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

### State of Mississippi

### METHODS OF PROVIDING TRANSPORTATION

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 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.

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 October 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 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 <u>https://medicaid.ms.gov/providers/fee-schedules-and-rates/#</u> 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 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.

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#### 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,  $t_{\rm T}$  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 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 <u>https://medicaid.ms.gov/providers/fee-schedules-and-rates/#</u> 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 <u>assures requires</u> 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.

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