



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2011-19

June 22, 2011

Re: Insure Oklahoma Rule Changes

Dear Insure Oklahoma Carrier,

This letter is to inform you of the recent Insure Oklahoma (IO) rules changes. On March 10, 2011 the Oklahoma Health Care Authority (OHCA) Board approved revisions to IO policy in an effort to improve and clarify current program rules. The new rule revisions are effective June 25, 2011. Below is a summary of each revision.

Purpose and General Program Provisions:

➤ [OAC 317:45-1-1](#) clarifies that the IO program's purpose is to establish access to affordable health coverage for low-income working adults, their dependents and qualified college students.

Insure Oklahoma Eligibility Terms:

➤ [OAC 317:45-1-3](#) clarifies eligibility requirements for the IO program.

Reimbursement for Out-of-Pocket Medical Expenses:

➤ [OAC 317:45-1-4\(a\)](#) clarifies that out-of-pocket medical expenses for all approved and eligible members (and/or their approved and eligible dependents) will be limited to 5 percent of their annual gross household income. The revision also clarifies a medical expense must be for an allowed and covered service by a qualified health plan to be eligible for reimbursement. An allowed and covered service is defined as an in-network service covered in accordance with a qualified health plan's benefit summary and policies.

➤ [OAC 317:45-1-4\(b\)](#) clarifies that for all eligible medical expenses as defined above in OAC 317:45-1-4(a), the member must submit the OHCA required form and all OHCA required documentation to support that the member incurred and paid the out-of-pocket medical expense. Additionally, the required documentation must be submitted no later than 90 days after the close of the member's eligibility period.

Carrier Eligibility:

➤ [OAC 317:45-3-1](#) clarifies that carriers must be able to submit all required and requested information and documentation to OHCA for each health plan to be considered for qualification. Carriers must be able to supply specific claim payment scenarios as requested by OHCA.

Qualified Health Plan Requirements:

➤ [OAC 317:45-5-1](#) clarifies that qualified health plans must offer, at a minimum, benefits that include: hospital services, physician services, clinical laboratory and radiology, pharmacy, office visits, well baby/well child exams, age appropriate immunizations as required by law and emergency services as required by law. Revisions also include annual in-network out-of-pocket maximums which cannot exceed \$3,000 per individual, excluding separate pharmacy deductibles. Additionally, qualified health plans must provide an EOB, an expense summary, or required documentation for paid and/or denied claims subject to member co-insurance or member deductible calculations.

Employer Application and Eligibility Requirements for Insure Oklahoma:

➤ [OAC 317:45-7-1](#) clarifies employers must be in compliance with all Oklahoma Employment Security Commission (OESC) requirements to be eligible for the program. As requested by the OHCA, employers that do not file with the OESC must submit documentation that proves compliance with state law. Additionally, it is the employer's responsibility to notify the OHCA of any changes that might impact eligibility in the program. Employers must notify the OHCA of any participating employee terminations, resignations, or new hires within five working days of the occurrence.

Credits and Adjustments:

➤ [OAC 317:45-7-6](#) clarifies that when an overpayment occurs, an automatic recoupment is made to the employer's account against future reimbursements. If the employer is not expecting future reimbursements, either by termination from the program or inactivity, the employer must repay any and all overpayments that are outstanding to the OHCA.

Employee Eligibility Requirements:

[OAC 317:45-9-1](#) clarifies that annual gross household income must be at or below 250 percent of the Federal Poverty Level (FPL). The increase from 200 to 250 percent of the FPL will be phased in over a period of time as determined by the Oklahoma Health Care Authority. Additionally, rules are revised to clarify dependent college students must enroll under their parent's annual gross household income and independent college students may apply on their own without their parent's annual gross income. Rules are revised to clarify that college student status, as either dependent or independent is determined by the student's current Free Application for Federal Student Aid (FAFSA) and college student must provide a copy of their current student schedule to prove full-time status. Additionally, dependent children in families whose annual gross household income is from 185 percent up to and including 300 percent of the FPL may be eligible for the IO program. This inclusion will be phased in over time; no other deductions or disregards apply.

Insure Oklahoma Individual Plan (IP) Children Benefits:

➤ [OAC 317:45-11-12](#) clarifies that IP covers children's benefits for in-network services and sets forth applicable co-payments.

Insure Oklahoma IP Children Non-Covered Services:

➤ [OAC 317:45-11-13](#) clarifies that certain healthcare services are not covered in the Insure Oklahoma IP benefit package for children listed in subsection OAC 317:45-11-12.

Insure Oklahoma IP Eligibility Requirements:

➤ [OAC 317:45-11-20](#) clarifies that qualified applicants must be engaged in employment as defined under state law, or considered self-employed as defined under federal and/ or state law, or considered unemployed as defined under state law. Additionally, revisions were made to increase the FPL from 200 to 250 percent, which will be phased in over a period of time as determined by OHCA. Rules clarify no standard deduction for work-related expenses, such as income tax payments, Social Security taxes, and transportation to and from work, may be made for self-employed individuals. Allowable deductions for work-related expenses for self-employed individuals, with the exception of the standard deduction, are found at OAC 317:35-10-26(b)(1).

This letter is provided to you for informational purposes only and in no way substitutes for the final rule. OHCA encourages you to review each one of these rule changes in its entirety. To review all policy document changes, please visit the OHCA website at www.okhca.org/policies-and-rules using the appropriate policy citation. The final rules will be available on or after June 25, 2011. If you have any questions regarding the information provided in this letter, please contact 1-800-522-0114. Thank you for the services that you provide to our SoonerCare and Insure Oklahoma members.

Sincerely,



Garth L. Splinter, M.D.
State Medicaid Director