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State/Territory Name: CA

State Plan Amendment (SPA) #: 22-0052

his file contains the following documents in the order

- listed:
- 1) Approval Letter
 - 2) CMS 179 Form/Summary Form (with 179-like data)
 - 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

April 6, 2023

Jacey Cooper
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: TN 22-0052

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-22-0052, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 20, 2022. This SPA authorizes a supplemental add-on payment for eligible air transportation trips provided during state fiscal year 2023.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL

15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

September 16, 2022

FOR CMS USE ONLY

16. DATE RECEIVED

September 20, 2022

17. DATE APPROVED

April 6, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

11/3/22: State concurs with pen and ink change to Box 5: striking, "42 CFR 447 Subpart F" and adding "42 CFR Section 440.170."
3/9/23: State concurs with pen and changes to Box 7, deleting "and 7" and to Box 8, adding "and 8."

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

4. Effective July 1, 2014, the payment augmentation rate for each emergency air medical transportation service will be calculated as described in section (b).
- (a) Base rates for emergency air medical transportation services are the State Agency's rates per procedure code as posted on the Medi-Cal Rates website: <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates>
 - (b) The payment rate augmentation for emergency air medical transportation services is the difference between the base rate and the maximum allowable amount per transport based on the state average of providers' usual and customary rates charged to the general public for an emergency air medical transport, adjusted by the maximum pool amount and by the projected utilization. The projected utilization is the calculated average of total transports from the previous three state fiscal years. The payment augmentation rates are established as a fixed rate for rotary transports, and as a fixed rate for fixed wing transports.
 - i. For the 2022/23 state fiscal year, the maximum annual amount available for aggregate augmentation payments to providers will be based on a total pool amount of up to \$8,000,000. Payments from this pool amount will be distributed to eligible air medical transportation providers, using the methodology described in (b) for the dates of service July 1, 2022 through June 30, 2023, or until the annual pool amount is exhausted.
 - ii. The augmentation rates for rotary and fixed wing transports for the 2022/23 state fiscal year shall not exceed the applicable total maximum allowable amount per transport under (b).
 - (c) Payment Augmentation
 - i. Effective July 1, 2022 through June 30, 2023, the payment augmentation rates for rotary and fixed wing transports are paid in addition to the base rate for FFS emergency air medical transportation.
 - ii. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of air emergency services. The payment augmentation rates will be posted on the Notes to Rates page of the Department's Medi-Cal website for the applicable state fiscal year. All rates are published <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates>.