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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 16-0027

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 16-27

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. 16-27, with an effective date of September 1, 2016. This amendment was submitted to reinstate reimbursement for Emergency Medical Transportation 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 \$58,611 for Federal Fiscal Year (FFY) 2016 and \$691,220 for FFY 2017.

This letter affirms that OK 16-27 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 6
- Attachment 4.19-B, Page 6.1

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,

A solid black rectangular box used to redact the signature of the sender.

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 7	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
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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 440.170(a)	7. FEDERAL BUDGET IMPACT a. FFY 2016 \$58,611 b. FFY 2017 \$691,220
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 6 Attachment 4.19-B, Page 6.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 6, TN # 16-09 New Page
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10. SUBJECT OF AMENDMENT


Three Percent Provider Rate Cut Reversal for Emergency Transportation

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 Blvd. Oklahoma City, OK 73105
13. TYPED NAME Joel Nico Gomez	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED September 26, 2016	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 26-Sep-16	18. DATE APPROVED 29-Nov-16

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 01-Sep-16	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator (ARA), Division of Medicaid and Childrens 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**

Transportation

Payment is made for the least expensive means of transportation commensurate with the patient’s needs. Fee schedule rates are the same for public and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency secure website and/or public website.

Ground Ambulance Transports – Payment will be made for each level of service based on the geographically adjusted Medicare Ambulance Fee Schedule (AFS). 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 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%. Rates are based on the urban rate, regardless of the point of pickup (POP).

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

Effective for services provided on or after 09-01-16, the rates paid will be the rates that were in effect as of 12-31-2015.

A. Air Ambulance Transports – Reimbursement for air ambulance service is made based on the Medicare AFS. Payment will not exceed 100% of the Medicare allowable rates.

1. Rotary Wing (RW) - Payment to providers affiliated with Level I Trauma Centers is based on a blend of the urban and rural rates for both the base payment and the mileage rate. The blended ratio is .41/.59 for the POP. The rate for base and mileage for all other RW providers is based on the urban rate, regardless of the POP. 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%.

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 services provided on or after 09-01-16, the rate paid will be the rate in effect as of 12-31-2015.

2. Fixed wing (FW) – Payment is calculated using the urban base rate and mileage, regardless of the POP. Effective with claims for dates of service on or after July 1, 2008, reimbursement is made based on the 2008 Medicare AFS.

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 services provided on or after 09-01-16, the rate paid will be the rate in effect as of 12-31-2015.

State: Oklahoma
 Date Received: 26 September, 2016
 Date Approved: 29 November, 2016
 Effective Date: 1 September, 2016
 Transmittal Number: 16-27

Revised 09-01-16

TN# 16-27

Approval Date 11/29/16

Effective Date 09/01/16

Supersedes
TN# 16-09

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

Transportation

B. Non-Emergency

1. Ground Transportation – All transportation by public carrier or private vehicle is coordinated statewide through the designated SoonerRide transportation broker. The State assures that the broker itself will not be a provider of transportation as prescribed at 42 CFR 440.170(a)(4)(i)((D)(ii)(A).
2. Airline Travel - Prior Authorization is required for commercial airline transportation. The use of airline accommodations may be authorized or approved when the individual's medical condition is such that transportation out-of-state by commercial airline is required. Officials authorizing travel by commercial airline will require the most economical fare be used to the maximum extent possible.

- C. Meals and Lodging - The cost of meals and lodging are provided only when necessary in connection with transportation to and from medical care. Payment is made using a per diem fee schedule.

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New Page 09-01-16

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