

## Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 19-0019

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  
1301 Young Street  
Dallas, Texas 75202



## **Regional Operations Group**

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April 2, 2019

Our Reference: SPA OK 19-0019

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

Dear Ms. Pasternik-Ikard:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 19-0019, with an effective date of January 1, 2019. This amendment was submitted to revise the Outpatient Services Reimbursement frontispiece to reflect that an update to the Agency's fee schedule for Outpatient Services occurs when the Medicare rates are updated pursuant to the specified reimbursement methodology in the State Plan.

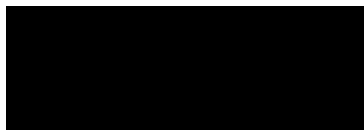
This letter affirms that OK 19-0019 is approved effective January 1, 2019 as requested by the State.

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

- Attachment 4.19-B, Page 1


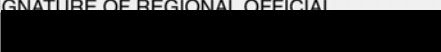
If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at [stacey.shuman@cms.hhs.gov](mailto:stacey.shuman@cms.hhs.gov).

Sincerely,



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

Cc: Billy Bob Farrell

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>1 9</u> — <u>0 0</u> 19	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, 2019	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION Section 1902(a)(30)(A) of the Social Security Act; 42 CFR Parts 440 and 447		7. FEDERAL BUDGET IMPACT a. FFY 2019 \$ 0 b. FFY 2020 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Introduction, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) Attachment 4.19-B, Introduction, Page 1; TN # 18-26	
10. SUBJECT OF AMENDMENT Revision to outpatient services reimbursement frontispiece to reflect that an update to the Agency's fee schedule for outpatient services occurs when the Medicare rates are updated pursuant to the specified reimbursement methodology in the State Plan.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Oklahoma Health Care Authority Attn: Nicole Nantois 4345 N. Lincoln Blvd. Oklahoma City, OK 73105	
13. TYPED NAME Becky Pasternik-Ikard			
14. TITLE Chief Executive Officer			
15. DATE SUBMITTED March 22, 2019			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED March 22, 2019		18. DATE APPROVED April 2, 2019	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Bill Brooks		22. TITLE Director, Centers for Medicaid & CHIP Services Regional Operations Group	
23. REMARKS			

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**DATES FOR ESTABLISHING PAYMENT RATES FOR ATTACHMENT 4.19-B SERVICES**


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**Effective Dates for Reimbursement Rates for Specified Services:**

Reimbursement rates for the services listed on this introduction page are effective for services provided on or after that date with two exceptions:

1. Medicaid reimbursement using Medicare rates are updated annually based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.
2. Medicaid reimbursement using Medicare codes are updated and effective on the first of each quarter based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.

Payment methods for each service are defined in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, as referenced. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of outpatient services. The fee schedule is published on the agency's website at [www.okhca.org/feeschedules](http://www.okhca.org/feeschedules).

Service	State Plan Page	Effective Date
Outpatient Hospital Services	Attachment 4.19-B, Page 1	October 1, 2018
A. Emergency Room Services		October 1, 2018
B. Outpatient Surgery	Attachment 4.19-B, Page 1a	October 1, 2018
C. Dialysis Services		October 1, 2018
D. Ancillary Services, Imaging and Other Diagnostic Services		October 1, 2018
E. Therapeutic Services	Attachment 4.19-B, Page 1b	October 1, 2018
F. Clinic Services and Observation/Treatment Room		October 1, 2018
Clinical Laboratory Services	Attachment 4.19-B, Page 2b	October 1, 2018
Physician Services	Attachment 4.19-B, Page 3	October 1, 2018
Home Health Services	Attachment 4.19-B, Page 4	October 1, 2018
Free-Standing Ambulatory Surgery Center-Clinic Services	Attachment 4.19-B, Page 4b	October 1, 2018
Dental Services	Attachment 4.19-B, Page 5	October 1, 2018
Transportation Services	Attachment 4.19-B, Page 6	October 1, 2018
Eyeglasses	Attachment 4.19-B, Page 10.1	October 1, 2018
Nurse Midwife Services	Attachment 4.19-B, Page 12	October 1, 2018
Family Planning Services	Attachment 4.19-B, Page 15	October 1, 2018
Renal Dialysis Facilities	Attachment 4.19-B, Page 19	October 1, 2018
Other Practitioners' Services		
• Anesthesiologists	Attachment 4.19-B, Page 20	October 1, 2018
• Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologist Assistants	Attachment 4.19-B, Page 20a	October 1, 2018
• Physician Assistants	Attachment 4.19-B, Page 21	October 1, 2018
Nutritional Services	Attachment 4.19-B, Page 21-1	October 1, 2018
4.b. EPSDT		
• Emergency Hospital Services	Attachment 4.19-B, Page 28.1	October 1, 2018
• Speech and Audiologist Therapy Services, Physical Therapy Services, and Occupational Therapy Services	Attachment 4.19-B, Page 28.2	October 1, 2018
• Hospice Services	Attachment 4.19-B, Page 28.4	October 1, 2018

Revised 1/1/19

TN# 19-0019

Approval Date 04/02/2019

Effective Date 01/01/2019

Supersedes TN # 18-0026