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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 14-22

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, Room 714
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

September 8, 2015

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

Our Reference: SPAOK-14-22

Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 14-22, dated September 29, 2014. This state plan amendment eliminates the perinatal dental benefit from the state plan and reduces the reimbursement rate for dental series by 7.75%.

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 pages are enclosed with this letter.

If you have any questions concerning this SPA, please contact Suzette Seng at (214) 767-6478 or via e-mail at Suzette.Seng@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

for

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 4 - 2 2	2. STATE Oklahoma
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES 1 DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2014
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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 440.100	7. FEDERAL BUDGET IMPACT a. FFY 2014 <u>(1,718,212)</u> b. FFY 2015 <u>(6,587,361)</u>
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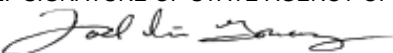
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 4a-2 Attachment 4.19-B Page 5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same Page, Revised 04-01-10, TN # 10-25 Same Page, Revised 04-01-10, TN # 10-25
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10. SUBJECT OF AMENDMENT

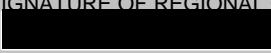
Elimination of the perinatal dental benefit and a 7.75% reduction in the reimbursement rate for dental services

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 	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 29, 2014	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 29-Sep-14	18. DATE APPROVED 08-Sep-15

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 01-Jul-14	20. SIGNATURE OF REGIONAL OFFICIAL  for
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Associate Regional Administrator

23. REMARKS

c: Nico Gomez
Cindy Roberts
Tywanda Cox

Division of Medicaid and Children's Health- Region VI

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

10. Dental Services

Dental coverage for adults is limited to emergency extractions.

Effective July 1, 2014, payment is no longer made for dental services for pregnant women.

For children, see item 4.b., EPSDT.

State: Oklahoma
Date Received: 9-29-14
Date Approved 9-8-15
Date Effective: 7-1-14
Transmittal Number: OK 14-22

Revised 07-01-14

TN# 14-22 Approval Date 9-18-15 Effective Date 7-1-14
Supersedes
TN# 10-25

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

Payment to Dentists for General Dental and Orthodontic Services

Dentists are reimbursed a fee for service rate for general dental and orthodontic services. The same rate is paid for each service regardless of where the service was provided. The agency's rates were set as of 1/1/2007 and are effective for services on or after that date. 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.

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

In addition, the reimbursement methodology for amalgam or posterior composite resin restorations which is the mean of the 2009 reimbursement rates for each, will be reduced by 3.00% along with all other dental fees effective 07-01-10.

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

Payments to Dentists Working at a Governmental Hospital Based Children's Dental Clinic

The State reimburses these dentists a fee for service amount that equals the average commercial fee schedule, which is calculated in the following manner. For each of the dental procedures rendered by dentists in this dental clinic, the State determined the average commercial allowed amount paid per procedure code by the top five commercial payers. The fee schedule amount for each dental procedure code equals an average of the payment by the top payers. The average commercial fee schedule rate provides for payment in-full and is not an add-on payment to the regular Medicaid rate. The agency's rates were set as of 1/1/2007 and are effective for services on or after that date. 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.

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

In addition, the reimbursement methodology for amalgam or posterior composite resin restorations which is the mean of the 2009 reimbursement rates for each, will be reduced by 3.00% along with all other dental fees effective 07-01-10.

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

Revised 07-1-14

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