**NOTICE OF PROPOSED AGENCY ACTION**

**SUBJECT**: MassHealth Payment Methodology for Nonpublic Ambulance Supplemental Payment Program

**AGENCY**: Massachusetts Executive Office of Health and Human Services (EOHHS)

EOHHS intends to amend its Medicaid State Plan and applicable regulations at [101 CMR 327.00: *Rates for Ambulance and Wheelchair Van Services*](https://www.mass.gov/regulations/101-CMR-32700-rates-for-ambulance-and-wheelchair-van-services?_gl=1*17hoa4d*_ga*MzcxMTczMTc4LjE3MTM4MDkxMzA.*_ga_MCLPEGW7WM*MTcxOTQyNTQ2NS4xMC4wLjE3MTk0MjU0NzEuMC4wLjA.) to adjust the supplemental payment methodology for nonpublic ambulance providers.

The proposed changes update distribution percentages for nonpublic ambulance supplemental payments as set out in 101 CMR 327.05(5)(a) (for example, changing the percentage distributed to providers in a particular region).

Updates will reflect changes to providers within each classification type (for example, an ambulance provider changes its headquarter site or goes out of business or providers in a particular region increase ambulance transportation), and will also remove the multi-region category so that each provider is in a single region. These changes are intended to take effect in the first quarter of the state fiscal year 2026. To be eligible for this supplemental payment, an ambulance provider must be

* nongovernmental;
* licensed by the Department of Public Health under M.G.L. c. 111C, s. 6; and
* enrolled as an ambulance provider for the Massachusetts Medicaid program (“MassHealth”).

The changes are intended to increase MassHealth members’ access to medical services and sustain services provided by nonpublic ambulance providers. The changes are not projected to impact the annual MassHealth fee-for-service costs. EOHHS anticipates that it will make approximately $39.61 million in nonpublic ambulance supplemental payments for state fiscal year 2026.

You may submit written comments by emailing ehs-regulations@mass.gov by July 18, 2025. Please submit electronic comments as an attached Word document or as text within the body of the email with “Nonpublic Ambulance Supplemental Payment Program” in the subject line. All submissions must include the sender’s full name and address. If you are unable to submit comments by email, mail written comments to

EOHHS, c/o D. Briggs

100 Hancock St, 6th Floor

Quincy, MA 02171

Copies of the proposed changes will be available at EOHHS or may be viewed at [mass.gov/info-details/executive-office-of-health-and-human-services-public-notices](https://www.mass.gov/info-details/executive-office-of-health-and-human-services-public-notices)

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