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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 14-16

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 22, 2014

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

Our Reference: SPA OK 14-16

Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 14-16, dated September 25, 2014. This state plan amendment allows for the reduction of rates to payments for clinical laboratory services.

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 solid black rectangular box redacting the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

Cc: Tywanda Cox  
Melinda Thomason

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
**1 4 - 1 6**

2. STATE  
**Oklahoma**

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  
**July 1, 2014**

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  
**42 CFR 440.30**

7. FEDERAL BUDGET IMPACT  
a. FFY 2014 (\$929,992)  
b. FFY 2015 (\$3,565,446)

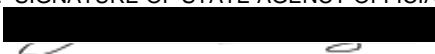
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-B, Page 2b**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Same Page, Revised 04-01-10, TN #10-18**

10. SUBJECT OF AMENDMENT  
**Payment for Clinical Laboratory Services**

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  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL  


13. TYPED NAME  
**Joel Nico Gomez**

14. TITLE  
**Chief Executive Officer**

15. DATE SUBMITTED  
**September 25, 2014**

16. RETURN TO  
**Oklahoma Health Care Authority  
Attn: Cindy Roberts  
4345 N. Lincoln  
Oklahoma City, OK 73105**

**FOR REGIONAL OFFICE USE ONLY**


17. DATE RECEIVED  
**25 September, 2014**

18. DATE APPROVED  
**22 December, 2014**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
**1 July, 2014**

21. TYPED NAME  
**Bill Brooks**

20. SIGNATURE OF REGIONAL OFFICIAL  


22. TITLE Associate Regional Administrator, Division of Medicaid and Children's Health (DMCH)

23. REMARKS  
c: Joel Nico Gomez  
Cindy Roberts  
Tywanda Cox  
Joseph Fairbanks

State: OKLAHOMA

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

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3. Payment will be made for covered clinical laboratory services at rates not to exceed 100% of the CMS National Laboratory Fee Schedule, or at rates not to exceed 100% of the local Medicare Carrier's allowable charge for procedures not included in the National Laboratory Fee Schedule, or in instances where no national or local fee has been established, an interim fee will be established by the State Plan Amendment Rate Committee of the Oklahoma Health Care Authority. All rates are published on the agency's website located at [www.okhca.org](http://www.okhca.org).

A uniform rate is paid to governmental and non-governmental providers.

Effective 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%.

Effective 07-01-14, the rates in effect on 06-30-14 will be decreased by 7.75%.

STATE: Oklahoma  
DATE RECEIVED: 9/25/14  
DATE APPROVED: 12/22/14  
EFFECTIVE DATE: 7/1/14  
TRANSMITTAL NUMBER: 14-16

Revised 07-01-14

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TN# OK 14-16 Approval Date 12/22/14 Effective Date 7/1/14  
Supersedes  
TN# OK 10-18