with SoonerCare and Insure Oklahoma**
 - **SFY18 I/T/U reimbursements=\$233,949,489 (incomplete six month adjudication)**
 - **Provider agreements recognize tribal sovereignty**
 - **OMB rate payments to I/T/U**
 - **100% FMAP; no cost to state budget**
- **Agency subject matter expertise**
 - **Stay abreast of national tribal health care trends and political issues**
 - **Advise on sovereignty status; legal agreements**
 - **Liaison for agency leadership and tribal elected officials**

TGR Guiding Principles:

- *Innovation*
- *Responsiveness*
- *Collaboration*

What to know about

TGR:

- *Other state agencies and other states have adopted our consultation model*
- *Multidisciplinary; any given day is different*
- *CMS and tribal partners have publicly lauded OHCA for positive relationships; asked to speak on best practices*
- *OHCA is the first in many tribal collaborations*

SoonerRide

- SoonerRide is Oklahoma's non-emergency transportation (NET) program providing curb-to-curb service for eligible SoonerCare members.
 - Broker is **Logisticare Solutions, LLC**



SoonerRide Reservations: 1-877-404-4500

SoonerRide: Scheduling a Ride

Requesting transportation to a scheduled appointment:

- To make a reservation, a member must call 877-404-4500 or 711 (TDD) at least three (3) business days before their medical appointment.
- Reservations can be made by phone from 8 a.m. to 6 p.m. Monday through Friday.
- Online reservations can be made at: <http://member.logisticare.com>

SoonerRide Amendment

- Amendment to the Transportation Agreement by and between LogistiCare Solutions, LLC
- I/T/Us with transportation services are eligible for reimbursement.

Care Coordination Agreement

- Effective **September 1, 2017**, non-I/T/U PCP's transitioned to a paper referral process.
 - **Provider Letter 2017-09**
- Options for paper referrals include:
 - SC-10 paper referral form or
 - An alternate paper referral method.

Oklahoma HealthCare Authority
SoonerCare/Insure Oklahoma Referral Form
(Please print)

Member Name _____
(Last Name) (First Name) (Middle Initial)

Member ID _____ Member Phone _____

REFERRED TO:

Provider Name *(Must be current SoonerCare provider)* _____
Phone _____ Fax _____
Provider Address _____
Referral Valid from _____ to _____
(Begin date not to exceed 6 months retrospectively; End date cannot exceed 12 months total)

Reason for Referral: _____

REFERRED BY:

Medical Home Provider Name _____ Phone _____
Name of Referring Provider _____ Date _____
Signature of Referring Provider _____
Referring Provider ID Number _____ NPI# _____
(10 digits)

- This referral is valid for all ancillary services related to the above reason for referral within the specified timeframe.
- This referral may be forwarded to other specialists for the above reason for referral with the approval of the PCP/CM.
- Report your findings directly to the provider who made this referral.
- This referral number should be entered by the referred to the provider in the appropriate field on the provider's claim. Use the NPI number for electronic claims and PCP/CM referral number on paper claims.
- All payments for services are subject to coverage limitations under the SoonerCare/Insure Oklahoma program and the referral is not a guarantee of payment.

Instructions

1. Complete and mail/fax the original copy of the form to the provider to whom you are referring.
2. Keep a duplicate copy for your records in the member's medical chart.
3. Referral form (SC-10) may be obtained on the OHCA website at <http://www.okhca.org/providerforms.asp>.

PLEASE DO NOT MAIL OR FAX A COPY TO OHCA.
PLEASE DO NOT ATTACH A COPY TO YOUR CLAIM FORM.

OHCA Form SC-10 (Updated 3/2/2017) | Effective September 1, 2017

Care Coordination Agreement, cont.

- I/T/U PCP's are the only provider type to retain the ability to submit a new electronic referral after **September 1, 2017**.
- The attestation box on an electronic referral should only be check marked by I/T/U's actively participating in the 100 percent FMAP initiative.
 - Requires a signed **Care Coordination Agreement** (CCA) between the I/T/U provider and the specialist.

FMAP: Federal Medical Assistance Percentage

Care Coordination Agreement, cont.

Create Referral ?

* Indicates a required field.

Requesting Provider Information

This panel contains provider information.

Provider ID	ID Type	NPI	Name
-------------	---------	-----	------

Member Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate. Enter a valid phone number (999-999-9999) of the member at which they can be contacted.

Member ID	*Phone Number	Birth Date
Last Name	First Name	Middle

Remaining Referral Information

Enter Refer to Provider NPI or click on magnifying glass to search for Provider by ID or Name. Indicate Initial Visit or Ongoing, populate start and end dates, and enter reason. Press Continue to go to the Confirm page.

Referring Provider ID	ID Type	Name
Phone	Fax	
Alternate Phone	Ext	

*Refer To Provider ID ID Type NPI Name

Initial Referral Ongoing Referral

*Referral Start Date *Referral End Date

Attestation There is a current written care coordination agreement between the Referring Provider and the Refer To provider.

*Refer To Specialty

*Reason for Referral

Public Health Nurse Contracts

Include but are not limited to:

- Phlebotomy
- Wound Care
- Public health education
- Administration of immunizations
- Administration of medication
- Child health screenings meeting EPSDT criteria
- Smoking and tobacco use cessation counseling
- Prenatal, newborn and postpartum assessments, including case management services for first time mothers; and
- General health assessments and management of conditions such as tuberculosis, diabetes and hypertension.

317:30-5-1091 Definition of I/T/U services

Public Health Nurse Contracts, *cont.*

- July 11th Tribal Consultation, Tribal Public Health Nurses (TPHN) and Public Health Nurse Contracts (PHN) were presented.
- December 1st TPHN's will be able to enroll online.

Oklahoma Health Care Authority

2017-18 Tribal Partnership Action Plan

Strategy <i>Conditions that favor success</i>	Objective <i>What does success look like?</i>	Activities <i>Who will contribute what?</i>	Resources Needed	Update
Freedom of Choice	<p>SoonerCare members have the ability to call the SoonerCare helpline to request and receive an I/T/U same-day primary care provider change.</p> <p>Inclusion of I/T/U primary care providers as an option for assignment in the SoonerCare enrollment application.</p>	<p>OHCA to modify internal processes that will allow SoonerCare members to choose an I/T/U provider at any time.</p> <p>Tribal partners to continue assisting their patient census with SoonerCare enrollment.</p>	<p>OHCA to dedicate agency resources (including IT and administrative) and expenses to modify current processes.</p> <p>Tribal partners to share and utilize best practices for SoonerCare enrollment; and empower SoonerCare member's freedom of choice by advising on the importance of PCP alignment.</p>	<p>5/4/17: SoonerCare helpline is able to process same-day I/T/U PCP selection</p> <p>9/13/17: OHCA approved initial plans & resources to modify the online enrollment process to allow for I/T/U PCP selection.</p>
Provider Network	<p>OHCA and tribal partners to have increased communication about the potential for I/T/U specific provider types.</p>	<p>OHCA to research non-traditional provider types and report findings from other state Medicaid programs.</p> <p>Tribal partners to provide research and data about their provider types that are currently not recognized and reimbursed by OHCA.</p>	<p>OHCA and tribal partners to share information learned and communicate solutions for feasibility</p> <p>Information from other state Medicaid programs with contracted Indian health programs</p>	
Health Services Models	<p>Increase and more efficient use of Telehealth</p> <p>OHCA to design a mechanism for allowable offsite services.</p>	<p>OHCA to consult with tribal partners, develop policy, and create contract provisions to allow for increased reimbursement for telehealth and offsite services provided by I/T/Us.</p> <p>Tribal partners to respond to survey tool assessing tribal health service models in their community.</p>	<p>OHCA to utilize administrative agency resources</p> <p>Centers for Medicare and Medicaid Services (CMS) to offer guidance on policy</p> <p>Tribal partners to participate in consultation and provide timely feedback</p>	<p>9/27/17: "4 walls" policy was approved by OHCA board.</p>
Chronic Disease Management	<p>Increase tribal member awareness of OHCA care management.</p> <p>Establish a joint partnership between OHCA & tribal care management.</p>	<p>Convene tribal / OHCA care management workgroup</p> <p>Tribal partners to respond to survey tool assessing chronic disease management services and needs in their community</p>	<p>OHCA to utilize administrative agency resources; OHCA Population Care Management team</p> <p>Tribal partners to participate in consultation and provide timely feedback.</p>	

Tribal Government Relations Webpage

Tribal Government Relations

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 Consultation

- › [Bi-monthly Meetings and Agendas](#)
- › [Tribal Consultation Memorandum of Agreement](#)
- › [OHCA Tribal Consultation Policy](#)
- › [Oklahoma State Plan - Tribal Consultation](#)
- › [Consultation Feedback Page](#)
- › [SFY 2017 Bi-Monthly Consultation Summaries](#)

Tribal Government Partners

- › [OK TMAM - Tribal Medicaid Administrative Match Billing Guide](#)
- › [Tribal Amendment \(SoonerRide Agreement\)](#)
- › [Promotion Items](#)
- › [Insure Oklahoma](#)

I/T/U SoonerCare Provider Resources

- › [Provider Contracts](#)
- › [\(I/T/U\) SoonerCare Provider Policy](#)
- › [I/T/U Provider Training - November 2018](#)
- › [100 Percent FMAP Preface | Addendum](#)
- › [Offsite Services Addendum](#)
- › [Provider Letter 2012-02 SoonerCare Co-pay For American Indians At Tribal Facilities](#)
- › [I/T/U Clinic Information](#)

TGR Reports and Statistics

- › [Tribal Partnership Action Plan](#)
- › [Tribal Relations Annual Reports](#)
 - 2018
 - 2017
 - 2016
 - 2015
- › [SoonerCare American Indian Fast Facts](#)

www.okhca.org/tribalrelations

13 years of successful partnership

- 1st state agency in Oklahoma to have a **formal Tribal consultation policy**
- 1st state in the nation to promulgate policy to allow **out-of-state children residing at Indian Boarding Schools eligibility for Medicaid**
- 1st Tribal Program for the All-Inclusive Care of the Elderly (**PACE**) in the nation; first PACE in Oklahoma (Cherokee Nation)
- Indian health care specific provider contracts; **recognize sovereignty and federal relationship**
- Tribal Medicaid Administrative Match (**TMAM**); first pay-for-product plan in the Nation
- SoonerCare online enrollment **ITU partnership**; secure access to eligibility process
- **Consultation best practices** that are used as a model for other states Medicaid programs
- ITU **Pharmacy** to OMB rate
- **Outpatient behavioral health** policy; 45 – minute rule
- OHCA Tribal Partnership **Action Plan**
- **100% FMAP Initiative** – increase care coordination and save state \$\$
- **SoonerRide Tribal** transportation addendum

Collaboration Process

- OHCA institutional design that values tribal collaboration and recognizes the enormous positive impact on the health care of Oklahomans
- Foundational relationships; open communication
- Mutual resources
- Identification of issues to be addressed
- Consultation meetings

Collaboration Process Cont.

- CMS directives; Legislative mandate; Budget
- Occasionally goals, resources, and outcomes ≠ align
- Build on small victories to create big wins
- “Deepen trust, commitment, and a shared understanding.
- Health care initiatives

Sign up for Web Alerts

[Home](#) > [Web Alerts](#)

Sign up for OHCA Web Alerts

Be up-to-date on the latest OHCA changes in the areas you care about.
We will send you an e-mail each time a change is made in the section(s) you select.

Enter your e-mail address:

Select one of the following:

- I am a new user.
- I am already registered and want to modify my current subscriptions.
- I want to unsubscribe from all subscriptions.

Continue

Questions



Contact Information

- **OHCA Tribal Government Relations**

- Dana Miller 405-522-7303
- Johnney Johnson 405-522-7058
- Latrita Bradford 405-522-7632
- Janet Byas 405-522-7392
- Vivian Morris 405-522-7861

- **OHCA Provider Services**

- Ashley Johnson 405-522-7190