

## **Table of Contents**

**State/Territory Name: CA**

**State Plan Amendment (SPA) #: 21-0045**

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



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**Financial Management Group**

February 13, 2024

Michelle Baass

Director, California Department of Health Care Services

P.O. Box 997413, MS 0000

Sacramento, CA 95899-7413

RE: TN 21-0045

Dear Director Baass:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-21-0045, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2021. This SPA eliminates the sunset date for approved supplemental payments and Alternative Payment Methodologies (APMs) for trauma screenings and developmental screenings.

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](mailto:blake.holt@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

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

SSA 1905(a)(9)

7. FEDERAL BUDGET IMPACT

6,147,851

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY 8,197,135 \$ \_\_\_\_\_

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

[Redacted Signature]

16. RETURN TO

13. TYPED NAME

14. TITLE

15. DATE SUBMITTED  
September 30, 2021

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED  
September 30, 2021

18. DATE APPROVED  
February 13, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2022

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

21. TYPED NAME  
Todd McMillion

22. TITLE  
Director, Division of Reimbursement Review

23. REMARKS

Pen and ink concurrences: Box 6: 3/30/23; Box 7: 10/28/21

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

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**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, effective January 1, 2022.

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: February 13, 2024 Effective Date: January 1, 2022