



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

I/T/U Public Notice 2009-07

January 5, 2010

RE: Changes to SoonerCare Benefits

Dear Tribal Representative:

The purpose of this letter is to give you notice that the Oklahoma Health Care Authority Board has taken action to reduce SoonerCare expenditures because of declining state revenues and increased program costs. As a result, the following changes are being enacted. These changes are being made to comply with the Oklahoma Constitution, Article X, Section 23, which prohibits a state agency from spending more money than is allocated.

Starting January 1, 2010:

- SoonerCare adults and children may only get 100 blood glucose test strips and lancets per month. If they require more, their primary care provider (PCP) must submit a prior authorization request to SoonerCare.
- The total number of allowed prescriptions has not changed for anyone. Adults not currently in a home and community based services waiver, nursing facility or intermediate care facility for the mentally retarded (ICF/MR) will still be allowed up to six prescriptions per month, but now only two of those prescriptions can be brand-name drugs. The other four prescriptions must be generics.
- Impacted earwax removal will no longer be a covered benefit for SoonerCare members.
- Certain durable medical equipment (DME) will no longer be covered for adults. This includes the following items:
 - Portable Oxygen Contents, Gaseous
 - Portable Oxygen Contents, Liquid
 - Nebulizer with Compressor
 - Battery Powered Aerosol Compressor
 - Conductive Garments for TENS unit
 - Negative Pressure Wound Therapy
 - Bone Stimulator – Non-Spinal
 - Bone Stimulator, Spinal
 - Water Circulating Heat Pad w/Pump
 - Home Blood Glucose Monitor

Starting April 1, 2010:

- Co-pays for non-pregnant adults (age 21 and older) will be as follows:
 - \$10 per day for inpatient hospital stays with a maximum total of \$90 per hospital stay.
 - \$3 for most office and home visits. This includes visits with members' PCP, optometrists, home health agencies, durable medical equipment providers and outpatient behavioral health providers.
 - For prescription drugs, there is no co-pay for preferred generic prescriptions. There will be a \$2 co-pay for prescriptions that cost up to \$29.99 and a \$3 co-pay for prescriptions that cost \$30 or more.
- No co-pays are needed for:
 - Services for children and pregnant women
 - Family planning services
 - Emergency services (Exception: \$3 per visit for emergency room services which are not a true emergency)
 - American Indians going to an Indian clinic, Indian hospital, or Indian pharmacy
 - Members in a nursing facility or ICF/MR
 - Home and community based waiver services

The OHCA is committed to active communication with Tribal Governments during the OHCA decision-making and priority-setting process and will therefore keep you apprised of all changes. If you have any questions or comments about the benefit changes, please contact Trevlyn Cross, Director of SoonerCare Indian Health Unit. She can be reached at 405-522-7303 or via email at Trevlyn.Cross@okhca.org.

Sincerely,



Lynn Mitchell, M.D., MPH
State Medicaid Director