



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

January 23, 2012

Provider Name
Provider Address

RE: Notice of SHOPP Assessment – Provider ID

Dear Administrator:

The assessment and payment methodologies required under the Supplemental Hospital Offset Payment Program (SHOPP) Act have been approved by the Centers for Medicare and Medicaid Services (CMS) and the waiver under 42 C.F.R., Section 433.68 has been granted by CMS.

The Oklahoma Health Care Authority has completed its evaluation of cost report information from the fiscal year 2009 cost reports. We have determined that your facility qualifies to be included in the SHOPP program, thus making it eligible to be assessed and receive a hospital access payment for calendar year 2011. The assessment rate used for calendar year 2011 is 2.5%, the net hospital patient revenue and the hospital specific assessment amount is as follows:

The assessment is based on a Net Hospital Patient Revenue of \$_____.

Total annual assessment amount is \$_____ (product of net hospital patient revenue and assessment rate percentage). Amount due for two quarters: _____.

Please make checks payable to OHCA and return in the enclosed envelope.

Hospitals have 30 days from date of receipt of this letter for review and verification of the assessment. Based on the approval date from CMS, OHCA will collect assessments for two quarters; July – Sept 2011 and Oct – Dec 2011. The initial installment of the annual assessment is due by **March 4, 2012**. After assessment payments are received, hospital access payments will be disbursed into provider's accounts by **March 14, 2012**. Please note that access payments made to hospitals are subject to upper payment limits. Hospitals found to have been paid more than the upper payment limit may be required to pay the excess funds back to the state.

You have the right to appeal the amount of the Net Hospital Patient Revenue, the assessment rate or the total assessment amount, including the quarterly amount (this is limited to calculation errors in dividing into four parts), for your facility listed above. You have thirty (30) days from the receipt of this letter to file an LD-2 form with OHCA. You can obtain an LD-2 form by contacting the Legal Department at (405) 522-7431. All appeals will be heard by an administrative law judge in accordance with the Oklahoma Administrative Code 317:2-1-5.

The Oklahoma State Plan and other SHOPP related documents can be found on the OHCA website <http://www.okhca.org> under the Providers / Hospital link.

Any questions regarding the assessment methodology or hospital access payments can be directed to this office at (405) 522-7108. Thank you for your continued service to Oklahoma's uninsured and SoonerCare members.

Kelly K. Botten
OHCA Finance