



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2019-19

September 10, 2019

RE: New Out-of-State Services Rules and Supportive Processes

Dear Provider,

The Oklahoma Health Care Authority (OHCA) recently added new policies and procedures for out-of-state services. Oklahoma Administrative Code (OAC) 317:30-3-89 through 317:30-3-92 defines out-of-state services, reimbursement for these services, and payment for lodging and meals.

A comprehensive process was undertaken in formulating these policies, including: extensive research of federal and state laws, other states' Medicaid policies, and coverage by private insurance carriers; detailed review of OHCA's historical and current policies and practices regarding out-of-state care; and robust engagement with Oklahoma providers, including those affiliated with Oklahoma's three medical schools, in order to assess and strengthen OHCA's network of in-state, specialized care.

As a result, new prior authorization (PA) requirements will help OHCA assess whether out-of-state care is medically necessary. There are limited exemptions from these new PA requirements, including, for example, instances in which emergency care is urgently needed, and instances in which the health care provider is located within fifty (50) miles of the Oklahoma border. Overall, the goal is to ensure that SoonerCare members receive high-quality care from outstanding health care providers: whether in-state, or, in those limited circumstances where the health care needs of the member cannot be met in Oklahoma, out-of-state.

These rule changes were promulgated through the 2019 legislative session as permanent rules per the Administrative Procedures Act.

Attached is a summary of the changes and status of our out-of-state process for your review. Also attached are the relevant OAC sections regarding out-of-state services. Details of these changes are posted on the SoonerCare website at <http://www.okhca.org/OOSproviders/>.

If you have any questions, please call the OHCA Provider Helpline at 1-800-522-0114.

Thank you for your continued service to our SoonerCare members.

Sincerely,

A handwritten signature in black ink that reads "Melody Anthony".

Melody Anthony, MS
State Medicaid Director

317:30-3-89. Definitions

[Issued 09-01-19]

The following words or terms used in this Part shall have the following meaning, unless the context clearly indicates otherwise:

"Emergency" means a serious situation or occurrence that happens unexpectedly and demands immediate action such as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected, by a reasonable and prudent layperson, to result in placing the member's health in serious jeopardy, serious impairment to bodily function, or serious dysfunction of any bodily organ or part.

"Out-of-state provider" means a provider contracted with SoonerCare in accordance with Oklahoma Administrative Code (OAC) 317:30-3-2, if:

(A) The physical address where services are or will be rendered is located outside the Oklahoma border and within the United States; or

(B) The physical address where services are or will be rendered is located within the Oklahoma border, but:

(i) The out-of-state provider maintains all member and/or billing records outside the Oklahoma border; and

(ii) The out-of-state provider is unable to produce the originals or exact copies of the member and/or billing records from the location in Oklahoma where services are rendered.

"Temporary" means lasting for a limited period of time, such as when a member is on vacation, but does not include situations in which a SoonerCare member leaves Oklahoma for the purpose of receiving medical care and treatment.

317:30-3-90. Out-of-state services

[Issued 09-01-19]

(a) Consistent with Section 431.52 of Title 42 of the Code of Federal Regulations (C.F.R.), an eligible SoonerCare member who is a resident of Oklahoma but who is temporarily out of state, may receive services from an out-of-state provider to the same extent that he or she would receive such services in Oklahoma, if:

(1) Medical services are needed for a medical emergency, as determined by the attending physician or other provider (M.D., D.O., P.A., or A.P.R.N). For any provider, who is not contracted at the time the services are provided, documentation as requested from the Oklahoma Health Care Authority (OHCA) of the emergency must be submitted,

including, but not limited to, emergency room reports, medical histories, discharge summaries, and all other relevant medical reports.

(2) Medical services are needed and the member's health would be endangered if he or she were required to return to Oklahoma for medical care and treatment, as determined by the attending physician or other provider (M.D., D.O., P.A., or A.P.R.N). For any provider, who is not contracted at the time the services are provided, documentation of the nature and possible extent of the endangerment must be submitted as requested from the OHCA.

(3) The Oklahoma Health Care Authority's (OHCA) Chief Medical Officer (CMO), or his or her designee, determines, on the basis of medical advice, that the needed medical services, or necessary supplemental resources, are more readily available in the state where the member is located at the time of needing medical treatment. Prior authorization must be obtained from the OHCA's CMO, or his or her designee, before the services are rendered; or

(4) The customary or general practice for members residing in a particular locality within Oklahoma is to use medical resources in another state, and the member is using a provider that is contracted with the OHCA.

(A) Except for out-of-state inpatient psychiatric services, no prior authorization is necessary for services provided in accordance with paragraph (a)(4), above, if the member obtains them from an out-of-state provider that is:

(i) Located in a border state (Arkansas, Colorado, Kansas, Missouri, New Mexico, or Texas) within fifty (50) miles of the Oklahoma border; and

(ii) Contracted with the OHCA;

(iii) Provided, however, that nothing in this paragraph shall be interpreted to eliminate or otherwise affect a prior authorization requirement established by any other OHCA rule, including, but not limited to, Oklahoma Administrative Code (OAC) 317:30-3-31, that would have to be met if the health care-related good and/or service were provided in Oklahoma.

(B) In all other instances, prior authorization must be obtained from the OHCA's CMO, or his or her designee, before the services are rendered.

(b) Except as provided in subsections (a)(1), (a)(2) and (a)(4)(A), above, SoonerCare will not pay for any services furnished by an out-of-state provider unless prior authorization has been obtained from the OHCA's CMO, or his or her designee, before the services are rendered. Prior authorization must be

obtained in all instances in which the member is located in Oklahoma at the time the services are determined to be medically necessary.

(1) As part of this authorization process, the following documents must be submitted to the OHCA's CMO, or his or her designee:

(A) Documents sufficient to establish the "medical necessity" of the services requested, as that term is defined by OAC 317:30-3-1(f). See also OAC 317:30-3-31, Prior authorization for health care-related goods and services. Examples of such documents may include, but are not limited to, Histories of Present Illnesses (HPIs), physical exams, laboratory reports, imaging reports, progress notes, hospital charts, and/or other relevant medical records; and (B) Documents sufficient to establish that the health care needs of the member cannot be met in Oklahoma. Such documents shall include, but not be limited to, a letter from the referring provider that contains:

(i) A clear presentation of the member's medical condition and diagnosis for which out-of-state treatment is requested, including a summary of treatment to date that is supported by the documents in paragraph (b)(1)(A), above;

(ii) Names of physicians and/or facilities in Oklahoma that the member has previously been referred to for diagnosis and/or treatment;

(iii) Physicians consulted by the attending physician relative to diagnosis and/or availability of recommended treatment in Oklahoma;

(iv) Recommended treatment or further diagnostic work; and

(v) Reasons why medical care cannot be provided in Oklahoma or the next closest location outside Oklahoma.

(C) Except for emergency medical or behavioral health cases, prior authorization requests for out-of-state services must be made in writing with all the necessary documents that show medical necessity and details of the services provided, including but not limited to, relevant medical history, description of services and procedures to be performed, Histories of Present Illnesses (HPIs), physical exams, laboratory reports, imaging reports, and received by the OHCA at least ten (10) calendar days prior to the date services are to be provided in another state or at the discretion of the CMO or his/her designee.

(i) Emergency medical or behavioral health cases must be identified as such by the physician or provider in the prior authorization request. Any telephone request

for prior authorization of out-of-state services will only be accepted in emergency situations, and must be promptly followed by a written request.

(2) Prior authorization requirements for medically necessary lodging, transportation, and/or meals assistance associated with out-of-state services are established in other OHCA rules, including, but not limited to, OAC 317:30-3-92, 317:30-5-327.1, and 317:35-3-2.

(c) The restrictions established in subsections (a) through (b), above, shall not apply to children who reside outside Oklahoma and for whom the Oklahoma Department of Human Services makes Title IV-E adoption assistance payments or Title IV-E foster care maintenance payments.

(d) Denials of requests for prior authorization may be appealed in accordance with OAC 317:2-1-2(d)(1)(C).

(e) Out-of-state providers shall, upon request by authorized OHCA representatives, make available fiscal and medical records as required by applicable federal regulations, OHCA rules, and the Provider Agreement. Such records shall be made available for review by authorized OHCA representatives at the OHCA's address in Oklahoma City, Oklahoma.

317:30-3-91. Reimbursement of services rendered by out-of-state providers

[Issued 09-01-19]

(a) Before an out-of-state provider can receive reimbursement, it shall contract with SoonerCare and be subject to enrollment, including, but not limited to, providing information requested by the Oklahoma Health Care Authority (OHCA) such as name, address, Social Security Number or Tax Identification Number, and verification of licensure and insurance. Out-of-state providers are also subject to the same screening rules, policies, and procedures as in-state providers, including, but not limited to Oklahoma Administrative Code (OAC) 317:30-3-2, and 317:30-3-19.3 through 317:30-3-19.4. Once the OHCA approves enrollment, the provider will receive a SoonerCare provider number that will allow claims to be processed.

(b) While the member's physician may suggest where the member be sent, the OHCA's Chief Medical Officer (CMO), or his or her designee, is responsible for making the final determination based on the most cost effective institution and treatment consistent with the recognized standards of care. Reimbursement for services rendered by out-of-state providers shall be as follows:

(1) Reimbursement for inpatient hospital services shall be made in accordance with OAC 317:30-5-47.

(2) Reimbursement for outpatient hospital services shall be made in accordance with OAC 317:30-5-42.14 and 317:30-5-566.

(3) Reimbursement for physician services shall be the lower of the SoonerCare maximum allowable fee as of the date the service was rendered, available at www.okhca.org (SoonerCare Fee Schedules), or the provider's actual charge. Exceptions to the above reimbursement method are payments for outpatient clinical diagnostic laboratory tests performed by a physician or independent laboratory. These tests will be reimbursed at the lower of the provider's actual charge or a rate of reimbursement equal to the rate paid by Medicare.

(4) Unless authorized by the Oklahoma State Plan, any reimbursement shall not exceed the rate paid by Medicare.

(c) The OHCA may negotiate a higher reimbursement rate for an out-of-state service that is prior authorized, provided that:

(1) The service is not available in Oklahoma; and

(2) The negotiated reimbursement does not exceed the rate paid by Medicare, unless as authorized by the Oklahoma State Plan. Services not covered by Medicare but covered by SoonerCare may be reimbursed as determined by the OHCA.

(d) Individual cases which are adversely affected by these reimbursement procedures may be presented to the OHCA's CMO, or his or her designee, for consideration as an exception to this rule on a case-by-case basis. The CMO's decision, or that of his or her designee, shall be the agency's final decision and is not otherwise appealable under these rules.

(e) Reimbursement of medically necessary lodging, transportation, and/or meals assistance associated with out-of-state services is governed by other OHCA rules, including, but not limited to, OAC 317:30-3-92, 317:30-5-327.1, and 317:35-3-2, as well as Part 31 of OAC 317:30-5.

317:30-3-92. Payment for lodging and meals

[Issued 09-01-19]

(a) Payment for lodging and/or meals assistance for an eligible member and an approved medical escort, if needed, is provided only when medically necessary in connection with transportation to and from SoonerCare compensable services. The member and any medical escort must make a reasonable effort to secure lodging at a hospital or non-profit organization. The Oklahoma Health Care Authority (OHCA) has discretion and final authority to approve or deny any lodging and/or meal services.

(1) Lodging and/or meals are reimbursable when prior authorized. Payment for lodging and/or meals is limited to a period of up to twenty-four (24) hours prior to the start of member's medical services and up to twenty-four (24) hours after the services end. Lodging is authorized for the member

and one approved medical escort, if needed. The following factors may be considered by the OHCA when approving reimbursement for a member and any medical escort:

(A) Travel is to obtain specialty care; and

(B) The trip cannot be completed during SoonerRide operating hours; and/or

(C) The trip is one hundred (100) miles or more from the member's residence, as listed in the OHCA system, to the medical facility; and/or

(D) The member's medical treatment requires an overnight stay, or the condition of the member discourages traveling.

(2) When a member is not required to have a Primary Care Provider (PCP) or when a PCP referral is not required to obtain a SoonerCare covered service, a member may go to any provider they choose, but SoonerCare will not reimburse for transportation, lodging, or meals if the distance is beyond what is considered the nearest appropriate facility.

(3) Meals will be reimbursed if lodging criteria is met. Duration of the trip must be eighteen (18) hours or greater.

(4) Reimbursement for meals is based on a daily per diem and may be used for breakfast, lunch or dinner, or all three (3) meals, as required.

(5) During inpatient or outpatient medical stays, lodging and/or meals services are reimbursed for a period of up to fourteen (14) days without prior authorization; stays exceeding the fourteen (14) day period must be prior authorized. A member may not receive reimbursement for lodging and/or meals services for days the member is an inpatient in a hospital or medical facility.

(6) For eligible members in the Neonatal Intensive Care Unit (NICU), a minimum visitation of six (6) hours per day for the approved medical escort is required for reimbursement of lodging and/or meals services. Non-emergency transportation services for medically necessary visitation may be provided for eligible medical escorts.

(b) Lodging must be with a SoonerCare contracted Room and Board provider, when available, before direct reimbursement to a member and/or medical escort can be authorized. If lodging and/or meals assistance with contracted Room and Board providers are not available, the member and any medical escort may request reimbursement assistance by submitting the appropriate travel reimbursement forms. The travel reimbursement forms may be obtained by contacting SoonerCare Care Management division. Any lodging and/or meal expenses claimed on the travel reimbursement forms must be documented with the required receipts and medical records to document the lodging criteria have been met.

Reimbursement must not exceed state per diem amounts. The OHCA has discretion and the final authority to approve or deny lodging and/or meals reimbursement.

(c) Payment for transportation and lodging and/or meals of one medical escort may be authorized if the service is required.

(d) If the Oklahoma Department of Human Services (DHS) removes a child from his/her home, a court must appoint a temporary guardian. During this time the temporary guardian is eligible for medical escort-related lodging and/or meals services. It is the responsibility of the OHCA to determine this necessity. The decision should be based on the following circumstances:

(1) When the individual's health or disability does not permit traveling alone; and

(2) When the individual seeking medical services is a minor child.

SOONERCARE OUT-OF-STATE SERVICES RULE CHANGES

Beginning Sept. 1, 2019 the Oklahoma Health Care Authority (OHCA) will enact changes to the agency's out-of-state (OOS) services policies. These changes will continue to ensure members have access to quality care while controlling program costs. **They will not impact routine medical care for SoonerCare members.**

In 2019 the Oklahoma legislature passed HB 2341, which limited SoonerCare members' services to in-state providers when possible. These changes to OOS services will allow OHCA to maintain compliance with federal and state regulations.

These revisions clearly define coverage and reimbursement for services rendered by providers that are physically located outside of Oklahoma. Also outlined are provider participation requirements, prior authorizations and medical records requests.



WHAT SOONERCARE MEMBERS

Need to Know

- Members living near the Oklahoma state border who regularly see a SoonerCare-contracted provider across the border will see no changes, as long as the provider's office is within 50 miles of the member's address.
- Medical care needed due to an accident or medical emergency while a member is travelling in another state is still eligible for compensation once medical necessity is determined.
- Single-case agreements and contracts will not be allowed under the rule changes. SoonerCare members currently receiving OOS services through single-case agreements will be transitioned to regularly-contracted SoonerCare providers that OHCA medical staff have determined can provide the same level of care at OHCA's regularly contracted rates.
- Self-referrals will no longer be permitted and members will be responsible for incurred medical costs if they do not receive the proper prior authorization for OOS services. Members who think they need out-of-state services should discuss the apparent need with their primary care provider.



WHAT SOONERCARE PROVIDERS

Need to Know

- Except for behavioral health emergencies and true medical emergencies, all required prior authorization documentation must be received by OHCA 10 days in advance of the day the OOS services are to be rendered.
- Requests for care will not be evaluated until all required documents are completed and submitted to OHCA. See below for a list of required prior authorization documents.
- Members may not be sent to non-contracted providers, facilities or doctors. **While the referring provider may suggest a destination for the member's treatment, the ultimate decision on destination will be made by the OHCA Chief Medical Officer or his/her designate and will be based on treatment consistent with recognized standards of care, cost effectiveness and contract status of providers.**
- Telephone requests for OOS services will only be approved in true emergencies and must be followed promptly with the submission of all required documentation.



DOCUMENTATION REQUIRED WITH

Prior Authorization Application

- Documents determining medical necessity for the procedure, such as history of present illness, past medical and surgical history, physical exam, lab and imaging reports, progress notes and other relevant documents.
- A clear statement of the diagnosis and diagnostic condition or conditions for which the OOS service is being requested.
- A clear summary of related treatment prior to the OOS request.
- Summary of treatment plan for which OOS services are being requested.
- Listing of physicians and/or facilities to which the member has been referred for diagnosis and/or treatment.
- Physicians consulted in Oklahoma who have documented inability to diagnose or treat the member in-state.
- Documents that establish why the service cannot be provided in Oklahoma or the next closest facility to Oklahoma.
- Suggested destination for care with reasons for suggestion as appropriate.

**Created July 7, 2019*