### **Table of Contents**

**State/Territory Name: CA** 

State Plan Amendment (SPA) #: 22-0053

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**

December 16, 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 22-0053

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-22-0053, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 20, 2022. This SPA updates the rate setting methodology for clinical laboratory and laboratory services.

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 MOTIOS OF ADDROVAL OF	1. TRANSMITTAL NUMBER	2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	·   _	
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE O	F THE SOCIAL
FOR. CENTERS FOR WEDICARE & WEDICAID SERVICES	SECURITY ACT XIX	
TO, CENTER DIRECTOR		XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES	4. PROPOSED EFFECTIVE DATE	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amou	,
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	OR ATTACHMENT (If Applicable)	DED PLAN SECTION
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9. SUBJECT OF AMENDMENT	-	
10. GOVERNOR'S REVIEW (Check One)		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Please note: The Governor's Offic	e does not wish to review
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	the State Plan Amendment.	
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO	
12. TYPED NAME		
13. TITLE		
14. DATE SUBMITTED September 16, 2022		
FOR CMS U	JSE ONLY	
16. DATE RECEIVED	17. DATE APPROVED	
September 20, 2022	December 16, 2022	
PLAN APPROVED - OF		A.1
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL	AL
July 1, 2022		
	21. TITLE OF APPROVING OFFICIAL	
Todd McMillion	Director, Division of Reimbursement R	eview
22. REMARKS		
12/12/22 State concurs with pen and ink changes: Box 7: striking "3g"	and adding "3f-1"; Box 8: striking "and 3g"	

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

- 4. Effective for dates of service on or after July 1, 2022, reimbursement rates for clinical laboratory or laboratory services as described in State Plan Attachment 3.1-A, page 1, paragraph 3, entitled "Other Laboratory and X-ray services," will be established using the following methodology:
  - a) The ten percent payment reductions included in 4.19-B, page 3.3 paragraph (13), shall apply to the new rates established using the methodology described in this paragraph.
    - (1) For dates of services on or after July 1, 2022, clinical laboratory services that are 2019 novel coronavirus disease (COVID-19) diagnostic testing or specimen collection services are exempt from the ten percent payment reductions described in paragraph (13) on page 3.3 of this Attachment.
  - b) All rates for clinical laboratories and laboratory services are published at: http://files.medi-cal.ca.gov/rates/RatesHome.aspx
  - c) Effective for dates of service on or after July 1, 2022, the reimbursement for clinical laboratory or laboratory services shall be the lowest of the following:
    - (1) the amount billed,
    - (2) the charge to the general public,
    - (3) the rate in effect on the Medi-Cal Fee schedule for the current state fiscal year, which shall be the lowest of the following:
      - i. the rate in effect on the Medi-Cal Fee schedule as of June 30 of the previous state fiscal year.
      - ii. 100 percent of the lowest maximum allowance established by the federal Medicare Clinical Laboratory fee schedule and Medicare Physician fee schedule effective January 1 of the previous state fiscal year for the same or similar service.

TN: <u>22-0053</u> Supersedes TN: 22-0039

Approval Date: December 16, 2022 Effective Date: July 1, 2022

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

## **Reimbursement Methodology Table**

Paragraph	Effective Date	Percentage/Methodology	Authority
4	July 1, 2022	The reimbursement rates shall be the lowest of the following: (1) the amount billed, (2) the charge to the general public, (3) the rate in effect on the Medi-Cal Fee schedule for the current state fiscal year, which shall be the lowest of the following: (i) the rate in effect on the Medi-Cal Fee schedule as of June 30 of the previous state fiscal year. (ii) 100% of the lowest maximum allowance established by the federal Medicare Clinical Laboratory fee schedule and Medicare Physician fee schedule effective January 1 of the previous state fiscal year for the same or similar service.	California Welfare and Institutions Code sections 14105.22 and 14105.222

TN: <u>22-0053</u> Supersedes TN: <u>21-0052</u>

Approval Date: <u>December 16, 2022</u> Effective Date: <u>July 1, 2022</u>