

Table of Contents

State/Territory Name: CA

State Plan Amendment (SPA) #: 22-0015

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

December 21, 2022

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 22-0015

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-22-0015, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 20, 2022. This SPA establishes the Public Provider Ground Emergency Medical Transport Intergovernmental Transfer (PP-GEMT IGT) program to provide an add-on increase for eligible Ground Emergency Medical Transport (GEMT) services when provided by qualified public providers.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2023. 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,

A solid black rectangular box redacting the signature of Todd McMillion.

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 <u>2 2 — 0 0 1 5</u>	2. STATE <u>CA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
Title 42 CFR 447, Subpart F

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 18,875,000 20,153,000
b. FFY 2024 \$ 6,291,750 6,718,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 29, Attachment 4.19-B pages 3-5


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
NONE

9. SUBJECT OF AMENDMENT
One-year Public Provider Ground Emergency Medical Transport Intergovernmental Transfer Program for dates of service January 1, 2023 through December 31, 2023

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


12. TYPED NAME
Jacey Cooper

13. TITLE
State Medicaid Director


14. DATE SUBMITTED
September 16, 2022

15. RETURN TO
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

FOR CMS USE ONLY

16. DATE RECEIVED September 20, 2022	17. DATE APPROVED December 21, 2022
--	---

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
 AL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS
**For Box 10 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.
CMS Box 7: DHCS pen and ink change to revise projections in response to CMS note on 12/13/2022 to remove GEMT QAF exclusion language**

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 for the rate period of 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 continually meets all of the following requirements during the entirety of the rate period: (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.

“Public provider” means a provider that is owned or operated by the state, a city, county, city and county, fire protection district, special district, community services district, health care district, or a federally recognized Indian tribe.

Methodology

TN: 22-0015

Supersedes

TN: N/A

Approval Date: December 21, 2022

Effective Date: January 1, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

For the rate 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 ground emergency medical transport as listed by HCPCS Code in the table below. The reimbursement rate add-on will be paid for each eligible ground emergency medical transport on a per-claim basis.

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 Transport	\$179.92	\$946.92	\$1,126.84

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

TN: 22-0015

Supersedes

TN: N/AApproval Date: December 21, 2022Effective Date: January 1, 2023