

Outpatient Hospital Supplemental Payment (formerly known as TOP)

OHCA has processed the SFY09 outpatient hospital supplemental payment, formerly known as the transitional outpatient payment (TOP), and this payment will appear on providers remits dated 8/19/2009. This payment is **not** patient specific and is made based on each facility's outpatient costs and payments relative to other facilities during the period. This payment will be found on the financial transaction page under non-claim specific payouts on your remit.

To calculate this payment OHC A pulled all outpatient paid claims for SFY09 (07/08 – 06/09) where Medicaid is the primary payor and removed the charges for services that are paid off of a different fee schedule (lab, home health, ambulance, professional) and then multiplied each facility's remaining billed charges by that facility's cost-to-charge ratio (CCR) to get the facility's outpatient cost. We then separate the facilities into groups based on their ownership (NSGO, Private, Public) and allocate the total pool (which was \$34 million) into pools for each group based on the weight of each group's costs to the total costs. And then within each group the pool is allocated based on the individual facility's costs to the total costs in the group. If your facility did not receive a payment then either you did not have any paid outpatient hospital claims for the period or the claim specific payments you received covered your costs for these services.