

## Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 14-20

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**

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December 22, 2014

Dr. Garth Splinter  
State Medicaid Director  
Oklahoma Health Care Authority  
4345 North Lincoln Blvd.  
Oklahoma City, OK, 73105

Our Reference: SPA OK 14-0020

Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 14-0020, dated September 30, 2014. This state plan amendment allows for 7.75 percent rate reduction for physician and physician assistant 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,



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 <b>1 4 - 2 0</b>	2. STATE <b>Oklahoma</b>
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE <b>July 1, 2014</b>	

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 440.10, 42 CFR 440.50, 42 CFR 440.60, 42 CFR 440.166	7. FEDERAL BUDGET IMPACT a. FFY <u>2014</u> (\$7,436,078) b. FFY <u>2015</u> (\$28,508,779)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-B Page 3 Attachment 4.19-B Page 21	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  Same Page, Revised 04-01-10, TN # 10-23 Same Page, Revised 04-01-10, TN # 10-23

10. SUBJECT OF AMENDMENT

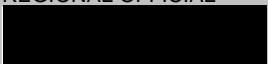
7.75% reduction in reimbursement for Physician/Physician Assistant Services

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 Plan  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      material.

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO  Oklahoma Health Care Authority Attn: Cindy Roberts 4345 N. Lincoln Blvd. Oklahoma City, OK 73105
13. TYPED NAME Joel Nico Gomez	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED September 30, 2015	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED 30-Sep-14	18. DATE APPROVED 22- Dec-14
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL 01-Jul-14	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Division of Medicaid and Children's Health

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

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

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1. Payment for physicians' services (includes medical and remedial care and services)

Payment for physician's services, radiology services and services rendered by other practitioners under the scope of their practice under State law, are covered under the Agency fee schedule. The payment amount for each service paid for under the fee schedule is the product of a uniform relative value unit (RVU) for each service and a conversion factor (CF). The CF converts the relative values into payment amounts. The general formula for calculating the fee schedule can be expressed as:

$$RVU \times CF = Rate$$

EPSTD screening and eye exams by optometrists have been incorporated into the fee schedule.

The fee schedule is uniformly applied to public and private providers unless otherwise described in the plan. The fee schedules for the above listed services are maintained in the Agency database and posted to the Agency's website ([www.okhca.org](http://www.okhca.org)).

Effective February 1, 2010, payment will not be made to physicians or other practitioners for three national coverage determinations which relate to serious, preventable errors in medical care. These errors include surgery performed on wrong body part, surgery performed on wrong patient, and wrong surgery performed on patient.

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

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

State: Oklahoma  
Date Received: September 30, 2014  
Date Approved: December 22, 2014  
Date Effective: July 1, 2014  
Transmittal Number: 14-0020

Revised 07-01-14

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TN# 14-0020 Approval Date 12-22-2014 Effective Date 7-1-2014  
Supersedes 10-23  
TN #

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

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**Physician Assistants**

Payment is made to physician assistants at 20 percent of the surgery allowable for physicians when service is assisting a surgeon at surgery.

All other services are reimbursed at 100 percent of the physician allowable.

Effective February 1, 2010, payment will not be made to physician assistants for three national coverage determinations which relate to serious, preventable errors in medical care. These errors include surgery performed on wrong body part, surgery performed on wrong patient, and wrong surgery performed on patient.

The fee schedule is uniformly applied to public and private providers unless otherwise described in the plan. The fee schedules for the above listed services are maintained in the Agency database and posted to the Agency's website ([www.okhca.org](http://www.okhca.org)).

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

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

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