

PUBLIC NOTICE

January 31, 2023

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 23-0004 Ambulance Mileage. 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 February 1, 2023, contingent upon approval from CMS, our Transmittal #23-0004.

1. State Plan Amendment (SPA) 23-0004 is being submitted to add reimbursement for emergency ambulances for the initial twenty-five (25) miles at a rate of \$.01 per mile, effective February 1, 2023.
2. The expected increase in federal annual aggregate expenditures is \$600.00 for Federal Fiscal Year 2023 (FFY23) and \$793 for FFY24. The expected increase in state annual aggregate expenditures is \$171 for FFY23 and \$233 for FFY24.
2. 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, or requested at 601-359-3984 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.

State of Mississippi

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. The first twenty-five (25) miles are reimbursed \$.01 per mile.

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.

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TN No. 23-000421-0022

Supersedes

TN No. ~~20-001621-0022~~

Date Received 06/30/2021

Date Approved

Date Effective 07/01/2021 02/01/2023