

State of Mississippi

METHODS OF PROVIDING TRANSPORTATION

The Division of Medicaid provides statewide, medically necessary non-emergency transportation (NET) services through a brokerage program in accordance with Section 1902(a)(70) of the Social Security Act and 42 C.F.R. § 440.170 in order to more cost-effectively provide transportation for Medicaid beneficiaries.

The Division of Medicaid will operate the broker program without regard to the requirements of Section 1902(a) (23), Freedom of Choice.

Persons excluded from the NET Broker program include beneficiaries who are:

- Residents of a nursing facility, intermediate care facility for individuals with intellectual disabilities (ICF/IID) or psychiatric residential treatment facility (PRTF),
- Qualified Medicare Beneficiaries (QMB),
- Specified Low-Income Beneficiaries (SLMB),
- Qualified Individuals (QI), and
- Family Planning Waiver Beneficiaries.

NET services include:

- Wheelchair vans,
- Taxis,
- Stretcher services,
- Bus passes,
- Tickets,
- Non-emergency ground ambulance,
- Non-emergency fixed-wing and commercial carrier air services,
- Other transportation, including but not limited to: private automobiles, non-profit transit systems, specialty carriers for non-emergency ambulatory disoriented persons, and specialty carriers using lift-equipped vehicles in compliance with the Americans with Disabilities Act (ADA) certified to provide non-emergency transportation for non-ambulatory persons.

NET services not included in the NET Broker program include:

Transportation provided by Prescribed Pediatric Extended Care (PPEC) facilities, and
NET ambulance hospital-to-hospital transports.

The contracted NET Broker:

- Is selected through a competitive bidding process based on the Division of Medicaid's evaluation of the NET Broker's experience, performance, references, resources, qualifications, and costs,
- Has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous,
- Is subject to regular auditing and oversight by the Division of Medicaid in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services, and
- Complies with such requirements related to prohibitions on referrals and conflicts of interest as the Secretary of Health and Human Services shall establish (based on the prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate).
- Is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 C.F.R. § 440.170(4)(ii).

The Division of Medicaid reimburses the NET Broker based on the current contract which is located at <https://medicaid.ms.gov/resources/procurement/completed-procurements/>.

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The Broker is reimbursed an implementation price of no more than the actual implementation costs up to the amount specified in the Contractor's Business Bid response set forth in Attachment B of the NET Services invitation for bids (IFB).

Payment of the implementation cost shall be made by the Division of Medicaid in two installments during the implementation phase of the contract. The schedule for the two (2) payments will be determined within thirty (30) calendar days of the contract signing and based on milestones and deliverables.

An incumbent Broker is not eligible for receipt of implementation payment, except for actual expenses incurred to acquire the infrastructure to support an increase in required staffing as specified in the NET Services IFB and approved by the Division of Medicaid.

During the operational phase of the contract, the Contractor shall be paid monthly in accordance with the Contractor's bid response based on a retrospective review of the prior month transportation claims.

The Contractor's monthly payment shall be based on:

1. The Contractor's bid rate: per beneficiary per month utilized by transportation trip type category, and
2. Per beneficiary per month non-utilizers.

If a beneficiary utilizes multiple trip types during the month, the Contractor's payment shall be based on the highest rate category for the trip types utilized by the beneficiary. The Contractor will only receive one (1) rate for that beneficiary.

The Contractor shall provide timely payment to each contracted NET Provider for the services rendered. The Contractor may reimburse NET Providers through any payment arrangement agreeable to both parties, including a sub-capitation arrangement. All payment arrangements must include an incentive or safeguard to ensure utilization data for every encounter is submitted to the Contractor.

Transportation for long-term care residents is reimbursed as part of the long-term care benefit using the methodology in Attachment 4.19-D.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of transportation provided by PPEC centers. The Division of Medicaid's fee schedule rate was set as of February 1, 2019 and is effective for services provided on or after that date. Reimbursement is the lesser of the provider's usual and customary charges or the fee from the state-developed fee schedule, which is published at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

NET ambulance hospital-to-hospital transports are reimbursed the lesser of the provider's usual and customary charge or a fee from a statewide uniform fee schedule updated July 1 of each year and effective for services provided on or after July 1 of each year which can be located at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#> and is calculated as seventy percent (70%) of the Medicare ambulance fee schedule in effect as of January 1 of each year. If a Medicare fee is not established, then the fee is set at seventy percent (70%) of the Medicare fee for a comparable service.

The Division of Medicaid assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a NET Broker to contract for transportation services at a lesser rate and credit any savings to the program.

The Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for transportation services billed directly to the Division of Medicaid by five percent (5%) of the allowed amount for that service