



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

I/T/U Public Notice 2019-09

Dec. 19, 2019

RE: Oklahoma Health Care Authority (OHCA) Proposed Rule, State Plan, and Waiver Amendments

Dear Tribal Representative:

The purpose of this letter is to give you notice of proposed changes that will be reviewed at the tribal consultation meeting on Jan. 7, 2020 at 11 a.m. in the Oklahoma Health Care Authority's (OHCA) Charles Ed McFall boardroom located at 4345 N Lincoln, Oklahoma City, OK. The OHCA invites you to attend this meeting and we welcome any comments regarding the proposed changes. The Agency is committed to active communication with tribal governments during the decision-making and priority-setting process to keep you apprised of all proposed changes.

Enclosed are summaries of the current proposed rules, state plan, and waiver amendments for your review; the summaries describe the purpose of each change.

Please note that these are only proposed changes and have not yet taken effect. Before implementation, proposed changes must obtain budget authorization and approval by the OHCA Board, and when applicable, federal approval and Governor approval must be obtained.

Additionally, the OHCA posts all proposed changes on the Agency's [Policy Change Blog](#) and the [Native American Consultation Page](#). These public websites are designed to give all constituents and stakeholders an opportunity to review and make comments regarding upcoming policy changes. To ensure that you stay informed of proposed policy changes, you may sign up for web alerts to be automatically notified when any new proposed policy changes are posted for comment.

The OHCA values consultation with tribal governments and will provide your representatives a reasonable amount of time to respond to this notification. If you have any questions or comments about the proposed policy changes, please use the online comment system found on the [Policy Change Blog](#) and/or the [Native American Consultation Page](#).

Sincerely,

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Dana Miller
Director, Tribal Government Relations

Proposed Rule, State Plan, and Waiver Amendments

Adult Inpatient Rehabilitation Days — The proposed rule changes will increase the number of covered inpatient rehabilitation hospital days for adult SoonerCare members from 24 days per state fiscal year to 90 days per state fiscal year. Increasing access to stabilization services in an inpatient rehabilitation setting is necessary to meet the health care needs of SoonerCare members.

Urine Drug Testing and Lab Services — The proposed rule changes will update urine drug screening policy by removing the word “urine” to clarify that this policy applies to multiple specimens and not just urine specimens. Additionally, the proposed rule changes will clarify that laboratory testing for routine diagnostic or screening purposes are compensable when they are recommended by the clinical guidelines of nationally recognized medical professional academies or societies, and those sources meet medical necessity criteria, as outlined in OHCA rules.

Molecular Diagnostic Testing Utilizing Polymerase Chain Reaction (PCR) for Infectious Diseases — The proposed rule changes will establish guidelines that delineate medical necessity criteria for PCR and provide consistency in the prior authorization (PA) process for PCR testing. The guidelines include criteria and documentation requirements for approval of the PCR PA request(s).

Ground Emergency Medical Transportation (GEMT) Supplemental Payment Program — The proposed policy establishes rules consistent with the Oklahoma Medicaid State Plan which outlines the GEMT Supplemental Payment Program, implemented October 1, 2018. The GEMT program is a voluntary program that provides annual supplemental payments to SoonerCare ground ambulance transportation service providers that are publicly-owned or operated or are under contract with a local government unit. Supplemental payments are made for specific allowable uncompensated costs. Payments are intended to reduce the gap between the reimbursement paid by Medicaid and/or all other third-party resources and the actual and allowable cost of providing ground ambulance transportation services.

Inpatient Service Quality Review (SQR) Revisions — The proposed rule changes will address the inpatient psychiatric facility SQR process. The proposed revisions will outline repercussions when deficiencies regarding compliance with federal regulations and OHCA administrative rules are found, including but not limited to, full or partial recoupment of paid claims, at the discretion of the OHCA, based on the severity of the deficiencies. Additionally, the proposed revisions will address corrective action plans and requests for reconsideration of deficiency/recoupment findings.

Recovery Audit Contractor (RAC) Exception — The proposed State Plan Amendment (SPA) seeks an exemption from the federal RAC requirement. RAC programs execute audits for the purpose of identifying under/overpayments of Medicaid claims under the State Plan. The State currently has an exemption from the RAC program under the State Plan; however, the exemption expires March, 2020. The State has robust and effective program integrity procedures in place which perform the tasks of a RAC program; therefore, the Agency is seeking to extend the RAC program exemption, as it is duplicative of the auditing activities that the State already performs.

Countable Income and Resources for Members Categorically Related to the Aged, Blind and Disabled (ABD) populations and Qualified Medicare Beneficiary (QMB) Plus Eligibility — The proposed rule changes update policy regarding the determination of countable income for individuals in the ABD categorical group. The rule changes will incorporate the federal Supplemental Security Income (SSI) standards, including the exclusion of earned and unearned income, and clarifies guidance on how income is deemed from certain individuals to another (i.e. ineligible spouse's income deemed to the applicant). Additional rule revisions update policy to note that the value of a life estate may be established by a written estimate instead of a written appraisal. Finally, rule changes will update QMB Plus policy to align with other Medicare savings programs and to clarify income and resource standards for individuals and couples.

Durable Medical Equipment (DME), Supplies and Appliances — Policy changes are needed to comply with the federal Home Health final rule and the CURES Act. This proposal was previously brought to tribal consultation on 03/06/2018 and 05/16/2018. The State has continued to work internally and with sister agencies to finalize the proposal. Proposed policy will describe the DME, supplies and appliances benefit and coverage, as well as, align the provision of DME, supplies and appliances with federal regulation. Revisions to the Home Health benefit will also be made to comply with guidance from the federal final rule. Additional revisions will establish reimbursement methodology for items considered DME, supplies and appliances, including but not limited to: enteral food; durable medical equipment; oxygen; and purchase equipment that Medicare only rents, supplies, parenteral equipment and food, DME and supplies not paid at the Medicare rate or when there is no fee schedule available, and for DME and supplies purchased at the pharmacy point of sale.

Medically Necessary Extractions — In an effort to improve dental access and coverage for adults, the proposed policy revisions will amend the rule that limits dental services for adults from “emergency” extractions only to “medically necessary” extractions. Additionally, the proposed policy revisions add definitions for medically necessary oral healthcare and medically necessary extractions. Finally, the proposed revisions will clarify text; fix grammatical errors; and align rules with the current business practice.

Insure Oklahoma Individual Plan (IP) and Employee Sponsored Insurance (ESI) — The proposed rule changes will add language to Insure Oklahoma IP and ESI policy on how a newborn child can be deemed eligible on their date of birth for SoonerCare benefits when the child is born to a member of Insure Oklahoma IP or ESI. Additionally, the proposed rule changes define eligibility criteria for the newborn to receive SoonerCare benefits.

Coverage Definitions for Children and Adults — The proposed rule changes will add definitions to clarify what the OHCA views as a child and an adult, unless otherwise specified by federal and/or state law. Additional revisions will involve limited rewriting aimed at clarifying text; fixing grammatical errors; and aligning rules with the current business practice.

Private Duty Nursing (PDN) — The proposed rule changes will update and strengthen PDN policy by defining the place of services PDN is allowed. Revisions will include adding language to allow for medically necessary PDN services outside of the home if certain requirements are met. Further revisions will clarify which PDN services will and will not be authorized. Finally, the proposed revisions will involve limited rewriting aimed at clarifying text; fixing any grammatical errors; and aligning rules with the current business practice.

School-Based/EPSTD Changes — The proposed rule changes cleanup the school-based policy to separate and differentiate between services provided in a school setting under Early and Periodic Screening, Diagnostic and Treatment (EPSTD) benefit versus those school-based services that are provided pursuant to an Individual Education Plan (IEP). The proposed revisions clarify that school-based services are medically necessary, health-related, and rehabilitative services that are provided pursuant to an IEP. However, not all SoonerCare reimbursable and medically necessary services provided in a school setting are done pursuant to an IEP. Therefore, medically necessary services provided in a school setting but which are not considered school-based (pursuant to an IEP) will be removed from Part 103, Qualified Schools as Providers of Health-Related Services, and will instead be referenced in Part 4, EPSTD.

Spinal Muscular Atrophy (SMA) Screening (OSDH) — The Oklahoma State Department of Health (OSDH) is seeking to expand the newborn screening panel by adding a screen for SMA. A rate for the new SMA screen will be subsequently set through the State Plan Amendment Rate Committee (SPARC).