

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 0 - 0 4	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 January 1, 2010
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.272 42 CFR 447.321	7. FEDERAL BUDGET IMPACT a. FFY <u>2010</u> (\$25,850,416) savings b. FFY <u>2011</u> (\$26,055,037) savings
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 4.19-B, Page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same Page, Revised 11-01-08, TN # 08-15
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10. SUBJECT OF AMENDMENT

Changes in payment for hospital crossover co-insurance and deductibles.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State Plan
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL material.

12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 4545 N. Lincoln Blvd., Suite 124 Oklahoma City, OK 73105
13. TYPED NAME Mike Fogarty	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED January 15, 2010	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 15 January, 2010	18. DATE APPROVED 21 January, 21011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 1 January, 2010	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS

c. Mike Fogarty
Cindy Roberts
Tywanda Cox
Traylor Rains
Rodney Ikard

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

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

Payment of Deductible and Coinsurance for Medicare Part A and Part B Claims

1. Payment of Deductible and Coinsurance for Medicare Part B Claims:

For hospital crossover claims, payment is made at a rate of 75 percent of the deductible and 25 percent of the coinsurance.

For all other crossover claims, payment is made at a rate of 100 percent of the deductible and 100 percent of the coinsurance.

Total payments from all sources will not be less than the Medicaid established rate of payment.

2. Payment of Deductible and Coinsurance for Medicare Part A Claims:

The Medicaid agency uses the following method for specific Medicare hospital services which are not otherwise covered by this State Plan:

Deductible – 75%
Coinsurance – 25%

Total payments from all sources will not be less than the Medicaid established rate of payment.

Excluding hospitals and skilled nursing facility services, for specific Medicare services which are not otherwise covered by this State Plan, the Medicaid agency uses the following method:

Deductible – 100%
Coinsurance – 100%

Payment for skilled nursing facility services will be made to ensure that payments from all sources are equal to the Medicaid rate. No payment will be made when the sum of payments from all other sources is greater than the Medicaid rate.

Revised 01-01-10

TN# 10-04 Approval Date 1-21-11 Effective Date 1-1-10
Supersedes
TN# 08-15

SUPERSEDES: TN# 08-15

STATE <u>Oklahoma</u>	A
DATE REC'D. <u>1-15-10</u>	
DATE APP'VD. <u>1-21-11</u>	
DATE EFF. <u>1-1-10</u>	
HCFA 179 <u>10-04</u>	