



**State of Louisiana**  
Louisiana Department of Health  
Bureau of Health Services Financing

**VIA ELECTRONIC MAIL ONLY**

March 12, 2020

Bill Brooks  
Associate Regional Administrator  
Division of Medicaid & Children's Health  
DHHS/Centers for Medicare and Medicaid Services  
1301 Young Street, Room #833  
Dallas, Texas 75202

Dear Mr. Brooks:

**RE: LA SPA TN 19-0020 RAI Response  
Ground Ambulance Provider Fees and Enhanced Reimbursements**

Please refer to our proposed amendment to the Medicaid State Plan submitted under transmittal number (TN) 19-0020 with the proposed effective date July 1, 2019. The SPA proposes to amend the provisions governing the health care services for ground ambulance service providers to include non-emergency ground ambulance services, and to include non-emergency ground ambulance services in enhanced reimbursement for emergency ground ambulance transportation services. We are providing the following in response to your request for additional information (RAI) dated October 10, 2019.

General Comments/Questions

1. Please provide CMS with the Average Commercial Rate (ACR) demonstration. Also included in this ACR demonstration must be supporting documentation listing the top five commercial payer rates for each CPT code for which the ACR will be paid to non-emergency ground ambulance transportation providers. Please find attached the template, instructions and guidance for the ACR demonstration.

**RESPONSE:**

**The ACR is calculated using the top three commercial payers. Please see the ACR demonstration attached.**

2. Please complete the checklist in the ACR guidance.

19-0020 Ground Ambulance Provider Fees and Enhanced Reimbursements  
RAI Response  
Effective date: July 1, 2019

**RESPONSE:**

**Please see attached the completed checklist in the ACR guidance.**

**Standard Funding Questions**

3. Does the ambulance service tax meet all the requirements in 42 CFR 433.68 as a permissible tax including broad-based and uniform requirements? Has the tax previously been reviewed by CMS and determined to be permissible? If so, please provide evidence to support.

**RESPONSE:**

**The tax complies with the CFR. CMS previously reviewed LA-SPA 16-0019 in which this provider tax is used.**

4. If the ambulance tax does not meet the broad-based and uniform requirements in 42 CFR 433.68, the state will need to submit a tax waiver request to CMS for review and approval prior to CMS being able to approve the SPA.

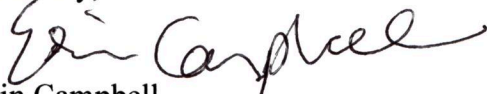
**RESPONSE:**

**The tax meets the requirements.**

Please consider this a formal request to begin the 90-day clock. We trust this additional information will result in the approval of the pending SPA. We look forward to negotiating with CMS to ensure approval.

As always, we appreciate the assistance of CMS in resolving these issues. If further information is required, you may contact Karen H. Barnes at [Karen.Barnes@la.gov](mailto:Karen.Barnes@la.gov) or by phone (225) 342-3881.

Sincerely,



Erin Campbell  
Acting Medicaid Director

EC:KHB:SSJ

Attachments (4)

c: Karen H. Barnes  
Tobias Griffin  
Tamara Sampson







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