



State Plan Amendment Rate Committee (SPARC)

Agenda

June 21, 2023

10:00 AM

OHCA Board Room
4345 N. Lincoln Blvd
Oklahoma City, OK

I. Welcome and Roll Call: **Aaron Morris**

This meeting will occur at the OHCA building at 4345 N. Lincoln Blvd., Oklahoma City, OK 73105. All Committee members will participate in person.

Committee Members:

- Josh Richards (Chair, OHCA)
- Aaron Morris (OHCA)
- Sandra Puebla (OHCA)
- Toney Welborn (OHCA)
- Leigh Newby (OSDH)
- Melissa Miller (ODMHSAS)
- Jennifer King (OHS)

Public access via Zoom:

https://www.zoomgov.com/webinar/register/WN_cZZ5zM4TT4W5IkMv2WtLTg

*Please note: Since the physical address for the OHCA SPARC Meeting has resumed, any live-streaming option provided is provided as a courtesy. Should such live-streaming option fail or have technical issues, the OHCA SPARC Meeting will not be suspended or reconvened because of this failure or technical issue.

II. Public Comments (2-minute limit): **Aaron Morris**

III. Rate issues to be addressed: Presentation, discussion, and vote

- A. Regular Nursing Facility Rates
(Presented by **Fred Mensah**, OHCA)
- B. AIDS Rate
(Presented by **Fred Mensah**, OHCA)



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

okhca.org
mysoonerca.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767



Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

- C. Regular ICF Rate
(Presented by **Fred Mensah**, OHCA)
- D. Acute ICF Rate
(Presented by **Fred Mensah**, OHCA)
- E. Private Duty Nursing Overtime Rate
(Presented by **Carolyn Reconnu-Shoffner**, OHCA)
- F. Doula Services
(Presented by **Jimmy Witcosky**, OHCA)
- G. Air Ambulance
(Presented by **Jimmy Witcosky**, OHCA)
- H. Biosimilar Reimbursement
(Presented by **Jill Ratterman**, OHCA)
- I. Audiology and Nutrition Rate Correction
(Presented by **Mark Lewis**, OHS)
- J. Reimbursement for Mental Health Transport
(Presented by **Melissa Miller**, ODMHSAS)

IV. Adjournment: **Aaron Morris**

FUTURE SPARC MEETING
September 11, 2023
at 11:00am



ADDRESS

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STATE PLAN AMENDMENT RATE COMMITTEE

REGULAR NURSING FACILITIES RATE INCREASE

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The change is being made to increase the Quality of Care (QOC) fee for Regular Nursing Facilities per 56 O.S. 2011, Section 2002. This change allows the Oklahoma Health Care Authority (OHCA) to collect additional QOC fees from providers and match them with federal funds which provides rate increases to facilities. Additionally, the change allows OHCA to calculate the annual reallocation of the pool for the “Direct Care” and “Other Cost” components of the rate as per the State Plan. This change will also increase the base rate by \$35 per patient day as mandated by Senate Bill 32X.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate methodology for Regular Nursing Facilities calls for the establishment of a prospective rate which consists of four components. The current components are as follows:

A. Base Rate Component is \$123.47 per patient day.

B. A Pay for Performance (PFP) Component defined as the dollars earned under this incentive payment program with an average payment of \$5.00 per patient day.

C. An “Other Cost” Component which is defined as the per day amount derived from dividing 30% of the pool of funds available after meeting the needs of the Base and PFP Components by the total estimated Medicaid days for the rate period. This component once calculated is the same for each facility.

D. A “Direct Care” Component which is defined as the per day amount derived from allocating 70% of the pool of funds available after meeting the needs of the Base and PFP Components to the facilities. This component is determined separately and is different for each facility. The method (as approved in the State Plan) allocates the 70% pool of funds to each facility (on a per day basis) based on their relative expenditures for direct care costs. The current combined pool amount for “Direct Care” and “Other Cost” components is \$242,806,077. The current Quality of Care (QOC) fee is \$15.56 per patient day.

STATE PLAN AMENDMENT RATE COMMITTEE

5. NEW METHODOLOGY OR RATE STRUCTURE.

There is no change in methodology; however, there is a rate change for Regular Nursing Facilities because of the required annual recalculation of the Quality of Care (QOC) fee and reallocation of the pool for “Direct Care” and “Other Cost” components of the rate as per the State Plan. This change also increases the base rate by \$35 per patient day as mandated by Senate Bill 32X. The new Base Rate Component will be \$158.56 per patient day. The new combined pool amount for “Direct Care” and “Other Cost” components will be \$251,077,470. The new Quality of Care (QOC) fee will be \$15.65 per patient day.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY 2024 will be an increase in the total amount of \$145,510,949 with \$45,850,500 in state share.

OHCA attests that it has adequate funds to cover the state share of the projected cost of services.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the following for Regular Nursing Facilities:

- An increase to the base rate component from \$123.47 per patient day to \$158.56 per patient day.
- A change to the combined pool amount for “Direct Care” and “Other Cost” Components from \$242,806,077 to \$251,077,470 for the annual reallocation of the Direct Care Cost Component as per the State Plan.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2023, upon approval by CMS

STATE PLAN AMENDMENT RATE COMMITTEE

**ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) NURSING
FACILITIES RATE INCREASE**

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The change is being made to increase the Quality of Care (QOC) fee for nursing facilities serving residents with AIDS per 56 O.S. 2011, Section 2002. This change allows the Oklahoma Health Care Authority (OHCA) to collect additional QOC fees from providers and match them with federal funds which provides rate increases to facilities. This change will also increase the AIDS rate by \$35 per patient day as mandated by Senate Bill 32X.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate methodology for nursing facilities serving residents with AIDS requires the establishment of a prospective rate which is based on the reported allowable cost per day. The current rate for this provider type is \$229.76 per patient day. The Quality of Care (QOC) fee is \$15.56 per patient day.

5. NEW METHODOLOGY OR RATE STRUCTURE.

There is no change in methodology; however, there is a rate change for nursing facilities serving residents with AIDS because of the required annual recalculation of the Quality of Care (QOC) fee. This change also increases the AIDS rate by \$35 per patient day as mandated by Senate Bill 32X. The rate for this provider type will be \$265.16 per patient day. The recalculated Quality of Care (QOC) fee will be \$15.65 per patient day.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY 2024 will be an increase in the total amount of \$259,941; with \$81,907 in state share.

OHCA attests that it has adequate funds to cover the state share of the projected cost of services.



STATE PLAN AMENDMENT RATE COMMITTEE

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the following for nursing facilities serving residents with AIDS:

- An increase to the AIDS rate from \$229.76 per patient day to \$265.16 per patient day.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2023, upon approval by CMS

STATE PLAN AMENDMENT RATE COMMITTEE

**REGULAR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH
INTELLECTUAL DISABILITIES (ICF/IID) RATE INCREASE**

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The change is being made to increase Regular ICF/IID rate by \$17 per patient day as mandated by Senate Bill 32X.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate methodology for Regular ICF/IID facilities requires the establishment of a prospective rate which is based on the reported allowable cost per day.

The current rate for this provider type is \$ \$137.53 per patient day.

The Quality of Care (QOC) fee is \$9.38 per patient day.

5. NEW METHODOLOGY OR RATE STRUCTURE.

There is no change in methodology; however, the change is being made to increase Regular ICF/IID rate by \$17 per patient day as mandated by Senate Bill 32X.

The proposed rate for this provider type is \$154.53 per patient day.

The Quality of Care (QOC) fee will remain \$9.38 per patient day

6. BUDGET ESTIMATE.

The estimated budget impact for SFY 2024 will be an increase in the total amount of \$2,764,829; with \$871,198 in state share.

OHCA attests that it has adequate funds to cover the state share of the projected cost of services.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.



STATE PLAN AMENDMENT RATE COMMITTEE

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the following for Regular ICF/IID facilities:

- An increase in rate from \$137.53 per patient day to \$154.53 per patient day.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2023, upon approval by CMS

STATE PLAN AMENDMENT RATE COMMITTEE

**ACUTE (16 BED-OR-LESS) INTERMEDIATE CARE FACILITIES FOR
INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID) RATE
INCREASE**

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The change is being made to increase the Quality of Care (QOC) Fee for Acute ICF/IID Facilities per 56 O.S. 2011, Section 2002. This change allows the Oklahoma Health Care Authority (OHCA) to collect additional QOC fees from providers and match them with federal funds which provides rate increases to facilities. This change will also increase Acute ICF/IID rate by \$17 per patient day as mandated by Senate Bill 32X.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate methodology for Acute ICF/IID facilities requires the establishment of a prospective rate which is based on the reported allowable cost per day.

The current rate for this provider type is \$168.35 per patient day.

The Quality of Care (QOC) fee is \$10.05 per patient day.

5. NEW METHODOLOGY OR RATE STRUCTURE.

There is no change in methodology; however, there is a rate change for Acute ICF/IID facilities because of the annual recalculation of the Quality of Care (QOC) fee. This change also increases Acute ICF/IID rate by \$17 per patient day as mandated by Senate Bill 32X.

The proposed rate for this provider type is \$186.00 per patient day.

The recalculated Quality of Care (QOC) fee is \$10.26 per patient day.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY 2024 will be an increase in the total amount of \$5,736,870; with \$1,807,688 in state share.

OHCA attests that it has adequate funds to cover the state share of the projected cost of services.



STATE PLAN AMENDMENT RATE COMMITTEE

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee to approve the following for Acute ICF/IID facilities:

- An increase in rate from \$168.35 per patient day to \$186.00 per patient day.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2023, upon approval by CMS

STATE PLAN AMENDMENT RATE COMMITTEE

PRIVATE DUTY NURSING (PDN) RATE INCREASE & OVERTIME RATE

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The Oklahoma Health Care Authority is requesting a Private Duty Nursing (PDN) (HCPCS Procedure code T1000) rate increase. PDN providers will receive a higher rate of pay for PDN hours that result in over-time rate of pay for nursing staff. The increase is to be applied only for children with ventilators or tracheostomies.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current reimbursement rate for PDN providers is \$32.68 per hour or \$8.17 per unit. PDN Providers currently receive a supplemental payment of \$7.32 per hour/1.83 per unit for PDN hours that result in an over-time rate of pay for nursing staff.

5. NEW METHODOLOGY OR RATE STRUCTURE.

The new reimbursement rate for PDN providers is \$40.00 per hour. The new supplemental payment amount is \$8.92 per hour/\$2.23 per unit for PDN hours that result in over-time rate of pay for nursing staff. The increase is to be applied only for children with ventilators or tracheostomies.

6. BUDGET ESTIMATE.

The estimated budget impact for January 1, 2023 to June 30, 2023 is an increase of \$733,401; with \$157,241 state share. The estimated budget impact for SFY 24 is an increase of \$4,368,349; with \$1,420,150 state share.

OHCA attests that it has adequate funds to cover the state share of the projected cost of service

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.



STATE PLAN AMENDMENT RATE COMMITTEE

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee approve the rate increase for PDN (HCPCS Procedure code T1000) to \$40.00 per hour and the corresponding overtime rate increase to \$8.92 per hour/\$2.23 per unit for children with ventilators or tracheostomies

9. EFFECTIVE DATE OF CHANGE.

Made effective January 1, 2023, as per CMS approval.

STATE PLAN AMENDMENT RATE COMMITTEE

DOULA SERVICES

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate and Method Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The Oklahoma Health Care Authority is requesting to add for Doula Services for pregnant SoonerCare members.

A doula or birth worker is a trained professional who provides emotional, physical, and informational support services during the prenatal, labor and delivery, and postpartum periods.

Doulas are non-clinical and do not provide medical care. Doula services should not replace the services of other licensed and trained medical professionals including, but not limited to physicians, physician assistants, advanced practice registered nurses, and certified nurse midwives.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

Currently OHCA does not pay for Doula Services.

5. NEW METHODOLOGY OR RATE STRUCTURE.

The Oklahoma Health Care Authority requests the below Doula Services pricing. HCPCS Procedure Codes 59899 and 59514 will pay 40% of the physician fee schedule rate. HCPCS Procedure Codes 59409, 59612, and 59620 will pay 65% of the physician fee schedule rate. HCPCS Procedure Code 59899 will be based off the rate for HCPCS Procedure Code 99215 and be payable for Doula Services that are 60+ minutes. The limit of this code is 8 per member per pregnancy. All other codes are based off the same procedure code and are limited to one per member per delivery.

STATE PLAN AMENDMENT RATE COMMITTEE

Proc Code / Modifier	Proc Code Description	Comparable Proc Code	Physician Pricing	Doula Pricing @ 40%	Doula Pricing @ 65%	Units	Total Cost
59899	Prenatal & Postpartum Visit Billing Codes	99215	\$ 161.13	\$ 64.45		8	\$ 515.60
59409	Labor & Delivery (VAGINAL DELIVERY ONLY)	59409	\$ 720.84		\$ 468.55		
59514	Labor & Delivery (CESAREAN DELIVERY ONLY)	59514	\$ 813.62	\$ 325.45			
59612	Labor & Delivery (VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY)	59612	\$ 811.97		\$ 527.78		
59620	Labor & Delivery (CESAREAN DELIVERY FOLLOWING VAGINAL DELIVERY ATTEMPT AFTER PREVIOUS CESAREAN DELIVERY)	59620	\$ 840.77		\$ 546.50	1	\$ 467.07

6. BUDGET ESTIMATE.

The estimated budget impact for SFY 2024 will be an increase in the total amount of \$2,734,572; with \$861,732 in state share.

The estimated budget impact for SFY 2025 will be an increase in the total amount of \$2,734,572; with \$887,916 in state share.

OHCA attests that it has adequate funds to cover the state share of the projected cost of services.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

This will not have a negative impact on access to care.

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee approve the below Doula Services rates.

Proc Code / Modifier	Proc Code Description	Comparable Proc Code	Physician Pricing	Doula Pricing @ 40%	Doula Pricing @ 65%
59899 HD	Prenatal & Postpartum Visit Billing Codes	99215	\$ 161.13	\$ 64.45	
59409 HD	Labor & Delivery (VAGINAL DELIVERY ONLY)	59409	\$ 720.84		\$ 468.55
59514 HD	Labor & Delivery (CESAREAN DELIVERY ONLY)	59514	\$ 813.62	\$ 325.45	
59612 HD	Labor & Delivery (VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY)	59612	\$ 811.97		\$ 527.78
59620 HD	FOLLOWING VAGINAL DELIVERY ATTEMPT AFTER PREVIOUS CESAREAN DELIVERY)	59620	\$ 840.77		\$ 546.50

9. EFFECTIVE DATE OF CHANGE.

July 1, 2023, pending CMS approval.

STATE PLAN AMENDMENT RATE COMMITTEE

INCREASE AIR AMBULANCE RATES

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The Oklahoma Health Care Authority is requesting to increase rates for air ambulance services to 100% of the Medicare Ambulance Fee Schedule (AFS).

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate for air ambulance services is:

- HCPCS Procedure Code A0430 (AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)) is \$2,510.50.
- HCPCS Procedure Code A0431 (AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)) is \$3,352.37.
- HCPCS Procedure Code A0435 (FIXED WING AIR MILEAGE, PER STATUTE MILE) is \$7.69.
- HCPCS Procedure Code A0436 (ROTARY WING AIR MILEAGE, PER STATUTE MILE) is \$23.39.

5. NEW METHODOLOGY OR RATE STRUCTURE.

The legislature appropriated additional funds to University Hospitals Authority to increase air ambulance rates to 100% of the Medicare Ambulance Fee Schedule (AFS). The proposed rate for air ambulance services is:

- HCPCS Procedure Code A0430 (AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)) is \$3,603.48.
- HCPCS Procedure Code A0431 (AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)) is \$4,189.59.
- HCPCS Procedure Code A0435 (FIXED WING AIR MILEAGE, PER STATUTE MILE) is \$10.23.

STATE PLAN AMENDMENT RATE COMMITTEE

- HCPCS Procedure Code A0436 (ROTARY WING AIR MILEAGE, PER STATUTE MILE) is \$27.28.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY 2024 will be an increase in the total amount of \$2,097,841; with \$661,082 in state share.

The estimated budget impact for SFY 2025 will be an increase in the total amount of \$2,097,841; with \$681,169 in state share.

The state share will be paid in a quarterly Maintenance of Effort (MOE) payment made by the University Hospitals Authority.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

This change is expected to have a positive impact on access to care.

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee approve the below air ambulance rates to 100% of the Medicare Ambulance Fee Schedule (AFS).

- HCPCS Procedure Code A0430 (AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)) is \$3,603.48.
- HCPCS Procedure Code A0431 (AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)) is \$4,189.59.
- HCPCS Procedure Code A0435 (FIXED WING AIR MILEAGE, PER STATUTE MILE) is \$10.23.
- HCPCS Procedure Code A0436 (ROTARY WING AIR MILEAGE, PER STATUTE MILE) is \$27.28.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2023

STATE PLAN AMENDMENT RATE COMMITTEE

BIOSIMILAR REIMBURSEMENT

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate and Method Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

The Oklahoma Health Care Authority is requesting a rate and method change for Biosimilar. Medicare changed the rate for certain Biosimilar Biologic drugs from ASP+6% to ASP+8%. ASP is defined as the Average Sales Price. OHCA uses the Medicare rate to reimburse providers for drug products billed through the medical benefit.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

Medicare rate of ASP+6% for certain biosimilar biologic drugs

5. NEW METHODOLOGY OR RATE STRUCTURE.

The Oklahoma Health Care Authority will follow the Medicare rate of ASP+8% for certain biosimilar biologic drugs. This increased rate will be re-evaluated by Medicare after a certain period of time. OHCA's intent is to follow the Medicare published rate for these biosimilar biologic drugs.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY 2023 will be an increase in the total amount of \$14,334.57; with \$3,212.38 in state share.

The estimated budget impact for SFY 2024 will be an increase in the total amount of \$19,112.77; with \$4,283.17 in state share.

OHCA attests that it has adequate funds to cover the state share of the projected cost of services.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate any negative impact on access to care.



STATE PLAN AMENDMENT RATE COMMITTEE

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The Oklahoma Health Care Authority requests the State Plan Amendment Rate Committee approve the rate change for certain biosimilar products from ASP+6% to ASP+8%

9. EFFECTIVE DATE OF CHANGE.

July 1, 2023, upon approval by CMS

STATE PLAN AMENDMENT RATE COMMITTEE

DEVELOPMENTAL DISABILITIES SERVICES RATE CHANGES

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

No Impact

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

Oklahoma Human Services is proposing to update the rates for Audiology and Nutrition Services. The rate change is needed to correct an error when calculating the 25% rate increase effective October 1, 2022. The rates for these DDS Waiver Services are being corrected to reflect that they follow the SoonerCare rates and should not have been included in the across-the-board rate increases. These services are available to members in the Homeward Bound Waiver, the Community Waiver, and the In-Home Supports Waiver for adults.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current rate structure is a fixed and uniform rate established through the SPARC process. The current services, service codes, unit measure and rates are as follows:

PROCEDURE DESCRIPTION	SERVICE CODE	SERVICE UNIT	CURRENT RATE
AUDIOLOGICAL EXAM/TREATMENT (45 MINUTES)	92507	EACH	89.6
AUDIOLOGY COMPREHENSIVE RECOGNITION	92557	EACH	44.49
AUDIOLOGY HEARING AID EVALUATION	92591	EACH	60.31
AUDIOLOGY REFLEX TESTING	92568	EACH	18.10
AUDIOLOGY TYMPANOMETRY	92567	EACH	18.81
AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM	92585	EACH	150.18

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CONDITIONING PLAY AUDIOMETRY	92582	EACH	81.34
EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION)	92627	EACH	24.66
EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	92626	EACH	104.23
EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCT)	92587	EACH	25.84
HEARING AID CHECK; BINAURAL	92593	EACH	54.43
HEARING AID CHECK; MONAURAL	92592	EACH	54.41
HEARING AID EXAMINATION AND SELECTION; MONAURAL	92590	EACH	60.31
PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	92553	EACH	42.71
PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	92552	EACH	34.90
SPEECH AUDIOMETRY THRESHOLD	92555	EACH	26.73
SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	92556	EACH	42.34
USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	92547	EACH	10.79
VISUAL REINFORCEMENT AUDIOMETRY (VRA)	92579	EACH	54.28

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NUTRITION THERAPY - INITIAL ASSESSMENT & INTERVENTION	97802 U5	15 MINUTES	42.73
NUTRITION THERAPY - RESSESSMENT & INTERVENTION	97803 U5	15 MINUTES	36.75
NUTRITION THERAPY - RESSESSMENT & INTERVENTION - TELEHEALTH	97803 U5 GT	15 MINUTES	37.54

5. NEW METHODOLOGY OR RATE STRUCTURE.

The table below contains the services and proposed rates:

PROCEDURE DESCRIPTION	SERVICE CODE	SERVICE UNIT	PROPOSED RATE
AUDIOLOGICAL EXAM/TREATMENT (45 MINUTES)	92507	EACH	71.68
AUDIOLOGY COMPREHENSIVE RECOGNITION	92557	EACH	35.00
AUDIOLOGY HEARING AID EVALUATION	92591	EACH	48.25
AUDIOLOGY REFLEX TESTING	92568	EACH	14.66
AUDIOLOGY TYMPANOMETRY	92567	EACH	15.22
AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM	92585	EACH	120.14
CONDITIONING PLAY AUDIOMETRY	92582	EACH	67.19
EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION)	92627	EACH	19.27
EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	92626	EACH	82.11
EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCT)	92587	EACH	20.50

STATE PLAN AMENDMENT RATE COMMITTEE

HEARING AID CHECK; BINAURAL	92593	EACH	43.54
HEARING AID CHECK; MONAURAL	92592	EACH	43.53
HEARING AID EXAMINATION AND SELECTION; MONAURAL	92590	EACH	48.25
PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	92553	EACH	35.36
PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	92552	EACH	29.17
SPEECH AUDIOMETRY THRESHOLD	92555	EACH	22.09
SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	92556	EACH	34.77
USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	92547	EACH	9.14
VISUAL REINFORCEMENT AUDIOMETRY (VRA)	92579	EACH	42.77
NUTRITION THERAPY - INITIAL ASSESSMENT & INTERVENTION	97802 U5	15 MINUTES	33.90
NUTRITION THERAPY - RESSESSMENT & INTERVENTION	97803 U5	15 MINUTES	29.45
NUTRITION THERAPY - RESSESSMENT & INTERVENTION - TELEHEALTH	97803 U5 GT	15 MINUTES	29.45

6. BUDGET ESTIMATE.

This change will be budget neutral as OHS recognized the error and did not implement the previous rate increases.



STATE PLAN AMENDMENT RATE COMMITTEE

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

Decreasing the rates will have no effect on access to care.

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

Oklahoma Human Services requests the proposed rates are updated as requested.

9. EFFECTIVE DATE OF CHANGE.

October 1, 2023

STATE PLAN AMENDMENT RATE COMMITTEE

BEHAVIORAL HEALTH TRANSPORTATION RATES

1. IS THIS A RATE CHANGE OR A METHOD CHANGE?

Rate Change

2. IS THIS CHANGE AN INCREASE, DECREASE, OR NO IMPACT?

Increase

3. PRESENTATION OF ISSUE – WHY IS THIS CHANGE BEING MADE?

ODMHSAS seeks to implement rates for secure behavioral health transports for members alleged to be in a behavioral health crisis, requiring transportation to a treatment facility for the purpose of examination, emergency detention, protective custody, or inpatient services.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

There is currently no methodology or rate structure for these services.

5. NEW METHODOLOGY OR RATE STRUCTURE.

Proposed rates for these services are:

- Transports 30 miles and under will be reimbursed \$160.00 per encounter, equal to 68.83% of the CY 2021 rate for A0429.
- Transports over 30 miles will be reimbursed \$160.00 per encounter, equal to 68.83% of the CY 2021 rate for A0429, and \$2.85 per mile, equal to 38.10% of the CY 2021 rate for A0425.

6. BUDGET ESTIMATE.

The estimated budget impact for SFY24 is \$6,153,652 total, of which \$1,283,037 is state share.

ODMHSAS attests that it has adequate funds to cover the state share of the projected cost of services per fiscal year.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The ODMHSAS has determined that this change will have a positive impact in that the rate implementation supports the secure behavioral health transportation network.



STATE PLAN AMENDMENT RATE COMMITTEE

8. RATE OR METHOD CHANGE IN THE FORM OF A MOTION.

The ODMHSAS requests the SPARC to approve the proposed rates for secure behavioral health transportation.

9. EFFECTIVE DATE OF CHANGE.

July 1, 2023, contingent upon CMS approval