

## Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 19-0002

This file contains the following documents in the order listed:

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

## Regional Operations Group

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July 16, 2019

Our Reference: SPA OK 19-0002

Becky Pasternik-Ikard  
Chief Executive Officer  
4345 N. Lincoln Blvd.  
Oklahoma City, Oklahoma 73105

Dear Ms. Pasternik-Ikard:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 19-0002, with an effective date of April 1, 2019. This amendment was submitted to update the reimbursement percentage amount for deductible and coinsurance on crossover claims to reflect current practice.

This letter affirms that OK 19-0002 is approved effective April 1, 2019 as requested by the State.


We are including the CMS-179 and the following amended plan page:

- 4.19-B, Page 3

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](mailto:stacey.shuman@cms.hhs.gov).

Sincerely,

for

  
Bill Brooks  
Director  
Centers for Medicaid & CHIP Services  
Regional Operations Group

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

1. TRANSMITTAL NUMBER

1 9 — 0 0 02

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

April 1, 2019

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS 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 2019 \$ 0  
b. FFY 2020 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 1 to Attachment 4.19-B Page 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Supplement 1 to Attachment 4.19-B, Page 3; TN # 16-13

10. SUBJECT OF AMENDMENT

Deductible and Coinsurance for Medicare Claims

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

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME  
Becky Pasternik-Ikard

14. TITLE  
Chief Executive Officer

15. DATE SUBMITTED  
May 1, 2019

16. RETURN TO

Oklahoma Health Care Authority  
Attn: Nicole Nantois  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED  
May 1, 2019

18. DATE APPROVED  
July 16, 2019

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

for Bill Brooks

21. TYPED NAME

Bill Brooks

22. TITLE

Director, Centers for Medicaid & CHIP Services  
Regional Operations Group

23. REMARKS

**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:

For Qualified Medicare Beneficiaries (QMB) and Qualified Medicare Beneficiaries with full Medicaid benefits (QMB Plus), the Medicaid agency uses the following method for specific Medicare hospital services, psychiatric hospital services, and psychiatric residential facility (PRTF) services which are not specifically addressed elsewhere in the State Plan:

Deductible – 75%  
Coinsurance – 25%

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.

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 – 100%  
Coinsurance – 46.25%

For Indian health service (IHS) clinics and transportation, payment is made at a rate of 100 percent of the deductible and 100 percent of the coinsurance.

State: Oklahoma  
Date Received: 1 May, 2019  
Date Approved: 16 July, 2019  
Effective Date: 1 April, 2019  
Transmittal Number: 19-0002

Revised 04-01-19

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TN# 19-0002 Approval Date 07/16/19 Effective Date 04/01/19

Supersedes TN# 16--13