

# MEDICAL TRANSPORTATION

The MCO is required to provide emergency and non-emergency medical transportation for its enrollees. Coverage information by enrollment type is provided in the following matrix:

Enrollment	Non-Ambulance	Non-Emergency Ambulance	Emergency Ambulance
<i>Managed care for physical and behavioral health</i>	MCO	MCO	MCO
<i>Managed care for physical health only (CSoc children)</i>	MCO	MCO	MCO
<i>Managed care for behavioral health only</i>	MCO	MCO	Medicaid FFS
<i>Nursing home residents</i>	Included in facility per diem	MCO	MCO for month of admission*; Medicaid FFS for subsequent months
<i>Children in ICF-IIDs<sup>†</sup></i>	Included in facility per diem	MCO	Medicaid FFS
<i>Adults in ICF-IIDs<sup>†</sup></i>	Included in facility per diem	Medicaid FFS <sup>^</sup>	Medicaid FFS
<i>Excluded populations</i>	Medicaid FFS <sup>^</sup>	Medicaid FFS <sup>^</sup>	Medicaid FFS

<sup>†</sup> Intermediate Care Facility for Individuals with Intellectual Disabilities

<sup>^</sup> Verida ([formerly Southeastrans](#)) is currently approving and reimbursing for these transportation services covered by Medicaid FFS.

\*During the single transitional month where an enrollee is both in a P-linkage and certified in LTC, the MCO will remain responsible for all transportation services that are not the responsibility of the nursing facility.

The MCO may elect to contract with a transportation broker but shall maintain ultimate responsibility for adhering to and otherwise fully complying with the policies, instructions, and guidelines herein, any applicable Contract provisions, and any applicable state and federal requirements.

## Non-Emergency Medical Transportation

Non-emergency medical transportation (NEMT) is transportation provided to Medicaid enrollees to and/or from a Medicaid covered service, including carved-out services, or value-added benefit (VAB) when no other means of transportation is available. NEMT does not include transportation provided on an emergency basis, such as trips to emergency departments in life threatening situations.

This section is applicable to non-ambulance, non-emergency medical transportation only. See the *Ambulance* section of this Manual for guidelines specific to non-emergency ambulance transportation (NEAT). NEMT shall not include any non-emergency ambulance transportation or other type of transportation by ambulance. See La. R.S. 40:1257.1. Services shall be provided in accordance with the Louisiana Administrative Code, Title 50, Part XXVII, Chapter 5.

## Covered Services

The MCO shall cover NEMT for the least costly means of transportation available that accommodates the level of service required by the enrollee to and/or from a Medicaid covered service.

NEMT must be within the enrollee's transportation service area. The transportation service area is defined as the area that complies with the geographic access standards outlined in Contract Attachment F, *Provider Network Standards*.

Eligible expenses include the following when necessary to ensure the delivery of medically necessary services:

- ❖ Transportation for the enrollee and one attendant; and
- ❖ [GoMeals](#), lodging, and other related travel expenses for the enrollee and one attendant when long distance travel is required. Long distance is defined as when the total travel time, including the duration of the appointment plus the travel to and from the appointment, exceeds 12 hours.
  - The MCO must establish a reimbursement policy that does not exceed per diem rates established by the U.S. General Services Administration [\[link\]](#).
  - The MCO 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.
  - If the MCO denies meals and lodging services to an enrollee 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.

Scheduled trips in which no transportation of the enrollee occurs are not billable.

Reimbursement to transportation providers shall be no less than the published Medicaid FFS rate in effect on the date of service, unless mutually agreed to by the MCO and the transportation provider in the provider agreement.

## Exceptions to Standards

The transportation service area applies for P-linkage enrollees who are enrolled in an MCO for physical health, behavioral health, and transportation services. It is not applicable to B-linkage enrollees who are enrolled in an MCO for specialized behavioral health and NEMT services.

If a P-linkage enrollee does not have a choice of at least two medical providers within the geographic access standards, the transportation service area may be extended to the nearest medical provider beyond the geographic access standards. If the enrollee does have a choice of at least two medical providers within the transportation service area but chooses to travel outside of the transportation service area in order to access a preferred healthcare provider, the MCO shall review all requests and shall either issue a decision or submit a written request for exception to LDH for approval. If LDH denies the request, the MCO shall deny the request and will not be reimbursed for the trip. If LDH approves the request, the approval is valid for all of the enrollee's appointments to the specific healthcare provider or facility listed on the exception. If the physical location of the healthcare provider or facility is modified, the approval is rendered invalid.

The MCO's attestation submitted with geographic availability reports must identify deficiencies in its provider network by parish and service type. The attestation must also outline specific actions the MCO will take to mitigate and resolve each identified deficiency, including the recruitment and contracting of qualified providers. Additionally, the MCO must identify and address provider network accessibility gaps within its Network Development and Management Plan, including strategies to close those gaps.

Enrollees may seek medically necessary services in another state when it is the nearest option available. All non-emergency out-of-state transportation must be prior approved by the MCO. The MCO may approve transportation to out-of-state medical care only if the enrollee has been granted approval to receive medical treatment out of state.

Enrollees are linked to specific Opioid Treatment Program (OTP) locations; however, enrollees may receive opioid treatment at another clinic (i.e., "guest dose"). The MCO shall cover transportation to any OTP location, not just the location to which the enrollee is linked or that is in the enrollee's home parish or region.

The MCO must maintain documentation to support exceptions to standards and submit documentation to LDH upon request.

## Exclusions

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The MCO shall not be reimbursed for transportation to or from the following locations:

- ❖ Pharmacies;
- ❖ Nursing facilities;
- ❖ Hospice care; or
- ❖ Women, Infants, and Children (WIC) service appointments at the Office of Public Health.

NOTE: This is not an exclusive list.

The MCO may reimburse for transportation to or from a pharmacy, WIC appointment, or other value-added benefit as an approved MCO value-added benefit, regardless if it is a standalone trip or as an additional stop. The MCO shall flag both the service and the transportation as a value-added benefit in accordance with the **MCO System Companion Guide**.

## Commercial Air Transportation for Out-of-State Care

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The MCO may approve NEMT on commercial airlines for out-of-state trips when no comparable healthcare services can be provided in Louisiana, and the risk to the enrollee's health is grave if transported by other means. All out-of-state non-emergency medical care must be prior authorized by the MCO. Transportation may be included in the prior authorization for medical services. MCO approval shall be contingent on the treating physician's confirmation that there are no negative impacts to the health and safety of the enrollee by utilizing commercial air transportation.

The MCO shall reimburse air travel for the enrollee plus a maximum of one attendant, if medically necessary or if the enrollee is a child, at the lowest, refundable, coach/economy class fare. Upgrades (e.g., fare class or seat) and additional costs (e.g., in-flight refreshments) shall not be reimbursed.

# Scheduling and Dispatching

## General Requirements

Requests for transportation may be made by enrollees or healthcare providers. The MCO may not impose a limit on the number of NEMT services that may be scheduled by an enrollee or healthcare provider during a single call. The transportation broker and the transportation provider may neither schedule, nor make changes to, an enrollee's healthcare appointment. Under no circumstances may the transportation broker or transportation provider request that the enrollee change the date and/or time of a scheduled healthcare appointment. This prohibition extends to healthcare providers who have an ownership interest in the transportation company.

To be eligible for reimbursement, NEMT trips must be reviewed by the MCO, prior to scheduling, for enrollee eligibility and verification that the originating or destination address belongs to a medical facility. Additional approval requirements for [elevated level of care](#), out-of-state travel, and commercial air are addressed in this manual.

~~The MCO shall provide a confirmation number to each enrollee at the time transportation is scheduled.~~

The MCO shall assign transportation providers on the basis of the least costly means available, including the use of free and/or public transportation when possible, with consideration given to the enrollee's choice of transportation provider. The MCO shall ensure that the provider accommodates the level of service required to safely transport the enrollee (e.g., ambulatory, ~~and wheelchair – either standard or elevated level of care, transfer~~).

When multiple providers meet the least costly standard, the MCO should dispatch trips to providers whose primary service region for operation, according to the provider's Disclosure of Ownership Information Form for Entity and Business, is the same as the enrollee's domicile [service region](#) and who are able to comply with all travel and wait time standards. The MCO is prohibited from dispatching trips to out-of-region providers, unless the MCO retains documentation to support that there is no willing and available provider in the region<sup>1</sup> where the enrollee is domiciled able to comply with time requirements or that the out-of-region provider is the least costly option.

With the exception of urgent transportation requests and discharges from inpatient facilities, enrollees and healthcare providers are expected to give at least 48 hours' notice when requesting transportation; however, the MCO must make a reasonable attempt to schedule the trip with less than 48 hours' notice.

MCOs shall make every effort to schedule urgent transportation requests and may not deny a request based solely on the appointment being scheduled less than 48 hours in advance. Urgent transportation refers to a request for transportation made by a healthcare provider for a medical service which does not warrant emergency transport but cannot be postponed. Urgent transportation shall include chemotherapy, radiation, dialysis, OTP, or other necessary medical care that cannot be rescheduled to a later time. An urgent transportation request may occur concurrently with a standing order.

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<sup>1</sup> Defined as the LDH administrative regions illustrated at <https://ldh.la.gov/index.cfm/page/2>.

**NEMT providers shall pick up enrollees no later than three hours after notification by an inpatient facility of a scheduled discharge or two hours after the scheduled discharge time, whichever is later.**

Examples are as follows:

- ❖ If an inpatient facility notifies the MCO at 12:00 pm for a 12:30 pm discharge, the enrollee shall be picked up no later than 3 pm.
- ❖ If an inpatient facility notifies the MCO at 12:00 pm for a 2 pm discharge, the enrollee shall be picked up no later than 4 pm.
- ❖ If an inpatient facility notifies the MCO at 8 pm for a 7 am discharge the next day, the enrollee shall be picked up no later than 9 am.

The MCO shall allow enrollees who have recurring treatment and therapies, such as dialysis, chemotherapy, OTP, or wound care, to establish a standing order for transportation. This allowance shall extend to the healthcare facility providing the recurring treatment or therapies. The MCO shall assign transportation providers to the standing order on the basis of the least costly means available. If multiple transportation providers meet the least costly standard, the standing order should be scheduled with the same transportation provider to ensure continuity of care and to prevent missed treatments.

The standing order shall be flexible, allowing the enrollee or healthcare facility to revise the pickup and/or drop-off time, incorporate additional recurring appointments, and change the completion date of treatment. The MCO shall update the standing order upon request of these changes and may not deny transportation associated with these changes. MCOs shall review all standing orders at least once per calendar month to ensure the agreement with the assigned transportation provider is the most cost-effective option available. Results of these reviews shall be retained and made available to LDH upon request.

The MCO shall provide a confirmation number to each requester at the time transportation is scheduled.

When a transportation provider cannot perform the scheduled service, the MCO shall require the provider to immediately notify the MCO in order to allow for the coordination of for the MCO to secure an alternate provider.

When the transportation broker is unable to fulfill an enrollee's request for NEMT services after providing the enrollee-requester with a confirmation number for the requested transport, the MCO shall require the transportation broker to notify the enrollee immediately that the transportation services will be canceled. The MCO shall require the transportation broker to notify enrollees of any other changes to trip details. Notifications shall be provided via phone, e-mail, or text, depending on the enrollee's preferred method of communication.

The MCO shall verify the enrollee's pickup and drop-off locations to ensure that transportation is provided to a Medicaid covered healthcare facility or the enrollee's residence at the time of the service. An MCO shall not deny an enrollee the ability to schedule NEMT services due to homelessness. Transportation services shall not be denied solely on the basis of an enrollee's reported address.

The MCO shall ensure that enrollees are transported to, and dropped off at, the destination address verified and approved through the eligibility determination process conducted by the transportation

broker. Transportation providers are prohibited from dropping off members at any address or location that has not been verified and approved prior to the trip.

The MCO shall monitor providers to ensure that they do not reject local trips in favor of long distance trips. Providers who exhibit a pattern of rejecting local trips may be subject to trip reductions or other sanctions, particularly if such action results in actual harm to an enrollee or places the enrollee at risk of imminent harm.

Transportation providers must permit service animals to accompany enrollees during all Non-Emergency Medical Transportation (NEMT) services. Enrollees eligible for NEMT services shall not be denied transportation access due to the presence of a service animal. Enrollees may not be required to sit in a designated area due to traveling with a service animal, nor shall they be charged additional fees or required to provide advance notice of the service animal's presence.

If an enrollee voluntarily provides advance notice during the scheduling process, the MCO must notify the transportation provider that the enrollee will be accompanied by a service animal during the scheduled NEMT services. ~~The MCO may request additional information regarding the service animal, including, but not limited to, if the animal is required because of a disability and what work or task the animal has been trained to perform.~~ The NEMT provider may not request proof or documentation of the animal's certification, training, or licensure as a service animal.

If a child is to be transported, either as the enrollee or an additional passenger, the parent or guardian of the child is responsible for providing an appropriate child passenger restraint system as outlined by La. R.S. 32:295. The MCO is responsible for notifying the parents or guardians of this requirement when scheduling the trip.

## **Additional Passengers**

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The MCO must inform the transportation provider if an enrollee intends to bring accompanying children or if an attendant is required.

The MCO shall prohibit transportation providers from charging the enrollee or anyone else for the transportation of additional passengers and shall not reimburse any claims submitted for transporting additional passengers.

## **Children**

The MCO's policy must allow the transportation provider to refuse to transport accompanying children when the child is accompanying an enrollee for a covered service but does not have a scheduled appointment. The MCO's policy must permit the transportation provider to refuse the transportation of accompanying children when the child/children do not have a scheduled appointment, regardless of whether the child/children are accompanying an enrollee for a covered service."

## Attendants

The MCO is responsible for determining if an attendant is required. If required, the MCO shall ensure that the attendant accompany the enrollee to and from the medical appointment. The following non-exclusive list of conditions may require an attendant:

- ❖ Sensory deficits;
- ❖ Need for human assistance for mobility;
- ❖ Dementia or other cognitive impairments;
- ❖ At risk of elopement;
- ❖ Behavioral disorders;
- ❖ Need for interpretation or translation assistance; or
- ❖ Special needs such as:
  - Convalescence from surgical procedures;
  - Decubitus ulcers or other problems which prohibit sitting for a long period of time;
  - Incontinence or lack of bowel control;
  - Assistance with toileting; and
  - Artificial stoma, colostomy or gastrostomy.

An attendant shall be required when the enrollee is under the age of 17. This attendant must:

- ❖ Be a parent, legal guardian, or responsible person designated by the parent/legal guardian; and
- ❖ Be able to authorize medical treatment and care for the enrollee.

Attendants may not:

- ❖ Be under the age of 17;
- ❖ Be a Medicaid provider or employee of a Medicaid provider that is providing services to the enrollee being transported, except for employees of a mental health facility in the event an enrollee has been identified as being a danger to themselves or others or at risk for elopement; or
- ❖ Be a transportation provider or an employee of a transportation provider.

## Exceptions

All females, regardless of their age, seeking prenatal and/or postpartum care shall not be required to have an attendant.

## Provider Requirements

### Classification of Providers

NEMT is provided to Medicaid enrollees through four classifications of NEMT providers. The MCO shall consider scheduling NEMT providers in the following order:

1. Public
2. Gas reimbursement

3. [Traditional \(For-profit and Non-profit\)](#)
4. [Transportation Network Company \(TNC\)](#)
- ~~2. Non-profit~~
- ~~3. For-profit~~

*Public providers* include city and parish intrastate mass transit systems (e.g., bus, train).

*Gas reimbursement providers* are individuals, including friends or family members. The provider may not reside at the same physical address as the enrollee being transported and may not transport more than five enrollees, across all contracted MCOs, except where there are more than five enrollees in the same household.

#### Traditional Providers

- [For-profit providers include corporations, limited liability companies, partnerships, or sole proprietors. For-profit providers must comply with all state laws and the regulations of any governing state agency, commission, or local entity to which they are subject as a condition of enrollment and continued participation in the Medicaid program.](#)
- *Non-profit providers* include those providers who are operated by or affiliated with a public organization such as state, federal, parish or city entities, community action agencies, or parish Councils on Aging. If a provider qualifies as a non-profit entity according to Internal Revenue Service (IRS) regulations, they may only enroll as non-profit providers.

~~*For-profit providers include corporations, limited liability companies, partnerships, or sole proprietors. For-profit providers must comply with all state laws and the regulations of any governing state agency, commission, or local entity to which they are subject as a condition of enrollment and continued participation in the Medicaid program.*~~

[Transportation Network Companies \(TNCs\) are often called rideshare companies. These companies use a digital network, like a smartphone application, to connect Medicaid enrollees to TNC drivers who provide prearranged rides using approved personal vehicles.](#)

## **General Requirements**

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The MCO shall ensure that the transportation provider agrees to cover the entire parish or parishes for which he or she provides NEMT services.

The MCO shall ensure that the transportation provider performs door-to-door assistance to and from the main entrance of the pickup and/or drop off locations upon request of enrollees who may require additional assistance.

The MCO shall ensure that the NEMT provider does not touch any passenger, unless [the enrollee has been approved for elevated level of care \(ELOC\) services, or](#) the passenger requests moderate assistance to, from, into, and out of the vehicle, including securing the seatbelt, and to and/or from the entrance of the

pick-up and drop-off location, unless such assistance would present a direct threat to the driver, other passengers or individuals, or the vehicle.

-Enrollees may request NEMT ~~elevated level of care (ELOC)~~ services to and/or from a Medicaid covered service if medically eligible.

Enrollees may utilize the ELOC transportation services, often referred to as door-through-door transportation, which assists ~~in the capacity of the beneficiary~~enrollees according to their level of need or functional capacity. ELOC is a level of care for enrollees with mobility limitations who require assistance when using a wheelchair.

Elevated level of care NEMT services utilize fully credentialed NEMT providers who have complied with any advanced training and insurance required by the Department, to transport enrollees to and/or from covered Medicaid services, including carved out services or value-added benefits.

## Gas Reimbursement Provider Requirements

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The MCO shall ensure that gas reimbursement providers are 18 years of age or older and possess a ~~current valid Louisiana~~ driver's license. The provider may not reside at the same address as the enrollee.

In order to be eligible for reimbursement, the MCO must obtain the following from gas reimbursement providers:

- ❖ An enrollment form that includes at a minimum:
  - Provider's full name;
  - Provider's physical address (P.O. Box is not valid);
  - Provider's mailing address;
  - Provider's phone number;
  - Provider's social security number; and
  - List of no more than five enrollees or all enrollees within one household, for whom the driver may be reimbursed. Enrollee information must include the full name, date of birth, and Medicaid ID;
- ❖ A clear and legible copy of the valid driver's license and attestation that a valid state inspection sticker (if applicable) will be maintained as part of the enrollment packet; and
- ❖ A copy of the vehicle's registration and insurance that meets or exceeds the minimum insurance required by the State of Louisiana.

Reimbursement to gas reimbursement providers is intended to cover all persons in the vehicle at the time of the trip (i.e., reimbursement shall be made for one trip regardless of the number of enrollees or additional passengers in the vehicle).

The MCO shall issue IRS Form 1099-~~yearly~~ annually to all gas reimbursement providers for income tax purposes.

## For-Profit and Non-Profit Traditional Provider Requirements

The MCO shall obtain credentials from each ~~for-profit and non-profit~~ traditional NEMT provider prior to and continually thereafter providing services under the NEMT program. The MCO may not assign any trips to ~~for-profit and non-profit~~ traditional providers at any point who do not meet the requirements of this section. The MCO may not reimburse any provider in violation of these requirements on the date of service. These requirements are not applicable to public or gas reimbursement providers.

Each ~~NEMT~~ traditional provider must meet all Medicaid program guidelines independently, regardless of whether ~~more than one~~ multiple NEMT providers ~~are~~ ~~is~~ owned ~~or operated by the~~ ~~under the~~ same ~~NEMT provider~~ parent entity.

## Administrative Requirements

The MCO shall obtain the following administrative documents from the NEMT provider:

- ❖ A Disclosure of Ownership Information Form for Entity and Business [[link](#)] as required by 42 C.F.R. §§ 455.104-455.106;
- ~~❖ The provider's National Provider Identifier (NPI) number in their business entity name obtained from the National Plan and Provider Enumeration System (NPPES);~~
- ❖ The MCO must use the exact legal name of the business entity and the physical address, as listed on the Louisiana Secretary of State website and the NPPES NPI Registry, on all documentation, including reports, contracts, and agreements. This requirement also applies to any registered "Doing Business As" (DBA) name;
- ❖ The business entity name, National Provider Identifier (NPI), and physical address as listed in the National Plan and Provider Enumeration System (NPPES);
- ❖ A copy of the IRS Form CP 575 showing the Employer Identification Number (EIN) and business entity name which must match all other documentation including, but not limited to, vehicle signage. A copy of the IRS Form 147C is acceptable if the IRS Form CP 575 is not available;
- ❖ An IRS Form W-9 which matches the information on the IRS Form CP 575 or 147C;
- ~~❖ A Certificate of Public Necessity (CPNC) issued by the Orleans Parish Taxicab Service and Enforcement Bureau for each provider, driver, and vehicle that will operate in Orleans Parish; and~~
- ~~— An NEMT permit issued by the Jefferson Parish Emergency Management Office for each provider, driver, and vehicle that will operate in Jefferson Parish.~~
- ❖ An NEMT permit issued by Shreveport-Bossier City Convention & Tourist Bureau for each provider, driver and vehicle that will operate within the Shreveport-Bossier City Metropolitan area. Providers operating in ~~Bossier City~~ municipalities or parishes that require a specialized license or permit for NEMT services shall obtain and maintain the applicable license or permit at all times. Current copies of such documentation must be submitted to the MCO or its subcontractor as evidence of compliance. The Certificate of Public Necessity (CPNC) and the Jefferson Parish NEMT permit are examples of a required license and permit.;
- ❖ The MCO must conduct a monthly review of each active NEMT driver's Official Driving Record (ODR) to verify that the driver's license remains valid and active. For drivers with out-of-state licenses, the MCO must also review their ODRs monthly to confirm license validity in that particular state. All documentation must be maintained and made available to LDH upon

[request.](#)

The MCO shall ~~conduct a search of the~~ Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE), Louisiana Adverse Actions List Search, the System of Award Management (SAM), and other applicable sites as ~~may be~~ determined by LDH, monthly to capture exclusions and reinstatements that have occurred since the previous search. Any and all exclusion information discovered shall be reported to LDH within three business days. Any individual or entity that employs or contracts with an excluded NEMT provider/individual cannot claim reimbursement from Medicaid for any items or services furnished, authorized, or prescribed by the excluded provider or individual. This is a prohibited affiliation. This prohibition applies even when the Medicaid reimbursement itself is made to another provider who is not excluded.

The MCO is responsible for the return to the State of any money paid for services provided by an excluded NEMT provider within 30 days of discovery. Failure by the MCO to ensure compliance with requirements to prevent and return, as applicable, payments to excluded providers may also result in LDH assessing monetary penalties and/or other remedies including, but not limited to, a deduction from the MCO's monthly capitation payment.

## Insurance Requirements

~~The MCO shall ensure that for profit and non profit NEMT providers have general liability coverage if required by a local ordinance in areas where the NEMT provider operates, in addition to automobile liability coverage of \$25,000 for bodily injury per person, \$50,000 per accident, and \$25,000 for property damages. Automobile liability coverage should include either:~~

~~The MCO shall ensure that traditional NEMT providers obtain a minimum automobile split limit liability insurance coverage of \$25,000 per person, \$50,000 per accident, and \$25,000 property damage policy or a combined single limit automobile coverage at a minimum of \$300,000. The automobile liability coverage should include either:~~

- ~~❖ [Symbol 1;](#)~~
- ~~❖ Symbols 7, 8, and 9; or~~
- ~~❖ Symbols 2, 8, and 9.~~

The NEMT provider's certificate of insurance must state that this coverage is for a Non-Emergency Medical Transportation Vehicle. The policy must have a 30-day cancellation clause issued to the MCO. LDH must be listed as an additional insured on the automobile liability and general liability policies. The MCO shall obtain a copy of the policy from the provider.

If a transportation provider adds a vehicle, the MCO shall obtain from the NEMT provider an updated copy of the policy, which shows that the additional vehicle is insured, prior to use of the vehicle.

The MCO shall ensure that all transportation companies carry worker's compensation insurance as required by Louisiana law.

[The MCO shall ensure that all transportation providers delivering ELOC wheelchair services maintain active general liability insurance coverage.](#)

Operation without the minimum insurance coverage is a violation of the NEMT provider requirements. LDH or the MCO may recoup all payments for trips occurring during the period of violation.

## Driver Requirements

Drivers shall meet the following minimum requirements ~~in order~~ to transport Medicaid enrollees:

- ❖ Be 21 years of age or older;
- ❖ Possess a ~~valid~~current driver's license (~~e~~Class D or Commercial Driver's License [-CDL]);
- ❖ ~~Possess the appropriate municipal or parochial permits if operating in Orleans and Jefferson Parish; Providers operating in any municipality or parish that requires a specialized license or permit for NEMT services shall obtain and maintain the applicable license or permit;~~
- ❖ ~~Have an Official Driving Record with neither three or more moving violations, nor any convictions for operating a vehicle while intoxicated, within the past three years;~~
- ❖ Have no more than two (2) moving violations on their official driving record within the past three years;
- ❖ A driver is permanently ineligible to participate in the Medicaid transportation program if they have:
  - Any conviction for operating a vehicle under the influence, regardless of when the conviction occurred; or
  - Any conviction for refusal to submit to a chemical test, regardless of the date of occurrence.
  - A legal requirement to operate a vehicle equipped with an ignition interlock device (IID).
- ❖ ~~Comply~~In compliance with La. R.S. 40:1203.1 - 40:1203.7, ~~Transportation providers shall conduct an annual criminal history check on all NEMT drivers.~~
  - ~~The~~ criminal history background check must be ~~performed~~completed by the Louisiana State Police (LSP), an agency authorized by ~~the Louisiana State Police~~LSP, or the Federal Bureau of Investigation (FBI);
  - ~~The results of the criminal history check~~ must be transmitted directly to the MCO or its designated transportation broker by the ~~authorizing~~authorized agency;
  - ~~The~~Each driver must submit ~~driver must submit~~ written consent allowing the authorized agency to release the background check results directly to the MCO ~~and/or~~ its transportation broker;
  - To be eligible for participation in the Medicaid transportation program, a driver must have a "clean" record, ~~with meaning~~ no convictions for prohibited crimes, unless the ~~person individual~~ has received a pardon ~~of the conviction~~ or ~~has had their~~ the conviction has been expunged; ~~and~~
  - If the documentation submitted to the MCO or its subcontractor contains truncated or incomplete conviction descriptions, the provider must submit supplemental documentation with the full details of the conviction. Failure to submit complete and accurate documentation as required will result in the driver's removal from the program.

- ❖ ~~Have-Must~~ successfully ~~passed-pass, at minimum,~~ a five-panel drug screen, ~~at a minimum,~~ which tests for common controlled substances.
  - ~~Drug screenings~~ shall be ~~performed-conducted~~ annually and upon reasonable suspicion of substance use;
  - ~~The results of the All~~ drug screening results must be transmitted directly to the MCO by ~~the a licensed~~ testing agency;
  - Any driver, or prospective driver, who fails ~~the a~~ drug screen ~~may-shall not~~ resume driving ~~er responsibilities-duties~~ until after a ~~s~~Substance ~~a~~Abuse ~~p~~Professional (SAP) conducts ~~issues~~ a final evaluation and ~~provides written~~ return ~~-to-duty-work~~ clearance; ~~and;~~
  - ~~Upon return to duty, the driver must complete a minimum of three (3) follow-up drug screens within six (6) months of reinstatement.~~ The MCO shall ~~be responsible for verifying successful completion of all follow-up testing requirements.~~ ~~confirm that the driver successfully completes three follow-up screens over the six-month period following return to duty.~~

The MCO shall ~~obtain-and-maintain~~ documentation ~~demonstrating-verifying~~ compliance with ~~these-all~~ requirements ~~outlined in this policy.~~

## Training Requirements

NEMT drivers shall complete the following training requirements prior to transporting any Medicaid enrollees:

- ❖ Defensive driving, utilizing an in-person or virtual course of no less than four hours, to be renewed every three years, at a minimum;
- ❖ Cardiopulmonary resuscitation (CPR), utilizing an in-person course, culminating in an active certification issued by a licensed instructor;
- ❖ Child passenger restraint systems, including installation and usage in compliance with La. R.S. 32:295, ~~must be completed and renewed annually;~~
- ❖ Wheelchair securement and Passenger Assistance Safety and Sensitivity (PASS), to be renewed every two years, at a minimum, and as follows:
  - All drivers contracted with NEMT providers who do not have wheelchair accessible vehicles within their fleet may take virtual wheelchair securement training;
  - All drivers contracted with NEMT providers who have wheelchair accessible vehicles, regardless of whether they are lift vehicles or ramp vehicles, are required to take in-person wheelchair securement training;
  - Any driver that has a valid ADA exception, diagnosed by a healthcare provider, which excludes them from all wheelchair transports, may take either the in-person or virtual wheelchair securement training. The driver shall not drive any wheelchair accessible vehicles when transporting Medicaid enrollees; and
- ❖ Health Insurance Portability and Accountability Act (HIPAA) privacy and security.
- ❖ ~~All NEMT drivers providing ELOC (ELOC) services shall complete the following courses, in addition to the core requirements for all NEMT drivers.~~ The following courses must be renewed annually:
  - ~~The Non-Emergency Medical Transportation Accreditation Commission, Inc. (NEMTAC) Education Requirements, which include:~~

- [Advanced Mobility Device Securement Certification](#)
- [Certified Transport Specialist \(CTS\) Certification](#)
- [Passenger assistance and safety; and](#)
- [Sensitivity and disability awareness.](#)

The MCO shall obtain supporting documentation and ensure compliance with driver training requirements.

## Vehicle Requirements

The MCO shall ensure that each vehicle authorized to transport enrollees under the NEMT program attains compliance with all vehicle requirements prior to transporting any Medicaid enrollees and maintains compliance thereafter.

### General Requirements

The [traditional](#) transportation provider shall own or lease its vehicles. The MCO shall obtain documentation that the vehicle is registered in the name of the company. The MCO must ensure each leased vehicle meets all Medicaid Program requirements, including insurance requirements, set forth by LDH. The MCO must ensure each leased vehicle meets all insurance requirements set forth specifically for leased vehicles by the State of Louisiana and the Office of Motor Vehicles.

The MCO shall ensure that vehicles meet the following minimum requirements:

- ❖ Windshield in good condition and free of vision impairments;
- ❖ Active LA inspection sticker or, if applicable, the inspection sticker for vehicles operating in Orleans and Jefferson Parish;
- ❖ Certificate of Public Necessity and Convenience (CPNC) for each vehicle operating in New Orleans; and NEMT permit for each vehicle operating in Jefferson Parish;
- ❖ Signage on the appropriate sides of the vehicle (see *Signage*);
- ❖ License plate, with an active registration sticker;
- ❖ Vehicle Identification Number (VIN) on a portion of the vehicle;
- ❖ Registration and insurance card secured in the vehicle;
- ❖ Functioning air conditioning and heating in the front and rear of the vehicle;
- ❖ Functioning seatbelts;
- ❖ Seat belt cutter secured in the vehicle within the driver's reach;
- ❖ Fire extinguisher, showing the pressure gauge is reading within the manufacturer's optimal setting, secured in the vehicle; and
- ❖ MCO or its transportation broker's decal, displaying the date the vehicle passed inspection, attached to the vehicle.

NEMT providers may not share vehicles with other NEMT providers regardless of whether more than one NEMT provider is owned by the same NEMT provider entity.

Stretcher vans, two-door vehicles, and pickup trucks are not allowable vehicle types. Salvage title vehicles are also not allowed.

If the vehicle is equipped to transport wheelchairs, the MCO must ensure that it complies with all applicable Americans with Disabilities Act (ADA) requirements, including requirements for restraints, tie-downs, lifts, and ramps.

The MCO shall require all NEMT providers to notify the MCO of any newly added vehicles to ensure in order for the MCO to properly inspect and credentialing prior to their use the vehicle prior to use within in the NEMT Medicaid transportation Program.

For each newly added vehicle, Providers must submit copies of vehicle registration and Certificate of Insurance (COI) for all newly added vehicles. Providers operating in any municipality or parish that requires a specialized license or permit for NEMT services shall obtain and maintain the applicable license or permit. Current copies of suchthe required documentation must be submitted to the MCO or its subcontractor as evidence of compliance. Providers operating in New Orleans or Jefferson Parish must also submit copies of their appropriate municipal or parochial permits.

The MCO shall require NEMT providers to follow comply with all LDH-approved transportation policies, including those established by a transportation broker. The MCO's policies shall include in its policies a documented protocol procedures for handling and documentingmanaging and documenting enrollee "no shows" (i.e., instances in which when the enrollee is not present for pick-up at the specified approved location).

The MCO must ensure that enrollees are transported and dropped off only at the destination address verified and approved during the eligibility determination process conducted by the transportation broker. The MCO shall prohibit NEMT providers from making unauthorized stops or completing personal errands on behalf of the enrollee during scheduled transportation services. Prohibited activities include, but are not limited to, purchasing food, personal hygiene items, or goods for the enrollees.

## Signage

Each vehicle must have professional and legible signage that displays the name and the telephone number of the enrolled provider and the vehicle number. The signage must be located on the driver side, passenger side, and, if a van, on the rear of the vehicle. Signage may not be hand-written or spray-painted. Signs must not be affixed to the windows where they would interfere with the vision of the driver.

Vehicles funded by the Louisiana Department of Transportation and Development (DOTD) are required to have the DOTD transit logo displayed on them. This logo will be accepted as appropriate signage for enrollment in the NEMT program.

Vehicles operating in any municipality or parish that requires a specialized license or permit for NEMT services shall obtain and maintain the applicable license or permit at all times. The MCO shall ensure compliance with all local regulations regarding the proper display of the vehicle number, windshield sticker, or other required identifiers.

Vehicles operating in Orleans Parish must use their Orleans Parish Certificate of Public Necessity and Convenience (CPNC) number as their vehicle number. The CPNC number must meet Orleans Parish regulations for size, contrast of color, and location. All approved vehicles operating within the Shreveport-Bossier City Metropolitan area will be issued a windshield sticker that must be displayed in a conspicuous place at all times.

## License Plates

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Each NEMT vehicle must have a “for hire”, “public”, or “public handicapped” license plate, in accordance with La. R.S. 45:181 and 49:121. The vehicle must be licensed in the provider’s business name when obtaining the license plate.

## Vehicle Inspections

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The MCO must perform an inspection prior to the vehicle being placed into the NEMT Program and annually thereafter.

The inspection must ensure that the vehicle meets all items covered under the Louisiana Highway Regulatory Act and functions as intended by the manufacturer.

Vehicle inspections shall be documented electronically and include digitized photographs evidencing that requirements have been met, including, but not limited to:

- ❖ Each side of the vehicle and appropriate signage;
- ❖ LA inspection sticker, which should also include the vehicle VIN;
- ❖ Clear and legible license plate, registration sticker, VIN, and registration and insurance cards;
- ❖ Location of the seat belt cutter and fire extinguisher, including a pressure gauge reading;
- ❖ Active use of a temperature gun directed at a vent measuring the temperature of the air conditioning/heating of the front vent and rear vent, when one is present, of the vehicle. The reading should be no hotter than 52 degrees Fahrenheit when measuring the air conditioning, nor cooler than 100 degrees Fahrenheit when measuring the heater;
- ❖ Interior of the vehicle showing all seat belts appropriately secured ~~properly~~; and
- ❖ The MCO’s decal, displaying the date the vehicle passed inspection, attached to the vehicle.

Wheelchair Accessible Vehicles (WAVs) must be ADA compliant, including:

- ❖ Ramps or lifts for safe wheelchair access;
- ❖ Securement systems for wheelchairs (four point tie-downs and lap/shoulder belts); and
- ❖ Adequate interior space to safely accommodate wheelchairs and passengers.

~~If the vehicle is equipped to transport wheelchairs,~~ The inspector shall ensure that the wheelchair lift and all backup mechanisms are in working order. Digital photographs of the following are also required:

- ❖ Wheelchair secured, showing proper application of the securements to the base; and
- ❖ Wheelchair shoulder and lap belt properly secured with the wheelchair in frame for reference.

All vehicle identifying information must be captured during the inspection to include VIN, year, make, model, vehicle color, license plate number, date of inspection, name and signature of inspector, and inspection results.

## Unannounced Compliance Reviews

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In an ongoing effort to identify and remedy non-compliant behavior, LDH or the MCO may perform unannounced vehicle compliance reviews. During these reviews, NEMT providers may be monitored for driver, vehicle, and program compliance which includes, but is not limited to, the examination of all provider manifests, signature pages, drivers' licenses, vehicle registration, insurance cards, vehicle safety checks, etc. Non-compliance with any of the aforementioned may result in sanctions, suspension, and/or exclusion from the LA Medicaid Program. Providers do NOT have the right to refuse an unannounced compliance review.

## Transportation Network Company (TNC)

MCOs must require that TNCs meet all federal and state requirements for participation in the Louisiana Medicaid Transportation Program, including La R.S. 45:201.1 – 201.9

MCOs shall require TNCs acting as Medicaid NEMT providers comply with the following, which is found under La. R.S. 40:1275.5:

- ~~❖ TNCs must have a permit issued in accordance with La. R.S. 48:2193 and comply with the relevant provisions of La. R.S. 48:2191, et seq.~~
- ~~❖ MCOs must require the TNC to complete enrollment in the Louisiana Medicaid Provider Enrollment Portal~~
- ~~❖ Prior to providing NEMT services to Louisiana Medicaid enrollees, drivers must complete a criminal background check that comports with the requirements for such background checks provided in R.S. 40:1203.1 et seq. or R.S. 48:2199.~~
- ~~❖ Prior to facilitating NEMT services for Louisiana Medicaid enrollees, a TNC must be under contract with a transportation broker that is under contract with an MCO or LDH for FFS population.~~
- ~~❖ TNCs shall provide non-emergency medical transportation (NEMT) services for Medicaid enrollees. NEMT does not include transportation provided on an emergency basis, such as trips to emergency departments in life threatening situations.~~

## Provider Responsibilities

The MCO shall ensure that transportation providers comply with the following provider responsibilities for all NEMT services within this section.

## Travel and Wait Times

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Transportation providers must perform services in a timely and professional manner. The MCO shall ensure that providers meet the following standards:

- ❖ Enrollees must arrive at least 15 minutes, but no more than two hours, prior to their appointments;
- ❖ If the transportation provider arrives prior to the healthcare provider's business hours, the transportation provider shall remain with the enrollee until the business opens;

- ❖ Upon completion of the appointment, enrollees shall be picked up within the healthcare provider's business hours and:
  - For prescheduled pick-ups, no more than two hours after the appointment has concluded; or
  - For enrollees using the will-call option for the return trip, no more than two hours after the will-call request; and
- ❖ Enrollees shall not be in the vehicle for more than one hour beyond the estimated travel time.

## Vehicle Operation Requirements, Safety, and Professionalism

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The MCO shall ensure that drivers project responsible, professional, and courteous behavior by monitoring compliance of the following requirements.

Drivers must **exercise the utmost safety** in caring for enrollees while transporting them and guard against becoming insensitive to their physical and emotional conditions.

Drivers must ensure:

- ❖ The equipment and vehicle used are kept clean and serviceable at all times;
- ❖ All laws of the State of Louisiana are observed while transporting passengers; and
- ❖ The vehicle is safe and in good operating condition.

NOTE: A vehicle must not be driven unless the driver determines that the following parts and accessories are in good working order: vehicle brakes, parking brakes, steering mechanism, lighting devices and reflectors, tires, horn, windshield wipers, and mirrors.

Drivers must:

- ❖ Not use or be under the influence of alcohol within four hours before going on duty or while operating, or having physical control of, a vehicle.
- ❖ Not be under the influence of an amphetamine of any formulation thereof, a narcotic drug or any derivative thereof, or other substance to a degree which renders the driver incapable of safely operating a vehicle.
- ❖ Not use or be under the influence of marijuana, including therapeutic or medical marijuana as permitted by state law, while operating, or having physical control of, a vehicle. The crossing of state lines with medical marijuana as well as the unlawful distribution, dispensation, possession, or use of marijuana in the workplace is otherwise prohibited.
- ❖ Come to a complete stop at all railroad crossings.
- ❖ Utilize the proper procedures required to move enrollees into and out of the vehicle equipped to transport non-ambulatory, wheelchair enrollees.
- ❖ Ensure that all passengers are wearing seatbelts or are otherwise secured. If the passenger uses a wheelchair during transport, the driver must ensure the appropriate use of an occupant restraint system. Lap positioning belts and chest straps are not sufficient safety restraints for wheelchair passengers.
- ❖ Ensure that no smoking or vaping occurs in the vehicle as in accordance with current Occupational, Safety and Health Administration (OSHA) regulations.

- ❖ Always turn the engine off when fueling a motor vehicle, and never fuel the vehicle where there is smoke or an open flame;
- ❖ Ensure that vehicles are not towed or pushed with passengers on board; and-
- ❖ Not make unauthorized stops or conduct personal errands on behalf of themselves or the enrollee during scheduled transportation services. This includes, but is not limited to, the purchase of food, personal hygiene items, or any other non-medically necessary goods.

Drivers shall ensure the proper installation and usage of the child passenger restraint systems in compliance with La. R.S. 32:295. Non-compliance with these laws may result in immediate suspension and/or removal of the driver and/or provider.

## Emergency Action Procedure

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If an emergency arises while transporting an enrollee, the driver must immediately assess the situation and determine whether to:

- ❖ Stop the vehicle and assist with the emergency;
- ❖ Proceed immediately to the nearest medical facility; or
- ❖ Call 911 for emergency medical assistance.

If the enrollee is taken to an emergency medical facility, the driver must immediately notify the MCO or its transportation broker and a member of the enrollee's family. When driving to the emergency medical facility, the driver should remain calm and alert and drive as quickly as conditions permit for safe vehicle operation.

## Incident Reporting Requirements

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Drivers who are involved in an incident shall notify emergency services immediately and in accordance with La. R.S. 32:398.

A written report is mandatory for all Motor Vehicle Collisions (MVC) (MVA) that occur while an enrollee is in the transportation provider's care and MVCs that result in injury or death to the enrollee, regardless of the cause.

The required documentation must be comprehensive, including: the time, date, location, and summary of the incident; the enrollee's name, Medicaid ID, and contact information; the names and contact information for all other passengers and witnesses; a list of all sustained passenger injuries; any police-issued citations or summons; detailed demographic information for the transportation provider, driver, and vehicle; and the results of the **mandatory drug screen**, which must be conducted on the driver within 12 hours of the ~~MVA~~ accident.

The transportation provider or broker must submit this initial documentation to the MCO within **72 hours** of the accident. Subsequently, the MCO is required to submit this same documentation to LDH within **72 hours** of receiving it.

In addition to the initial report, a copy of the **Louisiana Uniform Motor Vehicle Accident Report** must be submitted by the transportation provider or broker to the MCO within **15 business days** post-MVA accident. The MCO is required to submit this final report to LDH immediately upon receipt.

The transportation provider must report the following to the MCO:

Reporting Requirements	Reporting Period
<p>For all motor vehicle accidents:</p> <ul style="list-style-type: none"> <li>• Time, date, location, and summary of incident;</li> <li>• Provider name;</li> <li>• Driver and vehicle information;</li> <li>• Enrollee name, Medicaid ID number, and contact information;</li> <li>• Name and contact information for all other passengers;</li> <li>• Injuries sustained;</li> <li>• Names and contact information of witnesses;</li> <li>• Any police issued citations or summons; and</li> <li>• Results of drug screen which was conducted within 12 hours of the incident.</li> </ul>	Within 72 hours of the accident
Copy of the Louisiana Uniform Motor Vehicle Accident Report	Within 15 business days of the accident
Written report of all incidents when a Medicaid enrollee dies or is injured while in the provider's care, regardless of the cause	Within 72 hours of the incident

If the MCO contracts with a transportation broker, the transportation broker shall provide a detailed accounting of each incident to the MCO upon notification by the provider.

## Record Keeping

The MCO shall require transportation providers to maintain sufficient documentation, in accordance with the MCO contract, to identify the enrollees transported, trips made, locations traveled, driver qualifications, vehicle capabilities, and safety information.

~~The MCO shall require its contracted transportation broker to ensure that all transportation providers active within its transportation network maintain documentation related to MCO covered services, charges, operations, and contractual agreements for a minimum retention period of ten (10) years.~~

### Daily Trip Log

The MCO shall obtain a daily trip log from ~~for profit and non profit~~ traditional providers that ~~captures~~ includes the following information:

- ❖ Trip identification number;
- ❖ Enrollee's name, Medicaid ID number, address, and signature;
- ❖ Enrollees are required to sign their full name and may not use initials, except in cases where the enrollee is illiterate or and requires assistance. Under no circumstances may the transportation broker or NEMT provider sign the enrollee's name or initials on the enrollee's behalf;
- ❖ Destination address;

- ❖ Healthcare provider or facility's name, if applicable;
- ❖ ~~Departure date~~ and actual, real time departure time;
- ❖ ~~Arrival date~~ and actual, real time arrival time;
- ❖ Driver's full name;
- ❖ Driver's license number;
- ❖ VIN; and
- ❖ Any other comments regarding the trip.

The daily trip log shall be maintained in electronic format and sorted chronologically.

Prior to reimbursement, the MCO shall verify that each claim from a ~~for-profit or non-profit~~ traditional provider has a corresponding entry in the daily trip log.

## Transportation Network Company (TNC)

MCOs must require that TNCs meet all federal requirements for participation in the Louisiana Medicaid Transportation Program, including La R.S. 45:201.1 – 201.9. Aside from city and parish non-emergency medical transportation program rules, TNCs, drivers, and vehicles must comply with state law.

MCOs shall require TNCs acting as Medicaid NEMT providers comply with the following, which is found under La. R.S. 40:1275.5:

- ❖ TNCs must have a permit issued in accordance with La. R.S. 48:2193 and comply with the relevant provisions of La. R.S. 48:2191, et seq.;
- ❖ MCOs must require the TNC to complete enrollment in the Louisiana Medicaid Provider Enrollment Portal;
- ❖ Prior to providing NEMT services to Louisiana Medicaid enrollees, drivers must complete a criminal background check that comports with the requirements for such background checks provided in R.S. 40:1203.1 et seq. or R.S. 48:2199;
- ❖ Prior to facilitating NEMT services for Medicaid beneficiaries, a TNC shall be under contract with either:
  - An MCO or its subcontracted transportation broker;
  - The Department or its subcontracted transportation broker.
- ❖ TNCs shall provide non-emergency medical transportation (NEMT) services for Medicaid enrollees. NEMT does not include transportation provided on an emergency basis, such as trips to emergency departments in life threatening situations.

NEMT TNCs must meet the following additional requirements:

- ❖ No provider or individual driver is excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
- ❖ Drivers for TNCs are required to have a valid driver's license;
- ❖ The transportation broker and TNC are responsible for monitoring and addressing drug violations as set forth by the federal guidelines and the TNC policy;
- ❖ The transportation broker is responsible for monitoring and disclosing to the state Medicaid program, their drivers' history and any traffic violations;

## Gas Reimbursement Form

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The MCO shall obtain a gas reimbursement form for **every** NEMT claim from a gas reimbursement provider to be eligible for reimbursement. The gas reimbursement form must be typed or written in ink and include the following information:

- ❖ ~~Trip identification number;~~
- ❖ ~~Driver's full name;~~
- ❖ ~~Driver's residential address;~~
- ❖ ~~Driver's phone number;~~
- ❖ ~~Driver's e-mail address (if applicable);~~
- ❖ ~~Driver's relationship to enrollee;~~
- ❖ ~~Enrollee's name;~~
- ❖ ~~Enrollee's Medicaid ID number;~~
- ❖ ~~Enrollee's address;~~
- ❖ ~~Transportation date;~~
- ❖ ~~Name of facility/medical provider;~~
- ❖ ~~Address of facility/medical provider;~~
- ❖ ~~Phone number of facility/medical provider;~~
- ❖ ~~Signature of driver attesting that the information on the form is true and correct;~~
- ❖ ~~Signature of enrollee or parent/guardian attesting that the information on the form is true and correct;~~
- ❖ ~~Medical facility/physician's signature and date; and~~
- ❖ ~~Medical facility's stamp.~~
  
- ❖ Trip Information including trip DOS, trip identification #, pickup and drop off destinations (name, address, and phone number of healthcare provider);
- ❖ Enrollee demographics including name, Medicaid ID #, address, and phone number;
- ❖ Driver's demographics including full name, residential address, phone number, email address, relationship to enrollee; and
- ❖ Signature required on the form include that of the driver attesting the information is true and correct, the enrollee or guardian attesting that the information is correct and true, and healthcare facility/physician's signature and date.

Prior to reimbursement, the MCO shall verify that each claim from a gas reimbursement provider has a corresponding and properly completed gas reimbursement form.

## Claims and Encounters

### Claims Filing

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Transportation providers shall submit all transportation claims to the MCO. Claims shall be submitted within 365 days of the date of service.

The MCO shall maintain a system that accepts electronic claim submissions and may not require providers to submit paper claims.

## Encounter Submissions

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The MCO shall submit encounters in compliance with the contract and the **MCO System Companion Guide**.

The MCO shall flag value-added benefits in accordance with the **MCO System Companion Guide**.

Prior authorization number 000000407 must be included on the encounter claim to certify that the MCO has verified the enrollee recipient meets the Elevated Level of Care (ELOC) requirements.

## Elevated Level of Care Certification

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The enrollee's treating physician, a registered nurse, a nurse practitioner, a physician assistant, or a clinical nurse specialist must complete the Elevated Level of Care (ELOC) certification, confirming that an elevated level of care is medically necessary and providing a detailed description of the medical condition requiring this level of service. The certifying authority shall complete the eligibility date range on the ELOC certification, which shall be no more than 180 days. A single ELOC certification should be utilized by the MCO for all of the enrollee's transports within the specified date range. The MCO may not require a new ELOC certification from the certifying authority for the same enrollee during this date range.

ELOC must be scheduled by the enrollee or a medical facility through the MCO or the transportation broker.

The MCO shall verify the following prior to scheduling: enrollee eligibility, that the originating or destination address belongs to a medical facility, and that a completed ELOC Certification form for the date of service is obtained, reviewed, and accepted by the MCO or its transportation broker. Once the trip has been dispatched to a qualified NEMT provider and completed, the NEMT provider shall be reimbursed upon submission of the clean claim for the transport.

## Ambulance

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Ambulance transportation is emergency or non-emergency medical transportation provided to Medicaid enrollees to and/or from a Medicaid covered service or VAB by ground or air ambulance when the enrollee's condition is such that use of any other method of transportation is contraindicated or would make the enrollee susceptible to injury.

To participate in the Medicaid program, ambulance providers must meet the requirements of La. R.S. 40:1135.1 - 1135.4. Licensing by the LDH Bureau of Emergency Medical Services is also required. Services must be provided in accordance with state law and regulations governing the administration of these services. Additionally, licensure is required for the medical technicians and other ambulance personnel by the LDH Bureau of Emergency Medical Services.

The MCO shall require all ambulance providers, including NEAT providers, to maintain insurance, including but not limited to Medical Malpractice Liability, Automobile Liability, Commercial General Liability, and Workers' Compensation Indemnity, in accordance with La. R.S. 40:1135.9 and any applicable federal or state law or local ordinance.

Reimbursement to ambulance providers shall be no less than the published Medicaid FFS rate in effect on the date of service, unless mutually agreed upon by the MCO or its transportation broker and the transportation provider in the provider agreement.

Terms utilized in the published Medicaid fee schedule are defined as follows:

- ❖ **Basic Life Support (BLS)**<sup>2</sup>: The provision of medically necessary supplies and services by EMS practitioners who are licensed at least to the level of emergency medical technician.
- ❖ **Advanced Life Support (ALS)**<sup>3</sup>: The provision of medically necessary supplies and services by EMS practitioners who are licensed at least to the level of advanced emergency medical technician or equivalent.
- ❖ **Specialty Care Transport**<sup>4</sup>: Interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic.

The MCO shall reimburse ambulance providers for mileage to the nearest appropriate facility. Reimbursement for mileage will vary depending on whether the transport is for an emergency or non-emergency event. Reimbursement for mileage shall be limited to actual mileage from point of pick up to point of delivery. Mileage can only be reimbursed for miles traveled with the enrollee in the ambulance.

Reimbursement for transportation of ambulance staff, medical staff, or other personnel when the enrollee is not onboard the ambulance, both ground and air, is prohibited. This prohibition does not apply to reimbursement for physician directed treatment-in-place ambulance services.

Refer to the *Hospital Services* section of this Manual for policies related to hospital-based ambulance services.

## Emergency Ambulance Transportation

Emergency ambulance transportation is provided for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following:

- ❖ Placing the health of the enrollee (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- ❖ Serious impairment to bodily functions; or
- ❖ Serious dysfunction of any bodily organ or part.

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<sup>2</sup> Defined by La. R.S. 40:1131.

<sup>3</sup> Defined by La. R.S. 40:1131.

<sup>4</sup> Defined by 42 C.F.R. § 414.605.

An enrollee may also require emergency ambulance transportation if he or she is psychiatrically unmanageable or needs restraint.

The MCO shall ensure that ambulance providers retain documentation that appropriately supports that at least one of these criteria was met and that the enrollee would be susceptible to injury using any other method of transportation. An ambulance trip that does not meet at least one of these criteria would be considered a nonemergency service and must be coded and billed as such.

The MCO may not require prior review or authorization for emergency ambulance transportation. The MCO may conduct a post-payment review after service delivery. Claims for payment of emergency ambulance transportation services is received and reviewed retrospectively. Clinical documentation to support emergency ambulance transportation services shall not be required for submission concurrent with the claim. If required by the MCO, clinical documentation shall be required post claim submission.

The MCO shall reimburse for oxygen and disposable supplies separately when medically necessary.

## Treatment-in-Place

~~Physician directed treatment-in-place service is the facilitation of a telehealth visit by an ambulance provider.~~

~~Each paid treatment in place ambulance claim must have a separate and corresponding paid treatment in place telehealth claim, and each paid treatment in place telehealth claim must have a separate and corresponding paid treatment in place ambulance claim or a separate and corresponding paid ambulance transportation claim. The MCO may not reimburse for both an emergency transport to a hospital and an ambulance treatment in place service for the same incident.~~

## Treatment-in-Place Ambulance Services

~~The MCO shall restrict payment of treatment in place ambulance services to those identified on the Physician Directed Ambulance Treatment in Place Fee Schedule and edit claims for non-payable procedure codes as follows:~~

- ~~❖ If a treatment in place ambulance claim is billed with mileage, the MCO shall deny the entire claim document.~~
- ~~❖ If an unpayable procedure code, that is not mileage, is billed on a treatment in place ambulance claim, the MCO shall deny only the line with the unpayable code.~~
- ~~❖ Claims for allowable telehealth procedure codes must be billed with procedure code G2021. The G2021 code shall be accepted, paid at \$0.00, and used by the MCO to identify treatment in place telehealth services.~~
- ~~❖ As with all telehealth claims, providers must include POS identifier "02" or "10" and modifier "95" with their claim to identify the claim as a telehealth service. Providers must follow CPT guidance relative to the definition of a new patient versus an established patient.~~

~~Valid treatment in place ambulance claim modifiers include:~~

<del>Modifier</del>	<del>Origination Site</del>	<del>Destination</del>
<del>DW</del>	<del>Diagnostic or therapeutic site other than P or H when these are used as origin codes</del>	<del>Tx in Place</del>

<i>EW</i>	Residential, domiciliary, custodial facility (other than 1819 facility)	Tx in-Place
<i>GW</i>	Hospital-based ESRD facility	Tx in-Place
<i>HW</i>	Hospital	Tx in-Place
<i>IW</i>	Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport	Tx in-Place
<i>JW</i>	Freestanding ESRD facility	Tx in-Place
<i>NW</i>	Skilled nursing facility	Tx in-Place
<i>PW</i>	Physician's office	Tx in-Place
<i>RW</i>	Residence	Tx in-Place
<i>SW</i>	Scene of accident or acute event	Tx in-Place

If an enrollee being treated in place has a real time deterioration in their clinical condition necessitating immediate transport to an emergency department, as determined by the ambulance provider (i.e., EMT or paramedic), telehealth provider, or enrollee, the MCO may not reimburse for both the treatment in place ambulance service and the transport to the emergency department. In this situation, **the MCO shall reimburse for the emergency department transport only.** The MCO shall require ambulance providers to submit pre-hospital care summary reports when ambulance treatment in place and ambulance transportation claims are billed for the same enrollee with the same date of service.

If an enrollee is offered treatment in place services but declines the services, ambulance providers should include procedure code G2022 on claims for ambulance transportation to an emergency department. Use of this informational procedure code is optional and does not affect the establishment of medical necessity of the service or reimbursement of the ambulance transportation claim. The G2022 code shall be accepted, paid at \$0.00, and used by the MCO to identify enrollee refusal of treatment in place services.

## Treatment-in-Place Telehealth Services

The MCO shall restrict payment of treatment in place telehealth services to those identified on the Treatment in-Place Telehealth Services Fee Schedule.

Valid rendering providers are licensed physicians, advanced practice registered nurses, and physician assistants.