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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 18-009

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

June 25, 2018

Our Reference: SPA OK 18-09

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. 18-09, with an effective date of January 1, 2018. This amendment was submitted to revise rates for outpatient hospital ear, nose, and throat (ENT) and dental services.

This letter affirms that OK 18-09 is approved effective January 1, 2018 as requested by the State.

We are enclosing the CMS-179 and the following amended plan page:

- Attachment 4.19-B, Page 1

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,

A solid black rectangular box used to redact the signature of the Associate Regional Administrator.

Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas
Stacey Shuman, DMCH Dallas
Andrew Badaracco, CMS Baltimore
Tia Lyles, CMS Baltimore

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 1 8 - 0 9	2. STATE Oklahoma
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 1, 2018	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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*)

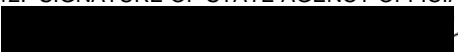
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.20 & 42 CFR 447.321	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$28,258.95 b. FFY 2019 \$56,517.90
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B, Page 1, TN # 16-03

10. SUBJECT OF AMENDMENT


Outpatient hospital ENT & dental rate change

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 Oklahoma City, OK 73105
13. TYPED NAME Rebecca Pasternik-Ikard	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED March 30, 2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED March 30, 2018	18. DATE APPROVED June 25, 2018
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2018	20. SIGN 
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator, Division of Medicaid and Children's Health

23. REMARKS

c: Nico Gomez
Becky Pasternik-Ikard
Tywanda Cox

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

**I. Outpatient Hospital Reimbursement
General**

The agency's fee schedule rate was set as of December 1, 2008, and is effective for service provided on or after that date. All rates are published on the agency's website at www.okhca.org. A uniform rate is paid to governmental and non- governmental providers.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of outpatient hospital services and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website. These provisions apply to all hospitals approved for participation in the Oklahoma SoonerCare program. In no case can reimbursement for outpatient hospital services exceed the upper payment limits as defined under 42 CFR 447.321. Laboratory services will not exceed maximum levels established by Medicare. Clinical diagnostic lab services (not laboratory services) do not exceed the maximum levels.

Effective February 1, 2010, payment for outpatient services will not be made 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 for services provided on or after 01-01-16, the rates in effect on 12-31-15 will be decreased by 3%.

State: Oklahoma
Date Received: 30 March, 2018
Date Approved: 25 June, 2018
Effective Date: 1 January, 2018
Transmittal Number: 18-09

A. Emergency Room Services

1. Payment will be made based on Medicare APC groups for Type A and Type B Emergency Departments. All rates are published on the agency's website at www.okhca.org. A uniform rate is paid to governmental and non-governmental providers.
2. Effective for services provided on or after 04-01-10, the rates in effect on 03-31-10 will be decreased by 3.25%.
3. Effective for services provided on or after 07-01-14, the rates in effect on 06-30-14 will be decreased by 7.75%
4. Effective for services provided on or after 01-01-16, the rates in effect on 12-31-15 will be decreased by 3%.

B. Outpatient Surgery

1. Payment will be made for certain outpatient surgical procedures provided in hospitals based on the Medicare Ambulatory Surgery Center (ASC) facility services payment system unless otherwise denoted in this section. The surgical procedures are classified into payment groups based on Current Procedural Terminology (CPT). All procedures within the same payment group are paid at a single payment rate. For purposes of specifying the services covered by the facility rate, the OHCA hereby adopts and incorporates herein by reference the Medicare ASC procedures. All rates are published on the agency's website at www.okhca.org. A uniform rate is paid to governmental and non-governmental providers.
- 1a. Effective on or after January 1, 2018, certain outpatient surgical services provided in an outpatient hospital are reimbursed on a cost basis. Dental and Level 4 ear, nose, and throat (ENT) surgical procedures are classified into a payment group based on CPT codes. A facility specific outpatient cost to charge ratio (CCR) from the hospital Medicare cost report is used to determine average cost per unit by facility, then in total. Each individual procedure code for the dental (D9999) and Level 4 ENT (various codes) will be paid the same cost based single rate set based on statewide hospital costs. These rates will be recalculated annually using the most recent available cost report data from HCRIS.

Revised 01-01-2018

TN# 18-09Approval Date 06/25/18Effective Date 01/01/2018

Supersedes

TN# 16-03