



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

I/T/U Public Notice 2018-08

October 23, 2018

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 held on November 6th, 2018 at 11:00 a.m. in the Oklahoma Health Care Authority (OHCA) Charles Ed McFall Board Room 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 and therefore keeps you apprised of all proposed changes.

Enclosed are summaries of the current proposed rules, state plans, 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, new changes must obtain budget authorization, the OHCA Board approval, and when applicable, federal approval and the governor's approval.

Additionally, the OHCA posts all proposed changes on the agency's [Policy Change Blog](#) and the [Native American Consultation Page](#). This public website is 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,

Dana Miller
Director, Tribal Government Relations

Proposed Rule, State Plan, and Waiver Amendments

Update Electronic Health Record (EHR) Incentive Program Policy — The proposed revisions will amend policy about how to qualify for the EHR Incentive Program by changing the timeframe in which hospitals must meet the SoonerCare patient volume criteria for a continuous 90-day period from the preceding calendar year to the preceding federal fiscal year. Additionally, the proposed revisions will add a 30-day time limit for eligible providers to submit documentation or make corrections to avoid denial of their EHR attestation. Finally, the proposed revisions will add language further defining the process and timeframes for providers to request an informal reconsideration or a formal appeal.

Green Thumb Program Name Change — The proposed revisions will amend the Eligibility and Resource Disregards policy to update the name of the Green Thumb program to its new name, the Senior Community Service Employment Program (Experience Works). Benefits acquired through this program are disregarded when counting resources for Medicaid's Aged, Blind, and Disabled (ABD) eligibility determination. This policy revision is requested by the Oklahoma Department of Human Services (DHS).

Suspended Claims Review and Prepayment Review — The proposed revisions will help ensure that the OHCA follows state and federal law by adding rules that define and explain the various reviews that may be performed by the OHCA or its contractor. Suspended claims review and provider-specific prepayment review are two examples. The proposed rules will help the OHCA safeguard against unnecessary utilization of medical supplies and services and help ensure payments are consistent, efficient, economic, and provide good quality of care. Finally, these revisions help ensure that reimbursements are for medically necessary and otherwise appropriate medical supplies and services.

Psychiatric Services in Nursing Facilities Revisions — The proposed revisions will clarify provider types and reimbursement of psychiatric services as part of a direct physician service visit in a nursing facility. Additionally, revisions will also involve limited rewriting aimed at clarifying text, eliminating redundancies, and updating outdated terminology.

ADvantage Waiver — The proposed revisions to the ADvantage Waiver will add new language to outline requirements for personal care services and consumer directed personal assistance services and supports (CD-PASS) for case management services. Revisions will also remove and update outdated policy in order to align with current business practices and ensure rules are in accordance with state laws and regulations.

Breast and Cervical Cancer (BCC) Treatment Program — The proposed revisions to the BCC policy will provide cleanup and removal of old references and outdated language in order to reflect current business practices. Additionally, policy will reflect new guidelines that are already being implemented to make the "in need of treatment" determination.

Developmental Disabilities Services Division (DDS) — The proposed revisions to the DDS policy will amend rules to implement changes recommended during the annual Department of Human Services (DHS) DDS rule review process. Additionally, revisions will reflect new service requirements for employment services through Home and Community-Based Services waivers. Further revisions will eliminate and/or update outdated policy in order to better align with current business practices.

Tax Equity and Fiscal Responsibility Act (TEFRA) Policy Update — The proposed revisions will remove references to "OKDHS worker" and "local county office" and replace it with "the Oklahoma Health Care Authority (OHCA)". Currently, TEFRA applications are processed entirely by the TEFRA/Level of Care Unit of the OHCA.

Discontinue Eligibility when Member’s Whereabouts are Unknown as Indicated by Returned Mail

— Policy will be added to expedite compliance with Oklahoma House Bill 1270 which created the HOPE Act. The HOPE Act requires verification of a member’s residency status. The new policy will state that any mail returned to the agency as unforwardable, indicating that the member’s whereabouts are unknown, then the member’s eligibility will be discontinued. Per federal regulations, advance notice is not required to be given to the member when eligibility is discontinued for this reason; however if the member’s whereabouts become known within the eligibility period, eligibility will be reinstated.

Deductible and Coinsurance for Medicare Claims — The proposed revisions will update the reimbursement percentage amount for deductible and coinsurance on crossover claims to reflect current practice. Revisions are needed within the State Plan and SoonerCare rules.

Non-Emergency Transportation — The proposed revisions will amend policy to provide non-emergency transportation (NET) to pregnant women covered under the Title XXI State Plan. The revisions are needed to comply with Parity federal regulations which instruct the State to provide equivalent services to all children covered under the Plan.

Reimbursement Methodology for Partial Hospitalization Program Services (PHP) — The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) requests a change to the current reimbursement for Partial Hospitalization Program Services (PHP) from a one hour unit of service to a single daily payment for all services provided in a day. This methodology is in line with the Healthcare Common Procedure Coding System (HCPCS) guidelines for the PHP Code, H0035, and will reduce the likelihood of a payment error finding.