AB 85/ SB 98 Public Hospital County Final Reconciliation Data Submission Form

Counties only need to input data in the blue cells.
All other tabs in this workbook are auto populated by the information from the blue cells below.

Date of Submission:

Santa Clara

Historical Amounts and Percentages		
Indigent-Restricted Assessment & Fees Percentage		0.00%
Unrestricted Assessment & Fees Percentage		0.00%
Indigent-Restricted Tobacco Settlement Fund's Percentage		0.00%
Unrestricted Tobacco Settlement Funds Percentage		47.08%
Imputed Gains from Other Payers		$ 6,445,336
Imputed County Low-Income Health Amount (County Subsidy)		$ 25,074,633
Imputed County Low-Income Health Percentage		100.00%
Historical Realignment Percentage		85.00%
Imputed other entity IGT amount		$ -

Items from companion guide		Data Source	REVENUE OR COST *All revenues and costs unless otherwise noted exclude nursing facilities, duals, mental health, substance use disorder, and jail inmate services. * All revenues should be net of any IGT or CPE (represents FFP only)	Old-eligible or new eligible (if applicable)	Fiscal Year 2013 - 14 Reporting Period July 1 - Dec 31 2013	Reporting Period Jan 1 - June 30 2014
1			**Medi-Cal Revenues**			
			Medi-Cal FFS Revenues			
	1a	P-14	Inpatient Fee for Service (FFS) Revenues	Old-eligible		
				New-eligible		
	1b	Claim	Outpatient Hospital FFS Revenues	Old-eligible		
				New-eligible		
	1c	P-14	FQHC PPS Revenues			
	1d	Other	Outpatient Non-Hospital Revenues	Old-eligible		
				New-eligible		
	1e	Claim	AB 915 (OP Hospital Supplemental), FFP Only	Old-eligible		
				New-eligible		
	1f	Other	AB 959 (Non-Hospital Clinic Supplemental)	Old-eligible		
				New-eligible		
	1g	P-14	Physician FFS Revenues	Old-eligible		
				New-eligible		
	1h	P-14	Physician SPA Revenues, FFP Only	Old-eligible		
				New-eligible		
			Medi-Cal Managed Care Revenues			
	1i	P-14	Inpatient Revenues	Old-eligible		
				New-eligible		
	1j	P-14	Hospital Outpatient Revenues	Old-eligible		
				New-eligible		
	1k	Other	Outpatient Non-Hospital Revenues	Old-eligible		
				New-eligible		
	1l	Other	Physician Revenues	Old-eligible		
				New-eligible		
	1m	Other	FQHC Revenues			
	1n	Other	Other Revenues	Old-eligible		
				New-eligible		
	1o	Other	Additional Revenues from Managed Care Plans Satisfying Obligation under Welfare & Institutions 14199.2 (rates at least cost)	New-eligible		
			Other Supplemental Revenues			
	1p	P-14	Hospital Fee Managed Care Revenues			
	1q	Other	SB 1732 Revenues			
	1r	P-14	Traditional Rate Range IGT Revenues, FFP Only	Old-eligible		
	1s	P-14	New Rate Range Revenues, FFP Only (75th percentile)	New-eligible		
	1t	P-14	SPD-IGT Revenues, FFP Only			
	1u	P-14	Disproportionate Share Hospital (DSH) Revenues, FFP Only			
2			**Medicaid Demonstration Revenues**			
	2a	P-14	Health Care Coverage Initiative (HCCI) Revenues			
	2b	P-14	Medicaid Coverage Expansion (MCE) Revenues			
	2c	Other	Delivery System Reform Incentive Pool (DSRIP), FFP Only			
	2d	Other	Safety Net Care Pool (SNCP) Revenues			
3			**Uninsured Revenues**			
	3a	Other	Uninsured Patient Payments			
	3b	Other	Maddy Fund Revenues			
4			**Hospital Fee Direct Grants**			
5			**Revenues from County Funding**			
			Health Realignment Indigent Care			
	5a		1991 Health Realignment funds **received** from the State to the county:			
		I	Sales Tax Account and Sales Tax Growth Account		$	12,131,507.39
		II	Vehicle License Fee Account and Vehicle License Fee Growth Account		$	33,113,202.67
			Special Local Health Funds			
	5b		County Tobacco Settlement funds **available** from the Master Settlement Agreement (For information only)		$	15,638,084.13
	5c		County Tobacco Settlement funds **used** for Bonds and Securitizations (For information only)			
	5d					
		I	Public hospital system			
		II	Public clinics			
		III	Other health service providers			
	5e		Indigent-Restricted Tobacco Settlement Funds **expended** by the County for Health Services (amounts expended should **exclude MH & SU**) (Funds reported on this line should exclude the amounts used for bonds and securitization.)			
		I	Public hospital system			
		II	Public clinics			
		III	Other health service providers			
	5f		Unrestricted Tobacco Settlement Funds **available** to the County **(include MH, SU and funds available for purposes other than health)** (Funds reported on this line should exclude the amounts used for bonds and securitization.)			
		I	Public hospital system			
		II	Public clinics			
		III	Other health service providers			
	5g		Unrestricted Tobacco Settlement Funds **expended** by the County for **Medi-Cal and Uninsured** Health Services (amounts expended should **exclude MH & SU**) (Funds reported on this line should exclude the amounts used for bonds and securitization.)			
		I	Public hospital system			
		II	Public clinics			
		III	Other health service providers			
	5h		Indigent-Restricted Assessments and Fees **available** to the County for Health Services **(include MH & SU)**:			
		I	Public hospital system			
		II	Public clinics			
		III	Other health service providers			
	5i		Indigent-Restricted Assessments and Fees **expended** by the County for Health Services (amounts expended **exclude MH & SU**):			
		I	Public hospital system			
		II	Public clinics			
		III	Other health service providers			
	5j		Unrestricted Assessments and Fees **available** to the County **(include MH & SU including funds for non-indigent health services)**			
		I	Public hospital system			
		II	Public clinics			
		III	Other health service providers			
	5k		Unrestricted Assessments and Fees for health services **expended** by the County for **Medi-Cal and Uninsured** Health Services (amounts expended should **exclude MH & SU**)			
		I	Public hospital system			
		II	Public clinics			
		III	Other health service providers			
6			**Medi-Cal Costs**			
			Medi-Cal FFS			
	6a	P-14	Inpatient FFS	Old-eligible		
				New-eligible		
	6b	P-14	Hospital Outpatient FFS	Old-eligible		
				New-eligible		
	6c	P-14	FQHC Medi-Cal Costs (non-managed-care members)			
	6d		Non-Hospital Service Costs	Old-eligible		
				New-eligible		
	6e	P-14	Physician Costs	Old-eligible		
				New-eligible		
	6f		Intergovernmental Transfers to Fund Private Entities			
	6g		New mandatory other entity IGT required by the state			
			Medi-Cal Managed Care			
	6h	P-14	Inpatient Costs	Old-eligible		
				New-eligible		
	6i	P-14	Hospital Outpatient Costs	Old-eligible		
				New-eligible		
	6j	Other	Outpatient Non-Hospital Costs	Old-eligible		
				New-eligible		
	6k	Other	Physician Costs	Old-eligible		
				New-eligible		
	6l	Other	FQHC Costs			
	6m		Out-of-Network Costs	Old-eligible		
				New-eligible		
	6n		Allowable Administrative Costs	Old-eligible		
				New-eligible		
7			**Demonstration/Expansion Population Costs (HCCI/MCE)**			
	7a	P-14	Health Care Coverage Initiative (HCCI) Costs			
	7b	P-14	Medicaid Coverage Expansion (MCE) Costs			
8			**Uninsured Costs**			
	8a		Inpatient Costs			
	8b	P-14	Hospital Outpatient Costs			
	8c	P-14	Outpatient Non-Hospital Costs			
	8d	Other	Physician Costs			
	8e		Maddy Fund Costs			
9			**Redirection Amount Pursuant to W&I Code Section 17613.2(g)**			
						$ 38,458,003.55
10			**Interim Redirection Amount**			
			Amount Previously Redirected to the Family Support Subaccount			**$ 9,373,103.87**

Santa Clara County FY 2013 - 2014 Final Redirection Determination Formula

Redirection Amount Formula																		
Revenues												**Costs**						
Medi-Cal Revenues	***Uninsured Revenues***	***Medicaid Demonstration Revenues***	***Hospital fee direct grants***	***Special local health funds: indigent-restricted assessments and fees***	***Special local health funds: unrestricted assessments and fees***	***Special local health funds: indigent-restricted tobacco (excluding bonds/securitization)***	***Special local health funds: unrestricted tobacco (excluding bonds/securitization)***	***County indigent care health realignment amount***	***Imputed county low-income health amount (county subsidy)***	***Imputed gains from other payers***	***Total Revenues***	***Medi-Cal Costs***	***Demonstration/ Expansion Population Costs***	***Uninsured Costs***	***Other entity IGT amount***	***New mandatory other entity IGT amounts required by the state***	***Total Costs***	***Net Savings/ (Loss)***	***Redirection amount***
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
MC FFS, MC Managed Care, Supplemental Revenues (exclude IGTs, fees, NF, MH, SU)	Uninsured (exclude NF, MH, SU)	LIHP, SNCP, DSRIP (exclude IGTs, fees, NF, MH, SU)		Max(expended, total * historical %)	Max(expended, total * historical %)	Max(expended, total * historical %)	Max(expended, total * historical %)	Health Realignment * Realignment %	Historical amount * Min(historical trend factor, blended CPI) for each year	Historical determination, fixed	sum(A:K)	MC FFS; MC Managed Care; MC OON and Admin	HCCI Costs; MCE Costs		Min(imputed historical amount, actual amount)		sum(M:Q)	Total revenues minus total costs (L - R)	70% of gains (S), but no more than county indigent care health realignment amount (I) and no less than zero
17612.3(a)(1)(A)	17612.3(a)(1)(B)	17612.3(a)(1)(C)	17612.3(a)(1)(D)	17612.3(a)(1)(E)	17612.3(a)(1)(E)	17612.3(a)(1)(E)	17612.3(a)(1)(E)	17612.3(a)(1)(F)	17612.3(a)(1)(G)	17612.3(a)(1)(H)	17612.3(a)(1)	17612.3a)(2)(A)		17612.3(a)(2)(B)	17612.3a)(2)(C)	17612.3a)(2)(D)	17612.3(a)(2)		17612.3(a)(5)
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 38,458,003.55	$ 27,243,430.90	$ 6,445,336.00	**$ 72,146,770.45**	$ -	$ -	$ -	$ -	$ -	**$ -**	$ 72,146,770.45	**$ 38,458,003.55**

Blended CPI-U Trend Factor (state use only)			
	Hospitals & Related Services Index - 75%	Medical Care Services Index - 25%	Weighted Annual CPI %
FY 12-13	4.41%	3.73%	4.24%
FY 13-14	4.74%	2.70%	4.23%

Historical Amounts and Percentages											
	Alameda	Contra Costa	Kern	Monterey	Riverside	San Bernardino	San Francisco	San Joaquin	San Mateo	Santa Clara	Ventura
Restricted Assessment & Fees Percentage	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Unrestricted Assessment & Fees Percentage	42.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Restricted Tobacco Settlement Funds Percentage	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Unrestricted Tobacco Settlement Funds Percentage	0.00%	98.66%	0.00%	50.00%	68.25%	53.24%	0.00%	0.00%	12.90%	47.08%	38.42%
Imputed Gains from Other Payers	$ -	$ 2,974,310.00	$ 1,834,066.00	$ 2,780,203.00	$ -	$ 2,716,231.00	$ -	$ -	$ -	$ 6,445,336.00	$ 19,565.00
Imputed County Low-Income Health Amount (County Subsidy)	$ 25,729,715.00	$ 28,759,574.00	$ 3,422,531.00	$ -	$ 9,600,946.00	$ -	$ 54,813,075.00	$ 5,869,653.00	$ 7,110,214.00	$ 25,074,633.00	$ 5,839,238.00
Imputed County Low-Income Health Percentage	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%
Historical Realignment Percentage	81.68%	80.50%	66.26%	51.19%	84.44%	58.54%	57.36%	96.74%	80.82%	85.00%	80.62%
Imputed other entity IGT amoun	$ 9,077,344.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Estimated County Allocation per $300M Redirection Figure	$ 10,951,099.08	$ 5,578,766.27	$ 4,674,164.30	$ 2,258,462.50	$ 8,783,307.14	$ 10,000,258.75	$ 16,688,673.55	$ 3,905,177.80	$ 3,889,104.66	$ 9,373,103.87	$ 3,652,489.29
Sales Tax, Vehicle License Fee, and Tobacco Settlement Funds 13/14											
Sales Tax Account and Sales Tax Growth Accoun	$ 14,008,540.68	$ 7,198,259.78	$ 6,143,960.61	$ 2,905,904.13	$ 11,722,104.01	$ 14,154,847.17	$ 21,228,878.78	$ 5,426,083.37	$ 5,000,941.93	$ 12,131,507.39	$ 4,766,911.95
Vehicle License Fee Account and Vehicle License Fee Growth Account	$ 38,853,274.85	$ 19,731,028.65	$ 16,418,599.18	$ 7,995,871.83	$ 30,675,613.74	$ 34,117,199.09	$ 59,328,658.58	$ 13,424,520.22	$ 13,772,072.07	$ 33,113,202.67	$ 12,863,941.51
County Tobacco Settlement funds **available** from the Master Settlement Agreement	$ 13,256,167.44	$ 9,207,652.89	$ 7,369,729.68	$ 3,643,097.94	$ 19,219,231.49	$ 17,863,737.38	$ 16,150,901.22	$ 6,015,166.40	$ 6,306,091.18	$ 15,638,084.13	$ 7,226,544.78