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State/Territory Name: California

State Plan Amendment (SPA) #: 17-014

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
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 10, 2018

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

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 17-014, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 2, 2017. SPA 17-041 implements the following change: effective April 1, 2017, the reimbursement rates for radiology services will be set at no more than 80 percent of the corresponding Medicare rates. Any rate reflected at or below 80 percent will not be decreased until federal approval is obtained.

The effective date of this SPA is April 1, 2017. Enclosed is the following approved SPA page that should be incorporated into your approved state plan:

- Attachment 4.19-B, page 3k

If you have any questions, please contact Cheryl Young at 415-744-3568 or via email at Cheryl.Young@cms.hhs.gov.


Sincerely,

/s/

Dzung Hoang
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

cc: Lindy Harrington, DHCS
Connie Florez, DHCS
Angel Rodriguez, DHCS
Adam Neighbours, DHCS
Nathaniel Emery, DHCS
Angeli Lee, DHCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-014	2. STATE California
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2017	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447, Subpart F		7. FEDERAL BUDGET IMPACT: a. FFY 2017 -\$ 142,000. b. FFY 2018 -\$ 284,000.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B page 3K		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B page 3K	
10. SUBJECT OF AMENDMENT: Medi-Cal reimbursement rates for Radiology Services.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.3.26 P.O. Box 997417 Sacramento, CA 95899-7417	
13. TYPED NAME: Mari Cantwell			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 6/2/2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: June 2, 2017		18. DATE APPROVED: December 10, 2018	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Dzung Hoang		22. TITLE: Acting Associate Regional Administrator, Division of Medicaid & Children's Health Operations	
23. REMARKS: Box 15: CA DHCS made a pen and ink change to add submission date in its June 4, 2018 response to the Request for Additional Information (RAI). Box 7: CMS made pen & ink change to add a "-" (minus) to the FY amounts to indicate projected savings per CA DHCS response to informal questions on budget impact sent on 6/30/17.			

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

REIMBURSEMENT METHODOLOGY FOR RADIOLOGY SERVICES

- 1) Except as otherwise noted in the State Plan, state-developed fee schedules are the same for both governmental and private providers of radiological services. The department's fee schedule rates were set as of April 1, 2017 and are effective for services provided on or after that date. All Medi-Cal Fee for Service rates are published at:
<http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>
- 2) Effective April 1, 2017, the reimbursement rates for radiology services will be set at no more than 80 percent of the corresponding Medicare rates. Any rate reflected at or below 80 percent will not be decreased until federal approval is obtained.