**Introduction**

Good morning. My name is Tomaso Calicchio and I am the Director of the Specialty Provider Network 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 of Payment 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 2024. 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**

EOHHS is updating 101 CMR 327.00 to change the payment methodology for the nonpublic ambulance supplemental payments. These changes will adjust the supplemental payment methodology for nonpublic ambulance providers to reflect differing payment rates depending on EMS regions and classifications of nonpublic ambulance providers (for-profit, non-profit hospital affiliated; and other non-profit). EOHHS is also proposing amendments to make explicit that compliance with applicable legal requirements, including federal restrictions on hold-harmless arrangements, is a condition to payment.

EOHHS is proposing these changes to increase MassHealth members’ access to medical services, and further the sustainability of services provided by nonpublic ambulance providers. These supplemental payments will be based on nonpublic ambulance service providers’ Medicaid fee-for-service emergency and nonemergency ground ambulance transports. The changes will also ensure compliance with federal law, and the availability of federal financial participation.

**Fiscal Impact**

The changes to rates are not expected to have a fiscal impact to the state because it will not change the overall size of the nonpublic ambulance supplemental payments. Individual providers will see increase or reduction in nonpublic ambulance supplemental payments depending on their EMS region or classification.

This concludes my testimony. Thank you.