SUBJECT/ISSUE	ACTIONS
ACCESS TO CARE	Expand use of telehealth for all SoonerCare reimbursable services effective March 16, 2020.
	Allow the use of telephonic services in instances when the SoonerCare member does not have access to telehealth equipment and the service can safely and effectively be provided over the telephone effective March 16, 2020.
	Suspend DME supplier requirement to obtain a signed delivery ticket for equipment, supplies or appliances delivered to a SoonerCare member between now and April 30, 2020. • If the pandemic continues beyond this date, OHCA will re-evaluate and emit new guidance.
	All testing and treatment services related to COVID- 19 diagnoses are covered with no cost sharing obligations for SoonerCare members.
FLIGIBILITY & COVERAGE	OHCA will add 90 days (3 months) of eligibility to each person whose coverage will be ending in March, April or May (due to needing to renew).
	OHCA will push application date out by three months so no one loses coverage during the emergency period.
	No one will lose coverage due to a diagnosis or non-response to a document request.
	OHCA is seeking flexibility from CMS to suspend premiums for Insure Oklahoma Individual Plan through June 30, 2020. Members will not lose eligibility due to non-payment of premium.







Self-attestation will be accepted via phone without documentation requirements (non-systems).

Pharmacy Benefit

- Allow for early refills.
- Allow for 90-day supply for certain medications.
- Allow for emergency PA override when in best interest of patient to reduce face-to-face interactions.
- Enhanced restrictions on dispensing of chloroquine and hydroxychloroquine pursuant to Executive Order 2020-07.

1135 WAIVER FLEXIBLIITIES Waive certain provider enrollment requirements such as provider enrollment fees, criminal background checks associated with fingerprint-based criminal checks, site visits, screening levels and in-state or territory licensure.

Temporarily suspend the revalidation of all providers who are located in Oklahoma or otherwise directly impacted by the emergency.

Flexibility allowing providers to receive payments for services provided to affected SoonerCare members in alternative physical settings, such as mobile testing sites, temporary shelters or facilities.

Postponing eligibility renewals for members that are scheduled to occur during the emergency declaration.

Added flexibility to suspend or modify prior authorization requirements for accessing covered state plan and waiver benefits during the emergency period. OHCA will only utilize this option if unable to review and process PAs due to staff shortage or technology failure.



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Allow durable medical equipment providers to waive replacement requirements such as the face-to-face requirement, new physician's order, and a renewal medical necessity documentation.

Waive state plan or waiver-imposed utilization controls on covered benefits to the extent such limits cannot be exceeded based on medical necessity in the relevant approved state plan or waiver authority.



Suspend the three-day prior hospitalization for coverage of a skilled nursing facility stay for the duration of the emergency.

Waive the requirement that critical access hospitals limit the number of beds to 25 and the length of stay be limited to 96 hours.

Waiver of requirement for Tribal 638 clinics and clinic services be provided within the clinic four walls. Exceptions apply.

Waive face-to-face encounter reimbursement requirements for telephonic services in FQHCs, RHCs and Tribal 638 clinics.

Waive preadmission screening and annual resident review Level I and II for 30 days.





APPENDIX K REQUESTS FOR HOME AND COMMUNITY BASED WAIVERS

Increased provision of home-delivered meals for home and community-based waiver populations.

Allow for family members or legally responsible relatives to provide self-directed services for HCBS waiver members.



FAMILIES
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ACT LAW

Allow OHCA to cover diagnostic testing for COVID-19, including the cost for the provider visit, with no cost sharing.

Authorize a temporary increase in FMAP to states and territories by 6.2 percentage points.

The FMAP increase does not apply to some current categories receiving enhanced federal funds, such as the adult expansion populations.

Provides coverage protections for individuals (both those currently enrolled as of the date of enactment and those who enroll during the emergency) until the emergency period is lifted.

 Coverage during this period ends only if the individual terminates coverage or is no longer a resident of the state. Eligibility reviews for income and other criteria do not apply during this emergency period.

