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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 20-001

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 6, 2020

Melody Anthony
State Medicaid Director
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

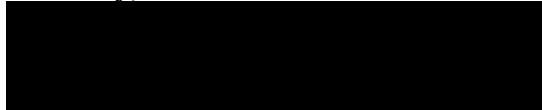
Dear Ms. Anthony:

On January 13, 2020, the Centers for Medicare & Medicaid Services (CMS) received Oklahoma State Plan Amendment (SPA) No. 20-0001. This SPA was submitted to establish a provider directory per the requirements of Section 5006 of the 21st Century Cures Act.

We are pleased to inform you that SPA #20-0001 was approved January 31, 2020, with an effective date of January 1, 2020, as requested by the State. Enclosed is a copy of the CMS 179 summary form, as well as the approved pages for incorporation into the Oklahoma State Plan.

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,



James Scott, Director
Division of Program Operations

Enclosures

cc:
Kasie McCarty, Oklahoma Health Care Authority
Megan Buck, Branch Manager

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

1. TRANSMITTAL NUMBER

2 0 — 0 0 01

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, 2020

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 5006 of P-L 114-255 and 42 U.S.C. 1396a(a)(83)

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 0
b. FFY 2021 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 79z

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Page 79z; NEW

10. SUBJECT OF AMENDMENT

Establish a provider directory as per the requirements of Section 5006 of the 21st Century Cures Act

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
Melody Anthony

14. TITLE
State Medicaid Director

15. DATE SUBMITTED
1/13/2020

16. RETURN TO

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
01/13/2020

18. DATE APPROVED
01/31/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
01/1/2020

20. SIGNATURE

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Citation:
Section 5006 of P-L 114-255

4.47 21st CENTURY CURES ACT – Section 5006:
Requiring Publication of Fee-for-Service Provider Directory

- State is in compliance with the requirements of Section 5006 of the 21st Century Cures Act.
- State will be in compliance with Section 5006 of the 21st Century Cures Act by _____.
- State Plan's managed care coverage exempts this state from the requirements of Section 5006 of the 21st Century Cures Act.
- State would potentially need to enact legislation to comply with Section 5006 of the 21st Century Cures Act and will discuss compliance with CMS.

State: Oklahoma
Date Received: 13 January, 2020
Date Approved: 31 January, 2020
Effective Date: 1 January, 2020
Transmittal Number: 20-0001

NEW 01/01/2020

TN # 20-0001 Approval Date 01/31/2020 Effective Date 01/01/2020

Supersedes TN # None -- NEW PAGE