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

May 7, 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

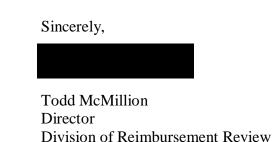
RE: TN 21-0009

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-21-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March, 26th, 2021. 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, 2021. 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.



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 DA	TE
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 SUP OR ATTACHMENT <i>(If Applica</i>	
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	16. RETURN TO	
13. TYPED NAME		
14. TITLE		
15. DATE SUBMITTED		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED	18. DATE APPROVED	
PLAN APPROVED - ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL 2	20. SIGNATURE OF REGIONAL OF	FICIAL
21. TYPED NAME	22. TITLE	
23. REMARKS		

Attachment 4.19-B Page 3k

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

REIMBURSEMENT METHODOLOGY FOR RADIOLOGY SERVICES

- Except as otherwise noted in the State Plan, state-developed fee schedules are the same for both governmental and private providers of radiological services. Effective January 1, 2021, the department's fee schedule rates for radiology services will be adjusted. All Medi-Cal Fee for Service rates are published at: <u>https://files.medi-cal.ca.gov/rates/rateshome.aspx</u>
- Effective January 1, 2021, the reimbursement rates for radiology services will continue to be set at no more than 80 percent of the corresponding Medicare 2021 Physician Fee Schedule rates. Any rate at or below 80 percent of the applicable Medicare rate will not be decreased.