

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u> 42 CFR 440.170	Medical and Remedial Care and Services Item 24.a.	<u>Any Other Medical Care and Any Other Type of Medical Care Recognized Under State Law Specified by the Secretary</u> Transportation Services are reimbursed as follows:
--------------------------------------	--	--

**I. Method of Payment**

**A. Emergency Medical Transportation**

**1. Land-Based Ambulances**

Reimbursement for land based ambulances through Title XIX funds is made according to the established State fee schedule (based on Medicare rates) for emergency ambulance transport, basic life support (BLS), advanced life support (ALS) and mileage, oxygen, intravenous fluids, and disposable supplies administered during the emergency ambulance transport minus the amount paid by any liable third party coverage. Rates will be adjusted periodically when significant changes such as Medicare rate increases and allocation of additional funds have taken place.

An increase of 1.4% based on additional funds allocated by the 2001 Regular Session of the Legislature is applied to the reimbursement rates in effect as of June 30, 2001.

Effective for dates of service on or after August 4, 2009, the reimbursement rates for the following supplies shall be reduced by 36 percent of the rate on file as of August 3, 2009.

- Advanced life support special service disposable intravenous supplies; and
- Advanced life support routine disposable supplies.

Governmental and private providers are paid using the same rate. These rates are published on the agency's website, [www.lamedicaid.com](http://www.lamedicaid.com).

Effective for dates of service on or after January 22, 2010, the reimbursement rates for emergency ambulance transportation services shall be reduced by 5 percent of the rate on file as of January 21, 2010.

Effective for dates of service on or after January 1, 2011, the reimbursement rates for emergency ambulance transportation services shall be reduced by 2 percent of the rate on file as of December 31, 2010.

STATE <u>LOUISIANA</u>	<b>A</b>
DATE REC'D <u>8-1-12</u>	
DATE APPV'D <u>7-9-13</u>	
DATE EFF <u>7-1-12</u>	
42 CFR 179 <u>12-18</u>	

TN# 12-18 Approval Date 7-9-13 Effective Date 7-1-12  
Supersedes  
TN# 10-68 SUPERSEDES: TN- 10-68



PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Effective for dates of service on or after July 1, 2012, the reimbursement rates for emergency ambulance transportation services shall be reduced by 5.25 percent of the rate on file as of June 30, 2012.

Effective for dates of service on or after August 1, 2012, the reimbursement rates for emergency ambulance transportation services shall be reduced by 5 percent of the rates on file as of July 31, 2012.

The Department ensures through post pay review that all services are medically appropriate for the level of care billed and have been provided in accordance with the ALS or BLS certification level of the ambulance service.

**2. Air Transport**

The rate of reimbursement for air transport is base rate plus mileage according to rates in effect for Medicare as of January 1, 1995, minus the amount paid by any liable third party coverage.

Separate reimbursement for oxygen and disposable supplies is made when the provider incurs these costs. Reimbursement for these services will be made in accordance with the rates previously established by Medicare and approved by Medicaid effective April 1, 1995.

Payment for air mileage is limited to actual air miles from the pick-up point to the point of delivery of the patient.

Payment for a round trip transport on the same day between two hospitals is the base rate plus the round trip mileage.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for fixed winged emergency ambulance services shall be reduced by 5 percent of the rate on file as of January 21, 2010.

Effective for dates of service on or after January 1, 2011, the reimbursement rates for fixed winged emergency ambulance services shall be reduced by 2 percent of the rate on file as of December 31, 2010.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for fixed winged emergency air ambulance services shall be reduced by 5.25 percent of the rate on file as of June 30, 2012.

STATE	<u>LOUISIANA</u>
DATE REC'D	<u>9-13-12</u>
DATE APPV'D	<u>7-9-13</u>
DATE EFF	<u>8-1-12</u>
NOFA 179	<u>12-47</u>

**A**

TN# 12-47 Approval Date 7-9-13 Effective Date 8-1-12

Supersedes  
TN# 12-18

**SUPERSEDES: TN- 12-18**

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Effective for dates of service on or after August 1, 2012, the reimbursement rates for fixed winged emergency ambulance services shall be reduced by 5 percent of the rate on file as of July 31, 2012.

**Rotor Winged (Helicopters) Ambulance**

Effective for dates of service on or after September 17, 2008, the reimbursement rate paid for rotor winged air ambulance services shall be increased to 100 percent of the 2008 Louisiana Medicare allowable rate. Governmental and non-governmental providers are paid the same.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for rotor winged emergency ambulance services shall be reduced by 5 percent of the rate on file as of January 21, 2010.

Effective for dates of service on or after January 1, 2011, the reimbursement rates for rotor winged emergency ambulance services shall be reduced by 2 percent of the rate on file as of December 31, 2010.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for rotor winged emergency air ambulance services shall be reduced by 5.25 percent of the rate on file as of June 30, 2012.

Effective for dates of service on or after August 1, 2012, the reimbursement rates for rotor winged emergency air ambulance services shall be reduced by 5 percent of the rate on file as of July 31, 2012.

Effective for dates of service on or after September 1, 2014, the reimbursement rates for rotor winged emergency air ambulance services, which originate in areas designated as rural and/or super rural by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, shall be increased to the following rates:

1. base rate, \$4,862.72 per unit; and
2. mileage rate, \$33.65 per unit.

State: Louisiana  
Date Received: 9/17/14  
Date approved: 12/9/14  
Date Effective: 9/1/14  
Transmittal Number: LA 14-0034

TN LA 14-0034

Approval Date 12-09-14

Effective Date 09-01-14

Supersedes

TN 12-47

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**Supplemental Payments for Emergency Ambulance Services**

Effective for dates of service on or after September 21, 2011, quarterly supplemental payments shall be issued to qualifying land ambulance and air ambulance providers for emergency medical transportation services rendered during the quarter.

**A. Qualifying Criteria**

Ambulance service providers must meet the following requirements in order to qualify to receive supplemental payments. The ambulance service provider must be:

1. Licensed by the State of Louisiana;
2. Enrolled as a Louisiana Medicaid provider;
3. Be a provider of emergency medical transportation or air ambulance services as defined in 42 CFR 440.170 and Medical and Remedial Care and Services Item 24.a; and

**B. Calculation of Average Commercial Rate.**

The supplemental payment will be determined in a manner to bring the payments for these services up to the average commercial rate level as described in C8. The average commercial rate level is defined as the average amount payable by the commercial payers for the same services.

The state will align the paid Medicaid claims with the Medicare fees for each HCPCS or CPT code for the ambulance provider and calculate the Medicare payment for those claims. The state will then calculate an overall Medicare to commercial conversion factor for each ambulance provider by dividing the total amount of the average commercial payments for the claims by the total Medicare payments for the claims. The commercial to Medicare ratio for each provider will be re-determined at least every three years.

STATE <u>LOUISIANA</u>	
DATE REC'D	<u>9-30-11</u>
DATE APPV'D	<u>6-7-12</u>
DATE EFF	<u>9-21-11</u>
NOFA 179	<u>11-23</u>

SUPERSEDES: NONE - NEW PAGE

TN# 11-23

Approval Date 6-7-12

Effective Date 9-21-11

Supersedes

TN# SUPERSEDES: NONE - NEW PAGE



PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

SUPERSEDES: NONE - NEW PAGE

**C. Payment Methodology**

The supplemental payment to each qualifying ambulance service provider will not exceed the sum of the difference between the Medicaid payments otherwise made to these qualifying providers for emergency medical transportation and air ambulance services and the average amount that would have been paid at the equivalent community rate. The supplemental payment will be determined in a manner to bring payments for these services up to the community rate level. The community rate is defined as the average amount payable by commercial insurers for the same services.

The specific methodology to be used in establishing the supplemental payment for ambulance providers is as follows:

1. The Department of Health and Hospitals (DHH) shall identify Medicaid ambulance service providers that were qualified to receive supplemental Medicaid reimbursement for emergency medical transportation services and air ambulance services during the quarter.
2. For each Medicaid ambulance service provider identified to receive supplemental payments, the Department shall identify the emergency medical transportation and air ambulance services for which the Medicaid ambulance service providers were eligible to be reimbursed.
3. For each Medicaid ambulance service provider described in (C1), the Department shall calculate the reimbursement paid to the Medicaid ambulance service providers for the emergency medical transportation and air ambulance services identified under (C2).
4. For each Medicaid ambulance service provider described in (C1), the Department shall calculate the Medicaid ambulance service provider's equivalent community rate for each of the Medicaid ambulance service provider's services identified under (C2).
5. For each Medicaid ambulance service provider described in (C1), the Department shall subtract an amount equal to the reimbursement calculation for each of the emergency medical transportation and air ambulance services under (C3) from an amount equal to the amount

A	
STATE <u>LOUISIANA</u>	
DATE REC'D <u>9-30-11</u>	
DATE APP'VD <u>6-4-12</u>	
DATE EFF <u>9-21-11</u>	
NOFA 179	<u>11-23</u>

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

calculated for each of the emergency medical transportation and air ambulance services under (C4).

6. For each Medicaid ambulance service provider described in (C1), the Department shall calculate the sum of each of the amounts calculated for emergency medical transportation and air ambulance services under (C5).

7. For each Medicaid ambulance service provider described in (C1), the Department shall calculate each emergency ambulance service provider's upper payment limit by totaling the provider's total Medicaid payment differential from (C6).

8. The Department will reimburse providers based on the following criteria:

- a. For ambulance service providers identified in (C1) located in large urban areas and owned by governmental entities, reimbursement will be up to 100% of the provider's average commercial rate calculated in (C7).
- b. For all other ambulance service providers identified in (C1) reimbursement will be up to 80% of the provider's average commercial rate calculated in (C7).

A	
STATE	Louisiana
DATE REC'D	9-30-11
DATE APPV'D	6-4-12
DATE EFF	9-21-11
NO. 179	11-23

**D. Effective Date of Payment**

The supplemental payment will be made effective for emergency medical transportation and air ambulance services provided on or after September 21, 2011. This payment is based on the average amount that would have been paid at the equivalent community rate. After the initial calculation for fiscal year 2011-2012, the State will rebase the equivalent community rate using adjudicated claims data for services from the most recently completed fiscal year. This calculation may be made annually but shall be made no less than every three years.

**E. Maximum Payment**

The total amount to be paid by the state to any individual qualified Medicaid ambulance service providers for supplemental Medicaid payments shall not exceed the total of the Medicaid payment differentials calculated under (C6).

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**Enhanced Reimbursements for Qualifying Emergency and Non-Emergency Ground Ambulance Service Providers**

A. Effective for emergency services (as defined 42 CFR § 410.40(b)) with dates of service on or after August 1, 2016 and non-emergency services with dates of service on or after July 1, 2019, the following emergency ambulance service providers qualify for enhanced reimbursement through the Supplemental Payment program:

1. A Med Ambulance Inc.
2. Acadian Ambulance New Orleans
3. Acadian Ambulance Service
4. Advanced Emergency Medical Services
5. Balentine Ambulance Services
6. Med Express Ambulance Service
7. Med Life Emergency Medical Services
8. Metro Ambulance Service
9. Miss-Lou Ambulance Service
10. Northeast Louisiana Ambulance
11. Northshore Emergency Medical Services
12. Pafford Emergency Medical Service
13. St. Landry Emergency Medical Services
14. West Jefferson Medical Center

**B. Calculation of Average Commercial Rate**

1. The enhanced reimbursement shall be determined in a manner to bring the payments for these services up to the average commercial rate level as described in Subparagraph C.3.h. The average commercial rate level is defined as the average amount payable by the commercial payers for the same service.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

2. The Department shall align the paid Medicaid claims with the Medicare fees for each healthcare common procedure coding system (HCPCS) or current procedure terminology (CPT) code for the ambulance provider and calculate the Medicare payment for those claims.
3. The Department shall calculate an overall Medicare to commercial conversion factor for each ambulance provider by dividing the total amount of the average commercial payments for the claims by the total Medicare payments for the claims.
4. The commercial to Medicare ratio for each provider will be re-determined at least every three years.

**C. Payment Methodology**

1. Effective for dates of service on or after July 1, 2019, payment will include non-emergency ground ambulance services. The enhanced reimbursement to each qualifying emergency ground ambulance service provider shall not exceed the sum of the difference between the Medicaid payments otherwise made to these providers for the provision of emergency and non-emergency ambulance services and the average amount that would have been paid at the equivalent community rate.
2. The enhanced reimbursement shall be determined in a manner to bring payments for these services up to the community rate level. Community Rate-the average amount payable by commercial insurers for the same services.
3. The specific methodology to be used in establishing the enhanced reimbursement payment for ambulance providers is as follows:
  - a. The Department shall identify Medicaid ambulance service providers that qualify to receive enhanced reimbursement Medicaid payments for the provision of emergency and non-emergency ambulance services.



STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

- b. For each Medicaid ambulance service provider identified to receive enhanced reimbursement Medicaid payments, the Department shall identify the emergency and non-emergency ambulance services for which the provider is eligible to be reimbursed.
- c. For each Medicaid ambulance service provider described in Subparagraph C.3.a., the Department shall calculate the reimbursement paid to the provider for the provision of emergency and non-emergency ambulance services identified under Subparagraph C.3.b.
- d. For each Medicaid ambulance service provider described in Subparagraph C.3.a., the Department shall calculate the provider's equivalent community rate for each of the provider's services identified under Subparagraph C.3.b.
- e. For each Medicaid ambulance service provider described in Subparagraph C.3.a., the Department shall subtract an amount equal to the reimbursement calculation for each of the emergency and non-emergency ambulance services under Subparagraph C.3.c. from an amount equal to the amount calculated for each of the emergency and non-emergency ambulance services under Subparagraph C.3.d.
- f. For each Medicaid ambulance service provider described in Subparagraph C.3.a., the Department shall calculate the sum of each of the amounts calculated for emergency and non-emergency ambulance services under Subparagraph C.3.e.
- g. For each Medicaid ambulance service provider described in Subparagraph C.3.a., the Department shall calculate each provider's upper payment limit by totaling the provider's total Medicaid payment differential from Subparagraph C.3.f.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

- h. On a quarterly basis, the Department shall reimburse providers identified in Subparagraph C.3.a., up to 100 percent of the provider's average commercial rate.
4. No payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.
5. Supplemental payments will occur within 180 days of the close of a quarter; however, in the year in which the average commercial rate is being set or updated, payment will be made within 180 days from the computation and final review of the average commercial rate.

**D. Effective Date of Payment**

1. The enhanced reimbursement payment shall be made effective for emergency ambulance services provided on or after August 1, 2016 and for non-emergency ambulance transportation services provided on or after July 1, 2019. This payment is based on the average amount that would have been paid at the equivalent community rate.
2. After the initial calculation for fiscal year 2015-2016 for emergency ambulance services and after the initial calculation for fiscal year 2019-2020 for non-emergency ambulance transportation services, the Department will rebase the equivalent community rate using adjudicated claims data for services from the most recently completed fiscal year. This calculation may be made annually but shall be made no less than every three years.

**E. Maximum Payment**

The total maximum amount to be paid by the Department to any individually qualified Medicaid ambulance service provider for enhanced reimbursement Medicaid payments shall not exceed the total of the Medicaid payment differentials calculated under Subparagraph C.3.f.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Care and Services  
42 CFR 440.170 Item 24.a. (cont'd)

State: Louisiana  
Date Received: December 31, 2014  
Date Approved: March 25, 2015  
Date Effective: October 1, 2014  
Transmittal Number: 14-0039

## B. Non-Emergency Medical Transportation

### General Provisions- Reimbursement for Services

Effective for dates of service on or after October 1, 2014 reimbursement for transportation services shall be based on the published fee schedule

([http://www.lamedicaid.com/provweb1/fee\\_schedules/NEMT\\_Index.htm](http://www.lamedicaid.com/provweb1/fee_schedules/NEMT_Index.htm)) and made in accordance with rules and regulations issued by the Department.

#### 1. Non-emergency non-ambulance

##### a. Individually scheduled trips

Reimbursement shall be based on mileage according to the published fee schedule. An additional per-mile rate may be included when the Department determines that a provider requires compensation for travelling far outside of their service area. This additional payment shall only be made when there are no providers in the beneficiary's service area.

##### b. Recurring Trips

Payment for non-emergency transportation to regular, predictable, recurring medical services such as hemodialysis, chemotherapy, or rehabilitation therapy, may be based on capitated monthly rates when determined appropriate by the Department.

#### 2. Ambulance

Non-emergency ambulance services are reimbursed at base rate plus mileage as shown on the published fee schedule.

#### 3. Aircraft and Buses

Non-emergency transportation provided by commercial aircraft and buses are reimbursed at their usual and customary rate, subject to maximum limitations based on historical costs for such trips.

---

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Care and Services  
42 CFR 440.170 Item 24.a. (cont'd)

4. Public Transit

Effective for dates of service on or after October 1, 2014 reimbursement for non-emergency medical transportation services rendered by public transit providers are reimbursed according to the published fee schedule ([http://www.lamedicaid.com/provweb1/fee\\_schedules/NEMT\\_Index.htm](http://www.lamedicaid.com/provweb1/fee_schedules/NEMT_Index.htm)).

C. Auditing

The Department shall conduct regular audits of service authorization, reimbursement, service delivery and documentation in order to ensure compliance with published rules and regulations. Lack of compliance on the part of transportation providers shall be addressed as described in the provider policy manual. Lack of compliance on the part of Department contractors shall be met with corrective action as described in contract documents.

State: Louisiana Date Received: December 31, 2014 Date Approved: March 25, 2015 Date Effective: October 1, 2014 Transmittal Number: 14-0039
---

---

TN# 14-0039  
Supersedes  
TN# 10-0062

Approval Date 03-25-15

Effective Date 10-01-14