

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

**One-time Supplemental Payment for Eligible Providers
Subject to Subacute Payment Reductions in SPA 14-001**

Effective July 1, 2019, the Department shall make a one-time supplemental payment for inpatient hospital services to Eligible Providers.

Eligible Providers

A provider shall be eligible only if the provider:

1. Participated in the Department's Hospital Quality Assurance Fee (HQAF) Program during the eligibility period;
2. Provided Medi-Cal subacute services during the 2010 calendar year and had a Medicaid inpatient utilization rate less than or equal to 5 percent and greater than or equal to 43 percent.
3. Was not a closed or converted hospital (as those terms are defined in Welfare & Institutions Code § 14169.51) at any time during the Eligibility Period; and
4. Is an enrolled Medi-Cal provider participating in the Department's HQAF Program during the Supplemental Payment Service Period. A provider will be ineligible to receive payments for any period in which they are ineligible to receive HQAF payments during the Supplemental Payment Service Period. Payments shall be made to a provider that becomes ineligible during a subject fiscal quarter by multiplying the hospital's supplemental payment by the number of days that the hospital was eligible in the subject fiscal quarter, divided by the number of days in the subject fiscal quarter.

Eligibility Period

The Eligibility Period is January 1, 2014 through June 30, 2015, inclusive.

Supplemental Payment Service Period

The Supplemental Payment Service Period is July 1, 2019 through June 30, 2020, inclusive.

Eligibility Pool

The Eligibility Pool will be an aggregate of fixed proportional supplemental payments

TN 19-0035

Supersedes

TN None

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based on an Eligible Provider's provision of Medi-Cal inpatient subacute services during the 2010 calendar year, as reflected in the state paid claims file prepared by the department on April 26, 2013.

The Eligibility Pool amount is \$111,127,915.50.

Payment Methodology

1. Eligible Providers will be paid supplemental amounts based on the provision of hospital subacute inpatient services for the program supplemental payment service period.
2. "Hospital inpatient services" means all services covered under Medi-Cal and furnished by Eligible Providers 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 includes outpatient services furnished by an Eligible Provider to a patient who is admitted 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 does not include professional services or services for which a managed health care plan is financially responsible.
3. For the subject fiscal quarters in subject fiscal year 2019-20, the subacute supplemental rate shall be 80 percent of the Medi-Cal subacute payments paid by the department to the hospital during the 2010 calendar year, as reflected in the state paid claims file prepared by the department on April 26, 2013. The amount computed will be divided by four to arrive at the quarterly payment amounts for the four quarters in subject fiscal year 2019-20.
4. The supplemental payment amounts will be in addition to any other amounts payable to Eligible Providers with respect to hospital inpatient services and will not affect any other payments to hospitals.
5. The payment amounts set forth in this Supplement are inclusive of federal financial participation.