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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 19-0009

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
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

September 9, 2019

Kevin S. Corbett
Chief Executive Officer
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Our Reference: SPA OK 19-0009

Dear Mr. Corbett:

We have reviewed the proposed amendment to Attachments 4.19-A and 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 19-0009. The SPA proposes to amend the following:

1. Introduction Page 1 to clarify reimbursement methodology for services rendered by providers that are physically located outside of Oklahoma;
2. It will delineate out-of-state services, provider participation requirements, prior authorizations, and medical records requirements; and.
3. It will outline reimbursement criteria for out-of-state providers who do not accept the payment rate established through the Oklahoma State Plan. Reimbursement for out-of-state inpatient and outpatient hospital services as well as physician services shall be reimbursed in the same manner as in-state services by the methodology set forth in Oklahoma's Medicaid State Plan for the individual service and the reimbursement shall not exceed 100 percent of the Medicare allowable.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

Based upon the information provided by the State, Medicaid State plan amendment 19-0009 is approved effective September 1, 2019. We are enclosing the Form CMS-179 and the new plan pages.

If you have any questions, please call Tamara Sampson at (214) 767-6431.

Sincerely,

A black rectangular redaction box covering the signature of Kristin Fan.

Kristin Fan
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER

1 9 — 0 0 09

2. STATE

Oklahoma

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

September 1, 2019

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 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 431.52; Sec. 1902(a)(16) of the Act

7. FEDERAL BUDGET IMPACT

a. FFY 2019 \$ 0

b. FFY 2020 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A, Page 1

Attachment 4.19-B, Introduction, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

Attachment 4.19-A, Page 1; TN # 15-05

Attachment 4.19-B, Introduction, Page 1; TN # 19-0013

10. SUBJECT OF AMENDMENT

OK SPA 19-0009 intends to clarify and standardize the payment methodology for out-of-state services.

11. GOVERNOR'S REVIEW (*Check One*)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Becky Pasternik-Ikard

14. TITLE

Chief Executive Officer

15. DATE SUBMITTED

08/09/2019

16. RETURN TO

Oklahoma Health Care Authority

Attn: Nicole Nantois

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

August 9, 2019

18. DATE APPROVED

SEP 09 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

September 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Kristin Fan

22. TITLE

Director, FMG

23. REMARKS

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INPATIENT HOSPITAL SERVICES**

The Oklahoma Title XIX Program reimburses appropriately licensed and certified hospitals for inpatient services as outlined in this plan. Procedures and policies governing state licensure, certification of providers, utilization review, and any other aspect of State regulation of the Title XIX Program not relating to the method of computing payment rates for inpatient services are affected by this plan.

I. PUBLIC PROCESS

The state has in place a public process which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

II. GENERAL REIMBURSEMENT POLICY

The Oklahoma Health Care Authority (hereafter called the OHCA) will reimburse inpatient hospital services rendered on or after October 1, 2005, in the following manner:

A. Covered inpatient services (including organ transplants) provided to eligible Medicaid recipients admitted to in-state acute care hospitals and acute care inpatient units will be reimbursed by the methodology set forth in Section VI of this plan, unless the hospital or unit is classified into one of the categories outlined in subsections C through F below.

B. Covered inpatient services provided to eligible recipients of the Oklahoma Medicaid program, when treated in out-of-state hospitals will be reimbursed in the same manner as in-state hospitals by the methodology set forth in Section VI of this plan, unless the hospital is classified in the category in subsection F below. Reimbursement for inpatient hospital services shall not exceed the rate paid by Medicare.

- i. In the event an out-of-state provider will not accept the payment rate established under Section VI of this plan, the state will either: a) negotiate a reimbursement rate equal to the rate paid by Medicare, unless otherwise specified in the plan; or b) services that are not covered by Medicare, but are covered by the plan, will be reimbursed as determined by the State.

C. Inpatient services provided in Freestanding Rehabilitation and Freestanding Psychiatric Hospitals will be reimbursed using the per diem system outlined in Section III of this plan. Pediatric, psychiatric, substance abuse, and rehabilitation cases treated in Medicare PPS non-exempt general acute care hospitals or non-PPS exempt units will be included in the DRG PPS in Section VI of this plan. Freestanding Rehabilitation and Freestanding Psychiatric hospitals operated by units of government and Children's Hospitals included in the DRG PPS in Section VI of this plan may receive an additional payment not to exceed 100% of their allowable costs under Medicare payment principles.

D. Long Term Care Hospitals serving children will be reimbursed using the per diem system outlined in Section IV of this plan.

E. Indian Health Services hospitals will be reimbursed using a per diem rate published by the Office of Management and Budget.

State: Oklahoma
Date Received: August 9, 2019
Date Approved: SEP 09 2019
Date Effective: September 1, 2019
Transmittal Number: 19-0009

Revised 09-01-19

TN# 19-0009Approval Date SEP 09 2019Effective Date 9-1-2019Supersedes TN # 15-05

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

Effective Dates for Reimbursement Rates for Specified Services:

Reimbursement rates for the services listed on this introduction page are effective for services provided on or after that date with two exceptions:

1. Medicaid reimbursement using Medicare rates are updated annually based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.
2. Medicaid reimbursement using Medicare codes are updated and effective on the first of each quarter based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.

Payment methods for each service are defined in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, as referenced. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of outpatient services. The fee schedule is published on the agency's website at www.okhca.org/feeschedules.

In the event an out-of-state provider will not accept the payment rate established in Attachment 4.19-B, Methods and Standards for Establishing Rates, the state will either: a) negotiate a reimbursement rate equal to the rate paid by Medicare, unless otherwise specified in the plan; or b) services that are not covered by Medicare, but are covered by the plan, will be reimbursed as determined by the State.

Service	State Plan Page	Effective Date
Outpatient Hospital Services	Attachment 4.19-B, Page 1	October 1, 2018
A. Emergency Room Services		October 1, 2018
B. Outpatient Surgery	Attachment 4.19-B, Page 1a	October 1, 2018
C. Dialysis Services		October 1, 2018
D. Ancillary Services, Imaging and Other Diagnostic Services		October 1, 2018
E. Therapeutic Services	Attachment 4.19-B, Page 1b	October 1, 2018
F. Clinic Services and Observation/Treatment Room		October 1, 2018
H. Partial Hospitalization Program Services		April 1, 2019
Clinical Laboratory Services	Attachment 4.19-B, Page 2b	October 1, 2018
Physician Services	Attachment 4.19-B, Page 3	October 1, 2018
Home Health Services	Attachment 4.19-B, Page 4	October 1, 2018
Free-Standing Ambulatory Surgery Center-Clinic Services	Attachment 4.19-B, Page 4b	October 1, 2018
Dental Services	Attachment 4.19-B, Page 5	October 1, 2018
Transportation Services	Attachment 4.19-B, Page 6	October 1, 2018
Eyeglasses	Attachment 4.19-B, Page 10.1	October 1, 2018
Nurse Midwife Services	Attachment 4.19-B, Page 12	October 1, 2018
Family Planning Services	Attachment 4.19-B, Page 15	October 1, 2018
Renal Dialysis Facilities	Attachment 4.19-B, Page 19	October 1, 2018
Other Practitioners' Services		
• Anesthesiologists	Attachment 4.19-B, Page 20	October 1, 2018
• Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologist Assistants	Attachment 4.19-B, Page 20a	October 1, 2018
• Physician Assistants	Attachment 4.19-B, Page 21	October 1, 2018
Nutritional Services	Attachment 4.19-B, Page 21-1	October 1, 2018
4.b. EPSDT		
• Partial Hospitalization Program Services	Attachment 4.19-B, Page 17	April 1, 2019
• Emergency Hospital Services	Attachment 4.19-B, Page 28.1	October 1, 2018
• Speech and Audiologist Therapy Services, Physical Therapy Services, and Occupational Therapy Services	Attachment 4.19-B, Page 28.2	October 1, 2018
• Hospice Services	Attachment 4.19-B, Page 28.4	October 1, 2018

Revised 09-01-19