

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



**DATE:** MAY 23 2011

MMCD Policy Letter 11-011

- **TO:** ALL TWO-PLAN MODEL, COUNTY ORGANIZED HEALTH SYSTEMS, AND GEOGRAPHIC MANAGED CARE PLANS
- SUBJECT: REPORTING ON THE DISTRIBUTION OF FUNDS PURSUANT TO ASSEMBLY BILL 1653

## PURPOSE

The purpose of this Policy Letter is to request that all Two-Plan Model, County Organized Health Systems, and Geographic Managed Care plans submit financial information to the Department of Health Care Services (DHCS) to facilitate the determination of each plan's compliance with the accurate and timely payment provisions pursuant to Assembly Bill (AB) 1653. This requirement for submission of financial information is set forth in Welfare and Institutions (W&I) Code section 14167.10(c).

## BACKGROUND

AB 1653 (Jones, Chapter 218, Statutes of 2010), builds upon AB 1383 (Jones, Chapter 627, Statutes of 2010), which established a Quality Assurance Fee (QAF) program requiring payment of fees by non-public general acute care hospitals. All OAFs received by DHCS from the general acute care hospitals are to be used by DHCS to draw down additional federal funding. In addition to the corresponding federal matching funds, the QAF shall be used for increased payments to general acute care hospitals for inpatient services rendered to Medi-Cal beneficiaries. Pursuant to W&I Code section 14167.6 (a), "the department shall increase capitation payments to Medi-Cal managed health care plans for the federal fiscal years as set forth in this section." During the months of December 2010 through February 2011, DHCS made retroactive rate adjustments for the period April 2009 through December 2010. These rate adjustments included the aforementioned QAF funding and the corresponding federal matching funds, which under the provisions of AB 1653, shall be expended on hospital services.

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## DISCUSSION

Specifically, AB 1653 amended W&I Code sections 14167.6 and 14167.10, which requires Medi-Cal managed care plans to adhere to the following regarding the distribution of increased capitation rates with QAF funding:

Section 14167.6 (h)(1) - Each managed health care plan shall expend 100 percent of any increased capitation payments it receives under this section, on hospital services.

Section 14167.10 (a) - Each managed health care plan receiving increased capitation payments under Section 14167.6 shall expend the capitation rate increase in a manner consistent with actuarial certification, enrollment, and utilization on hospital services. Each managed health care plan shall expend increased capitation payments on hospital services within 30 days of receiving the increased capitation payments to the extent they are made for a subject month that is prior to the date on which the payments are received by the managed health care plan.

Section 14167.10(c) - Any delegation or attempted delegation by a managed health care plan of its obligation to expend the capitation rate increases under this section shall not relieve the plan from its obligation to expend those capitation rate increases. Managed health care plans shall submit the documentation the department may require to demonstrate compliance with this subdivision. The documentation shall demonstrate actual expenditure of the capitation rate increases for hospital services, and not assignment to subcontractors of the managed health care plan's obligation of the duty to expend the capitation rate increases.

Each Medi-Cal managed health care plan must submit hospital payment information as required by DHCS that demonstrates each plan's full distribution of the increased capitation payments pertaining to the QAF funding.

## REPORT

As part of the process of each plan demonstrating compliance with the timely and accurate payment provisions of AB 1653, DHCS has prepared the enclosed report for use by Two-Plan Model, County Organized Health Systems, and Geographic Managed Care plans. The report has been designed to include all capitation payments received by the plan from DHCS that include AB 1653 funding and the plan's full distribution to

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hospitals. Each plan shall complete this report in accordance with the enclosed Reporting Instructions. As noted in the Reporting Instructions, the reporting period is the service period April1, 2009 through December 31, 2010.

Please submit the report no later than 30 calendar days from the date of this policy letter to:

Calvin Oshiro, Chief Fiscal Monitoring Unit Medi-Cal Managed Care Division Department of Health Care Services 1501 Capitol Avenue P.O. Box 997413, MS 4414 Sacramento, CA 95899-7413

Additionally, DHCS may require this report to be submitted in future periods as necessary to ensure proper distribution of QAF funding to general acute care hospitals. If you have any questions regarding the requirements of this Policy Letter, please contact Calvin Oshiro at (916) 449-5237 or <u>Calvin.Oshiro@dhcs.ca.gov</u>.

Sincerely,

## **Original Signed by Tanya Homman**

Tanya Homman, Chief Medi-Cal Managed Care Division

### Reporting Instructions Quality Assurance Fee Funding and Distribution

Assembly Bill (AB) 1653 (Jones, Chapter 218, Statutes of 2010), requires certain California general acute care hospitals to pay a Quality Assurance Fee (QAF) into the Quality Assurance Revenue Fund. With federal approval, a portion of these funds were appropriately matched with federal funds and disbursed to Medi-Cal Managed Care Plans through retroactive rate adjustments based on enrollment from April 2009 through December 2010. Upon receipt of this funding, the Plans are required under Welfare & Institutions (W&I) Code §14167.10(a) to disburse 100 percent of the funds to general acute care hospitals within 30 days.

Pursuant to W&I Code §14167.10(c), and as part of the Department of Health Care Services' (DHCS) monitoring activities to confirm plan compliance with AB 1653, DHCS is requiring all. Plans to complete and submit the enclosed schedules. Detailed instructions are as follows:

## Schedule 1- AB 1653 Funding Received from DHCS

Schedule 1 is intended to identify all funding received by the Plan pursuant to AB 1653 through the Medi-Cal Managed Care program.

- 1) Line 1 Enter name of the Plan as stated in the contract(s) with DHCS.
- 2) **Column A** Identify each payment received from DHCS that includes AB 1653 funding by entering the date of each payment received.
- 3) **Columns B** Include the Medi-Cal Managed Care contract number applicable to each payment received from DHCS that includes AB 1653 funding.
- 4) Column C For the period April 2009 through December 2010, plans received retroactive rate adjustments which included AB 1653 funding to be passed on to the hospitals. The rate adjustments also included other payments that were not intended to be passed through to the hospitals, such as amounts to account for the additional taxes and fees that the Plan will owe to the State of California as a result of AB 1653 funding. This column is to include the TOTAL PAYMENT received from DHCS that includes a component for AB 1653 funding, MCO taxes, and Quality Improvement Fees.
- 5) Columns D From the total payment included in Column C, include only the AB 1653 dollars in this column. This is the amount that the plan is obligated to pass on to the hospitals within 30 days of receipt. DHCS previously provided each Plan the components within each rate. Identify the AB 1653 rate component and determine the total AB 1653 funding based on the enrollment used to calculate the total payment included in Column C.

## Schedule 2 - AB 1653 Payments to Hospitals by Plan Code/County

- 1) **Column A** Do not make any revisions, deletions, or additions to this column. This column includes all acute care hospitals operating in California.
- 2) **Column B** Do not make any revisions, deletions, or additions to this column. This column includes the county of operation for each hospital.
- Column C Do not make any revisions, deletions, or additions to this column. This column includes the facility identification number assigned to each hospital by the Office of Statewide Planning and Development.
- 4) Column D Enter the amount of the Plan's total AB 1653 payments disbursed to each hospital in January 2011 pursuant to the provisions of AB 1653. If more than one amount was disbursed for a particular hospital during January, enter only the total disbursed for the month. Do not enter individual payments unless only one payment was disbursed.
- 5) Column E Enter the amount of the Plan's total AB 1653 payments disbursed to each hospital in February 2011 pursuant to the provisions of AB 1653. If more than one amount was disbursed for a particular hospital during February, enter only the total disbursed for the month. Do not enter individual payments unless only one payment was disbursed.
- 6) Column F Enter the amount of the Plan's total AB 1653 payments disbursed to each hospital in March 2011 pursuant to the provisions of AB 1653. If more than one amount was disbursed for a particular hospital during March, enter only the total disbursed for the month. Do not enter individual payments unless only one payment was disbursed.
- 7) Column G Enter the amount of the Plan's total AB 1653 payments disbursed to each hospital in April 2011 pursuant to the provisions of AB 1653. If more than one amount was disbursed for a particular hospital during April, enter only the total disbursed for the month. Do not enter individual payments unless only one payment was disbursed.
- 8) **Columns H** This column represents the total AB 1653 payments made by the plan to each hospital for the periods identified in the previous columns.

## Schedule 3- AB 1653 Reconciliation

1) Line 1 - Confirm that the total appearing as total AB 1653 funding received from DHCS correctly transfer from column D on Schedule 1 to this line.

- Line 2 Confirm that the total appearing as the total amount distributed to acute care hospitals as AB 1653 funding correctly transferred from column G on Schedule 2 to this line.
- 3) Line 3 This amount represents the difference between the AB 1653 funding received for distribution to acute care hospitals and the actual amount of AB 1653 funds distributed to the hospitals by the plan.

The enclosed schedules are to be completed as prescribed and submitted electronically to Calvin Oshiro, Chief of the Fiscal Monitoring Unit of the Medi-Cal Managed Care Division at <u>Calvin.Oshiro@dhcs.ca.gov</u>.

If you have any questions or concerns with regard to this request, please contact Calvin Oshiro at 916-449-5237 or the email address above.

# Medi-Cal Managed Care Reporting on Quality Assurance Fee Funding and Distribution 2010-11 State Fiscal Year

- Schedule 1 Increased Funding Received Pursuant to Assembly Bill1653
- Schedule 2 Hospital Distribution of Quality Assurance Fee Funding
- Schedule 3 Comparison of Hospital Distribution and Funding Received by Plan

## Medi-Cal Managed Care Program Increased Funding Received Pursuant to Assembly Bill 1653 2010-11 State Fiscal Year

1	PLAN NAME:			
	(A)	(B)	(C)	(D)
			Total Retroactive Rate	AB 1653 Funding Inclusive in the Total Amount Received from DHCS Reported in
2	Payment Date	DHCS Contract No.	Adjustment	Column C.
3				
4				
5				
6				
7				
8				
9				
10				
	Total			0 0

	PLAN NAME:							
	SCHEDULE 2 - AB 1653 PAYMENTS TO HOSPITALS BY	COUNTY						
-	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
			OSHPD	AB 1653 Jan. 2011 Pymts to	AB 1653 Feb. 2011 Pymts to	AB 1653 Mar. 2011 Pymts to	AB 1653 April 2011 Pymts to	Total AB 1653 Payments to
	HOSPITAL NAME	COUNTY	FACILITY ID	Hospitals	Hospitals	Hospitals	Hospitals	Hospitals
1	AGNEWS STATE HOSPITAL	Santa Clara	431013					0
2	ALAMEDA CO. MEDICAL CENTER - HIGHLAND CAMPUS	Alameda	10846					0
3	ALAMEDA HOSPITAL	Alameda	10735					0
4	ALHAMBRA HOSPITAL	Los Angeles	190017					0
5	ALTA BATES MEDICAL CENTER	Alameda	10739					0
6	ALTA BATES SUMMIT MEDICAL CENTER -HAWTHORNE CAMP	Alameda	10937					0
7	ALVARADO HOSPITAL	San Diego	370652					0
8	ALVARADO PARKWAY INSTITUTE B.H.S.	San Diego	370749					0
9	AMERICAN RECOVERY CENTER	Los Angeles	194010					0
10	ANAHEIM GENERAL HOSPITAL	Orange	301097					0
11	ANAHEIM MEMORIAL MEDICAL CENTER	Orange	301098					0
12	ANTELOPE VALLEY HOSPITAL MEDICAL CENTER	Los Angeles	190034					0
13	ARROWHEAD REGIONAL MEDICAL CENTER	San Bernardino	364231					0
14	ARROYO GRANDE COMMUNITY HOSPITAL	San Luis Obispo	400466					0
15	ATASCADERO STATE HOSPITAL	San Luis Obispo	400683					0
16	AURORA CHARTER OAK	Los Angeles	190163					0
17	AURORA SAN DIEGO	San Diego	374024					0
18	AURORA VISTA DEL MAR HOSPITAL	Ventura	560203					0
19	BAKERSFIELD HEART HOSPITAL	Kern	154101					0
20	BAKERSFIELD MEMORIAL HOSPITAL	Kern	150722					0
21	BANNER LASSEN MEDICAL CENTER	Lassen	184008					0
22	BARLOW RESPIRATORY HOSPITAL	Los Angeles	190052					0
23	BARSTOW COMMUNITY HOSPITAL	San Bernardino	361105					0
24	BARTON MEMORIAL HOSPITAL	El Dorado	90793					0
25	BEAR VALLEY COMMUNITY HOSPITAL	San Bernardino	361110					0
26	BELLFLOWER MEDICAL CENTER	Los Angeles	190066					0
27	BETTY FORD CENTER AT EISENHOWER	Riverside	330120					0
28	BEVERLY HOSPITAL	Los Angeles	190081					0
29	BHC ALHAMBRA HOSPITAL	Los Angeles	190020					0
30	BIGGS GRIDLEY MEMORIAL HOSPITAL	Butte	40802					0

	PLAN NAME:							
	SCHEDULE 2 - AB 1653 PAYMENTS TO HOSPITALS B							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
			OSHPD	AB 1653 Jan. 2011 Pymts to	AB 1653 Feb. 2011 Pymts to	AB 1653 Mar. 2011 Pymts to	AB 1653 April 2011 Pymts to	Total AB 1653 Payments to
	HOSPITAL NAME	COUNTY	FACILITY ID	Hospitals	Hospitals	Hospitals	Hospitals	Hospitals
31	BROTMAN MEDICAL CENTER	Los Angeles	190110				-	0
32	BUTTE COUNTY PSYCHIATRIC HEALTH FACILITY	Butte	44006					0
33	CALIF. PACIFIC MEDICAL CENTER-PACIFIC CAMPUS	San Francisco	380929					0
34	CALIFORNIA HOSPITAL MEDICAL CENTER-LOS ANGELES	Los Angeles	190125					0
35	CANYON RIDGE HOSPITAL	San Bernardino	364050					0
36	CASA COLINA HOSPITAL FOR REHAB. MEDICINE	Los Angeles	190137					0
37	CATALINA ISLAND MEDICAL CENTER	Los Angeles	190045					0
38	CEDARS SINAI MEDICAL CENTER	Los Angeles	190555					0
39	CENTINELA FREEMAN REG MED CTR-CENTINELA CAMPUS	Los Angeles	190148					0
40	CENTINELA FREEMAN REG MED CTR-MARINA CAMPUS	Los Angeles	190500					0
41	CENTRAL VALLEY GENERAL HOSPITAL	Kings	160787					0
42	CENTURY CITY DOCTORS HOSPITAL	Los Angeles	190155					0
43	CHAPMAN MEDICAL CENTER	Orange	301140					0
44	CHILDREN'S HOSPITAL - SAN DIEGO	San Diego	370673					0
45	CHILDREN'S HOSPITAL AT MISSION	Orange	304113					0
46	CHILDREN'S HOSPITAL CENTRAL CALIFORNIA	Madera	204019					0
47	CHILDREN'S HOSPITAL MED CENTER OF NORTHERN CALIF	Alameda	10776					0
48	CHILDRENS HOSPITAL OF LOS ANGELES	Los Angeles	190170					0
49	CHILDREN'S HOSPITAL OF ORANGE COUNTY	Orange	300032					0
50	CHILDREN'S RECOVERY CENTER OF NORTHERN CALIF.	Santa Clara	434051					0
51	CHINESE HOSPITAL	San Francisco	382715					0
52	CHINO VALLEY MEDICAL CENTER	San Bernardino	361144					0
53	CHOWCHILLA DISTRICT MEMORIAL HOSPITAL	Madera	200692					0
54	CITRUS VALLEY MEDICAL DENTER-QV CAMPUS	Los Angeles	190636					0
55	CITY OF ANGELS MEDICAL CENTER-DOWNTOWN CAMPUS	Los Angeles	190661					0
56	COALINGA REGIONAL MEDICAL CENTER	Fresno	100697					0
57	COAST PLAZA DOCTORS HOSPITAL	Los Angeles	190766					0
58	COASTAL COMMUNITIES HOSPITAL	Orange	301258					0
59	COLLEGE HOSPITAL	Los Angeles	190184					0
60	COLLEGE HOSPITAL COSTA MESA	Orange	301155					0
61	COLORADO RIVER MEDICAL CENTER	San Bernardino	361458					0

	PLAN NAME:							
	SCHEDULE 2 - AB 1653 PAYMENTS TO HOSPITALS BY	COUNTY						
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
			OSHPD	AB 1653 Jan. 2011 Pymts to	AB 1653 Feb. 2011 Pymts to	AB 1653 Mar. 2011 Pymts to	AB 1653 April 2011 Pymts to	Total AB 1653 Payments to
~~~		COUNTY	FACILITY ID	Hospitals	Hospitals	Hospitals	Hospitals	Hospitals
62		Colusa	60870					0
63	COMMUNITY & MISSION HOSP. OF HUNTINGTON PARK-SLAU	Los Angeles	190197					0
64	COMMUNITY HOSPITAL OF LONG BEACH COMMUNITY HOSPITAL OF LOS GATOS	Los Angeles Santa Clara	190475 430743					0
65	COMMUNITY HOSPITAL OF LOS GATOS	San Bernardino						0
66 67	COMMUNITY HOSPITAL OF SAN BERNARDINO		361323 270744					0
		Monterey						0
68	COMMUNITY MEDICAL CENTER-CLOVIS COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTURA	Fresno Ventura	100005 560473					0
69 70	COMMUNITY REGIONAL MEDICAL CENTER-FRESNO	Fresno	100717					0
70	CONTINENTAL REHABILITATION HOSPITAL OF SAN DIEGO	San Diego	374094					0
72	CONTRA COSTA REGIONAL MEDICAL CENTER	Contra Costa	70924					0
73	CORCORAN DISTRICT HOSPITAL	Kings	160702					0
74	CORONA REGIONAL MEDICAL CENTER-MAIN	Riverside	331152					0
75	DAMERON HOSPITAL	San Joaquin	390846					0
76	DEL AMO HOSPITAL	Los Angeles	190232					0
77	DELANO REGIONAL MEDICAL CENTER	Kern	150202					0
78	DESERT REGIONAL MEDICAL CENTER	Riverside	331164					0
79	DESERT VALLEY HOSPITAL	San Bernardino	364144					0
80	DOCTOR'S HOSPITAL OF MANTECA	San Joaquin	392287					0
81	DOCTORS HOSPITAL OF WEST COVINA	Los Angeles	190857					0
82	DOCTOR'S MEDICAL CENTER - SAN PABLO CAMPUS	Contra Costa	70904					0
83	DOCTORS MEDICAL CENTER OF MODESTO	Stanislaus	500852					0
84	DOMINICAN HOSPITAL-SANTA CRUZ/SOQUEL	Santa Cruz	440755					0
85	DOS PALOS MEMORIAL HOSPITAL	Merced	240853					0
86	DOWNEY REGIONAL MEDICAL CENTER	Los Angeles	190243					0
87	EARL & LORAINE MILLER CHILDREN'S HOSPITAL	Los Angeles	196168					0
88	EAST LOS ANGELES DOCTOR'S HOSPITAL	Los Angeles	190256					0
89	EAST VALLEY HOSPITAL MEDICAL CENTER	Los Angeles	190328					0
90	EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS	Plumas	320859					0
91	EDEN MEDICAL CENTER	Alameda	10805					0
92	EISENHOWER MEMORIAL HOSPITAL	Riverside	331168					0

	PLAN NAME:							
	SCHEDULE 2 - AB 1653 PAYMENTS TO HOSPITALS BY							
	SCHEDULE 2 - AB 1053 FATMENTS TO HOSPITALS B	COUNTY						
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
	(^)	(8)	(0)	AB 1653	AB 1653	AB 1653	AB 1653	(1)
				Jan. 2011	Feb. 2011	Mar. 2011	April 2011	Total AB 1653
			OSHPD	Pymts to	Pymts to	Pymts to	Pymts to	Payments to
	HOSPITAL NAME	COUNTY	FACILITY ID	Hospitals	Hospitals	Hospitals	Hospitals	Hospitals
93	EL CAMINO HOSPITAL	Santa Clara	430763	nospitais	riospitais	nospitais	nospitais	
94	EL CENTRO REGIONAL MEDICAL CENTER	Imperial	130699					0
95	EL DORADO COUNTY PSYCHIATRIC HEALTH FACILITY	El Dorado	94002					0
96	EMANUEL MEDICAL CENTER	Stanislaus	500867					0
97	ENCINO/TARZANA REGIONAL MEDICAL CENTER OF ENCINO	Los Angeles	190280					0
98	ENCINO-TARZANA REGIONAL MED CTR-TARZANA	Los Angeles	190517					0
99	ENLOE MEDICAL CENTER- ESPLANADE CAMPUS	Butte	40962					0
100	FAIRCHILD MEDICAL CENTER	Siskiyou	474007					0
101	FAIRVIEW DEVELOPMENTAL CENTER	Orange	301781					0
102	FALLBROOK HOSPITAL DISTRICT	San Diego	370705					0
103	FEATHER RIVER HOSPITAL	Butte	40875					0
104	FOOTHILL PRESBYTERIAN HOSPJOHNSTON MEMORIAL	Los Angeles	190298					0
105	FOUNTAIN VALLEY REG. HOSP. & MED. CTREUCLID	Orange	301175					0
106	FRANK R. HOWARD MEMORIAL HOSPITAL	Mendocino	230949					0
107	FREMONT HOSPITAL	Alameda	14034					0
108	FRENCH HOSPITAL MEDICAL CENTER	San Luis Obispo	400480					0
109	FRESNO COUNTY PSYCHIATRIC HEALTH FACILITY	Fresno	104089					0
110	FRESNO HEART HOSPITAL	Fresno	105029					0
111	FRESNO SURGERY CENTER	Fresno	104047					0
112	GARDEN GROVE HOSPITAL & MEDICAL CENTER	Orange	301283					0
113	GARFIELD MEDICAL CENTER	Los Angeles	190315					0
114	GATEWAYS HOSPITAL AND MENTAL HEALTH CENTER	Los Angeles	190317					0
	GEORGE L. MEE MEMORIAL HOSPITAL	Monterey	270777					0
116	GLENDALE ADVENTIST MEDICAL CENTER - WILSON TERRAC	Los Angeles	190323					0
117	GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	Los Angeles	190522					0
118	GLENN MEDICAL CENTER	Glenn	110889					0
	GOLETA VALLEY COTTAGE HOSPITAL	Santa Barbara	420483					0
120	GOOD SAMARITAN HOSPITAL-BAKERSFIELD	Kern	150775					0
121	GOOD SAMARITAN HOSPITAL-LOS ANGELES	Los Angeles	190392					0
122	GOOD SAMARITAN HOSPITAL-SAN JOSE	Santa Clara	430779					0
123	GREATER EL MONTE COMMUNITY HOSPITAL	Los Angeles	190352					0

	PLAN NAME:							
	SCHEDULE 2 - AB 1653 PAYMENTS TO HOSPITALS BY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
				AB 1653	AB 1653	AB 1653	AB 1653	
				Jan. 2011	Feb. 2011	Mar. 2011	April 2011	Total AB 1653
			OSHPD	Pymts to	Pymts to	Pymts to	Pymts to	Payments to
	HOSPITAL NAME	COUNTY	FACILITY ID	Hospitals	Hospitals	Hospitals	Hospitals	Hospitals
124	GROSSMONT HOSPITAL	San Diego	370714					0
125	HANFORD COMMUNITY MEDICAL CENTER	Kings	160725					0
126	HAZEL HAWKINS MEMORIAL HOSPITAL	San Benito	350784					0
127	HEALDSBURG DISTRICT HOSPITAL	Sonoma	490964					0
128	HEALTHBRIDGE CHILDREN'S HOSPITAL-ORANGE	Orange	304159					0
129	HEALTHSOUTH BAKERSFIELD REHABILITATION HOSPITAL	Kern	154022					0
130	HEALTHSOUTH TUSTIN REHABILITATION HOSPITAL	Orange	304079					0
131	HELFORD CLINICAL RESEARCH HOSP. AT CITY OF HOPE	Los Angeles	190176					0
132	HEMET VALLEY MEDICAL CENTER	Riverside	331194					0
133	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	Los Angeles	190949					0
134	HERITAGE OAKS HOSPITAL	Sacramento	344021					0
135	HI-DESERT MEDICAL CENTER	San Bernardino	362041					0
136	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	Orange	301205					0
137	HOLLYWOOD COMMUNITY HOSPITAL OF HOLLYWOOD	Los Angeles	190380					0
138	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	Los Angeles	190382					0
139	HUNTINGTON BEACH HOSPITAL	Orange	301209					0
140	HUNTINGTON MEMORIAL HOSPITAL	Los Angeles	190400					0
141	INDIAN VALLEY DISTRICT HOSPITAL	Plumas	320874					0
142	IRVINE REGIONAL HOSPITAL AND MEDICAL CENTER	Orange	304045					0
143	JEROLD PHELPS COMMUNITY HOSPITAL	Humboldt	121031					0
144	JEWISH HOME	San Francisco	380842					0
145	JOHN C. FREMONT HEALTHCARE DISTRICT	Mariposa	220733					0
146	JOHN F. KENNEDY MEMORIAL HOSPITAL	Riverside	331216					0
147	JOHN MUIR BEHAVIORAL HEALTH CENTER	Contra Costa	74039					0
148	JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS	Contra Costa	71018					0
149	JOHN MUIR MEDICAL CENTER-WALNUT CREEK CAMPUS	Contra Costa	70988					0
150	KAISER FOUND. HOSPEL CAJON/SAN DIEGO	San Diego	370730					0
151	KAISER FOUNDATION HOSPMARTINEZ/WALNUT CREEK	Contra Costa	71010					0
152	KAISER FOUNDATION HOSPITAL - BALDWIN PARK	Los Angeles	196035					0
153	KAISER FOUNDATION HOSPITAL - SANTA TERESA COM HOSP	Santa Clara	431506					0
154	KAISER FOUNDATION HOSPITAL OF ANAHEIM	Orange	301132					0

	PLAN NAME:							
	SCHEDULE 2 - AB 1653 PAYMENTS TO HOSPITALS BY							
		000111						
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
				AB 1653	AB 1653	AB 1653	AB 1653	
				Jan. 2011	Feb. 2011	Mar. 2011	April 2011	Total AB 1653
			OSHPD	Pymts to	Pymts to	Pymts to	Pymts to	Payments to
	HOSPITAL NAME	COUNTY	FACILITY ID	Hospitals	Hospitals	Hospitals	Hospitals	Hospitals
155	KAISER FOUNDATION HOSPITAL OF BELLFLOWER	Los Angeles	190430	· ·			· ·	. 0
156	KAISER FOUNDATION HOSPITAL OF FONTANA	San Bernardino	361223					0
157	KAISER FOUNDATION HOSPITAL OF FRESNO	Fresno	104062					0
158	KAISER FOUNDATION HOSPITAL OF GEARY (S.F.)	San Francisco	380857					0
159	KAISER FOUNDATION HOSPITAL OF HARBOR CITY	Los Angeles	190431					0
160	KAISER FOUNDATION HOSPITAL OF HAYWARD	Alameda	10858					0
161	KAISER FOUNDATION HOSPITAL OF PANORAMA CITY	Los Angeles	190432					0
162	KAISER FOUNDATION HOSPITAL OF REDWOOD CITY	San Mateo	410804					0
163	KAISER FOUNDATION HOSPITAL OF RICHMOND	Contra Costa	70991					0
164	KAISER FOUNDATION HOSPITAL OF RIVERSIDE	Riverside	334025					0
165	KAISER FOUNDATION HOSPITAL OF SACRAMENTO	Sacramento	340913					0
166	KAISER FOUNDATION HOSPITAL OF SAN RAFAEL	Marin	210992					0
167	KAISER FOUNDATION HOSPITAL OF SANTA CLARA	Santa Clara	430805					0
168	KAISER FOUNDATION HOSPITAL OF SANTA ROSA	Sonoma	494019					0
169	KAISER FOUNDATION HOSPITAL OF SOUTH SACRAMENTO	Sacramento	342344					0
170	KAISER FOUNDATION HOSPITAL OF SOUTH SAN FRANCISCO	San Mateo	410806					0
171	KAISER FOUNDATION HOSPITAL OF SUNSET	Los Angeles	190429					0
172	KAISER FOUNDATION HOSPITAL OF WEST LA	Los Angeles	190434					0
173	KAISER FOUNDATION HOSPITAL OF WOODLAND HILLS	Los Angeles	191450					0
174	KAISER FOUNDATION HOSPITAL REHAB CENTER OF VALLEJ	Solano	480989					0
175	KAISER FOUNDATION HOSPITAL-MANTECA	San Joaquin	394009					0
176	KAISER FOUNDATION NORTHERN REGION	Alameda	15000					0
177	KAISER FOUNDATION SOUTHERN REGION	Los Angeles	191300					0
178	KAWEAH DELTA DISTRICT HOSPITAL	Tulare	540734					0
179	KEDREN COMMUNITY MENTAL HEALTH CENTER	Los Angeles	190150					0
180	KENTFIELD REHABILITATION HOSPITAL	Marin	210993					0
181	KERN MEDICAL CENTER	Kern	150736					0
182	KERN VALLEY HEALTHCARE DISTRICT	Kern	150737					0
183	KINDRED HOSPITAL - WESTMINSTER	Orange	301380					0
184	KINDRED HOSPITAL-BREA	Orange	301127					0
185	KINDRED HOSPITAL-LOS ANGELES	Los Angeles	190305					0

	PLAN NAME:							
	SCHEDULE 2 - AB 1653 PAYMENTS TO HOSPITALS BY	COUNTY						
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
	HOSPITAL NAME	COUNTY	OSHPD FACILITY ID	AB 1653 Jan. 2011 Pymts to	AB 1653 Feb. 2011 Pymts to	AB 1653 Mar. 2011 Pymts to Hospitals	AB 1653 April 2011 Pymts to	Total AB 1653 Payments to
400	KINDRED HOSPITAL-MODESTO		500954	Hospitals	Hospitals	Hospitals	Hospitals	Hospitals
	KINDRED HOSPITAL-MODESTO KINDRED HOSPITAL-S.F. BAY AREA	Stanislaus	10887					0
		Alameda						0
	KINDRED HOSPITAL-SACRAMENTO KINDRED HOSPITAL-SAN DIEGO	Sacramento	344035 370721					0
	KINDRED HOSPITAL-SAN DIEGO KINGSBURG MEDICAL CENTER	San Diego Fresno	100745					0
								0
		Los Angeles	191227					0
	L.A. CO. MARTIN LUTHER KING JR/DREW MED CTR	Los Angeles	191230					0
	L.A. CO. OLIVE VIEW MEDICAL CENTER	Los Angeles	191231					0
	L.A. CO. RANCHO LOS AMIGOS NATIONAL REHAB. CTR.	Los Angeles	191306					0
	L.A. CO. U.S.C. MEDICAL CENTER	Los Angeles	191228					0
		Los Angeles	194981					0
	LA PALMA INTERCOMMUNITY HOSPITAL	Orange	301234					0
	LAGUNA HONDA HOSPITAL & REHABILITATION CENTER	San Francisco	380865					0
		Los Angeles	190240					0
	LANCASTER COMMUNITY HOSPITAL	Los Angeles	190455					0
	LANGLEY PORTER PSYCHIATRIC INSTITUTE	San Francisco	380868					0
	LANTERMAN STATE HOSPITAL AND DEVELOPMENTAL CENTE	Los Angeles	191014					0
	LAS ENCINAS HOSPITAL	Los Angeles	190462					0
	LITTLE COMPANY OF MARY HOSPITAL	Los Angeles	190470					0
	LITTLE COMPANY OF MARY-SAN PEDRO HOSPITAL	Los Angeles	190680					0
		San Joaquin	390923					0
207	LOMA LINDA UNIV. BEHAVIORAL MEDICINE CENTER	San Bernardino	364014					0
	LOMA LINDA UNIVERSITY MEDICAL CENTER	San Bernardino	361246					0
	LOMPOC HEALTHCARE DISTRICT	Santa Barbara	420491					0
	LONG BEACH MEMORIAL MEDICAL CENTER	Los Angeles	190525					0
	LOS ALAMITOS MEDICAL CENTER	Orange	301248					0
	LOS ANGELES COMMUNITY HOSPITAL	Los Angeles	190198					0
	LOS ANGELES METROPOLITAN MEDICAL CENTER	Los Angeles	190854					0
	LOS ROBLES HOSPITAL & MEDICAL CENTER	Ventura	560492					0
	LUCILE S. PACKARD CHILDRENS HOSPITAL AT STANFORD	Santa Clara	434040					0
216	MAD RIVER COMMUNITY HOSPITAL	Humboldt	121002					0

	PLAN NAME:							
	SCHEDULE 2 - AB 1653 PAYMENTS TO HOSPITALS B	Y COUNTY						
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
			OSHPD	AB 1653 Jan. 2011 Pymts to	AB 1653 Feb. 2011 Pymts to	AB 1653 Mar. 2011 Pymts to	AB 1653 April 2011 Pymts to	Total AB 1653 Payments to
	HOSPITAL NAME	COUNTY	FACILITY ID	Hospitals	Hospitals	Hospitals	Hospitals	Hospitals
217	MADERA COMMUNITY HOSPITAL	Madera	201281					0
218	MAMMOTH HOSPITAL	Mono	260011					0
	MARIAN MEDICAL CENTER	Santa Barbara	420493					0
220	MARIE GREEN PSYCHIATRIC HEALTH FACILITY	Merced	244027					0
	MARIN GENERAL HOSPITAL	Marin	211006					0
222	MARK TWAIN ST. JOSEPH'S HOSPITAL	Calaveras	50932					0
223	MARSHALL MEDICAL CENTER	El Dorado	90933					0
224	MAYERS MEMORIAL HOSPITAL	Shasta	450936					0
225	MEMORIAL HOSPITAL LOS BANOS	Merced	240924					0
226	MEMORIAL HOSPITAL MEDICAL CENTER-MODESTO	Stanislaus	500939					0
227	MEMORIAL HOSPITAL OF GARDENA	Los Angeles	190521					0
228	MENDOCINO COAST DISTRICT HOSPITAL	Mendocino	231013					0
229	MENIFEE VALLEY MEDICAL CENTER	Riverside	334018					0
230	MENLO PARK SURGICAL HOSPITAL	San Mateo	414018					0
231	MERCY GENERAL HOSPITAL	Sacramento	340947					0
232	MERCY HOSPITAL-BAKERSFIELD	Kern	150761					0
	MERCY HOSPITAL-FOLSOM	Sacramento	344029					0
234	MERCY MEDICAL CENTER	Shasta	450949					0
235	MERCY MEDICAL CENTER MERCED-COMMUNITY CAMPUS	Merced	240942					0
	MERCY MEDICAL CENTER-MT. SHASTA	Siskiyou	470871					0
	MERCY SAN JUAN HOSPITAL	Sacramento	340950					0
	MERRITT PERALTA INSTITUTE CDRH	Alameda	13687					0
	METHODIST HOSPITAL OF SACRAMENTO	Sacramento	340951					0
	METHODIST HOSPITAL OF SOUTHERN CALIF	Los Angeles	190529					0
	METROPOLITAN STATE HOSPITAL	Los Angeles	190958					0
	MIRACLE MILE MEDICAL CENTER	Los Angeles	190681					0
	MISSION COMMUNITY HOSPITAL-PANORAMA CAMPUS	Los Angeles	190524					0
	MISSION HOSPITAL REGIONAL MEDICAL CENTER	Orange	301262					0
	MODOC MEDICAL CENTER	Modoc	250956					0
	MONTCLAIR HOSPITAL MEDICAL CENTER	San Bernardino	361166					0
-	MONTEREY PARK HOSPITAL	Los Angeles	190547					0

	PLAN NAME:							
	SCHEDULE 2 - AB 1653 PAYMENTS TO HOSPITALS	BY COUNTY						
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
			OSHPD	AB 1653 Jan. 2011 Pymts to	AB 1653 Feb. 2011 Pymts to	AB 1653 Mar. 2011 Pymts to	AB 1653 April 2011 Pymts to	Total AB 1653 Payments to
	HOSPITAL NAME	COUNTY	FACILITY ID	Hospitals	Hospitals	Hospitals	Hospitals	Hospitals
-	MORENO VALLEY COMMUNITY HOSPITAL	Riverside	334048					0
	MOTION PICTURE & TELEVISION HOSPITAL	Los Angeles	190552					0
	MOUNTAINS COMMUNITY HOSPITAL	San Bernardino	361266					0
	NAPA STATE HOSPITAL	Napa	281266					0
	NATIVIDAD MEDICAL CENTER	Monterey	274043					0
	NELSON M. HOLDERMAN MEMORIAL HOSPITAL	Napa	281297					0
	NEWPORT BAY HOSPITAL	Orange	301304					0
	NORTH BAY MEDICAL CENTER	Solano	481357					0
	NORTHERN CALIF. REHABILITATION HOSPITAL	Shasta	454012					0
257	NORTHERN INYO HOSPITAL	Inyo	141273					0
	NORTHRIDGE HOSPITAL MEDICAL CENTER	Los Angeles	190568					0
	NOVATO COMMUNITY HOSPITAL	Marin	214034					0
	OAK VALLEY DISTRICT HOSPITAL	Stanislaus	500967					0
	OASIS MENTAL HEALTH TREATMENT CENTER PHF	Riverside	334457					0
	O'CONNOR HOSPITAL-SAN JOSE	Santa Clara	430837					0
	OJAI VALLEY COMMUNITY HOSPITAL	Ventura	560501					0
264	OLYMPIA MEDICAL CENTER	Los Angeles	190534					0
265	ORANGE COAST MEMORIAL MEDICAL CENTER	Orange	300225					0
	OROVILLE HOSPITAL	Butte	40937					0
267	PACIFIC ALLIANCE MEDICAL CENTER	Los Angeles	190307					0
	PACIFIC HOSPITAL OF LONG BEACH	Los Angeles	190587					0
	PACIFIC SHORES HOSPITAL	Ventura	560838					0
	PACIFICA HOSPITAL OF THE VALLEY	Los Angeles	190696					0
271	PALM DRIVE HOSPITAL	Sonoma	491338					0
272	PALO VERDE HOSPITAL	Riverside	331288					0
273	PALOMAR MEDICAL CENTER	San Diego	370755					0
	PARADISE VALLEY HOSPITAL	San Diego	370759					0
	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	Riverside	331293					0
276	PATIENTS' HOSPITAL OF REDDING	Shasta	454013					0
277	PATTON STATE HOSPITAL	San Bernardino	361768					0
278	PENINSULA MEDICAL CENTER	San Mateo	410852					0

	PLAN NAME:							
	SCHEDULE 2 - AB 1653 PAYMENTS TO HOSPITALS							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
			OSHPD	AB 1653 Jan. 2011 Pymts to	AB 1653 Feb. 2011 Pymts to	AB 1653 Mar. 2011 Pymts to	AB 1653 April 2011 Pymts to	Total AB 1653 Payments to
	HOSPITAL NAME	COUNTY	FACILITY ID	Hospitals	Hospitals	Hospitals	Hospitals	Hospitals
-	PETALUMA VALLEY HOSPITAL	Sonoma	491001					0
	PIONEERS MEMORIAL HOSPITAL	Imperial	130760					0
	PLACENTIA LINDA HOSPITAL	Orange	301297					0
	PLUMAS DISTRICT HOSPITAL	Plumas	320986					0
	POMERADO HOSPITAL	San Diego	370977					0
284	POMONA VALLEY HOSPITAL MEDICAL CENTER	Los Angeles	190630					0
	PORTERVILLE DEVELOPMENTAL CENTER	Tulare	541123					0
	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	Los Angeles	190631					0
287	PROMISE HOSPITAL OF EAST L.ASUBURBAN CAMPUS	Los Angeles	190599					0
288	PROMISE HOSPITAL OF SAN DIEGO	San Diego	370787					0
289	PROVIDENCE HOLY CROSS MEDICAL CENTER	Los Angeles	190385					0
290	PROVIDENCE SAINT JOSEPH MEDICAL CENTER	Los Angeles	190758					0
	QUEEN OF THE VALLEY HOSPITAL-NAPA	Napa	281047					0
292	RANCHO SPECIALTY HOSPITAL	San Bernardino	364188					0
293	REDBUD COMMUNITY HOSPITAL	Lake	171049					0
294	REDLANDS COMMUNITY HOSPITAL	San Bernardino	361308					0
295	REDWOOD MEMORIAL HOSPITAL	Humboldt	121051					0
296	REGIONAL MEDICAL OF SAN JOSE	Santa Clara	430705					0
297	RESNICK NEUROPSYCHIATRIC HOSPITAL AT UCLA	Los Angeles	190930					0
	RIDEOUT MEMORIAL HOSPITAL	Yuba	580996					0
299	RIDGECREST REGIONAL HOSPITAL	Kern	150782					0
300	RIVERSIDE CENTER FOR BEHAVIORAL MEDICINE	Riverside	331226					0
301	RIVERSIDE COMMUNITY HOSPITAL	Riverside	331312					0
	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	Riverside	334487					0
	SACRAMENTO COUNTY PSYCHIATRIC HEATLH FACILITY	Sacramento	344011					0
	SADDLEBACK MEMORIAL MEDICAL CENTER	Orange	301317					0
	SALINAS VALLEY MEMORIAL HOSPITAL	Monterey	270875					0
306	SAN ANTONIO COMMUNITY HOSPITAL	San Bernardino	361318					0
	SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL	San Diego	374055					0
	SAN DIEGO HOSPITAL & PALLIATIVE CARE-SAN DIEGO	San Diego	374084					0
	SAN DIMAS COMMUNITY HOSPITAL	Los Angeles	190673					0

	PLAN NAME:							
	SCHEDULE 2 - AB 1653 PAYMENTS TO HOSPITALS I							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
	HOSPITAL NAME	COUNTY	OSHPD FACILITY ID	AB 1653 Jan. 2011 Pymts to Hospitals	AB 1653 Feb. 2011 Pymts to Hospitals	AB 1653 Mar. 2011 Pymts to Hospitals	AB 1653 April 2011 Pymts to Hospitals	Total AB 1653 Payments to Hospitals
240	SAN FRANCISCO GENERAL HOSPITAL	San Francisco		позрітаїз	позрітаїз	позрітаїз	позрітаїз	
	SAN GABRIEL VALLEY MEDICAL CENTER		380939 190200					0
		Los Angeles						0
	SAN GORGONIO MEMORIAL HOSPITAL SAN JOAQUIN COMMUNITY HOSPITAL	Riverside Kern	331326 150788					0
		-						0
	SAN JOAQUIN COUNTY P.H.F.	San Joaquin	394003					0
	SAN JOAQUIN GENERAL HOSPITAL	San Joaquin	391010					0
	SAN JOAQUIN VALLEY REHABILITATION HOSPITAL	Fresno	104023					0
	SAN LUIS OBISPO PSYCHIATRIC HOSPITAL	San Luis Obispo	404046					0
	SAN MATEO MEDICAL CENTER	San Mateo	410782					0
	SAN RAMON REGIONAL MEDICAL CENTER	Contra Costa	74017					0
	SANTA BARBARA COTTAGE HOSPITAL	Santa Barbara	420514					0
	SANTA BARBARA PSYCHIATRIC HEALTH FACILITY	Santa Barbara	424002					0
	SANTA CLARA VALLEY MEDICAL CENTER	Santa Clara	430883					0
	SANTA MONICA - UCLA MEDICAL CENTER	Los Angeles	190687					0
	SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	Sonoma	491064					0
	SANTA YNEZ VALLEY COTTAGE HOSPITAL	Santa Barbara	420522					0
	SCRIPPS GREEN HOSPITAL	San Diego	371256					0
	SCRIPPS MEMORIAL HOSPITAL-ENCINATAS	San Diego	371394					0
	SCRIPPS MEMORIAL HOSPITAL-LA JOLLA	San Diego	370771					0
	SCRIPPS MERCY HOSPITAL	San Diego	370744					0
	SEMPERVIRENS PSYCHIATRIC HEALTH FACILITY	Humboldt	124004					0
	SENECA HEALTHCARE DISTRICT	Plumas	321016					0
	SEQUOIA HOSPITAL	San Mateo	410891					0
	SETON MEDICAL CENTER	San Mateo	410817					0
	SHARP CHULA VISTA MEDICAL CENTER	San Diego	370875					0
	SHARP CORONADO HOSPITAL & HEALTHCARE CENTER	San Diego	370689					0
	SHARP MARY BIRCH HOSPITAL FOR WOMEN	San Diego	370695					0
	SHARP MEMORIAL HOSPITAL	San Diego	370694					0
	SHARP MESA VISTA HOSPITAL	San Diego	370745					0
	SHARP VISTA PACIFICA	San Diego	374049					0
340	SHASTA REGIONAL MEDICAL CENTER	Shasta	450940					0

	PLAN NAME:							
	SCHEDULE 2 - AB 1653 PAYMENTS TO HOSPITALS B							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
				AB 1653	AB 1653	AB 1653	AB 1653	
				Jan. 2011	Feb. 2011	Mar. 2011	April 2011	Total AB 1653
			OSHPD	Pymts to	Pymts to	Pymts to	Pymts to	Payments to
	HOSPITAL NAME	COUNTY	FACILITY ID	Hospitals	Hospitals	Hospitals	Hospitals	Hospitals
341	SHERMAN OAKS HOSPITAL	Los Angeles	190708				-	0
342	SHRINERS HOSPITAL FOR CHILDREN-L.A.	Los Angeles	190712					0
343	SIERRA KINGS DISTRICT HOSPITAL	Fresno	100797					0
344	SIERRA NEVADA MEMORIAL HOSPITAL	Nevada	291023					0
345	SIERRA VIEW DISTRICT HOSPITAL	Tulare	540798					0
346	SIERRA VISTA HOSPITAL	Sacramento	342392					0
347	SIERRA VISTA REGIONAL MEDICAL CENTER	San Luis Obispo	400524					0
348	SIMI VALLEY HOSPITAL & HEALTH SERVICES - SYCAMORE	Ventura	560525					0
349	SONOMA VALLEY HOSPITAL	Sonoma	491076					0
350	SONORA REGIONAL MEDICAL CENTER-GREENLEY	Tuolumne	554011					0
351	SOUTH COAST MEDICAL CENTER	Orange	301337					0
352	SOUTHERN INYO HOSPITAL	Inyo	141338					0
	SOUTHWEST HEALTHCARE SYSTEM-MURRIETTA	Riverside	334068					0
354	SPECIALTY HOSPITAL OF SOUTHERN CALIF - LA MIRADA	Los Angeles	190449					0
355	ST. AGNES MEDICAL CENTER	Fresno	100899					0
356	ST. BERNARDINE MEDICAL CENTER	San Bernardino	361339					0
	ST. ELIZABETH COMMUNITY HOSPITAL	Tehama	521041					0
358	ST. FRANCIS MEDICAL CENTER	Los Angeles	190754					0
	ST. FRANCIS MEMORIAL HOSPITAL	San Francisco	380960					0
360	ST. HELENA HOSPITAL	Napa	281078					0
361	ST. HELENA HOSPITAL CENTER FOR BEHAVIORAL HEALTH	Solano	481015					0
362	ST. JOHN'S HOSPITAL AND HEALTH CENTER	Los Angeles	190756					0
	ST. JOHN'S PLEASANT VALLEY HOSPITAL	Ventura	560508					0
364	ST. JOHN'S REGIONAL MEDICAL CENTER	Ventura	560529					0
365	ST. JOSEPH HOSPITAL-EUREKA	Humboldt	121080					0
366	ST. JOSEPH'S BEHAVIORAL HEALTH CENTER	San Joaquin	392232					0
367	ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	San Joaquin	391042					0
368	ST. JOSPEH HOSPITAL-ORANGE	Orange	301340					0
369	ST. JUDE MEDICAL CENTER	Orange	301342					0
370	ST. LOUISE REGIONAL HOSPITAL	Santa Clara	434138					0
371	ST. LUKE'S HOSPITAL	San Francisco	380964					0

	PLAN NAME:							
	SCHEDULE 2 - AB 1653 PAYMENTS TO HOSPITALS BY	COUNTY						
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
		(5)	OSHPD	AB 1653 Jan. 2011 Pymts to	AB 1653 Feb. 2011 Pymts to	AB 1653 Mar. 2011 Pymts to	AB 1653 April 2011 Pymts to	Total AB 1653 Payments to
	HOSPITAL NAME	COUNTY	FACILITY ID	Hospitals	Hospitals	Hospitals	Hospitals	Hospitals
	ST. MARY MEDICAL CENTER	Los Angeles	190053					0
	ST. MARY REGIONAL MEDICAL CENTER	San Bernardino	361343					0
	ST. MARY'S MEDICAL CENTER SAN FRANCISCO	San Francisco	380965					0
	ST. ROSE HOSPITAL	Alameda	10967					0
376	ST. VINCENT MEDICAL CENTER	Los Angeles	190762					0
377	STANFORD UNIVERSITY HOSPITAL	Santa Clara	430905					0
378	STANISLAUS SURGERY CENTER	Stanislaus	504038					0
379	STAR VIEW ADOLESCENT CENTER PHF	Los Angeles	194967					0
380	SUN HEALTH ROBERT H. BALLARD REHABILITATION HOSP.	San Bernardino	364121					0
381	SURPRISE VALLEY COMMUNITY HOSPITAL	Modoc	250955					0
382	SUTTER AMADOR HOSPITAL	Amador	34002					0
383	SUTTER AUBURN FAITH HOSPITAL	Placer	310791					0
384	SUTTER CENTER FOR PSYCHIATRY	Sacramento	344017					0
385	SUTTER COAST HOSPITAL	Del Norte	84001					0
386	SUTTER DAVIS HOSPITAL	Yolo	574010					0
387	SUTTER DELTA MEDICAL CENTER	Contra Costa	70934					0
388	SUTTER GENERAL HOSPITAL	Sacramento	341051					0
389	SUTTER LAKESIDE HOSPITAL	Lake	171395					0
390	SUTTER MATERNITY & SURGERY CENTER-SANTA CRUZ	Santa Cruz	444012					0
391	SUTTER MEDICAL CENTER OF SANTA ROSA	Sonoma	490919					0
392	SUTTER ROSEVILLE MEDICAL CENTER	Placer	311000					0
393	SUTTER SOLANO MEDICAL CENTER	Solano	481094					0
394	SUTTER TRACY COMMUNITY HOSPITAL	San Joaquin	391056					0
395	SUTTER-YUBA PSYCHIATRIC HEALTH FACILITY	Sutter	514001					0
396	TAHOE FOREST HOSPITAL	Nevada	291053					0
397	TARZANA PSYCHIATRIC HOSPITAL	Los Angeles	190782					0
398	TEHACHAPI HOSPITAL	Kern	150808					0
399	TELECARE HERITAGE PSYCHIATRIC HEALTH FACILITY	Alameda	14207					0
400	TELECARE PLACER COUNTY PSYCHIATRIC HEALTH FACILITY	Placer	314029					0
401	TELECARE SOLANO PSYCHIATRIC HEALTH FACILITY	Solano	484028					0
402	TEMPLE COMMUNITY HOSPITAL	Los Angeles	190784					0

	PLAN NAME:							
	SCHEDULE 2 - AB 1653 PAYMENTS TO HOSPITALS BY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
				AB 1653	AB 1653	AB 1653	AB 1653	
				Jan. 2011	Feb. 2011	Mar. 2011	April 2011	Total AB 1653
			OSHPD	Pymts to	Pymts to	Pymts to	Pymts to	Payments to
	HOSPITAL NAME	COUNTY	FACILITY ID	Hospitals	Hospitals	Hospitals	Hospitals	Hospitals
403	THUNDER ROAD CHEMICAL DEPENDENCY RECOVERY HOSPI	Alameda	10782	· ·			· ·	0
404	TOM REDGATE MEMORIAL RECOVERY CENTER	Los Angeles	191225					0
405	TORRANCE MEMORIAL MEDICAL CENTER	Los Angeles	190422					0
406	TRI-CITY MEDICAL CENTER	San Diego	370780					0
407	TRI-CITY REGIONAL MEDICAL CENTER	Los Angeles	190159					0
408	TRINITY HOSPITAL	Trinity	531059					0
409	TULARE DISTRICT HOSPITAL	Tulare	540816					0
410	TUOLUMNE GENERAL HOSPITAL	Tuolumne	551061					0
411	TUSTIN HOSPITAL MEDICAL CENTER	Orange	301357					0
412	TWIN CITIES COMMUNITY HOSPITAL	San Luis Obispo	400548					0
413	U.S.C. UNIVERSITY HOSPITAL	Los Angeles	194219					0
414	UCLA MEDICAL CENTER	Los Angeles	190796					0
415	UCSF MEDICAL CENTER	San Francisco	381154					0
416	UKIAH VALLEY MEDICAL CENTER - HOSPITAL DR.	Mendocino	231396					0
417	UNIV OF CALIF DAVIS MEDICAL CENTER	Sacramento	341006					0
418	UNIV OF CALIF IRVINE MEDICAL CENTER	Orange	301279					0
419	UNIV OF CALIF SAN DIEGO MEDICAL CENTER	San Diego	370782					0
420	USC KENNETH NORRIS JR. CANCER CTR.	Los Angeles	191216					0
421	VALLEY MEMORIAL HOSPITAL-LIVERMORE	Alameda	10983					0
422	VALLEY PRESBYTERIAN HOSPITAL	Los Angeles	190812					0
423	VENCOR HOSPITAL OF ONTARIO	San Bernardino	361274					0
424	VENTURA COUNTY MEDICAL CENTER	Ventura	560481					0
425	VERDUGO HILLS HOSPITAL	Los Angeles	190818					0
426	VICTOR VALLEY COMMUNITY HOSPITAL	San Bernardino	361370					0
427	VISTA HOSPITAL OF SOUTH BAY/COMM. HOSP. OF GARDENA	Los Angeles	190196					0
428	VISTA SPECIALTY HOSPITAL OF SAN GABRIAL VALLEY	Los Angeles	190049					0
429	WASHINGTON HOSPITAL-FREMONT	Alameda	10987					0
430	WATSONVILLE COMMUNITY HOSPITAL	Santa Cruz	444013					0
431	WEST ANAHEIM MEDICAL CENTER	Orange	301379					0
432	WEST HILLS HOSPITAL AND MEDICAL CENTER	Los Angeles	190859					0
433	WESTERN MEDICAL CENTER HOSPITAL-ANAHEIM	Orange	301188					0

	PLAN NAME:							
	SCHEDULE 2 - AB 1653 PAYMENTS TO HOSPITALS B	Y COUNTY						
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
				AB 1653	AB 1653	AB 1653	AB 1653	
				Jan. 2011	Feb. 2011	Mar. 2011	April 2011	Total AB 1653
			OSHPD	Pymts to	Pymts to	Pymts to	Pymts to	Payments to
	HOSPITAL NAME	COUNTY	FACILITY ID	Hospitals	Hospitals	Hospitals	Hospitals	Hospitals
434	WESTERN MEDICAL CENTER-SANTA ANA	Orange	301566					0
435	WHITE MEMORIAL MEDICAL CENTER	Los Angeles	190878					0
436	WHITTIER HOSPITAL MEDICAL CENTER	Los Angeles	190883					0
437	WOODLAND MEMORIAL HOSPITAL	Yolo	571086					0
438	Total Payments			0	0	0		0 0

# Medi-Cal Managed Care Program Assembly Bill 1653 Comparison of Hospital Distribution and Funding Received by Plan 2010-11 State Fiscal Year

	PLAN NAME:	
		(A)
		TOTAL
1	AB 1653 Funding Received from DHCS	0
2	Less: Total AB 1653 Payments to Hospitals	0
3	Amount due/(overpaid) to Hospitals	0