PUBLIC NOTICE

June 30, 2021

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 21-0022 Transportation Services. 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 July 1, 2021, contingent upon approval from CMS, our Transmittal #21-0022.

- 1. State Plan Amendment (SPA) 21-0022 is being submitted to allow the Division of Medicaid (DOM) to 1) set the fees for transportation services the same as those in effect on July 1, 2020, and 2) remove the five percent (5%) reimbursement reduction effective July 1, 2021.
- 2. The estimated annual aggregate expenditures of the Division of Medicaid are expected to be \$62,423 in federal funds for federal fiscal year 2021 (FFY21) and \$56,051 in state funds for state fiscal year 2022 (SFY22) and \$237,023 in federal funds for FFY22. The expenditures are calculated by removal of the five percent reduction and then comparing the difference with the actual FY2018 expenditures for transportation services which included the five percent (5%) reduction.
- 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. The changes in this SPA are being made to be in compliance with Miss. Code § 43-13-117, amended by MS Senate Bill 2799, effective July 1, 2021. Additional authority: Miss. Code § 43-13-121.
- 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, or requested at 601-359-2081 or by emailing at 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 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.
- 6. A public hearing on this SPA will not be held.

METHODS OF PROVIDING TRANSPORTATION

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, 2020 and effective for services provided on or after July 1, 2020 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, 2020. 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.

TN No.<u>21-0022</u> Supercedes TN No.<u>19-0003</u> Date Effective: <u>07/01/2021</u>

Date Approved: Date Received:

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

24a. Transportation

Emergency Ground Ambulance

The Division of Medicaid reimburses emergency ground ambulance services, including mileage beginning with the twenty-sixth (26th) mile, the lesser of the provider's usual and customary charge or a fee from a Mississippi statewide uniform fee schedule set as of July 1, 2020 and effective for the services provided on or after July 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 Mississippi statewide uniform fee schedule updated July 1, 2020 and effective for the services listed below provided on or after July 1, 2020 and is calculated as seventy percent (70%) of the Medicare ambulance fee schedule in effect as of January 1, 2020. 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.

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/#.

Non-Emergency Transportation

The Division of Medicaid reimburses for Non-Emergency Transportation (NET) services through a Broker Program or Broker 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.

TN No. <u>21-0022</u> Supercedes TN No. <u>20-0016</u> Date Received
Date Approved
Date Effective 07/01/2021

METHODS OF PROVIDING TRANSPORTATION

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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:

- The Contractor's bid rate: per beneficiary per month utilized by transportation trip type category, and
- 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, 2020 of each year and effective for services provided on or after July 1, 2020 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, 2020-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

Date Effective: <u>02/01/2019</u>07/01/2021

Date Approved: 05/09/2019 Date Received: 03/06/2019

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

24a. Transportation

Emergency Ground Ambulance

The Division of Medicaid reimburses emergency ground ambulance services, including mileage beginning with the twenty-sixth (26th) mile, the lesser of the provider's usual and customary charge or a fee from a <u>Mississippi</u> statewide uniform fee schedule set as of July 1, 2020 and effective for the services provided on or after July 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 <u>Mississippi</u> statewide uniform fee schedule updated July 1, 2020 of each year and effective for the services listed below provided on or after July 1, 2020 of each year and is calculated as seventy percent (70%) of the Medicare ambulance fee schedule in effect as of January 1, 2020 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.

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/#.

The Division of Medicaid will reduce the rate of reimbursement to providers for emergency ambulance transportation services by five percent (5%) of the allowed amount for that service. The five percent (5%) reduction has been in place since July 1, 2002 and the fee schedule already incorporates the five percent (5%) reduction. The federal match will be paid based on the reduced amount.

Non-Emergency Transportation

The Division of Medicaid reimburses for Non-Emergency Transportation (NET) services through a Broker Program or Broker 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.

TN No. 20-0016 21-0022

Supercedes

TN No. 18-0010 20-0016

Date Received
Date Approved
Date Effective 07/01/2021