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

February 7, 2019

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 is an approved copy of California State Plan Amendment (SPA) 18-004, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 11, 2018. SPA 18-004 implements a one-year Quality Assurance Fee (QAF) program and reimbursement add-on for Ground Emergency Medical Transports (GEMT) provided by emergency medical transportation providers effective for the State Fiscal Year (SFY) 2018-19 from July 1, 2018 to June 30, 2019.

The effective date of this SPA is July 1, 2018. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

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

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl Young@cms.hhs.gov.

Sincerely,



Richard Allen Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosures

cc: Lindy Harrington, California Department of Health Care Services (DHCS)
Connie Florez, DHCS
Angel Rodriguez, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

CENTERS FOR MEDICARE & MEDICAID SERVICES		OMB No. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER	2. STATE	
STATE PLAN MATERIAL	1 8 0 0 4	California	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT (MEDICAID)	PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) 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 July 1, 2018		
5. TYPE OF PLAN MATERIAL (Check One)			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS		AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for each a	mendment)	
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	1 464 900	
Title 42 CFR 447 Subpart F <u>& 42 CFR 433.68</u>	b. FFY 2019 <u>\$1</u>	4,461,892 3,385,675	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSE	DED PLAN SECTION	
Supplement 28, page 1, Attachment 4.19-B	OR ATTACHMENT (If Applicable)		
Supplement 29 to Attachment 4.19-B, pages 1-2	None		
10. SUBJECT OF AMENDMENT			
One-year reimbursement rate add-on for ground emerger	ncy medical transport services		
11. 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 The Governor's Office does no review the State Plan Amenda		
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO		
	Department of Health Care Services		
	Attn: Director's Office		
Mari Cantwell	P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413		
14. TITLE			
State Medicaid Director			
15. DATE SUBMITTED July 11, 2018			
FOR REGIONAL O	FFICE USE ONLY		
	18. DATE APPROVED		
July 11, 2018	February 7, 2017		
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIA	1	
	/s/	<u>. </u>	
July 1, 2018 21. TYPED NAME	22 TITLE Acting Associate Regional A	dministrator	
Richard Allen	TITLE Acting Associate Regional Administrator, Division of Medicaid & Children's Health Operations		
23. REMARKS	Division of intedicald & Officients I	толит ореганопа	
Box 6: CMS made a pen and ink change on 9/26/18 to add "42 C related taxes. Box 8: CMS made a pen and ink change on 9/21/1 supplement number to 29. Box 12: DHCS added signature on 1/2 contractions and the change of 1/2 contractions are contracted as a contraction of the contract	8 to add page 2, a new page with page		

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 Current Procedural Terminology (CPT) Codes, between July 1, 2018 and June 30, 2019. 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 CPT Codes A0429, A0427, and A0433.

Methodology

For State Fiscal Year (SFY) 2018-19, the reimbursement rate add-on is fixed for FY 2018-19. 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 CPT Code. The resulting total payment amount for CPT Codes A0429, A0427, and A0433 will be \$339.00. The add-on is paid on a per-claim basis.

Service Code	Description	Current Payment	Add On Amount	Resulting Total Payment
A0429	Basic Life Support	\$118.20	\$220.80	\$339.00
A0427	Advanced Life Support, Level 1	\$118.20	\$220.80	\$339.00
A0433	Advanced Life Support, Level 2	\$118.20	\$220.80	\$339.00

TN 18-004 Supersedes

TN: None Approval Date: February 7, 2019 Effective Date: July 1, 2018

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

The resulting total payment amount of \$339.00 is considered the Rogers rate, which is the minimum rate that managed care organizations can pay noncontract managed care emergency medical transport providers, for each state fiscal year the FFS reimbursement rate add-on is effective.

TN 18-004 Supersedes

TN: None Approval Date: February 7, 2019 Effective Date: July 1, 2018