



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

August 31, 2018

Ms. Hye Sun Lee
Acting Associate Regional IX Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

**STATE PLAN AMENDMENT 18-0030: EMERGENCY MEDICAL AIR
TRANSPORTATION ACT AUGMENTATION PAYMENTS**

Dear Ms. Lee:

The California Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA) 18-0030 documents for your review and approval. SPA 18-0030 will provide for an additional year of augmentation payments to emergency medical air transportation providers for services rendered during the State Fiscal Year 2018 – 2019.

Assembly Bill (AB) 2173 (Chapter 718, Statutes of 2017) established the Emergency Medical Air Transportation Act (EMATA) to fund supplemental payments for emergency medical air transportation services, through the use of \$4.00 penalty assessments for certain vehicle code violations. AB 1410 (Chapter 718, Statutes of 2017) extended the EMATA program through January 1, 2022. This SPA updates Supplement 16 to Attachment 4.19B with the augmentation payment amounts for State Fiscal Year 2018 – 19.

The following SPA documents are enclosed for your review and approval:

- HCFA 179 – Transmittal and Notice of Approval of State Plan Material
- Pages 6 and 7 of Supplement 16 to Attachment 4.19B (clean version)
- Pages 6 and 7 of Supplement 16 to Attachment 4.19B (redline version)

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A Notice of General Public Interest for the augmented payments related to emergency medical air transportation services was published on June 20, 2018. On July 13, 2018, CMS informed DHCS that a tribal notice was not required for this SPA.

If you have any questions or need additional information, please contact Ms. Connie Florez, Chief, Fee-For-Service Rates Development Division, at (916) 552-9600.

ORIGINAL SIGNED

Enclosures

cc: Ms. Lindy Harrington
Deputy Director
Health Care Financing
1501 Capitol Avenue, MS 4600
Sacramento, CA 95814

Ms. Connie Florez, Chief
Fee-For-Service Rates Development Division
1501 Capitol Avenue, MS 4600
Sacramento, CA 95814

Ms. Cheryl Young
Division of Medicaid & Children's Health Operations
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-0030	2. STATE California
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2018	

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 2018 \$1,625,000 b. FFY 2019 \$4,875,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 16 to Attachment 4.19-B pages 6 and 7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 16 to Attachment 4.19-B pages 6 and 7

10. SUBJECT OF AMENDMENT:
Supplemental payments for Emergency Air Medical Transportation Services

11. GOVERNOR'S REVIEW (Check One):
- GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 The Governor's Office does not wish to review the State Plan Amendment.
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

ORIGINAL SIGNED

State Medicaid Director

15. DATE SUBMITTED:
August 31, 2018

16. 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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED:
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:

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.
 - i. 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(vii), 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(vii), 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(vii), for the dates of service period July 1, 2016 through June 30, 2017, until the annual pool amount is exhausted.

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Supersedes
TN: 17-019

Approval Date: _____

Effective Date: July 1, 2018

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

- v. For the 2017/18 rate year, the maximum annual amount available for the payment augmentation will be based on a total pool amount of \$10,000,000. 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(vi), for the dates of service period July 1, 2017 through June 30, 2018, until the annual pool amount is exhausted.
- vi. For the 2018/19 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(vii), for the dates of service period July 1, 2018 through June 30, 2019, until the annual pool amount is exhausted.
- vii. The total computable augmentation amount for each rate year shall not exceed the applicable total allowable under b(ii), b(iii), b(iv), and b(v), and b(vi).

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>

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Approval Date: _____

Effective Date: July 1, 2018