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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 24-0011

This file contains the following documents in the order listed:

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

August 22, 2024

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

Re: Oklahoma State Plan Amendment (SPA) 24-0011

Dear Director Rains:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0011. This amendment proposes to amend the Supplement to Attachment 4.22, which provides an attestation that state laws are in place that restrict third party insurers from denying a claim solely on the basis that the Medicaid member failed to obtain prior authorization for a service so long as that service is covered in the state plan or a waiver.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Oklahoma Medicaid SPA TN 24-0011 was approved on August 22, 2024, with an effective date of June 14, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Oklahoma State Plan.

If you have any questions, please contact Stacey Steiner at (469) 904-1068 or via email at <a href="mailto:Stacey.Steiner@cms.hhs.gov">Stacey.Steiner@cms.hhs.gov</a>.

Sincerely,

James G. Scott, Director Division of Program Operations

Enclosures

cc: Kasie McCarty, Oklahoma Health Care Authority Heather Cox, Oklahoma Health Care Authority Lauran Johnson, Oklahoma Health Care Authority

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES  TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. FEDERAL STATUTE/REGULATION CITATION  1902(a)(25)(I)	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT  4. PROPOSED EFFECTIVE DATE  June 14, 2024  6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  a FFY 2024 \$ 42,004.00  b. FFY 2025 \$ 167,975.00
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 4.22	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Supplement to Attachment 4.22; TN# 07-09
<ol> <li>SUBJECT OF AMENDMENT</li> <li>Attestation that State law prohibits third-party insurers from denying claims on the basis that a Medicaid member failed to obtain prior authorization when service covered under State Plan or waiver, required by the Consolidated Appropriations Act (2022).</li> </ol>	
10. GOVERNOR'S REVIEW (Check One)  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:  The governor's office does not review state plan material.
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
	Oklahoma Health Care Authority
12. T `ED N `E	Attn: Traylor Rains
Traylor Rains	4345 N. Lincoln Blvd.
13. TITLE State Medicaid Director	Oklahoma City, OK 73105
14. DATE SUBMITTED 6/28/2024	cc: Kasie McCarty; Heather Cox; Lauren Johnson
FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED
June 28, 2024  PLAN APPROVED - O	August 22, 2024
18. EFFECTIVE DATE OF APPROVED MATERIAL	NE COFT ATTACHED
June 14, 2024	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
James G. Scott	Director, Division of Program Operations
22. REMARKS	

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE LAWS REGARDING THIRD PARTIES

## Citation

1902(a)(25)(I)

- The State has in effect laws that require third parties to comply with the provisions, including those which require third parties to provide the State with coverage, eligibility, and claims data, of 1902(a)(25)(I) of the Social Security Act
- The Medicaid agency ensures that laws are in effect that bar liable third-party payers from refusing payment for an item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer's rules. These laws comply with the provisions of section 202 of the Consolidated Appropriations Act, 2022.