



Ellen M. Buettner | Chief Executive Officer

J. Kevin Stitt | Governor

I/T/U Public Notice 2024-02

April 19, 2024

RE: Oklahoma Health Care Authority Proposed Rule, State Plan and Waiver Amendments

Dear Tribal Representative:

The purpose of this letter is to notify you of proposed changes that will be reviewed at the tribal consultation meeting on **April 30th, 2024, at 11 a.m.** OHCA invites you to attend this meeting via webinar, and we welcome any comments regarding the proposed changes. The agency is committed to active communication with tribal governments during the decision-making and priority-setting process to keep you apprised of all proposed changes.

Enclosed are summaries of the current proposed rules, state plan and waiver amendments for your review. The summaries describe the purpose of each change.

Please note that these are only proposed changes and have not yet taken effect. Before implementation, proposed changes must obtain budget authorization and approval by the OHCA board, and when applicable, federal and governor approval must be obtained.

Additionally, OHCA posts all proposed changes on the agency's [Policy Change Blog](#) and the [Native American Consultation Page](#). These public website pages are designed to give all constituents and stakeholders an opportunity to review and make comments regarding upcoming policy changes. To ensure that you stay informed of proposed policy changes, you may sign up for web alerts to be automatically notified when any new proposed policy changes are posted for comment.

OHCA values consultation with tribal governments and will provide your representatives a reasonable amount of time to respond to this notification. If you have any questions or comments about the proposed policy changes, please use the online comment system found on the [Policy Change Blog](#) and/or the [Native American Consultation Page](#).

Sincerely,

Traylor Rains
State Medicaid Director



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Proposed Rule, State Plan, and Waiver Amendments

POLICY UPDATES:

To further the agency's commitment to meaningful consultation with Tribal partners, all proposed policy revisions will be provided at the start of the consultation when they are available. An I/T/U public notice advised of the below proposed rule, state plan, and waiver revisions will be issued at least 60 days prior to their submission, but no less than 14 days (limited to abnormal circumstances). The agency strives to keep Tribal partners abreast of any exigent circumstances that may arise and cause timeframes to be updated or shortened.

In addition, the agency's website houses a policy changes blog that is dedicated to Native American Consultation. This [blog page](#) allows for comments/questions from providers and members to be submitted to the Agency and become part of the official record. All comments received are considered during the policy making process. The policy updates that are presented during this Tribal Consultation meeting will be officially posted for I/T/U provider and member review during the consultation period. To ensure that you stay informed of proposed policy changes, please sign up for the [web alert](#) option. These alerts will be sent out to all subscribers whenever any new proposed policy changes are posted for public comment.

- **Pharmacists as Providers** – House Bill 2322 from the 2022 legislative session directed the Oklahoma Health Care Authority to reimburse pharmacists for services within their scope of practice at the same rate paid to other providers for provision of the same services. Policy changes are required to establish the reimbursement methodology for pharmacists' services utilizing the physicians' fee schedule. At this time, no additional services will be added; however, as scope of practice is defined by the Board of Pharmacy, additional services will be reimbursable.

Anticipated Tribal Impact: Direct – Providers, Direct - Members

Proposed Policy Timeline:

Tribal Consultation Period: April 19 – June 18, 2023

Public Comment Period: April 19 – May 19, 2023

SPA Effective Date: July 1, 2024; Contingent upon CMS approval

- **Third Party Liability (TPL) Prior Authorization** – In accordance with Section 202 of the Consolidated Appropriations Act, a state plan is required to attest that there is state legislation forbidding third party insurers from denying a claim solely based on the Medicaid member's failure to obtain a prior authorization for a service, so long as that service is covered under the state plan or a waiver. Administrative rules are also being amended to align with these new prior authorization requirements.



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Anticipated Tribal Impact: Direct – Provider, Direct - Members

Propose Policy Timeline:

30 Day Expedited Tribal Consultation Period: April 19 – May 19, 2024

Public Comment Period: April 19 – May 19, 2024

Medical Advisory Committee: May 2, 2024

Board Meeting: June 26, 2024

SPA Effective Date: June 1, 2024*, Contingent upon CMS approval

Proposed Rules Effective Date: Immediately upon Governor’s approval (July 2024)

* dependent on passage of state law

- **Nursing Facility Rebasing SFY 2025** – For the rate period beginning July 1, 2024, a proposed amendment to the state plan will recalculate the Quality of Care (QOC) fee for regular nursing facilities, nursing facilities serving residents with Acquired Immune Deficiency Syndrome (AIDS), and regular and Acute Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID).

Anticipated Tribal Impact: None

Proposed Policy Timeline:

Tribal Consultation: April 19 – June 18, 2024

Public Comment Period: May 19 - June 18, 2024

Proposed Effective Date: July 1, 2024; Contingent upon CMS approval

- **Emergency Interim Payments SPA** – Due to the ongoing cyberattack on Change Healthcare ("the incident"), CMS is allowing states to submit state plan amendments to establish an interim payment methodology to reimburse providers for services based on historical claims data while they are unable to submit actual claims. This payment methodology may be used for payments made between the onset of the incident and June 30, 2024. Once access to claims systems is regained, but no later than June 30, 2024, Oklahoma will reconcile the amount paid using the interim payment methodology with the amount due to a provider based on actual claims. Due to the emergent circumstances, CMS allowed states to submit a SPA before tribal consultation and public notice. The SPA was approved on April 11, 2024.

Anticipated Tribal Impact: Direct - Provider

Proposed Policy Timeline:

30-day Expedited Tribal Consultation Period: April 19 – May 19, 2024

Public Comment Period: April 19 – May 4, 2024

Requested Effective Date: February 21, 2024



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- **Community Health Workers** – The Oklahoma Health Care Authority (OHCA) is seeking approval of a state plan amendment and rules and to provide coverage and reimbursement for Community Health Worker (CHW) services. CHWs are critical members of the public health workforce who assist the community with access to services. Specifically, CHWs will be able to provide various screening assessments, health education, health system navigation, and other advocacy-type services. The request to provide coverage for CHWs came from the Oklahoma State Department of Health (OSDH). When draft policy is available, the agency will circulate it for input from Tribal partners.

Anticipated Tribal Impact: N/A

Proposed Policy Timeline:

Tribal Consultation Period: April 19 – August 31, 2024

SPARC Meeting: September 9, 2024

Medical Advisory Committee: September 12, 2024

OHCA Board: September 18, 2024

SPA Effective Date: January 1, 2025; contingent upon CMS approval

Rule Effective Date: January 1, 2025; contingent upon Governor's approval



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