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. Due to the proposed rate increases to long-term care facilities, the Miller Trust eligibility amount effective October 1, 2019, will increase from $4,607 to $5,420 per month. The proposed payment changes below will necessitate amendments to the Oklahoma Medicaid State Plan. The proposed changes were presented at two public meetings: the State Plan Amendment Rate Committee (SPARC) hearing on August 6, 2019 at 1:00 PM and the OHCA Board meeting on August 21, 2019, at 1:00 PM. Both meetings were held at the OHCA offices located at 4345 N. Lincoln Blvd., OKC, OK 73105 in the OHCA Board Room.

Provider Rate Increases, Effective date: October 1, 2019, contingent upon Centers for Medicare and Medicaid Services (CMS) approval.

Senate Bill (SB) 1044 mandated the Oklahoma Health Care Authority (OHCA) to increase most SoonerCare-contracted provider rates by five percent (5%) with the following exclusions: services financed through appropriations to other state agencies; Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); non-emergency transportation capitated payments; services provided to Insure Oklahoma (IO) members; payments for drug ingredients/physician supplied drugs; Indian Health Services/Tribal/Urban Clinics (I/T/Us); Federally Qualified Health Centers (FQHCs); and Rural Health Centers (RHCs).

The proposed provider rate increases will impact, but not be limited to, the following providers, services, and/or payments: diagnosis-related group (DRG) hospitals, freestanding rehabilitation hospitals, physician & physician assistant services, home health services, vaccine administration, freestanding ambulatory services centers-clinic, dental services, transportation services, renal dialysis facilities, inpatient hospital services, outpatient hospital services, clinical laboratory, eyeglasses, nurse midwife services, family planning services, anesthesiologist services, certified registered nurse anesthetists, anesthesiologist assistants, emergency hospital services, speech and audiologist therapy services, physical therapy services, occupational therapy services, hospice services, nutritional services, respiratory care, private duty nursing (PDN) services, licensed clinical social worker, pediatric advanced practice nurse services, family advance practice nurse services, pharmacy dispensing fees, SoonerCare Choice capitated payments, SoonerExcel payments, as well as Medically Fragile home and community-based waiver services and Living Choice demonstration services. The Program of All-inclusive Care for the Elderly (PACE) was excluded from the legislatively mandated rate increases; however, OHCA will also increase PACE rates by five percent (5%). The estimated budget impact for the remainder SFY2020 will be an increase of $62,867,943 total; of which $21,362,527 is state share. The estimated budget impact for SFY2021 will be an increase of $85,650,782 total; of which $28,324,714 is state share.

Nursing Facilities Rate Increase & Pay-for-Performance Program, Title XIX State Plan Amendment, Effective date: October 1, 2019, contingent upon Centers for Medicare and Medicaid Services (CMS) approval.

Regular Nursing Facilities & Pay-for-Performance Program
The OHCA is proposing revisions to bring the agency into compliance with Oklahoma Senate Bill (SB) 280 and Senate Bill (SB) 1044. The proposed revisions will increase rates and recalculate the Quality of Care (QOC) fee for regular nursing facilities. For the rate period beginning October 1, 2019, the base rate component will be $120.57 per patient day.
Further revisions will establish new quality measures and criteria as well as recalculate the incentive reimbursement rate plan for nursing facilities participating in the Pay-for-Performance (PFP) program, formerly known as the Focus on Excellence (FOE) program. Revisions to the state’s PFP incentive program include the potential for qualifying nursing facilities participating in the program to earn a minimum of $1.25 per Medicaid patient day for each qualifying metric. Facilities must meet or exceed five-percent (5%) relative improvement or the CMS national average each quarter for the four metrics outlined in the state plan. Contingent upon CMS approval, funds that remain as a result of payment not earned, shall be pooled and redistributed to facilities who achieve the metrics each quarter based on facilities’ individual performance in the PFP program. The estimated budget impact for the remainder of SFY2020 will be an increase in the total amount of $95,819,280; with $32,559,391 in state share ($4,400,309 of the state share is from QOC fees paid by providers). The estimated budget impact for SFY2021 will be an increase in the total amount of $127,759,040; with $43,412,522 in state share ($6,286,156 of the state share is from QOC fees paid by providers).

**Nursing Facilities Serving Patients with Acquired Immune Deficiency Syndrome (AIDS)**

The OHCA is proposing revisions to bring the agency into compliance with Oklahoma Senate Bill (SB) 280 and Senate Bill (SB) 1044. These revisions will increase rates and recalculate the Quality of Care fee for nursing facilities serving residents with AIDS. For the rate period beginning October 1, 2019, the base rate component will be $213.10 per patient day. The estimated budget impact for the remainder of SFY2020 will be an increase in the total amount of $43,781; with $14,877 in state share. The estimated budget impact for SFY2021 will be an increase in the total amount of $38,653; with $13,134 in state share.

Persons wishing to present their views in writing or obtain copies of the proposed changes may do so at the following address: Federal Authorities Unit, Oklahoma Health Care Authority, 4345 N. Lincoln Blvd., Oklahoma City, Oklahoma, 73105, or by email at federal.authorities@okhca.org. Copies of the proposed changes are available for public review at the OHCA by contacting the email above. Written and oral comments will 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 changes may also be viewed and receive written comments on the agency's website at www.okhca.org/proposedchanges.