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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 23-0010

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



June 30, 2023

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

Re: Oklahoma State Plan Amendment (SPA) 23-0010

Dear Director Rains:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) and accompanying section 1135 waiver submitted on April 4, 2023 under transmittal number (TN) OK 23-0010. This amendment proposes to assure the American Rescue Plan Act's (ARP) mandatory coverage of the COVID-19 vaccine, testing, and treatment without cost sharing.

Pursuant to section 1135(b)(5) of the Social Security Act (Act), for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. §430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Oklahoma requested a waiver to modify the public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is modifying public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(5) of the Act, CMS is approving the state's request to modify these notice requirements otherwise applicable to SPA submissions.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Oklahoma's Medicaid SPA Transmittal Number OK 23-0010 is approved effective March 11, 2021.

Page 2 – Dear Director Rains

If you have any questions, please contact Stacey Steiner at (469) 904-1068 or via email at Stacey.steiner@cms.hhs.gov.

Sincerely,

**Alissa M.
Deboy -S**

Digitally signed by Alissa
M. Deboy -S
Date: 2023.06.30
07:55:13 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

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

1. TRANSMITTAL NUMBER
2 3 — 0 0 1 0

2. STATE
O K

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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
March 11, 2021

5. FEDERAL STATUTE/REGULATION CITATION
Section 1905(a)(4)(E) & 1905(a)(4)(F) of the SSA

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2021 \$ 125,177,980.64
b. FFY 2022 \$ 67,241,026.08

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

New pages:
Attachment 7.7-A pages 1, 2, 3
Attachment 7.7-B pages 1, 2, 3
Attachment 7.7-C pages 1, 2, 3, 4

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


NONE

9. SUBJECT OF AMENDMENT
This amendment proposes to assure the American Rescue Plan Act's (ARP) mandatory coverage of the COVID-19 vaccine, testing, and treatment without cost sharing.

10. 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:
The governor's office does not review state plan material.

11. AGENCY OFFICIAL

Traylor Rains

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
4/4/2023

15. RETURN TO
Oklahoma Health Care Authority
Attn: Traylor Rains
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

cc: Sandra Puebla; Kasie McCarty; Heather Cox

FOR CMS USE ONLY

16. DATE RECEIVED
April 4, 2023

17. DATE APPROVED
June 30, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
March 11, 2021

19. SIGNATURE OF APPROVING OFFICIAL
Alissa M. DeBoy -S
Digitally signed by Alissa M. DeBoy -S
Date: 2023.06.30 07:55:36 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL
Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL
On Behalf of Anne Marie Costello, Deputy Director, CMCS

22. REMARKS

Vaccine and Vaccine Administration at Section 1905(a)(4)(E) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage

X The state assures coverage of COVID-19 vaccines and administration of the vaccines. ¹

X The state assures that such coverage:

1. Is provided to all eligibility groups covered by the state, including the optional Individuals Eligible for Family Planning Services, Individuals with Tuberculosis, and COVID-19 groups if applicable, with the exception of the Medicare Savings Program groups and the COBRA Continuation Coverage group for which medical assistance consists only of payment of premiums; and
2. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(H) and section 1916A(b)(3)(B)(xii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing or similar charge, pursuant to section 1937(b)(8)(A) of the Act.

X The state provides coverage for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to §§1902(a)(11), 1902(a)(43), and 1905(hh) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration, with respect to the providers that are considered qualified to prescribe, dispense, administer, deliver and/or distribute COVID-19 vaccines.

Additional Information (Optional):

¹ The vaccine will be claimed under this benefit once the federal government discontinues purchasing the vaccine.

Reimbursement

 The state assures that the state plan has established rates for COVID-19 vaccines and the administration of the vaccines for all qualified providers pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

List Medicaid state plan references to payment methodologies that describe the rates for COVID-19 vaccines and their administration for each applicable Medicaid benefit:

 X The state is establishing rates for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

 X The state's rates for COVID-19 vaccines and the administration of the vaccines are consistent with Medicare rates for COVID-19 vaccines and the administration of the vaccines, including any future Medicare updates at the:

- X** Medicare national average, OR
- Associated geographically adjusted rate.

 The state is establishing a state specific fee schedule for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location :

COVID-19 Vaccine Administration Reimbursement Methodology:
In cases where vaccine administration is separately reimbursable at a fee amount, the OHCA will follow Medicare's reimbursement guidance for the COVID-19 vaccine: \$16.94 for the administration fee of the 1st COVID vaccine and \$28.39 for the administration fee of the 2nd COVID vaccine.

The aforementioned reimbursement methodology will apply to any approved route for the particular vaccine (percutaneous, intradermal, subcutaneous, intramuscular, intranasal, or oral route) during the public health emergency.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of COVID-19 vaccine administration services. The agency's fee schedule rate was set as of August 24, 2020 and is effective for services provided on or after that date. All rates are published the agency's website at www.okhca.org/feeschedules.

 X The state's fee schedule is the same for all governmental and private providers.

X The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

Qualified facilities operated by the Indian Health Service, tribal government(s), or urban Indian health program (I/T/U)

X The payment methodologies for COVID-19 vaccines and the administration of the vaccines for providers listed above are described below:

COVID vaccines administered to beneficiaries by a qualified facility operated by the Indian Health Service, tribal government(s), or urban Indian health program (I/T/U) will be reimbursed the outpatient Office of Management and Budget (OMB) rate, per the current State Plan methodology, for the administration of the COVID vaccine.

X The state is establishing rates for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to sections 1905(a)(4)(E), 1905(r)(1)(B)(v) and 1902(a)(30)(A) of the Act.

X The state's rate is as follows and the state's fee schedule is published in the following location :

The State's rate for COVID-19 vaccine counseling for children under the age of 21 is \$33.55 (CPT 99401 with modifier CR).

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of EPSDT COVID-19 vaccine counseling. The agency's fee schedule rate was set as of December 2, 2021 and is effective for services provided on or after that date. All rates are published the agency's website at www.okhca.org/feeschedules.

PRA Disclosure Statement Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021, and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage

 X The state assures coverage of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

 X The state assures that such coverage:

1. Includes all types of FDA authorized COVID-19 tests;
2. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
3. Is provided to the optional COVID-19 group if applicable; and
4. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Please describe any limits on amount, duration or scope of COVID-19 testing consistent with 42 CFR 440.230(b).

 X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

 X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

Reimbursement

 X The state assures that it has established state plan rates for COVID-19 testing consistent with the CDC definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 testing for each applicable Medicaid benefit:

The state makes payment for diagnostic and screening services for COVID-19 according to Attachment 4.19-B, page 2b, Clinic Laboratory Services.

 The state is establishing rates for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

 The state's rates for COVID-19 testing are consistent with Medicare rates for testing, including any future Medicare updates at the:

 Medicare national average, OR

 Associated geographically adjusted rate.

 X The state is establishing a state specific fee schedule for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location:

The OHCA will reimburse for self-collected COVID-19 tests using point-of-sale plus the professional dispensing fee for prescription drugs within the approved state plan at Attachment 4.19-B, Page 7.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of self-collected COVID-19 tests. The agency's fee schedule rate was set as of August 30, 2021 and is effective for services provided on or after that date. All rates are published the agency's website at www.okhca.org/feeschedules.

 X The state's fee schedule is the same for all governmental and private providers.

X The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 testing is described under the benefit payment methodology applicable to the provider type:

Self-collected COVID-19 tests dispensed to American Indian/Alaskan Native (AI/AN) members by a qualified facility operated by the Indian Health Service, tribal government(s), or urban Indian health programs (I/T/U) will be reimbursed the Office of Management and Budget (OMB) rate, per the current State Plan methodology.

Additional Information (Optional):

___ The payment methodologies for COVID-19 testing for providers listed above are described below:

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COVID-19 Treatment at section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage for the Treatment and Prevention of COVID

X The state assures coverage of COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

X The state assures that such coverage:

1. Includes any non-pharmacological item or service described in section 1905(a) of the Act, that is medically necessary for treatment of COVID-19;
2. Includes any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations;
3. Is provided without amount, duration or scope limitations that would otherwise apply when covered for purposes other than treatment or prevention of COVID-19;
4. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
5. Is provided to the optional COVID-19 group, if applicable; and
6. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

Coverage for a Condition that May Seriously Complicate the Treatment of COVID

X The state assures coverage of treatment for a condition that may seriously complicate the treatment of COVID-19 during the period when a beneficiary is diagnosed with or is presumed to have COVID-19.

X The state assures that such coverage:

1. Includes items and services, including drugs, that were covered by the state as of March 11, 2021;
2. Is provided without amount, duration or scope limitations that would otherwise apply when covered for other purposes;
3. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
4. Is provided to the optional COVID-19 group, if applicable; and
5. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

Reimbursement

X The state assures that it has established state plan rates for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 treatment for each applicable Medicaid benefit:

Outpatient Hospital Services within Attachment 4.19-B, Page 1, 1a, and 1b
Clinical Laboratory Services within Attachment 4.19-B, Page 2b
Physician Services within Attachment 4.19-B, Page 3
Home Health Services within Attachment 4.19-B, Page 4
Free-Standing Ambulatory Surgery Center-Clinic Services within Attachment 4.19-B, Page 4b
Renal Dialysis Facilities within Attachment 4.19-B, Page 19
Other Practitioners' Services within Attachment Pages 20, 20a, and 21
Nutritional Services within Attachment 4.19-B, Page 21-1
EPSDT within Attachment 4.19-B, Pages 17, 28.1, 28.2, 28.4
Respiratory Care within Attachment 4.19-B, Page 28.7
Private Duty Nursing Services within Attachment 4.19-B, Page 28.8
Pediatric or Family Nurse Practitioner (Advanced Practice Nurse) Services within Attachment 4.19-B, Page 32
Diabetes Self-management Training (DSMT) Services within Attachment 4.19-B, Page 43
ABP Hospice Services within Attachment 4.19-B, ABP 11
Federally Qualified Health Center Services within Attachment 4.19-B, Page 2a, 2a.1, and 2a.2
Indian Health Services within Attachment 4.19-B, Page 1g
Prescribed Drugs within Attachment 4.19-B, Page 7 and 7a
Personal care services within Attachment 4.19-B within Page 11
Clinic Services within Attachment 4.19-B, Page 23, 23a, 24, and 25
Critical Access Hospitals (CAHs) within Attachment 4.19-B, Page 35a

X The state is establishing rates or fee schedule for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies) pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act

_____ The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 treatment are described under the benefit payment methodology applicable to the provider type:

Additional Information (Optional):

Monoclonal Antibody (mAb) treatment for COVID-19 administered by licensed pharmacists, state-authorized pharmacy interns, qualified pharmacy technicians, and pharmacies to comply with the PREP Act is reimbursed at the geographical adjusted rate of \$399.36 in the pharmacy setting and \$665.21 in the home setting.

Prophylactic treatment for COVID-19 administered by licensed pharmacists, state-authorized pharmacy interns, qualified pharmacy technicians, and pharmacies to comply with the PREP Act as an injection in the pharmacy setting is reimbursed at \$133.52 and \$222.24 in the home setting.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of mAb treatment and prophylactic treatment services for COVID-19. The agency's fee schedule rate was set as of September 9, 2021, and is effective for services provided on or after that date. All rates are published the agency's website at www.okhca.org/feeschedules.

PRA Disclosure Statement *Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.*