DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

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

1. TRANSMITTAL NUMBER: 1 0 – 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: August 1, 2010

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 447.50, 42 CFR 447.51, 42 CFR 447.54

7. FEDERAL BUDGET IMPACT
a. FFY 2010 ($790,420) savings
b. FFY 2011 ($1,593,354) savings

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.18-A Page 1
Attachment 4.18-A Page 1.1
Attachment 4.18-A Page 2
Attachment 4.18-A Page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Same Page, Revised 04-01-93, TN # 93-10
New Page
Same Page. Revised 03-01-93, TN # 93-06
Same Page, Revised 03-01-93, TN # 93-06

10. SUBJECT OF AMENDMENT
Changes in member cost sharing.

11. 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 does not review State Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Mike Fogarty

14. TITLE
Chief Executive Officer

15. DATE SUBMITTED
February 19, 2010

16. RETURN TO
Oklahoma Health Care Authority
Attn: Cindy Roberts
4545 N. Lincoln Blvd., Suite 124
Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
19 February, 2010

18. DATE APPROVED
13 October, 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
1 August, 2010

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
BILL BROOKS

22. TITLE Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS
c: Mike Fogarty
Cindy Roberts
Tywanda Cox
Traylor Rains
Rodney Ikard

FORM CMS-179 (07/92)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oklahoma

A. The following charges are imposed on the categorically needy for services in accordance with section 1916 of the Act and 42 CFR 447.50 – 447.60:

* Services and Basis for determination	Type Charge Deduct.	Coins.	Copay	Amount
Inpatient Hospital Services			X	$10.00 for each covered day up to $90.00 maximum per hospital stay.
Outpatient Hospital Services			X	$3.00 for each visit
Organized Outpatient Clinic Services			X	$3.00 for each visit
Ambulatory Surgery Services			X	$3.00 for each visit
Physician Services			X	$3.00 for each office visit
Physician Assistant / Anesthesiologist Assistant			X	$3.00 for each office visit
Advanced Practice Nurse Services			X	$3.00 for each office visit
Outpatient Behavioral Health Services			X	$3.00 for each office visit
Optometrist Services			X	$3.00 for each office visit
Durable Medical Equipment Services			X	$3.00 for each visit
Home Health Agency Services			X	$3.00 for each visit

SUPERSEDES: TN- 93-10

STATE Oklahoma
DATE REC'D. 2-19-10
DATE APP'D 10-13-10
DATE EFF 8-1-10
HCFA 179 10-05

A

* The basis for copayment is the statewide average payment for all the services provided one recipient by one provider.

Revised 08-01-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oklahoma

A. The following charges are imposed on the categorically needy for services in accordance with section 1916 of the Act and 42 CFR 447.50 – 447.60 (continued):

* Services and Basis for determination	Type Charge Deduct.	Coins.	Copay	Amount
Rural Health Clinic Services			X	$3.00 for each visit
Federally Qualified Health Center Services			X	$3.00 for each visit
Medicare Part B Crossover Claims			X	$1.00 per visit for all Part B covered Services
Prescription Drugs			X	Zero for preferred generics
				$0.65 for prescriptions having a Medicaid allowable of $0.00 to $10.00
				$1.20 for prescriptions having a Medicaid allowable of $10.01 to $25.00
				$2.40 for prescriptions having a Medicaid allowable of $25.01 to $50.00
				$3.50 for prescriptions having a Medicaid allowable of $50.01 or more

SUPERSEDES: NONE - NEW PAGE

STATE Oklahoma
DATE REC'D 2-19-10
DATE APPV'D 10-13-10
DATE EFF 8-1-10
HCFA 179 10-05
A

* The basis for copayment is the statewide average payment for all the services provided one recipient by one provider.

Revised 08-01-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oklahoma

B. The method used to collect cost sharing charges for categorically needy individuals:

X **Providers are responsible for collecting the cost sharing charges from individuals.**

__ **The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.**

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

A person's assertion to the provider of their inability to pay the copayment establishes this inability.

STATE Oklahoma
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SUPERSEDES: TN- 93-06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oklahoma

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) and 1916(a)(2) and (j) of the Act are described below:

Oklahoma excludes from copayment those individuals and services described in 42 CFR 447.53(b) and 1916(a)(2) and (j) of the Act through the claims processing system using the recipient file information, diagnosis codes on the claim and certain designated procedure codes.

E. Cumulative maximums on charges:

X **State policy does not provide for cumulative maximums.**

__ **Cumulative maximums have been established as described below:**

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SUPERSEDES: TN- 93-06

Revised 08-01-10