



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2016-12

July 29, 2016

RE: Policy Revisions and Program Updates – Effective September 1, 2016

Dear Provider,

This letter is to inform you of the Oklahoma Health Care Authority's (OHCA) policy changes promulgated through the 2016 legislative session per the Administrative Procedures Act. All policy changes are effective September 1, 2016, and will be posted to the [policy website](#) on that date. In the interim, comprehensive summaries of the changes are listed below. Please note, the Oklahoma Administrative Code (OAC) links identified below will be updated with the new policy changes on September 1, 2016. Please forward this letter to your administrative, billing, and compliance departments.

These rule changes were posted to the OHCA Proposed Policy Changes [website](#) on December 16, 2015 through January 15, 2016 or January 15, 2016 through February 16, 2016 during the 2016 permanent rule making session.

Beginning September 1, 2016:

Medical records requirements

Medical records policy at OAC [317:30-3-4.1](#), [317:30-3-15](#), [317:30-3-30](#), and [317:30-5-3](#) is revised to specify electronic and paper based medical records guidelines and procedures. Revisions specify records must be authenticated on the same day the record is completed or, if completed by someone else, the record must be signed within three business days. Former rules only address signature requirements for edits of a medical record.

Extrapolation, reconsideration and audit procedures

Program integrity audit and review policy at OAC [317:30-3-2.1](#) is updated to clarify OHCA audit procedures and address issues such as extrapolation, reconsideration and audits. Definitions are expanded to include universe, sample and error rate. Language is amended to clarify those items included in the audit/review process, the provider's options after an initial audit/review, and the process for selecting sample claims in a probability sample audit.

Claims submissions and inquiries

Appeals procedures policy at OAC [317:30-3-20](#) is amended to clarify and make corrections to instructions for the submission of claim inquiries by providers. Changes include title change of section from appeals procedures to claim inquiry procedures, removal of incorrect references to revoked policy, and updated guidance on proper form used for claim inquiries. Policy changes should result in decreased confusion for providers inquiring about payment for services provided to members.

Appeals procedures cleanup

Grievance procedures and processes appeals policy at OAC [317:2-1-2](#) and [317:2-1-13](#) are amended to correct citations and references to state statutes, specify that policy addresses

appeals and not grievances which are addressed in other sections, remove provisions related to the Administrative Law Judge's jurisdiction to match other rules and statutes and language clean-up for clarity and accuracy.

Appeal hearings

Program Integrity audit appeals policy at OAC [317:2-1-7](#) is revised to clarify the purpose of the Program Integrity audit appeal hearings. These clarifications address which issues are appealable, and streamlines the process of audit appeal hearings. In addition, nursing home provider contract appeals policy at OAC 317:2-1-8 is revoked.

Contract termination procedures

Grievance procedures and process policy at OAC [317:2-1-12](#) is amended to clarify the appeals process for a 30 day for cause and immediate contract termination and to remove references to suspended contracts. Changes also add language to rules addressing 60 day without cause termination. The amendments make clear that pursuant to contract terms, either party may terminate the contract with a 30 day written notice when it is a for cause termination, or with a 60 day notice if the termination is without cause. Additional changes detail the post-termination panel committee composition and functions, and add language that specifies the timeframe for which a provider must submit a written response to OHCA requesting reconsideration.

This letter is provided for informational purposes only. The OHCA encourages you to review each rule change in its entirety. If you have any questions regarding the information provided in this letter, please contact (800) 522-0114.

Thank you for the services you provide to our SoonerCare members.

Sincerely,

A handwritten signature in black ink that reads "Rebecca Pasternik-Ikard". The signature is written in a cursive, flowing style.

Rebecca Pasternik-Ikard
State Medicaid Director