

# **Eligibility for Ambulance Supplemental payment program**

## Application Request Criteria

A governmental ambulance provider must submit a written request for a supplemental payment by regular mail or special mail delivery to the HHSC Rate Analysis Department. The request, if acceptable, will be effective the first day of the month after the request is approved. HHSC considers only requests from governmental ambulance providers as defined RULE §355.8600. HHSC will respond to all written requests for consideration, indicating the requestor's eligibility to receive supplemental payments. An acceptable request must include:

- (i) an overview of the governmental agency;
- (ii) a complete organizational chart of the governmental agency;
- (iii) a complete organizational chart of the ambulance department within the governmental agency providing ambulance services;
- (iv) an identification of the specific geographic service area covered by the ambulance department, by ZIP code;
- (v) copies of all job descriptions for staff types or job categories of staff who work for the ambulance department and an estimated percentage of time spent working for the ambulance department and for other departments of the governmental agency;
- (vi) a primary contact person for the governmental agency who can respond to questions about the ambulance department; and
- (vii) a signed letter documenting the governmental providers voluntary contribution of non-federal funds.