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State/Territory Name: Georgia

State Plan Amendment (SPA) #: 21-0011

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

December 16, 2021

Lynette Rhodes, Esq.
Executive Director, Medical Assistance Plans
Department of Community Health
2 Peachtree Street, NW, Suite 36-450
Atlanta, Georgia 30303
RE: SPA 21-0011

Dear Ms. Rhodes:

We have reviewed the proposed Georgia State Plan Amendment (SPA) 21-0011, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2021. This plan amendment will modify the average commercial rate calculation and frequency of data collection used in the calculation of ambulance supplemental payments.

Based upon the information provided by the State, we have approved the amendment with an effective date of August 13, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

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

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 21 — 011	2. STATE GEORGIA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE August 13, 2021	

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN **AMENDMENT**

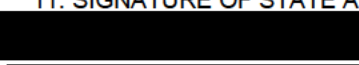
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR PART 447, Subpart F (Payment Methods for Other Institutional and Non-Institutional Services); 42 CFR 447.201; 42 CFR 447.304;	7. FEDERAL BUDGET IMPACT a. FFY 2022 \$ 14,890 b. FFY 2023 \$ 15,113
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 (If Applicable) Attachment 4.19-B, Pages 1(a)(1) – 1(a)(4)

10. SUBJECT OF AMENDMENT: Ground Ambulance Upper Payment Limit (UPL) Supplemental Payment Program for Fee-for-Service: Effective August 13, 2021, the State proposes to apply median rates per HCPCS code in lieu of commercial rates. Secondly, to improve efficiencies for both the ambulance providers and the State, the State proposes to modify the state plan language to allow ambulance providers to submit commercial rates every two years instead of twice per year.

10. GOVERNOR'S REVIEW (Check One)

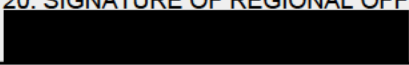
GOVERNOR'S OFFICE REPORTED NO COMMENT **OTHER, AS SPECIFIED**
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. 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 LYNNETT R. RHODES, ESQ	
14. TITLE: EXECUTIVE DIRECTOR, MEDICAL ASSISTANCE PLANS	
15. DATE SUBMITTED 9/30/2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 30, 2021	18. DATE APPROVED December 16, 2021
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL August 13, 2021	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

23. REMARKS

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 (FFS) Ground Ambulance Upper Payment Limit (UPL) program will provide supplemental payments for government-owned (hospital affiliated or free-standing) ambulance providers. Participation in the program is voluntary.

Supplemental payments provided by this program are available to compensate eligible ground ambulance providers for ambulance services provided to Medicaid FFS members. The UPL will be based on commercial rate information through the calculation of an average commercial rate (ACR). The ACRs are based upon claims paid by commercial payers to the ambulance provider. Eligible ambulance service providers must complete the required ACR surveys attesting to the 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 reporting commercial payer rates, refer to the ACR survey form located at (<https://dch.georgia.gov/ground-ambulance-upl>).

Supplemental payments shall be calculated and paid annually. Supplemental payments will not be distributed on individual claims as described in other parts of this state plan for ambulance services.

Eligible Ambulance Service Providers

Eligible ambulance service providers must be in-state, government owned (hospital affiliated or free standing) ground ambulance providers.

Average Commercial Rate Survey

Qualified ambulance providers must complete the Department's ACR survey. 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. Commercial payers exclude Medicare, Medicare Advantage/HMO, TRICARE, Medicaid, worker's compensation, and auto insurance plans as payers. For specific instructions on reporting commercial payer rates, refer to the ACR survey form located at <https://dch.georgia.gov/ground-ambulance-upl>.

Providers must submit commercial payer rates and supporting documentation for the time period specified in the ACR survey. Commercial payer rates for five commercial payers for each eligible and applicable HCPCS code are required. If a provider has less than five different commercial payers for a HCPCS code for the payment period, four or a minimum of three payer rates will be accepted.

Effective with calculations after August 13, 2021 (using claims with dates of service starting on or after January 1, 2021) the State will calculate a state wide median average for those providers who are unable to provide a minimum of three commercial payer rates.

Supporting documentation must be submitted for each payer rate. Acceptable documentation includes paid remittance advice (RA), explanation of benefits (EOB), or similar approved payment record documenting the allowed payment amount. The documentation must tie to reported payment amounts.

T.N. No.: 21-0011
Supersedes
T.N. No.: 20-0003

Approval: 12/16/2021 **Effective: August 13, 2021**

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 annually.

Calculation of Maximum Payment Amount

1. The maximum payment amount allowed (UPL) will be determined for each provider using calculated ACRs for eligible HCPCS codes and historical Medicaid utilization from paid claims data.
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, and A0434. These rates will be used to calculate the ACR for each HCPCS code
4. Effective with calculations on are after August 13, 2021, the State will require ground ambulance providers to submit commercial payer rates every two years.
5. 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

6. 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, dually eligible for Medicare and Medicaid beneficiaries or Children's Health Insurance Program (CHIP) beneficiaries.
2. Supplemental UPL payments are not available for treat not transport services.

T.N. No.: 21-0011
Supersedes
T.N. No.: 20-0003

Approval: 12/16/2021 Effective: **August 13, 2021**

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.