

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

July 14, 2011

Our Reference: SPA-OK-11-02

Dr. Garth Splinter, State Medicaid Director
Oklahoma Health Care Authority
2401 NW 23rd St., Suite 1A
Oklahoma City, OK 73107
Attention: Tywanda Cox / OKHCA

Dear Dr. Splinter:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 11-02. Effective April 1, 2011, the Oklahoma Title XIX State Plan has been amended to reflect Section 6505 of the Affordable Care Act, Medicaid prohibition on payments to institutions or entities located outside of the United States.

Transmittal Number 11-02 is approved with an effective date of April 1, 2011 as requested. A copy of the HCFA-179, Transmittal No. 11-02 dated June 21, 2011 is enclosed along with the approved plan pages.

If you have any questions, please contact Jeffrey Branch at (214) 767-6449.

Sincerely,



Bill Brooks
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 1 - 0 2	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, 2011
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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 Sec.1902(a)(80) of the SSA, P.L. 111-148 Sec 6505	7. FEDERAL BUDGET IMPACT a. FFY 2011 <u>0</u> b. FFY 2012 <u>0</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 35a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) None
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10. SUBJECT OF AMENDMENT

Prohibition of payment to entities outside of the United States

11. GOVERNOR'S REVIEW (Check One)

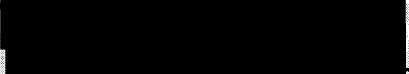
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL 	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 21, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 21 June, 2011	18. DATE APPROVED 14 July, 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 1 April, 2011	20. SIGNATURE 
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

State: OKLAHOMA

Citation
Section 1902(a)(80) of
Social Security Act,
P.L. 111-148 (Section
6505)

4.41 Medicaid Prohibition on Payments to
Institutions or Entities Located
Outside of the United States

X The State shall not provide any
payments for items or services
provided under the State plan or
under a waiver to any financial
institution or entity located outside
of the United States.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>6-21-11</u>	
DATE APPV'D <u>7-14-11</u>	
DATE EFF <u>4-1-11</u>	
HCFR 179 <u>11-02</u>	

TN # 11-02 Approval Date 7-14-11 Effective Date 4-1-11
Supersedes **SUPERSEDES: NONE - NEW PAGE**
TN # _____

SUPERSEDES: NONE- NEW PAGE