



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

August 9, 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, 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 GEMTQAF@DHCS.ca.gov or by mail to the address below:

Contact Information

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

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and Urban Indian Organizations

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

Sincerely,

Original Signed By

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

Enclosure



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

PURPOSE

To seek federal approval for the continuation of the existing Ground Emergency Medical Transport (GEMT) program which assesses a Quality Assurance Fee (QAF) and provides increased payments for GEMT services, for the period of July 1, 2022 through June 30, 2023.

BACKGROUND

Senate Bill (SB) 523 (Chapter 773, Statutes of 2017) established a QAF program for GEMT services, effective July 1, 2018. Under this program, DHCS collects transport and revenue data from GEMT service providers. The data is used to determine 1) an annual QAF, and 2) an add-on amount that increases the Medi-Cal reimbursement amount for GEMT services.

GEMT providers will be charged a QAF on all ground emergency medical transports, regardless of payer type, billed with the following codes:

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

Contingent on federal approval, GEMT providers will receive increased reimbursement through the application of an add-on to the Medi-Cal fee-for-service fee schedule amount for the above-listed service codes, effective for dates of service from July 1, 2022 through June 30, 2023.

Also contingent on federal approval, effective January 1, 2023, public providers as defined in Assembly Bill (AB) 1705 (Chapter 544, Statutes of 2019) will no longer be eligible to participate in the GEMT QAF program. Public providers will be transitioned into a new Public Provider Ground Emergency Medical Transport (PP-GEMT) Intergovernmental Transfer (IGT) program. Public providers are eligible for the PP-GEMT IGT program if they meet all of the following criteria: provides GEMT services to Medi-Cal beneficiaries, enrolled as a Medi-Cal provider for the period being claimed, and are owned or operated by the state, a city, county, city and county, fire protection, special district, community services district, health care district, or a federally recognized Indian tribe.

The PP-GEMT IGT program will provide an add-on increase to the associated Medi-Cal fee-for-service fee schedule, using voluntary intergovernmental transfers of local funds. DHCS will assess a 10 percent fee on each transfer of public funds to the state to pay for health care coverage and to reimburse DHCS for its administrative costs relating to the program.

Once the PP-GEMT IGT program is federally-approved and implemented, public providers will no longer be assessed the QAF prospectively and will not be eligible to receive the add-on through the GEMT QAF program, but will be eligible to receive a reimbursement add-on under the PP-GEMT IGT program. Public providers transitioning into the PP-GEMT IGT program must still submit the required data reports and QAF payments to DHCS by applicable due dates for dates of service through December 31, 2022. Please note some of the due dates will fall after December 31, 2022.

SUMMARY OF PROPOSED CHANGES

- Continuation of current GEMT QAF Program for the period of July 1, 2022 through June 30, 2023.
- Public GEMT providers will no longer be eligible to participate in the GEMT QAF program effective January 1, 2023. Instead they will transition to the new PP-GEMT IGT program.

IMPACT TO TRIBAL HEALTH PROGRAMS

Tribally owned and operated GEMT providers must submit the required data reports and QAF payments to DHCS by the applicable due dates. They will receive the increased reimbursement for each Medi-Cal GEMT service provided. Tribally owned and operated GEMT providers will be assessed a penalty if they do not submit the required data reports to DHCS by the due dates. Public GEMT providers transitioning into the PP-GEMT IGT program must still submit the data reports and QAF payments to DHCS by the due dates for dates of service through December 2022. Please note, some of the payment due dates for the fourth quarter will fall after December 2022.

IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

FQHC owned and operated GEMT providers must submit the data reports and QAF payments to DHCS by the applicable due dates. They will receive the increased reimbursement for each Medi-Cal GEMT service provided. FQHC owned and operated GEMT providers will be assessed a penalty if they do not submit the required data reports to DHCS by the established due dates. Public GEMT providers transitioning into the PP-GEMT IGT program must still submit the data reports and QAF payments to DHCS by the due dates for dates of service through December 2022. Please note, some of the payment due dates for the fourth quarter will fall after December 2022.

IMPACT TO INDIAN MEDI-CAL BENEFICIARIES

There is no anticipated 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: GEMTQAF@DHCS.ca.gov.

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