



STATE FISCAL YEAR 2020 TRIBAL CONSULTATION SUMMARY

July 1, 2019 – June 30, 2020

OHCA is committed to engage in active communication with tribal governments during the decision-making and priority-setting process. OHCA convenes regularly scheduled and ad hoc tribal consultation meetings throughout the year. It is OHCA's practice to consult on all matters including direct, indirect and no impact to Indian Health Services, tribal facilities, and Urban Indian Clinics (I/T/Us), and American Indian/Alaska Native (AI/AN) SoonerCare members. This report consists of SFY20 proposed rules, state plan and waiver amendments that were considered during tribal consultation.

Board Organization Policy Revisions – The proposed revisions will comply with Senate Bill 456, which was signed into law on March 13, 2019, and directed the reorganization of the OHCA Board. The seven-member board was replaced with a nine-member board. Further revisions will clarify the terms of office of the chair and vice chair shall be one year beginning Jan. 1 of each year. Elections will be held during the last regular meeting before Jan. 1. Other revisions will be made to replace outdated terminology.

Consultation: 07/02/2019; Status: Emergency Rule Effective 10/02/2019 / Permanent Rule Effective 09/14/2020

Opioid Standards and Drug Utilization Review Program – The proposed revisions will comply with the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, which was signed into law on Oct. 24, 2018. Title I, Section 1004 of the SUPPORT Act requires Medicaid agencies to build upon current state Medicaid drug utilization review activities to help combat the opioid crisis. State Medicaid agencies are required to:

**81 Total Items
Considered**

**56 Total Items
Considered with
Tribal Impact**

- Pending: 15.5
- Withdrawn: 2
- Effective: 38.5



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Admin: 405-522-7300
Helpline: 800-987-7767



- Have safety edits, as specified by the states, for subsequent opioid fills and maximum daily morphine equivalent that exceed state-defined limitations;
- Have an automated process that monitors when an individual is concurrently prescribed opioids and benzodiazepines or antipsychotics;
- Monitor antipsychotic prescribing for children;
- Have a process that identifies potential fraud or abuse by enrolled individuals and pharmacies; and
- Submit a report to the Secretary annually on state DUR activities.

Further CMS guidance will outline states' options to address the requirements related to drug utilization review activities of opioids and children antipsychotics.

Consultation: 07/02/2019; Status: Rule Effective: 01/06/2020 & 09/14/2020; State Plan Amendment Effective: 10/01/2019

Incarcerated Individuals' Eligibility and SUPPORT Act Compliance – The proposed changes will revise eligibility policy to comply with the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (H.R. 6), Sections 1001 and 1002. Section 1001 prohibits state Medicaid programs from terminating eligibility for an individual under age 21 and/or former foster care youth up to age 26 while incarcerated. The agency will be required to re-determine eligibility prior to the individual's release from incarceration. This provision of the SUPPORT Act must be enforced by Oct. 24, 2019.

Consultation: 07/02/2019; Status: Emergency Rule Effective: 01/06/2020; Permanent Rule Effective: 09/14/2020

High-Risk Obstetrical Services – The proposed revisions will add "family practice physician - obstetrics" (FP/OB) as a new provider type under the enhanced services for medically high-risk pregnancies policy. Further revisions will update policy to reflect current business practices.

Consultation: 07/02/2019; Status: Emergency Rule Effective 11/01/2019; Permanent Rule Effective 09/14/2020

Provider Rate Increases – Revisions are needed to increase the current reimbursement rates for all SoonerCare-contracted provider types by 5%, with the following exemptions: services financed through appropriations to other state agencies; durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS); non-emergency transportation capitated payments; services provided to Insure Oklahoma members; payments for drug ingredients or physician-supplied drugs; Indian Health Services/Tribal/Urban Clinics (I/T/Us); Federally Qualified Health Centers (FQHCs); and Rural Health Centers (RHCs). The agency's proposed revisions are in keeping with Sections 1 and 2 of SB 1044, 57th Leg., 1st Sess. (Okla. 2019), except that reimbursement rates for PACE providers (Program for the All-inclusive Care for the Elderly) will also be increased by 5%. All rate increases must comply with state and federal law as well as state cost reimbursement methodologies.

Consultation: 07/02/2019; Status: State Plan Amendment Effective 10/01/2019



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Diabetes Self-Management Training — The proposed policy changes to provide for coverage and reimbursement of DSMT were presented during the Jan. 8, 2019, Tribal consultation. This agenda item served as a follow up to discuss the proposed reimbursement methodology.

Consultation: 09/03/2019; Status: Rule Effective 01/06/2020 and 09/14/2020; State Plan Amendment Effective 01/01/2020

Behavioral Health Targeted Case Management (14-day Expedited) — The Oklahoma Department of Mental Health and Substance Abuse Services seeks to amend OHCA's behavioral health TCM rules and State Plan page to establish monthly limits on the amount of TCM reimbursable by SoonerCare. The TCM limit per member month will be increased from 16 units per member per year to 12 units per member per month. This item requests an expedited 14-day consultation.

Consultation: 09/03/2019; Status: Emergency Rule Effective 10/25/2019; Permanent Rule Effective 09/14/2020; State Plan Amendment Effective 11/01/19

Organ Transplant — Revisions are needed to extend covered organ and tissue transplant procedures to include pancreas and intestinal transplants. Organ transplant requirements and guidelines will be updated to include donor search and procurement services and ensure the methods used for organ acquisition are consistent with the Medicare program. These amendments are necessary to reflect current practice.

Consultation: 09/03/2019; Status: Rule Effective 08/01/2020; State Plan Amendment Effective 01/01/2020

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Manual Pricing — The Oklahoma Health Care Authority recommends a revision to the current methodology for some DMEPOS Procedure Codes. Currently these codes are paid a percentage of the Medicare fee schedule or a fair market value fee determined by OHCA. The proposed methodology for the below DMEPOS Procedure Codes is to use a manual pricing method. The provider is reimbursed the documented manufacturer's suggested retail price less 30% or the provider's documented invoice cost plus 30%, whichever is less.

Consultation: 09/03/2019; Status: Rule Effective 08/01/2020

Neonatal Services — The Oklahoma Health Care Authority is requesting to increase rates for certain neonatal services. Currently, neonatal services are paid at 89.17% of the Medicare physician fee schedule. The proposed rate methodology is to pay neonatal services at 100% of the Medicare physician fee schedule.

Consultation: 09/03/2019; Status: Effective 10/01/2019

Maintenance Drug List Update (14-day EXPEDITED) — The proposed revisions will update policy and State Plan language to allow more flexibility in the amount of prescription quantities that members can receive per claim. Currently, prescription quantities are limited



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Admin: 405-522-7300
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to a 34-day supply, unless the prescription is on the maintenance drug list, then it allows for 100-dosage units. The proposed revisions seek to amend the limitation and when the prescription is on the maintenance drug list to allow for a 90-day supply.

Consultation: 11/05/2019; Status: Emergency Rule Effective 01/06/2020 / Permanent Rule Effective 09/14/2020; State Plan Amendment Effective 01/01/2020

Prescription Drug Limit Exceptions (14-day EXPEDITED) — The proposed revisions outline exceptions to the prescription drug limitation to include certain drugs that require frequent monitoring, naloxone, contraceptives, prenatal vitamins and tobacco cessation products. The proposed revisions will align the State Plan with agency policy.

Consultation: 11/05/2019; Status: Emergency Rule Effective 01/06/2020 / Permanent Rule Effective 09/14/2020; State Plan Amendment Effective: 01/01/2020

Registered Behavior Technicians (14-day EXPEDITED) — The proposed revisions will establish RBTs as a new provider type to implement Board Certified Behavior Analyst's behavior treatment plans for applied behavior analysis services. Additionally, the proposed revisions will establish RBT provider requirements and reimbursement.

Consultation: 11/05/2019; Status: Rule Effective 01/06/2020 & 09/14/2020; State Plan Amendment Effective 01/01/2020

Claim Inquiry Policy Update — The proposed policy revisions are necessary due to a new streamlined electronic process developed by OHCA for providers. The revisions will outline how providers can request a review of claims submitted and how to submit supporting documentation for their request through the OHCA provider portal. The electronic review process will replace the previous manual process of submitting paper forms and documentation to a post office box.

Consultation: 11/05/2019; Status: Rule Effective 09/14/2020

Expedited Appeals — The proposed revisions will add language to specify that requests for expedited appeal hearings should be sent to the Administrative Law Judge with a copy sent to the OHCA. Additionally, the appeal hearing request shall specify the services denied and the specific reason(s) why a regular 30-day appeal will seriously jeopardize the life or health of the member requesting an expedited appeal hearing.

Consultation: 11/05/2019; Status: Rule Effective 09/14/2020

Nursing Licensure Revisions — The proposed revisions will comply with Oklahoma House Bill 2351, which allows Oklahoma to enter into the enhanced Nurse Licensure Compact (eNLC). The eNLC is an agreement between states that allows a nurse's licensure to be portable to other member-states of the Compact. These revisions amend references that narrowly tie a nurse's license to the Oklahoma Board of Nursing and align SoonerCare rules and the State Plan with the eNLC.



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Consultation: 11/05/2019; Status: Rule Effective 09/14/2020; State Plan Amendment Effective: 09/01/2020

Indian Health Services, Tribal Programs, and Urban Indian Clinics (I/T/Us) Obstetrical Services — The proposed revisions will clarify how I/T/U OB providers should bill for OB care. I/T/Us have the option of either billing for OB encounters or a bundled rate for total OB care. The clarification will require I/T/Us to be specific when choosing a billing method as they are only allowed to choose one of the billing methods. Finally, the proposed changes will establish new service limitations and requirements for OB services.

Consultation: 11/05/2019; Status: Rule Effective 09/14/2020

Programs of All-Inclusive Care for the Elderly — The proposed revisions will bring the OHCA into compliance with Senate Bill 888 and other federal regulations by adding language to clarify the PACE participant enrollment and voluntary disenrollment process and criteria. Revisions will also add language to allow PACE providers to either be a nonprofit or for-profit entity to align with the Social Security Act sections 1894(a)(3)(B) and 1934(a)(3)(B).

Consultation: 11/05/2019; Status: Rule Effective 09/14/2020

Mobile and Portable Dental Treatment Facilities — The proposed revisions will add coverage and reimbursement for preventive dental services received through mobile and portable dental treatment facilities. Revisions will also add provider participation requirements pursuant to the Oklahoma State Dentistry Act and the OHCA contracting requirements; coverage and limitations for preventive dental services; billing requirements; basic consent form requirements; and follow-up care requirements.

Consultation: 11/05/2019; Status: Rule Effective 11/01/2020

Title 21 Parity Compliance — The proposed revisions will amend policy to remove the two-visit limitation for pregnant women covered under the Title XXI State Plan. The revisions are needed to comply with Parity federal regulations, which instruct the State to provide equivalent services to all children covered under the Plan.

Consultation: 11/05/2019; Status: Rule Effective 09/14/2020

Defunding Statutory Rape Cover-Up Act — The proposed new rule is needed to comply with House Bill 2591 which creates the Defunding Statutory Rape Cover-Up Act. The new law requires OHCA to deny an application for a new or renewed provider agreement, or terminate an existing agreement, if a provider is investigated and found by a court to have failed to report statutory rape. The new rule outlines how an individual can report a complaint and the actions OHCA can take if the complaint has been found valid.

Consultation: 11/05/2019; Status: Rule Effective 09/14/2020

Patient-Centered Medical Homes Redesign, Health Access Networks and Health Management Program Updates — The proposed revisions to the 1115(a) waiver, rules, and the



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Medicaid State Plan establish new provider requirements as well as a new care coordination payment structure for Patient-Centered Medical Homes. For I/T/Us, the proposed revisions will create a new care coordination monthly payment of \$10 per member per month. Additionally, the Insure Oklahoma Individual Plan will be modified to incorporate the new PCMH structure and care coordination payments. Further revisions update the Health Access Networks policy and add a new subsection of policy to address the Health Management Program. Currently, OHCA is working with stakeholders on additional recommendations and plans to have proposed changes implemented by October 2020. All proposed changes are contingent upon approval and funding from the Centers for Medicare and Medicaid Services.

Consultation: 11/05/2019; Status: Rule Effective 09/14/2020; HAN and HMP waiver amendments effective 11/01/20 (PCMH redesign pending CMS approval)

OHCA has received final approval from CMS to contract with the statewide Electronic Voice Verification aggregator. To comply with the 21st Century Cures Act which requires providers of personal care and home health care services to utilize a system under which visits conducted are electronically verified must be implemented by Jan. 1, 2020. OHCA recently applied for the Good Faith Effort extension to allow the state additional time for training and implementation across the six 1915(c) Home and Community Based Waiver programs, Living Choice and State Plan Personal Care. OHCA is seeking a March 2020 implementation date.

Consultation: 11/05/2019; Status: Pending

Adult Inpatient Rehabilitation Days — The proposed rule changes will increase the number of covered inpatient rehabilitation hospital days for adult SoonerCare members from 24 days per state fiscal year to 90 days per state fiscal year. Increasing access to stabilization services in an inpatient rehabilitation setting is necessary to meet the health care needs of SoonerCare members.

Consultation: 01/07/2020; Status: Rule Effective: 09/14/2020; State Plan Amendment Effective: 09/01/2020

Urine Drug Testing and Lab Services — The proposed rule changes will update urine drug screening policy by removing the word “urine” to clarify that this policy applies to multiple specimens and not just urine specimens. Additionally, the proposed rule changes will clarify that laboratory testing for routine diagnostic or screening purposes are compensable when they are recommended by the clinical guidelines of nationally recognized medical professional academies or societies, and those sources meet medical necessity criteria, as outlined in OHCA rules.

Consultation: 01/07/2020; Status: Effective 09/14/2020

Molecular Diagnostic Testing Utilizing Polymerase Chain Reaction for Infectious Diseases — The proposed rule changes will establish guidelines that delineate medical necessity criteria for PCR and provide consistency in the prior authorization process for PCR testing. The guidelines include criteria and documentation requirements for approval of the PCR PA request(s).



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Consultation: 01/07/2020; Status: Rule Effective 09/14/2020

Ground Emergency Medical Transportation Supplemental Payment Program — The proposed policy establishes rules consistent with the Oklahoma Medicaid State Plan, which outlines the GEMT Supplemental Payment Program, implemented Oct. 1, 2018. The GEMT program is a voluntary program that provides annual supplemental payments to SoonerCare ground ambulance transportation service providers that are publicly-owned or operated or are under contract with a local government unit. Supplemental payments are made for specific allowable uncompensated costs. Payments are intended to reduce the gap between the reimbursement paid by Medicaid and/or all other third-party resources and the actual and allowable cost of providing ground ambulance transportation services.

Consultation: 01/07/2020; Status: Rule Effective 09/14/2020

Recovery Audit Contractor Exception — The proposed State Plan Amendment seeks an exemption from the federal RAC requirement. RAC programs execute audits for the purpose of identifying under/overpayments of Medicaid claims under the State Plan. The State currently has an exemption from the RAC program under the State Plan; however, the exemption expires in March 2020. The State has robust and effective program integrity procedures in place which perform the tasks of a RAC program. Therefore, the agency is seeking to extend the RAC program exemption, as it is duplicative of the auditing activities that the State already performs.

Consultation: 01/07/2020; Status: State Plan Amendment Effective 04/01/2020

Durable Medical Equipment, Supplies and Appliances — Policy changes are needed to comply with the federal home health final rule and the CURES Act. This proposal was previously brought to tribal consultation on March 6, 2018, and May 16, 2018. The State has continued to work internally and with sister agencies to finalize the proposal. Proposed policy will describe the DME, supplies and appliances benefit and coverage, as well as, align the provision of DME, supplies and appliances with federal regulation. Revisions to the home health benefit will also be made to comply with guidance from the federal final rule. Additional revisions will establish reimbursement methodology for items considered DME, supplies and appliances, including but not limited to: enteral food; durable medical equipment; oxygen; and purchase equipment that Medicare only rents, supplies, parenteral equipment and food, DME and supplies not paid at the Medicare rate or when there is no fee schedule available, and for DME and supplies purchased at the pharmacy point of sale.

Consultation: 01/07/2020; Status: Rule Effective 08/01/2020

Medically Necessary Extractions — In an effort to improve dental access and coverage for adults, the proposed policy revisions will amend the rule that limits dental services for adults from “emergency” extractions only to “medically necessary” extractions. Additionally, the proposed policy revisions add definitions for medically necessary oral health care and medically necessary extractions. Finally, the proposed revisions will clarify text; fix grammatical errors; and align rules with the current business practice.



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Admin: 405-522-7300
Helpline: 800-987-7767



Consultation: 01/07/2020; Status: Rule Effective 09/14/2020; SPA Effective 09/01/2020

Insure Oklahoma Individual Plan and Employee Sponsored Insurance — The proposed rule changes will add language to Insure Oklahoma IP and ESI policy on how a newborn child can be deemed eligible on their date of birth for SoonerCare benefits when the child is born to a member of Insure Oklahoma IP or ESI. Additionally, the proposed rule changes define eligibility criteria for the newborn to receive SoonerCare benefits.

Consultation: 01/07/2020; Status: Rule Effective 09/14/2020

Coverage Definitions for Children and Adults — The proposed rule changes will add definitions to clarify who OHCA views as a child and an adult, unless otherwise specified by federal and/or state law. Additional revisions will involve limited rewriting aimed at clarifying text, fixing grammatical errors and aligning rules with the current business practice.

Consultation: 01/07/2020; Status: Rule Effective 09/14/2020

Private Duty Nursing — The proposed rule changes will update and strengthen PDN policy by defining the place of services PDN is allowed. Revisions will include adding language to allow for medically necessary PDN services outside of the home if certain requirements are met. Further revisions will clarify which PDN services will and will not be authorized. Finally, the proposed revisions will involve limited rewriting aimed at clarifying text, fixing any grammatical errors and aligning rules with the current business practice.

Consultation: 01/07/2020; Status: Rule Effective 09/14/2020; State Plan Amendment Effective 09/01/2020

School-Based/EPSTD Changes — The proposed rule changes cleanup the school-based policy to separate and differentiate between services provided in a school setting under Early and Periodic Screening, Diagnostic and Treatment benefit versus those school-based services that are provided pursuant to an Individual Education Plan. The proposed revisions clarify that school-based services are medically necessary, health-related, and rehabilitative services that are provided pursuant to an IEP. However, not all SoonerCare reimbursable and medically necessary services provided in a school setting are done pursuant to an IEP. Therefore, medically necessary services provided in a school setting but which are not considered school-based (pursuant to an IEP) will be removed from Part 103, Qualified Schools as Providers of Health-Related Services and will instead be referenced in Part 4, EPSTD.

Consultation: 01/07/2020; Status: Rule Effective 09/14/2020; State Plan Amendment Effective 09/01/2020

Spinal Muscular Atrophy Screening (OSDH) — The Oklahoma State Department of Health is seeking to expand the newborn screening panel by adding a screen for SMA. A rate for the new SMA screen will be subsequently set through the State Plan Amendment Rate Committee.



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Helpline: 800-987-7767



Consultation: 01/07/2020; Status: Effective: 05/01/2020

SoonerCare coverage for adults – OHCA is exploring adding adults 19-64 years of age, as per Section 435.119 of Title 42 of the Code of Federal Regulations, as a new eligibility group in the SoonerCare program.

Consultation: 02/21/2020; Status: Pending

Therapy Assistants — The proposed policy changes will add physical therapy assistants, occupational therapy assistants, speech language pathology assistants, and speech language pathology clinical fellows as eligible providers who can render services to SoonerCare members. Additionally, the proposed revisions will outline provider qualifications and other requirements for provision of these therapy services. Finally, revisions will be made to clarify that these providers will be reimbursed at a percentage of the rate paid to fully licensed therapists.

Consultation: 03/03/2020; Status: Pending

Healthy Adult Opportunity Waiver — OHCA will be seeking 1115(a)(2) waiver authority, through the HAO waiver application, to create new health care coverage approaches and options for adults defined as the “new adult group” per Section 435.119 of Title 42 of the Code of Federal Regulations. The waiver application will include, but is not be limited to, the following topics: a description of eligible populations; processes for eligibility under the demonstration; the benefit package for the applicable population(s); applicable premiums and cost sharing; delivery system and payment methods; financing; state specific elements/requirements; implementation of a fair hearing process; and information regarding evaluations. **(30-day expedited consultation, comments are due to OHCA by April 2, 2020).**

Consultation: 03/03/2020; Status: Withdrawn

Continuation of Services Pending Appeals — The proposed new rule will describe under what conditions Medicaid benefits will continue or be reinstated pending an appeal to comply with Section 431.230 of Title 42 of the Code of Federal Regulations. Additionally, the proposed new rule will describe the application, obligations and implications for the appellant when Medicaid benefits are continued or reinstated pending an appeal.

Consultation: 03/03/2020; Status: Emergency Rule Effective 07/01/20

Insure Oklahoma Termination — Revisions to several authorities, including but not limited to, the 1115(A) waiver, Title XXI state plan, and OHCA policy are necessary for the phase-out of the Insure Oklahoma program. IO enrollees will transition to the adult Medicaid expansion population or be encouraged to purchase health insurance on the federal marketplace.

Consultation: 04/01/2020; Status: Pending



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SoonerPlan Termination — SoonerPlan is being terminated as adults currently being served by SoonerPlan will transition to the new adult Medicaid expansion population and will be eligible to receive more comprehensive services.

Consultation: 04/01/2020; Status: Pending

Removal of Hospital Presumptive Eligibility for the Adult Expansion Population — HPE was erroneously chosen for adult expansion populations during changes in 2013 to comport with the Affordable Care Act, when the State did not seek authority to expand Medicaid. Changes to the State Plan are needed to correct the error. This item requests an expedited 30-day tribal consultation comment period.

Consultation: 04/01/2020; Withdrawn

Adding the Newly Eligible Adult Group to the Existing 1115 Waiver – The OHCA is seeking to add newly eligible adults as a covered group under the existing 1115 waiver to allow services to be provided by the patient-centered medical home service delivery model. Additionally, adding the newly eligible adult population to the existing 1115 waiver will waive retroactive eligibility for this population. This item requests an expedited 30-day tribal consultation comment period.

Consultation: 04/01/2020; Status: Pending

Increase Care Coordination Rate for PCMH American Indian/Alaskan Native Providers – OHCA is seeking to increase the care coordination rate for AI/AN patient-centered medical home providers. The care coordination rate will be increased to \$27.25 per member per month with successive annual increases throughout the waiver approval period. This item requests an expedited 30-day tribal consultation comment period.

Consultation: 04/01/2020; Status: Pending

Section 5022 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act — The proposed revisions will update policy to demonstrate compliance with the requirement of Section 5022 of the SUPPORT Act in areas related to coverage of developmental and behavioral health related screenings and applicable preventive services.

Consultation: 04/01/2020; Status: State Plan Amendment Effective 10/24/2019

Institutes for Mental Disease Waiver- OHCA and Oklahoma Department of Mental Health and Substance Abuse Services are proposing to submit a serious mental illness/substance use disorder section 1115 waiver to waive the exclusion of Medicaid reimbursement for services provided to individuals within IMD. This waiver will allow federal financial participation for Medicaid-eligible adults, ages 21-64, to receive acute inpatient psychiatric care or residential substance abuse treatment in facilities with 16 beds or more. These services are not intended



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to decrease or replace services in less restrictive settings but rather to support the continuum of care.

Consultation: 04/01/2020; Status: Pending

Pharmacists Medication Therapy Services – OHCA is seeking federal and state authority to allow contracted, qualified and trained pharmacists to provide medication therapy services. Medication therapy services optimize therapeutic outcomes for members and reduce incidence of morbidity associated with chronic conditions or inappropriate use of medications.

Consultation: 04/01/2020; Status: Pending

Executive Order 2020-03 - OHCA will revoke sections that are duplicative, no longer applicable, or can be combined into other sections of agency policy. Revocation of aforementioned policies are an effort to be in compliance with Executive Order 2020-03, also known as the "1-in-2-out" requirement. None of the sections being revoked will have any impact to members, providers or the SoonerCare program.

Consultation: 04/01/2020; Status: Pending

Disaster Relief Authority Submissions — To promptly address the COVID-19 public health emergency, the Oklahoma Health Care Authority is providing notice that, if needed, the agency will submit emergency authority requests that will be processed by an amended public notice process, inclusive of tribal consultation.

Consultation: 05/05/2020; Status: Effective 03/01/2020

Certified Community Behavioral Health Services – The proposed revisions replace the current process by which new rates for CCBHs are established. Currently, the rate for a new CCBH is based on the cost reporting year that ends June 30, using the facility's most recent annual cost report data. Revisions clarify this process by adding a requirement for new CCBH to submit an initial 12-month cost report to set the provider-specific rate and allowing for retroactive adjustment to claims based on the provider-specific rate.

Consultation: 05/05/2020; Status: Pending

Reimbursement of Long-Acting Reversible Contraceptives in a Federally Qualified Health Center – The proposed revisions remove the reimbursement of a covered LARC device from the FQHC encounter reimbursement rate to be paid separately. Currently, the cost of the LARC device is included in the FQHC encounter rate.

Consultation: 07/07/2020; Status: Pending

SUPPORT Act Medication-Assisted Treatment – The proposed revisions formalize the State's coverage of MAT to treat substance use disorders in accordance with Section 1006(b) of the



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SUPPORT Act, HR 6 by allowing coverage for all FDA-approved drugs to treat Opioid Use Disorders and establishing reimbursement rates for MAT providers.

Consultation: 07/07/2020; Status: State Plan Amendment Effective 10/01/2020

Opioid Treatment Programs – The proposed revisions establish provider qualifications, coverage of services, and reimbursement methodology for registered OTP providers, including reimbursement for drugs used to treat opioid use disorders.

Consultation: 07/07/2020; Status: State Plan Amendment Effective 10/01/2020

ADvantage Waiver – The proposed revisions to the ADvantage waiver will add new language allowing an Oklahoma Department of Human Services nurse to assess the applicant remotely via electronic communication, in the applicant's home, or other appropriate setting using the Uniform Comprehensive Assessment Tool (UCAT) for the initial level of care assessment. Additionally, policy revisions will describe the procedures and requirements involved in administering the UCAT and determining the medical level of care of a member based upon the assessment.

Consultation: 07/07/2020; Status: Pending

Third Party Managed Care Organization – In order to improve Oklahoma's health outcomes, increase access to health care and foster a more accountable system, the Oklahoma Health Care Authority will seek proposals from qualified managed care organizations to facilitate health care services to eligible and enrolled members of Oklahoma's Medicaid program, commonly known as SoonerCare. Following the request for proposals and in order to obtain authority to establish the managed care organization, the agency will seek to revise/add federal and state policy including: 1115 and 1915 waiver requests, Title XIX and XXI state plan amendments, and state rules.

Consultation: 07/07/2020; Status: Pending

Coverage for Adults in SoonerCare – Due to the passage of State Question 802, OHCA will add adults 19-64 years of age as a new eligibility group in the SoonerCare program as described in Section 435.119 of Title 42 of the Code of Federal Regulations.

Consultation: 07/07/2020; Status: Pending



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