

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

Revised: March 1, 2009

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

a. Transportation

- (1) **The agency's ground 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.**

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 March 1, 2009, the Arkansas Medicaid maximum mileage reimbursement rates are established for the Basic Life Support (BLS), Intermediate Life Support (ILS) and Advanced Life Support (ALS) ground ambulance services by using 86% of the Medicare rural base rate as of February 20, 2009 for the same services.

- (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.

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