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State/Territory Name: CA

State Plan Amendment (SPA) #: CA-23-0007

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Financial Management Group

December 15, 2023

Michelle Baass
Director & Interim State Medicaid Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: California State Plan Amendment Transmittal Number 23-0007

Dear Director Baass:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 23-0007. Effective January 1, 2023, this amendment provides for supplemental payments for private hospital inpatient services for the service period of January 1, 2023 to December 31, 2024. The supplemental payments are in addition to base rate payments and other supplemental payments, paid to private hospitals in California for the furnishing of Medicaid fee-for-service inpatient hospital services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment TN 23-0007 is approved effective January 1, 2023. The CMS-179 and the amended plan page(s) are attached.

During the review of the Medicaid State plan amendment, the state has agreed to revise and resubmit its supporting upper payment limit demonstration for calendar year 2023 if subsequent updates are necessary to the private hospital Disproportionate Share Hospital (DSH) replacement supplemental payment estimates. We will continue to work with the State post-approval in case an upper payment limit demonstration revision is needed per our agreement.

If you have any additional questions or need further assistance, please contact Mark Wong at (415) 744-3561 or mark.wong@cms.hhs.gov .

Sincerely,

Rory Howe
Director

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: 23-0007

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
January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 C.F.R. Subpart C

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022-23 $ ~~917,891,916~~ 828,603,421
b. FFY 2023-24 $ ~~1,056,223,330~~ 1,024,056,457

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Appendix 11 to Attachment 4.19-A pages 1-7

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
None

9. SUBJECT OF AMENDMENT
Supplemental Payments for Hospital Inpatient 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
[redacted]

12. TYPED NAME
Jacey Cooper

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
March 22, 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
March 22, 2023

17. DATE APPROVED
December 15, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, Financial Management Group

22. REMARKS

Pen-and-ink change made to Box 6 by CMS with state concurrence.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITYACT

STATE: CALIFORNIA

SUPPLEMENTAL PAYMENTS FOR HOSPITAL INPATIENT SERVICES

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

Supplemental payments to hospitals will be made 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, Appendix 11 to Attachment 4.19-A, describes the payment methodology to provide 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 calendar quarters that predate State Plan Amendment approval will be made on a condensed timeline.

B. Eligible Hospitals

1. Hospitals eligible for supplemental payments under this Appendix 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 the Office of Statewide Health Planning and Development) Annual Financial Disclosure Report, as of January 1, 2023.

    c. Does not satisfy the Medicare criteria to be classified as a long-term care hospital, as those terms were 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 those terms were 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 designated public hospital, as those terms were defined on January 1, 2023, in Welfare and Institutions Codesection 14169.51, subdivisions (j) and (aj).

2. A hospital that is eligible pursuant to Paragraph 1 for supplemental payments under this Appendix will become ineligible if any of the following occur:

a. The hospital becomes a Private to Public Converted hospital pursuant to Paragraph 1 of Section C.

b. The hospital is a new hospital as defined in Paragraph 2 of Section C.

c. The hospital does not meet all the requirements as set forth in Paragraph 1.

d. Any period during which 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 inpatient hospital utilization for the respective subject fiscal quarter.

C. Definitions

For purposes of this attachment, the following definitions apply:

1. “Private to Public Converted hospital” means a private hospital that becomes a designated public hospital or a nondesignated public hospital on or after January 1, 2023.

2. “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.

3. “Acute psychiatric days” means the total number of Medi-Cal specialty mental health service administrative days, Medi-Cal specialty mental health service

acute care days, acute psychiatric administrative days and acute psychiatric acute days, identified in the Final Medi-Cal Utilization Statistics for the state fiscal year 2021-22 as calculated by the department as of October 3, 2022, and were paid directly by the department and were not the financial responsibility of a mental health plan.

4. "General acute care days" means the total number of Medi-Cal general acute care days, including well baby days, less any acute psychiatric inpatient days, paid by the department to a hospital for services in the 2019 calendar year, as reflected in the state paid claims file on October 3, 2022.

5. "High acuity days" means Medi-Cal coronary care unit days, pediatric intensive care unit days, intensive care unit days, neonatal intensive care unit days, and burn unit days paid by the department to a hospital for services in the 2019 calendar year, as reflected in the state paid claims file prepared by the department on October 3, 2022.

6. "Program period" means the time period from January 1, 2023 through December 31, 2024, inclusive.

7. "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 as retrieved by the department on October 3, 2022, pursuant to Welfare & 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.

8. "Subject fiscal year" means state fiscal years 2022-23, 2023-24, and 2024-25.

9. "Hospital inpatient services" means all services covered under Medi-Cal and furnished by hospitals to patients who are admitted as hospital inpatients and reimbursed on a fee-for-service basis by the department directly or through its fiscal intermediary. Hospital inpatient services include outpatient services furnished by a hospital to a patient who is admitted to that hospital within 24 hours of the provision of the outpatient services that are related to the condition for which the patient is admitted. Hospital inpatient services do not include professional services or services for which a managed health care plan is financially responsible.

10. "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.

11. "Subacute supplemental rate" means a fixed proportional supplemental payment for acute inpatient services based on a hospital's prior provision of Medi-Cal subacute services.

12. "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.

13. "Medicaid Inpatient Utilization Rate" means the Medicaid utilization rate as defined in Section 1396r-4 of Title 42 of the United States Code and as set forth in the Final Medi-Cal Utilization Statistics for state fiscal year 2021-22, as retrieved by the department as of October 3, 2022. The department may correct any identified material and egregious errors in the data.

14. "Medi-Cal fee-for-service days" means inpatient hospital days as reported on the days data source where the service type is reported as "acute care," "psychiatric care," or "rehabilitation care," and the payer category is reported as "Medi-Cal traditional" for purposes of the Annual Financial Disclosure Report submitted by hospitals to the Department of Health Care Access and Information.

D. Supplemental Payment Methodology for Private Hospitals

1. Private hospitals will be paid supplemental amounts for the provision of hospital inpatient services for the program period. 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.

2. Private hospitals will be paid from the total amount of three billion, three hundred sixteen million, nine hundred twenty-seven thousand, eight hundred fourteen dollars ($3,316,927,814), consisting of the following subpools:

   General Acute Subpool: $2,123,593,888
   Psychiatric Subpool: $105,670,500
   High Acuity Subpool: $590,668,750
   High Acuity Trauma Subpool: $288,750,000
   Subacute Subpool: $139,869,676
   Transplant Subpool: $68,375,000

   Each private hospital will be paid the following amounts as applicable for the provision of hospital inpatient services for the calendar year:

a. From the general acute subpool:

- For calendar year 2023, one thousand seventy-five dollars and seventy-seven cents ($1,075.77) multiplied by the number of the hospital's general acute care days.

- For calendar year 2024, nine hundred seventy-eight dollars and sixty-nine cents ($978.69) multiplied by the number of the hospital's general acute care days.

b. From the psychiatric subpool, for a hospital's acute psychiatric days that were paid directly by the department and were not the financial responsibility of a mental health plan:

- For calendar year 2023, nine hundred seventy-five dollars ($975.00) multiplied by the number of the hospital's acute psychiatric days.

- For calendar year 2024, nine hundred seventy-five dollars ($975.00) multiplied by the number of the hospital's acute psychiatric days.

c. From the high acuity subpool, in addition to the amount specified in subparagraphs a and b, to a private hospital that provided Medi-Cal high acuity services during the 2019 calendar year and where at least 5 percent of the hospital's general acute care days during the 2019 calendar year were high acuity days and the hospital had a Medicaid inpatient utilization rate that is greater than 5 percent and less than 51.2 percent:

- For calendar year 2023, two thousand five hundred dollars ($2,500.00) multiplied by the number of the hospital's high acuity days.

- For calendar year 2024, two thousand five hundred dollars ($2,500.00) multiplied by the number of the hospital's high acuity days.

d. From the high acuity trauma subpool, in addition to the amounts specified in subparagraphs a, b and c, if the hospital qualifies to receive the amount set forth in Paragraph c and has been designated as a Level I, Level II, Adult/Ped Level I, or Adult/Ped Level II trauma center by the Emergency Medical Services Authority established pursuant to Health and Safety Code section 1797.1, as in effect on January 1, 2023, and as designated in the most recently published Health Care Access and Information Hospital Utilization Report as in effect on January 1, 2023:

- For calendar year 2023, two thousand five hundred dollars ($2,500.00) multiplied by the number of the hospital's high acuity days.

- For calendar year 2024, two thousand five hundred dollars ($2,500.00) multiplied by the number of the hospital's high acuity days.

e. From the subacute subpool:

- For calendar year 2023, the subacute supplemental rate shall be 65 percent of the Medi-Cal subacute payments paid by the department to the hospital for services during the 2019 calendar year, as reflected in the state paid claims file prepared by the department on November 30, 2022.

- For calendar year 2024, the subacute supplemental rate shall be 65 percent of the Medi-Cal subacute payments paid by the department to the hospital for services during the 2019 calendar year, as reflected in the state paid claims file prepared by the department on November 30, 2022.

f. From the transplant subpool, in addition to subparagraphs a, b, c, d, and e, a private hospital that has Medi-Cal fee-for-service days for Medicare Severity-Diagnosis Related Groups 1, 2, 5 to 8, inclusive, 10, 14, 16, 17, and 652, according to the Patient Discharge file from the Department of Health Care Access and Information for the 2019 calendar year as retrieved by the department on October 3, 2022, and has a Medicaid inpatient utilization rate that is greater than 5 percent and less than 51.2 percent:

- For calendar year 2023, two thousand five hundred dollars ($2,500.00) multiplied by the hospital's Medi-Cal fee-for-service days for Medicare Severity-Diagnosis Related Groups identified above.

- For calendar year 2024, two thousand five hundred dollars ($2,500.00) multiplied by the hospital's Medi-Cal fee-for-service days for Medicare Severity-Diagnosis Related Groups identified above.

g. Payments shall be made quarterly and payment amounts in the calendar year shall be distributed equally. For subject fiscal years 2022-23 and 2024-25, there will be two quarterly payments.

3. In the event that payment of all of the amounts for the program period from any subpool in Paragraph 2 would cause total payments for the program period from that subpool to exceed the amount specified above for that subpool, the payment amounts for each hospital from the subpool will be reduced pro rata so that the

total amount of all payments from that subpool does not exceed the subpool amount.

4. In the event federal financial participation for the calendar year is not available for all of the supplemental amounts payable to private hospitals under Paragraph 2 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 amounts payable to private hospitals under Paragraph 2 for each quarter within the calendar year will be reduced to reflect the amounts for which federal financial participation is available pursuant to subparagraph b.

    b. The amounts payable under Paragraph 2 to each private hospital for each quarter within the calendar year will be equal to the amounts computed under Paragraph 2 multiplied by the ratio of the total amounts for which federal financial participation is available to the total amounts computed under Paragraph 2.

    c. In the event that a hospital's payments in any calendar year as calculated under Paragraph 2 are reduced by the application of this Paragraph 4, the amount of the reduction will be added to the supplemental payments for the next quarter within the program period, which the hospital would otherwise be entitled to receive under Paragraph 2, provided further that no such carryover payments will be carried over beyond December 31, 2024, and such carryover payments will not result in total payments exceeding the applicable federal upper payment limit for the calendar year.

5. The supplemental payment amounts set forth in this Appendix are inclusive of federal financial participation.

6. Payments shall be made to a hospital that becomes ineligible pursuant to Paragraph 2 of Section B during a quarter by multiplying the hospital’s inpatient supplemental payment by the number of days that the hospital was eligible in the quarter, divided by the number of days in the quarter. Payments shall not be made to an ineligible hospital in any subsequent quarter.

7. Payments shall be made to a Private to Public Converted hospital that converts during a quarter by multiplying the hospital’s inpatient supplemental payment by the number of days that the hospital was a private hospital in the quarter, divided by the number of days in the quarter. Payments shall not be made to a Private to Public Converted hospital in any subsequent quarter.