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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 15-0003

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

NOV 03 2015

Dr. Garth Splinter
State Medicaid Director
2401 NW 23rd Street, Suite 1A
Oklahoma City, Oklahoma 73107

RE: Oklahoma 15-03

Dear Dr. Splinter:

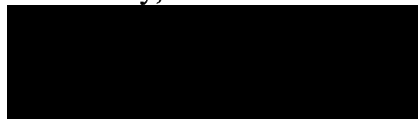
We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 15-03. This amendment proposes to change the methodology for Disproportionate Share for Hospitals (DSH) to include psychiatric days and days attributable to Medicaid patients between 21 and 65 years of age in Institutions for Mental Disease (IMD).

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 the information provided by the State, Medicaid State plan amendment 15-03 is approved effective July 1, 2015. We are enclosing the Form CMS-179 and the new plan page.

If you have any questions, please call Tamara Sampson at (214) 767-6431.

Sincerely,



Timothy Hill
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 5 - 0 3	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 July 1, 2015	

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 § 1923(g) of Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2015 <u>0</u> b. FFY 2016 <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A, Page 28	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-A, Page 28

10. SUBJECT OF AMENDMENT

Include IMD Days in DSH Calculation

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: Tywanda Cox 4345 N. Lincoln Blvd. Oklahoma City, OK 73105
13. TYPED NAME Joel Nico Gomez	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 26-Sep-15	18. DATE APPROVED NOV 03 2015
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 01-Jul-15	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Kristina Fan	22. TITLE Director, FMC
23. REMARKS c. Tywanda Cox Nico Gomez	

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
INPATIENT HOSPITAL SERVICES

IX. HOSPITALS DEEMED DISPROPORTIONATE SHARE (continued)

The term "Medicaid inpatient utilization rate" means, for a hospital, a fraction (expressed as a percentage)

The numerator of which is the hospital's total number of Oklahoma inpatient days attributable to patients who (for such days) were eligible for medical assistance in a period (regardless of whether such patients receive medical assistance on a fee-for-service basis or through a managed care program) and Oklahoma dual eligible days.

The denominator of which is the total number of the hospital's days in that same period. In this paragraph, the term "inpatient days" includes each day in which an individual (including a newborn) is an inpatient in the hospital, whether or not the individual is in a specialized ward and whether or not the individual remains in the hospital for lack of suitable placement elsewhere. Inpatient days include psychiatric days and days attributable to Medicaid patients between 21 and 65 years of age in Institutions for Mental Disease (IMD). They also include days attributable to individuals eligible for Medicaid in another state. They do not include days which are attributable to services rendered in a separately licensed/certified off-site entity, swing bed and skilled nursing days;

Or

(2) the hospital's low-income utilization rate exceeds 25 percent.

The term "low-income utilization rate" means, for a hospital, the sum of (a) and (b) below:

(a) the fraction (expressed as a percentage):

(i) the numerator of which is the sum (for a period) of the total revenues paid the hospital for patient services under the Oklahoma State plan under this title (regardless of whether the services were furnished on a fee-for-service basis or through a managed care program) and the amount of the cash subsidies for patient services received directly from State and local governments, and

(ii) the denominator of which is the total amount of revenues of the hospital for patient services (including the amount of such cash subsidies) in the period; and

Revised 07-01-2015

TN# 15-03
Supersedes
TN# 10-10

Approval Date **NOV 03 2015** Effective Date 7-1-2015

State: Oklahoma
Date Received: September 26, 2015
Date Approved: NOV 03 2015
Date Effective: July 1, 2015
Transmittal Number: 15-03