

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 327.00: RATES FOR AMBULANCE AND WHEELCHAIR VAN SERVICES

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327.01: General Provisions

- (1) Scope and Purpose. 101 CMR 327.00 governs the rates of payment to eligible ambulance and wheelchair van service providers to be used by all governmental units for services provided to publicly aided individuals. The ground transport rates set forth in 101 CMR 327.00 also apply to individuals covered by the Workers' Compensation Act, M.G.L. c.152.
- (2) Applicable Dates of Service. Rates in 101 CMR 327.00 are applicable for dates of service on or after November 1, 2022, except as otherwise noted.
- (3) Disclaimer of Authorization of Services. 101 CMR 327.00 is not authorization for or approval of the services for which rates are determined pursuant to 101 CMR 327.00. Governmental units that purchase services are responsible for the definition, authorization, and approval of care and services provided to publicly aided individuals.
- (4) Coverage. The rates of payment in 101 CMR 327.00 constitute payment in full for all services provided by an eligible provider, including administration and professional supervision services. The payment rates will apply to ambulance and wheelchair van services provided by eligible providers to publicly aided individuals whose medical condition requires the use of such vehicles under the conditions described by the purchasing governmental unit.
- (5) Exclusion. 101 CMR 327.00 and the payment rates in 101 CMR 327.03 will not, under any conditions, apply when the purchasing governmental unit determines that:
  - (a) no medical necessity exists; or
  - (b) some means of transportation other than an ambulance or wheelchair van may be used without endangering the patient's health; or
  - (c) ambulance or wheelchair van usage is for an unauthorized purpose.

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(6) Coding Updates and Corrections. EOHHS may publish service code updates and corrections in the form of an administrative bulletin. Updates may reference coding systems including, but not limited to, the *Healthcare Common Procedure Coding System (HCPCS)*. The publication of such updates and corrections will list:

- (a) codes for which the code numbers change, with the corresponding cross references between existing and new codes and the codes being replaced. Rates for such new codes are set at the rate of the code that is being replaced;
- (b) codes for which the code number remains the same, but the description has changed;
- (c) deleted codes for which there are no corresponding new codes; and
- (d) codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (I.C.) payment for these codes until appropriate rates can be developed.

(7) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 101 CMR 327.00, to issue coding updates and corrections under 101 CMR 327.01(6); to describe services, rates, or payment methods set forth in a special contract with a provider or selective contract with a broker under 101 CMR 327.04, as determined necessary by EOHHS; to describe conditions of payment for the nonpublic ambulance supplemental payments under 101 CMR 327.05(2); or to update the classification percentage multiplier for the nonpublic ambulance assessment as provided under 101 CMR 327.05(5)(a).

327.02: General Definitions

Terms, as used in 101 CMR 327.00, have the meanings set forth in 101 CMR 327.02.

Ambulance. An aircraft, boat, motor vehicle, or other means of transportation, however named, whether privately or publicly owned, which is intended to be used for, and is maintained and operated for, the response to and the transportation of sick or injured individuals.

Center. The Center for Health Information and Analysis, established under M.G.L. c. 12C.

Eligible Provider. A person, partnership, corporation, governmental unit, or other entity that provides authorized emergency ambulance, nonemergency ambulance, and/or wheelchair van services and that also meets such conditions of participation as have been or may be adopted from time to time by a governmental unit purchasing ambulance services.

EOHHS. The Executive Office of Health and Human Services, established under M.G.L. c. 6A.

Governmental Unit. The Commonwealth of Massachusetts or any of its departments, agencies, boards, commissions, or political subdivisions.

Individual Consideration (I.C.). Rates of payment to eligible providers for services authorized, but not listed herein, or authorized services performed in exceptional circumstances will be determined on an individual consideration basis by the governmental unit upon receipt of a bill that describes the services rendered. Eligible providers must maintain adequate records to determine the appropriateness of their I.C. claims and must provide these documents to the governmental unit upon request.

Loaded Mileage. The actual distance a person or persons is (are) transported in an ambulance or wheelchair van.

MassHealth. The medical assistance and benefit programs administered by EOHHS pursuant to Title XIX of the Social Security Act (42 U.S.C. 1396a *et seq.*), Title XXI of the Social Security

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Act (42 U.S.C. 1397aa et seq.), M.G.L. c. 118E, and other applicable laws and waivers to provide and pay for medical services to eligible members.

Nonpublic Ambulance Service. Ambulance services which are not provided by a city or town, county, district, or other governmental body and are licensed pursuant to M.G.L. c. 111C § 6.

Publicly Aided Individual. A person for whose medical and other services a governmental unit is in whole or in part liable under a statutory program.

Trip. The event of pick-up, transport, and delivery of a person or persons to or from a hospital or other health care facility by an ambulance or wheelchair van.

Trust Fund. The Nonpublic Ambulance Service Reimbursement Trust Fund established under M.G.L. c. 29, § 2KKKKK, to provide money to be expended for Medicaid payments to nonpublic ambulance services, as specified in 101 CMR 324.00: *Nonpublic Ambulance Service Reimbursement Trust Fund Assessment and Funding*. The Secretary of Health and Human Services, as trustee, will administer the fund and will make expenditures from the fund consistent with M.G.L. c. 29, § 2KKKKK.

Wheelchair Van. A motor vehicle that is specifically equipped to carry one or more persons who have a mobility disability or who are using a wheelchair.

327.03: General Rate Provisions and Payment

- (1) Rate Determination. The rates for authorized ambulance and wheelchair van services under 101 CMR 327.00 are the lowest of:
- (a) the eligible provider's usual fee to patients other than publicly aided individuals; or
  - (b) the eligible provider's actual charge submitted; or
  - (c) the schedule of fees set forth in 101 CMR 327.03.

- (2) Allowable Trip Fees for Ambulance Services.

Code	Allowable Fee	Description of Code
A0425	\$6.45	Ground mileage, per statute mile (loaded mileage)
A0426	\$250.65	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
A0427	\$396.86	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)
A0428	\$208.87	Ambulance service, basic life support, nonemergency transport (BLS)
A0429	\$334.19	Ambulance service, basic life support, emergency transport (BLS-emergency)
A0430	\$4,036.04	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	\$4,036.04	Ambulance service, conventional air services, transport, one way (rotary wing)
A0433	\$574.40	Advanced life support, level 2 (ALS 2)
A0434	\$678.83	Specialty care transport (SCT)
A0170	I.C.	Transportation ancillary; parking fees, tolls, other (used only for ferry charges)

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Code	Allowable Fee	Description of Code
A0999	I.C.	Unlisted ambulance service. (Used for transporting patients who require special resources to be safely transported, including but not limited to bariatric patients.)

(3) Billing Certification. Each eligible provider who submits an invoice to a governmental unit for authorized ambulance services must certify to the accuracy of the level of services provided, as listed on its invoice.

(4) Allowable Trip Fees for Wheelchair Van Services.

Code	Allowable Fee	Description of Code
A0130	\$40.55	Nonemergency transportation; wheelchair van (each way)
S0215	\$1.46	Nonemergency transportation; mileage, per mile (wheelchair van, loaded mileage)
T2001	\$8.00	Nonemergency transportation; patient attendant/escort (wheelchair van, each way)

327.04: Special Contracts

(1) Notwithstanding 101 CMR 327.03, a governmental unit may enter into a special contract with an eligible provider under which the governmental unit will pay for services authorized but not listed herein, or authorized services performed in exceptional circumstances.

(2) Notwithstanding 101 CMR 327.03, a governmental unit may enter into a selective contract with a transportation broker under which the governmental unit will pay for authorized services arranged by the broker at rates or through payment methodologies different than those set forth in 101 CMR 327.03.

327.05: Nonpublic Ambulance Supplemental Payment Provisions

(1) Provider Eligibility. To be eligible to receive supplemental payments from the Trust Fund, a nonpublic ambulance provider must be

- (a) licensed under M.G.L. c. 111C, § 6, as defined by the Department of Public Health (DPH);
- (b) a MassHealth-enrolled provider; and
- (c) in compliance with the payment conditions set forth in 101 CMR 327.05(2).

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(2) Payment Conditions.

(a) Nonpublic ambulance service expenditures will be made only under federally approved payment methods and consistent with federal funding requirements and all federal payment limits as determined by the Secretary of Health and Human Services.

(b) Payments under the Trust Fund will only be made to eligible nonpublic ambulance providers that

1. provide service to MassHealth members without limitations or restrictions based on origin point or diagnosis code, so long as the origin point is consistent with the locality requirements under 130 CMR 407.411(C): *Locality Restriction*;
2. meet service quality standards as defined by EOHHS via administrative bulletin or other written issuance, including quality standards related to timely service and waiting times;
3. demonstrate compliance with other conditions of payment as described by EOHHS via administrative bulletin or other written issuance, including compliance with applicable requirements under 42 CFR § 433.68; and
4. comply with all applicable requirements of 130 CMR 407.000: *Transportation Services*.

(3) Compliance with Conditions of Payment.

(a) EOHHS may audit compliance with conditions of payment.

(b) EOHHS may, via administrative bulletin or other written issuance, establish standards governing various conditions of payment including but not limited to, attestations, reporting requirements, compliance with payment conditions, penalties for noncompliance, and recovery.

(4) Timing of Payments.

(a) EOHHS will direct payments to eligible nonpublic ambulance providers from the Trust Fund each state fiscal year in which funding is available in the Trust Fund. Within 45 days of the end of each quarter, starting with the quarter beginning July 1, 2021, EOHHS will calculate and distribute payments to eligible nonpublic ambulance providers consistent with the payment methodology described in 101 CMR 327.05(5).

(b) Notwithstanding 101 CMR 327.05(4)(a), EOHHS will not make final supplemental payments to nonpublic ambulance providers, unless and until EOHHS receives notice of approval from the Centers for Medicare & Medicaid Services for federal financial participation for expenditures related to the assessment described in 101 CMR 324.00: *Nonpublic Ambulance Service Reimbursement Trust Fund Assessment and Funding*. Upon receiving such approval, EOHHS will make supplemental payments for dates of service on or after July 1, 2021, within 180 days of such approval or the end of the relevant quarter, whichever is later.

(c) EOHHS may elect to make interim supplemental payments to nonpublic ambulance providers prior to receiving notice of approval from CMS for federal financial participation for expenditures related to the assessment. Any interim supplemental payment made to a provider is subject to adjustment to conform final supplement payments to the payment methodology ultimately approved by CMS. In the event CMS does not approve federal financial participation for such expenditures, EOHHS may recover any portion of the interim

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supplemental payment made to a provider. The adjustment or recovery may include, without limitation, the denial, reduction, or withholding of future payment to that provider or its successor in interest or any provider under common interest.

(5) Payment Methodology. Each quarter starting with the quarter beginning July 1, 2023, and subject to available state and federal funding and allowable under federal law, EOHHS will allocate payments to eligible nonpublic ambulance providers in the following amounts, subject to the limitations describes in 101 CMR 327.05(5)(c):

(a) To calculate the supplemental payments, eligible nonpublic ambulance providers will be assigned to one of the following classifications, as determined by EOHHS, with the specified percentage multiplier applied to the eligible nonpublic ambulance providers' supplemental payments as follows, provided that EOHHS may prospectively update the percentage multipliers for a given quarterly payment by not more than plus or minus 5% via administrative bulletin or other written issuance.

1. Not-for-profit nonpublic ambulance providers, 126.33%;
2. Not-for-profit hospital nonpublic ambulance providers, 100.79%;
3. For-profit nonpublic ambulance providers in region 1 as defined by DPH Office of Emergency Medical Services (OEMS), 128.46%;
4. For-profit nonpublic ambulance providers in region 2 as defined by DPH OEMS, 111.33%;
5. For-profit nonpublic ambulance providers in region 3 as defined by DPH OEMS, 91.59%;
6. For-profit nonpublic ambulance providers in region 4 as defined by DPH OEMS, 106.57%;
7. For-profit nonpublic ambulance providers in region 5 as defined by DPH OEMS, 84.58%; and
8. For-profit nonpublic ambulance providers assigned to multiple regions or no region as defined by DPH OEMS, 86.27%.

EOHHS will assign affiliated for-profit nonpublic ambulance providers located in multiple regions as defined by DPH OEMS to classification 8.

(b) EOHHS will distribute 100% of the payment to eligible nonpublic ambulance providers as follows, with the amount paid to each nonpublic ambulance provider equaling the product of

1. the ratio of the amount of ground ambulance services billed to MassHealth by that nonpublic ambulance provider to the amount of all nonpublic ambulance providers' billing to MassHealth for ground ambulance services;
2. 100% of the amount calculated to be payable from the Trust Fund; and
3. the applicable percentage multiplier described in 101 CMR 327.05(5)(a).

(c) The payments to eligible nonpublic ambulance providers described in 101 CMR 327.05(5)(b) may not exceed the sum of the difference between the Medicaid payments otherwise made to these providers for the provision of ground ambulance services and the amount that would have been paid at the equivalent average commercial rate (ACR) in aggregate, as follows:

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1. For all eligible nonpublic ambulance providers, EOHHS will identify the emergency and non-emergency ground ambulance services for which the provider is eligible to receive supplemental payment.
2. The supplemental payment amount will be calculated by first determining the equivalent ACR for all eligible emergency and non-emergency ground ambulance services identified under 101 CMR 327.05(5)(c)1.
3. EOHHS will then subtract an amount equal to the base Medicaid reimbursement amount for all of the emergency and non-emergency ground ambulance services from the ACR calculated in 101 CMR 327.05(5)(c)2. and divide that by the base Medicaid reimbursement amount to determine the percentage increase for emergency and non-emergency ground ambulance service provided by eligible nonpublic ambulance providers.
4. The supplemental payment due to eligible nonpublic ambulance providers will be subject to available funding and will not exceed the product of
  - a. the percentage increase calculated in 101 CMR 327.05(5)(c)3.;
  - b. multiplied by the base Medicaid reimbursement amount; and
  - c. multiplied by the total number of units for each service.

327.06: Reporting and Registration Requirements

(1) Required Reports. Reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements* and any reporting or registration requirements set forth in 101 CMR 324.00: *Nonpublic Ambulance Service Reimbursement Trust Fund Assessment and Funding*. In addition, each eligible nonpublic ambulance provider that receives a supplemental payment pursuant to 101 CMR 327.05 must file or make available all records and information necessary to demonstrate compliance with conditions of payment upon EOHHS request, including documentation of the uses of such payments.

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(2) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 327.06(2).

327.07: Reductions in Payment

EOHHS may deny, reduce, or withhold payment to an eligible nonpublic ambulance provider that fails to comply with any condition of payment set forth in 101 CMR 327.05. EOHHS will notify the nonpublic ambulance provider of its intention to deny, reduce, or withhold payment. EOHHS may apply reductions in payments to the successor in interest or any provider under common interest.

327.08: Severability

The provisions of 101 CMR 327.00 are severable, and if any provisions of 101 CMR 327.00 or the application of such provisions to any person or circumstances is held to be invalid or unconstitutional, such invalidity will not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 327.00 or application of such provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 327.00: M.G.L. c.118E.