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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-13-005B

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #052920134036

AUG 05 2015

Theodore Dallas
Secretary of Human Services
Department of Human Services
Room 333, Health & Welfare Building
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

Dear Secretary Dallas:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Pennsylvania's (PA) State Plan Amendment (SPA) 13-005B, "Clinic and Transportation Services." On June 17, 2014, The Department of Human Services (DHS) transmitted SPA PA-13-005B including proposed SPA pages, Attachment 4.19B, pages 2b and 2bbbb. At the time of the transmittal of SPA PA-13-005B, CMS agreed that the proposed effective date of the SPA, April 1, 2013, would not change and that SPA PA-13-005B would remain "off-the-clock" until a clinic upper payment limit (Clinic UPL) calculation was received and approved by CMS and an outstanding issue associated with unloaded transportation trips was resolved.

With respect to the Clinic UPL, On June 10, 2014, DHS submitted the Clinic UPL calculation for CMS review. On June 25, 2015, CMS approved the Clinic UPL.

In addition, relating to CMS' review of SPA 13-005B, CMS instructed DHS to remove the reference to "unloaded ambulance mileage" from proposed Attachment 4.19B, page 2bbbb, as the Federal Medicaid Program does not allow payment for unloaded ambulance mileage. During subsequent communications with DHS, CMS agreed that the removal of this language constituted a change in payment method, meriting public notice informing interested parties of the change. On Saturday, December 27, 2014, DHS published the public notice in the Pennsylvania Bulletin at 44 Pa.B. 8063 to inform interested parties and providers that DHS will no longer pay for unloaded emergency and nonemergency ambulance mileage.

On March 31, 2015, DHS submitted pending SPA PA-15-0009, Attachment 4.19B, page 2bbbb, in which the reference to payment for unloaded emergency and nonemergency ambulance

mileage language is removed. With the publication of public notice and the submission of pending SPA PA-15-0009, the outstanding issues relating to SPA PA-13-005B and associated with unloaded transportation trips are resolved.

This SPA is approved with an effective date of April 1, 2013. Enclosed are:

1. The CMS Summary Page (CMS-179 form); and
2. The approved State Plan pages for PA-13-005B.

If you have any questions, please contact Mary McKeon at 215-861-4181.

Sincerely,



/S/

Francis McCullough
Associate Regional Administrator

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
13-005B

2. STATE
Pennsylvania

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)
Title XIX

4. PROPOSED EFFECTIVE DATE
April 1, 2013

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
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 C

7. FEDERAL BUDGET IMPACT:
a. FFY 2013 \$0.00
b. FFY 2014 \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B, Pages 2b and 2bbbb

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19B, Page 2b

10. SUBJECT OF AMENDMENT:

Clinic and Transportation Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Review and approval authority has
been delegated to the Department of
Public Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/S/

13. TYPED NAME:
Beverly D. Mackereth

14. TITLE:
Secretary of Public Welfare

15. DATE SUBMITTED: JUN 17 2014

16. RETURN TO:

Commonwealth of Pennsylvania
Department of Public Welfare
Office of Medical Assistance Programs
Bureau of Policy, Budget and Planning
P.O. Box 2675
Harrisburg, Pennsylvania 17110

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

AUG 05 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR 01 2013

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME:

Francis McCullough

Associate Regional Administrator

23. REMARKS:

METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS RATES-OTHER TYPES OF CARE

SERVICE	LIMITATIONS
3. Outpatient Clinic Services	<p data-bbox="680 327 1498 497">Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of outpatient clinic services. The agency's fee schedule (rate) was last updated on June 25, 2012, and is effective for services provided on or after that date. All rates are published on the agency's website at: http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm</p> <p data-bbox="680 527 1357 557">State Agency Fee Schedule Based on Established Criteria.*</p> <p data-bbox="680 587 1419 646">Outpatient clinic provider qualifications are located under item 9a. "Independent Medical Clinics", in Attachments 3.1-A and 3.1-B</p> <p data-bbox="680 676 911 706"><u>Payment Limitations</u></p> <p data-bbox="680 736 1455 795">Clinic visits are limited to one visit per day per MA beneficiary for the same condition.</p> <p data-bbox="680 825 1507 1087">Clinics have the option of billing either the fee for a specific compensable procedure performed in the clinic or, but not in addition to, the flat visit fee, except that diagnostic medical services such as electrocardiograms, electroencephalograms, electromyographies and diagnostic or therapeutic radiology services provided during routine examination and treatment services are compensable in addition to the flat visit fee or fee for a specific compensable procedure. Endoscopic procedures, such as rhinoscopy, otoscopy or indirect laryngoscopy performed in the course of the visit are not compensable in addition to the flat visit fee.</p>

METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS RATES-OTHER TYPES OF CARE

SERVICE	LIMITATIONS
6. Transportation for recipients is available in two modes: Ambulance (both emergency and non-emergency) and non-emergency non-ambulance	
i. Transportation – Emergency and Non-Emergency Ambulance	<p>Payment is based on a flat fee schedule rate as determined by the level of support per trip, from point of pick-up to destination, plus \$2 per mile beyond the first 20 loaded and unloaded miles per trip.</p> <p>Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ambulance services. The agency's fee schedule (rates) were last updated on November 1, 2004, and are effective for services provided on or after that date. All rates are published on the agency's website at: http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm</p> <p><u>Payment Limitations</u></p> <p>1. If more than one person is transported during the same trip, either to the same destination or a different destination, payment is made for transportation of the person whose destination is the greatest distance. No additional payment is allowed for the additional person.</p> <p><u>Provider Qualifications</u></p> <p>Ambulance service providers must be licensed by the Pennsylvania Department of Health.</p>
ii. Transportation – Non-Emergency Medical Transportation	Transportation provided through section 1902(a)(70) non-emergency medical transportation brokerage program.
iii. Brokerage Program	Payment is made based on a capitated Per member, Per Month Fee.