

## **PUBLIC NOTICE**

Pursuant to 42 C.F.R. § 447.205, the Oklahoma Health Care Authority (OHCA) is required to give public notice of any significant proposed change in methods and standards for setting payment rates for services in the SoonerCare program. The following payment changes will necessitate amendments to the Oklahoma Medicaid State Plan. The proposed change for residential behavior management services (RBMS) was presented in two public meetings: the State Plan Amendment Rate Committee (SPARC) on March 20, 2019 at 11:00 AM and the OHCA Board meeting on April 1, 2019, at 9:00 AM. Both meetings were held at the OHCA offices located at 4345 N. Lincoln Blvd., OKC, OK 73105 in the OHCA Board Room. The proposed changes for rural health clinic reimbursement, enhanced payments for state university employed or contracted physicians, and maternal depression screenings will be presented in two public meetings: the State Plan Amendment Rate Committee (SPARC) on May 17, 2019 at 12:00 PM and the OHCA Board meeting on May 21, 2019, at 1:00 PM. Both meetings will be held at the OHCA offices located at 4345 N. Lincoln Blvd., OKC, OK 73105 in the OHCA Board Room.

### **Rural Health Clinics Reimbursement, Effective: July 1, 2019**

The OHCA proposes a change in the reimbursement methodology for hospital-based and independent rural health clinics (RHCs) to increase access to care. The current rate methodology for these facilities pays on a per-visit basis that is based on historical cost report data which is trended forward annually by the Medicare Economic Index (MEI). The new methodology structure for hospital-based RHCs will pay at the provider's encounter rate established by Medicare that is in effect for the date of service. When a hospital-based RHC receives their periodic rate notification from CMS for a full cost reporting year, the provider must forward a copy of that notice to the State Medicaid Agency. If the provider fails to submit the notice, the lesser of the statewide average or the current rate will be used. There will be no retroactive cost settlements. Further, independent RHCs will be paid at the RHC payment limit established by CMS that is in effect for the date of service. If the independent RHC rate exceeds the CMS rate, the rate will be frozen until the CMS rate exceeds the new current rate. There will also be no retroactive cost settlements for independent RHCs. In addition to increasing access to care, the proposed change will better align with the Benefits Improvement and Protection Act (BIPA) of 2000. The estimated budget impact for SFY2020 will be an increase of \$17,657,446 total, of which \$6,160,683 is the state share. The estimated budget impact for SFY2021 will be an increase of \$17,657,446 total, of which \$5,839,317 is state share.

### **Enhanced Payments for State University Employed or Contracted Physicians; Effective: July 1, 2019**

The OHCA proposes to increase the enhanced payments made for services provided by teaching physicians who are employed by or contracted with state universities. The current payment methodology for state university employed or contracted physicians is 140 percent (140%) of the Medicare Physician Fee Schedule. The OHCA proposed to increase the payment from 140 percent (140%) to 175 percent (175%) of the Medicare Physician Fee Schedule for teaching physicians who are employed by or contracted with state universities. The percentage was chosen to not exceed the following payment methodology: an average of the commercial payment from the top five (5) commercial payers for each CPT code were provided to generate the Average Commercial Rate (ACR); both the Medicare rate and the ACR were multiplied by the Oklahoma Medicaid fee-for-service (FFS) volume of services reimbursed for eligible CPT codes; and the statewide Medicare equivalent of the ACR was calculated by dividing the product of ACR and FFS volume by the product of the Medicare and FFS volume. The estimated budget impact for SFY2020 will be an increase of \$51,067,779 total, of which \$17,817,548 is the state share. The estimated budget

impact for SFY2021 will be an increase of \$51,067,779 total, of which \$16,888,115 is state share. The state share will be paid by the University of Oklahoma and Oklahoma State University.

**Maternal Depression Screenings; Effective: September 1, 2019**

The OHCA proposes to add coverage and reimbursement for maternal depression screenings during Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) well-child visits. The OHCA will adopt and utilize the American Academy of Pediatrics' Bright Futures periodicity schedule to guide the delivery of maternal depression screenings. The new reimbursement rate will be \$5.00 per screening. The estimated budget impact for SFY2020 will be an increase of \$143,053 total, \$49,911 is state share. The estimated budget impact for SFY2021 will be an increase of \$342,936 total, \$113,409 is state share.

**Residential Behavior Management Services (RBMS) Rates; Effective: September 1, 2019**

The Oklahoma Department of Human Services (DHS) and the Oklahoma Office of Juvenile Affairs (OJA) proposes a change to coverage and reimbursement for Residential Behavioral Management Services (RBMS) in group home settings. The proposed change will outline and clarify provider participation requirements, RBMS treatment components, establish new levels of care, and remove references to services provided in wilderness camps and Diagnostic and Evaluation (D&E) centers. Additional changes will incorporate recent federal mandates, as applicable, related to licensure, accreditation, and nurse staffing requirements. DHS and OJA propose a change to replace the existing payment structure for RBMS providers, established in March of 1998, by incorporating staffing, facility, and operational costs into a per diem/per recipient rate based on an established level of care. The total per child/per day rate is the sum of the three aforementioned components with an additional fifteen percent (15%) administration cost. The estimated budget impact for SFY2020 will be an increase of \$6,632,774 total, \$2,253,816 is state share. The state share will be paid by both DHS in the amount of \$1,804,044, and OJA in the amount of \$449,772. The estimated budget impact for SFY2021 will be an increase of \$7,959,329 total, \$2,632,151 is state share. The state share will be paid by both the DHS in the amount of \$2,106,878 and OJA in the amount of \$525,273.

Persons wishing to present their views in writing or obtain copies of the proposed changes may do so at the following address: Federal & State Authorities Unit, Oklahoma Health Care Authority, 4345 N. Lincoln Blvd., Oklahoma City, OK, 73105, or by email request at [federal.authorities@okhca.org](mailto:federal.authorities@okhca.org). Persons wishing to be linked with local agencies to obtain copies of the proposed amendment can make such request by contacting the email above. Written and oral comments will also be accepted during regular business hours by contacting the OHCA as indicated. Comments submitted will be available for review by the public Monday – Friday, 9:00 AM to 4:30 PM, at OHCA located at the above address or online at [www.okhca.org/proposedchanges](http://www.okhca.org/proposedchanges). The proposed state plan amendment language may also be viewed and receive written comments on the agency's website at [www.okhca.org/proposedchanges](http://www.okhca.org/proposedchanges).