

## Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 12-12

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

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



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

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December 13, 2012

Our Reference: SPA OK 12-12

Dr. Garth Splinter  
State Medicaid Director  
2401 NW 23<sup>rd</sup> Street  
Suite 1A  
Oklahoma City, Oklahoma 73107

Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 12-12, dated September 27, 2012. This state plan amendment requests revision of reimbursement methodology for End Stage Renal Disease (ESRD) to reflect Medicare's current bundled payment structure.

Based on the information submitted, we have approved the amendment for incorporation into the official Oklahoma State Plan with an effective date change of July 1, 2012. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.

If you have any questions, please contact Lynn Ward at (214) 767-6327.

Sincerely,

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

Bill Brooks  
Associate Regional Administrator

cc: Tywanda Cox

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>1 2 - 1 2</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>July 1, 2012</b>
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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 <b>42 CFR 441.40</b>	7. FEDERAL BUDGET IMPACT a. FFY 2012 <b>151,684</b> b. FFY 2013 <b>607,875</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-B, Page 19</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Same Page Revised 04/01/10, TN 10-14</b>
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10. SUBJECT OF AMENDMENT

**End Stage Renal Disease (ESRD) Payment Methodology Change to reflect Medicare payment structure.**

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  <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>September 27, 2012</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED <b>1 October, 2012</b>	18. DATE APPROVED <b>13 December, 2012</b>
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**PLAN APPROVED - ONE COPY**

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>1 July, 2012</b>	20. SIGNATURE 
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21. TYPED NAME <b>Bill Brooks</b>	22. TITLE <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>
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23. REMARKS

c: **Mike Fogarty  
Cindy Roberts  
Tywanda Cox**

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

**Renal Dialysis Facilities**

Payment is made at the Medicare allowable facility rate. This rate includes all services which Medicare has established as an integral part of the dialysis procedure.

All rates are published on the agency's website, which is [www.okhca.org](http://www.okhca.org). These fee for service rates are paid uniformly to governmental and non-governmental providers unless otherwise indicated in the Medicaid State plan.

Effective for services provided on or after April 1, 2010, the rates in effect on March 31, 2010 were decreased by 3.25%.

Effective for services provided on or after July 1, 2012, payment is made at the Medicare wage adjusted base rate.

The ESRD PPS is a single payment to ESRD facilities that will cover all the resources used in furnishing an outpatient dialysis treatment; the supplies and equipment that administer dialysis, drugs, biological, lab tests, and training and support services. Separately billable items include: vaccines, telehealth, and blood and blood products.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>10-1-12</u>	
DATE APPV'D <u>12-13-12</u>	
DATE EFF <u>7-1-12</u>	
INFA 179 <u>12-12</u>	

SUPERSEDES: TN- 10-14

Revised 07-01-12

TN# 12-12 Approval Date 12-13-12 Effective Date 7-1-12  
Supersedes  
TN# 10-14