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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 14-23

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
Oklahoma Health Care Authority
4345 North Lincoln Blvd.
Oklahoma City, OK, 73105

Our Reference: SPA OK 14-0023

Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 14-0023, dated September 30, 2014. This state plan amendment reduces the reimbursement rates for vaccine administration by 7.75 percent.

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 3

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
1928(c)(2)(C)(ii) of the Act

7. FEDERAL BUDGET IMPACT

a. FFY	2014	(119,719)
b. FFY	2015	(478,877)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 66(b)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)


Same Page, Revised 04-01-10, TN # 10-30

10. SUBJECT OF AMENDMENT

7.75% reduction to reimbursement for vaccine administration

11. GOVERNOR'S REVIEW (*Check One*)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The Governor does not review State Plan material.
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

12. SIGNATURE OF STATE AGENCY OFFICIAL


13. TYPED NAME
Nico Gomez

14. TITLE
Chief Executive Officer

15. DATE SUBMITTED
September 30, 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 September 30, 2014	18. DATE APPROVED December 22, 2014
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2014	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: Nico Gomez
Cindy Roberts
Tywanda Cox

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

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928 (c) (2) (i) A provider may impose a charge for the administration of a qualified vaccine as stated in 1928 (c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

- (ii) The State:
 - sets a payment rate at the level of the regional maximum established by the DHHS Secretary for public providers.
 - is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.
 - sets a payment rate below the level of the regional maximum established by the DHHS Secretary for non public providers.
 - is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine non public providers:

\$19.58 for participating providers

All rates are published on the agency’s website located at www.okhca.org. As indicated above, public providers are reimbursed at the level of the regional maximum.

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

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

(iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

“Other”-The State will attempt to set administration fee at Regional Maximum at earliest opportunity for non public providers.

State: Oklahoma
Date Received: 9/30/14
Date approved: 12/22/14
Date Effective: 7/01/14
Transmittal Number: OK 14-0023

Revised 07-01-14

TN # 14-0023 Approval Date 12-22-14 Effective Date 07-01-14
Supersedes
TN # 10-0030