

## **Table of Contents**

**State/Territory Name: Pennsylvania**

**State Plan Amendment (SPA) #: PA-19-0001**

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 Page

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
801 Market Street, Suite 9400  
Philadelphia, Pennsylvania 19107



**Region III/Division of Medicaid and Children's Health Operations**

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SWIFT # 010821094106

**February 4, 2019**

Teresa Miller  
Secretary  
Pennsylvania Department of Human Services  
625 Forster Street  
Room 333, Health & Welfare Building  
Harrisburg, Pennsylvania 17120

Dear Secretary Miller:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Pennsylvania's State Plan Amendment (SPA) Transmittal Number 19-0001, "Amendments to account for an increase in select ambulance transportation rates, to update the date of the revised Medical Assistance Program Fee Schedule and to move the mileage language under the "Payment Limitations." SPA PA-19-0001 authorizes increases to fees for basic life support, advanced life support and air ambulance transportation services and a fee increase for air ambulance mileage. The increases were authorized on June 22, 2018 pursuant to the enactment of Pennsylvania P.L. 281, No. 42.

This SPA was approved on January 22, 2019 with an effective date of January 1, 2019. Enclosed are:

1. The CMS Summary Page (CMS-179 form); and
2. The approved State Plan page for PA-19-0001.

If you have any questions concerning this SPA, please contact Mary McKeon at 215-861-4181.

Sincerely,

Francis T.

Mccullough -S

Francis T. McCullough

Associate Regional Administrator

Digitally signed by Francis  
T. Mccullough -S  
Date: 2019.02.04 10:58:57  
-05'00'

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**19-0001**

2. STATE  
Pennsylvania

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)  
Title XIX

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2019**

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  
**42 CFR 440.170(a)**

7. FEDERAL BUDGET IMPACT  
a. FFY ~~2018~~ 2019 \$2,321,167  
b. FFY ~~2019~~ ~~\$2,321,167~~ 2020 \$2,650,605

8. 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**

10. SUBJECT OF AMENDMENT

The State Plan is being amended to account for an increase in select ambulance transportation rates, to update the date of the revised MA Program Fee Schedule and to move the mileage language under the "Payment Limitations".

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Review and approval authority has  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      has been delegated to the Department of Human Services

12. SIGNATURE OF STATE AGENCY OFFICIAL  
/s/

13. TYPED NAME  
**Teresa D. Miller**

14. TITLE  
**Secretary of Human Services**

15. DATE SUBMITTED  
**JAN - 3 2019**

16. 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, Pennsylvania 17105-2675

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

18. DATE APPROVED  
**January 22, 2019**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
**January 1, 2019**

20. SIGNATURE OF REGIONAL OFFICIAL  
/s/

21. TYPED NAME  
**Francis McCullough**

22. TITLE  
**Associate Regional Administrator**

23. REMARKS  
In a 1/16/19 email to CMS, Pennsylvania authorized CMS to make "pen&ink" changes to Block 7 by deleting FFY 2018 and FFY 2019 Budget Numbers and substituting FFY 2019 and FFY 2020 Budget Numbers that were included in the aforementioned email. (MM)

METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS 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, 2019, and are effective for services provided on or after that date. All rates are published on the agency's website at: <a href="http://www.dhs.pa.gov/publications/forproviders/schedules/mafeeschedules/index.htm">http://www.dhs.pa.gov/publications/forproviders/schedules/mafeeschedules/index.htm</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.