STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California

One-time Supplemental Payment for Specified Providers Subject to Prior AB 97 Payment Reductions

Effective January 1, 2017, the State shall make a one-time supplemental payment within the five service categories identified in paragraphs A through E below for each eligible provider. For each category of service, an Eligibility Pool Amount will be established equal to the difference between the aggregate dollar amount of the total Medi-Cal fee-for-service claims paid to all providers for dates of service occurring within the specified Eligibility Period and the aggregate dollar amount attributable to that same set of claims applying the AB 97 payment reductions applicable to those providers as specified in this State Plan during the respective Eligibility Period.

A provider shall be eligible to participate in the Eligibility Pool only if: (1) the provider participated as an enrolled provider in the California Medicaid Program during the associated Eligibility Period and submitted an eligible claim; and (2) the provider is currently enrolled in the California Medicaid Program and submits a fee-for-service claim for reimbursement to the State during the applicable Supplemental Payment Service Period identified below.

For each category of service, the supplemental payment amount attributable to each eligible provider shall be equal to the difference between the particular eligible provider's Medi-Cal fee-for-service paid claims amount for dates of service occurring in the Eligibility Period and the amount attributable to that same set of claims applying the AB 97 payment reductions.

A. Physician Services provided to beneficiaries aged 21 years and older, as described in Attachment 3.1-A, section 5a

   1. Eligibility Period: June 1, 2011 through January 8, 2014
   2. Supplemental Payment Service Period: January 1, 2017 through June 30, 2017
   3. Medi-Cal fee-for-service claims eligible for "Reimbursement to Specified Government-Operated Providers for Costs of Professional Services," starting at Page 52 of Attachment 4.19-B, and "State Plan Amendment Cost-Based Reimbursement" under Supplement 5 to Attachment 4.19-B are excluded from establishment of this Eligibility Pool.

B. Clinic Services provided to beneficiaries aged 21 years and older, as described in Attachment 3.1-A, section 9

   1. Eligibility Period: June 1, 2011 through January 8, 2014
   2. Supplemental Payment Service Period: January 1, 2017 through June 30, 2017 (and any necessary successive fiscal period(s) as discussed below).
   3. Medi-Cal fee-for-service claims eligible for supplemental reimbursement up to costs under the following supplements to Attachment 4.19-B: Supplement 5 (State Plan Amendment Cost-Based Reimbursement), Supplement 9 (Cost-based Reimbursement for State-Owned Clinics) and Supplement 10 (Supplemental Reimbursement for Publicly Owned or Operated Clinic Services), are excluded from establishment of this eligibility pool.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California

If the supplemental payments for eligible clinic providers as computed above result in total clinic payments that exceed the federal upper payment limit for the above Supplemental Payment Service Period, each eligible provider's supplemental payment must be reduced pro-rata so that total clinic payments would be equal to the amount available in the federal upper payment limit. Any excess supplemental payments from application of the federal upper payment limit may then be carried forward to the next successive state fiscal year(s), as long as such carry-forward will not result in total clinic payments to exceed the applicable federal upper payment limit for each respective period. In each successive state fiscal year until the completion of this supplemental payment, the state will re-determine active eligible providers (i.e., who have Medi-Cal fee-for-service utilization) in that year and that active eligible provider's supplemental payment based on its own portion of the supplemental payment remaining unpaid from the immediate prior period. This supplemental payment will be completed once a provider becomes ineligible or once an active eligible provider's cumulative supplemental payments for the Supplemental Payment Service Period above and any necessary successive Supplemental Payment Service Period(s) equal that provider's portion of the Eligibility Pool amount above.

C. Medical Transportation Services (emergency and non-emergency), as described in Attachment 3.1-A, section 24a, and in Attachment 3.1-B, section 23a

1. Eligibility Period: June 1, 2011 through September 4, 2013
2. Supplemental Payment Service Period: January 1, 2017 through June 30, 2017

D. Dental Services, as described in Attachment 3.1-A, section 10

1. Eligibility Period: June 1, 2011 through September 4, 2013
2. Supplemental Payment Service Period: January 1, 2017 through June 30, 2017

E. Certain High-Cost Drugs Used to Treat Serious Conditions, as described in Supplement 2 to Attachment 4.19-B, p. 8, paragraph L.

1. Eligibility Period: June 1, 2011 through March 30, 2012
2. Supplemental Payment Service Period: January 1, 2017 through June 30, 2017