

## **Table of Contents**

**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) #: 23-0026**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved CMS-179
- 3) Approved SPA Page

**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

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January 31, 2024

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

Re: Mississippi State Plan Amendment (SPA) 23-0026

Dear Executive Director Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0026. This amendment proposes to allow the Division of Medicaid to revise Non-Emergency Transportation (NET) broker reimbursement in accordance with an emergency contract.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.170. This letter is to inform you that Mississippi's Medicaid SPA 23-0026 was approved on January 30, 2024, with an effective date of October 1, 2023.

Enclosed are copies of the approved CMS-179 summary form and the approved SPA page to be incorporated into the Mississippi State Plan.

If you have any questions, please contact Tandra Hodges at (404) 562-7409 or via email at [Tandra.Hodges@cms.hhs.gov](mailto:Tandra.Hodges@cms.hhs.gov).

Sincerely,

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

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Robin Bradshaw  
Sarah Tadlock  
Trip Polles

|  |  |                |
|--|--|----------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b><br><b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b> | 1. TRANSMITTAL NUMBER<br>2 3 — 0 0 2 6   | 2. STATE<br>MS |
|  | 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI |                |
| TO: CENTER DIRECTOR<br>CENTERS FOR MEDICAID & CHIP SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES                           | 4. PROPOSED EFFECTIVE DATE<br>October 1, 2023  |                |
| 5. FEDERAL STATUTE/REGULATION CITATION<br>42 C.F.R. § 440.170<br>Section 1905 of the Social Security Act                         | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)<br>a. FFY 24 \$ 6,492,293<br>b. FFY 25 \$ 6,678,408                    |                |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br>Attachment 3.1-D, Page 2   | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)<br>Attachment 3.1-D, Page 2<br>MS SPA 21-0022  |                |

9. SUBJECT OF AMENDMENT  
 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.

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<br> | 15. RETURN TO<br>Drew L. Snyder<br>Miss. Division of Medicaid<br>Attn: Robin Bradshaw<br>550 High Street, Suite 1000<br>Jackson, MS 39201-1399 |
| 12. TYPED NAME<br>Drew L. Snyder           |  |
| 13. TITLE<br>Executive Director            |  |
| 14. DATE SUBMITTED<br>NOV 28 2023          |  |

**FOR CMS USE ONLY**

|                                 |                                 |
|---------------------------------|---------------------------------|
| 16. DATE RECEIVED<br>11/28/2023 | 17. DATE APPROVED<br>01/30/2024 |
|---------------------------------|---------------------------------|

**PLAN APPROVED - ONE COPY ATTACHED**

|  |   |
|--|---|
| 18. EFFECTIVE DATE OF APPROVED MATERIAL<br>10/01/2023  | 19. SIGNATURE OF APPROVING OFFICIAL<br>                                     |
| 20. TYPED NAME OF APPROVING OFFICIAL<br>James G. Scott | 21. TITLE OF APPROVING OFFICIAL<br>Director, Division of Program Operations |

22. REMARKS

## State of Mississippi

### METHODS OF PROVIDING TRANSPORTATION

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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 <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 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.