



Tribal and Designee Medi-Cal Advisory Process
Webinar on Proposed Changes to the
Medi-Cal Program
February 28, 2020



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	Andrea Zubiate, Coordinator
	DHCS Primary, Rural, and
	Indian Health Division/Indian
	Health Program
SPAs Scheduled for Submission by March 31, 2020	
SPA 20-0007	Phi Long Nguyen
Non-Emergency Medical	DHCS Fee For Service Rates
Transportation Services	Development Division
(NEMT) Supplemental	
Payment Program	
Clarification	
SPA 20-0009	Rebecca Nix
Ground Emergency Medical	DHCS Fee-For-Service Rates
Transport Quality Assurance	Development Division/Provider
Fee (GEMT QAF) Program	Rates Section
Feedback/Closing	All



State Plan Amendment 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/CaliforniState Plan.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 20-0007 Non-Emergency Medical Transportation Services (NEMT) Supplemental Payment Program Clarification

Phi Long Nguyen

DHCS Fee For Service Rates Development Division

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NEMT Supplemental Payment Program

The NEMT Supplemental Payment Program is a result of the California Healthcare, Research and Prevention Tobacco Tax Act (Commonly known as Prop. 56) established on November 8, 2016.

- SPA 19-0044 established the time-limited supplemental payment program for eligible Medi-Cal Fee-For-Service (FFS) NEMT services using Prop. 56 funds, effective July 1, 2019 through December 31, 2021.
- CMS approved State Plan Amendment (SPA) 19-0044 on November 19, 2019.



Background Information

- Upon implementation of the NEMT supplemental payment program, recently approved in SPA 19-0044, DHCS determined that certain billing codes were erroneously listed in SPA 19-0044 as eligible to receive a supplemental payment for nonemergency air and ground transportation.
- The erroneous billing codes are not services generally provided by or reimbursable to NEMT providers who are eligible for the NEMT supplemental payment.
- DHCS will submit SPA 20-0007 to seek federal approval to clarify the codes eligible for the supplemental payment, for the period of January 1, 2020 through December 31, 2021.



Summary Of Changes

- The proposed SPA clarifies which codes are eligible for the supplemental payment.
- Provider Type 030 (Ground Medical Transportation) and 038 (Air Medical Transportation) will be eligible for the supplemental payments.
- The supplemental payment amounts are approximately equivalent to a 10 percent increase of the current rates for eligible Medi-Cal Fee-For-Service (FFS) NEMT services, except for Codes A0130 and A0380, which will receive the equivalent of a 25 percent increase.



Impact to Tribal Health Programs and Federally Qualified Health Centers (FQHCs)

 To the extent a FQHC is enrolled in Medi-Cal as a NEMT provider, the FQHC will receive an increase in reimbursement payments for eligible NEMT services.

Impact to Indian Medi-Cal Beneficiaries

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



Resources

California Healthcare, Research and Prevention Tobacco Tax Act available at:

http://leginfo.legislature.ca.gov/faces/codes displaySection.xhtm !?lawCode=RTC§ionNum=30130.53.&article=2.5

AB 74 is available at:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id= 201920200AB74



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SPA 20-0009 Ground Emergency Medical Transport Quality Assurance Fee (GEMT QAF) Program

Rebecca Nix

DHCS Fee-For-Service Rates Development Division/Provider Rates Section



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.
- State Plan Amendment (SPA) 18-0004 established an add-on amount of \$220.80 per transport for Medi-Cal transports billed with codes A0429, A0427, and A0433, effective July 1, 2018 through June 30, 2019. The Centers for Medicare and Medicaid Services (CMS) approved this SPA on February 7, 2019.
- SPA 19-0020 continued the add-on for codes A0429, A0427, and A0433, and added codes A0225 and A0434 as eligible for the add-on payments, effective July 1, 2019 through June 30, 2020. CMS approved this SPA on September 6, 2019.



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 with an eligible transport

Benefit to providers

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



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, A0434, and X0300. 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, A0434, and X0300. This data shall be submitted annually through the GEMT QAF email box using a submission form found on the GEMT QAF website.



Summary of Proposed Changes

 The proposed SPA will seek federal approval to continue the current GEMT QAF Program for the period of July 1, 2020 through June 30, 2021.

Next Steps

- DHCS will submit SPA 20-0009 to CMS for the July 1, 2020 through June 30, 2021 period.
- June 15, 2020
 - DHCS will post the 2020-21 QAF amount to the GEMT QAF webpage.

Impact to Tribal Health Programs and Federally Qualified Health Centers (FQHCs)

DHCS

- Tribally owned and operated GEMT providers must submit the required data reports and QAF payments to DHCS by the due dates.
- Tribally owned and operated GEMT providers will receive the increased reimbursement for each Medi-Cal GEMT service provided based on the five available codes.

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=201720180SB523



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Feedback/Questions