

B. Beneficiaries shall be allowed a choice of transportation profit providers as long as it remains the least costly means of transportation.

C. Beneficiaries are encouraged to utilize healthcare providers of their choice in the community in which they reside when the beneficiary requires Medicaid reimbursed transportation services.

1. Beneficiaries may seek medically necessary services in another state when it is the nearest option available.

2. In the managed care program, transportation will only be approved to and/or from a healthcare provider within the department's geographic access standards, unless granted an extension by the department or its designee.

D. Beneficiaries and healthcare providers should give advance notice when requesting transportation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:1639 (November 2021).

## Subchapter C. Provider Responsibilities

### §505. Requirements for Coverage

A. Payment shall only be authorized for the least costly means of transportation available. The least costly means of transportation shall be determined by the department or its designee and considered the beneficiary's choice of transportation, the level of service required to safely transport the beneficiary (e.g., ambulatory, wheelchair, transfer), and the following hierarchy:

1. public providers;
2. gas reimbursement providers who are enrolled in the Medicaid Program;
3. non-profit providers who are enrolled in the Medicaid Program; and
4. profit providers enrolled in the Medicaid Program.

### §517. Provider Enrollment

A. All NEMT providers must comply with all applicable federal, state, and local laws and regulations, including, but not limited to, those pertaining to enrollment and participation in the Medicaid Program.

B. Non-emergency medical transportation profit providers shall have a minimum liability insurance coverage of \$25,000 per person, \$50,000 per accident and \$25,000 property damage policy.

1. The liability policy shall cover:
  - a. any autos, hired autos, and non-owned autos; or
  - b. scheduled autos, hired autos, and non-owned autos.
2. Statements of insurance coverage from the agent writing the policy are not acceptable. Proof must include the dates of coverage and a 30-day cancellation notification

clause. Proof of renewal must be received by the department or its designee no later than 48 hours prior to the end date of coverage. The policy must provide that the 30-day cancellation notification be issued to the department or its designee.

3. Upon notice of cancellation or expiration of the coverage, the department or its designee will suspend the provider's Medicaid enrollment, effective on the date of cancellation or expiration.

C. As a condition of reimbursement for transporting Medicaid beneficiaries to and/or from healthcare services, gas reimbursement providers must maintain a current valid vehicle registration, the state minimum automobile liability insurance coverage, and a current valid driver's license. Proof of compliance with these requirements must be submitted to the department or its designee during the enrollment process. Gas reimbursement providers are allowed to transport up to five specified Medicaid beneficiaries or all members of one household. Individuals transporting more than five Medicaid beneficiaries or all members of one household shall be considered profit providers and shall be enrolled as such and comply with all profit provider requirements.

D. A provider must agree to cover the entire parish or parishes for which he or she provides non-emergency medical transportation services.

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