



**Kevin Corbett** | Chief Executive Officer

**J. Kevin Stitt** | Governor

I/T/U Public Notice 2021-11

June 22<sup>nd</sup>, 2021

**RE: Oklahoma Health Care Authority Proposed Rule, State Plan and Waiver Amendments**

Dear Tribal Representative:

The purpose of this letter is to notify you of proposed changes that will be reviewed at the tribal consultation meeting on July 6<sup>th</sup>, 2021 at 11 a.m. OHCA invites you to attend this meeting via webinar, 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 and governor approval must be obtained.

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

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



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### **Proposed Rule, State Plan, and Waiver Amendments**

**Purchasing Rules Revisions** — The proposed revisions will make Agency-specific rules for purchasing and procurement more comprehensive. Revisions include provisions related to procurement definitions, procurement ethics and prohibited conduct, conflicts of interest, and procurement of goods and service and professional services. **This item requests an expedited fourteen-day (14-day) review and comment period.**

**Grievance Procedures and Process Rules Revisions** — The proposed revisions will revise existing appeals rules to clarify appeals related to the aged, blind, and disabled populations. The proposed rules will also establish appeals rules related to Agency-level appeals for providers and beneficiaries whose initial grievance and/or appeal occurs with an agency contractor. Additional revisions will clarify contract award protest process based on whether the OMES Director considers the appeal or assigns the appeal to an administrative law judge. **This item requests an expedited fourteen-day (14-day) review and comment period.**

**Chiropractor and Physical Therapy Services for Adults** — The Oklahoma Health Care Authority is amending federal authorities, including the Alternative Benefit Plan (ABP), and Agency rules to establish coverage and reimbursement for chiropractor services and physical therapy services for the treatment of pain management for SoonerCare adult members. The proposal will define provider participation and credentialing requirements, medical necessity, coverage and service limitation guidelines, and reimbursement methodology. Reimbursement for chiropractic and physical therapy services will follow the Agency's existing rate methodology that is used for physician services which are updated annually, per the current State Plan. **This item requests an expedited thirty-day (30-day) review and comment period.**



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**Non-Payment of Provider Preventable Conditions** — The Agency seeks to update non-payment policies for provider preventable conditions (PPCs), including health care-acquired conditions (HCACs) and other provider-preventable conditions (OPPCs), for inpatient, outpatient, and long-term care services as required by Section 2702 of the Affordable Care Act of 2010.

**Adult Expansion ABP Service Delivery System Update** — The Oklahoma Health Care Authority (OHCA) seeks to add the current Primary Care Case Management (PCCM) service delivery system, the Patient Centered Medical Home (PCMH), to the Adult Expansion Alternative Benefit Plan (ABP). As part of the SoonerCare Choice coordinated care delivery system, all new Expansion Adult members will select a PCMH for primary care and care coordination. Additionally, expansion adult members will be eligible to receive Health Management Program (HMP) and Health Access Network (HAN) support based on their health status and coordinated care needs. Benefits will be reimbursed through the State's fee-for-service (FFS) methodology and providers will be eligible to receive a per member per month (PMPM) care coordination payment. Expansion adults will be a mandatorily enrolled population, other than during a period of presumptive eligibility. American Indian/Alaskan Native (AI/AN) members will be a voluntary PCCM enrollment population that may choose not to opt-in to the service delivery system. The Agency intends to submit a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) on or after July 1, 2021. **This item requests a 14-day expedited tribal consultation.**

**Adult Dental Services Copays** — The OHCA is seeking authority to establish copay amounts for adult dental services. The State will establish a \$4 copay per visit for dental services for non-exempt individuals. The new copay amount will not apply to exempt individuals nor services as described in 42 CFR 447.56. The Agency intends to submit a SPA to the Centers for Medicare & Medicaid Services (CMS) on or after July 1, 2021. **This item requests a 14-day expedited tribal consultation.**



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**Appeals to the Chief Executive Officer (CEO)/Administrative Law Judge (ALJ)** — The proposed changes will revise policies regarding appeals to the Agency's CEO to comply with Senate Bill 207 (SB 207). The changes will note that the CEO may only designate an ALJ at another state agency that is established in the State Medicaid Plan and approved by the Centers for Medicare and Medicaid Services (CMS).

**Ensuring Access to Medicaid Act** - The proposed policy changes will comply with Senate Bill 131 (SB131), otherwise known as the "Ensuring Access to Medicaid Act" by addressing the specific requirements that are outlined throughout the bill. These requirements include, but are not limited to, enrollment and voluntary enrollment into an alternative delivery model, developing specific network adequacy standards, prior authorization requirements, and developing requirements for appeals and hearings. **This item requests a 14-day expedited tribal consultation.**

**Hospital Presumptive Eligibility for Expansion Adults** – The Agency seeks to update the hospital presumptive eligibility training for participating hospitals to include expansion adults. The change is needed to comply with federal regulation as expansion adults are a mandatory population eligible for hospital presumptive eligibility.

**Money Follows the Person (MFP) Program Member Transitions** — The proposed revisions will add language that allows the Developmental Disabilities Services Division (DDSD) to transition members, who have been a resident in a private Medicaid Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), into a community setting. The proposed revisions also change the required transition date criteria from at least ninety (90) consecutive days to sixty (60) consecutive days prior to transition date. Additional revisions will remove outdated language to reflect current business practices.



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**OKLAHOMA**  
Health Care Authority

Serving Oklahomans  
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**Indian Health Service, Tribal and Urban Indian (I/T/U) Shared Savings Program** — The proposed revisions are to comply with Senate Bill 434, which directs the Oklahoma Health Care Authority (OHCA) to create an I/T/U shared savings program and shared savings revolving fund. The proposed rules outline participation requirements and specifications, distribution of funds from the I/T/U shared savings program to participating I/T/U facilities, and how any remaining derived savings will be handled within the revolving fund. Finally, this change will prohibit I/T/U shared savings revolving funds to be used to replace other general revenues funded by the legislature.

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