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State/Territory Name: CA

State Plan Amendment (SPA) #: 22-0005

This file contains the following documents in the order

listed: 1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601

Financial Management Group

July 5, 2022

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

RE: TN 22-0005

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-22-0005, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 3, 2022. This SPA updates the payment methodologies for the Outpatient Disproportionate Share Hospital (OP DSH) and Outpatient Small and Rural Hospital (OP SRH) supplemental reimbursement programs.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 22-0005

2. STATE: CA

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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 C.F.R. §§ 440.2(b), 440.20, 447.321

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 $ 0
b. FFY 2023 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, pages 81-86
Supplement 17 to Attachment 4.19-B, page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Supplement 17 to Attachment 4.19-B Page 1

9. SUBJECT OF AMENDMENT
Outpatient Disproportionate Share Hospital and Outpatient Small and Rural Hospital supplemental payment methodology updates.

10. 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.

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
Jacey Cooper

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
May 3, 2022

15. RETURN TO
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

FOR CMS USE ONLY

16. DATE RECEIVED
May 3, 2022

17. DATE APPROVED
July 5, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS
06/29/22: State concurs with pen and ink change to Boxes 7 and 8, adding: "and Supplement 17 to Attachment 4.19-B, page 2."

Instructions on Back

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

OUTPATIENT DISPROPORTIONATE SHARE HOSPITALS SUPPLEMENTAL PAYMENTS

The Outpatient Disproportionate Share Hospital (OP DSH) supplemental payment program provides supplemental payments for Disproportionate Share Hospitals (DSH) that meet specified requirements and provide outpatient services to Medi-Cal beneficiaries. Beginning January 1, 2005, supplemental payments up to the aggregate limit of $10 million annually are available to eligible hospitals and will be made periodically on a lump-sum basis, but will not be paid as individual increases to current reimbursement rates for specific services. OP DSH supplemental payments are fee-for-service (FFS) hospital supplemental payments and subject to the outpatient hospital upper payment limit as defined in 42 Code of Federal Regulations part 447.321.

A. Eligibility

Eligible hospitals are DSH that receive Medi-Cal payments for outpatient services. Eligibility is determined in February of the program year for which payments will be disbursed. To be eligible hospitals must have qualified as a DSH for the State Fiscal Year (SFY) ending two years prior to the program year, as determined by the State's final DSH eligibility list, and must be in operation as of January 1 of the applicable program year.

B. Definitions

1. "In operation" means an eligible hospital that was licensed to provide hospital services, and continued to provide, or was available to provide, hospital services to Medi-Cal patients throughout the program year.

2. "Cease operation" means that a hospital does not meet the definition of "in operation".

3. "Program year" means the applicable calendar year (January 1 – December 31) for which payments are to be made to eligible hospitals under this program.

4. "HCAI" means the California Department of Health Care Access and Information, formerly the Office of Statewide Health Planning and Development (OSHPD).

C. Methodology

1. For the purpose of determining payment calculation, relevant data sources include:

a) HCAI hospital financial and utilization report data for the calendar year ending two years prior to the OP DSH program year. For any hospital for which a full year of data is not available, available data will multiplied by an annualization factor, which is the ratio of the full length of the calendar year to the period for which hospital data is available.

b) Hospital outpatient Medi-Cal FFS paid claims data for the calendar year ending two years prior to the program year, as extracted from the Department of Health Care Services' (DHCS) Medi-Cal Paid Claims System.

2. This program administers $10 million each program year to eligible hospitals based on each eligible hospital's pro-rata adjusted annual payment allocation as calculated below.

3. Payments shall be made on a quarterly basis each program year and disbursed during the month immediately following the end of each program quarter.

4. For non-children's hospitals, annual payment allocations shall be calculated by multiplying the outpatient Medi-Cal FFS paid claims amount by the non-children's hospital factor.

   a) The non-children's hospital factor shall be calculated by dividing the sum of outpatient gross county indigent program revenue, outpatient component of deductions from revenue for charity and teaching, and outpatient gross Medi-Cal revenue by the total outpatient gross revenue.

      i. The outpatient component of deductions from revenue for charity and teaching shall be calculated by multiplying the total deduction by the ratio of outpatient gross revenue from other payers to total gross revenue from other payers.

5. For children's hospitals, annual payment allocations shall be calculated by multiplying the outpatient Medi-Cal FFS paid claims amount by the higher of the applicable non-children's hospital factor or children's hospital factor.

   a) The children's hospital factor shall be calculated by dividing the sum of the outpatient component of county indigent program contractual adjustments, outpatient component of deductions from revenue for charity and teaching, and outpatient gross Medi-Cal revenue by the total outpatient gross revenue.

      i. The outpatient component of a hospital's county indigent program contractual adjustments shall be calculated by multiplying the total contractual adjustment by the ratio of

outpatient gross county indigent program revenue to total gross county indigent program revenue.

ii. The outpatient component of deductions from revenue for charity and teaching shall be calculated by multiplying the total deduction by the ratio of outpatient gross revenue from other payers to total gross revenue from other payers.

6. Pro-rata adjustments will be made to hospital-specific payment allocations as determined in paragraphs (5) and (6) such that the aggregate amount of all program payments are equal to the total annual program amount of $10 million.

    a) The pro-rata adjustment payment distribution shall be determined by dividing each hospitals allocation by the total allocation, derived by summing the total allocations for all eligible hospitals as calculated in paragraphs (5) and (6), to determine each hospitals pro-rata percentage of total funds. Each hospital's pro-rata percentage shall then be multiplied against the $10 million annual program amount to determine the total supplemental payment for each eligible hospital for the program year.

7. If for any eligible hospital the adjusted amount determined in paragraph (7) is less than $5, that amount shall be reallocated to all other eligible hospitals on a pro-rata basis utilizing the pro-rata percentage calculated in paragraph (7)(a).

8. Should a hospital cease operation at any point during the program year, a portion of the eligible hospital's payment allocation, proportional to the time not in operation during the calendar year, will be reallocated to other eligible hospitals on a pro-rata basis utilizing the pro-rata percentage calculated in paragraph (7)(a).

D. Reporting & Other Requirements

1. The Department shall submit reporting for federal financial participation as defined in 42 Code of Federal Regulations, part 1396b(bb).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

SMALL AND RURAL HOSPITAL SUPPLEMENTAL PAYMENTS

The Outpatient Small and Rural (OP SRH) supplemental payment program provides supplemental payments for small and rural hospitals that meet specified requirements as authorized in California Health and Safety Code section 124870 and provide outpatient services to Medi-Cal beneficiaries. Beginning January 1, 2005, supplemental payments up to the aggregate limit of $8 million annually are available to eligible hospitals and will be made periodically on a lump-sum basis, but will not be paid as individual increases to current reimbursement rates for specific services. OP SRH payments are fee-for-service hospital supplemental payments, and are subject to the outpatient hospital upper payment limit as defined in 42 Code of Federal Regulations 447.321.

A. Eligibility

Eligible hospitals are Small and Rural Hospitals classified as “Rural” in the HCAI hospital financial and utilization report data for the calendar year two years prior to the program year, provide outpatient services and must be in operation as of January 1 of the applicable program year.

B. Definitions

1. “Minimum floor hospital” means a hospital where Medi-Cal FFS payments for outpatient services during the preceding calendar year were less than 1/2 percent of the total of Medi-Cal FFS payments for outpatient services rendered by all small and rural hospitals during that period and where the total gross patient revenue from all sources during that period was less than ten million dollars ($10,000,000).

2. “Non-minimum floor hospital” means a hospital where Medi-Cal FFS payments for outpatient services during the preceding calendar year equaled or exceeded 1/2 percent of the total of Medi-Cal FFS payments for outpatient services rendered by all small and rural hospitals during that period or where the total gross patient revenue from all sources during that period was ten million dollars ($10,000,000) or more.

3. “In operation” means an eligible hospital that was licensed to provide hospital services, and continued to provide, or was available to provide, hospital services to Medi-Cal patients throughout the program year.

4. “Cease operation” means that a hospital does not meet the definition of “in operation”.

5. “Program year” means the applicable calendar year (January 1 –

December 31) with respect to which payments are to be made to eligible hospitals under this program.

6. "HCAI" means the California Department of Health Care Access and Information, formerly the Office of Statewide Health Planning and Development (OSHPD).

C. Methodology

1. For the purposes of OP SRH payment calculation, the HCAI hospital financial and utilization report data for the calendar year two years prior to the program year will be used. For any hospital for which a full year of data is not available, available data will be multiplied by an annualization factor, which is the ratio of the full length of the calendar year to the period for which hospital data is available.

2. The OP SRH supplemental reimbursement program will administer $8 million annually to eligible hospitals on a calendar year basis based on each eligible hospital's pro-rata adjusted payment allocation as calculated below.

3. Payments shall be made on a quarterly basis for each program year and disbursed during the month immediately following the end of each program quarter.

4. For each hospital, a payment allocation shall be calculated by multiplying the annual OP SRH program amount by the ratio of the hospital's gross outpatient Medi-Cal FFS payment to the total gross outpatient Medi-Cal FFS payment for all eligible hospitals.

5. If a hospital's gross outpatient Medi-Cal FFS payment is less than 0.50% of the total gross outpatient Medi-Cal FFS payment for all eligible hospitals and the hospital's gross patient total revenue is less than $10 million, it will be deemed a "minimum floor hospital," and its payment allocation shall be calculated as described in paragraph (5) but will be increased by a factor of 1.25.

6. Pro-rata adjustments shall be made to the hospital-specific payment allocations such that the aggregate amount of all OP SRH payments is equal to the annual OP SRH program amount of $8 million.

    a) A pro-rata adjustment is made to determine each hospitals' pro-rata percentage of the total program amount, which is calculated by dividing each hospital's payment allocation as calculated in paragraphs (5) and (6) by the total program amount. Each hospital's pro-rata percentage is then multiplied against the $8 million program amount to determine the total pro-rata adjusted payment allocation, or program payment, for each eligible hospital for the program year.

7. Should a hospital cease operation at any point during the program year, a portion of the hospital's payment allocation proportional to the time not in operation during the year will be reallocated to other hospitals on a pro-rata basis utilizing the pro-rata percentage calculated in paragraph (7)(a).

D. Reporting & Other Requirements

1. The Department shall submit reporting for federal financial participation as defined in 42 Code of Federal Regulations, part 1396b(bb).

State Plan Under Title XIX of the Social Security Act
State: California

NON-INSTITUTIONAL SERVICES

The following is a list of the non-institutional services set forth in Section 1905(a) of the Social Security Act that are reimbursed using the methodology set forth in Attachment 4.19-B, page 1, paragraph C. The numbering of the list below is taken from the list provided in Attachment 3.1-A entitled, Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy:

2.a. Outpatient hospital services, including durable medical equipment as described in Attachment 4.19-B, pages 3a-3f, other than the supplemental payment reimbursement methodologies for hospital outpatient services that are identified and described in Attachment 4.19-B, pages 46-50; Attachment 4.19-B, pages 51-51c; Attachment 4.19-B, pages 81-83; Attachment 4.19-B, pages 84-86, Supplement 14 Attachment 4.19-B , Supplement 22 Attachment 4.19-, Supplement 24 Attachment 4.19- and Supplement 35 Attachment 4.19- to Attachment 4.19-B

3. Other Laboratory and X-Ray Services

4.b. Early and periodic screening, diagnostic and treatment services, which include services for Pediatric Day Health Centers, for individuals under 21 years of age, and treatment of conditions found.

4.c Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State.

4.c.1 Family planning-related services provided under the above State Eligibility Option.

5.a. Physicians' services, billed separately, whether furnished in the office, the patient's home, a hospital, a nursing facility, or provided anywhere else necessary.

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law, as referenced in Attachment 3.1-A and 3.1-B.

a. Podiatrists' services.

State Plan Under Title XIX of the Social Security Act
State: California

NON-INSTITUTIONAL SERVICES

c. Chiropractors' services.

d. Other practitioners' services.

- Licensed Pharmacist Services are reimbursed at 85 percent of the current fee schedule for physician services.Payment for Licensed Pharmacist Services does not include dispensing services outlined in Supplement 2 to Attachment 4.19-B.

7. Home health services.

c.2. Durable medical equipment reimbursed as described in Attachment 4.19-B, pages 3a-3f.

9. Clinic services, other than those specific clinic services that are identified and described in Supplements 5, 9 and 10 to Attachment 4.19-B.

11. Physical therapy and related services.

a. Physical therapy.

b. Occupational therapy.

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

12. Prosthetic devices; hearing aids; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

c. Prosthetic devices and hearing aids.

d. Eye glasses.

13. Other preventive services, i.e., other than those provided elsewhere in the plan, as referenced in Attachment 3.1-A and 3.1-B. Excludes substance abuse services provided under Drug Medi-Cal.

c. Preventive services.

17. Nurse-midwife services.