

Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 20-0009B

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

March 19, 2020

Our Reference: SPA OK 20-0009 B

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

Dear Ms. Anthony:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 20-0009 B, with an effective date of January 1, 2020. This amendment was submitted to remove copays for medication assisted treatment (MAT) drugs for opioid use.

SPA# OK 20-0009 B was approved on March 11, 2020, with an effective date of January 1, 2020, as requested by the State.

We are also including the CMS 179 and the following new or amended state plan pages:

- MMDL G2a, pages 1-3

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,


James G Scott, Director
Division of Program Operations

Enclosure

cc:
Megan Buck, Branch Manager
Sandra Puebla, Oklahoma Health Care Authority

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: Oklahoma

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

OK-20-0009

Proposed Effective Date

01/01/2020 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 447.52; 42 CFR 447.53

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2020	\$ 43573.00
Second Year	2021	\$ 59831.00

Subject of Amendment

Remove copays for medication assisted treatment (MAT) drugs for opioid use

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

The Governor does not review/approve state plan amendments

Signature of State Agency Official

Submitted By: Sandra Puebla

Last Revision Date: Mar 11, 2020

Submit Date: Mar 9, 2020

Date Received: December 13, 2019

Date Approved: March 11, 2020

Signature of Approving Official: _____

Printed Name and Title: James G. Scott, Director of Program Operations



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: OK - 20 - 0009

Cost Sharing Amounts - Categorically Needy Individuals G2a

1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Inpatient Hospital Services	10.00	\$	Day	Up to \$75.00 maximum	Remove
Add	Outpatient Hospital Services	4.00	\$	Visit		Remove
Add	Organized Outpatient Clinic Services	4.00	\$	Visit		Remove
Add	Ambulatory Surgery Services	4.00	\$	Visit		Remove
Add	Physician Services	4.00	\$	Visit		Remove
Add	Physician Assistant/ Anesthesiologist Assistant	4.00	\$	Visit		Remove
Add	Advanced Practice Nurse Services	4.00	\$	Visit		Remove
Add	Optometrist Services	4.00	\$	Visit		Remove
Add	Durable Medical Equipment Services	4.00	\$	Item	Blood glucose testing supplies & insulin syringes have \$0 copay.	Remove
Add	Home Health Agency Services	4.00	\$	Visit		Remove
Add	Rural Health Clinic (RHC) Services	4.00	\$	Visit		Remove
Add	Federally Qualified Health Center (FQHC) Services	4.00	\$	Visit		Remove
Add	Medicare Part B Crossover Claims	1.00	\$	Visit		Remove
Add	Behavioral health and substance abuse services - inpatient	10.00	\$	Day	Up to \$75.00 maximum	Remove
Add	Behavioral health and substance abuse services - outpatient	3.00	\$	Visit		Remove



Medicaid Premiums and Cost Sharing

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Laboratory and X-ray Services	4.00	\$	Visit		Remove
Add	Prescription Drugs	4.00	\$	Prescription	Limited to the drug benefit under the state plan. Tobacco cessation products have \$0 copay. Prenatal vitamins have \$0 copay. Birth control has a \$0 copay. Naloxone have \$0 copay. Medication assisted treatments for opioid use have \$0 copay.	Remove
Add	Preferred generic drugs for HCBS waiver members	0.00	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued between \$0 - \$10.00 for HCBS waiver members	0.65	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued between \$10.01 - \$25.00 for HCBS waiver members	1.20	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued between \$25.01 - \$50.00 for HCBS waiver members	2.40	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued at \$50.01 or more for HCBS waiver members	3.50	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove

Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item: Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add							Remove

Add Service or Item

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.



Medicaid Premiums and Cost Sharing

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119