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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-24-0006

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



Financial Management Group

April 16, 2024

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-24-0006

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 February 5, 2024. This plan is to amend Pennsylvania's State Plan to reflect payment for each loaded mile of ambulance ground transportation and to change the date that the agency's fee schedule rates were last updated.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. 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 Lindsay Michael at lindsay.michael@cms.hhs.gov

Sincerely,



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 <u>2 4</u> — <u>0 0 0 6</u>	2. STATE <u>PA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.170(a)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 37,620,210
b. FFY 2025 \$ 90,597,505

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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
[Redacted]

12. TYPED NAME
Valerie A. Arkoosh, MD, MPH

13. TITLE
Secretary of Human Services

14. DATE SUBMITTED
February 5, 2024

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 2/5/24	17. DATE APPROVED April 16, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/24	19. SIGNATURE OF APPROVING OFFICIAL [Redacted]
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, DRR

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, 2024, and are effective for services provided on or after that date. All rates are published on the agency’s website at: https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx.</p> <p><u>Payment Limitations</u></p> <ol style="list-style-type: none">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.2. Ground mileage is paid for each loaded mile from point of pick-up to destination.3. Air mileage is paid for each loaded mile beyond 20 loaded miles of a trip from point of pick-up to destination. <p><u>Provider Qualifications</u></p> <p>Ambulance service providers must be licensed by the Pennsylvania Department of Health.</p> <p>ii. Transportation – Non-Emergency Medical Transportation Transportation provided through section 1902(a)(70) non-emergency medical transportation brokerage program.</p> <p>iii. Brokerage Program Payment is made based on a capitated Per member, Per Month Fee.</p>