PUBLIC NOTICE

June 30, 2022

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 22-0023 Ambulance Supplemental Payment Program. 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, 2022, contingent upon approval from CMS, our Transmittal #22-0023.

- 1. SPA 22-0023 is being submitted to allow the Division of Medicaid (DOM) to establish a Medicaid Supplemental Payment Program for emergency ambulance transportation providers.
- 2. The expected increase in annual aggregate expenditures associated with the supplemental payment program is \$ 6,677,104.
- 3. The Division of Medicaid is submitting this proposed SPA to be in compliance with Miss. Code § 43-13-117, as amended by MS House Bill 657, effective July 1, 2022. 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 DOMPolicy@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 DOMPolicy@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.

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State of Mississippi

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

The Division of Medicaid will provide supplemental payments for private and public emergency ambulance providers in a quarterly lump sum payment at the end of each state fiscal year quarter.

Eligible emergency ambulance service providers must be enrolled with the Mississippi Division of Medicaid. In addition, providers must submit survey information as required by the Mississippi Division of Medicaid and be an approved Mississippi Medicaid provider at the time of payment.

Supplemental payments provided by this program are available to compensate emergency ambulance providers for ambulance services provided to Medicaid beneficiaries. The payments are calculated as the difference of what the emergency ambulance transportation service provider received from Medicaid and the average amount that the emergency ambulance transportation service provider would have received from commercial insurers for those services.

The average commercial rates (ACR) are based upon claims paid to Mississippi emergency ambulance providers based on a calculated average of commercial rates paid by commercial payers for specific HCPCS codes. A survey is required in order for the State to determine the ACR and the supplemental payment amount.

TN No. <u>22-0023</u> Supercedes TN No. <u>New</u> Date Received:

Date Approved:___

Date Effective: 07/01/2022

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