DEPARTMENT OF HEALTH CARE SERVICES NOTICE OF GENERAL PUBLIC INTEREST AND REQUEST FOR PUBLIC INPUT RELEASE DATE: MAY 2, 2022

PROPOSED STATE PLAN AMENDMENT 22-0015 TO IMPLEMENT THE PUBLIC PROVIDER GROUND EMERGENCY MEDICAL TRANSPORT INTERGOVERNMENTAL TRANSFER PROGRAM

This notice provides information of public interest regarding a proposed State Plan Amendment (SPA) by the Department of Health Care Services (DHCS). Proposed SPA 22-0015 would establish, effective January 1, 2023, the Public Provider Ground Emergency Medical Transportation Intergovernmental Transfer (PP-GEMT IGT) Program to provide an add-on increase to the Medi-Cal fee-for-service fee schedule rates for eligible GEMT services when provided by qualified public providers. DHCS requests input from beneficiaries, providers, and other interested stakeholders concerning proposed SPA 22-0015, which is attached below.

Assembly Bill (AB) 1705 (Chapter 544, Statutes of 2019) authorizes DHCS to establish the PP-GEMT IGT Program for public providers of 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, community services, or health care district, or a federally recognized Indian tribe. The add-on increase will be in addition to the fee-for-service fee schedule rates for GEMT services billed using the procedure codes listed below.

Effective January 1, 2023 through December 31, 2023, eligible public providers may receive an add-on increase for the following procedure codes:

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

Please note the add-on amount may be subject to change pending SPA approval. Public providers will no longer be eligible to participate in the GEMT Quality Assurance Fee (QAF) program, effective January 1, 2023, contingent on SPA approval.

The proposed SPA is subject to approval by the federal Centers for Medicare and Medicaid Services (CMS).

DHCS estimates the annual fee-for-service Medi-Cal expenditures for the PP-GEMT IGT program will increase by approximately \$39.8 million in total funds.

PUBLIC REVIEW AND COMMENTS

The proposed changes included in draft SPA 22-0015 are enclosed in this notice for public comment. DHCS is requesting stakeholder input on the impact, if any, on access to services as a result of the proposed action.

Upon submission to CMS, a copy of the proposed SPA 22-0015 will be published at the following internet address:

https://www.dhcs.ca.gov/formsandpubs/laws/Pages/Pending-2022.aspx

If you would like to view the SPA in person once it becomes available, please visit your local county welfare department. You may also request a copy of proposed SPA 22-0015 using the mailing or email addresses listed below. Please indicate SPA 22-0015 in the subject line or message.

Written comments may be sent to the following address:

Department of Health Care Services Fee-For-Service Rates Development Division Attn: Michelle Tamai P.O. Box 997413, MS 4600 Sacramento, California 95899-7417

Comments may also be emailed to <u>PublicInput@dhcs.ca.gov</u>. Please indicate SPA 22-0015 in the subject line or message.

To be assured consideration prior to submission of the SPA to CMS, comments must be received no later than June 1, 2022. Please note that comments will continue to be accepted after June 1, 2022, but DHCS may not be able to consider those comments prior to the initial submission of SPA 22-0015 to CMS.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

ONE-YEAR PUBLIC PROVIDER GROUND EMERGENCY MEDICAL TRANSPORT INTERGOVERNMENTAL TRANSFER PROGRAM

Introduction

The Public Provider Ground Emergency Medical Transport Intergovernmental Transfer (PP-GEMT IGT) 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. The add-on 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 through this amendment.

Definitions

"Emergency medical transport" or "GEMT" 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 Basic Life Support Emergency; A0427 Advanced Life Support, Level 1, Emergency; A0433 Advanced Life Support, Level 2; 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.

"Eligible provider" means a provider who is eligible for reimbursement of Medi-Cal emergency medical transports, and who: (a) provides emergency Medi-Cal transports to beneficiaries, (b) is enrolled as a Medi-Cal provider for the period being claimed, and (c) is defined as a public provider, as described below.

Effective January 1, 2023, public providers of GEMT services will no longer be eligible to participate in the GEMT QAF program and will no longer receive the reimbursement rate add-on described on page 2.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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"Public provider" means an enrolled Medi-Cal provider that is owned or operated by the state, a city, county, city and county, fire protection district organized pursuant to Part 2.7 (commencing with Section 13800) of Division 12 of the Health and Safety Code, special district organized pursuant to Chapter 1 (commencing with Section 58000) of Division 1 of Title 6 of the Government Code, community services district organized pursuant to Part 1 (commencing with Section 61000) of Division 3 of Title 6 of the Government Code, health care district organized pursuant to Chapter 1 (commencing with Section 32000) of Division 23 of the Health and Safety Code, or a federally recognized Indian tribe.

Methodology

For the program period of January 1, 2023 through December 31, 2023, the reimbursement rate add-on is a fixed amount. The resulting payment amounts are equal to the sum of the FFS fee schedule base rate and the add-on amount for each eligible HCPCS Code, as shown in the table below. The reimbursement rate add-on will be paid for each eligible HCPCS Code on a perclaim basis. The resulting payment amount will not exceed 100 percent of the actual cost of providing a transport.

HCPCS Code	Description	Current Fee Schedule Rate*	Add On Amount	Resulting Payment Amount
A0429	Basic Life Support, Emergency	\$118.20	\$946.92	\$1,065.12
A0427	Advanced Life Support, Level 1, Emergency	\$118.20	\$946.92	\$1,065.12
A0433	Advanced Life Support, Level 2	\$118.20	\$946.92	\$1,065.12
A0434	Specialty Care Transport	\$118.20	\$946.92	\$1,065.12
A0225	Neonatal Emergency ransport	\$179.92	\$946.92	\$1,126.84

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

The resulting 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 eligible providers consistent with Section 1396u-2(b)(2)(D) of Title 42 of the United States Code, for each program year the FFS reimbursement rate add-on is effective.