

## **Table of Contents**

**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) #: 21-0022**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

---

September 15, 2021

Mr. Drew Snyder  
Executive Director  
Mississippi Division of Medicaid  
550 High Street, Suite 1000  
Jackson, MS 39201

Re: Mississippi State Plan Amendment (SPA) 21-0022

Dear Executive Director Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (MS) 21-0022. This amendment proposes to set the fees for transportation services the same as those in effect on July 1, 2020, and removes the five percent (5%) reimbursement reduction effective July 1, 2021. This SPA also revises the coverage page to include attestation to meeting the federal transportation minimum requirements.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that Mississippi Medicaid SPA 21-0022 was approved on September 13, 2021 with an effective date of July 1, 2021.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at [Etta.Hawkins@cms.hhs.gov](mailto:Etta.Hawkins@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

cc: Margaret Wilson  
Will Ervin

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: <b>21-0022</b>	2. STATE <b>MS</b>
	3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: <b>REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>	4. PROPOSED EFFECTIVE DATE <b>July 1, 2021</b>	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. § 447.201	7. FEDERAL BUDGET IMPACT: FFY 2021: \$62,423 FFY 2022: \$237,023
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-D, Page 2 Attachment 4.19-B, Page 24a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-D, Page 2 Attachment 4.19-B, Page 24a

10. SUBJECT OF AMENDMENT:

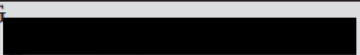
State Plan Amendment (SPA) 21-0022 is being submitted to allow the Division of Medicaid (DOM) to 1) set the fees for transportation services the same as those in effect on July 1, 2020, and 2) remove the five percent (5%) reimbursement reduction effective July 1, 2021.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED:  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO:
13. TYPED NAME: <b>Drew L. Snyder</b>	<b>Drew L. Snyder</b>
14. TITLE: <b>Executive Director</b>	<b>Miss. Division of Medicaid</b>
15. DATE SUBMITTED: 06/30/2021	<b>Attn: Margaret Wilson</b>
	<b>550 High Street, Suite 1000</b>
	<b>Jackson, MS 39201-1399</b>

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: June 30, 2021	18. DATE APPROVED: September 13, 2021
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 01, 2021	20. SIGNATURE OF REG 
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations

23. REMARKS:

MS requested on 8/27/2021 the following: request a pen and ink to the CMS179 as follows:

1. Add to box 8 Attachment 3.1-D page 1
2. Add to box 9 Attachment 3.1-D page 2

## State of Mississippi

### METHODS OF PROVIDING TRANSPORTATION

---

The Division of Medicaid provides statewide, medically necessary non-emergency transportation (NET) services through a brokerage program in accordance with Section 1902(a)(70) of the Social Security Act and 42 C.F.R. § 440.170 in order to more cost-effectively provide transportation for Medicaid beneficiaries.

The Division of Medicaid will operate the broker program without regard to the requirements of Section 1902(a)(23), Freedom of Choice.

The Division of Medicaid attests that all the minimum requirements outlined in 1902(a)(87) of the Act are met.

Persons excluded from the NET Broker program include beneficiaries who are:

- Residents of a nursing facility, intermediate care facility for individuals with intellectual disabilities (ICF/IID) or psychiatric residential treatment facility (PRTF),
- Qualified Medicare Beneficiaries (QMB),
- Specified Low-Income Beneficiaries (SLMB),
- Qualified Individuals (QI), and
- Family Planning Waiver Beneficiaries.

NET services include:

- Wheelchair vans,
- Taxis,
- Stretcher services,
- Bus passes,
- Tickets,
- Non-emergency ground ambulance,
- Non-emergency fixed-wing and commercial carrier air services,
- Other transportation, including but not limited to: private automobiles, non-profit transit systems, specialty carriers for non-emergency ambulatory disoriented persons, and specialty carriers using lift-equipped vehicles in compliance with the Americans with Disabilities Act (ADA) certified to provide non-emergency transportation for non-ambulatory persons.

NET services not included in the NET Broker program include:

- Transportation provided by Prescribed Pediatric Extended Care (PPEC) facilities, and
- NET ambulance hospital-to-hospital transports.

The contracted NET Broker:

- Is selected through a competitive bidding process based on the Division of Medicaid's evaluation of the NET Broker's experience, performance, references, resources, qualifications, and costs,
- Has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous,
- Is subject to regular auditing and oversight by the Division of Medicaid in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services, and
- Complies with such requirements related to prohibitions on referrals and conflicts of interest as the Secretary of Health and Human Services shall establish (based on the prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate).
- Is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 C.F.R. § 440.170(4)(ii).

The Division of Medicaid reimburses the NET Broker based on the current contract which is located at <https://medicaid.ms.gov/resources/procurement/completed-procurements/>.

## 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, 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 beneficiary per month utilized by transportation trip type category, and
2. Per beneficiary per month non-utilizers.

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, 2019 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 <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#> 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 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.

## 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 (26<sup>th</sup>) 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.

##### **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/#](http://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.