

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>1 0 - 2 4</b>	2. STATE <b>Oklahoma</b>
	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 <b>April 1, 2010</b>
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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 <b>42 CFR 416.1</b>	7. FEDERAL BUDGET IMPACT a. FFY <u>2010</u> (\$952,502) b. FFY <u>2011</u> (\$1,905,004)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-B Page 4b</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Same Page, Revised 10-01-05, TN # 05-11</b>
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10. SUBJECT OF AMENDMENT

**3.25% reduction in reimbursement for ASC**

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 Plan  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      material.

12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO  <b>Oklahoma Health Care Authority Attn: Cindy Roberts 4545 N. Lincoln Blvd., Suite 124 Oklahoma City, OK 73105</b>
13. TYPED NAME <b>Mike Fogarty</b>	
14. TITLE <b>Chief Executive Officer</b>	
15. DATE SUBMITTED <b>June 29, 2010</b>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED <b>29 June, 2010</b>	18. DATE APPROVED <b>23 September, 2010</b>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>1 April, 2010</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <b>Bill Brooks</b>	22. TITLE <b>Associate Regional Administrator</b>  <b>Division of Medicaid &amp; Children's Health</b>
23. REMARKS <b>c. Mike Fogarty Cindy Roberts Tywanda Cox Traylor Rains Rodney Ikard</b>	

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE

**Free-Standing Ambulatory Surgery Center-Clinic**

- A. Payment for outpatient surgical procedures that are covered under Medicare's ASC payment system will be reimbursed 100 percent of the 2005 Medicare rate for such services. Surgical procedures are classified into payment groups based on Current Procedural Terminology (CPT). All procedures within the same payment group are paid at a single payment rate. For purposes of specifying the services covered by the facility rate, the OHCA hereby adopts and incorporates herein by reference the Medicare ASC procedures.
- B. Facility fees for surgical procedures not covered as Medicare ASC procedures and otherwise covered under Medicaid, will be reimbursed according to a State-specific fee schedule taking into consideration rates for Medicare Ambulatory Patient Classification (APC) pricing and reimbursement for similar services provided in the outpatient hospital setting. Bilateral or multiple procedures performed in one day will be subject to discounting.
- C. Fee schedule rates are the same for public and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency secure website and/or public website. The fee schedule will not exceed the upper payment limit (UPL) at 42 CFR 447.321 Outpatient hospital and clinic services: Application of upper payment limits. All rates are published on the agency's website located at [www.okhca.org](http://www.okhca.org). A uniform rate is paid to governmental and non-governmental providers.
- D. Effective for services provided on or after 04-01-10, the rates in effect as of 03-31-10 will be decreased by 3.25%.

STATE	<u>Oklahoma</u>
DATE REC'D	<u>6-29-10</u>
DATE APP'VD	<u>9-23-10</u>
DATE EFF	<u>4-1-10</u>
HCFA 179	<u>10-24</u>

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Revised 04-01-10

TN# 10-24 Approval Date 9-23-10 Effective Date 4-1-10  
 Supersedes  
 TN # 05-11

SUPERSEDES: TN- 05-11