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State/Territory Name: CA

State Plan Amendment (SPA) #: 23-0020

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

November 16, 2023

Michelle Baass
Director, California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: TN 23-0020

Dear Director Baass:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-23-0020, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 25, 2023. This SPA authorizes supplemental add-on payments to the fee schedule rates for eligible ground emergency medical transport is provided July 1, 2023 through June 30, 2024.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 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

2 3 — 0 0 2 0

2. STATE

CA

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

July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

Title 42 CFR 447 Subpart F

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 1,418,000
b. FFY 2024 \$ 1,652,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 29 to Attachment 4.19-B, pages 1-2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement 29 to Attachment 4.19-B, pages 1-2

9. SUBJECT OF AMENDMENT

Reimbursement rate add-on for ground emergency medical transports (GEMT) under the GEMT Quality Assurance Fee program, effective for dates of service July 1, 2023 through June 30, 2024.

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 25, 2023

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 25, 2023

17. DATE APPROVED
November 16, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

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

DHCS anticipates major policy shifts effective January 2024 to 99% Managed Care reducing the federal budget impact of the GEMT QAF program.

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

**ONE-YEAR REIMBURSEMENT RATE ADD-ON FOR
GROUND EMERGENCY MEDICAL TRANSPORT (GEMT) SERVICES UNDER
THE GEMT QUALITY ASSURANCE FEE PROGRAM**

Introduction

This Ground Emergency Medical Transportation Quality Assurance Fee (GEMT QAF) program provides increased reimbursement to eligible GEMT providers by application of an add-on to the Medi-Cal fee-for-service (FFS) fee schedule base rates for emergency medical transportation services. The reimbursement rate add-on will apply to the emergency medical transport Healthcare Common Procedure Coding System (HCPCS) Codes, as described below, effective July 1, 2023 through June 30, 2024. The base rates for emergency medical transportation services will remain unchanged through this amendment.

“Emergency medical transport” 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 BLS Emergency, A0427 ALS Emergency, and A0433 ALS2, 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.

Public providers of “emergency medical transport” or GEMT services will not be eligible to receive the add-on described here pursuant to the GEMT QAF program during periods when the Public Provider Ground Emergency Medical Transportation Intergovernmental Transfer (PP-GEMT IGT) program is implemented, as described on page 3 of this Supplement.

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

Methodology

For SFY 2023-24, the reimbursement rate add-on is fixed. The resulting payment amounts are equal to the sum of the FFS fee schedule base rate for the SFY 2023-24 and the add-on amount for the HCPCS Code. The resulting total payment amount for HCPCS Codes A0429, A0427, A0433, and A0434 is \$339.00, and for HCPCS Code A0225 is \$400.72. The add-on is paid for each eligible HCPCS Code on a per-claim basis.

HCPCS Code	Description	Current Fee Schedule Rate*	Add On Amount	Resulting Total Payment
A0429	Basic Life Support, Emergency	\$118.20	\$220.80	\$339.00
A0427	Advanced Life Support, Level 1, Emergency	\$118.20	\$220.80	\$339.00
A0433	Advanced Life Support, Level 2	\$118.20	\$220.80	\$339.00
A0434	Specialty Care Transport	\$118.20	\$220.80	\$339.00
A0225	Neonatal Emergency Transport	\$179.92	\$220.80	\$400.72

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