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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 13-11

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

September 25, 2013

Our Reference: SPA OK 13-11

Dr. Garth Splinter
State Medicaid Director
2401 NW 23rd Street
Suite 1A
Oklahoma City, Oklahoma 73107

Dear Dr. Splinter:

We have reviewed the State's proposed amendment to the Oklahoma State Plan submitted under Transmittal Number 13-11, dated June 30, 2013. This state plan amendment requests use of updated HCPCS codes to identify partial hospitalization services.

Based on the information submitted, we have approved the amendment for incorporation into the official Oklahoma State Plan with an effective date change of May 1, 2013. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.

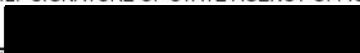
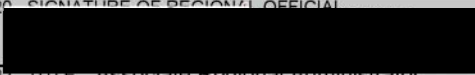
If you have any questions, please contact Lynn Ward at (214) 767-6327.

Sincerely,

A black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

cc: Tywanda Cox

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 1 3 - 1 1	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 May 1, 2013	
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 42 CFR 410.43		7. FEDERAL BUDGET IMPACT a. FFY 2013 0 b. FFY 2014 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 17		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same Page, revised 02-01-11, TN#10-34	
10. SUBJECT OF AMENDMENT Remove specific HCPC code from state plan			
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 Plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 2401 NW 23rd St., Suite 1A Oklahoma City, OK 73107	
13. TYPED NAME Nico Gomez			
14. TITLE Chief Executive Officer			
15. DATE SUBMITTED June 30, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 30 June, 2013		18. DATE APPROVED 25 September, 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 1 May, 2013		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Bill Brooks		22. TITLE - Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS c: Nico Gomez Cindy Roberts Tywanda Cox			
FORM CMS-179 (07/92)			

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

4b. Early and Periodic screening, diagnostic and treatment (cont'd)**Partial Hospitalization Program (PHP)**

A uniform rate is paid to governmental and non-governmental providers and to hospital and non-hospital providers.

The reimbursement rate is \$42.80 per hour, converted from a blend of the 2010 Medicare two tiered per diem payment approach for partial hospitalization services: one for days with three services (APC172) and one for days with four or more services (APC173).

Physician services, physician assistant services, nurse practitioner and clinical nurse specialist services, qualified psychologist services and services furnished to SNF residents are separately covered and not paid as partial hospitalization services.

The rate applies to services provided on or after November 1, 2010 and is published on the agency website located at www.okhca.org.

State: Oklahoma
Date Received: 6/30/13
Date Approved: 9/25/13
Date Effective: 5/1/13
Transmittal Number: OK 13-11

Revised 05-01-13

TN# 13-11

Approval Date 9/25/13

Effective Date 5/1/13

Supersedes

TN# 10-34