

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 30, 2020

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 20-0007

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-20-0007, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 23, 2020. This SPA, effective January 1, 2020, clarifies which Non-Emergency Medical Transportation (NEMT) procedure codes are eligible to receive a time-limited supplemental payment (through December 31, 2021).

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2020. 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 415-744-3754 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>20</u> — <u>0007</u>	2. STATE California
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE January 1, 2020	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

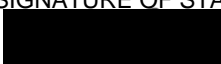
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447, Subpart F	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ (498,416) \$0 b. FFY 2021 \$ (664,555) \$4,205
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplemental 34 to Attachment 4.19-B pages 1-6 Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Supplemental 34 to Attachment 4.19-B pages 1-6

10. SUBJECT OF AMENDMENT
Clarify which CPT codes are eligible to receive a time-limited supplement payment program for Non-Emergency Medical Transportation (NEMT) services using California Healthcare, Research and Prevention Tobacco Tax Act (Commonly known as Proposition 56). The supplement payment would be for services rendered on or after January 1, 2020 through December 31, 2021.

11. GOVERNOR'S REVIEW (*Check One*)


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

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413
13. TYPED NAME Jacey Cooper	
14. TITLE State Medicaid Director	
15. DATE SUBMITTED March 23, 2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED 04/30/2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/2020	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

23. REMARKS
For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.

Box 7 pen and ink change made with state 4/20 concurrence. Box 8 pen and ink change made with state 4/24 concurrence.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA**TIME-LIMITED SUPPLEMENTAL PAYMENT PROGRAM FOR NON-EMERGENCY MEDICAL TRANSPORTATION SERVICES**

This program provides a time-limited supplemental reimbursement for eligible non-emergency medical transportation (NEMT) services provided to Medi-Cal beneficiaries. The supplemental payment will be provided, above the base rates, for qualified NEMT services rendered during the applicable time period listed below. The base rates for NEMT services will remain unchanged through this amendment.

A. Supplemental Reimbursement Methodology – General Provisions for services provided between January 1, 2020 – December 31, 2021

1. The supplemental payment amounts are fixed at the amounts listed in the chart below for each eligible NEMT service listed by Procedure Code. The supplemental payment is paid on a per claim basis for each eligible NEMT service.
2. Base rates for NEMT services are the rates established by the Department of Health Care Services (Department) for each Procedure Code, as published on the Medi-Cal Rates website:
<http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>

Procedure Code	Supplemental Amount	Procedure Code	Supplemental Amount	Procedure Code	Supplemental Amount
93005	\$1.64	A0424	\$1.64	A0435	\$1.43
93041	\$0.51	A0425	\$0.36	A0436	\$2.21
A0130	\$4.41	A0426	\$10.72	T2001	\$0.55
A0380	\$0.33	A0428	\$10.72	T2005	\$2.63
A0420	\$1.98	A0430	\$127.50	T2007	\$1.13
A0120	\$1.77	A0390	\$0.13		
A0422	\$1.00	A0431	\$180.00		

3. Providers eligible for the supplemental payments under this section do not include Rural Health Centers (RHCs), Local Educational Agency (LEA), and other providers that are reimbursed on a cost-based system.