



June 10, 2024

Provider Name  
Address  
City, State ZIP

RE: Georgia Medicaid Fee-for-Service Ground Ambulance Upper Payment Limit Supplemental Payment Program for Government-owned Providers – ACR Data Collection for Calendar Year 2023  
Via E-mail:

Provider Name:  
Medicaid Provider Number:

Dear Provider,

On behalf of the Georgia Department of Community Health (DCH), Myers and Stauffer LC, a contractor for DCH, invites you to participate in the Georgia Medicaid Fee-for-Service (FFS) Ground Ambulance Upper Payment Limit (UPL) Supplemental Payment Program for calendar year 2023. This program is available to in-state, government-owned, hospital affiliated or free-standing, ground ambulance providers.

### **Background**

Beginning with calendar year 2020, DCH instituted a Medicaid supplemental payment program for in-state, government-owned, hospital affiliated or free-standing, ground ambulance providers. Its purpose is to provide additional Medicaid reimbursement to help ensure access to ambulance services for Medicaid enrollees with FFS coverage. The supplemental payment is in addition to the claim payment a provider receives when submitting FFS claims for ambulance services.

The supplemental payment will not exceed an established upper payment limit. The UPL will be based on commercial payer information through the calculation of an average commercial rate (ACR) for each applicable ambulance service. The supplemental payment applies to the following ambulance services:

- 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

Please note that if for any procedure code, a provider has no Medicaid utilization or paid claims, either due to denial or zero payment, the code will not be included in the UPL calculation.

### **Participation and Documentation Requirements**

Participation in the governmental ambulance UPL program is voluntary. A survey is used to collect commercial rate information. Surveys are required for new program enrollees and will collect data applicable to calendar year 2023. Calendar year 2022 program participants do not need to submit a new survey. To participate, eligible in-state, government-owned, hospital affiliated or free-standing, ground ambulance providers must submit the required information as listed below.

- A completed ACR survey. DCH and Myers and Stauffer have developed a survey tool to collect commercial rate information from participating ambulance providers. The ACR survey is in Microsoft Excel format and is available on the DCH website at <https://dch.georgia.gov/ground-ambulance-upl> or by submitting a request for the survey tool to the email address below. The form is titled "GA Ambulance ACR Survey".
- A signed Schedule 1 of the ACR survey. Schedule 1 contains an attestation regarding the accuracy of the submitted commercial rate information. An electronic signature is acceptable.
- Documentation supporting the commercial payment rates reported in the survey. Further information is available in the survey instructions.
- A completed and signed Government Ownership Checklist form. DCH and Myers and Stauffer have developed a checklist to document the government ownership of participating ambulance providers. The checklist is in Microsoft Excel format and is available on the Department's website at <https://dch.georgia.gov/ground-ambulance-upl> or by submitting a request for the checklist to the email address below. The form is titled "Government Ownership Checklist". An electronic signature is acceptable.

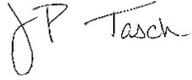
Surveys are due to Myers and Stauffer by July 19, 2024. All documentation must be submitted through the Myers and Stauffer secure FTP site. Requests for FTP accounts should be sent to [GeorgiaAmbulance@mslc.com](mailto:GeorgiaAmbulance@mslc.com). We encourage the redaction of protected health information (PHI) from documentation, though redaction is not required for submission.

### **Program Funding**

For this program, the non-federal share of funds will be transferred to the State of Georgia by the ambulance provider through the use of an intergovernmental transfer (IGT). An IGT is the transfer of public funds from a unit of government (county, city, other municipality, or a state agency) to the state Medicaid agency. The IGT amount will be a percentage of the total payment, based on the Medicaid federal match rate. DCH will notify each qualifying provider of the required IGT amount and the due date. Following the transfer of funds to the State of Georgia, DCH will draw federal matching funds and make the full Medicaid supplemental payment to the ambulance service.

If you have any questions about the program or if you believe you have received this letter in error, please contact Myers and Stauffer at [GeorgiaAmbulance@mslc.com](mailto:GeorgiaAmbulance@mslc.com) or by telephone at (800) 877-6927 or you may contact Kim Morris, Director of Reimbursement via email at [Kim.Morris@dch.ga.gov](mailto:Kim.Morris@dch.ga.gov) or Angelica Clark Hester, Senior Manager via email at [AClark@dch.ga.gov](mailto:AClark@dch.ga.gov).

Sincerely,

A handwritten signature in black ink that reads "JP Tasch". The initials "JP" are written in a stylized, cursive font, followed by the name "Tasch" in a similar but more legible cursive script.

Justin Tasch  
Senior Manager  
Myers and Stauffer LC