

## Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 11-09

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved SPA Pages

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**

---

February 3, 2012

Our Reference: SPA-OK-11-09

Dr. Garth Splinter, State Medicaid Director  
Oklahoma Health Care Authority  
2401 NW 23rd St., Suite 1A  
Oklahoma City, Oklahoma 73107

Dear Dr. Splinter:

CMS has reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 11-09. Effective October 1, 2011, the Oklahoma Title XIX State Plan has been amended to reflect the approved reimbursement methodology for Public Health Nurses that provide a limited scope of services in government owned or operated public health clinics to the State Plan.

Transmittal Number 11-09 is approved with an effective date of October 1, 2011 as requested. A copy of the HCFA-179, Transmittal No. 11-09 dated November 8, 2011 is enclosed along with the approved plan pages.

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

Sincerely,

A large black rectangular redaction box covering the signature of Bill Brooks.

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

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>1 1 - 0 9</b>	2. STATE <b>Oklahoma</b>
	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 <b>October 1, 2011</b>
---	--

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  <b>42 CFR 440.90</b>	7. FEDERAL BUDGET IMPACT a. FFY 2012 <b>73,561</b> b. FFY 2013 <b>73,567</b>
--	--

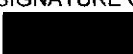
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>See Attachment</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>See Attachment</b>
---	--


10. SUBJECT OF AMENDMENT

**Establishing clinic services and rate methodology for services provided by Public Health Nurses.**

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  <b>Oklahoma Health Care Authority Attn: Cindy Roberts 2401 N.W. 23rd., Suite 1A Oklahoma City, OK 73107</b>
13. TYPED NAME <b>Mike Fogarty</b>	
14. TITLE <b>Chief Executive Officer</b>	
15. DATE SUBMITTED <b>October 31, 2011</b>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED <b>8 November, 2011</b>	18. DATE APPROVED <b>6 February, 2012</b>
<b>PLAN APPROVED - ONE COPY</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>1 October, 2011</b>	20. SIGNATURE 
21. TYPED NAME <b>BILL BROOKS</b>	22. TITLE <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>

23. REMARKS

c. Mike Fogarty  
Cindy Roberts  
Garth Splinter  
Tywanda Cox

Attachment to CMS Form 179

SPA 11-09

Box 8

Attachment 3.1-A Page, 4a-1.4  
Attachment 3.1-A Page, 4a-1.4.1  
Attachment 4.19-B Page, 23

Box 9

Same Page, revised 08-01-05, TN# 05-17  
New Page  
Same Page, revised 08-01-05, TN# 05-17

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

---

**Clinic Services**

- (a) All medical services performed must be medically necessary and may not be experimental in nature.
- (b) Only services furnished by or under the direction of a physician or dentist are covered. Clinic services may be provided in Public Health Clinics, qualified Urgent Care Clinics and other types of governmental and non-governmental clinics.
- (c) Clinic services for which physicians or dentists file directly are not covered.
- (d) Clinic services are limited to the same scope of services that are otherwise furnished in the plan, as appropriate.

Revised 10-01-2011

TN# 11-09 Approval Date 2-3-12 Effective Date 10-1-11  
Supersedes  
TN# 05-17

SUPERSEDES: TN- 05-17

STATE	<u>Oklahoma</u>
DATE REQ'D	<u>11-8-11</u>
DATE APPV'D	<u>2-3-12</u>
DATE EFF	<u>10-1-11</u>
NDPA 179	<u>11-09</u>

A

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

**Public Health Clinic Services**

(a) Public Health Clinics are governmental providers of medical services. All medical services performed must be medically necessary and or preventive and may not be experimental in nature. Preventive services are health services that are medical or remedial in nature provided to a member to avoid or minimize the occurrence of illness, infection, disability, or to provide care for pregnancy.

- Services must be provided on a face to face basis;
- the service must affect the member's care rather than the member's environment;
- the service must not be a part of another covered service;
- the service must be for the express purpose of treating or preventing (or minimizing the adverse effects of) illness, injury or other impairments to an individual's physical or mental health; and
- the service must be generally accepted by the provider's professional peer group as a safe and effective means to avoid or minimize the illness, infection or disability.

(b) Eligible providers of Public Health Nursing Services include Licensed Public Health Nurses working in a Public Health Clinic. Services must be provided under the direction of a physician and within their scope of practice in accordance with state law.

STATE	<u>Oklahoma</u>	A
DATE REQ	<u>11-8-11</u>	
DATE APPV'D	<u>2-3-12</u>	
DATE EFF	<u>10-1-11</u>	
HCFA 179	<u>11-09</u>	

New Page 10-01-2011

TN# 11-09 Approval Date 2-3-12 Effective Date 10-1-11

Supersedes ~~SUPERSEDES~~: NONE - NEW PAGE

TN# \_\_\_\_\_

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

**Clinic Services**

**(a) Base fee to all governmental and non-government clinics**

Beginning August 1, 2005, for each state fiscal year, the State will reimburse no more than 100 percent of the Medicare non-facility practitioner fee schedule rates in effect at the start of the calendar year. As needed, rates will be adjusted to reflect changes in the Medicare rates at the beginning of each new state fiscal year. The rates will be applicable to the geographic area where each clinic is located. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of clinic services and the fee schedule and any annual/periodic adjustments to the fee schedule is published on the agency public website at [www.okhca.org](http://www.okhca.org).

**(b) Governmental Public Health Clinic Providers**

(1) Clinic Services that are not covered under the base fee method above will be paid using a Medicaid -specific Public Health Clinic fee schedule. Reimbursement for these services will not exceed 100 percent of the equivalent Medicare non-facility practitioner fee schedule or Medicaid dental fee schedule rates in effect at the start of the calendar year.

**(2) Public Health Nursing Services**

**2.1** Payments are made for Public Health Nursing Services as described in 2.1(a) below using an encounter rate. The State utilizes existing Medicare methodology for Level 1 APC Clinics to establish the Public Health Nursing Services encounter rate.

**2.1(a) Qualified Public Health Nursing Services include:**

- health promotion and patient education (does not include nutritional counseling by nutritionist);
- medication management;
- nursing assessment and execution of medical regime including administration of medications and treatment;
- administration of injectable medications; and
- family planning follow-up encounter visits.

Revised 10-01-2011

TN# 11-09 Approval Date 2-3-12 Effective Date 10-1-11

Supersedes

TN# 05-17

SUPERSEDES: TN- 05-17

STATE <u>Oklahoma</u>	<b>A</b>
DATE REQ'D <u>11-8-11</u>	
DATE APPV'D <u>2-3-12</u>	
DATE EFF <u>10-1-11</u>	
HICPA 179 <u>11-09</u>	

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

---

**Clinic Services**

**2.2 Limitations:**

- Encounters are limited to one per day and cannot be billed on the same day as preventive exams (e.g. EPSDT or family planning);
- Labs and drugs are separately reimbursable.

**2.3** This methodology applies to services provided on or after October 1, 2011. The fee schedule is available on the Agency's public website.

STATE <u>Oklahoma</u>	<b>A</b>
DATE RECD <u>11-8-11</u>	
DATE APPV'D <u>2-3-12</u>	
DATE EFF <u>10-1-11</u>	
HCFA 179 <u>11-09</u>	

New Page 10-01-2011

---

TN# 11-09 Approval Date 2-3-12 Effective Date 10-1-11

Supersedes

TN# SUPERSEDES: NONE - NEW PAGE