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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 19-034

This file contains the following documents in the order listed:

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

Regional Operations Group

October 28, 2019

Our Reference: SPA OK 19-0034

Melody Anthony
State Medicaid Director
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Dear Ms. Anthony:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 19-0034, with an effective date of October 1, 2019. This amendment was submitted to update the fee-for-service rate schedule to include a five percent (5%) increase for reimbursement rates for the following providers and/or services: vaccine administration, outpatient hospital, clinical laboratory, physician, physician assistants, home health, freestanding ASC, dental, renal dialysis facilities, anesthesiologist, certified registered nurse, ambulance transportation providers, nurse midwife, family planning, emergency hospital, speech and audiologist therapy, physical therapy, occupational therapy, hospice, nutritional, respiratory care, private duty nursing (PDN), licensed clinical social worker, pediatric advanced practice nurse, family advance practice nurse, and eyeglasses.

This letter affirms that OK 19-0034 is approved effective October 1, 2019 as requested by the State.

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

- Page 66(b)
- Attachment 4.19-B, Introduction, Page 1
- Attachment 4.19-B, Introduction, Page 2

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
Director
Centers for Medicaid & CHIP Services
Regional Operations Group

Cc: Billy Bob Farrell, ROG Dallas
Sandra Puebla, OHCA

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

1. TRANSMITTAL NUMBER

1 9 — 0 0 34

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

October 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

Section 1902(a)(30)(A) of the Social Security Act; 42 CFR Parts 440 and 447

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 34,970,376

b. FFY 2021 \$ 35,616,602

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 66(b)
Attachment 4.19-B, Page 1
Attachment 4.19-B, Page 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Page 66(b); TN # 18-0026
Attachment 4.19-B, Introduction, Page 1; TN # 19-0009
Attachment 4.19-B, Introduction, Page 2; TN # 18-0026

10. SUBJECT OF AMENDMENT

FFS fee schedule rate update - five percent (5%) rate increase to outpatient services.

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

[Redacted Signature]

16. RETURN TO

Oklahoma Health Care Authority
Attn: Maria Maule
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

13. TYPED NAME

Melody Anthony

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

10/4/2019

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

10/04/2019

18. DATE APPROVED

10/28/2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

10/01/2019

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

21. TYPED NAME

Bill Brooks

22. TITLE Division of Medicaid and Children's Health
Regional Operations Group -- Dallas

23. REMARKS

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

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928 (c) (2) (C) (ii) of the Act (i) A provider may impose a charge for the administration of a qualified vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

(ii) The State:

X sets a payment rate at the level of the regional maximum established by the DHHS Secretary for public providers.
The rate for public providers is \$19.58.

 is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

X sets a payment rate below the level of the regional maximum established by the DHHS Secretary for non-public providers.
The rate for private providers is \$19.58 minus the rate reductions that are in effect.

 is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The agency’s fee schedule rate was set as of October 1, 2019 and is effective for services provided on or after that date. All rates are published on the agency’s website at www.okhca.org/feeschedules. As indicated above, public providers are reimbursed at the level of the regional maximum.

Private providers are defined as providers that do not have an affiliation with a government agency.

(iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

“Other”-The State will attempt to set administration fee at Regional Maximum at earliest opportunity for non-public providers.

State: Oklahoma
Date Received: 4 October, 2019
Date Approved: 28 October, 2019
Effective Date: 1 October, 2019
Transmittal Number: 19-0034

Revised 10-01-19

TN # 19-0034

Approval Date 10/28/2019

Effective Date 10/01/2019

Supersedes TN # 18-0026

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

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.

In the event an out-of-state provider will not accept the payment rate established in Attachment 4.19-B, Methods and Standards for Establishing Rates, the state will either: a) negotiate a reimbursement rate equal to the rate paid by Medicare, unless otherwise specified in the plan; or b) services that are not covered by Medicare, but are covered by the plan, will be reimbursed as determined by the State.

Service	State Plan Page	Effective Date
Outpatient Hospital Services	Attachment 4.19-B, Page 1	October 1, 2019
A. Emergency Room Services		October 1, 2019
B. Outpatient Surgery	Attachment 4.19-B, Page 1a	October 1, 2019
C. Dialysis Services		October 1, 2019
D. Ancillary Services, Imaging and Other Diagnostic Services		October 1, 2019
E. Therapeutic Services	Attachment 4.19-B, Page 1b	October 1, 2019
F. Clinic Services and Observation/Treatment Room		October 1, 2019
H. Partial Hospitalization Program Services		April 1, 2019
Clinical Laboratory Services	Attachment 4.19-B, Page 2b	October 1, 2019
Physician Services	Attachment 4.19-B, Page 3	October 1, 2019
Home Health Services	Attachment 4.19-B, Page 4	October 1, 2019
Free-Standing Ambulatory Surgery Center-Clinic Services	Attachment 4.19-B, Page 4b	October 1, 2019
Dental Services	Attachment 4.19-B, Page 5	October 1, 2019
Transportation Services	Attachment 4.19-B, Page 6	October 1, 2019
Eyeglasses	Attachment 4.19-B, Page 10.1	October 1, 2019
Nurse Midwife Services	Attachment 4.19-B, Page 12	October 1, 2019
Family Planning Services	Attachment 4.19-B, Page 15	October 1, 2019
Renal Dialysis Facilities	Attachment 4.19-B, Page 19	October 1, 2019
Other Practitioners' Services		
• Anesthesiologists	Attachment 4.19-B, Page 20	October 1, 2019
• Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologist Assistants	Attachment 4.19-B, Page 20a	October 1, 2019
• Physician Assistants	Attachment 4.19-B, Page 21	October 1, 2019
Nutritional Services	Attachment 4.19-B, Page 21-1	October 1, 2019
4.b. EPSDT		
• Partial Hospitalization Program Services	Attachment 4.19-B, Page 17	April 1, 2019
• Emergency Hospital Services	Attachment 4.19-B, Page 28.1	October 1, 2019
• Speech and Audiologist Therapy Services, Physical Therapy Services, and Occupational Therapy Services	Attachment 4.19-B, Page 28.2	October 1, 2019
• Hospice Services	Attachment 4.19-B, Page 28.4	October 1, 2019

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DATES FOR ESTABLISHING PAYMENT RATES FOR ATTACHMENT 4.19-B SERVICES**Effective Dates for Reimbursement Rates for Specified Services: (continued)**

Service	State Plan Page	Effective Date
4.b. EPSDT (<i>continued</i>) <ul style="list-style-type: none"> Other Practitioner – Applied Behavior Analysis (ABA) Services 	Attachment 4.19-B, Page 28.13	July 1, 2019
Christian Science Nurses	Attachment 4.19-B, Page 28.5	October 1, 2019
Dentures	Attachment 4.19-B, Page 28.6	October 1, 2019
Respiratory Care	Attachment 4.19-B, Page 28.7	October 1, 2019
Private Duty Nursing Services	Attachment 4.19-B, Page 28.8	October 1, 2019
Physical Therapist	Attachment 4.19-B, Page 28.9	October 1, 2019
Occupational Therapist	Attachment 4.19-B, Page 28.10	October 1, 2019
Christian Science Sanatoria	Attachment 4.19-B, Page 28.11	October 1, 2018
Other Practitioner – Licensed Clinical Social Worker	Attachment 4.19-B, Page 28.12	October 1, 2019
Pediatric or Family Nurse Practitioner (Advanced Practice Nurse) Services	Attachment 4.19-B, Page 32	October 1, 2019

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