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State/Territory Name: GEORGIA

State Plan Amendment (SPA) #: GA-25-0004

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

September 4, 2025

Stuart Portman
Executive Director
Medical Assistance Plans Division
Georgia Department of Community Health
2 Martin Luther King Jr. Drive, 19th Floor
Atlanta, Georgia 30334

RE: TN GA-25-0004

Dear Executive Director Portman,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Georgia State Plan Amendment (SPA) to Attachment 4.19-B, GA-25-0004, which was submitted to CMS on June 25, 2025. This plan amendment updates the Emergency Air Ambulance services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2025. 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 Ysabel Gavino via email at maria.gavino@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 5 — 0 0 0 4

2. STATE

GA3. 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, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.200

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 25 \$ 1,372,045b. FFY 26 \$ 5,518,098

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 1(ii)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B Page 1(ii)

9. SUBJECT OF AMENDMENT

This proposed amendment seeks to increase the reimbursement rate for emergency air ambulance services.

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:

CY OFFICIAL

12. TYPED NAME

Perri Nena Smith

13. TITLE

Medical Assistance Plans Attorney

14. DATE SUBMITTED

06/25/2025

15. RETURN TO

Stuart Portman

Executive Director, Division of Medical Assistance Plans

Georgia Department of Community Health

2 Martin Luther King Jr. Drive, 19th Floor

Atlanta, Georgia 30334

Email: stuart.portman@dch.ga.gov

FOR CMS USE ONLY

16. DATE RECEIVED

June 25, 2025

17. DATE APPROVED

September 4, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, FMG Division of Reimbursement Review

22. REMARKS

(ii). Rotary Wing

Effective July 1, 2025, 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 \$21.00 = 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 was set as of April 22, 2016, and is effective for services provided on or after that date. All codes and reimbursement rates can be located in the Part 1, Policies and Procedures Manual for Emergency Ambulance at the following link:

<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx>