

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 changes will be 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 March 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.

Partial Hospitalization Program (PHP) Services, Effective: April 1, 2019

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) requests a change to the current reimbursement methodology for Partial Hospitalization Program Services (PHP) from a one hour unit of service (\$42.80/hour) to a single daily payment (\$160.50/day) for all services provided in a day. The new rate methodology is based on the 2010 Medicare cost assumptions for PHP services, but is a blend of a 3.5 hour treatment day and 4 hour treatment day; it is also in line with the Healthcare Common Procedure Coding System (HCPCS) guidelines for the PHP Code, H0035, and will reduce the likelihood of a payment error finding. The new reimbursement rate will be \$160.50 per encounter up to 23 hours and 59 minutes. The proposed State Plan amendment is budget neutral as the current \$3,000 per member per month cap for PHP services will remain.

Certified Community Behavioral Health Clinics (CCBHCs), Effective: April 1, 2019

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) will seek approval of a State Plan amendment to sustain CCBHC services beyond its demonstration period in Oklahoma. The CCBHC demonstration is set to end on March 31, 2019. Currently, there are three CCBH Clinics providing services to SoonerCare members. The services provided include nine types of behavioral health treatment services, with an emphasis on the provision of 24-hour crisis care, utilization of evidence based practices, care coordination, and integration with physical health. CCBHCs are reimbursed utilizing a Prospective Payment System (PPS) methodology. In establishing the PPS rate, CCBHCs completed cost reports for the period of April 1, 2017 to March 31, 2018 that include the cost of providing all services to all patients to establish a Per-Member Per Month (PMPM) cost of serving patients in that clinic. The reports included actual plus anticipated costs related to new services or new costs which were provided or incurred during the demonstration phase. CCBHCs will receive a fixed PMPM reimbursement rate for every individual who has at least one qualifying visit in the month. There is a standard CCBHC (or base) rate and two separate reimbursement rates for Special Populations (SPPOP). The ODMHSAS developed a list of individuals who are "most in need" and the provider may choose from this list to assign individuals to SPPOP rate categories and bill for the SPPOP rate. At the end of 90 days, ODMHSAS will review care needs and rates for clients assigned to special populations to determine a need for continued stay at this level of service intensity. If the client has been admitted for an inpatient psychiatric hospital stay during this time period, the state will recoup the difference in the applicable provider-specific SPPOP rate and the standard rate. The rate will then be updated annually based on the Medicare Economic Index (MEI).

Federal impact: Due to CCBHCs moving from a demonstration to a State Plan Medicaid covered service, the Centers for Medicare & Medicaid Services (CMS) views the budget as new Medicaid program and requires the total net budget to be reported. Prior to the CCBHC demonstration, most of the amounts below were being paid on a fee-for-service basis and are now paid on a Prospective Payment System (PPS) methodology. The net increase for the six remaining months of Federal Fiscal Year (FFY) 2019 will be \$42,048,685 total, 26,444,418 federal share. The net increase for FFY2020 will be \$84,097,370 total, \$55,521,084 federal share.

State impact: The net increase to ODMHSAS for the three months remaining in State Fiscal Year (SFY) 2019 is \$1,683,210 total, \$618,222 state share paid by ODMHSAS. Due to the rebasing and change in

methodology for special populations, the estimated SFY2020 budget impact is a savings to ODMHSAS of \$259,849 total, \$90,661 state share.

Deductible and Coinsurance for Crossover Claims, Effective: April 1, 2019

The Oklahoma Health Care Authority proposes a change in methodology for Medicare Part A and B claims rendered to Qualified Medicare Beneficiaries (QMB) and Qualified Medicare Beneficiaries with full Medicaid benefits (QMB Plus). The State Plan amendment proposes that psychiatric hospital services and Psychiatric Residential Treatment Facility (PRTF) services crossover Part A claims pay at 75% of the deductible and at 25% of the coinsurance. In addition, the State Plan amendment proposes to make payment for Medicare medical services and dialysis services which are not specifically addressed elsewhere in the State Plan at 100% of the deductible and 46.25% of the coinsurance. Finally, payment for Indian Health Service (IHS) clinics and transportation services will be made at 100% of the deductible and coinsurance for Medicare Part B claims. The proposed State Plan amendment is budget neutral as this proposed amendment is being submitted to align with current practice.

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. 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. The proposed state plan amendment language may also be viewed and receive written comments on the agency's website at www.okhca.org/proposedchanges.