



**Kevin Corbett** | Chief Executive Officer

**J. Kevin Stitt** | Governor

OHCA 2022-01

Jan. 28, 2022

**Re: Vaccination Requirement [UPDATED]**

Dear Provider,

On January 13, 2022, the United States Supreme Court upheld the [CMS rule](#) regarding COVID-19 vaccination requirements for Medicare/Medicaid certified facilities. The mandate only applies to Medicare or Medicaid certified facilities subject to Medicare Conditions of Participation including:

- Ambulatory Surgery Centers;
- Community Mental Health Centers (CMHCs);
- Comprehensive Outpatient Rehabilitation Facilities;
- Critical Access Hospitals (CAHs);
- End-Stage Renal Disease (ESRD) Facilities;
- Home Health Agencies;
- Home Infusion Therapy Suppliers;
- Hospices;
- Hospitals;
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs-IID);
- Clinics;
- Rehabilitation Agencies and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services;
- Psychiatric Residential Treatment Facilities (PRTFs);
- Programs for All-Inclusive Care for the Elderly Organizations (PACE);
- Rural Health Clinics (RHCs);
- Federally Qualified Health Centers (FQHCs);
- Long Term Care (LTC) facilities; and
- Most Indian Health Service (IHS) facilities (excluding IHS FQHCs that participate in Medicaid but not Medicare).

The CMS rule requires that included facilities have policies and procedures that require COVID-19 vaccinations for new and existing staff regardless of clinical responsibility or patient contact; licensed practitioners, students, trainees and volunteers performing regular duties within the facility; contracted visitors providing services or supplies to the facility on a regular basis; physicians with admitting privileges; pharmacies that go on-site via contract or other arrangements.

CMS, as an exercise of enforcement discretion, will begin monitoring and enforcing compliance on the following modified timeline: the deadline for Phase 1 is January 27, 2022, and the deadline for Phase 2 is February 28, 2022. Information regarding the requirements for each phase can be found in the [Frequently Asked Questions](#) document published by CMS.



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**WEBSITES**

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This rule does not apply to:

- Residents, patients or personal visitors within the facilities mentioned above;
- Contracted visitors or volunteers of an included facility who infrequently provide ad hoc non-healthcare related services onsite or provide any service exclusively offsite and not at or adjacent to patient care areas;
- Religious Nonmedical Health Care Institutions (RNHCIs);
- Organ Procurement Organizations (OPOs);
- Portal X-Ray Suppliers; and
- Federally Qualified Health Centers (FQHCs) that participate in Medicaid but not in Medicare;
- Medicare or Medicaid providers or suppliers who are not CMS-certified facilities subject to CoPs; including but not limited to:
  - Physicians' offices and practices;
  - Therapists in private practice / non-certified therapy providers / therapists enrolled in Medicare with a Provider Transaction Access Number (PTAN);
  - Outpatient behavioral health agencies (Non-CMHC);
  - EMS providers;
  - Assisted Living Facilities;
  - Group Homes;
  - Schools; and
  - Pharmacies.

State enforcement of the rule will rest with the Oklahoma State Department of Health in its role as the state survey agency. Non-compliance could result in civil monetary penalties, denial of Medicare and Medicaid payment, and even termination from the Medicare and Medicaid programs as a final measure.

Thank you for your continued service to Oklahoma's SoonerCare members.

Sincerely,

Melody Anthony  
Chief Operating Officer/State Medicaid Director



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