



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region IX

Division of Medicaid & Children's Health Operations

90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

JUN 22 2012

Toby Douglas
Director of Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) Number 11-025. This SPA provides for outpatient hospital supplemental payments, funded by a quality assurance fee, for the service period of July 1, 2011 to December 31, 2013.

The effective date of this SPA is July 1, 2011. Enclosed are the following approved SPA pages that should be incorporated into your State Plan:

- Supplement 14 to Attachment 4.19-B pages 1-5

If you have any questions, please contact Kristin Dillon at (415) 744-3579 or at kristin.dillon@cms.hhs.gov.

Sincerely,

/s/

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

Cc: Mari Cantwell, California Department of Health Care Services
Kristin Fan, Centers for Medicare and Medicaid Services
Dianne Heffron, Centers for Medicare and Medicaid Services