METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928 (c) (2) (C) (ii) of the Act

(i) A provider may impose a charge for the administration of a qualified vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

(ii) The State:

_X_ sets a payment rate at the level of the regional maximum established by the DHHS Secretary for public providers.
The rate for public providers is $19.58.

___ is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

_X_ sets a payment rate below the level of the regional maximum established by the DHHS Secretary for non-public providers.
The rate for private providers is $19.58 minus the rate reductions that are in effect.

___ is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The agency's fee schedule rate was set as of October 1, ~~2018~~ 2019 and is effective for services provided on or after that date. All rates are published on the agency's website at www.okhca.org/feeschedules. As indicated above, public providers are reimbursed at the level of the regional maximum.

Private providers are defined as providers that do not have an affiliation with a government agency.

(iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

"Other"-The State will attempt to set administration fee at Regional Maximum at earliest opportunity for non-public providers.

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 may negotiate a higher reimbursement rate, provided the service is prior authorized and the negotiated rate does not exceed the rate paid by Medicare, unless otherwise specified in the plan. Services that are not covered by Medicare, but are covered by the plan, may be reimbursed as determined by the State.

Commented [KM1]: Considering language approved as it was submitted in OK SPA 19-0009

Service	State Plan Page	Effective Date
Outpatient Hospital Services	Attachment 4.19-B, Page 1	October 1, ~~2018~~ 2019
A. Emergency Room Services		October 1, ~~2018~~ 2019
B. Outpatient Surgery	Attachment 4.19-B, Page 1a	October 1, ~~2018~~ 2019
C. Dialysis Services		October 1, ~~2018~~ 2019
D. Ancillary Services, Imaging and Other Diagnostic Services		October 1, ~~2018~~ 2019
E. Therapeutic Services	Attachment 4.19-B, Page 1b	October 1, ~~2018~~ 2019
F. Clinic Services and Observation/Treatment Room		October 1, ~~2018~~ 2019
H. Partial Hospitalization Program Services		April 1, 2019
Clinical Laboratory Services	Attachment 4.19-B, Page 2b	October 1, ~~2018~~ 2019
Physician Services	Attachment 4.19-B, Page 3	October 1, ~~2018~~ 2019
Home Health Services	Attachment 4.19-B, Page 4	October 1, ~~2018~~ 2019
Free-Standing Ambulatory Surgery Center-Clinic Services	Attachment 4.19-B, Page 4b	October 1, ~~2018~~ 2019
Dental Services	Attachment 4.19-B, Page 5	October 1, ~~2018~~ 2019
Transportation Services	Attachment 4.19-B, Page 6	October 1, ~~2018~~ 2019
Eyeglasses	Attachment 4.19-B, Page 10.1	October 1, ~~2018~~ 2019
Nurse Midwife Services	Attachment 4.19-B, Page 12	October 1, ~~2018~~ 2019
Family Planning Services	Attachment 4.19-B, Page 15	October 1, ~~2018~~ 2019
Renal Dialysis Facilities	Attachment 4.19-B, Page 19	October 1, ~~2018~~ 2019
Other Practitioners' Services		
• Anesthesiologists	Attachment 4.19-B, Page 20	October 1, ~~2018~~ 2019
• Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologist Assistants	Attachment 4.19-B, Page 20a	October 1, ~~2018~~ 2019
• Physician Assistants	Attachment 4.19-B, Page 21	October 1, ~~2018~~ 2019
Nutritional Services	Attachment 4.19-B, Page 21-1	October 1, ~~2018~~ 2019
4.b. EPSDT		
• Partial Hospitalization Program Services	Attachment 4.19-B, Page 17	April 1, 2019
• Emergency Hospital Services	Attachment 4.19-B, Page 28.1	October 1, ~~2018~~ 2019
• Speech and Audiologist Therapy Services, Physical Therapy Services, and Occupational Therapy Services	Attachment 4.19-B, Page 28.2	October 1, ~~2018~~ 2019
• Hospice Services	Attachment 4.19-B, Page 28.4	October 1, ~~2018~~ 2019

Revised ~~09-01-19~~ 10-01-19

DATES FOR ESTABLISHING PAYMENT RATES FOR ATTACHMENT 4.19-B SERVICES

Effective Dates for Reimbursement Rates for Specified Services: *(continued)*

Service	State Plan Page	Effective Date
4.b. EPSDT *(continued)* • Other Practitioner – Applied Behavior Analysis (ABA) Services	Attachment 4.19-B, Page 28.13	~~July 1, 2019~~ October 1, 2019
Christian Science Nurses	Attachment 4.19-B, Page 28.5	October 1, ~~2018~~ 2019
Dentures	Attachment 4.19-B, Page 28.6	October 1, ~~2018~~ 2019
Respiratory Care	Attachment 4.19-B, Page 28.7	October 1, ~~2018~~ 2019
Private Duty Nursing Services	Attachment 4.19-B, Page 28.8	October 1, ~~2018~~ 2019
Physical Therapist	Attachment 4.19-B, Page 28.9	October 1, ~~2018~~ 2019
Occupational Therapist	Attachment 4.19-B, Page 28.10	October 1, ~~2018~~ 2019
Christian Science Sanatoria	Attachment 4.19-B, Page 28.11	October 1, ~~2018~~ 2019
Other Practitioner – Licensed Clinical Social Worker	Attachment 4.19-B, Page 28.12	October 1, ~~2018~~ 2019
Pediatric or Family Nurse Practitioner (Advanced Practice Nurse) Services	Attachment 4.19-B, Page 32	October 1, ~~2018~~ 2019