

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 0 - 1 8	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 April 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 440.30	7. FEDERAL BUDGET IMPACT a. FFY <u>2010</u> <u>0</u> b. FFY <u>2011</u> <u>0</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 2b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same Page, New Page 08-01-00, TN # 00-12
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10. SUBJECT OF AMENDMENT


Payment for Clinical Laboratory Services

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 material.**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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 June 8, 2010	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 8 June, 2010	18. DATE APPROVED 31 August, 2010

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 1 April, 2010	20. SIGNATURE OF REGIONAL OFFICIAL 

21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Division of Medicaid & Children's Health
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23. REMARKS

c. **Mike Fogarty
Cindy Roberts
Tywanda Cox
Traylor Rains**

State: OKLAHOMA

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

3. Payment will be made for covered clinical laboratory services at rates not to exceed 100% of the CMS National Laboratory Fee Schedule, or at rates not to exceed 100% of the local Medicare Carrier's allowable charge for procedures not included in the National Laboratory Fee Schedule, or in instances where no national or local fee has been established, an interim fee will be established by the State Plan Amendment Rate Committee of the Oklahoma Health Care Authority. All rates are maintained on the agency database and in the agency library.

Effective 4-1-10, the rates in effect on 3-31-10 will be decreased by 3.25%.

STATE <u>Oklahoma</u>	A
DATE REC'D. <u>6-8-10</u>	
DATE APP'D <u>8-31-10</u>	
DATE EFF <u>4-1-10</u>	
HOTA 179 <u>10-18</u>	

Revised 04-01-10

TN# 10-18 Approval Date 8-31-10 Effective Date 4-1-10
Supersedes
TN# 00-12

SUPERSEDES: TN- 00-12