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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 14-15

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

December 22, 2014

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

Our Reference: SPA OK 14-15

Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 14-15, dated September 30, 2014. This state plan amendment allows for the reduction of rates for payments to end stage renal disease dialysis 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 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,

Bill Brooks

Associate Regional Administrator

Cc: Tywanda Cox

Melinda Thomason

	1. TRANSMITTAL NUMBER	2. STATE			
TRANSMITTAL AND NOTICE OF APPROVAL O	F 1 4 - 1 5	Oklahoma			
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION:				
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICE		THE AIR OF THE OCCIAE			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE				
CENTERS FOR MEDICARE & MEDICAID SERVICES	1 1 4 0044				
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One)	July 1, 2014				
3. THE OFFERINATENIAE (ORGAN ORG)					
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS A NEW PLAN ▼ AMENDMENT					
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		mendment)			
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	70.544)			
42 CFR 441.40		<u>72,544)</u> 290,178)			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT					
6. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)				
	OTTAL IN EITH (II 7 Ipplied Sie				
Attachment 4 10 B Dage 10	Come Dage Deviced 07 04	1 40 TNI#40 40			
Attachment 4.19-B Page 19	Same Page Revised 07-01	1-12 IN#12-12			
10. SUBJECT OF AMENDMENT					
Rate reduction for end stage renal dialysis facilities.					
11. GOVERNOR'S REVIEW (Check One)					
GOVERNOR'S OFFICE REPORTED NO COMMENT	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.		n review State			
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO				
12. GIGHATORE OF STATE AGENCY STATES	16. KETOKKTO				
۷		N 41 - 14			
13. TYPED NAME		Oklahoma Health Care Authority			
Nico Gomez		Attn: Cindy Roberts			
14. TITLE		4345 N. Lincoln Oklahoma City, OK 73105			
Chief Executive Officer	Oklahoma City, OK 7310	J5			
15. DATE SUBMITTED					
September 30, 2014					
	DFFICE USE ONLY 18. DATE APPROVED				
30 September, 2014 PLAN APPROVED - ONE COPY ATTACHED					
	20. <u>SIGNATURE OF REGION</u> AL OFFICIA				
	For Bill				
1 July, 2014		BIOOKS			
21. TYPED NAME	22. TITLE Associate Regional Administrator (AF	24)			
Bill Brooks	Division of Medicaid and Children's Health (DMCH)				
23. REMARKS					
c: Nico Gomez					
Cindy Roberts					
Tywanda Cox					
FORM CMS-179 (07/92)					

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. 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 are reduced 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.

Effective for services provided on or after July 1, 2014, the rates in effect on June 30, 2014 are reduced by 7.75%.

State: Oklahoma

Date Received: 9/30/14 Date Approved: 12/22/14 Effective Date: 7/1/14

TN: 14-15

Revised 07-01-14

TN#_14-15	Approval Date	12/22/14	Effective Date	7/1/14
Supersedes TN# ¹²⁻¹²				