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

April 3, 2015

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 for your records is an approved copy of the California Department of Health Care Services' State Plan Amendment (SPA) CA-12-028. This SPA was submitted to my office on September 28, 2012 and is approved effective July 1, 2012.

This SPA implements a 10% payment reduction for clinical laboratory and laboratory services, with certain exemptions. Attached is the following page to be incorporated into your State Plan:

• Attachment 4.19-B, page 3h

If you have any questions, please contact Tom Schenck at (415) 744-3589 or tom.schenck@cms.hhs.gov.

Sincerely,

/s/

Hye Sun Lee Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

cc: Connie Florez, California Department of Health Care Services Pamela Tello, California Department of Health Care Services

FORM HCFA-179 (07-92)

TRANSMITTAL AND NOTICE OF APPROVAL OF		
	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	12-028	California
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FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TI	TLE XIX OF THE
FOR HEADIN CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDIC	AID)
TO DECIONAL ADMINISTRATION	4 PROBOSER EXPERIENTE DATES	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	July 1, 2012	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
		57 A A 673 133 673 167
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		r amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	- \$3.180 625 (+s
Welfare & Institutions Code, Section 14105.22 (b)(4)(A)	a. FFY 2012 (3 months) \$1,925,000	
42 CFR 447 Subpart F (+3)	b. FFY 2013 (12 months) \$7,700,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
	OR ATTACHMENT (If Applicable)	\$
Attachment 4.19-B, Page 3h		
,	None	
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10. SUBJECT OF AMENDMENT:		
10 percent payment reduction for clinical laboratory or laboratory service	es	
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11 COVERNORS REVIEW (Ch. L. C). 9		
11. GOVERNOR'S REVIEW (Check Quie):		The second
☐ GOVERNOR'S OFFICE REP®RTED NO COMMENT ☐ OTHER, AS SPECIFIED: ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	wish to review the	State Plan Amendment.
12. SIGNATURE OF STATE AGENCY OF EICLALT	16. RETURN TO:	
13. TYPED NAME:	Department of Health Care Services Attn: State Plan Coordinator	
Toby Douglas		
Toby Douglas 14. TITLE:	1501 Capitol Avenue,	
14. TITLE:	1501 Capitol Avenue, 9 P.O. Box 997417	Suite 71.326
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: CALIFORNIA

REIMBURSEMENT FOR CLINICAL LABORATORY OR LABORATORY SERVICES

- (1) For dates of service on and after July 1, 2012, payments for clinical laboratory or laboratory services will be reduced by ten percent. This payment reduction is in addition to the ten percent payment reductions included in 4.19B, page 3.3, paragraph (13).
- (2) The payment reduction specified in paragraph (1) set forth on this page 3h does not apply to the following:
 - Family planning services and supplies, as described in Attachment 3.1-A, item 4c, provided by the Family Planning, Access, Care, and Treatment (Family PACT) Program.
 - Outpatient Hospital Services, as described in Attachment 3.1-A, item 2a (further defined in California Code of Regulations, Title 22, section 51112.)