



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

MAY 20 2016

Ms. Kristin Dillon
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

RE: California State Plan Amendment 16-014

Dear Ms. Dillon,

The Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA) for the Supplemental Reimbursement for Qualified Private Hospitals program.

CMS has approved SPA 15-003 for SFYs 2015-16, 2016-17, and 2017-18. DHCS is seeking to incorporate a change to the language in Section D (1) of Supplement 4 to Attachment 4.19-A of the State Plan pertaining to the payment processing timeline. There is no impact to the total Federal Financial Participation for the stated time frames.

No tribal consultation was required for SPA 16-014.

Public Notice published on May 13, 2016.

Please contact Mr. John Mendoza, Chief, Safety Net Financing Division, at (916) 552-9130 or by e-mail at John.Mendoza@dhcs.ca.gov if you have any questions.

ORIGINAL SIGNED

Chief Deputy Director, Health Care Programs
State Medicaid Director
Department of Health Care Services

Ms. Kristin Dillion
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Enclosures

Cc: John Mendoza, Chief
Safety Net Financing Division
Department of Health Care Services
1501 Capitol Avenue, MS 4504
PO Box # 997436
Sacramento, CA 95899

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
16-014

2. STATE
California

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
May 14, 2016

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447 Subpart C

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 \$10,824,132
b. FFY 2017 \$11,884,462

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 4 to Attachment 4.19A, pages 9-10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Supplement 4 to Attachment 4.19A, pages 9-10

10. SUBJECT OF AMENDMENT:
SUPPLEMENTAL REIMBURSEMENT FOR QUALIFIED PRIVATE HOSPITALS

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
The Governor's Office does not
wish to review the State Plan Amendment.

ORIGINAL SIGNED

14. TITLE:
State Medicaid Director
15. DATE SUBMITTED:

16. RETURN TO:

**Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, Suite 71.326
P.O. Box 997417
Sacramento, CA 95899-7417**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA**

SUPPLEMENTAL REIMBURSEMENT FOR QUALIFIED PRIVATE HOSPITALS

D. Additional Supplemental Payments

Based on historical payments, the following private hospitals shall receive additional supplemental funding for SFYs 2015-16, 2016-17 and 2017-18.

No payment under this supplement is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.

1. In addition to receiving PHSF payments under Section C, the following private hospitals shall receive additional supplemental payments in the fourth quarter, or soon thereafter as practicable, of each SFY for the listed periods in the listed amounts:

SFY 2015-16

St. Rose Hospital	\$16,000,000
Children's Hospital and Research Center at Oakland	\$3,000,000
Grossmont Hospital	\$2,000,000

SFY 2016-17

St. Rose Hospital	\$16,000,000
Children's Hospital and Research Center at Oakland	\$3,000,000
Grossmont Hospital	\$2,000,000
Children's Hospital of Orange County	\$291,948
Coastal Communities Hospital	\$116,240
Fountain Valley Regional Hospital & Medical Center	\$382,504
Garden Grove Hospital & Medical Center	\$1,200,900
Western Medical Center-Anaheim	\$104,072
Western Medical Center-Santa Ana	\$497,392

SFY 2017-18

St. Rose Hospital	\$16,000,000
Children's Hospital and Research Center at Oakland	\$3,000,000

TN No. 16-014

Supersedes:

TN No. 15-003

Approval Date _____

Effective Date: May 14, 2016

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA**

SUPPLEMENTAL REIMBURSEMENT FOR QUALIFIED PRIVATE HOSPITALS

Grossmont Hospital	\$4,000,000
Children's Hospital of Orange County	\$145,974
Coastal Communities Hospital	\$58,120
Fountain Valley Regional Hospital & Medical Center	\$191,252
Garden Grove Hospital & Medical Center	\$600,450
Western Medical Center-Anaheim	\$52,036
Western Medical Center-Santa Ana	\$248,696

TN No. 16-014

Supersedes:

TN No. 15-003

Approval Date _____

Effective Date: May 14, 2016