CHAPTER 25. SOONERCARE
SUBCHAPTER 7. SOONERCARE
PART 1. GENERAL PROVISIONS

317:25-7-1. Purpose

The purpose of this Subchapter is to describe the rules governing the SoonerCare program. The rules provide assurances that ~~Medicaid clients~~ SoonerCare members have adequate access to primary care, while reducing costs and preventing unnecessary and inappropriate utilization.

317:25-7-2. SoonerCare Choice: overview

(a) The Oklahoma Health Care Authority (OHCA) operates a Primary Care Case Management (PCCM) system for SoonerCare Choice eligible members. The program enrolls SoonerCare Choice members with Primary Care ~~Provider/Case Managers PCP/CMs~~ Providers (PCPs) who provide and/or authorize all primary care services and all necessary specialty services, with the exception of services described in subsection (c) of this Section for which authorization is not required.

(b) ~~In exchange for a fixed, periodic rate, which is paid per member per month, the Primary Care Provider/Case Manager (PCP/CM)~~ The PCP provides~~,~~ or otherwise assures the delivery of medically-necessary preventive and primary care medical services~~,~~ including referrals for specialty services for an enrolled group of eligible members. The ~~PCP/CM~~ PCP assists the member in gaining access to the health care system and monitors the member's condition, health care needs and service delivery.

(c) Services which do not require a referral from the ~~PCP/CM~~ PCP include behavioral health services, vision for refraction services for children, dental services, child abuse/sexual abuse examinations, prenatal and obstetrical services, family planning services, emergency physician and hospital services, and services delivered to Native Americans at IHS, tribal, or urban Indian clinics.

(d) ~~Non-capitated~~ SoonerCare Choice covered services delivered by the ~~PCP/CM~~ PCP are reimbursed at the SoonerCare Traditional fee-for-service rate under the procedure code established for each individual service. To the extent services are provided or authorized by the Primary Care ~~Provider/Case Manager~~ Provider, the OHCA does not make SoonerCare Choice payments for services delivered outside the scope of coverage of the SoonerCare Choice program, thus a referral by the ~~Primary Care Provider/Case Manager~~ PCP does not guarantee payment.

(e) Primary Care Providers are paid a prospective case management fee on a monthly basis for enrolled members.

(f) OHCA developed a payment for excellence program to reward PCPs. The excellence program payments are based on available funds.

317:25-7-3. Definitions

The following words and terms, when used in this Subchapter, ~~shall~~ have the following meaning, unless the context clearly indicates otherwise:

"Aged, Blind and Disabled" means the Medicaid covered populations under 42 U.S.C., Section 1396a (a)(10)(A)(i) and (F).

"Board" means the board designated by the Oklahoma legislature to establish policies and adopt and promulgate rules for the Oklahoma Health Care Authority.

"CEO" means the Chief Executive Officer of the Oklahoma Health Care Authority.

"Custody" means the custodial status, as reported by the Oklahoma Department of Human Services.

"Medicaid" means the medical assistance program authorized by 42 U.S.C., Section 1396a et seq. The program provides medical benefits for certain low-income persons. It is jointly administered by the federal and state governments.

"Medicare" means the program defined at 42 U.S.C. '1395 et seq.

"OHCA" means the Oklahoma Health Care Authority.

"OKDHS" means the Oklahoma Department of Human Services.

"PCCM" means Primary Care Case Management.

"~~PCP/CM~~ PCP" means Primary Care ~~Provider/Case Manager~~ Provider, including a Provider or Physician Group.

"Primary Care Case Management" means a managed care health service delivery system in which health services are delivered and coordinated by Primary Care ~~Provider/Case Managers~~ Providers.

"Primary Care ~~Provider/Case Manager~~ Provider" means a provider under contract ~~to~~ with the Oklahoma Health Care Authority to provide primary care services and case management, including all medically-necessary referrals.

"Provider or Physician Group" means a partnership, limited partnership, limited liability company, corporation or professional corporation composed of doctors of medicine and/or doctors of osteopathy and/or advanced registered nurse ~~practitioner~~ practitioners, and/or physician assistants who provide health care of the nature provided by independent practitioners and ~~is~~ are permitted by state and federal law and regulations to receive ~~Medicaid~~ SoonerCare provider payments.

"SoonerCare" means the Medicaid program administered by the Oklahoma Health Care Authority.

"SoonerCare Choice" means a comprehensive medical benefit plan featuring a medical home including a Primary Care Provider for each member.

317:25-7-5. Primary care ~~provider/case managers~~ providers

For provision of health care services, the OHCA contracts with qualified Primary Care ~~Provider/Case Managers~~ Providers. All providers serving as ~~PCP/CMs~~ PCPs must have a valid ~~Medicaid Fee-for-Service~~ SoonerCare Fee-for-Service contract as well as ~~a~~ an exercised SoonerCare Choice ~~contract~~ addendum. Additionally, all ~~PCP/CMs~~ PCPs, excluding Provider or Physician Groups, must agree to accept a minimum capacity of patients, however this does not guarantee ~~PCP/CMs~~ PCPs a minimum patient volume. Primary Care ~~Provider/Case Managers~~ Providers are limited to:

(1) **Physicians.** Any physician licensed to practice medicine in the state in which he or she practices who is engaged in a general practice or who is board eligible or certified in family medicine, general internal medicine or general pediatrics may serve as a ~~PCP/CM~~ PCP. In addition, physicians who meet all requirements for employment by the Federal Government as a physician, are employed by the Federal Government in an IHS facility, and practice in one of the four designated primary care specialties may serve as a ~~PCP/CM~~ PCP. The Chief Executive Officer (CEO) of the OHCA may designate physicians to serve as ~~PCP/CMs~~ PCPs who are licensed to practice medicine in the state in which they ~~practices~~ practice who are specialized in areas other than those described above. In making this determination, the CEO may consider such factors as the percentage of primary care services delivered in the physician's practice, the availability of primary care providers in the geographic area of the state in which the physician's practice is located, the extent to which the physician has historically provided services to ~~Medicaid clients~~ SoonerCare members, and the physician's medical education and training.

(A) For physicians serving as SoonerCare Choice ~~PCP/CMs~~ PCPs, the State caps the number of members per physician at 2,500. However, the CEO in his/her discretion may increase this number in under served areas based on a determination that this higher cap is in conformance with usual and customary standards for the community.

~~(i) Physicians may expand their capacity if they practice in conjunction with physician assistants or with advanced practice nurses. Physicians are eligible to serve an additional 875 members for each full-time equivalent physician assistant or advanced practice nurses with which he or she practices, up to a maximum of 1750 additional members.~~

~~(ii)~~ If a physician practices at multiple sites, the capacity at each site is determined based on the number of hours per week the physician holds office hours, not

to exceed 1 FTE~~, and the number of physician assistants or advanced practice nurses in practice at each site. Thus, the physician cannot exceed a maximum total capacity of 4250 members.~~

(B) In areas of the State where cross-state utilization patterns have developed because of limited provider capacity in the State, the CEO may authorize contracts with out-of-state providers for ~~PCP/CM~~ PCP services. Out-of-State ~~PCP/CMs~~ PCPs are required to comply with all access standards imposed on Oklahoma physicians.

(2) **Advanced Practice Nurses.** Advanced Practice Nurses who have prescriptive authority may serve as ~~PCP/CMs~~ PCPs for the Primary Care Case Management system if licensed to practice in the state in which he or she practices. Additionally, Advanced Practice Nurses who meet all requirements for employment by the Federal Government as an advanced practice nurse, and ~~is~~ are employed by the Federal Government in an Indian Health Service facility, may serve as a ~~PCP/CM~~ PCP. Advanced Practice Nurses who have prescriptive authority may serve as ~~primary care case managers~~ PCPs for a maximum number of 1,250 members. However, the CEO in his/her discretion may increase this number.

(3) **Physician Assistants.** Physician Assistants may serve as ~~PCP/CMs~~ PCPs if licensed to practice in the state in which he or she practices. Additionally, Physician Assistants who meet all requirements for employment by the Federal Government as a Physician Assistant, and are employed by the Federal Government in an Indian Health Service facility, may serve as a ~~PCP/CM~~ PCP. Physician Assistants may serve as ~~primary care case managers~~ PCPs for a maximum number of 1,250 members. However, the CEO in his/her discretion may increase this number.

(4) **Medical Residents.**

(A) Medical residents may serve as ~~PCP/CMs~~ PCPs when the following conditions are met:

(i) The resident is licensed to practice in the state in which he or she practices.

(ii) The resident is at least at the Post-Graduate 2 (PG-2) level.

(iii) The resident serves as a ~~PCP/CM~~ PCP only within his or her continuity clinic setting (for example, Family Practice residents may only serve as the ~~PCP/CM~~ PCP within the Family Practice Residency clinic setting).

(iv) The resident works under the supervision of a licensed attending physician.

(v) The resident specifies the residency program or clinic to which payment will be made.

(B) Medical residents practicing as a ~~PCP/CM~~ PCP may not exceed a capacity of more than 875 members. However, the CEO in his/her discretion may increase this number.

(5) **Provider or physician group**.

(A) Provider or physician groups must agree to accept a minimum enrollment capacity and may not exceed 2,500 members per ~~provider~~ physician participating in the provider group.

(B) ~~Enrollment capacity may be increased if the participating group practices in conjunction with a licensed physician assistant or advanced practice nurse.~~ If licensed physician assistants or advanced practice nurses are members of a group, the capacity may be increased by 1,250 members if the provider is available full-time.

(C) Provider or physician groups must designate a medical director to serve as the primary contact with OHCA.

317:25-7-6. Primary Care ~~Provider/Case Manager~~ Provider Payment to Subcontractors

~~(a)~~ Under the provisions of the SoonerCare Choice Contract, the contractor is responsible for providing ~~all capitated services contained in the benefit package~~ case management services for all enrolled members. ~~In the event that the PCP/CM orders a capitated service, the PCP/CM is responsible to make timely payment to the subcontractor or other provider.~~

~~(b) For purposes of subsection (a) of this Section timely payment or adjudication means payment or denial of a claim within 30 days of presentation to the PCP/CM.~~

~~(c) No subcontractor of the PCP/CM may charge more than the Medicaid fee-for-service schedule for these services in the benefit package. The subcontractor may not bill the recipient for the services to the SoonerCare recipient until the PCP/CM has refused payment and the subcontractor/medical provider has appealed under OAC 317:2-1-2.1 and the OHCA permits the subcontractor to bill the recipient.~~

PART 3. ENROLLMENT CRITERIA

317:25-7-10. Enrollment with a Primary Care ~~Provider/Case Manager~~ Provider

(a) All SoonerCare Choice members described in OAC 317:25-7-12 ~~are enrolled~~ may enroll with a ~~PCP/CM~~ PCP. SoonerCare Choice applicants have the opportunity to select a ~~PCP/CM~~ PCP during the application process. Enrollment with a PCP may begin any day of the month. ~~Enrollment with a PCP/CM for members determined to be eligible on or before the fifteenth day of the month are effective on the first day of the following month. Enrollment with a PCP/CM for members determined to be eligible after the~~

~~fifteenth day of the month are effective on the first day of the second month following determination.~~

(1) The OHCA offers all members the opportunity to choose a ~~PCP/CM~~ PCP from a directory which lists available ~~PCP/CMs~~ PCPs.

(2) ~~If a SoonerCare Choice member moves more than the authorized distance/driving time from their current PCP/CM, that member will be disenrolled and assigned to an appropriate PCP/CM.~~ When a notice of ~~PCP/CM assignment~~ PCP enrollment is sent to a member, the member is advised of the right to change the ~~PCP/CM,~~ PCP at any time~~, or after the effective date of enrollment with the PCP/CM pursuant to OAC 317:25-7-27~~.

(b) Members ~~are restricted to~~ may receive services from the ~~PCP/CM~~ PCP or from a provider to which the member has been referred by the ~~PCP/CM~~ PCP. Notwithstanding this provision, subject to limitations which may be placed on services by the OHCA, members may self refer for behavioral health services, vision for refraction services for children, dental services, child abuse/sexual abuse examinations, prenatal and obstetrical services, family planning services, services delivered to Native Americans at IHS, tribal, or urban Indian clinics, and emergency physician and hospital services.

(c) ~~New SoonerCare Choice members will receive a period of six months of continuous guaranteed SoonerCare eligibility following completion of the eligibility and enrollment process. The guaranteed period of eligibility is retroactive to the first day of the month in which they were determined eligible for SoonerCare. The guaranteed period of eligibility is linked to the member and not the PCP/CM. The guaranteed period of eligibility ends if any of the conditions listed in (1)-(15) of this subsection occur:~~ SoonerCare Choice eligibility may be terminated for any of the following reasons:

(1) A member receives services in a nursing facility, in an intermediate care facility for the mentally retarded (ICF-MR) or through a Home and Community Based Waiver~~.~~;

(2) A member becomes privately enrolled in an HMO~~.~~;

(3) A member would be required to travel more than 45 miles or an average of 45 minutes to obtain primary care services, or a greater or lesser distance/driving time as determined pursuant to OAC 317:25-7-10(a)~~.~~;

(4) A member is in custody~~.~~;

(5) A member child is in a subsidized adoption~~.~~;

(6) A member is deceased~~.~~;

(7) The State is unable to locate a member~~.~~;

(8) A determination is made that a member has committed fraud related to the SoonerCare program~~.~~;

(9) An error has been made in determining income or resources and the member is not eligible for SoonerCare services~~.~~;

(10) A member's categorical relationship changes and he or she is no longer in a group eligible for SoonerCare Choice~~.~~;
(11) A woman has gained SoonerCare eligibility solely due to a period of presumptive eligibility;
(12) A member is an unqualified or ineligible alien~~.~~;
(13) A member's SoonerCare case has been closed~~.~~;
(14) A member is excluded or terminated from SoonerCare for any reason~~.~~; or
(15) A member becomes dually-eligible for Medicare and SoonerCare.

317:25-7-11. Geographic coverage areas

The PCCM managed care program is statewide.

317:25-7-12. Enrollment/eligibility requirements

Eligible ***SoonerCare Choice*** members include ~~Medicaid~~ SoonerCare eligible persons or persons categorized as Aged, Blind or Disabled who are not dually-eligible for ~~Medicaid~~ SoonerCare and Medicare.

317:25-7-13. Enrollment ineligibility

Members in certain categories are excluded from participation in the SoonerCare Choice program. All other members are enrolled in the SoonerCare Choice program and subject to the provisions of this Subchapter. Members excluded from participation in SoonerCare Choice include:
(1) Individuals receiving services in a nursing facility, in an intermediate care facility for the mentally retarded (ICF-MR) or through a Home and Community Based Waiver.
(2) Individuals privately enrolled in an HMO.
(3) Individuals who would be traveling more than 45 miles or an average of 45 minutes to obtain primary care services, or a greater or lesser distance/driving time as determined pursuant to OAC 317:25-7-10(a).
(4) Children who are known to the OHCA to be in custody, as reported by the Oklahoma Department of Human Services.
(5) Individuals who are eligible for SoonerCare solely due to presumptive eligibility.
(6) Non-qualified or ineligible aliens.
(7) Children in subsidized adoptions.
(8) Individuals who are dually-eligible for ~~Medicaid~~ SoonerCare and Medicare.
(9) Individuals who are in an Institution for Mental Disease (IMD).

PART 5. ENROLLMENT PROCESS

317:25-7-25. ~~Recipient~~ Member enrollment process

(a) ~~Medicaid~~ SoonerCare eligible individuals residing in any of the areas defined in OAC 317:25-7-11 whose eligibility is based on one of the aid categories included in the program as defined in OAC 317:25-7-12 must enroll with a ~~PCP/CM~~ PCP. Parents or guardians will choose on behalf of minor ~~clients~~ members in the household. Families with more than one ~~beneficiary~~ enrollee may choose a different ~~PCP/CM~~ PCP for each family member. ~~If a beneficiary does not select a PCP/CM, the OHCA will assign the member to one, from the pool of providers within the established distance/driving time who have available capacity.~~

(b) Until the effective date of enrollment with a ~~PCP/CM~~ PCP, services for a newborn are reimbursed at a fee-for-service rate. Upon eligibility determination, newborns may enroll with a ~~PCP/CM~~ PCP ~~or are assigned to a PCP/CM~~ who is in general practice, family practice or general pediatrics. Enrollment materials will advise the parent or guardian of the right to change the ~~PCP/CM~~ PCP after the effective date of enrollment.

(c) A description of the PCCM program and the ~~PCP/CM~~ PCP directory is provided by the OHCA to OKDHS for distribution to OKDHS county offices.

(d) For purposes of determining the ~~client's~~ member's choice of ~~PCP/CM~~ PCP, the most recent ~~PCP/CM~~ PCP selection received by the OHCA determines the ~~PCP/CM~~ PCP which the ~~client~~ member is enrolled with as long as capacity is available. If capacity is not available ~~then~~ or the member does not choose, the ~~client~~ member is assigned according to the assignment mechanism as defined by the OHCA.

(e) ~~PCP/CMs~~ PCPs may not refuse an assignment, seek to disenroll a ~~client~~ member, or otherwise discriminate against a ~~client~~ member on the basis of age, sex, race, physical or mental disability, national origin or type of illness or condition, unless that condition can be better treated by another provider type, except that IHS, tribal or urban Indian programs may provide services to Native American IHS ~~beneficiaries~~ members consistent with federal law.

(f) ~~PCP/CMs~~ PCPs must provide access to medical care twenty-four hours per day, seven days per week, either directly or through coverage arrangements made with other providers, clinics, and/or local hospitals.

(g) Until ~~PCP/CM~~ PCP enrollment is effective, ~~Medicaid~~ SoonerCare eligible individuals receive all services on a fee-for-services basis.

317:25-7-26. Automatic re-enrollment

~~Medicaid recipients who are not in the six-month period of guaranteed eligibility~~ SoonerCare members who become disenrolled from a ~~PCP/CM~~ PCP solely by virtue of becoming temporarily (for ~~180~~ 365 days or less) ineligible for ~~Medicaid~~ SoonerCare

services, are automatically re-enrolled with their previously-selected ~~PCP/CM~~ PCP, subject to capacity. The ~~client~~ member is notified of the automatic re-enrollment and any right to disenroll from that ~~PCP/CM~~ PCP.

317:25-7-27. Changing ~~PCP/CMs~~ PCPs

(a) The OHCA ~~shall be~~ is responsible for changing a member's enrollment from one ~~PCP/CM~~ PCP to another:

(1) without cause ~~up to 4 times per year,~~ upon the member's request; or

(2) upon demonstration of good cause. For purposes of this paragraph, ~~Good~~ good cause ~~shall mean~~ means:

(A) those members who are habitually non-compliant with the documented medical directions of the provider; or

(B) those members who pose a threat to employees, or other patients of the ~~PCP/CM~~ PCP; or

(C) as a result of a grievance determination by the OHCA; or

(D) in those cases where reliable documentation demonstrates that the physician-patient relationship has so deteriorated that continued service would be detrimental to the member, the provider or both; or

(E) the member's illness or condition would be better treated by another type of provider~~.~~; or

(3) when the state imposes an intermediate sanction.

(b) A written request by the ~~PCP/CM~~ PCP to change the enrollment of a member ~~shall be~~ is acted upon by the OHCA within ~~thirty (~~30~~)~~ days of its receipt. The decision to change ~~PCP/CMs~~ PCPs for cause will be made at the discretion of the OHCA, subject to appeals policies delineated at OAC 317:2-1. The effective date of change ~~shall be~~ is set so as to avoid the issue of abandonment.

(c) In the event a SoonerCare ~~PCP/CM~~ PCP contract is terminated by OHCA for any reason, or the ~~PCP/CM~~ PCP terminates participation in the SoonerCare program the CEO may, at his or her discretion, assign members to a participating ~~PCP/CM~~ PCP when it is determined to be in the best interests of the ~~client~~ member whose ~~PCP/CM~~ PCP has terminated.

317:25-7-28. Disenrolling a ~~client~~ member from SoonerCare

(a) The OHCA may disenroll a member from SoonerCare if:

(1) the member is no longer eligible for ~~Medicaid~~ SoonerCare services; ~~or~~

(2) the member has been incarcerated; ~~or~~

(3) the member dies; ~~or~~

(4) disenrollment is determined to be necessary by the OHCA; ~~or~~

(5) the status of the member changes, rendering him/her ineligible for SoonerCare; ~~or~~

(6) the member is already enrolled in the SoonerCare Program, when they are taken or found to be in custody as reported by the Oklahoma Department of Human Services; ~~or~~

(7) the member is authorized to receive services in a nursing facility, in an intermediate care facility for the mentally retarded (ICF-MR) or through a Home and Community Based Waiver; or

(8) the member becomes dually-eligible for ~~Medicaid~~ SoonerCare ~~or~~ and Medicare.

(b) The OHCA may disenroll the member at any time if the ~~client~~ member is disenrolled for good cause, as it is defined in OAC 317:25-7-27. The OHCA will inform the ~~PCP/CM~~ PCP of any disenrollments from his or her member roster.

(1) The PCP may file a written request asking OHCA to take action including, but not limited to, disenrolling a member when the member is physically or verbally abusive to office staff, providers and/or other patients or when the member is habitually non-compliant with the documented medical directions of the PCP or the member regularly fails to arrive for scheduled appointments without cancelling and the PCP has made all reasonable efforts to accommodate the member.

(2) The request from the PCP for disenrollment of a member must include one of more of the following:

(A) documentation of the difficulty encountered with the member including the nature, extent and frequency of abusive or harmful behavior, violence, and/or inability to treat or engage the member;

(B) identification and documentation of unique religious or cultural issues that may be effecting the PCP’s ability to provide treatment effectively to the member; or

(C) documentation of special assistance or intervention offered.

(2) The PCP may not request disenrollment because of a change in the member’s health status, the member’s utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from the member’s special needs except when the member’s enrollment with the PCP seriously impairs his/her ability to furnish services to this member or other members.

(3) The PCP must document efforts taken to inform the member orally or in writing of any actions that have interfered with the effective provision of covered services, as well as efforts to explain what actions or language of the member are acceptable and unacceptable and the consequences of unacceptable behavior, including disenrollment from the PCP.

(4) The OHCA will give written notice of the disenrollment request to the member.

317:25-7-29. Plan benefit package

(a) The ~~PCP/CM~~ PCP is responsible for delivering preventive and primary care ~~and case management~~ services ~~defined in a benefit package developed by the OHCA~~ which are medically necessary to all ~~Medicaid beneficiaries~~ SoonerCare members enrolled with him/her and is reimbursed for these services ~~on a per-member-per-month pre-determined capitated rate~~ at a fee-for-service rate. The ~~PCP/CM~~ PCP benefit package will be determined by the Medical Director, with the approval of the CEO, and will be included with the ~~PCP/CM~~ PCP contract.

~~(b) Services which are not included in the PCP/CM capitated rates will be reimbursed at a fee-for-service rate under the procedure code established for each individual service.~~

~~(c)~~ (b) School and health department clinics may conduct EPSDT screening examinations on children who have not been screened by their ~~PCP/CM~~ PCP pursuant to the EPSDT periodicity schedule. If it is ascertained that a child is not current, the school or health department clinic must first contact the ~~PCP/CM~~ PCP and attempt to set up an appointment for the child within three weeks. If the ~~PCP/CM~~ PCP cannot meet this condition, the clinic will be permitted to conduct the screen and bill fee-for-service. ~~The State considers the cost of these screens in the rate setting process.~~

(1) The school or health department clinic must submit a claim for reimbursement, as well as documentation that:

(A) the ~~PCP/CM~~ PCP was contacted and an examination could not be conducted by the ~~PCP/CM~~ PCP within the specified guidelines; and

(B) the ~~PCP/CM~~ PCP has forwarded information for the patient file regarding the diagnosis, services rendered and need for follow-up. This documentation must be returned to the child's record for verification that ~~PCP/CMs~~ PCPs have first been contacted and that school and health department clinics are providing ~~PCP/CMs~~ PCPs with the information necessary to ensure continuity of care.

(2) The school-based clinic or health department must ~~obtain a referral number from the PCP/CM and~~ conduct the screening examination within 3 weeks from the date the determination was made that the ~~PCP/CM~~ PCP could not conduct the exam within the specified guidelines.

~~(d) PCP/CM providers are protected from excessive losses incurred through the provision of services to Medicaid clients with conditions which result in costs to the provider which greatly exceed the average cost of a Medicaid client through a stop-loss mechanism.~~

~~(e)~~ (c) The ~~PCP/CM~~ PCP is prohibited from charging a co-payment for services provided to SoonerCare ~~recipients~~ members.

~~(f) For capitated services purchased by the PCP/CM from a Medicaid contracted provider, the provider is prohibited from charging the PCP/CM more than the current Medicaid fee-for-service schedule for these services, but may charge less.~~

~~(g)~~ (d) The ~~PCP/CM~~ PCP is not obligated to provide emergency services, and is not responsible for authorization or approval for payment for ~~recipients~~ members seen in the emergency room. The ~~PCP/CM~~ PCP may not require ~~recipients~~ members to seek prior authorization for emergency services. However, the ~~PCP/CM~~ PCP may provide emergency care in an emergency room setting, within his/her legal scope of practice. The ~~PCP/CM~~ PCP may receive reimbursement for ~~Medicaid~~ SoonerCare covered emergency services at the fee-for-service rate.

317:25-7-30. Obtaining ~~Medicaid~~ SoonerCare services ~~not covered by the PCP/CM~~

(a) Medical services ~~which are not included as capitated primary care services or~~ which are not the responsibility of the ~~PCP/CM~~ PCP to authorize under the case management component of SoonerCare, as described in OAC 317:25-7-2(d) and OAC 317:25-7-10(b), are obtained in the same manner as under the regular ~~Medicaid~~ SoonerCare fee-for-service program.

(b) Authorization for out-of-state transportation for primary care and specialty care is determined by the OHCA Medical Director.

(c) An eligible SoonerCare member may choose a ~~PCP/CM~~ PCP from the provider directory, including the IHS, tribal and Urban Indian clinics that participate as SoonerCare ~~PCP/CMs~~ PCPs. The member needs to have the Certified Degree of Indian Blood information in order to enroll. An American Indian member in SoonerCare may enroll with a ~~PCP/CM~~ PCP who is not an IHS, tribal, or urban Indian clinic and still use the IHS, tribal or urban Indian clinic for medical care. A referral from the ~~PCP/CM~~ PCP is needed for services that the clinic cannot provide, except for self-referred services. ~~Except services delivered through an Indian facility for which the State receives 100% Federal reimbursement, services~~ Services are reimbursed at the ~~Medicaid~~ SoonerCare fee-for-service rate under the procedure code established for each individual service except for services delivered through an Indian facility for which the State receives 100% federal reimbursement.

(d) If an IHS, tribal or urban Indian clinic is unable to deliver a service to a SoonerCare enrollee and must refer the ~~client~~ member for the service to a non-IHS, tribal or urban Indian clinic, ~~Medicaid~~ SoonerCare reimbursement is made only when the service is referred by the ~~PCP/CM~~ PCP, unless ~~PCP/CM~~ PCP authorization is not required under OAC 317:25-7-2(d) and OAC 317:25-7-10(b).

~~(e) Capitated services delivered at IHS, tribal, and urban Indian clinics during the preceding year to SoonerCare clients enrolled with non-Indian PCP/CMs are considered during the rate setting process.~~
~~(f) For non-capitated covered Medicaid compensable services provided for individuals enrolled in SoonerCare, reimbursement is made at the Medicaid fee-for-service rate under the procedure code established.~~

317:25-7-31. SoonerCare networks

For every PCP who indicates participation in a health care access network, a per-member-per-month payment is established by OHCA and paid to the network.