

**Kevin Corbett** | Chief Executive Officer

J. Kevin Stitt | Governor

OHCA 2021-07

August 5, 2021

RE: Policy Revisions and Program Updates – Effective Sept. 1, 2021

Dear Provider,

The Oklahoma Health Care Authority will be implementing policy changes that were promulgated through the 2021 legislative session per the Oklahoma Administrative Procedures Act. All policy changes will be effective Sept. 1, 2021 and <u>will be posted</u> to the <u>policy website</u> on that date. In the interim, comprehensive summaries of the changes are listed below.

Please note, the Oklahoma Administrative Code links, identified below, <u>will be updated</u> with the new policy changes on Sept. 1. If applicable, please forward this letter to your administrative, billing and compliance departments.

These rule changes were posted to the OHCA Proposed Policy Changes <u>website</u> from Dec. 15, 2020 through Jan. 15, 2021, or Jan. 19, 2021 through Feb. 18, 2021, during the 2020-2021, pursuant to the permanent rulemaking process.

Beginning Sept. 1, 2021:

## Programs of All Inclusive-Care for the Elderly

The policy revisions update policy regarding enrollment denials for PACE to reflect current business practices. Additional the revisions add language to clarify and establish OHCA's role in reviewing justifications for expedited appeals from PACE organizations. These revisions align policy with Section 460.122 of Title 42 of the Code of the Federal Regulations. (Reference OAC <u>317:35-18-5</u> and <u>317:35-18-7</u>).

# <u>Applied Behavior Analysis Services Revisions</u>

The policy revisions clarify individualized treatment requirements, common ABA-based techniques, medical necessity criteria, and required documentation for ABA treatment extension requests. The revisions exempt licensed psychologists from Behavior Analyst Certification Board certification requirements if ABA services provided are within the scope of their training and practice. (Reference OAC 317:30-3-65.12).









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# Provider Refund to Member When Copayment Is Over-Collected

The policy revisions specify the provider's requirement to refund any amount the provider collected from the member for copayment in error and/or collected after the family had reached its aggregate cost sharing maximum. (Reference OAC 317:30-3-5).

## **Bariatric Surgery Revisions**

The policy revisions update bariatric surgery requirements and medical guidelines to reflect current business practice. (Reference OAC 317:30-5-137 and 317:30-5-140).

# Lodging, Meals and SoonerRide

The policy revisions update the lodging and meals policy by changing the mileage radius approval from 100 miles or more to 50 miles or more. Additional changes reformat and organize the existing policy to provide better clarity on how the approval process works for the lodging and meals benefit. Furthermore, the revisions update and reformat the SoonerRide Non-Emergency Transportation (NEMT) policy so it provides more clarity. The revisions outline the specific services SoonerRide NEMT offers and how members and long-term care facilities can go about requesting transportation through SoonerRide NEMT. (Reference OAC 317:30-3-92, 317:30-5-326, 317:30-5-326.1, 317:30-5-327.1, 317:30-5-327.3, 317:30-5-327.6, 317:30-5-327.8, and 317:30-5-327.9).

#### **Dental Revisions**

The policy revisions add "scaling in the presence of a generalized moderate or severe gingival inflammation" as a new procedure to dental policy. Additional the revisions specify that a caries risk assessment form must be documented when submitting a prior authorization for crowns. Further the revisions explain that written consent from a parent or court appointed legal guardian must be provided for any services rendered to a minor. Finally, the revisions clarify billing language for administering nitrous oxide. (Reference OAC 317:30-5-696 and 317:30-5-698).

# Obstetrical Ultrasound Revisions

The policy revisions update the obstetrical ultrasound policy to allow for both an abdominal and vaginal ultrasound to be performed in the first trimester when clinically appropriate and medically necessary. (Reference OAC <u>317:30-5-22</u>).







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## Clinical Trials

The policy revisions add guidelines for coverage of clinical trials including any medical necessity criteria for coverage of routine care services during a clinical trial and clarifies that other experimental and investigational treatment is not covered. (Reference OAC 317:30-3-57.1, 317:30-3-60, 317:30-3-65.5, 317:30-5-2, 317:30-5-14.1, 317:30-5-20, 317:30-5-41.2, 317:30-5-42.18, 317:30-5-72.1, 317:30-5-105, 317:30-5-321, 317:30-5-327.4, 317:30-5-337, and 317:30-5-567).

# Rural Health Clinic and Federally Qualified Health Center Policy Revisions

The policy revisions align RHC/FQHC policy language with the Oklahoma Medicaid State Plan, federal regulations and OHCA's current business practices. Other revisions involve limited rewriting aimed at clarifying policy language, including basic laboratory services that may be reimbursed at an RHC; mid-level professional staff requirements in RHCs; and claims' requirements to indicate the setting in which a service was provided. (Reference OAC 317:30-5-354, 317:30-5-355, 317:30-5-355.1, 317:30-5-356.) 317:30-5-357, 317:30-5-361, 317:30-5-664.1, 317:30-5-664.3, and 317:30-5-664.7).

## Medicaid-Funded Abortion Certification Requirements

The policy revisions align with Title 63 Oklahoma Statutes § 1-741.1 and requires the Certification for Medicaid Funded Abortion form be completed by the physician and the patient. (Reference OAC <u>317:30-5-6</u> and <u>317:30-5-50</u>).

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 our SoonerCare and Insure Oklahoma members.

Sincerely,

Melody Anthony

State Medicaid Director

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