

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2008

CATEGORICALLY NEEDY

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

a. Transportation

(1) A. Ground Ambulance Services

For transportation of recipient when medically necessary as certified by a physician to a hospital, to a nursing home from the hospital or patient's home, to the patient's home from the hospital or nursing home, from a hospital (after receiving emergency outpatient treatment) to a nursing home if a patient is bedridden, and from a nursing home to another nursing home if determined necessary by the Office of Long Term Care. Emergency service is covered only through licensed emergency ambulance companies. Services not allowed by Title XVIII but covered under Medicaid will be paid for Medicare/Medicaid recipients.

These services will be equally available to all recipients.

B. Air Ambulance Services

Air ambulance services are provided to Arkansas Medicaid beneficiaries only in emergencies.

Air ambulance providers must be licensed by the Arkansas Ambulance Boards and enrolled as a Title XVIII, Medicare Provider.

(2) Developmental Day Treatment Clinic Services (DDTCS) Transportation

Developmental Day Treatment Clinic Services (DDTCS) providers may provide transportation to and from a DDTCS facility. The Medicaid transportation broker must provide transportation to and from the nearest qualified medical provider for the purpose of obtaining medical treatment.

SUPERSEDES: TN- 99-07

STATE	<u>Arkansas</u>
DATE REC	<u>6-27-08</u>
DATE APPROV	<u>9-26-08</u>
DATE EFF	<u>7-1-08</u>
HCFA 179	<u>08-04</u>

A

AMOUNT, DURATION AND SCOPE OF
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MEDICALLY NEEDY

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a. Transportation

(1) A. Ground Ambulance Services

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B. Air Ambulance Services

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: July 1, 2008

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

a. Transportation

- (1) Ground Ambulance: Services are reimbursed based on the lesser of the amount billed or the Title XIX (Medicaid) charge allowed. Effective for claims with dates of service on or after May 1, 1996, the Arkansas Medicaid maximum payments are established at 86% of the 1995 Medicare 75th percentile of prevailing charges (non-participating).

The Medicaid maximum for the intermediate transport (level of patient care) is established by averaging the Basic Life Support (BLS) and the Advanced Life Support (ALS) Medicaid rates which were established at 86% of the 1995 Medicare 75th percentile of prevailing charges (non-participating).

- (2) The agency's air transportation fee schedule rates were set as of July 1, 2008 and are effective for services on or after that date. All air transportation fee schedule rates are published on the agency's website (www.medicaid.state.ar.us). A uniform rate for these services is paid to all governmental and non-governmental providers unless otherwise indicated in the state plan.

Air Ambulance: Reimbursement for jet fixed wing, turboprop fixed wing, piston fixed wing and rotary wing air ambulance services is based on the lesser of the amount billed or the maximum Title XIX (Medicaid) charges allowed.

The Air Ambulance service maximum reimbursement rates effective July 1, 2008 and after were developed as follows:

- Rotary wing, helicopter pick-up and per mile rates were calculated by using 85% of Medicare Urban Rates as of 5/1/08 for the same services.
- Piston fixed wing, Turbo Prop fixed wing, and Jet fixed wing mileage rates were calculated by using 85% of Medicare Urban Rates as of 5/1/08 for the same services.
- Piston fixed wing, Turbo Prop fixed wing, and Jet fixed wing hourly rates were calculated by inflating the current rates by the change in the Consumer Price Index-All Urban Consumers (CPIU - not seasonally adjusted, U.S. city average, all items) between December 1 2000 and April 1, 2008. This hourly reimbursement rate of medical personnel and medical equipment is only for time while the aircraft is in the air, on the runway for takeoff and landing, boarding and disembarking patient and crew, and taxiing.

Effective for dates of service occurring 7/1/2008 and after, reimbursement rate maximums for the turboprop fixed wing aircraft will be \$6.54 per mile and \$215.70 per hour, the maximums for piston propelled fixed wing aircraft will be \$6.54 per mile and \$50.32 per hour and the maximums for jet propelled aircraft will be \$6.54 per mile and \$215.70 per hour. Effective for 7/1/2008 and after, reimbursement rate maximums for helicopter rotary wing aircraft will be \$17.43 per mile and \$2,462.25 per pick up (one way).

The hourly reimbursement rate is for medical personnel and medical equipment and is only for time while the aircraft is in the air, on the runway for takeoff and landing, boarding and disembarking patient and crew, and taxiing. The per mile rate is to cover the cost of transportation equipment, the salary of the pilot and non-medical supplies.

SUPERSEDES: TN- 01-02

STATE	<u>Arkansas</u>
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: July 1, 2008

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):

Effective for dates of service occurring May 1, 2001 and after, Arkansas Medicaid will reimburse ground transport salary and fringe expenses for the aircraft medical crew up to a maximum of \$1000 per total roundtrip flight. The purpose of this separate reimbursement is to provide necessary additional life support and patient stabilizing medical services for the transported patient. Maximums of \$9.40 per 15 minute increment for nursing services and \$7.90 per 15 minute increment for paramedic services can be billed. These rates are based on unaudited costs reflected on provider submitted cost statements dated August 31, 2000. This reimbursement can only be made for medical crew assistance time while 1) the crew travels to the hospital to pick up the patient 2) the patient is being transported from the original hospital to the aircraft, 3) the patient is being transported from the aircraft to the receiving hospital and 4) the crew is traveling back to the aircraft after delivering the patient to the receiving hospital. The ground transport medical crew time is reimbursable whether or not the crew actually accompanies the patient in the ground transport ambulance. The crew may travel in a separate vehicle if necessary.

Effective for dates of service occurring May 1, 2001 and after, Arkansas Medicaid will reimburse air transport ventilator and respiratory therapist services. The \$75 per hour reimbursement rate for this service is based on unaudited costs reflected on provider submitted cost statements dated August 31, 2000. This service will only be reimbursed when necessary for patient care during transportation. The hourly rate will only be reimbursed for time while the aircraft is in the air, on the runway for takeoff and landing, boarding and disembarking patient and crew, and taxiing.

The state covers round trip or running mileage. The rationale for the above is the expense the provider incurs prior to pickup and delivery of the patient.

SUPERSEDES: TN- 01-02

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