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





DATE: FEB 10 2011

MMCD All Plan Letter 11-006

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: DISCLOSURE OF SELECT PROVIDER CONTRACTING PROGRAM RATES

This All Plan Letter (APL) seeks to clarify that all inpatient hospital reimbursement rates and payments negotiated by the California Medical Assistance Commission (CMAC) for the Medi-Cal Selective Provider Contracting Program (SPCP) are confidential for four years from the date of enactment. (Government Code Section 6254(q)).

For reimbursement of out-of-network emergency inpatient services, the Department of Health Care Services (DHCS) and Medi-Cal managed care plans employ publicly available SPCP 4-year old rates trended forward using the annual trends in CMAC's Annual Report to the Legislature (see APLs 10-007 and 10-008). When other programs wish to use SPCP rates as a guide, CMAC refers them to this same process, which protects the confidentiality of the SPCP rates and utilizes a transparent methodology.

By way of this APL, DHCS is reaffirming the provisions of Government Code Section 6254(q) and hereby directs all managed care health plans, their contractors, agents, and affiliates to discontinue any efforts to compel, require, seek, or engage in any practice that would cause an SPCP hospital to reveal its confidential SPCP rate(s) or other confidential SPCP information, or directly or indirectly results in acquisition or access to confidential SPCP rate(s) and information from other sources.

If you have any questions regarding this letter, please contact your Contract Manager.

Sincerely,

Original Signed by Tanya Homman

Tanya Homman, Chief Medi-Cal Managed Care Division