

PUBLIC NOTICE

Pursuant to 42 CFR § 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 method change will necessitate an amendment to the Oklahoma Medicaid State Plan. The proposed changes were presented at the Tribal Consultation meeting on November 2, 2021, at 11:00 AM via teleconference.

OK SPA 22-0007, Ambulance Service Provider Access Payment Program, Effective date: January 1, 2022, contingent upon CMS approval.

The OHCA will seek CMS approval of a state plan amendment (SPA) in compliance with House Bill 2950 (HB 2950) which mandates the OHCA to create and enforce an Ambulance Service Provider Access Payment Program to preserve the quality and improve access to ambulance services rendered, supplement appropriations, and support ambulance service provider reimbursement. The SPA will delineate the qualifications of eligible providers inclusive of provider exemptions as well as establish the ambulance service provider access payment methodology.

Eligible ambulance service providers licensed in Oklahoma will be assessed an ambulance service provider access payment program fee in an amount calculated as a percentage of each ambulance service provider's net operating revenue. Ambulance service providers subject to the assessment of the Ambulance Service Provider Access Payment Program that have not been previously licensed as an ambulance service in the State and that commence operations during a year will pay the required assessment and will be eligible for ambulance service provider access payments. The following ambulance services are exempt from the ambulance service provider access payment fee:

- An ambulance service that is owned or operated by the state or a state agency, the federal government, a federally recognized Indian tribe, or the Indian Health Service;
- An ambulance service that is eligible for Supplemental Hospital Offset Payment Program (SHOPP);
- An ambulance service that provides air ambulance services only; or
- An ambulance service that provides non-emergency transports only.

Ambulance Service Provider Access payment amounts are based on the identified emergency medical transportation services for which the provider is eligible to be reimbursed as well as the base payment and the average commercial rate (ACR) for such services. Eligible providers must submit the identified data required to calculate the ACR to the OHCA to receive an access payment. For each eligible provider, the assessment is calculated on an annual basis and paid out quarterly as follows:

- The paid Medicaid claims for each eligible provider are aligned with the Medicare fees (Medicare Fee Schedule – Urban) for each healthcare common procedure coding system (HCPCS) or current procedure terminology (CPT) code and the Medicare payment is calculated for such claims.
- A separate Medicare equivalent of the ACR is calculated for each eligible provider that qualifies for the access payment by dividing the total amount of the average commercial payments for the claims by the total Medicare payments for the claims.
- The base payment for services eligible for reimbursement is calculated for each eligible provider.
- The amount the eligible provider would have been reimbursed at ACR for the eligible services is determined.

- The payment enhancement amount for each eligible provider is determined by subtracting the base payment from the ACR of the eligible services provided.
- The medical transportation access payment for each eligible provider is calculated by the sum of all payment enhancement amounts (as described above) for eligible services provided.

The estimated budget impact for SFY2022 is \$2,901,232 total; \$594,462 of which is state share provided by assessment fees paid by eligible ambulance providers (6 months). The estimated budget impact for SFY2023 is \$5,802,463 total; \$1,589,875 of which is state share provided by the assessment fees paid by eligible ambulance providers (12 months).

Interested persons may visit oklahoma.gov/ohca/policies-and-rules/public-notice to view a copy of the public notice(s) and visit oklahoma.gov/ohca/policies-and-rules/proposed-changes to view a copy of the proposed state plan amendment and a link to provide public comments on the proposal. Due to the current public health emergency and the associated social distancing guidelines, persons wishing to present their views in writing or obtain copies of the proposed state plan amendments may do so via mail by writing to: Oklahoma Health Care Authority, Federal Authorities Unit, 4345 N. Lincoln Blvd., Oklahoma City, Oklahoma 73105, or by email at federal.authorities@okhca.org. Written comments or requests for copies of the proposed state plan amendments will be accepted by contacting OHCA as indicated. Comments submitted through the OHCA policy blog will be available for review online at oklahoma.gov/ohca/policies-and-rules/proposed-changes. Other written comments are available upon request at federal.authorities@okhca.org. Comments will be accepted from December 15, 2021 through January 14, 2022.