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DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1901
MEDICAID SERVICES MANUAL	Subject: AUTHORITY

1900 INTRODUCTION

~~The Division of Health Care Financing and Policy (DHCFP) and its contractors assure the availability of emergency and non-emergency transportation (NET) services for Medicaid recipients, to provide access to covered medically necessary services by all eligible, Title XIX Medicaid recipients. Transportation services are provided to and from Medicaid medical providers pursuant to 42 Code of Federal Regulations (CFR) Part 431.53 and the respective State of Nevada Title XIX State Plan.~~

Nevada Medicaid provides emergency and non-emergency transportation (NET) services for eligible Medicaid recipients, to access medically necessary covered services. These transportation services are provided to and from enrolled Medicaid and Managed Care Organizations (MCOs) providers. Transportation is provided via the most appropriate and cost-effective mode of transportation.

Emergency Medical Transportation (ground or air) is available to all eligible Nevada Medicaid and Nevada Check Up (NCU) recipients.

NET services ensure that necessary non-ambulance transportation services are available to recipients to eliminate transportation barriers for recipients to access needed medical services. NCU recipients are not eligible for NET services.

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~~All transportation providers, including the DHCFP's contracted NET broker, must comply with all applicable Nevada Revised Statutes (NRS), the Nevada Administrative Code (NAC), the Code of Federal Regulations (CFRs), the United States Codes, and the Social Security Act, which ensures program and operational compliance. Additionally, pursuant to Medicaid Services Manual (MSM) Chapter 100 transportation providers, the DHCFP's NET broker and members of the NET broker's provider network may not discriminate unlawfully against recipients on the basis of race, color, national origin, sex, religion, age, disability or handicap (including AIDS or AIDS-related conditions). Nondiscrimination and Civil Rights regulations extend to job applicants and employees of service providers as well.~~

1901 AUTHORITY

~~The rules set forth below are intended to supplement, and not duplicate, supersede, supplant or replace other requirements that are otherwise generally applicable to Medicaid programs as a matter of federal statute, laws and regulations. Nevada's non-emergency transportation (NET) broker is not a prepaid ambulatory health plan (PAHP). In the event that any rule set forth herein is in conflict with any applicable federal law or regulation, such federal law or regulation shall control. Such other applicable requirements include, but are not limited to:~~

~~42 Code of Federal Regulations (CFR) Part 431.53 for assurance of medically necessary transportation to providers;~~

~~42 CFR 434.6 of the general requirements for contracts; and Part 2 of the State Medicaid Manual, Centers for Medicare and Medicaid Services (CMS) Publication 45-2;~~

~~45 CFR 92.36(b) (f) for procurement standards for grantees and sub-grantees;~~

~~The Deficit Reduction Act of 2006 (Pub. L. No. 109-171) for provision that the states may use state plan authority to operate a transportation brokerage system;~~

~~The requirement that certain entities be excluded from participation, as set forth in §1128 and §1902(p) of the Social Security Act and Part 2 of the State Medicaid Manual, CMS Publication 45-2;~~

~~Section 1932(b)(2)(D) of the Social Security Act for limits on amount paid to non-contracting providers of emergency services;~~

~~Confidentiality and privacy requirements as set forth in 45 CFR Parts 160 and 164;~~

~~The requirement of freedom of choice for family planning services and supplies, as set forth in 42 CFR 431.51 and as defined in Section 1905(a)(4)(C) and Part 2 of the State Medicaid Manual, CMS Publication 45-2;~~

~~The respective State of Nevada Title XIX and Title XXI State Plans;~~

~~Nevada Revised Statutes (NRS) Chapter 422 and Chapter 706; and~~

~~The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191).~~

~~These rules are issued pursuant to the provisions of NRS Chapter 422. The Nevada State Department of Health and Human Services (DHHS), acting through the DHCFP, has been designated as the single state agency responsible for administering the Nevada Medicaid program under delegated federal authority pursuant to 42~~

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~~CFR 431. Accordingly, to the extent that any other state agency rules are in conflict with these rules, the rules set forth herein shall control.~~

Statutes and Regulations:

- Social Security Act
 - Title XIX Section 1902(a)(70)
 - Title XXI
- Code of Federal Regulations (CFR)
 - 42 CFR 431.53 Assurance of transportation.
 - 42 CFR 440.170 Any other medical care of remedial care recognized under State law and specified by the Secretary.
 - 45 CFR 92.36 (b-f) Procurement.
- Nevada Revised Statute (NRS)
 - Chapter 422 Health Care Financing and Policy
 - Chapter 706 Motor Carriers
- Nevada Medicaid State Plan
 - Title XIX
 - Attachment 3.1-A Amount, duration, and scope of medical and remedial care and services provided to the categorically needy; page 9, 9a – 9h.
 - Attachment 3.1-D Transportation.
 - Title XXI
 - Section 3.1. Delivery Systems

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1902 DEFINITIONS~~RESERVED~~

Program definitions can be found in the MSM Addendum.

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1903 _____ POLICY

~~The Division of Health Care Financing and Policy (DHCFP) and its contractors assure the availability of medically necessary emergency, specialty care, scheduled emergency and non-emergency transportation (NET) services for eligible Title XIX Medicaid recipients. These transportation services are provided to and from the DHCFP Fee for Service (FFS) medical providers and Managed Care Organizations (MCOs) network and non-network providers pursuant to 42 CFR Part 431, § Part 438, and the respective State of Nevada Title XIX State Plan.~~

~~The DHCFP and its contractors assure the availability of emergency, specialty care, and scheduled emergency transportation for Nevada Check-Up (NCU) recipients, to provide access to emergency services by all eligible Title XXI Children’s Health Insurance Program (CHIP/NCU) recipients. Emergency transportation services are provided to NCU recipients pursuant to the State of Nevada Title XXI State Plan.~~

1903.1 EMERGENCY MEDICAL TRANSPORTATION

Emergency transportation is medically necessary to manage a sudden onset of a physical emergency or behavioral health condition, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could be expected to result in placing the member’s health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of any bodily organ or part, or serious physical harm to self or another person.

These services are covered in emergent situations in which specially staffed and equipped ambulance transportation is required to safely manage the recipient’s medical condition. Advanced Life Support, Basic Life Support, Neonatal Emergency Transport and Air Ambulance services are covered, depending upon the recipient’s medical needs. Prior authorization is not required for reimbursement of Emergency Medical Transportation. ~~Emergency medical transportation does not require prior authorization. Claims must be submitted to either the DHCFP’s FFS fiscal agent or the recipient’s MCO for processing. According to the Centers for Medicare and Medicaid Services (CMS), emergency response to “911” calls normally result in a basic life support (BLS) or advanced life support level 1 (ALS-1) service level. Note that emergency medical transportation providers who submit claims coded as advanced life support~~

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~~level 2 (ALS 2) must present supporting documentation to verify that the transport included the type of care described in the ALS 2 definition in the MSM chapter addendum.~~

1903.1A COVERAGE AND LIMITATIONS, ~~EMERGENCY MEDICAL TRANSPORTATION~~

1. PROGRAM ELIGIBILITY CRITERIA

a. Recipient must be eligible for Nevada Medicaid or Nevada Check Up services.

a.b. Emergency medical transportation must be:

- i. Medically necessary;
- ii. In accordance with the recipient's medical condition and needs;
- iii. To the nearest, appropriate Medicaid health care provider or appropriate medical facility.

2. COVERED SERVICES

a. GROUND EMERGENCY MEDICAL TRANSPORT

- i. may deliver the recipient to appropriate medical destinations other than a hospital emergency room. Recipients may be transported from any point of origin to the nearest hospital, critical access hospital (CAH), dialysis facility, or appropriate specialty clinic (e.g. substance abuse agency, federally qualified health center, rural health clinic, Indian health program), or a physician's office (when the ambulance must stop in route due to the dire medical need of the recipient).
- ii. M may also transport skilled nursing facility (SNF) residents when the required level and type of care for the recipient's illness or injury cannot be met by the SNF, to the nearest supplier of medically necessary services. The hospital or CAH must have

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available the type of physician specialist needed to treat the recipient's condition. However, the utilization of emergency transportation may not be used in lieu of non-emergency transportation.

b. AIR AMBULANCE TRANSPORT

Air ambulance transports are only covered to acute care hospitals and may be provided via:

- i. Rotary wing;
- ii. Fixed wing.

1903.1D c. SCHEDULED MEDICALLY NECESSARY TRANSPORTS EMERGENCIES

Scheduled emergency transportation may be arranged by a hospital, physician or an emergency transportation provider or it may be scheduled by the DHCFP's NET broker.

When the recipient's in-transit care needs exceed the capabilities of the Non-Emergency Transportation broker, a scheduled medically necessary transport can be provided by an enrolled Nevada Medicaid emergency transportation provider. Scheduled medically necessary transports may be arranged by a hospital, physician, emergency transportation provider, or by the DHCFP's NET broker. A prior authorization is not required for these types of scheduled medically necessary transports.

In determining whether scheduled emergency transportation should be the responsibility of the DHCFP's NET broker, distance or cost is not the deciding factor. In transit care needs and time critical factors take precedence. The following guidelines provide general direction.

When the recipient's care needs during transit exceed the capabilities of a NET provider, scheduled emergencies will be provided by an emergency transportation vendor. This will be done in coordination with either the DHCFP or the responsible MCO.

The following scenarios are examples of scheduled medically necessary transports that would exceed ~~Examples of exceeding the capabilities of a~~ the NET broker and can be

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provided by an enrolled Nevada Medicaid emergency transportation provider: ~~provider include:~~

- i. Transportation of a critically ill recipient to a location where an organ transplant will occur;
- ii. Hospital-to-hospital transfer of a seriously injured or ill recipient when medically necessary tests or treatment are not available at the dispatching hospital and the recipient's care needs during transit requires the attendance of a medical personnel and/or the attachment to medical apparatus that would be included in a basic life support or advanced life support vehicle (ambulance); or
- iii. Facility-to-facility transfer of a Seriously Mentally Ill (SMI) adult or a Severely Emotionally Disturbed (SED) child who qualified health care professionals deem is an imminent danger to self or others and who requires significant chemical or physical restraints and/or the attendance of security personnel during transit.

Scheduled emergency transportation provided under the above circumstances does not require prior authorization from Medicaid's fiscal agent when the recipient is covered under Medicaid FFS or NCU FFS. However, if the recipient is a member of a Medicaid MCO or an NCU MCO, prior authorization is required. The provider responsible for arranging the transportation must contact the MCO for direction before providing the service.

When the recipient's care needs during transit are within the scope of services provided by the DHCFP's NET broker, the NET broker will make every effort to fulfill the transportation request within the required timeframe. Prior authorization for transportation by the NET broker will be required.

The following scenarios are eExamples of scheduled medically necessary transports emergencies that can and must be handled by the NET broker include:

- i. Transportation of a medically stable recipient to a location where an organ transplant will occur;

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ii. Hospital-to-hospital transfer of a medically stable recipient;

iii. Hospital to mental health facility transfer, with a qualified attendant(s), of an SMI adult, an individual with dementia, or an SED child who is not a danger to self or others, but whom, during transit, may need minimal chemical or physical restraints that are within the scope of service of an attendant(s) who is qualified as an EMT-Basic.

. This is in accordance with NRS 433; or

Transportation of a live organ donor, regardless of whether the donor is a Medicaid or NCU recipient.

Provider and recipient responsibilities when scheduled emergency transportation is handled by the DHCFP's NET broker are found in Sections 1903.1E and 1903.1F.

Due to the nature of some scheduled emergencies (e.g., time critical air transportation to another city for organ transplant), it is occasionally necessary for a recipient, or an individual on behalf of a recipient, to pay for transportation costs from personal funds. When this occurs, a reimbursement request may be submitted to the NET broker. Documentation that the transportation was medically necessary (e.g., a hospital admitting form) and original receipts for out of pocket costs must be attached. Reimbursement for lodging and meals will be based on the lesser of actual costs or the U.S. General Services Administration (GSA) rates. Mileage will be reimbursed at the current Internal Revenue Service's (IRS) rate for medical miles driven.

Reimbursable expenses include ground and/or air transportation, lodging and meals for the recipient and escort(s), if necessary. Reimbursement for lodging, meals and other necessary items are reimbursed in accordance with current GSA rates or the actual cost, whichever is less. Mileage will be reimbursed at the current Internal Revenue Service's (IRS) rate for medical miles driven. Recipients and escorts must present receipts for reimbursement. Recipients and escorts must use low cost accommodations such as the Ronald McDonald House whenever available and reimbursement will not be authorized or reimbursed for higher costs unless the recipient can demonstrate to the NET broker that the low cost

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~~accommodations in the area were unavailable at the time the recipient required them. Recipients and escorts are entitled to be reimbursed by the NET broker for meals and lodging when travel status to obtain medical services lasts over specific time periods, regardless if the transportation utilized by the recipient was non-emergent or emergent (e.g., air ambulance).~~

d. SPECIALTY CARE TRANSPORT

~~Specialty care transport (SCT) is hospital-to-hospital transportation of a critically injured or ill recipient by a ground or air ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the emergency medical technician (EMT) – intermediate or paramedic.~~

~~SCT is not covered by the NET program due to the necessary level of care during transport.~~

~~Provider and recipient responsibilities in situations involving SCT are referenced in Sections 1903.1E and 1903.1F.~~

3. NON-COVERED SERVICES

~~The following services are not covered benefits under Emergency Transportation and are therefore not reimbursable. Neither the DHCFP nor~~

~~a. ALL EMERGENCY TRANSPORTATION its contractors will reimburse the following individual services in connection with emergency medical transportation:~~

- ~~i. Response with “Non-transport”;~~
- ~~ii. Routine or special supplies, including oxygen, defibrillation, IV’s, intubation, ECG monitoring, or air transport excise taxes (agreed upon rates between the DHCFP and specific transportation providers are all inclusive);~~
- ~~iii. Ambulance charges for waiting time, stairs, plane loading;~~

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iv. Deadheading (an empty trip to or from a destination); or

Transportation of deceased persons.-

v.

b. GROUND EMERGENCY MEDICAL TRANSPORT

i. Hospital to the scene of an accident/acute event

ii. Recipient's residence to the scene of an accident/acute event

iii. Scene of an accident/acute event to recipient's residence

iv. Scene of an accident/acute event to the scene of an accident/acute event

The following types of transports are primarily covered by the NET broker and are therefore considered non-covered emergency transportation services:

i. Residential, domiciliary, or custodial facility to a physician's office

ii. Physician's office to a residential, domiciliary, or custodial facility

iii. Physician's office to recipient's residence

iv. Recipient's residence to a freestanding ESRD facility (dialysis)

c. AIR AMBULANCE TRANSPORT

i. Nursing facilities

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ii. Physician's offices

iii. Recipient's residence

~~ii. Emergency transportation is provided for eligible recipients that are covered by FFS or an MCO.~~

~~iii. The DHCFP has contracts with MCOs that are contractually obligated to cover emergency medical transportation services for their enrollees by applying the prudent layperson standard. For MCO-enrolled recipients, claims for emergency transportation are to be submitted to the MCO in which the recipient is enrolled.~~

~~Emergency transportation (ambulances) may deliver the recipient to appropriate medical destinations other than a hospital emergency room. Recipients may be transported from any point of origin to the nearest hospital, critical access hospital (CAH), dialysis facility, appropriate specialty clinic (e.g. substance abuse agency, federally qualified health center, rural health clinic, Indian health program), or a physician's office (when the ambulance must stop in route due to the dire medical need of the recipient). Ambulances may also transport skilled nursing facility (SNF) residents when the required level and type of care for the recipient's illness or injury cannot be met by the SNF, to the nearest supplier of medically necessary services. The hospital or CAH must have available the type of physician specialist needed to treat the recipient's condition. However, the utilization of emergency transportation may not be used in lieu of non-emergency transportation.~~

~~Emergency medical transportation providers must submit all appropriate documentation to the MCOs or to the FFS fiscal agent to register as an emergency medical transportation provider in addition to documentation that demonstrates the appropriate level of service personnel are employed (i.e. BLS, ALS, etc.).~~

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~~iv.ii. Providers are to submit claims for reimbursement of emergency medical transportation to the FFS fiscal agent or to the appropriate MCO. Neither the DHCFP nor its contractors will reimburse the following individual services in connection with emergency medical transportation:~~

~~v.ii.~~

~~vi.ii. Response with “Non transport”;~~

~~vii.ii.~~

~~viii.ii. Routine or special supplies, including oxygen, defibrillation, IV’s, intubation, ECG monitoring, or air transport excise taxes (agreed upon rates between the DHCFP and specific transportation providers are all inclusive);~~

~~ii.~~

~~ix.ii. Ambulance charges for waiting time, stairs, plane loading;~~

~~ix.ii.~~

~~ix.ii. Deadheading (an empty trip to or from a destination); or~~

~~ix.ii.~~

~~ix. Transportation of deceased persons.~~

1903.1B AUTHORIZATION PROCESS

~~Emergency medical transportation does not require prior authorization. Claims must be submitted to either the DHCFP’s FFS fiscal agent or the recipient’s MCO for processing. Transportation vendors must submit claims for service to the DHCFP’s fiscal agent or the contracted MCO using the current nationally recognized International Classification of Diseases (ICD) billing codes and current electronic data interchange (EDI) standards. No prior or post authorization is required for emergency medical transportation that originates with a “911” call.~~

~~No prior or post authorization is required for emergency medical transportation that originates with a “911” call. According to the Centers for Medicare and Medicaid Services (CMS), emergency response to “911” calls normally result in a basic life support (BLS) or advanced life support level 1 (ALS-1) service level. Note that emergency medical transportation providers who submit claims coded as advanced life support level 2 (ALS-2) must present supporting documentation to verify that the transport included the type of care described in the ALS-2 definition in the MSM chapter addendum.~~

~~The DHCFP has contracts with MCOs that are contractually obligated to cover air emergency medical transportation services for their enrollees. For MCO enrolled recipients, claims for air emergency transportation are to be submitted to the MCO in which the recipient is enrolled. Claims submitted to the recipient’s MCO must only be for air emergency medical transportation and not ground emergency medical transportation. Ground emergency medical transportation claims for all Nevada Medicaid recipients, including MCO enrolled recipients must be submitted to Nevada Medicaid’s fiscal agent.~~

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Providers are to submit all ground emergency medical transportation claims to Nevada Medicaid's fiscal agent. If the recipient is enrolled in Fee-for-Service Medicaid, air emergency transportation claims may also be submitted to Nevada Medicaid's fiscal agent.

~~Other transportation such as Specialty care and scheduled medically necessary transports emergency transportation does not require prior or post authorization, if the recipient is enrolled in Medicaid FFS or in NCU FFS, from Medicaid's fiscal agent. However, the transportation company may be required to obtain a Letter of Agreement from the DHCFP's Reimbursement, Analysis & Payment Unit, for both in-state and out-of-state transport.~~

~~Prior or post authorization may be required if the recipient is enrolled in a contracted Medicaid MCO or NCU MCO, from the recipient's MCO provider. Recipients that are members of a Medicaid MCO or NCU MCO require prior authorization for specialty care, out-of-state transportation and all scheduled emergency transportation services. The transportation provider must contact the MCO for direction before providing the service. In-state specialty care transport does not require prior authorization.~~

~~Transportation vendors must submit claims for service to the DHCFP's fiscal agent or the contracted MCO using the current nationally recognized International Classification of Diseases (ICD) billing codes and current electronic data interchange (EDI) standards.~~

~~1903.1C SPECIALTY CARE TRANSPORT~~

~~Specialty care transport (SCT) is hospital to hospital transportation of a critically injured or ill recipient by a ground or air ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the emergency medical technician (EMT) intermediate or paramedic.~~

~~SCT is not covered by the NET program due to the necessary level of care during transport.~~

~~Provider and recipient responsibilities in situations involving SCT are referenced in Sections 1903.1E and 1903.1F.~~

~~1903.1D SCHEDULED EMERGENCIES~~

~~Scheduled emergency transportation may be arranged by a hospital, physician or an emergency transportation provider or it may be scheduled by the DHCFP's NET broker.~~

~~In determining whether scheduled emergency transportation should be the responsibility of the DHCFP's NET broker, distance or cost is not the deciding factor. In transit care needs and time critical factors take precedence. The following guidelines provide general direction.~~

~~When the recipient's care needs during transit exceed the capabilities of a NET provider, scheduled emergencies will be provided by an emergency transportation vendor. This will be done in coordination with either the DHCFP or the responsible MCO.~~

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~~Examples of exceeding the capabilities of a NET provider include:~~

~~Transportation of a critically ill recipient to a location where an organ transplant will occur;~~

~~Hospital to hospital transfer of a seriously injured or ill recipient when medically necessary tests or treatment are not available at the dispatching hospital and the recipient's care needs during transit requires the attendance of a medical personnel and/or the attachment to medical apparatus that would be included in a basic life support or advanced life support vehicle (ambulance); or~~

~~Facility to facility transfer of a Seriously Mentally Ill (SMI) adult or a Severely Emotionally Disturbed (SED) child who qualified health care professionals deem is an imminent danger to self or others and who requires significant chemical or physical restraints and/or the attendance of security personnel during transit.~~

~~Scheduled emergency transportation provided under the above circumstances does not require prior authorization from Medicaid's fiscal agent when the recipient is covered under Medicaid FFS or NCU FFS. However, if the recipient is a member of a Medicaid MCO or an NCU MCO, prior authorization is required. The provider responsible for arranging the transportation must contact the MCO for direction before providing the service.~~

~~When the recipient's care needs during transit are within the scope of services provided by the DHCFP's NET broker, the NET broker will make every effort to fulfill the transportation request within the required timeframe. Prior authorization for transportation by the NET broker will be required.~~

~~Examples of scheduled emergencies that must be handled by the NET broker include:~~

~~Transportation of a medically stable recipient to a location where an organ transplant will occur;~~

~~Hospital to hospital transfer of a medically stable recipient;~~

~~Hospital to mental health facility transfer with a qualified attendant(s) of an SMI adult, an individual with dementia, or an SED child who is not a danger to self or others but whom, during transit, may need minimal chemical or physical restraints that are within the scope of service of an attendant(s) who is qualified as an EMT-Basic. This is in accordance with NRS 433; or~~

~~Transportation of a live organ donor, regardless of whether the donor is a Medicaid or NCU recipient.~~

~~Provider and recipient responsibilities when scheduled emergency transportation is handled by the DHCFP's NET broker are found in Sections 1903.1E and 1903.1F.~~

~~Due to the nature of some scheduled emergencies (e.g., time-critical air transportation to another city for organ transplant), it is occasionally necessary for a recipient, or an individual on behalf of a recipient, to pay for transportation costs from personal funds. When this occurs, a reimbursement request may be submitted to the~~

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~~NET broker. Documentation that the transportation was medically necessary (e.g., a hospital admitting form) and original receipts for out-of-pocket costs must be attached. Reimbursement for lodging and meals will be based on the lesser of actual costs or the U.S. General Services Administration (GSA) rates. Mileage will be reimbursed at the current Internal Revenue Service's (IRS) rate for medical miles driven. Reimbursable expenses include ground and/or air transportation, lodging and meals for the recipient and escort(s), if necessary. Reimbursement for lodging, meals and other necessary items are reimbursed in accordance with current GSA rates or the actual cost, whichever is less. Mileage will be reimbursed at the current Internal Revenue Service's (IRS) rate for medical miles driven. Recipients and escorts must present receipts for reimbursement. Recipients and escorts must use low-cost accommodations such as the Ronald McDonald House whenever available and reimbursement will not be authorized or reimbursed for higher costs unless the recipient can demonstrate to the NET broker that the low-cost accommodations in the area were unavailable at the time the recipient required them. Recipients and escorts are entitled to be reimbursed by the NET broker for meals and lodging when travel status to obtain medical services lasts over specific time periods, regardless if the transportation utilized by the recipient was non-emergent or emergent (e.g., air ambulance).~~

1903.1CE PROVIDER RESPONSIBILITY

~~Emergency medical transportation providers must submit all appropriate documentation to the MCOs or to the Nevada Medicaid the FFS fiscal agent to enroll register as an emergency medical transportation provider. r in addition to documentation that demonstrates the appropriate level of service personnel are employed (i.e. BLS, ALS, etc.).~~

The transportation provider is solely responsible for verifying Medicaid program eligibility, enrollment and assessed levels of NET service for each recipient. Whenever possible, this should be done prior to rendering emergency transportation services. Information concerning eligibility and enrollment verification is located in Chapter 100 of the Nevada Medicaid Services Manual (MSM).

The provider must ensure the confidentiality of recipient medical records and other information, such as health, social, domestic and financial circumstances learned or obtain whileed in providing services to recipients.

The provider shall not release information related to a recipient without first obtaining the written consent of the recipient or the recipient's legally authorized representative, except as required by law. Providers meeting the definition of a "covered entity" as defined in the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations (45 CFR 160) must comply with the applicable Privacy Regulations contained in 45 CFR 160 and 164 for recipient health information.

The DHCFP expects that providers will be in compliance with all laws with regard to the reporting requirements related to suspected abuse, neglect or exploitation, as applicable.

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1903.1DF RECIPIENT RESPONSIBILITY

The recipient or legally authorized representative shall:

1. Provide the emergency transportation provider with a valid Medicaid/NCU Identification card at the time the service is rendered, if possible, or as soon as possible thereafter.
 - a. Recipients shall provide the emergency transportation provider with accurate and current medical information, including diagnosis, attending physician, medication regime, etc., at the time of request if possible;
 - b. Recipients shall notify the emergency transportation provider of all ~~third party~~third-party insurance information, including the name of other ~~third party~~third-party insurance, such as Medicare, Tricare, Workman's Compensation, or any changes in insurance coverage at the time of service, if possible, or as soon as possible thereafter;
 - ~~b.~~
 - d.c. Recipients shall not refuse service of a provider based solely or partly on the provider's race, creed, religion, sex, marital status, color, age, disability and/or national origin; and
 - ~~e.~~ ~~Recipients shall participate in and cooperate fully with the NET broker's eligibility and level of service assessment.~~