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23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(2) Air Ambulance (continued)

Pediatric Hospitals

1. Helicopter Ambulance: Effective for dates of service occurring August 15, 2001 and after, helicopter ambulance services provided by instate pediatric hospitals will be reimbursed based on reasonable costs with interim payments and year-end cost settlement. Interim payments are made at the lesser of the amount billed or the Title XIX (Medicaid) charge allowed. Arkansas Medicaid will use the lesser of the reasonable costs or customary charges as determined from the hospital's submitted cost report to establish cost settlements. The cost settlements will be calculated using the methods and standards used by the Medicare Program. Methods and standards refer to the allocation of costs on the cost report and do not include any current or future Medicare reimbursement limits for this particular service.

~~1.~~

(3) Emergency Medical Transportation Access Payment

1. Effective for dates of service on or after July 1, 2019, qualifying medical transportation providers within the State of Arkansas except for volunteer ambulance services, ambulance services owned by the state, county or political subdivision, nonemergency ambulance services, air ambulance services, specialty hospital based ambulance services and ambulance services subject to the state's assessment on the revenue of hospitals shall be eligible to receive emergency medical transportation access payments. Medical transportation providers that meet this definition will be referred to as Qualified Emergency Medical Transportation providers for this section.

2. Payment Methodology

(A) The emergency medical transportation access payment to each qualifying medical transportation provider shall not exceed the sum of the difference between the Medicaid payments otherwise made to these providers for the provision of emergency medical transportation services and the average amount that would have been paid at the equivalent community rate.

(B) The emergency medical transportation access payment shall be determined in a manner to bring payments for these services up to the average commercial rate level.

(1) The Division 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.

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(3) Emergency Medical Transportation Access Payment (continued)

(2) The Division shall calculate an overall Medicare to commercial conversion factor for each qualifying medical transportation provider that submits an emergency medical transportation access payment application by dividing the total amount of the average commercial payments for the claims by the total Medicare payments for the claims.

(C) The specific payment methodology to be used in establishing the emergency medical transportation access payment for medical transportation providers is as follows:

(1) The Division shall send emergency medical transportation access payment applications to medical transportation providers. The medical transportation providers that complete and submit applications to the Division and that are otherwise eligible to receive the payments will qualify to receive access payments.

(2) For each Medicaid ambulance service provider who submits an application and is eligible to receive emergency medical transportation access payments, the Division shall identify the emergency medical transportation services for which the provider is eligible to be reimbursed.

(3) For each Qualified Emergency Medical Transportation provider, the Division shall calculate the reimbursement paid to the provider for the provision of emergency medical ambulance transportation services identified under Section (1) on Attachment 4.19-B Page 8.

(4) For each Qualified Emergency Medical Transportation provider, the Division shall calculate the provider's average commercial rate for each of the provider's services identified under Subparagraph (B) of the Emergency Medical Transportation Access Payment Section.

(5) For each Qualified Emergency Medical Transportation provider, the Division shall subtract an amount equal to the reimbursement calculation for each of the emergency medical transportation services under Subparagraph (C)(1) of this Section from the amount calculated for each of the emergency medical transportation services under Subparagraph (C)(2).

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(3) Emergency Medical Transportation Access Payment (continued)

(6) For each Qualified Emergency Medical Transportation provider, the Division shall calculate the sum of each of the amounts calculated for emergency medical transportation services under Subparagraph (C)(5).

(7) For each Qualified Emergency Medical Transportation provider, the Division shall calculate each provider's upper payment limit by totaling the provider's total Medicaid payment differential from Subparagraph (C)(6).

(8) The Division shall follow CMS guidance within State Medicaid Director Letter (SMDL) 13-003 related to required upper payment limit demonstrations.

3. The Division shall reimburse Qualified Emergency Medical Transportation not to exceed 100 percent of the total cap between the average commercial rate and Medicaid rates determined in Subparagraph 2(C)(6).

4. These access payments are considered supplemental payments and do not replace any currently authorized Medicaid payments for emergency medical transportation services.

5. The Division will adhere to 42 CFR §447.304(a) and not pay more than the upper limit calculated in Subparagraph 2(C)(7) of this section on an annual basis.

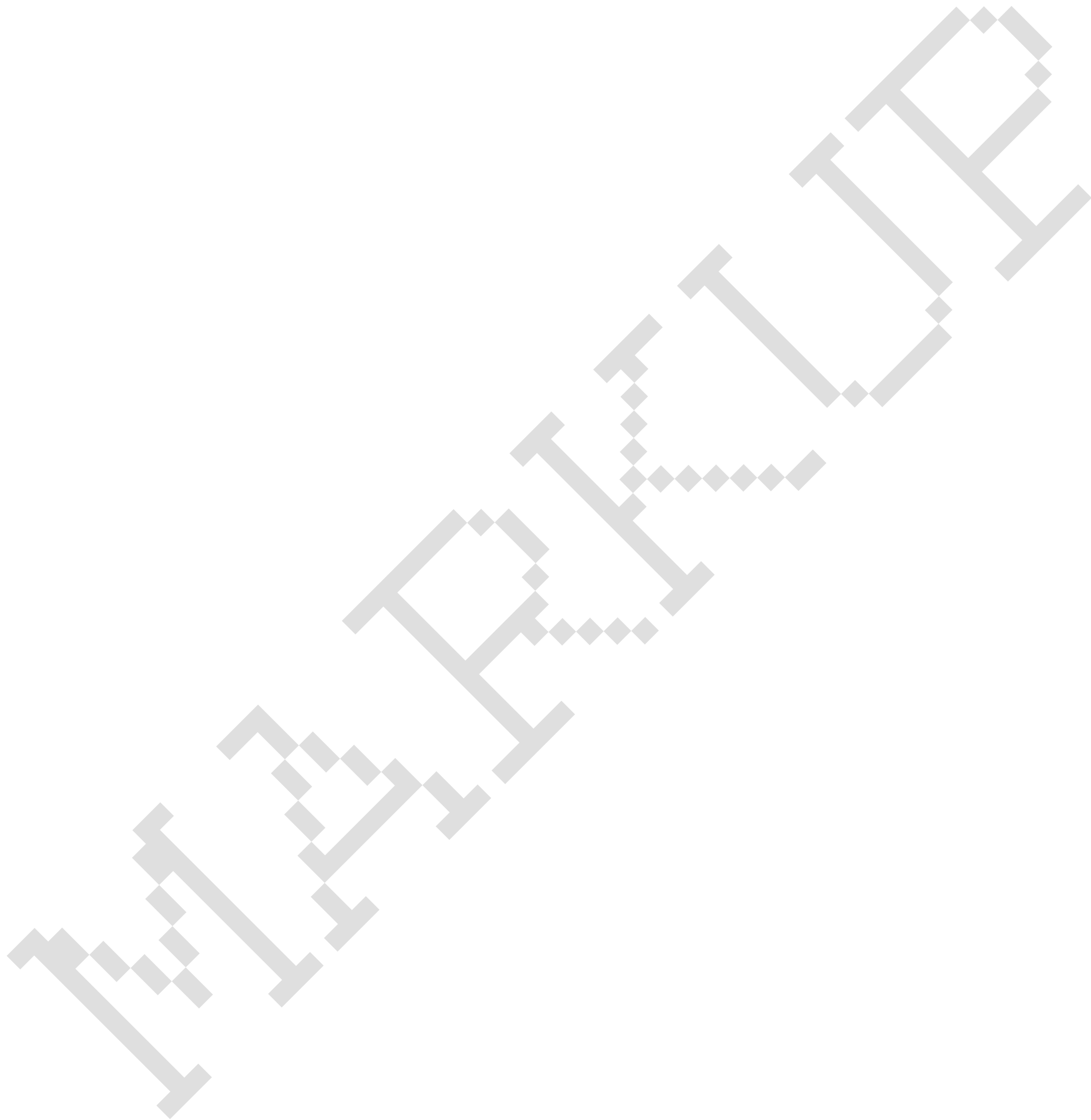
(~~3~~4) Early Intervention Day Treatment (EIDT) and Adult Developmental Day Treatment (ADDT) Transportation

Effective for claims with dates of service on or after July 1, 2018, EIDT and ADDT transportation providers will be reimbursed on a per mile basis at the lesser of the billed charges or the maximum Title XIX (Medicaid) charge allowed. Transportation will be covered from the point of pick-up to the EIDT and ADDT facility and from the EIDT and ADDT facility to the point of delivery. If more than one eligible Medicaid recipient is transported at the same time to the same location, Medicaid may be billed only for one recipient. If more than one Medicaid recipient is transported at the same time to different locations, the provider may bill only for the recipient traveling the farthest distance. The route must be planned to ensure that beneficiaries spend the least amount of time being transported. The maximum per mile is based on reasonable cost.

The ~~EDIT~~ EIDT and ADDT transportation providers will submit annual statements of mileage, revenues and expenses, i.e. salaries, repairs, supplies, rent, indirect overhead costs,

DRAFT

etc. The State Agency will review the cost and mileage information at least biennially and adjust the reimbursement rate if necessary. Therefore, an inflation factor will not be automatically applied.



23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(45) Non-Emergency

(a) Public Transportation

Effective for dates of service on or after December 1, 2001, the following reimbursement applies to public transportation services:

Taxi and /Wheelchair Van - Reimbursement is based on the lesser of billed charges or the Title XIX maximum allowable. -The billed charges must reflect the same charges made to all other passengers for the same service as determined by the local municipality which issues the permit to operate or by the Interstate Commerce Commission. -The Title XIX maximum was established utilizing the 1991 Taxicab Fact Book issued by the International Taxicab and Livery Association. -The calculations are as follows:

Taxi - The cost per mile of 1990 plus Market Basket Index of 1991 plus Market Basket Index of 1992 plus 25% = $1.13 per mile (unit).

Wheelchair Van - Must transport six (6) or more passengers comfortably.

The cost per mile of 1990 plus Market Basket Index of 1991 plus Market Basket Index of 1992 plus 65% = $1.50 per mile (unit). -An additional 40% was added to the reimbursement per mile due to the added cost of wheelchair van adaptation for wheelchair accessibility and for additional provider compensation for physically assisting the disabled.

The State Agency will negotiate with the affected provider group representative should recipient access become an issue.

MARKUP

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23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

    a. Transportation (Continued)

        (~~4~~5) Non-Emergency (Continued)

            (b) Non-Public Transportation

            Effective for dates of service on or after December 1, 2001, Non-Public Transportation Services reimbursement is based on the lesser charges or the Title XIX maximum allowable. The Title XIX maximum is based on the Internal Revenue Service (IRS) reimbursement for private mileage in a business setting, plus an additional allowance for the cost of the driver. The standard mileage private reimbursement is compliant to the 1997 Standard Federal Tax Report, paragraph #8540.011. The calculation of the additional allowance for the cost of the driver is based on the minimum wage per hour, plus 28% of salaries (minimum wage) for fringe benefits, plus a fixed allowance of $2.11 for the provider's ~~provider=s~~ overhead and billings, divided by 30 (average number of miles per trip). The average number of miles was determined by utilizing data from SFY 1996 and dividing the number of miles per trip by the number of trips made.

The State Agency will negotiate with the affected provider group representatives should recipients access become an issue.

(~~5~~6) Volunteer Transportation: Amount of payment is agreed on by County Human Services Office and the Carrier. Medicaid reimburses the County Human Services Office for the agreed amount.

The rate of reimbursement equals the amount of travel reimbursement per mile for a state employee. Medicaid reimbursement will not be made for services provided free of charge.

(~~6~~7) Domiciliary Care: Fixed price set by Assistant Director, Division of Medical Services, based on reasonable cost. The provider submits a statement of expenses, i.e. salaries, repairs, supplies, rent, etc. for their past fiscal year. These costs are reviewed by the ~~State=s~~State's auditors for reasonableness. These costs are reviewed annually and adjusted if necessary, therefore, an inflation factor is not applied.

The cost of meals and lodging are provided only when necessary in connection with transportation of a recipient to and from medical care.

Division of Medical Services
Office of Rules Promulgation

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437
501-320-6428 · Fax: 501-404-4619
TDD/TTY: 501-682-6789

TO: **Arkansas Medicaid Health Care Providers – All Providers**

EFFECTIVE DATE: **October 1, 2019**

SUBJECT: **Provider Manual Update Transmittal SecV-2-19**

REMOVE		**INSERT**	
Section	**Effective Date**	**Section**	**Effective Date**
500.000	—	500.000	—
—	—	DMS-0600	10-1-19
—	—	DMS-0601	10-1-19

Explanation of Updates

Section 500.000 is revised to add DMS-0600, Initial Medical Transportation Access Payment Revenue Survey, and DMS-601, Emergency Medicaid Transportation Access Payment Application.

This transmittal and the enclosed forms are for informational purposes only. **Please do not complete the enclosed forms.**

This update transmittal memorandum indicates which sections of your provider manual have been revised. Electronic versions of provider manuals available from the Arkansas Medicaid website have changes incorporated. See Section I for instructions on updating a paper copy of the manual.

If you have questions regarding this transmittal, please contact the Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and out-of-state at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact the Office of Rules Promulgation at (501) 320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making, and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: https://medicaid.mmis.arkansas.gov/Provider/Docs/Docs.aspx.

Thank you for your participation in the Arkansas Medicaid Program.

Janet Mann
Director

SECTION V – FORMS
500.000

Claim Forms

Red-ink Claim Forms

The following is a list of the red-ink claim forms required by Arkansas Medicaid. The forms below cannot be printed from this manual for use. Information about where to get the forms and links to samples of the forms is available below. To view a sample form, click the form name.

Claim Type	Where To Get Them
Professional – CMS-1500	Business Form Supplier
Institutional – CMS-1450*	Business Form Supplier

* For dates of service after 11/30/07 – ALL HOSPICE PROVIDERS USE ONLY FORM CMS-1450 (formerly UB-04) for billing.

Claim Forms

The following is a list of the non-red-ink claim forms required by Arkansas Medicaid. Information about where to get a supply of the forms and links to samples of the forms is available below. To view a sample form, click the form name.

Claim Type	Where To Get Them
Alternatives Attendant Care Provider Claim Form – AAS-9559	Client Employer
Dental – ADA-J430	Business Form Supplier

PROPOSED

Arkansas Medicaid Forms

The forms below can be printed from this manual for use.

In order by form name:

Form Name	Form Link
Acknowledgement of Hysterectomy Information	DMS-2606
Address/Email Change Form	DMS-673
Adjustment Request Form – Medicaid XIX	HP-AR-004
Adjustment Request Form – Medicaid XIX – Pharmacy Program	DMS-802
Adverse Effects Form	DMS-2704
AFMC Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components	DMS-679A
Amplification/Assistive Technology Recommendation Form	DMS-686
Application for WebRA Hardship Waiver	DMS-7736

Form Name	Form Link
Approval/Denial Codes for Inpatient Psychiatric Services	DMS-2687
Arkansas Early Intervention Infant & Toddler Program Intake/Referral/Application for Services	DDS/FS#0001.a
Arkansas Medicaid Patient-Centered Medical Home Program Practice Participation Agreement	DMS-844
Arkansas Medicaid Patient-Centered Medical Home Program Pooling Request Form	DMS-845
Arkansas Medicaid Patient-Centered Medical Home Program Practice Withdrawal Form	DMS-846
ARKids First Behavioral Health Services Provider Qualification Form	DMS-612
Authorization for Electronic Funds Transfer (Automatic Deposit)	autodeposit
Authorization for Payment for Services Provided	MAP-8
Certification of Need – Medicaid Inpatient Psychiatric Services for Under Age 21	DMS-2633
Certification of Schools to Provide Comprehensive EPSDT Services	CSPC-EPSDT
Certification Statement for Abortion	DMS-2698
Change of Ownership Information	DMS-0688
Child Health Management Services Enrollment Orders	DMS-201
Child Health Management Services Discharge Notification Form	DMS-202
CHMS Benefit Extension for Diagnosis/Evaluation Procedures	DMS-699A
CHMS Request for Prior Authorization	DMS-102
Claim Correction Request	DMS-2647
CMS 1500/UB04 Medicare EOMB Information (Crossover Cover Sheet)	DMS-600
Consent for Release of Information	DMS-619
Contact Lens Prior Authorization Request Form	DMS-0101
Contract to Participate in the Arkansas Medical Assistance Program	DMS-653
EIDT/ADDT Transportation Log	DMS-638
EIDT/ADDT Transportation Survey	DMS-632
Dental Treatment Additional Information	DMS-32-A
Disclosure of Significant Business Transactions	DMS-689
Disproportionate Share Questionnaire	DMS-628
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Prescription/Referral For Medically Necessary Services/Items Not Specifically Included in the Medicaid State Plan	DMS-693
Early Childhood Special Education Referral Form	ECSE-R
Emergency Medicaid Transportation Access Payment Application	DMS-0601

PROPOSED

Form Name	Form Link
EPSDT Provider Agreement	DMS-831
Evaluation for Wheelchair and Wheelchair Seating	DMS-0843
Explanation of Check Refund	HP-CR-002
Gait Analysis Full Body	DMS-647
Home Health Certification and Plan of Care	CMS-485
Hospital/Physician/Certified Nurse-Midwife Referral for Newborn Infant Medicaid Coverage	DCO-645
Initial Medical Transportation Access Payment Revenue Survey	DMS-0600
Inpatient Psychiatric Medicaid Agency Review Team Transmittal Sheet	DMS-2685
Individual Renewal Form for School-Based Audiologists	DMS-7782
Lower-Limb Prosthetic Evaluation	DMS-650
Lower-Limb Prosthetic Prescription	DMS-651
Media Selection/Email Address Change Form	HP-MS-005
Medicaid Claim Inquiry Form	HP-CI-003
Medicaid Form Request	HP-MFR-001
Medical Equipment Request for Prior Authorization & Prescription	DMS-679
Medical Transportation and Personal Assistant Verification	DMS-616
Mental Health Services Provider Qualification Form for LCSW, LMFT and LPC	DMS-633
Notice Of Noncompliance	DMS-635
NPI Reporting Form	DMS-683
Occupational, Physical and Speech Therapy for Medicaid Eligible Beneficiaries Under Age 21 Prescription/Referral	DMS-640
Ownership and Conviction Disclosure	DMS-675
Personal Care Assessment and Service Plan	DMS-618 English DMS-618 Spanish
Practitioner Identification Number Request Form	DMS-7708
Prescription & Prior Authorization Request For Nutrition Therapy & Supplies	DMS-2615
Primary Care Physician Managed Care Program Referral Form	DMS-2610
Primary Care Physician Participation Agreement	DMS-2608
Primary Care Physician Selection and Change Form	DMS-2609
Procedure Code/NDC Detail Attachment Form	DMS-664
Provider Application	DMS-652
Provider Communication Form	AAS-9502
Provider Data Sharing Agreement – Medicare Parts C & D	DMS-652-A

PROPOSED

Form Name	Form Link
Provider Enrollment Application and Contract Package	Application Packet
Quarterly Monitoring Form	AAS-9506
Referral for Audiology Services – School-Based Setting	DMS-7783
Referral for Certification of Need Medicaid Inpatient Psychiatric Services for Under Age 21	DMS-2634
Referral for Medical Assistance	DMS-630
Request for Appeal	DMS-840
Request for Extension of Benefits	DMS-699
Request for Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services	DMS-671
Request for Extension of Benefits for Medical Supplies for Medicaid Beneficiaries Under Age 21	DMS-602
Request for Molecular Pathology Laboratory Services	DMS-841
Request for Orthodontic Treatment	DMS-32-0
Request for Prior Approval for the Special Pharmacy Therapeutic Agents and Treatments	DMS-6
Request for Private Duty Nursing Services Prior Authorization and Prescription – Initial Request or Recertification	DMS-2692
Request for Targeted Case Management Prior Authorization for Beneficiaries Under Age 21	DMS-601
Research Request Form	HP-0288
Service Log – Personal Care Delivery and Aides Notes	DMS-873
Sterilization Consent Form	DMS-615 English DMS-615 Spanish
Sterilization Consent Form – Information for Men	PUB-020
Sterilization Consent Form – Information for Women	PUB-019
Targeted Case Management Contact Monitoring Form	DMS-690
Upper-Limb Prosthetic Evaluation	DMS-648
Upper-Limb Prosthetic Prescription	DMS-649
Vendor Performance Report	Vendorperformreport
Verification of Medical Services	DMS-2618

PROPOSED

In order by form number:

AAS-9502
AAS-9506
AAS-9559
Address Change
Autodeposit
CMS-485
CSPC-EPSDT
DCO-645
DDS/FS#0001.a
DMS-0101
DMS-0600
DMS-0601
DMS-0688
DMS-0843
DMS-102
DMS-201
DMS-202
DMS-2606
DMS-2608
DMS-2609
DMS-2610
DMS-2615
DMS-2618
DMS-2633
DMS-2634
DMS-2647
DMS-2685
DMS-2687
DMS-2692
DMS-2698
DMS-2704
DMS-32-A
DMS-32-0
DMS-6
DMS-600
DMS-601
DMS-602
DMS-612
DMS-615 English
DMS-615 Spanish
DMS-616
DMS-618 English
DMS-618 Spanish
DMS-619
DMS-628
DMS-630
DMS-632
DMS-633
DMS-635
DMS-638
DMS-640
DMS-647
DMS-648
DMS-649
DMS-650
DMS-651
DMS-652
DMS-652-A
DMS-653
DMS-664
DMS-671
DMS-675
DMS-673
DMS-679
DMS-679A
DMS-683
DMS-686
DMS-689
DMS-690
DMS-693
DMS-699
DMS-699A
DMS-7708
DMS-7736
DMS-7782
DMS-7783
DMS-802
DMS-831
DMS-840
DMS-841
DMS-844
DMS-845
DMS-846
DMS-873
ECSE-R
HP-0288
HP-AR-004
HP-CI-003
HP-CR-002
HP-MFR-001
HP-MS-005
MAP-8
Performance Report
Provider Enrollment Application and Contract Package
PUB-019
PUB-020

PROPOSED

Arkansas Medicaid Contacts and Links

Click the link to view the information.

American Hospital Association
Americans with Disabilities Act Coordinator
Arkansas Department of Education, Health and Nursing Services Specialist
Arkansas Department of Education, Special Education
Arkansas Department of Finance Administration, Sales and Tax Use Unit

Arkansas Department of Human Services, Appeals and Hearings Section
Arkansas Department of Human Services, Division of Behavioral Health Services
Arkansas Department of Human Services, Division of Child Care and Early Childhood Education, Child Care Licensing Unit

Arkansas Department of Human Services, Division of Children and Family Services, Contracts Management Unit

Arkansas Department of Human Services, Children's Services

Arkansas Department of Human Services, Division of County Operations, Customer Assistance Section

Arkansas Department of Human Services, Division of Medical Services

Arkansas DHS, Division of Medical Services Director

Arkansas DHS, Division of Medical Services, Benefit Extension Requests, UR Section

Arkansas DHS, Division of Medical Services, Dental Care Unit

Arkansas DHS, Division of Medical Services, DXC Technology Provider Enrollment Unit

Arkansas DHS, Division of Medical Services, Financial Activities Unit

Arkansas DHS, Division of Medical Services, Hearing Aid Consultant

Arkansas DHS, Division of Medical Services, Medical Assistance Unit

Arkansas DHS, Division of Medical Services, Medical Director for Clinical Affairs

Arkansas DHS, Division of Medical Services, Pharmacy Unit

Arkansas DHS, Division of Medical Services, Program Communications Unit

Arkansas DHS, Division of Medical Services, Provider Reimbursement Unit

Arkansas DHS, Division of Medical Services, Third-Party Liability Unit

Arkansas DHS, Division of Medical Services, UR/Home Health Extensions

Arkansas DHS, Division of Medical Services, Utilization Review Section

Arkansas DHS, Division of Medical Services, Visual Care Coordinator

Arkansas Department of Health

Arkansas Department of Health, Health Facility Services

Arkansas Department of Human Services, Accounts Receivable

Arkansas Foundation for Medical Care

Arkansas Foundation for Medical Care, Retrospective Review for Therapy and Prior Authorization for Personal Care for Under Age 21

Arkansas Foundation for Medical Care, Provider Relations Representative

Arkansas Hospital Association

Arkansas Office of Medicaid Inspector General (OMIG)

ARKids First-B

ARKids First-B ID Card Example

Beacon Health Options (Formerly ValueOptions)

Central Child Health Services Office (EPSDT)

ConnectCare Helpline

County Codes

Dental Contractor

PROPOSED

Division of Provider Services and Quality Assurance

DXC Technology Claims Department

DXC Technology EDI Support Center (formerly AEVCS Help Desk)

DXC Technology Inquiry Unit

DXC Technology Manual Order

DXC Technology Provider Assistance Center (PAC)

DXC Technology Supplied Forms

Example of Beneficiary Notification of Denied ARKids First-B Claim

Example of Beneficiary Notification of Denied Medicaid Claim

First Connections Infant & Toddler Program, Developmental Disabilities Services

First Connections Infant & Toddler Program, Developmental Disabilities Services, Appeals

Flow Chart of Intake and Prior Authorization Process For Intervention/Treatment

Health Care Declarations

Immunizations Registry Help Desk

Magellan Pharmacy Call Center

Medicaid ID Card Example

Medicaid Managed Care Services (MMCS)

Medicaid Reimbursement Unit Communications Hotline

Medicaid Tooth Numbering System

National Supplier Clearinghouse

Partners Provider Certification

Primary Care Physician (PCP) Enrollment Voice Response System

Provider Qualifications, Division of Provider Services and Quality Assurance

Select Optical

Standard Register

Table of Desirable Weights

U.S. Government Printing Office

Vendor Performance Report

PROPOSED

Division of Medical Services
Office of Rules Promulgation

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437
501-320-6428 · Fax: 501-404-4619
TDD/TTY: 501-682-6789

TO: **Arkansas Medicaid Health Care Providers – Transportation**

EFFECTIVE DATE: **October 1, 2019**

SUBJECT: **Provider Manual Update Transmittal TRANSP-1-19**

REMOVE		**INSERT**	
Section	**Effective Date**	**Section**	**Effective Date**
—	—	241.200	10-1-19
260.000	—	260.000	—

Explanation of Updates

The Transportation provider manual is revised to add section 241.200, Emergency Medical Transportation Access Payment.

A misspelling in the heading of section 260.000 was corrected.

This update transmittal memorandum indicates which sections of your provider manual have been revised. Electronic versions of provider manuals available from the Arkansas Medicaid website have changes incorporated. See Section I for instructions on updating a paper copy of the manual.

If you have questions regarding this transmittal, please contact the Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and out-of-state at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact the Office of Rules Promulgation at (501) 320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making, and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: https://medicaid.mmis.arkansas.gov/Provider/Docs/Docs.aspx.

Thank you for your participation in the Arkansas Medicaid Program.

Janet Mann
Director

240.000 REIMBURSEMENT

10-1-19

241.200 Emergency Medical Transportation Access Payment

Qualifying medical transportation providers within the State of Arkansas, except for volunteer ambulance services, ambulance services owned by the state, county, or political subdivision, nonemergency ambulance services, air ambulance services, specialty hospital-based ambulance services, and ambulance services subject to the state's assessment on the revenue of hospitals shall be eligible to receive emergency medical transportation access payments.

The emergency medical transportation access payment to each qualifying medical transportation provider shall not exceed the sum of the difference between the Medicaid payments otherwise made to these providers for the provision of emergency medical transportation services and the average amount that would have been paid at the equivalent commercial rate.

Emergency Medical Transportation Access Payments shall be made on a quarterly basis. **View the Administrative Procedures for the Emergency Medical Transportation Assessment Fee and Access Payment**.

View or print form DMS-0600, Initial Medical Transportation Access Payment Revenue Survey.

View or print form DMS-0601, Emergency Medicaid Transportation Access Payment Application.

260.000 EARLY INTERVENTION DAY TREATMENT (EIDT) AND ADULT DEVELOPMENTAL DAY TREATMENT (ADDT) TRANSPORTATION

PROPOSED

ADMINISTRATIVE PROCEDURES FOR THE EMERGENCY MEDICAL TRANSPORTATION ASSESSMENT FEE AND ACCESS PAYMENT

DEFINITIONS

(1) “Accounts Receivable” means the Accounts Receivable Unit of the Office of Finance of the Department of Human Services;

(2) "Air ambulance services" means services authorized and licensed by the Department of Health to provide care and air transportation of patients;

(3) "Ambulance services" means services authorized and licensed by the department to provide care and transportation of patients upon the streets and highways of Arkansas;

(4) "Division" means the Division of Medical Services of the Department of Human Services;

(5) "Emergency medical services" means:

(A) The transportation and medical care provided an ill or injured person before arrival at a medical facility by a licensed emergency medical services personnel or other healthcare provider;

(B) Continuation of the initial emergency care within a medical facility subject to the approval of the medical staff and governing board of that facility; and

(C) Integrated medical care in emergency and nonurgent settings with the oversight of a physician;

(6) "Medical transportation" means emergency medical services provided through ambulance services and air ambulance services. The term does not include nonemergency ambulance services;

(6) "Medical transportation provider" means a licensed provider of medical transportation;

(7) "Net operating revenue" means the gross revenues earned for providing medical transportation in Arkansas, excluding amounts refunded to or recouped, offset, or otherwise deducted by a patient or payer for medical transportation;

(8) (A) "Nonemergency ambulance services" means the transport in a motor vehicle to or from medical facilities, including without limitation medical transportation providers, nursing homes, physicians' offices, and other healthcare facilities, of persons who are ill or injured and who are transported in a reclining position.

(B) "Nonemergency ambulance services" does not include transportation provided by licensed medical transportation providers that own and operate the ambulance for their own admitted patients;

(9) "Specialty medical transportation provider-based ambulance services" means ambulance services provided by an acute care general medical transportation provider that limits healthcare services primarily to children and qualifies as exempt from the Medicare prospective payment system regulation;

PROPOSED

(10) “State plan amendment” means a change or update to the state Medicaid plan;

(11) "Upper payment limit" means the lesser of the customary charges of the medical transportation provider or the prevailing charges in the locality of the medical transportation provider for comparable services under comparable circumstances, calculated according to methodology in an approved state plan amendment for the Arkansas Medicaid Program; and

(12) (A) "Upper payment limit gap" means the difference between the upper payment limit of the medical transportation provider and the Medicaid payments not financed using medical transportation assessment made to all medical transportation providers.

(B) "Upper payment limit gap" is calculated separately for ambulance services and air ambulance services.

INITIAL YEAR DETERMINATION

Upon approval of the State Plan by the Centers for Medicare & Medicaid Services (CMS), the model submitted to CMS as part of the State Plan Amendment will be used to determine the Fee Assessments and payments made under this program for the State Fiscal Year 2020. For State Fiscal Years after 2020, the methodology outlined in the following procedures will be used.

PROVIDER REVENUES & ASSESSMENT RATE

An assessment is imposed on each medical transportation provider, except those exempted under Ark Code Ann. § 20-77-2806, for each state fiscal year in an amount calculated as a percentage of the aggregate net operating revenues of the medical transportation providers.

The assessment rate shall be determined annually based upon the percentage of net operating revenue needed to generate an amount up to the nonfederal portion of the upper payment limit gap plus the annual fee to be paid to the Arkansas Medicaid Program under § 20-77-2805, but in no case at a rate that would cause the assessment proceeds to exceed the indirect guarantee threshold set forth in 42 C.F.R. § 433.68(f)(3)(i).

For state fiscal year 2021 and following years, the medical transportation provider’s net patient revenue from the most recently ended calendar year will be used.

The assessment rate described in this section shall be determined after consultation with the Arkansas Ambulance Association or its successor association.

FEE ASSESSMENT

Annually, no later than January 31, the Division will send to all licensed medical transportation providers the net operating revenue assessment return. Medical transportation providers shall complete the returns and deliver them to the Division or its contractor no later than March 31 of that year. Providers that fail to return the net operating revenue assessment form will have their assessment calculated based on the state per capita average assessment for that year. The Division will send a notice of assessment to each medical transportation provider informing the medical transportation provider of the assessment rate and the estimated assessment amount owed by the medical transportation provider for the applicable fiscal year.

With the exception of the initial notice of assessment, annual notices of assessment will be sent at least forty-five (45) days before the due date for the first quarterly assessment payment of each fiscal year. The first notice of assessment will be sent within forty-five (45) days after the

PROPOSED

Division has received notification from the Centers for Medicare and Medicaid Services that the payments required under Ark. Code Ann. § 20-77-2809 and, if necessary, the waiver granted under 42 C.F.R. § 433.68 have been approved. The medical transportation provider will have thirty (30) days from the date of its receipt of a notice of assessment to review and verify the assessment rate and the estimated assessment amount.

If a medical transportation provider operates, conducts, or maintains more than one (1) medical transportation provider in the state, the medical transportation provider will pay the assessment for each medical transportation provider separately. However, if the medical transportation provider operates more than one (1) medical transportation provider under one (1) Medicaid provider number, the medical transportation provider may pay the assessment for all such medical transportation providers in the aggregate.

For a medical transportation provider subject to the assessment imposed under Ark. Code Ann. § 20-77-2803 that ceases to conduct medical transportation provider operations or maintain its state license or did not conduct medical transportation provider operations throughout a state fiscal year, the assessment for the state fiscal year in which the cessation occurs will be adjusted by multiplying the annual assessment computed under Ark. Code Ann. § 20-77-2803 by a fraction, the numerator of which is the number of days during the year that the medical transportation provider operated and the denominator of which is three hundred sixty-five (365). The fraction will be expressed as a percentage rounded to two places (Example – 65.23%).

Immediately upon ceasing to operate, the medical transportation provider will pay the adjusted assessment for that state fiscal year to the extent not previously paid.

The medical transportation provider also shall receive payments under Ark. Code Ann. § 20-77-2809 for the state fiscal year in which the cessation occurs, which will be adjusted by the same fraction as its annual assessment.

A medical transportation provider subject to an assessment under the Ark. Code Ann. § 20-77-2801 et seq. that has not been previously licensed as a medical transportation provider in Arkansas and that commences medical transportation provider operations during a state fiscal year will pay the required assessment computed under Ark. Code Ann. § 20-77-2803 and will be eligible for medical transportation provider access payments under Ark Code Ann. § 20-77-2809. The assessment will be calculated based on the effective date of licensure. The assessment for the state fiscal year in which the change occurs will be adjusted by multiplying the annual assessment computed under Ark. Code Ann. § 20-77-2803 by a fraction, the numerator of which is the number of days during the year that the medical transportation provider is subject to the assessment and the denominator of which is three hundred sixty-five (365). The fraction will be expressed as a percentage rounded to two places (Example – 65.23%). The medical transportation provider also shall receive payments under Ark. Code Ann. § 20-77-2809 for the state fiscal year in which the medical transportation provider is licensed, which will be adjusted by the same fraction as its annual assessment. Access payments and assessment fees will not be reimbursed or collected until enrollment of the new provider has been approved by the Medicaid Provider Enrollment Section.

For new medical transportation providers, the Division will calculate revenue to be assessed based on the population of the county for which the medical transportation provider is licensed. The per capita amount will be assigned and calculated based on the average net operating revenue per capita for all other medical transportation providers in the State that are currently being assessed. Average revenue per capita will be used in this way through the end of the second fiscal year.

PROPOSED

A medical transportation provider that is exempted from payment of the assessment under Ark. Code Ann. §20-77-2806 at the beginning of a state fiscal year but during the state fiscal year experiences a change in status so that it becomes subject to the assessment will pay the required assessment computed under Ark. Code Ann. § 20-77-2803 and will be eligible for medical transportation provider access payments under Ark. Code Ann. § 20-77-2809. The assessment will be calculated based on the effective date of status change as determined by the Medicaid Provider Enrollment Section. The assessment for the state fiscal year in which the change occurs will be adjusted by multiplying the annual assessment computed under Ark. Code Ann. § 20-77-2803 by a fraction, the numerator of which is the number of days during the year that the medical transportation provider is subject to the assessment and the denominator of which is three hundred sixty-five (365). The fraction will be expressed as a percentage rounded to two places (Example – 65.23%). The medical transportation provider also shall receive payments under Ark. Code Ann. § 20-77-2809 for the state fiscal year in which the medical transportation provider status change occurs as determined by the Medicaid Provider Enrollment Section, which will be adjusted by the same fraction as its annual assessment. Access payments and assessment fees will not be reimbursed or collected until enrollment due to the status change has been approved by the Medicaid Provider Enrollment Section.

A medical transportation provider that is subject to payment of the assessment computed under Ark. Code Ann. § 20-77-2803 at the beginning of a state fiscal year but during the state fiscal year experiences a change in status so that it is no longer subject to payment under Ark. Code Ann. § 20-77-2806 shall be relieved of its obligation to pay the medical transportation provider assessment and shall become ineligible for medical transportation provider access payments under Ark. Code Ann. §20-77-2809. The assessment for the state fiscal year in which the change occurs will be adjusted by multiplying the annual assessment computed under Ark. Code Ann. § 20-77-2803 by a fraction, the numerator of which is the number of days during the year that the medical transportation provider was subject to the assessment and the denominator of which is three hundred sixty-five (365). The fraction will be expressed as a percentage rounded to two places (Example – 65.23%). Immediately upon changing status, the medical transportation provider will pay the adjusted assessment for that state fiscal year to the extent not previously paid. The medical transportation provider also shall receive payments under Ark. Code Ann. § 20-77-2809 for the state fiscal year in which the status change occurs. The amount payable will be adjusted by the same fraction as its annual assessment.

FEE BILLING AND COLLECTION

The annual assessment imposed under Ark Code Ann. § 20-77-2803 is due and payable quarterly. However, an installment payment of an assessment imposed by Ark. Code Ann. § 20-77-2803 will not be due and payable until:

(A) The Division issues the written notice required by Ark. Code Ann. § 20-77-2808(a) stating that the payment methodologies to medical transportation providers required under Ark. Code Ann. § 20-77-2809 have been approved by the Centers for Medicare and Medicaid Services and the waiver under 42 C.F.R. § 433.68 for the assessment imposed by Ark. Code Ann. § 20-77-2803, if necessary, has been granted by the Centers for Medicare and Medicaid Services;

(B) The Division receives all needed information, or the thirty-day verification period required by § 20-77-2808(b) has expired, whichever is later; and

(C) The Division has made all quarterly installments of medical transportation provider

access payments that were otherwise due under Ark. Code Ann. § 20-77-2809 consistent with the effective date of the approved state plan amendment and waiver.

After the initial installment has been paid under this section, each subsequent quarterly installment payment of an assessment imposed by Ark. Code Ann. § 20-77-2803 will be due and payable within ten (10) business days after the medical transportation provider has received its medical transportation provider access payments due under Ark. Code Ann. § 20-77-2809 for the applicable quarter by Accounts Receivable.

Failure of any medical transportation provider to provide required reports or pay fees on a timely basis may result in the withholding of Medicaid reimbursement, letters of caution, sanctions, or penalty assessment. Penalty assessments are detailed in the Sanctions Section identified below. The penalty assessment and outstanding medical transportation provider assessment fee shall accrue interest at the maximum rate permitted by law from the date the assessment fee is due until payment of the assessment fee and the penalty assessment.

Accounts Receivable will initiate the collection process on the 1st of the month following the due date for payments not received or postmarked by close of business on the 10th day following the notice of assessment due. An outstanding accounts report will be forwarded to the Division for determination of further action.

ADMINISTRATION OF FEES

Fees assessed and collected, and sanctions and interest imposed and collected, will be deposited in a designated account known as the Medical Transportation Assessment Account within the Arkansas Medicaid Program Trust Fund as established under Ark. Code Ann. §20-77-2805.

SANCTIONS

The Division will sanction medical transportation providers that fail to comply with Ark Code Ann. §20-77-2801 et seq., these rules, or both. If a medical transportation provider fails to timely pay the full amount of a quarterly assessment, the Division shall add to the assessment:

(A) A penalty assessment equal to five percent (5%) of the quarterly amount not paid on or before the due date; and

(B) An additional five percent (5%) penalty assessment on any unpaid quarterly and unpaid penalty assessment amounts remaining on the last day of each quarter after the due date until the assessed amount and the penalties are paid in full.

Payments will be credited first to unpaid quarterly amounts, rather than to penalty or interest amounts, beginning with the most delinquent installment.

Any fee or penalty assessment imposed under these rules, as authorized by the Ark. Code Ann. § 20-77-2801 et seq., shall accrue interest at the maximum rate permitted by law from the date the fee or penalty assessment is imposed until the medical transportation provider pays the fee or penalty assessment.

PROPOSED

For the purposes of these rules, “postmarked” will mean dated for delivery to the Division and submitted to the appropriate carrier by whatever means designated by the Division, including electronic or other means.

Recoupment Provisions

The Division may withhold from a medical transportation provider’s vendor payment any amount owed the Medicaid program as a result of an imposed penalty assessment for non-compliance as detailed above, or any assessment fee not paid by the due date. For purposes of this paragraph, a penalty assessment is considered imposed once the Division notifies the medical transportation provider of the penalty assessment and the medical transportation provider has an opportunity to appeal the penalty assessment.

Emergency medical transportation access payments.

To preserve and improve access to medical transportation services, for medical transportation services rendered on or after 7/1/19, the Division shall make emergency medical transportation access payments as set forth in this section. These access payments are considered supplemental payments and do not replace any currently authorized Medicaid payments for medical transportation services.

Eligibility: Medical transportation providers eligible to receive emergency medical transportation access payments are those medical transportation providers:

(A) Subject to the assessment imposed under Ark. Code Ann. § 20-77-2803; and

(B) That apply to receive the emergency medical transportation access payments as provided herein.

Application:

(A) Not less than one-hundred eighty (180) days prior to the beginning of each state fiscal year, the Division will send to all qualified licensed medical transportation providers an application for emergency medical transportation access payments. The application will:

a. Allow the medical transportation provider to submit all information needed to calculate that medical transportation provider’s average commercial rate;

b. Provide that the application must be received by the Division on a date certain which will be no less than one hundred twenty (120) days prior to the beginning of the state fiscal year;

c. Explain that, unless exempt from payment by law, the medical transportation provider will be required to pay the medical transportation provider assessment even if it fails to apply for the emergency medical transportation access payments;

PROPOSED

if it fails to supply the Revenue Survey the assessment will be calculated based on the state average assessment for that year; and

d. Explain that the medical transportation provider will not be eligible to receive emergency medical transportation access payments in the next fiscal year if the application is not timely filed but will still be assessed based on the average assessment.

(B) A medical transportation provider that has previously received emergency medical transportation access payments is required to make an application for such payments and provide the Revenue Survey every year.

Calculation of Average Commercial Rate:

(A) The emergency medical transportation access payment shall be determined in a manner to bring the payments for these services up to the average commercial rate level as described herein. The average commercial rate level is defined as the average amount payable by the commercial payers for the same service.

(B) The Division 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.

(C) The Division shall calculate an overall Medicare to commercial conversion factor for each qualifying medical transportation provider that submits an emergency medical transportation access payment application by dividing the total amount of the average commercial payments for the claims by the total Medicare payments for the claims.

(D) The commercial to Medicare ratio for each provider will be re-determined every year.

Payment Methodology:

(A) The emergency medical transportation access payment to each eligible medical transportation provider shall not exceed the sum of the difference between the Medicaid payments otherwise made to these providers for the provision of emergency medical transportation services and the average amount that would have been paid at the equivalent community rate, expressed as the average commercial rate.

(B) The emergency medical transportation access payment shall be determined in a manner to bring payments for these services up to the community rate level.

(C) The specific payment methodology to be used in establishing the emergency medical transportation access payment due to each eligible medical transportation provider is as follows:

a. The Division will identify the emergency medical transportation services in the payment period for which the eligible medical transportation provider is eligible to be reimbursed.

PROPOSED

b. The Division will calculate the reimbursement paid to the medical transportation provider for the provision of emergency medical transportation services in the payment period.

c. The Division will calculate the medical transportation provider's average commercial rate for the provider's services.

d. The Division shall calculate the medical transportation provider's upper payment limit gap by subtracting actual Medicaid services in the payment period from the amount that would have been paid using the medical transportation provider's average commercial rate.

e. The Division shall reimburse all eligible providers the same proportion of their upper payment limit gap, up to the lesser of:

   i. the total computable generated from the available balance in the Medical Transportation Assessment Account; or

   ii. 100 percent (100%) of the eligible medical transportation provider's upper payment limit gap.

(D) Emergency medical transportation access payments shall be made quarterly.

PROPOSED

Statement of Necessity and Rule Summary
SPA#2019-0009, Section V 2-19, Transportation 1-19, Administrative Procedures for the Emergency Medical Transportation Assessment Fee and Access Payment

Statement of Necessity

This rule is necessary to comply with Acts 2017, No. 969, which is codified at Ark. Code Ann. § 20-77-2801 et seq. The rule seeks to improve the quality and timeliness of medical transports in Arkansas by establishing an ambulance assessment program.

In Act 969, the General Assembly found that "[e]mergency medical services constitute an invaluable part of the healthcare delivery system of Arkansas", "will be a key element in any healthcare reform initiative", "are a key component of any economic development program as emergency medical services are essential to recruiting and retaining industry", and "are a critical element of the emergency preparedness system within Arkansas". In addition, the General Assembly found that "[w]hile containing the cost of funding within the Arkansas Medicaid Program and providing healthcare services for the poor and uninsured individuals of this state are vital interests, the challenges associated with appropriate reimbursement for emergency medical services under the Arkansas Medicaid Program are recognized".

Act 969 went on to provide that "it is the intent of the General Assembly to assure appropriate reimbursement by establishing an assessment on emergency medical services to preserve vital emergency medical services for all residents of Arkansas".

This rule is being promulgated to effectuate these legislative findings and intent.

Rule Summary

The Division of Medical Services (DMS) of the Department of Human Services is proposing the following revisions:

Effective for dates of service on and after July 1, 2019, the State Plan Amendment will include the following:

- Qualifying medical transportation providers within the State of Arkansas except for volunteer ambulance services, ambulance services owned by the state, county or political subdivision, nonemergency ambulance services, air ambulance services, specialty hospital-based ambulance services and ambulance services subject to the state's assessment on the ambulance revenue of hospitals shall be eligible to receive emergency medical transportation access payments;

- The specific payment methodology to be used in establishing the emergency medical transportation access payment for medical transportation providers. The payments shall be

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calculated on an annual basis and paid on a quarterly basis. The annual budget impact associated with this rule change is $14,445,745.

Effective October 1, 2019:

- Section V of the Medicaid Provider Manuals will be revised to include two new forms that are required for transportation providers to be reimbursed for the emergency medical transportation access payments.

- The Transportation Provider Manual will be revised to include a new section within Reimbursement that outlines the process for transportation providers to receive the emergency medical transportation access payments. Links will be provided to access the forms added to Section V.

- A new rule, Administrative Procedures for the Emergency Medical Transportation Assessment Fee and Access Payment, is being promulgated, and a link to this rule will be added to the Transportation Provider Manual on the website of DMS. The procedures include:

    - Definitions
    - Initial Year Determination
    - Provider Revenues and Assessment Rate
    - Fee Assessment
    - Fee Billing and Collection
    - Administration of Fees
    - Sanctions
    - Recoupment Provisions
    - Emergency Medical Transportation Access Payments

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NOTICE OF RULE MAKING

The Director of the Division of Medical Services hereby issues, for a thirty-day public comment period, a notice of rulemaking for the following proposed medical assistance rule(s) under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§ 20-76-201, 20-77-107, and 25-10-129.

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    - Administration of Fees
    - Sanctions
    - Recoupment Provisions
    - Emergency Medical Transportation Access Payments

The proposed rule is available for review at the Department of Human Services (DHS) Office of Rules Promulgation, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule on the Medicaid website at https://medicaid.mmis.arkansas.gov/General/Comment/Comment.aspx. Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov. All public comments must be received by DHS no later than July 29, 2019. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people. If you need this material in a different format, such as large print, contact the Office of Rules Promulgation at 501-320-6164.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin. **4501809667 EL**