

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, 2021

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 21-0048

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-21-0048, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2021. This SPA, effective July 1, 2021, establishes reimbursement rates for services offered by covered providers of 1905(a)(5)(A), 1905(a)(6), 1905(a)(17), and 1905(a)(21) services when delivered via remote patient monitoring.

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,

[Redacted Signature]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

13. TYPED NAME

14. TITLE

15. DATE SUBMITTED

September 29, 2021

16. RETURN TO

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

September 29, 2021

18. DATE APPROVED

December 16, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

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

REIMBURSEMENT METHODOLOGY FOR TELEHEALTH SERVICES DELIVERED
VIA REMOTE PATIENT MONITORING

1. The reimbursement rates for physician services and services by other licensed practitioners described in Sections 1905(a)(5)(A), 1905(a)(6), 1905(a)(17), and 1905(a)(21) of the Act, and as described in State Plan Attachments 3.1-A and 3.1-B, delivered via remote patient monitoring will be calculated by the Department of Health Care Services (DHCS) using the following methodology:
 - a. For dates of service on or after July 1, 2021, the reimbursement rates for services delivered via remote patient monitoring are established at the lowest of the following:
 - i. the amount billed,
 - ii. the charge to the general public, or
 - iii. 80 percent of the corresponding Medicare 2021 Physician Fee Schedule rates for the same or similar service.
 - b. The ten percent payment reduction, described in paragraph (13) on page 3.3 of this Attachment, shall apply to reimbursement for services delivered via remote patient monitoring as described in this section.
 - c. The DHCS fee schedule rates are set as of July 1, 2021 and are effective for services provided on or after that date. All Medi-Cal Fee-For-Service rates for services delivered via remote patient monitoring are published at: <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates>.