

Title 23: Division of Medicaid

Part 201: Transportation

Chapter 2: Non-Emergency Transportation (NET) Broker Program

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, 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 the Division of Medicaid's 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 the Division of 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 Division of 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 the Division of 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 can 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 the Division of Medicaid's minimum requirements and ensure required vehicle inspections are performed and documented with submission of inspection reports to the Division of Medicaid no later than the fifteenth (15th) 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 NET provider enrollment forms to include disclosure of complete ownership, control, and relationship information from all NET 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 of the Division of Medicaid's 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. 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 fifteen (15) 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 forty-eight (48) hours of the accident/incident.

Source: 42 C.F.R. §§ 431.53, 440.170; Miss. Code Ann. §§ 41-125-19, 43-13-117, 43-13-121; Miss. Admin Code Title 15, Part 16, Subpart 1, Chapter 2, Subchapter 14.

History: Added Miss. Admin. Code Part 201, Rule 2.1.B.21. eff. 02/01/2019; 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. 08/01/2018; Revised Miss. Admin. Code Part 201, Rule 2.1.B.10. eff. 04/01/2015; Revised eff. 04/01/2013.

Chapter 3: Non-Emergency Transportation (NET) Services Not Covered Under the Broker Program

Rule 3.1: Non-Emergency Transportation (NET) Services Not Covered Under the Broker Program

A. The Division of Medicaid covers the following non-emergency transportation (NET) services outside of the Broker program:

1. NET ambulance hospital-to-hospital transports when medically necessary to the nearest appropriate facility that is able to care for the beneficiary, a certificate of medical necessity (CMN) is completed, and all services are provided in accordance with the requirements of the Bureau of Emergency Medical Services (BEMS), and
2. NET services covered as part of another benefit or service including, but not limited to, transportation provided:
 - a) To long-term care facility residents [Refer to Miss. Admin. Code Title 23, Part 207], and
 - b) By Prescribed Pediatric Extended Care (PPEC) centers.

B. The Division of Medicaid reimburses the following NET services outside of the Broker program:

1. NET ambulance hospital-to-hospital transports when medically necessary to the nearest appropriate facility that is able to care for the beneficiary, a certificate of medical necessity (CMN) is completed, and all services are provided in accordance with the requirements of the Bureau of Emergency Medical Services (BEMS), and
2. NET services covered as part of another benefit or service including, but not limited to, transportation provided:
 - a) To long-term care facility residents [Refer to Miss. Admin. Code Title 23, Part 207], and
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History: Revised eff. 02/01/2019; New Rule eff. 08/01/2018.

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- B. The NET Broker is responsible for administering and operating the NET program in accordance with the Division of Medicaid's 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 the Division of 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 Division of 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 the Division of Medicaid minimum requirements.
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 - 1) National and state criminal background checks utilizing personal identification data, including, but not limited to:

- (a) Name and date-of-birth,
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- c) Effective April 01, 2015 the NET Broker must ensure the NET providers comply with the one-time fingerprinting check requirement as listed below:
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 - 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 can 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 the Division of Medicaid's minimum requirements and ensure required vehicle inspections are performed and documented with submission of inspection reports to the Division of Medicaid no later than the fifteenth (15th) 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 NET provider enrollment forms to include disclosure of complete ownership, control, and relationship information from all NET providers,
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 - 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,
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 - j) Routine scheduled vehicle inspections and maintenance.
16. Maintain all required up-to-date electronic and data systems.
17. Meet all of the Division of Medicaid's 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. Obtain a medical certification statement from the beneficiary's physician if an adult attendant is required to accompany the beneficiary.

~~21. Ensure that all transports to and/or from a prescribed pediatric extended care (PPEC) center meet the Mississippi State Department of Health (MSDH), Licensure and Certification Minimum Standards for transportation provided by a PPEC center including, but not limited to:~~

~~a) Time a child spends in the transport,~~

~~b) Proper restraints,~~

~~c) Medical equipment required during transport,~~

~~d) Trained medical escorts for all children during transport, and~~

~~e) Any additional vehicle and/or driver requirements.~~

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 fifteen (15) 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 forty-eight (48) hours of the accident/incident.

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Chapter 3: Non-Emergency Transportation (NET) Services Not Covered Under the Broker Program

Rule 3.1: Non-Emergency Transportation (NET) Services Not Covered Under the Broker Program

- A. The Division of Medicaid covers the following non-emergency transportation (NET) ambulance hospital-to-hospital transports services outside of the Broker program ~~when medically necessary to the nearest appropriate facility that is able to care for the beneficiary, a certificate of medical necessity (CMN) is completed, and all services are provided in accordance with the requirements of the Bureau of Emergency Medical Services (BEMS):~~
 1. NET ambulance hospital-to-hospital transports when medically necessary to the nearest appropriate facility that is able to care for the beneficiary, a certificate of medical necessity (CMN) is completed, and all services are provided in accordance with the requirements of the Bureau of Emergency Medical Services (BEMS), and
 2. NET services covered as part of another benefit or service including, but not limited to, transportation provided:
 - a) To long-term care facility residents [Refer to Miss. Admin. Code Title 23, Part 207], and
 - b) By Prescribed Pediatric Extended Care (PPEC) centers.
- B. The Division of Medicaid reimburses ~~NET ambulance hospital-to-hospital transports billed with the appropriate Healthcare Common Procedure Coding System (HCPCS) code and~~

~~modifier the following NET services outside of the Broker program when medically necessary to the nearest appropriate facility that is able to care for the beneficiary, a certificate of medical necessity (CMN) is completed, and all services are provided in accordance with the requirements of the Bureau of Emergency Medical Services (BEMS):~~

1. NET ambulance hospital-to-hospital transports when medically necessary to the nearest appropriate facility that is able to care for the beneficiary, a certificate of medical necessity (CMN) is completed, and all services are provided in accordance with the requirements of the Bureau of Emergency Medical Services (BEMS), and
2. NET services covered as part of another benefit or service including, but not limited to, transportation provided:
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