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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 22-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

July 5, 2022

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

RE: SPA OK 22-0007

Dear Ms. Anthony:

We have reviewed the proposed Oklahoma State Plan Amendment (SPA) to Attachment 4.19-B, OK# 22-0007, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 19, 2022. This state plan amendment establishes the Ambulance Service Provider Access Payment Program.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Robert Bromwell at 410-786-5914 or Robert.bromwell@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 7

2. STATE

O K

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.170; 42 CFR 447.272; 42 CFR Part 447 Subpart F

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 4,351,848
b. FFY 2023 \$ 5,802,463

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 6c
Attachment 4.19-B, Page 6d
Attachment 4.19-B, Page 6.1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)

Attachment 4.19-B, Page 6c; TN # 18-39
Attachment 4.19-B, Page 6d; TN # 18-39
Attachment 4.19-B, Page 6.1; TN # 16-27

9. SUBJECT OF AMENDMENT

State plan amendment to establish the Ambulance Service Provider Access Payment Program to improve access to ambulance services rendered and support ambulance service provider reimbursement.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Melody Anthony

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
1/19/2022

15. RETURN TO

Oklahoma Health Care Authority
Attn: Traylor Rains
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

FOR CMS USE ONLY

16. DATE RECEIVED
January 19, 2022

17. DATE APPROVED
July 5, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

Pen and ink change to block 5 removing 42 CFR 447.272 & 42 CFR Subpart F, authorized via email on 6/29/2022.

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

Transportation *(continued)***A. Transportation by Ambulance** *(continued)***1. Ground Ambulance Transports** *(continued)***e. Cost Settlement Process** *(continued)*

- i. Each eligible provider will receive an annual lump sum payment in the amount equal to the total of the uncompensated care costs as defined in the above Supplemental Reimbursement Methodology – General Provisions.
- ii. If, at the end of the final reconciliation, it is determined that the eligible provider was overpaid, the provider will return the overpayment to Agency and the Agency will return the overpayment to the federal government pursuant to 42 CFR 433.316. If underpayment is determined, then the eligible provider will receive an interim supplemental payment in the amount of the underpayment.

2. Air Ambulance Transports – Reimbursement for air ambulance service is made based on the Medicare AFS. Payment will not exceed 100% of the Medicare allowable rates.

- a. **Rotary Wing (RW)** - Payment to providers affiliated with Level I Trauma Centers is based on a blend of the urban and rural rates for both the base payment and the mileage rate. The blended ratio is .41/.59 for the point of pick-up (POP). The rate for base and mileage for all other RW providers is based on the urban rate, regardless of the POP.
- b. **Fixed wing (FW)** – Payment is calculated using the urban base rate and mileage, regardless of the POP. Effective with claims for dates of service on or after July 1, 2008, reimbursement is made based on the 2008 Medicare AFS.

B. Non-Emergency

1. Ground Transportation – All transportation by public carrier or private vehicle is coordinated statewide through the designated SoonerRide transportation broker. The State assures that the broker itself will not be a provider of transportation as prescribed at 42 CFR 440.170(a)(4)(i)((D)(ii)(A).
2. Airline Travel - Prior Authorization is required for commercial airline transportation. The use of airline accommodations may be authorized or approved when the individual's medical condition is such that transportation out-of-state by commercial airline is required. Officials authorizing travel by commercial airline will require the most economical fare be used to the maximum extent possible.

C. Meals and Lodging - The cost of meals and lodging are provided only when necessary in connection with transportation to and from medical care. Payment is made using a per diem fee schedule.

New Page 10-01-18 Revised 01-01-22

TN# 22-0007Approval Date July 5, 2022Effective Date 1/1/2022Supersedes TN# 18-39

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

Transportation (*continued*)

D. Access Payment Program Fee for Emergency Ambulance Service Providers

Effective January 1, 2022, all non-exempt ambulance service providers of emergency services are eligible to participate in the Ambulance Service Providers Access Payment Program. Eligible ambulance service providers licensed in Oklahoma are assessed an ambulance service provider access payment program fee. An ambulance service provider subject to the assessment of the Ambulance Service Provider Access Payment Program that has not been previously licensed as an ambulance service in the State and that commences operations during a year will pay the required assessment and will be eligible for ambulance service provider access payments.

1. **Exempt Ambulance Service Providers** – The following ambulance service providers are exempt from the ambulance service provider access payment fee:
 - a. An ambulance service that is owned or operated by the state or a state agency, the federal government, a federally recognized Indian tribe, or the Indian Health Service;
 - b. An ambulance service that is eligible for Supplemental Hospital Offset Payment Program (SHOPP);
 - c. An ambulance service that provides air ambulance services only; or
 - d. An ambulance service that provides non-emergency transports only.

2. **Ambulance Service Provider Access Payment** – Access payment amounts are based on the identified emergency medical transportation services for which the provider is eligible to be reimbursed as well as the base payment and the average commercial rate (ACR) for such services. Eligible providers must submit the identified data required to calculate the ACR to the Oklahoma Health Care Authority (OHCA) to receive an access payment. For each eligible provider, the annual assessment is calculated on an annual basis and paid out quarterly as follows:
 - a. The paid Medicaid claims for each eligible provider are aligned with the Medicare fees (Medicare Fee Schedule – Urban) for each healthcare common procedure coding system (HCPCS) or current procedure terminology (CPT) code and the Medicare payment is calculated for such claims.
 - b. A separate Medicare equivalent of the ACR is calculated for each eligible provider that qualifies for the access payment by dividing the total amount of the average commercial payments for the claims by the total Medicare payments for the claims.
 - c. The base payment for services eligible for reimbursement is calculated for each eligible provider.
 - d. The amount the eligible provider would have been reimbursed at ACR for the eligible services is determined.
 - e. The payment enhancement amount for each eligible provider is determined by subtracting the base payment from the ACR of the eligible services provided.
 - f. The medical transportation access payment for each eligible provider is calculated by the sum of all payment enhancement amounts (from e. above) for eligible services provided.

~~New Page 10-01-18~~ Revised 01-01-22

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Effective Date 1/1/2022

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

Transportation (*continued*)

D. Access Payment Program Fee for Emergency Ambulance Service Providers (*continued*)

2. Ambulance Service Provider Access Payment (*continued*)

The access payment is comprehensive and does not exceed 100% of the difference between Medicaid payments otherwise made to eligible providers for the provision of medical transportation services and the average amount that would have been paid at the equivalent ACR.

The ambulance service provider medical transportation access payments are to supplement, not supplant, appropriations to support ambulance service provider reimbursement. Payments may not be used to offset any other payment by Medicaid for services to Medicaid beneficiaries.