



MISSISSIPPI DIVISION OF
MEDICAID

MEMO

To: MS Emergency Ambulance Service Providers, using
Assessment Contacts

CC: Tracy Wold tracy@itgstrategies.com; msambulance@mslc.com;

From: TREAT@Medicaid.ms.gov

Date: June 1, 2026

Re: Transforming Reimbursement for Emergency Ambulance
Transportation (TREAT) invoice – Fee for Service

Provider Name:

Provider Number:

Period: April 1, 2026 – June 30, 2026 – State Fiscal Year (SFY) 2026

The initial assessment invoice for the Division of Medicaid (DOM) TREAT program is attached with a **due date of Wednesday, June 17, 2026**. The assessment will cover the state share funding for the fourth quarterly installments of SFY 2026 fee-for-service (FFS) payments. TREAT payments are scheduled for June 25, 2026, and will appear on June 22, 2026, remittance advices. Providers with outstanding assessments as of **the cut-off date of Wednesday, June 17, 2025**, will not receive a payment until the amount due is received by DOM.

Additional information about this program is available on the DOM website at:
<https://medicaid.ms.gov/transforming-reimbursement-for-emergency-ambulance-transportation-treat/>

Please Note: CMS has not approved the Preprint for the Directed Payments through the MCOs as of this notice.



Friday, May 29, 2026

TRANSFORMING REIMBURSEMENT FOR EMERGENCY AMBULANCE TRANSPORTATION (TREAT)
ASSESSMENT INVOICE

This invoice reports your transportation service's total SFY-2026 Medicaid assessment and serves as an invoice for the payment due on May 17, 2026. The assessment is in accordance with Mississippi Code of 1972, as annotated, Section 43-13-117.

Provider Name: Vicksburg Fire Dept Amb. Service
Provider Number:

Fee-for-Service Fee: Quarter 4: (April 1-June 30, 2026)

Assessment Due: June 17, 2026 30

Quarterly Fee-for-Service Assessment: \$26,416

Managed Care Fee: Quarter 4: (April 1-June 30, 2026)

Assessment Due: June 17, 2026

Quarterly Managed Care Assessment*:

Annual TREAT Medicaid Assessment: \$26,416

Payment Currently Due:

\$ 6,604

Due Date:

June 17, 2026

*The Managed Care Assessment is subject to change based on FMAP.

Payments can be made via check or electronic funds transfer. If remitting payment via check, please complete the authorized personnel information below and return the completed invoice with your payment to:

MS Division of Medicaid
P.O. Box 3469
Jackson, MS 39207

If remitting payment via electronic funds transfer, please contact Diedra L. Washington at 601-359-6488 for instructions. Complete the transfer and authorized personnel sections below and email completed invoice to Diedra.Washington@medicaid.ms.gov or fax to 601-359-4193. DOM will not provide EFT information by email. DOM will also not request a change to any previous EFT instructions by email.

If you have any questions about the assessment calculations, contact Michael Daschbach at 601-359-6196 or Michael.Daschbach@medicaid.ms.gov.

Date of Transfer: _____ Amount: _____

Transferred from:

Routing Number: _____ Account Number: _____

Authorized Personnel: Willis Thompson (printed name)

Authorized Personnel: _____ (signature)

Telephone Number: 601-631-3718 Date: 6/10/2026

OFFICE OF THE GOVERNOR
Walter Sillers Building | 550 High Street, Suite 1000 | Jackson, Mississippi 39201



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