

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>1 0 - 3 0</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>1928(c)(2)(C)(ii) of the Act</b>	7. FEDERAL BUDGET IMPACT a. FFY <u>2010</u> (118,733.93) b. FFY <u>2011</u> (237,467.86)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Page 66(b)</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same Page, New 10-01-94, TN # 94-24</b>
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10. SUBJECT OF AMENDMENT

**3.25% Reduction for Administration of Vaccines**

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 <b>Mike Fogarty</b>	
14. TITLE <b>Chief Executive Officer</b>	
15. DATE SUBMITTED <b>June 30, 2010</b>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED <b>30 June, 2010</b>	18. DATE APPROVED <b>28 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 Division of Medicaid &amp; Children's Health</b>

23. REMARKS

c. Mike Fogarty  
Cindy Roberts  
Tywanda Cox  
Traylor Rains

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

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928 (c) (2) (i) A provider may impose a charge for the administration of a qualified vaccine as stated in 1928 (c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

(C) (ii) of the Act

A	
STATE	Oklahoma
DATE REC'D.	6-30-10
DATE APP'VD	9-28-10
DATE EFF.	4-1-10
HC #A 179	10-30

(ii) The State:

- sets a payment rate at the level of the regional maximum established by the DHHS Secretary for public providers.
- is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.
- sets a payment rate below the level of the regional maximum established by the DHHS Secretary for non public providers.
- is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine non public providers:

\$13.33 for participating providers

All rates are published on the agency's website located at [www.okhca.org](http://www.okhca.org). As indicated above, public providers are reimbursed at the level of the regional maximum.

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

(iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

"Other"-The State will attempt to set administration fee at Regional Maximum at earliest opportunity for non public providers.

Revised 04-01-10

TN # 10-30 Approval Date 9-28-10 Effective Date 4-1-10  
Supersedes  
TN # 94-24