



WILL LIGHTBOURNE
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

September 23, 2020

Mr. James G. Scott, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, MO 64106-2898

STATE PLAN AMENDMENT 20-0011: EMERGENCY AIR MEDICAL
TRANSPORTATION SERVICES AUGMENTATION PAYMENTS

Dear Mr. Scott:

The California Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA) 20-0011 documents for your review and approval. SPA 20-0011 seeks federal approval to continue augmentation payments to emergency air medical transportation services for fiscal year (FY) 2020-21.

Assembly Bill (AB) 2173 (Chapter 718, Statutes of 2017) established the Emergency Medical Air Transportation Act (EMATA) to fund supplemental payments for emergency air medical transportation services, through the use of \$4.00 penalty assessments for certain vehicle code violations. AB 1410 (Chapter 718, Statutes of 2017) extended the EMATA program through January 1, 2022. This SPA 20-0011 will provide for an additional year of augmentation payments to emergency air medical transportation services for FY 2020-21.

The following SPA documents are enclosed for your review and approval:

- Pages 6, 7, and 8 of Supplement 16 to Attachment 4.19B (clean version)
- Pages 6, 7, and 8 of Supplement 16 to Attachment 4.19B (redline version)
- CMS 179 - Transmittal and Notice of Approval of State Plan Material
- Medicaid Funding Questions
- Budget Impact Explanation

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A Notice of Public Interest regarding the augmentation payments for the Medi-Cal emergency air medical transportation services was published on the DHCS webpage on June 29, 2020. On June 22, 2020, CMS informed DHCS that a tribal notice was not required for this SPA.

If you have any questions or need additional information, please contact Connie Florez, Chief, Fee-For-Service Rates Development Division, at (916) 552-9600, or by email at Connie.Florez@dhcs.ca.gov.

Sincerely,



Jacey Cooper
Chief Deputy Director
Health Care Programs
State Medicaid Director

Enclosures

cc: Lindy Harrington
Deputy Director
Health Care Financing
Department of Health Care Services
Lindy.Harrington@dhcs.ca.gov

Connie Florez, Chief
Fee-For-Service Rates Development Division
Department of Health Care Services
Connie.Florez@dhcs.ca.gov

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 0 — 0 0 11

2. STATE

California

3. PROGRAM IDENTIFICATION:

TITLE XIX OF THE SOCIAL SECURITY ACT

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

4. PROPOSED EFFECTIVE DATE

July 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

Title 42 CFR 447 Subpart F

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 1,950 (in thousands)

b. FFY 2021 \$ 5,850 (in thousands)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 16 to Attachment 4.19-B pages 6-8

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

Supplement 16 to Attachment 4.19-B pages 6-8

10. SUBJECT OF AMENDMENT

Supplemental payments for Emergency Air Medical Transportation Services.

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. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Jacey Cooper

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

September 23, 2020

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

18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.

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

4. Effective July 1, 2014, the payment augmentation amount for each emergency air medical transportation service will be calculated as described in section (b).
- (a) Base rates for emergency air medical transportation services are the State Agency's rates per procedure code as posted on the Medi-Cal Rates website: <https://files.medi-cal.ca.gov/Rates/RatesHome.aspx>
 - (b) Payment augmentation amounts for emergency air medical transportation services will be calculated by multiplying the augmentation rate by the date of service projected utilization.
 - i. The augmentation rate is the difference between the base rate and the maximum allowable amount per transport based on the provider's usual and customary rates charged to the general public for an emergency air medical transport.
 - ii. For the 2018/19 rate year, the maximum annual amount available for the payment augmentation will be based on a total pool amount of \$13,000,000. Payments from this pool amount will be distributed to eligible air medical transportation providers, using the methodology described in b(i) and subject to the limitations of b(v), for the dates of service period July 1, 2018 through June 30, 2019, until the annual pool amount is exhausted.
 - iii. For the 2019/20 rate year, the maximum annual amount available for the payment augmentation will be based on a total pool amount of \$10,000,000. Payments from this pool amount will be distributed to eligible air medical transportation providers, using the methodology described in b(i) and subject to the limitations of b(v), for the dates of service period July 1, 2019 through June 30, 2020, until the annual pool amount is exhausted.
 - iv. For the 2020/21 rate year, the maximum annual amount available for the payment augmentations will be based on a total pool amount of \$13,000,000. Payments from this pool amount will be distributed to eligible air medical transportation providers, using the methodology described in b(i) and subject to the limitations of b(v), for the dates of service period July 1, 2020 through June 30, 2021, until the annual pool amount is exhausted.

TN: 20-0011
Supersedes
TN: 19-0012

Approval Date: _____

Effective Date: July 1, 2020

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

- v. The total computable augmentation amount for each rate year shall not exceed the applicable total allowable under b(ii), b(iii), and b(iv).

C. Payment Augmentation

1. The payment augmentation amount will be an add-on to the base rate for FFS emergency air medical transportation and will be posted on the Notes to Rates page of the Department's Medi-Cal web site for each applicable date of service period:
<http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>

TN: 20-0011
Supersedes
TN: 19-0012

Approval Date: _____

Effective Date: July 1, 2020