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State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 21-0005

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

November 15, 2021

Mr. Stephen M. Smith Director, Division of TennCare 310 Great Circle Road Nashville, Tennessee 37243

RE: TN 21-0005

Dear Mr. Smith:

We have reviewed the proposed Tennessee State Plan Amendment (SPA) 21-0005, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 20, 2021. This plan amendment updates the TennCare reimbursement rates for ground ambulance services

Based upon the information provided by the State, we have approved the amendment with an effective date of September 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

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	1. TRANSMITTAL NUMBER: TN-21-0005	2. STATE TENNESSEE
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & NEDICAID SERVICES	September 1, 2021	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	-	
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 AME		h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447	a. FFY 2021 \$0	
9 DACE NUMBER OF THE REAN OF CTION OF ATTACHMENT.	b. FFY 2022 \$0	EDED DI AN GEOTION
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (<i>If Applicable</i>)	EDED PLAN SECTION
Attachment 4.19B, 23a.1.	OK ATTACHMENT (ij Applicable)	
Attachment 4.19D, 25a.1.	Attachment 4.19B,23a.1.	
10. SUBJECT OF AMENDMENT:		
Methods and Standards for Establishing Payment Rates – Transportation.		
The mode and standards for Establishing Payment Parts - Pransportation.		
11. GOVERNOR'S REVIEW (Check One):		
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE <u>TENNESSEE</u>

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

23. <u>Any other medical care and any other type of remedial care recognized under State law,</u> <u>specified by the Secretary.</u>

23.a. <u>Transportation</u>

- 1. Ambulance Services
 - (a) Emergency land ambulance payment shall be 67.5% of the federal Medicare program's allowable charge for participating providers.
 - (b) Non-Emergency land ambulance payment shall be 67.5% of the federal Medicare program's allowable charge for participating providers.
 - (c) Emergency air ambulance payment shall be the lesser of:
 - (1) Billed charges for the services,
 - (2) 100% of the 75th percentile of the Medicare prevailing charges for the services, or
 - (3) A maximum of \$100 for the base rate, \$3.00 per loaded mile and \$15 for oxygen.