State of California—Health and Human Services Agency
Department of Health Care Services

DAVID MAXWELL-JOLLY
Director

ARNOLD SCHWARZENEGGER
Governor

June 4, 2009

MMCD All Plan Letter 09-007

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: LIST OF CONTRACTED HOSPITALS AND BED DAYS

The Federal Deficit Reduction Act of 2005, in part, established a standard on which the Department of Health Care Services (DHCS) could evaluate the payments Medi-Cal managed care plans (Plans) make to non-contracted hospitals for emergency inpatient and post-stabilization services provided to Plan members. DHCS has previously provided information to Plans regarding the federal regulations and state statues pertaining to the reimbursement to non-contracted hospitals for emergency inpatient and post-stabilizations services via All-Plan Letters 07-003, 08-008, and 08-010, which can be found at http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx.

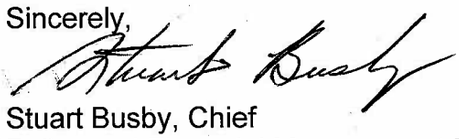
Welfare & Institutions Code Section 14091.3 requires DHCS to periodically report its findings on the availability of inpatient emergency and post-stabilization treatment provided through non-contracted hospitals to the State Legislature, beginning October 1, 2009. DHCS is requesting Plans complete and return the enclosed data request form, which solicits information from the Plans regarding the number of Plan hospital contracts and bed days for both emergency inpatient and post-stabilization services provided by tertiary and non-tertiary hospitals for the periods January 1, 2007 through December 31, 2007 and January 1, 2008 through December 31, 2008.

Your meaningful responses are appreciated given the information received by Plans will be included in the report to the legislature and may impact future policy decisions. The requested information is due via electronic submission to Kim Anklam, Research Analyst with the Capitation Rate Unit, at Kim.Anklam@dhcs.ca.gov no later than July 1, 2009.

Medi-Cal Managed Care Division
1501 Capitol Avenue, P.O. Box 997413, MS 4400
Phone (916) 449-5000 Fax (916) 449-5005
Internet Address: www.DHCS.ca.gov

If you have any questions regarding the information in this letter, please contact Ms. Kim Anklam at (916) 449-5181 or via email at Kim.Anklam@dhcs.ca.gov.

Sincerely,



Stuart Busby, Chief
Policy and Financial Management Branch

Enclosure

Department of Health Care Services -- Medi-Cal Managed Care Division
Supplemental Information Regarding Contracted Hospitals and Emergency Bed Days

Instructions for Completing the Reporting Form

The data requested on the attached schedule are intended to assist the Department of Health Care Services (DHCS) in completing and presenting a report to the State Legislature as required by Welfare and Institutions Code Section 14091.3, which was enacted in part to comply with Section 6085 of the Federal Deficit Reduction Act of 2005, also known as the "Rogers Amendment." Although Section 6085 limits the amount Medicaid managed care plans shall pay non-contracted hospitals for emergency services, it also requires that such efforts do not reduce access to Medi-Cal services by Medi-Cal beneficiaries. This data will help DHCS measure and report the effects of the Rogers Amendment on Medi-Cal beneficiaries. Please provide the information for each contracted hospital by calendar quarter, as indicated.

The following list provides instructions for completing each field of the template.

1. **Plan Name**. Enter the name of your Medi-Cal managed care plan (Plan). Abbreviations are acceptable.

2. **County Location**. Enter the name of the county in which the hospital contracted to your Plan is located.

3. **Name of Hospital**. List the name of each hospital with which your Plan has contracted to provide Medi-Cal managed care services during 2007 and 2008.

4. **Selective Provider Contract Program Hospital (SPCP / CMAC).** Place an "X" in the "Yes" or "No" column to indicate if the hospital is an SPCP/CMAC hospital.

5. **Number of Emergency Bed Days (2007).** Enter the number of emergency bed days provided by each of your Plan's contracted hospitals to Plan members during each calendar quarter during 2007.

6. **Number of Post-Stabilization Bed Days (2007).** Enter the number of post-stabilization bed days provided by each of your Plan's contracted hospitals to Plan members during each calendar quarter during 2007.

7. **Number of Emergency Bed Days (2008).** Enter the number of emergency bed days provided by each of your Plan's contracted hospitals to Plan members during each calendar quarter during 2008.

8. **Number of Post-Stabilization Bed Days (2008).** Enter the number of post-stabilization bed days provided by each of your Plan's contracted hospitals to Plan members during each calendar quarter during 2008.

Department of Health Care Services -- Medi-Cal Managed Care Division
Supplemental Information Regarding Contracted Hospitals and Emergency Bed Days

Plan Name	County Location	Name of Hospital	Selective Provider Contract Prog Hosp (SPCP / CMAC)		Number of Emergency Bed Days Provided During 2007 for the Quarter Ending				Number of Post-Stabilization Bed Days Provided During 2007 for the Quarter Ending				Number of Emergency Bed Days Provided During 2008 for the Quarter Ending				Number of Post-Stabilization Bed Days Provided During 2008 for the Quarter Ending			
			Yes	No	31-Mar	30-Jun	30-Sep	31-Dec	31-Mar	30-Jun	30-Sep	31-Dec	31-Mar	30-Jun	30-Sep	31-Dec	31-Mar	30-Jun	30-Sep	31-Dec