



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

December 14, 2015

Provider Name
Attn: CEO or CFO
Provider Address

RE: Notice of SHOPP Assessment – Provider ID

Dear Administrator:

The Oklahoma Health Care Authority has completed its evaluation of cost report information from the fiscal year 2014 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 2016. The assessment rate used for calendar year 2016 is 3.00%; the net hospital patient revenue and the hospital specific assessment amount are as follows:

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

Total annual assessment amount is \$_____ (net hospital patient revenue x 3.00%)

Amount due quarterly: \$_____

Please make checks payable to OHCA.

Hospitals have 30 days from receipt of this letter for review and verification of the assessment. The initial quarterly installment of the 2016 annual assessment is due by **January 15, 2016**. Failure to pay the amount by the 15th or failure to have the payment mailing postmarked by the 13th will result in a five percent penalty added to the assessment. If the 15th falls upon a holiday or weekend, the assessment is due by 5 p.m. of the following business day.

After assessment payments are received, hospital access payments will be disbursed into provider's accounts by **January 25, 2016**. Subsequent quarterly installments for calendar year 2016 are due by the fifteenth day of the first month of the applicable quarter (April 15, July 15, and October 15) and access payments will be disbursed into provider's accounts within ten days. 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 at <http://www.okhca.org/SHOPP>.

Any questions regarding the assessment methodology or hospital access payments can be directed to this office at (405)522-7533. Thank you for your continued service to Oklahoma's uninsured and SoonerCare members.

Aaron Morris
OHCA Finance