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State/Territory Name: WA

State Plan Amendment (SPA) #: 23-0034

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group/ Division of Reimbursement Review

November 6, 2023

DR. Charissa Fotinos, Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 23-0034

Dear Director Fotinos:

We have reviewed the proposed Washington state plan amendment (SPA) to attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 8, 2023. This SPA updated the ambulance transportation quality assurance fee expiration date from June 30, 2024 to June 30, 2028.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst James Moreth at James.Moreth@cms.hhs.gov or (206) 615-2043.

Sincerely,

Todd McMillion

Todd McMillion
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 3 — 0 0 3 4

2. STATE
WA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
1902(a) of the social security act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 ²³ \$ 0
b. FFY 2025 ²⁴ \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B page 20h

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
**Attachment 4.19-B page 20h
TN# 21-0013**

9. SUBJECT OF AMENDMENT
Quality Assurance Fee Expiration Date Extension - Ground Emergency Medical Transportation

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
Charissa Fotinos MD, MSc

12. TYPED NAME
Charissa Fotinos MD, MSc

13. TITLE
Medicaid and Behavioral Health Medical Director

14. DATE SUBMITTED
August 8, 2023

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED **8/8/23**

17. DATE APPROVED
November 6, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/23

19. SIGNATURE OF APPROVING OFFICIAL
Todd McMillion

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, FMG Division of Reimbursement Review

22. REMARKS
P&I change to box 5 to add "of the social security act".
P&I change to box 8 to add TN# 21-0013
P&I change to box 6 to change FFYs to 2023 and 2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Ambulance Transportation Quality Assurance Fee

The Ambulance Transportation Quality Assurance Fee program provides increased reimbursement to eligible ground emergency medical transport providers by application of an add-on rate to Apple Health fee-for-service (FFS) fee schedule base rates for eligible emergency medical transportation services to support additional Medicaid payments to nonpublic and nonfederal providers of emergency ambulance services. The reimbursement rate add-on applies to eligible Current Procedural Terminology (CPT) Codes, as described below, effective July 1, 2021, through June 30, 2028. The base rates for emergency medical transportation services remain unchanged.

“Eligible providers” means an ambulance transportation provider that bills and receives patient care revenue from the provision of ground emergency ambulance transports. “Ambulance transport provider” does not include a provider that is owned or operated by the state, cities, counties, fire protection districts, regional fire protection service authorities, port districts, public hospital districts, health care districts, federally recognized Indian tribes, or any unit of government as defined in 42 C.F.R. Sec. 433.50.

“Emergency medical transport” means the act of transporting an individual from any point of origin to the nearest medical facility capable of meeting the emergency medical needs of the patient by an ambulance licensed, operated, and equipped in accordance with applicable state or local statutes, ordinances, or regulations, excluding transportation by an air ambulance provider, that are billed with CPT Codes A0429 BLS Emergency, A0427 ALS Emergency, A0433 ALS2, and A0434 Specialty Care Transport. An “emergency medical transport” does not occur when, following evaluation of a patient, a transport is not provided.

Methodology

The state share of this supplemental payment is funded through a provider assessment. Non-publicly owned ambulance providers that are licensed by the state of Washington to provide emergency ambulance transportation are assessed at a rate that will ensure the Quality Assurance Fund is fully funded. The providers are assessed on every emergency transportation they perform. Providers report their transports that use codes A0429, A0427, A0433, and A0434 to the Medicaid agency quarterly. The quality assurance fee assessment rate is a ratio, the numerator of which will be the product of the projected aggregate fee schedule amount, and the denominator of which will be ninety percent of the projected total annual emergency ambulance transports by all ambulance transport providers. The aggregate fee schedule amount is the forecasted amount needed to pay the enhanced payment for each Medicaid emergency transport performed by a non-publicly owned provider of emergency ambulance transports, excluding federal match.

The agency calculates the add-on amount using the projections based on the number of emergency ambulance transports and gross revenue data submitted. The fee-for-service add-on will be equal to the quotient of the available fee amount divided by the total Medicaid emergency ambulance transports. The available fee amount is the total of amounts deposited to the fund during the state fiscal year, minus allowed administrative fees and legislatively appropriated grants plus available federal match. The resulting fee-for-service payment schedule amounts will be equal to the sum of the Medicaid fee-for-service payment schedule amount and the add-on increase.

For State Fiscal Year (SFY) 2022-SFY 2028, the reimbursement rate add-on is a fixed rate. The resulting payment amounts are equal to the sum of the fee-for-service (FFS) fee schedule base rate, excluding any declared disaster adjustments, and the add-on amount for the CPT code.

Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both government and private providers of emergency medical transportation. The add-on payment is paid for each eligible CPT code on a per-claim basis. The add-on amount and fee-for-service fee schedule are published on the agency’s web site. See 4.19-B I, General, #G for the agency’s website where the fee schedules are published.