METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Transportation *(continued)*

A. Transportation by Ambulance *(continued)*
1. Ground Ambulance Transports *(continued)*
e. Cost Settlement Process *(continued)*

i. Each eligible provider will receive an annual lump sum payment in the amount equal to the total of the uncompensated care costs as defined in the above Supplemental Reimbursement Methodology – General Provisions.

ii. If, at the end of the final reconciliation, it is determined that the eligible provider was overpaid, the provider will return the overpayment to Agency and the Agency will return the overpayment to the federal government pursuant to 42 CFR 433.316. If underpayment is determined, then the eligible provider will receive an interim supplemental payment in the amount of the underpayment.

2. Air Ambulance Transports – Reimbursement for air ambulance service is made based on the Medicare AFS. Payment will not exceed 100% of the Medicare allowable rates.

a. Rotary Wing (RW) - Payment to providers affiliated with Level I Trauma Centers is based on a blend of the urban and rural rates for both the base payment and the mileage rate. The blended ratio is .41/.59 for the point of pick-up (POP). The rate for base and mileage for all other RW providers is based on the urban rate, regardless of the POP.

b. Fixed wing (FW) – Payment is calculated using the urban base rate and mileage, regardless of the POP. Effective with claims for dates of service on or after July 1, 2008, reimbursement is made based on the 2008 Medicare AFS.

B. Non-Emergency

1. Ground Transportation – All transportation by public carrier or private vehicle is coordinated statewide through the designated SoonerRide transportation broker. The State assures that the broker itself will not be a provider of transportation as prescribed at 42 CFR 440.170(a)(4)(i)((D)(ii)(A).

2. Airline Travel - Prior Authorization is required for commercial airline transportation. The use of airline accommodations may be authorized or approved when the individual's medical condition is such that transportation out-of-state by commercial airline is required. Officials authorizing travel by commercial airline will require the most economical fare be used to the maximum extent possible.

C. Meals and Lodging - The cost of meals and lodging are provided only when necessary in connection with transportation to and from medical care. Payment is made using a per diem fee schedule.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Transportation *(continued)*

D. Access Payment Program Fee for Emergency Ambulance Service Providers

Effective January 1, 2022, all non-exempt ambulance service providers of emergency services are eligible to participate in the Ambulance Service Providers Access Payment Program. Eligible ambulance service providers licensed in Oklahoma are assessed an ambulance service provider access payment program fee. An ambulance service provider subject to the assessment of the Ambulance Service Provider Access Payment Program that has not been previously licensed as an ambulance service in the State and that commences operations during a year will pay the required assessment and will be eligible for ambulance service provider access payments.

1. **Exempt Ambulance Service Providers –** The following ambulance service providers are exempt from the ambulance service provider access payment fee:

    a. An ambulance service that is owned or operated by the state or a state agency, the federal government, a federally recognized Indian tribe, or the Indian Health Service;
    b. An ambulance service that is eligible for Supplemental Hospital Offset Payment Program (SHOPP);
    c. An ambulance service that provides air ambulance services only; or
    d. An ambulance service that provides non-emergency transports only.

2. **Ambulance Service Provider Access Payment –** Access payment amounts are based on the identified emergency medical transportation services for which the provider is eligible to be reimbursed as well as the base payment and the average commercial rate (ACR) for such services. Eligible providers must submit the identified data required to calculate the ACR to the Oklahoma Health Care Authority (OHCA) to receive an access payment. For each eligible provider, the annual assessment is calculated on an annual basis and paid out quarterly as follows:

    a. The paid Medicaid claims for each eligible provider are aligned with the Medicare fees (Medicare Fee Schedule – Urban) for each healthcare common procedure coding system (HCPCS) or current procedure terminology (CPT) code and the Medicare payment is calculated for such claims.

    b. A separate Medicare equivalent of the ACR is calculated for each eligible provider that qualifies for the access payment by dividing the total amount of the average commercial payments for the claims by the total Medicare payments for the claims.

    c. The base payment for services eligible for reimbursement is calculated for each eligible provider.

    d. The amount the eligible provider would have been reimbursed at ACR for the eligible services is determined.

    e. The payment enhancement amount for each eligible provider is determined by subtracting the base payment from the ACR of the eligible services provided.

    f. The medical transportation access payment for each eligible provider is calculated by the sum of all payment enhancement amounts (from e. above) for eligible services provided.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Transportation *(continued)*

D. Access Payment Program Fee for Emergency Ambulance Service Providers *(continued)*

2. Ambulance Service Provider Access Payment *(continued)*

The access payment is comprehensive and does not exceed 100% of the difference between Medicaid payments otherwise made to eligible providers for the provision of medical transportation services and the average amount that would have been paid at the equivalent ACR.

The ambulance service provider medical transportation access payments are to supplement, not supplant, appropriations to support ambulance service provider reimbursement. Payments may not be used to offset any other payment by Medicaid for services to Medicaid beneficiaries.

The medical transportation access payments for the state fiscal year are within the applicable fee-for-service upper payment limits as defined in 42 CFR 447.272. If the demonstration shows that payments for any category have exceeded the UPL, the State will take corrective action as determined by CMS.