DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services San Francisco Regional Office 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6706



#### DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 1, 2016

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

Dear Ms. Cantwell:

Enclosed is a copy of California State Plan Amendment (SPA) CA-16-035, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2016. This amendment will extend, for an additional year, augmentation payments to emergency medical air transportation providers for services rendered during State Fiscal Year 2016-17.

The effective date of this SPA is July 1, 2016. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

• Supplement 16 to Attachment 4.19-B, pages 6-7

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl Young@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam-Louie Associate Regional Administrator Division of Medicaid & Children's Health Operations

### **Enclosures**

cc: John Mendoza, California Department of Health Care Services (DHCS) Shiela Mendiola, DHCS

Wendy Ly, DHCS Nathaniel Emery, DHCS

OMB NO. 0938-019	
I. TRANSMITTAL NUMBER: 2. STATE	
16-035 California	
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
PROPOSED EFFECTIVE DATE	
Tuly 1, 2016	
NSIDERED AS NEW PLAN AMENDMENT	
DMENT (Separate Transmittal for each amendment)	
7. FEDERAL BUDGET IMPACT: a. FFY 2017 2016 \$1,625,000 b. FFY 2018 2017 \$4,875,000	
9. PAGE NUMBER OF THE SUPERSEDED FLAN SECTION OR ATTACHMENT (If Applicable):	
Supplement 16 to Attachment 4.19 B pages 6 and 7	
OTHER, AS SPECIFIED: The Governor's Office does not wish to review the State Plan Amendment.	
6. RETURN TO:	
Department of Health Care Services Attn: State Plan Coordinator	
	1501 Capitol Avenue, Suite 71.326
	P.O. Box 997417
Sacramento, CA 95899-7417	
CE-USE ONLY	
December 1, 2016	
0. SIGNATURE OF REGIONAL OF ACIAL.	
2. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operations	

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

- 4. Effective July 1, 2014, the payment augmentation amount 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: http://files.medical.ca.gov/pubsdoco/rates/rateshome.asp
  - (b) Payment augmentation amounts for emergency air medical transportation services will be calculated by multiplying the augmentation rate by the date of service projected utilization.
    - The augmentation rate is the difference between the base rate and the maximum allowable amount per transport based on the provider's usual and customary rates charged to the general public for an emergency air medical transport.
    - ii. For the 2014/15 rate year, the annual amount available for the payment augmentation will be based on a total pool amount of \$36,000,000. This pool amount will be distributed to eligible air medical transportation providers, using the methodology as described in b(i) and subject to the limitations of b(v), for the dates of service period July 1, 2014 through June 30, 2015.
    - iii. For the 2015/16 rate year, the maximum annual amount available for the payment augmentation will be based on a total pool amount of \$13,000,000. Payments from this pool amount will be distributed to eligible air medical transportation providers, using the methodology described in b(i) and subject to the limitations of b(v), for the dates of service period July 1, 2015 through June 30, 2016, until the annual pool amount is exhausted.
    - iv. For the 2016/17 rate year, the maximum annual amount available for the payment augmentation will be based on a total pool amount of \$13,000,000. Payments from this pool amount will be distributed to eligible air medical transportation providers, using the methodology described in b(i) and subject to the limitations of b(v), for the dates of service period July 1, 2016 through June 30, 2017, until the annual pool amount is exhausted.

TN <u>16-035</u> Supersedes TN: 15-023

Approval Date: <u>December 1, 2016</u> Effective Date: <u>July 1, 2016</u>

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: <u>CALIFORNIA</u>

v. The total computable augmentation amount shall not exceed the total allowable under b(ii), b(iii), and b(iv).

### D. Payment Augmentation and Effective Date

- 1. The payment augmentation amount will be an add-on to the existing rate for FFS emergency air medical transportation and will be posted on the State Agency's rates web site for each applicable date of service period.
- 2. The State Agency's initial rates for FFS emergency air transportation services were last updated on September 15, 2015 and are effective for dates of service on or after that date. The rates for FFS emergency air transportation services are posted on the Medi-Cal Rates web site at: http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp

TN <u>16-035</u> Supersedes TN: <u>15-023</u>

Approval Date: <u>December 1, 2016</u> Effective Date: <u>July 1, 2016</u>