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Director

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



ARNOLD SCHWARZENEGGER
Governor

DATE: March 22, 2010

MMCD All Plan Letter 10-002

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: ROGERS AMENDMENT DATA REQUEST

Through this All Plan Letter (APL), the Department of Health Care Services (DHCS) requests data on hospital bed days provided to Medi-Cal beneficiaries through each Medi-Cal managed care plan (Plan) by the *Plan's* contracted and non-contracted hospitals. DHCS will use this data to develop a report that is due to the State Legislature on May 1, 2010. The data described below, and detailed on the enclosed spreadsheet, must be emailed to David.Merritt@dhcs.ca.gov on or before Monday, April 15, 2010.

DHCS has previously issued APLs 07-003, 08-008, and 08-010 describing the State and federal laws related to this request (collectively referred to as "the Rogers Amendment"). APL 09-011 requested data used in a similar report submitted to the State Legislature on October 1, 2009. (APLs are available at <http://www.dhcs.ca.gov/formsandpubs/Pages/MMCDPlanPolicyLtrs.aspx>)

The Rogers Amendment requires DHCS to report on changes, if any, in the availability of emergency inpatient and post-stabilization services provided through non-contracted hospitals to the State Legislature. The Rogers Amendment also requires DHCS to evaluate the payments made by each Plan to hospitals that are outside of the Plan's provider network (non-contracted hospitals) for the provision of emergency inpatient and post-stabilization services to Plan members. "Post-stabilization" means bed days claimed after the Plan member's physical condition has been determined by a physician to be stable enough for the member to be transported to a hospital within the Plan's provider network (contracted hospital).

DHCS requests that Plans complete and return the enclosed data request form, which solicits information regarding the names of contracted and non-contracted hospitals and the number of bed days claimed by each hospital for emergency inpatient and post-stabilization services provided for calendar years 2007, 2008, and 2009. DHCS is requesting data for calendar years 2007 and 2008 again to ensure that the report is based on all available data.

All Plan Letter 10-002
Rogers Amendment Data Request

If you have any questions regarding this APL, please contact David Merritt, Financial Management Section, at David.Merritt@dhcs.ca.gov or (916) 552-9687.

Sincerely,



Tanya Homman, Chief
Medi-Cal Managed Care Division

Enclosure

cc: Robert O'Neill
Deputy Director
Audits & Investigations Division
MS 2000

Stuart Busby, CPA, Chief
Policy & Financial Management Branch
MS 4413

Tim Keegan, Chief
Fiscal Monitoring and Payments Section
MS 4416

Margaret Liston, Chief
Financial Monitoring Section
MS 4414

Calvin Oshiro, Chief
Fiscal Monitoring Unit
MS 4416

Carrie Allison, Acting Chief
Policy Unit
MS 4415

**Medi-Cal Managed Care Program
Rogers Amendment Data**

Plan Name	County Location of Service	Name of Hospital	Does the plan have a contract with this Hospital?		Is this a Selective Provider Contract Prog. Hospital? (SPCP/CMAC)		Number of Emergency Bed Days Provided During 2007 for the Quarter Ending				Number of Post Stabilization Bed Days Provided During 2007 for the Quarter Ending			
			Yes	No	Yes	No	31-Mar	30-Jun	30-Sep	31-Dec	31-Mar	30-Jun	30-Sep	31-Dec

**Medi-Cal Managed Care Program
Rogers Amendment Data**

Number of Emergency Bed Days Provided During 2008 for the Quarter Ending				Number of Post Stabilization Bed Days Provided During 2008 for the Quarter Ending				Number of Emergency Bed Days Provided During 2009 for the Quarter Ending				Number of Post Stabilization Bed Days Provided During 2009 for the Quarter Ending			
31-Mar	30-Jun	30-Sep	31-Dec	31-Mar	30-Jun	30-Sep	31-Dec	31-Mar	30-Jun	30-Sep	31-Dec	31-Mar	30-Jun	30-Sep	31-Dec

The following list provides instructions for completing each field of the template.

1. **Plan Name.** Enter the name of your Medi-Cal managed care plan (Plan). Abbreviations are acceptable.
2. **County Location.** Enter the name of the county in which the hospital that provided the services is located.
3. **Name of Hospital.** Enter the name of the hospital that provided the services.
4. **Does the Plan Have a Contract with This Hospital?** Place an "X" in the "Yes" or "No" column to indicate if the hospital is contracted to your Plan.
5. **Selective Provider Contract Program Hospital (SPCP / CMAC).** Place an "X" in the "Yes" or "No" column to indicate if the hospital is an SPCP/CMAC hospital.
6. **Number of Emergency Bed Days (2007).** Enter the number of emergency bed days provided by each of your Plan's contracted hospitals to Plan members during each calendar quarter during 2007.
7. **Number of Post-Stabilization Bed Days (2007).** Enter the number of post-stabilization bed days provided by each of your Plan's contracted hospitals to Plan members during each calendar quarter during 2007.
8. **Number of Emergency Bed Days (2008).** Enter the number of emergency bed days provided by each of your Plan's contracted hospitals to Plan members during each calendar quarter during 2008.
9. **Number of Post-Stabilization Bed Days (2008).** Enter the number of post-stabilization bed days provided by each of your Plan's contracted hospitals to Plan members during each calendar quarter during 2008.
10. **Number of Emergency Bed Days (2009).** Enter the number of emergency bed days provided by each of your Plan's contracted hospitals to Plan members during each calendar quarter during 2009.
11. **Number of Post-Stabilization Bed Days (2009).** Enter the number of post-stabilization bed days provided by each of your Plan's contracted hospitals to Plan members during each calendar quarter during 2009.