

## **METHOD OF INDICATING CHANGES**

This Accessible PDF version of the approved regulation text includes the phrase [begin underline] at the beginning of each addition, [end underline] at the end of each addition, [begin strikethrough] at the beginning of each deletion, and [end strikethrough] at the end of each deletion.

A standard PDF version of this approved regulation text is also available on the Department's Office of Regulations Internet site.

(1) Amend Section 51543 to read:

§ 51543. Out-of-State Hospital Inpatient Services Reimbursement.

[begin strikeout](a)[end strikeout] Out-of-state [begin strikeout]inpatient[end strikeout]hospital [begin underline]inpatient[end underline] services which have been certified for payment at the acute level and which are either of an emergency nature or for which prior Medi-Cal authorization has been obtained, shall be reimbursed [begin strikeout]at an amount not to exceed[end strikeout]the current statewide [begin underline]per diem[end underline] average of contract rates for acute inpatient hospital services[begin strikeout] negotiated by the California Medical Assistance Commission or the actual billed charges, [end strikeout][begin underline]provided by California hospitals with at least 300 beds or the out-of-state hospital's actual billed charges, [end underline] whichever is less. [begin underline]The term, "current," as used in this paragraph means the most recent per diem average as of December 1 of the prior calendar year of the contract rates for California hospitals with at least 300 beds that the California Medical Assistance Commission has reported to the Legislature pursuant to Welfare and Institutions Code Section 14165.9. Therefore, the average per diem contract rate in effect on December 1 in a particular calendar year for California contract hospitals with at least 300 beds shall be the maximum rate paid to out-of-state hospitals for dates of service beginning January 1 of the following calendar year. [end underline]

[begin strikeout](b) Hospitals may request an administrative adjustment to the rate within 60 days of notice of payment. The request, which must be in writing, to the Department of Health Services, Hospital Reimbursement Unit, 715 P Street, P.O. Box 942732,

~~Sacramento, CA 94234-7320. The decision on the administrative adjustment shall be final and not subject to further appeal. [end strikeouts]~~

NOTE: Authority cited: [begin underline]Section 20 Health and Safety Code; and[end underline] Sections 14105, 14105.15 and 14124.5, Welfare and Institutions Code. Reference: Sections 14086, 14105 and 14105.15, Welfare and Institutions Code; ~~[begin strikeouts] Statutes of 1992, Chapter 722, Section 89. [end strikeouts]~~ [begin underline]Chandler Regional Medical Center, et al., v. California Department of Health Services; Diana M. Bonta', et al. and Arizona Burn Center, et al., v. California Department of Health Services; Diana M. Bonta', et al. City and County of San Francisco, Case Nos. CGC-01-324400 and CGS-02-408260. [end underline]