



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

May 18, 2022

To: Tribal Chairpersons, Designees of Indian Health Programs,
and Urban Indian Organizations

Subject: Notice of Proposed Change to the Medi-Cal Program

The purpose of this letter is to provide information regarding a proposed change to the Department of Health Care Services' (DHCS) Medi-Cal Program that will be submitted to the Centers for Medicare and Medicaid Services (CMS). DHCS is forwarding this information for your review and comment.

DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendment (SPA), waiver requests or modifications, or proposals for demonstration projects in the Medi-Cal program.

Please see the enclosed summary for a detailed description of this DHCS proposal.

QUESTIONS AND COMMENTS

Indian Health Programs and Urban Indian Organizations may also submit written comments or questions concerning this proposal within 30 days from the receipt of notice. Comments may be sent by email to AB1705@dhcs.ca.gov or by mail to the address below:

Contact Information

Department of Health Care Services
Fee-For-Service Rates Development Division
1501 Capitol Avenue
MS 4600
P.O. Box 997417
Sacramento, California 95899-7417

Tribal Chairpersons, Designees of Indian Health Programs,
and Urban Indian Organizations

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In addition to this notice, DHCS plans to cover this SPA in the next quarterly Medi-Cal Indian Health webinar. Please note that Indian Health Programs and Urban Indian Organizations may request a consultation on this proposal at any time as needed.

Sincerely,

Original Signed by

Andrea Zubiate, Acting Chief
Office of Tribal Affairs
Department of Health Care Services

Enclosure



**Department of Health Care Services
Tribal and Designees of Indian Health Programs Notice**

PURPOSE

To seek federal approval for the new Public Provider Ground Emergency Medical Transportation Intergovernmental Transfer (PP-GEMT IGT) program.

BACKGROUND

DHCS is establishing the PP-GEMT IGT program pursuant to Assembly Bill (AB) 1705 (Chapter 544, Statutes of 2019) effective January 1, 2023. This program provides increased reimbursement to eligible public providers of ground emergency medical transport (GEMT) services by application of an add-on to the Medi-Cal fee-for-service (FFS) fee schedule rates for eligible GEMT services. Providers are eligible to participate in the program if they meet all of the following criteria:

- (1) Provide GEMT services to Medi-Cal beneficiaries
- (2) Are enrolled as a Medi-Cal provider for the period being claimed, and
- (3) Are owned or operated by the state, a city, county, city and county, fire protection, special districts, community services districts, health care district, or a federally recognized Indian tribe.

The add-on amounts will apply to the Healthcare Common Procedure Coding System (HCPCS) Codes described below, effective January 1, 2023 through December 31, 2023. The base fee schedule rates for GEMT services will remain unchanged.

For the program period of January 1, 2023 through December 31, 2023, the reimbursement rate add-on is a fixed amount, as shown in the table below. The reimbursement rate add-on will be paid for each eligible HCPCS Code on a per claim basis. The resulting payment amount will not exceed 100 percent of the actual cost of providing a transport.

Procedure Code	Description	Estimated Medi-Cal PP-GEMT IGT Add-on Amount
A0429	Basic Life Support	\$946.92
A0427	Advanced Life Support, Level 1	\$946.92
A0433	Advanced Life Support, Level 2	\$946.92
A0434	Specialty Care Transport	\$946.92
A0225	Neonatal Emergency Transport	\$946.92

Once the PP-GEMT IGT program is implemented, public providers will no longer be assessed the GEMT QAF prospectively and will not be eligible to receive the add-on pursuant to the GEMT QAF program. Additionally, public providers will no longer be eligible to participate in the GEMT Certified Public Expenditures (CPE) program.

However, they will be eligible to receive a reimbursement add-on under the PP-GEMT IGT program. The PP-GEMT IGT program is anticipated to be implemented on January 1, 2023, contingent on federal approval.

SUMMARY OF PROPOSED CHANGES

- Establish new PP-GEMT IGT program for eligible public providers of GEMT services, whereby eligible public GEMT providers will receive increased reimbursement through an add-on to the fee schedule rates for specified HCPCS Codes, from January 1, 2023 through December 31, 2023.
- Upon implementation of the PP-GEMT IGT program, public providers of GEMT will no longer be eligible to participate in the GEMT QAF program effective January 1, 2023.

IMPACT TO TRIBAL HEALTH PROGRAMS

Eligible tribally owned and operated GEMT providers may choose to participate in the new PP-GEMT IGT program. Eligible providers who chose to participate will receive the PP-GEMT IGT add-on amount for eligible GEMT services for the program period, effective January 1, 2023 through December 31, 2023.

IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

DHCS does not anticipate an impact to FQHCs as a result of the PP-GEMT IGT program.

IMPACT TO INDIAN MEDI-CAL BENEFICIARIES

DHCS does not anticipate an impact to Indian Medi-Cal beneficiaries who receive GEMT services.

RESPONSE DATE

Indian Health Programs and Urban Indian Organizations may submit written comments or questions concerning this proposal within 30 days from the receipt of notice.

Comments can be mailed to the address below or sent by email to:

AB1705@dhcs.ca.gov.

CONTACT INFORMATION

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