

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: California

Citation 4.19 Payment for Services

42 CFR 447.252
1902(a)(13)
and 1923 of
the Act

(a) The Medicaid agency meets the requirements of
42 CFR Part 447, Subpart C, and sections
1902(a)(13) and 1923 of the Act with respect to
payment for inpatient hospital services.

Section 1902(e)(7)
of the Act

ATTACHMENT 4.19-A describes the methods and
standards used to determine rates for payment for
inpatient hospital services.

Inappropriate level of care days are covered and
are paid under the State plan at lower rates than
other inpatient hospital services, reflecting the
level of care actually received, in a manner
consistent with section 1861(v)(1)(G) of the Act.

Inappropriate level of care days are not covered.

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42 CFR 447.201
 42 CFR 447.302
 52 FR 28648, 1902 (a) (13) (E)
 1903 (a) (1) and
 (n), 1920, and
 1926 of the Act

4.19 (b) In addition to the services specified in paragraphs 4.19 (a), (d), (k), (l) and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902 (a) (13) (E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905 (a) (2) (C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA - Pub. 45 - 6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the methods of payment and how the agency determines the reasonable cost of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902 (a) (13) (E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these facility services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902 (a) (10) and
 1902 (a) (30) of the Act

SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

SUPPLEMENT 2 to ATTACHMENT 4.19-B describes the methods and standards used for the payment of prescribed drugs dispensed by pharmacists.

SUPPLEMENT 3 to ATTACHMENT 4.19-B describes the standards and methods used to adjust claiming for the federal drug rebate program.

SUPPLEMENT 4 to ATTACHMENT 4.19-B describes the methods and standards used for establishing payment rates for rehabilitative mental health services for seriously disturbed children screened under the early periodic diagnosis, screening and treatment program and served through the Short-Doyle/Medi-Cal program.

SUPPLEMENT 5 to ATTACHMENT 4.19-B describes the methods and standards used for reimbursement at 100 percent of reasonable costs to clinics providing specified Medi-Cal ambulatory services to Medi-Cal beneficiaries and are operated by, or contracted with a county participating in a sub-state Medicaid Demonstration Project authorized under Section 1115 of the Act.

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SUPPLEMENT 6 to ATTACHMENT 4.19-B describes the methods and standards used for reimbursement of rural health clinics outpatient services.

No. 00-023

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Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State California

Citation
42 CFR 447.40
AT-78-90

4.19(c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

Yes. The State's policy is described in ATTACHMENT 4.19-C.

No.

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State/Territory: CaliforniaCitation42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141

4.19 (d)

- (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

- (2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

- (3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

- (4) Section 4.19(d)(2) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

TN No. 88-1
Supersedes
TN No. 86-08

Approval Date OCT 24 1986

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HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State California

Citation
42 CFR 447.45 (c)
AT-79-50

4.19 (e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

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MARCH 1987

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State/Territory: California

Citation

42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

TN No. 88-1
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TN No. 85-4

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HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State California

<u>Citation</u>	4.19 (g)	The Medicaid agency assures appropriate
42 CFR 447.201		audit of records when payment is based on
42 CFR 447.202		costs of services or on a fee plus
AT-78-90		cost of materials.

TN # _____
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Effective Date _____

Revision: HCFA-AT-80-60 (BPP)
August 12, 1980

State CALIFORNIA

Citation
42 CFR 447.201
42 CFR 447.203
AT-78-90

4.19(h) The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates.

TN # 83-5
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TN # _____

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Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State California

Citation
42 CFR 447.201
42 CFR 447.204
AT-78-90

4.19(i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

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Citation

<p>42 CFR 447.201 and 447.205</p>	<p>4.19(j)</p>	<p>The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.</p>
<p>1903(v) of the Act</p>	<p>(k)</p>	<p>The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.</p>

TN No. 92-09
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TN No. 88-32

HCFA ID: 7982E

66(a)

Revision: HCFA-PM-92-7 (MB)
October 1992

State/Territory: California

Citation

1903(i)(14)
of the Act

4.19(1) The Medicaid agency meets the requirements of section 1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physician to a child or a pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.

TN No. 92-09
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Revision: HCFA-PM-94-8 (MB)
OCTOBER 1994

State/Territory: California

Citation

- 4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program
- 1928(c)(2) (i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.
- (C)(ii) of the Act
- (ii) The State:
- sets a payment rate at the level of the regional maximum established by the DHHS Secretary.
- is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.
- X sets a payment rate below the level of the regional maximum established by the DHHS Secretary.
- is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.
- The State pays the following rate for the administration of a vaccine:
- Federally Qualified Health Centers: reimbursed at cost;
- Rural Health Clinics: reimbursed at cost;
- EPSDT providers: \$4.52 + fee for any EPSDT screen;
- Other Medi-Cal providers: \$3.94 + fee for any office visit or preventive medicine service.
- 1926 of (iii) Medicaid beneficiary access to immunizations is assured through the following methodology:
- the Act
- Access to pediatric immunizations will be demonstrated together with access to other pediatric services as part of the state plan amendment which is required by Section 1926(a)(2) of the Social Security Act and which is due to be submitted to the Health Care Financing Agency by April 1, 1995.

TN No. 94-025

Supersedes

TN No. None

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10/1/94