### **PUBLIC NOTICE**

September 29, 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) 23-0026 Non-Emergency Transportation (NET) Emergency Contract. 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 October 1, 2023, contingent upon approval from CMS, our Transmittal #23-0026.

- 1. This SPA is being submitted to allow the Division of Medicaid to revise NET broker reimbursement in accordance with an emergency contract effective October 1, 2023.
- 2. The expected annual impact is \$8,402,088. The federal annual aggregate expenditures are \$6,492,293 for Federal Fiscal Year (FFY24) and \$6,678,408 for FFY25. The expected increase in state annual aggregate expenditures is \$1,909,795 for FFY 24 and \$1,975,743 for FFY25.
- 3. The Division of Medicaid is submitting this proposed SPA in compliance with 42 C.F.R. § 440.170 that the Division of Medicaid to operate a Broker program for non-emergency transportation (NET) services. 42 C.F.R. § 447.201 requires that the state plan describe the policy and methods used in setting payment rates for each type of service included in the State's Medicaid program.
- 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 <a href="www.medicaid.ms.gov">www.medicaid.ms.gov</a>, or requested at 601-359-3984 or by emailing at <a href="DOMPolicy@medicaid.ms.gov">DOMPolicy@medicaid.ms.gov</a>.
- 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 <a href="DOMPolicy@medicaid.ms.gov">DOMPolicy@medicaid.ms.gov</a> 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 <a href="www.medicaid.ms.gov">www.medicaid.ms.gov</a>.
- 6. A public hearing on this SPA will not be held.

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 3.1-D Page 2

### State of Mississippi

#### 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, tThe 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 trip leg per month utilized by beneficiaries by transportation trip type category, and
- 2. Per beneficiary per month non utilizers. An administrative fee capped each month at an amount not to exceed 15% of the monthly trip leg payment.

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, 2019October 1, 2022 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 <a href="https://medicaid.ms.gov/providers/fee-schedules-and-rates/#">https://medicaid.ms.gov/providers/fee-schedules-and-rates/#</a>.

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 <a href="https://medicaid.ms.gov/providers/fee-schedules-and-rates/#">https://medicaid.ms.gov/providers/fee-schedules-and-rates/#</a> 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 requires 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>23-0026 Supercedes

TN No.<del>19-0003</del>21-0022

Date Effective: 10/01/2023

Date Approved: Date Received:

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 3.1-D Page 2

#### State of Mississippi

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The Contractor's monthly payment shall be based on:

- 1. The Contractor's bid rate: per trip leg utilized by beneficiaries by transportation trip type category, and
- 2. An administrative fee capped each month at an amount not to exceed 15% of the monthly trip leg payment.

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TN No.<u>23-0026</u> Supercedes TN No.21-0022 Date Effective: 10/01/2023

Date Approved: Date Received: