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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 20-0011 **CORRECTED**

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 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

February 25, 2020

Melody Anthony, State Medicaid Director
Oklahoma Health Care Authority
Attn: Maria Maule
4345 N. Lincoln Boulevard
Oklahoma City, OK 73105

Dear Ms. Anthony:

On January 27, 2020, the Centers for Medicare & Medicaid Services (CMS) received Oklahoma State Plan (SPA) No. 20-0011. This SPA was submitted to include pancreas and intestinal transplants as covered organ and tissue transplant procedures. It also updated transplant standards to include donor search and procurement services and to ensure that the methods used for organ acquisition are consistent with the Medicare program.

We are pleased to inform you that SPA #20-0011 was approved on February 24, 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 page for incorporation into the Oklahoma State Plan.

If you have any questions regarding this matter you may contact Deborah Read (816) 426-5925 or by e-mail at Deborah.read@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. A blue ink scribble is visible above the redaction.

James G. Scott, Director
Division of Program Operations

Signed by: James G. Scott -S

Enclosures

cc:

Kasie McCarty, Oklahoma Health Care Authority
Megan Buck, Branch Manager, DPO-North

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

1. TRANSMITTAL NUMBER

2 0 — 0 0 11

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

42 CFR §§ 482.74, 441.35; 1903(i) of the SSA

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 689,593

b. FFY 2021 \$ 868,763

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-E, Page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 3.1-E, Page 1, TN # 00-19

10. SUBJECT OF AMENDMENT

SPA to add pancreas and intestinal to the list of organ transplant procedures as well as updating the standards of organ transplant coverage.

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]

13. TYPED NAME

Melody Anthony

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

1/27/2020

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

01/27/2020

18. DATE APPROVED

02/24/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

Digitally signed by James G. Scott -S

Date: 2020.02.25 14:41:21 -06'00'

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

The following organ and tissue transplant procedures are covered:

1. bone marrow;
2. stem cells;
3. cornea;
4. heart;
5. kidney;
6. liver;
7. lung;
8. simultaneous pancreas-kidney (SPK);
9. pancreas after kidney (PAK);
10. heart-lung;
11. pancreas (alone);
12. intestinal (multivisceral and/or intestinal); and
13. other multi-organ transplants as deemed medically necessary.

The following standards apply to organ transplant services:

- a. similarly situated individuals are treated alike;
- b. any restriction, on the facilities or practitioners which may provide such procedures, is consistent with the accessibility of high quality care to individuals eligible for the procedures under the State plan; and
- c. services are reasonable in amount, duration, and scope to achieve their purpose.

The following limitations apply to organ transplant services:

- a. all transplantation services, except kidney and cornea, must be prior authorized;
- b. all transplant procedures are reviewed and prior authorization is based upon appropriate medical criteria;
- c. all organ transplants must be performed at a Medicare approved transplantation center;
- d. procedures considered experimental or investigational are not covered; and
- e. donor search and procurement services are covered for transplants consistent with the methods used by the Medicare program for organ acquisition costs.

For the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) population of all Medicaid eligible children under the age of 21, services are furnished based on medical necessity.

Revised 01/01/20

TN # 20-0011

Approval Date 02/24/2020

Effective Date 01/01/2020

Supersedes TN # 00-19