

## **Table of Contents**

**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) #: 13-06**

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  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



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

---

June 21, 2013

Our Reference: SPA OK 13-06

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

Dear Dr. Splinter:

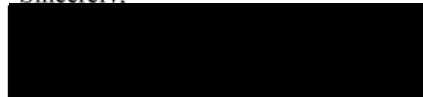
We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 13-06. The state plan increases the reimbursement rates for physician services rendered by primary care providers to meet compliance with Section 1202 of the Patient Protection and Affordable Care Act and federal regulations.

Transmittal Number 13-06 is approved with an effective date of January 1, 2013 as requested. A copy of the HCFA-179, Transmittal No. 13-06 is enclosed along with the approved plan pages.

As we are working in partnership to implement this important provision, we would greatly appreciate if you can inform us when your state begins to pay the increased rates to your providers. Additionally, to the extent you have information regarding the number of providers receiving the enhanced payments; we would appreciate that information as well.


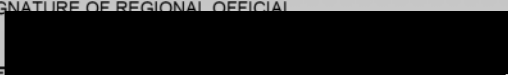
If you have any questions, please contact Lynn Ward at (214) 767-6327.

Sincerely,



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 3 - 0 6</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>January 1, 2013</b>	
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 <b>42 CFR 447.405, 447.410, 447.415</b>		7. FEDERAL BUDGET IMPACT a. FFY 2013 <b>\$10,886,289</b> b. FFY 2014 <b>\$14,515,052</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>See Attachment</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  <b>See Attachment</b>	
10. SUBJECT OF AMENDMENT  <b>Primary Care Fee Increase</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>The Governor does not review State</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <b>Plan material.</b>			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO  <b>Oklahoma Health Care Authority Attn: Cindy Roberts 2401 NW 23rd St., Suite 1A Oklahoma City, OK 73107</b>	
13. TYPED NAME <b>Nico Gomez</b>			
14. TITLE <b>Chief Executive Officer</b>			
15. DATE SUBMITTED <b>March 29, 2013</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <b>29-Mar-13</b>		18. DATE APPROVED <del>06-Jun-13</del> <b>21 June, 2013</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>01-Jan-13</b>		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <b>Bill Brooks</b>		22. TITLE <b>Associate Regional Administrator</b>	
23. REMARKS c: Nico Gomez Cindy Roberts Tywanda Cox			
FORM CMS-179 (07/92)			

**ATTACHMENT TO OK SPA # 13-06  
Second Submission**

**8. Page Number of the Plan  
Section or Attachment**

Attachment 4.19-B, Page 3b

Attachment 4.19-B, Page 3c

Attachment 4.19-B, Page 3d

**9. Page Number of the Superseded  
Plan Section or Attachment**

New Page

New Page

New Page

State: Oklahoma  
Date Received: 3/29/13  
Date Approved: 6/20/13  
Date Effective: 1/1/13  
Transmittal Number: 13-06

**Reimbursement Template -Physician Services**

**Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415**

**Attachment 4.19-B: Physician Services 42 CFR 447.405 Amount of Minimum Payment**

The state reimburses for services provided by physicians meeting the requirements of 42 CFR 447.400(a) at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar years 2013 and 2014 or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS.

- The rates reflect all Medicare site of service and locality adjustments.
- The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.
- The rates reflect all Medicare geographic/locality adjustments.
- The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code: \_\_\_\_\_

**Method of Payment**

- The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.
- The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 CFR 447.405.

Supplemental payment is made:  monthly  quarterly

**Primary Care Services Affected by this Payment Methodology**

- This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.
- The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes).

Supersedes None: New Page

State: Oklahoma  
Date Received: 3/29/13  
Date Approved: 6/20/13  
Date Effective: 1/1/13  
Transmittal Number: 13-06

**(Primary Care Services Affected by this Payment Methodology – continued)**

The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added).

State: Oklahoma  
Date Received: 3/29/13  
Date Approved: 6/20/13  
Date Effective: 1/1/13  
Transmittal Number: 13-06

**Physician Services – Vaccine Administration**

For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.

- Medicare Physician Fee Schedule rate
- State regional maximum administration fee set by the Vaccines for Children program
- Rate using the CY 2009 conversion factor

**Documentation of Vaccine Administration Rates in Effect 7/1/09**

The state uses one of the following methodologies to impute the payment rate in effect at 7/1/09 for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.

- The imputed rate in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12 month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is: \_\_\_\_\_.
- A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is: \_\_\_\_\_.
- Alternative methodology to calculate the vaccine administration rate in effect 7/1/09:

Note: This section contains a description of the state’s methodology and specifies the affected billing codes.

Supersedes None: New Page

**Effective Date of Payment**

E & M Services

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on \_\_\_\_\_ but not prior to December 31, 2014. All rates are published at \_\_\_\_\_

Vaccine Administration

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on \_\_\_\_\_ but not prior to December 31, 2014. All rates are published at \_\_\_\_\_

Supersedes Page: None

State: Oklahoma  
Date Received: 3/29/13  
Date Approved: 6/20/13  
Date Effective: 1/1/13  
Transmittal Number: 13-06

Supersedes None: New Page

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 48 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.