



Regional Operations Group

October 9, 2019

Ms. Jen Steele, State Medicaid Director
Department of Health
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attention: Karen Barnes

RE: State Plan Amendment LA 19-0005

Dear Ms. Steele:

We have completed our review of the proposed amendment submitted under transmittal number (TN) LA 19-0020. This plan amendment has an effective date of July 1, 2019 and was submitted in order 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.

Before we can continue processing this amendment, we need additional or clarifying information.

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.
2. Please complete the 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.
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.


We are requesting this additional/clarifying information under provisions of section 1915(f) of the Social Security Act (added by PL 97-35). This has the effect of stopping the 90-day clock for CMS to take action on the material, which would have expired on January 25, 2020. A new 90-day clock will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018 Center for Medicaid and CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA or waiver action. In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

We ask that you respond to this RAI via the Dallas Regional Office SPA/Waiver e-mail address at CMS SPA_Waivers_Dallas_R06. The original signed response should also be sent to the Dallas Regional Office.

If you have any questions, please contact Tobias Griffin at 214-767-4425.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group