

## **Table of Contents**

**State/Territory Name: Pennsylvania**

**State Plan Amendment (SPA) #: PA-23-0009**

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  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

May 19, 2023

Valerie A. Arkoosh, MD, MPH  
Acting Secretary of Human Services  
Commonwealth of Pennsylvania  
Department of Human Services  
Office of Medical Assistance Programs  
Bureau of Policy, Analysis, and Planning  
P.O. Box 2675  
Harrisburg, PA 17105-2675

RE: PA-23-0009

Dear Acting Secretary Arkoosh,

We have reviewed the proposed Pennsylvania State Plan Amendment (SPA) to Attachment 4.19B, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 21, 2023. This plan amend revised the fee schedule for ambulance services and updates the link to the Department's Fee Schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2023. 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 at [maria.gavino@cms.hhs.gov](mailto: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 3 — 0 0 0 9

2. STATE

PA3. 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

January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.170(a)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 23,262,378b. FFY 2024 \$ 31,016,505

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B, page 2bbbb

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19B, page 2bbbb

9. SUBJECT OF AMENDMENT

Transportation - Emergency and Non-Emergency Ambulance

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

Valerie A. Arkoosh, MD, MPH

13. TITLE

Acting Secretary of Human Services

14. DATE SUBMITTED

March 21, 2023

15. RETURN TO

Commonwealth of Pennsylvania

Department of Human Services

Office of Medical Assistance Programs

Bureau of Policy, Analysis, and Planning

P.O. Box 2675

Harrisburg, PA 17105-2675

**FOR CMS USE ONLY**

16. DATE RECEIVED

March 21, 2023

17. DATE APPROVED

May 19, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT 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.</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 January 1, 2023, and are effective for services provided on or after that date. All rates are published on the agency's website at:<br/><a href="https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx</a>.</p> <p><u>Payment Limitations</u></p> <ol style="list-style-type: none"><li>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.</li><li>2. Mileage is paid for each loaded mile beyond 20 loaded miles of a trip from point of pick-up to destination.</li></ol> <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.   |