Georgia Department of Community Health (DCH)

Ground Ambulance Assessment and Payment Program

Frequently Asked Questions (FAQ)
Prepared 10/1/2021

The questions and answers in this document are evolving and may change throughout the project.

1. **Why are there two separate ambulance payment programs?**

   The purpose of the supplemental payment programs is to provide additional Medicaid reimbursement to ensure access to ground ambulance services for Medicaid enrollees. The Ground Ambulance UPL Supplemental Payment Program is for in-state, government-owned ground ambulance providers. The Ground Ambulance Assessment and Payment Program is for in-state, privately-owned ground ambulance providers.

2. **Where can I find information on the programs?**

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

3. **How do the programs differ and how are they similar?**

   The programs are differentiated by the eligible providers and the mechanism for funding the non-federal (state) share of the Medicaid payment. The Ground Ambulance UPL Supplemental Payment Program is for government-owned (public) providers and is funded through inter-governmental transfers (IGTs) from the public providers. The Ground Ambulance Assessment and Payment Program is for privately owned providers and is funded through a fee assessed on private providers.

4. **How is participation in the Ground Ambulance Assessment and Payment Program determined?**

   All in-state, private ambulance providers licensed in the state of Georgia for providing ground ambulance services are subject to the provider assessment. Participation in the payments portion of the program requires Medicaid enrollment and Medicaid paid claims activity.

5. **Is the program fully approved?**

   The ambulance assessment and payment program is authorized in state law through Act 186 (House Bill 271). DCH will seek stakeholder input throughout the design phase. Program design will require approval from the Board of Community Health and the Centers for Medicare and Medicaid Services (CMS).

6. **How will DCH collect data needed to model, design and calculate the assessment?**

   DCH, through its contractor Myers and Stauffer LC, will collect the Financial Survey from all in-state, Georgia-licensed ground ambulance providers. A separate survey is required for each provider, i.e. each separate Medicaid provider number.

7. **How will the payments be calculated?**

An average commercial rate (ACR) will be calculated for each applicable ambulance service corresponding to the seven procedure codes listed in Schedule 3 of the Financial Survey. To calculate the upper payment limit, the ACR for each procedure code will be multiplied by the volume of Medicaid paid fee-for-service (FFS) ambulance service units for the period to calculate the upper payment limit (UPL). To calculate the supplemental payment, the UPL will be reduced by total Medicaid claim payments (Medicaid payments and any third party liability payments).

8. How is the non-federal (State) share calculated?

Medicaid payments are financed by the federal government and the state. The state share can be obtained through a provider assessment. 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). The FMAP is recalculated each federal fiscal year.

9. Will the State keep a portion of the provider assessment supplied by the privately-owned providers?

No, the State does not keep the funds supplied by the ambulance provider. The provider assessment is structured to fund the supplemental payments. The supplemental payments are determined, and the state share needed to fund the supplemental payments is calculated to determine the total assessment to be collected. The Medicaid agency draws down federal dollars from the federal government and returns the total Medicaid payment to the privately-owned ambulance providers with Medicaid claims activity.

10. Will the State provide any funding toward the program or will the state share by paid fully by providers?

The State will not contribute funding for the state share of supplemental Medicaid payments. The state share of payments will be financed by private ambulance companies through a provider assessment.

11. How will the provider assessment be allocated across providers?

The fee will be allocated across all licensed ground ambulance providers based on a statistic, such as net patient revenue or total trips. The data for the allocations must be reported on Schedule 2 of the Financial Survey. As a result of the allocation, the provider assessment will be higher for providers with a higher statistic. Modeling will be performed to evaluate statistics for the overall best outcome state-wide.

12. Are government-owned ambulance providers required to participate in the financial survey for the Ground Ambulance Assessment and Payment Program?

Yes, all Georgia ambulance providers are required to submit the financial survey. However, government-owned providers must complete only Schedules 1 and 2, while privately-owned providers must complete Schedules 1, 2, and 3.

13. If a government-owned (public) ambulance provider did not opt into the previous surveys for the public UPL program, are they now required to complete Schedule 3 of the Financial Survey?

No, only privately-owned providers should complete Schedule 3 of the Financial Survey for the Ground Ambulance Assessment and Payment Program. Providers must complete the applicable portions of the survey as follows:

- Government-owned providers: Schedules 1 and 2
- Privately-owned providers: Schedules 1, 2, and 3.

If a government-owned (public) ambulance provider would like to participate in the supplemental payment program for public providers, the government-owned provider should contact DCH or Myers and Stauffer LC. Please refer to the last question and answer of this document for contact information.

14. Does the program apply to Medicaid Managed Care?

At this time, the program applies to the Medicaid fee-for-service delivery system only.

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

The supplemental payment 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 services, 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).

16. Which procedure codes are included in the supplemental payments?

The following seven (7) procedure codes will be included in the supplemental payments:

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

17. Schedule 2 of the Financial Survey requests net revenue collections and transport data be reported separately between Medicaid and other payers. In which column should data be reported when Medicaid is the secondary payer?

Include claims where the Medicaid program is the secondary payer, such as claims with a third party insurance payment, in the "Medicaid" columns. Include Medicare crossover claims for Medicare/Medicaid dual eligible recipients and Children's Health Insurance Program (CHIP) claims in the "All Other Payers" columns.

18. Should collections be included on Schedule 2 for contractual payments, such as for on-site ambulance and EMT services?

Only collections associated with a reported transport should be included. Do not include on Schedule 2 collections for contractual services that are not directly related to a patient transport.

19. Collections and transport data is being collected by HCPCS code on Schedule 2. How should data be reported when the ambulance company records do not provide the needed detail?

For transports where payment cannot be identified by HCPCS code, the provider should identify the transport as either emergency or non-emergency. Emergency transport data should be reported in a selected transport line within the "Ground Emergency Services" section. Non-emergency transport data should be reported on a selected transport line within the "Ground Non-Emergency Services" section. If ancillary services, including mileage, cannot be separated from the transport code, the provider should report the ancillary collections with the related transport code.

20. The Financial Survey requests the top three to five commercial payers on Schedule 3. Are the top three to five payers based on payments received by the ambulance provider during the 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 survey period. If the provider does not have a minimum of three payers during the survey period, the provider may extend the survey period to six months before the survey period and six months after the survey period. If the provider still does not have at least three payers for a listed procedure code, an explanation should be included in the box at the bottom of the form.

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

The commercial payment amount reported on Schedule 3 should be the gross allowed amount before any reductions in payment (i.e., co-pays/co-insurance, third party payments, etc.).

22. Is supporting documentation required on Schedule 3 for all procedure codes or a sample only?

Provide documentation to support the listed procedure code rates for all payers reported on Schedule 3. The documentation must be a paid remittance advice (RA) or explanation of benefits (EOB) or other similar payment record from the commercial payer documenting the allowed payment amount. Documentation must be submitted for each procedure code and for each commercial payer.

23. When are Financial Surveys due to Myers and Stauffer LC?

Financial Surveys are due October 5, 2021.

24. Will the assessment be due prior to the supplemental payment being paid?

Yes, the provider assessment will be due and collected prior to the supplemental payment being paid.

25. Will the calculation of the average commercial rate (ACR) be provider-specific or state-wide?

The ACR will be computed on a provider-specific basis by procedure code. The state may use a state-wide median rate for providers with less than three payers.

26. 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 for each Georgia Medicaid provider number.

27. Must the ambulance provider have claims for all of the program codes to be eligible for participation in the program?

No, providers are not required to have Medicaid utilization for all seven codes to participate in the supplemental payments program.

28. May an established secure file transfer protocol (FTP) account be used for multiple surveys?

The same FTP account used for the public survey may be used for the financial survey.

29. Where should I submit questions about the program?

Questions about the program may be submitted to:

- Myers and Stauffer LC 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