GEORGIA MEDICAID
GROUND AMBULANCE
ASSESSMENT AND PAYMENT PROGRAM

FINANCIAL SURVEY TRAINING

SEPTEMBER 14, 2021
INTRODUCTIONS

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
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
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)
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
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
Payment applies to the following services:

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0425</td>
<td>Mileage</td>
</tr>
<tr>
<td>A0426</td>
<td>Advanced Life Support (ALS, Non-Emergency)</td>
</tr>
<tr>
<td>A0427</td>
<td>Advanced Life Support (ALS, Level 1, Emergency)</td>
</tr>
<tr>
<td>A0428</td>
<td>Basic Life Support (BLS, Non-Emergency)</td>
</tr>
<tr>
<td>A0429</td>
<td>Basic Life Support (BLS, Emergency)</td>
</tr>
<tr>
<td>A0433</td>
<td>Advanced Life Support, Level 2 (ALS Level 2, Emergency)</td>
</tr>
<tr>
<td>A0434</td>
<td>Specialty Care Transport</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>HCPCS Code A0000</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Rate 1</td>
<td>$82.30</td>
</tr>
<tr>
<td>Commercial Rate 2</td>
<td>$91.00</td>
</tr>
<tr>
<td>Commercial Rate 3</td>
<td>$90.75</td>
</tr>
<tr>
<td>Commercial Rate 4</td>
<td>$84.00</td>
</tr>
<tr>
<td>Commercial Rate 5</td>
<td>$89.25</td>
</tr>
<tr>
<td><strong>Average Commercial Rate</strong></td>
<td><strong>$87.46</strong></td>
</tr>
</tbody>
</table>
## Example supplemental payment calculation

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Average Commercial Rate</td>
<td>$87.46</td>
</tr>
<tr>
<td>2</td>
<td>Medicaid Service Volume</td>
<td>100</td>
</tr>
<tr>
<td>3</td>
<td>Upper Payment Limit</td>
<td>$8,746.00</td>
</tr>
<tr>
<td>4</td>
<td>Medicaid Claims Payments</td>
<td>$4,975.00</td>
</tr>
<tr>
<td>5</td>
<td>Supplemental Payment</td>
<td>$3,771.00</td>
</tr>
</tbody>
</table>
FINANCIAL SURVEY
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 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.
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
SURVEY SUBMISSION
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

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
KEY DATES AND NEXT STEPS
Key Dates and Next Steps

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

**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
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

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