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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 16-0025

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

November 29, 2016

Our Reference: SPA OK 16-25

Becky Pasternik-Ikard, CEO
Oklahoma Health Care Authority
2401 NW 23rd Street, Suite 1A
Oklahoma City, Oklahoma 73107

Dear Ms. Pasternik-Ikard:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 16-25, with an effective date of September 1, 2016. This amendment was submitted to reinstate reimbursement for Private Duty Nursing, including those which are delivered through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, to the rate paid prior to the three percent reduction which was implemented on January 1, 2016. The requested amendment will result in a Federal budget impact of \$23,009 for Federal Fiscal Year (FFY) 2016 and \$271,355 for FFY 2017.

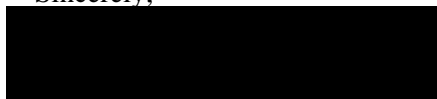
This letter affirms that OK 16-25 is approved effective September 1, 2016 as requested by the State.

We are enclosing the CMS-179 and the following amended plan pages.

- Attachment 4.19-B, Page 3
- Attachment 4.19-B, Page 28.8

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767- 6479, or by email at stacey.shuman@cms.hhs.gov.

Sincerely,



Bill Brooks
Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas
Stacey Shuman, DMCH Dallas
Mark Pahl, CMS Baltimore

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
1 6 - 2 5

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
September 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 440.80

7. FEDERAL BUDGET IMPACT

a. FFY 2016 **\$23,009**

b. FFY 2017 **\$271,355**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, page 3
Attachment 4.19-B, page 28.8

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 4.19-B, page 3, TN # 16-05
Attachment 4.19-B, page 28.8, TN # 90-12

10. SUBJECT OF AMENDMENT


Three Percent Provider Rate Cut Reversal for Private Duty Nursing

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


13. TYPED NAME
Joel Nico Gomez

14. TITLE
Chief Executive Officer

15. DATE SUBMITTED
September 26, 2016

16. RETURN TO

Oklahoma Health Care Authority
Attn: Cindy Roberts
2401 N.W. 23rd. Suite 1A
Oklahoma City, OK 73107

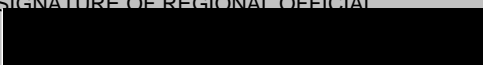
FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
09/26/2016

18. DATE APPROVED
11/29/2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
09/01/2016

20. SIGNATURE OF REGIONAL OFFICIAL


21. TYPED NAME
Bill Brooks

22. TITLE
Associate Regional Administrator, Division of Medicaid and Children's Health (DMCH)

23. REMARKS

c: Nico Gomez
Becky Pasternik-Ikard
Tywanda Cox

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

1. Payment for physicians' services (includes medical and remedial care and services)

Payment for physician's services, radiology services and services rendered by other practitioners under the scope of their practice under State law, are covered under the Agency fee schedule. The payment amount for each service paid for under the fee schedule is the product of a uniform relative value unit (RVU) for each service and a conversion factor (CF). The CF converts the relative values into payment amounts. The general formula for calculating the fee schedule can be expressed as:

$$RVU \times CF = Rate$$

EPSTD screenings and eye exams by optometrists have been incorporated into the fee schedule.

The fee schedule is uniformly applied to public and private providers unless otherwise described in the plan. The fee schedules for the above listed services are maintained in the Agency database and posted to the Agency's website (www.okhca.org).

Effective February 1, 2010, payment will not be made to physicians or other practitioners for three national coverage determinations which relate to serious, preventable errors in medical care. These errors include surgery performed on wrong body part, surgery performed on wrong patient, and wrong surgery performed on patient.

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

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

Effective 07-01-15, payment for physician services is based on place of service and utilizes both facility and non-facility Medicare physician fee schedule total RVUs to determine reimbursement.

Effective for services provided on or after 01-01-16, the rates in effect on 12-31-15 will be decreased by 3%.

Effective for Private Duty Nursing services provided on or after 09-01-16, the rate paid will be the rate in effect as of 12-31-15.

State: Oklahoma
Date Received: 26 September, 2016
Date Approved: 29 November, 2016
Effective Date: 1 September, 2016
Transmittal Number: 16-25

Revised 09-01-16

TN# 16-25

Approval Date 11/29/16

Effective Date 09/01/16

Supersedes
TN# 16-05

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

Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)

- h. Private Duty Nursing – Refer to Attachment 4.19-B, page 3, for methods and standards for establishing payment rates.

State: Oklahoma
Date Received: 26 September, 2016
Date Approved: 29 November, 2016
Effective Date: 1 September, 2016
Transmittal Number: 16-25

Revised 09-01-16

TN# 16-25

Approval Date 11/29/16

Effective Date 09/01/16

Supersedes
TN# 90-12