



The Oklahoma Health Care Authority has submitted requests to the Centers for Medicare & Medicaid Services for a number of flexibilities in response to coronavirus. The requests were submitted through the 1135 waiver process. CMS approved several of OHCA's requests on March 24. Other requests were authorized by federal legislation or CMS blanket approvals, and CMS is still reviewing some requests. OHCA expects further guidance from CMS on the remaining request in the coming days.

| 1135 REQUEST | APPROVAL STATUS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Waiving certain provider enrollment requirements, such as provider enrollment fees, criminal background checks associated with fingerprint-based criminal checks, site visits, screening levels and in-state/territory licensure. | Effective 3/1/2020 |
| Temporarily suspending the revalidation of all providers who are located in Oklahoma or otherwise directly impacted by the emergency. | Effective 3/1/2020 |
| Flexibility allowing providers to receive payments for services provided to affected SoonerCare members in alternative physical settings, such as mobile testing sites, temporary shelters or facilities. | Effective 3/1/2020 |
| Postponing member-eligibility renewals that are scheduled to occur during the emergency declaration. | Requirement of Families First Coronavirus Response Act |
| Temporarily delay scheduling Medicaid fair hearings and issuing fair-hearing decisions during the emergency period to allow an additional 120 days to appeal and issue decisions. | Effective 3/1/2020 |
| Added flexibility to suspend or modify prior authorization requirements for accessing covered state plan and waiver benefits during the emergency period. OHCA will only utilize this option if unable to review and process PAs due to staff shortage or technology failure. | Effective 3/1/2020 |



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| Allow durable medical equipment providers to waive replacement requirements, such as the face-to-face requirement, new physician's order and a renewal medical necessity documentation. | CMS blanket approval* |
| Waive state plan or waiver-imposed utilization controls on covered benefits to the extent such limits cannot be exceeded based on medical necessity in the relevant approved state plan or waiver authority. | Effective 3/1/2020 |
| Suspend the three-day prior hospitalization for coverage of a skilled nursing facility stay for the duration of the emergency. | CMS blanket approval* |
| Waive the requirement that critical access hospitals limit the number of beds to 25 and that the length of stay be limited to 96 hours. | CMS blanket approval* |
| Waiver of requirement for Tribal 638 clinics and clinic services be provided within the clinic four walls. Exceptions apply. | Pending approval |
| Waive face-to-face encounter reimbursement requirements for telephonic services in FQHCs, RHCs and Tribal 638 clinics. | Pending approval |
| Waive pre-admission screening and annual resident review level I and II for 30 days. | Effective 3/1/2020 |
| Request to suspend premiums for the Insure Oklahoma Individual Plan. | Pending approval |
| Waive EMTALA sanctions for redirection of an individual to receive a focused medical screening examination related to COVID-19 in an alternative location. | CMS blanket approval* |
| Suspend minimum data set submission requirements for clients in non-skilled nursing facilities for 60 days. | CMS blanket approval* |



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Allow for presumptive eligibility for the aged, blind or disabled population for long-term care services.

Pending approval

Additional blanket waivers approved by CMS are set forth [here](#).

**Blanket waivers apply to all applicable providers and do not require a request be sent or that notification be made to CMS.*



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