

# PUBLIC NOTICE

May 29, 2020

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 20-0016 Emergency Ground Ambulance Reimbursement. The Division of Medicaid, in the Office of the Governor, will submit this proposed SPA to the Centers for Medicare and Medicaid Services (CMS) effective June 1, 2020, contingent upon approval from CMS and agreement with the Mississippi Department of Health (MSDH), our Transmittal #20-0016.

1. Mississippi Medicaid SPA 20-0016 Emergency Ground Ambulance Reimbursement revises the reimbursement methodology for emergency ground ambulance transportation. Emergency ground ambulance transportation base rate and mileage will be reimbursed based on lesser of the provider's usual and customary charge or a fee from a statewide uniform fee schedule set as of June 1, 2020 and effective for services provided on or after June 1, 2020, and is calculated as one hundred percent (100%) of the Medicare ambulance urban fee schedule in effect as of January 1, 2020. If a Medicare fee is not established, then the fee is set at one hundred percent (100%) of the Medicare fee for a comparable service.
2. The estimated annual aggregate expenditures is an increase of \$7,840,564 in state and federal dollars. On a federal fiscal year (FFY) basis the expenditures are expected to increase in expenditures of \$601,110 in state funds and \$2,012,411 in federal funds for FFY20 and an increase in expenditures of \$1,803,330 in state funds and \$6,037,234 in federal funds for FFY21. This estimate was calculated by multiplying fiscal year 2018 emergency ground ambulance transports, including the base rate and mileage, by 100% of the Medicare urban rate and then comparing the difference with the actual FY2018 expenditures for emergency ground ambulance transports which were calculated at 70% of the Medicare rate. The expenditures include both fee-for-service (FFS) and managed care data.
3. The Division of Medicaid is submitting this proposed SPA to be in compliance with 42 C.F.R. § 447.201 which requires all policy and methods used in setting payment rates for services be included in the State Plan.
4. A copy of the proposed SPA will be available in each county health department office and in the Department of Human Services office in Issaquena County for review. A hard copy can be downloaded and printed from [www.medicaid.ms.gov](http://www.medicaid.ms.gov), or requested at 601-359-2081 or by emailing at [Margaret.Wilson@medicaid.ms.gov](mailto:Margaret.Wilson@medicaid.ms.gov).
5. Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or [Margaret.Wilson@medicaid.ms.gov](mailto:Margaret.Wilson@medicaid.ms.gov) for thirty (30) days from the date of publication of this notice. Comments will be available for public review at the above address and on the Division of Medicaid's website at [www.medicaid.ms.gov](http://www.medicaid.ms.gov).
6. A public hearing on this SPA will not be held.

**State of Mississippi**

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER  
TYPES OF CARE**

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**24a. Transportation**

**Emergency Ground Ambulance**

The Division of Medicaid reimburses emergency ground ambulance services, including mileage beginning with the twenty-sixth (26<sup>th</sup>) mile, the lesser of the provider's usual and customary charge or a fee from a statewide uniform fee schedule set as of June 1, 2020 and effective for the services provided on or after June 1, 2020. The fees are calculated at one hundred percent (100%) of the Medicare ambulance urban fee schedule in effect as of January 1, 2020. If a Medicare fee is not established, then the fee is set at one hundred percent (100%) of the Medicare fee for a comparable service.

**Emergency Air Ambulance**

The Division of Medicaid reimburses 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 the services listed below provided on or after July 1 of each year 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.

- 1) Emergency Air Ambulance Services provided in a rotary wing aircraft, including mileage, and
- 2) Emergency and Urgent Air Ambulance Services provided in a fixed wing aircraft, including mileage.

**Non-Emergency Transportation**

The Division of Medicaid reimburses for Non-Emergency Transportation (NET) services as described in Attachment 3.1-D.

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.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of emergency ambulance transportation services. All rates are published at [www.medicaid.ms.gov/providers/fee-schedules-and-rates/#](http://www.medicaid.ms.gov/providers/fee-schedules-and-rates/#).

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 transportation services billed directly to the Division of Medicaid by five percent (5%) of the allowed amount for that service.

State of Mississippi

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

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~~1) Emergency Ground Ambulance Services,~~

**Emergency Air Ambulance**

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