



Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

OHCA 2022-13

August 16, 2022

RE: Policy Revisions and Program Updates – Effective Sept. 12, 2022

Dear Provider,

The Oklahoma Health Care Authority will implement policy changes promulgated through the 2022 legislative session per the Oklahoma Administrative Procedures Act. All policy changes will be effective Sept. 12, 2022, and will be posted on the [policy website](#) on that date. In the interim, summaries of the changes are listed below.

Please note that the Oklahoma Administrative Code links identified below **will be updated** with the new policy changes on Sept. 12. If applicable, please forward this letter to your administrative, billing, and compliance departments.

These rule changes were posted to the [OHCA Proposed Policy Changes](#) page from Dec. 15, 2021, through Jan. 18, 2022, or Feb. 1, 2022, through Mar. 3, 2022, pursuant to the permanent rulemaking process.

Effective Sept. 12, 2022:

Qualified Medicare Beneficiary Plus (QMBP) Policy Clarification

The revisions clarify policy on how the agency deems income from an ineligible spouse to an eligible member within the Aged, Blind and Disabled (ABD) eligibility group. The revisions also clarify that when the eligible member's countable income exceeds the Social Security income (SSI) standard, the eligible member must still be evaluated for the Medicare savings program called QMBP. (Reference OAC [317:35-5-42](#)).

Improve 340B Shared Savings Methodology

The revisions improve the identification of 340B drugs and non-340B drug purchases. These revisions require providers to bill the agency with a procedure code modifier on outpatient and hospital claims that will identify a 340B drug from a non-340B drug. Additional revisions adjust the methodology by which Medicare crossover claims are included on drug rebate invoices to 340B providers. (Reference OAC [317:30-5-87](#)).



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

okhca.org
mysoonerCare.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767



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Pregnant Women Copayment Language

The rule changes clarify that no copayment is assessed for pregnant women covered by SoonerCare. The changes align Oklahoma's administrative rules regarding copayments for pregnant women with current business practices. (Reference OAC [317:30-3-5](#)).

Rural Health Centers (RHC) and Federally Qualified Health Centers (FQHC) Monthly Visit Limitation Revisions

The revisions allow a SoonerCare Choice member who has chosen an RHC/FQHC as their Patient-Centered Medical Home (PCMH)/Primary Care Provider (PCP) to exceed the four-visit monthly limitation. (Reference OAC [317:30-5-356](#), [317:30-5-361](#), and [317:30-5-664.3](#)).

Referrals for Specialty Services Revisions

The revisions update retrospective administrative referrals for specialty services within the SoonerCare Choice program. The changes outline how retrospective administrative referral requests are made and the information that must be provided for the OHCA to process the request. (Reference OAC [317:25-7-7](#)).

OHCA encourages you to review each rule change in its entirety. If you have any questions regarding these rule changes, please call the OHCA provider helpline at 800-522-0114.

Thank you for the services you provide to SoonerCare members.

Sincerely,

Traylor Rains
State Medicaid Director



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4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



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