

Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 19-003

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



Regional Operations Group

June 4, 2019

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) 19-0003, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 28, 2019. SPA 19-0003 implements the following change: effective January 1, 2019, the reimbursement rates for radiology services will be set at no more than 80 percent of the corresponding Medicare 2019 Physician Fee Schedule rates.

The effective date of this SPA is January 1, 2019. 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,

A solid black rectangular box redacting the signature of Richard C. Allen.

Richard C. Allen
Director
Centers for Medicaid and CHIP Services
Regional Operations Group

Enclosures

cc: Lindy Harrington, DHCS
Connie Florez, DHCS
Adam Neighbours, DHCS
Thuy-Trang Le, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

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

1. TRANSMITTAL NUMBER

1 9 — 0 0 03

2. STATE

California

3. PROGRAM IDENTIFICATION:

TITLE XIX OF THE SSA (MEDICAID)

TO: REGIONAL ADMINISTRATOR

CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2019

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ 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 2019 \$ (1,206,621)

b. FFY 2020 \$ (402,207)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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)

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Mari Cantwell

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

March 28, 2019

16. RETURN TO

Department of Health Care Services

Attn: Director's Office

P.O. Box 997413, MS 0000

Sacramento, CA 95899-7413

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

March 28, 2019

18. DATE APPROVED

June 04, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Richard C. Allen

22. TITLE Director, Western Regional Operations Group,
Centers for Medicaid & CHIP Services

23. REMARKS

For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.

Box 7: CMS pen and ink change approved by state via informal responses dated 4/12/19 to add parentheses to indicate savings.

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 effective April 1, 2017-December 31, 2018. 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-December 31, 2018, 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.
- 3) The department's fee schedule rates will be adjusted on January 1, 2019, and will be effective for services provided on or after January 1, 2019. All Medi-Cal Fee for Service rates are published at:
<http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>.
- 4) Effective January 1, 2019, the reimbursement rates for radiology services will continue to be set at no more than 80 percent of the corresponding Medicare 2019 Physician Fee Schedule rates. Any rate at or below 80 percent of the applicable Medicare rate will not be decreased.