Standard CMS Financial Management Questions

i. Section 1903(a)(1) provides that federal matching funds are only available for expenditures made by states for services under the approved State Plan.
   a. Do providers receive and retain the total Medicaid expenditures claimed by the State(includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local government entity or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or Percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e. general fund, medical services account, etc.)
   Yes, the Health Access Networks (HANs) receive and retain 100 percent of the payments.

ii. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope or quality of care and services available under the plan.
   a. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded.
   The non-federal share (NFS) of capitation payments to the HANs is funded through appropriations from the legislature to the Medicaid agency and Intergovernmental Transfers (IGTs) which come from appropriations from the legislature.

   b. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs) provider taxes or any other mechanism used by the State to provide state share.
   The non-federal share (NFS) is funded through appropriations from the legislature to the Medicaid agency and Intergovernmental Transfers (IGTs) which come from appropriations from the legislature.

   c. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated.
   Funds are appropriated to University of Oklahoma (OU) and Oklahoma State University (OSU) Medical Schools for Medical Education Program payments.

   d. Please provide an estimate of total expenditure and state share amounts for each type of Medicaid payment.
   The total expenditure for SFY2018 was $9,873,775.00 with $4,057,134.15 state share.

e. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local government entity transferring the funds.

The State invoices and receives the transferred amounts after making the HAN payments.

f. If CPEs are used, please describe the methodology used by the State to verify that the total expenditures being certified are eligible for federal matching funds in accordance with 42 CFR 433.51(b).
Not applicable.

g. For any payment funded by CPEs or IGTs, please provide the following:

i. A complete list of the names of entities transferring or certifying funds:
University of Oklahoma College of Medicine
Oklahoma State University College of Osteopathic Medicine

ii. The operational nature of the entity (state, county, city, other):
Oklahoma Public Universities

iii. The total amounts transferred or certified by each entity:
In SFY2018 the University of Oklahoma College of Medicine transferred $2,725,098.83 and Oklahoma State University College of Osteopathic Medicine transferred $71,823.59.

iv. Clarify whether the certifying or transferring entity has general taxing authority:
The transferring entities do not have general taxing authority.

v. Whether the certifying or transferring entity receives appropriations (identify level of appropriations):
The transferring entities do receive appropriations from the state legislature.

vi. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy and quality of care. Section 1903(a)(1) provides for federal financial participation to states for expenditures for services under an approved State Plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.
Not applicable, these payments will not be State Plan supplemental payments.

vii. Please provide a detailed description of the methodology used by the State to estimate the upper payment limit (UPL) for each class of providers (state owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e. applicable to the current rate year) UPL demonstration.
Not Applicable

Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing

services? If payments exceed the cost of services, do you recoup the excess and return the federal share of the excess to CMS on the quarterly expenditures report? *No governmental provider receives payments that exceed their reasonable costs of providing services.*