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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	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	TN-21-0005	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 AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	i amenament)
42 CFR 447	a. FFY 2021 \$0	
	b. FFY 2022 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI	EDED PLAN SECTION
44	OR ATTACHMENT (If Applicable)	
Attachment 4.19B, 23a.1.	Attachment 4.19B,23a.1.	
•	Attachment 4.17D,23a.1.	
10. SUBJECT OF AMENDMENT:		
Methods and Standards for Establishing Payment Rates – Transportation.		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	CIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
_ NO RELET RECEIVED WITHIN 43 DATS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Tennessee Department of Finance and Administration	
13. TYPED NAME: Stephen Smith	Division of TennCare 310 Great Circle Road	
<u> </u>	Nashville, Tennessee 37243	
14. TITLE: Director, Division of TennCare	rvasnvine, Telliessee 37243	
15. DATE SUBMITTED: September 20, 2021	Attention: George Woods	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: September 20, 2021	18. DATE APPROVED: November 15, 2021	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20 SIGNATURE OF REGIONAL OFF	TCIAL:
September 1, 2021		
21. TYPED NAME: Todd McMillion	22. TITLE:	
23. REMARKS:	Director, Division of Reimburs	ement Review
23. REMARKS.		

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. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

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.

TN No. <u>TN-21-0005</u> Supersedes TN No. <u>92-13</u>