



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



GAVIN NEWSOM
GOVERNOR

August 17, 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 20-0009: ONE-YEAR REIMBURSEMENT RATE ADD-ON
FOR GROUND EMERGENCY MEDICAL TRANSPORT SERVICES

Dear Mr. Scott:

The California Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA) 20-0009 documents for your review and approval. SPA 20-0009 seeks the continuation of an add-on to the fee-for-service (FFS) fee schedule rates for eligible ground emergency medical transports (GEMT) provided to Medi-Cal patients. The GEMT Quality Assurance Fee (QAF) Program was created under Senate Bill 523 (Chapter 773, Statutes of 2017).

Providers will continue to receive a fixed add-on of \$220.80 to their FFS fee schedule base rates for each eligible transport provided to Medi-Cal beneficiaries. The following service codes are eligible for the add-on:

- A0225 - Neonatal Emergency Transport
- A0429 - Basic Life Support
- A0427 - Advanced Life Support, Level 1
- A0433 - Advanced Life Support, Level 2
- A0434 - Specialty Care Transport

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

- CMS 179 – Transmittal and Notice of Approval of State Plan Material
- Supplement 29 to Attachment 4.19-B (redline and clean versions)
- Medicaid Funding Questions
- Budget Impact Explanation
- Public Notice
- Tribal Notice

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A Notice of Public Interest regarding SPA 20-0009 for the GEMT QAF program was published on April 21, 2020, on the DHCS webpage. The Tribal Notice for this SPA was sent on February 18, 2020, and the Tribal Webinar was held on February 28, 2020.

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

Sincerely,



Jacey Cooper
Chief Deputy Director
Health Care Programs
State Medicaid Director

Enclosures

cc: Ms. Connie Florez, Chief
Fee-For-Service Rates Development Division
Department of Health Care Services
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Ms. Lindy Harrington
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**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 0 — 0 0 09

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 \$ 5,074 (in thousands)

b. FFY 2021 \$ 15,221 (in thousands)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 29 to Attachment 4.19-B, pages 1-2

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

Supplement 29 to Attachment 4.19-B, pages 1-2

10. SUBJECT OF AMENDMENT

One-year reimbursement rate add-on for ground emergency medical transports with dates of service between July 1, 2020 and June 30, 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. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

16. RETURN TO

Department of Health Care Services

Attn: Director's Office

P.O. Box 997413, MS 0000

Sacramento, CA 95899-7413

13. TYPED NAME

Jacey Cooper

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

August 17, 2020

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

**ONE-YEAR REIMBURSEMENT RATE ADD-ON FOR GROUND EMERGENCY
MEDICAL TRANSPORT SERVICES**

Introduction

This program provides increased reimbursement to ground emergency medical transport providers by application of an add-on to the Medi-Cal fee-for-service (FFS) fee schedule base rates for eligible emergency medical transportation services. The reimbursement rate add-on will apply to eligible Healthcare Common Procedure Coding System (HCPCS) Codes, as described below, effective July 1, 2019 through June 30, 2020, and July 1, 2020 through June 30, 2021. The base rates for emergency medical transportation services will remain unchanged through this amendment.

“Emergency medical transport” means the act of transporting an individual from any point of origin to the nearest medical facility capable of meeting the emergency medical needs of the patient by an ambulance licensed, operated, and equipped in accordance with applicable state or local statutes, ordinances, or regulations, excluding transportation by an air ambulance provider, that are billed with HCPCS Codes A0429 BLS Emergency, A0427 ALS Emergency, and A0433 ALS2, A0434 Specialty Care Transport, and A0225 Neonatal Emergency Transport. An “emergency medical transport” does not occur when, following evaluation of a patient, a transport is not provided.

Methodology

For SFYs 2019-20 and 2020-21, the reimbursement rate add-on is fixed. The resulting payment amounts are equal to the sum of the FFS fee schedule base rate for the SFY 2015-16 and the add-on amount for the HCPCS Code. The resulting total payment amount for HCPCS Codes A0429, A0427, A0433, and A0434 is \$339.00, and for HCPCS Code A0225 is \$400.72. The add-on is paid for each eligible HCPCS Code on a per-claim basis.

TN: 20-0009
Supersedes
TN: 19-0020

Approval Date: _____

Effective Date: July 1, 2020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

Service Code	Description	Current Payment*	Add On Amount	Resulting Total Payment
A0429	Basic Life Support, Emergency	\$118.20	\$220.80	\$339.00
A0427	Advanced Life Support, Level 1, Emergency	\$118.20	\$220.80	\$339.00
A0433	Advanced Life Support, Level 2	\$118.20	\$220.80	\$339.00
A0434	Specialty Care Transport	\$118.20	\$220.80	\$339.00
A0225	Neonatal Emergency Transport	\$179.92	\$220.80	\$400.72

*These are the base rates associated with these codes, but are subject to further adjustments pursuant to the State Plan.

The resulting total payment amount listed in the table above for HCPCS Codes A0429, A0427, A0433, A0434 and A0225 are considered the Rogers rate, which managed care organizations shall pay noncontract managed care emergency medical transport providers consistent with Section 1396u-2(b)(2)(D) of Title 42 of the United States Code, for each state fiscal year the FFS reimbursement rate add-on is effective.

TN: 20-0009
Supersedes
TN: 19-0020

Approval Date: _____

Effective Date: July 1, 2020