Medicaid Managed Care (MMC) reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee MMC Plans.

FFS coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development.

Ambulance providers may submit the Bureau of Emergency Medical Services (BEMS) the proper coordination of benefits. Providers who already receive payments from another source for COVID-19 vaccination counseling must accurately reflect payments and denials received from other insurers. Additionally, for any claims submitted to Medicaid with zero-fill reimbursement from Medicare or third-party insurer, providers must retain the Bureau of Emergency Medical Services (BEMS) information/kidney-disease (nephrologist).

The current policy states that transportation providers may report accidents and incidents to the transportation manager in any format. Beginning January 1, 2022, each claim submitted by Medicaid transportation providers must include the Category of Service (COS) and National Council for Prescription Drug Programs (NCPDP) submission clarification code (SCC) to properly identify transportation services.

The Centers for Medicare & Medicaid Services (CMS) announced that the Service Category of transportation (COS 4259) is not eligible for Medicaid reimbursement. Additionally, the CMS did not list ambulance services as an acceptable COS. The Federal law [42 USC 256b(a)(5)(A)(i)] prohibits duplicate discounts, such that drug manufacturers are not required to provide a discounted 340B prescription drug price to Medicaid if the drug is obtained through another program, such as a 340B program administered by a Covered Entity and Contract Pharmacy.