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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 16-0018

This file contains the following documents in the order listed:

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

AUG 04 2016

Ms. Becky Pasternik-Ikard State Medicaid Director 2401 NW 23rd Street, Suite 1A Oklahoma City, Oklahoma 73107

RE: Oklahoma 16-18

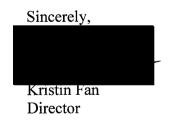
Dear Ms. Pasternik-Ikard:

We have reviewed the proposed State plan amendment (SPA) to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 16-18. This amendment proposes that the transferring hospital will be paid the lesser of the calculated transfer fee or the DRG base payment amount for a non-transfer case.

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.

Based upon the information provided by the State, Medicaid State plan amendment 16-18 is approved effective April 1, 2016. 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.



Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPROVED OMB No. 0938-0193
	1. TRANSMITTAL NUMBER	2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF		Oklahoma
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	VICES 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	April 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One)		
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment) 6 FEDERAL STATUTE/REGULATION CITATION 17. FEDERAL BUDGET IMPACT		
6. FEDERAL STATUTE/REGULATION CITATION	a. FFY 2016 \$ <u>\$97,994</u>	
42 CFR 447.50	b. FFY <u>2017</u> \$ <u>\$195,98</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSED OR ATTACHMENT (<i>If Applicable</i>)	ED PLAN SECTION
Attachment 4.19-A Page 13.2	Attachment 4.19-A; Page 13.2,	TN 15-05
10. SUBJECT OF AMENDMENT		
Diagnosis-Related Group (DRG) outlier payments to transferring hospitals		
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.	
	16. RETURN TO	
13. TYPED NAME	Oklahoma Health Care Authority	
Joel Nico Gomez	Attn: Tywanda Cox 4345 N. Lincoln	
14. TITLE	Oklahoma City, OK 73105	
Chief Executive Officer 15. DATE SUBMITTED		
June 16, 2016		
FOR REGIONAL OFFIC		The second provide the second
17. DATE RECEIVED 18. D. 16-Jun-16	ATE APPROVED AUG 04 20	16
19. EFFECTIVE DATE OF APPROVED MATERIAL 20. S		
01-Apr-16		
21. TYPED NAME KRISTIN FAN	Director, FMG	
23. REMARKS		
c: Nico Gomez Becky Pasternik-Ikard Tywanda Cox		
, FORM CMS-179 (07/92)		

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)
 - 3. Payment for Transfer Cases (continued)
 - a. The following methodology will be used to reimburse the transferring and discharging hospitals for appropriate transfer if both hospitals and any hospital units involved are included in the PPS:
 - 1. A hospital inpatient shall be considered "transferred" when he or she has been moved from one inpatient facility to another inpatient facility. Movement of a patient from one unit to another unit within the same hospital shall not constitute a transfer, unless the patient is being moved to a different Medicare certified unit within the hospital.
 - 2. The transferring hospital will be paid the lesser of the calculated transfer fee or the DRG base payment amount for a non-transfer case. Should the stay in the transferring hospital qualify for an outlier payment, then the care may be paid as an outlier as described in Attachment 4.19-A, Pages 13 and 13.1 of this plan. In the case of a transfer, the Transfer Allowable Fee for the Transferring Facility shall be calculated as follows: Transfer Allowable Fee = (MS-DRG Allowable Fee/Mean Length of Stay) X (Length of Stay + 1 day).
 - 3. The receiving hospital which ultimately discharges the patient will receive the full DRG payment amount, and if applicable, any outlier payments associated with the care. All other hospitals which admitted and subsequently transferred the patient to another hospital during a single spell of illness shall be considered transferring hospitals.
 - b. If the transferring or discharge hospital or unit is exempt from the PPS, that hospital or unit will be reimbursed according to the method of payment applicable to the particular facility or unit.

State: Oklahoma Date Received: June 16, 2016 Date Approved: AUG 0 4 2016 Date Effective: April 1, 2016 Transmittal Number: 16-18

TN# <u>16-18</u> Supersedes TN# <u>15-05</u> Approval DateAUG 04 2016

Revised 04-01-16

Effective Date 4-1-2016