

PUBLIC NOTICE

Final Public Notice for Rotary Air Ambulance

The South Carolina Department of Health and Human Services (SCDHHS), pursuant to the requirements of Section 1902(a)(13)(A) of the Social Security Act, gives notice of the following action regarding its methods and standards for paying providers under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

Effective for services provided on or after October 1, 2016, the SCDHHS will amend the South Carolina (SC) Title XIX State Plan by proposing to increase the Healthcare Common Procedure Coding System (HCPCS) code A0431 rate to \$3,122 for Medicaid rotary air ambulance providers.

The agency will implement the above action in order to account for the increased operational costs incurred by rotary air ambulance providers since the last rate increase approved in November of 2013.

The SCDHHS projects that based upon the action noted above, annual aggregate Medicaid fee for service expenditures for rotary air ambulance services will increase by approximately \$158,000 (total dollars).

Copies of this notice are available at each County Department of Health and Human Services Office and at www.scdhhs.gov for public review. Additional information concerning this action is available upon request at the address cited below.

Any written comments submitted may be reviewed by the public at the SCDHHS, Division of Ancillary Reimbursements, Room 1209, 1801 Main Street, Columbia, South Carolina, Monday through Friday between the hours of 9:00 A.M. and 5:00 P.M.

Christian L. Soura
Director
South Carolina Department of Health and Human Services