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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 17-0016

This file contains the following documents in the order listed:

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

December 12, 2017

Our Reference: SPA OK 17-016

Becky Pasternik-Ikard
Chief Executive Officer
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Dear Ms. Pasternik-Ikard:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 17-016, with an effective date of October 1, 2017. This amendment was submitted to implement a 19.84% rate increase for Private Duty Nursing.

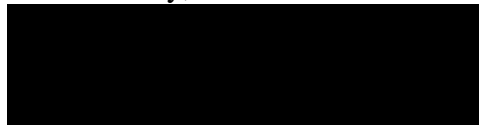
This letter affirms that OK 17-016 is approved effective October 1, 2017 as requested by the State.

We are enclosing the CMS-179 and the following amended plan pages.

- o Attachment 4.19B, Page 3

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at stacey.shuman@cms.hhs.gov.

Sincerely,



Bill Brooks
Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas
Stacey Shuman, DMCH Dallas
Andrew Badaracco, CMA Baltimore

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 7 - 1 6	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 October 1, 2017
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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 42 CFR 440.80	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ 1,527,897.97 b. FFY 2019 \$ 1,527,897.97
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 3, TN# 16-26
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10. SUBJECT OF AMENDMENT

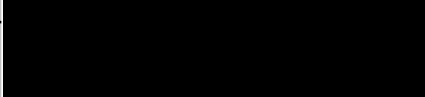
Private Duty Nursing Rate Increase

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: Tywanda Cox 4345 N. Lincoln Blvd. Oklahoma City, OK 73105
13. TYPED NAME Becky Pasternik-Ikard	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED November 1, 2017	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 1 November, 2017	18. DATE APPROVED 12 December, 2017

PLAN APPROVED - ONE COPY	
19. EFFECTIVE DATE OF APPROVED MATERIAL 1 October, 2017	20. SIGNA 

21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Division of Medicaid and Children's Health
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23. REMARKS

c: Becky Pasternik-Ikard
Tywanda Cox

FORM CMS-179 (07/92)

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

1. Payment for physicians' services (includes medical and remedial care and services)

Payment for physician’s services, radiology services and services rendered by other practitioners under the scope of their practice under State law, are covered under the Agency fee schedule. The payment amount for each service paid for under the fee schedule is the product of a uniform relative value unit (RVU) for each service and a conversion factor (CF). The CF converts the relative values into payment amounts. The general formula for calculating the fee schedule can be expressed as:

$$RVU \times CF = Rate$$

EPSTD screening and eye exams by optometrists have been incorporated into the fee schedule.

The fee schedule is uniformly applied to public and private providers unless otherwise described in the plan. The fee schedules for the above listed services are maintained in the Agency database and posted to the Agency’s website (www.okhca.org).

Effective February 1, 2010, payment will not be made to physicians or other practitioners for three national coverage determinations which relate to serious, preventable errors in medical care. These errors include surgery performed on wrong body part, surgery performed on wrong patient, and wrong surgery performed on patient.

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

Effective for services provided on or after 07-01-14, the rates in effect on 06-30-14 will be decreased by 7.75%.

Effective 07-01-15, payment for physician services is based on place of service and utilizes both facility and non-facility Medicare physician fee schedule total RVUs to determine reimbursement.

Effective for services provided on or after 01-01-16, the rates in effect on 12-31-15 will be decreased by 3%.

Effective for Private Duty Nursing services provided on or after 09-01-16, the rate paid will be the rate in effect as of 12-31-15.

Effective for Private Duty Nursing services provided on or after 10-01-17, the rates in effect on 09-30-17 will be increased by 19.84 %.

Effective for services provided by Behavioral Health Professional Licensure Candidates in an outpatient behavioral health clinic setting on or after 05-01-16, the rates in effect on 04-30-16 will be decreased by 10%.

State: Oklahoma
Date Received: 1 November, 2017
Date Approved: 12 December, 2017
Effective Date: 1 October, 2017
Transmittal Number: 17-16

Revised 10-01-17

TN# 17-0016

Approval Date 12/12/17

Effective Date 10/1/17

Supersedes
TN# 16-0026