



STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2009-04

December 16, 2009

Dear SoonerCare Member,

The SoonerCare program is making some changes. We must take these steps because the state has less money and our health care costs are going up.

**Starting January 1, 2010:**

- SoonerCare adults and children can only get 100 blood glucose test strips and lancets per month. If you need more, your 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
  - Nebulizer with Compressor
  - Conductive Garments for TENS unit
  - Bone Stimulator – Non-Spinal
  - Water Circulating Heat Pad w/Pump
  - Portable Oxygen Contents, Liquid
  - Battery Powered Aerosol Compressor
  - Negative Pressure Wound Therapy
  - Bone Stimulator, Spinal
  - 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 your 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 or Indian hospital
  - Members in a nursing facility or ICF/MR
  - Home and community based waiver services

A provider cannot deny you services if you cannot pay, but you will still owe the bill. Your provider can keep trying to collect the payment.

Pursuant to 42 CFR 431.220, the agency will not grant a hearing to you based on these changes because state law, at Article 10, Section 23 of the Oklahoma Constitution requires all state agencies have a balanced budget. For more information about these changes, please call the SoonerCare Helpline at 1-800-987-7767.

Sincerely,

A handwritten signature in purple ink that reads "Lynn V. Mitchell, M.D., MPH".

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