



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

DATE: JUL 18 2011

MMCD All Plan Letter 11-017

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: 2011-12 RATES FOR POST-STABILIZATION INPATIENT SERVICES
PROVIDED BY OUT-OF-NETWORK ACUTE CARE HOSPITALS

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (Plans) with updated rates for post-stabilization inpatient services provided to Plan enrollees during the 2011-12 rate period by general acute care hospitals that are not part of the Plan's provider network. This APL supersedes the rates published in APL 10-008.

For purposes of this letter, the term "post-stabilization" means inpatient service day(s) following the inpatient service day on which the treating physician determines that the patient is stable enough to be transferred to a hospital that is within the provider network of the patient's Plan.

The term "out-of-network" means an acute care hospital, including hospitals that contract with the Department of Health Care Services (DHCS) under the Medi-Cal Selective Provider Contracting Program (SPCP), that is not under contract with a Plan for inpatient services. In this APL, out-of-network is used instead of "non-contracted" to avoid confusion with the term's use for non-SPCP hospitals.

The average regional per diem SPCP contract rates in the table below were determined using the methodology provided in Welfare and Institutions Code section 14166.245. As required by Government Code section 6254(q) and SPCP contract terms, SPCP rates for individual hospitals are confidential for four years and health plans and their contractors are prohibited from compelling SPCP hospitals to disclose or otherwise reveal its confidential SPCP rate information.

Separate rates are calculated for tertiary and non-tertiary hospitals. A "tertiary" hospital is a children's hospital specified in Welfare and Institutions Code section 10727, or a hospital that has been designated as a Level I or Level III trauma center by the Emergency Medical Services Authority established pursuant to Section 1791.1 of the Health and Safety Code. APL 10-011 also provides details on the meaning of tertiary hospitals: <http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

Please note that the applicable payments for post-stabilization general acute care inpatient services are not relevant to payments for emergency inpatient services pursuant to the Rogers Amendment (See APL 11-016).

Medi-Cal post-stabilization inpatient rates for the 2011-12 rate period are as follows.

SPCP Based Regional Average Rates for Out-of-Network Acute Care Hospital Post-Stabilization Inpatient Services Rate Period: 7/11/11 to 6/30/12		
	Average	
	Non Tertiary	Tertiary
Other	\$1,507	\$1,990
San Francisco / Bay Area	\$1,841	\$3,113
Southern California	\$1,323	\$2,151


Other- All California counties other than those listed below.

San Francisco / Bay Area= Counties of Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma

Southern California = Counties of Los Angeles, Orange, Riverside, San Bernardino, and Ventura

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

Sincerely,



Tanya Homman, Chief
Medi-Cal Managed Care Division