

State/Territory Name: Oklahoma

State Plan Amendment (SPA) OK-26-0009

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

June 4, 2026

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

RE: TN OK-26-0009

Dear State Director Foss:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Oklahoma state plan amendment (SPA) to Attachment 4.19-B OK-26-0009, which was submitted to CMS on March 13, 2026. The purpose of this amendment is to add a telehealth originating-site facility fee for eligible Medicaid providers.

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 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 Robert Bromwell at 410-786-5914 or via email at robert.bromwell@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 6 — 0 0 0 9</u>	2. STATE <u>O K</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> 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
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5. FEDERAL STATUTE/REGULATION CITATION 1902(a)(30)(A)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>1,594,050.00</u> b. FFY <u>2027</u> \$ <u>2,391,075.00</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, page 10.1 4.19-B Introduction, Page 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, page 10.1; TN # 20-0017 4.19-B Introduction, Page 1
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9. SUBJECT OF AMENDMENT
These revisions allow for an eligible host facility to be reimbursed for a telehealth origination site fee.

10. GOVERNOR'S REVIEW (Check One)

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

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Oklahoma Health Care Authority Attn: Melissa Miller 4345 N. Lincoln Blvd. Oklahoma City, OK 73105 cc: Heather Cox, Lauren Johnson
12. TYPED NAME/ Melissa Miller	
13. TITLE State Medicaid Director	
14. DATE SUBMITTED March 13, 2026	

FOR CMS USE ONLY	
16. DATE RECEIVED March 13, 2026	17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS

Pen and ink change authorized via email on 6/4/2026 to blocks 7 and and 8 to add 4.19-B Introduction, Page 1.

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

Effective Dates for Reimbursement Rates for Specified Services:

695

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
Telehealth Origination Site Fee		February 1, 2026
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 OF ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

Payment for other services and supplies

(a) Prosthetics and orthotics are reimbursed at the Medicare non-rural pricing.

(b) Eyeglasses

Reimbursement for eyeglass materials is set at a flat rate for the frame and the single vision and bifocal vision lenses. All lenses are made of polycarbonate material except in those instances where polycarbonate materials are not appropriate due to the refraction requirements. Polycarbonate will not be reimbursed separately. Refraction and fitting fee are reimbursed separately.

(c) Telehealth Origination Site Fee

An originating site is the location where the Medicaid member is physically present during a telehealth visit. Eligible originating sites include hospitals, hospital outpatient departments, physician and practitioner offices, Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), Indian Health Service (IHS), Tribal and Urban Indian clinics, public health clinics, nursing facilities, and other Medicaid-approved originating sites.

Originating sites are reimbursed a facility fee equal to 100 percent of the Medicare Physician Fee Schedule (MPFS) rate for HCPCS code Q3014 (Telehealth Origination Site Facility Fee), as published by the Centers for Medicare & Medicaid Services (CMS). The applicable MPFS rate is the rate in effect on the date of service and is effective for services furnished on or after February 1, 2026.

Except as otherwise noted in the State Plan, fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates are published on its publicly available website at www.okhca.org/feeschedules.

The facility fee is separate from payment for the professional service furnished by the distant site practitioner. No separate payment is made when the member's home serves as the originating site or for equipment and transmission costs. Distant site practitioners are reimbursed in accordance with the standard Medicaid reimbursement methodology applicable to the covered service.

Revised 02-01-26

TN # 26-0009
Supersedes TN # 20-0017

Approval Date June 4, 2026

Effective Date 02-01-26