

Tribal and Designee Medi-Cal Advisory Process

Webinar on Proposed Changes to the Medi-Cal Program

May 31, 2023

Purpose

- » The Department of Health Care Services (DHCS) is hosting this webinar regarding proposed changes to the Medi-Cal Program. This webinar will provide information and allow for feedback on State Plan Amendments (SPA) and Waiver Renewals/Amendments proposed for submission to Centers for Medicare and Medicaid Services (CMS).
- » Background: Executive Orders recognize the unique relationship of Tribes with the federal government and emphasize the importance of States to work with Tribes on matters that may impact Indian health.
- » This webinar is one way for DHCS to provide information about the Medi-Cal program and get feedback verbally and in writing.

Agenda

Topics	Presenters
Welcome/Overview	Stephanie Hockman, Health Program Specialist I DHCS Office of Tribal Affairs/Indian Health Program
SPAs Scheduled for Submission by June 30, 2023	
SPA 23-0020	Tiffany Bui, Research Data Analyst II, Fee For Service Rates Development Division
Feedback/Closing	All

State Plan Amendment Overview



Medicaid State Plan Overview

State Plan: The official contract between the state and federal government by which a state ensures compliance with federal Medicaid requirements to be eligible for federal funding.

The State Plan describes the nature and scope of Medicaid and gives assurance that it will be administered in accordance with the specific requirements of Title XIX of the Federal Social Security Act, Code of Federal Regulations, Chapter IV, and State law/regulations.

California's State Plan is over 1600 pages and can be accessed online at:
<https://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx>

State Plan Amendment (SPA) Overview

SPA: Any formal change to the State Plan.

Approved State Plans and SPAs ensure the availability of federal funding for the state's program (Medi-Cal).

The CMS reviews all State Plans and SPAs for compliance with:

- Federal Medicaid statutes and regulations
- State Medicaid manual
- Most current State Medicaid Directors' Letters, which serve as policy guidance.

SPA 23-0020

**Ground Emergency Medical Transport Quality
Assurance Fee (GEMT QAF) Program**

Tiffany Bui
Research Data Analyst II
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Background - GEMT QAF Program

The Program is a result of SB 523 (Chapter 773, Statutes of 2017).

- » The GEMT QAF Program became effective July 1, 2018. On the next slide is a table with the list of State Plan Amendments (SPAs) and effective dates, affected procedure codes, and Centers for Medicare and Medicaid Services (CMS) approval dates:

GEMT QAF State Plan Amendment (SPA)

SPA	Effective Dates	Affected Procedure Codes	CMS Approval Date
18-0004	July 1, 2018 through June 30, 2019	A0427, A0429, A0433	February 7, 2019
19-0020	July 1, 2019 through June 30, 2020	A0225, A0427, A0429, A0433, A0434	September 6, 2019
20-0009	July 1, 2020 through June 30, 2021	A0225, A0427, A0429, A0433, A0434	October 15, 2020
21-0017	July 1, 2021 through June 30, 2022	A0225, A0427, A0429, A0433, A0434	August 20, 2021
22-0040	July 1, 2022 through June 30, 2023	A0225, A0427, A0429, A0433, A0434	December 16, 2022

What is QAF?

» **A quality assurance fee (QAF) is assessed on all ground emergency transports, including:**

- Medi-Cal, Medicare, and all other payers.
- All GEMT providers excluding public providers as defined in Assembly Bill (AB) 1705 (Chapter 544, Statutes of 2019) with an eligible transport.

» **Benefit to providers**

- The QAF revenue is matched with federal funds.
- Allows for increased reimbursements in the form of an add-on to the current Medi-Cal ground emergency transport rates.

GEMT QAF Program (continued)

- » Effective January 1, 2023, public providers as defined in Assembly Bill (AB) 1705 (Chapter 544, Statutes of 2019) are no longer eligible to participate in the GEMT QAF program. These providers are transitioned into a new and separate Public Provider Ground Emergency Medical Transportation Intergovernmental Transfer (PP-GEMT IGT) program.

QAF Calculations and Data Collection

- » For the purposes of calculating the GEMT QAF, GEMT providers are required to submit to DHCS:
 - Total number of emergency medical transports for Codes A0427, A0429, A0433, A0225, and A0434. This data shall be submitted quarterly through the online portal.
 - Gross Receipt received from the provision of emergency medical transports for Codes A0427, A0429, A0433, A0225, and A0434. This data shall be submitted annually through the GEMT QAF email box using a submission form found on the GEMT QAF website.
 - GEMT providers transitioned 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 fall after December 2022.

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, effective for dates of service July 1, 2023 through June 30, 2024.

Summary of Proposed Changes

- » The proposed SPA will seek federal approval to continue the current GEMT QAF Program for dates of service July 1, 2023 through June 30, 2024.
- » Eligible public GEMT providers transitioned into the new PP-IGT program will no longer be eligible for the GEMT QAF program effective January 1, 2023, will not be assessed QAF, and will not receive the GEMT QAF add-on.

Next Steps

- » DHCS will submit SPA 23-0020 to CMS for dates of service July 1, 2023 through June 30, 2024.
- » DHCS will post the 2023-24 QAF amount to the GEMT QAF webpage by June 15, 2023.

Impact to Tribal Health Programs

- » Tribally owned and operated GEMT providers will transition to the PP-GEMT IGT program.
- » Tribally owned and operated GEMT providers will receive the increased reimbursement through the PP-GEMT IGT program for each Medi-Cal GEMT service provided based on the five available codes.
- » Tribally owned and operated GEMT providers transitioning into the PP-GEMT IGT program must still submit the data reports and QAF payments to DHCS for dates of service through December 2022.

Impact to Federally Qualified Health Centers (FQHCs)

- » FQHC GEMT providers will transition to the PP-GEMT IGT program.
- » FQHC GEMT providers will receive the increased reimbursement through the PP-GEMT IGT program for each Medi-Cal GEMT service provided based on the five available codes.
- » FQHC GEMT providers transitioning into the PP-GEMT IGT program must still submit the data reports and QAF payments to DHCS for dates of service through December 2022.

Impact to Indian Medi-Cal Beneficiaries

- » There is no impact to Indian Medi-Cal beneficiaries who receive GEMT services.

Resources

» GEMT QAF Website:

- <https://www.dhcs.ca.gov/provgovpart/Pages/GEMTQAF.aspx>

» GEMT QAF Portal:

- <https://www.dhcs.ca.gov/provgovpart/Pages/QAF.aspx>

» SB 523:

- http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180S\B523

» PP-GEMT IGT Website:

- <https://www.dhcs.ca.gov/provgovpart/Pages/PPGEMTIGT.aspx>

» AB 1705 :

- https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1705

Contact Information

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Feedback/Questions

