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State/Territory Name: Georgia

State Plan Amendment (SPA) #: 15-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

August 4, 2016

Dr. Linda Wiant, Chief
Medical Assistance Plans
Georgia Department of Community Health
2 Peachtree Street, NW, 40th Floor
Atlanta, Georgia 30303

RE: Title XIX State Plan Amendment (SPA), Transmittal # GA 15-0012

Dear Dr. Wiant:

We have reviewed the proposed Georgia State Plan Amendment 15-0012, which was submitted to the Atlanta Regional Office on December 1, 2015. The SPA proposes to add Emergency Ambulance Telehealth as a new service.

Based on the information provided, the Medicaid State Plan Amendment 15-0012 was approved on August 4, 2016. The effective date of this amendment is April 22, 2016. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Etta Hawkins at (404) 562-7429 or Etta.Hawkins@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

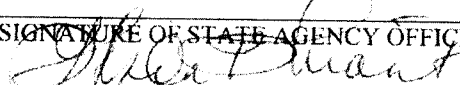
Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 15-012	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: 1 October 2015	
5. TYPE OF PLAN MATERIAL (Check One):		
<input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> 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 C.F.R. § 410.78 et seq.	7. FEDERAL BUDGET IMPACT: FFY 2015 \$0 FFY 2016 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 9b.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Not Applicable	

10. SUBJECT OF AMENDMENT:
Telehealth and Telemedicine Facility Sites for Transportation

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Single State Agency Comments Attached
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 th Floor Atlanta, Georgia 30303-3159
13. TYPED NAME: LINDA WIAN T	
14. TITLE: CHIEF, DIVISION OF MEDICAID	
15. DATE SUBMITTED: 11/12/15	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/01/15	18. DATE APPROVED: 08/04/16
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/22/16	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns
23. REMARKS: Approved with the following changes to blocks 4, 7,8 and 9 as authorized by state agency: Block #4 changed to read: April 22, 2016 Block # 7a changed to read: FFY 2016 \$139,791 and 7b changed to read: FFY 2017 \$205,884. Block # 8 changed to read: Attachment 3.1-A, Page 9b and 4.19-B page 1(ii) Block # 8 changed to read: Attachment 3.1-A, Page 9b and 4.19-B page 1(ii)	

23. a. TRANSPORTATION

EMERGENCY AMBULANCE

Telemedicine: Emergency Ambulances may serve as Telemedicine Facility sites. Emergency ambulances may serve as a telemedicine origination site and the ambulance may bill a separate origination site fee. Emergency Ambulances may not serve as a distant site. A distant site means the site at which the physician or practitioner delivering the service is located at the time the service is provided via a telecommunications system.

Limitations: Emergency ambulance services are provided only when medically necessary. The recipient's physical condition must prohibit use of any method of transportation except emergency ambulance for a trip to be covered.

Prior Approval is required for:

Emergency ambulance transportation of more than 150miles one way from an institution to an institution.

Emergency transportation services certified by a physician as medically necessary, but not included as a covered service, may be covered for recipients under twenty one years of age when such services are prior approved by the Department.

All ambulance transportation of more than 50 miles beyond the boundaries of the Georgia state line (out-of-state).

Transportation that is not of an emergency nature, but the recipient requires services of an EMT and the life sustaining equipment provided in the emergency ambulance.

All ambulance transportation by air ambulance except for recipients 0 to twelve months of age who meet certain criteria listed in the policies and procedures manual.

Non-covered services:

Ambulance services are not covered in the following circumstances without medical justification:

The recipient is ambulatory.

The recipient's condition would not ordinarily require movement by stretcher.

The ambulance was used solely because other means of transportation were unavailable.

The recipient was transferred to another facility at his/ her request.

Transportation of a recipient pronounced dead at the scene by a licensed physician before the ambulance was called. If the recipient was pronounced dead after the ambulance was called but before pickup, service to the pickup point is covered.

(ii). Rotary Wing

The reimbursement rate for rotary wing is determined by comparing the following pre-determined rates and choosing the lessor:

1. Providers submitted charges
2. Loaded miles x \$16.00 = sum + \$2,573.00
3. \$3,300 fixed rate

Loaded miles are defined as the mileage incurred from the pickup of an eligible member to the member's arrival at the destination. Unloaded trips and mileage are not reimbursable. The rates stated above include the base rate plus loaded mileage which equals the cost to provide the transportation.

Telemedicine Based Services

- A. Originating Sites (HCPCs Q3014):** Originating site means the location of an eligible Medicaid beneficiary at the time the service being furnished via a telecommunications system occurs. Originating sites are reimbursed at 84.645% of the 2012 Medicare fee schedule.
- B. Distant Site Practitioners:** Distant site means the site at which the physician or practitioner delivering the service is located at the time the service is provided via a telecommunications system. Distant Site Practitioners shall be reimbursed according to the same methodology as if the visit occurred in person. Ambulances are not authorized to provide distant site services.

Effective Date Fee Schedule language:

“Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of telemedicine emergency ambulance. The agency's fee schedule rate was set as of April 22, 2016 and is effective for services provided on or after that date. All rates are published on the Georgia MMIS website, <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Fee%20Schedules/tabId/56/Default.aspx>.