

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI  
OFFICE OF THE GOVERNOR  
DIVISION OF MEDICAID

Miss. Division of Medicaid  
c/o Bob M. Dent, Staff Officer  
Robert E. Lee Building  
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http://www.dom.state.ms.us

Specific Legal Authority authorizing the promulgation of  
Rule: Miss. Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the  
Proposed Rule : \_\_\_\_\_  
SP Att 4.19B, page 24a.1, Att 3.1-A, pages 9a - 9e

**Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:**

SPA 2006-007. The purpose of this State Plan Amendment is to establish a non-emergency broker model in accordance with the provisions of the Deficit Reduction Act of 2005 (Public Law 109-171, Section 6083) as signed by President Bush on February 8, 2006 which is estimated to reduce the costs of providing non-emergency transportation services.

This rule is proposed as a  Final Rule, and/or a  Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

An oral proceeding is scheduled on this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Place: \_\_\_\_\_

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least \_\_\_\_\_ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

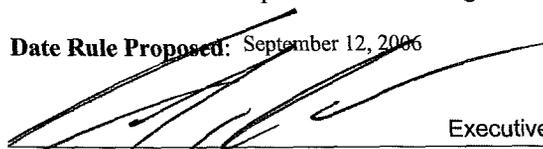
Economic Impact Statement: Check one box below:

The agency has determined that an economic impact statement is not required for this rule, or  
 The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: September 12, 2006

Proposed Effective Date of Rule: November 1, 2006

  
Executive Director  
Signature and Title of Person Submitting Rule for Filing

**State of Mississippi**

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

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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.

Notwithstanding 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 – The State has elected to provide non-emergency transportation services through a brokerage program in accordance with section 1902(a)(70) of the Social Security Act. The contracted broker provides services state-wide and is reimbursed on a per member per month capitated rate.

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TN No. 2006-007  
Supersedes  
TN No. 2005-008

Date Received \_\_\_\_\_  
Date Approved \_\_\_\_\_  
Date Effective \_\_\_\_\_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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24. Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

a 1. Transportation

No limitations

With limitations

Transportation services will be provided to beneficiaries with the exception of those beneficiaries in the following Categories of Eligibility:

- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Beneficiary (SLMB)
- Qualified Individual (QI-1)
- Family Planning

a 2. Brokered Transportation

Provided under section 1902(a)(70)

The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation.

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TN No.: 2006-007

Supersedes

TN No.: NEW

Approval Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

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- (1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a):

       (1) statewideness (indicate areas of State that are covered)

A single Broker will operate the NET program statewide.

       (10)(B) comparability (indicate participating beneficiary groups)

Transportation services will be provided to all Medicaid beneficiaries with the exception of those beneficiaries in the following Categories of Eligibility:

  X   (23) freedom of choice (indicate mandatory population groups)

The Broker will be responsible for arranging transportation with a NET provider capable of meeting the transportation needs of the beneficiary. The beneficiary will not have freedom of choice in regards to the actual transportation provider.

- (2) Transportation services provided will include:

  X   wheelchair van

  X   taxi

       stretcher car

  X   bus passes

  X   tickets

       secured transportation

       such other transportation as the Secretary determines appropriate (please describe): Private automobiles, non-profit transit system, specialty carriers for non-emergency ambulatory disoriented persons, and specialty carriers using lift equipped vehicles in compliance with the Americans with Disabilities Act certified to transport non-emergency, non-ambulatory persons.

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TN No.: 2006-007

Supersedes

Approval Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

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- (3) The State assures that transportation services will be provided under a contract with a broker who:
- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;
  - (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous;
  - (iii) Is subject to regular auditing and oversight by the State in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services;
  - (iv) Complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate).

The State assures that each requirement will be met.

- (4) The broker contract will provide transportation to the following categorically needy mandatory populations:

- Low-income families with children (section 1931)
- Low-income pregnant women
- Low-income infants
- Low-income children 1 through 5
- Low-income children 6 – 19
- Qualified pregnant women
- Qualified children
- IV-E Federal foster care and adoption assistance children
- TMA recipients (due to employment)
- TMA recipients (due to child support)
- SSI recipients

All mandatory populations will be covered.

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- (5) The broker will provide transportation to the following categorically needy optional populations:

- Optional low-income pregnant women
- Optional low-income infants
- Optional targeted low-income children
- Individuals under age 21 who are under State adoption assistance agreements
- Individuals under age 21 who were in foster care on their 18<sup>th</sup> birthday
- Individuals who meet income and resource requirements of AFDC or SSI
- Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State Agency
- Individuals who would be eligible for AFDC if State Plan had been as broad as allowed under Federal law
- Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- Individuals infected with TB
- Individuals screened for breast or cervical cancer by CDC program
- Individuals receiving COBRA continuation benefits
- Individual in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- Individuals receiving home and community based waiver services who would only be eligible under State Plan if in a medical institution
- Individuals terminally ill if in a medical institution and will receive hospice care
- Individuals aged or disabled with income not above 100% FPL
- Individuals receiving only an optional State supplement in a 209(b) State
- Individuals working disabled who buy into Medicaid (BBA working disabled group)
- Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group
- Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids)

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(6) The State will pay the contracted broker by the following method:

- (i) risk capitation
- (ii) non-risk capitation
- (iii) other (e.g., brokerage fee and direct payment to providers)

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Supersedes

TN No.: NEW

Approval Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_