

Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 14-21

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

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 14-0021

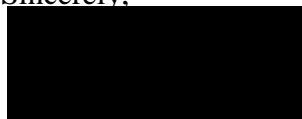
Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 14-0021, dated September 25, 2014. This state plan amendment allows for 7.75 percent rate reduction for free-standing ambulatory surgery center clinic 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 1 4 - 2 1	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 416.1	7. FEDERAL BUDGET IMPACT a. FFY 2014 (123,691) b. FFY 2015 (474,211)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 4b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same Page, Revised 04-01-10, TN # 10-24

10. SUBJECT OF AMENDMENT


7.75% rate reduction in reimbursement for ASCs

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 	16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 4345 N. Lincoln Oklahoma City, OK 73105
13. TYPED NAME Joel Nico Gomez	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED September 25, 2014	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 09/25/2014	18. DATE APPROVED 12/22/2014

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2014	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Director Division of Medicaid and Children's Health

23. REMARKS

c: Nico Gomez
Cindy Roberts
Tywanda Cox

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Free-Standing Ambulatory Surgery Center-Clinic

- A. Payment for outpatient surgical procedures that are covered under Medicare’s ASC payment system will be reimbursed 100 percent of the 2005 Medicare rate for such services. Surgical procedures are classified into payment groups based on Current Procedural Terminology (CPT). All procedures within the same payment group are paid at a single payment rate. For purposes of specifying the services covered by the facility rate, the OHCA hereby adopts and incorporates herein by reference the Medicare ASC procedures.
- B. Facility fees for surgical procedures not covered as Medicare ASC procedures and otherwise covered under Medicaid, will be reimbursed according to a State-specific fee schedule taking into consideration rates for Medicare Ambulatory Patient Classification (APC) pricing and reimbursement for similar services provided in the outpatient hospital setting. Bilateral or multiple procedures performed in one day will be subject to discounting.
- C. Fee schedule rates are the same for public and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency secure website and/or public website. The fee schedule will not exceed the upper payment limit (UPL) at 42 CFR 447.321 Outpatient hospital and clinic services: Application of upper payment limits. All rates are published on the agency’s website located at www.okhca.org. A uniform rate is paid to governmental and non-governmental providers.
- D. Effective for services provided on or after 04-01-10, the rates in effect as of 03-31-10 will be decreased by 3.25%.
- E. Effective for services provided on or after 07-01-14, the rates in effect as of 06-30-14 will be decreased by 7.75%.

State: Oklahoma
 Date Received: September 25, 2014
 Date Approved: December 22, 2014
 Date Effective: July 1, 2014
 Transmittal Number: 14-0021

Revised 07-01-14

TN# 14-0021 ApprovalDate 12-22-2014 Effective Date 7-1-2014
 Supersedes
 TN # 10-24