

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1301 Young Street, Room 833  
Dallas, Texas 75202



**Division of Medicaid & Children's Health, Region VI**

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September 16, 2011

Our Reference: SPA-OK-11-03

Dr. Garth Splinter, State Medicaid Director  
Oklahoma Health Care Authority  
2401 NW 23rd St., Suite 1A  
Oklahoma City, Oklahoma 73107

Dear Dr. Splinter:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 11-03. Effective April 1, 2011, the Oklahoma Title XIX State Plan has been amended to reflect additional language from Sections 6402 and 6501 of the Affordable Care Act (ACA), requiring the screening of providers that participate in the delivery of Medicaid services.

In the future, when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's tribal consultation process for that SPA. Pursuant to section 1902 (a) (73) of the Act added by section 5006 (e) of the Recovery and Reinvestment Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the SPA. This consultation must include all federally recognized tribes, Indian Health Service and Urban Indian Organizations within the state.



Transmittal Number 11-03 is approved with an effective date of April 1, 2011 as requested. A copy of the HCFA-179, Transmittal No. 11-03 dated June 21, 2011 is enclosed along with the approved plan pages.

If you have any questions, please contact Jeffrey Branch at (214) 767-6449.

Sincerely,

Bill Brooks  
Associate Regional Administrator  
Division of Medicaid and Children's Health

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>1 1 - 0 3</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, 2011</b>	
5. TYPE OF PLAN MATERIAL (Check One)  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION Sections 6401, 6402, 6501 abd 10603 of ACA and 1304 of Pub. L. 111-152; 42 CFR Part 455		7. FEDERAL BUDGET IMPACT a. FFY 2011 <u>\$2,645.00</u> b. FFY 2012 <u>\$5,290.00</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  * New Page 45(c), 45(d), & 45(e)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  None	
10. SUBJECT OF AMENDMENT  Enrollment and screening of providers requirements			
11. GOVERNOR'S REVIEW (Check One)  <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor does not review State <input type="checkbox"/> 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 June 21, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 21 June, 2011		18. DATE APPROVED 16 September, 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 1 April, 2011		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  * Pen and Ink change made per State's E-mail dated 8-12-2011, adding preprint pages 45(d) & 45(e) to the plan			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Oklahoma

**4.13 Provider Screening and Enrollment**

Citation

1902(a)(77)  
1902(a)(39)  
adds 1902(kk);  
P.L. 111-148 and  
P.L. 111-152

The State Medicaid agency gives the following assurances:

42 CFR 455  
Subpart E

**PROVIDER SCREENING**

X Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.

42 CFR 455.410

**ENROLLMENT AND SCREENING OF PROVIDERS**

X Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.

X Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.

42 CFR 455.412

**VERIFICATION OF PROVIDER LICENSES**

X Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.

42 CFR 455.414

**REVALIDATION OF ENROLLMENT**

X Assures that providers will be revalidated regardless of provider type at least every 5 years.

42 CFR 455.416

**TERMINATION OR DENIAL OF ENROLLMENT**

X Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

TN No. 11-03

Supersedes

TN No. \_\_\_\_\_

Approval Date: 9-16-11

Effective Date: 4-1-11

**SUPERSEDES: NONE - NEW PAGE**

45(d)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Oklahoma

**4.13 Provider Screening and Enrollment (cont.)**

- 42 CFR 455.420      REACTIVATION OF PROVIDER ENROLLMENT  
X      Assures that any reactivation of a provider, will include re-screening and payment of application fees as required by 42 CFR 455.460.
- 42 CFR 455.422      APPEAL RIGHTS  
X      Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.
- 42 CFR 455.432      SITE VISITS  
X      Assures that pre-enrollment and post enrollment site visits of providers who are in "moderate" or "high risk" categories will occur.
- 42 CFR 455.434      CRIMINAL BACKGROUND CHECKS  
X      Assures that providers as a condition of enrollment will be required to consent to criminal background checks including fingerprints if required to do so under State law or by the level of screening based on risk of fraud, waste or abuse for that category of provider.
- 42 CFR 455.436      FEDERAL DATABASE CHECKS  
X      Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.
- 42 CFR 455.440      NATIONAL PROVIDER IDENTIFIER  
X      Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.
- 42 CFR 455.450      SCREENING LEVELS FOR MEDICAID PROVIDERS  
X      Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.

TN No. 11-03  
Supersedes  
TN No. \_\_\_\_\_

Approval Date: 9-16-11      Effective Date: 4-1-11

SUPERSEDES: NONE - NEW PAGE

45(e)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Oklahoma

**4.13 Provider Screening and Enrollment (cont.)**

42 CFR 455.460

APPLICATION FEE

- ☒ Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460.

42 CFR 455.470

TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS

- ☒ Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

TN No. 11-03  
Supersedes  
TN No. \_\_\_\_\_

Approval Date: 9-16-11 Effective Date: 4-1-11

SUPERSEDES: NONE - NEW PAGE

**Marks, Marsha L. (CMS/SC)**

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**From:** Marks, Marsha L. (CMS/SC)  
**Sent:** Wednesday, September 21, 2011 2:30 PM  
**To:** CMS SPA  
**Cc:** Branch, Jeoffrey A. (CMS/CMCHO); Morales, Michael L. (CMS/CMCHO); Jones, Michael J. (CMS/SC)  
**Subject:** Final Approval Pkg for OK 11-03  
**Attachments:** OK SPA 11-03 apprvl ltr (2).docx; Final Approval Pkg for OK 11-03.pdf

See Attached. SPW has been updated.

R/

*Marsha Marks* // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214 767-6280 // Fax 443-380-6499 // [marsha.marks@cms.hhs.gov](mailto:marsha.marks@cms.hhs.gov)

Are you uninsured? Do you have a pre-existing condition? If so, you may be eligible for the new Pre-Existing Condition Insurance Plan. Call toll free 1-866-717-5826 (TTY 1-866-561-1604) or visit [www.pcip.gov](http://www.pcip.gov) and click on "Find Your State" to learn more.