

Georgia Department of Community Health (DCH)

Georgia Medicaid Fee-for-Service (FFS) Ground Ambulance Upper Payment Limit (UPL) Supplemental Payment Program

Frequently Asked Questions (FAQ) Updated 3/29/2021

The questions and answers in this document are evolving and may be updated throughout the GA Ambulance UPL project.

1. What is the Georgia Medicaid Fee-for-Service (FFS) Ground Ambulance Upper Payment Limit (UPL) Supplemental Payment Program?

The Georgia Medicaid FFS Ground Ambulance UPL Supplemental Payment Program is a Medicaid supplemental payment program for in-state, government-owned (hospital affiliated or free-standing) ground ambulance providers. The purpose of the supplemental payment is to provide additional Medicaid reimbursement to ensure access to ambulance services for Medicaid enrollees.

2. Where can I find information on the Georgia Medicaid FFS Ground Ambulance UPL Supplemental Payment Program?

Information regarding the program can be found on the DCH website at <https://dch.georgia.gov/ground-ambulance-upl>.

3. Who is eligible to participate in the program?

To be eligible, providers must be in-state and government-owned (hospital affiliated OR free-standing) and provide ground ambulance services.

4. Does the program apply to Medicaid Managed Care?

No, this program only applies to the Medicaid fee-for-service delivery system.

5. Does this UPL program apply only to Georgia Medicaid claims where Georgia Medicaid is the primary payer?

The UPL program applies to Georgia Medicaid FFS claims, including claims where the Medicaid FFS program is not the primary payer, such as claims with a third party insurance payment. All payments made to the provider for the ambulance service, including Medicaid and third party payments, will be included in the calculation of the supplemental payment. The program does not apply to Medicare crossover claims for Medicare/Medicaid dual eligible recipients. In addition, the program does not apply to the Children's Health Insurance Program (CHIP).

6. There was an average commercial rate (ACR) survey completed by providers in 2019. Were supplemental payments made to providers based on that survey?

The information collected in 2019 was used for demonstration purposes to submit to the Centers for Medicare & Medicaid Services (CMS) in order to prepare for this program; therefore, no payment was issued.

- 7. The ACR survey requests the top three to five commercial payers. Are the top three to five payers based on payments received by the ambulance provider during the ACR survey period or based on the date of service of the claims?**

The top three to five payers should be identified based on payments received during the ACR survey period.

- 8. Should commercial payment amount represent the allowed amount or the amount paid after the patient's responsibility?**

The commercial payment amount should be the gross allowed amount before any reductions in payment (i.e., co-pays/co-insurance, third party payments, etc.).

- 9. When are ACR surveys due to Myers and Stauffer LC?**

The survey for Payment 1 is due on 3/31/2021. The survey for Payment 2 is due on 6/4/2021.

- 10. Will the IGT payment be due prior to the supplemental payment being paid?**

Yes, the IGT payment will be due prior to the supplemental payment being paid.

- 11. Will the calculation of the average commercial rate be provider-specific or statewide?**

The ACR will be computed on a provider specific basis by procedure code.

- 12. Are free-standing, county-owned ambulance providers required to partner with a hospital in order to participate in the program?**

No. This program is available to in-state, government-owned ground ambulance providers, including providers affiliated with a hospital and providers that are freestanding (not affiliated with a hospital).

- 13. How should free-standing, government-owned ambulance providers respond to Lines 3 and 4 of Schedule 1 on the ACR survey regarding the affiliated hospital or hospital authority?**

Free-standing (non-hospital affiliated), government-owned ambulance providers should enter "N/A" on lines 3 and 4 of Schedule 1 of the ACR survey.

- 14. How will the payment be calculated?**

An average commercial rate will be calculated for each applicable ambulance service corresponding to the seven procedure codes listed in the ACR survey. To calculate the upper payment limit, the ACR amount for each procedure code will be multiplied by the number of Medicaid FFS units for paid claims for services provided during the ACR survey period. To calculate the supplemental payment, the upper payment limit will be reduced by total Medicaid claim payments (Medicaid payments and any third party liability payments).

15. If a provider operates in several areas/counties, will their average commercial rate be based on each area, or their service as a whole?

The average commercial rate will be calculated based on the top three to five commercial payers for the ambulance provider's services as a whole.

16. If the ambulance provider does not transport any patients non-emergently (i.e., A0426 and A0428), is the ambulance provider still eligible for participation in the program?

Yes, providers are not required to have Medicaid utilization for all seven codes to participate in the program. If there is no utilization for a particular code, please enter N/A in the corresponding row of the ACR survey.

17. How is the State share calculated?

Medicaid payments are financed by the federal government and the state. On an annual basis, the federal government determines the level of federal support for the Medicaid program, which is calculated through a percentage known as the Federal Medical Assistance Percentage (FMAP). The state share is equal to the total Medicaid payment, minus the federal share. The federal fiscal year 2021 FMAP for the state of Georgia is 73.23% (67.03% base FMAP + 6.2% public health emergency increase). If a Medicaid payment is \$100, the federal share is \$73.23 ($\$100 * .7323$), and the state share is \$26.77 ($\$100 - \73.23).

18. Will the State keep a portion of the IGT funds supplied by the government-owned provider?

No, the State does not keep the IGT supplied by the government-owned ambulance provider. Under an IGT financing structure, the government-owned provider is financing the state share of the Medicaid payment by transmitting the state share of the payment to the Medicaid agency. The Medicaid agency draws down federal dollars from the federal government and returns the total Medicaid payment to the government-owned provider. As described above, the federal fiscal year 2021 FMAP for the state of Georgia is 73.23% (67.03% base FMAP + 6.2% public health emergency increase). If the Medicaid payment is \$100, the government-owned provider will submit to the Medicaid agency the state share of the Medicaid payment in the form of an IGT in the amount of \$26.77. The Medicaid agency will draw down \$73.23 from the federal government and will return \$100 to the governmental provider. The state share must be supplied before federal dollars can be obtained.

19. Where should I submit questions about the program?

Questions about the program can be submitted to:

- Myers and Stauffer at GeorgiaAmbulance@mslc.com
- Georgia Department of Community Health: Kim Morris, Director of Reimbursement at Kim.Morris@dch.ga.gov or Angelica Clark, Senior Manager at AClark@dch.ga.gov