

## Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 15-01

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 18, 2014

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

Our Reference: SPA OK 14-0024

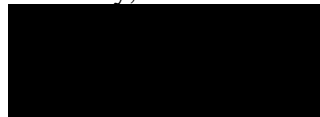
Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 14-0024, dated September 29, 2014. This state plan amendment allows for a reduction in the reimbursement rate for Medicare crossover coinsurance claims.

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 Suzette Seng at (214) 767-6478.

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 4**

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 447.272      42 CFR 447.321      1902(a)(10)( E)(i) and  
1905(p)(1) through (3)

7. FEDERAL BUDGET IMPACT  
a. FFY 2014      (4,624,837)  
b. FFY 2015      (18,499,351)


8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
**Supplement to Attachment 4.19-B, Page 3**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)  
  
**Same Page, Revised 01-01-13, TN # 13-04**

10. SUBJECT OF AMENDMENT  
  
**A 7.75% reduction in the reimbursement rate for Medicare crossover coinsurance claims.**

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 material.**  
 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 29, 2014**

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

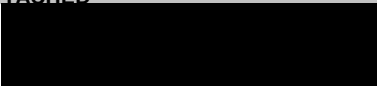
**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED  
**09/29/2014**

18. DATE APPROVED  
**12/18/2014**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
**01-Jul-14**

20. SIGNATURE  


21. TYPED NAME

22. TITLE  
**Associate Regional Administrator  
Division of Medicaid and Children's Health**

23. REMARKS  
c: Nico Gomez  
Cindy Roberts  
Tywanda Cox

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

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

Payment of Deductible and Coinsurance for Medicare Part A and Part B Claims

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1. Payment of Deductible and Coinsurance for Medicare Part A Claims:

The Medicaid agency uses the following method for specific Medicare hospital services which are not specifically addressed elsewhere in the State Plan:

Deductible – 75%  
Coinsurance – 25%

Total payments from all sources will not be less than the Medicaid established rate of payment per claim.

Payment for skilled nursing facility services will be made up to the full Medicare rate for coinsurance and deductible, if any.

For all other services, payment is made at a rate of 100 percent of the deductible and 46.25 percent of the coinsurance.

2. Payment of Deductible and Coinsurance for Medicare Part B Claims:

The Medicaid agency uses the following method for specific Medicare hospital services and dialysis services which are not specifically addressed elsewhere in the State Plan:

Deductible – 75%  
Coinsurance – 25%

Total payments from all sources will not be less than the Medicaid established rate of payment per claim.

Excluding durable medical equipment and transportation, payment is made at a rate of 100 percent of the deductible and 46.25 percent of the coinsurance for all other services.

Revised 07-01-14

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TN# 14-24 Approval Date 12/18/2014 Effective Date 7/1/2014

Supersedes  
TN# 13-04

State: Oklahoma  
Date Received: September 29, 2014  
Date Approved: December 18, 2014  
Date Effective: July 1, 2014  
Transmittal Number: 14-0024