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State/Territory Name: Mississippi

State Plan Amendment (SPA) MS: 22-0023

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

April 20, 2023

Mr. Drew Snyder, Executive Director
Mississippi Division of Medicaid
Attention: Margaret Wilson
550 High Street, Suite 1000
Jackson, MS 39201-1399

RE: Mississippi State Plan Amendment (SPA) Transmittal Number 22-0023

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment (SPA) 22-0023, which was submitted to the Centers for Medicare & Medicaid Services (CMS) September 29, 2022. This plan amendment was submitted to allow the Division of Medicaid (DOM) to establish a Medicaid Supplemental Payment Program for emergency ambulance transportation providers, effective July 1, 2022.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman via email at monica.neiman@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2</u> <u>2</u> — <u>0</u> <u>0</u> <u>2</u> <u>3</u>	2. STATE <u>MS</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. § 447.201 1902(a)(30)(A); 433.68 (f)(3)(i)(A); 42 CFR § 433.56; 1903(w)(6)(A); 1903 (w)(3)(B) and 42 CFR 431.53	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> <u>2023</u> \$ <u>1,307,210</u> \$ 7,292,438 b. FFY <u>2023</u> <u>2024</u> \$ <u>-5,198,793</u> \$ 5,962,893	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 24a.1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New	

9. SUBJECT OF AMENDMENT
State Plan Amendment (SPA) 22-0023 is being submitted to allow the Division of Medicaid (DOM) to establish a Medicaid Supplemental Payment Program for emergency ambulance transportation providers, effective July 1, 2022.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Drew L. Snyder Miss. Division of Medicaid Attn: Robin Bradshaw 550 High Street, Suite 1000 Jackson, MS 39201-1399
12. TYPED NAME Drew Snyder	
13. TITLE Executive Director	
14. DATE SUBMITTED SEP 29 2022	

FOR CMS USE ONLY

16. DATE RECEIVED September 29, 2022	17. DATE APPROVED April 20, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS
Pen and Ink change approved by the State and processed by CMS on the following fields:

Box 5: CFR regulations added: 1902(a)(30)(A); 433.68 (f)(3)(i)(A); 42 CFR § 433.56; 1903(w)(6)(A); 1903 (w)(3)(B) and 42 CFR 431.53
Box 6: Budget Impact: The impact for FFY23 is \$7,292,438 and FFY24 is \$5,962,893.

State of Mississippi

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER
TYPES OF CARE**

Effective for emergency transportation services, required by 42 CFR § 431.53, for dates of service on or after July 1, 2022, qualifying emergency ground ambulance services within the State of Mississippi shall be eligible to receive emergency ambulance service access payments. No payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.

The Division of Medicaid will provide supplemental payments for government and non-government ambulance providers. The annual payment period is each state fiscal year, from July 1 through June 30. Provider eligibility will be determined annually for each state fiscal year as of July 1. Eligible emergency ambulance service providers must be enrolled as a Mississippi Medicaid provider and licensed in Mississippi as a ground ambulance provider as of July 1. Ambulance providers must also be an eligible ground ambulance provider enrolled with the Mississippi Division of Medicaid at the time of payment.

An average commercial rate (ACR) is the calculated average of at least three, and no more than five, commercial payer rates for specific Healthcare Common Procedure Coding System (HCPCS) emergency transport service codes. The list of CPT codes being utilized for the ACR includes A0427, A0429, A0433, A0434, A0380, A0390, and A0425. The submitted survey data will be used to determine the ACRs for each provider. A statewide average ACR will be used when any provider-specific ACR is not available. Average commercial rate data used for payments will be from a period no more than two years prior to the beginning of the payment year.

The access payments will be calculated on an annual basis and will equal one hundred percent (100%) of the difference between Medicaid payments otherwise made to each emergency ambulance provider for the applicable HCPCS transport codes and the average amount the emergency ambulance provider would have received from commercial insurers for those services. Annual access payments shall be made on a quarterly basis in the last month of each quarter of the state fiscal year in September, December, March and June.

CY2021 claims will be used as the basis for the SFY2023 payment. Beginning July 1, 2023, the total payments for each annual payment period will be calculated using actual Medicaid claims volume and payments from the state fiscal year two years prior to the payment period. As an example, SFY2022 claims will be used as the basis for the SFY2024 payment.

Eligible Participating providers who will receive payment and receive payments under the program include the emergency ambulance service providers which:

- Are enrolled as a Mississippi Medicaid provider as of July 1 of the payment year,
- Have not been terminated from Medicaid enrollment at the time of the payment, and
- Are licensed by the MS Department of Health as a ground ambulance provider as of July 1 of the payment year which is also the state fiscal year.