
POLICY TRANSMITTAL NO. 06-51	DATE: NOVEMBER 13, 2006
OKLAHOMA HEALTH CARE AUTHORITY/FAMILY SUPPORT SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF LEGISLATIVE RELATIONS & POLICY

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 317:25-7-2; 25-7-10; and 25-7-13.

EXPLANATION: **Policy revisions were approved by the Board and the Governor as required by the Administrative Procedures Act.**

SoonerCare Choice rules are revised to (1) allow all SoonerCare Choice members to self refer for family planning services; and (2) exclude individuals residing in an Institution for Mental Disease (IMD) from the SoonerCare Choice program.

Original signed on 11-9-06

Mary Stalnaker, Director
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WF # 06-W (DT)

INSTRUCTIONS FOR FILING MANUAL MATERIAL

OAC is the acronym for Oklahoma Administrative Code. If OAC appears before a number on an Appendix or before a Section in text, it means the Appendix or text contains rules or administrative law. Lengthy internal policies and procedures have the same Chapter number as the OAC Chapter to which they pertain following a “DHS” number, such as personnel policy at DHS:2-1 and personnel rules at OAC 340:2-1. The “340” is the Title number that designates DHS as the rulemaking agency; the “2” specifies the Chapter number; and the “1” specifies the Subchapter number.

The chronological order for filing manual material is: (1) OAC 340 by designated Chapter and Subchapter number; (2) if applicable, DHS numbered text for the designated Chapter and Subchapter; and (3) all OAC Appendices with the designated Chapter number. For example, the order for filing personnel policy is OAC 340:2-1, DHS:2-1, and OAC 340:2 Appendices behind all Chapter 2 manual material. Any questions or assistance with filing manual material will be addressed by contacting Policy Management Unit staff at (405) 521-6392.

REMOVE

317:25-7-2

317:25-7-10

317:25-7-13

INSERT

317:25-7-2, 1 page only, revised 8-2-06

317:25-7-10, pages 1-2, revised 8-2-06

317:25-7-13, 1 page only, revised 8-2-06

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 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) provides, or otherwise assures the delivery of medically-necessary primary care medical services, including referrals for specialty services for an enrolled group of eligible members. The PCP/CM 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 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 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, 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 does not guarantee payment.

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

(a) All SoonerCare Choice members described in OAC 317:25-7-12 are enrolled with a PCP/CM. SoonerCare Choice applicants have the opportunity to select a PCP/CM during the application process. 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 from a directory which lists available PCP/CMs.

(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 is sent to a member, the member is advised of the right to change the PCP/CM, 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 receive services from the PCP/CM or from a provider to which the member has been referred by the PCP/CM. 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:

(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.
- (15) A member becomes dually-eligible for Medicare and SoonerCare.

317:25-7-13. Enrollment ineligibility

Members in certain categories are excluded from participation in the SoonerCare program. All other members are enrolled in the SoonerCare program and subject to the provisions of this Subchapter. Members excluded from participation in SoonerCare 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 and Medicare.
- (9) Individuals who are in an Institution for Mental Disease (IMD).