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 20, 2020

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 20-0004

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-20-0004, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March, 27th, 2020. This plan amendment updates the rates for Radiological services to pay no more than 80% of the corresponding Medicare Physician Fee Schedule rate.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2020. 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 415-744-3754 or blake.holt@cms.hhs.gov.

Sincerely,

Todd McMillion Director Division of Reimbursement Review

Enclosures

CENTERS FOR MEDICARE & MEDICAID SERVICES		0.11.2 110. 0000 0100
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER	2. STATE
	<u>2 0 — 0 0 04</u>	California
	3. PROGRAM IDENTIFICATION:	
	TITLE XIX OF THE SSA (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2020	
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 42 CFR 447, Subpart F	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ (238,094) b. FFY 2021 \$ (317,459)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSED OR ATTACHMENT (If Applicable)	DED PLAN SECTION
Attachment 4.19-B page 3k	Attachment 4.19-B page 3k	
10. SUBJECT OF AMENDMENT		
Medi-Cal reimbursement rates for Radiology Services		
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	
D	partment of Health Care Services	
10. 111 EB 17/10/E	n: Director's Office	
	O. Box 997413, MS 0000	
14. TITLE State Medicaid Director	cramento, CA 95899-7413	
15. DATE SUBMITTED March 27, 2020		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED 18	DATE APPROVED 04/20/2020	
PLAN APPROVED - ONE COPY ATTACHED		
	SIGNATURE OF REGIONAL OFFICIAL	
01/01/2020		
	TITLE	
Todd McMillion	Director, Division of Reimbursement Review	
23. REMARKS For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State		
Plan Amendment.		

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

REIMBURSEMENT METHODOLOGY FOR RADIOLOGY SERVICES

1) Except as otherwise noted in the State Plan, state-developed fee schedules are the same for both governmental and private providers of radiological services. The department's fee schedule rates were set effective January 1, 2019-December 31, 2019. All Medi-Cal Fee for Service rates are published at:

http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp

2) Effective January 1, 2019-December 31, 2019, the reimbursement rates for radiology services will be set at no more than 80 percent of the corresponding Medicare 2019 Physician Fee Schedule rates. Any rate reflected at or below 80 percent will not be decreased.

3) The department's fee schedule rates will be adjusted and effective for services provided on or after January 1, 2020. All Medi-Cal Fee for Service rates are published at:

http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp.

4) Effective January 1, 2020, the reimbursement rates for radiology services will continue to be set at no more than 80 percent of the corresponding Medicare 2020 Physician Fee Schedule rates. Any rate at or below 80 percent of the applicable Medicare rate will not be decreased.

TN 20-0004

Supersedes

TN: 19-0003 Approval Date: April 20, 2020 Effective Date: January 1, 2020