TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE
SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES
PART 75. FEDERALLY QUALIFIED HEALTH CENTERS

317:30-5-660.1. Health Center multiple sites contracting
(a) Health Centers may contract as SoonerCare Traditional providers and as a PCP/CM under SoonerCare Choice (Refer to OAC 317:25-7-5).
(b) Health Centers are required to submit a list of all entities affiliated or owned by the Center including any programs that do not have Health Center status, along with all OHCA provider numbers.
(c) Payment for FQHC services is based on a Prospective Payment System (PPS). (Refer to OAC 317:30-5-664.10) In order to be eligible for reimbursement under this method for covered services, in traditional primary care settings, each site must submit an approval copy of the Health Resource and Service Administration (HRSA) Notice of Grant Award Authorization for Public Health Services Funds under Section 330, (or a copy of the letter from CMS designating the facility as a "Look Alike" FQHC)and a copy of the Medicare certification number, at the time of enrollment.

317:30-5-660.3. Health Center enrollment requirements for ~~other~~ specialty behavioral health services
(a) For the provision of behavioral health related case management services, Health Centers must meet the requirements found at ~~OAC 317:30-5-585 through 317:30-5-589 and~~ OAC 317:30-5-595 through 317:30-5-599.
(b) For the provision of psychosocial rehabilitation services, Health Centers must contract as an outpatient behavioral health agency and meet the requirements found at OAC 317:30-5-240 through 30-5-249.
(c) Health Centers which provide substance abuse treatment services must also ~~have a contract~~ be certified by ~~with~~ the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS).

317:30-5-660.4. Health Center enrollment requirements for ~~school-based~~ health services in a school setting
(a) ~~For the provision of school-based health~~ Physical and behavioral health services provided in accordance with the Individuals with Disabilities Education Act (IDEA) and pursuant to an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) are the responsibility of the school district. ~~(not a health care~~

~~delivery site),~~ Health Centers must ~~be contracted with a qualified school provider.~~ contract with the school district and invoice the school district for services rendered. (Refer to OAC 317:30-5-1020 through 30-5-1027). Reimbursement is made directly to the school.
(b) Payment may be made for FQHC services to Health Centers ~~that have a health care delivery site in a school setting (i.e., the school has no responsibility /no contract with OHCA and a parental authorization must be on file)~~ that have a school-based health center that meets the definition of Section 2110(c)(9) of the Social Security Act.

317:30-5-660.5. Health Center service definitions

The following words and terms, when used in this Subchapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Core Services" means outpatient services that may be covered when furnished to a patient at the Center or other location, including the patient's place of residence.

"Encounter or Visit" means a face-to-face contact between ~~a~~ an approved health care professional as authorized in the FQHC state plan pages and an eligible SoonerCare member for the provision of defined services through a Health Center within a 24-hour period ending at midnight, as documented in the patient's medical record.

"Licensed ~~Mental~~ Behavioral Health Professional ~~(MHP)~~ (LBHP)" means licensed psychologists, licensed clinical social workers (LCSWs), licensed marital and family therapists (LMFTs), licensed professional counselors (LPCs), licensed behavioral practitioners (LBPs), and licensed alcohol and drug counselors (LADCs).

"Other ambulatory services" means other health services covered under the State plan other than core services.

"Physician" means:

(A) a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which the function is performed or who is a licensed physician employed by the Public Health Service;

(B) within limitations as to the specific services furnished, a doctor of dentistry or dental or oral surgery, a doctor of optometry, or a doctor of podiatry;

(C) a resident as defined in OAC 317:25-7-5(4) who meet the requirements for payment under SoonerCare;

"Physicians' services" means professional services that

are performed by a physician at the Health Center (or are performed away from the Center, excluding inpatient hospital services) whose agreement with the Center provides that he or she will be paid by the Health Center for such services.

"PPS" means prospective payment system all-inclusive per visit rate method specified in the State plan.

317:30-5-661.1. Health Center core services

Health Center "core" services include:

(1) Physicians' services and services and supplies incident to a physician's services;

(2) Services of advanced practice nurse (APNs), physician assistants (PAs), certified nurse midwives (CNMs), or specialized advanced practice nurse practitioners;

(3) Services and supplies incident to the services of APNs, nurse midwives, and PAs;

(4) Visiting nurse services to the homebound;

(5) ~~Mental health professional services~~ Behavior health professional services as authorized under the FQHC State Plan pages and services and supplies incident ~~to the services of MHPs~~ thereto;

(6) Preventive primary care services;

(7) Preventive primary dental services.

317:30-5-661.4. Behavioral health professional services provided at Health Centers and other settings

(a) Medically necessary behavioral health services that are primary, preventive, and therapeutic and that would be covered if provided in another setting may be provided by Health Centers. Services provided by a Health Center (refer to OAC ~~317:30-5-241~~ 317:30-5-240.3 for a description of services) must meet the same requirements as services provided by other behavioral health providers. Rendering providers must be eligible to individually enroll or meet the requirements as an agency/organization provider specified in OAC 317:30-5-240.2, 317:30-5-280 and 317:30-5-595.

(1) Behavioral Health ~~Services~~ services include:

~~(1)~~ (A) Assessment/Evaluation~~/Testing~~;

~~(2) Alcohol and/or Substance Abuse Services Assessment and Treatment plan development;~~

~~(3)~~ (B) Crisis Intervention Services;

~~(4) Medication Training and Support~~

~~(5)~~ (C) Individual/Interactive Psychotherapy;

~~(6)~~ (D) Group Psychotherapy; ~~and~~

~~(7)~~ (E) Family Psychotherapy~~.~~ ;
(F) Psychological Testing; and
(G) Case Management (as an integral component of services 1-6 above).

(b) Medically necessary behavioral health professional therapy services are covered when provided in accordance with a documented individualized treatment plan, developed to treat the identified ~~mental~~ behavioral health ~~and/or substance abuse~~ disorder(s). A minimum of a 45 to 50 minute one-on-one standard clinical session must be completed by ~~a Health Center~~ an health care professional authorized in the approved FQHC State Plan pages in order to bill ~~an~~ the PPS encounter rate for the session. Services rendered by providers not authorized under the approved FQHC state plan pages to bill the PPS encounter rate will be reimbursed pursuant to the SoonerCare fee-for-service fee schedule and must comply with rules found at OAC 317:30-5-280 through 317:30-5-283.

~~(c) In order to support the member's access to behavioral health services, these services may take place in settings away from the Health Center. Off-site behavioral health services must take place in a confidential setting.~~

(c) Centers are reimbursed the PPS rate for services when rendered by approved health care professionals, as authorized under FQHC state plan pages, if the Health Center receives funding pursuant to Section 330 or is otherwise funded under Public Law to provide primary health care services at locations off-site (not including satellite or mobile locations) to Health Center patients on a temporary or intermittent basis, unless otherwise limited by Federal law.

(d) Health Centers that operate day treatment programs in school settings must meet the requirements found at OAC 317:30-5-240.2(7).

(e) In order to support the member's access to behavioral health services, these services may take place in settings away from the Health Center. Off-site behavioral health services must take place in a confidential setting.

317:30-5-661.5. Health Center preventive primary care services

(a) Preventive primary care services are those health services that:

(1) a Health Center is required to provide as preventive primary health services under section 330 of the Public Health Service Act;

(2) are furnished by or under the direct supervision of

an APN, PA, CNMW, specialized advanced practice nurse practitioner, ~~MHP~~ licensed psychologist, LCSW , ~~or~~ a physician, or other approved health care professional as authorized in the FQHC state plan pages;
(3) are furnished by a member of the Health Center's health care staff who is an employee of the Center or provides services under arrangements with the Center; and
(4) includes only drugs and biologicals that cannot be self-administered.

(b) Preventive primary care services which may be paid for when provided by Health Centers include:
(1) medical social services;
(2) nutritional assessment and referral;
(3) preventive health education;
(4) children's eye and ear examinations;
(5) prenatal and post-partum care;
(6) perinatal services;
(7) well child care, including periodic screening (refer to OAC 317:30-3-65);
(8) immunizations, including tetanus-diphtheria booster and influenza vaccine;
(9) voluntary family planning services;
(10) taking patient history;
(11) blood pressure measurement;
(12) weight;
(13) physical examination targeted to risk;
(14) visual acuity screening;
(15) hearing screening;
(16) cholesterol screening;
(17) stool testing for occult blood;
(18) dipstick urinalysis;
(19) risk assessment and initial counseling regarding risks;
(20) tuberculosis testing for high risk patients;
(21) clinical breast exam;
(22) referral for mammography;
(23) thyroid function test; and
(24) dental services (specified procedure codes).

317:30-5-661.7. ~~Off-site~~ Allowable Places of services

(a) ~~Off-site~~ Services ~~means services~~ provided to members within the four walls of the ~~at a location other than the Center. Off-site services are considered Health Center services if the physician's or other practitioner's agreement requires that he or she seek reimbursement from the Health Center.~~ Health Center and approved Health Center

satellites including mobile health clinics operated by the Center are allowable for reimbursement under the PPS. ~~Off-site services include services provided at mobile health clinics operated by the Center. Services provided by Centers in school settings (i.e., the school has no responsibility/no contract with OHCA and a parental authorization must be on file) are considered off-site services. (b) Medically necessary Health Center services provided off-site or outside of the Health Center setting are compensable when billed by the Center. The Health Center must have a written contract with the physician and other Center core practitioners that specify that Center services provided off-site will be billed to Medicaid and, how such providers will be compensated. It is expected that services provided in off-site settings should be, in most cases, temporary and intermittent, i.e., when the member cannot come to the clinic due to health reasons.~~

~~(c) In order to support the member's access to behavioral health services, these services may take place in settings away from the Center. Off-site behavioral health services must take place in a confidential setting.~~

(b) Off-site services provided by employed practitioners of the Health Center to patients temporarily homebound or in any skilled nursing facility because of a medical condition that prevents the patient from going to the Health Center for health care are also allowable for reimbursement under the PPS encounter rate if the service would be reimbursed the PPS at the Center. It is expected that services provided in off-site settings should be, in most cases, temporary and intermittent, i.e., when the member cannot come to the clinic due to health reasons.

317:30-5-664.3. Health Center encounters

(a) Health Center encounters that are billed to the OHCA must meet the definition in this Section and are limited to services covered by OHCA. ~~These services include other health (ambulatory) services included in the State Plan~~. Only encounters provided by the authorized health care professional on the approved FQHC state plan pages within the scope of their licensure trigger a PPS encounter rate.

(b) An encounter is defined as a face-to-face contact between a health care professional and a member for the provision of defined services through a Health Center within a 24-hour period ending at midnight, as documented in the member's medical record.

(c) For information about multiple encounters, refer to OAC 317:30-5-664.4.

(d) Services considered reimbursable encounters (including any related medical supplies provided during the course of the encounter) include:

(1) medical;
(2) diagnostic;
(3) ~~addiction,~~ dental, medical and ~~mental~~ behavioral health screenings;
(4) vision;
(5) physical therapy;
(6) occupational therapy;
(7) podiatry;
(8) ~~mental~~ behavioral health;
~~(9) alcohol and drug~~;
~~(10)~~ (9) speech;
~~(11)~~ (10) hearing;
~~(12)~~ (11) medically necessary Health Center encounters with a RN or LPN and related medical supplies (other than drugs and biologicals) furnished on a part-time or intermittent basis to home-bound members (refer to OAC 317:30-5-661.3);
~~(13)~~ (12) any other medically necessary health services (i.e. optometry and podiatry) ~~covered by OHCA~~ are also reimbursable as permitted within the Health Center's scope of services ~~and allowed under OHCA's SoonerCare State Plan and OHCA Administrative Rules~~ when medically reasonable and necessary for the diagnosis or treatment of illness or injury, and must meet all applicable coverage requirements.

(e) Services and supplies incident to a physician's professional service are reimbursable within the encounter if the service or supply is:

(1) Of a type commonly furnished in physicians' offices;
(2) of a type commonly rendered either without a charge or included in the health clinic's bill;
(3) furnished as an incidental, although integral, part of a physician's professional services;
(4) furnished under the direct, personal supervision of a physician; and
(5) in the case of a service, furnished by a member of the clinic's health care staff who is an employee of the clinic.

(f) Only drugs and biologicals which cannot be self-administered are included within the scope of this benefit.

317:30-5-664.5. Health Center encounter exclusions and

limitations

(a) Service limitations governing the provision of all services apply pursuant to OAC 317:30. Excluded from the definition of reimbursable encounter core services are:

(1) Services provided by an independently CLIA certified and enrolled laboratory.

(2) Radiology services including nuclear medicine and diagnostic ultrasound services.

(3) Venipuncture for lab tests is considered part of the encounter and cannot be billed separately. When a ~~client~~ member is seen at the clinic for a lab test only, use the appropriate CPT code. A visit for "lab test only" is not considered a Center encounter.

(4) Durable medical equipment or medical supplies not generally provided during the course of a Center visit such as diabetic supplies. However, gauze, band-aids, or other disposable products used during an office visit are considered as part of the cost of an encounter and cannot be billed separately under SoonerCare.

(5) Supplies and materials that are administered to the member are considered a part of the physician's or other health care practitioner's service.

(6) Drugs or medication treatments provided during a clinic visit are included in the encounter rate. For example, a ~~client~~ member has come into the Center with high blood pressure and is treated at the Center with a hypertensive drug or drug samples provided to the Center free of charge are not reimbursable services and are included in the cost of an encounter. Prescriptions are not included in the encounter rate and must be billed through the pharmacy program by a qualified enrolled pharmacy.

(7) Administrative medical examinations and report services;

(8) Emergency services including delivery for pregnant members that are eligible under the Non-Qualified (ineligible) provisions of OAC 317:35-5-25;

(9) Family planning services provided to individuals enrolled in the Family Planning Waiver;

(10) Optometry and podiatric services other than for dual eligible for Part B of Medicare;

~~(10)~~ (11) Other services that are not defined in this rule or the State Plan.

(b) In addition, the following limitations and requirements apply to services provided by Health Centers:

(1) Physician services are not covered in a hospital.

~~(2) Encounters for PCP/CM covered capitated services~~

~~provided to eligible SoonerCare Choice members enrolled in the Health Center's panel (except family planning services or HIV/AIDS prevention services) are not reimbursed as an encounter. However, PCP/CM covered services are included in the PPS wrap-around/reconciliation process (refer to OAC 317:30-5-664.11 for specific details).~~

~~(3)~~ (2) Behavioral health case management and psychosocial rehabilitation services are limited to Health Centers enrolled under the provider requirements in OAC 317:30-5-240, ~~317:30-5-585,~~ and 317:30-5-595 and contracted with OHCA as an outpatient behavioral health agency.

~~(4) Behavioral health services are limited to those services furnished to members at or on behalf of the Health Center.~~

317:30-5-664.7. Dental services provided by Health Centers

~~(a) Covered medically necessary preventive dental services provided to adults and children are considered core services.~~

~~(b)~~ (a) **Adults.** The Health Center core service benefit to adults is intended to provide services requiring immediate treatment, relief of pain and/or extraction and is not intended to restore teeth. For scope of services for individuals eligible under other program categories, refer to OAC 317:30-5-696. Core ~~Services~~ services are limited to treatment for conditions such as:

(1) Acute infection;
(2) Acute abscesses;
(3) Severe tooth pain; and
(4) Tooth re-implantation, when clinically appropriate.

~~(c) Other medically necessary dental services which are not considered to be preventive may be billed by the Health Center utilizing the current SoonerCare fee schedule.~~

(b) **Children**. Medically necessary dental services for children are covered.

(c) **Exclusions and Limitations**. Other medically necessary dental services which are not considered core services may be billed by the Health Center utilizing the current SoonerCare fee schedule.

(1) Smoking and tobacco use cessation is a covered service for adults and children and is separately reimbursable. Refer to OAC 317:30-5-2.

(2) Refer to OAC 317:30-5-695 for other specific coverage, exclusions and prior authorization requirements.

(d) Health Centers must submit all claims for SoonerCare reimbursement for dental services on the American Dental Association (ADA) form.

317:30-5-664.10. Health Center reimbursement

(a) In accordance with Section 702 of the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act (BIPA) of 2000, ~~effective January 1, 2002,~~ reimbursement is provided for core services and other health services at a Health Center facility-specific Prospective Payment System (PPS) rate per visit (encounter) determined according to the methodology described in OAC 317:30-5-664.12.

(b) As claims/encounters are filed, reimbursement for SoonerCare Choice members is made for all medically necessary covered primary care ~~services (that are not included in the SoonerCare capitation payment, if applicable)~~ and other approved health services at the ~~current rate for that CPT/HCPCS code~~ PPS rate.

~~(c) As claims are filed, reimbursement for SoonerCare Traditional members is made for all medically necessary covered primary care and other health services at the PPS rate.~~

~~(d)~~ (c) The originating site facility fee for telemedicine services is not a Federally Qualified Health Center (FQHC) service. When a FQHC serves as the originating site, the originating site facility fee is paid separately from the center's all-inclusive rate. Refer to OAC 317:30-3-27 for other specific coverage and exclusion requirements.

(d) Primary and preventive behavioral health services rendered by health care professionals authorized in the FQHC approved state plan pages will be reimbursed at the PPS encounter rate.

(e) Vision services provided by Optometrists within the scope of their licensure for non dual eligible members and allowed under the Medicaid State Plan are reimbursed pursuant to the SoonerCare fee-for-service fee schedule.

317:30-5-664.11. PPS rate reconciliation to Health Centers [REVOKED]

~~(a) PPS reconciliation/wrap-around adjustments will be made for the difference in the facility-specific PPS rate and the fee schedule payments.~~

~~(b) OHCA compares the total payments due under the PPS rate per visit method and the payments made under the methods described in OAC 317:30-5-664.10 (b) and (c).~~

~~(c) OHCA will make an adjustment for the difference in the payments allowed and the facility-specific PPS rate. The~~

~~difference in payments will be reconciled not less often than quarterly.~~