

**MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER**

March 24, 2020

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: CODY L. PHINNEY, DEPUTY ADMINISTRATOR

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 1900 – TRANSPORTATION SERVICES

BACKGROUND AND EXPLANATION

Revisions to Medicaid Services Manual (MSM) Chapter 1900 – Transportation Services are being proposed to update current transportation services policy to align with amendments made to carve out Ground Emergency Medical Transportation (GEMT) services from the contracts held with the Managed Care Organizations (MCOs).

The proposed changes include updates to differentiate and clarify coverage, limitations and non-covered services for GEMT and Air Ambulance Transport services. Throughout the chapter, language specific to emergency transportation, air ambulance and ground emergency transportation has been added to further define those services, along with the removal of MCO references as relating to GEMT services. “Scheduled Emergencies” has also been renamed and is now being referred to as “Non-Immediate Medically Necessary Transports.”

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: This proposed change affects all Nevada Medicaid-enrolled providers servicing Ambulance, Air or Ground Provider Type (PT) 32.

Financial Impact on Local Government: None.

These changes are effective March 25, 2020.

MATERIAL TRANSMITTED	MATERIAL SUPERSEDED
OL 02/07/20	MTL 06/16, 17/11
MSM Ch 1900 – Transportation Services	MSM Ch 1900 – Transportation Services

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
1900	INTRODUCTION	Language was removed as well as updated for improved readability to provide a concise and clear introduction to both emergency and non-emergency transportation services. Updated language to clarify that ground and air emergency transportation is available to all eligible Nevada Medicaid and Nevada Check Up (NCU) recipients but that NCU recipients are not eligible for NET services.
1901	AUTHORITY	Updated language and simplified format for improved readability. Removed authorities that were not specific to transportation. Added language to include Title XIX Section 1902(a)(70) and Title XXI of the Social Security Act (SSA). Updated language for Code of Federal Regulations (CFR) 42 CFR Part 431.53; 45 CFR 92.36 (b-f); added 42 CFR 440.70. Added new language for the State of Nevada Title XIX and Title XXI State Plans that reference transportation. Added new language for Nevada Revised Statutes (NRS) Chapters 422 and 706.
1902	DEFINITIONS	Changed “RESERVED” section title to “DEFINITIONS” to note that program definitions can be found in the MSM Addendum.
1903	POLICY	Removed all language from section in “Policy.”
1903.1	EMERGENCY MEDICAL TRANSPORTATION	Moved language regarding prior authorization (PA) and emergency response to “911” calls to Section 1903.1B “Authorization Process.” Added language to define and clarify when emergency transportation is medically necessary. Added language to include what types of emergency transport services are covered. Added language to clarify that PA is not required for reimbursement of emergency medical transportation.
1903.1A	COVERAGE AND LIMITATIONS	Removed “EMERGENCY MEDICAL TRANSPORTATION” from section title.
1903.1A(1)	PROGRAM ELIGIBILITY CRITERIA	Added new section for “Program Eligibility Criteria” to clarify that recipients must be eligible for Nevada Medicaid or NCU services and that emergency medical transportation must be medically necessary.

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
1903.1A(2)(a)	GROUND EMERGENCY MEDICAL TRANSPORT	Added subsection “Ground Emergency Medical Transport.” Moved language up to this new subsection from previous Section 1903.1A(3) regarding the destinations to which ambulances can deliver recipients. Language updated for improved readability.
1903.1A(2)(b)	AIR AMBULANCE TRANSPORT	Added subsection “Air Ambulance Transport” to clarify covered destinations for air ambulances.
1903.1A(2)(c)	NON-IMMEDIATE MEDICALLY NECESSARY TRANSPORTS	<p>Removed Section 1903.1D. Retitled “Scheduled Emergencies” to “Non-Immediate Medically Necessary Transports” and rearranged to be subsection of “Covered Services” 1903.1A(2). Moved language from original “Scheduled Emergencies” section from Section 1903.1D and added language that defines “non-immediate medically necessary transports” and included previous language that specifies who can arrange and provide non-immediate medically necessary transports.</p> <p>Moved up language from Sections 1903.1D(1)(a-c) and 1903.1D(2)(a-d) and updated language for improved readability to provide examples of scenarios of non-immediate medically necessary transports that can be provided by a Medicaid emergency transportation provider and scenarios where these transports should be provided by the non-emergency transportation (NET) broker.</p> <p>Removed language that cites manual sections on provider/recipient responsibilities for scheduled emergencies. Removed language that goes into detail about how recipients can claim reimbursement for scheduled emergency transports.</p>
1903.1A(2)(d)	SPECIALTY CARE TRANSPORT	Moved up section and language from “Specialty Care Transport” from Section 1903.1C as new subsection under “Covered Services” 1903.1A(2). Updated language for improved readability. Removed language that cites manual sections on where to find provider/recipient responsibilities for Specialty Care Transport (SCT) and removed language that specifies SCT is not covered by the NET program.

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
1903.1A(3)	NON-COVERED SERVICES	Added new section for “Non-covered Services” to specify non-covered, non-reimbursable services under emergency transportation.
1903.1A(3)(a)	ALL EMERGENCY TRANSPORTATION	Moved up language from Section 1903.1A(5)(a-e) and created subsection titled “All Emergency Transportation” to identify services that will not be reimbursed for all types of emergency transportation. Updated language for improved readability.
1903.1A(3)(b)	GROUND EMERGENCY MEDICAL TRANSPORT	Added new subsection titled “Ground Emergency Medical Transport.” Added new language to identify scenarios that are considered non-covered ground emergency medical transports, including non-covered scenarios that are primarily covered by the NET broker.
1903.1A(3)(c)	AIR AMBULANCE TRANSPORT	<p>Added new subsection titled “Air Ambulance Transport” that clarifies destinations in which air ambulance transports are not covered.</p> <p>Removed language from Sections 1903.1A (1) and 1903.1A (2) regarding emergency transportation and the MCOs and the claims submission process. Moved language from Section 1903.1A(3) to newly added subsection “Ground Emergency Medical Transport” 1903.1A(2)(a)(i-ii) that describes where ambulances can deliver recipients.</p> <p>Moved language from Section 1903.1A(4) regarding emergency medical transportation providers to Section 1903.1C “Provider Responsibility.”</p> <p>Removed language detailing provider claims submission process. Moved language from Section 1903.1A(5)(a-e) regarding non-covered emergency transport services up to newly added Section 1903.1A(3), “Non-covered Services.”</p>
1903.1B	AUTHORIZATION PROCESS	Moved language from Section 1903.1 “Emergency Medical Transportation” specifying emergency medical transportation not requiring PA and language regarding emergency response to “911” calls.

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
		<p>Added language as guidance for the new claims process due to the carveout of ground emergency medical transportation from the MCOs; including clarification on where to submit claims for both air and ground emergency medical transportation for MCO and FFS recipients.</p> <p>Removed language regarding prior or post authorization being required for MCO recipients, specialty care transport and scheduled emergency transportation. Updated language to specify that specialty care and non-immediate medically necessary transports do not require prior or post authorization.</p>
1903.1C	PROVIDER RESPONSIBILITY	<p>Updated section number from Section 1903.1E to Section 1903.1C due to reformatting of sections. Moved language and updated for improved readability from Section 1903.1A (4) regarding emergency medical transportation providers enrolling as emergency medical transportation providers. Removed language regarding required documentation for these providers.</p> <p>Updated language for improved readability regarding providers being responsible for verifying Medicaid eligibility and providers ensuring confidentiality of recipient medical records and other information.</p>
1903.1D	RECIPIENT RESPONSIBILITY	<p>Updated section number from Section 1903.1F to Section 1903.1D due to reformatting of sections. Removed language that states recipients shall participate and cooperate with the NET broker's eligibility and level of service assessment.</p>

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1900
MEDICAID SERVICES MANUAL	Subject: INTRODUCTION

1900

INTRODUCTION

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 Organization (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.

~~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.~~

~~The DHCFP and its contractors also assure the availability of emergency and scheduled emergency services 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 and scheduled emergency transportation services are provided to NCU recipients pursuant to the State of Nevada Title XXI State Plan.~~

~~The DHCFP has comprehensive risk-based contracts with managed care organizations (MCOs); which are contractually required to cover all the emergency transportation needs of their enrollees and are prohibited from requiring prior or post authorization for emergency services, including emergency transportation services originating through "911". Emergency transportation services provided for Fee for Service (FFS) recipients do not require prior or post authorization. NET services are provided to all Medicaid recipients through the contracted NET broker and must be authorized by the broker. This chapter provides details about covered services, how to access services, and the entities responsible for reimbursing providers and, in some instances, recipients.~~

~~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,~~

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1900
MEDICAID SERVICES MANUAL	Subject: INTRODUCTION

~~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.~~

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DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1901
MEDICAID SERVICES MANUAL	Subject: AUTHORITY

1901 AUTHORITY

Statutes and Regulations:

- Social Security Act (SSA)
 - 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 or 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

~~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:~~

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

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1901
MEDICAID SERVICES MANUAL	Subject: AUTHORITY

- ~~B. 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;~~
- ~~C. 45 CFR 92.36(b) (f) for procurement standards for grantees and sub grantees;~~
- ~~D. 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;~~
- ~~E. 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;~~
- ~~F. Section 1932(b)(2)(D) of the Social Security Act for limits on amount paid to non-contracting providers of emergency services;~~
- ~~G. Confidentiality and privacy requirements as set forth in 45 CFR Parts 160 and 164;~~
- ~~H. 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;~~
- ~~I. The respective State of Nevada Title XIX and Title XXI State Plans;~~
- ~~J. Nevada Revised Statutes (NRS) Chapter 422 and Chapter 706; and~~
- ~~K. 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 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.~~

DRAFT	MTL-17/HOL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1902
MEDICAID SERVICES MANUAL	Subject: RESERVED DEFINITIONS

1902

~~RESERVED~~DEFINITIONS

Program definitions can be found in the Medicaid Services Manual (MSM) Addendum.

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DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1903
MEDICAID SERVICES MANUAL	Subject: POLICY

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 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 NCU services.

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1903
MEDICAID SERVICES MANUAL	Subject: POLICY

b. Emergency medical transportation must be:

1. Medically necessary.
2. In accordance with the recipient's medical condition and needs.
- 4.3. To the nearest, appropriate Medicaid health care provider or appropriate medical facility.

2. COVERED SERVICES

a. GROUND EMERGENCY MEDICAL TRANSPORT

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

~~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.~~

1. ~~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, 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).~~

- 4.2. Ground Aambulances 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.

b. AIR AMBULANCE TRANSPORT

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

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1903
MEDICAID SERVICES MANUAL	Subject: POLICY

1. Rotary wing.

2. Fixed wing.

~~2.1. 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.).~~

~~3. 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:~~

~~a. Response with “Non-transport”;~~

~~b. 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);~~

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

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

~~e. Transportation of deceased persons.~~

~~1903.1B AUTHORIZATION PROCESS~~

~~No prior or post authorization is required for emergency medical transportation that originates with a “911” call.~~

~~Other transportation such as specialty care and scheduled 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~~

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1903
MEDICAID SERVICES MANUAL	Subject: POLICY

~~must contact the MCO for direction before providing the service. In-state specialty care transport does not require prior authorization.~~

~~1. 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.~~

~~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.~~

c. ~~1903.1D~~ **SCHEDULED** ~~EMERGENCIES~~ **NON-IMMEDIATE MEDICALLY NECESSARY TRANSPORTS**

~~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.~~

~~1. 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.~~

When the recipient's in-transit care needs exceed the capabilities of the NET broker, a non-immediate medically necessary transport can be provided by an enrolled Nevada Medicaid emergency transportation provider. Non-immediate 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 non-immediate medically necessary transports.

The following scenarios are examples of non-immediate medically necessary transports that would exceed ~~Examples of exceeding~~ the capabilities of a the NET broker and can be provided by an enrolled Nevada Medicaid emergency transportation provider: ~~include:~~

1. Transportation of a critically ill recipient to a location where an organ transplant will occur;
2. Hospital-to-hospital transfer of a seriously injured or ill recipient when medically necessary tests or treatment are not available at the dispatching

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1903
MEDICAID SERVICES MANUAL	Subject: POLICY

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

3. 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.~~

- ~~2. 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 ~~E~~examples of non-immediate medically necessary transports ~~scheduled emergencies~~ that can and must be handled by the NET broker include:

1. Transportation of a medically stable recipient to a location where an organ transplant will occur;
2. Hospital-to-hospital transfer of a medically stable recipient;
3. 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~~
- ~~4. 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.~~

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1903
MEDICAID SERVICES MANUAL	Subject: POLICY

3. ~~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.~~

a. ~~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).~~

d. ~~1903.1C~~ SPECIALTY CARE TRANSPORT

Specialty care transport (SCT) is hospital-to-hospital transportation of a critically injured or ill recipient by 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.

3. NON-COVERED SERVICES

The following services are not covered benefits under emergency transportation and are therefore not reimbursable.

a. ALL EMERGENCY TRANSPORTATION

1. Response with "Non-transport";
2. 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);

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1903
MEDICAID SERVICES MANUAL	Subject: POLICY

3. Ambulance charges for waiting time, stairs, plane loading;
4. Deadheading (an empty trip to or from a destination); or
5. Transportation of deceased persons.

b. GROUND EMERGENCY MEDICAL TRANSPORT

1. Hospital to the scene of an accident/acute event
2. Recipient's residence to the scene of an accident/acute event
3. Scene of an accident/acute event to recipient's residence
4. Scene of an accident/acute event to the scene of an accident/acute event
5. Residence to Residence

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

6. Residential, domiciliary or custodial facility to a physician's office
7. Physician's office to a residential, domiciliary, or custodial facility
8. Physician's office to recipient's residence
9. Recipient's residence to a freestanding End Stage Renal Disease (ESRD) facility (dialysis)

c. AIR AMBULANCE TRANSPORT

1. Nursing facilities
2. Physician's offices
3. Recipient's residence

1903.1B AUTHORIZATION PROCESS

Emergency medical transportation does not require prior authorization.

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1903
MEDICAID SERVICES MANUAL	Subject: POLICY

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 e~~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.

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.

~~s~~Specialty care and non-immediate ~~scheduled~~—medically necessary transports ~~emergency transportation~~ does not require prior or post authorization

1903.1E1C PROVIDER RESPONSIBILITY

Emergency medical transportation providers must submit all appropriate documentation to the MCOs or to the Nevada Medicaid FFS—fiscal agent to ~~enroll 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.).

The transportation provider is solely responsible for verifying ~~program—Medicaid~~ 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 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

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1903
MEDICAID SERVICES MANUAL	Subject: POLICY

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.

1903.F1D 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 insurance information, including the name of other 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; and
 - 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
 - ~~d. Recipients shall participate in and cooperate fully with the NET broker's eligibility and level of service assessment.~~

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

1904 NON-EMERGENCY TRANSPORTATION (NET) SERVICES

The DHCFP has contracted with a NET broker to provide transportation to medically necessary Medicaid covered services including certain Medicaid covered waiver services such as Intensive Supported Living Arrangements (ISLA), Jobs and Day Training (JDT), and/or Adult Day Care. Although ride scheduling will only be accommodated during customary business hours, transportation may be scheduled for confirmed after-hours medical appointments. After-hours, weekend and holiday rides that are not prior authorized may be reimbursed only when the recipient requires urgent medical care. The transportation must be to an emergency care facility such as an emergency room or after-hours clinic. The transportation broker provides services on a statewide and out-of-state basis. Transportation services for a Medicaid eligible recipient as a result of a hospital discharge must be provided as soon as possible and in any event is not to exceed an eight (8) hour time span. Out-of-state and long distant transport will be handled and provided as soon as possible.

All NET services require prior authorization by the DHCFP's NET broker with the exception of NET services provided by Indian Health Programs. Several tribes and/or Indian Health Programs offer ambulance and/or van services for both emergency and NET. Indian Health Programs and tribal community health representatives (CHRs) may provide NET services to recipients who are eligible for NET services in private vehicles to medically necessary, covered services and are reimbursed at a per mile rate that is double the IRS medical mileage rate. The Indian Health Program's NET services do not require prior authorization. All Indian Health Program claims for reimbursement for non-emergency transportation services are submitted to the NET Broker for adjudication and payment. The NET broker is required to authorize the least expensive alternative conveyance available consistent with the recipient's medical condition and needs. Examples of NET services may include the following:

- A. Charter air flight;
- B. Commercial air;
- C. Rotary wing;
- D. Fixed wing;
- E. Ground ambulance;
- F. Bus, local city;
- G. Bus, out of town;
- H. Paratransit;

DRAFT	MTL 06/16
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

- I. Private vehicle;
- J. Taxi; and a
- K. Stretcher accommodating vehicle.

NET never originates from a “911” call. NET is utilized by recipients whose level of care needs do not exceed the scope of service of an EMT-Basic.

1904.1 ASSESSMENT AND AUTHORIZATION PROCESS

- A. With the exception of services provided by Indian Health Programs (see Section 1904), the need for NET services must be assessed as specified in this Section and authorized by the NET broker.
- B. The goal of the combined assessment and authorization process is to determine the required level of non-emergency transportation services.
- C. Assessment and prior authorization to use NET:
 - 1. Recipients wishing to use NET services will be assessed for the proper level of transportation prior to being authorized access to NET.
 - a. Otherwise appropriate requests for lower levels of ground transportation, i.e. mileage reimbursement, public bus or public paratransit, will be assessed and authorized by the NET broker.
 - b. If the request is for a greater level of ground transportation than mileage reimbursement, public bus or public paratransit, the NET broker should use due diligence in questioning the recipient to see if a lower level transport is acceptable and sufficient for their medical condition. If the recipient agrees to the lower level, then that transport will be authorized by the NET broker.
 - c. If the recipient does not believe the lower level transport is appropriate or acceptable, then they will be referred to the public paratransit services agency for a level of service needs evaluation. If the recipient resides outside the parameter of a paratransit agency, the NET broker will provide transportation to and from the recipient’s primary care physician (PCP) at the level of service requested. The PCP will provide documentation and/or a NET broker form that will identify the correct level of transportation service based on the recipient’s medical needs.

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

- d. If the recipient has been authorized for NET, and has been assessed by the public paratransit service, the Regional Transportation Commission (RTC) has 21 days to notify the recipient of the results of the assessment. Until the assessment has been reviewed and submitted to the recipient, the transportation broker will continue to provide transportation at the level of service requested by the recipient. In the event the recipient has been denied the use of paratransit services and is now receiving a lower level of transportation service than requested, the recipient must inform the transportation broker of their dissatisfaction, if applicable, with the level of service assigned. The transportation broker will then review the assessment as well as the recipient's medical documents and determine if the recipient is eligible for the broker's paratransit or curb-to-curb services. The transportation broker will notify the recipient of their determination within 48 hours of review. If the decision negatively impacts the recipient, the transportation broker will also provide the recipient with a Notice of Decision (NOD).
- e. If the recipient requests a hearing, until the higher level of transportation is either approved or denied by the State Fair Hearing process, the NET broker will provide rides at the requested level of service.
- f. The NET broker will maintain a list of all assessment referrals sent to the paratransit service agencies.
- g. If the NET broker believes that a recipient is receiving unnecessarily expensive transportation, then the broker is expected to conduct a reassessment to determine the correct level of transportation needed.
- h. When the recipients contact the NET broker requesting a ride, they will be screened for prior authorization and will be permitted to ride within the level of service authorized.
- i. If the recipient requires NET prior to the time of the assessment, including a ride to the paratransit service agency for an assessment, the NET broker will authorize the rides at the level requested.
 - 1. Recipients within the service areas of Clark County, Washoe County, and Carson City's public transit systems and who require transportation above the level of fixed route, must receive an assessment disqualifying them from public paratransit prior to being authorized for a higher level of service.

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

2. Once a recipient has been referred to the paratransit service agency for an assessment, the recipient has five days in which to contact the paratransit service agency to schedule an assessment. The paratransit service agency has up to 45 days to complete an assessment. The level of service requested by the recipient will be provided until an assessment has been completed. Failure to complete the paratransit assessment within 45 days will result in the recipient being placed on a fixed route bus service for all NET unless the recipient can show in writing, that paratransit service agency was unable to complete an assessment within the 45 days.
- j. Recipients may be authorized for mileage reimbursement or private commercial transportation in addition to use of public transit if they must travel outside the public transit system service area to access the nearest appropriate provider.
- k. For authorization other than the public transit, the NET broker will supply the name of the provider, the provider's location and the frequency of the transit that the recipient is permitted, to the transportation company.
- l. Recipients who submit evidence from an assessment showing they do not qualify for public paratransit may be qualified for a higher level of service.
- m. The NET broker will provide written documentation to the recipient regarding the recipient's authorization status and level of service.
2. If the recipient provides evidence that they are unable to ride at the level of service assigned due to a significant change in condition or circumstance, the recipient will be re-evaluated by the broker who may direct the recipient to the RTC for an assessment.
 - a. Recipients contesting their assessed level of service will be authorized NET at the requested level, pending an evaluation.
 - b. Recipients are required to ride the least expensive transport within a level of service and will not be placed on a higher cost transport because of personal preference or convenience.
 - c. Recipients may be reassessed for a greater level of service if they no longer have access to the assigned transportation level of service.

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

- D. A legally responsible individual (LRI) who is unable to provide transportation for a recipient to obtain medical services, may request transportation on behalf of an eligible recipient from the NET broker.
- E. The NET broker must have in effect mechanisms to ensure consistent application of review criteria for authorization decisions and consult with the requesting provider and/or the DHCFP when appropriate.
- F. The NET broker and the DHCFP must provide standard authorization decisions within reasonable time frames. If the broker determines, or a provider indicates, that the standard service authorization timeframe could seriously jeopardize the recipient's condition or circumstance, the NET broker must make an expedited authorization decision and provide notice as expeditiously as the recipient's health condition requires.

1904.2

COVERAGE AND LIMITATIONS

- A. NET for Medicaid eligible recipients to and from Medicaid medical providers for covered medically necessary services is provided under the following terms:
 - 1. The recipient is unable to provide his/her own transportation:
 - a. Free Transportation: Recipients must use free transportation when it is available. Free transportation includes, but is not limited to, when the recipient is able and capable of providing their own transportation or when an LRI, another individual or an agency is willing to provide transportation to the recipient to obtain eligible Medicaid services.
 - b. The NET broker may not deny transportation to a Medicaid recipient based on an LRI's unwillingness to provide transportation.
 - c. Recipients should make every reasonable effort to find day care for their minor children when they use non-emergency transportation services; however, this may not always be possible. When appropriate care for a minor child cannot be obtained, the minor child may accompany the recipient. The broker must provide bus tickets for minor children unless the minor child is able to accompany the recipient at no additional cost. More than one minor child may accompany the recipient if the transportation provider is notified in advance. This provision abides by the intent of 42 CFR 440.170.
 - 2. The least expensive form of transportation is utilized in accordance with the recipient's medical condition and needs.

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

Public Transit: Recipients who do not have free transportation available and live within the service area of the Clark County, Washoe County or Carson City public transit systems must use public transit where possible and cost-effective.

- a. Recipients are deemed to live within the public transit system service area when they reside within 3/4 mile of a transit stop. If the recipient qualifies for public paratransit service and this is available in the area where the recipient resides, the recipient is deemed to live within the public transit area, whether or not the recipient resides within 3/4 mile of the transit stop.
- b. Recipients who do not have free transportation available must ride fixed-route public transit unless they reside outside the service area or their medical appointment is outside of the service area; they are assessed to be medically unable to board, disembark, or ride buses; or public transit buses cannot accommodate the recipient's wheelchair or other medical equipment that must accompany the recipient in transit.
- c. Recipients who reside within the service area of the public transit system and are assessed to be unable to ride fixed-route buses will be referred for assessment for public paratransit services. If qualified for public paratransit services, the recipient will be required to ride only public transit services unless travelling to a destination that is outside the public transit system service area. If traveling outside of the paratransit service area, the recipient's transport must be authorized by the NET broker.
- d. A recipient who requires frequent travel on fixed route transit will be provided with a multiple ride pass, when this is cost effective. Recipients who are issued passes by the NET broker may use them for purposes other than accessing medical services, as long as this does not incur additional costs to the Medicaid program.
 1. If a recipient who is qualified for public transit level of service requires transport to a medical appointment that is not accessible by public transit, the recipient must receive specific authorization for the transport from the NET broker, who will require evidence of medical necessity for the trip and verify that the recipient is accessing the nearest appropriate provider. Recipients have freedom of choice when selecting medical providers but are only eligible for NET to access these services if using the nearest appropriate provider. The nearest health care provider or facility is not always the most appropriate. The NET broker should consider existing relationships between the recipient and their medical provider, or appointment availability, when the provider is within a reasonable

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

distance. The DHCFP will assist the NET broker in making these decisions. The NET broker will assign the recipient to ride with the least expensive transportation provider available.

2. Recipients are required to comply with all policy and rules of the public transit system. Recipients who are suspended from service by public transit agencies because of recipient misbehavior, persistent no-shows, or failure to cancel rides in a timely manner are ineligible for other NET services unless they can provide medical evidence that their inability to access medical care during the suspension period will result in serious exacerbation of their medical condition or pose an unacceptable risk to their general health. Recipients who have been suspended will not be provided NET for routine medical appointments. Recipients who have been suspended must exhaust the public transit system appeal process before being assessed for another level of service. Recipients who are suspended indefinitely from public transit will be suspended indefinitely from access to NET, except in cases where they can provide medical evidence that their inability to access medical care will result in serious exacerbation of their medical condition or pose an unacceptable risk to their general health.
3. Mileage Reimbursement: under certain circumstances, recipients, their LRI or volunteer drivers may receive mileage reimbursement for driving a recipient to medical services.
 - a. Recipients assigned to ride only free transportation or their LRIs may be authorized to receive mileage reimbursement if traveling to access medical services. Compensation will be at the IRS rate for medical/moving mileage reimbursement.
 - b. Recipients who are assigned to public fixed-route transit or paratransit may receive mileage reimbursement if they are traveling outside the transit system service area and mileage reimbursement is the least expensive mode of transportation.
 - c. Volunteer drivers (private citizens who do not contract with the NET broker) who are not LRIs, nonprofit organizations or Indian Health Programs may receive mileage reimbursement for driving a recipient to medical services, when this is the least expensive mode of transportation. Friends, families and neighbors may fall into this category. Reimbursement will be at twice the current IRS rate for

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

medical/moving mileage reimbursement, as found on the IRS website at <http://www.irs.gov>. Mileage reimbursement is provided to the driver for the vehicle's miles actually driven from the point of where a recipient has been picked up and does not exceed twice the IRS medical/moving rate unless a different rate is negotiated by the NET broker due to limited transportation availability and cost effectiveness. In cases of disputes over actual mileage, MapQuest or other geo-mapping software will be used as the final determining factor.

- d. Recipients must have prior authorization from the NET broker for drivers to be eligible for mileage reimbursement.

B. Eligibility

The eligibility functions for Title XIX Medicaid determinations are the responsibility of the Division of Welfare and Supportive Services (DWSS).

Title XXI NCU recipients are not eligible for NET services.

Title XIX recipients who are Medicaid eligible solely for the purpose of payment of Medicare premiums, co-insurance, deductibles, or co-pays i.e., Qualified Medicare Beneficiaries (QMBs), Specified Low Income Medicare Beneficiaries (SLMBs), Qualified Individuals (QI-1s), and "not qualified" non-citizens are not eligible for NET services. Residents of skilled nursing facilities are entitled to NET services through the facility; NET costs are included in the nursing facilities' rate structures. Other Title XIX recipients are eligible for NET services in order to access medically necessary covered services.

Medicaid recipients are eligible for NET services only from the date of determination forward. No payment will be made for NET provided while a recipient's Medicaid application is pending. Retroactive eligibility does not apply to NET services.

Special payment arrangements may be made with the NET broker for special circumstances where it is in the best interest of the DHCFP to provide NET transportation to certain Medicaid recipients. These decisions will be made exclusively by the DHCFP; however, the payment rate will be determined mutually by the DHCFP and the NET broker. If the DHCFP decides to "carve out" an eligibility group from non-emergency transportation, they may contract with the NET broker to provide service on an individual basis at a cost-plus payment model.

- C. Examples of circumstances for which NET will be provided to eligible recipients include, but are not limited to the following:

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

1. A transplant candidate to be evaluated for services not available in Nevada;
2. The transport from an acute general hospital to an acute psychiatric hospital;
3. Transportation to/from a routine Medicaid-reimbursable medical or dental appointment;
4. Transportation to an urgent care clinic; and
5. Transportation to/from pharmacies for medical necessities.

Each of these examples assume that the level of care required during transit does not exceed the scope of services of an EMT-Basic and that required timeframes allow the NET broker to make appropriate arrangements.

- D. The NET broker must allow at least one escort, who must be a minimum of 18 years of age (or any age if the escort is the parent of a minor child) to accompany a recipient or group of recipients when escort services are determined medically necessary; for those recipients who are minor children; or for individuals that have been adjudicated incompetent. A Medicaid recipient who is physically disabled or developmentally disabled may be authorized to be accompanied by an escort(s) during the assessment to access NET services. A person under the age of 18 must be accompanied by one escort unless that person is married, legally emancipated, or obtaining family planning services and/or family planning products.
1. During the NET assessment, the assessor or a physician's statement will determine whether the recipient requires an escort(s) and specify the circumstances under which an escort(s) may accompany the recipient while utilizing NET services.
- E. The NET broker will cover the costs of an escort(s) to accompany the recipient, if necessary, including the expense of the escort's transportation, lodging and up to three meals per day while they are in a travel status during typical mealtimes. Escort travel is a covered expense during the transport of the recipient to a medical facility; while the recipient is receiving medical services and during the return transport to the escort's/recipient's residence. Should the recipient be detained for further treatment, NET services will continue to be provided to the escort(s).
- F. NET services may not be authorized for minor children unless a parent (regardless of the parent's age) or LRI accompanies the child. Exceptions include but are not limited to:
1. A minor child transported for the purpose of obtaining family planning services and/or products.

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

2. If a delay of a minor child transport from one facility to another for treatment is medically detrimental, and the parent or LRI is not available, a Consent and Release of Liability form must always be signed by the facility case worker prior to the transport.
3. Other specific exceptions may be made on a case by case basis by the DHCFP.

In addition, and pursuant to Nevada MSM Chapter 3500, an escort(s) is available to accompany a recipient who requires approved personal care services (PCS) in route to, or at, a destination to obtain Nevada Medicaid covered, medically necessary services when an LRI is unable to accompany them. An escort(s) may be a parent or legal guardian, caretaker, LRI, friend or a personal care attendant (PCA) who accompanies the recipient.

Pursuant to 42 CFR 440.250 and the Nevada State Plan, an adoptive parent under the auspices of an Adoption Assistance Program (AAP) agreement or a foster parent of a program eligible child is reimbursed for any travel expenses incurred when obtaining Medicaid eligible medical services for a foster/adopted child such as mileage (utilizing the IRS rate for medical/moving mileage reimbursement), transportation, meals, and lodging through the NET broker, up to GSA rates. The agency that maintains custody of a foster child or the adoptive/foster parents must coordinate medical transportation services through the NET broker.

- G. Pursuant to federal regulations, eligible FFS program recipients may obtain covered medically necessary services, with limitations, from any facility, pharmacy, physician, therapist, agency or provider participating under a signed agreement with Nevada Medicaid. Eligible MCO enrollees may obtain covered medically necessary services from a provider who is a member of a contracted MCO's network of providers or from a provider who has an agreement with a contracted MCO to provide services to a recipient as an out-of-network provider.
- H. In those situations in which a recipient has requested out-of-town or out-of-state covered medical services which are determined to be available in the recipient's community, a referral and justification by the local primary care provider is first required. This referral must then be authorized by the DHCFP's FFS fiscal agent or the contracted MCO before the NET broker may authorize services. NET services will not be authorized in those instances in which a recipient has requested out-of-town and/or out-of-state medical services until such time as the NET broker can confirm that authorization and justification for such services has been obtained.

The same provision applies to FFS or MCO recipients who wish to utilize a health care provider or medical facility that is located within the boundaries of his/her city but is not the nearest appropriate health care resource.

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

- I. Out-of-Area and Air Travel: Recipients may be eligible to receive NET for out-of-town, out-of-state or airline travel if certain conditions are met.
 1. Recipients must receive prior authorization for out-of-area medical services from the DHCFP's fiscal agent or their MCO prior to requesting authorization for transportation.
 2. Recipients must request authorization for out-of-area and airline NET a minimum of 14 days prior to the travel date.
 - a. Exceptions to the 14-calendar day requirement may be granted if the recipient has a medical necessity to travel and could not have known 14 days in advance, as in the case of a donor organ becoming available for a transplant surgery that must occur out of the area.
 - b. Exceptions to the 14-day requirement will be granted for recipients who are discharged to or from an out-of-area acute-care facility; an out-of-state nursing facility; or otherwise detained in a juvenile detention facility.
 - c. Other exceptions may be granted from time to time if they are in the best financial interest of the State.
 3. Recipients are required to travel by the least expensive mode of transportation available that will accommodate their medical requirements.
 4. Recipients are required to make use of any low-cost accommodations available for out-of-area travel, such as Ronald McDonald houses, and 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.
 5. Recipients may incur higher costs for accommodations if they demonstrate that this will reduce the overall cost of out-of-area travel.
 6. Out-of-area costs for lodging, meals, and other necessary items are reimbursed by the NET broker in accordance with the current GSA rates with the exception of mileage, which is compensated according to the terms of this Chapter. For all travel expenses excluding mileage, the recipient, escort(s) and live organ donor will be reimbursed at actual costs up to limits set by the GSA. The recipient, escort(s), and/or donor must submit receipts documenting expenditures to the NET broker if requesting reimbursement. Two parents may accompany a child under 12 months old and will receive a single reimbursement for lodging. Meals will be reimbursed for both parents.

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

7. Recipients and their escorts are not reimbursed for the cost of meals if free meals are available at mealtime.
8. Recipients must submit their request for reimbursement within 60 calendar days after completing the out-of-area trip.
9. Recipients who have recurring requirements to receive out-of-area trips for a single treatment or multiple treatments for the same diagnoses may have multiple trips a month authorized but no more than five trips may be authorized at one time.
- J. Transportation services and per diem are covered for new parent(s) to care for a newborn less than 12 months of age receiving treatment on an inpatient basis in a facility.
- K. NET services may be authorized for a recipient residing in an inpatient treatment facility to allow the resident to attend a therapeutic home visit, in-state or out-of-state, when such visits are part of the resident's treatment plan. It is the responsibility of the inpatient treatment facility to obtain transportation for eligible recipients for all therapeutic home visits by calling the NET broker. NET services are not available to family members to visit a recipient residing in an inpatient treatment facility. The NET broker may authorize NET services for therapeutic home visits within the following criteria:
 1. Acute care:
The DHCFP's fiscal agent must prior authorize absences beyond eight hours. No prior authorization is required for absences of less than eight hours in duration, per MSM Chapter 400.
 2. Acute rehabilitation:
The DHCFP's fiscal agent must authorize all absences, per MSM Chapter 400.
 3. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID):
Transportation must fall within the maximum allowable therapeutic leave requests which are described in MSM Chapter 1600.
 4. Residential Treatment Center:
At the facility's request and as ordered by the attending physician, a maximum of three 72-hour home therapeutic passes per calendar year is allowed. Please refer to MSM Chapter 400.

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

- L. Per 42 CFR 440.170, the costs of meals and lodging may also be covered for more than one escort, if more than one escort is required to ensure that the recipient receives required medical services. As noted in Section 1904.2E (8) above, the cost of meals and lodging may be covered for two parents when they are seeking medical services for child less than 12 months of age. Costs of meals and lodging for an escort(s) will be covered when traveling to and from services or while the recipient is receiving medical care when such travel requires the escort(s) to be away from their legal or primary residence over night or as long as medically necessary. Costs will not exceed a per diem rate set forth by GSA rates.
- M. If the recipient has already reserved lodging and unforeseen circumstances arise that result in the unavoidable cancellation of the approved trip, then the recipient may request reimbursement of any charges incurred as a result of the cancelled lodging. The recipient must submit documentation to the NET broker demonstrating why the cancellation was unavoidable. The recipient must make a good faith effort to avoid unnecessary cancellation charges. Disputes must be provided to the DHCFP for final determination.
- N. Eligible program recipients who live out-of-state may obtain NET services similarly to those eligible recipients who reside within the State of Nevada. Such out-of-state recipients may include foster children, children placed in an adoptive home under the auspices of an Adoption Assistance Program (AAP) agreement, or children in residential treatment centers (RTC). Authorization of NET services for eligible recipients residing out-of-state is the same as for those eligible recipients who reside within Nevada.
- O. Nevada residents living near the state line or border may be geographically closer to out-of-state providers than to in-state providers for both primary and specialty care. In such cases, covered medically necessary services may be routinely provided by out-of-state providers in what the DHCFP refers to as the “primary catchment areas.” Such services are treated the same as those provided within the state borders for purposes of authorization and transportation.

The primary catchment areas are listed in the MSM Chapter 100.
- P. Several tribes and/or Indian Health Programs offer ambulance and/or van services for both emergency and NET. Community health representatives (CHR) may provide NET services to recipients who are eligible for NET services in private vehicles to medically necessary covered services and are reimbursed at a per mile rate that is double the IRS medical/moving mileage rate. The Indian Health Programs’ NET services do not require prior authorization. All claims for reimbursement by the Indian Health Programs for non-emergency transportation services are submitted to the NET broker for adjudication and payment.

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

- Q. If a recipient is transferred to/from an out of state nursing facility or Intermediate Care Facility/Individual with Intellectual Disabilities (ICF/IID) facility during a month where they were eligible for NET, and capitation was paid for them, then that transfer is a covered benefit. If the transfer happens in a month after their initial admission, where no capitation has been paid, then the NET broker will arrange the transportation and will be reimbursed on the mutually agreed upon cost plus payment model.
- R. Medicaid and NCU funds may not be used to pay for transportation services that are otherwise available without charge to both Medicaid and non-Medicaid recipients. In addition, Medicaid is generally the payor of last resort except for certain Federal programs such as Title V Maternal and Child Health Block Grant funded services or special education related health services funded under the Individuals with Disabilities Education Act (IDEA).
- S. The following are non-covered NET services:
1. When one or more eligible recipients make the same trip in a private vehicle or van, reimbursement is made for only one recipient;
 2. Transportation to or from any non-covered service, except for exclusion due to Third Party Liability (TPL) coverage under the Medicaid program;
 3. Travel to visit a recipient in an inpatient treatment facility, except in the case of a parent or parents visiting a newborn that is in a facility (see 1904.21);

Transportation between hospitals for outpatient or inpatient care or services (e.g., MRI, CAT scan, etc.); exceptions may be granted when services to treat the recipient's condition are not available at the originating hospital and/or are not part of the all-inclusive prospective rate or the recipient is transferring to a hospital closer to home following an out-of-area hospital stay;
 4. "Deadheading," this refers to a provider's return trip when the eligible recipient travels only one way of a two-way trip;
 5. The cost of renting an automobile for private vehicle transport;
 6. A non-transport charge for a recipient who did not show up for their scheduled ride;
 7. Wages or salary for escort(s);
 8. Charges for waiting time, stairs, plane loading;

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

9. Routine or special supplies including oxygen. Special services such as: defibrillation; IVs; intubation or ECG monitoring. Recipients requiring any type of medical care, medical supervision, physical monitoring, attachment to medical intravenous therapy, EMT-intermediate or paramedic services, etc. during transport are not eligible for non-emergency transportation.
10. Transportation of a recipient in a personal care attendant's private vehicle is not a reimbursable service;
11. Transportation from a nursing facility to a medical appointment; and
12. Basic life support (BLS), and advanced life support (ALS) transports.

Stretcher is a covered NET service. Claims for stretcher transport should be submitted to the DHCFP's fiscal agent.

1904.3 NET BROKER RESPONSIBILITY

- A. The NET broker provides all or most services ancillary to transporting Medicaid recipients, but provides transportation only through subcontracting or non-contract arrangements with third parties.
 1. The NET broker shall not hold ownership in any NET provider with whom the broker sub-contracts or arranges NET through, as a non-contractual relationship.
 2. The broker will submit all subcontracts or other documentation pertaining to the terms and conditions for the provision of NET services by third parties to the DHCFP for approval.
 3. The broker shall advise the DHCFP in writing of all financial relationships and transactions between itself and NET providers (for instance, loans, grants, etc.) that are not included in the NET instrument, specifying the nature of the relationship and the terms and conditions governing them. Such relationships and transactions are not permitted without written approval of the DHCFP administrator.
 4. The NET broker will work cooperatively with the DHCFP and the Regional Transportation Center for handling ride cancellations.
- B. Commercial Transportation Vendors: The NET broker may subcontract with various private vendors to provide transportation to Medicaid recipients.
 1. The NET broker shall directly facilitate transportation for recipients requiring bus tickets, public paratransit and mileage reimbursement. Recipients who request

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

higher levels of service will need to be assessed for the level of service by the NET broker, and if necessary, the appropriate paratransit services agency.

2. Recipients may not be assigned to ride with a commercial vendor if they have been prior authorized for a lesser level of service, unless the authorized level of service does not provide access to necessary medical care that complies fully with Medicaid's NET policy. For instance, if a recipient is authorized for a bus ticket, but the bus does not pass within $\frac{3}{4}$ of a mile of the provider's office, then the NET broker may authorize a higher level of transportation.
 3. Recipients must be assigned to the least expensive commercial vendor who provides the level of service and geographic access required.
 4. Where there is public transit available in a rural county, and that provider is capable of offering the level of service required by the recipient, commercial vendors may not be used for the convenience of the recipient or the NET broker.
- C. Using monthly enrollment downloads from the DHCFP or systems maintained by the DHCFP's fiscal agent, the NET broker is solely responsible for verifying program eligibility for each recipient prior to authorizing and scheduling the NET service. The NET broker must also verify the existence of an appointment and that the appointment is a Medicaid covered service, which may require contacting the health care provider, the DHCFP's fiscal agent, or the contracted MCO, before authorizing transportation.
- D. Neither the NET broker nor its providers shall release information related to a recipient without the written consent of the recipient or the recipient's legal or authorized representative, except as required by law or except to verify medical appointments in accordance with policy. The NET broker and any of its providers meeting the definition of a "covered entity" as defined in the HIPAA Privacy Regulations (45 CFR 164) must comply with the applicable Privacy Regulations contained in 45 CFR 160 and 164 for recipient health information.
- E. The DHCFP expects that the NET broker and its provider network will be in compliance with all laws with regard to the reporting requirements related to suspected abuse, neglect, or exploitation, as applicable, in accordance with NRS 200.508 and 200.509.1.
- Pursuant to 42 CFR 438.100(c), the NET broker shall ensure that each recipient is free to exercise his or her rights and that by the exercise of those rights, no adverse effect will result in the way the NET broker treats the recipient.
- F. Recipients have freedom of choice when selecting medical providers but are only eligible for NET to access these services if using the nearest appropriate provider (taking existing

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

relationships between the providers and recipients into account as well as access to care) according to Section 1904.2(A)(2)(d) of this Chapter.

1. The NET broker will be responsible for verifying that the recipient is using the nearest appropriate Medicaid provider for the applicable services.
 2. The NET broker will develop written procedures, approved by DHCFP for verifying that the nearest appropriate Medicaid provider is being used.
 3. The procedures shall include an exception procedure that specifies the conditions under which the recipient may access a provider other than the nearest, if exception to the requirement might, in some cases, be appropriate.
 4. The DHCFP will provide the NET broker with a quarterly list of Medicaid providers and their addresses, including FFS providers and providers within each MCO's network.
 5. The DHCFP will periodically review rides to verify that the NET broker has transported to the nearest appropriate provider.
 6. When the DHCFP determines that a recipient has employed NET to access a provider other than the provider located nearest to the recipient's residence and there is no justification documented, the NET broker may be required to refund the capitation payment for that recipient for all months that the recipient accessed a geographically inappropriate provider.
- G. A transportation provider must wait at least 15 minutes after the scheduled pick-up time before "no-showing" the recipient at the pick-up location. The NET broker or contracted transportation providers shall not charge recipients for transportation services or for no shows.
- H. Recipients who are repeated no-shows or fail to cancel in a timely manner for rides provided by its commercial vendors may be subject to suspensions of services. Recipients who receive a suspension will have the right to a State Fair Hearing.
- I. Access to transportation services shall be at least comparable to transportation resources available to the general public. Capacity shall include all of the modes of transportation listed in Section 1904 of this Chapter.
- J. The NET broker shall ensure all drivers of vehicles transporting program recipients meet the following requirements:

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

1. All drivers, at all times during their employment, shall be at least 18 years of age and have a current valid driver's license from the State of Nevada to operate the transportation vehicle to which they are assigned.
2. Drivers shall have no more than one chargeable accident and two moving violations in the last three years. Drivers shall not have had their driver's license, commercial or other, suspended or revoked in the previous five years. Drivers shall not have any prior convictions for substance abuse, sexual abuse or crime of violence. Approval of any such driver who has been convicted of a felony shall be obtained from the DHCFP before employment by the vendor.
3. All drivers shall be courteous, patient and helpful to all passengers and be neat and clean in appearance.
4. No driver or attendant shall use alcohol, narcotics, illegal drugs or drugs that impair ability to perform while on duty and no driver shall abuse alcohol or drugs at any time. The transportation provider shall not use drivers who are known abusers of alcohol or known consumers of narcotics or drugs/medications that would endanger the safety of recipients.
5. All drivers and attendants shall wear or have visible, easily readable proper organization identification.
6. At no time shall drivers or attendants smoke while in the vehicle, while involved in recipient assistance, or in the presence of any recipient.
7. Drivers shall not wear any type of headphones or use cell phones, except for dispatch purposes, at any time while on duty. Drivers shall not use cell phones while operating vehicles.
8. Drivers shall assist passengers in the process of being seated and confirm that all seat belts are fastened properly, and that wheelchairs and wheelchair passengers are properly secured.
9. Drivers shall provide necessary assistance, support, and oral directions to passengers. Such assistance shall include assistance with recipients of limited mobility and movement, including the storage of mobility aids and wheelchairs.
10. The NET broker shall provide, or ensure that its subcontractors provide, classroom and behind-the-wheel training for all drivers within 30 days of beginning service under this agreement. Driver training shall, at a minimum, include defensive driving techniques, wheelchair securement and lift operation, cultural and disability

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

sensitivity training, passenger assistance techniques, first aid, and general customer service. The training curriculum is subject to the DHCFP's approval.

- K. The NET broker shall ensure that all transportation providers maintain all vehicles adequately to meet the requirements of the contract. Vehicles and all components shall comply with or exceed State, Federal and the manufacturer's safety, mechanical and maintenance standards for the vehicles. Vehicles shall comply with the Americans with Disabilities Act (ADA) regulations. All vehicles shall meet the following requirements:
1. The transportation provider shall provide and use a two-way communication system linking all vehicles used in delivering the services under the contract with the transportation provider's major place of business. Pagers are not an acceptable substitute.
 2. All vehicles shall be equipped with adequate heating and air-conditioning.
 3. All vehicles shall have functioning, clean and accessible seat belts for each passenger seat position when required by law. Each vehicle shall utilize child safety seats when transporting children as prescribed by NRS 484B.157.
 4. All vehicles shall have a functioning speedometer and odometer.
 5. All vehicles shall have two exterior side view mirrors, one on each side of the vehicle.
 6. All vehicles shall be equipped with an interior mirror for monitoring the passenger compartment.
 7. The interior and exterior of the vehicle shall be clean and the exterior free of broken mirrors or windows, excessive grime, major dents or paint damage that detract from the overall appearance of the vehicles.
 8. The vehicle shall have passenger compartments that are clean, free from torn upholstery, floor, or ceiling covering; damaged or broken seats; protruding sharp edges; and be free of dirt, oil, grease or litter.
 9. All vehicles shall have the transportation provider's name, vehicle number, and the NET broker's toll free and local phone number prominently placed within the interior of each vehicle. This information and the complaint procedures shall be available in written form in each vehicle for distribution to recipients on request.

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

10. Smoking is prohibited in all vehicles while transporting program recipients. All vehicles shall have the following signs posted in all vehicle interiors, easily visible to the passengers:

“NO SMOKING”
“ALL PASSENGERS MUST USE SEAT BELTS”

11. All vehicles shall include a vehicle information packet containing vehicle registration, insurance card and accident procedures and forms.
12. All vehicles shall be provided with a fully equipped first aid kit.
13. Each vehicle shall contain a current map of the applicable state(s) with sufficient detail to locate recipients and medical providers.

All vehicles shall have a minimum of \$1,500,000 combined single limit insurance coverage for vehicles at all times during the contract period in accordance with State regulations and contract requirements (NAC 706.191). If NAC 706.191 minimum insurance coverage is amended, the amount that is greater of either the Code or this Chapter will be the mandated amount of coverage.

14. Any vehicle or driver found out of compliance with the contract requirements, or any State or Federal regulations shall be removed from service immediately until the NET broker verifies correction of deficiencies. Any deficiencies and actions taken shall be documented and become a part of the vehicle’s and the driver’s permanent records.
15. The NET broker shall develop and implement an annual inspection process in addition to the applicable State vehicle inspection requirements to verify that vehicles used by subcontracted transportation providers meet the above requirements and that safety and passenger comfort features are in good working order (e.g., brakes, tire, tread, signals, horn, seat belts, air conditioning/heating, etc.).

- L. The NET broker shall ensure adequate oversight of subcontracted transportation providers and ensure that providers comply with all applicable State and Federal laws, regulations and permit requirements. This duty includes, but is not limited to verification that each provider maintains at all times:

1. Insurance which complies with the standards at 49 CFR 387 Subpart B, NAC §191(1-3), and which provides for notice of the status of the policy to the DHCFP upon expiration, termination, or at any time requested by the DHCFP;

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

2. An alcohol and substance abuse testing program which complies with the standards of 49 CFR Part 382;
3. Criminal background checks conducted periodically that assure the criteria of MSM Chapter 100 are met;
4. Signage on all vehicles identifying those operating under any exemption from Nevada Transportation Authority (NTA) regulation;
5. Documentation in each vehicle of any exemption from NTA regulation; and
6. Current provider agreements with Nevada Medicaid.

As a contracted agent of the Director of the Department of Health and Human Services (DHHS), subject to the requirements of NRS § 422.2705 and NRS § 706.745 the NET broker may utilize the services of motor carriers that are exempt from certain certification requirements of the NTA of the Department of Business and Industry. Prior to exercising this option, the NET broker shall, with the assistance of the NTA, establish and utilize an inspection program designed to ensure that vehicles used by these motor carriers, and their operations, are safe. The NET broker shall also require these same motor carriers to submit proof of a liability insurance policy, certificate of insurance or surety which is substantially equivalent in form and is in the same amount or in a greater amount than the policy, certificate or surety required by the Department of Motor Vehicles (DMV) pursuant to NRS 706.291 for a similar situated motor carrier. The NET broker shall certify the transportation providers meet insurance requirements, vehicle safety standards, and driver background and drug tests cited in this Chapter before a letter of exemption will be issued by DHCFP for that transportation provider.

- M. The NET broker is encouraged and expected to use recipient vouchers and/or volunteer programs to provide the most cost-efficient transportation service to the recipient if such transportation is appropriate to meet the needs of the recipient. The broker shall verify and document that vehicles and drivers used in reimbursement and volunteer programs comply with appropriate State operating requirements, driver's licensure, vehicle registration and insurance coverage requirements.
- N. The NET broker will be available as a resource to the DHCFP's fiscal agent or contracted MCO when medically necessary covered services must be provided outside a recipient's community. The NET broker will advise the fiscal agent or contracted MCO regarding such factors as distance and transportation availability.
- O. The NET broker must submit claims for service outside of capitation to the DHCFP utilizing the nationally recognized International Classification of Diseases (ICD) and

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

current electronic data interchange (EDI) standards, as approved by the Center for Medicare and Medicaid Services (CMS).

1904.4 NET RECIPIENT RESPONSIBILITY

The recipient or LRI shall:

- A. Use personal transportation or transportation of an LRI whenever possible;
- B. Explore alternative resources first, and when such a resource exists at no cost to the recipient, use the alternative transportation resource;
- C. If free transportation is not available, use public transportation when residing within $\frac{3}{4}$ of a mile of a bus stop (unless medical documentation is provided to support the recipient's or LRI's physical or mental condition that prohibits the recipient from utilizing public transport);
- D. Participate in the assessment process to determine the appropriate level of service needed for transportation. The recipient must follow through when referred for a public paratransit evaluation;
- E. If eligible for paratransit services, the recipient is required to access available paratransit programs;
- F. Make and keep all appointments and travel schedules, and phone to cancel when an unforeseen event makes it impossible to keep an appointment;
- G. Recipients (or their LRI) are responsible to schedule rides by contacting the NET broker;
- H. Recipients are urged to schedule rides (except out-of-the-area travel) not less than five days and no more than 30 days prior to travel;
- I. Recipients are required to be ready and available to ride from 15 minutes before the scheduled ride to 30 minutes after the scheduled time;
 1. Recipients who are using commercial transportation vendors will follow the NET broker policy concerning late rides.
- J. Notify the NET broker immediately when an urgent service need for NET transportation is discovered;

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

- K. Notify the NET broker of all third-party insurance information, including the name of other third-party insurance, or any changes in insurance coverage at the time of service, if possible, or in a timely manner thereafter;
- L. Not refuse service of a provider based solely or partly on the provider's race, color, national origin, sex, religion, disability or age; and
- M. Provide car seats, wheelchairs, other devices or equipment, and any extra physical assistance, not required of providers, necessary to make the trip.

1904.5 GEOGRAPHIC AREA

The NET broker provides services statewide and in catchment areas. The NET broker provides services to and from out-of-state facilities.

1904.6 SPECIAL REQUIREMENTS FOR SELECTED COVERED NET SERVICES

A. Out-of-Network Providers

The NET broker generally uses transportation providers who have executed a contract to be part of the NET broker's network. However, occasionally it may be necessary for enrolled recipients to obtain NET services from an out-of-network provider (e.g., the recipient needs specialized transportation for which the NET broker has no such specialist in its network), in which case the broker must:

1. Arrange transportation with out-of-network providers with respect to services and payment;
2. Offer the opportunity to the out-of-network provider to become part of the network; and
3. Negotiate a contract to determine the rate prior to services being rendered.

B. Family Planning Services

Pursuant to policies set forth in Chapter 600 of the Nevada MSM, the NET broker will authorize NET services to family planning services for any eligible recipient to any qualified provider.

C. Transplantation of Organs and Tissue, and Related Immunosuppressant Drugs.

Transplant services are covered, with limitations, when medically necessary. Coverage limitations for these services are defined in the Title XIX State Plan. When a transplant

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1904
MEDICAID SERVICES MANUAL	Subject: NET SERVICES

recipient's care needs during transit are within the scope of the NET broker, transportation should be prior authorized and provided through the NET broker. When the recipient's care needs during transit exceed the capabilities of the NET broker and/or the timeframe for transport is less than four hours, transportation may be treated as a scheduled emergency. (Refer to Section 1903.1D for guidance.)

D. Paratransit Transportation

Paratransit transportation may be provided based on assessed medical need. When paratransit transportation is indicated, such transportation services shall be "curb to curb" or "door-to-door", whichever service is necessary for the recipient. All paratransit providers are responsible for assisting riders into and out of their vehicles.

1904.7 ENROLLMENT AND DISENROLLMENT REQUIREMENTS AND LIMITATIONS

The eligibility and enrollment functions are the responsibility of the DHCFP and the DWSS. The NET broker shall accept each recipient who is enrolled in or assigned to the NET broker by DHCFP and/or its enrollment sections.

Pursuant to the State of Nevada's Medicaid State Plan §3.1 for NET Services, eligible recipients do not have the option of disenrolling from the NET broker, nor does the NET broker have the option of disenrolling any eligible recipient. Copies of the State of Nevada Medicaid State Plan §3.1 for NET Services are available on the DHCFP's website at <http://dhcftp.nv.gov>.

"Pending" Medicaid recipients (those whose applications for assistance have been submitted but not adjudicated) are not eligible for transportation services provided by the NET broker.

The NET broker is not financially responsible for any services rendered during a period of retroactive eligibility.

1904.8 INFORMATION REQUIREMENTS

The NET broker must have written information about its services and access to services available upon request to recipients. This written information must be available in English and Spanish. The NET broker must make free, oral, Spanish interpretation services available to each recipient, if necessary. The broker may supply telephone interpretation services for other non-English languages. The DHCFP must approve all materials distributed to recipients.

- A. The NET broker's written material must use an easily understood format. The NET broker must also develop appropriate alternative methods for communicating with people with vision or hearing impairments and must accommodate recipients with a physical disability in accordance with the requirements of the ADA. All recipients must be informed that this information is available in alternative formats and how to access those formats.

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1905
MEDICAID SERVICES MANUAL	Subject: HEARINGS

1905 NET GRIEVANCES, APPEALS AND PROVIDER DISPUTES

1905.1 NOTICE OF DECISION

The NET broker may take action on a recipient's request for transportation based on the DHCFP's coverage policy and guidelines as set forth in the Nevada MSM. The request may be approved, denied, or limited (i.e. denied in part, or reduced) based on these eligibility and coverage policies. The broker shall notify each recipient in writing of the reason for any action which is taken to deny or otherwise limit a recipient's request, within five business days of such action; such notification is called a Notice of Decision (NOD).

Pursuant to 42 CFR 438.10(g), the NOD shall include information regarding the recipient's right to a State Fair Hearing (see Chapter 3100 of the Nevada MSM), the method for obtaining a State Fair Hearing, and the rules that govern the recipient's right to representation. The broker must also provide a NOD to the requesting provider, if applicable.

The NOD must include the following information:

- A. The action the broker or its network provider has taken or intends to take;
- B. The reasons for the action;
- C. The recipient's right to request a State Fair Hearing;
- D. The method of obtaining a State Fair Hearing;
- E. The rules that govern representation at a State Fair Hearing;
- F. The right of the recipient to request a State Fair Hearing and how to do so;
- G. The right to request to receive benefits while the hearing is pending and how to make this request; and
- H. That the recipient may be held liable for the cost of those benefits if the hearing decision upholds the broker's action.

The NET broker shall provide any reasonable assistance to recipients in filing a State Fair Hearing, including transportation to the hearing, if necessary.

The NET broker is required to maintain records of all grievances received and NODs provided, which the State will review as part of the State's contract monitoring and management oversight.

DRAFT	MTL-06/16OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1905
MEDICAID SERVICES MANUAL	Subject: HEARINGS

1905.2 RECIPIENT GRIEVANCES AND PROVIDER DISPUTES

The NET broker must have a process with which to address recipient grievances and provider disputes. The DHCFP will refer all recipient grievances and provider disputes to the NET broker for resolution. The NET broker must provide information about its recipient grievance process to all providers and subcontractors, at the time they enter into a contract.

The NET broker is required to dispose of each recipient grievance and provide notice as expeditiously as the recipient's health condition requires or no more than 90 days from the date the grievance is received by the NET broker or a network provider. The NET broker shall attempt to respond verbally to the recipient, authorized representative, the DHCFP or provider grievances and disputes within 24 hours of receipt of the grievance or dispute. The NET broker shall issue an initial response or acknowledgement to written grievances and disputes in writing within 72 hours.

In addition, the NET broker must:

- A. Provide recipients any reasonable assistance in completing forms and taking other procedural steps. This includes but is not limited to providing interpreter services and toll-free numbers that have adequate TDD and interpreter capability;
- B. Acknowledge receipt of each recipient grievance;
- C. Ensure that the individuals who make decisions on recipient grievances were not involved in any previous level of review or decision-making; and
- D. Notify the recipient of the disposition of grievances in written format. The written notice must include the results of the resolution process and the date it was completed.