

October 17, 2025

Introduction

Good morning. My name is Jean-Manuel Martinez and I am the Transportation Program Coordinator at MassHealth in the Executive Office of Health and Human Services (EOHHS). I am here to present staff testimony on the adoption of amendments to 101 CMR 327.00: *Rates for Ambulance and Wheelchair Van Services*.

These regulations are emergency regulations effective for nonpublic ambulance supplemental payments beginning with the first quarter of state fiscal year 2026. EOHHS may adopt final, revised versions of the regulations taking into account relevant comments and any other practical alternatives that come to its attention.

Background

Regulation 101 CMR 327.00 governs the payment rates paid by MassHealth and other governmental purchasers for ambulance and wheelchair van services rendered to publicly aided individuals by providers, including the nonpublic ambulance provider supplemental payments funded by the nonpublic ambulance assessment.

Description of Changes

The emergency amendments update the distribution percentages for nonpublic ambulance supplemental payments set out in 101 CMR 327.05(5)(a). The updates reflect changes in the composition and activity of providers within each classification type (for example, when a provider relocates its headquarters, ceases operations, or when transport volumes shift within a region). The amendments also remove the prior “no region/multi-region” category so that each provider is assigned to a single EMS region as defined by the Department of Public Health’s Office of Emergency Medical Services.

These amendments are designed to increase MassHealth members’ access to medical services and to support the sustainability of services furnished by nonpublic ambulance providers across all EMS regions. By aligning distribution percentages with the current provider landscape and utilization, and by assigning each provider to a single DPH-defined region, the methodology

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becomes more predictable and easier to administer, while better reflecting regional service patterns. Some providers may see increases and others reductions relative to prior distributions, consistent with regional and classification-based updates.

Fiscal Impact

For SFY 2026, EOHHS anticipates making approximately \$39.61 million in nonpublic ambulance supplemental payments; an amount \$5.61 million higher than the amount in MassHealth's most recently submitted State Plan Amendment for SFY 2026. These supplemental payments will be based on nonpublic ambulance service providers' Medicaid fee-for-service emergency and nonemergency ground ambulance transports. The changes to rates are not expected to have a fiscal impact to the state because the fund is entirely financed by the nonpublic ambulance assessment and related federal financial participation.

This concludes my testimony. Thank you.