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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 19-016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page



Regional Operations Group

December 10, 2019

Our Reference: SPA OK 19-0016

Melody Anthony
State Medicaid Director
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Dear Ms. Anthony:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 19-0016, with an effective date of September 1, 2019. This amendment was submitted to limit adult visits in Federally Qualified Health Care (FQHC) and Rural Health Care (RHC) facilities to four visits per adult member per month, and to establish that reimbursement is made for one encounter per member per day in such settings, but with specific exemptions.

This letter affirms that OK 19-0016 is approved effective September 1, 2019 as requested by the State.

We are including the CMS-179 and the following amended plan pages:

- Attachment 3.1-A, Page 1
- Attachment 3.1-A, Page 1a-3
- Attachment 3.1-A, Page 1a-3.1

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at stacey.shuman@cms.hhs.gov.

Sincerely,



Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group

Cc: Billy Bob Farrell, Branch Manager
Frances Crystal, CMS Baltimore

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

1 9 — 0 0 16

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

September 1, 2019

5. TYPE OF PLAN MATERIAL (*Check One*) NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.20; 42 CFR 440.491

7. FEDERAL BUDGET IMPACT

a. FFY 2019 \$ 4,367
b. FFY 2020 \$ 55,456

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 1
Attachment 3.1-A, Page 1a-3
Attachment 3.1-A, Page 1a-3.19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)Attachment 3.1-A, Page 1; TN# 92-04
Attachment 3.1-A, Page 1a-3; TN# 85-7
Attachment 3.1-A, Page 1a-3.1; NEW

10. SUBJECT OF AMENDMENT

State Plan amendment to limit adult visits in FQHCs and RHCs to four (4) visits per adult member per month and establish that reimbursement is made for one encounter per member per day in these settings, with certain exemptions.

11. GOVERNOR'S REVIEW (*Check One*) GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL



16. RETURN TO

Oklahoma Health Care Authority
Attn: Maria Maule
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

13. TYPED NAME

Melody Anthony

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

09/30/2019

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

09/30/2019

18. DATE APPROVED

12/10/2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

09/01/2019

20. SIGNATURE OF REGIONAL OFFICIAL



21. TYPED NAME

Bill Brooks

22. TITLE Director, Centers for Medicaid & CHIP Services
Regional Operations Group

23. REMARKS

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

1. Inpatient hospital services other than those provided in an institution for mental diseases..

Provided: No limitations With limitations* .

2.a. Outpatient hospital services.

Provided: No limitations With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic and covered under the Plan.

Provided No limitations With limitations*

Not Provided.

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the Plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual.

Provided: No limitations With limitations*

3. Other laboratory and x-ray services.

Provided: No limitations With limitations*

*Description provided on attachment.

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Date Received: 30 September, 2019
Date Approved: 10 December, 2019
Effective Date: 1 September, 2019
Transmittal Number: 19-0016

Revised 09-01-19

TN# 19-0016

Approval Date 12/10/2019

Effective Date 09/01/2019

Supersedes TN# 92-0004

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

2.b. Rural health clinic (RHC) services and other ambulatory services furnished by rural health clinic

Payment is made for services provided in rural health clinics (RHCs) that are certified for participation in the Medicare program.

A clinic must be in:

- A U.S. Census Bureau-defined non-urbanized area;
- An area currently designated or certified by the Health Resources and Services Administration within the previous 4 years as one of these types of areas:
 - Primary Care Geographic Health Professional Shortage Area (HPSA) under Section 332(a)(1)(A) of the Public Health Service (PHS) Act ;
 - Primary Care Population-Group HPSA under Section 332(a)(1)(B) of the PHS Act;
 - Medically Underserved Area under Section 330(b)(3) of the PHS Act; and,
 - Governor-designated and Secretary-certified shortage area under Section 6213(c) of the Omnibus Budget Reconciliation Act (OBRA) of 1989

RHC services include:

- Physician services;
- Services and supplies furnished "incident to" physician services;
- Nurse practitioner (NP), physician assistant (PA), certified nurse-midwife (CNM), clinical psychologist (CP), and clinical social worker (CSW) services;
- Services and supplies furnished "incident to" NP, PA, CNM, CP or CSW services;
- Visiting nurse services to the homebound where the Centers for Medicare & Medicaid Services (CMS) certified there is a shortage of home health agencies and certain criteria are met; and
- Certain virtual communication services.

Payment is limited to four (4) visits per month for adults. Payment is made for one visit/encounter per member per day.

More than one visit with an RHC practitioner on the same day, or multiple visits with the same RHC practitioner on the same day, counts as a single visit, except for the following:

- The patient, subsequent to the first visit, suffers an illness or injury that requires additional diagnosis or treatment on the same day (for example, a patient sees their practitioner in the morning for a medical condition and later in the day has a fall and returns to the RHC);
- A qualified medical visit and a qualified mental health visit on the same day; and,
- An Initial Preventive Physical Examination (IPPE) and a separate medical and/or mental health visit on the same day.

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

2.c. Federally qualified health center (FQHC) services and other ambulatory services furnished by an FQHC

Payment is made for services provided in FQHCs that qualify by one of the following methods:

- The entity receives a grant under Section 330 of the Public Health Service (PHS) Act (42 United States Code 254a), or is receiving funding from such a grant and meets other requirements;
- Is not receiving a grant under Section 330 of the PHS Act but is determined by the Secretary of the Department of Health & Human Services (HHS) to meet the requirements for receiving such a grant (qualifies as a "FQHC look-alike") based on the recommendation of the Health Resources and Services Administration;
- Was treated by the Secretary of HHS for purposes of Medicare Part B as a comprehensive Federally-funded health center as of January 1, 1990; or
- Is operating as an outpatient health program or facility of a tribe or tribal organization under the Indian Self-Determination Act or as an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act as of October 1991.

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For certification as an FQHC, the entity must meet all of these requirements:

- Provides comprehensive services and carries out, or arranges for, an annual evaluation of its total program;
- Meets other health and safety requirements; and,
- Is not concurrently approved as a Rural Health Clinic.

FQHCs that receive a Section 330 grant or are determined to be an FQHC look-alike must meet all requirements contained in Section 330 of the PHS Act, including:

- Serve a designated medically-underserved area or medically-underserved population;
- Offer a sliding fee scale to persons with incomes below 200 percent of the Federal poverty level; and,
- Be governed by a board of directors, of whom a majority of the members receive care at the FQHC.

FQHC services include:

- Physician services;
- Services and supplies "incident to" the services of physicians;
- Nurse practitioner (NP), physician assistant (PA), certified nurse-midwife (CNM), clinical psychologist (CPs), and clinical social worker (CSW) services;
- Services and supplies "incident to" the services of NPs, PAs, CNMs, and CPs; and
- Visiting nurse services to the homebound in an area where CMS determined there is a shortage of home health agencies.

Payment is limited to four (4) encounters per month for adults. Payment is made for one encounter per member per day.

Encounters with more than one FQHC practitioner on the same day, regardless of the length or complexity of the visit, or multiple encounters with the same FQHC practitioner on the same day, constitute a single visit, except when the patient has either or both of these:

- An illness or injury requiring additional diagnosis or treatment subsequent to the first encounter (distinctly different diagnosis);
- A qualified medical visit and a qualified mental health visit on the same day.

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Supersedes TN# None -- NEW PAGE