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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 26-0004

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



Financial Management Group

May 13, 2026

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

RE: TN 26-0004

Dear Director Miller:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Oklahoma state plan amendment (SPA) to Attachment 4.19-A OK 26-0004 which was submitted to CMS on February 13, 2026. This plan amendment provides separate reimbursement of rapid whole genome sequencing (rWGS) in the inpatient hospital setting.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 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 February 1, 2026. 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 Diana Dinh at 670-290-8857 or via email at diana.dinh@cms.hhs.gov.

Sincerely,



Rory Howe
Director
Financial Management Group

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

1. TRANSMITTAL NUMBER <u>2</u> <u>6</u> — <u>0</u> <u>0</u> <u>0</u> <u>4</u>	2. STATE <u>O</u> <u>K</u>
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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
February 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447.253

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 1,154,747
b. FFY 2027 \$ 1,732,120

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT


Attachment 4.19-A, Page 9

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-A, Page 9; TN #24-0005

9. SUBJECT OF AMENDMENT
Revises hospital inpatient reimbursement to allow rapid whole genome sequencing to be reimbursed separately from the per-discharge rate for eligible members under age 21 receiving ICU services, as required by state law.

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The governor's office does not review state plan material.
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME/
Melissa Miller

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
2/13/2026

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

cc: Heather Cox, Kelsey Dewbre


FOR CMS USE ONLY

16. DATE RECEIVED
February 13, 2026

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
February 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, FMG

22. REMARKS

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

VI. PER DISCHARGE PROSPECTIVE PAYMENT METHODOLOGY FOR HOSPITALS *(continued)***A. Services Included in or Excluded from the Prospective Rate** *(continued)*

1. 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 are reimbursed under the methodology described in Attachment 4.19-B, Page 7a. A list of high-investment drugs is found on oklahoma.gov/ohca.
- e. Opioid antagonists
- f. Rapid Whole Genome Sequencing

The agency's fee schedule rate is set and updated annually for services on or after every July 1st of the state fiscal year. Except as otherwise noted in the plan, state-developed fee schedule rates are applied equally to governmental and private providers. All rates are published at oklahoma.gov/ohca.

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 02-01-26

TN# 26-0004

Approval Date May 13, 2026

Effective Date 02-01-26

Supersedes TN# 24-0005