Oklahoma Health Care Authority

The Oklahoma Health Care Authority (OHCA) values your feedback and input. It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments can be submitted on the OHCA's Proposed Changes Blog.

OHCA COMMENT DUE DATE: March 17, 2020

The proposed policy is a Permanent Rule. The proposed policy was presented at the November 5, 2019 Tribal Consultation. Additionally, this proposed change will be presented at a Public Hearing scheduled for February 19, 2020. This proposed change will also be presented to the Medical Advisory Committee on March 12, 2020 and the OHCA Board of Directors on March 18, 2020.

Reference: APA WF 19-41A

SUMMARY:
Patient-Centered Medical Homes (PCMH), Health Access Networks (HAN) and Health Management Program (HMP) Updates– The proposed changes update policy for PCMH and HAN then add new policy for HMP.

LEGAL AUTHORITY
The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; and the Oklahoma Health Care Authority Board

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

TO: Maria Maule
Legal Services

FROM: Carmen Johnson
Federal and State Authorities

SUBJECT: Rule Impact Statement
APA WF # 19-41A

A. Brief description of the purpose of the rule:

The proposed revisions update the policy for the Patient-Centered Medical Homes (PCMH) and Health Access Networks (HAN).

Additionally, the proposed revisions will add a new section of policy to address the Health Management Program (HMP) which will provide an overview of the program and outline provider participation guidelines. Finally, policy changes will include general policy cleanup and align policy with current business practices.

B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the cost of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:

The proposed rule changes will not affect any classes since policy is just being clarified to reflect the current business practices.

C. A description of the classes of persons who will benefit from the proposed rule:

The proposed rule changes/additions will benefit providers, participating in a PCMH, HMP or HAN, by updating policy to reflect current business practices. Additionally, proposed rule changes/additions will benefit members, utilizing PCMH, HMP or HAN, by updating policy to reflect current business practices.

D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:

The proposed rule changes will not have an economic impact on any political subdivision or require their cooperation in implementing or enforcing the rule changes.

E. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

Agency staff has determined that the proposed changes would be budget neutral.

F. A determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

The proposed rule changes will not have an economic impact on any political subdivision or require their cooperation in implementing or enforcing the rule changes.

G. A determination of whether implementation of the proposed rule will have an adverse effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:

The agency does not anticipate that the proposed rule changes will have an adverse effect on small businesses.

H. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or non-regulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

The agency has taken measures to determine that there are no other legal methods to achieve the purpose of the proposed rule changes. Measures included a formal public comment period and tribal consultation.

I. A determination of the effect of the proposed rule on the public health, safety, and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

The proposed rule changes should not have any effect on the public health, safety, or environment. The proposed rule changes are not designed to reduce significant risks to the public health, safety or environment.

J. A determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented:

The agency does not anticipate any detrimental effect on the public health, safety, or environment if the proposed rule changes are not implemented.

K. The date the rule impact statement was prepared and if modified, the date modified:

Prepared date: December 12, 2019
Modified date: January 15, 2020
Modified date: February 14, 2020

RULE TEXT:

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 25. SOONERCARE CHOICE

SUBCHAPTER 7. SOONERCARE

PART 1. GENERAL PROVISIONS

317:25-7-2. SoonerCare Choice: overview

(a) The Oklahoma Health Care Authority (OHCA) operates a Primary Care Case Management (PCCM) system for SoonerCare Choice eligible members. PCCM is a managed care model in which each enrollee has a medical home with a primary care provider (PCP). Enrollees may select their own primary care provider or clinic as their PCP if that provider is enrolled with OHCA as a PCP and as a SoonerCare provider. ~~For those~~Those who do not choose a PCP, ~~they will~~may be assigned to one~~.~~ (1). Members may change PCPs at any time.

(b) The PCP is paid a monthly care coordination payment in accordance with the conditions in the PCP's SoonerCare Choice contract to provide or otherwise assure the delivery of medically-necessary preventive and primary care medical services, including securing referrals for specialty services and prior authorizations for an enrolled group of eligible members, with the exception of services described in subsection (c) of this Section for which authorization is not required. The PCP assists the member in gaining access to the health care system and monitors the member's condition, health care needs and service delivery.

(c) Services which do not require a referral from ~~the~~a PCP include preventive or primary care services rendered by another SoonerCare contracted provider~~,~~ such as: outpatient behavioral health ~~agency~~ services~~,~~; vision services for children~~,~~; dental services~~,~~; child abuse/sexual abuse examinations~~,~~; prenatal and obstetrical services~~,~~; family planning services~~,~~; emergency physician and hospital services~~,~~; ~~disease management services,~~chronic disease prevention and management programs and other care coordination programs; and services delivered to Native Americans at ~~IHS,~~Indian Health Service, tribal, or urban Indian clinics. Female members may access a SoonerCare women's health specialist without a referral for covered routine and preventive health care services. This is in addition to the enrollee's PCP if that source is not a woman's health specialist.

(d) SoonerCare Choice covered services delivered by ~~the~~a PCP are

reimbursed at the SoonerCare fee schedule rate under the procedure code established for each individual service. ~~To the extent~~If services are provided or authorized by ~~the Primary Care Provider,~~ a PCP, the OHCA does not make SoonerCare Choice payments for services delivered outside the scope of coverage of the SoonerCare Choice program~~,~~; thus, a referral by ~~the~~a PCP does not guarantee payment.

(e) ~~The~~A PCP may charge a co-payment for services provided to SoonerCare members in accordance with ~~OAC~~Oklahoma Administrative Code (OAC) 317:30-3-5(d).

(f) Members with chronic conditions may elect to enroll in a health management program to improve their health.

(g) PCPs may elect to participate in Health Access Networks pursuant to Subchapter 9 to improve access to care.

(h) PCPs may elect to participate in a Health Management Program pursuant to Subchapter 11 to improve access to care.

317:25-7-3. Definitions

The following words and terms, when used in this Subchapter, have the following meaning, unless the context clearly indicates otherwise:

~~**"Aged, Blind and Disabled"**~~**"Aged, Blind and Disabled (ABD)"** means the Medicaid covered populations under 42 ~~U.S.C.,~~United States Code (U.S.C.) Section 1396a (a)(10)(A)(i) and (F).

"Board" means the board designated by the Oklahoma legislature to establish policies and adopt and promulgate rules for the Oklahoma Health Care Authority.

~~**"CEO"** means the Chief Executive Officer of the Oklahoma Health Care Authority.~~

"Custody" means the custodial status, as reported by the Oklahoma Department of Human Services.

"Medicaid" means the medical assistance program authorized by 42 U.S.C., Section 1396a et seq. The program provides medical benefits for certain low-income persons. It is jointly administered by the federal and state governments.

"Medicare" means the program defined at 42 U.S.C. § 1395 et seq.

"OHCA" means the Oklahoma Health Care Authority.

"OKDHS" means the Oklahoma Department of Human Services.

"PCCM" means Primary Care Case Management.

~~**"PCP"** means Primary Care Provider, including a Provider or Physician Group.~~

"Primary Care Case Management" means a managed care health service delivery system in which health services are delivered and coordinated by Primary Care Providers.

~~**"Primary Care Provider"**~~**"Primary care provider (PCP)"** means a Primary Care Provider, including a provider or physician group, ~~a~~

~~provider~~ under contract with the ~~Oklahoma Health Care Authority~~OHCA to provide primary care services and case management, including securing all medically-necessary referrals for specialty services and prior authorizations.

"Provider or ~~Physician Group~~"physician group" means a partnership, limited partnership, limited liability company, corporation or professional corporation, composed of doctors of medicine and/or doctors of osteopathy and/or advanced practice registered nurses, and/or physician assistants who provide health care of the nature provided by independent practitioners and are permitted by state and federal law and regulations to receive SoonerCare provider payments.

"SoonerCare" means the Medicaid program administered by the ~~Oklahoma Health Care Authority.~~OHCA.

"SoonerCare Choice" means a comprehensive medical benefit plan featuring a medical home including a ~~Primary Care Provider~~PCP for each member.

317:25-7-5. Primary care providers (PCPs)

For provision of health care services, the OHCA contracts with qualified ~~Primary Care Providers.~~PCPs. All providers serving as PCPs must have a valid SoonerCare Fee-for-Service contract as well as an exercised SoonerCare Choice addendum. Additionally, all PCPs, excluding ~~Provider~~provider or ~~Physician Groups,~~physician groups must agree to accept a minimum capacity of patients~~,~~; provided, however, this does not guarantee PCPs a minimum patient volume. ~~Primary Care Providers~~PCPs are limited to:

(1) **Physicians.** Any physician licensed to practice medicine in the state in which he or she practices who is engaged in a general practice or in family medicine, general internal medicine or general pediatrics may serve as a PCP. ~~The Chief Executive Officer (CEO) of the OHCA may designate physicians to serve as PCPs who are licensed to practice medicine in the state in which they practice who are specialized in areas other than those described above. In making this determination, the CEO may consider such factors as the percentage of primary care services delivered in the physician's practice, the availability of primary care providers in the geographic area of the state in which the physician's practice is located, the extent to which the physician has historically provided services to SoonerCare members, and the physician's medical education and training.~~

(A) For physicians serving as SoonerCare Choice PCPs, the State caps the number of members per physician at ~~2,500.~~two thousand, five hundred (2,500) ~~However, the CEO in his/her discretion may increase this number in under served areas based on a determination that this higher cap is in~~

~~conformance with usual and customary standards for the community.~~ If a physician practices at multiple sites, the capacity at each site is determined based on the number of hours per week the physician holds office hours, not to exceed one (1) FTE. Thus, the physician cannot exceed a maximum total capacity of ~~2500~~two thousand, five hundred (2,500) members.

(B) In areas of the ~~State~~state where cross-state utilization patterns have developed because of limited provider capacity in the ~~State,~~state the ~~CEO~~OHCA may authorize contracts with out-of-state providers for PCP services. ~~Out-of-State~~Out-of-state PCPs are required to comply with all access standards imposed on Oklahoma physicians~~.~~, as well as Oklahoma Administrative Code (OAC) 317:30-3-89 through 317:30-3-92.

(2) **Advanced Practice Registered Nurses~~.~~ (APRNs).** ~~Advanced Practice Nurses~~APRNs who have prescriptive authority may serve as PCPs for the Primary Care Case Management delivery system if licensed to practice in the state in which he or she practices. ~~Advanced Practice Nurses~~APRNs who have prescriptive authority may serve as PCPs for a maximum number of ~~1,250~~one thousand, two hundred and fifty (1,250) members. ~~However, the CEO in his/her discretion may increase this number.~~

(3) **Physician Assistants~~.~~ (PAs).** ~~Physician Assistants~~PAs may serve as PCPs if licensed to practice in the state in which he or she practices. ~~Physician Assistants~~PAs may serve as PCPs for a maximum number of ~~1,250~~one thousand, two hundred and fifty (1,250) members. ~~However, the CEO in his/her discretion may increase this number.~~

(4) **Indian Health Service (IHS) Facilities and Federally Qualified Health Center (FQHC) provider groups~~.~~ and Rural Health Clinics (RHC).**

(A) ~~Indian Health Service~~IHS facilities whose professional staff meet the general requirements in paragraphs (1) through (3) of this Section and the provider participation requirements at OAC 317:30-5-1088 may serve as PCPs.

(B) ~~Federally Qualified Health Centers~~FQHCs whose professional staff meet the general requirements in paragraphs (1) through (3) of this Section and the provider participation requirements in OAC 317:30-5-660.2 may serve as PCPs.

(C) RHCs whose professional staff meet the general requirements in paragraphs (1) through (3) of this Section and the provider participation requirements in OAC 317:30-5-355 may serve as PCPs.

(5) **Provider or physician group capacity and enrollment.**

(A) Provider or physician groups must agree to accept a

minimum enrollment capacity and may not exceed ~~2,500~~two thousand, five hundred (2,500) members per physician participating in the provider group.

(B) If licensed ~~physician assistants~~PAs or ~~advanced practice nurses~~APRNs are members of a group, the capacity may be increased by ~~1,250~~one thousand, two hundred and fifty (1,250) members if the provider is available full-time.

(C) Provider or physician groups must designate a medical director to serve as the primary contact with OHCA.

PART 3. ENROLLMENT CRITERIA

317:25-7-10. Enrollment with a Primary Care Provider (PCP)

(a) All SoonerCare Choice members described in ~~OAC~~Oklahoma Administrative Code (OAC) 317:25-7-12 may enroll with a PCP. SoonerCare Choice applicants have the opportunity to select a PCP during the application process. Enrollment with a PCP may begin any day of the month.

(1) The OHCA offers all members the opportunity to choose a PCP from a directory which lists available PCPs.

(2) When a notice of PCP enrollment is sent to a member, the member is advised of the right to change ~~the~~a PCP at any time.

(b) Members may receive services from ~~the~~a PCP or from a provider to which the member has been referred by ~~the~~a PCP. Notwithstanding this provision, subject to limitations which may be placed on services by the OHCA, members may ~~self refer~~self-refer for preventive or primary care services rendered by another SoonerCare contracted provider, outpatient behavioral health ~~agency~~ services, vision services for children, dental services, child abuse/sexual abuse examinations, prenatal and obstetrical services, family planning services, services delivered to Native Americans at ~~IHS,~~Indian Health Service, tribal, or urban Indian clinics, chronic disease prevention and management programs and other care coordination programs, and emergency physician and hospital services.

317:25-7-13. Enrollment ineligibility

Members in certain categories are excluded from participation in the SoonerCare Choice program. All other members ~~are~~may be enrolled in the SoonerCare Choice program and subject to the provisions of this Subchapter. Members excluded from participation in SoonerCare Choice include:

(1) Individuals receiving services in a ~~nursing~~long-term care facility, in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or through a Home and Community Based Waiver~~.~~;

~~(2) Individuals privately enrolled in an HMO.~~

~~(3) Individuals who would be traveling more than 45 miles or an average of 45 minutes to obtain primary care services.~~
~~(4)~~(2) Individuals in the former foster care children's group ~~(see OAC 317:35-5-2).~~[see Oklahoma Administrative Code (OAC) 317:35-5-2];
~~(5)~~(3)Individuals ~~who are eligible for SoonerCare solely due to presumptive eligibility.~~in benefit programs with limited scope, such as Tuberculosis, Family Planning, or pregnancy only;
~~(6)~~(4) Non-qualified or ineligible aliens~~.~~;
~~(7)~~(5) Children in subsidized adoptions~~.~~;
~~(8)~~(6) Individuals who are dually-eligible for SoonerCare and Medicare~~.~~;
~~(9)~~(7) Individuals who are in an Institution for Mental Disease (IMD)~~.~~; and/or
~~(10)~~(8) Individuals who have other ~~primary medical insurance.~~creditable coverage.

PART 5. ENROLLMENT PROCESS

317:25-7-25. Member enrollment process

(a) SoonerCare eligible individuals whose eligibility is based on one (1) of the aid categories ~~included in the program as~~ defined in ~~OAC~~Oklahoma Administrative Code (OAC) 317:25-7-12 ~~must~~are eligible to enroll with a ~~PCP.~~primary care physician (PCP). Parents or guardians will choose on behalf of minor members in the household. Families with more than one (1) enrollee may choose a different PCP for each family member.
(b) Until the effective date of enrollment with a PCP, services for a newborn are reimbursed at a fee-for-service rate. Upon eligibility determination, newborns may enroll with a PCP who is in general practice, family practice, or general pediatrics. Enrollment materials will advise the parent or guardian of the right to change ~~the~~a PCP after the effective date of enrollment.
(c) A description of the PCCM program and the PCP directory ~~is provided by the OHCA to OKDHS for distribution to OKDHS county offices.~~are available on the Oklahoma Health Care Authority's (OHCA) website.
(d) For purposes of determining the member's choice of PCP, the most recent PCP selection received by the OHCA determines the PCP with which the member is enrolled ~~with~~, as long as capacity is available. If capacity is not available or the member does not choose, the member is assigned according to the assignment mechanism as defined by the OHCA. A member who is eligible for SoonerCare Choice but is not assigned, may request enrollment with a PCP by contacting the SoonerCare Helpline~~.~~ or through the member's mySoonerCare.org account, if applicable.
(e) PCPs may not refuse an assignment, seek to disenroll a member,

or otherwise discriminate against a member on the basis of age, sex, race, physical or mental disability, national origin, or type of illness or condition, unless that condition can be better treated by another provider type, except that ~~IHS,~~Indian Health Service, tribal or urban Indian programs may provide services to ~~Native American IHS~~ members consistent with federal law.

317:25-7-26. Automatic re-enrollment

SoonerCare members who become disenrolled from a PCP solely by virtue of becoming temporarily ~~(for 365 days or less)~~[for three hundred and sixty-five (365) days or less] ineligible for SoonerCare services, ~~are automatically~~may be re-enrolled with their previously-selected PCP, subject to capacity. The member is notified of the ~~automatic re-enrollment~~enrollment and any right to disenroll from that PCP~~.~~ or change to another PCP.

317:25-7-27. Changing ~~PCPs~~Primary care providers (PCPs)

(a) The ~~OHCA~~Oklahoma Health Care Authority (OHCA) is responsible for changing a member's enrollment from one (1) PCP to another:

(1) ~~without~~Without cause upon the member's request; or

(2) ~~upon~~Upon demonstration of good cause. For purposes of this paragraph, good cause means:

(A) ~~those~~Those members who are habitually non-compliant with the documented medical directions of the provider; or

(B) ~~those~~Those members who pose a threat to employees, or other patients of the PCP; or

(C) ~~as~~As a result of a grievance determination by the OHCA; or

(D) ~~in~~In those cases where reliable documentation demonstrates that the physician-patient relationship has so deteriorated that continued service would be detrimental to the member, the provider or both; or

(E) ~~the~~The member's illness or condition would be better treated by another type of provider; or

(3) when the state imposes an intermediate sanction.

(b) A written request by the PCP to change the enrollment of a member is acted upon by the OHCA within ~~30~~thirty (30) days of its receipt. The decision to change PCPs for cause is made at the discretion of the OHCA, subject to appeals policies delineated at ~~OAC~~Oklahoma Administrative Code 317:2-1. The effective date of change is set so as to avoid the issue of abandonment.

(c) In the event a SoonerCare PCP contract is terminated by OHCA for any reason, or the PCP terminates participation in the SoonerCare Choice program ~~the CEO may, at his or her discretion, assign members to a participating PCP when it is determined to be in the best interests of the member whose PCP has terminated.~~the panel members formerly aligned with the terminating PCP shall be

enrolled with a different PCP.

317:25-7-28. Disenrolling a member from SoonerCare Choice

(a) The ~~OHCA~~Oklahoma Health Care Authority (OHCA) may disenroll a member from SoonerCare Choice if:

(1) ~~the~~The member is no longer eligible for SoonerCare Choice services;

(2) ~~the~~The member ~~has been~~is incarcerated;

(3) ~~the~~The member dies;

(4) ~~disenrollment~~Disenrollment is determined to be necessary by the OHCA;

(5) ~~the~~The status of the member changes, rendering him/her ineligible for SoonerCare;

(6) ~~the~~The member is authorized to receive services in a nursing facility, in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or through a Home and Community Based Waiver;

(7) ~~the~~The member becomes dually-eligible for SoonerCare and Medicare; or

(8) ~~the~~The member becomes covered under other ~~primary medical insurance.~~creditable coverage.

(b) The OHCA may disenroll the member at any time if the member is disenrolled for good cause, as it is defined in ~~OAC~~Oklahoma Administrative Code (OAC) 317:25-7-27. The OHCA will inform the PCP of any disenrollments from his or her member roster.

(c) OHCA may disenroll a member upon the PCP's request as described in (1) through (5) of this subsection.

(1) ~~The~~A ~~PCP~~primary care provider (PCP) may file a written request asking OHCA to take action, including, but not limited to, disenrolling a member when the member:

(A) ~~is~~Is physically or verbally abusive to office staff, providers, and/or other patients;

(B) ~~is~~Is habitually non-compliant with the documented medical directions of ~~the~~a PCP; or

(C) ~~regularly~~Regularly fails to arrive for scheduled appointments without cancelling and the PCP has made all reasonable efforts to accommodate the member.

(2) The request from ~~the~~a PCP for disenrollment of a member must include ~~one of~~one (1) or more of the following:

(A) ~~documentation~~Documentation of the difficulty encountered with the member, including the nature, extent, and frequency of abusive or harmful behavior, violence, and/or inability to treat or engage the member;

(B) ~~identification~~Identification and documentation of unique religious or cultural issues that may be ~~effecting~~affecting ~~the~~a PCP's ability to provide treatment effectively to the member; or

(C) ~~documentation~~Documentation of special assistance or intervention offered.

(3) ~~The~~A PCP may not request disenrollment because of a change in the member's health status, the member's utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from the member's special needs except when the member's enrollment with ~~the~~a PCP seriously impairs his/her ability to furnish services to this member or other members.

(4) ~~The~~A PCP must document efforts taken to inform the member orally or in writing of any actions that have interfered with the effective provision of covered services, as well as efforts to explain what actions or language of the member are acceptable and unacceptable and the consequences of unacceptable behavior, including disenrollment from ~~the~~a PCP.

(5) The OHCA will give written notice of the disenrollment request to the member.

PART 7. COORDINATION AND CONTINUITY OF CARE

317:25-7-29. Screening, diagnosis and preventive benefits [REVOKED]

~~(a) The PCP is responsible for coordinating or delivering preventive and primary care services which are medically necessary to all SoonerCare members enrolled with him/her..~~

~~(b) School and health department clinics may conduct EPSDT screening examinations on children who have not been screened by their PCP pursuant to the EPSDT periodicity schedule. If it is ascertained that a child is not current, the school or health department clinic must first contact the PCP and attempt to set up an appointment for the child within three weeks. If the PCP cannot meet this condition, the clinic will be permitted to conduct the screen and bill fee-for-service.~~

~~(1) The school or health department clinic must submit a claim for reimbursement, as well as documentation that:~~

~~(A) the PCP was contacted and an examination could not be conducted by the PCP within the specified guidelines; and~~

~~(B) the PCP has forwarded information for the patient file regarding the diagnosis, services rendered and need for follow-up. This documentation must be returned to the child's record for verification that PCPs have first been contacted and that school and health department clinics are providing PCPs with the information necessary to ensure continuity of care.~~

~~(2) The school-based clinic or health department must conduct the screening examination within three weeks from the date the determination was made that the PCP could not conduct the exam~~

~~within the specified guidelines.~~

317:25-7-30. Obtaining SoonerCare Choice services

(a) Medical services which are not the responsibility of the ~~PCP~~primary care provider (PCP) to authorize under the care coordination component of SoonerCare~~,~~ Choice, as described in ~~OAC~~Oklahoma Administrative Code (OAC) 317:25-7-10(b), are obtained in the same manner as under the regular SoonerCare fee-for-service program.

(b) ~~Authorization for out-of-state transportation for primary care and specialty care is determined by the OHCA Medical Director.~~For policy regarding out-of-state transportation for primary and specialty care, refer to OAC 317:30-3-89 through 317:30-3-92.

(c) An American Indian/Alaska Native (AI/AN) eligible SoonerCare member may choose a PCP from the provider directory, including the ~~IHS,~~Indian Health Service (IHS), tribal and ~~Urban~~urban Indian clinics that participate as SoonerCare PCPs. ~~The member needs to have the Certified Degree of Indian Blood information in order to enroll.~~ An ~~American Indian~~AI/AN member in SoonerCare may enroll with a PCP who is not an IHS, tribal, or urban Indian clinic and still use the IHS, tribal, or urban Indian clinic for medical care. A referral from ~~the~~a PCP is needed for services that the clinic cannot provide, except for self-referred services.

(d) If an IHS, tribal, or urban Indian clinic is unable to deliver a service to a SoonerCare enrollee and must refer the member for the service to a non-IHS, tribal, or urban Indian clinic, SoonerCare reimbursement is made only to the specialist when the service ~~is~~has been referred by ~~the~~a PCP, unless PCP authorization is not required under OAC ~~317:25-7-10(b).~~317:25-7-2 (c).

(e) ~~The~~A PCP is not obligated to provide emergency services and is not responsible for authorization or approval for payment for members seen in the emergency room. ~~The~~A PCP may not require members to seek prior authorization (PA) for emergency services. However, ~~the~~a PCP may provide emergency care in an emergency setting, within his/her legal scope of practice.

(f) ~~Some outpatient procedures require prior authorization. The PCP is responsible for obtaining a list before an outpatient procedure is done.~~A PA is required for some medical procedures, equipment, medications, and specialty services. The PCP and/or requesting provider are responsible for submitting the PA request to SoonerCare. The member and requesting provider will be notified of SoonerCare's decision to authorize the requested services. A PA is not a guarantee of payment.

PART 9. REIMBURSEMENT

317:25-7-40. SoonerCare Choice reimbursement

(a) **Care coordination component.** Participating ~~PCPs~~primary care providers (PCPs) are paid a monthly care coordination payment to assure the delivery of medically-necessary preventive and primary care medical services, including referrals for specialty services for an enrolled group of eligible members. The PCP assists the member in gaining access to the health care system and monitors the member's condition, health care needs and service delivery.
(b) **Visit-based fee-for-service component.** SoonerCare Choice covered services provided by ~~the~~a PCP are reimbursed at the SoonerCare fee schedule rate under the procedure code established for each individual service. To the extent services are authorized by ~~the~~a PCP, the ~~OHCA~~Oklahoma Health Care Authority (OHCA) does not make SoonerCare Choice payments for services delivered outside the scope of coverage of the SoonerCare Choice program~~, thus~~. In other words, a referral by ~~the~~a PCP does not guarantee payment.
(c) **Incentive program component.** Subject to the availability of funds, OHCA will develop a bonus payment program to encourage coordination of services, to reward improvement in health outcome and promote efficiency.
(d) **SoonerCare networks.** For every PCP who participates in an OHCA approved ~~health care access network,~~Health Access Network, a per-member-per-month payment is established by OHCA and paid to the network.

SUBCHAPTER 9. HEALTH ACCESS NETWORKS

317:25-9-1. Purpose

The purpose of this Subchapter is to describe the rules governing the Health Access Networks ~~(HAN's)~~(HANs) participating in the statewide SoonerCare program. The rules provide assurances that ~~Health Access Networks~~HANs will work with providers to coordinate and improve the quality of care for SoonerCare members. ~~The use of Health Access Networks is a limited pilot program with the purpose of enhancing the development of comprehensive medical homes for Oklahoma SoonerCare Choice members.~~

317:25-9-2. Requirements

~~(a) HAN's~~Health Access Networks (HANs) are non-profit, administrative entities that work with providers to coordinate and improve the quality of care for SoonerCare members. The HAN must:

(1) ~~be~~Be organized for the purpose of restructuring and improving the access, quality, and continuity of care to SoonerCare members;

(2) ~~offer patients~~Facilitate members' access to all levels of care, including primary, outpatient, specialty, certain ancillary services, and acute inpatient care, within a community or across a broad spectrum of providers across a service region or the ~~State;~~state through improved access to

specialty care, telehealth, and expended quality improvement strategies;

~~(3) submit an application to the OHCA as specified in (c) of this Section;~~

~~(4) offer core components of electronic medical records, improved access to specialty care, telemedicine, and expanded quality improvement strategies;~~

~~(5) have an organized and systematic quality improvement process, including the identification of measurable performance targets; and~~

~~(6)~~ (3) ~~offer~~Offer care management/care coordination to persons ~~in the HANs. This includes care management for specified members with complex health care needs as approved by OHCA. The HAN will not provide care management services to HMP members in the HAN, as these members will receive care management from HMP health coaches or from the OHCA internal Chronic Care Unit.~~with complex health care needs as specified in the state-HAN provider agreement.

~~(b) Networks must meet at least two of the following:~~

~~(1) have a formal affiliation agreement/partnership at the community-level with traditional and non-traditional providers;~~

~~(2) have a formal program to promote public health principles, community development, and local educational programs to address the challenges of rural and underserved populations; and~~

~~(3) have 501(c)3 or not-for-profit status.~~

~~(c) In order to qualify to participate as a SoonerCare contracted HAN's, the network must submit an application to the OHCA that details how the network plans to:~~

~~(1) reduce costs associated with the provision of health care services to SoonerCare, uninsured and underinsured individuals;~~

~~(2) improve access to, and the availability of, health care services provided to individuals served by the health access network;~~

~~(3) enhance the quality and coordination of health care services provided to such individuals through mutually defined quality improvement initiatives;~~

~~(4) improve the health status of communities served by the health access network;~~

~~(5) reduce health disparities in such communities;~~

~~(6) identify all PCPs, specialty providers, and other provider types affiliated with the health access network.~~

~~(d) The application to participate as a SoonerCare contracted HAN's will be accepted and approved at the sole discretion of OHCA with implementation initiated after completion of a readiness review by OHCA staff and approval by OHCA's Medical Advisory Taskforce (MAT).~~

317:25-9-3. Reimbursement

(a) In order to be eligible for payment, ~~HAN's~~Health Access Networks (HANs) must have on file with ~~OHCA,~~the Oklahoma Health Care Authority (OHCA) an approved Provider Agreement. Through this agreement, the HAN assures that OHCA's requirements are met and assures compliance with all applicable ~~Federal~~federal and

~~State~~state regulations. ~~These agreements are renewed annually with each provider.~~

(b) The HAN will be reimbursed a per member per month (PMPM) rate based on the number of member months paid to the PCPs affiliated with the HAN. OHCA reserves the right to limit reimbursement based on availability of funds.

SUBCHAPTER 11. HEALTH MANAGEMENT PROGRAM

317:25-11-1. Purpose

The purpose of this Subchapter is to describe the rules governing the Health Management Program (HMP) participating in the statewide SoonerCare program. The rules provide assurances that the HMP will work with providers to coordinate and improve the quality of care for SoonerCare members.

317:25-11-2. Requirements

(a) The Health Management Program (HMP) is a voluntary program offered statewide and serves SoonerCare Choice members ages four (4) through sixty-three (63) with or at risk for chronic illness who are at the highest risk for adverse outcome and increased health care expenditures.

(b) HMP services are grounded in motivational interviewing and evidence-based guidelines. The HMP services are designed by the HMP vendor and approved by the Oklahoma Health Care Authority (OHCA). The HMP vendor's activities may include services delivered directly to SoonerCare Choice members or activities in connection with health care providers that are designed to benefit SoonerCare Choice members. HMP activities/services can include:

(1) Health coaching;
(2) Practice facilitation;
(3) Health navigation;
(4) Performance improvement projects; and
(5) Transition of care assistance.

317:25-11-3. Reimbursement

The Health Management Program (HMP) vendor must have an approved Provider Agreement on file. Through this agreement, the HMP assures that the Oklahoma Health Care Authority's requirements are met and assures compliance with all applicable federal and state regulations. HMPs are not a service delivery system.