

Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 16-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved 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

April 20, 2016

Our Reference: SPA OK 16-13

Becky Pasternik-Ikard
State Medicaid Director
2401 NW 23rd Street, Suite 1A
Oklahoma City, Oklahoma 73107

Dear Ms. Pasternik-Ikard:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 16-13, dated January 26, 2016. 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 January 1, 2016. A copy of the CMS-179 and approved plan page are enclosed with this letter.

If you have any questions, please contact Suzette Seng of my staff at (214) 767-6478 or by email at suzette.seng@cms.hhs.gov.

Sincerely,



Bill Brooks
Associate Regional Administrator

Cc: Melinda Thomason
Sandra Puebla
Tywanda Cox

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 6 - 1 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 January 1, 2016
---	--

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 2016 (\$3,739,006) b. FFY 2017 (\$7,234,639)
--	--

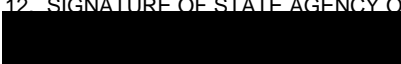
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 4.19-B, Page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement to Attachment 4.19-B, Page 3, TN # 15-10
--	---

10. SUBJECT OF AMENDMENT


Reduce payment for Medicare Part A coinsurance and deductible on crossover claims to nursing facilities.

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 	16. RETURN TO Oklahoma Health Care Authority Attn: Tywanda Cox 4345 N. Lincoln Oklahoma City, OK 73105
13. TYPED NAME Nico Gomez	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED January 26, 2016	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED January 26, 2016	18. DATE APPROVED April 20, 2016

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2016	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
Becky Pasternik-Ikard
Tywanda Cox

FORM CMS-179 (07/92)

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

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

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.

For crossover claims on services that were rendered on or after January 1, 2016, payment for skilled nursing facility services will be made at 20 percent of the 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 medical 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 01-01-16

TN# 16-13 Approval Date 04/20/2016 Effective Date 01/01/2016
Supersedes
TN# 15-10

State: Oklahoma
Date Received: January 26, 2016
Date Approved: April 20, 2016
Date Effective: January 1, 2016