



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

I/T/U Public Notice 2019-01

January 2, 2019

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

Dear Tribal Representative:

The purpose of this letter is to give you notice of proposed changes that will be reviewed at the tribal consultation meeting held on January 8, 2019 at 11:00 a.m. in the Oklahoma Health Care Authority (OHCA) Charles Ed McFall Board Room located at 4345 N Lincoln, Oklahoma City, OK. The OHCA invites you to attend this meeting, 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 and therefore keeps you apprised of all proposed changes.

Enclosed are summaries of the current proposed rules, state plans, 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, new changes must obtain budget authorization, the OHCA Board approval, and when applicable, federal approval and the governor's approval.

Additionally, the OHCA posts all proposed changes on the agency's [Policy Change Blog](#) and the [Native American Consultation Page](#). This public website is 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.

The 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,

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Dana Miller
Director, Tribal Government Relations

Proposed Rule, State Plan, and Waiver Amendments

Countable Income and Resources Policy Change — The proposed revisions will amend policy on resources that are disregarded by Federal law due to Oklahoma transitioning from a 209(b) state to a Supplemental Security Income (SSI) criteria state for determination of eligibility for SSI related eligibility groups such as the Aged, Blind, and Disabled (ABD).

Application Fees and Provider Screening — The proposed revisions to the general provider policies will establish application fees required by Federal law for providers enrolling or re-enrolling in Medicaid. Providers who do not have to pay the application fee are: individual practitioners; providers who paid the fee to Medicare; and providers who paid the fee to another State Medicaid agency. Revisions also outline provider screening and enrollment requirements designed to help prevent Medicaid provider fraud, waste, or abuse. Provider screening requirements are outlined according to three categorical screening levels: limited-risk; moderate-risk; and high-risk. Examples of screening requirements are licensure verification, on-site visits, and fingerprint-based background checks.

Timeframe for Appeals — The proposed revisions will extend the length of time that a member or provider has to request an appeal of an adverse agency action, from twenty (20) days to thirty (30) days. Additionally, the revisions add Supplemental Hospital Offset Payment Program (SHOPP) appeals to the list of other grievance procedures and processes.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services for Children in Inpatient Psychiatric Settings — The proposed revisions will implement language to comply with federal regulations and reflect that children under twenty-one (21) years of age, who are residing in an inpatient psychiatric facility must be provided all medically necessary services, regardless of whether such services are noted in the plan of care.

Preadmission Screening and Resident Review (PASRR) Revisions — The proposed revisions will incorporate new language to clarify that the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) will be used for diagnostic purposes in Medicaid-certified nursing facility admissions. Revisions will also involve limited rewriting aimed at clarifying text.

Psychiatric Services in Nursing Facilities Revisions — The proposed revisions will clarify provider types and reimbursement of psychiatric services as part of a direct physician service visit in a nursing facility. Revisions will also involve limited rewriting aimed at clarifying text, eliminating redundancies, and updating outdated terminology.

General Policy Language Cleanup — The proposed revisions to Chapter 30 will eliminate references to sections that have been revoked. The sections were revoked in past rulemaking sessions; however, language, in other parts of the Chapter, referring to these sections were inadvertently missed. Further revisions will correct misspelled words and grammatical mistakes for better flow and understanding.

Maternal Depression Screening — The proposed revisions will add coverage and reimbursement language for maternal depression screenings at Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) well-child visits. The policy will also reiterate how the Oklahoma Health Care Authority adopts and utilizes the American Academy of Pediatrics' Bright Futures periodicity schedule in relation to maternal depression screenings. Additionally, the proposed revisions will update the child abuse section to provide a more thorough explanation of how to report child abuse including clarifying text and updating outdated citations.

Mobile Dental Services — The proposed revisions will add coverage and reimbursement for preventive dental services received through a mobile dental clinic. Additionally, revisions will delineate

mobile dental clinic provider participation requirements pursuant to the State Dental Act, while also defining coverage and limitations for preventive dental services, basic consent form requirements, and medical records requirements.

Out-of-State Services — The proposed revisions will define and clarify coverage and reimbursement for services rendered by providers that are physically located outside of Oklahoma. Additionally, revisions will delineate out-of-state services, provider participation requirements, prior authorizations, and medical records requirements. Lastly, revisions will outline reimbursement criteria for out-of-state providers who do not accept the payment rate established through the Oklahoma State Plan.

Federally Qualified Health Centers (FQHC) — The proposed revisions will allow a member to receive multiple encounters at an FQHC within a 24-hour period. Additionally, the revisions will establish guidelines around utilization of multiple encounters and how the FQHC can correctly bill the Oklahoma Health Care Authority.

Applied Behavioral Analysis (ABA) Services — The proposed revisions will add new language establishing coverage and reimbursement for ABA services as an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program benefit. The proposed language will define provider participation and credentialing requirements, medical necessity criteria, coverage and service limitation guidelines, and reimbursement methodology.

Diabetes Self-Management Training (DSMT) — The proposed revisions will add new language establishing coverage and reimbursement for DSMT, an educational disease management benefit designed to teach individuals how to better manage and control their diabetes. The proposed revisions will define member eligibility for DSMT services, provider participation requirements, and program coverage and limitations. Lastly, the proposed revisions will establish reimbursement methodology and applicable rates for DSMT services.

Retro-eligibility for Pregnant Women and Persons under 19 — The proposed revisions enables the State to grant retroactive eligibility to pregnant women and children under 19. Eligibility for Medicaid shall be effective no later than the third month before the month of application (90 days from the application date) if the following conditions are met: (1) if the individual received covered Medicaid services at any time during the above period; and (2) if the individual would have been eligible for Medicaid at the time they received the services if they had applied or someone had applied for them. Previously, the Center for Medicaid and Medicare Services (CMS) had allowed Oklahoma to waive the requirement of retro-eligibility for pregnant women and children under 19; however, in the latest approval of Oklahoma's 1115(a) waiver, CMS removed this exception.

Provider Directory for Members — The proposed revisions establish the development and use of a member-friendly provider directory. The directory will be available to members as well as providers and will include, but not limited to, the following search options: provider's name or NPI, provider type/specialty, PCP providers, behavioral health/substance abuse providers, providers by program (SoonerCare/Insure Oklahoma), zip code, physician gender, language of provider, and whether the physician or provider is accepting new patients. The directory will be updated every seven (7) days to ensure accurate, up-to-date information is provided, and will be accessible through mobile devices, tablets, etc. This change is pursuant to the 21st Century Cures Act (Cures Act).

Limitation of Outpatient Laboratory, X-Ray, and Select Machine Testing Services for Adults— The proposed revisions were presented to the January 2, 2018 Tribal Consultation but were tabled due to need for further guidance from CMS in order to clarify additional exclusions to the benefit limitation for outpatient laboratory, x-ray, and select machine testing services provided to adults on a fee-for-service basis. Revisions will include a cap on services per member per year; certain diagnoses will be

exempt from this restriction, [to some high cost diagnostic testing (i.e., MRI, MRA, etc.)]. Further exclusions will include services provided to individuals under twenty-one (21) as well as services received through federally qualified health centers (FQHCs) and Indian Health Service, tribal government(s), or urban Indian health program (ITU) facilities. A process for authorizing additional claims will be used for individuals who meet medical necessity criteria demonstrating the need for additional services. Changes are needed to limit inappropriate billing of wellness panels and other preventive tests in accordance with section 1902 of The Social Security Act.

Certified Community Behavioral Health Clinics (CCBHC) — The Department of Mental Health and Substance Abuse Services (ODMHSAS) will seek approval of a State Plan Amendment (SPA) and new rules to sustain CCBHCs beyond their grant demonstration period in Oklahoma. Currently, there are three (3) CCBHCs providing services to SoonerCare members. The services provided include nine (9) types of behavioral health treatment services, with an emphasis on the provision of 24-hour crisis care, utilization of evidence based practices, care coordination, and integration with physical health. The proposed SPA and new rules will outline CCBHC member eligibility, provider participation requirements, program scope, and reimbursement methodology.

Residential Behavior Management Services (RBMS) — The Oklahoma Department of Human Services (DHS) and Oklahoma Office of Juvenile Affairs (OJA) propose revisions to coverage and reimbursement policy for Residential Behavior Management Services (RBMS) in group home settings. The proposed revisions will outline and clarify provider participation requirements, RBMS treatment components, establish new levels of care, and remove references to services provided in wilderness camps and Diagnostic and Evaluation (D&E) centers. Additional revisions will incorporate recent federal mandates, as applicable, related to licensure, accreditation, and nurse staffing requirements.

Additionally, DHS and OJA propose replacing the existing payment structure for RBMS providers, established in March of 1998, by incorporating staffing, facility, and operational costs into a per diem/per recipient rate based on an established level of care.

Administration Organization — An amendment to the State Plan is needed to update the organizational structure and functions within the Agency. The State Plan amendment is necessary to reflect current practice.

Insure Oklahoma Student Age Limit and Out-of-Pocket Expenses — The waiver amendment will include a revision to increase the annual out-of-pocket maximum expense from \$3,000 to \$5,000 per individual covered under the Employer-Sponsored Insurance (ESI) plan. The annual out-of-pocket expense excludes copays and pharmacy deductibles.

In addition to universities and colleges, technology centers will be added as covered entities for student enrollment, as well as an extension of the age of full-time students from twenty-two (22) years of age to twenty-six (26) years of age for members who are covered under the Insure Oklahoma Premium Assistance programs.

Waiver Revisions for Health Management Program (HMP) – The proposed revisions were presented at the September 4, 2018 Tribal consultation and are included on this I/T/U Public Notice as proof of notification to I/T/U providers as well as for documentation to be provided to the Centers for Medicare and Medicaid Services (CMS). An amendment is needed for the 1115(a) waiver for the 2019-2021 period. OHCA will ask the CMS to revise the waiver special terms and conditions effective July 1, 2019, to reflect a more current description of the HMP and its services. The HMP was developed in response to a state mandate found at 56 O.S. 1011.6, seeks to improve the quality of care, and reduce

cost of care for SoonerCare members with chronic conditions. The “Health Management Program Defined” section will be updated to provide for more options for data analytics than the current reference to HMP predictive modeling software. In addition, the HMP “Services” section will be revised to focus more broadly on interventions used in HMP and remove limitations that refer to settings, and to allow for new approaches in practice facilitation to address emerging health trends. OHCA also proposes to add a sentence to the description regarding the length of time a member may be served in HMP, as follows: Maximum benefit is determined individually for each member served, and considers diagnoses, goals, and progress achieved.