

## **Table of Contents**

**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) #: 24-0005**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

May 29, 2024

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

RE: TN 24-0005

Dear Traylor Rains:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Oklahoma state plan amendment (SPA) to Attachment 4.19-A OK 24-0005, which was submitted to CMS on March 5, 2024. This plan amendment adds opioid antagonist as an inpatient hospital service that may be billed separately.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Diana Dinh at 667-290-8857 or via email at [Diana.Dinh@cms.hhs.gov](mailto:Diana.Dinh@cms.hhs.gov).

Sincerely,



Rory Howe  
Director  
Financial Management Group

Enclosures

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

1. TRANSMITTAL NUMBER  
2 4 — 0 0 0 5

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  
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 447.250

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 70,710.00  
b. FFY 2025 \$ 93,652.00

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 4.19-A, Page 10


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attachment 4.19-A, Page 10; TN# 20-0014

9. SUBJECT OF AMENDMENT  
State plan amendment to add "opioid antagonist" as an Inpatient Hospital Service that may be billed separately.

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. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Traylor Rains

13. TITLE  
State Medicaid Director

14. DATE SUBMITTED  
March 5, 2024

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

cc: Kasie McCarty; Heather Cox; Carmen Banks


**FOR CMS USE ONLY**

16. DATE RECEIVED  
March, 5, 2024

17. DATE APPROVED  
May 29, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
Rory Howe

21. TITLE OF APPROVING OFFICIAL  
FMG, Director

22. REMARKS

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

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**VI. PER DISCHARGE PROSPECTIVE PAYMENT METHODOLOGY FOR HOSPITALS***(continued)***A. Services Included in or Excluded from the Prospective Rate *(continued)*****3. Services which may be billed separately include:**

- a. Ambulance service when the patient is transferred from one hospital to another and is admitted as an inpatient in the second hospital
- b. Physician services furnished to individual patients
- c. Long Acting Reversible Contraception (LARC)
- d. High-investment drugs
  - i. High-investment drugs are reimbursed under the methodology described in Attachment 4.19-B, Page 7a. A list of high-investment drugs is found on [www.okhca.org](http://www.okhca.org).
- e. Opioid antagonists

The agency's fee schedule rate is updated annually in July. All rates are published on the agency's website at [www.okhca.org](http://www.okhca.org). A uniform rate is paid to governmental and non-governmental providers.

**B. Computation of DRG Relative Weights**

1. Relative weights used for determining rates for cases paid by DRG under the State Plan shall be derived, to the greatest extent possible, from Oklahoma hospital claim data. All such claims are included in the relative weight computation, except as described below.
2. Hospital fee-for-service (FFS) claims and adjusted managed care encounter data for discharges occurring from July 1, 2000, through June 30, 2003, are included in the computation and prepared as follows:
  - a. All interim and final claims for single inpatient stay were combined into a single record per discharge.
  - b. All Medicaid inpatient discharges were classified using the Diagnostic Related Group (DRG) methodology, a patient classification system that reflects clinically cohesive groupings of inpatient resources. Input files were created for the Medicare Version 22 grouper software. Lines containing detail ICD-9 procedure codes were transposed and attached to the claim header record to produce a single claim record per line. Historical diagnosis and procedure codes that are no longer valid and not recognized by the CMS Medicare Version 22 grouper were updated to reflect their placement codes.
  - c. Claims that were grouped into Major Diagnostic Category 15 "Newborns and other Neonates with Conditions Originating in the Perinatal Period" were further grouped using enhanced neonate logic. The enhanced neonate logic creates 20 groupings. The groupings are hierarchical based on discharge state, transfer status, neonate weight, major operating room procedure performed, and the existence of a major or minor diagnosis.

Revised 1-1-24