

**CHAPTER 10: MEDICAL TRANSPORTATION****SECTION: 10.3: NEMT – PROVIDER REQUIREMENTS****PAGE(S) 6****PROVIDER REQUIREMENTS**

Basic tenets of the Non-Emergency Medical Transportation (NEMT) Program include the following:

- Transportation shall be authorized for the least costly means of transportation available.
- Authorization is issued for the nearest available qualified provider of routine or specialty care within reasonable proximity.
- Payment of the attendant to travel with the recipient is not a billable service.
- Payment for non-emergency transportation to regular predicable and continuing medical services such as hemodialysis, chemotherapy or rehabilitation therapy shall be a capitated payment. Ten or more trips a month for the same care to the same provider will be considered capitated.
- When a capitated authorization is not fulfilled, the rate will be divided by 10, and then multiplied by the number of trips the provider has completed. This is to ensure that the total amount of single trips completed does not exceed the capitated payment.
- Scheduled trips in which no transportation of the recipient occurs is not billable. These trips are often referred to as a “dry run”.
- Trips in which the recipient is not picked up and returned home can result in a cancellation of the authorization number and therefore prohibit the provider from billing for the service. If there is an instance of a good faith effort to return the patient home and the circumstances are beyond the control of the provider then this should be reported to the Transportation Dispatch Office (TDO) for a determination.

**NOTE:** As a condition of enrollment in the Medicaid program, providers are required to cover the entire parish or parishes for which they enrolled to provide NEMT services. If a provider declines to accept a trip on a particular day the dispatch personnel will not assign additional trips to that provider for that same day.

**Insurance Requirements for Profit and Non-Profit Providers**

Profit and non-profit providers are required to have, at minimum, general liability coverage of \$300,000 on the business entity, in addition to three months prepaid automobile liability coverage

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of \$100,000 per person and \$300,000 per accident or a combined single limit of \$300,000. Any provider authorized to transport a recipient out of state must carry at minimum, automobile liability of \$1,000,000.00. This liability policy shall include “owned” autos, hired autos, and non-owned leased autos. Providers are required to have proof of their prepaid premiums. Acceptable proof of prepaid insurance premiums shall at a minimum include a signed and dated statement from the authorized agent or company representative which includes the dates of coverage and dates through which the premium is paid. This statement is in effect through the end date of the payment noted and another statement verifying prepayment for the following three months should be received by the Bureau of Health Services Financing (BHSF) within 48 hours prior to expiration of coverage.

BHSF requires proof of insurance coverage in the form of a true and correct copy of the certificate of insurance for automobile and general liability issued by the home office of the insurance company. This proof includes verification of the proper limits and types of coverage, policy dates and vehicle identification numbers of the covered vehicles.

The 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 Department of Health and Hospitals. The BHSF Health Standards Section must receive a copy of the insurance policy within 45 days of issuance. (See Appendix G for contact information.) A facsimile of the certificate is acceptable proof of coverage for up to 45 days. If a facsimile copy of a certificate from an insurance agency is submitted, the original shall be submitted within 10 working days.

Providers who are terminated because of lapse of coverage may re-enroll in the transportation program and will be subject to all applicable enrollment policies and procedures for new providers.

Lapse of insurance coverage or maintenance of the minimum liability coverage requirements on each vehicle and on the business entity is cause for immediate suspension as a transportation provider. Operation without the minimum liability insurance coverage is a violation of the provider enrollment and participation requirements and all payments made during the period of violation are subject to recoupment. Transportation providers must maintain insurance coverage as a condition of participation in the Medicaid program. The requirement for prepayment of premiums is a continuous one. Therefore, a statement is needed prior to expiration of the current coverage in order to avoid any interruption in participation. Binders are not acceptable proof of insurance coverage. Subcontracting is not allowed in the NEMT Program.

**Communication Requirements**

Providers must have internet capability as determined by the Medicaid NEMT Program based on the basis of volume of trips authorized to the provider.

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Providers must possess a valid e-mail address as the primary method of communication to NEMT providers is through e-mail. It is imperative that providers monitor their e-mail account on a daily basis and report all changes in an e-mail address immediately. (See Appendix G for contact information)

All for profit providers must be accessible by telephone (either conventional or wireless) between the hours of 6:00 a.m. and 10:00 p.m. seven days a week.

Providers must attend all mandated agency trainings, meetings, and conference calls regarding updates on the NEMT Program.

### **Vehicle Requirements**

Each vehicle owned or leased by the provider must continuously meet all vehicle requirements to be authorized for use in the NEMT Program. Providers must own or lease all vehicles and provide proof that the vehicle registration is in the name of the company and must stipulate whether the vehicle is equipped to transport ambulatory or non-ambulatory recipients. Failure to comply with any of the following vehicle inspection requirements is a violation of the provider agreement with the Medicaid Program and all Medicaid payments made during the period of violation are subject to recoupment.

All items not covered under the Louisiana Highway Regulatory Act must function as intended by the vehicle's manufacturer. This includes vehicle heating and air conditioning. Failure to have properly functioning air conditioning or heating during the appropriate season may result in civil money penalties and loss of trip authorizations for any vehicle found out of compliance.

### **Vehicle Inspection**

All vehicles used in the NEMT Program must be inspected by the Health Standards Section before being used to transport Medicaid recipients. Each vehicle that is approved for transporting Medicaid recipients must have a current decal affixed by the inspector.

Inspections will be conducted initially and as deemed necessary by the Department of Health and Hospitals thereafter. Vehicles may be inspected more frequently if the provider has a history of non-compliance. Inspection packets are mailed out the month prior to the month in which the inspection is due.

The Louisiana Motor Vehicle Inspector's Handbook, which is based on Louisiana Revised Statute 32 and the Highway Regulatory Act, is used as the standard for inspecting motor vehicles for all relevant issues.

The provider is responsible for having all vehicles inspected and completing the top section of the Transportation Vehicle Inspection Form (MT-9 a) and performing a preliminary inspection of each

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vehicle to assure that it is in compliance with all items in section II of the form. The provider is also required to maintain clean vehicles, both inside and out.

The form MT-9 a shall be accompanied by a Certificate of Registration from the Louisiana Office of Motor Vehicles and a Certificate of Insurance showing that the vehicle has been added to the provider's commercial automobile policy.

**Inspection Requirements for Temporary Use Vehicles**

If a situation occurs which necessitates the use of a vehicle temporarily; approval must be given prior to the vehicle being used. The provider must notify the Health Standards Section - NEMT Program Manager to have the vehicle approved, and send a copy of the vehicle registration, insurance certificate, and rental or lease agreement, if applicable. (Refer to Appendix G for Health Standards contact information.) A vehicle used temporarily must be compliant with all rules except signage. The provider will be given an attestation of compliance to sign and return to the Health Standards Section – NEMT Program Manager. A temporary permit will be faxed to the provider to carry in the vehicle for the period of time the vehicle is authorized for use. A temporary permit will not be valid for more than 90 days.

**Ride Along Compliance Reviews**

As the result of Louisiana's 2010 Center for Medicare and Medicaid Services (CMS) review, the NEMT Program has been mandated to conduct quarterly ride along compliance reviews. During these ride along reviews, all providers will be monitored for vehicle and program compliance which includes, but is not limited to, the examination of the Verification of Medical Transportation (Form MT-3) documents. Non-compliance to any of the aforementioned may result in sanctions, suspension, and/or exclusion from the Medicaid Program. Providers do not have the right to refuse a ride along review.

**Signage**

Each vehicle must have a painted or permanently affixed sign in letters 2 inches or greater that displays the name and the telephone number of the enrolled provider and the vehicle number. The signs on a car must be placed on the driver and front passenger doors. The signs on a van must be placed on the driver's door, the front passenger door, and the rear door. The 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. These vehicles will be accepted as appropriate identification for enrollment in the NEMT program.

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Each Non-Emergency, Non-Ambulance Medical Transportation vehicle must have a "For Hire," a public or a handicapped license plate. To obtain a "For Hire" license plate from the Louisiana Office of Motor Vehicles, a "For Hire" waiver from the Louisiana Public Service Commission must be obtained. A waiver is obtained by sending a completed and notarized MT-10 to the Louisiana Public Service Commission. (See Appendix G for contact information.) Once the waiver has been received from the Louisiana Public Service Commission, it must be taken with all other required vehicle documentation and appropriate fees to the Office of Motor Vehicles. The vehicle must be licensed in the provider's business name when obtaining the license plate. The waiver is for the business entity and should be retained for future vehicle purchases.

**Adding or Deleting Vehicles**

Providers must send a NEMT Request for Inspection form (HSS MT-15) to the Health Standards Section – NEMT Program Manager when requesting to add or delete a vehicle from their fleet. (See Appendix H for information on how to obtain a copy of this form) The NEMT Request for Inspection form must be accompanied by a Certificate of Registration, Certificate of Insurance, and the completed Section I of the Transportation Vehicle Inspection Form (MT-9 a). Providers from the cities of New Orleans and Shreveport and providers from Jefferson Parish must also submit copies of their appropriate municipal or parochial permits.

When a vehicle is deleted from the fleet, the decal must be removed from the vehicle.

**Office Relocation Requirements**

Any change in geographic location of the main office must be reported and approved by the Health Standards Section – NEMT Program Manager prior to the change.

**Advertising**

Providers may only advertise via television, radio and newspapers. The following guidelines must be followed:

- Advertisements may not include the terms "free ride," "at no cost to you," "at no direct cost to you," or any such reference to indicate that the ride is "free."
- Under no circumstances shall the TDO telephone number be included in any advertisement.
- Providers must not solicit from door to door nor pass out or post handbills.

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- Telephone solicitation is prohibited.
- Providers may give business cards to recipients riding with them but only one card per recipient. Recipients may not give out or pass out business cards for providers.
- Transportation providers must not solicit business for medical providers and medical providers must not solicit business for transportation providers.
- **The recipient is entitled to freedom of choice.** A medical provider cannot decide which transportation provider a recipient will use or make arrangements to use one transportation company exclusively.
- Providers are prohibited from offering inducements to recipients in order to obtain or solicit business or continue business. Examples of prohibited inducements include:
  - Sending birthday, sympathy, Christmas or greeting cards,
  - Offering raffle tickets with each ride,
  - Carrying “free refreshments” in the vehicle,
  - Providing “free” breakfasts, lunch, dinner or snacks,
  - Transporting (even in a provider’s personal vehicle) recipient to the cleaners, grocery store or other destinations that are not Medicaid covered services, and
  - Providing a monetary payment for using the provider’s service.