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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 23-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

April 11, 2023

Traylor Rains
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Re: Oklahoma State Plan Amendment (SPA) 23-0006

Dear Mr. Rains:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0006. This amendment proposes to ensure that the agency's cost-sharing authority reflects co-payments that are currently in practice. This request also seeks to remove cost sharing for vaccine administration per the Inflation Reduction Act provision prohibiting cost sharing for Advisory Committee on Immunization Practices (ACIP) recommended vaccines for adults.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 447.50 through 57. This letter is to inform you that Oklahoma Medicaid SPA 23-0006 was approved on April 10, 2023, with an effective date of January 1, 2023.

If you have any questions, please contact Stacey S. Steiner at 214-767-6479 or via email at Stacey.Steiner@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Sandra Puebla, OHCA
Kasie McCarty, OHCA
Heather Cox, OHCA
Sophia Hinojosa, CMS
Debra Harris, CMS
Cynthia Gillaspie, CMS

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: **Oklahoma**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY= the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

OK-23-0006

Proposed Effective Date

01/01/2023

(mm/dd/yyyy)

Federal Statute/Regulation Citation

SSA 1916, SSA 1916A, 42 CFR 447.50 through 57

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2023	\$ 179746.00
Second Year	2024	\$ 222434.00

Subject of Amendment

Cost Sharing Updates

Governor's Office Review

☐ Governor's office reported no comment

☐ Comments of Governor's office received

Describe:

☐ No reply received within 45 days of submittal

☒ Other, as specified

Describe:

The Governor's office does not review State Plan Amendments.

Signature of State Agency Official

Submitted By:

Kasie McCarty

Last Revision Date:

Apr 5, 2023

Submit Date:

Jan 12, 2023



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: OK -23- 0006

Cost Sharing Amounts - Categorically Needy Individuals

G2a

1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

Yes

Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Inpatient Hospital Services	10.00	\$	Day	Up to \$75.00 maximum	Remove
Add	Outpatient Hospital Services	4.00	\$	Visit		Remove
Add	Organized Outpatient Clinic Services	4.00	\$	Visit		Remove
Add	Ambulatory Surgery Services	4.00	\$	Visit		Remove
Add	Physicians Services	4.00	\$	Visit	\$0 copay for the administration of Advisory Committee on Immunization Practices (ACIP) recommended Vaccines	Remove
Add	Physician Assistant/ Anesthesiologist Assistant	4.00	\$	Visit		Remove
Add	Advanced Practice Nurse Services	4.00	\$	Visit		Remove
Add	Optometrist Services	4.00	\$	Visit		Remove
Add	Dental Services	4.00	\$	Visit		Remove
Add	Durable Medical Equipment Services	4.00	\$	Item	Blood glucose testing supplies & insulin syringes have \$0 copay.	Remove
Add	Home Health Agency Services	4.00	\$	Visit		Remove
Add	Rural Health Clinic (RHC) Services	4.00	\$	Visit		Remove
Add	Federally Qualified Health Center (FQHC) Services	4.00	\$	Visit		Remove
Add	Medicare Part B Crossover Claims	1.00	\$	Visit		Remove
Add	Behavioral health and substance abuse services - inpatient	10.00	\$	Day	Up to \$75.00 maximum	Remove



Medicaid Premiums and Cost Sharing

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Behavioral health and substance abuse services - outpatient	3.00	\$	Visit		Remove
Add	Laboratory and X-ray Services	4.00	\$	Visit		Remove
Add	Prescription Drugs	4.00	\$	Prescription	Limited to the drug benefit under the state plan. Tobacco cessation products have \$0 copay. Prenatal vitamins have \$0 copay. Birth control has a \$0 copay. Naloxone have \$0 copay. Medication assisted treatments for opioid use have \$0 copay.	Remove
Add	Preferred generic drugs for HCBS waiver members	0.00	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued between \$0 - \$10.00 for HCBS waiver members	0.65	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued between \$10.01 - \$25.00 for HCBS waiver members	1.20	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued between \$25.01 - \$50.00 for HCBS waiver members	2.40	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued at \$50.01 or more for HCBS waiver members	3.50	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	State Plan Personal Care Services	4.00	\$	Visit		Remove
Add	Physical Therapy/Occupational Therapy/Speech and Audiologist Therapy (PT/OT/ST)	4.00	\$	Visit		Remove
Add	Alternative Treatment for Pain Management	4.00	\$	Visit		Remove
Add	Prosthetics and Orthotics	4.00	\$	Prescription		Remove

Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item:

Remove Service or Item



Medicaid Premiums and Cost Sharing

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add							Remove

Add Service or Item

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

☐

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

☐

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09381148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C42605, Baltimore, Maryland 212441850.

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