24a. Transportation – The State Agency will assure necessary transportation of recipients to and from providers of services through the following methods:

Ambulance Services – The reimbursement methodology for ambulance services is a statewide fee schedule. Payment is made from a statewide uniform fee schedule based on 70 percent of the rate established under Medicare (Title XVIII of the Social Security act), as amended.

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.

Not withstanding any other provision of the ambulance section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

Non-emergency Transportation Services – Costs for non-emergency transportation services are reimbursed per the 1915(b)(4) Initial Selective Contracting Waiver for the NET program, entitled "the Mississippi Medicaid Non-emergency Transportation (NET) Waiver."

The state is divided into NET service regions. Each region is served by a primary group provider. Group providers are for-profit and not-for-profit, public or private entities that are selected through a competitive bid process. The Division of Medicaid issues a Request for Bids (RFB) through which qualified bidders submit bids to provide NET assistance in the NET service regions. The successful bidder (primary provider) is selected for each region by the Division of Medicaid through a bid evaluation process that is published as part of the RFB. Bidders include in their price components a flat rate per one-way transport. The Division of Medicaid pays the successful bidder in each region the rate included in the winning bid for that region. This rate is paid per one-way transport, regardless of the length of the transport or the type of vehicle required (ambulatory or lift), and regardless of the number of transports. The Division of Medicaid may utilize an alternate group provider on a temporary basis when the primary provider cannot provide a requested service (for example, when a beneficiary requires a lift vehicle and the primary provider is operating all life vehicles at capacity).

When the Division of Medicaid utilizes individual providers, these providers are paid by the mile. The rate paid is equal to the rate paid to state employees who travel on official business; however, the Division reserves the right to change the rate at any time upon notification to the provider. The Division will review the individual provider rate on an annual basis. The review will ensure that current rates cover at least the average operating costs as determined by an analysis of cost data, not to exceed the rate paid to state employees. Upon changes to the rate, providers will be notified.

When the Division of Medicaid utilizes public transit providers, these providers are paid at the usual and customary rate charged to the general public for similar services. Billing units may include one-way rates, daily transit or monthly transit passes.