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State Territory Name: GEORGIA

State Plan Amendment (SPA) #: 22-0010

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

May 22, 2023

Lynnette R. Rhodes, Esq.
Medicaid Director
2 Peachtree Street, 36th Floor
Atlanta, Georgia 30303

RE: TN GA-22-0010

Dear Director Rhodes:

We have reviewed the proposed Georgia State Plan Amendment (SPA) to Attachment 4.19-B GA-22-0010, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 22, 2022. This plan amendment updates the Upper Payment Limit (UPL) program for private ground ambulance providers that provide 911 emergency transport services to Medicaid beneficiaries.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. 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 Debi Benson at (312) 886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

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

2 2 — 0 0 1 0

2. STATE

GA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.304

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 22 \$ 4,955,326
b. FFY 23 \$ 14,865,979

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, page 1(a)(3), 1(a)(4), and 1(a)(5)

Attachment 4.19-B, page 1(a)(1), page 1(a)(2)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, page 1(a)(3), 1(a)(4), and 1(a)(5)

Attachment 4.19-B, page 1(a)(1), page 1(a)(2)

9. SUBJECT OF AMENDMENT

Establish a new upper payment limit (UPL) program for private ground ambulance providers that provide 911 emergency transport services to Medicaid FFS beneficiaries.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Lynnette R. Rhodes

13. TITLE
Executive Director, Medical Assistance Plans Division

14. DATE SUBMITTED
9/23/2022

15. RETURN TO

Lynnette R. Rhodes
Executive Director, Medical Assistance Plans Division
Department of Community Health
2 Peachtree St., 36th Floor
Atlanta, Georgia 30303

FOR CMS USE ONLY

16. DATE RECEIVED
SEPTEMBER 22, 2022

17. DATE APPROVED
May 22, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
JULY 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
TODD MCMILLION

21. TITLE OF APPROVING OFFICIAL
DIVISION OF REIMBURSEMENT REVIEW

22. REMARKS

STATE APPROVED P&I CHANGE FOR BOXES 7 AND 8

State and Non-State 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 State and Non-State 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 survey 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 statewide 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.

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Supersedes
T.N. No.: 21-0011

Approval: May 22, 2023

Effective: July 1, 2022

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 on a calendar year basis (the “program year”).

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, by the end of each program year, an annual payment will be based upon the prior calendar year paid claims data.
3. Effective with calculations on or after August 13, 2021, the State will require ground ambulance providers to submit commercial payer rates for 3-5 commercial payers for HCPCS codes A0425, A0426, A0427, A0428, A0429, A0433, and A0434 every two years. These rates will be used to calculate the ACR for each HCPCS code.
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

5. Supplemental payments for each program year will be made by the end of the program year.
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.

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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.

Private 911 Fee-For-Service Ground Ambulance Upper Payment Limit (UPL) Program

Effective with dates of service beginning July 1, 2022, the Private 911 Fee-for-Service (FFS) Ground Ambulance Upper Payment Limit (UPL) program will provide supplemental payments for eligible privately-owned ambulance providers.

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 Financial Surveys attesting to the commercial rates paid by commercial payers for specific Healthcare Common Procedure Coding System (HCPCS) codes.

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

Eligible Ambulance Service Providers

In-state 911 responding ambulance providers that are not government-owned are eligible for the private program. Eligible emergency ambulance service providers must be enrolled as a Georgia Medicaid provider and licensed in Georgia as a 911 responding ground ambulance provider as of July 1. Providers must be an eligible 911 responding ground ambulance provider enrolled with the Georgia Department of Public Health at the time of payment.

Financial Survey

Qualified ambulance providers must complete the Department's Financial 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, Veterans Administration, worker's compensation, and auto insurance plans as payers. For specific instructions on reporting commercial payer rates, refer to the Financial Survey 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 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 survey period, four or a minimum of three payer rates will be accepted.

Provider-specific ACR rates will be calculated by HCPCS code. The State will calculate a state-wide average

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ACR for each HCPCS code. The statewide average ACR will be used when any provider-specific ACR is not available.

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. The annual program year is each state fiscal year from July 1 through June 30.

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

Calculation of Maximum Payment Amount

1. The maximum payment amount allowed (UPL) will be determined for each provider using calculated, or assigned statewide average, ACRs for eligible HCPCS codes and historical Medicaid utilization from paid claims data.
2. Beginning July, 2022, providers are required to submit commercial rates for the top three to five commercial payers for program HCPCS codes. The provider's average of the reported rates will be used as the ACR for each HCPCS code. In the absence of a provider average, the statewide average rate will be assigned. Commercial rates collected and used for the ACRs will be no more than two years old at the start of each program year.
3. Medicaid claims data from the calendar year preceding the start of the program year will be used to calculate the maximum ACR-based payments. For example, calendar year 2021 claims will be the Medicaid volume basis for state fiscal year (SFY) 2023 program payments and calendar year 2022 claims will be the Medicaid volume basis for SFY 2024 program payments.
4. For each HCPCS code, the provider's ACR is multiplied by the provider's Medicaid FFS utilization to arrive at the UPL amount allowed by CMS.
5. Supplemental payments for each program year will be made by the end of each program year.
6. The private ground ambulance UPL program is based upon the following HCPCS codes.

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

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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.
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.