

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

1. TRANSMITTAL NUMBER  
**1 0 - 1 9**

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**

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 440.170(a)**

7. FEDERAL BUDGET IMPACT  
a. FFY 2010 \$ (391,354.50)  
b. FFY 2011 \$ (782,709.00)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
**Attachment 3.1-A Page 9a.1  
Attachment 4.19-B, Page 6**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
**Same Page, New Page 06-01-06, TN # 06-06  
Same Page, Revised 07-01-08, TN # 08-14**

10. SUBJECT OF AMENDMENT  
  
**Budget Reduction for Transportation**

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  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME  
**Mike Fogarty**

14. TITLE  
**Chief Executive Officer**

15. DATE SUBMITTED  
**June 10, 2010**

16. RETURN TO  
  
**Oklahoma Health Care Authority  
Attn: Cindy Roberts  
4545 N. Lincoln Blvd., Suite 124  
Oklahoma City, OK 73105**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED  
**10 June, 2010**

18. DATE APPROVED  
**2 September, 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  
Div of Medicaid & Children's Health**

23. REMARKS  
c: **Mike Fogarty  
Cindy Roberts  
Tywanda Cox  
Traylor Rains**

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24.a Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary. (continued)

- (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous;
- (iii) is subject to regular auditing and oversight by the State in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services;
- (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate);
- (v) is not a provider of transportation itself as prescribed at 42 CFR 440.170(a)(4)(i) (D)(ii)(A)

(4) The broker contract will provide transportation to the following categorically needy mandatory populations:

- Low-income families with children (section 1931)
- Low-income pregnant women
- Low-income infants
- Low-income children 1 through 5
- Low-income children 6 - 19
- Qualified pregnant women
- Qualified children
- IV-E Federal foster care and adoption assistance children
- TMA recipients (due to employment)
- TMA recipients (due to child support)
- SSI recipients

STATE <u>Oklahoma</u>	A
DATE REC'D. <u>6-10-10</u>	
DATE APP'VD <u>9-2-10</u>	
DATE EFF <u>4-1-10</u>	
HCFA 179 <u>10-19</u>	

(5) The broker contract will provide transportation to the following categorically needy optional populations:

- Optional low-income pregnant women
- Optional low-income infants
- Optional targeted low-income children
- Individuals under 21 who are under State adoption assistance agreements
- Individuals under age 21 who were in foster care on their 18<sup>th</sup> birthday

Revised 04-01-10

TN# 10-19 Approval Date 9-2-10 Effective Date 4-1-10  
Supersedes  
TN# 06-06

SUPERSEDES: TN- 06-06

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

Transportation

Payment is made for the least expensive means of transportation commensurate with the patient's needs. Fee schedule rates are the same for public and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency secure website and/or public website.

Ground Ambulance Transports – Payment will be made for each level of service based on the geographically adjusted Medicare Ambulance Fee Schedule (AFS). All rates are published on the agency's website located at [www.okhca.org](http://www.okhca.org). A uniform rate is paid to governmental and non-governmental providers. Effective 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%. Rates are based on the urban rate, regardless of the point of pickup (POP).

A. Air Ambulance Transports – Reimbursement for air ambulance service is made based on the Medicare AFS. Payment will not exceed 100% of the Medicare allowable rates.

1. Rotary Wing (RW) - Payment to providers affiliated with Level I Trauma Centers is based on a blend of the urban and rural rates for both the base payment and the mileage rate. The blended ratio is .41/.59 for the POP. The rate for base and mileage for all other RW providers is based on the urban rate, regardless of the POP. All rates are published on the agency's website located at [www.okhca.org](http://www.okhca.org). A uniform rate is paid to governmental and non-governmental providers. Effective for services provided on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%.
2. Fixed wing (FW) – Payment is calculated using the urban base rate and mileage, regardless of the POP. Effective with claims for dates of service on or after July 1, 2008, reimbursement is made based on the 2008 Medicare AFS.

B. Non-Emergency

1. Ground Transportation – All transportation by public carrier or private vehicle is coordinated statewide through the designated SoonerRide transportation broker. The State assures that the broker itself will not be a provider of transportation as prescribed at 42 CFR 440.170(a)(4)(i)((D)(ii)(A).
2. Airline Travel - Prior Authorization is required for commercial airline transportation. The use of airline accommodations may be authorized or approved when the individual's medical condition is such that transportation out-of-state by commercial airline is required. Officials authorizing travel by commercial airline will require the most economical fare be used to the maximum extent possible.

C. Meals and Lodging - The cost of meals and lodging are provided only when necessary in connection with transportation to and from medical care. Payment is made using a per diem fee schedule.

Revised 04-01-10

TN# 10-19 Approval Date 9-2-10 Effective Date 4-1-10

Supersedes

TN# 08-14

SUPERSEDES: TN- 08-14

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A