

September 7, 2021

Brian Zolynas
Division of Medicaid and Children's Health Operations
U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

RE: Arizona SPA # 21-008, Emergency Triage, Treat and Transport (ET3)

Dear Mr. Zolynas:

Enclosed is State Plan Amendment (SPA) # 21-008, Emergency Triage, Treat and Transport (ET3). This SPA adds ET3 services to the State Plan, effective October 1, 2021.

Tribal Consultation for this SPA occurred on July 13, 2021. The Tribal Consultation presentation is available on the following website:

https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2021/July132021_SpecialTC.pdf

Public Notice for this SPA was posted on July 22, 2021. The Public Notice is available on the following website:

https://www.azahcccs.gov/AHCCCS/PublicNotices/ET3_Notice.html

If there are any questions about the enclosed SPA, please contact Ruben Soliz at ruben.soliz@azahcccs.gov or 602-417-4355.

Sincerely,



Dana Flannery
Assistant Director
Arizona Health Care Cost Containment System (AHCCCS)

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE ARIZONA**

METHODS OF PROVIDING TRANSPORTATION

Emergency Ambulance Services

~~Emergency ambulance~~ Transportation to an emergency destination for eligible persons is a covered service if medically necessary when the eligible person demonstrates life threatening circumstances according to the prudent layperson standard. ~~Transportation to an alternative destination for eligible persons by an emergency transportation provider is a covered service only: (1) when the ambulance provider is already at the site of the reported emergency and (2) the ambulance provider determines that the member requires medically necessary treatment, but an alternative destination is appropriate.~~ Payment is limited to the cost of transporting eligible persons in a ground ~~or air~~ ambulance to the nearest ~~appropriate emergency room and most appropriate destination; only~~ when there is no other appropriate transportation available. Transportation to an alternative destination for eligible persons is only permitted by ground ambulance.

If the eligible person is enrolled with a Health Plan or Program Contractor, the ground or air ambulance provider shall notify the Health Plan or Program Contractor within 10 (ten) working days from the date the emergency transportation is provided. Failure to notify the contractor shall be cause for denial or non-payment of the claim.

Medically Necessary Transportation

Whenever free transportation services are unavailable and an eligible person is unable to arrange or pay for transportation to a service site or location to receive a covered AHCCCS service, the provider shall obtain prior authorization when the transportation is more than 100 miles.

If the eligible person is enrolled with a Health Plan or Program Contractor, the Health Plan or Program Contractor has the discretion to require prior authorization. However, all claims for medically necessary transportation are subject to review for medical necessity by the Health Plan or Program Contractor.

Individuals enrolled in managed care receive medically necessary transportation by contacting the health plan or the subcontracted transportation provider. The health plan or subcontractor is responsible for determining eligibility for medically necessary transportation, appropriateness of the request, and the most appropriate and least costly mode of transportation. Individuals enrolled in FFS request transportation by contacting the AHCCCS Administration.

Air Ambulance Services

Air ambulance services are covered for eligible persons only if the request is initiated by an emergency response unit, a law enforcement official, a hospital, a physician or clinic medical staff; and

- (1) the point of pickup is inaccessible by ground ambulance; or
- (2) great distances or other obstacles are involved in getting emergency services to the eligible person and transporting that person to the nearest appropriate hospital or other provider; or
- (3) the medical condition of the eligible person requires ambulance service by a method faster than a ground ambulance service is able to provide.

TN No. 21-008

Supercedes Approval Date _____ Effective Date: October 1, 2021

TN No. 12-001

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