

PUBLIC NOTICE

Pursuant to Section 447.205 of Title 42 of the Code of Federal Regulations, the Oklahoma Health Care Authority (OHCA) is required to provide public notice of its intent to submit a state plan amendment (SPA) to modify its methods and standards for setting payment rates for services. An Indian Health Services, Tribal, and Urban Indian (I/T/U) notice was sent to inform tribal partners of the proposed changes on February 24, 2023. The proposed changes will be presented at the Tribal Consultation meeting on March 7, 2023, at 11:00 AM via teleconference.

Enhanced Payment Program for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)

The Oklahoma Health Care Authority proposes to implement an enhanced payment program for ICFs/IID that provide vocational services or day program services, or both, to offset the costs incurred by ICFs/IID in the provision of such services.

Facilities will be required to comply with care criteria to receive the enhanced payment and performance reviews will be completed to ensure the integrity and accountability of the services provided. Facilities will provide 20 hours of vocational services to at least 40% of their residents each week; residents must participate at least 9 out of 12 weeks. Facilities will provide 20 hours of day services to at least 60% of the facility's residents who do not participate in the facility's vocational program; residents must participate at least 9 out of 12 weeks.

Payment will be in the form of a lump sum payment made to facilities on a quarterly basis as follows:

1. Initial payment rates for ICF/IIDs providing day and vocational services will be established using SFY2021 cost data (inflated to SFY2023).
2. After year one of the program, payment rates will be determined using costs data reported on the most recent cost report of each participating facility. New payment rates will be calculated annually.
3. Seventy percent (70%) of available funds is allocated to Vocational Services; thirty percent (30%) of available funds is allocated to Day Services.
4. The Day Services Rate and the Vocational Services Rate will each consist of Direct Cost and Other Cost Rate Components for Day Services and Vocational Services Programs.
 - i. The Direct Cost Rate Component will be the same for all providers for the first year of the program. For subsequent years, this component is different for each facility. Seventy percent (70%) of available funds for day services and for vocational services will be paid on per day basis to eligible providers that meet the care criteria to help pay for direct program costs. The pool of funds available for this component will be allocated based on the relative direct vocational services costs of all facilities on per day basis capped at the 90th percentile or at a percentile determined by OHCA based on cost trends.
 - ii. This Other Cost Rate Component for vocational services is the same for all eligible facilities. Thirty percent (30%) of available funds for day services and for vocational services will be paid on per day basis to all eligible providers that meet

the care criteria to help pay for overhead costs attributable to the program.

Each facility will be audited annually as part of the annual cost report reviews to ensure only allowable costs prescribed by Medicare/Medicaid cost reporting principles.

The estimated budget impact for SFY 2023 will be an increase in the total amount of \$2,414,603; with \$782,392 in the state share and \$1,632,211 in the federal share. For SFY 2024, the increased total is estimated to be \$7,243,810 with \$2,347,175 in the state share and \$4,896,634 in the federal share.

Effective date: March 1, 2023, contingent upon CMS approval.

Pharmacist Administered Vaccines

The Oklahoma Health Care Authority will seek authority to continue provisions of a previously approved Disaster Relief State Plan Amendment (DRSPA) that allowed for licensed pharmacists to receive the administration fee for vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). This request will extend the flexibility granted by the DRSPA indefinitely, as the DRSPA is set to end with the COVID-19 Public Health Emergency, on May 11, 2023.

The payment for vaccine administration will follow the established state plan reimbursement methodology for the physician's fee schedule which is the product of a uniform relative value unit (RVU) for the service and the Medicare conversion factor (CF); the Medicare CF converts the relative values into payment amounts. For vaccines administered under the Pediatric Immunization Program the Agency will follow the current reimbursement methodologies of \$19.58 for public providers and \$19.58 minus the rate reductions that are in effect for private providers.

Vaccines are paid the equivalent to Medicare Part B, ASP + 6%. When ASP is not available, an equivalent price is calculated using Wholesale Acquisition Cost (WAC). If no Medicare, ASP, or WAC pricing is available, then the price will be calculated based on invoice cost. No payment will be made to physicians or other practitioners for vaccines that were received through the Vaccine for Children's program.

Vaccines administered to American Indian/Alaskan Native (AI/AN) members by a qualified facility operated by the Indian Health Service, tribal government(s), or urban Indian health program (I/T/U) will be reimbursed the Office of Management and Budget (OMB) rate, per the current State Plan methodology.

Claims submitted for vaccines and other injections require an order by a contracted physician or midlevel provider. Pharmacists may not be the ordering/prescribing provider for vaccines or their administration as the Agency does not directly contract with this provider type. Pharmacists may bill for this service under a standing order, prescription, or collaboration agreement with a physician.

The estimated budget impact for SFY 2023 will be an increase in the total amount of \$125,428; with \$28,397 in the state share and \$97,031 in the federal share. For SFY 2024, the increased total is estimated to be \$934,314 with \$294,426 in the state share and \$639,888 in the federal share.

Effective date: May 12, 2023, contingent upon CMS approval.

Independent Clinical Psychologist Services

The Oklahoma Health Care Authority (OHCA), in coordination with the Oklahoma Department of Mental Health & Substance Abuse Services (ODMHSAS), will seek authority to continue provisions of a previously approved disaster relief state plan amendment (DRSPA) that allowed adults in the Medicaid program access to services provided by licensed clinical psychologists who can bill independently and are practicing within state scope of practice. Reimbursement for independently licensed psychologist services will follow the Agency's existing rate methodology for this provider type within the Oklahoma State Plan. This request will extend the flexibility granted by the DRSPA indefinitely, as the DRSPA is set to end with the COVID-19 Public Health Emergency, on May 11, 2023.

The estimated budget impact for SFY 2023 will be an increase in the total amount of \$287,184; with \$60,324 in the state share. For SFY 2024, the increased total is estimated to be \$1,723,105 with \$361,938 in the state share.

Effective date: May 12, 2023; contingent upon CMS approval.

Private Duty Nursing Rate Increase

The Oklahoma Health Care Authority (OHCA) proposes to extend the temporary increased base rate of \$40.00/hour for private duty nursing services (up from \$32.68/hour) currently requested through a disaster relief flexibility. The Agency also proposes to extend the requested temporary increased overtime rate of \$48.92/hour for persons with tracheostomies or who are ventilator-dependent (up from \$40.00/hour).

The estimated budget impact for SFY 2023 will be an increase in the total amount of \$733,401; with \$157,241 in the state share. For SFY 2024, the increased total is estimated to be \$4,368,349 with \$1,420,150 in the state share.

Effective date: May 12, 2023, contingent upon CMS approval.

Doula Services

The Oklahoma Health Care Authority proposes a State Plan amendment to cover doula services. A doula, or birth worker, is a trained professional who provides emotional, physical, and informational support during the prenatal, labor, delivery, and postpartum periods. Doulas are non-clinical and do not provide medical care. A referral from a licensed medical provider (physician, PA, obstetrician, certified nurse midwife) is required. OHCA will require doulas to be at least 18 years of age and to be certified by one of the agency-recognized certifying organizations. Members will have eight doula visits, including one for labor and delivery care. Reimbursement for doula services will be made based on a percentage of the physician fee schedule, according to the type of visit:

- For prenatal and postpartum visits, payment will be made at 40% of the physician fee schedule.
- For labor & delivery visits, payment will be made at 40% of the physician fee schedule for a cesarean delivery-only visit, or at 65% for vaginal delivery-only, vaginal delivery after previous cesarean delivery, or cesarean delivery following vaginal delivery attempt.

- Doula providers will use the appropriate code modifier for all procedure codes.

The estimated budget impact for SFY 2024 will be an increase in the total amount of \$2,734,572; with \$861,732 in the state share. For SFY 2025, the increased total is estimated to be \$2,734,572 with \$887,916 in the state share.

This item will be heard before the State Plan Amendment Rate Committee (SPARC) on March 8, 2023, at 11:00 AM.

Effective date: July 1, 2023, contingent upon CMS approval.

Interested persons may visit oklahoma.gov/ohca/policies-and-rules/public-notices 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(s) and a link to provide public comments on the proposal. 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 February 24 through March 26, 2023.