



MISSISSIPPI DIVISION OF  
**MEDICAID**

## Administrative Code

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### Title 23: Medicaid Part 201 Transportation Services

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

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

#### **Part 201 Chapter 1: Ambulance**

##### **Subchapter 1: General**

###### *Rule 1.1.1: Ambulance Provider Enrollment Requirements*

- A. All ambulance providers whose origin, or site of pickup, is within the state of Mississippi, must be licensed in accordance with the requirements of the Mississippi State Department of Health, Office of Emergency Medical Services (OEMS) unless otherwise exempt. The exempt status is determined by the Office of Emergency Medical services. Any ambulance service provider who obtains a license and permit issued by the OEMS may qualify as a provider of ambulance service under the Medicaid program when the provider has met the requirements in Part 200, Chapter 4, Rule 4.8 in addition to the following:
1. National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES).
  2. Copy of current provider license or permit.
  3. Written confirmation from the IRS confirming your tax identification number and legal business name.

Source: Miss. Code Ann. § 43-13-121.

###### *Rule 1.1.2: Definitions*

- A. **Basic Life Support (BLS):** Basic life support (BLS) ambulance services are supportive and non-definitive in nature. A basic ambulance is one that provides transportation plus the equipment and staff needed for such basic services as assessment and support of airway, breathing, oxygenation, and circulation; prevention of disability; and first aid including control of bleeding, splinting fractures, treatment for shock, delivery of babies, etc. BLS assessment includes brief and limited patient assessment and management procedures including evaluation of vital signs, mental and neurologic states, and hemodynamic stability.
- B. **Advanced Life Support (ALS):** Advanced life support ambulance services include definitive medical treatment and complex specialized life sustaining procedures. Patient assessment is usually-complex and extensive, requiring frequent assessment of the vital signs, oxygenation, cardiac activity and hemodynamic status. Examples of advanced life support services are manual defibrillation/cardioversion, endotracheal intubation, cardiac pacing, chest decompression, insertion of central venous lines, administering life-sustaining drugs that are essential to, or that yields information that is essential to, the restoration or continuation of a bodily function important to the continuation of human life, and cardiopulmonary

resuscitation. Documentation must support the need for ALS services.

- C. Appropriate Facilities: The facility/institution is generally equipped to provide the needed treatment for the patient's condition and is willing to accept the patient.
- D. Bed Confined / Bedridden: Bed confined is defined as the inability to get up from bed without assistance, and inability to ambulate, and inability to sit in a chair, including a wheelchair. All three (3) of the above conditions must be met and will be applied to all transports. This term is used synonymously with the terms "bedridden" or "stretcher bound". However, it is not synonymous with "bedrest" or "non-ambulatory".
- E. Medically Necessary Emergency Ground or Air Ambulance Service: To be considered as a medically necessary emergency for ground or air ambulance services, all three (3) of the following criteria must be met:
  - 1. Ambulance (BLS or ALS) transport to the nearest hospital where treatment for an accidental injury or medical emergency is available,
  - 2. The use of other means of transportation is medically contraindicated because it would endanger or be detrimental to the patient's health, and
  - 3. The injury or medical emergency is sudden, of such severity that the absence of immediate medical care could reasonably result in permanently placing the patient's health in jeopardy, and/or serious impairment of bodily functions, and/or serious and permanent dysfunction of any body organ or part, or other serious medical consequence.
- F. Medically Necessary Non-Emergency Ground: To be considered as medically necessary non-emergency for ground or air ambulance service, all three (3) of the following criteria must be met:
  - 1. Ambulance transport 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 patient is an inpatient, and
  - 2. The use of other means of transportation is medically contraindicated because it would endanger or be detrimental to the patient's health, and
  - 3. The patient suffers from an injury or debilitated physical condition(s) that results in the patient being totally bedridden or bed confined.
- G. Patient Loaded Mileage: The patient is on board the ambulance. Mileage to the point of pick-up, no patient on board, does not qualify as "patient loaded."
- H. Medical Necessity: Medical necessity is established from the patient's condition at the time of transport, not the diagnosis. The patient's condition must be of such severity that the use of any other method of transportation is contraindicated or not possible. In cases where other

means of transportation could be utilized, the fact that there is no other means of transportation available does not justify medical necessity. In addition, if the patient is able to be transported by other means of transportation, but requires assistance from others in getting in or out of the other type of vehicle, the fact that such assistance is not available does not justify medical necessity.

Source: Miss. Code Ann. § 43-13-121.

*Rule 1.1.3: Reimbursement*

Ambulance services will be reimbursed from a statewide uniform fixed fee schedule based on seventy percent (70%) of the rate established under Medicare (Title XVIII of the Social Security Act), as amended.

Source: Miss. Code Ann. § 43-13-121.

*Rule 1.1.4: Documentation Requirements*

- A. Providers of ambulance services must satisfy all documentation and maintenance of records in accordance with Part 200, Chapter 1, Rule 1.3 and maintain auditable records that will substantiate the claim submitted to Medicaid. At a minimum, the records must contain the following on each patient:
1. Time and by whom the call was originated,
  2. Diagnosis, if known, or nature of illness or injury,
  3. Medical necessity clearly described,
  4. For non-emergency ambulance services, the original Certificate of Medical Necessity, signed by the physician, nurse practitioner, or physician assistant must be kept on file at all times,
  5. Patient's condition in detail which includes, but is not limited to, vital signs, level of consciousness, ability to sit/stand/walk, etc.,
  6. Site of pick-up with address if known, time of pick-up, and recording of odometer reading, if air transport, site should be identified so that it can be located on a map,
  7. Point of destination, time of arrival, and recording of odometer reading,
  8. Detailed record of all services and treatment administered to the patient,
  9. Documentation that the patient was taken to the closest appropriate facility or the reason that facility was unable to accept the patient that caused him/her to be taken to another facility,

10. Trip ticket must be included, and

11. Copies of prior approvals, when applicable.

B. Providers must maintain proper and complete documentation to verify the services provided.

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

*Rule 1.1.5: Mileage*

A. The initial patient loaded twenty-five (25) miles are always included in the base rate and must not be billed separately to Medicaid. Odometer readings must be documented on the ambulance transport record. Odometer readings are defined as actual odometer reading rather than a number of miles.

B. Reimbursement for mileage will be allowed beginning with the twenty-sixth (26<sup>th</sup>) patient loaded mile.

Source: Miss. Code Ann. § 43-13-121.

*Rule 1.1.6: Injectable Drugs*

A. Ambulance providers must bill for injectable drugs, excluding solutions, using the appropriate procedure codes. Only the units actually administered are to be billed. The medical record must include documentation that substantiates the medical necessity of the drug.

B. Unused Injectable Drugs - If a portion of the drug in a single use or multiple dose use vial must be discarded, DOM will not reimburse for the discarded amount of the drug. Providers may not bill Mississippi Medicaid beneficiaries for the discarded drug.

Source: Miss. Code Ann. § 43-13-121.

*Rule 1.1.7: 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 CFR § 431.53; Miss. Code Ann. § 43-13-121.

*Rule 1.1.8: Transport of Dual Eligibles*

- A. For beneficiaries covered under Medicare and Medicaid, dual eligibles, ambulance providers may file a claim with Medicaid for non-emergency ambulance services not covered by Medicare if the reason for the Medicare denial is other than for medical necessity, like transport to a physician's office.
- B. For ambulance transport to and from dialysis treatments, Mississippi Medicaid will only pay the deductible and coinsurance based on Medicare's allowed charges on cases approved by Medicare if the patient is covered by both Medicare and Mississippi Medicaid. If Medicare benefits are denied because (1) the patient is being taken to a non-approved dialysis facility or (2) the medical necessity criteria for ambulance transport is not satisfied, Medicaid will not approve benefits for the ambulance transport.
- C. The six (6) month timely filing limitation for filing crossover claims is applicable with no exceptions.

Source: Miss. Code Ann. § 43-13-121.

*Rule 1.1.9: Non-Covered Services*

Non-covered ambulance services include, but are not limited to, the following:

- A. Transfer from a hospital that has appropriate facilities for treatment to another hospital.
- B. Transportation of a deceased patient to a funeral home.
- C. The beneficiary was pronounced dead prior to the time the ambulance was called. Pronouncement of death must be made by an individual who is licensed or otherwise authorized under State law to pronounce death in the State where such pronouncement is made.
- D. Waiting time charges – the charge by an ambulance company for time spent while waiting for the patient.
- E. The patient refused to be transported after the ambulance arrives in response to a call.
- F. Separate charges for assessing the patient’s condition or taking vital signs.
- G. First-aid or other medical type treatment provided by ambulance staff to a patient who is not subsequently transported to the closest appropriate facility.
- H. Non-injectable drugs and separate charges for intravenous solutions.
- I. Separate charges for supplies and equipment.
- J. Transportation of Medicare eligible patients to and from dialysis, except on crossover claims.
- K. Non-emergency air transportation that has not been prior approved by the Division of Medicaid.
- L. Mileage beyond the closest appropriate facility.
- M. Charges for extra attendants such as EMT’s, nurses, physicians, respiratory therapists, etc.
- N. Transports for the convenience of the patient and/or family.
- O. ALS or BLS emergency ambulance services and non-emergency ambulance services for which the medical necessity criteria have not been satisfied.
- P. Transport of beneficiaries receiving Hospice benefits through Mississippi Medicaid.
- Q. Services not specifically listed as covered services.

Source: Miss. Code Ann. § 43-13-121.

*Rule 1.1.10: Subscription Programs*

Ambulance providers who offer subscription programs must be aware that the services offered in these programs are usually covered by Mississippi Medicaid, either through the Ambulance or through the Non-Emergency Transportation (NET) program. Selling a subscription to a Medicaid beneficiary could be interpreted as charging for the ambulance service. Providers must accept Medicaid payment as payment in full; therefore, there are no out of pocket expenses other than the ambulance co-payment per trip which is the responsibility of the beneficiary. Selling a subscription to cover co-payments could be interpreted as charging for a service not yet provided the Medicaid beneficiary.

Source: Miss. Code Ann. § 43-13-121.

*Rule 1.1.11: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)*

The Division of Medicaid pays for all medically necessary services for 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.

**Subchapter 2: Emergency (Ground/Air)**

*Rule 1.2.1: Emergency Ground Ambulance*

- A. To qualify as an Advanced Life Support (ALS) or Basic Life Support (BLS) emergency ambulance service, the trip must be:
  - 1. For patient loaded trips only,
  - 2. For medically necessary emergency services to the closest appropriate hospital for treatment, and
  - 3. In an appropriate ALS or BLS vehicle that has been licensed by the state.
- B. Emergency ambulance providers are required to file all Medicaid claims on a CMS-1500 claim form. The provider must bill the appropriate ALS or BLS code applicable to the service rendered and the appropriate modifier to indicate origin and destination of the trip.

Source: Miss. Code Ann. § 41-59-9.

*Rule 1.2.2: Multiple Patients/Arrivals*

- A. Multiple Patients - More than one (1) patient may be transported in one vehicle. When multiple patients are transferred in the same vehicle, the submitted charge must reflect the usual charge for one (1) patient divided by the number of patients on board. This is applicable to both the base and mileage charges.

- B. Multiple Arrivals - When multiple units respond to a call for services, Mississippi Medicaid will only reimburse the unit that actually transports the patient.

Source: Miss. Code Ann. § 43-13-121.

*Rule 1.2.3: Air Ambulance*

- A. All air ambulance providers must be licensed in the state of Mississippi in order to transport a patient from one location to another within the state or from Mississippi to another state. Licensing is the responsibility of the Mississippi State Department of Health, Office of Emergency Medical Services.
- B. Emergency Air Ambulance, or Helicopter - To qualify as an emergency air ambulance, or helicopter service, the trip must be:
  - 1. For patient loaded trips only,
  - 2. For medically necessary emergency services to the closest appropriate hospital for treatment, and
  - 3. In an appropriate air ambulance, or helicopter.
- C. Urgent Air Ambulance, Fixed Wing - To qualify as urgent air ambulance transport, the trip must be:
  - 1. Prior approved by the Division of Medicaid,
  - 2. For patient loaded miles only,
  - 3. For medically necessary urgent services to the appropriate facility for treatment, and
  - 4. In an appropriate fixed wing air ambulance.
- D. If a request for urgent ambulance transport is received on Saturday or Sunday or on a holiday and the ambulance provider chooses to transport without prior approval, the provider may submit information to the Division of Medicaid on the next working day. In such cases, the Division of Medicaid will review the information on a retrospective basis and provide approval if all coverage criteria is satisfied.
- E. Coverage is not available for patient or family preference or convenience. (Transport is not billable/reimbursable to a service not covered by Medicaid.)

Source: Miss. Code Ann. §§ 41-59-9, 43-13-121.

**Subchapter 3: Non-Emergency**

*Rule 1.3.1: Non-Emergency Ground Ambulance*

- A. To qualify as non-emergency ambulance transport or for transport to a dialysis facility, the trip must be:
  - 1. For patient loaded miles only,
  - 2. For medically necessary non-emergency services to the appropriate facility for treatment, and
  - 3. In an appropriate ALS or BLS certified vehicle.
- B. The fact that a patient is receiving intravenous fluids does not justify the medical necessity for ambulance transport. The patient's condition must be of such severity that ambulance transportation is justified.
- C. The ambulance provider must obtain a Certificate of Medical Necessity (CMN) completed and signed by the attending physician, nurse practitioner, or physician assistant. The CMN form must be completed in detail, must describe all three (3) conditions that satisfy the criteria for non-emergency medical transportation, and must document the reason transportation by any other means is contraindicated. If the ambulance provider is unable to obtain the signed certification statement from the attending physician (MD), nurse practitioner (NP), or physician assistant (PA), a clinical nurse specialist (CNS), registered nurse (RN), or discharge planner (DC), who is employed by the hospital or facility where the beneficiary is being treated and who has knowledge of the beneficiary's condition at the time the transport was ordered, may complete and sign the Certification of Medical Necessity.
- D. The original Certificate of Medical Necessity must be completed, dated, and signed prior to or within five (5) calendar days of the transport and must be kept on file by the provider and be available to the Division of Medicaid and/or its representatives for review at all times. If the ambulance provider's records do not contain the original Certificate of Medical Necessity, the provider may be asked to refund to the Mississippi Medicaid program any money received from the program for the service(s) provided. The Certificate of Medical Necessity is required to justify the medical necessity for the service(s) provided.
- E. The original Certificate of Medical Necessity form will only be valid for sixty (60) days. For instances in which repetitive trips are required the Certificate of Medical Necessity form must be completed, dated, and signed every sixty (60) days upon reassessment of the patient's condition. These additional forms must also be retained in the ambulance provider's records.

Source: 42 CFR § 431.53; Miss. Code Ann. §§ 41-59-9, 43-13-121.

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

*Rule 2.1: NET Broker Program*

- A. The Division of Medicaid contracts with a NET Broker to provide non-emergency transportation (NET) 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 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 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.

#### E. Meals and Lodging

1. Meals for day transports are not covered under the NET Program.
2. Overnight stays may be warranted if the medical service is only available in another county, city, or state requiring extensive travel time and distance.
  - a) Related travel expenses are covered including overnight lodging and meals for eligible beneficiaries and one (1) adult attendant while in transit to and from the provider rendering the medical service.
  - b) If the medical treatment facility does not provide room and board, overnight lodging and meals are covered for the beneficiary and one (1) adult attendant.

#### F. Adult Attendants

1. One (1) adult attendant may accompany a beneficiary during transport if all the following

conditions are met:

- a) The beneficiary's need and type of assistance required is certified as medically necessary by the beneficiary's attending medical provider prior to the transport,
  - 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 limited costs for one (1) adult attendant to accompany a beneficiary during transport:
    - a) Expense when a separate ticket must be purchased for the adult attendant to provide the required assistance to the beneficiary. No other costs associated with the adult attendant's travel will be paid by the NET Broker.
    - b) All costs associated with attendant care must be documented with receipts and submitted to the Division of Medicaid. Meals are not covered for a day transport when an overnight stay is not required.

Source: 42 CFR §§ 431.53, 440.170(a)(1), (3) – (4); Miss. Code Ann. § 43-13-121.

History: 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. 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 the provider for a Medicaid covered service,

3. Have not exceeded any service limits associated with the covered service, and
4. Are not able to receive transportation services to medical services from any other source.

Source: 42 CFR § 431.53; Miss. Code Ann. § 43-13-121.

History: Revised eff. 04/01/2013.

*Rule 2.3: NET Services*

A. NET services are covered if all the following criteria are met:

1. The medical service for which NET service is requested is a covered Medicaid medical 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 available transportation.
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 services are non-covered if:

1. The beneficiary is not eligible for NET services on the requested date of service,

2. The beneficiary does not have a medical need requiring NET services,
  3. The medical service is not covered for NET services requested,
  4. The beneficiary has access to available transportation,
  5. Transportation to the medical service is covered under another program,
  6. The request for post-transportation authorization is not received in a timely manner and/or did not meet established criteria,
  7. The medical appointment is not scheduled or was not kept,
  8. NET Broker cannot confirm the medical appointment,
  9. The transport is not requested in a timely manner and is unable to be scheduled for the requested date and time,
  10. Additional documentation was requested by the NET Broker and not received timely,
  11. The beneficiary refuses the appropriate mode of transportation, or
  12. The beneficiary refuses the NET Provider assigned to the transport and another appropriate NET Provider is not available.
- C. 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.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 04/01/2013.

*Rule 2.4: Transport of Nursing Facility Residents by NET*

Non-emergency transportation for nursing facility residents is covered under the NET Program. [Refer to Part 207, Rule 2.11.]

Source: 42 CFR § 431.53; Miss. Code Ann. § 43-13-121.

History: Revised eff. 04/01/2013.

*Rule 2.5: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)*

The Division of Medicaid pays for all medically necessary services for 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.

*Rule 2.6: NET Driver Requirements*

- A. The 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 Brokers 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 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 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 Miss. Admin. Code Part 201, Rule 2.7 to include 04/01/2012 compilation omission eff. 04/01/2013.