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: May 5, 2021

Reference: APA WF 21-06 Emergency Rule

SUMMARY:

Insure Oklahoma Individual Plan and Timely Filing - The proposed changes reflect that current Insure Oklahoma (IO) Individual Plan (IP) members, and IO Employer-Sponsored Insurance (ESI) members with incomes at or below 133% of the federal poverty level (FPL), will transition to and be provided services by the SoonerCare program under the expansion adult option.

Additionally, proposed changes will remove references to the IO IP program as the program is being terminated.

Finally, proposed changes add new timely filing requirements for subsidy payments; and revisions will align and better clarify policy with current practice and correct grammatical errors.

LEGAL AUTHORITY:
The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board; Section 435.119, Title 42 of the Code of Federal Regulations

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

SUBJECT: Rule Impact Statement
APA WF # 21-06

A. Brief description of the purpose of the rule:

The proposed changes reflect that current Insure Oklahoma (IO) Individual Plan (IP) members, and IO Employer-Sponsored Insurance (ESI) members with incomes at or below 133% of the federal poverty level (FPL), will transition to and be provided services by the SoonerCare program under the expansion adult option.

Additionally, proposed changes will remove references to the IO IP program as the program is being terminated.

Finally, proposed changes add new timely filing requirements for subsidy payments; and revisions will align and better clarify policy with current practice and correct grammatical errors.

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 will likely affect adults with incomes below the 133 % federal poverty level who are deemed eligible under the expanded Medicaid eligibility option. The proposed rule will also affect providers who will likely see an increase in patient visits.

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

The proposed rule will benefit those current IO individuals who meet the new eligibility criteria for the adult expansion group and can receive additional health care coverage and benefits.

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:

There is no probable impact of the proposed rule changes upon any classes of persons or political subdivisions.

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:

To add the new eligibility group, expansion adults, the estimated budget impact for SFY2022 will be an increase in the

total amount of $1,339,830,140 with $164,138,054 in state share.

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:

There is no economic impact on political subdivisions.

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 proposed rule will not have an adverse effect on small business.

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 is no less costly or non-regulatory method or less intrusive method for achieving the purpose of the proposed rule.

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 should have no adverse effect on the public health, safety, and 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 believe there is a detrimental effect on the public health and safety if the rule is not passed. The agency believes that the approval of the rule will have a positive effect on access to care and health outcomes for Oklahomans.

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

Prepared: April 20, 2021

RULE TEXT:

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY

CHAPTER 45. INSURE OKLAHOMA

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 program that establishes access to affordable health coverage for low-income working adults~~,~~ their dependents, and their spouses; foster parents; and qualified college students.

317:45-1-2. Program limitations

(a) The Insure Oklahoma program is contingent upon federal waiver approval and 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.

(1) All monies accruing to the credit of the fund are budgeted and expended by the ~~OHCA~~Oklahoma Health Care Authority (OHCA) to implement the program.

(2) The program is funded through a portion of monthly proceeds from the Tobacco Tax, ~~Okla. Stat. § 68-302-5~~Title 68 of the Oklahoma Statutes (O.S.) § 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~~68 O.S. §§ 302-5 (B)(1) & (C)(1) and 402-3 (B)(1) & (D)(1).

(3) The 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 program continues to operate within its fiscal capacity.

(A) Insure Oklahoma may limit eligibility based on:

(i) ~~the federally-approved Health Insurance Flexibility and Accountability (HIFA) Waiver/1115 Waiver~~The 1115 Waiver;

(ii) Tobacco ~~Tax~~tax collections; and

(iii) ~~the~~The State Child Health Plan for the State Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act.

(B) The Insure Oklahoma 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.

(i) Applicants, not previously enrolled and participating in the program, submitting new applications for the Insure Oklahoma program ~~are~~may be placed on a waiting list. Applications, with the exception of college students, are identified by region ~~and Insure Oklahoma 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 program size is determined by OHCA and may be periodically adjusted.

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

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

(iv) Enrolled applicants who are currently participating in the program are not subject to the waiting list.

(v) For approved employers, if the employer hires a new employee after the employer's program eligibility begins, the new employee is allowed to participate.

(vi) For approved employers, if the employer has an employee who has a qualifying event after the employer's program eligibility begins, the employee is allowed to make changes pertaining to the qualifying event.

(b) College student eligibility and participation in the Insure Oklahoma 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~~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~~A Multiple Employer Welfare Arrangement (MEWA) licensed by the Oklahoma Insurance Department;

(C) ~~a~~A domestic MEWA exempt from licensing pursuant to Title 36 ~~O.S., Section~~of the Oklahoma Statutes (O.S.) § 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~~Title 36 O.S.; or

(D) ~~any~~Any entity organized pursuant to the Interlocal Cooperation Act, ~~Section 1001 et seq. of Title 74 of the Oklahoma Statutes~~74 O.S. § 1001 et seq. as authorized by ~~Title 36 Section 607.1 of the Oklahoma Statutes~~36 O.S. § 607.1 and which is eligible to qualify for and hold a certificate of authority to transact insurance in this State and annually submits on or before March 1st a financial statement to the Oklahoma Insurance Department in a form acceptable to the Insurance Commissioner covering the period ending December 31st of the immediately preceding fiscal year.

"Child ~~Care Center~~care center" means a facility licensed by the Oklahoma Department of Human Services (DHS) 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~~340:110-3-275 through 340:110-3-311.

"College ~~Students~~student" means an Oklahoma resident between the age of nineteen (19) through twenty-two (22) that is a full-time student at an Oklahoma accredited ~~University~~university or ~~College~~college.

~~**"DHS"** means the Oklahoma Department of Human Services.~~

"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-two (22) 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.

"Employee" means a person who works for an employer in exchange for earned income. This includes the owners of a business.

"Employer" means the business entity that pays earned income to employees.

"Employer Sponsored Insurance (ESI)" means the program that provides premium assistance to qualified businesses for approved

applicants.

"Explanation of Benefit (EOB)" means a statement issued by a carrier that indicates services rendered and financial responsibilities for the carrier and Insure Oklahoma member.

"Full-time ~~Employer~~employer" means the employer who employs an employee per Federal and State regulations, to perform work in exchange for wages or salary.

"Full-time ~~Employment~~employment" means a normal work week per Federal and State regulations.

~~**"Individual Plan (IP)" means the safety net program for those qualified individuals who do not have access to Insure Oklahoma ESI.**~~

"In-network" means providers or health care facilities that are part of a benefit plan's network of providers with which it has negotiated a discount, and services provided by a physician or other health care provider with a contractual agreement with the insurance company paid at the highest benefit level.

"Insure Oklahoma (IO)" means a benefit plan purchasing strategy in which the State uses public funds to pay for a portion of the costs of benefit plan coverage for eligible populations.

"Member" means an individual enrolled in the Insure Oklahoma ESI ~~or IP~~ program.

"Modified Adjusted Gross Income (MAGI)" means the financial eligibility determination methodology established by the Patient Protection and Affordable Care Act (PPACA) in 2009.

"OAC" means the Oklahoma Administrative Code.

"OESC" means the Oklahoma Employment Security Commission.

"OHCA" means the Oklahoma Health Care Authority.

"OKDHS" means the Oklahoma Department of Human Services which is also referenced in rules as Department of Human Services (DHS) and Office of Human Services (OHS).

"Premium" means a monthly payment to a carrier for benefit plan coverage.

"Primary ~~Care Provider~~care provider (PCP)" means a provider under contract with the OHCA to provide primary care services, including all medically necessary referrals.

"Professional ~~Employer Organization~~employer organization (PEO)" means any 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~~40 O.S. § 600.1 et. seq.

"Qualified ~~Benefit Plan~~benefit plan (QBP)" means a benefit plan that has been approved by the OHCA for participation in the Insure Oklahoma program.

"Qualifying ~~Event~~event" means the occurrence of an event that permits individuals to join a group benefit plan outside of the

"open enrollment period" and/or that allows individuals to modify the coverage they have had in effect. Qualifying events are defined by the employer's benefit 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 OHCA.

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

(a) Out-of-pocket expenses for all approved and eligible members (and/or their approved and eligible dependents) will be limited to five (5) percent of their annual gross household income. The OHCA will provide reimbursement for out-of-pocket expenses in excess of the five (5) percent annual gross household income. An expense must be for an allowed and covered service by a ~~qualified benefit plan (QBP)~~QBP to be eligible for reimbursement. For the purpose of this Section, an allowed and covered service is defined as an in-network service covered in accordance with a QBPs benefit summary and policies. For instance, if a QBP has multiple in-network reimbursement percentage methodologies (~~80%~~eighty (80) percent for level 1 provider and ~~70%~~seventy (70) percent for level 2 provider) the OHCA will only reimburse expenses related to the highest percentage network.

(b) For all eligible expenses as defined above in OAC 317:45-1-4(a), the member must submit the OHCA required form and all OHCA required documentation to support that the member incurred and paid the out-of-pocket expense. The OHCA required documentation must substantiate that the member actually incurred and paid the eligible out-of-pocket expense. The OHCA may request additional documentation at any time to support a member's request for reimbursement of eligible out-of-pocket expenses.

SUBCHAPTER 7. INSURE OKLAHOMA ESI EMPLOYER ELIGIBILITY

317:45-7-5. Reimbursement

In order to receive a premium subsidy, the employer must submit all pages of the current benefit plan invoice. Due to timely filing requirements, subsidy payments will not be paid on invoices older than six (6) months.

SUBCHAPTER 9. INSURE OKLAHOMA ESI EMPLOYEE ELIGIBILITY

317:45-9-1. Employee eligibility requirements

(a) Employees must complete and submit the OHCA required forms and application to be considered for participation in the program.

(b) The eligibility determination will be processed within thirty (30) days from the date the application is received. The employee will be notified in writing of the eligibility decision.
(c) All eligible employees described in this section must be enrolled in their employer's qualified benefit plan. Eligible employees must:
(1) ~~have~~Have countable income at or below the appropriate standard according to the family size on the Insure Oklahoma ESI Income Guidelines form;
(A) ~~Effective January 1, 2016, financial~~Financial eligibility for Insure Oklahoma ESI benefits is determined using the MAGI methodology. Unless questionable, the income of applicants does not require verification. See OAC 317:35-6-39 through ~~OAC 317:35-6-54~~317:35-6-55 for the applicable MAGI rules for determining household composition and countable income.
(B) Income is evaluated on a monthly basis for all individuals included in the case for Insure Oklahoma ESI Benefits.
(2) ~~be~~Be a US citizen or alien as described in OAC 317:35-5-25;
(3) ~~be~~Be Oklahoma residents;
(4) ~~furnish~~Furnish, or show documentation of an application for, a Social Security number at the time of application for Insure Oklahoma ESI benefits;
(5) ~~not~~Not be receiving benefits from SoonerCare or Medicare;
(6) ~~be~~Be employed with a qualified employer at a business location in Oklahoma;
(7) ~~be~~Be age nineteen (19) through age sixty-four (64);
(8) ~~be~~Be eligible for enrollment in the employer's ~~qualified benefit plan~~QBP;
(9) ~~not~~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);
(10) ~~select~~Select one of the ~~qualified benefit plans~~QBPs the employer is offering; and
(11) ~~provide~~Provide in a timely manner any and all documentation that is requested by the Insure Oklahoma program by the specified due date.
(d) An employee's dependents are eligible when:
(1) ~~the~~The employer's benefit plan includes coverage for dependents;
(2) ~~the~~The employee is eligible;
(3) ~~if~~If employed, the 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~~The dependents are enrolled in the same benefit plan as

the employee.
(e) If an employee or their dependents are eligible for multiple ~~qualified benefit plans~~QBPs, each may receive a subsidy under only one benefit plan.
(f) College students may enroll in the Insure Oklahoma ESI program as dependents. ~~Effective January 1, 2016, financial~~Financial eligibility for Insure Oklahoma ESI benefits for college students is determined using the MAGI methodology. See OAC 317:35-6-39 through ~~OAC 317:35-6-54~~317:35-6-55 for the applicable MAGI rules for determining household composition and countable income. Dependent college students must enroll under their parents and all annual gross household income (including parent income) must be included in determining eligibility. Independent college students may apply on their own without parent income included in the household. College student status as dependent or independent is determined by the student's current Free Application for Federal Student Aid (FAFSA) or the university's financial aid office. College students must also provide a copy of their current student schedule to prove full-time student status.
(g) Working dependent children must have countable income at the appropriate standard according to the family size on the Insure Oklahoma ESI Income Limits Guidelines form. ~~Effective January 1, 2016, financial~~Financial eligibility for Insure Oklahoma ESI benefits is determined using the MAGI methodology. See OAC 317:35-6-39 through ~~OAC 317:35-6-54~~317:35-6-55 for the applicable MAGI rules for determining household composition and countable income. Children found to be eligible for SoonerCare may not receive coverage through Insure Oklahoma.
(h) ESI approved individuals must notify the OHCA of any changes, including household status and income, that might impact individual and/or dependent eligibility in the program within ten (10) days of the change.
(i) When the agency responsible for determining eligibility for the member becomes aware of a change in the member's circumstances, the agency will promptly redetermine eligibility for all household members whose eligibility is affected by the change.

SUBCHAPTER 11. INSURE OKLAHOMA IP [REVOKED]

PART 1. INDIVIDUAL PLAN PROVIDERS [REVOKED]

317:45-11-1. Insure Oklahoma Individual Plan providers [REVOKED]

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

~~(1) must enter into a SoonerCare contract; and~~

~~(2) must complete Insure Oklahoma IP addendum if provider wants~~

~~to provide primary care services as a PCP.~~

317:45-11-2. Insure Oklahoma Individual Plan (IP) provider payments [REVOKED]

~~Payment for covered benefits rendered to Insure Oklahoma IP members is made to contracted Insure Oklahoma 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 Oklahoma Administrative Code 317:30-3-1(f).~~

~~(1) Coverage of certain services requires prior authorization and may be based on a determination made by a medical consultant in individual circumstances; and~~

~~(2) The provider may collect the member's co-payment in addition to the SoonerCare reimbursement for services provided.~~

PART 3. INSURE OKLAHOMA IP MEMBER HEALTH CARE BENEFITS [REVOKED]

317:45-11-10. Insure Oklahoma IP adult benefit [REVOKED]

~~(a) All IP adult benefits are subject to rules delineated in OAC 317:30 except as specifically set out in this Section. The scope of IP adult benefits described in this Section is 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) IP covered adult benefits for in-network services and limits are listed in this subsection. Member cost sharing related to premium and co-payments cannot exceed federal maximums with the exception of emergency room visits, in which case the State establishes the maximum for member cost share. Native American adults providing documentation of ethnicity who receive items and services furnished by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization or through referral under contract health services are exempt from co-payments. Coverage for IP services 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) or Anesthesiologist Assistant (AA).~~

~~(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.~~

~~(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, OAC 317:30-5-47 and OAC 317:30-5-95.~~

~~(7) Preventive Office Visit. For services of evaluation and medical management (wellness exam); one visit per year. This visit counts as an office visit.~~

~~(8) Office Visits/Specialist Visits. Covered in accordance with OAC 317:30-5-9, OAC 317:30-5-10, and OAC 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.~~

~~(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.~~

~~(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.~~

~~(C) Physical, Occupational and Speech Therapy services. Coverage is limited to one evaluation/re-evaluation visit (unit) per discipline per calendar year and 15 visits (units) per discipline per date of service per calendar year. Must be hospital based.~~

~~(10) Maternity (Obstetric). Covered in accordance with OAC 317:30-5-22.~~

~~(11) Laboratory/Pathology. Covered in accordance with OAC 317:30-5-20.~~

~~(12) Mammogram (Radiological or Digital). Covered in accordance with OAC 317:30-5-901.~~

~~(13) Immunizations. Covered in accordance with OAC 317:30-5-2.~~
~~(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.~~
~~(16) Oral Surgery. Services are limited to the removal of tumors or cysts.~~
~~(17) Behavioral Health (Mental Health and Substance Abuse) Treatment (Inpatient). Covered in accordance with OAC 317:30-5-95.1.~~
~~(18) Behavioral Health (Mental Health and Substance Abuse) Treatment (Outpatient). Outpatient benefits are limited to 48 visits per calendar year. Additional visits may be approved as medically necessary.~~

~~(A) Agency services. Covered in accordance with OAC 317:30-5-241 and OAC 317:30-5-596.~~

~~(B) Individual provider services. Licensed Behavioral Health Professionals (LBHPs) are defined as follows for the purpose of Outpatient Behavioral Health Services and Outpatient Substance Abuse Treatment:~~

~~(i) Allopathic or Osteopathic Physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry practicing as described in OAC 317:30-5-2.~~

~~(ii) Practitioners with a license to practice in the state in which services are provided.~~

~~(I) Psychology,~~
~~(II) Social Work (clinical specialty only),~~
~~(III) Professional Counselor,~~
~~(IV) Marriage and Family Therapist,~~
~~(V) Behavioral Practitioner, or~~
~~(VI) Alcohol and Drug Counselor.~~

~~(iii) Advanced Practice Nurse (certified in a psychiatric mental health specialty), licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided.~~

~~(iv) A Physician's Assistant who is licensed in good standing in this state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.~~

~~(v) LBHPs must have a valid Insure Oklahoma contract in order to bill for services rendered.~~

~~(vi) LBHP services require prior authorization and are limited to four (4) therapy services per month per member and eight (8) testing units per year per member.~~

~~(19) Durable Medical Equipment and Supplies. Covered in accordance with OAC 317:30-5-210 through OAC 317:30-5-218. A PCP referral and prior authorization is required for certain items.~~

~~(20) Diabetic Supplies. Covered in accordance with OAC 317:30-5-211.15.~~

~~(21) Oxygen. Covered in accordance with OAC 317:30-5-211.11 through OAC 317:30-5-211.12.~~

~~(22) Pharmacy. Covered in accordance with OAC 317:30-5-72.1 and OAC 317:30-5-72. Prenatal vitamins and smoking cessation products do not count against monthly prescription limits.~~

~~(23) Smoking Cessation Products. Products do not count against monthly prescription limits. Covered in accordance with OAC 317:30-5-72.1.~~

~~(24) Nutrition Services. Covered in accordance with OAC 317:30-5-1076.~~

~~(25) External Breast Prosthesis, Bras and Prosthetic Garments. Covered in accordance with OAC 317:30-5-211.13.~~

~~(26) Surgery. Covered in accordance with OAC 317:30-5-8.~~

~~(27) Home Dialysis. Covered in accordance with OAC 317:30-5-211.13.~~

~~(28) Parenteral Therapy. Covered in accordance with OAC 317:30-5-211.14.~~

~~(29) Family Planning Services and Supplies, including Sterilizations. Covered in accordance with OAC 317:30-3-57.~~

~~(30) Home Health and Medications, Intravenous (IV) Therapy and Supplies. Covered in accordance with OAC 317:30-5-211.15 and OAC 317:30-5-42.16(b)(3).~~

~~(31) Fundus photography.~~

~~(32) Emergency ground ambulance transportation. Covered in accordance with OAC 317:30-5-336.~~

317:45-11-11. Insure Oklahoma IP adult non-covered services [REVOKED]

~~Certain health care services are not covered in the Insure Oklahoma IP adult benefit package listed in OAC 317:45-11-10. These services include, but are not limited to:~~

~~(1) services not considered 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) weight loss intervention and treatment including, but not limited to, bariatric surgical procedures or any other weight loss surgery or procedure, drugs used primarily for the treatment of weight loss including appetite suppressants and supplements, and/or nutritional services prescribed only for the treatment of weight loss;~~

~~(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);~~
~~(11) vision care and services (including glasses), except services treating diseases or injuries to the eye;~~
~~(12) physical medicine including chiropractic and acupuncture therapy;~~
~~(13) hearing services;~~
~~(14) non-emergency transportation and emergency air transportation;~~
~~(15) allergy testing and treatment;~~
~~(16) hospice regardless of location;~~
~~(17) Temporomandibular Joint Dysfunction (TMD) (TMJ);~~
~~(18) genetic counseling;~~
~~(19) fertility evaluation/treatment/and services;~~
~~(20) sterilization reversal;~~
~~(21) Christian Science Nurse;~~
~~(22) Christian Science Practitioner;~~
~~(23) skilled nursing facility;~~
~~(24) long-term care;~~
~~(25) stand by services;~~
~~(26) thermograms;~~
~~(27) abortions (for exceptions, refer to OAC 317:30-5-6);~~
~~(28) services of a Lactation Consultant;~~
~~(29) services of a Maternal and Infant Health Licensed Clinical Social Worker;~~
~~(30) enhanced services for medically high risk pregnancies as found in OAC 317:30-5-22.1;~~
~~(31) ultraviolet treatment-actinotherapy;~~
~~(32) private duty nursing;~~
~~(33) payment for removal of benign skin lesions;~~
~~(34) sleep studies;~~
~~(35) prosthetic devices; and~~
~~(36) continuous positive airway pressure devices (CPAP).~~

PART 5. INSURE OKLAHOMA IP MEMBER ELIGIBILITY [REVOKED]

317:45-11-20. Insure Oklahoma IP eligibility requirements [REVOKED]

~~(a) Oklahoma employed working adults not eligible to participate in an employer's qualified benefit plan, employees of non-participating employers, self-employed, unemployed seeking work, workers with a disability, and qualified college students may apply for the Individual Plan. Applicants, unless a qualified college student, must be: considered "employed" in accordance with State law, including, but not limited to, Title 40 O.S. § 1-210; engaged in routine, for-profit activity, if self-employed; or considered "unemployed" in accordance with State law, including, but not limited to Title 40 O.S. § 1-217. Applicants cannot obtain IP coverage if they are eligible for ESI.~~

~~(b) The eligibility determination will be processed within thirty (30) days from the date the complete application is received. The applicant will be notified of the eligibility decision.~~

~~(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 he/she completes application;~~

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

~~(3) be an Oklahoma resident;~~

~~(4) furnish, or show documentation of an application for, a Social Security number at the time of application for Insure Oklahoma IP benefits;~~

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

~~(6) be age 19 through 64;~~

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

~~(8) 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);~~

~~(9) be not currently covered by a private insurance policy or plan; and~~

~~(10) provide in a timely manner any and all documentation that is requested by the Insure Oklahoma program by the specified due date.~~

~~(d) If employed and working for an approved Insure Oklahoma employer who offers a qualified benefit plan, the applicant must meet the requirements in subsection (c) of this Section and:~~

~~(1) have countable income at or below the appropriate standard according to the family size on the Insure Oklahoma IP Income Guidelines form.~~

~~(A) Effective January 1, 2016, financial eligibility for Insure Oklahoma IP benefits is determined using the MAGI methodology. Unless questionable, the income of applicants do not require verification. See OAC 317:35-6-39 through OAC 317:35-6-54 for the applicable MAGI rules for determining household composition and countable income.~~

(B) Income is evaluated on a monthly basis for all individuals included in the case for Insure Oklahoma IP Benefits;

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

(c) If employed and working for an employer who does not offer a qualified benefit plan, the applicant must meet the requirements in subsection (c) of this Section and have countable income at or below the appropriate standard according to the family size on the Insure Oklahoma IP Income Guidelines form.

(1) Effective January 1, 2016, financial eligibility for Insure Oklahoma IP benefits is determined using the MAGI methodology. Unless questionable, the income of applicants does not require verification. See OAC 317:35-6-39 through OAC 317:35-6-54 for the applicable MAGI rules for determining household composition and countable income.

(2) Income is evaluated on a monthly basis for all individuals included in the case for Insure Oklahoma IP Benefits.

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

(1) have countable income at or below the appropriate standard according to the family size on the Insure Oklahoma IP Income Guidelines form.

(A) Effective January 1, 2016, financial eligibility for Insure Oklahoma IP benefits is determined using the MAGI methodology. Unless questionable, the income of applicants does not require verification. See OAC 317:35-6-39 through OAC 317:35-6-54 for the applicable MAGI rules for determining household composition and countable income.

(B) Income is evaluated on a monthly basis for all individuals included in the case for Insure Oklahoma IP Benefits.

(2) must 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).

(3) must verify self-employment by completing and submitting to Insure Oklahoma the Self-Employment Attestation Form. In addition,

(A) for any applicant who filed a Federal tax return for the tax year immediately preceding the date of application, he or she must provide a copy of such tax return with all supporting schedules and forms, or

(B) for any applicant exempt from filing a Federal tax return for the previous tax year in accordance with Federal law, including, but not limited to, 26 Code of Federal Regulation, Section 1.6017-1, he or she must submit a completed 12-Month Profit and Loss Worksheet to Insure Oklahoma, as well as any

other information requested by Insure Oklahoma that could reasonably be used to substantiate the applicant's regular, for-profit business activity.

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

(1) Applicants must have countable income at or below the appropriate standard according to the family size on the Insure Oklahoma IP Income Guidelines form.

(2) Effective January 1, 2016, financial eligibility for Insure Oklahoma IP benefits is determined using the MAGI methodology. Unless questionable, the income of applicants does not require verification. See OAC 317:35-6-39 through OAC 317:35-6-54 for the applicable MAGI rules for determining household composition and countable income.

(3) Income is evaluated on a monthly basis for all individuals included in the case for Insure Oklahoma IP Benefits. Applicant must 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) A OESC eligibility letter;

(B) A OESC weekly unemployment payment statement, or;

(C) A bank statement showing state treasurer deposit.

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

(1) Applicants must have countable income at or below the appropriate standard according to the family size on the Insure Oklahoma IP Income Guidelines form.

(2) Applicants may need to verify eligibility of their enrollment in the Ticket to Work program.

(3) Effective January 1, 2016, financial eligibility for Insure Oklahoma IP benefits is determined using the MAGI methodology. Unless questionable, the income of applicants does not require verification. See OAC 317:35-6-39 through OAC 317:35-6-54 for the applicable MAGI rules for determining household composition and countable income.

(4) Income is evaluated on a monthly basis for all individuals included in the case for Insure Oklahoma IP Benefits.

(i) IP approved individuals must notify the OHCA of any changes, including household status and income, that might impact individual and/or dependent eligibility in the program within 10 days of the change.

(j) When the agency responsible for determining eligibility for the member becomes aware of a change in the member's circumstances, the agency will promptly redetermine eligibility for all household members whose eligibility is affected by the change.

(k) College students may enroll in the Insure Oklahoma IP program as dependents. Effective January 1, 2016, financial eligibility

~~for Insure Oklahoma IP benefits for college students is determined using the MAGI methodology. See OAC 317:35-6-39 through OAC 317:35-6-54 for the applicable MAGI rules for determining household composition and countable income. Dependent college students must enroll under their parents and all annual gross household income (including parent income) must be included in determining eligibility. Independent college students may apply on their own without parent income included in the household. College student status as dependent or independent is determined by the student's current Free Application for Federal Student Aid (FAFSA) or the university's financial aid office. College students must also provide a copy of their current student schedule to prove full-time student status.~~

~~(l) Any misleading or false representation, or omission of any material fact or information required or requested by OHCA as part of the Insure Oklahoma application process, may result in, among other things, closure of eligibility pursuant to OAC 317:45-11-27.~~

317:45-11-21. Dependent eligibility [REVOKED]

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

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

~~(c) The dependent of an applicant approved according to the guidelines listed in 317:45-11-20(h) does not become automatically eligible for Insure Oklahoma IP.~~

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

~~(e) College students may enroll in the Insure Oklahoma IP program. Effective January 1, 2016, financial eligibility for Insure Oklahoma IP benefits for college students' are determined using the MAGI methodology. See OAC 317:35-6-39 through OAC 317:35-6-54 for the applicable MAGI rules for determining household composition and countable income.~~

~~(f) IP approved individuals must notify the OHCA of any changes, including household status and income, that might impact individual and/or dependent eligibility in the program within 10 days of the change.~~

~~(g) When the agency responsible for determining eligibility for the member becomes aware of a change in the dependents circumstances, the agency will promptly redetermine eligibility~~

~~for all household members whose eligibility is affected by the change.~~

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

~~(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 Individual Plan (IP) and the annual gross household income does not exceed SoonerCare requirements. The newborn child is deemed eligible for SoonerCare benefits through the last day of the month the child attains the age of one (1) year.~~

~~(b) The newborn child's SoonerCare eligibility is not dependent on the mother's continued eligibility in Insure Oklahoma IP. The child's SoonerCare eligibility is based on the original eligibility determination of the mother for Insure Oklahoma 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 for SoonerCare is shortened only in the event the child:~~

~~(1) Loses Oklahoma residence; or~~

~~(2) Expires.~~

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

317:45-11-22. Primary Care Physician (PCP) choices [REVOKED]

~~(a) The applicant and any covered dependent(s) are required to select a valid PCP.~~

~~(b) The applicant and any covered dependent(s) must make a PCP selection though their mysoonercare.org account.~~

~~(c) After initial enrollment in Insure Oklahoma Individual Plan the applicant any covered dependent(s) may change their PCP selection through their mysoonercare.org account or by calling the Insure Oklahoma helpline.~~

~~(d) To ensure members have access to their Patient Centered Medical Home, Insure Oklahoma staff may facilitate enrollment as applicable.~~

317:45-11-23. Member eligibility period [REVOKED]

~~(a) The rules in this subsection apply to member's eligibility according to OAC 317:45-11-20(a) through (c).~~

~~(1) The member's eligibility period begins only after approval of the application and receipt of the premium payment.~~

~~(A) If the application is approved and the premium payment is made by the last day of the same month, eligibility will~~

~~begin the first day of the next month.~~

~~(B) If the application is approved and the premium payment is made between the first and 15th day of the next month, eligibility will begin the first day of the second consecutive month.~~

~~(C) If the application is approved and the premium payment is not made within 45 days, eligibility will not begin.~~

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

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

~~(4) If the employee is determined eligible for Insure Oklahoma IP, he/she is approved for a period not greater than 12 months.~~

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

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

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

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

317:45-11-24. Member cost sharing [REVOKED]

~~(a) Members are given monthly invoices for their benefit plan premiums. IP health plan premiums are established by the OHCA. The premiums are due monthly and must be paid in full.~~

~~(1) Members are responsible for their monthly premiums, in an amount not to exceed four percent (4%) of their monthly gross household income.~~

~~(2) Working disabled individuals are responsible for their monthly premiums in an amount not to exceed four percent (4%) of their monthly gross household income, based on a family size of one and capped at one-hundred percent (100%) of the Federal Poverty Level.~~

~~(3) Cost-sharing, including premium payments and copayments, are not required of American Indian and Alaska Native members, as is established in the federally-approved Oklahoma Medicaid State Plan.~~

~~(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 returned payments.~~

317:45-11-26. Reviews [REVOKED]

~~Members participating in the Insure Oklahoma program are subject to reviews 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 [REVOKED]

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

~~(b) The employer and employees' eligibility are tied together. If the employer no longer meets the requirements for Insure Oklahoma 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) a review indicates a discrepancy that makes the member or employer ineligible;~~

~~(6) the employer is terminated from Insure Oklahoma;~~

~~(7) the member fails to pay their premium;~~

~~(8) the qualified benefit plan or carrier no longer meets the requirements set forth in this chapter;~~

~~(9) the member begins receiving SoonerCare or Medicare benefits;~~

~~(10) the member begins receiving coverage by a private benefit policy or plan;~~

~~(11) the member or employer reports any change affecting eligibility; or~~

~~(12) the member no longer meets the eligibility criteria set forth in this Chapter.~~

~~(d) This subsection applies to applicants eligible according to 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) a review indicates a discrepancy that makes the member or employer ineligible;~~

~~(6) the member fails to pay their premium;~~

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

~~(8) the member begins receiving coverage by a private benefit policy or plan;~~

~~(9) the member or employer reports any change affecting~~

~~eligibility; or~~

~~(10) the member no longer meets the eligibility criteria set forth in this Chapter.~~

317:45-11-28. Appeals [REVOKED]

~~Member appeal procedures based on denial of eligibility due to income are described at 317:2-1-2.~~