

STATE	<u>Texas</u>	A
DATE REC'D	<u>9-7-11</u>	
DATE APPV'D	<u>5-30-12</u>	
DATE EFF	<u>8-1-11</u>	
HOFA 179	<u>11-49</u>	

State of Texas
Attachment 4.19-B
Page 1b.1

2. Ambulance Services (continued).

- (d) Supplemental payments for governmental ambulance providers. "Governmental ambulance provider" means a provider of ambulance services that uses paid government employees to provide ambulance services. The ambulance services must be directly funded by a local government, hospital authority, hospital district, city, county, or state. A private ambulance provider under contract with a governmental entity to provide ambulance services is not considered a governmental ambulance provider.

An approved governmental ambulance provider that meets the required enrollment criteria may receive supplemental payments up to reconciled cost in accordance with (1) through (5) for services provided on or after August 1, 2009.

The provider will be paid interim rates equal to the Medicaid reimbursement rates paid to other ambulance providers in accordance with (a). The interim rates are provisional in nature, pending the submission of an annual cost report and the completion of cost reconciliation and a cost settlement for that period.

- (1) The provider will submit a CMS-approved cost report annually. The cost report will be completed on a federal fiscal year and will be due to HHSC no later than 180 days following the last day of the federal fiscal year. Cost reconciliation and cost settlement processes will be completed within 24 months from the end of the cost reporting period.
- (2) The provider's reported costs are allocated to the Medicaid program by applying the ratio of total cost to total charges to Medicaid charges associated with paid claims for the dates of service covered by the submitted cost report.
- (3) If the provider's interim payments exceed Medicaid-allowed cost, the Texas Health and Human Services Commission (HHSC) will recoup the overpayment using one of these two methods:
 - (A) Offset all future claims payments in the aggregate from the provider until the amount of the overpayment is recovered; or
 - (B) The provider will return an amount equal to the overpayment as indicated in the reconciliation.
- (4) If the actual Medicaid-allowable costs of the provider exceed the interim payments, HHSC will pay the difference to the provider as shown in the reconciliation within 24 months of the end of the rate year.
- (5) HHSC shall issue a notice of settlement to the provider that denotes the amount due to or from the provider.

SUPERSEDES: TN- 09-03

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