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State/Territory Name: Georgia

State Plan Amendment (SPA) #: 14-002

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

September 4, 2014

Dr. Jerry Dubberly, Chief
Medical Assistance Plans
Georgia Department of Community Health
2 Peachtree Street, NW, 40th Floor
Atlanta, Georgia 30303

RE: Title XIX State Plan Amendment (SPA), Transmittal # GA 14-002

Dear Dr. Dubberly:

We have reviewed the proposed Georgia State Plan Amendment 14-002, which was submitted to the Atlanta Regional Office on July 3, 2014. The SPA provides emergency air ambulance services to adults ages 21 and older by rotary wing air ambulance at the ground ambulance rate.

Based on the information provided, the Medicaid State Plan Amendment 14-002 was approved on September 4, 2014. The effective date of this amendment is July 1, 2014. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 or Tandra.Hodges@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-002	2. STATE GEORGIA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE March 14, 2014	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: FFY 2014: \$32,152.00 FFY 2015: \$63,877.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 9b Attachment 4.19-B, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, Page 9b Attachment 4.19-B, Page 1	
10. SUBJECT OF AMENDMENT: This State Plan Amendment will provide for emergency air ambulance services to adults (ages 21 and older) by rotary wing air ambulance at the ground ambulance rate.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single State Agency Comments Attached	
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>//s//</i>		16. RETURN TO: Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 th Floor Atlanta, Georgia 30303-3159	
13. TYPED NAME: Jerry Dubberly			
14. TITLE: Chief, Division of Medicaid			
15. DATE SUBMITTED: 07/03/14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 07/03/14		18. DATE APPROVED: 09-04-14	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07-01-14		20. SIGNATURE OF REGIONAL OFFICIAL: <i>//s//</i>	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS: Approved with the following changes as authorized by state agency email s dated 07/07/14. <u>Block#4 changed to read:</u> July 1, 2014.			

23a. **TRANSPORTATION (continued)**

EMERGENCY AMBULANCE

Non-Covered Services (continued)

- (f) Transportation for routine obstetrical delivery.
- (g) The member requested transportation to a more distant hospital or health care facility to receive the services of a specific physician of the member's choice.
- (h) Ambulance service to the physician's office or physician-directed clinic. A stop to a physician's office en route to the hospital necessitated by the patient's need for emergency professional care at a physician's office will be covered if the ambulance immediately continues to the hospital.

NON-EMERGENCY TRANSPORTATION EXCEPTIONAL TRAVEL

The Department assures the provision of necessary transportation to and from a health care provider when the member has no other transportation resources. The Department or an authorized representative will make a determination of transportation necessity.

Exceptional Transportation Services (ETS) are defined as non-emergent transport necessary under extraordinary medical circumstances, that require traveling out-of-state for health care treatment not normally provided through Georgia's health care providers.

LIMITATIONS

This transportation is limited to out-of-state travel including air and ground travel.

ETS must be arranged through the Department of Family and Children Services (DFCS).

Transportation outside of the area customarily used by the member's community can be reimbursed only when the required medical resources are not available within the area or the member's primary care physician is not located in the member's area.

POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR OTHER TYPES OF CARE OR SERVICES

A. Emergency Ambulance Services (Ground)

Payment for covered services shall not exceed the lower of:

- (a) The provider's submitted charge; or
- (b) The statewide maximum allowable rate in effect on the date of service.

Ground emergency ambulance services are covered for all eligible members. The maximum allowable amount is derived from Medicare's maximum allowable reimbursement rates for non-hospital based ambulance services. The maximum rates are 90% of the 2002 Medicare fee schedule for Locality 01 for Medicaid-covered procedure codes in the Emergency Ambulance Services (EAS) program. Fee schedule rates for public and private providers of ambulance services are the same. The state does not subdivide or sub classify its payment rates based on an entity or provider being private or public. Annual or periodic adjustments will be made and reflected in the fee schedule available to all providers and the public.

B. Emergency Ambulance Services (Air)

Members Under Age Twenty-One (21)

Emergency air ambulance covered services for members under the age of 21 include fixed wing (airplane) and rotary wing (helicopter) air ambulance.

(i) **Fixed Wing**

The reimbursement rate for fixed wing is determined by comparing the following pre-determined rates and choosing the lessor:

1. The provider's submitted charges;
2. Loaded Miles x \$6.00 = Sum + \$2,213.00;
3. Loaded Miles x \$6.00 = Sum + \$2,213.00 + \$250.00 per each medical attendant, per flight (maximum of \$500.00 per flight).

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 will equal the cost to provide the transportation.

(ii) Rotary Wing

The reimbursement rate for rotary wing is determined by comparing the following pre-determined rates and choosing the lessor:

1. The provider's submitted charges;
2. Loaded Miles x \$16.00 = Sum + \$2,573.00;
3. \$3,300.00 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 equal the cost to provide the transportation.

Members Over Age Twenty-One (21)

Emergency air ambulance covered services for members 21 and over include fixed wing (airplane) and rotary wing (helicopter) air ambulance.

(i) Fixed Wing

The reimbursement rate for fixed wing is determined by comparing the following pre-determined rates and choosing from the lessor:

1. The provider's submitted charges;
2. Loaded Miles x \$6.00 = Sum + \$2,213.00;
3. Loaded Miles x \$6.00 = Sum + \$2,213.00 + \$250.00 per each medical attendant, per flight (maximum of \$500.00 per flight).

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 will equal the cost to provide the transportation.

(ii) Rotary Wing

Payment for covered services shall not exceed the lower of:

- a. The provider's submitted charge; or
- b. The statewide maximum allowable rate in effect on the date of service.

Rotary wing emergency ambulance services for adults 21 and over are covered at the ground emergency ambulance rate. The maximum allowable amount is derived from Medicare's maximum allowable reimbursement rates for non-hospital based ambulance services.

The maximum rates are 90% of the 2002 Medicare fee schedule for Locality 01 for Medicaid-covered procedure codes in the Emergency Ambulance Services (EAS) program. Fee schedule rates for public and private providers of ambulance services are the same. The state does not subdivide or sub classify its payment rates based on an entity or provider being private or public. Annual or periodic adjustments will be made and reflected in the fee schedule available to all providers and the public.