OFFICE OF THE GOVERNOR | MISSISSIPPI DIVISION OF MEDICAID

MISSISSIPPI DIVISION OF MEDICAID

MEMO

To: **MS Emergency Ambulance Service Providers**
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 – Managed Care Directed Payments**

Provider Name:

Provider Number:

Period: **July 1, 2025 – June 30, 2026 – State Fiscal Year (SFY) 2026**

The managed care assessment invoice for the Division of Medicaid (DOM) TREAT program is attached. The assessment will cover the state share funding for the four quarterly installments of SFY 2026 Managed Care Directed Payments. CMS **approval for the SFY-26 program is still pending. The due dates for the assessment will be set following notice of approval.** TREAT payments to CCOs will also be scheduled once DOM has received final approval from CMS for the SFY-26 Preprint. The CCOs will be instructed to process payment to providers upon receipt of funds.

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

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

MISSISSIPPI DIVISION OF MEDICAID

Wednesday, June 03, 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 not due yet. 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:		
Managed Care Fee: Quarter 4: (April 1-June 30, 2026)		
Assessment Due: NOT DUE YET		**30**
Quarterly Managed Care Assessment*:	$59,456	
Annual TREAT Medicaid Assessment:	$59,456	
Payment Currently Due:		**$59,456**
Due Date:		

*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: August 10, 2026

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