



Fire Department/Emergency Management Agency

Antonio Burden, Fire Chief/EMA Director

January 26, 2024

Ms. Takiyah Douse, Interim Administrator

Ref: Notice of Intent – Public Ground Ambulance Upper Payment Limit for Claim Period
1/1/22 – 12/30/22

Dear Ms. Douse:

The Department of Community Health (DCH) received approval from the Centers for Medicare & Medicaid Services (CMS) to provide a supplemental payment adjustment to government-owned (hospital affiliated or free-standing) ground ambulance providers in Georgia. Effective with dates of service beginning on January 1, 2020, and thereafter. The Fee-for-Service (FFS) Ground Ambulance Upper Payment Limit (UPL) Program compensates eligible ambulance providers for ambulance services provided to Medicaid FFS members. The UPL is based on commercial rate information through the calculation of an average commercial rate (ACR) for each applicable ambulance service.

Medicaid payments are financed by the federal government and the state. On an annual basis, the federal government determines the level of federal support for the Medicaid program, which is calculated through a percentage known as the Federal Medical Assistance Percentage (FMAP). The state share is equal to the total Medicaid payment, minus the federal share. The federal fiscal year 2023 FMAP for the state of Georgia is 66.02%. For example, if a Medicaid payment is \$100, the federal share is \$66.02 and the state share is \$33.98. The State does not keep the IGT supplied by the government owned ambulance provider. Under an IGT financing structure, the government-owned provider is financing the state share of the Medicaid payment by transmitting the state share of the payment to the Medicaid agency.

The Augusta Fire Department received a Notice of Intent to Transfer form for the Public Ground Ambulance UPL for amount of \$29,659.92. The data used to calculate the final supplemental UPL payment comprises all Medicare and Medicaid services provided by Augusta Fire Department ambulances billed through our billing company EMS/MC for the period of January 1, 2020, through December 30, 2022. When the Public Ambulance Upper Payment Limit (UPL) Program was established, the State Legislature did not put any money in the budget to account for the State Share portion of the calculation. Therefore, the providers are required to send to the State (DCH), the state share of the payment which is returned to the provider after the payment is made. Our state share is \$10,117 which is due by February 6, 2024, via EFT or ACH. The final payment of \$19,542.92 (Federal Share) and reimbursement of \$10,117 (State Share) will be remitted by February 29, 2024.

Augusta Fire Department/Emergency Management Agency
3117 Deans Bridge Road, Augusta GA 30906
(706) 821-2909 – Phone (706) 821-2907-Fax
WWW.AUGUSTAGA.GOV

There is no obligation or penalty to refuse these funds however, it is my recommendation that we accept and apply this funding to the Fire Department budget as additional revenue to offset medical supply expenditures for the remainder of 2024. If you would like to accept the UPL funding for claim period January 1, 2022, through December 30, 2022, a link to the Notice of Intent can be emailed to Finance for processing.

If you have questions or concerns, do not hesitate to contact me at 706-821-1640. Your attention to this matter is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Burden', with a long horizontal flourish extending to the right.

Antonio Burden
Fire Chief/EMA Director

Cc: Donna Williams, Finance Director



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Martin Luther King Jr. Drive SE, East Tower | Atlanta, GA 30334 | 404-656-4507 | www.dch.georgia.gov

Date: January 18, 2024

To: Chief Executive Officer/Chief Financial Officer

From: Kim S. Morris, Director of Reimbursement
Division of Financial Management

Subject: State Fiscal Year 2024 FINAL Upper Payment Limit (UPL) Ground Ambulance Payments (Claim Period Covered: January 1, 2022 – December 30, 2022)
003221103A AUGUSTA RICHMOND COUNTY GOVERNMENT

BY ELECTRONIC MAIL

The Department of Community Health “the Department” has received approval from the Centers for Medicare and Medicaid Services (CMS) for the SFY 2024 Ground Ambulance Payments UPL calculation. On March 23, 2023, the Department paid an interim supplemental payment to eligible ambulance providers. The Department will pay the final payment (net of first interim payment) by February 29, 2024. Information regarding the schedule of events, notice of intent, UPL payment calculation and intergovernmental transfer amounts are attached.

For AUGUSTA RICHMOND COUNTY GOVERNMENT, the UPL payment of \$60,676.98 was calculated using the tables below.

HCPCS Code Description	Final Medicaid Units	Final Average Commercial Rate (ACR)	Final Upper Payment Limit (UPL)	Final Medicaid Payments	Final Third-Party Payments	Final Total Medicaid Payments	Final Supplemental Payment
A0425	61	\$ 12.90	\$ 787.14	\$ 300.12	\$ 0.00	\$ 300.12	\$ 487.02
A0426	0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
A0427	30	\$ 739.19	\$22,175.58	\$9,747.90	\$ 0.00	\$9,747.90	\$12,427.68
A0428	0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
A0429	82	\$ 459.93	\$37,714.26	\$20,969.04	\$ 0.00	\$20,969.04	\$16,745.22
A0433	0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
A0434	0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total	173	\$1,212.02	\$60,676.98	\$31,017.06	\$ 0.00	\$31,017.06	\$29,659.92

Interim Payment Paid March 23, 2023	\$ 0.00
Balance of Payment Due To Provider	\$29,659.92

\$19,542.92 Federal Share

\$10,117.00 State Share (IGT) – **Provider Payment To DCH**

\$29,659.92 Final Supplemental UPL Payment



The intergovernmental transfer (IGT) must be received by noon on February 15, 2024, to ensure providers receive their payment by February 29, 2024. If an IGT is not received by the deadline, the provider's supplemental UPL payment will be delayed.

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Wednesday, February 6, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([click here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.

The February 29, 2024, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.



Instructions for Ground Ambulance UPL Intergovernmental Transfers

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Ground Ambulance UPL payment is **due by 12 p.m. on Thursday, February 15, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.