Frequently Asked Questions – Medicaid Assessment for Ground Ambulance Transports

What is an EMS ground ambulance provider assessment?

An EMS provider assessment was created by the 2015 Utah Legislature (S.B. 172) to supply State matching funds for enhanced Medicaid reimbursements. Ground ambulance patient transports have been increased from a base rate of $142.72 to $696.00 for a net increase of $553.28.

The assessment is federally required to be broad based, uniformly imposed and have no hold harmless provision. This means it is required to be applied to all EMS ground ambulance providers in a standardized and consistent manner. It also may not be structured to ensure all assessed providers do not lose money on the assessment.

How is the assessment calculated?

Division shall apply quarterly changes to an “Assessment Rate” based on data submitted from the previous calendar year. The rate is calculated with the following formula for all licensed EMS ground ambulance providers:

The assessment rate (amount for each qualified transport) is the state fund amount required for the match divided by the total number of qualified ground ambulance transports for the entire state. The numerator is calculated based on claims paid in a fiscal quarter and also includes a $5,000 quarterly administrative fee for the entire program statewide. The denominator is total emergency ground transports from the previous year calendar year (18 months prior to the end of the fiscal year).

The assessment amount (amount you will be invoiced) is the rate (as described above) multiplied by the number of the provider’s emergency ground transports in the applicable calendar year.

The non-federal portion is the amount required by the State for the matching funds.

The patient transport numbers are based on those coded as data element is E20_10 with a value of 4850 "Treated, Transported by EMS" on your patient care reports submitted to the Utah BEMSP.

For example (all numbers are for illustrative purposes only):
Total Ground Transports for Prior Calendar Year: 100,000
Ground Transports for Provider A: 50,000
Ground Transports for Provider B: 25,000
Ground Transports for Provider C: 10,000
Ground Transports for Provider D: 10,000
Ground Transports for Provider E: 5,000

Prior Quarter Enhanced Rate Net Increase: $5,000,000
FMAP Rate: 70%  State Share Rate: 30%
State Fund Amount for Quarter: $1,500,000  (5,000,000 X 0.30)
Quarterly Administrative Fee: $5,000

Total Amount to Fund: $1,505,000  (1,500,000 + 5,000)
Assessment Rate: $15.05  (1,505,000 / 100,000)

Ground Transports for Provider A: 50,000 X 15.05 = $752,500.00
Ground Transports for Provider B: 25,000 X 15.05 = $376,250.00
Ground Transports for Provider C: 10,000 X 15.05 = $150,500.00
Ground Transports for Provider D: 10,000 X 15.05 = $150,500.00
Ground Transports for Provider E: 5,000 X 15.05 = $75,250.00

Total $1,505,000.00

What can we expect in upcoming assessment amounts?

Due to an average lag time of ~71 days for processing claims, the first quarter of 2015 will likely have a lower assessment value than will the subsequent quarter assessments. Please budget accordingly.

When should we expect the invoice?

The invoice is calculated after the calendar quarter is complete. The invoice is then created and emailed to the provider’s contact. Under normal conditions, the invoice will be sent during the first 2 weeks after the calendar quarter. The due date for the invoice is 15 business days after the invoice date.

Where do I send the payment?

Make checks payable to: UTAH DEPT OF HEALTH
Please write the Invoice Number on front of check or money order.
Send payment to:  Department of Health  
Health Care Financing  
PO Box 143104  
Salt Lake City, UT 84114-3104
What do I do if the provider contact changes (Medicaid)?

Questions about your Medicaid identification number, your Provider’s contact person, payments, or reimbursements may be directed to Steven Jones at stjones@utah.gov or by phone at 801-538-6862.

Who can we contact for specific questions about the assessment (Medicaid)?

Questions about your Medicaid identification number, your Provider’s contact person, payments, or reimbursements may be directed to Steven Jones at stjones@utah.gov or by phone at 801-538-6862.

Who can we contact for specific questions about transport data (EMS)?

Questions about the patient data and submitted patient care reports may be directed to Shari Hunsaker at sharihunsaker@utah.gov or by phone at 801-450-3102.

Questions about the overall process may be directed to Guy Dansie at gdansie@utah.gov or by phone at 801-273-6671.