

December 29, 2023

*THIS LETTER SENT VIA EMAIL*

Mr. James G. Scott, Director  
Division of Program Operations  
Medicaid and CHIP Operations Group  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 0300  
Kansas City, MO 64106-2898

**STATE PLAN AMENDMENT 23-0039: SUPPLEMENTAL PAYMENTS FOR HOSPITAL  
OUTPATIENT SERVICES**

Dear Mr. Scott:

The Department of Health Care Services (DHCS) hereby submits State Plan Amendment (SPA) 23-0039 for your review and approval. This SPA will make changes to California's Medicaid State Plan under Title XIX of the Social Security Act, as it proposes to update Supplement 39 to Attachment 4.19-B with an effective date of January 1, 2024.

The following SPA documents are enclosed for your review and approval:

- CMS 179 Form
- Supplement 39 to Attachment 4.19-B - Redline
- Supplement 39 to Attachment 4.19-B - Clean
- Approval for No Tribal Notice Request
- Public Notice
- Responses to Outpatient Standard Funding Questions
- Outpatient Hospital UPL Guidance

If approved, SPA 23-0039 will allow supplemental reimbursement to hospitals up to the aggregate upper payment limit (UPL) without supplanting specified existing levels of payments for the provision of outpatient services to Medicaid beneficiaries. In accordance with federal regulations, a public notice for SPA 23-0039 was published on December 27, 2023. No tribal consultation was required.

Mr. James G. Scott

Page 2

December 29, 2023

If you have any questions or need additional information, please contact Ms. Katie Brooks, Chief, Safety Net Financing Division at (916) 345-7937 or by e-mail at [Katie.Brooks@dhcs.ca.gov](mailto:Katie.Brooks@dhcs.ca.gov).

Sincerely,



Michelle Baass  
Director & Interim State Medicaid Director  
Director's Office

Enclosures

cc: Lindy Harrington  
Assistant State Medicaid Director  
Interim Chief Deputy Director  
Health Care Programs  
Department of Health Care Services  
[Lindy.Harrington@dhcs.ca.gov](mailto:Lindy.Harrington@dhcs.ca.gov)

Rafael Davtian  
Deputy Director  
Health Care Financing  
Department of Health Care Services  
[Rafael.Davtian@dhcs.ca.gov](mailto:Rafael.Davtian@dhcs.ca.gov)

Alek Klimek  
Assistant Deputy Director  
Health Care Financing  
Department of Health Care Services  
[Alek.Klimek@dhcs.ca.gov](mailto:Alek.Klimek@dhcs.ca.gov)

Saralyn M. Ang-Olson, JD, MPP  
Chief Compliance Officer  
Office of Compliance  
Department of Health Care Services  
[Saralyn.Ang-Olson@dhcs.ca.gov](mailto:Saralyn.Ang-Olson@dhcs.ca.gov)

Katie Brooks, Chief  
Safety Net Financing Division  
Department of Health Care Services  
[Katie.Brooks@dhcs.ca.gov](mailto:Katie.Brooks@dhcs.ca.gov)

Shiela Arrington  
Branch Chief  
Safety Net Financing Division  
Department of Health Care Services  
[Shiela.Arrington@dhcs.ca.gov](mailto:Shiela.Arrington@dhcs.ca.gov)

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 3 9

2. STATE

CA3. 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

January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. 447 Subpart F

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023-24 \$ XXb. FFY 2024-25 \$ XX

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 39 to Attachment 4.19-B pages 1-5

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Supplement 39 to Attachment 4.19-B pages 1-5

9. SUBJECT OF AMENDMENT

Supplemental Payments for Hospital Outpatient Services

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:

Please note: The Governor's Office does not wish to review  
the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Michelle Baass

13. TITLE

Interim State Medicaid Director

14. DATE SUBMITTED

December 29, 2023

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

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

---

## SUPPLEMENTAL PAYMENTS FOR HOSPITAL OUTPATIENT SERVICES

This supplemental payment program provides supplemental payments to private hospitals that meet specified requirements and provide outpatient services to Medi-Cal beneficiaries.

Supplemental payments to hospitals will be up to the aggregate upper payment limit.

Supplemental payments will be made periodically on a lump-sum basis throughout the duration of the program, and will not be paid as individual increases to current reimbursement rates for specific services. The supplemental amounts shall be in addition to any other amounts payable to hospitals with respect to those services and shall not affect any other payments to hospitals.

This supplemental payment program will be in effect from January 1, 2023 through December 31, 2024.

### A. Amendment Scope and Authority

This amendment, Supplement 39 to Attachment 4.19-B, describes the payment methodology for providing supplemental payments to eligible hospitals from January 1, 2023, through December 31, 2024. If necessary due to a later State Plan Amendment approval date, payment distributions for subject fiscal quarters that predate federal approval will be made on a condensed timeline.

### B. Eligible Hospitals

1. Hospitals eligible for supplemental payments under this supplement are “private hospitals,” which means a hospital that meets all of the following conditions:
  - a. Is licensed pursuant to Health and Safety Code section 1250, subdivision (a).
  - b. Is in the Charitable Research Hospital peer group, as set forth in the 1991 Hospital Peer Grouping Report published by the department or is not designated as a specialty hospital in the hospital’s most recently filed Department of Health Care Access and Information (formerly known as Office of Statewide Health Planning and Development) Annual Financial Disclosure Report as of January 1, 2023.

TN 23-0039

Supersedes

TN 23-0008

Approval Date: \_\_\_\_\_ Effective Date: January 1, 2024

- c. Does not satisfy the Medicare criteria to be classified as a long-term care hospital, as defined on January 1, 2023, in the Social Security Act section 1886, subdivisions (d)(1)(B)(iv).
  - d. Is a nonpublic hospital, nonpublic converted hospital, or converted hospital, as defined on January 1, 2023, in Welfare and Institutions Code section 14105.98, subdivision (a), paragraphs (26) to (28).
  - e. Is not a non-designated public hospital or a designated public hospital, as defined on January 1, 2023, in Welfare and Institutions Code section 14169.51, subdivisions (j) and (aj).
2. A hospital that is eligible pursuant to Paragraph 1 for supplemental payments under this supplement will become ineligible if any of the following occur:
- a. The hospital becomes a Private to Public Converted hospital pursuant to Paragraph 3 of Section C.
  - b. The hospital is a new hospital as defined in Paragraph 4 of Section C.
  - c. The hospital does not meet all the requirements set forth in Paragraph 1.
  - d. Any period during which the hospital is deemed closed pursuant to Welfare and Institutions Code section 14169.61, subdivision (c) as in effect on January 1, 2023.
  - e. The hospital does not have any Medi-Cal fee-for-service outpatient hospital utilization for the subject fiscal quarter.

### C. Definitions

For purposes of this supplement, the following definitions will apply:

- 1. "Hospital outpatient services" means all services covered under Medi-Cal furnished by hospitals to patients who are registered as hospital outpatients and reimbursed by the department on a fee-for-service basis directly or through its fiscal intermediary. Hospital outpatient services do not include professional services or services for which a managed health care plan is financially responsible, or services rendered by a hospital-based federally qualified health center for which reimbursement is received pursuant to Welfare and Institutions Code section 14132.100.
- 2. "Outpatient base amount" means the total amount of payments for hospital outpatient services rendered in the 2019 calendar year, as reflected in the state paid claims files prepared by the department as of October 3, 2022.

TN 23-0039

Supersedes

TN 23-0008

Approval Date: \_\_\_\_\_ Effective Date: January 1, 2024

3. “Private to Public Converted hospital” means a private hospital that becomes a designated public hospital or a non-designated public hospital on or after January 1, 2023.
4. “New hospital” means a hospital operation, business, or facility functioning under current or prior ownership as a private hospital that does not have a days data source or a hospital that has a days data source in whole, or in part, from a previous operator where there is an outstanding monetary obligation owed to the state in connection with the Medi-Cal program and the hospital is not, or does not agree to become, financially responsible to the department for the outstanding monetary obligation.
5. “Program period” means the period from January 1, 2023 through December 31, 2024, inclusive.
6. “Days data source” means either: (1) if a hospital’s Annual Financial Disclosure Report for its fiscal year ending in the 2019 calendar year includes data for a full fiscal year of operation, the hospital’s Annual Financial Disclosure Report retrieved from the Department of Health Care Access and Information by the department on October 3, 2022, pursuant to Welfare and Institutions Code section 14169.59, for its fiscal year ending in the 2019 calendar year; or (2) if a hospital’s Annual Financial Disclosure Report for its fiscal year ending in the 2019 calendar year includes data for more than one day, but less than a full year of operation, the department’s best and reasonable estimates of the hospital’s Annual Financial Disclosure Report if the hospital had operated for a full year.
7. “Subject fiscal year” means state fiscal years 2022-23, 2023-24, and 2024-25.
8. “Subject fiscal quarter” means the quarter to which the supplemental payment is applied. Note that there are only two subject fiscal quarters for subject fiscal year 2022-23, and there are two subject fiscal quarters for subject fiscal year 2024-25.
9. “Calendar year” means the year beginning on or after the first day of the third quarter of a state fiscal year and ending on the last day of the second quarter for the following state fiscal year. Calendar year 2023 begins on January 1, 2023, and ends on December 31, 2023. Calendar year 2024 begins on January 1, 2024, and ends on December 31, 2024.

#### D. Supplemental Payment Methodology for Private Hospitals

1. Private hospitals will be paid supplemental amounts for the provision of hospital outpatient services. The supplemental amounts will be in addition to any other amounts payable to hospitals with respect to those services and will not affect any other payments to hospitals. The supplemental amounts will result in payments equal to the amount remaining under the federal upper payment limit for private

TN 23-0039

Supersedes

TN 23-0008

Approval Date: \_\_\_\_\_ Effective Date: January 1, 2024

hospitals for the calendar year.

2. The outpatient supplemental rate for calendar year 2023 shall be 314 percent of the outpatient base amount and the outpatient supplemental rate for calendar year 2024 shall be XX percent of the outpatient base amount. Each amount for calendar year 2023 will be divided by four to arrive at the quarterly amount for the four quarters in calendar year 2023. Each amount for calendar year 2024 will be divided by four to arrive at the quarterly amount for the four quarters in calendar year 2024. The above percentages will result in payments to hospitals that equal the applicable federal upper payment limit.
3. In the event that the sum of payments to all hospitals in any subject fiscal quarter causes the aggregate of all supplemental payments to all hospitals pursuant to this Section for all subject fiscal quarters to exceed XX dollars (\$XX), the payments to all hospitals in that subject fiscal quarter shall be reduced pro rata so that the aggregate of all supplemental payments to all hospitals does not exceed XX dollars (\$XX).
4. In the event federal financial participation for a calendar year is not available for all of the supplemental amounts payable to private hospitals under Paragraph 3 due to the application of a federal upper payment limit, which is subject to annual submission and review, or for any other reason, the following will apply:
  - a. The total amount payable to private hospitals under Paragraph 3 for each subject fiscal quarter within the calendar year will be reduced to the amount for which federal financial participation is available pursuant to subparagraph b of this paragraph.
  - b. The amount payable under Paragraph 3 to each private hospital for each subject fiscal quarter within the calendar year will be equal to the amount computed under Paragraph 3 multiplied by the ratio of the total amount for which federal financial participation is available to the total amount computed under Paragraph 3.
  - c. In the event that a hospital's payments in any subject fiscal quarter as calculated under Paragraph 3 are reduced by the application of this Paragraph 5, the amount of the reduction will be added to the supplemental payments for the next subject fiscal quarter within the program period, which the hospital would otherwise be entitled to receive under Paragraph 3, provided further that no such carryover payments will be carried over beyond the period ending December 31, 2024, and such carryover payments will not result in total payments exceeding the applicable federal upper payment limit for the fiscal year.
5. The supplemental payment amounts as set forth in this Supplement are inclusive of federal financial participation.

TN 23-0039

Supersedes

TN 23-0008

Approval Date: \_\_\_\_\_ Effective Date: January 1, 2024

6. Payments shall be made to a Private to Public Converted hospital that converts during a subject fiscal quarter by multiplying the hospital's outpatient supplemental payment by the number of days that the hospital was a private hospital in the subject fiscal quarter, divided by the number of days in the subject fiscal quarter. Payments shall not be made to a Private to Public Converted hospital in any subsequent subject fiscal quarter.
7. Payments shall be made to a hospital that becomes ineligible pursuant to Paragraph 2 of Section B during a subject fiscal quarter by multiplying the hospital's outpatient supplemental payment by the number of days that the hospital was eligible in the subject fiscal quarter, divided by the number of days in the subject fiscal quarter. Payments shall not be made to an ineligible hospital in any subsequent subject fiscal quarter.

TN 23-0039

Supersedes

TN 23-0008Approval Date: \_\_\_\_\_ Effective Date: January 1, 2024