



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

July 2, 2018

Ms. Hye Sun Lee
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

STATE PLAN AMENDMENT 18-0033: ONE-YEAR SUPPLEMENTAL PAYMENT FOR CERTAIN PHYSICIAN SERVICES USING PROPOSITION 56 TOBACCO TAX FUNDS ALLOCATED FOR THE 2018-19 STATE FISCAL YEAR

Dear Ms. Lee:

The California Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA) 18-0033 documents for your review and approval. SPA 18-0033 extends the supplemental payment program for certain physician services for another 12 months, effective beginning July 1, 2018 through June 30, 2019.

The Budget Act of 2018, once enacted, will appropriate the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) funds to be used as the nonfederal share for specified DHCS health care expenditures during the 2018-19 state fiscal year.

The supplemental payment amounts are fixed amounts and will be paid per claim. The supplemental payments are for new and established patient office/outpatient visits, psychiatric diagnostic evaluations, psychiatric diagnostic evaluation with medical services, and psychiatric pharmacological management services as identified by Current Procedure Terminology (CPT) Code below:

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		

A Notice of Public Interest regarding the one-year supplemental payment program for certain physician services was published on June 29, 2018 on the DHCS webpage. On June 11, 2018, CMS informed DHCS that a tribal notice was not required for this SPA.

If you have any questions or need additional information, please contact Ms. Connie Florez, Chief, Fee-For-Service Rates Development Division, at (916) 552-9600.

ORIGINAL SIGNED

Enclosures

cc: See Next Page

Ms. Hye Sun Lee
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cc: Ms. Connie Florez, Chief
Fee-For-Service Rates Development Division
1501 Capitol Avenue, Suite 71.5195, MS 4600
Sacramento, CA 95814

Ms. Cheryl Young
Division of Medicaid & Children's Health Operations
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

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	7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$28,706,040 b. FFY 2018 \$86,118,120	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 27, Attachment 4.19-B, page 1	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>): <div style="text-align:right;"><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor's Office does not wish to review the State Plan Amendment.</div>		
ORIGINAL SIGNED	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	
State Medicaid Director		
15. DATE SUBMITTED: July 2, 2018		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:	22. TITLE:	
23. REMARKS:		

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: _____

Effective 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.medical.ca.gov/pubsdoco/rates/rateshome.asp>

3. The supplemental payment amounts, as set forth in this Supplement, are inclusive of Federal Financial Participation.
4. 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, 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.

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