

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

July 29, 2011

Our Reference: SPA-OK-11-05

Dr. Garth Splinter, State Medicaid Director
Oklahoma Health Care Authority
2401 NW 23rd St., Suite 1A
Oklahoma City, OK 73107
Attention: Tywanda Cox / OKHCA

Dear Dr. Splinter:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 11-05. Effective July 1, 2011, the Oklahoma Title XIX State Plan has been amended to reflect the removal of the Family Planning coverage from the 1115 waiver and incorporation of the Family Planning Services into the State Plan as permitted under the Affordable Care Act.

Transmittal Number 11-05 is approved with an effective date of July 1, 2011 as requested. A copy of the HCFA-179, Transmittal No. 11-05 dated June 24, 2011 is enclosed along with the approved plan pages.

If you have any questions, please contact Jeffrey Branch at (214) 767-6449.

Sincerely,

A large black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 1 - 0 5	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 July 1, 2011
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A 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 440.40 & 250 and 441.20	7. FEDERAL BUDGET IMPACT a. FFY 2011 311,509 b. FFY 2012 1,246,037
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT See Attachment	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) See Attachment
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10. SUBJECT OF AMENDMENT

Transitioning family planning waiver population to the state plan as an option under P.L. 111-148 and as amended by P.L. 111-152.

11. GOVERNOR'S REVIEW (Check One)


GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 4545 N. Lincoln Blvd., Suite 124 Oklahoma City, OK 73105
13. TYPED NAME Mike Fogarty	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED June 24, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 24 June, 2011	18. DATE APPROVED 29 July 2011
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PLAN APPROVED - ONE COPY

19. EFFECTIVE DATE OF APPROVED MATERIAL 1 July, 2011	20. SIGNATURE 
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21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Division of Medicaid & Children's Health
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23. REMARKS

**c. Mike Fogarty
Cindy Roberts
Tywanda Cox**

Attachment to State Plan Amendment 11-05 (Family Planning Services)

8. Pg. No. Plan Section or Attachment

9. Pg. No. Superseded Plan Section

Attachment 2.2-A, Page 21
Attachment 3.1-A, Page 2a
Attachment 3.1-A, Page 2a-1

Same Page, Revised 10-01-91, TN# 92-02
None, New Page
Same Page, Revised 08-01-05, TN# 05-16

Groups Covered

B. Optional Groups Other Than the Medically Needy (continued)

1902(a)(10)(A)(ii)(XXI)

1902(ii)

Individuals who are *not* pregnant and whose income does not exceed the State established income standard of 185% of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan, which is 185% of the Federal Poverty Level.

In determining eligibility for this group, the State considers only the income of the applicant or recipient.

Note: Services are limited to family planning services and family planning-related services as described in section 4.c(ii) of Attachment 3.1-A.

1920C

Presumptive Eligibility for Family Planning:

The State provides a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual, described in the group the State has elected to make eligible under the above option. The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a)(10)(A)(ii)(XXI), or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>6-29-11</u>	
DATE APP'VD <u>7-29-11</u>	
DATE EFF <u>7-1-11</u>	
HCFA 179 <u>11-05</u>	

Revised 07-01/2011

TN# 11-05 Approval Date 7-29-11 Effective Date: 7-1-11

 Supersedes
 TN# 92-02

SUPERSEDES: TN- 92-02

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

Family Planning Benefits

1905(a)(4)(C) 4.c(i) Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Att. 2.2-A(B) if this eligibility option is elected by the State.

Provided: No limitations With limitations

Please describe any limitations: Services are limited pursuant to the conditions contained in Att. 3.1-A, 4c.

4.c(ii) Family planning-related services provide under the above State Eligibility Option:

- (1) Male annual visit
- (2) Gardasil

STATE <u>OKlahoma</u>	A
DATE REC'D <u>6-29-11</u>	
DATE APP'VD <u>7-29-11</u>	
DATE EFF <u>7-1-11</u>	
HCFA 179 <u>11-05</u>	

SUPERSEDES: NONE - NEW PAGE

New Page 07-01-2011

TN# <u>11-05</u>	Approval	Date <u>7-29-11</u>	Effective	Date <u>7-1-11</u>
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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

Family Planning Services

4.c. Family Planning Service Limitations

- (1) Sterilizations including non-emergency and elective sterilizations are covered only when all the requirements of 42 CFR 441.2, Subpart F are met.
- (2) Hysterectomies require an acknowledgement of the sterilization results of the hysterectomy signed by the recipient or her representative prior to the operation.
- (3) Norplant and related services are reimbursable once per recipient per five years; if removal and re-implantation at the same or different incision site is performed prior to five years from the previous implantation, reimbursement is available for the removal only.
- (4) Members under the age of 19 receive family planning services under SoonerCare which is a full scope benefit package.
- (5) Members 19 and over receive family planning services under SoonerPlan which is a limited benefit package for family planning services only unless otherwise eligible for full scope benefits at the option of the member.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>6-24-11</u>	
DATE APP'VD <u>7-29-11</u>	
DATE EFF <u>7-1-11</u>	
HCFA 179 <u>11-05</u>	

Revised 07-01-2011

TN# 11-05 Approval Date 7-29-11 Effective Date: 7-1-11

Supersedes

TN# 05-16

SUPERSEDES: TN- 05-16



Division of Medicaid & Children's Health, Region VI

July 29, 2011

Our Reference: SPA-OK-11-05

Dr. Garth Splinter
Medicaid Director
Oklahoma Health Care Authority
2401 N.W. 23rd St., Suite 1A
Oklahoma City, Oklahoma 73107

Dear Dr. Splinter:

This letter is being sent as a companion to our approval of Oklahoma State Plan Amendment (SPA) TN 11-05 which modifies coverage of family planning services offered under the State plan. During our review of this SPA we also reviewed the corresponding reimbursement methodology for family planning services. Based on that review, CMS has determined that the reimbursement methodology, as currently described in the State plan, does not meet Medicaid statutory and regulatory requirements. Therefore, we are issuing this companion letter so that the State may address CMS's concerns.

Section 1902(a)(30)(A) of the Social Security Act (the Act) requires that States have methods and procedures in place to ensure payments are consistent with economy, efficiency and quality of care. The overall requirement of section 1902(a) of the Act for a State plan and the specific requirement at section 1902(a)(30)(A) of the Act for methods and procedures related to payment are implemented in the Code of Federal Regulations (CFR) at 42 CFR 430.10 and 42 CFR 447.252(b). These regulations require that the State plan include a comprehensive description of the methods and standards used to set payment rates and provide a basis for Federal Financial Participation (FFP). To be comprehensive, payment methodologies should be understandable clear and unambiguous. In addition, because the plan is the basis for FFP, it is important that the plan language provide an auditable basis for determining whether payment is appropriate.

The reimbursement methodology for family planning services, as described in Attachment 4.19-B page 15, part 4.c., does not meet these requirements because it is not comprehensive. Specifically, it does not include the effective date of the fee schedule for items not covered by the Medicare Physician Fee Schedule. Additionally, the current State plan references payment for "Family Planning Center Services," which suggests that some family planning services, in fact, are provided under the clinic benefit. We have received some information about this but not enough to determine the benefit category(ies) under which payment is made for family planning services. Please note that clinic services are subject to an upper payment limit at 42 CFR 447.321 Outpatient hospital and clinic services: Application of upper payment limits.

In response to this companion letter please submit an amended attachment 4.19-B page 15 part 4.C within 90 days from the date of this letter to address the inconsistencies. Failure to respond will result in the initiation of a formal compliance action. During the 90 days, CMS will provide any required technical assistance. If you have any questions, please contact Jeffrey Branch at (214) 767-6449 or Jeffrey.branch@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Brooks". The signature is written in a cursive, flowing style.

Bill Brooks

Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosures

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Monday, August 29, 2011 2:26 PM
To: CMS SPA
Cc: Branch, Jeffrey A. (CMS/CMCHO); Higgs, Annese (CMS/CMCS); Bruno, Rebecca (CMS/CMCS); Bruno, Rebecca (CMS/CMCS)
Subject: Final Approval Pkg for OK 11-05
Attachments: OK1105APPROVAL.docx; Final Approval Pkg 11-05.pdf; OK1105COMPANION_08-01-11.docx

See Attached. SPW has been updated

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services
// Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202
// 214-767-6280 // Fax 443-380-6499 // marsha.marks@cms.hhs.gov

Are you uninsured? Do you have a pre-existing condition? If so, you may be eligible for the new Pre-Existing Condition Insurance Plan. Call toll free 1-866-717-5826 (TTY 1-866-561-1604) or visit www.pcip.gov and click on "Find Your State" to learn more.