

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

January 7, 2021

Lynette Rhodes, Esq.
Executive Director, Medical Assistance Plans
Department of Community Health
2 Peachtree Street, NW, Suite 36-450
Atlanta, Georgia 30303

RE: TN 20-0003

Dear Ms. Rhodes:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid state plan submitted under transmittal number (TN) 20-0003, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on February 21, 2020. This State Plan Amendment provide supplemental payments to ground ambulance providers that are affiliated with an enrolled hospital

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the regulations at 42 CFR 447 Subpart C. 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 page.

If you have any additional questions or need further assistance, please contact Moshe Wolf at 410-786-9291 or Moshe.Wolf@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 20-0003	2. STATE GEORGIA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: January 1, 2020	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input checked="" type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 447, Subpart F (Payment Methods for Other Institutional and Non-Institutional Services)		7. FEDERAL BUDGET IMPACT: FFY 2020: \$47,461,594 FFY 2021: \$55,608,693 \$49,098,738	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Pages 1(a)(1) - 1(a)(3)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Not Applicable	
10. SUBJECT OF AMENDMENT: Ground Ambulance Upper Payment Limit (UPL) Supplemental Payment Program (Fee-For-Service)			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single State Agency Comments Attached	
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Lynnette R. Rhodes</i>		16. RETURN TO: Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36th Floor Atlanta, Georgia 30303-3159	
13. TYPED NAME: LYNNETTE R. RHODES, ESQ.			
14. TITLE: EXECUTIVE DIRECTOR, MEDICAL ASSISTANCE PLANS			
15. DATE SUBMITTED: <u>12/22/2020</u> 2-21-2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 2/21/2020		18. DATE APPROVED: 1/7/2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2020		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Todd McMillion</i>	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS: Pen and ink change approved by state on 1/7/2021			

Fee-For-Service Ground Ambulance Upper Payment Limit (UPL) Supplemental Payment Program

Effective with dates of service beginning on January 1, 2020 and thereafter, the Fee-for-Service Ground Ambulance UPL program will provide supplemental payments for hospital based or government affiliated Fee-for-Service ambulance providers. Participation in the program is voluntary. The ambulance provider must secure a written Letter of Agreement from a hospital or government entity in order to be eligible for supplemental payments.

Supplemental payments provided by this program are available to compensate ground ambulance providers for ambulance services provided to Medicaid FFS members. The average commercial rates are based upon claims paid by commercial payers to the ambulance provider. Eligible ambulance service providers must complete the required survey attesting to the average commercial rates paid by commercial payers for specific HCPCS codes. This survey is required in order for the State to determine the supplemental payment amount. For specific instructions on how to complete and submit the requested survey, refer to the *Part II, Policies and Procedures for Emergency Ambulance Services* manual which can be located on the Department's Medicaid Management Information System online web portal at .

[https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Emergency%20Ambulance %2020200330131641.pdf](https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Emergency%20Ambulance%2020200330131641.pdf).

Supplemental payments shall be paid twice per year as a lump-sum payment after the conclusion of each state fiscal year. Supplemental Payments will be issued in January and July. Supplemental payments will not be paid on individual claims as described in other parts of this state plan for Ambulance services.

Eligible Ambulance Service Providers

Eligible Ambulance Services Providers must be affiliated with a hospital. In order to be deemed "affiliated" with a hospital, ambulance providers must submit annually to the Department a copy of the written agreement between the ambulance provider and hospital. For specific instructions on how to submit the written agreement, refer to the *Part II, Policies and Procedures for Emergency Ambulance Services* manual which can be located on the Department's Medicaid Management Information System online web portal at [https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Emergency%20Ambulance %2020200330131641.pdf](https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Emergency%20Ambulance%2020200330131641.pdf)

T.N. No.: 20-0003
Supersedes
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Below is list of eligible ground emergency ambulance providers:

Provider Number	Ambulance Provider	Hospital Authority
003177309A	AdventHealth Murray EMS - Adventist Health System Georgia, Inc.	Murray County Memorial Hospital Authority
000000415B	Clinch County EMS	Clinch County Hospital Authority
000000448B	Coffee Regional Medical Center	Coffee County Hospital Authority
000005695A	Colquitt Regional	Hospital Authority of Colquitt County
000002417A	Crisp County EMS	Hospital Authority of Crisp County Georgia
000000701B	Emanuel Co EMS	Emanuel Medical Center
000000756B	Floyd Healthcare Management, Inc.	Hospital Authority of Floyd County
003109790A	Grady Memorial Hospital Corporation	Fulton-DeKalb Hospital Authority
003135977A	Houston Healthcare EMS, Inc.	Houston Authority of Houston County, Georgia
000001207B	Medical Center of Central GA EMS	Macon-Bibb County Hospital Authority
000793625B	Medical Transport	The Hospital Authority of Hall County and the City of Gainesville
003125241A	MGAS Holdings LLC	Hospital Authority of Upson County
000001724B	Mobile Healthcare Services	Hospital Authority of Valdosta and Lowndes Co., Ga
000133768A	National EMS/Priority Ambulance	Hospital Authority of Clarke County
000001394C	Newton Medical Center EMS	Newton County Hospital Authority
000001482J	Phoebe Putney Memorial Hospital, Inc.	Hospital Authority of Albany Dougherty Co Ga
003124467A	Union General Ambulance Services	Hospital Authority of Union County
003187524A	WellStar Spalding EMS	Griffin - Spalding Hospital Authority
000300451A	White County EMS	The Hospital Authority of Hall County and the City of Gainesville

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Average Commercial Rate Survey

Ambulance providers must complete the Department's survey titled, "GA Ambulance ACR Survey_04.2019." The annual survey is due on or before July 31st of each year. Providers are required to attest that the information reported is true, correct, and completed and prepared from the books and records of the Provider in accordance with applicable instructions. Providers are required to provide the rates paid by commercial insurers for the specified HCPCS codes. For specific instructions on reporting commercial payer rates, refer to the *Part II, Policies and Procedures for Emergency Ambulance Services* manual which can be located on the Department's Medicaid Management Information System online web portal at [https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Emergency%20Ambulance %2020200330131641.pdf](https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Emergency%20Ambulance%2020200330131641.pdf)

Payment Methodology

The supplemental UPL payment amount is equal to the maximum payment amount (or UPL) allowed by CMS less the amount paid in Medicaid claims. The supplemental payment will be issued twice a year in January and July.

Calculation of Maximum Payment Amount

1. For ground ambulance UPL, the maximum payment amount allowed is based on each provider's Average Commercial Rate (ACR) applied to their historical Medicaid utilization.
2. For example, the January 2021 payment will be based upon Medicaid FFS utilization period January 1, 2020 – June 30, 2020 and July 2021 payment will be based upon Medicaid FFS utilization period July 1, 2020 –December 31, 2020 and so forth.
3. Providers are required to submit twice a year, their commercial rates for 3-5 commercial payers for HCPCS codes A0425, A0426, A0427, A0428, A0429, A0433, A0434. These rates are used to calculate the ACR for each HCPCS code. For specific instructions on how to submit the requested documentation, refer to the *Part II, Policies and Procedures for Emergency Ambulance Services* which can be located on the Department's Medicaid Management Information System online web portal at <https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Emergency%20Ambulance %2020200330131641.pdf>
4. For each HCPCS code, the provider's ACR is multiplied by the provider's Medicaid fee for service utilization to arrive at the UPL amount allowed by CMS.

Formula: Maximum Payment Amount (UPL) – Total Medicaid Payments = Supplemental UPL Payment

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5. The ground ambulance UPL program is based upon specific HCPCS codes.

HCPCS Code	Description
A0425	Mileage
A0426	Advanced Life Support (ALS, Non-Emergency)
A0427	Advanced Life Support (ALS, Level 1, Emergency)
A0428	Basic Life Support (BLS, Non-Emergency)
A0429	Basic Life Support (BLS, Emergency)
A0433	Advanced Life Support, Level 2 (ALS Level 2, Emergency)
A0434	Specialty Care Transport

Limitations

1. Supplemental UPL payments are not allowed for ambulance services rendered to managed care beneficiaries.
2. Supplemental UPL payments are not available for treat not transport services.
3. Supplemental UPL payments are not available for air ambulance services (fixed or rotary wing).
4. Supplemental UPL payments are not available for ambulance telemedicine services.
5. Supplemental UPL payments are not available for Non-Emergency Medical Transportation.
6. Services must be deemed medically necessary.

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