

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

a 1. Transportation

No limitations

With limitations

Transportation services will be provided to beneficiaries with the exception of those beneficiaries in the following Categories of Eligibility:

- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Beneficiary (SLMB)
- Qualified Individual (QI-1)
- Family Planning

a 2. Brokered Transportation

Provided under section 1902(a)(70)

The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation.

TN No.: 06-007

Supersedes

TN No.: NEW

Approval Date: 06/19/07

Effective Date: 11/01/06

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- (1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a):

 (1) statewideness (indicate areas of State that are covered)

A single Broker will operate the NET program statewide.

 (10)(B) comparability (indicate participating beneficiary groups)

Transportation services will be provided to all Medicaid beneficiaries with the exception of those beneficiaries in the following Categories of Eligibility:

 X (23) freedom of choice (indicate mandatory population groups)

The Broker will be responsible for arranging transportation with a NET provider capable of meeting the transportation needs of the beneficiary. The beneficiary will not have freedom of choice in regards to the actual transportation provider.

- (2) Transportation services provided will include:

 X wheelchair van

 X taxi

 stretcher car

 X bus passes

 X tickets

 secured transportation

 X such other transportation as the Secretary determines appropriate (please describe): Private automobiles, non-profit transit system, specialty carriers for non-emergency ambulatory disoriented persons, and specialty carriers using lift equipped vehicles in compliance with the Americans with Disabilities Act certified to transport non-emergency, non-ambulatory persons.

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- (3) The State assures that transportation services will be provided under a contract with a broker who:
- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;
 - (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous;
 - (iii) Is subject to regular auditing and oversight by the State in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services;
 - (iv) Complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate).

The State assures that each requirement will be met.

- (4) The broker contract will provide transportation to the following categorically needy mandatory populations:

- Low-income families with children (section 1931)
- Low-income pregnant women
- Low-income infants
- Low-income children 1 through 5
- Low-income children 6 – 19
- Qualified pregnant women
- Qualified children
- IV-E Federal foster care and adoption assistance children
- TMA recipients (due to employment)
- TMA recipients (due to child support)
- SSI recipients

All mandatory populations will be covered.

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(5) The broker will provide transportation to the following categorically needy optional populations:

- Optional low-income pregnant women
- Optional low-income infants
- Optional targeted low-income children
- Individuals under age 21 who are under State adoption assistance agreements
- Individuals under age 21 who were in foster care on their 18th birthday
- Individuals who meet income and resource requirements of AFDC or SSI
- Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State Agency
- Individuals who would be eligible for AFDC if State Plan had been as broad as allowed under Federal law
- Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- Individuals infected with TB
- Individuals screened for breast or cervical cancer by CDC program
- Individuals receiving COBRA continuation benefits
- Individual in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- Individuals receiving home and community based waiver services who would only be eligible under State Plan if in a medical institution
- Individuals terminally ill if in a medical institution and will receive hospice care
- Individuals aged or disabled with income not above 100% FPL
- Individuals receiving only an optional State supplement in a 209(b) State
- Individuals working disabled who buy into Medicaid (BBA working disabled group)
- Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group
- Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids)

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(6) The State will pay the contracted broker by the following method:

- (i) risk capitation
- (ii) non-risk capitation
- (iii) other (e.g., brokerage fee and direct payment to providers)

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The State has elected to provide non-emergency transportation services through a brokerage program in accordance with section 1902(a)(70) of the Social Security Act. The contracted broker provides services state-wide and is reimbursed on a per member per month capitated rate. The broker is responsible for administrating and operating the NET Program including but not limited to:

- Authorization – the broker is responsible for operating a call center in the City of Jackson and appropriately staffing it to ensure that beneficiaries have access to request NET services. The broker is responsible for ensuring that only eligible Medicaid beneficiaries receive transportation services to Medicaid medical providers for covered medical services.
- Coordination and Scheduling – the broker is responsible for contracting with NET providers and ensuring that a sufficient number of vehicles and drivers are available to transport beneficiaries based on their individual needs. The broker is responsible for ensuring that appropriate modes of transportation are utilized to deliver the beneficiaries to their medical appointments in a timely manner.
- Management – the broker is responsible for maintaining appropriate documentation to support all NET services provided or denied. In addition, the broker is responsible for providing timely payment to each contracted NET provider for the services rendered.
- Education – the broker is responsible for developing and implementing a plan for informing and educating beneficiaries, NET providers and medical providers about the NET broker program. The education process includes a complaint and grievance process for beneficiaries, medical providers, and NET providers.
- Monitoring – the broker is responsible for developing and implementing a plan for monitoring NET providers' compliance with all applicable local, State and Federal laws and regulations, the terms of their subcontracts and all NET provider related requirements of the broker's contract with the agency. In addition, the broker is responsible for providing the agency with specific reports that the agency will utilize to monitor the broker to ensure NET services are being provided in accordance with the terms and conditions of their contract.

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State of Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

24a. Transportation – The State Agency will assure necessary transportation of recipients to and from providers of services through the following methods:

Ambulance Services – The reimbursement methodology for ambulance services is a statewide fee schedule. Payment is made from a statewide uniform fee schedule based on 70 percent of the rate established under Medicare (Title XVIII of the Social Security act), as amended.

Transportation for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in the Plan, are reimbursed according to the methodology in the above paragraph.

Notwithstanding any other provision of the ambulance section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.