

State/Territory Name: Oklahoma

State Plan Amendment (SPA) OK-25-0018

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
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

March 19, 2026

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

RE: TN OK-25-0018

Dear State Medicaid Director Miller:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Oklahoma state plan amendment (SPA) to Attachment 4.19-B OK-25-0018, which was submitted to CMS on December 19, 2025. The purpose of this plan amendment is to increase the Medicaid per-mile reimbursement rate for secure behavioral health transportation services exceeding 30 miles from \$2.85 to \$4.80

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 December 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Robert Bromwell at 410-786-5914 or via email at robert.bromwell@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		<p>1. TRANSMITTAL NUMBER <u>2</u> <u>5</u> — <u>0</u> <u>0</u> <u>1</u> <u>8</u></p>	<p>2. STATE <u>O</u> <u>K</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.170</p>		<p>4. PROPOSED EFFECTIVE DATE December 1, 2025</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 6.1 <i>Attachment 4.19-B, Introduction page 1</i></p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY2026 \$ <u>360,241</u> b FFY2027 \$ <u>428,322</u></p> <p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B, Page 6.1; TN# 23-0015 <i>Attachment 4.19-B, Introduction page 1; TN# 25-0013</i></p>	
<p>9. SUBJECT OF AMENDMENT Mileage rate increase for Mental Health Transportation services over 30 miles</p>			
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p> <p><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The governor's office does not review state plan material.</p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>		<p>15. RETURN TO Oklahoma Health Care Authority Attn: Melissa Miller 4345 N. Lincoln Blvd. Oklahoma City, OK 73105 cc: Heather Cox</p>	
<p>12. TYPED NAME Melissa Miller</p>		<p>13. TITLE State Medicaid Director</p>	
<p>14. DATE SUBMITTED 12/19/2025</p>		<p>FOR CMS USE ONLY</p>	
<p>16. DATE RECEIVED 12/19/2025</p>		<p>17. DATE APPROVED March 19, 2026</p>	
<p>PLAN APPROVED - ONE COPY ATTACHED</p>			
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL 12/1/2025</p>		<p>19. SIGNATURE OF APPROVING OFFICIAL </p>	
<p>20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion</p>		<p>21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review</p>	
<p>22. REMARKS <i>Pen and ink changed to blocks 7 and 8 to add Attachment 4.19-B, Introduction page 1, authorized via email on 3/17/2026</i></p>			

**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, 2019
A. Emergency Room Services		October 1, 2019
B. Outpatient Surgery	Attachment 4.19-B, Page 1a	October 1, 2019
C. Dialysis Services		October 1, 2019
D. Ancillary Services, Imaging and Other Diagnostic Services		February 1, 2021
E. Therapeutic Services	Attachment 4.19-B, Page 1b	October 1, 2019
F. Clinic Services and Observation/Treatment Room		October 1, 2019
Clinical Laboratory Services	Attachment 4.19-B, Page 2b	October 1, 2019
Physician Services	Attachment 4.19-B, Page 3	October 1, 2019
Home Health Services	Attachment 4.19-B, Page 4	October 1, 2019
Free-Standing Ambulatory Surgery Center-Clinic Services	Attachment 4.19-B, Page 4b	October 1, 2019
Dental Services	Attachment 4.19-B, Page 5	October 1, 2019
Transportation Services	Attachment 4.19-B, Page 6	October 1, 2019
Secure Behavioral Health Transport	Attachment 4.19-B, Page 6.1	December 1, 2025
Psychological Services	Attachment 4.19-B, Page 8	July 1, 2022
Eyeglasses	Attachment 4.19-B, Page 10.1	October 1, 2019
Personal Care Services	Attachment 4.19-B, Page 11	January 1, 2024
Nurse Midwife Services	Attachment 4.19-B, Page 12	October 1, 2019
Hospice Care	Attachment 4.19-B, Page 13	January 1, 2025
Family Planning Services	Attachment 4.19-B, Page 15	October 1, 2019
Renal Dialysis Facilities	Attachment 4.19-B, Page 19	October 1, 2019
Other Practitioners' Services		
• Anesthesiologists	Attachment 4.19-B, Page 20	October 1, 2019
• Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologist Assistants	Attachment 4.19-B, Page 20a	October 1, 2019
• Physician Assistants	Attachment 4.19-B, Page 21	October 1, 2019
Nutritional Services	Attachment 4.19-B, Page 21-1	October 1, 2019
4.b. EPSDT		
• Emergency Hospital Services	Attachment 4.19-B, Page 28.1	October 1, 2019
• Speech and Audiologist	Attachment 4.19-B, Page 28.2	February 1, 2021
• Therapy Services, Physical Therapy Services, and Occupational Therapy Services		October 1, 2019
• Hospice Services	Attachment 4.19-B, Page 28.4	

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

Transportation (*continued*)**D. Access Payment Program Fee for Emergency Ambulance Service Providers (*continued*)****2. Ambulance Service Provider Access Payment (*continued*)**

The access payment is comprehensive and does not exceed 100% of the difference between Medicaid payments otherwise made to eligible providers for the provision of medical transportation services and the average amount that would have been paid at the equivalent ACR.

The ambulance service provider medical transportation access payments are to supplement, not supplant, appropriations to support ambulance service provider reimbursement. Payments may not be used to offset any other payment by Medicaid for services to Medicaid beneficiaries.

E. Secure Behavioral Health Transports

Providers of secure behavioral health transports will be paid on a fee-for-service basis through encounter payments and a combination of encounter payments and a set rate per mile as follows:

1. Transports 30 miles and under will be reimbursed \$160.00 per encounter, equal to 68.83% of the Oklahoma Geographic Base Rate for CY 2021 for A0429.
2. Transports over 30 miles will be reimbursed \$160.00 per encounter, equal to 68.83% of the Oklahoma Geographic Base Rate for CY 2021 for A0429, and \$4.80 per mile, equal to 64.2% of the Oklahoma Geographic Base Rate for CY 2021 for A0425.

Except as otherwise noted in the plan, fee schedules and applicable effective dates are located on the Introduction, Page 1.