

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

February 1, 2016

Dr. Linda Wiant, Chief
Medical Assistance Plans
Georgia Department of Community Health
2 Peachtree Street, NW, 40th Floor
Atlanta, Georgia 30303

RE: Title XIX State Plan Amendment (SPA), Transmittal # GA 15-004

Dear Dr. Wiant:

We have reviewed the proposed Georgia State Plan Amendment 15-004, which was submitted to the Atlanta Regional Office on July 16, 2015. The SPA allows compliance with the changes in the State Fiscal Year 2016, State Appropriations Bill (H.B. 76), and item 88.15. This house bill requires the Department to provide reimbursement for rotary wing air ambulance for adult transports at the pediatric rate.

Based on the information provided, the Medicaid State Plan Amendment 15-004 was approved on February 1, 2016. The effective date of this amendment is July 1, 2015. We are enclosing the approved HCFA-179 and the plan pages.

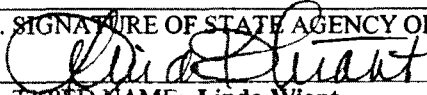

If you have any additional questions or need further assistance, please contact Yvette Moore at (404) 562-7327 or Yvette.Moore@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze". The signature is written in a cursive, flowing style.

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-004	2. STATE GEORGIA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: July 1, 2015	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> :			
<input type="checkbox"/> NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR		7. FEDERAL BUDGET IMPACT: FFY 2015 \$ 258,435 FFY 2016 \$ 1,033,742	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 4.19-B		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 4.19-B	
10. SUBJECT OF AMENDMENT: ADULT AIR AMBULANCE			
11. GOVERNOR'S REVIEW <i>(Check One)</i> :			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36th Floor Atlanta, Georgia 30303-3159	
13. TYPED NAME: Linda Wiant			
14. TITLE: CHIEF, DIVISION OF MEDICAID			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 07-16-15		18. DATE APPROVED: 02-01-16	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07-01-15		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS: Approved with the following changes to block #6, 7, 8 and 9 email dated 01/23/16.			
Block #6 Changed to read 42 CFR Part 414, Subpart H Block #7 Changed to read: FFY15: \$71,400.65; FFY16: \$288,205.18 Block #8 Changed to read: 4.19-B, Page 1 (ii) Block #9 Changed to read: 4.19-B, Page 1 (ii)			

(ii) Rotary Wing

The reimbursement rate for rotary wing is determined by comparing the following pre-determined rates and choosing the lessor:

1. The provider's submitted charge
2. Loaded miles x \$16.00= Sum + \$2,573.00
3. \$3,300 fixed rate

Loaded miles are defined as the mileage incurred from the pickup of an eligible member to the member's arrival at the destination. Unloaded trips and mileage are not reimbursable. The rates stated above include the base rate plus loaded mileage which equals the cost to provide the transportation.