



Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

I/T/U Public Notice 2020-03

March 18, 2020

**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 April 1, 2020 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**

**Insure Oklahoma (IO) Termination** — Revisions to several authorities, including but not limited to, the 1115(A) waiver, Title XXI state plan, and OHCA policy are necessary for the phase-out of the Insure Oklahoma program. IO enrollees will transition to the adult Medicaid expansion population or be encouraged to purchase health insurance on the federal marketplace.

**SoonerPlan Termination** — SoonerPlan is being terminated as adults currently being served by SoonerPlan will transition to the new adult Medicaid expansion population and will be eligible to receive more comprehensive services.

**Removal of Hospital Presumptive Eligibility (HPE) for the Adult Expansion Population**— HPE was erroneously chosen for adult expansion populations during changes in 2013 to comport with the Affordable Care Act (ACA), when the State did not seek authority to expand Medicaid. Changes to the State Plan are needed to correct the error. This item requests an expedited 30-day tribal consultation comment period.

**Supplemental Hospital Offset Payment Program** - OHCA is seeking to amend the Supplemental Hospital Offset Payment Program (SHOPP) assessment policy. According to current policy, the base year Medicare cost report, used to calculate the hospital assessment, is required to be updated every two years based on the hospital's fiscal year that ended two years prior. The proposed policy change will update the base year Medicare cost report, used to calculate the hospital assessment, to be every year based on the hospital's fiscal year that ended two years prior. This item requests an expedited 30-day tribal consultation comment period.

**Newly Eligible Adult Group to the Existing 1115 Waiver** – The OHCA is seeking to add newly eligible adults as a covered group under the existing 1115 waiver in order to allow services to be provided by the PCMH service delivery model. Additionally, adding the newly eligible adult population to the existing 1115 waiver will waive retroactive eligibility for this population. This item requests an expedited 30-day tribal consultation comment period.



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**Increase Care Coordination Rate for PCMH American Indian/Alaskan Native (AI/AN) Providers**

The OHCA is seeking to increase the care coordination rate for AI/AN Patient Centered Medical Home (PCMH) providers. The care coordination rate will be increased to \$27.25 per member per month with successive annual increases throughout the waiver approval period. This item requests an expedited 30-day tribal consultation comment period.

**Section 5022 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act**— The proposed revisions will update policy to demonstrate compliance with the requirement of Section 5022 of the SUPPORT Act in areas related to coverage of developmental and behavioral health related screenings and applicable preventive services.

**Institutes for Mental Disease (IMD) Waiver**- The OHCA and Department of Mental Health and Substance Abuse Services (ODMHSAS) are proposing to submit a serious mental illness (SMI)/substance use disorder (SUD) section 1115 waiver to waive the exclusion of Medicaid reimbursement for services provided to individuals within IMD. This waiver will allow federal financial participation (FFP) for Medicaid-eligible adults, ages 21-64, to receive acute inpatient psychiatric care or residential substance abuse treatment in facilities with 16 beds or more (IMDs). These services are not intended to decrease or replace services in less restrictive settings but rather to support the continuum of care.

**Pharmacists Medication Therapy Services** – The OHCA is seeking federal and state authority to allow contracted, qualified, and trained pharmacists to provide medication therapy services. Medication therapy services optimize therapeutic outcomes for members and reduce incidence of morbidity associated with chronic conditions or inappropriate use of medications.

**Executive Order 2020-03** - The OHCA will revoke sections that are duplicative, no longer applicable, or can be combined into other sections of Agency policy. Revocation of aforementioned policies are an effort to be in compliance with Executive Order 2020-03, also known as the "1-in-2-out" requirement. None of the sections being revoked will have any impact to members, providers, or the SoonerCare program.



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