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State/Territory Name: California

State Plan Amendment (SPA) #: 19-0048

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



Financial Management Group

November 3, 2020

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 19-0048

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-19-0048, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 31, 2019. This SPA authorizes time-limited payments to support trauma screenings for children and adults, effective January 1, 2020, through December 31, 2021.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2020. 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 415-744-3754 or blake.holt@cms.hhs.gov.

Sincerely,



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

1 9 — 0 0 48

2. STATE

California

3. PROGRAM IDENTIFICATION:

Title XIX of the Social Security Act (Medicaid)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2020

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

42 CFR 447, Subpart B

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 4,019,108

b. FFY 2021 \$ 5,454,810

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 32 to Attachment 4.19-B, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

None

10. SUBJECT OF AMENDMENT

Proposes to authorize a time-limited payment for trauma screenings using Proposition 56 funds, effective January 1, 2020, through December 31, 2021.

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. AGENCY OFFICIAL

13. TYPED NAME
Mari Cantwell

14. TITLE
State Medicaid Director

15. DATE SUBMITTED
December 31, 2019

16. RETURN TO

Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
12/31/19

18. DATE APPROVED
11/3/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
1/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
Todd McMillion

22. TITLE
Director, Division of Reimbursement Review

23. REMARKS

For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.
Pen and ink concurrences from the state: 2/13/2020: FY20: From "\$4,019,108" to "\$3,814,000." FY21: From "\$5,454,810" to "\$5,064,000." Via 8/12/2020 RAI Response: Box 6 from "Subpart B" to "Subpart F". Box 8 from "Supplement 32 to Attachment 4.19-B, page 1" to "Supplement 32 to Attachment 4.19-B, page 1, Attachment 4.19-B, page 6Y, and Supplement 6 to Attachment 4.19-B, page 3". Box 9 from "None" to "Supplement 6 to Attachment 4.19-B, page 3."

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. APM Pilot Term:
i. Dates of service effective January 1, 2020, through December 31, 2021.
- d. 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 - December 31, 2021, 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 - December 31, 2021, 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

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 between the dates listed below.

The supplemental incentive payment rate will be fixed at the amount in the chart below for services rendered between the dates listed 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 adult beneficiary.

Reimbursement Methodology – General Provisions for services provided for the period of January 1, 2020 – December 31, 2021.

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 19-0048
Supersedes
TN: None

Approval Date: 11/3/20

Effective Date: January 1, 2020