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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 13-04

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

August 5, 2014

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

Our Reference: SPA OK 13-04

Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 13-04 on March 28, 2013. This state plan amendment adjusts payment of deductible and coinsurance for Medicare Part A claims for skilled nursing facilities.

Based on the information submitted, we have approved the amendment for incorporation into the official Oklahoma State Plan with an effective date change of January 1, 2013. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have questions, please contact Tamara Sampson at (214) 767-6431.

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Bill Brooks
Associate Regional Administrator

Cc: Tywanda Cox

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		1. TRANSMITTAL NUMBER	2. STATE
		1 3 - 0 4	Oklahoma
<p>TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE January 1, 2013	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION		7. FEDERAL BUDGET IMPACT	
Section 1905(p)(3) SSA		a. FFY 2013 \$11,468,980 b. FFY 2014 \$15,296,752	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>)	
Supplement 1 to Attachment 4.19-B Page 2 Supplement 1 to Attachment 4.19-B Page 3		Same Page Revised 08-01-05 TN#05-04 Same Page Revised 01-01-10 TN#10-04	
10. SUBJECT OF AMENDMENT			
Reinstatement of payment of deductible and coinsurance for Medicare Part A claims in a SNF			
11. GOVERNOR'S REVIEW (<i>Check One</i>)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED The Governor does not review State Plan material.	
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
[Redacted Signature]		Oklahoma Health Care Authority Attn: Cindy Roberts 2401 N.W. 23rd. Suite 1A Oklahoma City, OK 73107	
13. TYPED NAME			
Nico Gomez			
14. TITLE			
Chief Executive Officer			
15. DATE SUBMITTED			
March 27, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED	
28-Mar-13		05-Aug-14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL		20. SIGNATURE	
1 Jan, 2013		[Redacted Signature]	
21. TYPED NAME		22. TITLE	
Bill Brooks		Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS			
c: Nico Gomez Cindy Roberts Tywanda Cox			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

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

Payment of Medicare Part A and Part B Claims

QMBs:	Part A <u>MR/NR</u> Deductibles	<u>MR/NR</u>	Coinsurance
	Part B <u>MR/NR</u> Deductibles	<u>MR/NR</u>	Coinsurance

Other Medicaid Recipients	Part A <u>MR/NR</u> Deductibles	<u>MR/NR</u>	Coinsurance
	Part B <u>MR/NR</u> Deductibles	<u>MR/NR</u>	Coinsurance

Dual Eligible (QMB Plus):	Part A <u>MR/NR</u> Deductibles	<u>MR/NR</u>	Coinsurance
	Part B <u>MR/NR</u> Deductibles	<u>MR/NR</u>	Coinsurance

State: Oklahoma
Date Received: 28 March, 2013
Date Approved: 5 August, 2014
Date Effective: 1 January, 2013
Transmittal Number: 13-04

Revised 01-01-13

TN# 13-04 Approval Date 8/5/14 Effective Date 1/1/13
Supersedes
TN# 05-04

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

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

Payment of Deductible and Coinsurance for Medicare Part A and Part C Claims

1. Payment of Deductible and Coinsurance for Medicare Part A Claims:

For hospital crossover claims, payment is made at a rate of 75 percent of the deductible and 25 percent of the coinsurance.

Total payments from all sources will not be less than the Medicaid established rate of payment per claim.

For all other crossover claims, payment is made at a rate of 100 percent of the deductible and 100 percent of the coinsurance.

Payment for skilled nursing facility services will be made up to the full Medicare rate for coinsurance and deductible, if any.

2. Payment of Deductible and Coinsurance for Medicare Part C Claims:

For hospital outpatient crossover claims, payment is made at a rate of 75 percent of the deductible and 25 percent of the coinsurance.

Total payments from all sources will not be less than the Medicaid established rate of payment per claim.

The Medicaid agency uses the following method for specific Medicare outpatient crossover services which are not otherwise covered by this State Plan:

Deductible – 75%
Coinsurance – 25%

Total payments from all sources will not be less than the Medicaid established rate of payment per claim.

For all other crossover claims, payment is made at a rate of 100 percent of the deductible and 100 percent of the coinsurance.

Revised 01-01-13

TN# 13-04 Approval Date 8/5/14 Effective Date 1/1/13
Supersedes
TN# 10-04

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