



Brian P. Kemp, Governor

Caylee Noggle, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

Date: December 7, 2022

To: Chief Executive Officer/Chief Financial Officer

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

Subject: State Fiscal Year 2023 Upper Payment Limit (UPL) Ground Ambulance Payments (Claim Period Covered:
January 1, 2021 – December 31, 2021)

000187404A EFFINGHAM COUNTY EMS

BY ELECTRONIC MAIL

The Department of Community Health “the Department” submitted the SFY 2023 Ground Ambulance Payments UPL calculation to Centers for Medicare and Medicaid Services (CMS) for acceptance. The Department will release an interim supplemental payment to eligible ambulance provider while we await final acceptance from CMS. Information about the schedule of events, notice of intent, UPL payment calculation and intergovernmental transfer amounts are attached.

For EFFINGHAM COUNTY EMS, the UPL payment of \$75,003.60 was calculated using the tables below.

HCPCS Code Description	Commercial Payor 1	Commercial Payor 2	Commercial Payor 3	Commercial Payor 4	Commercial Payor 5	Average Commercial Rate (ACR)
A0425	\$ 12.00	\$ 7.62	\$ 7.62			\$ 9.08
A0426	\$ 525.00	\$ 525.00	\$ 525.00	\$ 261.88		\$ 459.22
A0427	\$ 414.65	\$ 425.00	\$ 414.65	\$ 425.00		\$ 419.83
A0428	\$ 218.23	\$ 327.35	\$ 425.00	\$ 334.38		\$ 326.24
A0429	\$ 255.72	\$ 349.17	\$ 425.00			\$ 343.30
A0433						
A0434						
Total	\$1,425.60	\$1,634.14	\$1,797.27	\$1,021.26	\$ 0.00	



HCPCS Code Description	Medicaid Units	Average Commercial Rate (ACR)	Upper Payment Limit (UPL)	Medicaid Payments	Third Party Payments	Total Medicaid Payments	Supplemental Payment
A0425	1,734	\$ 9.08	\$15,744.72	\$8,531.28	\$ 0.00	\$8,531.28	\$7,213.44
A0426		\$ 459.22	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
A0427	88	\$ 419.83	\$36,944.60	\$28,593.84	\$ 0.00	\$28,593.84	\$8,350.76
A0428		\$ 326.24	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
A0429	65	\$ 343.30	\$22,314.28	\$16,621.80	\$ 0.00	\$16,621.80	\$5,692.48
A0433			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
A0434			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total	1,887		\$75,003.60	\$53,746.92	\$ 0.00	\$53,746.92	

\$15,351.57 Federal Share

\$5,905.11 State Share (Intergovernmental Share Amount Paid to the "DCH")

\$21,256.68 Supplemental Payment (UPL Amount paid to Ground Ambulance Provider)

As the SFY2023 UPL calculation has not been approved by CMS, the Department will split the payment as follows:

Total Supplemental Payment	Interim UPL Payment	UPL Payment Federal Share	Payment State Share (IGT)
\$21,256.68	\$11,597.05	\$8,375.39	\$3,221.66

The **Interim** UPL Payments to Public Ground Ambulance Providers are scheduled to be released on January 26, 2023. For hospital affiliated or freestanding, the UPL payment will depend on the receipt of an IGT from the governmental entity affiliated with your Ground Ambulance Provider. Please note that the intergovernmental transfer must be received by noon on January 12, 2023, for payment to be released on January 26, 2023. If an IGT is not received by the deadline, the associated UPL payment will not be made.

To assure that the timely receipt of intergovernmental transfers can be confirmed, a Notice of Intent to Transfer Form must be submitted by Wednesday, December 28, 2022, to document the expected method of transfer.

The January 26, 2023, 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. Allowing for such a delay, the UPL payment should post to your facility's bank account on or before January 26, 2023.

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, January 12, 2023. 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.



FY2022 Ground Ambulance UPL - Notice of Intent to Transfer Form

Notice of Intent to Transfer form for Ground Ambulance UPL payment is **due by Wednesday, December 28, 2022**. Intergovernmental transfer for Ground Ambulance UPL payment is **due by Thursday, January 12, 2023, by noon**.

Name of Governmental Unit Making IGT: _____

(IGT can only be accepted from government-owned (hospital affiliated or free standing) ground ambulance providers.

Name of affiliated provider(s)	Tax ID#	IGT amount due (State Share)	Interim Supplemental Payment
1.		\$3,221.66	\$11,597.05
2.			
3.			
Total IGT amount due		\$3,221.66	

Expected method of transfer (select one):
EFT _____ ACH _____

Designated contact:

Name _____

Title / Organization _____

E-mail address _____

Telephone number _____

Signature _____ Date _____

This signature indicates agreement with stated amounts above.

Return completed form by e-mail to DCH_NIR@dch.ga.gov by Wednesday, December 28, 2022