



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

DATE: July 13, 2012

MMCD All Plan Letter 12-004 REVISED
SUPERSEDES APL 12-002

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: 2012-13 RATES FOR POST-STABILIZATION INPATIENT SERVICES
PROVIDED BY OUT-OF-NETWORK ACUTE CARE HOSPITALS

This All Plan Letter (APL) provides Medi-Cal managed care plans (Plans) with rates for post-stabilization inpatient services provided to Plan enrollees during the 2012-13 rate period by general acute care hospitals that are not part of the Plan's provider network.

For purposes of this letter, the term "post-stabilization" means inpatient service days following the day on which a physician determines the patient is stable enough to be transferred to a hospital that is within the provider network of the patient's Plan. The term "out-of-network" means an acute care hospital, including hospitals that contract with the Department of Health Care Services (DHCS) under the Selective Provider Contracting Program (SPCP), that does not have in effect a contract with a patient's Plan for inpatient services. In this APL, out-of-network is used instead of "non-contracted" to avoid confusion with the term's use for non-SPCP hospitals.

The average regional per-diem SPCP contract rates in the table below were determined using the methodology provided in Welfare & Institutions Code (W&I Code) section 14166.245. As required by Government Code section 6254(q) and SPCP contract terms, SPCP rates for individual hospitals are confidential for four years; and Plans and their contractors are prohibited from compelling SPCP hospitals to disclose or otherwise reveal its confidential SPCP rate information.

Separate rates are calculated for tertiary and non-tertiary hospitals. A "tertiary" hospital is a children's hospital specified in W&I Code section 10727, or a hospital that has been designated as a Level I or Level II trauma center by the Emergency Medical Services Authority established under Health & Safety Code section 1791.1. APL 10-011 also provides details on the meaning of tertiary hospitals:

<http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

Please note that the applicable payments for post-stabilization general acute care inpatient services are not relevant to payments for emergency inpatient services under the Rogers Amendment (see APL 12-003).

Rogers Amendment rates for the 2012-13 rate period are as follows:

<i>Rogers Amendment CMAC-Based Regional Average Rates for Out-of-Network Acute Care Hospital Post-Stabilization Inpatient Services Rate Period: 7/1/12 to 6/30/13</i>		
	Average	
	Non Tertiary	Tertiary
Other	\$1,511	\$2,046
San Francisco / Bay Area	\$1,915	\$3,041
Southern California	\$1,306	\$2,096

Other = All California counties other than those listed below.

San Francisco / Bay Area = Counties of Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma

Southern California = Counties of Los Angeles, Orange, Riverside, San Bernardino, and Ventura

If you have any questions regarding this letter, please contact David Merritt, Health Program Specialist I, at (916) 449-5047 or david.merritt@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY MARGARET TATAR

Margaret Tatar, Chief
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