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

December 10, 2018

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 is an approved copy of California State Plan Amendment (SPA) 17-014, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 2, 2017. SPA 17-041 implements the following change: effective April 1, 2017, the reimbursement rates for radiology services will be set at no more than 80 percent of the corresponding Medicare rates. Any rate reflected at or below 80 percent will not be decreased until federal approval is obtained.

The effective date of this SPA is April 1, 2017. Enclosed is the following approved SPA page that should be incorporated into your approved state plan:

• Attachment 4.19-B, page 3k

If you have any questions, please contact Cheryl Young at 415-744-3568 or via email at Cheryl Young@cms.hhs.gov.

Sincerely,

/s/

Dzung Hoang Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

## **Enclosures**

cc: Lindy Harrington, DHCS Connie Florez, DHCS Angel Rodriguez, DHCS Adam Neighbours, DHCS Nathaniel Emery, DHCS Angeli Lee, DHCS

<del></del>	OMB NO. 0938-0193
1. TRANSMITTAL NUMBER:	2. STATE
17-014	California
4. PROPOSED EFFECTIVE DATE	
April 1, 2017	
CONSIDERED AS NEW PLAN	✓ AMENDMENT
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	284,000.
9. PAGE NUMBER OF THE SUPER	SEDED PLAN SECTION
Attachment 4.19-B page 3K	
The Governor's C	
16. RETURN TO:	
Department of Health	Care Services
Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.3.26	
Sacramento, CA 9369	9-7417
December 10, 2018	
NE COPY ATTACHED	
20. SIGNATURE OF REGIONAL O	FFICIAL:
Medicaid & Children's Health O	perations
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	3. PROGRAM IDENTIFICATION: TI SOCIAL SECURITY ACT (MEDIC 4. PROPOSED EFFECTIVE DATE April 1, 201  CONSIDERED AS NEW PLAN  ENDMENT (Separate Transmittal for each 7. FEDERAL BUDGET IMPACT: a. FFY 2018 -\$  9. PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable) Attachment 4.19-B page 3K    OTHER, AS SPE The Governor's Convision to review the state Plan Cool 1501 Capitol Avenue, P.O. Box 997417 Sacramento, CA 9589    FFICE USE ONLY

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

## REIMBURSEMENT METHODOLOGY FOR RADIOLOGY SERVICES

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 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 as of April 1, 2017 and are effective for services provided on or after that date. All Medi-Cal Fee for Service rates are published at: <a href="http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp">http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp</a>

2) Effective April 1, 2017, the reimbursement rates for radiology services will be set at no more than 80 percent of the corresponding Medicare rates. Any rate reflected at or below 80 percent will not be decreased until federal approval is obtained.

TN No. <u>17-014</u> Supersedes TN No. 10-020

Approval Date: <u>December 10, 2018</u> Effective Date: <u>April 1, 2017</u>