

## **Title 23: Division of Medicaid**

### **Part 201: Transportation Services**

#### **Chapter 1: Emergency Transportation Services**

##### *Rule 1.1: Emergency Ambulance Provider Requirements*

- A. All Medicaid ambulance service providers whose origin, or site of pickup, is within the state of Mississippi must:
  - 1. Provide proof of applicable license or permit issued by the Mississippi State Department of Health (MSDH), Bureau of Emergency Medical Services (BEMS),
  - 2. Meet the applicable requirements described in Miss. Admin. Code Part 200, Chapter 4,
  - 3. Provide a National Provider Identifier (NPI) verification from the National Plan and Provider Enumeration System (NPPES), and
  - 4. Submit written confirmation from the Internal Revenue Service (IRS) of the provider's tax identification number and legal business name.
- B. Ambulance service providers operating outside the state of Mississippi must comply with the licensing and/or permit requirements of the state where the services are provided and meet all other requirements in Miss. Admin. Code Part 201.
- C. Emergency ambulance providers must perform criminal background checks as required by state and/or federal law and not employ persons or entities convicted of certain crimes as specified in any state or federal law.
- D. All personnel providing emergency ambulance services must be certified and/or licensed acting within the scope of their practice.
- E. Advanced Life Support (ALS) ambulance service providers that are not hospital-based are required by the Drug Enforcement Administration (DEA) to have an off-line medical director obtain a Controlled Substances Registration Certificate in order to store, issue and prescribe controlled substances through designated ALS personnel.
- F. The Division of Medicaid prohibits emergency ambulance service providers from selling subscriptions, memberships or similar payment packages to cover copayments for a Medicaid beneficiary.

Source: Miss. Code Ann. § 43-13-121; Miss. Admin. Code Title 15, Part 12.

History: Revised eff. 12/01/2016.

*Rule 1.2: Definitions*

- A. Basic life support (BLS) services are defined as non-invasive emergency procedures and services at the level described in the Emergency Medical Technician-Basic (EMTB) National Standard Training Curriculum including, but not limited to:
1. Initiation of basic airway maneuvers and procedures,
  2. Cardio-pulmonary resuscitation (CPR),
  3. Automated and semi-automated defibrillation,
  4. Hemorrhage control, including direct pressure and tourniquet,
  5. Spinal immobilization and extremity stabilization,
  6. Assistance with childbirth, and/or
  7. Obtaining vital signs.
- B. Advanced Life Support (ALS) services are defined as a sophisticated level of prehospital and interhospital emergency care including, but not limited to:
1. Cardiac monitoring,
  2. Cardiac defibrillation,
  3. Telemetered electrocardiography,
  4. Administration of antiarrhythmic agents,
  5. Intravenous therapy,
  6. Administration of specified medications,
  7. Use of adjunctive ventilation devices,
  8. Trauma care, and/or
  9. Other techniques and procedures authorized by the Bureau of Emergency Medical Services (BEMS).
- C. An Appropriate Facility is defined as a facility or institution generally equipped and able to provide the needed treatment for the beneficiary's condition including, but not limited to:
1. Trauma Level I BEMS certified facilities,

2. Trauma Level II BEMS certified facilities,
  3. Trauma Level III BEMS certified facilities,
  4. Trauma Level IV BEMS certified facilities, and
  5. Other facilities as designated by BEMS and/or the Mississippi Statewide Trauma Plan.
- D. Patient Loaded Mileage is defined as the number of miles from the site where the ambulance picked-up the beneficiary to the drop-off destination.
- E. Medical Necessity requiring emergency ambulance transportation is defined as:
1. The severity of the beneficiary's emergency medical condition is such that the use of any other method of transportation is contraindicated, and
  2. The beneficiary's emergency medical condition requires both the emergency ambulance transportation itself and the level of service provided.
- F. Emergency Medical Condition is defined as a sudden onset of acute symptoms of sufficient severity, including severe pain, such that a prudent layperson with an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in the following:
1. Serious jeopardy to the health of the beneficiary,
  2. Serious impairment to bodily functions, or
  3. Serious dysfunction of any bodily organ or part.
- G. Medical Control is defined as directions and advice provided from a centrally designated medical facility staffed by appropriate personnel, operating under medical supervision, supplying professional support through radio or telephonic communication for on-site and in-transit BLS and ALS services given by field and satellite facility personnel.

Source: 42 C.F.R. §§ 410.40, 414.605; Miss. Code Ann. § 43-13-121.

History: Revised eff. 12/01/2016.

*Rule 1.3: Covered Services*

- A. The Division of Medicaid covers medically necessary emergency ground ambulance services which meet the requirements of the Mississippi Bureau of Emergency Medical Services (BEMS) including, but not limited to:

1. Basic Life Support (BLS) Ground Ambulance Services which must include, but are not limited to:
  - a) A BLS ambulance vehicle with a BEMS permit, staffed with at least one (1) individual certified by BEMS to provide services at the level of Emergency Medical Technician Basic (EMT-B) or above,
  - b) A driver with a valid Emergency Medical Services Driver Certificate from the state of Mississippi,
  - c) Equipment and supplies as required by BEMS,
  - d) Services provided by an EMT-B within the scope of their practice as determined by BEMS, and
  - e) Transportation from the pick-up site to the nearest appropriate facility.
  
2. Advanced Life Support (ALS) Ground Ambulance Services which must include, but are not limited to:
  - a) An ALS ambulance vehicle, with a BEMS permit, staffed with at least one (1) individual certified by BEMS to provide services at the level of Emergency Medical Technician–Intermediate (EMT-I), Emergency Medical Technician–Paramedic (EMT-P) or above,
  - b) A driver with a valid Emergency Medical Services Driver Certificate from the state of Mississippi,
  - c) Equipment and supplies as required by BEMS,
  - d) Services provided by an EMT-I, EMT-P, and/or higher level medical professional within the scope of their practice(s) as determined by BEMS or the appropriate licensing and/or governing board, and
  - e) Transportation from the pick-up site to the nearest appropriate facility.
  
- B. The Division of Medicaid covers medically necessary emergency air ambulance services in a rotary wing aircraft that meet the requirements of BEMS including, but not limited to:
  1. BLS Air Ambulance Services in a rotary-wing aircraft which must include, but are not limited to:
    - a) A BLS air ambulance rotary-wing aircraft with a BEMS permit, staffed with at least one (1) licensed air medical EMT-B on board whose sole duty is beneficiary care,

- b) A pilot who is certified in accordance with current Federal Aviation Regulations (FARs) and meets the appropriate BEMS requirements,
  - c) Equipment and supplies as required by BEMS,
  - d) Services provided by an air medical EMT-B within the scope of their practice as determined by BEMS, and
  - e) Transportation from the pick-up site to the nearest appropriate facility.
2. ALS Air Ambulance Services in a rotary-wing aircraft which must include, but are not limited to:
- a) An ALS air ambulance rotary-wing aircraft with a BEMS permit, staffed by at least one (1) individual certified by the BEMS to provide services at the level of air EMT-I, air EMT-P or above whose sole duty is beneficiary care,
  - b) A pilot who is certified in accordance with current FARs and meets the appropriate BEMS requirements,
  - c) Equipment and supplies as required by BEMS,
  - d) Services provided by an air medical EMT-I, EMT-P, registered nurse, and/or physician, and
  - e) Transportation from the pick-up site to the nearest appropriate facility.
- C. The Division of Medicaid covers medically necessary emergency air ambulance services in a fixed-wing aircraft which have been prior authorized by the Division of Medicaid or designee and meet the requirements of BEMS including, but not limited to:
1. BLS Air Ambulance Services in a fixed-wing aircraft which must include, but are not limited to:
- a) A BLS air ambulance fixed-wing aircraft with a BEMS permit, staffed with at least two (2) personnel, one (1) of whom must be a current licensed air medical EMT-B whose sole duty is beneficiary care,
  - b) A pilot who is certified in accordance with current FARs and meets the appropriate BEMS requirements,
  - c) Equipment and supplies as required by BEMS,
  - d) Services provided by an air medical EMT-B within the scope of their practice as determined by BEMS, and

- e) Transportation from the pick-up site to the nearest appropriate facility.
2. ALS Air Ambulance Services in a fixed-wing aircraft which must include, but are not limited to:
- a) An ALS air ambulance fixed-wing aircraft with a BEMS permit, staffed with at least two (2) personnel, one (1) of whom must be a current licensed EMT-I or above and whose sole duty is beneficiary care,
  - b) A pilot who is certified in accordance with current FARs and meets the appropriate BEMS requirements,
  - c) Equipment and supplies as required by BEMS,
  - d) Services provided by an air medical EMT-I, EMT-P, registered nurse, and/or physician, and
  - e) Transportation from the pick-up site to the nearest appropriate facility.
- D. The Division of Medicaid or designee will review prior authorization information on a retrospective basis if the request for emergency ambulance services in a fixed-wing aircraft is received outside of the regular operating hours of the Division of Medicaid or designee.
- E. The Division of Medicaid covers medically necessary neonatal emergency ambulance services that meet the requirements of BEMS.
- F. The Division of Medicaid covers the following in addition to the emergency ambulance service base rate:
- 1. Ground ambulance mileage to the closest appropriate facility beyond the initial twenty-five (25) patient loaded miles when appropriate documentation is provided,
  - 2. Air ambulance mileage to the closest appropriate facility when appropriate documentation is provided,
  - 3. Injectable drugs administered by licensed or certified personnel under the direction of medical control, and/or
  - 4. Discarded injectable drugs up to the dosage amount indicated on the single-use vial or package label minus the administered dose(s) if:
    - a) The drug or biological is supplied in a single use vial or single-use package,
    - b) The drug or biological is actually administered to the beneficiary to appropriately address his/her condition and any unused portion is discarded,
    - c) The amount wasted is recorded in the beneficiary's medical record,

- d) The provider has written policies and procedures regarding single-use drugs and biologicals and bills all payers in the same manner, and
- e) The amount billed to the Division of Medicaid as a discarded drug is not administered to another beneficiary or patient.

Source: 42 C.F.R. §§ 410.40, 414.605; Miss. Code Ann § 43-13-121; Miss. Admin. Code Title 15, Part 12.

History: Revised eff. 12/01/2016.

*Rule 1.4: Non-Covered Emergency Ambulance Services*

The Division of Medicaid does not cover the following including, but not limited to:

A. Emergency ambulance transportation of a beneficiary:

- 1. To anywhere other than the nearest appropriate facility that is able to care for the beneficiary including transfers from one appropriate facility to another,
- 2. Pronounced dead prior to the dispatch of the ambulance by an individual who is licensed or otherwise authorized under state law to pronounce death in the state where such pronouncement is made,
- 3. To a funeral home,
- 4. Due to a lack of alternative means,
- 5. For the convenience of the beneficiary and/or beneficiary's family,
- 6. For which medical necessity criteria has not been satisfied, and/or
- 7. Receiving hospice benefits through Mississippi Medicaid,

B. Services that are not directly related to medically necessary emergency treatment of an illness or injury including, but not limited to:

- 1. Time spent waiting for the beneficiary,
- 2. Refusal of the beneficiary to be transported after the ambulance arrives in response to an emergency, and/or
- 3. First-aid or other medical type treatment provided by ambulance staff to a beneficiary who is not subsequently transported to the closest appropriate facility,

C. Services provided to an individual not eligible for Medicaid,

- D. Non-emergency air transportation,
- E. Mileage beyond the nearest appropriate facility, or
- F. Services not specifically listed as covered services.

Source: Miss. Code Ann. § 43-13-121.

History: Revised and moved to Miss. Admin. Code Part 201, Rule 1.6 except Miss. Admin. Code Part 201, Rule 1.6.A.4. moved to Miss. Admin, Code Part 201, Rule 2.3.B.1., eff. 12/01/2016.

*Rule 1.5: Reimbursement*

- A. The Division of Medicaid reimburses emergency ambulance providers a base rate from a statewide uniform fee schedule based on seventy percent (70%) of the rate established under Medicare:
  - 1. For only patient loaded trips,
  - 2. For medically necessary emergency services to the closest appropriate facility for treatment, and
  - 3. When provided in an appropriate Advanced Life Support (ALS) or Basic Life Support (BLS) vehicle or aircraft that has been licensed by the state that actually transports the beneficiary.
- B. The Division of Medicaid reimburses emergency ambulance providers in addition to the base rate for the following:
  - 1. Ground ambulance mileage beginning with the twenty-sixth (26<sup>th</sup>) patient loaded mile,
  - 2. Air ambulance mileage to the nearest appropriate facility,
  - 3. The actual units administered of medically necessary injectable drugs, and
  - 4. Discarded injectable drugs that meet the requirements of Miss. Admin. Code Part 201, Rule 1.3.F.
- C. The Division of Medicaid does not separately reimburse for services and items which are included in the emergency ambulance service base rate including, but not limited to:
  - 1. Assessment of the beneficiary's condition, including vital signs,
  - 2. Charges for professional services including, but not limited to:

- a) Physicians,
  - b) Nurses,
  - c) Emergency Medical Technicians, or
  - d) Respiratory therapists,
3. Supplies,
  4. Equipment,
  5. Non-injectable drugs,
  6. Crystalloid fluids and the administration thereof, and
  7. The initial twenty-five (25) patient loaded miles of ground ambulance transportation.
- D. The Division of Medicaid does not reimburse for emergency ambulance services provided by persons or entities convicted of certain crimes as specified in state or federal law.
- E. The Division of Medicaid does not reimburse for an ALS ground ambulance if only BLS services are provided. The ambulance provider will be reimbursed at the BLS ground ambulance rate for services.
- F. The provider must indicate on the claim the usual charge or charges divided by the number of persons transported when providing emergency services to more than one (1) person in one (1) vehicle or aircraft.
- G. The provider must bill the appropriate:
1. Code applicable to the service rendered, and
  2. Modifier indicating the origin and destination of the trip.
- H. Emergency Air Ambulance Services provided in a fixed-wing aircraft are reimbursed based on the provider's submitted invoice for each transport.

Source: Miss. Code Ann. § 43-13-121.

History: Revised and moved Miss. Admin. Code Part 201, Rule 1.5.A. to Miss. Admin. Code Part 201, Rule 1.3.F.1., eff. 12/01/2016.

*Rule 1.6: Documentation*

- A. Providers must maintain required documentation in accordance with Miss. Admin. Code Part 200, Rule 1.3, and must maintain auditable records to substantiate claims submitted to the Division of Medicaid or designated entity.
- B. Ambulance providers, except fixed-wing aircraft providers, must maintain documentation in the medical record including, but not limited to:
  - 1. Time the emergency was reported,
  - 2. The person reporting the emergency,
  - 3. Nature of illness or injury,
  - 4. Documentation of medical necessity of emergency ambulance services,
  - 5. Documentation of medical necessity for the level of care provided,
  - 6. Beneficiary's condition including, but not limited to:
    - a) Vital signs,
    - b) Level of consciousness, and
    - c) Ability to sit, stand, and/or walk,
  - 7. Location of pick-up, time of pick-up, location of destination, and time of arrival,
  - 8. For ground ambulance providers, the recording of odometer reading at pick-up and point of destination,
  - 9. Detailed record of all services and treatments administered to the beneficiary,
  - 10. Documentation that the beneficiary was taken to the closest appropriate facility or the reason that the facility was unable to accept the beneficiary causing the beneficiary to be taken to another facility, and
  - 11. Trip ticket which must include the date, mileage, crew, origin, destination, and type and level of ambulance service provided.
- C. Fixed-wing Air Ambulance Providers must maintain a copy of the prior authorization from the Division of Medicaid or designated entity.
- D. The ground ambulance provider must document the following to receive reimbursement for mileage beyond the twenty-fifth (25<sup>th</sup>) patient loaded mile including, but not limited to, the following:

1. The vehicle's actual odometer readings at pick-up and destination sites, and
2. Documentation that the beneficiary was taken to the closest appropriate facility able to provide treatment.

Source: Miss. Code Ann. §§ 41-59-41, 43-13-121.

History: Renamed and added Miss. Admin. Code Title 23, Part 201, Rule 1.5.A.-D., moved and revised Miss. Admin. Code Part 201, Rule 1.1.6.A. and B. to Miss. Admin Code Title 23, Part 201, Rule 1.5.B. and C. eff. 12/01/2016.

*Rule 1.7: Ambulance Transport of Nursing Facility Residents by Ambulance*

- A. Medically necessary emergency and non-emergency ambulance transports to and from a nursing facility are covered. All medically necessary ambulance transports to and from a nursing facility must be billed by the ambulance provider.
1. The Ambulance Program policies apply to both emergency and non-emergency ambulance transports. This includes ambulance transport of Medicaid beneficiaries to and from dialysis treatments.
  2. The nursing facility is responsible for arranging both emergency and non-emergency ambulance transports, including working with the ambulance providers to ensure that the Certificate of Medical Necessity forms are completed in advance of the date that the ambulance transportation is required so that appointments do not have to be canceled due to no access to transportation. Beneficiaries must not be denied access to medical care because the nursing facilities have not arranged transportation in advance. The nursing home may not bill the beneficiary or family for covered ambulance transports.
- B. Nursing Home Transports: If a beneficiary does not meet the coverage criteria for ambulance transportation through the Ambulance Program or non-emergency transportation through the NET Program, the nursing facility must arrange transportation through the family, if available, the nursing facility, or outside resources.
1. The cost for ambulance transports not covered through the Ambulance Program or the NET Program must be reported in the nursing facility cost report.
  2. A nursing facility may ask the family to transport the beneficiary in a personal vehicle if the condition of the beneficiary allows that mode of transportation. However, if the family is not available or chooses not to transport the beneficiary, the nursing facility is responsible for arranging/providing transportation by use of nursing facility vehicles or through outside resources. The nursing facility may not require the family to transport the beneficiary, and the nursing facility may not bill the family for transportation by other means.

Source: 42 C.F.R. § 431.53; Miss. Code Ann. § 43-13-121.

History: Revised rule number eff. 12/01/2016.

*Rule 1.8: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)*

The Division of Medicaid pays for all medically necessary services for early and periodic screening, diagnosis and treatment (EPSDT)-eligible beneficiaries in accordance with Part 223 of this Title, without regard to service limitations and with prior authorization.

Source: Miss. Code Ann. § 43-13-121.

History: Revised rule number eff. 12/01/2016.

**Part 201, Chapter 2: Non-Emergency Transportation (NET)**

*Rule 2.1: Non-Emergency Transportation (NET) Broker Program*

- A. The Division of Medicaid contracts with a Broker to provide non-emergency transportation (NET) through a NET provider to Medicaid beneficiaries in appropriate vehicles, including wheelchair vans, taxis, minivans, and sedans depending on the beneficiary's mobility status and personal capabilities on the date of service.
  - 1. Other non-Medicaid funded sources for non-emergency transportation services must be utilized first with the Medicaid NET program being the last resort.
  - 2. Beneficiaries are not allowed to request a particular NET provider for transportation.
- B. The NET Broker is responsible for administering and operating the NET program in accordance with Medicaid policy including, but not limited to, the authorization, coordination, scheduling, management, and reimbursement of NET services and must:
  - 1. Operate statewide.
  - 2. Authorize and schedule NET services within the following set timeframes:
    - a) Ninety-eight percent (98%) of routine NET services within three (3) business days after receipt of the request, and
    - b) One hundred percent (100%) of routine NET services within ten (10) business days after receipt of the request.
  - 3. Notify the Division of Medicaid prior to denying a request for transport to a medical provider not geographically closest to the beneficiary's residence if the NET Broker is unable to obtain a medical certification from the medical provider certifying that the beneficiary is unable to be treated at a closer facility. A medical certification is not

required if the transport is to the University of Mississippi Medical Center in Jackson, MS.

4. Allow long distance transportation for up to ninety (90) days, if necessary, if a beneficiary has recently moved to a new area to maintain continuity of care until the transition of the beneficiary's care to a closer appropriate provider is completed. The NET Broker must monitor the frequency of these NET authorizations involving excessive distances per beneficiary.
5. Ensure NET providers arrive at the drop-off and pick-up destinations within Medicaid's minimum requirements.
6. Perform post-transportation authorizations in instances when prior authorization was not obtainable.
7. Request additional information, if necessary, within twenty-four (24) hours of the initial receipt of a request and place the request on hold. The request must specify the date the additional information must be submitted. The request for transport can be denied if the information is not received by the date specified with the exception of NET service appointments for chemotherapy, dialysis, and high-risk pregnancy.
8. Provide education to beneficiaries and NET providers on NET services and procedures.
9. Maintain a current Medicaid approved NET provider Manual/Operations Procedure Manual.
10. Perform criminal background checks on all NET drivers to ensure excluded persons or entities are not paid any state or federal funds in compliance with Mississippi law [Refer to Part 201, Rule 2.6.D.], and ensure NET drivers meet Medicaid minimum requirements.
  - a) The NET Broker must conduct criminal background checks upon initial hire, including but not limited to:
    - 1) A one-time criminal background check requiring fingerprinting,
    - 2) National and state criminal background checks utilizing personal identification data, including, but not limited to:
      - (a) Name and date-of-birth,
      - (b) Social security number, or
      - (c) Driver's license number.
    - 3) A Mississippi Sex Offender Registry check, and

- 4) A Motor Vehicle Record check.
  - b) The NET Broker must conduct criminal background checks annually, including but not limited to:
    - 1) National and state criminal background checks utilizing personal identification data, including, but not limited to:
      - (a) Name and date-of-birth,
      - (b) Social security number, or
      - (c) Driver's license number.
    - 2) A Mississippi Sex Offender Registry check, and
    - 3) A Motor Vehicle Record check.
  - c) Effective April 01, 2015 the NET Broker must ensure the NET providers comply with the one-time fingerprinting check requirement as listed below:
    - 1) The NET Broker must have all NET drivers' fingerprinting checks on file. The NET Broker is prohibited from reimbursing the NET provider for transportation services by a NET driver whose fingerprinting check is not on file.
    - 2) New NET providers must submit to the NET Broker all NET driver fingerprinting checks within ninety (90) days from the contracted start date.
    - 3) NET providers must submit to the NET Broker all fingerprinting checks for newly hired NET drivers within ninety (90) days from the date of employment if hired after the contracted start date.
    - 4) The NET Broker may utilize the fingerprinting record obtained by a previous Medicaid NET provider to meet the one-time fingerprinting check requirement if the NET driver changes employment.
  - d) The NET Broker must not reimburse the NET provider for transportation services rendered if the NET provider fails to comply with any of the fingerprinting check requirements listed in Miss. Admin. Code Part 201, Rule 2.1.B.10.
  - e) The NET Broker must recoup any funds paid to the NET provider for services rendered by a NET driver who fails the fingerprinting check.
11. Ensure vehicles meet Medicaid minimum requirements. Perform and document required vehicle inspections with submission of inspection reports to the Division of Medicaid no later than the fifteenth (15<sup>th</sup>) day of the month following the inspection.

12. Maintain an adequate number of NET providers and trained staff to provide scheduled transports in a given geographical area.
13. Maintain a file of current executed NET provider contracts and:
  - a) Require provider enrollment forms to include disclosure of complete ownership, control, and relationship information from all providers,
  - b) Include contract language requiring the NET Broker to notify the Division of Medicaid of such disclosures on a timely basis, and
  - c) Provide to the Division of Medicaid upon request.
14. Make timely payments to NET providers.
15. Meet quality assurance and monitoring requirements including, but not limited to:
  - a) On-street observations,
  - b) Accident and incident reporting,
  - c) Statistical reporting of transports,
  - d) Statistical reporting of transport call center operations,
  - e) Analysis of complaints,
  - f) Driver licensure, driving records, experience, training and annual random drug testing of all NET drivers,
  - g) Participant assistance,
  - h) Completion of driver transport logs,
  - i) Driver communication with dispatcher, and
  - j) Routine scheduled vehicle inspections and maintenance.
16. Maintain all required up-to-date electronic and data systems.
17. Meet all Medicaid call center requirements.
18. Conduct the following random validation checks of monthly requests to verify NET provider claims for reimbursement match authorized transports and to verify the

transports actually occurred. The NET Broker must document the reason the NET provider failed to properly authorize or render the service.

- a) Three percent (3%) of pre-transportation requests verifying that a beneficiary's appointment with the medical service provider is for a covered medical service, and
- b) Two percent (2%) of post-transportation services verifying a beneficiary's appointment is for a covered medical service.

19. Submit reports, data or other materials by the date due as determined by the Division of Medicaid.

20. Must obtain a medical certification statement from the beneficiary's physician if an adult attendant is required to accompany the beneficiary.

C. The Division of Medicaid, at its sole discretion, may assess damages if the NET Broker fails to perform the responsibilities in Rule 2.1.B. resulting in additional administrative costs to the Division of Medicaid.

1. The Division of Medicaid must give written notice to the NET Broker of any unmet responsibility that could result in an assessment of damages and the proposed amount of the damages.
2. The NET Broker has thirty (30) days from the date of the notice to dispute the determination.

#### D. Reporting

1. The NET Broker must report within three (3) business days all allegations of sexual harassment or physical abuse by a driver, beneficiary or other passenger to the Division of Medicaid and per state law to the Mississippi Department of Human Services (MDHS).
  - a) NET providers must report all allegations of sexual harassment or physical abuse to the NET Broker.
  - b) Medicaid beneficiaries should report any incident of abuse or sexual harassment directly to the NET Broker.
2. The NET Broker must refer suspected Medicaid fraud, abuse or misuse by beneficiaries, NET providers or NET Broker staff to the Division of Medicaid's Office of Program Integrity within three (3) business days after discovery of the suspected Medicaid fraud, abuse or misuse.
3. The NET Broker must document all accidents/incidents occurring on a scheduled transport when a beneficiary is present in the vehicle and submit the accident/incident

report to the Division of Medicaid within seventy-two (72) hours of the accident/incident.

Source: 42 C.F.R §§ 431.53, 440.170; Miss. Code Ann. §§ 41-59-9, 43-13-121.

History: Moved and revised Miss. Admin Code Part 201 Rule 2.1.E. and F. to Miss. Admin Code Part 201 Rule 2.3.E. and F. eff. 12/01/2016; Revised Miss. Admin. Code Part 201, Rule 2.1.B.10. eff. 04/01/2015; Revised eff. 04/01/2013.

*Rule 2.2: Eligibility*

A. Non-emergency transportation (NET) services are non-covered for beneficiaries enrolled in the following categories of eligibility:

1. Family Planning Waiver,
2. Qualified Medicare Beneficiary (QMB),
3. Specified Low-Income Medicare Beneficiary (SLMB), and
4. Qualified Individual (QI-1).

B. NET services are covered for beneficiaries who:

1. Require the services covered by the Division of Medicaid from a Medicaid approved provider,
2. Have no other means of getting to and/or from a provider for a covered service,
3. Have not exceeded any service limits associated with the covered service, and
4. Are not able to receive NET services to a provider for a covered service from any other source.

Source: 42 C.F.R. § 431.53; Miss. Code Ann. § 43-13-121.

History: Revised eff. 12/01/2016; Revised eff. 04/01/2013.

*Rule 2.3: Non-Emergency Transportaton (NET) Services*

A. Non-emergency transportation (NET) services are covered if all the following criteria are met:

1. The service for which NET service is requested is a covered service.
2. The beneficiary:

- a) Is eligible for NET services,
  - b) Has a medical need which requires NET services, and
  - c) Does not have access to NET from any other source.
3. The transport must be:
- a) In a vehicle which meets the medical needs of the beneficiary given their mobility status and personal capabilities on the date of service,
  - b) The most economical mode of transportation. The NET Broker must document the reason in detail if the NET Broker authorizes a mode of transportation that is not the most economical,
  - c) Provided by a NET provider closest to the beneficiary. The NET Broker must document the reason in detail if a transport is authorized for a NET provider which is not the closest to the beneficiary's residence or medical service provider,
  - d) For a single covered medical service appointment, and
  - e) Requested at least three (3) business days before the NET service is needed.
4. If an adult attendant is necessary the NET Broker must obtain a medical certification statement from the beneficiary's physician prior to the transport.
- B. NET ambulance services must meet the criteria in Miss. Admin. Code Part 201, Rule 2.3.A. in addition to the following including, but not limited to:
- 1. A Level of Need form must be completed and signed by the physician, nurse practitioner, or physician assistant and the original must be kept on file at all times,
    - a) Bed confinement cannot be the sole justification for ambulance transportation,
    - b) The Division of Medicaid defines bed confinement as the inability to:
      - 1) Get up from a bed without assistance,
      - 2) Ambulate, and
      - 3) Sit in a chair or wheelchair,
  - 2. The transport must be provided by a NET ambulance provider to or from the nearest appropriate facility for the beneficiary to receive non-emergency medical care that cannot be provided in their place of residence or medical facility where the beneficiary is an inpatient, and

3. The use of other means of transportation must be medically contraindicated because it would endanger or be detrimental to the beneficiary's health.

C. NET services are non-covered if:

1. The beneficiary:

- a) Is not eligible for NET services on the requested date of service,
- b) Does not have a medical need requiring NET services,
- c) Has access to available transportation,
- d) Refuses the appropriate mode of transportation,
- e) Refuses the NET provider assigned to the transport and another appropriate NET provider is not available,

2. The medical service is not covered for NET services requested,

3. Transportation to the medical service is covered under another program,

4. The request for post-transportation authorization is not received in a timely manner as defined in the current NET broker contract and/or did not meet established criteria found in Miss. Admin. Code Title 23, Part 201, Rule 2.3.A. and B.,

5. The medical appointment is not scheduled or was not kept,

6. NET Broker cannot confirm the medical appointment,

7. The transport is not requested in a timely manner as defined in the current NET broker contract and is unable to be scheduled for the requested date and time,

8. Additional documentation was requested by the NET Broker and not received timely,

9. The provider of NET services does not have a contract with the NET Broker, or

10. The transport is from hospital to hospital.

D. The NET Broker must deny non-covered NET services and document the reason for the denial on the same business day and mail the denial letter to the beneficiary no later than the next business day following the date of the denial decision.

1. The denial letter must contain the beneficiary's right to appeal.

2. The Division of Medicaid, in its sole discretion, may add, modify or delete denial reasons without additional payment to the NET Broker or a contract amendment.
- E. The Division of Medicaid covers meals and lodging for beneficiaries through the NET Broker Program for medically necessary overnight stays:
1. If the medical service is only available in another county, city, or state requiring extensive travel time and distance, and
  2. The medical treatment facility does not provide for meals and/or lodging.
- F. The Division of Medicaid covers one (1) adult attendant, at least eighteen (18) years of age or older, to accompany a beneficiary during transport and certain related expenses during an overnight stay through the NET Broker Program as follows:
1. All the following conditions must be met:
    - a) The medical provider certifies prior to the transport that the beneficiary's need for an adult attendant and type of assistance required is medically necessary,
    - b) The adult attendant is qualified to provide the type of assistance required, and
    - c) Travel with the adult attendant is prior authorized by the NET Broker.
  2. The NET Broker must pay the following expenses for one (1) adult attendant, at least (18) years of age, to accompany a beneficiary to a medical provider for a covered service:
    - a) Cost of a ticket for day or overnight transports,
    - b) Lodging and meals for overnight stay(s) if the medical provider does not provide for lodging and/or meals.
  3. All costs associated with an adult attendant must be documented with receipts and submitted to the NET Broker.

Source: 42 U.S.C. § 1396a; Miss. Code Ann. § 43-13-121.

History: Moved and revised Miss. Admin. Code Part 201, Subchapter 3 to Miss. Admin. Code Part 201, Rule 2.3.B. eff. 12/01/2016; Revised eff. 04/01/2013.

*Rule 2.6: Non-Emergency Transportation (NET) Driver Requirements*

- A. The non-emergency transportation (NET) Broker must ensure that all NET drivers complete a criminal background check verifying the NET driver is not excluded per Miss. Code Ann. § 43-13-121. [Refer to Miss. Admin. Code Part 201, Rule 2.1.B.10.]

B. The NET Broker must ensure NET drivers:

1. Abide by federal, state, and local laws.
2. Be at least eighteen (18) years of age and have a current valid driver's license to operate the assigned vehicle.
3. Be courteous, patient and helpful to all passengers and be neat and clean in appearance.
4. Wear a visible, easily read name tag which identifies the employee and the employer.
5. Provide an appropriate level of assistance to a beneficiary when requested or when necessitated by the beneficiary's mobility status or personal condition, including curb-to-curb, door-to-door, and hand-to-hand assistance, as required.
  - a) The NET driver must confirm the beneficiary is safely inside the residence or facility before departing the drop-off point.
  - b) The NET driver is responsible for properly securing any mobility devices used by the beneficiary.
6. Assist beneficiaries in the process of being seated, confirm all seat belts are fastened properly and all passengers are safely and properly secured.
7. Park the vehicle:
  - a) In a safe location out of traffic if a beneficiary or other passenger's behavior or any other condition impedes the safe operation of the vehicle, notify the dispatcher and request assistance.
  - b) To prevent the beneficiary from crossing streets to reach the entrance of their destination.
8. Must provide verbal directions to passengers as appropriate.
9. Notify the NET provider immediately to report an emergency such as an accident/incident or vehicle breakdown to arrange for alternative transportation for the beneficiaries on board. The NET provider must report all accidents/incidents and breakdowns to the NET Broker.
10. Report all no-shows immediately to the NET provider and the NET provider must notify the NET Broker so the authorization can be cancelled.

C. The NET Broker must ensure NET drivers do not:

1. Leave a beneficiary unattended at any time.

2. Use alcohol, narcotics, illegal drugs, or prescription medications that impair their ability to perform.
3. Smoke in the vehicle, while assisting a beneficiary or in the presence of the beneficiary. Beneficiaries or their adult attendant cannot smoke in the vehicle.
4. Wear any type of headphones while on duty, with the exception of hands-free headsets for mobile telephones which can only be used for communication with the NET provider or to call 911 in an emergency.
5. Touch any passenger except as appropriate and necessary to assist the passenger into or out of the vehicle, into a seat and to secure the seatbelt or as necessary to render first aid or assistance which the NET driver has been trained.
6. Provide NET services to Medicaid beneficiaries without completing a national and state background check.

D. The NET Broker must ensure a NET driver is removed from NET service if he/she:

1. Fails an annual random drug test.
2. Is convicted of:
  - a) Two (2) moving violations or accidents related to transportation provided under the NET Broker Program, or
  - b) Any federal or state crime listed in Miss. Code Ann. § 43-13-121.
3. Has a suspended or revoked driver's license for moving traffic violations in the previous five (5) years.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 12/01/2016; Revised Miss. Admin. Code Part 201, Rule 2.6.A, C.6., and D.2.b). eff. 04/01/2015. Revised Miss. Admin. Code Part 201, Rule 2.6 to include 04/01/2012 compilation omission eff. 04/01/2013.

*Rule 2.7: Vehicle Requirements*

A. All vehicles used for transport must:

1. Adhere to all federal, state, county or local laws and ordinances.
2. Not exceed the vehicle manufacturer's approved seating capacity for number of persons in the vehicle, including the driver.

3. Have a functioning heating and air-conditioning system which maintains a temperature comfortable to the beneficiary at all times.
4. Have functioning seat belts and restraints as required by federal, state, county or local statute or ordinance and:
  - a) Have an easily visible interior sign in capital letters that reads, "All passengers must wear seat belts",
  - b) Store seat belts off the floor when not in use,
  - c) Have at least two (2) seat belt extensions available, and
  - d) Be equipped with at least one (1) seat belt cutter within easy reach of the driver for use in emergency situations.
5. Have an accurate, operating speedometer and odometer.
6. Be operated within the manufacturer's safe operating standards at all times.
7. Have two (2) exterior rear view mirrors, one (1) on each side of the vehicle.
8. Be equipped with an interior mirror for monitoring the passenger compartment.
9. Have a clean exterior free of broken mirrors or windows, excessive grime, major dents or paint damage that detracts from the overall appearance of the vehicles.
10. Have a clean interior free of torn upholstery, including floor and ceiling coverings, damaged or broken seats, protruding sharp edges, dirt, oil, grease or litter, hazardous debris, or unsecured items.
11. Display the non-emergency transportation (NET) provider's business name and telephone number in a minimum of three (3) inch high lettering in a color that contrasts with the surrounding background on at least both sides of the exterior of the vehicle and have:
  - a) No words displayed on the interior or exterior of the vehicle indicating Medicaid beneficiaries are being transported, or
  - b) A NET provider's business name which does not imply Medicaid beneficiaries are being transported.
12. Have the license number and NET Broker's toll-free and local phone numbers prominently displayed in the interior of each vehicle with complaint procedures clearly visible and available in written format upon request.

13. Be non-smoking at all times with a visible interior sign in all capital letters that reads: "No smoking".
14. Have a vehicle information packet containing vehicle registration, insurance card, and accident procedures and forms.
15. Be equipped with a first aid kit stocked with antiseptic cleansing wipes, antibiotic ointment, assorted sizes of adhesive and gauze bandages, tape, scissors, latex-free or other impermeable gloves and sterile eyewash.
16. Contain a current map of the applicable geographic area with sufficient detail to locate beneficiary and provider addresses.
17. Be equipped with an appropriate working fire extinguisher stored in a safe, secure location.
18. Have insurance coverage for all vehicles at all times in compliance with state law and any county or city ordinance.
19. Be equipped with a "spill kit" that includes liquid spill absorbent, latex-free or other impermeable gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer.
20. Be in compliance with applicable Americans with Disabilities Act (ADA) Accessibility Specifications for Transportation.

B. The NET Broker must:

1. Ensure all NET providers maintain all vehicles which meet or exceed local, state and federal requirements and the manufacturer's safety mechanical operating, and maintenance standards.
2. Supply all NET providers with a copy of the ADA vehicle requirements and inspect the vehicles for compliance during the scheduled bi-annual vehicle inspections.
3. Have in its network NET providers with the capability to perform bariatric transports of beneficiaries up to eight hundred (800) pounds.
4. Maintain documentation on the lifting capacity of each vehicle in its network to timely schedule transports for beneficiaries requiring a lift.
5. Require every vehicle in a NET provider's fleet has a real-time link via a phone or two-way radio. Pagers are not acceptable as a substitute.
6. Test all communication equipment during regularly scheduled vehicle inspections.

7. Inspect all NET provider vehicles prior to the Operations Start Date and at least every six (6) months thereafter.
  8. Place the Medicaid approved inspection sticker on the outside of the passenger side rear window upon completion of a successful inspection.
  9. Maintain records of inspections and make them available to the Division of Medicaid upon request.
- C. Authorized employees of the Division of Medicaid or the NET Broker must immediately remove from service any vehicle or NET driver found to be out of compliance with Miss. Admin. Code Part 201, Rule 2.1 or with any federal or state regulations.
1. The vehicle or NET driver may be returned to service only after the NET Broker verifies the deficiencies have been corrected.
  2. Any deficiencies and actions taken to remedy deficiencies shall be documented and become a part of the vehicle's and the NET driver's permanent records.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 12/01/2016; Revised Miss. Admin. Code Part 201, Rule 2.7 to include 04/01/2012 compilation omission eff. 04/01/2013.