

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oklahoma

A. The following charges are imposed on the categorically needy for services in accordance with section 1916 of the Act and 42 CFR 447.50 – 447.60:

* Services and Basis for determination	Type Charge			Amount
	Deduct.	Coins.	Copay	
Inpatient Hospital Services			X	\$10.00 for each covered day up to \$90.00 maximum per hospital stay.
Outpatient Hospital Services			X	\$3.00 for each visit
Organized Outpatient Clinic Services			X	\$3.00 for each visit
Ambulatory Surgery Services			X	\$3.00 for each visit
Physician Services			X	\$3.00 for each office visit
Physician Assistant / Anesthesiologist Assistant			X	\$3.00 for each office visit
Advanced Practice Nurse Services			X	\$3.00 for each office visit
Outpatient Behavioral Health Services			X	\$3.00 for each office visit
Optometrist Services			X	\$3.00 for each office visit
Durable Medical Equipment Services			X	\$3.00 for each visit
Home Health Agency Services			X	\$3.00 for each visit

SUPERSEDES: TN- 93-10

STATE	<u>Oklahoma</u>
DATE REC'D.	<u>2-19-10</u>
DATE APPL'D	<u>10-13-10</u>
DATE EFF.	<u>8-1-10</u>
HCFA 179	<u>10-05</u>

A

* The basis for copayment is the statewide average payment for all the services provided one recipient by one provider.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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A. The following charges are imposed on the categorically needy for services in accordance with section 1916 of the Act and 42 CFR 447.50 – 447.60 (continued):

* Services and Basis for determination	Type Charge			Amount
	Deduct.	Coins.	Copay	
Rural Health Clinic Services			X	\$3.00 for each visit
Federally Qualified Health Center Services			X	\$3.00 for each visit
Medicare Part B Crossover Claims			X	\$1.00 per visit for all Part B covered Services
Prescription Drugs			X	Zero for preferred generics
				\$0.65 for prescriptions having a Medicaid allowable of \$0.00 to \$10.00
				\$1.20 for prescriptions having a Medicaid allowable of \$10.01 to \$25.00
				\$2.40 for prescriptions having a Medicaid allowable of \$25.01 to \$50.00
				\$3.50 for prescriptions having a Medicaid allowable of \$50.01 or more

SUPERSEDES: NONE - NEW PAGE

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B. The method used to collect cost sharing charges for categorically needy individuals:

Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

A person's assertion to the provider of their inability to pay the copayment establishes this inability.

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- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) and 1916(a)(2) and (j) of the Act are described below:

Oklahoma excludes from copayment those individuals and services described in 42 CFR 447.53(b) and 1916(a)(2) and (j) of the Act through the claims processing system using the recipient file information, diagnosis codes on the claim and certain designated procedure codes.

- E. Cumulative maximums on charges:

X State policy does not provide for cumulative maximums.

 Cumulative maximums have been established as described below:

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