DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services San Francisco Regional Office 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6706



## DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

April 3, 2015

Mari Cantwell, Chief Deputy Director, Health Care Programs California Department of Health Care Services P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Enclosed for your records is an approved copy of the California Department of Health Care Services' State Plan Amendment (SPA) CA-12-028. This SPA was submitted to my office on September 28, 2012 and is approved effective July 1, 2012.

This SPA implements a 10% payment reduction for clinical laboratory and laboratory services, with certain exemptions. Attached is the following page to be incorporated into your State Plan:

• Attachment 4.19-B, page 3h

If you have any questions, please contact Tom Schenck at (415) 744-3589 or tom.schenck@cms.hhs.gov.

Sincerely,

/s/

Hye Sun Lee Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

cc: Connie Florez, California Department of Health Care Services Pamela Tello, California Department of Health Care Services

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	12-028	California	
FOR MEALEN GARE ENLANGING ARMINISTRATION	3. PROGRAM IDENTIFICATION: TIT	TLE XIX OF THE	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICAID)		
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TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION	July 1, 2012		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	·		
5. TYPE OF PLAN MATERIAL (Check One):	l		
(1,			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	· anchament)	
42 CFR 447 Subpart F	a. FFY 2012 (3 months) \$3,180,625		
42 CFK 447 Suopait F		0	
	b. FFY 2013 (12 months) \$12,762,50	O	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	O DACE NUMBER OF THE CURER	EDED DI ANI CECTIONI	
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100 100 110 110 110 110 110 110 110 110	OR ATTACHMENT (If Applicable):		
Attachment 4.19-B, Page 3h			
	Not Applicable		
10. SUBJECT OF AMENDMENT:			
10 percent payment reduction for clinical laboratory or laboratory services	es		
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11. GOVERNOR'S REVIEW (Check One):			
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GOVERNOR'S OFFICE REPORTED NO COMMENT	$\boxtimes$ OTHER, AS SPEC		
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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: CALIFORNIA

## REIMBURSEMENT FOR CLINICAL LABORATORY OR LABORATORY SERVICES

- (1) For dates of service on and after July 1, 2012, payments for clinical laboratory or laboratory services will be reduced by ten percent. This payment reduction is in addition to the ten percent payment reductions included in 4.19B, page 3.3, paragraph (13).
- (2) The payment reduction specified in paragraph (1) set forth on this page 3h does not apply to the following:
  - Family planning services and supplies, as described in Attachment 3.1-A, item 4c, provided by the Family Planning, Access, Care, and Treatment (Family PACT) Program.
  - Outpatient Hospital Services, as described in Attachment 3.1-A, item 2a (further defined in California Code of Regulations, Title 22, section 51112.)