

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 3, 2022

The proposed policy changes are currently in effect as Emergency Rules and must be promulgated as Permanent Rules. The proposed policy was presented at the November 3, 2020 Tribal Consultation. Additionally, this proposal was presented to the Medical Advisory Committee on March 11, 2021. Furthermore, this proposal will be presented at a Public Hearing scheduled for March 8, 2022. Finally, the proposed changes are scheduled to be presented as permanent rules to the OHCA Board of Directors on March 16, 2022.

Reference: APA WF # 21-04

SUMMARY:

Diabetes self-management education and support (DSMES) services - The proposed revisions will clarify DSMES provider requirements for registered dietitians, registered nurses, and pharmacists. Revisions will also add other health care providers with certifications as Certified Diabetes Care and Education Specialist (CDCES) or as Board-Certified Advanced Diabetes Management (BC-ADM) as eligible DSMES providers.

LEGAL AUTHORITY

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

RULE IMPACT STATEMENT:

STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY

SUBJECT: Rule Impact Statement
APA WF # 21-04

A. Brief description of the purpose of the rule:

The proposed rule changes will clarify DSMES provider requirements for registered dietitians, registered nurses, and pharmacists. Revisions will also add other health care providers with certifications as Certified Diabetes Care and Education Specialist (CDCES) or as Board-Certified Advanced Diabetes Management (BC-ADM) as eligible DSMES providers. Other revisions will involve limited rewriting aimed at updating DSMES-related terminology.

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:

No classes of person will be affected by the proposed rule.

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

The proposed rule changes will benefit SoonerCare members with a diabetes diagnosis. DSMES services would increase members' access to additional DSMES providers that would equip members with the knowledge, skill, and ability necessary to self-manage the disease and maximize his/her quality of life.

- 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:

The proposed rule changes are 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 political subdivisions, and cooperation by political subdivisions in implementing or enforcing the rule is not required.

- 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 changes 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 changes 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.

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

Prepared: October 19, 2021
Modified: December 28, 2021

RULE TEXT

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 109. DIABETES SELF-MANAGEMENT ~~TRAINING~~ EDUCATION AND SUPPORT

317:30-5-1080. Definitions

The following words or terms, when used in this Part, shall have the following meaning, unless the context clearly indicates otherwise:

~~"AADE" means American Association of Diabetes Educators.~~

"ADA" means American Diabetes Association.

"ADCES" means the Association of Diabetes Care and Education Specialists.

"BC-ADM" means Board-certified advanced diabetes management.

~~"CDECDCES" means certified diabetes educator/care and education specialist.~~

"DSMTDSMES" means diabetes self-management training/education and support.

"OAC" means Oklahoma Administrative Code.

"OHCA" means Oklahoma Health Care Authority.

"**Qualified non-physician provider**" means a physician assistant or advanced practice registered nurse.

317:30-5-1081. Eligible providers and requirements

~~(a) Eligible DSMT providers include any of the following professionals:~~

~~(1) A registered dietician (RD) who is licensed and in good standing in the state in which s/he practices, and who is:~~

~~(A) Certified as a CDE; and~~

~~(B) Fully contracted with SoonerCare as a CDE provider.~~

~~(2) A registered nurse (RN) who is licensed and in good standing in the state in which s/he~~

practices, and who is:

(A) Certified as a CDE; and

(B) Fully contracted with SoonerCare as a CDE provider.

(3) A pharmacist who is licensed and in good standing in the state in which s/he practices, and who is:

(A) Certified as a CDE; and

(B) Fully contracted with SoonerCare as a CDE provider.

(b) In order to receive Medicaid reimbursement for DSMT services, professional service groups, outpatient hospitals, Indian Health Services, Tribal Programs and Urban Indian Clinics (I/T/Us), Rural Health Clinics (RHCs), and Federally Qualified Health Centers (FQHCs) must have a DSMT program that meets the quality standards of one (1) of the following accreditation organizations:

(1) The ADA; or

(2) The AADE.

(c) All DSMT programs must adhere to the national standards for diabetes self management education.

(1) Each member of the instructional team must:

(A) Be a CDE; or

(B) Have documentation of at least fifteen (15) hours of recent diabetes education or diabetes management experience.

(2) At a minimum, every instructional team must consist of at least one (1) of the CDE professionals listed in subsection a, above.

(d) All members of the instructional team must obtain the nationally recommended annual continuing education hours for diabetes management.

(a) In order to receive Medicaid reimbursement for DSMES services, providers or provider groups must:

(1) Be working under an accredited DSMES program that meets the quality standards of one (1) of the following accreditation organizations:

(A) The ADA; or

(B) The ADCES.

(2) Be fully contracted with SoonerCare as a "diabetes educator". Eligible DSMES providers include:

(A) A registered dietician (RD) who is:

(i) Licensed and in good standing in the state in which s/he practices.

(ii) Has training and experience pertinent to diabetes self-management education and support verified by the OHCA Pharmacy Services unit.

(B) A registered nurse (RN) who is:

(i) Licensed and in good standing in the state in which s/he practices.

(ii) Has training and experience pertinent to diabetes self-management education and support verified by the OHCA Pharmacy Services unit.

(C) A pharmacist who is:

(i) Licensed and in good standing in the state in which s/he practices.

(ii) Has training and experience pertinent to diabetes self-management education and support verified by the OHCA Pharmacy Services unit.

(D) A health care provider, as defined in Section 3090.2 of Title 63 of the Oklahoma Statutes, who holds a certification as a:

(i) CDCES; or

(ii) BC-ADM.

(b) All DSMES programs must adhere to the national standards for diabetes self-management education.

(1) Each DSMES program must include at least one (1) of the eligible providers listed above in OAC 317:30-5-1081 (a) (2) (A) – (D).

(2) All members of the instructional team must complete the nationally recommended annual continuing education hours for diabetes management.

317:30-5-1082. Scope of services

(a) **General provisions.** The OHCA covers medically necessary ~~DSMT~~DSMES services when all the following criteria are met:

(1) The member has been diagnosed with diabetes by a physician or qualified non-physician provider working within the scope of his/her licensure;

(2) The services have been ordered by a physician or qualified non-physician provider who is actively managing the member's diabetes;

(3) The services are provided by a qualified ~~DSMT~~DSMES provider [Refer to OAC 317:30-5-1081~~(b)~~(a)(2)]; and

(4) The program meets the current ADA or ~~ADE~~ADCES training standards.

(b) **Training.** ~~DSMT~~DSMES services shall provide one (1) initial assessment per lifetime. Initial ~~DSMT~~DSMES shall be comprised of up to ten (10) hours [can be performed in any combination of thirty (30) minute increments] of diabetes training within a consecutive twelve (12) month period beginning with the initial training date, including:

(1) One (1) hour of individual instruction, consisting of face-to-face encounters between the ~~CDE~~diabetes educator and the member; and

(2) Nine (9) hours of group instruction.

(c) **Follow-up ~~DSMT~~DSMES.** After the first twelve (12) month period has concluded, members shall only be eligible for two (2) hours of individual or group ~~DSMT~~DSMES instruction per calendar year.

317:30-5-1083. Coverage by category

The purpose of ~~DSMT~~DSMES services must be to provide the member with the knowledge, skill, and ability necessary for diabetes self-care.

(1) **Adults.** Payment is made for medically necessary ~~DSMT~~DSMES provided by a ~~registered nurse (RN), registered dietitian (RD), or pharmacist certified as a diabetes educator, as eligible providers~~ described in OAC 317:30-5-1081. Refer to OAC 317:30-5-1082 for units of ~~DSMT~~DSMES training allowed.

(2) **Children/adolescents.** Payment is made for medically necessary ~~DSMT~~DSMES for members under twenty-one (21) years of age provided by a ~~RN, RD, or pharmacist certified as a diabetes educator, as eligible providers~~ described in OAC 317:30-5-1081. ~~DSMT~~DSMES coverage for children is the same as for adults. Additional ~~DSMT~~DSMES services may be covered under EPSDT provisions if determined to be medically necessary.

317:30-5-1084. Reimbursement methodology

SoonerCare shall provide reimbursement for ~~DSMT~~DSMES services as follow:

(1) Payment shall be made to fully-contracted providers. If the rendering provider operates through an enrolled SoonerCare provider, or is contracted to provide services by an enrolled

SoonerCare provider, payment may be made to that enrolled SoonerCare provider.

(2) Reimbursement for ~~DSMT~~DSMES services is only made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by OHCA to be a reasonable fee, consistent with efficiency, economy, and quality of care. Payment for covered services is the lower of the provider's actual billed charges, consistent with the provider's usual and customary charge to the general public for the service, or the maximum allowable per unit of service.

PART 110. INDIAN HEALTH SERVICES, TRIBAL PROGRAMS, AND URBAN INDIAN CLINICS (I/T/Us)

317:30-5-1090. Provision of other health services outside of the I/T/U encounter

(a) Medically necessary SoonerCare covered services that are not included in the I/T/U outpatient encounter rate may be billed outside the encounter rate within the scope of the SoonerCare fee-for-service (FFS) contract. The services will be reimbursed at the FFS rate, and will be subject to any limitations, restrictions, or prior authorization requirements. Examples of these services include, but are not limited to:

- (1) Durable medical equipment [refer to Oklahoma Administrative Code (OAC) 317:30-5-210];
- (2) Eyeglasses (refer to OAC 317:30-5-431, 317:30-5-432.1 and 317:30-5-451);
- (3) Transportation by ambulance (refer to OAC 317:30-5-335);
- (4) Home health (refer to OAC 317:30-5-546);
- (5) Inpatient practitioner services (refer to OAC 317:30-5-1100);
- (6) Non-emergency transportation (~~refer to OAC 317:35-3-2~~);(refer to OAC 317:30-5-326 through 317:30-5-327.9);
- (7) Behavioral health case management (refer to OAC 317:30-5-241.6);
- (8) Psychosocial rehabilitative services (refer to OAC 317:30-5-241.3);
- (9) Psychiatric residential treatment facility services (refer to OAC 317:30-5-95 through 317:30-5-97);
- (10) Applied behavior analysis (ABA) (refer to OAC ~~317:30-3-65.123~~317:30-5-310 through 317:30-5-316); and
- (11) Diabetes self-management ~~training (DSMT)~~education and support (DSMES) (refer to OAC 317:30-5-1080 through 317:30-5-1084).

(b) If the I/T/U facility chooses to provide other Oklahoma Medicaid State Plan covered health services which are not included in the I/T/U encounter definition, those service providers must be contracted with the Oklahoma Health Care Authority (OHCA) and bill for those services under their assigned provider number consistent with program coverage limitations and billing procedures described by the OHCA.

(c) Providers may bill for antepartum and postpartum visits, and a cesarean or vaginal delivery as individual encounters, or a provider can bill the packaged/bundled rate for total obstetrical care (OB) (which includes antepartum/postpartum visits and delivery). Providers may not bill for both antepartum/postpartum visits and a packaged/bundled rate for total OB care for the same episode of care. Refer to OAC 317:30-5-22 for more detailed obstetrical care policy.