Table of Contents

State/Territory Name: CA

State Plan Amendment (SPA) CA: 22-0006

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

April 29, 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 22-0006

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-22-0006, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 08, 2022. This SPA adjusts rates for Radiological services so that they do not exceed 80% of the corresponding Medicare rate.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 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

CENTERS FOR MEDICARE & MEDICAID SERVICES	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 2. STATE
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
	SECURITY ACT XIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
	a. FFY\$ b. FFY \$
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
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 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Please note: The Governor's Office does not wish to review the State Plan Amendment.
11. SIGNATURE OF STATE AGENCY OFFICIAL	5. RETURN TO
12. TYPED NAME	
13. TITLE	
14. DATE SUBMITTED	
March 8, 2022 FOR CMS U	SE ONLY
16. DATE RECEIVED	7. DATE APPROVED
	April 29, 2022
PLAN APPROVED - ON	
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review
22. REMARKS	
3/15/22: State concurrence for pen and ink change to Box 6, From "\$9	54,000" to "(\$954,000)" and "\$1,273,000" to "(\$1,273,000)".

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: <u>California</u>

REIMBURSEMENT METHODOLOGY FOR RADIOLOGY SERVICES

- Except as otherwise noted in the State Plan, state-developed fee schedules are the same for both governmental and private providers of radiological services. Effective January 1, 2022, the department's fee schedule rates for radiology services will be adjusted. All Medi-Cal Fee for Service rates are published at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates
- 2) Effective January 1, 2022, the reimbursement rates for radiology services will continue to be set at no more than 80 percent of the corresponding Medicare 2022 Physician Fee Schedule rates. Any rate at or below 80 percent of the applicable Medicare rate will not be decreased.

TN: <u>22-0006</u> Supersedes

TN: <u>21-0009</u> Approval Date: <u>April 29, 2022</u> Effective Date: <u>January 1, 2022</u>