

# Florida Division of Medicaid

## **Public Emergency Medical Transportation Uniform Increase**

### **Background:**

In the 2019 General Appropriations Act, the Florida Legislature directed the Agency for Health Care Administration (Agency) to make direct payments to qualifying Public Emergency Medical Transportation (PEMT) providers for services under the Statewide Medicaid Managed Care (SMMC) program. The Agency submitted the 438.6(c) Pre-print uniform increase proposal to the Centers for Medicare and Medicaid Services (CMS) on August 30, 2019 and received approval from CMS April 8, 2020. This payment will be similar to the existing uniform increases for the Medical Schools and Cancer Hospitals.

### **Qualifying Providers:**

The PEMT program provides supplemental payments to eligible public entities that meet specific requirements and provide emergency medical transportation to Medicaid recipients. Please see the attached exhibit for a list of qualified providers and their contact information for state fiscal year 2019-20.

### **Distribution:**

The direct payment must be made through a uniform increase calculated as a supplemental per member per month. This amount will be calculated from actuarially sound projections of supplemental support for PEMT providers under the State's fee-for-service program as well as projections for the current year's managed care population based on historical utilization. These funds will be available to the SMMC health plans to distribute quarterly to qualified PEMT providers. The State will provide the SMMC health plans with each participating PEMT provider's allocation of the aggregate projected payment amount.

Each PEMT provider will receive their estimated allocation during the course of the year, if the actual utilization is met within a maximum of +1% and a minimum of -5% of the projected utilization. The threshold reconciliation will be performed by the Agency annually. If the utilization exceeds 1% above the projected threshold, the SMMC health plans must continue to make payments at the originally contracted rates. If the utilization falls more than 5% below the projected threshold, the PEMT provider must return the uniform increase payment amounts above the contracted rate to the Agency.

### **Next Steps:**

The SMMC health plans are required to have an agreement in place with the PEMT providers in their corresponding regions before payments are disbursed. The Agency will also amend the SMMC health plans' contracts to include the new uniform increase.

An example agreement is attached as an exhibit. This agreement is acceptable but is not the only agreement that may be used for these purposes.

#### **Statewide Medicaid Managed Care Program**



AHCA – MPF  
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