



**GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH**

**Brian P. Kemp, Governor**

**Russel Carlson, Commissioner**

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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)  
 000187404A EFFINGHAM COUNTY EMS

**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 EFFINGHAM COUNTY EMS, the UPL payment of \$81,804.20 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	1,792	\$ 9.30	\$16,656.64	\$8,816.64	\$ 0.00	\$8,816.64	\$7,840.00
A0426	0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
A0427	77	\$ 399.98	\$30,798.65	\$25,019.61	\$ 0.00	\$25,019.61	\$5,779.04
A0428	0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
A0429	87	\$ 394.82	\$34,348.91	\$22,247.64	\$ 0.00	\$22,247.64	\$12,101.27
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
<b>Total</b>	<b>1,956</b>	<b>\$ 804.10</b>	<b>\$81,804.20</b>	<b>\$56,083.89</b>	<b>\$ 0.00</b>	<b>\$56,083.89</b>	<b>\$25,720.31</b>

Interim Payment Paid March 23, 2023	\$ 0.00
<b>Balance of Payment Due To Provider</b>	<b>\$25,720.31</b>

\$16,947.11	Federal Share
\$8,773.20	State Share (IGT) – <b>Provider Payment To DCH</b>
<u>\$25,720.31</u>	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](mailto: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](mailto:rochella.chimedza@dch.ga.gov) or by telephone at (470) 540-3949.