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State/Territory Name: Oklahoma

State Plan Amendment (SPA) OK: 23-0032

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

March 6, 2024

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

RE: TN OK-23-0032

Dear Director Rains:

We have reviewed the proposed Oklahoma State Plan Amendment (SPA) to Attachment 4.19-B OK-23-0032, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 29th, 2023. This state plan amendment amends 7.7-A of the Vaccine and Vaccine Administration at Section 1905(a)(4)(E) of the Social Security Act template to remove CPT 99401 with modifier CR from the SPA language.

Based upon the information provided by the State, we have approved the amendment with an effective date of November 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

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,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

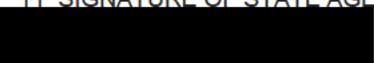
1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>3</u> <u>2</u>	2. STATE <u>O</u> <u>K</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE November 1, 2023	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>24</u> \$ <u>204,232.00</u> b. FFY <u>25</u> \$ <u>247,292.00</u>	
5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(4)(E) & (a)(4)(F) of SSA; 42 CFR 440.120	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 7.7-A page 3; TN# 23-0010
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 7.7-A page 3	

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

9. SUBJECT OF AMENDMENT
State Plan Amendment to remove COVID-19 vaccine counseling CPT code. (language cleanup to remove specific code from the SPA)

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The governor's office does not review state plan material.
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Traylor Rains

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
12/29/2023

15. RETURN TO
Oklahoma Health Care Authority
Attn: Traylor Rains
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105
cc: Kasie McCarty; Heather Cox; Bradley Downs

FOR CMS USE ONLY

16. DATE RECEIVED 12/29/2023	17. DATE APPROVED March 6, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL November 1, 2023	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

X The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

Qualified facilities operated by the Indian Health Service, tribal government(s), or urban Indian health program (I/T/U)

X The payment methodologies for COVID-19 vaccines and the administration of the vaccines for providers listed above are described below:

COVID vaccines administered to beneficiaries by a qualified facility operated by the Indian Health Service, tribal government(s), or urban Indian health program (I/T/U) will be reimbursed the outpatient Office of Management and Budget (OMB) rate, per the current State Plan methodology, for the administration of the COVID vaccine.

X The state is establishing rates for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to sections 1905(a)(4)(E), 1905(r)(1)(B)(v) and 1902(a)(30)(A) of the Act.

X The state's rate is as follows and the state's fee schedule is published in the following location :

The State's rate for COVID-19 vaccine counseling for children under the age of 21 is \$33.55.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of EPSDT COVID-19 vaccine counseling. The agency's fee schedule rate was set as of December 2, 2021 and is effective for services provided on or after that date. All rates are published the agency's website at www.okhca.org/feeschedules.

PRA Disclosure Statement Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.