

**Transforming Reimbursement For Emergency Ambulance  
Transportation (TREAT)**

**Financial Survey Training**

August 22, 24, and 26, 2022



# Introductions

## **Mississippi Division of Medicaid (DOM)**

- State agency charged with administering TREAT.

## **Mississippi Ambulance Alliance (MAA)**

- Formed by interested ambulance providers to help guide development and design of the TREAT program.
- Assisting DOM with survey training.

## **Myers and Stauffer LC (Myers and Stauffer)**

- Public accounting firm providing consulting services to government health care agencies for 45 years.
- Assisting DOM in collecting survey data, calculating TREAT payments, and developing the associated assessment.

# Meet the Team

## Mississippi DOM

Michael Daschbach

Director, Supplemental  
Payments

Lisa Shaw

Director, Managed Care  
Financial Oversight

## MAA Board Members

Julia Clarke

Jamie Pafford-Gresham

Lydia Jefcoat

Dennis Hebner

## Myers and Stauffer

Margaret King

Tim Guerrant

Deb Stipcich

## ITG Strategies

Tracy Wold

## Breazeale, Sachse, & Wilson, LLP

Greg Frost, Attorney

Catherine Moore, Attorney

# Today's Webinar

## 1. Ambulance Program Overview

- a. Assessment
- b. TREAT payments

## 2. Financial Survey

- a. Schedules 1 through 3
- b. Survey walkthrough
- c. Survey submission points

## 3. Key Dates and Next Steps

## 4. Resources

## 5. Questions

# Program Overview

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# Program Overview

## Transforming Reimbursement for Emergency Ambulance Transportation (TREAT)

- A new Medicaid program authorized by HB657 of the 2022 MS Legislative Session.
- Effective start date of July 1, 2022.
- Provides additional payments for 911 ground ambulance transportation providers.
- State share funded through healthcare provider assessment.

# Program Overview

## Medicaid Funding

- Medicaid is jointly financed by the federal government and the state.
- Federal Medicaid law permits the use of local funds for the non-federal share of Medicaid payments.
- MS State law authorized use of health care provider taxes (assessments, fees) to fund the state share of TREAT payments.

# Program Overview

TREAT payments are:

- Payments in addition to the Medicaid claim payment.
- Subject to federal upper limits.
- Based on average commercial rates.



# Program Overview

## Mandatory program requirements:

- Assessment participation
- Financial survey completion
- TREAT payments require Medicaid claims activity
  - Fee-for-service
  - Managed care (MississippiCAN)

# Assessments

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# Assessments

- Used to fund federal matching payments for the TREAT ambulance program.
- Mandatory funding method for the program pursuant to State law.
- Allocation basis across providers will be either revenue or transports.
- The matching funds available for the program will be based on information provided on Schedule 2 of Financial Survey and the federal medical assistance percentage (FMAP) for Mississippi.

# Assessments

## Federal Matching

- FFY 2022 FMAP of 84.51% [78.31% + 6.2% PHE] requires matching funds equal to 15.49% of payments.
- DOM collects assessments of \$15.49 (state share) for each \$100 paid through the TREAT program for Medicaid activity.
- DOM pays \$100 to ambulance providers that includes \$84.51 in federal matching funds.

# Assessments

- Revenue and transport data will be modeled to evaluate impact of assessments and payments of various designs across all providers.
- Program options will be shared with stakeholders for input.

# TREAT Payments

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# TREAT Payments

- Provider-specific payment rates based on average commercial rates (ACR).
  - Calculations based on Schedule 3 data.
- ACR calculations for each HCPCS code.
- Medicaid service volume drives payment volume.
- Periodic lump-sum provider payments.
  - Fee-for-service and managed care.
  - CMS approval of State Plan amendment and annual managed care preprints.

# TREAT Payments

## Example ACR Calculation

HCPCS Code A0000	Amount
Commercial Rate 1	\$282.30
Commercial Rate 2	\$291.00
Commercial Rate 3	\$290.75
Commercial Rate 4	\$284.00
Commercial Rate 5	\$289.25
Average Commercial Rate	\$287.46



# TREAT Payments

## Example TREAT Payment Calculation

Step	Description	Amount
1	Average Commercial Rate	\$287.46
2	Medicaid Service Volume	100
3	Upper Limit	\$28,746.00
4	Medicaid Claims Payments	\$24,975.00
5	TREAT Payment	\$3,771.00

# TREAT Payments

Payment applies to the following services:

HCPCS Code	Description
A0380	Basic Life Support (BLS) Mileage
A0390	Advanced Life Support (ALS) Mileage
A0225	Neonatal Emergency Transport
A0425	Mileage
A0427	Advanced Life Support (ALS, Level 1, Emergency)
A0429	Basic Life Support (BLS, Emergency)
A0433	Advanced Life Support, Level 2 (ALS Level 2, Emergency)
A0434	Specialty Care Transport

# TREAT Payments

- HCPCS code A0888 is for non-covered ambulance mileage services.
  - DOM requires the first 25 patient loaded miles to be billed with code A0888.
  - MS Medicaid reimburses mileage separately beginning with the 26th patient-loaded mile.
  - As code A0888 generates no revenue it is not included on Schedule 3 for revenue collection.

# TREAT Payments

- For HCPCS codes A0380 and A0390, Medicare discontinued coverage April, 2002, with instructions to use A0425.
  - Commercial rate data will not be collected for these codes because they are not covered by most payers.
  - The A0425 ACR will be used for the Medicaid mileage volume paid through codes A0380 and A0390.

# Financial Survey

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# Financial Survey

- **Purpose:** To collect information from ambulance providers for use in designing and implementing the assessment and additional payments program and to model program impact on providers.
- Survey collects:
  - Provider information.
  - Signed certification of information.
  - Revenue and transport data.
  - Information on each provider's top 3 to 5 commercial payers.

# Financial Survey

## Financial Survey Instructions

- Please read through all instructions before completing the survey.
- The survey is “locked” and cannot be edited except for green data entry cells.
- Complete a single survey for each provider NPI number/Medicaid provider number. Include services across all Mississippi locales in which the provider has a 911 license.

# Financial Survey

## **Schedule 1: Provider Information and Certification Statement**

- Collects identification information.
- Certification must be signed by an officer or executive of the organization.
- Either insert a scanned signature into the Excel file or print the form and scan the signed copy for submission with the Financial Survey.



# Financial Survey

## Schedule 2: Revenue and Transport Service Data

- Column 1 Billable Mississippi Transports
  - Line 1 Include all emergency and non-emergency transports during the survey period
  - Lines 2 – 6 Include transports by HCPCS code with incurred (service) dates from January through December 2021.
- Columns 2 and 3 Collections and Charges
  - Line 1 Include total of all ambulance services collections and gross charges for the survey period.

# Financial Survey

## Schedule 2: Revenue and Transport Service Data

- Columns 2 and 3 Collections and Charges Lines 2 through 11
  - The emergency transportation collections total is needed from all providers.
  - Schedule 2 is designed to collect the information from provider records.
  - Schedule 2 also collects information for a calculation of estimated emergency transport collections based on gross charges, for providers who cannot report total emergency services collections.

# Financial Survey

## Schedule 2: Revenue and Transport Service Data

- Columns 2 and 3 Collections and Charges
- The structural outline for completing Lines 2 through 11 is as follows:
  - Complete Collections for Mississippi transports paid during the survey period by HCPCS code in Column 2. Line 11 will auto-calculate if Lines 2-10 are completed.
  - If collections by HCPCS code are not available, enter the Total Collections for Mississippi emergency ambulance services in Line 11 of Column 2.
  - If total collections cannot be reported on Line 11 of Column 2, complete Column 3, Gross Charges by HCPCS code for the survey period.

# Financial Survey

## Schedule 2: Revenue and Transport Service Data

- Columns 2 and 3 Collections and Charges
  - A ratio of Collections to Gross Charges will calculate on Line 12, based on Line 1 entries.
  - An estimate of emergency services collections will calculate on Line 13 applying the ratio calculated on Line 12 to total gross charges reported in Column 3, Line 11.

# Financial Survey

## Schedule 3

- Collects commercial payer rate information.
- Select top 3 to 5 commercial payers, 5 preferred.
  - Select payers based on overall dollar volume of payments.
- Exclude all non-commercial payers, i.e. Medicare, Medicare Advantage/HMO, TRICARE, Medicaid, workers' compensation, and auto insurance plans.
- Date range.
  - Paid dates January through December 2021.
  - May be extended by six months prior to or after the survey period if less than 3 payers in date range.

# Financial Survey

## Schedule 3

- For each payer included on the survey, list the commercial rate for each HCPCS code in the corresponding column.
- If there is no commercial payment to report, the cell should be left blank.
- Rates on claims paid six months before or six months after the survey period may be used if no payments during date range.
- For all HCPCS codes without a minimum of three payers, include an explanation in the box below the table.
- Include an alphabetical listing of the commercial payers used for completing Columns E through I, in the bottom box.

# Financial Survey

## Schedule 3

- Providers must maintain supporting documentation for commercial rate data.
- Acceptable documentation.
  - Paid remittance advice (RA).
  - Explanation of benefits (EOB).
  - Similar payment record documenting the allowed payment amount.
  - Must tie to payment rates reported on Schedule 3.
- Documentation is not required to be submitted with the survey.
- DO NOT submit protected health information (PHI).

# Survey Walkthrough

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# Survey Walkthrough

State of Mississippi  
 Division of Medicaid (DOM)  
 Transforming Reimbursement for Emergency Ambulance Transportation (TREAT)  
 Ambulance Provider Financial Survey

Time Period: January - December 2021

**Instructions for Completing the Survey**

**Introduction**

This survey was developed to collect data from emergency ambulance providers in order to implement HB 657 (2022), which authorizes the Division of Medicaid (DOM) to levy a health care provider assessment on ambulance services and make additional payments. The survey will provide data for calculating the assessment rate and the average commercial rate (ACR)<sup>1</sup> for ground ambulance services for the Transforming Reimbursement for Emergency Ambulance Transportation (TREAT) program. This survey applies to ground ambulance providers, regardless of ownership type and regardless of Medicaid participation. Success of the program is dependent upon the completion of these schedules by all emergency 911 ambulance providers.

This survey should be prepared from the provider's billing and payment records for the time period noted above. This survey contains the following:

- Instructions for Completing the Survey
- Schedule 1 - Provider Information and Certification Statement
- Schedule 2 - Revenue and Transport Service Data
- Schedule 3 - Commercial Payer Rates

**General Submission and Completion Instructions**

This survey must be completed and submitted in Microsoft Excel format. When submitting the survey, append your Medicaid provider number, if applicable, and provider name to the file name, e.g., MS TREAT Financial Survey\_2021\_00512345\_BestAmbulanceCo. The Schedule 1 certification statement must be signed by an officer of the provider. Either a scanned signature by the officer must be inserted in the Excel file or Schedule 1 must be printed, signed, scanned, and submitted as a PDF document. Supporting documentation of the reported revenue, transports, and commercial payer rates must be maintained in accordance with DOM maintenance of records requirements, or, for a period of not less than ten (10) years, and provided upon request (see Schedules 2 and 3 and instructions below). The required submission components are:

1. Electronic survey (Includes Schedules 1, 2, and 3)
2. Signed Schedule 1 (Provider Information and Certification Statement, unless scanned signature by the officer is inserted in the Excel file)

Throughout the survey, data should be entered in the green shaded fields only.

The survey **must be submitted electronically through e-mail** to MSambulance@mslc.com. **Do not send protected health information.**

Please direct any questions about this survey to MSambulance@mslc.com.

**Schedule 1: Provider Information and Certification Statement**

Line 1. This line has been pre-populated with the survey period. All information collected in this survey must correlate to the survey period dates as described further in the instructions below for Schedule 2 and Schedule 3.

Line 2. Enter the name of the ambulance provider.

Line 3. Enter the street address of the ambulance provider.

Line 4. Enter the city, state, and zip code where the ambulance provider is located.

Line 5. Enter the Medicaid provider number of the ambulance provider.

Line 6. Enter the National Provider Identifier (NPI) of the ambulance provider.

Line 7. Enter all 911 license numbers issued to the provider by the MS State Department of Health, at the time of the survey.

Line 8. Select the correct response to the question of government ownership. If yes, list the government unit.

Line 9. Certification statement: An officer or executive of the provider must sign and date the certification statement. Either a scanned signature may be inserted in the Excel file or the schedule may be printed, signed, scanned and submitted as a PDF document.

Line 10. Preparer Information: Include the name and contact information of the individual who will be responsible for responding to questions regarding Line 11. Assessment Invoice Contact: Include the name and contact information of the individual who will be responsible for coordinating and communicating with DOM regarding payment of the assessment.

**Schedule 2: Revenue and Transport Service**

Instructions
Sch 1 Certification Statement
Sch 2 Revenue & Transport Data
Sch 3 Commercial Rates

# Survey Walkthrough

**Schedule 2: Revenue and Transport Service**

This schedule collects revenue and transport data on services for transports originating in Mississippi, with transports corresponding to the billable trips incurred with dates of service during the survey period and collections corresponding to the payments received during the survey period from all payers. This schedule must be completed by all emergency 911 ground ambulance providers with a Mississippi ambulance license.

**For Line 1, in Column 1 enter the total of all billable emergency and non-emergency ground transports originating in**

- Include transports originating in Mississippi only, whether ending in Mississippi or out-of-state.
- Include emergency and non-emergency billable transports.
- Exclude air transports (include ground emergency medical transports only).
- Include transport units. Do not include payments or units from mileage, supplies, etc.
- Reporting period of transports should be based on service date.

**For Line 1, in Column 2 enter total collections for all payers for the survey period and in Column 3 enter total gross charges for all payers for the survey period. These totals will be used to calculate a Collections to Gross Charges ratio.**

**Please Note:**

- Collections (payments) reported are net of contractual adjustments and any bad debts (actual payments received).
- Total collections and total charges on Line 1 should include all collections and gross charges for the provider, whether emergency or non-emergency, in-state or out-of-state and regardless of payer.
- Total collections will be divided by total gross charges to calculate a ratio on Line 12, for the purpose of estimating Mississippi emergency transportation collections. The ratio will be applied to Mississippi transport gross charges, as reported in Column 3. Estimated collections will only be calculated for companies that cannot report actual collections for Mississippi emergency transports on Rows 2 through 10.

**For Lines 2 through 10, in Column 1 enter the total number of Mississippi billable transports for each of the corresponding**

**Please Note:**

- The transports reported include billable emergency transports.
- Include transports originating in Mississippi only, whether ending in Mississippi or out-of-state.
- Exclude transports originating out-of-state.
- Exclude air transports (include ground emergency medical transports only).
- Enter numeric whole values (no decimals). If any field is zero or does not apply, please feel free to leave the field blank.
- Only include transport units. Do not include payments or units from mileage, supplies, etc.
- Reporting period of transports should be based on incurred service date.
- The transports total is formula driven. Therefore, do not complete this total.

**For Lines 2 through 10, in Column 2 enter the total payments received for Mississippi services for each of the corresponding HCPCS codes. If you are not able to determine collections by HCPCS code, but do know the total collections for Mississippi emergency transports, enter the total on Line 11. If you cannot provide total collections in Column 2, complete Charges in Column 3. If you can report and support the emergency collections total for Mississippi transports, you do not have to**

**Please Note:**

- Payments reported are net of contractual adjustments and any bad debts (actual payments received).
- Payments reported are for collections of transports that originate in Mississippi only. Do not include out-of-state collections.
- Exclude collections from air transports (include ground emergency medical transports only).
- Only enter numeric values. If any field is zero or does not apply, please feel free to leave the field blank.

*NOTE: The reporting period for payments should be based on payment date regardless of when the service took place. For example, with a survey period of 1/1/2021 to 12/31/2021, all payments received from 1/1/2021 through 12/31/2021 must be reported. Example 1: If the date of service occurred on 1/1/2021 but payment was received on 3/1/2021, then this payment must be reported on the survey. Example 2: If the date of service occurred on 10/31/2021 but payment was not received until 1/31/2022, then this payment must be excluded from the survey.*

**For Lines 2 through 10, in Column 3 enter the total charges billed for Mississippi emergency services for each of the corresponding HCPCS codes. If you reported and can support the emergency collections total for Mississippi transports in**

**Please Note:**

- Include charges for transports billable during the survey period.
- Charges reported are for transports that originate in Mississippi only. Do not include out-of-state charges.
- Exclude charges for non-covered mileage.
- Exclude charges for air transports (include ground emergency medical transports only).
- Only enter numeric values. If any field is zero or does not apply, please feel free to leave the field blank.

**Schedule 3: Commercial Payer Rates**

Instructions    Sch 1 Certification Statement    Sch 2 Revenue & Transport Data    Sch 3 Commercial Rates

# Survey Walkthrough

## Schedule 3: Commercial Payer Rates

This schedule collects commercial payment rates for the top three (3) to five (5) commercial payers for specified ambulance procedure codes. Supporting documentation must be maintained and provided upon request to confirm the reported commercial payer rate amounts. **Commercial payers exclude Medicare, Medicare Advantage/HMO, TRICARE, Medicaid, Medicaid managed care, workers' compensation, or auto insurance plans.**

### Commercial Payer Rates:

Providers should submit commercial payment rate information for **no less than 3** and not more than 5 different commercial payers. The top 3 to 5 commercial payers should be identified by ranking commercial payers by total payments received by the ambulance provider during the survey period (see Schedule 1 for the survey period). In the event the provider has less than three commercial payers for a particular code, the paid date range may be extended to six (6) months before and six (6) months after the survey period. Please provide an explanation in the box below the table on Schedule 3 for

Columns A and B. These columns contain the list of procedure codes and the procedure code descriptions.

Column C. This column contains a description of the data element requested on this schedule.

Column D. This column contains an example of the requested data element.

Columns E - I. For each procedure code listed in Column A, enter the commercial payment amount for an ambulance service paid during the survey period. The commercial payment amount must be the commercial payer's allowed amount before any reductions in payment, such as patient liability.

### Listing of Commercial Payers:

In the box at the bottom of Schedule 3, include an alphabetical listing of the commercial payers used for reporting commercial payment rates. To maintain confidentiality of payer rates associated with a specific payer, do not connect the order of Payers 1 through 5 in Columns E through I, to this list.

### Supporting Documentation of Commercial Rates:

Supporting documentation must be maintained, but is not required to be submitted with the survey, for all commercial payment rates. The state may ask for documentation of reported commercial rate information. The documentation must be a paid remittance advice (RA) or explanation of benefits (EOB) or other similar payment record from the commercial payer documenting the allowed payment amount. The support must tie to the payment rate reported on Schedule 3 for that payer. PHI must not be submitted unless through a secure transmission method, such as secure FTP.

### Footnote

**Average Commercial Rate (ACR):** An average commercial rate is the average of three to five commercial payer rates paid to a provider for a selected HCPCS code. The provider will report the commercial payers' rates on the Financial Survey, Schedule 3. DDM will calculate an average of the commercial payer rates, which will serve as the maximum payment for the TREAT calculation. The maximum payment will be reduced by the regular Medicaid claims payments to determine the payments eligible for payment through the TREAT program.

# Survey Walkthrough

State of Mississippi  
 Division of Medicaid (DOM)  
 Transforming Reimbursement for Emergency Ambulance Transportation (TREAT)  
**Ambulance Provider Financial Survey**

**Schedule 1: Provider Information and Certification Statement**

1. Survey Reporting Period From 1/1/2021 To 6/30/2021

2. Ambulance Provider Name \_\_\_\_\_

3. Street Address \_\_\_\_\_

4. City, State, ZIP \_\_\_\_\_

5. Medicaid Provider Number \_\_\_\_\_

6. National Provider Identifier (NPI) \_\_\_\_\_

7. MSDH License Number(s) \_\_\_\_\_

8. Is the ambulance service owned by a unit of government or a healthcare provider that is owned by a unit of government, e.g., a county-owned hospital? *Note: A lease of physical assets by a private organization does not constitute government ownership. If yes, what unit of government owns the ambulance service?*  Yes  No

9. CERTIFICATION BY OFFICER OF THE PROVIDER

*I HEREBY CERTIFY that I have examined the accompanying survey and that to the best of my knowledge and belief, this report is true, correct, complete, and prepared from the books and records of the Provider in accordance with applicable instructions, except as noted.*

_____ <b>Signature of Officer</b>	_____ <b>Date</b>
_____ <b>Printed Name</b>	_____ <b>Title</b>
_____ <b>Telephone Number</b>	_____ <b>Email Address</b>

10. Preparer Information (see instructions):

_____ <b>Printed Name</b>	_____ <b>Title</b>
_____ <b>Telephone Number</b>	_____ <b>Email Address</b>
_____ <b>Organization (if different, such as a paid preparer)</b>	

11. Assessment Invoice Contact Information (see instructions):

_____ <b>Printed Name</b>	_____ <b>Title</b>
_____ <b>Telephone Number</b>	_____ <b>Email Address</b>

[Instructions](#)
[Sch 1 Certification Statement](#)
[Sch 2 Revenue & Transport Data](#)
[Sch 3 Commercial Rates](#)

# Survey Walkthrough

State of Mississippi  
 Division of Medicaid (DOM)  
 Transforming Reimbursement for Emergency Ambulance Transportation (TREAT)  
 Ambulance Provider Financial Survey

**Schedule 2: Revenue and Transport Service Data**

Provider Name: 0 \_\_\_\_\_  
 Medicaid Number: 00000000 \_\_\_\_\_

Line #	Column #	Billable Transports	Collections	Gross Charges
1	Total	All Ambulance Services		

**Ground Emergency Ambulance Services**

Line #	HCPCS Code	Code Description	Required Data	Complete if Known	Column 2, Line 11 is not known
			Billable Transports	Collections	Gross Charges
		Column #	1	2	3
2	A0225	ambulance service, neonatal transport, base rate, emergency			
3	A0427	Advanced Life Support (ALS, Level 1, Emergency)			
4	A0429	Basic Life Support (BLS, Emergency)			
5	A0433	Advanced Life Support Level 2 (ALS, Level 2, Emergency)			
6	A0434	operational care transport from a facility to another facility (Inter-facility)			
7	A0380	Mileage, Basic Life Support (Emergency)			
8	A0390	Mileage, Advanced Life Support (Emergency)			
9	A0425	Mileage (Emergency)			
10	All Other Ground Emergency	All Other Emergency Transport Services (Supplies, extra attendant, oxygen, waiting time, etc.)			
11	Total Ground Emergency Services		-	\$ -	\$ -

12 Collections Percentage (Total Collections / Total Gross Charges) \_\_\_\_\_

13 Estimated Ground Emergency Services Collections (Total Ground Emergency Services Charges \* Collections Percentage) \_\_\_\_\_

# Survey Walkthrough

State of Mississippi  
 Division of Medicaid (DOM)  
 Transforming Reimbursement for Emergency Ambulance Transportation (TREAT)  
 Ambulance Provider Financial Survey

**Schedule 3: Commercial Payer Rates**

Provider Name: 0  
 Medicaid Number: 00000000

**Notes Regarding this Schedule:**

1. Commercial payers only. Entries must exclude Medicare, Medicare Advantage (HMO, PPO, etc.), Medicaid, Medicaid managed care, workers' compensation, or auto insurance plans.
2. For each Medicaid billing number, select the top 5 commercial payers using a report of the total payments received from commercial insurance payers for the period January - December 2021. Payments should be analyzed in total, not by procedure code. Once the top 5 payers are determined, identify the allowed rate by procedure code received from each payer. If a report of payments by insurance carrier is not available, a report of total billed charges by insurance carrier may be used to select the top 5 commercial payers.
3. The commercial payer rate (allowed payment amount before any reductions such as patient liability, copayment and deductible) should be based on paid dates during the survey period. Please

(A) Procedure Code	(B) Procedure Code Description	(C) Data Element	(D) Example	(E) Commercial Payer 1	(F) Commercial Payer 2	(G) Commercial Payer 3	(H) Commercial Payer 4	(I) Commercial Payer 5
A0225	Neonatal Emergency Transport	Commercial Payer Rate	\$650.00					
A0425	Mileage	Commercial Payer Rate	\$12.72					
A0427	Advanced Life Support (ALS, Level 1, Emergency)	Commercial Payer Rate	\$697.06					
A0429	Basic Life Support (BLS, Emergency)	Commercial Payer Rate	\$600.00					
A0433	Advanced Life Support, Level 2 (ALS Level 2, Emergency)	Commercial Payer Rate	\$731.33					
A0434	Specialty Care Transport	Commercial Payer Rate	\$700.00					

Note: In the event the provider has less than three commercial payers for a particular code, the paid date range may be extended to six (6) months before and six (6) months after the survey period.

For each procedure code **without** a minimum of three (3) different commercial payers, please provide an explanation in the box below (i.e. no commercial payments

List the names of the payers used for this survey in alphabetical order in the box below. To maintain confidentiality of payer rates associated with a specific payer, do not connect the order of Payers 1 through 5 in Columns E through I, above, to this list.

# Survey Submission

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# Survey Submission

## Submission Checklist

- Schedule 1, Provider Information and Certification Statement.
- Signed certification on Schedule 1.
- Schedule 2, Revenue and Transport Survey Data.
- Schedule 3, Commercial Payer Rates.
- Append Medicaid provider number, if applicable, and provider name for survey file name, e.g., MS TREAT Financial Survey\_2021\_00512345\_BestAmbulanceCo.



# Survey Submission

## Survey Due Date

- Submit surveys by the due date of September 2, 2022.

## Survey Submission

- Electronic submission in original Microsoft Excel format.
- Schedule 1 signed certification should be separately submitted as a PDF, if scanned signature is not inserted in Excel file.

# Key Dates and Next Steps

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# Key Dates and Next Steps

## Key Dates

- 8/22/2022 – Financial survey training begins.
- 9/02/2022 – Financial survey responses due.
- 9/30/2022 – State plan amendment due to CMS.

## Next Steps

- Survey completion and provider questions answered.
- Submitted survey information reviews and ACR calculations.
- Submitted information incorporated into modeling.
- Review model results with stakeholders and seek input.

# Key Dates and Next Steps

## Next Steps

- TREAT payments and assessment rates finalized.
- State plan submission for CMS approval of FFS program.
- CMS Preprint submission for CMS approval of managed care program.
- CMS program approval process completion.
- Initial provider assessment invoiced and collected.
- Initial TREAT payments issued to providers.

# Resources

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# Resources

- Financial Survey
- Frequently Asked Questions (FAQs)
- Slide deck from the Financial Survey Training presentation
- Recording of the Financial Survey Training

The resources noted above will be made available on the DOM website at:

<https://medicaid.ms.gov/transforming-reimbursement-for-emergency-ambulance-transportation-treat/>

# Questions

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# Questions

## Contact Us

For assistance, email the TREAT Help Desk at:  
[MSAmbulance@mslc.com](mailto:MSAmbulance@mslc.com)

### Division of Medicaid

Michael Daschbach  
601.359.6196  
[Michael.daschbach@Medicaid.ms.gov](mailto:Michael.daschbach@Medicaid.ms.gov)

### MS Ambulance Alliance

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