

**RULES OF  
GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
MEDICAL ASSISTANCE**

**AMEND CHAPTER 111-3  
RULES AND REGULATIONS FOR AMBULANCE PROVIDER  
MATCHING PAYMENT PROGRAM**

**SYNOPSIS OF NEW RULES**

**STATEMENT OF PURPOSE:**

The Georgia Department of Community Health proposes to amend the Rules and Regulations for Medical Assistance, Ga. Comp. R. & Regs. r. 111-3. These rules are being proposed pursuant to the authority granted to the Department of Community Health in O.C.G.A. § 31-8-179.2.

**MAIN FEATURES OF THE PROPOSED RULE:**

The proposed rule changes create rules to establish a new ambulance provider matching payment program as authorized under O.C.G.A. § 31-8-179.2.

**RULES**  
**OF**  
**DEPARTMENT OF COMMUNITY HEALTH**  
**CHAPTER 111-3**  
**MEDICAL ASSISTANCE**

**SUBJECT 111-3-14**

**AMBULANCE PROVIDER MATCHING PAYMENT PROGRAM**

**TABLE OF CONTENTS**

111-3-14-.01	Definitions
111-3-14-.02	Payments to the Segregated Account
111-3-14-.03	Use of Provider Payments
111-3-14-.04	Effective Date

**111-3-14-.01 Definitions**

As used in this Chapter 111-3-14:

- (1) "Board" means the Board of Community Health, the body created under O.C.G.A. § 31-2-3, appointed by the Governor, that establishes the general policy to be followed by the Department of Community Health.
- (2) "Department" means the Department of Community Health established under O.C.G.A. § 31-2-1.
- (3) "Ambulance Service" for the purpose of this rule means a private entity performing services as defined in O.C.G.A. § 31-11-2 (4)(A), specifically, for providing emergency care and

transportation on the public streets and highways of this state for a wounded, injured, sick, invalid, or incapacitated human being to or from a place where medical or hospital care is furnished, and where such private entity is licensed by the Department of Public Health and is a 911 responding ambulance provider, either designated as a 911 provider or providing services under a service delivery contract for a designated 911 provider.

(4) "Net Patient Revenue" means the total gross patient revenue of an Ambulance Service less contractual adjustments, charity care, bad debt, or any other write-offs.

(5) "Provider Matching Payment" means payment assessed by the Department pursuant to this Chapter on providers which operate a Private Ambulance Service.

(6) "Private Ambulance Service" means an Ambulance Service, as defined in this Chapter, other than:

(a) An Ambulance Service owned and operated by the Federal government

(b) An Ambulance Service owned and operated by a unit of State government

(c) An Ambulance Service owned and operated by a unit of Local (non-state) government

(7) "Segregated Account" means an account for the dedication and deposit of Provider Matching Payments which is established within the Trust Fund.

(8) "State Plan Amendment" means all documentation submitted by the Commissioner, on behalf of the Department, to and for approval by the Secretary of Health and Human Services pursuant to the Title XIX of the Federal Social Security Act of 1935, as amended.

(9) "Trust Fund" means the Indigent Care Trust Fund created by article 6 of Chapter 8 of Title 31.

(10) “Waiver” means a waiver of the requirements for permissible health care related taxes, as provided for in 42 C.F.R. § 433.68.

**Authority:** O.C.G.A. § 31-11-31.2.

### **111-3-14-.02 Payments to the Segregated Account**

(1) There is established within the Trust Fund a Segregated Account for revenues raised through the imposition of the Provider Matching Payment. Any Provider Matching Payment assessed pursuant to this Chapter shall be deposited into the Segregated Account. No other funds shall be deposited into the Segregated Account. All funds shall be invested in the same manner as authorized for investing other moneys in the state treasury.

(2) Each Private Ambulance Service shall be assessed a Provider Matching Payment in an amount that shall not exceed the amount necessary for this program to obtain federal financial participation allowable under Title XIX of the Social Security Act.

(3) The Provider Matching Payment shall be paid quarterly by each Private Ambulance Service to the Department. Payment of the Provider Matching Payment shall be due on the last day of the last month of each calendar quarter; the first payment shall be due on September 30, 2022, or 30 calendar days after Board approval of this rule, whichever is later.

(4) The Department shall prepare and distribute a form on which each Ambulance Service shall submit information to comply with this Chapter.

(5) Each Ambulance Service shall keep and preserve for a period of seven (7) years such books and records as may be necessary to determine the amount for which it is liable under this Chapter. The Department shall have the authority to inspect and

copy the records of an Ambulance Service for purposes of auditing the calculation of the Provider Matching Payment. All information obtained by the Department pursuant to this Chapter shall be confidential and shall not constitute a public record.

(6) The Department may impose a penalty of up to six percent (6%) for any Ambulance Service that fails to pay a Provider Matching Payment within the time required by the Department for each month or fraction thereof that the Provider Matching Payment is overdue. If a required Provider Matching Payment has not been received by the Department by the last day of the last month of the calendar quarter, the Department may withhold an amount equal to the Provider Matching Payment and penalty owed from any medical assistance payment due such Ambulance Service under the Medical program. Any Provider Payment assessed pursuant to this Chapter shall constitute a debt due the state and may be collected by civil action and the filing of tax liens in addition to such methods provided for in this Chapter. Any penalty that accrues pursuant to this Rule shall be credited to the Segregated Account.

(7) If the Department determines that an Ambulance Service has underpaid the Provider Payment, the Department shall notify the Ambulance Service of the balance of the Provider Payment that is due. Such payment shall be due within thirty (30) days of the Department's notice.

**Authority:** O.C.G.A. § 31-11-31.2.

### **111-3-14-.03 Use of Provider Payments**

(1) The Department shall collect the Provider Matching Payments imposed pursuant to this Chapter. All revenues collected pursuant to this Chapter shall be deposited into the Segregated Account. Such funds shall be dedicated and used for

the sole purpose of obtaining federal financial participation for medical assistance payments to Private Ambulance Service providers on behalf of Medicaid recipients pursuant to Article 7 of Chapter 4 of Title 49.

(2) Revenues appropriated to the Department by the General Assembly pursuant to Article 6C of Chapter 8 of Title 31, shall be used to match federal funds that are available for the purpose for which such funds have been appropriated.

**Authority:** O.C.G.A. § 31-11-31.2.

**111-3-14-.04 Effective Date**

Upon the adoption by the Board, Chapter 111-3-14 shall become effective on July 1, 2022.

**Authority:** O.C.G.A. §. 31-11-31.2.