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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 17-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

March 30, 2018

Our Reference: SPA OK 17-05

Becky Pasternik-Ikard
Chief Executive Officer
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Dear Ms. Pasternik-Ikard:

Enclosed is a copy of approved Oklahoma State Plan Amendment (SPA) No. 17-05, with an effective date of January 1, 2018. This amendment was submitted to implement policy that health care facilities operated by Indian Health Service/Tribally-Operated 638 Health Programs/Urban Indian Health Programs (ITU) providers are designated as Federally Qualified Health Centers (FQHC).

This letter affirms that OK 17-05 is approved effective January 1, 2018 as requested by the State.

We are including the CMS-179 and the following amended plan pages.

- Attachment 4.19B, Page 1g

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at stacey.shuman@cms.hhs.gov.

Sincerely,



Bill Brooks
Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas
Stacey Shuman, DMCH Dallas

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 7 - 0 5	2. STATE Oklahoma
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2018
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5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 431.110; 42 CFR 136; P.L. 93-638	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ <u>\$3,178,348</u> b. FFY 2019 \$ <u>\$4,767,522</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 1a-3 Attachment 4.19-B, Page 1g	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B, Page 1a-3 (TN 00-03; delete) Attachment 4.19-B, Page 1g (NEW)
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10. SUBJECT OF AMENDMENT

Facilities operated by ITU providers designated as FQHCs (ITU-FQHC)

11. GOVERNOR'S REVIEW (*Check One*)

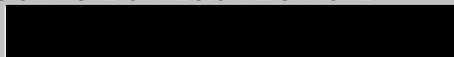
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Oklahoma Health Care Authority Attn: Tywanda Cox 4345 N. Lincoln Blvd. Oklahoma City, OK 73105
13. TYPED NAME Becky Pasternik-Ikard	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED January 11, 2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED January 11, 2018	18. DATE APPROVED March 30, 2018
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator (ARA), Division of Medicaid and Children's Health (DMCH)

23. REMARKS

c: Becky Pasternik-Ikard
Tywanda Cox

FORM CMS-179 (07/92)

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

**REIMBURSEMENT FOR INDIAN HEALTH SERVICE, TRIBAL PROGRAMS, AND URBAN
CLINICS**

For services provided to Native Americans by a qualified facility operated by the Indian Health Service, tribal government(s), or urban Indian health program (ITU) the applicable Office of Management and Budget (OMB) rate will be paid as published and specified in the Federal Register.

For qualified facilities operated by ITU providers that contract with the Medicaid agency as an FQHC, hereafter referred to as ITU-FQHC, an alternative payment method (APM) is allowed. The APM rate for services provided by an ITU-FQHC is set at the OMB rate.

For purposes of being designated as an FQHC by Medicaid, Tribal, IHS, and urban Indian health program facilities need not meet any requirement other than being operated by a Tribe or Tribal organization under P.L. 93-638.

Encounter reimbursement of ITUs & ITU/FQHCs

Reimbursement is made for an individual medical, dental, and outpatient behavioral health encounter per member per day. Reimbursement for more than one outpatient visit within a 24-hour period is made when services are provided for a distinctly different diagnosis.

State: Oklahoma
Date Received: 11 January, 2018
Date Approved: 30 March, 2018
Effective Date: 1 January, 2018
Transmittal Number: 17-05

NEW PAGE 01.01.18