TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 45. INSURE OKLAHOMA/ OKLAHOMA EMPLOYER AND EMPLOYEE PARTNERSHIP FOR INSURANCE COVERAGE
SUBCHAPTER 1. GENERAL PROVISIONS

317:45-1-1. Purpose and general program provisions

The purpose of this Chapter is to provide rules, in compliance with all applicable federal and state regulations, for the Insure Oklahoma/Oklahoma Employer and Employee Partnership for Insurance Coverage (O-EPIC) program that establishes access to affordable health coverage for low-income working adults, ~~and~~ their ~~spouses~~ dependents and qualified college students. The Oklahoma Health Care Authority (OHCA) contracts with a Third Party Administrator (TPA) for administration of the ~~Program~~ program.

317:45-1-2. Program limitations

(a) The Insure Oklahoma/O-EPIC program is contingent upon sufficient funding that is collected and dispersed through a revolving fund within the State Treasury designated as the "Health Employee and Economy Improvement Act (HEEIA) Revolving Fund". This fund is a continuing fund, not subject to fiscal year limitations.

~~(b)~~ (1) All monies accruing to the credit of the fund are budgeted and expended by the OHCA to implement the ~~Program~~ program.

~~(c)~~ (2) The ~~Program~~ program is funded through a portion of monthly proceeds from the Tobacco Tax, O.S.S. §68-302-5 et seq., collected and dispersed through the HEEIA revolving fund, pursuant to Title 68, Section 302-5 (B.1. and D.1.) and Section 402-3 (B.1 and C.1.) of the Oklahoma Statutes.

~~(d)~~ (3) The ~~Program~~ program is limited in scope such that available funding is not exceeded. Available funding includes the estimated annual deposits from tax collections, accrued interest, federal matching funds and any other revenue source deposited in the HEEIA Revolving Fund for the purpose of this program. If at any time it becomes apparent there is risk the available funding may be exceeded, OHCA must take action to ensure the Insure Oklahoma/O-EPIC program continues to operate within its fiscal capacity.

~~(1)~~ (A) Insure Oklahoma/O-EPIC may limit eligibility based on:

~~(A)~~ (i) the federally-approved capacity of the Insure Oklahoma/O-EPIC services for the Health Insurance Flexibility and Accountability (HIFA) Waiver/1115 Waiver; and

~~(B)~~ (ii) Tobacco Tax collections.

~~(2)~~ (B) The Insure Oklahoma/O-EPIC program may limit eligibility when the utilization of services is projected to exceed the spending authority, or, may suspend new eligibility determinations instead, establishing a waiting list.

~~(A)~~ (i) Applicants, not previously enrolled and participating in the program, submitting new applications for the Insure Oklahoma/O-EPIC program are placed on a waiting list. These applications are date and time stamped when received by the TPA. Applications, with the exception of college students, are identified by region and Insure Oklahoma/ O-EPIC program. Regions are established based on population density statistics as determined through local and national data and may be periodically adjusted to assure statewide availability. Insure Oklahoma/O-EPIC program size is determined by OHCA and may be periodically adjusted.

~~(B)~~ (ii) The waiting list utilizes a "first in - first out" method of selecting eligible applicants by region and ~~O-EPIC~~ program.

~~(C)~~ (iii) When an applicant is determined eligible and moves from the waiting list to active participation, the applicant must submit a new application.

~~(D)~~ (iv) Enrolled applicants who are currently participating in the ~~O-EPIC~~ program are not subject to the waiting list.

~~(E)~~ (v) For approved employers ~~of O-EPIC~~, if the employer hires a new employee after the employer's program eligibility begins, the new employee is allowed to participate ~~in O-EPIC~~ during the employer's current eligibility period.

~~(F)~~ (vi) For approved employers ~~of O-EPIC~~, if the employer has an employee who has a ~~Qualifying Event~~ qualifying event after the employer's program eligibility begins, the employee is allowed to make changes pertaining to the ~~Qualifying Event~~ qualifying event.

(b) College students' eligibility and participation in the Insure Oklahoma/O-EPIC program is contingent upon sufficient funding from the Oklahoma legislature. This funding is separate from the funding described in subsection (a) of this Section.

317:45-1-3. Definitions

The following words or terms, when used in this Chapter, will have the following meanings unless the context clearly indicates otherwise:

"Carrier" means:

(A) ~~an insurance company, group health service or Health Maintenance Organization (HMO) that provides health benefits pursuant to Title 36 O.S., Section 6512~~ An insurance company, insurance service, insurance organization, or group health service, which is licensed to engage in the business of insurance in the State of Oklahoma and is subject to State law which regulates insurance, or Health Maintenance Organization (HMO) which provides or arranges for the delivery of basic health care services to enrollees on a prepaid basis, except for copayments or deductibles for which the enrollee is responsible, or both and is subject to State law which regulates Health Maintenance Organizations (HMOs);

(B) A Multiple Employer Welfare Arrangement (MEWA) licensed by the Oklahoma Insurance Department; ~~or~~

(C) A domestic MEWA exempt from licensing pursuant to Title 36 O.S., Section 634(B) that otherwise meets or exceeds all of the licensing and financial requirements of MEWAs as set out in Article 6A of Title 36~~.~~; or

(D) Any entity organized pursuant to the Interlocal Cooperation Act, Section 1001 et seq. of Title 74 of the Oklahoma Statutes as authorized by Title 36 Section 607.1 of the Oklahoma Statutes and which is eligible to qualify for and hold a certificate of authority to transact insurance in this State.

"Child Care Center" means a facility licensed by OKDHS which provides care and supervision of children and meets all the requirements in OAC 340:110-3-1 through OAC 340:110-3-33.3.

"Dependent" means the spouse of the approved applicant and/or child under nineteen (19) years of age or his or her child nineteen (19) years through twenty-three (23) years of age who is attending an Oklahoma qualified institution of higher education and relying upon the insured employee or member for financial support.

"Eligibility period" means the period of eligibility extending from an approval date to an end date.

"Employer Sponsored Insurance" means the program that provides premium assistance to qualified businesses for approved applicants.

"EOB" means an Explanation of Benefits.

"Explanation of Benefit" means a statement issued by a ~~Carrier~~ carrier that indicates services rendered and financial responsibilities for the ~~Carrier~~ carrier and Insure Oklahoma/O-EPIC ~~PA~~ member.

"Full-time Employment" means a normal work week of twenty-four (24) or more hours.

"Full-time Employer" means the employer who employs an employee for twenty-four (24) hours or more per week to perform work in exchange for wages or salary.

"Individual Plan" means the ~~O-EPIC program that provides services to those individuals who do not meet the criteria for O-EPIC PA~~ safety net program for those qualified individuals who do not have access to Insure Oklahoma/O-EPIC ESI.

"Insure Oklahoma/O-EPIC" means a health plan purchasing strategy in which the State uses public funds to pay for a portion of the costs of health plan coverage for eligible populations.

"PCP" means Primary Care Provider.

~~**"Insure Oklahoma/O-EPIC"** means the Oklahoma Employer and Employee Partnership for Insurance Coverage program.~~

"Insure Oklahoma/O-EPIC IP" means the Individual Plan program.

"Insure Oklahoma/O-EPIC ~~PA~~ ESI" means the ~~Premium Assistance~~ Employer Sponsored Insurance program.

"OESC" means the Oklahoma Employment Security Commission.

"OHCA" means the Oklahoma Health Care Authority.

"OKDHS" means the Oklahoma Department of Human Services.

~~**"Oklahoma Employer and Employee Partnership for Insurance Coverage"** means a health plan purchasing strategy in which a state uses public funds to pay for a portion of the costs of health plan coverage for eligible populations.~~

"PCP" means Primary Care Provider.

"PEO" or "Professional Employer Organization" means any person engaged in the business of providing professional employer services. A person engaged in the business of providing professional employer services shall be subject to registration under the Oklahoma Professional Employer Organization Recognition and Registration Act as provided in Title 40, Chapter 16 of Oklahoma Statutes, Section 600.1 et.seq.

~~**"Premium Assistance"** means the O-EPIC program that provides premium assistance to small business for certain employees.~~

"Primary Care Provider" means a provider under contract to the Oklahoma Health Care Authority to provide primary care services, including all medically-necessary referrals.

~~**"Primary Employer"** means the employer who employs an employee for 24 hours or more per week to perform work in exchange for wages or salary.~~

"Premium" means a monthly payment to a ~~Carrier~~ carrier for health plan coverage.

"QHP" means Qualified Health Plan.

"Qualified Health Plan" means a health plan that has been approved by the OHCA for participation in the Insure Oklahoma/O-EPIC program.

"Qualifying Event" means the occurrence of an event that permits individuals to join a group health plan outside of the "open enrollment period" and/or that allows individuals to modify the coverage they have had in effect. Qualifying ~~Events~~ events are defined by the employer's health plan and meet federal requirements under Public Law 104-191 (HIPAA), and 42 U.S.C. 300bb-3.

"State" means the State of Oklahoma, acting by and through the Oklahoma Health Care Authority or its designee.

"TPA" means the Third Party Administrator.

"Third Party Administrator" means the entity contracted by the State to provide the administration of the Insure Oklahoma/ Oklahoma Employer and Employee Partnership for Insurance Coverage program.

317:45-1-4. Reimbursement for out-of-pocket medical expenses

(a) ~~O-EPIC members~~ Members are responsible for all out-of-pocket expenses. Out-of-pocket expenses for services covered by the health plan, as defined by the health plan's benefit summary and policies, that exceed ~~5%~~ five percent of the employee's gross annual household income during the current eligibility period may be reimbursable.

(b) The ~~O-EPIC~~ member must submit a reimbursement claim form with appropriate documentation to the TPA. Information may be submitted at any time but no later than 90 days after the close of their eligibility period to be considered for reimbursement. Appropriate supporting documentation includes an original EOB or paid receipt if no EOB is issued. Both EOB and paid receipts must include required information listed in OAC 317:45-5-1(c)(1)-(6). Reimbursement for out-of-pocket medical expenses is made for the amount indicated as the member's responsibility on the EOB or receipt reflecting the amount paid for medical expenses. Appropriate supporting documentation for prescribed prescriptions must be an original receipt and include information about the pharmacy at which the drug was purchased, the name of the drug dispensed, the quantity dispensed, the prescription number, the name of the person the drug is for, the date the drug was dispensed and the total amount paid.

(c) Reimbursement for qualified medical expenses is subject to a fixed cap amount. The fixed cap for reimbursement is established annually and is calculated using local and national data concerning individual out-of-pocket health care expenses. The objective of the fixed cap is to set the amount high enough such that, in the great majority of households, all of the costs above the ~~5%~~ five percent threshold would be absorbed.

SUBCHAPTER 3. Insure Oklahoma/O-EPIC ~~PA~~ CARRIERS

317:45-3-1. Carrier eligibility

Carriers must ~~file a quarterly financial statement with the Oklahoma Insurance Department and~~ submit requested information to OHCA for each health plan to be considered for qualification. Carriers must also provide the name, address, telephone number, and, if available, email address of a contact individual who is able to verify ~~O-EPIC~~ employer enrollment status in a ~~Qualified Health Plan~~ QHP.

317:45-3-2. Audits

Carriers are subject to audits related to health plan qualifications. These audits may be conducted periodically to determine if ~~Qualified Health Plans~~ QHPs continue to meet all requirements as defined in OAC 317:45-5-1.

SUBCHAPTER 5. Insure Oklahoma/O-EPIC ~~PA~~ QUALIFIED HEALTH PLANS

317:45-5-1. Qualified Health Plan requirements

(a) Participating ~~Qualified Health Plans participating in O-EPIC~~ QHPs must offer, at a minimum, benefits that include:

(1) hospital services;
(2) physician services;
(3) clinical laboratory and radiology;
(4) pharmacy; ~~and~~
(5) office visits~~.~~;
(6) well baby/well child visits; and
(7) childhood immunizations according to the Advisory Committee on Immunization Practices (ACIP) schedule.

(b) The health plan, if required, must be approved by the ~~Oklahoma Department of Insurance~~ Oklahoma Insurance Department for participation in the Oklahoma market. All health plans must share in the cost of covered services and pharmacy products in addition to any negotiated discounts with network providers, pharmacies, or pharmaceutical manufacturers. If the health plan requires co-payments or deductibles, the co-payments or deductibles cannot exceed the limits described in this subsection.

(1) An annual out-of-pocket maximum cannot exceed ~~$3,000 per individual~~ an amount that is established by OHCA. This amount includes any ~~individual~~ non-pharmacy, annual deductible amount for in-network services~~, except for pharmacy~~.
(2) Office visits cannot require a co-payment exceeding $50 per visit.
(3) Annual in-network pharmacy deductibles cannot exceed $500 per individual.

(c) ~~Qualified Health Plans~~ QHPs may provide an ~~Explanation of Benefits (~~EOB~~)~~ for paid or denied claims subject to member co-insurance or member deductible calculations. If an EOB is provided it must contain, at a minimum, the:

(1) provider's name;
(2) patient's name;
(3) date(s) of service;
(4) code(s) and/or description(s) indicating the service(s) rendered, the amount(s) paid or the denied status of the claim(s);
(5) reason code(s) and description(s) for any denied service(s); and
(6) amount due and/or paid from the patient or responsible party.

317:45-5-2. Closure criteria for health plans

Eligibility for the ~~Carrier's~~ carrier's health plans ends when:

(1) changes are made to the design or benefits of the ~~Qualified Health Plan~~ QHP such that it no longer meets ~~O-EPIC~~ requirements for ~~Qualified Health Plans~~ QHPs. Carriers are required to report to OHCA any changes in health plans potentially affecting its qualification for participation in the ~~O-EPIC~~ program not less than 90 days prior to the effective date of such change(s).
(2) the ~~Carrier~~ carrier no longer meets the definition set forth in OAC 317:45-1-3.
(3) the health plan is no longer an available product in the Oklahoma market.
(4) the health plan fails to meet or comply with all requirements for a ~~Qualified Health Plan~~ QHP as defined OAC 317:45-5-1.

SUBCHAPTER 7. Insure Oklahoma/O-EPIC ~~PA~~ ESI EMPLOYER ELIGIBILITY

317:45-7-1. Employer application and eligibility requirements for Insure Oklahoma/O-EPIC ESI

(a) In order for an employer to be eligible to participate in the Insure Oklahoma/O-EPIC program the employer must:

(1) have no more than a total of 250 employees on its payroll. The increase in the number of employees from 50 to 250 will be phased in over a period of time as determined by the Oklahoma Health Care Authority. The number of employees is determined based on the third month employee count of the most recently filed OES-3 form with the Oklahoma Employment Security Commission (OESC) and that is in compliance with all requirements of the OESC. Employers may provide additional

documentation confirming terminated ~~or part time~~ employees that will be excluded from the OESC employee count. If the employer is exempt from filing an OES-3 form or is contracted with a PEO or is a Child Care Center, in accordance with OHCA rules, this determination is based on appropriate supporting documentation, such as the W-2 Summary Wage and Tax form ~~as required under OAC 365:10-5-156~~ to verify employee count;

(2) have a business that is physically located in Oklahoma;

(3) be currently offering, or ~~intending~~ at the contracting stage to offer, ~~within 90 calendar days an O-EPIC Qualified Health Plan~~ a QHP. The ~~Qualified Health Plan~~ QHP coverage must begin on the first day of the month and continue through the last day of the month;

(4) offer ~~Qualified Health Plan~~ QHP coverage to employees ~~in accordance with Oklahoma Small Business Statutes, Oklahoma Department of Insurance, and all other regulatory agencies~~; and

(5) contribute a minimum 25 percent of the eligible employee monthly health plan premium;

(b) An employer who meets all requirements listed in subsection (a) of this Section must complete and submit an employer enrollment packet to the TPA.

(c) The employer must provide its Federal Employee Identification Number (FEIN).

(d) The employer must notify the TPA, within 5 working days from occurrence, of any Insure Oklahoma/O-EPIC employee's termination or resignation.

317:45-7-2. Employer eligibility determination

Eligibility for employers is determined by the TPA using the eligibility requirements listed in OAC 317:45-7-1. An employer determined eligible for Insure Oklahoma/O-EPIC is approved for up to a 12 month period. The eligibility period begins on the first day of the month following the date of approval. The eligibility period ends the last day of the 12th month. The eligibility period will renew automatically unless the employer's eligibility has been closed (refer to OAC 317:45-7-8). The TPA notifies the employer of the eligibility decision for employer and employees.

317:45-7-3. Employer cost sharing

Employers are responsible for a portion of the eligible employee's monthly health plan premium as defined in OAC 317:45-7-1. Employers are not required to contribute to an eligible ~~spouse's~~ dependent’s coverage.

317:45-7-4. Qualifying Event

Employers must allow an employee to enroll or change coverage following a ~~Qualifying Event~~ qualifying event. The employer files form OEPIC-4, Small Business Employer Change Form, with the TPA for that employee experiencing the ~~Qualifying Event~~ qualifying event.

317:45-7-5. Reimbursement

In order to receive a premium subsidy, the employer must submit the current health plan invoice or other approved documentation to the TPA ~~via fax or mail~~.

317:45-7-8. Closure

Eligibility provided under the Insure Oklahoma/O-EPIC ESI program ~~ends~~ may end during the eligibility period when:

(1) ~~the employer terminates its contract with all Qualified Health Plans~~ the employer no longer meets the eligibility requirements in OAC 317:45-7-1;

(2) the employer fails to pay premiums to the ~~Carrier~~ carrier;

(3) the employer fails to provide an invoice verifying the monthly health plan premium has been paid; or

(4) an audit indicates a discrepancy that makes the employer ineligible~~;~~.

~~(5) the employer no longer has a business location in Oklahoma; or~~

~~(6) the Qualified Health Plan or Carrier no longer qualifies for O-EPIC.~~

SUBCHAPTER 9. Insure Oklahoma/O-EPIC ~~PA~~ ESI EMPLOYEE ELIGIBILITY

317:45-9-1. Employee eligibility requirements

(a) Employee ~~premium assistance~~ applications are ~~made with~~ submitted to the TPA.

(b) ~~The TPA electronically submits the application to the Oklahoma Department of Human Services (OKDHS) for a determination of eligibility.~~ The eligibility determination is processed within 30 days from the date the application is received by the TPA. The employee is notified in writing of the eligibility decision.

(c) All ~~O-EPIC~~ eligible employees described in this Section are enrolled in their Employer's QHP. ~~Employees eligible for O-EPIC~~ Eligible employees must:

(1) have a countable household income at or below ~~200%~~ 250% of the Federal Poverty Level (FPL) after appropriate income disregards are applied~~. The standard deduction for work related expenses such as income tax payments, Social Security~~

~~taxes, and transportation to and from work, is $240 per each full-time or part-time employed member~~;
(2) be a US citizen or alien as described in OAC 317:35-5-25;
(3) be Oklahoma residents;
(4) provide ~~his/her~~ social security ~~number~~ numbers for all household members;
(5) not be ~~currently enrolled in, or have an open application for,~~ receiving benefits from SoonerCare/Medicare;
(6) be employed with a qualified employer at a business location in Oklahoma;
(7) be age 19 through age 64 or an emancipated minor;
(8) be eligible for enrollment in the employer's ~~Qualified Health Plan~~ QHP;
(9) ~~be working for primary employer(s)~~ not have full-time employment with any employer who ~~all meet~~ does not meet the eligible employer guidelines listed in OAC 317:45-7-1(a)(1)-(2); and
(10) select one of the ~~Qualified Health Plans~~ QHPs the employer is offering.

(d) An employee's ~~spouse is~~ dependents are eligible ~~for O-EPIC if~~ when:
(1) the employer's health plan includes coverage for ~~spouses~~ dependents;
(2) the employee is eligible ~~for O-EPIC~~;
(3) if employed, the ~~spouse's primary employer(s) meets employer guidelines listed in OAC 317:45-7-1(a)(1)-(2)~~ spouse may not have full-time employment with any employer who does not meet the eligible employer guidelines listed in OAC 317:45-7-1(a)(1)-(2); and
(4) the ~~spouse is~~ dependents are enrolled in the same health plan as the employee.

(e) If an employee or ~~spouse is~~ their dependents are eligible for multiple ~~O-EPIC Qualified Health Plans~~ QHPs, each may receive a subsidy under only one health plan.

317:45-9-2. Employee eligibility period

(a) Employee eligibility is contingent upon the employer's program eligibility.
(b) The employee's eligibility is determined by the TPA using the eligibility requirements listed in OAC 317:45-9-1.
(c) If the employee is determined eligible ~~for O-EPIC~~, he/she is approved for a period not greater than 12 months. The length of the eligibility period is based on the remaining number of months the employer has left in its eligibility period.
(d) The employee's eligibility period begins on the first day of the month following the date of approval.

317:45-9-3. Qualifying Event

(a) Employees are allowed to apply ~~for O-EPIC~~ following a Qualifying Event.

(b) An employee's ~~spouse~~ dependents may become eligible for coverage and ~~is~~ are allowed to apply ~~for O-EPIC~~ following a ~~Qualifying Event~~ qualifying event ~~of the employee or spouse~~.

317:45-9-4. Employee cost sharing

Employees are responsible for up to 15% percent of their health plan premium. The employees are also responsible for up to 15% of their ~~spouse's~~ dependent's health plan premium if the ~~spouse~~ dependent is included in the program. The combined portion of the employee's cost sharing for health plan premiums cannot exceed three percent of his/her gross annual household income computed monthly.

317:45-9-6. Audits

Individuals participating in the ~~O-EPIC~~ program are subject to audits related to their eligibility, subsidy payments, and out-of-pocket reimbursements. Eligibility may be reversed at any time if inconsistencies are found. Any monies paid in error will be subject to recoupment.

317:45-9-7. Closure

(a) Employer and employee eligibility are tied together. If the employer ~~no longer meets the requirements for O-EPIC~~ is no longer eligible, then ~~eligibility for~~ the associated employees enrolled under that employer are also ineligible. Employees are mailed a ~~written~~ notice 10 days prior to closure of eligibility.

(b) The employee's certification period may be terminated when:

(1) termination of employment, either voluntary or involuntary, occurs;

(2) the employee moves out-of-state;

(3) the covered employee dies;

(4) the employer ends its contract with the ~~Qualified Health Plan~~ QHP;

(5) the employer's eligibility ends;

(6) an audit indicates a discrepancy that makes the employee or employer ineligible;

(7) the employer is terminated from ~~O-EPIC~~ the program;

(8) the employer fails to pay the premium;

(9) the ~~Qualified Health Plan~~ QHP or ~~Carrier~~ carrier is no longer qualified;

(10) the employee becomes eligible for Medicaid/Medicare;

(11) the employee or employer reports to the OHCA or the TPA any change affecting eligibility;

(12) the employee is no longer listed as a covered person on the employer's health plan invoice; or
(13) the employee requests closure.

SUBCHAPTER 11. Insure Oklahoma/O-EPIC IP
PART 1. INDIVIDUAL PLAN PROVIDERS

317:45-11-1. Insure Oklahoma/O-EPIC Individual Plan providers

Insure Oklahoma/O-EPIC Individual Plan (IP) providers must comply with existing SoonerCare rules found at OAC 317:25 and OAC 317:30. In order to receive ~~SoonerCare~~ reimbursement, the IP provider:

(1) must enter into a SoonerCare contract; and
~~(2) may collect the member's co-pay in addition to the SoonerCare reimbursement;~~
~~(3) may refuse to see members based on their inability to pay their co-pay; and~~
~~(4)~~ (2) must complete Insure Oklahoma/O-EPIC IP addendum if provider wants to provide primary care services as a PCP.

317:45-11-2. Insure Oklahoma/O-EPIC IP provider payments

Payment for covered benefits rendered to Insure Oklahoma/O-EPIC IP members, as shown in OAC 317:45-11-10 and not listed as a non-covered service in OAC 317:45-11-11, ~~rendered to O-EPIC IP members~~ is made to contracted Insure Oklahoma/O-EPIC IP healthcare providers for medical and surgical services within the scope of OHCA's medical programs, provided the services are medically necessary as defined in OAC 317:30-3-1(f).

(1) Coverage of certain services requires prior authorization as shown in OAC 317:45-11-10 and may be based on a determination made by a medical consultant in individual circumstances~~.~~;
(2) The decision to charge a copayment for a missed visit is at the provider’s discretion;
(3) The provider may collect the member's copayment in addition to the SoonerCare reimbursement for services provided; and
(4) The provider may refuse to see members based on their inability to pay their copayment.

PART 3. Insure Oklahoma/O-EPIC IP MEMBER HEALTH CARE BENEFITS

317:45-11-10. Insure Oklahoma/O-EPIC IP benefits

(a) All ~~O-EPIC~~ IP benefits are subject to rules delineated in OAC 317:30 except as specifically set out in this Section. The scope of IP benefits described in this Section are subject to specific non-covered services listed in OAC 317:45-11-11.

(b) A PCP referral is required to see any other provider with the exception of the following services:

(1) behavioral health services;

(2) prenatal and obstetrical supplies and services, meaning prenatal care, delivery and 60 days of postpartum care;

(3) family planning supplies and services, meaning an office visit for a comprehensive family planning evaluation, including obtaining a Pap smear;

(4) women's routine and preventive health care services;

(5) emergency medical condition as defined in OAC 317:30-3-1; and

(6) services delivered to American Indians at Indian Health Service, tribal, or urban Indian clinics.

(c) ~~O-EPIC~~ IP covered benefits for in-network services, limits, and applicable co-payments are listed in this subsection. In addition to the benefit-specific limits, there is a maximum lifetime benefit of $1,000,000. Coverage includes:

(1) Anesthesia / Anesthesiologist Standby. Covered in accordance with OAC 317:30-5-7. Eligible services are covered for covered illness or surgery including services provided by a Certified Registered Nurse Anesthetist (CRNA).

(2) Blood and Blood Products. Processing, storage, and administration of blood and blood products in inpatient and outpatient settings.

(3) Chelation Therapy. Covered for heavy metal poisoning only.

(4) Diagnostic X-ray, including Ultrasound. Covered in accordance with OAC 317:30-5-22(b)(2). PCP referral is required. Standard radiology (X-ray or Ultrasound): $0 co-pay. Specialized scanning and imaging (MRI, MRA, PET, or CAT Scan); $25 co-pay per scan.

(5) Emergency Room Treatment, services and supplies for treatment in an emergency. Contracted provider services are subject to a $30 co-pay per occurrence. The emergency room co-pay will be waived if the member is admitted to the hospital or death occurs before admission.

(6) Inpatient Hospital Benefits. Covered in accordance with OAC 317:30-5-41, 317:30-5-47 and 317:30-5-95; $50 co-pay per admission.

(7) Preventive Office Visit. For services of evaluation and medical management (wellness exam); one visit per year with a $10 co-pay. This visit counts as an office visit.

(8) Office Visits/Specialist Visits. Covered in accordance with OAC 317:30-5-9, 317:30-5-10, and 317:30-5-11. For services of evaluation and medical management; up to four visits are covered per month; PCP referral required for specialist visits; $10 co-pay per visit.

(9) Outpatient Hospital/Facility Services.

(A) Includes hospital surgery services in an approved outpatient facility including outpatient services and diagnostic services. Prior authorization required for certain procedures; $25 co-pay per visit.

(B) Therapeutic radiology or chemotherapy on an outpatient basis without limitation to the number of treatments per month for persons with proven malignancies or opportunistic infections; $10 co-pay per visit.

(10) Maternity (Obstetric). Covered in accordance with OAC 317:30-5-22. Nursery care paid separately under eligible child; $50 inpatient hospital co-pay.

(11) Laboratory/Pathology. Covered in accordance with OAC 317:30-5-20; $0 co-pay.

(12) Mammogram (Radiological or Digital). Covered in accordance with OAC 317:30-5-901; $0 co-pay.

(13) Immunizations ~~for Adults~~. Covered in accordance with OAC 317:30-5-2~~; $10 co-pay per immunization~~.

(14) Assistant Surgeon. Covered in accordance with OAC 317:30-5-8.

(15) Dialysis, Kidney dialysis, and services and supplies, either at home or in a facility; $0 co-pay.

(16) Oral Surgery. Services are limited to the removal of tumors or cysts; Inpatient Hospital $50 or Outpatient Hospital/Facility; $25 co-pay applies.

(17) Mental Health Treatment (Inpatient). Covered in accordance with OAC 317:30-5-95.1; $50 co-pay per admission.

(18) Mental Health Treatment (Outpatient). Covered in accordance with OAC 317:30-5-241; $10 co-pay per visit.

(19) Substance Abuse Treatment (Outpatient). Covered in accordance with OAC 317:30-5-241; $10 co-pay per visit.

(20) Durable Medical Equipment and Supplies. Covered in accordance with ~~OAC 317:30-5, Part 17~~ OAC 317:30-5-210 through 317:30-5-218. A PCP referral and prior authorization is required for certain items. DME/Supplies are covered up to a $15,000 annual maximum; exceptions from the annual DME limit are diabetic supplies, oxygen, home dialysis, and parenteral therapy; $5 co-pay for durable/non-durable supplies and $25 co-pay for durable medical equipment.

(21) Diabetic Supplies. Covered in accordance with ~~OAC 317:30-5, Part 17~~ OAC 317:30-5-211.15; not subject to $15,000 annual DME limit; $5 co-pay per prescription.

(22) Oxygen. Covered in accordance with ~~OAC 317:30-5, Part 17~~ OAC 317:30-5-211.11 through 317:30-5-211.12; not subject to $15,000 annual DME limit; $5 co-pay per month.

(23) Pharmacy. Covered in accordance with OAC 317:30-5-72.1 and 317:30-5-72. Prenatal vitamins and smoking cessation

products do not count against monthly prescription limits; $5/$10 co-pay per prescription.
(24) Smoking Cessation Products. Products do not count against monthly prescription limits. Covered in accordance with ~~OAC 317:30-5-77.2~~ OAC 317:30-5-72.1; $5/$10 co-pay per product.
(25) Nutrition Services. Covered in accordance with OAC 317:30-5-1076; $10 co-pay per visit.
(26) External Breast Prosthesis, Bras and Prosthetic Garments. Covered in accordance with ~~OAC 317:30-5, Part 17~~ OAC 317:30-5-211.13; $25 co-pay per prosthesis.
(27) Surgery. Covered in accordance with OAC 317:30-5-8; $50 co-pay per inpatient admission and $25 co-pay per outpatient visit.
(28) Home Dialysis. Covered in accordance with ~~OAC 317:30-5, Part 17~~ OAC 317:30-5-211.13; not subject to $15,000 annual DME limit; $0 co-pay.
(29) Parenteral Therapy. Covered in accordance with ~~OAC 317:30-5, Part 17~~ OAC 317:30-5-211.14; not subject to $15,000 annual DME limit; $25 co-pay per month.
(30) Family Planning Services and Supplies, including Sterilizations. Covered in accordance with OAC 317:30-3-57; $0 co-pay.
(31) Home Health Medications, Intravenous (IV) Therapy and Supplies. Covered in accordance with ~~OAC 317:30-5-211(a)(3)(D)(i) and 317:30-5-41(2)(J)(iii)~~ OAC 317:30-5-211.15 and 317:30-5-42.16(b)(3).
(32) Ultraviolet Treatment-Actinotherapy.
(33) Fundus photography.
(34) Perinatal dental care for pregnant women. Covered in accordance with OAC 317:30-5-696; $0 co-pay.

317:45-11-11. Insure Oklahoma/O-EPIC IP non-covered services

Certain health care services are not covered in the Insure Oklahoma/O-EPIC IP benefit package listed in OAC 317:45-11-10. These services include, but are not limited to:
(1) services that the member's PCP or Insure Oklahoma/O-EPIC does not consider medically necessary;
(2) any medical service when the member refuses to authorize release of information needed to make a medical decision;
(3) organ and tissue transplant services;
(4) treatment of obesity;
(5) procedures, services and supplies related to sex transformation;
(6) supportive devices for the feet (orthotics) except for the diagnosis of diabetes;

(7) cosmetic surgery, except as medically necessary and as covered in OAC 317:30-3-59(19);
(8) over-the-counter drugs, medicines and supplies except contraceptive devices and products, and diabetic supplies;
(9) experimental procedures, drugs or treatments;
(10) dental services (preventive, basic, major, orthodontia, extractions or services related to dental accident) except for pregnant women and as covered in OAC 317:30-5-696;
(11) vision care and services (including glasses), except services treating diseases or injuries to the eye;
(12) physical medicine including speech, physical, occupational, chiropractic, acupuncture and osteopathic manipulation therapy;
(13) hearing services;
(14) transportation [emergent or non-emergent (air or ground)];
(15) rehabilitation (inpatient);
(16) cardiac rehabilitation;
(17) allergy testing and treatment;
(18) home health care with the exception of medications, intravenous (IV) therapy, supplies;
(19) hospice regardless of location;
(20) Temporomandibular Joint Dysfunction (TMD) (TMJ);
(21) genetic counseling;
(22) fertility evaluation/treatment/and services;
(23) sterilization reversal;
(24) Christian Science Nurse;
(25) Christian Science Practitioner;
(26) skilled nursing facility;
(27) ~~longterm~~ long-term care;
(28) stand by services;
(29) thermograms;
(30) abortions (for exceptions, refer to OAC 317:30-5-6);
(31) services of a Lactation Consultant;
(32) services of a Maternal and Infant Health Licensed Clinical Social Worker; and
(33) enhanced services for medically high risk pregnancies as found in OAC 317:30-5-22.1.

PART 5. Insure Oklahoma/O-EPIC ~~INDIVIDUAL PLAN~~ IP MEMBER ELIGIBILITY

317:45-11-20. Insure Oklahoma/O-EPIC ~~Individual Plan~~ IP eligibility requirements

(a) Employees not eligible ~~for participating~~ to participate in an employer's ~~Qualified Health Plan (QHP)~~ QHP, employees of non-participating employers, self-employed, unemployed seeking work,

and workers with a disability may apply for ~~the O-EPIC Individual Plan~~ IP. Applicants cannot obtain ~~O-EPIC~~ IP coverage if they are eligible for ~~O-EPIC PA~~ ESI.

~~(b) Applications may be found on the World Wide Web or may be requested by calling the O-EPIC helpline. Completed applications are submitted to the TPA.~~

~~(c)~~ (b) ~~The TPA electronically submits the application to the Oklahoma Department of Human Services (OKDHS) for a determination of eligibility.~~ The eligibility determination is processed within 30 days from the date the complete application is received by the TPA. The applicant is notified in writing of the eligibility decision.

~~(d)~~ (c) In order to be eligible for the IP, the applicant must:

(1) choose a valid PCP according to the guidelines listed in OAC 317:45-11-22, at the time they make application;

(2) be a US citizen or alien as described in OAC 317:35-5-25;

(3) be an Oklahoma resident;

(4) provide ~~his/her~~ social security ~~number~~ numbers for all household members;

(5) not be ~~currently enrolled in, or have an open application for,~~ receiving benefits from SoonerCare/Medicare;

(6) be age 19 through 64 or an emancipated minor; ~~and~~

(7) make premium payments by the due date on the invoice~~.~~; and

(8) not have full-time employment with any other employer who does not meet the eligible employer guidelines listed in OAC 317:45-7-1(a)(1)-(2).

~~(e)~~ (d) If employed and working for an approved Insure Oklahoma/O-EPIC employer who offers a QHP, the applicant must meet the requirements in subsection ~~(d)~~ (c) of this Section and:

(1) have household income at or below ~~200%~~ 250% of the Federal Poverty Level (FPL).

(2) be ineligible for participation in their employer's QHP due to number of hours worked.

(3) have received notification from Insure Oklahoma/O-EPIC indicating their employer has applied for Insure Oklahoma/O-EPIC and has been approved.

~~(f)~~ (e) If employed and working for an employer who doesn't offer a QHP, the applicant must meet the requirements in subsection ~~(d)~~ (c) of this Section and~~: (1)~~ have a countable household income at or below ~~200%~~ 250% of the ~~Federal Poverty Level~~ (FPL) after appropriate income disregards are applied. ~~The standard deduction for work related expenses such as income tax payments, Social Security taxes, and transportation to and from work, is $240 per each full-time or part-time employed member; and~~

~~(2) have received notification from O-EPIC indicating their employer has applied and has been approved with the attestation that they are not offering a QHP.~~

~~(g)~~ (f) If self-employed, the applicant must meet the requirements in subsection ~~(d)~~ (c) of this Section and:

(1) must have household income at or below ~~200%~~ 250% of the ~~Federal Poverty Level~~ (FPL);

(2) verify self-employment by providing the most recent federal tax return with all supporting schedules and copies of all 1099 forms; ~~and~~

(3) verify current income by providing appropriate supporting documentation~~.~~; and

(4) must not be employed by any full-time employer who meets the eligibility requirements in OAC 317:45-7-1(a)(1)-(2).

~~(h)~~ (g) If unemployed seeking work, the applicant must meet the requirements in subsection ~~(d)~~ (c) of this Section and:

(1) must have household income at or below ~~200%~~ 250% of the ~~Federal Poverty Level~~ (FPL); and

(2) verify eligibility by providing a most recent copy of their monetary OESC determination letter and a most recent copy of at least one of the following:

(A) OESC eligibility letter,

(B) OESC weekly unemployment payment statement, or

(C) bank statement showing state treasurer deposit.

~~(i)~~ (h) If working with a disability, the applicant must meet the requirements in subsection ~~(d)~~ (c) of this Section and:

(1) must have household income at or below 200% of the ~~Federal Poverty Level~~ (FPL) based on a family size of one; and

(2) verify eligibility by providing a copy of their:

(A) ticket to work, or

(B) ticket to work offer letter.

317:45-11-21. ~~Spouse~~ Dependent eligibility

(a) If the spouse of an Insure Oklahoma/O-EPIC IP approved individual is eligible for Insure Oklahoma/O-EPIC ~~PA~~ ESI, they must apply for Insure Oklahoma/O-EPIC ~~PA~~ ESI. Spouses cannot obtain Insure Oklahoma/O-EPIC IP coverage if they are eligible for Insure Oklahoma/O-EPIC ~~PA~~ ESI.

(b) The employed or self-employed spouse of an approved applicant ~~approved according to the~~ must meet the guidelines listed in ~~OAC 317:45-11-20(a) through (h)~~ OAC 317:45-11-20(a) through (g) ~~is~~ to be eligible for Insure Oklahoma/O-EPIC IP.

(c) The ~~spouse~~ dependent of an applicant approved according to the guidelines listed in ~~OAC 317:45-11-20(i)~~ OAC 317:45-11-20(h) does not become automatically eligible for Insure Oklahoma/O-EPIC IP. ~~The spouse may choose to apply separately.~~

(d) The applicant and the ~~spouses'~~ dependents' eligibility are tied together. If the applicant no longer meets the requirements for Insure Oklahoma/O-EPIC IP, then the associated ~~spouse~~ dependent enrolled under that applicant is also ineligible.

317:45-11-21.1. Certification of newborn child deemed eligible

(a) A newborn child is deemed eligible on the date of birth for SoonerCare benefits when the child is born to a member of Insure Oklahoma/Oklahoma Employer and Employee Partnership for Insurance Coverage Individual Plan (O-EPIC IP) and the household countable income does not exceed SoonerCare requirements. (For purposes of this subparagraph, a newborn child is defined as any child under the age of one year). The newborn child is deemed eligible through the last day of the month the child attains the age of one year.

(b) The newborn child's eligibility is not dependent on the mother's continued eligibility for Insure Oklahoma/O-EPIC IP. The child's eligibility is based on the original eligibility determination of the mother for Insure Oklahoma/O-EPIC IP and consideration is not given to any income or resource changes that occur during the deemed eligibility period.

(c) The newborn child's certification period is shortened only in the event the child:

(1) leaves the mother's home;
(2) loses Oklahoma residence;
(3) has medical needs included in another assistance case; or
(4) expires.

(d) No other conditions of eligibility are applicable, including social security number enumeration; however, it is recommended that social security number enumeration be completed as soon as possible after the child's birth.

317:45-11-22. PCP choices

(a) The ~~applicants~~ applicant (and ~~spouse~~ dependents if also applying for Insure Oklahoma/O-EPIC IP) ~~are~~ is required to select valid PCP choices as required on the application.

(b) If a valid PCP is selected by the applicant or ~~spouse~~ dependents and they are not enrolled with the first PCP choice, they are enrolled with the next available PCP choice. The applicant is notified in writing why their initial choice was not selected.

(c) After initial enrollment in Insure Oklahoma/O-EPIC IP, the applicant or ~~spouse~~ dependents can change their PCP selection by calling the Insure Oklahoma/O-EPIC helpline. Changes take effect the first day of the next month or the first day of the 2nd consecutive month. Applicant and ~~spouse~~ dependents are only

allowed to change their PCP a maximum of four times per calendar year.

317:45-11-23. Employee eligibility period

(a) The rules in this subsection apply to applicants eligible according to ~~OAC 317:45-11-20(a)-(f)~~ OAC 317:45-11-20(a) through (e).

(1) The employee's coverage period begins only after receipt of the premium payment.

(A) If the application is received and approved before the 15th of the month, eligibility begins the first day of the second consecutive month. If the application is not received or approved before the 15th of the month, eligibility begins the first day of the 3rd consecutive month. (Examples: An application is received and approved on 1-14-06 and the premium is received before 2-15-06, eligibility begins 3-1-06; or an application is received and approved 1-15-06 and the premium is received on 3-15-06, eligibility begins 4-1-06.)

(B) If premiums are paid early, eligibility still begins as scheduled.

(2) Employee eligibility is contingent upon the ~~employer's program eligibility~~ employer meeting the program guidelines.

(3) The employee's eligibility is determined by the TPA using the eligibility requirements listed in OAC 317:45-9-1 or ~~OAC 317:45-11-20(a)- (f)~~ OAC 317:45-11-20(a) through (e).

(4) If the employee is determined eligible for Insure Oklahoma/O-EPIC IP, he/she is approved for a period not greater than 12 months. The length of the eligibility period is based on the remaining number of months the employer has left in its eligibility period as defined in OAC 317:45-7-1, 317:45-7-2 and 317:45-7-8.

(b) The rules in this subsection apply to applicants eligible according to ~~OAC 317:45-11-20(a)-(d) and 317:45-11-20(g)-(i)~~ OAC 317:45-11-20(a) through (c) and 317:45-11-20(f) through (h).

(1) The applicant's eligibility is determined by the TPA using the eligibility requirements listed in ~~OAC 317:45-11-20(a)-(d) and 317:45-11-20(g)-(i)~~ OAC 317:45-11-20(a) through (c) and 317:45-11-20(f) through (h).

(2) If the applicant is determined eligible for Insure Oklahoma/O-EPIC IP, he/she is approved for a period not greater than 12 months.

(3) The applicant's eligibility period begins only after receipt of the premium payment.

(A) If the application is received and approved before the 15th of the month, eligibility begins the first day of the second consecutive month. If the application is not

received or approved before the 15th of the month, eligibility begins the first day of the 3rd consecutive month. (Examples: An application is approved on 1-14-06 and the premium is received before 2-15-06, eligibility begins 3-1-06; or an application is approved 1-15-06 and the premium is received on 3-15-06, eligibility begins 4-1-06.)

(B) If premiums are paid early, eligibility still begins as scheduled.

317:45-11-24. Member cost sharing

(a) Members are given monthly invoices for health plan premiums. The premiums are due, and must be paid in full, no later than the 15th day of the month prior to the month of IP coverage.

(1) Members are responsible for their monthly premiums, in an amount not to exceed four percent of their gross monthly household income.

(2) Working disabled individuals are responsible for their monthly premiums in an amount not to exceed 4% of their gross monthly household income, based on a family size of one and capped at ~~151%~~ 200% of the Federal Poverty Level (FPL).

(b) IP coverage is not provided until the premium and any other amounts due are paid in full. Other amounts due may include but are not limited to any fees, charges, or other costs incurred as a result of Insufficient/Non-sufficient funds.

317: 45-11-25. Premium payment

~~(a) O-EPIC IP premiums are based upon a percentage of the Federal Poverty Level (FPL) income guidelines. The FPL income guidelines are determined annually by the Federal Government.~~

~~(b) Monthly premiums in the IP program vary based on:~~

~~(1) income reported on the member's application; and~~

~~(2) a family size of one for single coverage or a family size of two for dual coverage.~~

IP health plan premiums are established by the OHCA. Employees are responsible for up to 20 percent of their IP health plan premium. The employees are also responsible for up to 20 percent of their dependent's IP health plan premium if the dependent is included in the program. The combined portion of the employee's cost sharing for IP health plan premiums cannot exceed four percent of his/her gross annual household income computed monthly.

317:45-11-26. Audits

Members participating in the Insure Oklahoma/O-EPIC program are subject to audits related to their eligibility, subsidy payments, premium payments and out-of-pocket reimbursements.

Eligibility may be reversed at any time if inconsistencies are found. Any monies paid in error will be subject to recoupment.

317:45-11-27. Closure

(a) Members are mailed a ~~written~~ notice 10 days prior to closure of eligibility.

(b) ~~Employer~~ The employer and ~~employees~~ employees' eligibility are tied together. If the employer no longer meets the requirements for Insure Oklahoma/O-EPIC then eligibility for the associated employees enrolled under that employer are also ineligible.

(c) The employee's certification period may be terminated when:

(1) the member requests closure;

(2) the member moves out-of-state;

(3) the covered member dies;

(4) the employer's eligibility ends;

(5) an audit indicates a discrepancy that makes the member or employer ineligible;

(6) the employer is terminated from Insure Oklahoma/O-EPIC;

(7) the member fails to pay the ~~premium as well as any other amounts on or before the due date~~ amount due within 60 days of the date on the bill;

(8) the ~~Qualified Health Plan~~ QHP or ~~Carrier~~ carrier is no longer qualified;

(9) the member ~~becomes eligible~~ begins receiving SoonerCare benefits ~~for Medicaid/Medicare~~; or

(10) the member or employer reports to the OHCA or the TPA any change affecting eligibility.

(d) This subsection applies to applicants eligible according to ~~OAC 317:45-11-20(a)-(d) and 317:45-11-20(g)-(i)~~ OAC 317:45-11-20(a) through (c) and 317:45-11-20(f) through (h). The member's certification period may be terminated when:

(1) the member requests closure;

(2) the member moves out-of-state;

(3) the covered member dies;

(4) the employer's eligibility ends;

(5) an audit indicates a discrepancy that makes the member or employer ineligible;

(6) the member fails to pay the ~~premium~~ amount due within 60 days of the date on the bill;

(7) the member becomes eligible for ~~Medicaid~~ SoonerCare/Medicare; or

(8) the member or employer reports to the OHCA or the TPA any change affecting eligibility.