

State of California—Health and Human Services Agency

Department of Health Care Services



Date: July 13, 2010

MMCD All Plan Letter 10-009

TO: ALL TWO-PLAN MODEL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: UTILIZATION AND PAYMENT DATA FOR SAFETY-NET PROVIDERS

This All Plan Letter (APL) is a revision to APL 10-004 which was issued on June 22, 2010 and included a due date of June 30, 2010 for the data submission. This date was incorrect. In order to rectify this error, the Department of Health Care Services (DHCS) has revised the due date for the data submission to Friday, July 30, 2010.

As stated previously, DHCS requests that each Medi-Cal managed care plan (Plan) under the Two-Plan model provide utilization, cost, and incentive data for calendar year 2009 specific to the Plan's contracted safety-net providers, including:

- Federally Qualified Health Centers (FQHC);
- Rural Health Clinics (RHC);
- Indian Health Clinics (IHC); and
- Designated Public Hospitals (DPH).

DHCS will use this data to evaluate the fiscal impact of the risk-adjusted rate-setting method on Plans that utilize safety-net providers. For this analysis to benefit the Plans involved, it is crucial that DHCS receive accurate and complete information on each of the data categories listed:

- Provider Name;
- Provider Type (FQHC, RHC, IHC, DPH);
- Medi-Cal Provider ID Number;
- Medi-Cal Managed Care Outpatient Visits and Inpatient Bed Days (separate columns);
- Amounts Paid for Medi-Cal Managed Care Outpatient Visits and Inpatient Bed Days (separate columns); and
- Incentive Amounts Made to Provider for Medi-Cal Visits/Bed Days.

DHCS requests that Plans provide this information in whole numbers and entered into a table formatted like the table attached to this letter (note: it contains no formulas). For Plans that operate in multiple counties, please use a separate table for each county. The completed data table(s) must be emailed to david.merritt@dhcs.ca.gov on or before Friday, July 30, 2010.

If you have any questions regarding this letter, please contact David Merritt, Health Program Specialist I, Financial Management Section, at david.merritt@dhcs.ca.gov or (916) 552-9687.

Sincerely,

Original Signed by Tanya Homman

Tanya Homman, Chief Medi-Cal Managed Care Division

Enclosures

cc: Stuart Busby, Chief
Policy and Financial Management Branch
Department of Health Care Services
P.O. Box 997412 MS 4400
Sacramento, CA 95899-7413

Bob Martinez, Chief
Plan Monitoring/Program Integrity Branch
Department of Health Care Services
P.O. Box 997412 MS 4410
Sacramento, CA 95899-7413

Tyrone Espinoza, Chief Plan Management Branch Department of Health Care Services P.O. Box 997412 MS 4407 Sacramento, CA 95899-7413

Margaret Liston, Chief
Financial Management Section
Department of Health Care Services
P.O. Box 997412 MS 4414
Sacramento, CA 95899-7413

2009 Medi-Cal Two-Plan Enrollee Visits to Safety-Net Providers and Related Payments

Plan: County:

Provider Name	Provider Type (FQHC, RHC, IHC, DPH	Provider ID	Number of Medi-Cal Outpatient Visits	Number of Medi-Cal Inpatient Bed Days	Amounts Paid for Medi-Cal Outpatient Visits	Amounts Paid for Medi-Cal Inpatient Bed Days	Incentive Amounts Paid to Provider for Medi-Cal Visits/Bed Days