

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES
OF CARE**

**I. Outpatient Hospital Reimbursement
General**

The agency's fee schedule rate was set as of December 1, 2008, and is effective for service provided on or after that date. All rates are published on the agency's website at www.okhca.org. A uniform rate is paid to governmental and non- governmental providers.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of outpatient hospital services and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website. These provisions apply to all hospitals approved for participation in the Oklahoma SoonerCare program. In no case can reimbursement for outpatient hospital services exceed the upper payment limits as defined under 42 CFR 447.321. Laboratory services will not exceed maximum levels established by Medicare. Clinical diagnostic lab services (not laboratory services) do not exceed the maximum levels.

Effective February 1, 2010, payment for outpatient services will not be made for three national coverage determinations which relate to serious, preventable errors in medical care. These errors include surgery performed on wrong body part, surgery performed on wrong patient, and wrong surgery performed on patient.

Effective for services provided on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%.

Effective for services provided on or after 07-01-14, the rates in effect on 06-30-14 will be decreased by 7.75%.

Effective for services provided on or after 01-01-16, the rates in effect on 12-31-15 will be decreased by 3%.

Effective for services provided on or after 01-01-18, the rates in effect on 12-31-17 will be decreased by 6%.

A. Emergency Room Services

1. Payment will be made based on Medicare APC groups for Type A and Type B Emergency Departments. All rates are published on the agency's website at www.okhca.org. A uniform rate is paid to governmental and non-governmental providers.

2. Effective for services provided on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%.

3. Effective for services provided on or after 07-01-14, the rates in effect on 06-30-14 will be decreased by 7.75%

4. Effective for services provided on or after 01-01-16, the rates in effect on 12-31-15 will be decreased by 3%.

5. Effective for services provided on or after 01-01-18, the rates in effect on 12-31-17 will be decreased by 6%.

B. Outpatient Surgery

1. Payment will be made for certain outpatient surgical procedures provided in hospitals ~~and ambulatory surgery centers~~ based on the Medicare Ambulatory Surgery Center (ASC) facility services payment system unless otherwise denoted in this section. The surgical procedures are classified into payment groups based on Current Procedural Terminology (CPT). All procedures within the same payment group are paid at a single payment rate. For purposes of specifying the services covered by the facility rate, the OHCA hereby adopts and incorporates herein by reference the Medicare ASC procedures. All rates are published on the agency's website at www.okhca.org. A uniform rate is paid to governmental and non-governmental providers.

1a. Effective on or after January 1, 2018, certain outpatient surgical services provided in an outpatient hospital are reimbursed on a cost basis. Dental and Level 4 ear, nose, and throat (ENT) surgical procedures are classified into a payment group based on CPT codes. A facility specific outpatient cost to charge ratio (CCR) from the hospital Medicare cost report is used to determine average cost per unit by facility, then in total. All procedures within this payment group are paid a single rate.

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