



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



GAVIN NEWSOM
GOVERNOR

September 30, 2021

Mr. James G. Scott, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, MO 64106-2898

**STATE PLAN AMENDMENT 21-0045: ELIMINATES SUNSET DATE FOR
SUPPLEMENTAL PAYMENTS FOR DEVELOPMENTAL SCREENINGS AND
TRAUMA SCREENINGS**

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 21-0045 for your review and approval. This SPA proposes to eliminate the sunset date for supplemental incentive payments to support developmental screenings as well as trauma screenings, also referred to as adverse childhood experiences (ACEs) screenings. DHCS seeks an effective date of January 1, 2022, for this SPA.

In 2016, California voters approved the California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as Proposition 56 (Prop. 56)) to increase the excise tax rate on cigarettes and tobacco products. Under Prop. 56, a specified portion of the tobacco tax revenue is allocated to DHCS for use as the non-federal share of health care expenditures in accordance with the annual state budget process. In 2019, DHCS submitted two SPAs to authorize supplemental incentive payments from January 1, 2020, through December 31, 2021: SPA 19-0041 for developmental screenings and SPA 19-0048 for trauma screenings. CMS approved both SPAs on November 3, 2020.

The Budget Act of 2021 authorized continued funding for both these supplemental incentive payments past the December 31, 2021, sunset date. In addition, beginning July 1, 2022, the Budget Act of 2021 changes the source of the non-federal share of supplemental payments for trauma screenings to the state General Fund.

Developmental screenings are a required service for children up to 30 months of age under the Early and Periodic Screening, Diagnostic, and Treatment benefit. At least two

developmental screenings can occur per year, as well as when medically necessary. Developmental screenings are billed and reimbursed to providers in both the managed care and fee-for-service (FFS) delivery systems. The payment rate for developmental screenings is fixed at the amount listed of \$59.90, corresponding to Current Procedural Terminology (CPT) code 96110. Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Indian Health Services Memorandum of Agreement (IHS-MOA) 638 clinics receive an incentive payment in addition to their all-inclusive, per-visit reimbursement. These payments are in addition to the amount paid for the office visit that accompanies the screening in FFS scenarios or capitation paid by Medi-Cal managed care health plans.

For trauma screenings, children under 21 years of age may receive periodic rescreenings as appropriate and medically necessary, but not more than once per year, per provider, and for adults up to age 65, no more than one screening per lifetime, per provider. Screenings are billed and reimbursed to providers in both the managed care and FFS delivery systems. The payment rate for trauma screenings is fixed at the amount of \$29.00 for Healthcare Common Procedure Coding System (HCPCS) codes G9919 and G9920. FQHCs, RHC, and IHS-MOA 638 clinics receive these incentive payments in addition to their all-inclusive, per-visit reimbursement. These payments are in addition to the amount paid for the office visit that accompanies the screening in FFS scenarios or capitation paid by Medi-Cal managed care health plans.

The submission for SPA 21-0045 includes following documents:

- Attachment 4.19-B, Page 6X
- Attachment 4.19-B, Page 6Y
- Supplement 6 to Attachment 4.19-B, Page 3
- Supplement 32 to Attachment 4.19-B, Page 1
- CMS 179 Form
- Responses to Standard Funding Questions
- Public Notice
- Tribal Notice

DHCS published both the public and tribal notices for SPA 21-0045 on August 26, 2021. DHCS held the tribal webinar on August 31, 2021. DHCS will post formal responses on the webpage for Notices of Proposed Changes to Medi-Cal Program at https://www.dhcs.ca.gov/services/rural/Pages/Tribal_Notifications.aspx.

Mr. James G. Scott
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September 27, 2021

If you have any questions or need additional information, please contact Lisa Murawski, Chief of the Benefits Division, by telephone at (916) 345-8240, or by email at Lisa.Murawski@dhcs.ca.gov.

Sincerely,



Jacey Cooper
State Medicaid Director
Chief Deputy Director
Health Care Programs

Enclosures

cc: Ms. René Mollow, MSN, RN
Deputy Director
Health Care Benefits & Eligibility
Department of Health Care Services
Rene.Mollow@dhcs.ca.gov

Ms. Lisa Murawski, Chief
Benefits Division
Department of Health Care Services
Lisa.Murawski@dhcs.ca.gov

Ms. Saralyn M. Ang-Olson, JD, MPP
Chief Compliance Officer
Office of Compliance
Department of Health Care Services
Saralyn.Ang-Olson@dhcs.ca.gov

Mr. Aaron Toyama
Senior Advisor
Health Care Programs
Department of Health Care Services
Aaron.Toyama@dhcs.ca.gov

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

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION:

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

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

7. FEDERAL BUDGET IMPACT

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

10. SUBJECT OF AMENDMENT

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

16. RETURN TO

13. TYPED NAME

14. TITLE

15. DATE SUBMITTED
September 30, 2021

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
State: California

Q. ALTERNATIVE PAYMENT METHODOLOGY (APM) for payments to Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) for Developmental Screenings

- a. The APM for Developmental Screenings will consist of the Prospective Payment System (PPS) rate or applicable APM for the visit with the associated eligible screening service and a separate supplemental incentive payment for developmental screenings. FQHCs and RHCs must agree to receive the APM, and the APM will not be less than the PPS rate. The supplemental incentive payment will be available at the fee-for-service rate and will not impact the reconciliation of their PPS rate. FQHCs and RHCs will not put their PPS payment at risk by failing to qualify for the supplemental incentive payment.

Developmental Screening APM = [Applicable Office Visit PPS or Office Visit APM for the visit associated with the eligible screening service] + [Developmental Screening Supplemental Incentive Payment]

- b. Eligible Services:
 - i. Developmental Screenings are Early and Periodic Screening, Diagnostic, and Treatment eligible services pursuant to Section 1905(a)(4)(B) and 1905(r) of the Social Security Act; and regulations at 42 CFR 441, Subpart B for individuals under age 21. Screening services for all eligible Medicaid beneficiaries are described in regulations at 42 CFR 440.130(b).
- c. Billing Requirements: In order to bill the developmental screening supplemental incentive payment portion of the APM, the following code must be used and the provider will be reimbursed the corresponding supplemental incentive payment amount for that code:

Supplemental/ Incentive CPT Code	CPT Description	Reimbursement Amount
96110	Developmental screening, with scoring and documentation, per standardized instrument	\$59.90

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

R. ALTERNATIVE PAYMENT METHODOLOGY (APM) for payments to Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) for Trauma Screenings

- a. The APM for Trauma Screenings will consist of the Prospective Payment System (PPS) rate or applicable APM for the visit with the associated eligible screening service and a separate supplemental incentive payment for trauma screenings. The FQHCs and RHCs must agree to receive the APM, and the APM will not be less than the PPS rate. The supplemental incentive payments will be available at the fee-for-service rate and will not impact the reconciliation of their PPS rate. FQHCs and RHCs will not put their PPS payment at risk by failing to qualify for the supplemental incentive payment.

Providers of trauma screenings are only eligible to receive the supplemental incentive payment one time per beneficiary.

Trauma Screening APM = [Applicable Office Visit PPS or Office Visit APM for the visit associated with the eligible screening service] + [Trauma Screening Supplemental Incentive Payment]

- b. Eligible Services:
 - i. Trauma Screenings per Supplement 32 to Attachment 4.19-B, Page 1.
- c. Billing Requirements: In order to bill the trauma screening supplemental incentive payment portion of the APM, the following codes must be used and the provider will be reimbursed the corresponding supplemental incentive payment amount for that code:

Supplemental/ Incentive CPT Code	CPT Description	Reimbursement Amount
G9919	High-risk, patient score of 4 or greater	\$29.00
G9920	Lower-risk, patient score of 0 - 3	\$29.00

**REIMBURSEMENT FOR INDIAN HEALTH SERVICES
AND TRIBAL 638 HEALTH FACILITIES**

The Implantable contraceptive kit (Norplant) will continue to be reimbursed on a fee-for-service basis.

Non-medical transportation and pharmacy are not included as part of the IHS/MOA visit rate and are reimbursed separately under Medi-Cal fee-for-service.

Supplemental Incentive Payments for Developmental Screenings

Effective January 1, 2020, a separate fixed rate supplemental incentive payment for developmental screenings will be paid, as described on Page 6X of Attachment 4.19-B, when rendered in Indian Health Services Memorandum of Agreement (IHS-MOA) 638 clinics between the dates listed. These supplemental incentive payments will be in addition to the amounts paid for the office visit that accompanies the screening. For IHS-MOA clinics, these supplemental incentive payments will be available at the fee-for-service rate and will not impact their all-inclusive rate.

CPT Code	Amount
96110	\$59.90

Supplemental Incentive Payments for Trauma Screenings

Effective January 1, 2020, a separate fixed rate supplemental incentive payment for trauma screenings will be paid, as described on Page 6Y of Attachment 4.19-B, when rendered in Indian Health Services Memorandum of Agreement (IHS-MOA) 638 clinics between the dates listed. Providers of trauma screenings are only eligible to receive the supplemental incentive payment one time per beneficiary.

The Healthcare Common Procedure Coding System (HCPCS) codes and payment rates are fixed at the amount listed in the chart below for each eligible trauma screening (per Supplement 32 to Attachment 4.19-B, Page 1). These supplemental incentive payments will be in addition to the amounts paid for the office visit that accompanies the screening. For IHS-MOA clinics, these supplemental incentive payments will be available at the fee-for-service rate and will not impact their all-inclusive rate.

HCPCS Codes	Amount
G9919 – positive screening with patient score of 4 or greater	\$29.00
G9920 – negative screening with patient score of 0-3	\$29.00

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

SUPPLEMENTAL INCENTIVE PAYMENTS FOR TRAUMA SCREENINGS

This program provides supplemental incentive payments for trauma screenings provided to Medi-Cal beneficiaries. Refer to Limitations to Attachment 3.1-A, pages 2-2a (Hospital Outpatient department services), pages 2a-3b.1 (Rural Health Clinics), pages 3c-3e (Federally Qualified Health Centers), pages 9h-10a.1 (Physician's Services), page 11a (Psychology), page 12a (Certified Nurse Practitioner's Services), and page 24a (Certified Pediatric or Family Nurse Practitioner's Services) for more information.

The supplemental incentive payments for trauma screenings will be provided at a fixed rate for services rendered.

The supplemental incentive payment rate will be fixed at the amount in the chart below for services rendered for each eligible trauma screening billed with the appropriate Healthcare Common Procedure Coding System (HCPCS) code. These supplemental incentive payments will be in addition to the amounts paid for the office visit that accompanies the screening.

Providers of trauma screenings are only eligible to receive the supplemental incentive payment one time per beneficiary.

Reimbursement Methodology – General Provisions for services provided.

HCPCS Codes	Amount
G9919 – positive screening with patient score of 4 or greater	\$29.00
G9920 – negative screening with patient score of 0-3	\$29.00

TN No. 21-0045
Supersedes
TN No. 19-0048

Approval Date: _____ Effective Date: January 1, 2022