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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 14--08

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) 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

July 9, 2014

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

Our Reference: SPA OK 14-08

Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 14-08, dated May 28, 2014. This state plan amendment allows for additional PACE providers and clarifies the development of the capitated rate for PACE. The rate developed through this process will be below the Upper Payment Limit (UPL).

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, 2014. A copy of the CMS-179 and approved plan page are enclosed with this letter.



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

Sincerely,

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

Bill Brooks
Associate Regional Administrator

Cc: Tywanda Cox

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 1 4 - 0 8	2. STATE Oklahoma
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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		4. PROPOSED EFFECTIVE DATE July 1, 2014	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 460		7. FEDERAL BUDGET IMPACT a. FFY <u>2014</u> <u>3,729,428</u> b. FFY <u>2015</u> <u>4,972,571</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 3 to Attachment 3.1-A Page 1 Enclosure 7, Supplement 3 to Attachment 3.1-A, Page 6		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Same Page, revised 02-01-07, TN#07-06 Same Page, revised 02-01-07, TN#07-06	
10. SUBJECT OF AMENDMENT Amending the State Plan to allow for additional PACE Providers and clarifying development of capitated rate for PACE.			
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 The Governor does not review State <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Plan material.			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO	
13. TYPED NAME Nico Gomez		Oklahoma Health Care Authority Attn: Cindy Roberts 4345 N. Lincoln Blvd Oklahoma City, OK 73105	
14. TITLE Chief Executive Officer			
15. DATE SUBMITTED May 28, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 28 May, 2014		18. DATE APPROVED 9 July, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 1 July, 2014		20. SIGNATURE 	
21. TYPED NAME Bill Brooks		22. TITLE Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS c: Nico Gomez Cindy Roberts Tywanda Cox Garth Splinter			
FORM CMS-179 (07/92)			

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

 The State of Oklahoma has not entered into any valid program agreements with a PACE provider and the Secretary of the Department of Health and Human Services

 X The State of Oklahoma has entered into a valid program agreement(s) with a PACE provider(s) and the Secretary.

State: Oklahoma
Date Received: 28 May, 2014
Date Approved: 9 July, 2014
Date Effective: 1 July, 2014
Transmittal Number: 14-08

TN No. 14-08
Supersedes
TN No. 07-06

Approval Date: 7/09/14

Effective Date: 7/1/14

2. ___ Experience-based (contractors/State's cost experience or encounter date)(please describe)
3. ___ Adjusted Community Rate (please describe)
4. ___ Other (please describe)

B. The State Medicaid Agency assures that the rates were set in a reasonable and predictable manner. Please list the name, organizational affiliation of any actuary used, and attestation/description for the initial capitation rates.

The capitation rates were developed by the Pacific Health Policy Group (PHPG).

C. The State will submit all capitated rates to the HCFA Regional Office for prior approval.

The capitation rate development for PACE involved setting a baseline per member per month (PMPM) expenditure rate. A base year was established and a data extract of claims processed for the PACE target population during this period. The target population was limited to persons ages 55 and older certified as nursing home level of care. This data was used to establish the upper payment limit (UPL). The data from the base year will be reviewed annually and updated as needed based on the Medicare economic Index (MEI). The rate developed through this process will be below the UPL.

III. Enrollment and Disenrollment

The State assures that there is a process in place to provide for dissemination of enrollment and disenrollment data between the State and the State Administering Agency. The State assures that it has developed and will implement procedures for the enrollment and disenrollment of participants in the State's management information system, including procedures for any adjustment to account for the difference between the estimated number of participants on which the prospective monthly payment was based and the actual number of participants in that month.

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Enclosure 7, Page 6
Approval Date 7-09-14
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