

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: OKLAHOMA

METHODS AND STANDARDS FOR ESTABLISHING PAY RATES – OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicare agency uses the following general method for payment.

1. Payments are limited to State Plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State Plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item 1 & 2 of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR".
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ___ of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item ___ of this attachment (see 3. above).

STATE <u>Oklahoma</u>	A
DATE REC'D <u>9-1-05</u>	
DATE APPROV'D <u>10-21-05</u>	
DATE EFF <u>8-1-05</u>	
HCFA 179 <u>05-04</u>	

02-08

Revised 08-01-05

TN# 05-04 Approval Date 10-21-05 Effective Date 8-1-05
Supersedes
TN# 02-08

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

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

Payment of Medicare Part A and Part B Claims

QMBs:	Part A <u>MR/NR</u> Deductibles	<u>MR/NR</u>	Coinsurance
	Part B <u>MR/NR</u> Deductibles	<u>MR/NR</u>	Coinsurance

Other Medicaid Recipients	Part A <u>MR/NR</u> Deductibles	<u>MR/NR</u>	Coinsurance
	Part B <u>MR/NR</u> Deductibles	<u>MR/NR</u>	Coinsurance

Dual Eligible (QMB Plus):	Part A <u>MR/NR</u> Deductibles	<u>MR/NR</u>	Coinsurance
	Part B <u>MR/NR</u> Deductibles	<u>MR/NR</u>	Coinsurance

State: Oklahoma
Date Received: 28 March, 2013
Date Approved: 5 August, 2014
Date Effective: 1 January, 2013
Transmittal Number: 13-04

Revised 01-01-13

TN# 13-04 Approval Date 8/5/14 Effective Date 1/1/13
Supersedes
TN# 05-04

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

Payment of Deductible and Coinsurance for Medicare Part A and Part B Claims

1. Payment of Deductible and Coinsurance for Medicare Part A Claims:

For Qualified Medicare Beneficiaries (QMB) and Qualified Medicare Beneficiaries with full Medicaid benefits (QMB Plus), the Medicaid agency uses the following method for specific Medicare hospital services, psychiatric hospital services, and psychiatric residential facility (PRTF) services which are not specifically addressed elsewhere in the State Plan:

Deductible – 75%
Coinsurance – 25%

For crossover claims on services that were rendered on or after January 1, 2016, payment for skilled nursing facility services will be made at 20 percent of the Medicare rate for coinsurance and deductible, if any.

2. Payment of Deductible and Coinsurance for Medicare Part B Claims:

The Medicaid agency uses the following method for specific Medicare medical services and dialysis services which are not specifically addressed elsewhere in the State Plan:

Deductible – 100%
Coinsurance – 46.25%

For Indian health service (IHS) clinics and transportation, payment is made at a rate of 100 percent of the deductible and 100 percent of the coinsurance.

State: Oklahoma
Date Received: 1 May, 2019
Date Approved: 16 July, 2019
Effective Date: 1 April, 2019
Transmittal Number: 19-0002

Revised 04-01-19

TN# 19-0002 Approval Date 07/16/19 Effective Date 04/01/19

Supersedes TN# 16--13