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State/Territory Name: CA

State Plan Amendment (SPA) #: 22-0026

This file contains the following documents in the order

- listed:
- 1) Approval Letter
 - 2) CMS 179 Form/Summary Form (with 179-like data)
 - 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

August 3, 2022

Jacey Cooper
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: TN 22-002

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-22-002 , which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 21, 2022. This SPA clarifies the payment methodology for the Enhanced Payment for Private Trauma Hospital program by removing references to contingent county funding.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 2 — 0 0 2 6 2. STATE CA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 433.51, 42 CFR 413 and 42 CFR 447.321

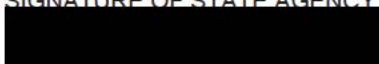
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, pages 51b-c

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
Attachment 4.19-B, pages 51b-c

9. SUBJECT OF AMENDMENT
Enhanced Payments to Private Trauma Hospitals

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED:
Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Jacey Cooper

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
June 21, 2022

15. RETURN TO
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413


FOR CMS USE ONLY

16. DATE RECEIVED
June 21, 2022

17. DATE APPROVED
August 3, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

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

whether or not such costs are recognized as allowable under Medicare reasonable cost principles.

- (c) The Uncompensated costs described in Paragraph B.2(a), will be determined in accordance with cost reimbursement principles identified in 42 C.F.R. Part 413, and to the extent not governed by Part 413, by Generally Accepted Accounting Principles.
 - (d) Subject to the payment limits set forth in Paragraph B.2(a), an Eligible Trauma Hospital may receive enhanced trauma hospital payments in excess of its individual uncompensated costs, as calculated pursuant to Paragraph B.2(a)-(c), so long as the aggregate Medi-Cal payments to all private hospitals do not exceed the applicable upper payment limit established in 42 C.F.R. section 447.321.
3. Differences between the cost data used for purposes of determining the enhanced trauma hospital payment amounts and the final cost information from the settled/audited cost reports will not be reconciled.
 4. Payments will be made on a quarterly, semi-annual or annual lump sum basis or may be made on any other federally allowable basis provided for in the Eligible Trauma Hospital's contract with DHS. Payments will be directly related to the fiscal year in which services are rendered.
 5. The enhanced trauma hospital payments will supplement, and will not supplant, any current Medi-Cal payments for trauma or emergency services.
 6. Total Medi-Cal reimbursement provided to an Eligible Trauma Hospital will not exceed applicable federal upper payment limits as described in 42 C.F.R. 447.321.

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STATE: CALIFORNIA

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