



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

September 19, 2019

Mr. Richard Allen, Director
Western Regional Operations Group
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

STATE PLAN AMENDMENT 19-0044: A TIME-LIMITED SUPPLEMENTAL PAYMENT PROGRAM FOR NON-EMERGENCY MEDICAL TRANSPORTATION SERVICES

Dear Mr. Allen:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 19-0044 for your review and approval. This SPA proposes to establish a time-limited supplemental payment program for Non-Emergency Medical Transportation (NEMT) service, effective July 1, 2019, through December 31, 2021.

On November 8, 2016, California voters approved the California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as Proposition 56 or Prop. 56) to increase the excise tax rate on cigarettes and tobacco products. Under Prop. 56, a specified portion of the tobacco tax revenue is allocated to DHCS for use as the nonfederal share of health care expenditures in accordance with the annual state budget process. The recently passed Budget Act of 2019 appropriates Prop. 56 funds for specified DHCS health care expenditures during the 2019-20 state fiscal year (FY). This includes up to \$5.6 million allocated for supplemental reimbursement payments for NEMT services provided in FY 2019-20. Additional Prop. 56 funding will be available through December 31, 2021, subject to appropriation. DHCS is proposing to distribute the Prop. 56 funds by implementing supplemental payments through December 31, 2021, under SPA 19-0044.

SPA 19-0044 would authorize DHCS to provide a time-limited supplemental payment for NEMT services between July 1, 2019, and December 31, 2021. As proposed, the supplemental payment amounts will be fixed amounts and will be distributed on a per claim basis, in addition to the base rates, for each eligible NEMT service.

Mr. Richard C. Allen
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DHCS is submitting the following SPA documents for your review and approval:

- CMS 179 – Transmittal and Notice of Approval of State Plan Material
- Pages 1-6 of Supplement 34 to Attachment 4.19B (Clean)
- Pages 1-6 of Supplement 34 to Attachment 4.19B (Redlined)
- Medicaid Funding Questions

A Tribal Notice for this SPA was published on August 9, 2019, and presented on August 29, 2019, at the DHCS quarterly Medi-Cal Indian Health webinar. A public notice was published on June 28, 2019.

If you have any questions regarding the SPA, please contact Ms. Connie Florez, Chief, Fee-For-Service Rates Development Division, at (916) 552-9600.

Sincerely,



Mari Cantwell
Chief Deputy Director
Health Care Programs
State Medicaid Director

Enclosures

cc: Ms. Cynthia Nanes
Centers for Medicare & Medicaid
Services
San Francisco Regional Office
Cynthia.Nanes@cms.hhs.gov

Ms. Connie Florez, Chief
Fee-For-Service Rates
Development Division
Department of Health Care Services
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Ms. Jacey Cooper
Senior Advisor
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Ms. Lindy Harrington
Deputy Director
Health Care Financing
Department of Health Care Services
Lindy.Harrington@dhcs.ca.gov

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

1. TRANSMITTAL NUMBER

1 9 — 0 0 44

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, 2019

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 F

7. FEDERAL BUDGET IMPACT

a. FFY 2019 \$ 1,159,833

b. FFY 2020 \$ 4,639,333

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplemental 34 to Attachment 4.19B page 1-6

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

n/a

10. SUBJECT OF AMENDMENT

Establish a time-limited supplemental payment program for Non-Emergency Medical Transportation (NEMT) services using California Healthcare, Research and Prevention Tobacco Tax Act (Commonly known as Proposition 56). The supplemental payment would be for services rendered on or after July 1, 2019 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. SIGNATURE OF STATE AGENCY OFFICIAL

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

Mari Cantwell

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

September 19, 2019

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**TIME-LIMITED SUPPLEMENTAL PAYMENT PROGRAM FOR NON-EMERGENCY MEDICAL TRANSPORTATION SERVICES**

This program provides a time-limited supplemental reimbursement for eligible non-emergency medical transportation (NEMT) services provided to Medi-Cal beneficiaries. The supplemental payment will be provided, above the base rates, for qualified NEMT services rendered during the applicable time period listed below. The base rates for NEMT services will remain unchanged through this amendment.

A. Supplemental Reimbursement Methodology – General Provisions for services provided between July 1, 2019 – December 31, 2021

1. The supplemental payment amounts are fixed at the amounts listed in the chart below for each eligible NEMT services listed by Current Procedural Terminology (CPT) Code. The supplemental payment is paid on a per claim basis for each eligible NEMT service.
2. Base rates for NEMT services are the rates established by the Department of Health Care Services (Department) for each CPT Code, as published on the Medi-Cal Rates website:
<http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>

<u>CPT Code</u>	<u>Supplemental Amount</u>	<u>CPT Code</u>	<u>Supplemental Amount</u>	<u>CPT Code</u>	<u>Supplemental Amount</u>	<u>CPT Code</u>	<u>Supplemental Amount</u>
A0130	\$4.41	73552	\$2.92	84436	\$0.60	93320	\$7.66
A0380	\$0.33	73560	\$1.90	84439	\$0.79	93325	\$7.79
00170	\$6.33	73562	\$2.34	84443	\$1.48	93351	\$24.73
00450	\$6.33	73564	\$2.77	84450	\$0.44	93880	\$15.66
00790	\$8.85	73565	\$1.90	84460	\$0.46	93925	\$9.69
00840	\$7.59	73590	\$2.08	84466	\$1.10	93926	\$8.49
00920	\$3.80	73600	\$1.90	84478	\$0.50	93970	\$16.82
01400	\$5.06	73610	\$2.51	84480	\$1.26	93971	\$8.46
01967	\$7.71	73620	\$1.73	84481	\$1.50	94060	\$4.50
01968	\$3.09	73630	\$2.42	84484	\$0.85	94375	\$2.32
10060	\$4.24	73650	\$1.90	84520	\$0.32	94640	\$1.17
10120	\$5.18	73660	\$1.56	84550	\$0.40	94664	\$0.86
11042	\$10.39	73700	\$16.18	84560	\$0.47	94727	\$3.76
11422	\$7.41	73701	\$20.45	84590	\$1.02	94729	\$4.82

TN: 19-0044
Supersedes
TN: N/A

Approval Date: _____

Effective Date: July 1, 2019

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11740	\$1.96	73721	\$39.05	84630	\$1.02	96360	\$5.13
11772	\$8.53	74018	\$2.46	84702	\$1.32	96361	\$1.46
11982	\$11.24	74019	\$3.01	84703	\$0.65	96365	\$6.26
12001	\$7.00	74021	\$3.51	85007	\$0.27	96366	\$1.93
12002	\$7.45	74022	\$3.94	85014	\$0.22	96367	\$3.11
12011	\$7.30	74160	\$20.88	85018	\$0.21	96368	\$1.80
12014	\$9.27	74170	\$23.76	85025	\$0.68	96372	\$1.88
12015	\$11.28	74176	\$17.90	85027	\$0.57	96374	\$4.98
12036	\$15.82	74177	\$28.18	85045	\$0.36	96375	\$2.13
12042	\$9.98	74178	\$31.92	85246	\$2.27	96413	\$2.86
12051	\$9.42	74220	\$3.81	85303	\$1.37	97597	\$4.21
13152	\$33.73	74240	\$10.20	85305	\$1.15	99000	\$0.36
16020	\$3.17	76536	\$5.97	85306	\$1.51	99070	\$0.00
16025	\$6.03	76641	\$9.77	85362	\$0.59	99153	\$1.01
16030	\$0.00	76642	\$8.01	85379	\$0.92	99201	\$2.29
20552	\$5.25	76700	\$8.32	85384	\$0.76	99211	\$1.20
20610	\$4.58	76705	\$6.07	85610	\$0.35	99212	\$1.81
23650	\$14.03	76770	\$8.07	85651	\$0.24	99213	\$2.40
24600	\$0.00	76775	\$5.14	85652	\$0.24	99215	\$5.72
25600	\$0.00	76801	\$7.84	85730	\$0.54	99221	\$3.43
26010	\$10.46	76805	\$9.43	86003	\$0.47	99222	\$7.32
26700	\$13.92	76811	\$16.24	86021	\$1.49	99223	\$8.01
27560	\$20.18	76815	\$6.30	86038	\$1.06	99231	\$2.75
27650	\$46.39	76816	\$5.18	86039	\$1.01	99232	\$3.78
27786	\$17.39	76817	\$8.22	86063	\$0.52	99233	\$4.58
27792	\$37.94	76830	\$6.77	86140	\$0.46	99238	\$3.76
27818	\$0.00	76856	\$6.77	86141	\$1.12	99239	\$5.34
28190	\$12.40	76870	\$5.98	86200	\$0.71	99244	\$8.14
29105	\$6.63	76881	\$10.51	86225	\$1.23	99281	\$1.52
29125	\$5.29	76882	\$2.63	86235	\$1.46	99282	\$1.92
29130	\$2.23	77065	\$12.21	86255	\$1.09	99283	\$4.46
29240	\$3.57	77066	\$15.48	86301	\$1.90	99284	\$5.38
29260	\$2.83	77067	\$12.53	86304	\$1.87	99285	\$10.81
29280	\$5.21	77073	\$3.24	86308	\$0.45	99291	\$12.16
29405	\$8.53	77080	\$3.75	86334	\$2.00	99460	\$4.72
29505	\$6.89	80047	\$0.82	86340	\$1.49	99462	\$2.52

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29515	\$5.66	80048	\$0.73	86376	\$1.30	A0225	\$17.99
29530	\$2.98	80051	\$0.62	86430	\$0.51	A0420	\$1.98
29540	\$1.75	80053	\$0.93	86431	\$0.50	A0422	\$1.00
29550	\$1.68	80055	\$3.58	86480	\$5.50	A0424	\$1.64
29881	\$55.10	80061	\$1.15	86592	\$0.38	A0425	\$0.36
31500	\$5.92	80069	\$0.76	86644	\$1.24	A0426	\$10.72
32551	\$13.14	80074	\$4.18	86645	\$1.44	A0427	\$11.82
36000	\$2.61	80076	\$0.64	86665	\$1.58	A0428	\$10.72
36558	\$13.56	80156	\$1.26	86677	\$1.30	A0429	\$11.82
36561	\$26.00	80158	\$1.61	86694	\$1.04	A0430	\$127.50
36569	\$5.75	80164	\$1.22	86695	\$1.18	A0431	\$180.00
36600	\$1.27	80165	\$1.34	86696	\$1.72	A0433	\$11.82
36680	\$5.21	80177	\$1.31	86703	\$1.20	A0434	\$11.82
42700	\$7.30	80178	\$0.60	86705	\$1.04	A0435	\$1.43
42820	\$16.87	80180	\$1.78	86706	\$0.95	A0436	\$2.21
42821	\$20.25	80197	\$1.24	86708	\$1.13	A4217	\$0.60
43239	\$23.42	80299	\$1.26	86709	\$0.99	A9576	\$0.00
43246	\$24.20	80305	\$1.20	86732	\$1.30	E0110	\$6.21
43247	\$25.54	80306	\$1.60	86735	\$1.16	G0480	\$6.40
43752	\$12.99	80307	\$6.39	86762	\$1.29	G0659	\$0.00
44970	\$5.47	81001	\$0.28	86765	\$1.15	J0153	\$0.52
45380	\$33.02	81002	\$0.22	86780	\$1.14	J0171	\$0.52
45385	\$40.02	81003	\$0.20	86787	\$1.14	J0330	\$0.64
45990	\$8.38	81025	\$0.28	86800	\$1.41	J0360	\$0.70
47562	\$46.61	81050	\$0.14	86803	\$1.26	J0456	\$0.72
49083	\$8.99	81220	\$18.00	86850	\$0.26	J0561	\$1.83
49505	\$34.40	82009	\$0.38	86870	\$1.65	J0690	\$0.53
49999	\$0.00	82010	\$0.72	86880	\$0.49	J0696	\$0.51
51700	\$7.86	82040	\$0.40	86900	\$0.24	J0702	\$1.14
51701	\$10.97	82043	\$0.51	86901	\$0.25	J0780	\$1.45
51702	\$9.95	82105	\$1.20	86920	\$0.00	J1100	\$0.46
54161	\$12.66	82140	\$1.32	87040	\$0.90	J1170	\$0.72
57460	\$18.70	82150	\$0.57	87045	\$0.83	J1200	\$0.50
58301	\$4.86	82172	\$1.32	87046	\$0.26	J1459	\$4.48
58670	\$42.14	82239	\$1.46	87070	\$0.75	J1580	\$0.62
58671	\$44.59	82247	\$0.41	87075	\$0.86	J1610	\$22.44

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59020	\$5.07	82248	\$0.44	87076	\$0.73	J1630	\$0.56
59025	\$2.28	82270	\$0.29	87077	\$0.71	J1644	\$0.47
59409	\$54.43	82271	\$0.35	87081	\$0.57	J1650	\$0.52
59514	\$54.47	82272	\$0.26	87086	\$0.72	J1815	\$0.54
59820	\$16.87	82274	\$1.43	87088	\$0.61	J1885	\$0.50
59870	\$30.40	82306	\$2.48	87150	\$2.31	J1940	\$0.53
64450	\$4.91	82310	\$0.41	87177	\$0.80	J1953	\$0.46
65220	\$14.41	82330	\$1.22	87184	\$0.42	J2001	\$0.45
69200	\$3.46	82340	\$0.60	87185	\$0.12	J2060	\$0.52
69205	\$8.04	82375	\$1.12	87186	\$0.76	J2175	\$0.85
69210	\$3.05	82378	\$1.73	87205	\$0.35	J2210	\$2.02
69436	\$12.06	82465	\$0.39	87209	\$1.62	J2250	\$0.46
70110	\$3.40	82525	\$1.23	87210	\$0.36	J2270	\$0.72
70140	\$2.60	82530	\$1.65	87220	\$0.37	J2310	\$2.22
70160	\$2.48	82550	\$0.58	87255	\$3.03	J2354	\$0.54
70360	\$1.73	82553	\$1.01	87301	\$1.01	J2370	\$1.05
70450	\$10.42	82565	\$0.43	87324	\$0.88	J2405	\$0.46
70470	\$17.27	82570	\$0.47	87328	\$0.86	J2550	\$0.65
70480	\$21.10	82575	\$0.86	87329	\$0.83	J2590	\$0.59
70486	\$12.63	82607	\$1.33	87338	\$1.29	J2704	\$0.46
70487	\$15.17	82652	\$3.32	87340	\$0.91	J2710	\$0.71
70491	\$21.29	82705	\$0.50	87341	\$1.02	J2765	\$0.64
70498	\$26.52	82728	\$1.21	87389	\$2.03	J2920	\$0.93
70544	\$35.89	82746	\$1.33	87400	\$0.58	J2930	\$1.14
70551	\$20.73	82784	\$0.61	87420	\$0.29	J3010	\$0.53
70553	\$34.09	82785	\$1.46	87425	\$0.89	J3105	\$0.71
71045	\$1.77	82800	\$0.67	87427	\$0.88	J3230	\$3.48
71046	\$2.75	82803	\$1.19	87430	\$0.82	J3301	\$0.62
71100	\$2.72	82805	\$2.43	87449	\$0.84	J3360	\$1.13
71101	\$3.23	82945	\$0.33	87483	\$45.74	J3370	\$0.87
71120	\$2.60	82947	\$0.33	87486	\$3.47	J3410	\$1.08
71250	\$16.27	82948	\$0.27	87490	\$1.72	J3430	\$0.87
71260	\$20.75	82950	\$0.42	87491	\$3.12	J3475	\$0.50
71275	\$27.09	82951	\$1.13	87493	\$2.86	J3489	\$1.72
72040	\$2.60	82952	\$0.35	87497	\$3.88	J3490	\$0.00
72050	\$4.00	82962	\$0.20	87502	\$7.70	J7030	\$0.70

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72070	\$2.80	82977	\$0.65	87507	\$41.16	J7040	\$0.57
72072	\$3.08	83010	\$1.10	87521	\$3.47	J7050	\$0.51
72080	\$2.99	83013	\$6.07	87522	\$3.87	J7060	\$0.69
72081	\$3.47	83020	\$1.09	87535	\$3.47	J7120	\$0.69
72100	\$3.03	83026	\$0.26	87581	\$3.47	J7611	\$0.02
72110	\$4.39	83036	\$0.85	87590	\$1.26	J7613	\$0.00
72114	\$5.64	83050	\$0.63	87591	\$3.11	P9016	\$18.52
72125	\$16.65	83516	\$0.86	87631	\$6.11	P9047	\$5.25
72128	\$16.28	83520	\$1.02	87633	\$38.84	Q0111	\$0.37
72131	\$16.18	83540	\$0.57	87653	\$3.05	Q9967	\$0.01
72141	\$20.11	83550	\$0.69	87798	\$3.02	S0020	\$0.95
72148	\$20.01	83605	\$0.94	87799	\$3.91	S0077	\$0.74
72170	\$2.16	83615	\$0.54	87804	\$0.89	S0164	\$0.95
72190	\$3.16	83655	\$1.06	87806	\$2.62	T2001	\$0.55
72192	\$13.14	83690	\$0.61	87810	\$1.01	T2005	\$2.63
72193	\$20.45	83695	\$1.28	87880	\$0.70	T2007	\$1.13
72202	\$2.96	83718	\$0.68	88304	\$3.05	X3908	\$2.12
73000	\$2.08	83735	\$0.60	88305	\$4.10	X3910	\$0.69
73010	\$2.48	83874	\$1.18	88312	\$3.28	X3920	\$3.48
73020	\$1.73	83880	\$3.02	88313	\$3.86	X3922	\$1.70
73030	\$2.59	83883	\$1.23	89051	\$0.49	X4100	\$3.48
73050	\$3.03	83970	\$3.48	90384	\$8.67	X4102	\$1.70
73060	\$2.08	84100	\$0.42	90675	\$29.44	X4110	\$2.12
73070	\$2.08	84132	\$0.34	90686	\$2.35	X4112	\$0.69
73080	\$2.60	84134	\$1.25	90715	\$3.68	Z7500	\$2.38
73090	\$2.08	84146	\$1.71	90732	\$11.22	Z7502	\$3.46
73110	\$2.51	84153	\$1.65	92586	\$6.65	Z7506	\$10.19
73120	\$1.73	84154	\$1.64	92950	\$11.50	Z7508	\$4.08
73130	\$2.51	84156	\$0.33	93000	\$2.87	Z7510	\$4.08
73140	\$1.56	84165	\$0.96	93005	\$1.64	Z7512	\$1.82
73218	\$33.20	84207	\$2.77	93010	\$1.23	Z7514	\$4.08
73221	\$21.30	84252	\$2.00	93041	\$0.51	Z7610	\$0.00
73502	\$3.73	84270	\$1.87	93225	\$2.98	Z9725	\$3.00
73521	\$3.56	84403	\$2.28	93226	\$5.59		
73522	\$4.39	84425	\$1.91	93306	\$23.98		

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3. Providers eligible for the supplemental payments under this section do not include Rural Health Centers (RHCs), Local Educational Agency (LEA), and other providers that are reimbursed on a cost-based system.