

Table of Contents

State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 11-13

This file contains the following documents in the order listed:

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

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



Division of Medicaid & Children's Health, Region VI

March 6, 2012

Our Reference: SPA-OK-11-13

Dr. Garth Splinter, State Medicaid Director
Oklahoma Health Care Authority
2401 NW 23rd St., Suite 1A
Oklahoma City, Oklahoma 73107

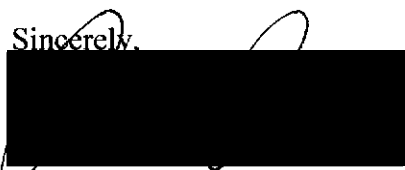
Dear Dr. Splinter:

CMS has reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 11-13. Effective October 1, 2011, the Oklahoma Title XIX State Plan has been amended to reflect the approved supplemental payment reimbursement methodology for Hospital Level 1 Trauma Outpatient Centers in the State Plan.

Transmittal Number 11-13 is approved with an effective date of October 1, 2011 as requested. A copy of the HCFA-179, Transmittal No. 11-13 dated December 30, 2011 is enclosed along with the approved plan pages.

If you have any questions, please contact Jeffrey Branch at (214) 767-6449.

Sincerely,


Bill Brooks
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 1 - 1 3	2. STATE Oklahoma
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
	4. PROPOSED EFFECTIVE DATE October 1, 2011	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 440.20	7. FEDERAL BUDGET IMPACT a. FFY 2011 \$585,560 b. FFY 2012 \$1,496,225
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 1f	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New Page, Supersedes None

10. SUBJECT OF AMENDMENT
Supplemental Payments for Hospitals with LEVEL 1 Trauma Centers

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: Cindy Roberts 2401 N.W. 23rd., Ste 124 Oklahoma City, OK 73107
13. TYPED NAME Mike Fogarty	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED December 29, 2011	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 30 December, 2011	18. DATE APPROVED 6 March, 2012
PLAN APPROVED - ONE COPY A	
19. EFFECTIVE DATE OF APPROVED MATERIAL 1 October, 2011	20. SIGNATURE 
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS
c. **Mike Fogarty
Cindy Roberts
Tywanda Cox
Garth Splinter**

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

J. SUPPLEMENTAL PAYMENTS FOR HOSPITALS WITH LEVEL 1 TRAUMA CENTERS

Hospitals that have Level 1 Trauma Centers will be eligible for a supplemental payment. The methodology for calculating the payment is as follows:

1. Hospital Level 1 Trauma Center Outpatient Supplemental Payment

Components of the Medicare Cost Report form 2552 were used to reasonably estimate what Medicare would pay for Medicaid outpatient hospital services. The upper payment limit (UPL) methodology consists of determining a hospital specific Medicare outpatient cost to charge ratio, applying that to Medicaid charges and then calculating the UPL for all Level 1 Trauma Centers.

a. Cost to Charge Ratios

The UPL was calculated using outpatient hospital specific cost to charge ratio. To determine the ratio, outpatient hospital costs were extracted from the most recently available Medicare hospital cost report form 2552 Worksheet C, Part 1, column 5, lines 37-68 and charges from Worksheet C, Part 1, column 8, lines 37-68 less applicable RHC charges.

b. Upper Payment Limit Gaps

The hospital specific cost to charge ratio in 1(a) shall be applied to hospital specific total outpatient hospital Medicaid charges. Total Medicaid payments will be subtracted from its respective upper payment limit to determine the upper payment limit gap.

2. Frequency of Payments

The OHCA will make quarterly installment payments in an amount not to exceed the UPL for supplemental payments for Level 1 Trauma Center outpatient payments.

STATE	OKlahoma	A
DATE REC'D	12-30-11	
DATE APPV'D	3-6-12	
DATE EFF	10-1-11	
HCFA 179	11-13	

New Page 10-01-11

TN# 11-13 Approval Date 3-6-12 Effective Date 10-1-11

Supersedes

TN # SUPERSEDES: NONE - NEW PAGE