

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 0 - 2 7	2. STATE Oklahoma
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2010	

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)


6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.90	7. FEDERAL BUDGET IMPACT a. FFY <u>2010</u> 2,817,811.41 b. FFY <u>2011</u> 5,635,622.82
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 24 Attachment 4.19-B, Page 25	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Same Page, Revised 07-01-08 TN # 08-02 Same Page, Revised 07-01-08 TN # 08-02

10. SUBJECT OF AMENDMENT
3.25% Reduction for CMHC Services

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **The Governor does not review State Plan material.**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 4545 N. Lincoln Blvd., Suite 124 Oklahoma City, OK 73105
13. TYPED NAME Mike Fogarty	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED June 30, 2010	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 30 June, 2010	18. DATE APPROVED 28 February, 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 1 April, 2010	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS
c. **Mike Fogarty
Cindy Roberts
Tywanda Cox
Traylor Rains**

State: OKLAHOMA

STATE	<u>Oklahoma</u>
DATE REC'D.	<u>6-30-10</u>
DATE APPV'D	<u>2-28-11</u>
DATE EFF	<u>4-1-10</u>
HCFA 179	<u>10-27</u>

A

Attachment 4.19-B
Page 24

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

9. Clinic Services (continued)

(d) **State-Operated Freestanding Community Mental Health Centers (CMHCs) and Private Outpatient Behavioral Health Clinics**

Effective July 1, 2008, payment rates for Common Procedure Terminology (CPT) codes are established based on 75 percent of the 2007 non-facility practitioner Medicare fee schedule rates. All rates are published on the agency's website located at www.okhca.org. A uniform rate is paid to governmental and non-governmental providers.

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

(e) **Supplemental Payments for Behavioral Health Community Networks (BHCN)**

Eligibility Criteria

- In order to maintain access and sustain improvement in clinical and non-clinical care, supplemental payments will be made to BHCNs that meet the following criteria:
- Must be a freestanding governmental or private provider organization that is certified by and operates under the guidelines of the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) as a Community Mental Health Center (CMHC) and;
- Participates in behavioral quality improvement initiatives based on measures determined by and in a reporting format specified by the Medicaid agency.

The state affirms that the clinic benefit adheres to the requirements at 42 CFR 440.90 and the State Medical Manual at 4320 regarding physician supervision.

SUPERSEDES: TN- 08-02

Revised 04-01-10

TN # 10-27 Approval Date 2-28-11 Effective Date 4-1-10
Supersedes
TN # 08-02

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

9. Clinic Services (continued)

Payment Method

(a) Two supplemental payment pools by type of provider consisting of state governmental and private providers will be established. The payment pools will be calculated based on the difference between 100 percent of the Medicare non facility physician fee schedule and the base Medicaid fee schedule (which is 75 percent of the Medicare fee schedule) multiplied by volume associated with paid claims data from the State's MMIS.

(b) For State fiscal year 2009, State governmental providers will receive 100 percent of the difference between the base Medicaid rate and the payment ceiling, which is 100 percent of the applicable Medicare rate. For State fiscal year 2009, private providers will receive 50 percent of the difference between the base Medicaid rate and the payment ceiling.

(c) Supplemental payment to private providers will be further differentiated, depending on whether the provider is a state designated CMHC. Supplemental payments to CMHC private providers will equal 90 percent of the available payment pool amount as defined in part (b). Supplemental payment to private, non-CMHCs equals the remaining ten percent of the payment pool. The criteria for the pool payments are based on individual levels of performance on twelve measures. The twelve measures consist of:

- 1) Outpatient Crisis Service Follow-up within 8 Days
- 2) Inpatient/Crisis Unit Follow-up within 7 Days
- 3) Reduction in Drug Use
- 4) Engagement: Four Services within 45 Days of Admission
- 5) Medication Visit within 14 Days of Admission
- 6) Access to Treatment - Adults
- 7) Improvement in CAR Score: Interpersonal Domain
- 8) Improvement in CAR Score: Medical/Physical Domain
- 9) Improvement in CAR Score: Self Care/Basic Needs Domain
- 10) Inpatient/Crisis Unit Community Tenure of 180 Days
- 11) Peer Support: % of Clients Who Receive a Peer Support Service
- 12) Access to Treatment - Children

STATE <u>Oklahoma</u>	A
DATE REC'D. <u>6-30-10</u>	
DATE APP'D <u>2-28-11</u>	
DATE EFF. <u>4-1-10</u>	
HCFA 179 <u>10-27</u>	

Total pool payments will be made quarterly to the ODMHSAS, for encounters with dates of service associated with paid claims from Oklahoma's MMIS in the prior quarter. The ODMHSAS will make payment to providers. A voluntary reassignment form will be on file.

- (d) All rates are published on the agency's website located at www.okhca.org. A uniform rate is paid to governmental and non-governmental providers.
- (e) Effective for services provided on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%.

New Page 04-01-10

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