

**Medicaid Business Unit
Policies and Procedures**

Section (Primary Department) Behavioral Health—Plan <u>Health Care</u> Management		SUBJECT (Document Title) Non-Emergency Medical Transportation — LA	
Effective Date November -30, 2015	Date of Last Review December 7, <u>2018November 21,</u> <u>2019</u>	Date of Last Revision December 7, <u>2018November 21,</u> <u>2019</u>	Dept. Approval Date December 7, <u>2018November 21,</u> <u>2019</u>
Department Approval/Signature : <u>JS</u>			
<u>Policy applies to Medicaid products offered by health plans operating in the following State(s)</u>			
Arkansas California Colorado District of Columbia Florida Georgia Indiana Iowa	Kansas Kentucky Louisiana Maryland Minnesota Nevada New Jersey New York	X	New York (WNY) South Carolina Tennessee Texas Virginia Washington Wisconsin West Virginia

POLICY:

~~This is to outline~~establish Healthy Blue's ~~policy for~~ medical transportation services that ensures member access to care ~~and~~ in keeping with Louisiana Medicaid guidelines for non-emergency and emergency medical transportation ~~(such as whether the member owns a vehicle or can access transportation by friends, relatives or public transit).~~

Non-emergency and emergency medical transportation are covered services for mandatory and voluntary opt-in populations as contractually mandated. LaHIPP enrollees and individuals who receive both Medicaid and Medicare (Medicaid dual-eligible) are mandatorily enrolled in Healthy Louisiana a Medicaid Managed Care Organization (MCO) for specialized behavioral health services, and non-emergency medical transportation (NEMT), including non-emergency ambulance transportation (NEAT), unless residing in an institution such as Nursing Facilities (NF) or Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD). Individuals residing in NFs and those under age twenty-one (21) residing in ICF/DDs are mandatorily enrolled for specialized behavioral health and NEAT only (NEMT is not a covered service).

Members receive information detailing how to obtain emergency and non-emergency medical transportation in the Member Handbook, and provider information on obtaining Medicaid transportation services for members is included in the Provider Handbook.

DEFINITIONS:

* Denotes terms for which Healthy Blue must use the State-developed definition.

Emergency Medical Condition* – A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical

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attention to result in: (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part.

^A**Emergency Medical Transportation*** – Transportation provided for an emergency medical condition.

Medically ~~n~~Necessary Services* – ~~T-services are defined as~~ those health care services that are in accordance with generally accepted, evidence-based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community of their respective professional organizations to be the standard of care.

~~B-~~ In order to be considered medically necessary, services must be:

(1) ~~D~~deemed reasonably necessary to diagnose, correct, cure, alleviate or prevent the worsening of a condition or conditions that endanger life, cause suffering or pain or have resulted or will result in a handicap, physical deformity or malfunction; and -

(2) ~~T~~hose for which no equally effective, more conservative and less costly course of treatment is available or suitable for the beneficiary~~recipient~~.

~~C-~~ Any such services must be individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and neither more nor less than what the beneficiary~~recipient~~ requires at that specific point in time.

~~D-~~ Although a service may be deemed medically necessary, it doesn't mean the service will be covered under the Medicaid program. Services that are experimental, non-FDA approved, investigational, or cosmetic are specifically excluded from Medicaid coverage and will be deemed "not medically necessary".

Non-Emergency Medical Transportation (NEMT)/Non-Emergency Ambulance Transportation (NEAT) – A ride, or reimbursement for a ride, provided so that a member with no other transportation resources can receive services from an entity providing MCO covered

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~~services—medical provider. NEMT/NEAT does not include transportation provided on an emergency basis, such as trips to the eEmergency dDepartment (ED) in life threatening situations.~~

Non-Emergency Services – ~~An encounter by a Healthy Blue~~Services provided to a member who has presentation of medical signs and symptoms; to a health care provider.

~~**Non-Emergency Medical Transportation (NEMT)** — A ride, or reimbursement for a ride, provided so that a member with no other transportation resources can receive services from a medical provider. NEMT does not include transportation provided on an emergency basis, such as trips to the Emergency Department (ED) in life threatening situations.~~

Service Area – The designated area in which Healthy Blue is authorized to furnish covered services to enrollees. The transportation service area is the entire state of Louisiana and contiguous or bordering counties of Louisiana’s adjacent states.

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PROCEDURE:

- 1) Healthy Blue shall provide emergency and non-emergency medical transportation for its members.
- 2) Healthy Blue or its Transportation Broker shall establish and maintain a call center.
 - a) The call center shall be responsible for scheduling all NEMT/NEAT reservations and dispatching of trips during the business hours of 7:00 am to 7:00 pm CST, Monday through Friday, with the exception of recognized state holidays.
 - b) The call center shall adhere to the call center performance standards specified in the contract.
- 3) NEMT/NEAT shall be provided to and from all medically necessary Medicaid state plan services (including carved out services) for those members who lack viable alternate means of transportation. NEMT/NEAT to non-Medicaid covered services is not a core benefit; it may

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be considered a cost-effective alternative service if so approved by the Louisiana Department of Health (LDH).

4) NEMT/NEAT includes the following, when necessary to ensure the delivery of necessary medical services:

- a) Transportation for the member and one (1) attendant, by any means permitted by law, including but not limited to the requirements of La. RS 40:1203.1 et seq.;
- b) The use of any service that utilizes drivers that have not met the requirements of La. RS 40:1203.1 et seq. is strictly prohibited; and
- c) For trips requiring long distance travel, in accordance with #5 below, the cost of meals and lodging and other related travel expenses determined to be necessary to secure medical examinations and treatment for a member.

~~— NEMT including both ambulance and non-ambulance~~

1) ~~Shall be provided to and from all medically necessary Medicaid state plan services (including carved-out services) for those members who lack viable alternate means of NEMT to non-Medicaid covered services is not a core benefit; it may be considered a cost effective alternative service if so approved by LDH per Section 6.27.6~~

2) ~~Healthy Blue shall document inquiries to members regarding alternative means of transportation, either what those are or what is needed;~~

3) ~~Transportation includes the following, when necessary to ensure the delivery of necessary medical services::~~

- a. ~~Transportation for the member and one (1) attendant, by any means permitted by law, including but not limited to the requirements of LA. R.S. 40:1203.1 et seq.;~~
- b. ~~For trips requiring long distance travel, in accordance with Section 6.23.3.2, the cost of meals and lodging and other related travel expenses determined to be necessary to secure medical examinations and treatment for a member;~~
- c. ~~Nursing home residents and children under the age of 21 that live in Independent Care Facilities/Developmental Disabilities facilities who need transportation by stretcher or may not be able to tolerate vehicle transportation can be transported by ambulance;~~

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~~d.~~ Healthy Blue must have an established process for coordinating medically necessary long distance travel for members who require covered Medicaid state plan services out-of-state (OOS). -This may include air travel, lodging, and reimbursement for meals, as supported by medical necessity;

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~~5)~~
~~e.~~ Coverage and reimbursement for meals and lodging for both the member and one (1) attendant shall be included when treatment requires more than twelve (12) hours of total travel. -“Total travel” includes the duration of the health care appointment and travel to and from that appointment.

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~~a)~~
~~f.~~ Healthy Blue must allow for meals and lodging, for each trip that are not otherwise covered in the inpatient per diem, primary insurance, or other payer source.

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~~b)~~
~~4)~~ If Healthy Blue denies meals and lodging services to a member who requests these services, the member must receive a written notice of denial explaining the reason for denial and the member's right to an appeal.

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~~c)~~
~~5)~~ Other primary private insurance coverage must not impede a member's ability to receive transportation benefits to and from services covered by Medicaid as a secondary payer. -If the private insurer has approved out-of-state OOS services that are covered by Medicaid, Healthy Blue must provide transportation, meals and lodging as specified in the Contract's section.

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~~6)~~
~~a.~~ Healthy Blue may require prior authorization and/or scheduling of NEMT and may require documentation to verify coverage of medical services by the primary insurer prior to approval.

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~~7)~~
~~b.~~ For NEMT services requiring scheduling and/or prior authorization, Healthy Blue shall make eighty percent (80%) of standard service authorization determinations within two (2) business days of the request for services. -All standard service authorization determinations shall be made no later than fourteen (14) calendar days following receipt of the request

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for service or no less than twenty-four (24) hours prior to the date of service, unless the request is received less than forty-eight (48) hours prior to service.

a)

e. In cases where the request is made less than forty-eight (48) hours in advance of needed transportation, Healthy Blue shall make reasonable efforts to schedule transportation and provide notice in advance of the scheduled appointment.

b)

c) Expedited service authorizations for services that are deemed urgent but not emergent, shall be determined as expeditiously as the member's health condition requires. -For ~~NEMT~~ ambulance services the timeframe for approval must allow ambulance providers to comply with any local ordinances governing their response times.

8) Healthy Blue may establish its own policy for medical transportation services as long as it ensures members' access to care and is in accordance with current Louisiana Medicaid guidelines for non-emergency and emergency medical transportation (such as whether the member owns a vehicle or can access transportation by friends, relatives or public transit).

9) Healthy Blue may elect to contract with a Transportation Broker. Whether provided directly or through such broker, Healthy Blue ensures:

a) Transportation providers are selected to ensure proximity to the member to the maximum extent reasonable given all other contractual, legal, and regulatory requirements;

b) Maintenance, by Healthy Blue or its transportation broker, in an electronic format, of all records necessary to establish and validate NEMT/NEAT claims, including but not limited to:

i) Authorization data, including all member, provider, pick-up, drop-off, and mileage information necessary to establish a claim or as requested by LDH;

ii) Trip dispatch and passenger records, including logs and driver and passenger transportation verifications; and

iii) Vehicle and driver compliance records, including all required licensure and credentialing;

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- c) All NEMT/NEAT service claims are reviewed against physical claims for potential abuse and affirmatively reported to LDH upon reasonable suspicion of impropriety; and
- d) LDH is able, without additional expense to LDH, within three (3) business days of a written request by LDH, to inspect, audit, and copy all records maintained by Healthy Blue, or its transportation broker in compliance with this agreement.

10) Healthy Blue shall have sufficient NEMT/NEAT providers, including wheelchair lift equipped vans, to transport members to/from medically necessary services when notified forty-eight (48) hours in advance.

11) For medically necessary non-emergent transportation requested by the member or someone on behalf of the member, Healthy Blue shall schedule the transportation and require its NEMT/NEAT provider to arrive and provide services with sufficient time to ensure that the member arrives at least fifteen (15) minutes, but no more than one (1) hour, before the appointment; does not have to wait more than one (1) hour after the conclusion of the treatment for transportation; is not picked up prior to the completion of treatment; and is not in the vehicle for more than one (1) hour in excess of the estimated travel time, as calculated by a mapping application, for each leg of the trip.

12) If a member requests a healthcare provider who is located beyond access standards, and Healthy Blue has an appropriate provider within the network who accepts new patients, it shall not be considered a violation of the access requirements for Healthy Blue to grant the member's request. However, in such cases Healthy Blue shall not be responsible for providing transportation for the member to access care from this selected provider, and Health Blue shall notify the member in writing as to whether or not it will provide transportation to seek care from the requested provider.

13) If shortages in provider network sufficiency are identified, Healthy Blue executes an ad hoc or single case agreement when a clinical need or specialized behavioral health service is identified for a member and no network provider is available to meet that particular need. In such cases, all transportation necessary to receive necessary services will be provided and reimbursed through Healthy Blue, including meals and lodging as appropriate.

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14) Healthy Blue provides coverage for contractually mandated family planning services, including transportation to and from family planning appointments provided all other criteria for NEMT are met.

15) Healthy Blue is financially responsible for emergency medical services, including transportation, and shall not retroactively deny a claim for emergency services, including transportation, to an emergency provider because the condition, which appeared to be an emergency medical condition under the prudent layperson standard, was subsequently determined to be non-emergency in nature.

16) Healthy Blue is always the payer of last resort, except when responsible for payment as primary payer for mental health services and transportation services not covered by commercial insurance as primary payer.

d. _____

6) ~~Transportation for Family Planning Services to and from family planning appointments provided all other criteria for NEMT are met.~~

7) ~~Healthy Blue shall have sufficient NEMT providers, including wheelchair lift-equipped vans, to transport members to medically necessary services when notified forty-eight (48) hours in advance, and Healthy Blue must be able to arrive and provide services with sufficient time to ensure the member arrives at their appointment at least fifteen (15) minutes but no more than one (1) hour early;~~

8) ~~Medically necessary non-emergent transportation requested by the member or someone on behalf of the member, Healthy Blue shall require its transportation contractor to schedule the transportation so that the member arrives on time but no sooner than one (1) hour before the appointment; nor have to wait more than one (1) hour after the conclusion of the treatment for transportation home; nor picked up prior to the completion of treatment;~~

9) ~~If a member requests a Healthy Blue provider who is located beyond access standards, and Healthy Blue has as appropriate provider within the network who accepts new patients, it shall not be considered a violation of the access requirements for Healthy Blue to grant the member's request. However, in such cases Healthy Blue shall not be~~

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~~responsible for providing transportation for the member to access care from this selected provider, and Healthy Blue shall notify the member in writing as to whether or not Healthy Blue will provide transportation to seek care from the requested provider.~~

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Below is a reference grid on covered NEMT and EMT services:

Coverage information by enrollment type is provided in the following matrix:

Medicaid Transportation as of 12/1/15

Healthy Blue ELIGIBILITY/ENROLLEME NTEnrollment	<u>Non-Emergency NEMT (Non-Ambulance)</u>	<u>NEMT (Non-Emergency Ambulance)</u>	<u>EMTEmergency (Ambulance)</u>
Health—Physical and& Bbehavioral health	Healthy Blue	Healthy Blue	Healthy Blue
<u>Physical health only</u>	<u>Healthy Blue</u>	<u>Healthy Blue</u>	<u>Healthy Blue</u>
Health—Behavioral health only (excluding LTC, ICF-DD)	Healthy Blue	Healthy Blue	FFS <u>Medicaid</u>
Health—Physical only (CSOC children)	Healthy Blue	Healthy Blue	Healthy Blue

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<u>Nursing home residents</u>	<u>Included in facility per diem</u>	<u>Healthy Blue</u>	<u>Healthy Blue for month of admission and FFS Medicaid for subsequent months*</u>	Formatted: Left
LTC, Children in ICF-DDs (children)	Included in facility per diem	Healthy Blue	FFS <u>Medicaid</u>	Formatted: Left
<u>Adults in ICF-DDs (adults)</u>	Included facility per diem	FFS <u>Medicaid</u>	FFS <u>Medicaid</u>	Formatted: Left
Excluded populations**from Health (includes Take Charge, Spend Down, Refugees)	FFS <u>Medicaid</u> *	FFS <u>Medicaid</u>	FFS <u>Medicaid</u>	Formatted: Left

~~* Note: LDH will establish a contract with a vendor to perform scheduling and PA services.~~

* During the single transitional month where an enrollee is both in a P-linkage and certified in long-term care (LTC), Healthy Blue will remain responsible for all transportation services that are not the responsibility of the NF.

** Enrollees of the Take Charge Family Planning Program, Medically Needy Spend-Down Program, and refugees are excluded from managed care.

Non-Emergency Medical Transportation (NEMT)

Non-emergency, non-ambulance medical transportation is provided when all other means of free transportation have been explored and are unavailable to transport a member to an appointment for a Medicaid covered service. NEMT is authorized for the least costly means of transportation available to the nearest available qualified provider within reasonable proximity. Members must take advantage of free transportation and public transportation, if available.

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NEMT is provided through four (4) classifications of NEMT providers. Scheduling is considered in the following order:

- 1) Public providers;
- 2) Friends and family providers;
- 3) Non-profit providers; and
- 4) Profit providers.

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Non-Emergency Ambulance Transportation (NEAT)

Medical necessity for non-emergency ambulance service is established when the patient's condition is such that use of any other method of transportation is contraindicated. Medical necessity is met when the beneficiary is bed-confined before the trip, and expected to remain so after the trip. A beneficiary is bed-confined if he/she is unable to:

- 1) Get up from a bed without assistance;
- 2) Ambulate; and
- 3) Sit in a chair or wheelchair.

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NOTE: The term "bed confined" is not synonymous with "bed rest" or "non-ambulatory."

NEAT transportation for NF residents should only occur when the enrollee is bedbound and unable to be transported via any other means, or their medical condition requires monitoring by medical professionals.

Under the Louisiana Medicaid State Plan, prior authorization of non-emergency ambulance services is prohibited. Any claims for intrastate ground transportation services by an ambulance, including for patients being transported while under a physician's emergency certificate, shall not require a prior authorization but may be subject to post-service review.

Emergency Ambulance Transportation

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Emergency ambulance transportation is provided for a sudden onset of an emergency medical condition or an unforeseen combination of circumstance that apparently demand immediate attention at a medical facility to prevent serious impairment or loss of life. State policy and contracts prohibit the prior authorization of emergency services, except for transportation by fixed-wing air ambulance or across state lines.

Authorization is required for emergency air ambulance transportation services; however, the authorization process is done during a post-payment review and not prior to service delivery. Healthy Blue receives and reviews claims for payment for emergency air ambulance transportation services retrospectively. The provider has thirty (30) calendar days from the date of the initial air transport service to seek post-service authorization for services. Emergency air transportation is covered only if:

- 1) Speedy admission of the recipient is essential; and
- 2) The point of pickup is inaccessible by land vehicle or great distance or other obstacles are involved in getting the recipient to the nearest hospital with appropriate facilities.

The following are national emergency air codes recognized by the Centers for Medicare and Medicaid (CMS) and approved by LDH:

Procedure Code	Description
<u>A0430</u>	<u>Fixed wing air</u>
<u>A0431</u>	<u>Rotary wing air</u>
<u>A0435</u>	<u>Air mileage; fixed wing</u>
<u>A0436</u>	<u>Air mileage; rotary wing</u>

Under LDH policy, emergency ambulance transportation claims require documentation in which the treating physician or nurse at the receiving facility certifies that the recipient was in need of emergency care and an ambulance was the only means by which the recipient could have safely been transported for such care. Where an ambulance provider does not receive such certification

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from the physician or nurse, this transportation is considered a non-covered service by Medicaid. In such case, the ambulance provider may still bill with the intention of receiving a denial that it may use to seek other avenues of reimbursement.

Geographic Access Requirements

Healthy Blue shall comply with the maximum travel time and/or distance requirements as specified in the Contract and *Provider Network Companion Guide*.

- When seeking services from a primary care provider (PCP), travel distance for members living in urban parishes shall not exceed ten (10) miles, and travel distance for members living in rural parishes shall not exceed thirty (30) miles.
- For specialized care, travel distance to specialists listed in the *Provider Network Companion Guide* shall not exceed sixty (60) miles for at least seventy-five percent (75%) of members, and not exceed ninety (90) miles for all members.
- Travel distance to lab and radiology services shall not exceed twenty (20) miles in urban parishes, and thirty (30) miles for rural parishes.
- Travel distance to pharmacies and hemodialysis centers shall not exceed ten (10) miles in urban parishes, and thirty (30) miles for rural parishes.
- Travel distance to acute inpatient hospitals shall not exceed ten (10) miles in urban parishes, and thirty (30) miles for rural parishes; if no hospital is available within thirty (30) miles of a member's residence, Healthy Blue may request, in writing, an exception to this requirement.
- Travel distance to psychiatric inpatient hospital services shall not exceed ninety (90) miles or ninety (90) minutes for ninety percent (90%) of members.
- For ninety percent (90%) of members, travel distance to behavioral health specialists and psychiatrists shall not exceed fifteen (15) miles or thirty (30) minutes in urban parishes, and thirty (30) miles or sixty (60) minutes in rural parishes.

If members choose to travel outside of these guidelines, they become responsible for travel arrangements and costs. Requests for exceptions as a result of prevailing community standards

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must be submitted in writing to LDH for approval. LDH utilizes encounter data to identify trips provided to enrollees traveling outside of the guidelines for routine care.

Out-of-State Transportation, Meals and Lodging

All transportation outside of Healthy Blue's service area, beyond the contiguous or bordering counties of Louisiana's adjacent states, must be prior authorized. Residents of bordering parishes may seek medical treatment in nearby counties in an adjoining state. Transportation for OOS medical care will only be approved:

- 1) When it is the general practice for residents of a particular locality to use medical resources in an adjoining state; or
- 2) If approval has been obtained to receive medical treatment OOS.

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Long distance travel OOS may include ground transportation, air transportation, lodging, and reimbursement for meals. Transportation by commercial airline is authorized when no comparable services can be provided in Louisiana and the risk to the patient's health is grave. The health and safety of the member must be confirmed by the treating physician, and the patient's ability to tolerate this form of travel must be considered.

Coverage and reimbursement of meals and lodging are only applicable to OOS Medicaid covered services, and not covered for appointments within Healthy Blue's service area. Meals and lodging are approved when OOS treatment requires more than twelve (12) hours of total travel. "Total travel" includes the duration of the health care appointment and travel to and from that appointment. Healthy Blue must allow for meals and lodging, for each OOS trip that is not otherwise covered in the inpatient per diem, primary insurance, or other payer source.

Determining the Need for an Attendant

NEMT/NEAT includes transportation for the member and one (1) attendant. The following conditions require an attendant:

- 1) The member is under the age of 17;

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- 2) Sensory deficits, such as blindness or poor vision, deficits in hearing or receptive/expressive language disorder;
- 3) Special needs such as:
 - a) Convalescence from surgical procedures;
 - b) General weakness (bed and chair bound);
 - c) Protection from hazards, e.g., protection from smoking;
 - d) Decubitus (skin sores), other problems which prohibit sitting for a long period of time where assistance is needed;
 - e) Incontinence or lack of bowel control (catheterized),
 - f) Assistance with going to the restroom; or
 - g) Artificial stoma, colostomy or gastrostomy;
- 4) Need for human assistance for mobility, with or without aids, such as crutches, walkers, wheelchairs or limbs (splinted or in a cast);
- 5) Poor function or in need of supervision (confused, disoriented, hostile, agitated or wanders off);
- 6) Alzheimer's Disease (or some other mental impairment); and/or
- 7) Poor command of the English language.

Medicaid does not pay for the transportation of the attendant. Payment of the attendant to travel with the recipient is not a billable service. In addition the transportation provider:

- 1) May not charge the recipient or anyone else for the transportation of the attendant;
- 2) May refuse to transport more than one (1) attendant per recipient and may require an attendant for an adult requiring attention during the trip;
- 3) Should be informed if a recipient intends to bring along any children; and
- 4) Cannot bill for the accompanying children; however, the provider may refuse to transport these children.

A parent, legal guardian, or responsible person must accompany children under the age of seventeen (17). If the recipient is under the age of seventeen (17) and requires an attendant, the

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attendant must:

- 1) Be age seventeen (17) or older;
- 2) Be designated by the parent if the attendant is not the parent or legal guardian;
- 3) Be able to authorize medical treatment and care for the child; and
- 4) Accompany the child to and from the medical appointment.

The attendant must not:

- 1) Be a Medicaid provider or employee of a Medicaid provider that is providing services to the recipient being transported;
- 2) Be a transportation provider or an employee of a transportation provider; or
- 3) Be an employee of a mental health facility.

Gas Reimbursement Program for Friends and Family

A recipient's friend or family member who is able to transport the recipient to medical appointments, but requires monetary assistance for this service, may be reimbursed for providing transportation. These individuals must obtain prior authorization before transporting the member.

- 1) All gas reimbursement (GR) participants must be required to complete an enrollment form, which should be kept on file with the Transportation Broker and available for audits in addition to GR claims. The following information should be on each form:
 - a) Full name of driver;
 - b) Mailing address of driver (must match the driver's license L, post office boxes are not allowed);
 - c) Contact information of driver, including email and phone;
 - d) Social security number of driver;
 - e) No more than five (5) Medicaid recipients for which they are authorized to drive;
 - f) Driver's license number (with a copy of the license attached to the enrollment form);
 - g) Vehicle information (copy on file to be compared to the proof of insurance); and
 - h) Proof of insurance (copy of valid insurance on file attached to the enrollment form).

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- 2) When a trip is booked, the contractual geo-access requirements must be followed.
- 3) The broker is responsible for not allowing “double dipping” for this benefit. For example, if the participant takes two individuals from the same location to the same facility, they should only be reimbursed for the mileage one time instead of twice. The broker must have a policy in place to prevent this.
- 4) The gas reimbursement enrollee cannot be transported by a driver with the same address as the enrollee;
- 5) Healthy Blue must establish and provide a policy for auditing GR claims.
- 6) When a participant completes a GR trip, they should complete the reimbursement form. This form should be required for every reimbursement claim. This form should only be completed by the participant. Completing this phone via phone or portal is prohibited. The form should include the following information:
 - a) Full name of driver;
 - b) Contact information of driver;
 - c) Relationship to member;
 - d) Enrollee name;
 - e) Enrollee address;
 - f) Transportation date;
 - g) Facility/medical provider name and contact information (should be compared to what was originally booked to eliminate false information on form);
 - h) Facility/medical provider address;
 - i) A place for the facility/medical to stamp when the enrollee is dropped off;
 - j) The broker should calculate the miles based on the most direct route to the appointment, but take into account road closures or tolls;
 - k) Signature spot for the driver and enrollee with an attestation that the information is correct; and
 - l) Appointment type (to make sure payment for value-added services is not made).

Exceptions:

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~~Nursing home residents and children/youth under the age Twenty-one (21) that live in an Independent Care Facility/Developmental Disability facility have their NEMT met within the daily facility rate. The only time that would differ is listed in 2.e.~~

EXCEPTIONS:

As permitted under 42 CFR §438.3(e), Healthy Blue may offer value-added benefits (VABs) and services to members in addition to the core benefits and services specified in the Contract. VABs are those optional benefits and services offered by Healthy Blue, including those proposed in Healthy Blue's proposal, that are not core benefits and services, and cost-effective alternatives as defined in the Contract. Transportation to a VAB is the responsibility of the member and/or Healthy Blue, at the discretion of Healthy Blue.

The following are not reimbursable through the NEMT program:

- 1) Transportation from home to a NF;
- 2) Transportation from one NF to another unless the recipient is transferring to a NF in their medical service area because there were no beds originally available in his/her service area;
- 3) Transportation for NF residents; and
- 4) Transportation to Women, Infants, and Children (WIC) service appointments.

NOTE: NFs are required to provide medically necessary transportation to the nearest provider (within sixty-five (65) miles) for Medicaid recipients residing in their facilities. Any NF resident needing no-emergency transportation services are the financial responsibility of the NF. When an ambulance is necessary to transport a resident for non-emergency services and it does not include the physician's certification, that trip is not payable by Medicaid and the NF will be billed for services.

Transportation for members on hospice is the responsibility of the hospice provider and is not to be performed under either NEMT or NEAT. In those cases where a hospital discharge and hospice

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admit occur on the same date of service, discharge transportation is the responsibility of the hospice provider, as transportation is covered as part of the hospice provider's per diem payment.

Excluded services are defined as those services that members may obtain under the Louisiana State Plan or applicable waivers, and for which Healthy Blue is not financially responsible. However Healthy Blue is responsible for informing members on how to access excluded services, providing all required referrals and assisting in the coordination of scheduling such services. These services shall be paid for by LDH on a fee-for-service basis or other basis. Services include the following:

- 1) Dental services with the exception of varnish provided in a primary care setting, surgical dental services, and emergency dental services;
- 2) ICF/DD Services;
- 3) Personal care services for those ages twenty-one (21) and older;
- 4) NF services, with the exception of post-acute rehabilitative care provided at the discretion of Healthy Blue as a cost-effective alternative service to continued inpatient care;
- 5) Individualized Education Plan (IEP) services provided by a school district and billed through the intermediate school district, or school-based services funded with certified public expenditures (these services are not provided by Office of Public Health (OPH) certified school-based health clinics);
- 6) All Home & Community-Based Waiver services;
- 7) Targeted Case Management services; and
- 8) Services provided through LDH's Early-Steps Program (Individuals with Disabilities Education Act (IDEA) Part C Program Services).

Prohibited Services:

- 1) Elective abortions (those not covered in the Contract) and related services;
- 2) Experimental/investigational drugs, procedures or equipment, unless approved by the Secretary of LDH;
- 3) Elective cosmetic surgery; and
- 4) Services for the treatment of infertility.

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REFERENCES:

[#25203 LA Transportation Guidance](#)
[#26414 Guidance on Gas Reimbursement Program](#)
[CFR Title 42](#)
[Emergency and Post-Stabilization Services – LA](#)
[Health Plan Advisory 15-5](#)
[Health Plan Advisory 17-16](#)
[Health Plan Advisory 18-4](#)
[Health Plan Advisory 18-5](#)
[Informational Bulletin 12-8](#)
[Informational Bulletin 15-16](#)
[Informational Bulletin 15-20](#)
 Louisiana ~~State~~Health Contract
[Medicaid Services Chart Sections 3.7.1; 6.14.1.8; 6.23.2.1 5; 7.8.9.1 3](#)
[Medical Transportation Provider Manual](#)
[Non-Covered and Cost-Effective Alternative Services – LA](#)
[Out of Area-Out of Network Care – LA](#)
[Precertification of Requested Services – LA](#)
[Retrospective Review – LA](#)
~~Prior Authorization~~

RESPONSIBLE DEPARTMENTS:

Primary Department: ~~Behavioral Health—Plan~~Health Care Management

Secondary Department(s): Behavioral Health, Claims, Vendor Contracting and Management

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REVISION HISTORY:

Review Date	Changes
11/30/2015	<ul style="list-style-type: none"> New submitted to the state for LA BH Integration
01/04/2017	<ul style="list-style-type: none"> For annual review Minor edit under policy section
12/18/2018	<ul style="list-style-type: none"> For annual review Amerigroup references updated to Healthy Blue Bayou reference removed
12/ 07 /2018	<ul style="list-style-type: none"> For annual review Updates to procedure section with current contract language
11/1/2019 <u>11/21/2019</u>	<ul style="list-style-type: none"> Off cycle review, edits, and updates <u>Annual Review</u> <u>Revisions for LA – Emergency Contract</u> <u>Edits to policy, definitions, procedure, exceptions, and references</u> <u>Policy title changed from "Non-Emergency Medical Transportation - LA" to "Medical Transportation – LA"</u> <u>Primary department changed from Behavioral Health-Plan to Health Care Management</u> <u>Behavioral Health, Claims, and Vendor Contracting and Management added as Secondary Departments</u> <u>Update to new template</u>

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