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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 12-06

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
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Dr. Garth Splinter
State Medicaid Director
Oklahoma Health Care Authority
4545 North Lincoln Blvd., Suite 124
Oklahoma City, Oklahoma 73105
Attention: Cindy Roberts

JUN - 4 2012

RE: TN 12-06

Dear Dr. Splinter:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 12-06. This amendment provides for continuing payment adjustments to Oklahoma State University (OSU) Medical Center in Tulsa County. OSU Medical Center will receive \$9,000,000 in payment adjustments for state fiscal years 2012 and 2013.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. As part of the review process the State was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-A. Based upon your assurances, Medicaid State plan amendment 12-06 is approved effective April 1, 2012. We are enclosing the HCFA-179 and the amended plan page.

If you have any questions, please call Sandra Dasheiff, CPA at (214) 767-6490.

Sincerely,

A large black rectangular redaction box covering the signature area of the letter.

Cindy Mann
Director
Center for Medicaid and CHIP Services

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 2 - 0 6	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 April 1, 2012	

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 447.250	7. FEDERAL BUDGET IMPACT a. FFY 2012 5,749,200 b. FFY 2013 5,760,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19A, Page 15	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same Page, Revised 04-01-10, TN # 10-21

10. SUBJECT OF AMENDMENT

Methodology change to provide for continuing a payment adjustment to a qualifying Medicaid DRG hospital in Tulsa County (OSU Medical Center) for periods during which the hospital experiences or has experienced a significant decrease in Medicaid revenue due to circumstances beyond its control.

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 Plan material.**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 2401 NW 23rd St., Suite 1A Oklahoma City, OK 73107
13. TYPED NAME Mike Fogarty	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED May 17, 2012	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: JUN - 4 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: APR - 1 2012	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Penny Thompson	22. TITLE: Deputy Director, CMCS
23. REMARKS:	

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INPATIENT HOSPITAL SERVICES

VI. PER DISCHARGE PROSPECTIVE PAYMENT METHODOLOGY FOR HOSPITALS
(continued)

E. Special Prospective Payment Provisions (continued)

6. Provisions Relating to Organ Transplants (continued)

In addition to the DRG rate, payment will be made to certified transplant centers for the reasonable costs associated with the acquisition of organs for transplant. This payment will be the additional amount for the organ equal to the Standard Organ Acquisition Charge established by the facility as noted in CMS regulations.

7. Provisions Relating to Hospitals Experiencing a Significant Volume Decrease

In addition to the DRG payment, effective on or after April 1, 2012, Oklahoma State University Medical Center will be paid a payment adjustment of \$9,000,000. This payment is for the higher incremental operating costs associated with a lower volume number of discharges due to change of ownership and to sustain the viability of this hospital and maintain access to care. This payment will be made in one (1) installment on or before June 30, 2012 for SFY 2012. For state fiscal year 2013, this payment will be made in four quarterly installments at the beginning of each quarter. These payments are for state fiscal years 2012 and 2013 only.

Revised 04-01-12

TN# 12-06 Approval Date JUN - 4 2012 Effective Date 04-01-12
Supersedes
TN# 10-21