

Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 19-014

This file contains the following documents in the order listed:

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

Regional Operations Group

October 7, 2019

Our Reference: SPA OK 19-0014

Melody Anthony
State Medicaid Director
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Dear Ms. Anthony:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 19-0014, with an effective date of July 1, 2019. This amendment was submitted to increase the enhanced payment for services provided by state university affiliated physicians from 140 percent to 175 percent of the Medicare Physician Fee Schedule.

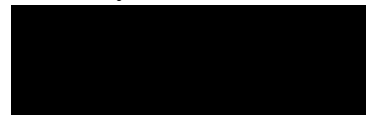
This letter affirms that OK 19-0014 is approved effective July 1, 2019 as requested by the State.

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

- Attachment 4.19-B, Page 3a

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,



Director
Regional Operations Group

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

1. TRANSMITTAL NUMBER

1 9 — 0 0 14

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

July 1, 2019

5. TYPE OF PLAN MATERIAL (*Check One*)☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

Section 1905(a)(5) of the SSA; 42 CFR 440.50; 42 CFR 447.304

7. FEDERAL BUDGET IMPACT

a. FFY 2019 \$ 4,802,925

b. FFY 2020 \$ 17,352,831

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 3a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, Page 3a; TN # 03-08

10. SUBJECT OF AMENDMENT

Increase the enhanced payment from 140 percent (140%) to 175 percent (175%) of the Medicare Physician Fee Schedule for services provided by state university affiliated physicians.

11. GOVERNOR'S REVIEW (*Check One*)☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Becky Pasternik-Ikard

14. TITLE

Chief Executive Officer

15. DATE SUBMITTED

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

July 12, 2019

18. DATE APPROVED

October 7, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Bill Brooks

22. TITLE

Director, Regional Operations Group

23. REMARKS

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

Payment for physicians' services (includes medical and remedial care and services) *(continued)***Services Provided by Oklahoma Universities Affiliated Physicians**

REIMBURSEMENT - Eligible providers specified below will be reimbursed for services rendered to Oklahoma Medicaid recipients. This excludes dually eligible Medicare and Medicaid recipients. The supplemental payments, which reflect the alternative fee schedule, will be made as part of service reimbursement based on the calculation of the differential amount between the base Medicaid payment and supplemental payment for allowable Current Procedural Terminology (CPT) codes. Each Oklahoma Medicaid covered medical billable code (excluding vaccines, technical component, laboratory, and radiology services) listed on the applicable Oklahoma Medicaid fee schedule will be reimbursed in accordance with the payment methodology, below.

With regard to the Agency fee schedule on Attachment 4.19-B, Page 3, a different conversion factor (CF) will be used. The established relative value unit (RVU) will be used and the CF amount will result in a payment equal to 175% of the Medicare allowable. The reimbursed percentage will not exceed the following payment methodology:

- a. An average of the commercial payment from the top five (5) commercial payors for each CPT code were provided to generate the Average Commercial Rate (ACR).
- b. Both the Medicare rate and the ACR were multiplied by the Oklahoma Medicaid fee-for-service (FFS) volume of services reimbursed for eligible CPT codes.
- c. The statewide Medicare equivalent of the ACR was calculated by dividing the product of ACR and FFS volume by the product of the Medicare and FFS volume.

ELIGIBLE PROVIDERS — Providers who are enrolled in Oklahoma Medicaid, and employed by or contracted with an Oklahoma public, non-profit, accredited medical school to provide supervision and teaching of medical students, residents, or fellows through application of the parameters of 42 CFR 447.304. Eligible providers include physicians who are eligible Oklahoma Medicaid providers and furnish Oklahoma Medicaid reimbursable services.

State: Oklahoma
Date Received: 12 July, 2019
Date Approved: 7 October, 2019
Effective Date: 1 July, 2019
Transmittal Number: 19-0014

Revised 07-01-19

TN# 19-0014Approval Date 10/07/2019Effective Date 07/01/2019Supersedes TN# 03-0008