



# GEORGIA MEDICAID GROUND AMBULANCE ASSESSMENT AND PAYMENT PROGRAM

## FINANCIAL SURVEY TRAINING

SEPTEMBER 14, 2021



**MYERS AND  
STAUFFER** LC  
CERTIFIED PUBLIC ACCOUNTANTS

# INTRODUCTIONS

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## Myers and Stauffer LC

- Public accounting firm providing consulting services to government health care agencies for over 40 years.
- Medicaid audit and reimbursement contractor for the Georgia Department of Community Health (DCH).
- Assisting DCH in collecting survey data, calculating supplemental payments, and developing the associated assessment.

# Meet the Team

## **Myers and Stauffer LC**

**MARGARET KING**

Healthcare Senior Consultant

**TIM GUERRANT**

Member (Partner)

**BERRY BINGAMAN**

Senior Manager

## **Georgia Department of Community Health**

**KIM MORRIS**

Director of Reimbursement

**ANGELICA CLARK**

Senior Manager

# TODAY'S WEBINAR

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1. Ambulance program overview
  - a. Assessment
  - b. Supplemental payments
2. Financial survey
  - a. Schedules 1 through 3
  - b. Survey walk-through
  - c. Submission points
3. Key dates and Next Steps
4. Questions

# PROGRAM OVERVIEW

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# Program Overview



## Medicaid funding

- Medicaid is jointly financed by the federal government and the state.
- Federal Medicaid law permits the use of local funds for the non-federal share of Medicaid payments through one of the following mechanisms:
  - Certified public expenditures (CPE)
  - Intergovernmental transfers (IGT)
  - Health care provider taxes (assessments, fees)

# Program Overview



## **Supplemental payments are:**

- Payments in addition to the Medicaid claim payment.
- Subject to federal upper payment limits, such as:
  - Cost
  - Medicare payments
  - Average commercial rates

# Program Overview



## **Georgia's Act 186**

- Approval through House Bill 271 of the 2021-2022 regular session of the Georgia Assembly.
- Authorizes DCH to develop an assessment program for the purpose of funding the state share of Medicaid supplemental payments for a subset of ambulance providers.
- DCH intends to implement the assessment program for privately-owned (private) ambulance providers.



# Program Overview



## **Program requirements:**

- Assessment participation is mandatory for all ambulance providers as determined by DCH under House Bill 271.
  - DCH determination: Private ground ambulance providers.
- All in-state ground ambulance providers must complete the financial survey.
  - All providers, both public and private, must complete the financial survey.
- Supplemental payments require Medicaid specific claims activity.

# ASSESSMENTS



# Assessments



- Used to fund federal matching payments for the private ambulance supplemental payments program.
- Allocation across providers using either revenue or transports.
- Calculation based on information provided on Schedule 2 of survey and the federal medical assistance percentage (FMAP) for Georgia.

# Assessments



## Federal Matching

- FFY 2021 FMAP of 73.23% [67.03% + 6.2% PHE] requires matching funds equal to 26.77% of payments.
- DCH collects assessments of \$26.77 (state share) for each \$100 paid through the supplemental payments program.
- DCH pays \$100 to ambulance provider that includes \$73.23 in federal matching funds.

# Assessments



- Revenue and transport data will be modeled to evaluate impact of assessments and supplemental payments of various designs across providers.
- Models will be shared with stakeholders for input.
- Board of Community Health approval required.
- Contingent on CMS approval of supplemental payments program.

# SUPPLEMENTAL PAYMENTS

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# Supplemental Payments

**Payment applies to the following services:**

HCPCS Code	Description
A0425	Mileage
A0426	Advanced Life Support (ALS, Non-Emergency)
A0427	Advanced Life Support (ALS, Level 1, Emergency)
A0428	Basic Life Support (BLS, Non-Emergency)
A0429	Basic Life Support (BLS, Emergency)
A0433	Advanced Life Support, Level 2 (ALS Level 2, Emergency)
A0434	Specialty Care Transport

# Supplemental Payments



- Provider-specific payment rates based on average commercial rates (ACR).
  - Calculations based on Schedule 3 information.
- Separate ACR calculations for each HCPCS code.
- Medicaid service volume drives payment volume.
- Periodic lump-sum provider payments.



# Supplemental Payments



## Example ACR calculation

HCPCS Code A0000	Amount
Commercial Rate 1	\$82.30
Commercial Rate 2	\$91.00
Commercial Rate 3	\$90.75
Commercial Rate 4	\$84.00
Commercial Rate 5	\$89.25
Average Commercial Rate	\$87.46

# Supplemental Payments



## Example supplemental payment calculation

Step	Description	Amount
1	Average Commercial Rate	\$87.46
2	Medicaid Service Volume	100
3	Upper Payment Limit	\$8,746.00
4	Medicaid Claims Payments	\$4,975.00
5	Supplemental Payment	\$3,771.00

# FINANCIAL SURVEY

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# Financial Survey



- **Purpose:** To collect information from ambulance providers for use in designing and implementing the assessment and supplemental payments program and to model program impact on providers.
- Survey collects:
  - Provider information.
  - Revenue and transport data.
  - Information on each provider's top 3 to 5 commercial payers.

# Financial Survey



## Financial Survey Instructions

- Recommend reading through the instructions before completing the survey.
- The survey is “locked” and cannot be edited except for green data entry cells.

# Financial Survey



**All** Georgia ambulance providers.

- Schedules 1 and 2.

**Private** ground ambulance providers must also:

- Complete Schedule 3.
- Submit commercial rate supporting documentation.

**Private** ground ambulance providers defined as:

- Not government-owned.
- In-state licensed provider.

# Financial Survey



## **Schedule 1: Provider Information and Certification Statement**

- Collects identification information.
- Certification must be signed by an officer or executive of the organization.
- Lines 5 and 7 applicable only to Medicaid providers.

# Financial Survey



## **Schedule 2: Revenue and Transport Service Data**

- Report net revenue collections and billable transports.
- Data for transports originating in Georgia only.
- Paid dates January through June 2021.
- Separate data reporting:
  - Medicaid vs. other payers.
  - Emergency vs. non-emergency.
  - Listed HCPCS codes and other codes.



# Financial Survey



## **Schedule 3**

- Collects commercial payer rate information.
- Select 3 to 5 commercial payers, 5 preferred.
- Exclude Medicare, Medicare Advantage/HMO, TRICARE, Medicaid, workers' compensation, and auto insurance plans.
- Date range
  - Paid dates January through June 2021.
  - May be extended if less than 3 payers in date range.

# Financial Survey



## **Schedule 3 supporting documentation**

- Required for all reported payers and procedure codes.
- Acceptable documentation.
  - Paid remittance advice (RA).
  - Explanation of benefits (EOB).
  - Similar payment record documenting the allowed payment amount.
  - Must tie to payment rates reported on Schedule 3.
- DO NOT submit protected health information (PHI). PHI should be masked.

# SURVEY WALK- THROUGH

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# SURVEY SUBMISSION

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# Survey Submission



## Submission Checklist

- **All providers.**
  - Schedule 1, Provider Information and Certification Statement.
  - Signed certification.
  - Schedule 2, Revenue and Transport Survey Data.
  - Append Medicaid provider number, if applicable, and provider name for survey file name.
- **Private providers only.**
  - Schedule 3, Commercial Payer Rates.
  - Commercial rate supporting documentation.
    - Protected health information redacted.
    - Individual files for each payer and procedure code.
    - Files named with payer number and procedure code.

# Survey Submission

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## Survey Due Date

- Submit surveys by the due date of **October 5, 2021**.

## Survey and Documentation Uploads

- Electronic submission in original Microsoft Excel format.
- Redact all protected health information
- Secure File Transfer Protocol (FTP).
- Requires FTP account set up. (Existing FTP accounts with Myers and Stauffer may be used.)
- Request accounts by e-mailing [GeorgiaAmbulance@MSLC.com](mailto:GeorgiaAmbulance@MSLC.com)

# KEY DATES AND NEXT STEPS

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# Key Dates and Next Steps

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## **Key Dates:**

- 9/13/2021 – Financial survey distributed to providers by e-mail.
- 9/14/2021 – Myers and Stauffer holds program training.
- 10/5/2021– Completed survey and associated documents due to Myers and Stauffer LC via FTP.

## **Next Steps:**

- Responses to follow-up questions will be collected.
- Submitted survey information reviews and ACR calculations will be completed.
- Submitted information will be used to prepare models.



# Key Dates and Next Steps

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## **Next Steps:**

- Myers and Stauffer and DCH will review model results with stakeholders and seek input.
- Supplemental payments and assessment rates will be presented to the DCH Board for approval.
- State plan will be submitted for CMS approval.
- CMS program approval process will be completed.
- Initial provider assessment will be due and collected.
- Initial supplemental payments will be issued to Medicaid providers.

# QUESTIONS

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# Resources

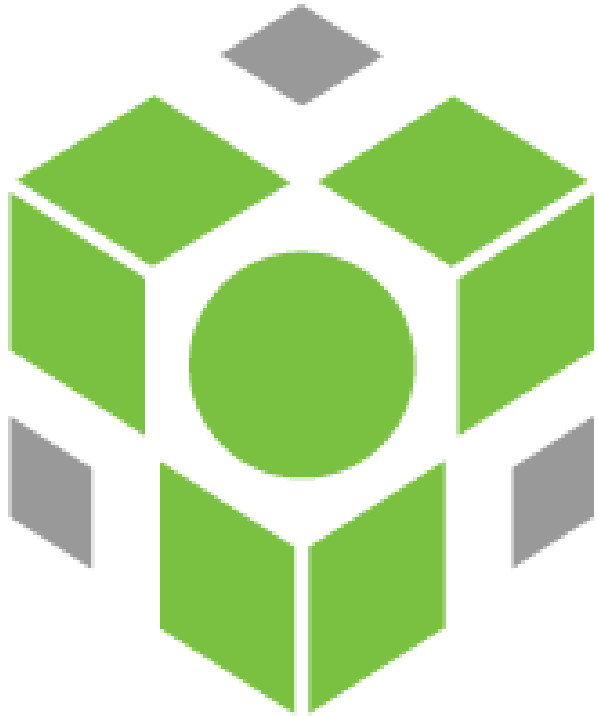


- Financial Survey
- Ambulance Ownership Checklist
- Frequently Asked Questions (FAQ) – This will be prepared post training.
- Slide deck from the Financial Survey Training presentation
- Webinar recording of the Financial Survey Training

The resources noted above will be made available on the DCH website at

<https://dch.georgia.gov/ground-ambulance-upl>.

# CONTACT US



## MYERS AND STAUFFER LC

800-877-6927

GeorgiaAmbulance@mslc.com

## DEPARTMENT OF COMMUNITY HEALTH

Kim Morris

404-657-0229

Kim.Morris@dch.ga.gov

Angelica Clark

404-463-2956

AClark@dch.ga.gov