



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 18, 2015

PPL: 15-003

TO: LOS ANGELES COUNTY ADMINISTRATIVE OFFICERS
LOS ANGELES COUNTY HEALTH EXECUTIVES

SUBJECT: AB 85 (as amended by SB 98) FY 2013-14 Final Reconciliation Data Request – Los Angeles County

Purpose

This policy and procedure letter provides guidance to Los Angeles County (LAC) regarding the submission of the county's FY 2013-14 final reconciliation data request to reconcile the county's initial redirection amount to meet the provisions specified in Assembly Bill (AB) 85 (Chapter 24, Statutes of 2013) as amended by Senate Bill (SB) 98 (Chapter 358, Statutes of 2013).

Background

Welfare and Institutions Code section 17612.4(c) requires LAC to submit final reports of cost and revenue data no later than June 30th of the fiscal year ending one year after the subject fiscal year.

In order to provide DHCS with the cost and revenue data necessary to perform the Final Reconciliation for FY 2013-14, please submit LAC's FY2013-14 Final Reconciliation Realignment Summary Sheet. For FY 2013-14, DHCS is requesting that the data be separated into two six month periods: July 2013 – December 2013 and January 2014 – June 2014. Separating the data will allow DHCS to evaluate any changes due to the implementation of the Health Care Reform. DHCS is requesting that LAC provide Costs data as captured in eCAPS in a structure that parallels applicable revenue line items. DHCS is also requesting that applicable rows be divided into "old-eligible" and "new-eligible" portions. New-eligible should include all Medi-Cal beneficiaries with aid codes reimbursed at 100% FMAP, which are L1, M1, M2 and 7U. Old-eligible should include all other Medi-Cal beneficiaries. Please make sure to provide supporting documentation, including source documents, in Excel whenever possible, depicting what steps have been taken to arrive at reported cost and revenue data.

Page 2
AB 85
May 18, 2015

Please find enclosed, LAC's 2013-2014 Final Reconciliation Certification Form. The County Certification Form must be completed by an appropriate county official on behalf of the county.

The Final Reconciliation Realignment Summary Sheet, all supporting back-up documentation and the County Certification Form must be submitted by June 30, 2015.

Please complete and return the forms to:

Department of Health Care Services
Realignment Unit, MS 4519
P.O. Box 997436
Sacramento, CA 95899-7436

Thank you for your collaboration on the data submission efforts. Please email all submissions to AB85@dhcs.ca.gov.

DHCS is available to meet with LAC for additional guidance or answer any questions. Please contact Folly Akpokli, Chief of the Realignment Unit at (916) 552-8494 or AB85@dhcs.ca.gov.

Thank you,

John Mendoza, Chief
Safety Net Financing Division

Enclosure:

- Los Angeles County 2013-2014 Final Reconciliation Certification Form

cc's: See next page

cc: Diane Cummins
Special Advisor
Department of Finance
915 L Street
Sacramento, CA 95814

Farrah McDaid Ting
Association's Legislative Representative
California State Associate of Counties (CSAC)
1100 K Street, Suite 101
Sacramento, CA 95814

Erica Murray
President & CEO
California Association of Public Hospitals and Health Systems (CAPH)
70 Washington Street, Suite 215
Oakland, CA 94607

Meredith Wurdén
Assistant Deputy Director, Health Care Financing
Department of Health Care Services
P.O. Box 997413, MS 4000
Sacramento, CA 95899-7413

Mari Cantwell
Chief Deputy Director, Health Care Programs
Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413