

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Division Of Medicaid		CONTACT PERSON Emily Thompson	TELEPHONE NUMBER 601-359-4122	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Emily.thompson@medicaid.ms.gov	SUBMIT DATE 6/7/10	Name or number of rule(s): 2010-009		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: \_\_\_\_\_

No Deficit is projected at this time

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §43-13-121(1972), as amended §43-13-117

List all rules repealed, amended, or suspended by the proposed rule: State Plan Attachment 4.19-B, Page 18a and 24a.1

**ORAL PROCEEDING:**

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

X Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more 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, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

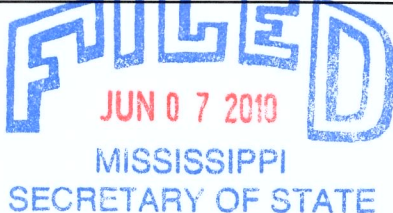
**ECONOMIC IMPACT STATEMENT:**

X Economic impact statement not required for this rule.  Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>Action proposed:</b> _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> _____ 30 days after filing _____ Other (specify): _____	<b>Date Proposed Rule Filed:</b> _____ <b>Action taken:</b> _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference X _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Robert Robinson

Signature of person authorized to file rules: \_\_\_\_\_

<b>OFFICIAL FILING STAMP</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> Accepted for filing by	<b>DO NOT WRITE BELOW THIS LINE</b> <b>OFFICIAL FILING STAMP</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> Accepted for filing by	<b>OFFICIAL FILING STAMP</b> <div style="border: 1px solid black; padding: 10px;">  </div> Accepted for filing by <i>lm</i>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

**State of Mississippi**

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

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Transportation- 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 SVIII of the Social Security Act), as amended.

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.

From April 1, 2010, through June 30, 2010, and/or in the event expenditure reductions or cost containment measures are implemented, the Division of Medicaid may reduce the rate of reimbursement to providers for any service up to an additional fifteen percent (15%) of the allowed amount for that service including Medicare crossover claims.

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TN No. 2010-009  
Supercedes  
TN No 2002-06

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Date Received \_\_\_\_\_  
Date Approved \_\_\_\_\_  
Date Effective April 1, 2010

**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 of the 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 law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

From April 1, 2010, through June 30, 2010, and/or in the event expenditure reductions or cost containment measures are implemented, the Division of Medicaid may reduce the rate of reimbursement to providers for any service up to an additional fifteen percent (15%) of the allowed amount for that service including Medicare crossover claims.