



MISSISSIPPI DIVISION OF  
**MEDICAID**

## MEMO

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**To:** MS Emergency Ambulance Service Providers, using  
Assessment Contacts

**CC:** Tracy Wold [tracy@itgstrategies.com](mailto:tracy@itgstrategies.com); [msambulance@mslc.com](mailto:msambulance@mslc.com);

**From:** [TREAT@Medicaid.ms.gov](mailto:TREAT@Medicaid.ms.gov)

**Date:** March 25, 2026

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

**Provider Name:**

**Provider Number:**

**Period:** January 1, 2026 – March 31, 2026 – State Fiscal Year (SFY) 2026

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The initial assessment invoice for the Division of Medicaid (DOM) TREAT program is attached with a **due date of Wednesday, March 18, 2026**. The assessment will cover the state share funding for the third quarterly installments of SFY 2026 fee-for-service (FFS) payments. TREAT payments are scheduled for March 26, 2026, and will appear on March 23, 2026, remittance advices. Providers with outstanding assessments as of **the cut-off date of Wednesday, March 18, 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, February 27, 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 March 18, 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 3: (October-Dec. 2025)**

Assessment Due: March 18, 2026 30  
Quarterly Fee-for-Service Assessment: \$26,416

**Managed Care Fee: Quarter 3: October-Dec. 2025)**

Assessment Due: March 18, 2026  
Quarterly Managed Care Assessment\*:  
Annual TREAT Medicaid Assessment: \$26,416

**Payment Currently Due:** \$ 6,604  
**Due Date:** March 18, 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](mailto: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](mailto:Michael.Daschbach@medicaid.ms.gov).

Date of Transfer: \_\_\_\_\_ Amount: \_\_\_\_\_

**Transferred from:**

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Authorized Personnel: \_\_\_\_\_ (printed name)

Authorized Personnel: \_\_\_\_\_ (signature)

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_