27-000 MEDICAL TRANSPORTATION SERVICES

27-001 Standards for Participation: To participate in the Nebraska Medical Assistance Program (NMAP), providers of medical transportation services ~~shall~~ must fully meet any applicable local, state, and federal laws and regulations governing the provision of their services.

27-001.01 Provider Agreement: The medical transportation provider ~~shall~~ must complete and sign Form MILTC-9, "Service Provider Agreement," or Form MC-19, "Medical Assistance Provider Agreement," and submit the completed form to the Department for approval to participate in NMAP.

27-001.02 Type of Providers: NMAP covers medical transportation by providers that meet one of the following definitions:

Common Carrier means any person who ~~or which undertakes to~~ transports passengers ~~or property for the general public in intrastate commerce~~ by motor vehicle for hire~~, whether over regular or irregular routes, upon the highways of this state~~ and is licensed as such with the Public Service Commission (PSC). ~~and has a special HHS designation.~~

Exempt Provider means carriers exempted from PSC licens~~ing~~ure by law includ~~e~~ing those that:

1. ~~Haul~~ Transport for hire persons who are aged and their spouses and dependents under a contract with a municipality or county;
2. Are owned and operated by a nonprofit organization which has been exempted from the payment of federal income taxes as provided by Section 501(c)(4), Internal Revenue Code, and transporting solely those persons over age 60, their spouses and dependents, and/or persons experiencing disabilities;
3. Are operated by a municipality or county as authorized by law in the transportation of persons who are aged;
4. Are operated by a governmental subdivision or a qualified public purpose organization having motor vehicles with a seating capacity of 20 or less and are engaged in the transportation of passengers in the state; or
5. Are engaged in the transportation of passengers and are operated by a transit authority created under and acting pursuant to the laws of the State of Nebraska; ~~or~~ and
6. ~~A motor carrier e~~~~Engaged~~d ~~in~~ Provide escort services~~.~~ under contract with the Department of Health and Human Services or with any other agency organized under the Nebraska Community Aging Services Act.

Individual Provider means a person who is not in the business of providing transportation for hire; for example, a friend, neighbor, or non-legally responsible relative. ~~The Department shall contract with and authorize payments for individual providers only if –~~

~~1. The proposed provider is the individual who will personally drive the vehicle;~~
~~2. There is no certified carrier serving the area in which the client needs transportation; or the certified carrier is incapable of providing the specific service in question (an individual cannot be authorized unless the carrier(s) serving the area provides a written statement that they are incapable. If the provider refuses to provide such a statement, the worker shall contact the Central Office for possible intervention by the Public Service Commission); and~~
~~3. The provider is registered with the PSC, certifying that all provider requirements are met.~~

27-001.03 Transportation Provider ~~Requirements~~ Standards: ~~Provider standards for carriers and for individual providers are set by the Public Service Commission (see 471-000-74). Individual providers who contract with the Department for transportation service must meet these standards in regard to driver qualifications, equipment, insurance, and filing of notice. Department staff shall~~ must ~~also apply these standards to carriers which are statutorily exempt from PSC licensure (exempt providers).~~ HHSS contracts annually with common carriers, exempt providers, and individual providers. Provider must meet all general provider standards in addition to transportation-specific standards.

27-001.03A Common Carriers: The Public Service Commission certifies common carriers. Taxis, van companies, and limousine services are certified by the PSC as common carriers. HHSS staff must:

1. Verify that the carrier is certified by the Public Services Commission;
2. Request and receive a copy of the carrier's tariff (the geographic and rate parameters of operation assigned to a particular carrier by the Public Service Commission); and
3. Verify that the carrier has a special HHSS designation.

27-001.03B Exempt Providers: Exempt providers must ensure that their employees meet the individual provider standards in 471 NAC 27-001.04.

27-001.03C Medical Escorts: If the client requires a medical escort, see 473 NAC 5-018 or 474 NAC 5-018.

27-001.04 Individual Providers Standards: HHSS staff is authorized to contract with individual providers by Neb. Rev. Stat. § 75-303.03 only if the following driver and vehicle standards are met at all times when the individual is providing transportation for a client.

27-001.04A Driver Standards: The individual provider must:

1. Have been chosen by the client or the usual caregiver to provide transportation;
2. Be age 19 or older;
3. Possess a current and valid driver's license;
4. Have no more than three points assessed against his/her Nebraska driver's license, or meet a comparable standard in the state in which s/he is licensed to drive;
5. Currently have no limitations that would interfere with safe driving;
6. Personally drive his/her own vehicle to transport clients;
7. Use seat belts and child passenger restraint devices as required by law;
8. Not smoke while transporting clients;
9. Not transport clients while under the influence of alcohol or any drug that impairs the ability to drive safely;
10. Not provide transportation if s/he has a communicable disease which may pose a threat to the health and well-being of the client;
11. Have and maintain the minimum automobile liability and medical insurance coverage as required by law; and
12. Report disqualification from any HHSS program for intentional program violation.

27-001.04B Vehicle Standards: The individual provider vehicle must be:

1. Currently licensed and registered as required by law;
2. Kept at all times in proper physical and mechanical condition;
3. Equipped with operable seat belts, turn signals, lights, and horn;
4. Equipped with proper child passenger restraint devices as required by law when transporting children; and
5. Equipped to provide comfortable temperature and ventilation conditions.

27-001.04C Registry Checks and Criminal Background Checks: HHSS staff or designee must complete and document registry checks and criminal background checks on each potential individual provider.

27-001.04C1 Registry Checks: HHSS staff must check:

1. Adult Protective Services Central Registry;
2. Central Register of Child Protection Cases; and
3. Nebraska State Patrol Sex Offender Registry.

If the potential provider does not reside in Nebraska or has resided in Nebraska for less than one year, HHSS staff must check registries in the state of residence or previous residence, if possible.

27-001.04C1a HHSS staff must not contract with a potential individual provider if a report of abuse or neglect concerning the individual provider has been determined to be "Court Substantiated" or "Department Substantiated" on the

APS Central Registry or "Court Substantiated", "Court Pending", or "Inconclusive" on the Central Register of Child Protection Cases.

27-001.04C1b HHSS staff must not contract with a potential individual provider if the individual's name appears on the Nebraska State Patrol Sex Offender Registry.

27-001.04C2 Criminal Background Checks: HHSS staff must:

1. Obtain a criminal history statement from the potential individual provider; and
2. Perform a criminal history check of the potential individual provider.

27-001.04C2a General Criminal History: HHSS staff must not contract with a potential individual provider if a history of convictions for misdemeanor or felony actions that endanger the health and safety of an client is indicated. This includes crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the illegal use of a controlled substance, and crimes involving moral turpitude on the part of the potential provider.

27-001.04C2b Specific Criminal History: HHSS staff must deny or terminate service provider approval when conviction has occurred in the following areas:

1. Child pornography;
2. Child or adult abuse;
3. Driving under the influence: a DUI conviction within the past eight years;
4. Domestic violence;
5. Shoplifting after age 19 and within the last three years;
6. Felony fraud within the last 10 years;
7. Misdemeanor fraud within the last five years;
8. Termination of provider status for cause from any HHSS program within the last 10 years;
9. Possession of any controlled substance within the last five years;
10. Possession of a controlled substance with intent to deliver within the last 10 years;
11. Felony or misdemeanor assault without a weapon in the last 10 years;
12. Felony or misdemeanor assault with a weapon in the last 15 years;
13. Prostitution or solicitation of prostitution within the last five years;
14. Felony or misdemeanor robbery or burglary within the last 10 years;
15. Rape or sexual assault; or

16. Homicide.

Pending charges must be reviewed by HHSS staff to determine whether the client's safety is in jeopardy. Other convictions must be considered using the guidance in 471 NAC 27-001.04C2a and weighted to similar offenses included in this list.

27-001.04C4 Individual Provider Approval Process: HHSS staff or designated entities must obtain a copy of the individual's driver's license, insurance card, and vehicle registration. The provider must complete and sign the provider self-certification and the provider agreement. In addition to having no more than three points assessed against his/her driver's license, each provider's past eight-year driving history must be considered. If a license has been suspended of revoked, the provider must not be approved for eight years from the date of suspension or revocation.

27-001.04C4a Renewal: The provider self-certification and the provider agreement must be renewed annually. The registry checks and criminal history checks required under 471 NAC 27-001.04C must be completed for each renewal. HHSS staff or designated entities must not renew any contract with a provider whose name appears on the registries or whose criminal history check indicates any convictions as specified in 471 NAC 27-001.04C.

27-001.04C4b Termination: HHSS staff must terminate the provider agreement if the individual provider is found to be in violation of any of the standards in 471 NAC 27-001.04A and 04B. HHSS staff must terminate any contract with a provider whose name appears on the registries or whose criminal history check indicates any convictions as specified in 471 NAC 27-001.04C.

27-002 Covered Services: NMAP covers transportation ~~and related travel expenses~~ necessary to obtain:

1. Nebraska Medicaid-coverable services (see 471 NAC 1-002 for a list of Nebraska Medicaid coverable services); and
2. Adult day care and Mental Health Day Rehabilitation services where a documented medical need exists.

27-002.01 Services Provided for Clients Enrolled in the Nebraska Health Connection (NHC): Certain NMAP clients are required to participate in the Nebraska Medicaid Managed Care Program known as the Nebraska Health Connection (NHC). See 471-000-122 for a listing of the NHC plans.

27-002.01A Health Maintenance Organizations (HMO) Plans: The NHC HMO plans are required to provide, at a minimum, coverage of services as described in this Chapter. The prior authorization requirements, payment limitations, and billing instructions outlined in this Chapter do not apply to services provided to clients enrolled in an NHC HMO plan. Services provided to clients enrolled in an NHC HMO plan are not billed to NMAP. The

provider ~~shall~~ must provide services only under arrangement with the HMO. Transportation for HMO enrollees to receive Medicaid services that are not covered under the HMO plan, such as dental services and pharmacy services, may be covered under this chapter.

27-002.01B Primary Care Case Management (PCCM) Plans: All NMAP policies apply to services provided to NHC clients enrolled in a PCCM plan.

27-002.01C Mental Health and Substance Abuse Managed Care Enrollees: If the client is enrolled in the Medicaid Mental Health and Substance Abuse Managed Care Plan, the contracted plan is responsible for authorizing transportation for mental health or substance abuse services under this chapter.

27-003 Noncovered Services: The following medical transportation services are not covered by NMAP:

1. Transportation to obtain services not coverable by Nebraska Medicaid, except adult day care services where a documented medical need exists;
2. Transportation for clients residing in nursing facilities or ICF/MR's. (The facility is responsible for securing transportation for needed health care for residents); and
3. Department staff-provided transportation.

27-004 Requirements and Limitations for Certain Services

27-004.01 Service Authorization: NMAP contracts with the Social Services Block Grant Program or other designated entities to provide, when required, transportation needs assessments and authorization of medical transportation services for Medicaid-eligible clients.

During the transportation needs assessment, Department staff or designated entities ~~shall~~ must:

1. Determine if the client is eligible for medical transportation services;
2. Determine the most appropriate form of transportation;
3. Explain coverage limitations; and
4. Establish contact with the transportation provider, if needed.

Medical transportation services authorized through the Social Services Block Grant Program ~~or Aged and Disabled Waiver~~ ~~shall~~ must follow the regulations ~~outlined~~ in 473 and 474 ~~480~~ NAC.

27-004.02 Coverage Criteria for Transportation: NMAP covers transportation when the client has no other means of transportation. Coverage may be considered only if the client is:

1. Unable to provide needed transportation (~~i.e.,~~ for example, has no access to a working licensed vehicle, has no current valid driver's license, or is unable to drive); and

2. Unable to secure transportation by a family member, relative, friend, organization, or other agency (~~e.g.,~~ such as Cancer Society, Easter Seals, churches, etc.) at no cost.

Transportation may be authorized and the provider may bill NMAP only when the client is actually in the vehicle.

27-004.03 Transportation for Out-of-State Medical Treatment: Medicaid may cover transportation for out-of-state medical treatment for Medicaid-eligible clients.

If out-of-state treatment is approved by Medicaid, HHSS staff may authorize transportation. The client is not eligible for transportation assistance if the client is driving him/herself.

If out-of-state treatment is not approved because of a non-medical reason such as the out-of-state provider refusing to participate in Medicaid, transportation for out-of-state treatment may be approved. If out-of-state treatment is not approved for lack of medical necessity, transportation of out-of-state treatment must not be approved.

If prior authorization for out-of-state treatment is not required (for example, receiving services in a border state), HHSS staff may authorize transportation under the usual procedures.

27-004.03A Medicare (Primary) and Medicaid (Secondary): If the client has Medicare as his/her primary insurance and Medicaid is secondary, the client does not require out-of-state treatment approval from Medicaid. The HHSS central office transportation coordinator will determine if out-of-state transportation assistance is approved. The coordinator must use components of the definition of medical necessity found in 471 NAC 1-002.02A to determine whether out-of-state transportation may be authorized. If out-of-state transportation assistance is disapproved because the client is requesting routine medical services (for example, using a distant out-of-state clinic as the primary care provider), HHSS staff must deny the transportation service.

27-004.03B Private Health Insurance (Primary) and Medicaid (Secondary): If the client is using private insurance as his/her primary insurance and Medicaid is secondary, Medicaid prior authorization of the out-of-state medical treatment is required.

If out-of-state treatment is approved by Medicaid, HHSS staff may authorize transportation. The client is not eligible for assistance if the client if driving him/herself.

If Medicaid denies prior authorization of payment for out-of-state treatment because of a non-medical reason such as the out-of-state provider refusing to participate in Medicaid, HHSS staff must request prior authorization from the HHSS Central Office Coordinator. If the Coordinator denies out-of-state transportation, HHSS staff must deny the transportation service. If the Coordinator approves the out-of-state transportation, HHSS staff must approve the transportation service.

If Medicaid denies prior authorization for out-of-state treatment due to lack of medical

necessity, transportation for out-of-state treatment must also be denied.

~~27-004.03 Related Travel Expenses~~

~~27-004.03A Meals: NMAP covers meals provided by hospital ambulatory room and board providers when the client is required to be away from home over 12 hours while receiving Nebraska Medicaid-coverable services. If extensive travel is necessary, meals are covered for up to one day before and after receiving services.~~

~~27-004.03B Lodging: NMAP covers lodging provided by hospital ambulatory room and board providers when the client is required to be out-of-town overnight while receiving Nebraska Medicaid-coverable services or when lodging will prevent a hospital inpatient stay. If extensive travel is necessary, lodging is covered for up to one day before and after receiving services.~~

~~27-004.03C Attendant Services~~

~~27-004.034C1 Attendant Transportation, Meals and Lodging: NMAP covers transportation, meals, and lodging under program guidelines for an attendant to accompany the client, if the client is physically or mentally unable to travel or wait alone.~~

~~27-004.03C2 Attendant Salary: NMAP may cover salary of an attendant only if -~~

~~1. The client is physically or mentally unable to travel or wait alone;~~
~~2. The attendant is not a legally responsible member of the client's family (i.e., spouses and parents of minor children);~~
~~3. The client is unable to secure an attendant at no cost; and~~
~~4. The attendant is not receiving reimbursement for care of the client from another source (e.g., personal care aide assistance services, private insurance, foster care, etc.).~~

27-005 Payment for Services: ~~NMAP pays for covered medical transportation services at the lower of the provideer's usual and customary charge or the allowable/authorized amount for the service.~~

27-005.01 Conditions for Payment: HHSS will pay for transportation services only:

1. When the client is actually in the vehicle; and
2. Using the most direct and logical route from the client's residence to the service location.

27-005.02 Upper Limits: HHSS Central Office establishes transportation rates according to the following limits. HHSS staff assigned resource development responsibilities may negotiate rates lower than the established rates.

27-005.02A Common Carriers: Neb. Rev. Stat. § 75-303.02 limits the distance rates for common carriers at a rate no greater than three times the state employee mileage rate.

27-005.02B Taxis: Taxi rates may be no greater than 95% of published rates.

27-005.02C Exempt Providers: HHSS Central Office will establish rates for exempt providers.

27-005.02D Individual Providers: As provided in Neb. Rev. Stat. § 75-303.03, HHS Finance and Support will reimburse the individual provider for costs incurred in transportation at a rate no greater than that paid for reimbursement of state employees under Neb. Rev. Stat. § 81-1176 only for mileage.

27-006 Billing Requirements: For medical transportation services authorized through the Social Services Block Grant Program ~~or Aged and Disabled Waiver~~, providers ~~shall~~ must follow the regulations ~~outlined~~ in 473 and 474, ~~and 480~~ NAC.

For services billed to NMAP, providers ~~shall~~ must use the appropriate claim form or electronic format (see Claim Submission Table at 471-000-49).