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State/Territory Name: CA

State Plan Amendment (SPA) #: 22-0063

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 4, 2022

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 22-0063

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-22-0063, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2022. This SPA increases the rate for the Prenatal Screening Program's Maternal Serum Alpha-Fetoprotein (MSAFP) screening billed with CPT code 82105.

Based upon the information provided by the State, we have approved the amendment with an effective date of September 19, 2022. 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.

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
2 2 — 0 0 6 3

2. STATE
CA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
September 19, 2022

5. FEDERAL STATUTE/REGULATION CITATION
[Title 42 CFR 447 Subpart F](#)

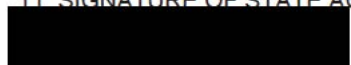
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 205,500
b. FFY 2023 \$ 4,928,500

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 29 to Attachment 4.19-B, page 3t

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
Supplement 29 to Attachment 4.19-B, page 3t

9. SUBJECT OF AMENDMENT
Increase the Reimbursement Rate for the Genetic Disease Screening Program (GSDP) Prenatal Screening Program (PNS), effective September 19, 2022.

10. 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:
Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Jacey Cooper

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
September 30, 2022

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

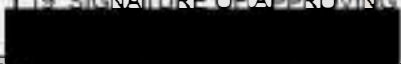
FOR CMS USE ONLY

16. DATE RECEIVED
September 30, 2022

17. DATE APPROVED
November 4, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
September 19, 2022

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS
10/19/22: State concurs with pen and ink change to Box 5 from "Title 42 CFR 447 Subpart F" to "1905(a)(13)(c)."
10/21/22: State concurs with pen and ink change to Box 7 and 8 from "3I" to "3Q"

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

REIMBURSEMENT METHODOLOGY FOR GENETIC DISEASE SCREENING
PROGRAM SERVICES

1. Newborn Screening (NBS) Program: Notwithstanding any other provision in this Attachment, effective July 1, 2022, the Department of Health Care Services (DHCS) will establish the reimbursement rates for the NBS Program's Newborn Metabolic Screening Panel (code S3620), as described in Attachment 3.1-A, section 13c, in accordance with the rate table below. The rate for the Newborn Metabolic Screening Panel is established based on the participation fees providers are charged by the California Department of Public Health as of July 1, 2022.

Rate Table:

Procedure Code	Rate	Effective Date
Newborn Metabolic Screening Panel, code S3620	\$211.00	July 1, 2022

2. Prenatal Screening (PNS) Program: Notwithstanding any other provision in this Attachment, effective September 19, 2022, the reimbursement rate for the PNS Program's Maternal Serum Alpha-Fetoprotein (MSAFP) Screening (code 82105), as described in Attachment 3.1-A, section 13c, will be in accordance with the rate table below. The rate for the MSAFP Screening is based on the participation fees providers are charged by the California Department of Public Health as of September 19, 2022.

Rate Table:

Procedure Code	Rate	Effective Date
Maternal Serum Alpha-Fetoprotein (MSAFP) Screening Program, code 82105	\$85.00	September 19, 2022

3. The ten percent payment reduction, described in paragraph (13) on page 3.3 of this Attachment, shall apply to reimbursement for GDSP services if billed by a non-exempt provider as described on pages 3.4 and 3.5.
4. All Medi-Cal Fee-For-Service rates, including the rates for GDSP Services, are published at: <https://files.medi-cal.ca.gov/rates/rateshome.aspx>.