Citation
42 CFR Part
440, Subpart B
42 CFR 441.15
~~AT-78-90~~
~~AT-80-34~~

3.1 (b) Home health services are provided in accordance with the requirements of 42 CFR 441.15

(1) Home health services are provided to all categorically needy individuals 21 years of age or over.

_X_ Yes.

(2) Home health services are provided to all categorically needy individuals under 21 years of age.

_X_ Yes.

__ Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.

(3) Home health services are provided to the medically needy:

___ Yes, to all.

___ Yes, to individuals age 21 or over; SNF services provided.

___ Yes, to individuals under 21; SNF services provided.

___ No; SNF services are not provided.

_X_ Not applicable; the medically needy are not included under this plan.

~~State/Territory: Oklahoma~~

~~AMOUNT, DURATION, AND SCOPE OF MEDICAL~~
~~AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORIALL NEEDY~~
AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORIALLY NEEDY

b. Optometrists' services.

[X] Provided: [ ] No limitations [X] with limitations*

[ ] Not provided.

c. Chiropractors' services.

[ ] Provided: [ ] No limitations [ ] with limitations*

[X] Not provided.

d. Other practitioners' services.

[X] Provided: identified on attached sheet with description of limitations, if any.

[ ] Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: [X] No limitations [ ] with limitations*

b. Home health aide services provided by a home health agency.

Provided: [X] No limitations [ ] with limitations*

c. Medical supplies, equipment, and appliances suitable for use ~~in the home~~ in any setting in which normal life activities take place, other than a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board.

Provided: [X] No limitations [ ] with limitations*

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

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7. Home Health Services

After January 1, 1998, all Home Health Agencies requesting an initial Medicaid provider agreement with this agency must meet the capitalization requirements as set forth in 42 CFR 489.28 and 42 CFR 440.70(d).

~~(a) Intermittent or part-time nursing service provided by a home health agency or by a registered nurse in accordance with Federal requirements at 42 CFR 440.70(b)(1) when no home health agency exists in the area.~~

~~Home health services are provided in the patient's residence to categorically needy individuals. Such services are compensable to a home health agency or when no such agency exists, payment is made to a registered nurse who is currently licensed to practice in the state, received written orders from the patient's physician, documents the care and service provided and has had acceptable training for clinical and administrative record keeping from a health department nurse. Payment is made for any combination of home health visits not to exceed 36 visits per year.~~

~~(b) Home health aid services provided by a home health agency.~~

~~Payment is made on behalf of eligible individuals for any combination of home health visits and home health aid visits not to exceed 36 visits per year.~~

~~(c) Medical supplies, equipment and appliances for use in the home.~~

~~According to Federal requirements, a recipient's need for medical supplies, equipment and appliances must be reviewed by a physician annually and the frequency of further physician reviews of a recipient's continuing need for the items is determined on a case-by-case basis, based on the nature of the item prescribed.~~

~~Standard medical supplies defined as those disposable items that are used for the care and treatment of a medical condition, are medically necessary, and are prescribed by the appropriate medical provider. (Items not covered include but are not limited to: diapers, underpads, medicine cups, eating utensils, and personal comfort items.)~~

~~Equipment and appliances that are medically necessary, suitable for use in the home or workplace, that can withstand repeated use, are used to serve a medical purpose, are not useful to a person in the absence of an illness or injury, are provided on a rental basis, if the period of use is no longer than 10 months or less (except oxygen and other respiratory equipment). Purchase of equipment is covered when anticipated length of use exceeds 10 months. Rental of hospital beds, support surfaces, wheelchairs, continuous positive airway devices and lifts requires prior authorization. Purchase of equipment with a fee schedule price of $500.00 or more requires prior authorization.~~

The home health agency providing home health services must be certified to participate as a home health agency under Title XVIII (Medicare) of the Social Security Act, and comply with all applicable state and federal laws and requirements.

Home health services are provided in accordance with 42 CFR 440.70 and include nursing services, home health aide services provided by a home health agency, and medical supplies, equipment and appliances.

Home health services must be provided in accordance with the beneficiary's physician's orders as part of a written plan of care, which must be reviewed every sixty (60) days, as specified in 42 CFR

440.70(a)(2). The beneficiary's physician must document that a face-to-face encounter, in accordance with 42 CFR 440.70(f), occurred no more than ninety (90) days before or thirty (30) days after the start of home health services.

Recipients do not have to be homebound in order to receive home health services. In accordance with 42 CFR 440.70(c)(1), home health services can be provided in any non-institutional setting in which normal life activities take place, other than a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities (ICF/IID), or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board.

Medical supplies, equipment, and appliances are covered when prescribed by a physician and are prior authorized; prior authorizations are reviewed by the Oklahoma Health Care Authority or its contractor or designee. Medical supplies, equipment, and appliances may be provided regardless of whether a beneficiary is receiving services from a home health agency. Services must meet medical necessity criteria.

For the initial ordering of certain medical equipment, the prescribing physician or allowed non-physician practitioner must document that a face-to-face encounter occurred no more than six (6) months prior to the start of services. The face-to-face encounter must be related to the primary reason the beneficiary requires the medical equipment. An allowed non-physician practitioner that performs the face-to-face encounter must communicate the clinical findings of the face-to-face encounter to the ordering physician. Those clinical findings must be incorporated into a written/electronic document included in the beneficiary's medical record.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

7. Home Health Services *(continued)*

Medical supplies, equipment, and appliances are covered if they:

1. Are relevant to the beneficiary's plan of care;
2. Are medically necessary;
3. Primarily serve a medical purpose; and,
4. Are appropriate for use in the non-institutional setting where the beneficiary's normal life activities take place, other than a hospital, nursing facility, ICF/IID, or any setting in which payment is or could be made under Medicaid for inpatient service that include room and board.

The beneficiary's need for medical supplies, equipment, and appliances must be reviewed by the beneficiary's physician annually.

Medical equipment and appliances must be provided through qualified DME providers. Medical supplies may be provided through a qualified home health agency or DME provider.

Physical therapy, occupational therapy, or speech pathology and audiology services are not covered when provided by a home health agency.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

12.c. ~~Durable Medical Equipment,~~ Prosthetics~~,~~ and Orthotics~~, and Supplies (DMEPOS)~~

~~Durable medical equipment means equipment that can withstand repeated use, i.e., the type of item that can normally be rented and is used to serve a medical purpose, or is not useful to a person in the absence of an illness or injury, and is used in the most appropriate setting, including the home or workplace.~~

Prosthetics means a replacement, corrective, or supportive device (including repair and replacement parts) worn on or in the body, to artificially replace a missing portion of the body, prevent or correct physical deformity or malfunction, or support a weak or deformed portion of the body.

Orthotics means an item used for the correction or prevention of skeletal deformities.

~~Supplies means an article used in the cure, mitigation, treatment, prevention, or diagnosis of illness. Disposable medical supplies are medical supplies consumed in a single usage. Medical supplies do not include surgical supplies or medical or surgical equipment.~~

~~DMEPOS includes and is not limited to catheters and catheter accessories, colostomy and urostomy bags and accessories, tracheostomy accessories, nerve stimulators, hyperalimentation and accessories, home dialysis equipment and supplies, oxygen/oxygen concentrator equipment and supplies, respiratory or ventilator equipment and supplies, external breast prosthesis and support accessories, devices inserted during the course of a surgical procedure, custom braces, therapeutic lenses, hospital beds, support surfaces, patient lift devices, external infusion pumps, total parenteral nutrition and supplies, pneumatic compression devices, wheelchairs and/or custom seating systems for wheelchairs, intravenous therapy supplies, and diabetic supplies.~~

For children, see item 4.b., EPSDT.

DATES FOR ESTABLISHING PAYMENT RATES FOR ATTACHMENT 4.19-B SERVICES

Effective Dates for Reimbursement Rates for Specified Services:

Reimbursement rates for the services listed on this introduction page are effective for services provided on or after that date with two exceptions:

1. Medicaid reimbursement using Medicare rates are updated annually based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.
2. Medicaid reimbursement using Medicare codes are updated and effective on the first of each quarter based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.

Payment methods for each service are defined in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, as referenced. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of outpatient services. The fee schedule is published on the agency's website at www.okhca.org/feeschedules.

Service	State Plan Page	Effective Date
Outpatient Hospital Services	Attachment 4.19-B, Page 1	October 1, 2019
A. Emergency Room Services		October 1, 2019
B. Outpatient Surgery	Attachment 4.19-B, Page 1a	October 1, 2019
C. Dialysis Services		October 1, 2019
D. Ancillary Services, Imaging and Other Diagnostic Services		October 1, 2019
E. Therapeutic Services	Attachment 4.19-B, Page 1b	October 1, 2019
F. Clinic Services and Observation/Treatment Room		October 1, 2019
H. Partial Hospitalization Program Services		April 1, 2019
Clinical Laboratory Services	Attachment 4.19-B, Page 2b	October 1, 2019
Physician Services	Attachment 4.19-B, Page 3	October 1, 2019
Home Health Services	Attachment 4.19-B, Page 4	~~October 1, 2018~~July 1, 2020
Free-Standing Ambulatory Surgery Center-Clinic Services	Attachment 4.19-B, Page 4b	October 1, 2019
Dental Services	Attachment 4.19-B, Page 5	October 1, 2019
Transportation Services	Attachment 4.19-B, Page 6	October 1, 2019
Eyeglasses	Attachment 4.19-B, Page 10.1	~~October 1, 2019~~July 1, 2020
Nurse Midwife Services	Attachment 4.19-B, Page 12	October 1, 2019
Family Planning Services	Attachment 4.19-B, Page 15	October 1, 2019
Renal Dialysis Facilities	Attachment 4.19-B, Page 19	October 1, 2019
Other Practitioners' Services		
• Anesthesiologists	Attachment 4.19-B, Page 20	October 1, 2019
• Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologist Assistants	Attachment 4.19-B, Page 20a	October 1, 2019
• Physician Assistants	Attachment 4.19-B, Page 21	October 1, 2019
Nutritional Services	Attachment 4.19-B, Page 21-1	October 1, 2019
4.b. EPSDT		
• Partial Hospitalization Program Services	Attachment 4.19-B, Page 17	April 1, 2019
• Emergency Hospital Services	Attachment 4.19-B, Page 28.1	October 1, 2019
• Speech and Audiologist Therapy Services, Physical Therapy Services, and Occupational Therapy Services	Attachment 4.19-B, Page 28.2	October 1, 2019
• Hospice Services	Attachment 4.19-B, Page 28.4	October 1, 2019

Home Health Services

Payment is made at the fee schedule amount for skilled visits and home health aide visits.

Payment for Durable Medical Equipment, Supplies, and Appliances:

1) Enteral food will be reimbursed at 150 percent of the lowest four (4) Medicare prices;
2) Durable medical equipment, oxygen, and purchase equipment that Medicare only rents will be reimbursed at 100 percent of the lowest four (4) Medicare prices;
3) Supplies will be reimbursed at 80 percent of the lowest four (4) Medicare prices;
4) Parenteral equipment and food will be reimbursed at 70 percent of the lowest four (4) Medicare prices;
5) For items of durable medical equipment, supplies, and appliances not paid at the Medicare fee or when there is no fee schedule available, the provider will be reimbursed either by a fee determined by OHCA or through manual pricing, as follows:
    a. The fee determined by OHCA will be determined from cost information from providers or manufacturers, surveys of the Medicaid fees for other states, survey information from national fee analyzers, or other relevant fee-related information;
    b. Manual pricing is reasonable when one procedure code covers a broad range of items with a broad range of costs, since a single fee may not be a reasonable fee for all items covered under the procedure code, resulting in access-to-care issues. Examples include:
        i. Procedure codes with a description of “not otherwise covered,” “unclassified,” or “other miscellaneous”; and
        ii. Procedure codes covering customized items.
        iii. If manual pricing is used, the provider will be reimbursed the lower of the Manufacturer’s Suggested Retail Price (MSRP) less 30 percent (30%), or the provider’s documented invoice cost (Average Wholesale Price (AWP)) plus 30 percent (30%); and
6) For durable medical equipment, supplies, and appliances purchased at the pharmacy point of sale, providers will be reimbursed the equivalent of 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.

Payment for durable medical equipment, supplies, and appliances will calculated using the current Medicare rates issued by the Centers for Medicare and Medicaid Services (CMS).

Payment is not made for durable medical equipment, supplies, and appliances that are not deemed as medically necessary or considered over-the-counter.

The Agency does not pay durable medical equipment providers separately for services that are included as part of the payment for another treatment program. For example, all items required during inpatient stays are paid through the inpatient payment structure.

The fee schedule, and any annual/periodic adjustments to the fee schedule, are published on the agency’s public website.

Revised ~~01-01-16~~07-01-2020

~~9. Payment for other services and supplies~~

~~(a) Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)~~

~~(1) If the item of DMEPOS is covered by Medicare, the Medicaid fee will be equal to or a percentage of the Medicare fee schedule specific to Oklahoma that is available at the time of the fee review, unless there is documentation that the Medicare fee is insufficient for the items covered under the HCPCS code and the item is required by the Medicaid population.~~

~~(2) For items of DMEPOS not paid at the Medicare fee or a percentage of the Medicare fee, the provider will be reimbursed either at a fee determined by the OHCA or through manual pricing. The fee established by OHCA will be determined from cost information for providers or manufacturers, surveys of Medicaid fees for other states, survey information from national fee analyzers, or other relevant fee-related information.~~

~~(3) Manual pricing is reasonable when one HCPCS code covers a broad range of items with a broad range of costs, since a single fee may not be a reasonable fee for all items covered under the HCPCS code, resulting in access to care issues. Examples include: 1) HCPCS codes with a description of not otherwise covered, unclassified, or other miscellaneous items; and 2) HCPCS codes covering customized items. Effective October 1, 2014, if manual pricing is used, the provider is reimbursed the documented Manufacturer's Suggested Retail Price (MSRP) less 30% or the provider's documented invoice cost plus 30%, whichever is less.~~

~~(4) Payment for stationary oxygen systems (liquid oxygen systems, gaseous oxygen systems and oxygen concentrators) is based on a continuous rental, i.e., a continuous monthly payment is made as long as it is medically necessary. The rental payment includes all contents and supplies, e.g., regulators, tubing, masks, etc. Portable oxygen systems are considered continuous rental. Separate payment will not be made for maintenance, servicing, delivery, or for the supplier to pickup the equipment when it is no longer necessary. Payment for oxygen and oxygen equipment and supplies will not exceed the Medicare fee for the same HCPCS code. Stationary oxygen system and portable oxygen system rates are reduced by 15 percent for all members residing in nursing facilities (Place of Service 31, skilled nursing facility, & Place of Service 32, nursing facility). For members residing in nursing facilities, oxygen will continue to be reimbursed on a continuous rental basis.~~

~~(5) The current Medicaid fee schedule is effective for services provided on or after 01/01/10. The fee schedule will be reviewed and changes posted to the Agency's website (www.okhca.org) in relation to the State Fiscal year beginning July 1, 2010, and updated annually.~~

~~(6) Effective for services provided on or after 01-01-16, the rates in effect on 12-31-15 will be decreased by 3%.~~

~~(b) Eyeglasses~~

~~Reimbursement for eyeglasses will be equal to or a percentage of the Medicare allowed charge, or in the absence of a Medicare allowable, the Agency will establish an allowable. The current fee schedule is effective for services provided on or after 01/01/10. The fee schedules will be reviewed and changes posted to the Agency's website (www.okhca.org) in relation to the State Fiscal year beginning July 1, 2010, and updated annually.~~

~~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%.~~

RESERVED ~~07-01-16~~07-01-2020

METHODS AND STANDARDS OF ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment for other services and supplies ~~(*continued*)~~

(a) Prosthetics and orthotics are reimbursed at 70 percent of the lowest of the four (4) Medicare prices.

(b) Eyeglasses ~~(*continued*)~~
Reimbursement for eyeglass materials is set at a flat rate for the frame and the single vision and bifocal vision lenses. All lenses are made of polycarbonate material except in those instances where polycarbonate materials are not appropriate due to the refraction requirements. Polycarbonate will not be reimbursed separately. Refraction and fitting fee are reimbursed separately.

Revised ~~01-01-16~~07-01-2020