

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 0 - 1 4	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 April 1, 2010
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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 440.170	7. FEDERAL BUDGET IMPACT a. FFY <u>2010</u> \$ <u>(1,983,566)</u> b. FFY <u>2011</u> \$ <u>(3,998,535)</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 19	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same Page, Revised 04-01-87, TN # 87-06
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10. SUBJECT OF AMENDMENT
Modify Payment Methodology for Renal Dialysis Facilities

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 May 24, 2010	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 24 May, 2010	18. DATE APPROVED 19 August, 2010

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 1 April, 2010	20. SIGNATURE OF REGIONAL OFFICIAL

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
Traylor Rains

State: OKLAHOMA

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

Renal Dialysis Facilities

Payment is made at the Medicare allowable facility rate. This rate includes all services which Medicare has established as an integral part of the dialysis procedure.

All rates are published on the agency's website, which is www.okhca.org. These fee for service rates are paid uniformly to governmental and non-governmental providers unless otherwise indicated in the Medicaid State plan.

Effective for services provided on or after April 1, 2010, the rates in effect on March 31, 2010 will be decreased by 3.25%.

STATE <u>Oklahoma</u>	A
DATE REC'D. <u>5-27-10</u>	
DATE APP'VD <u>8-19-10</u>	
DATE EFF. <u>4-1-10</u>	
HCFA 179 <u>10-14</u>	

SUPERSEDES: TN- 87-06

Revised 04-01-10

TN# 10-14 Approval Date 8-19-10 Effective Date 4-1-10