

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

June 23, 2021

Susan Birch, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 21-0013

Dear Ms. Birch and Ms. Lindeblad:

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 April 5, 2021. This plan amendment established an ambulance transportation quality assurance fee program that will provide an add-on to fee-for-service emergency ambulance rates for non-public and non-federal emergency ambulance transportation providers. The add-on rate will be funded solely from assessments to the same providers. This assessment and add-on rate will not apply to any unit of government as defined in 42 CFR Sec 13 433.50, including federally recognized Indian tribes.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2021. 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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON

Ambulance Transportation Quality Assurance Fee

This 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. The reimbursement rate add-on applies to eligible Current Procedural Terminology (CPT) Codes, as described below, effective July 1, 2021, through June 30, 2024. 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. 12433.50.13

“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

For State Fiscal Year (SFY) 2022-SFY 2024, the reimbursement rate add-on is fixed. The resulting payment amounts are equal to the sum of the fee-for-service (FFS) fee schedule base rate, excluding any declared disaster adjustments, for SFY 2019-2020 and the add-on amount for the CPT code. The resulting total payment amount is published on the agency’s web site. The add-on payment is paid for each eligible CPT code on a per-claim basis.