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State/Territory Name: California

State Plan Amendment (SPA) #: 18-033

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

September 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) 18-0033, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 2, 2018. SPA 18-0033 allows the California Department of Health Care Services (DHCS) to extend the supplemental payment program for certain physician services for an additional 12 months from July 1, 2018 through June 30, 2019. The supplemental payments are funded through the 2016 state voter-approved California Healthcare, Research and Prevention Tobacco Tax Act (also known as "Proposition 56").

The effective date of this SPA is July 1, 2018. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Supplement 27 to Attachment 4.19-B, pages 1, 2 and 3

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.


Sincerely,

/s/

Hye Sun Lee
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-0033	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 July 1, 2018	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Budget Act of 2018 <u>42 CFR 447, Subpart F</u>		7. FEDERAL BUDGET IMPACT: a. FFY 2017 <u>2018</u> \$28,706,040 b. FFY 2018 <u>2019</u> \$86,118,120	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 27, Attachment 4.19-B, page 1- <u>3</u>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 27, Attachment 4.19-B, page 1(TN: 17-030)	
10. SUBJECT OF AMENDMENT: One-year supplemental payment for certain physician services using Proposition 56 tobacco tax funds.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor's Office does not wish to review the State Plan Amendment.	
12. OFFICIAL: 		16. RETURN TO: Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.326 P.O. Box 997417 Sacramento, CA 95899-7417	
13. TYPED NAME: Mari Cantwell			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: July 2, 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: July 2, 2018		18. DATE APPROVED: September 10, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Hye Sun Lee		22. TITLE: Acting Associate Regional Administrator, Division of Medicaid & Children's Health Operations	
23. REMARKS: Box 6: CMS made a pen & ink change to delete the state law citation and add the federal regulatory citation per state email dated 8/31/18. Box 7: CMS made a pen & ink change to update the FFYs per state email dated 9/4/18. Box 8 and 9: CMS deleted "(TN: 17-030)" in box 9 since it is not relevant to the page number reference per state email dated 9/4/18. CMS added the additional SPA page numbers to box 8 to correctly document that pages 1-3 of Supplement 27 to Att. 4.19-B were submitted. Please note that in box 9 only Supp. 27 to Att. 4.19-B, page 1 is superseded because pages 2 & 3 are new pages.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA**TIME-LIMITED SUPPLEMENTAL PAYMENT PROGRAM FOR CERTAIN PHYSICIAN SERVICES**

This program provides supplemental reimbursement for eligible physician services provided to Medi-Cal beneficiaries. The supplemental reimbursements will be provided for services rendered between the periods listed below. This program provides supplemental reimbursement for eligible physician services provided to Medi-Cal beneficiaries. The supplemental reimbursements will be provided, above the base rates, for qualified physician services rendered between the periods listed below. The base rates for physician services will remain unchanged through this amendment.

A. Supplemental Reimbursement Methodology – General Provisions for services provided between July 1, 2017 – June 30, 2018

1. The supplemental payment amounts are fixed at the amounts listed in the chart below for each eligible physician service listed by Current Procedural Terminology (CPT) Code. The supplemental payment is paid on a per claim basis. Eligible physician services include new and established patient office/outpatient visits, psychiatric diagnostic evaluations, psychiatric diagnostic evaluation with medical services, and psychiatric pharmacological management services.

CPT Code	Supplement Amount
90863	\$5.00
99201, 99211	\$10.00
99202, 99212, 99213	\$15.00
99203, 99204, 99214, 99215	\$25.00
90791, 90792	\$35.00
99205	\$50.00

TN 18-0033

Supersedes

TN: 17-030

Approval Date: September 10, 2018Effective Date: July 1, 2018

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

2. Base rates for physician services are the rates established by the Department of Health Care Services (Department) for each CPT Code, as published on the Medi-Cal Rates website:

<http://files.medi-cal.ca.gov/pubsdoco/Rates/RatesHome.asp>

3. Providers eligible for the supplemental payments under this section do not include Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and other providers that are reimbursed on a cost-based system.

B. Supplemental Reimbursement Methodology – General Provisions for services provided between July 1, 2018 – June 30, 2019

1. The supplemental payment amounts are fixed at the amounts listed in the chart below for each eligible physician service listed by Current Procedural Terminology (CPT) Code. The supplemental payment is paid on a per claim basis. Eligible physician services include new and established patient office/outpatient visits, psychiatric diagnostic evaluations, psychiatric diagnostic evaluation with medical services, and psychiatric pharmacological management services.

CPT Code		CPT Code	
99201	\$18.00	99381	\$77.00
99202	\$35.00	99382	\$80.00
99203	\$43.00	99383	\$77.00
99204	\$83.00	99384	\$83.00
99205	\$107.00	99385	\$30.00
99211	\$10.00	99391	\$75.00
99212	\$23.00	99392	\$79.00
99213	\$44.00	99393	\$72.00
99214	\$62.00	99394	\$72.00
99215	\$76.00	99395	\$27.00
90791	\$35.00	90863	\$5.00
90792	\$35.00		

TN 18-0033

Supersedes

TN: None

Approval Date: September 10, 2018Effective Date: July 1, 2018

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

2. Base rates for physician services are the rates established by the Department, as published on the Medi-Cal Rates website:
<http://files.medi-cal.ca.gov/pubsdoco/Rates/RatesHome.asp>
3. Providers eligible for the supplemental payments under this section do not include FQHCs, RHCs, and other providers that are reimbursed on a cost-based system.

TN 18-0033

Supersedes

TN: None

Approval Date: September 10, 2018

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