

<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 5</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>	

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 440.100	7. FEDERAL BUDGET IMPACT a. FFY <u>2010</u> (\$1,685,298) b. FFY <u>2011</u> (\$3,370,596)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 3.1-A Page 4a-2 Attachment 4.19-B Page 5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Same Page Revised 05-01-07, TN# 07-08 Same Page, Revised 01-01-08 TN # 07-19

10. SUBJECT OF AMENDMENT

3.25% reduction in reimbursement for Dental Services

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 material.  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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 <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>9-21-10</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 Division of Medicaid &amp; Children's Health</b>
23. REMARKS <b>c. Mike Fogarty Cindy Roberts Tywanda Cox Traylor Rains Rodney Ikard</b>	

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY**

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**10. Dental Services**

Dental coverage for adults, with the exception of pregnant women, is limited to emergency extractions.

Payment is made for dental services for pregnant women including: comprehensive and periodic oral evaluations, emergency examinations/limited oral evaluation, oral hygiene instructions, radiographs, dental prophylaxis, limited composite restorations and analgesia. Periodontal scaling and root planning require prior authorization.

For children, see item 4.b., EPSDT.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>6-29-10</u>	
DATE APP'VD <u>9-21-10</u>	
DATE EFF <u>4-1-10</u>	
HC FA 179 <u>10-25</u>	

SUPERSEDES: TN- 07-08

Revised 04-01-10

TN# 10-25

Approval Date 9-21-10

Effective Date 4-1-10

Supersedes  
TN# 07-08

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

Payment to Dentists for General Dental and Orthodontic Services

Dentists are reimbursed a fee for service rate for general dental and orthodontic services. The same rate is paid for each service regardless of where the service was provided. The agency's rates were set as of 1/1/2007 and are effective for services on or after that date. 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.

Effective for services provided on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%.

In addition, the reimbursement methodology for amalgam or posterior composite resin restorations which is the mean of the 2009 reimbursement rates for each, will be reduced by 3.00% along with all other dental fees effective 07-01-10.

Payments to Dentists Working at a Governmental Hospital Based Children's Dental Clinic

The State reimburses these dentists a fee for service amount that equals the average commercial fee schedule, which is calculated in the following manner. For each of the dental procedures rendered by dentists in this dental clinic, the State determined the average commercial allowed amount paid per procedure code by the top five commercial payers. The fee schedule amount for each dental procedure code equals an average of the payment by the top payers. The average commercial fee schedule rate provides for payment in-full and is not an add-on payment to the regular Medicaid rate. The agency's rates were set as of 1/1/2007 and are effective for services on or after that date. 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.

Effective for services on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%.

In addition, the reimbursement methodology for amalgam or posterior composite resin restorations which is the mean of the 2009 reimbursement rates for each, will be reduced by 3.00% along with all other dental fees effective 07-01-10.

Revised 04-1-10

TN # 10-25 Approval Date 9-21-10 Effective Date 4-1-10

Supersedes

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SUPERSEDES: TN- 07-19

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