



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

SPARC Agenda
August 1, 2016
11:00 AM
OHCA Board Room

Rate issues to be addressed:

1. Reverse 3% Provider Rate Reduction for Specific Services.....1-2
 - Living Choice Program
 - Private Duty Nursing (PDN)
 - Emergency Transportation
 - Program of All Inclusive Care for the Elderly (PACE)
2. Reverse 3% Provider Rate Reduction for Medically Fragile Waiver.....3-4
3. Reimbursement for Behavioral Health Assessments.....5-6

REVERSE 3.00% PROVIDER RATE REDUCTION FOR SPECIFIC SERVICES

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 (OHCA) recommends a revision, a reversal of the January 2016 3.00% reduction, to the current rates and reimbursement structure in the SoonerCare program. The reversal of the 3.00% reduction will impact only Private Duty Nursing services, Emergency Transportation services, Program of All Inclusive Care for the Elderly (PACE), and Living Choice Program services.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

OHCA currently reimburses providers under a variety of different rate structures; diagnostic-related group (DRG), per diem, max fee, percent of Medicare, and a percent of costs are some examples. Our current rates reflect a 3.00% reduction from the applicable rate structures, implemented in January 2016.

5. NEW METHODOLOGY OR RATE STRUCTURE.

Effective September 1, 2016, OHCA seeks to reverse the 3.00% reduction for the applicable rate structure.

The reversal of the 3.00% reduction will impact only Private Duty Nursing services, Emergency Transportation services, Program of All Inclusive Care for the Elderly (PACE), and Living Choice Program services.

6. BUDGET ESTIMATE.

Annual cost for the reversal of the 3.00% reduction for Private Duty Nursing services, Emergency Transportation services, Program of All Inclusive Care for the Elderly (PACE), and Living Choice Program services is an increase in the total amount of \$1,949,400; \$775,861 state share. These amounts are already included in the SFY2017 OHCA Budget.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate any impact on access to care. The Oklahoma Health Care Authority has appropriate measures in place to monitor any positive or negative impact to access or quality of care, in accordance with requirements at 42 CFR 447.203(b)(6).

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 reversal of the 3.00% rate reduction for Private Duty Nursing services, Emergency Transportation services, Program of All Inclusive Care for the Elderly (PACE), and Living Choice Program services.

9. EFFECTIVE DATE OF CHANGE.

September 1, 2016

REVERSE 3.00% PROVIDER RATE REDUCTION FOR THE MEDICALLY FRAGILE WAIVER

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 (OHCA) recommends a revision, a reversal of the 3.00% reduction, to the current rates and reimbursement for Medically Fragile Waiver services.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

The current Medically Fragile Waiver rate structure is a fixed and uniform rate configuration established through the State Plan Amendment Rate Committee process. Rates for these services were reduced by 3.00% in April 2016.

5. NEW METHODOLOGY OR RATE STRUCTURE.

Effective December 1, 2016, OHCA seeks to reverse the 3.00% reduction for Medically Fragile Waiver services.

6. BUDGET ESTIMATE.

Annual cost for the reversal of the 3.00% reduction is an increase in the total amount of \$143,763; \$57,218 state share. These amounts are already included in the SFY2017 OHCA Budget.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Oklahoma Health Care Authority does not anticipate any impact on access to care. The Oklahoma Health Care Authority has appropriate measures in place to monitor any positive or negative impact to access or quality of care, in accordance with requirements at 42 CFR 447.203(b)(6).

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 reversal of the 3.00% rate reduction.

9. EFFECTIVE DATE OF CHANGE.

December 1, 2016

REIMBURSEMENT FOR BEHAVIORAL HEALTH ASSESSMENTS

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

Rate Change

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

No Impact in the aggregate.

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

Rules were revised during 2016 permanent rulemaking to remove specific minimum time requirements for behavioral health assessment services provided in outpatient behavioral health agencies. Previous rules required at least 1.5 hours in order to bill a low complexity assessment and over 2 hours to bill a moderate complexity assessment. Current reimbursement rates vary based on the complexity of the assessment as well as whether the assessment was performed for an adult or child member. The intent of the rule change was to allow providers more flexibility in providing assessments that may not require over 1.5 hours to complete. This rate change is being proposed in order to create a uniform reimbursement rate for behavioral health assessments regardless of time spent and whether the client is a child or adult.

4. CURRENT METHODOLOGY AND/OR RATE STRUCTURE.

Service	LBHP	Candidate
BH Assessment moderate complexity Child	110.64	99.58
BH Assessment moderate complexity Adult	105.38	94.84
BH Assessment low complexity - Child	82.98	74.68
BH Assessment low complexity - Adult	79.03	71.13

5. NEW METHODOLOGY OR RATE STRUCTURE.

The proposed rates for behavioral health assessments are \$103.33 licensed behavioral health professionals and \$90.41 for licensure candidates. These rates equate to 80% and 70% respectively of the CY2016 Medicare Physician Fee Schedule (MPFS) equivalent CPT code 90791 (Psychiatric Diagnostic Evaluation)

6. BUDGET ESTIMATE.

ODMHSAS estimates that this change will be budget neutral.

7. AGENCY ESTIMATED IMPACT ON ACCESS TO CARE.

The Agency has determined that this change will have no impact on access to care.

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

The Department of Mental Health and Substance Abuse Services (DMHSAS) requests the SPARC to approve the proposed reimbursement rates for Behavioral Health Assessments provided in an outpatient behavioral health agency setting in the amount of \$103.33 per event by licensed behavioral health professionals and \$90.41 per event by licensure candidates.

9. EFFECTIVE DATE OF CHANGE.

September 1, 2016