NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

Miss. Division of Medicaid
c/o Bob M. Dent, Staff Officer
Robert E. Lee Building
239 N. Lamar Street
Suite 801
Jackson, MS 39201-1399
(601) 359-6120
http://www.dom.state.ms.us

Specific Legal Authority authorizing the promulgation of Rule: Miss. Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the Proposed Rule :
Provider Policy Manual Section 12

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:
AP 2006-60. Provider Policy Manual updates section 12 regarding Non-Emergency Transportation (NET) to include: introduction, eligibility, transportation of nursing facility residents, broker responsibilities, modes of transportation, trip denials, trip documentation requirements, driver requirements, vehicle requirements, telephone system requirements, monitoring/quality assurance, complaint resolution, grievance, and appeal, fraud, liquidation damages, definitions, reserved for future use in sections 12.01 - 12.16 respectively.

This rule is proposed as a ☒Final Rule, and/or a ☐ Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

☐An oral proceeding is scheduled on this rule on Date: Time:
Place:

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least _____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

☒ An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Economic Impact Statement: Check one box below:

☒The agency has determined that an economic impact statement is not required for this rule, or

☐The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: October 6, 2006

Proposed Effective Date of Rule: November 1, 2006

Executive Director
Signature and Title of Person Submitting Rule for Filing

Medicaid, as authorized by Title XIX of the Social Security Act, is a federal and state program of medical assistance to qualified individuals. Each state designates a state agency as the single state agency for the administration of Medicaid. State law has designated the Division of Medicaid, Office of the Governor, as the single state agency to administer the Medicaid program in Mississippi.

~~The mission of the Non-Emergency Transportation (NET) program is to improve access to covered medical services for persons eligible for the Medicaid program. The objectives of the NET program are to ensure that transportation services made available through the program are:~~

- ~~similar in scope and duration throughout the state~~
- ~~consistent with the best interests of the state's Medicaid beneficiaries~~
- ~~appropriate to available services, geographic location, and limitations of beneficiaries~~
- ~~prompt, cost-effective, efficient~~

~~NET services include ground and air services. These services are available to individuals eligible for Medicaid when these persons have demonstrated that they have no other means of transportation to utilize in accessing medical assistance. NET services are those that are not needed within 72 hours from the request for services.~~

~~A NET service provider's participation in the Mississippi Medicaid program is entirely voluntary. However, if a provider does choose to participate in Medicaid, he/she must accept the Medicaid payment as payment in full for those services covered by Medicaid. He/she cannot charge the beneficiary the difference between the usual and customary charge and Medicaid's payment. The NET provider cannot accept payment from the beneficiary, bill Medicaid, and then refund Medicaid's payment to the beneficiary.~~

~~The Mississippi Medicaid program purchases needed health care services for beneficiaries as determined under the provisions of the Mississippi Medical Assistance Act. The Division of Medicaid (DOM) is responsible for formulating program policy. DOM staff are directly responsible for the administration of the program. Under the direction of DOM, the fiscal agent is responsible for processing claims, issuing payments to providers, and for notifications regarding billing. Medicaid policy as it relates to these factors is initiated by DOM.~~

NET services are defined as medically necessary transportation for any beneficiary who has no other means of transportation available to any Medicaid-reimbursable service for the purpose of receiving treatment, medical evaluation, obtaining prescription drugs or medical equipment. Beneficiaries enrolled in the Qualified Medicare Beneficiary (QMB), Specified Low Income Beneficiary (SLMB), Qualified Individual (QI-1), or Family Planning eligibility categories are not eligible to receive NET.

The Division has developed a NET Broker Program in order to provide Medicaid NET by means of appropriate vehicles to include wheelchair vans, taxis, minivans, sedans, and public transportation buses. The broker operates statewide and the broker determines the transportation provider who provides each transport.

~~The possession of a valid Medicaid card does not automatically render a Medicaid beneficiary eligible for NET services. A Medicaid beneficiary is eligible for NET services when that beneficiary:~~

- ~~requires the services of a Medicaid approved provider~~
- ~~has no other means of getting to and/or from that provider for a Medicaid covered service~~
- ~~is not enrolled in the Medicaid program as a Qualified Medicare Beneficiary (QMB) or a Specified Low-Income Medicare Beneficiary (SLMB)~~
- ~~has not exceeded any service limits associated with the covered service~~
- ~~does not receive transportation services to medical services from any other source~~

In order to be eligible for NET services, a beneficiary must be currently eligible to receive Medicaid services. Beneficiaries in the following Categories of Eligibility are not eligible to receive NET services:

- Family Planning
- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)
- Qualified Individual (QI-1)

The possession of a valid Medicaid card does not automatically render a Medicaid beneficiary eligible for NET services. In addition to being in an eligible category of eligibility, a beneficiary must:

- require the services covered by Medicaid from a Medicaid approved provider;
- have no other means of getting to and/or from the provider for a Medicaid covered service;
- not have exceeded any service limits associated with the covered service; and
- not receive transportation services to medical services from any other source.

Any program funded by Medicaid which includes non-emergency transportation as part of its services to beneficiaries may not require those beneficiaries to arrange their own NET services unless the medical service they require is not covered by Medicaid.

~~When family member(s) travel to a beneficiary's medical provider without the beneficiary because they are directly involved in the treatment of the beneficiary, payment for transportation of these family members, which must have prior authorization by the Bureau of Compliance and Financial Review (BCFR), may be covered if the family members are eligible for Medicaid. The need for such family member(s) to travel to the beneficiary's provider must be verified by a written medical certification from the medical provider indicating the medical need for such participation by member(s) of the beneficiary's family except when traveling within the family member(s) community service area. The medical provider must also verify that participation of the family member(s) via teleconference is not appropriate and the reasons why. All requests will be considered on a case by case basis.~~

A beneficiary may request that family member of friend serve as their attendant during a transport. The broker may require that the need for an attendant be verified by a written medical certification from the medical provider. In addition, medical certification may be required if the beneficiary is requesting transportation other than to the nearest appropriate provider. All transports by public air will require written certification.

Residents of Long Term Care Facilities may be transported to dialysis services through the NET Broker Program. Refer to section 12.03 Transports of Nursing Facility Residents.

~~Nursing facilities are responsible for non-emergency transportation requirements of their residents. Refer to section 12.11, Transport of Nursing Facility Residents.~~

~~Written certification of medical necessity for ground transportation may be required at any time and at the discretion of DOM. However, written certification of medical necessity by the beneficiary's medical provider is an **absolute requirement** for NET public air travel. In addition, written certification is required for ground travel when the beneficiary travels outside of his or her community service area. (Refer to section 12.06, NET Services by Public Carrier, in this manual)~~

~~A NET coordinator must arrange all NET services except public air, public ground and non-emergency ambulance. Public ground carriers are carriers that do not have an agreement with DOM to transport Medicaid beneficiaries on a regular basis. If the beneficiary requests NET services, the NET coordinator should obtain the following information from him/her:~~

- ~~Documentation of current Medicaid status of the beneficiary. Eligibility status must be verified each time a beneficiary requests NET services. DOM will not pay for services provided to an individual who was not eligible on the date the services were provided.~~
- ~~Whether or not the individual has a vehicle.~~
- ~~How the individual has previously traveled to medical appointments and to other locations.~~
- ~~Whether or not the beneficiary has access to individual or community-based transportation.~~
- ~~If the individual has had access to one of the modes of transportation indicated above, the reason why the beneficiary cannot continue to use that mode of transportation.~~

~~Medicaid NET services are available to eligible Medicaid beneficiaries only in cases of evident hardship; that is, when the individual does not have his/her own transportation and cannot access transportation on his/her own.~~

~~If the individual does not have access to transportation, he/she must be advised that he/she is eligible to receive NET services as long as he/she is eligible to receive assistance from the Medicaid program. The beneficiary is responsible for informing DOM if he/she gains access to transportation and no longer requires NET services. If the beneficiary has access to transportation, Medicaid NET services cannot be provided.~~

~~The beneficiary may notify DOM any time he/she loses access to transportation services. Upon verification by the NET coordinator of the beneficiary's need for NET services, the NET coordinator will assist the beneficiary in accessing transportation.~~

All transportation for nursing facility residents, whether emergency or non-emergency must be arranged by nursing facility staff. Beneficiaries must not be denied access to medical care because nursing facility staff did not arrange transportation in advance.

For non-emergency medical transports, refer to Ambulance sections 8.13 and 8.14 in this manual.

If the case does not qualify for benefits through the Ambulance Program, the nursing facility must arrange transportation through a family member, a nursing facility vehicle, or an outside resource. Staff at the nursing facility may ask the family to transport the resident in personal vehicles if the condition of the patient is appropriate for that mode of transportation. The nursing facility staff is responsible for arranging and providing transportation for a resident when the family does not provide the transportation. The transportation may be provided in nursing facility vehicles or by utilizing outside resources. Costs for providing this level of service are to be reported by the nursing facility on their cost reports and are reimbursed through the facility per diem. The nursing facility may not require the family to transport the beneficiary and the nursing facility may not bill the family nor the resident for transportation.

The nursing facility may make referrals to the Non-Emergency Transportation Broker Program, if the resident has no means of transportation for a non-emergency transport and non-emergency medical transportation is not required.

If a beneficiary is transferred from a nursing facility to a hospital and remains hospitalized for longer than fifteen (15) days and is discharged from the nursing facility, transportation for these beneficiaries should be arranged by the hospital.

If there has not been a final discharge from the nursing facility and the beneficiary is in the hospital, transportation back to the nursing facility must be arranged by the nursing facility staff.

~~Reporting Accidents – all accidents must be reported.~~

~~NET providers must report to the NET coordinator, who in turn must report to the BCFR, any accident that occurs while Medicaid beneficiaries are being transported. All accidents must be reported by telephone to the NET coordinator within the same day that the accident occurs unless it occurs after normal work hours.~~

~~Accidents that occur after normal work hours must be reported to the NET coordinator by noon on the next workday. The NET provider must complete an accident report and submit it to the office of the NET coordinator who arranged the transport within 24 hours of the accident. The NET coordinator must complete and submit to the BCFR and the legal department at DOM within 48 hours of any accident a written report that includes:~~

- ~~the cause of the accident~~
- ~~a copy of the Uniform Motor Vehicle Accident Report for all motor vehicle accidents~~
- ~~the NET provider's name, address, phone number and Medicaid provider ID number~~
- ~~the name and driver license number of the driver transporting the Medicaid beneficiary~~
- ~~the name and Medicaid ID number of the Medicaid beneficiary(ies) being transported at the time of the accident~~
- ~~the name(s) of the other party(ies) involved in the accident~~
- ~~the name(s) of any parties involved in the accident who were taken to a physician's office or hospital, or who were hospitalized, or died as a result of the accident~~

~~Reporting Abuse and Sexual Harassment~~

~~The NET provider is responsible for reporting to the NET coordinator any beneficiary who is accused of sexual harassment or physical abuse of his/her driver or other passengers during trips authorized under the NET program or any beneficiary who is the alleged victim of sexual harassment or physical abuse. If the NET provider transports a beneficiary who becomes abusive during transport, the provider may abort the trip but must transport the beneficiary back to the point of origin or notify the nearest law enforcement authorities as appropriate.~~

~~If a beneficiary appears to be dangerous to him/herself or others, the provider must report such concerns immediately to DOM.~~

~~Medicaid beneficiaries should report abuse or sexual harassment by drivers or by other passengers to the BCFR DOM by calling 1-800-421-2408.~~

~~State law requires that all suspected physical abuse of drivers, beneficiaries, and other passengers be reported to the Department of Human Services (DHS) at 1-800-222-8000.~~

The NET Broker is responsible for the following:

General Administration

The broker is responsible for administering and operating the NET Broker Program, including but not limited to the authorization, coordination, scheduling, management, and reimbursement of NET services. In addition, the broker is responsible for the following:

- The broker shall understand all DOM policies regarding NET services. DOM will provide assistance as needed with interpretation and clarification of DOM policy and will notify the broker as changes are made that affect the NET Broker Program.

- The broker shall reimburse NET providers. DOM will not require the broker to reimburse for unauthorized NET services provided by out of network providers.

- The broker shall have written materials for the benefit of the beneficiaries that shall be easily understood by individuals who have a sixth-grade reading level, be available in English and such other language as DOM may require at any time with written notice to the broker, and be available in alternative formats that take into account special needs of beneficiaries, such as visual impairments.

- The broker shall maintain detailed records as outlined in the contract and the DOM NET Provider Manual. All records must be readily retrievable within three (3) workdays for review at the request of DOM and its authorized representatives. All records shall be maintained and available for review during the entire term of the contract and for a period of five (5) years thereafter, unless an audit is in progress. When an audit is in progress or audit findings are unresolved, records shall be kept for a period of five (5) years or until all issues are final resolved, whichever is later.

- The broker shall maintain the necessary software and hardware necessary to provide NET services through the NET Broker Program.

- The broker shall be responsible for providing DOM with reports and utilization data. A listing of reports and utilization data will be provided to the broker by DOM and shall at minimum include those reports detailed in the Request for Proposals. DOM reserves the right to amend this list at any time and request ad-hoc reports as needed by DOM. Report formats may include paper reports or data files. Broker shall provide additional reports or make revisions in the data elements or format upon the request of DOM, without additional charge to DOM and without a contract amendment. Upon request of DOM, broker shall supply the underlying data to support any report submitted. The data shall be in a mutually agreed upon electronic file format. The failure to meet the timeliness standard set forth for each report may, in the sole discretion of DOM; result in the assessment of damages as specified in Section 12.14.

- The broker shall employ a full-time Project Manager who shall have day-to-day authority to manage the NET Broker Program. The Project Manager shall be available to DOM during regular business hours of DOM operation.

- The broker shall employ a Call Center Manager to oversee all functions related to the Call Center. The broker shall not hire a new Call Center Manager without prior approval from DOM.

- The broker shall employ staff who can address the unique needs of beneficiaries while assuring that services are provided in the most economical manner. Broker shall employ a sufficient number of trained and experienced staff to perform the services required under the contract, including staff experienced in communicating with medical personnel. Broker shall employ management staff who are experienced in staff development and training, supervision of staff, development and implementation of operations, development and revision of policy and procedures, planning, and beneficiary and provider relations, and who have good communications skills, and possess innovative problem solving skills. Broker shall employ staff

who is able to provide daily on-site data systems support, perform report development and analysis, and perform all required information system functions.

- The broker shall provide DOM with a listing of all subcontractors that broker intends to use for any administrative functions of the NET Broker Program, other than NET provider. Additionally, for each subcontractor, broker shall:
  - List the subcontractor's name, address, contact person, and phone number.
  - Detail the exact nature of the subcontractor's responsibility for the NET Broker Program, and the projected date the subcontractor will begin work.
  - Detail the time, scope of work, and quality of performance for any past work performed by the subcontractor in conjunction with broker.
  - State the consequences of failure to perform.
  - Provide five references for the subcontractor.
  - Provide a draft of the proposed subcontract.
- The brokers understands that DOM assumes no responsibility with respect to accidents, illness, or claims arising our of NET broker services. The broker must take all steps necessary to protect all individuals involved in providing NET services. The broker agrees to comply with all applicable state, local, and federal occupational and safety acts, rules, regulations, and laws and agrees to ensure that NET providers are properly insured.

Brokerage Process

Listed below are the general steps DOM deems necessary for the provision of NET services by the broker.

- Information Systems: The broker shall have in place its information system for use by the broker to screen, assign, dispatch, and monitor processes to ensure consistent application of guidelines. The broker shall display beneficiary's' permanent and temporary special needs, appropriate mode of transportation, and any special instruction regarding the nearest appropriate provider, and any other information necessary to ensure that appropriate transportation is authorized and provided. Information shall be easily accessible by all Call Center staff on their workstation computers.
- Recruiting and negotiating service agreements with transportation providers: The broker shall establish a network of NET providers and negotiate reimbursement with qualified transportation entities. All NET providers shall be approved by DOM.
- The broker is prohibited from establishing or maintaining service agreements with NET providers that have been determined to have committed fraud of a State or federal agency or have been suspended, terminated or barred from participation in the Medicaid Program. The broker shall terminate a service agreement with a NET provider when substandard performance is identified or when the NET provider has failed to take satisfactory corrective action within a reasonable time. DOM reserves the right to direct the broker to terminate any service agreement with a NET provider when DOM determines it to be in the best interest of DOM. The NET provider shall be allowed fifteen (15) days to request a review of the decision by broker or DOM or both. Failure to request a review within fifteen (15) days shall be a waiver of the NET provider's right to request a review.
- Adequacy of Network: The broker shall recruit sufficient NET providers to meet the transportation needs of the beneficiaries. The broker shall also ensure that its NET providers have a sufficient

number of vehicles available to meet the timeliness requirements of the NET Broker Program. In the even the broker or DOM identifies an area of the state with insufficient transportation resources; the broker will have ten (10) business days after the date of notification to recruit sufficient NET providers to meet the transportation needs of the beneficiaries. The geographic coverage area shall include the entire State of Mississippi and the medical communities in the adjacent states of Alabama, Arkansas, Louisiana, and Tennessee.

- Payment Administration: The broker shall provide timely payment to each transportation provider based on authorized services rendered. The broker shall pay at least ninety-nine percent (99%) of all "clean claims" from NET providers within ninety (90) days following receipt. A "clean claim" means one that can be processed without obtaining additional information from the NET provider or from a third party except that it shall not mean a claim submitted by or on behalf of a NET provider or provider who is under investigation for fraud or abuse, or a claim that is under review for medical necessity. Complaints or disputes concerning payments for the provision of services shall be subject to the broker's provider grievance resolution system. (See Section 12.12).

- Gate keeping: The broker shall screen all requests for NET Services to confirm each of the following items:

  - the beneficiary is eligible for NET services;
  - the beneficiary has a medical need which requires NET services;
  - the most economical mode of transportation appropriate to meet the medical needs of the beneficiary are used, given the beneficiary's mobility status and personal capabilities on the date of service (Broker shall document the reason in detail if broker approves a mode of transportation that is not the most economical);
  - the provider is the nearest appropriate provider to the beneficiary;
  - if an attendant or assistance requested is necessary. Broker may require a medical certification statement from the beneficiary's physician in order to approve Door-to Door Service or Hand-to-Hand Service;
  - the medical service for which NET service is requested is a covered medical service; and
  - the beneficiary does not have access to available transportation (Broker shall require the beneficiary to orally certify this).

- Receiving Requests: The broker shall require that requests for NET service to a single covered medical service appointment be made orally via a toll-free telephone number. Other methods of receipt of trip requests may be allowed with the approval of DOM. Beneficiaries, beneficiaries' family members, or guardians and providers shall be allowed to make requests for NET services on behalf of beneficiaries. The broker shall also establish policies and procedures regarding who can request NET services for standing orders, in order that beneficiaries are not required to continually arrange for repetitive appointments.

  The broker shall educate beneficiaries on how to request NET services. The broker shall instruct beneficiaries that requests for NET services must be made at least three (3) business days before the NET service is needed. Because scheduling issues will occasionally occur, the broker shall demonstrate the ability to handle urgent trips, last minute request from beneficiaries, scheduling changes, and NET providers who do not arrive for scheduled pick-ups. The broker shall provide additional education to beneficiaries who habitually request transportation less than two (2) business days in advance of the appointment time.

- Reserving and Trips Assigning: The broker shall receive requests for NET services, screen each request, and, if authorized, schedule and assign the trip to an appropriate NET provider. The broker shall not delegate screening, authorization, or scheduling duties. The broker may delegate dispatch activities to the NET provider, but the broker shall retain responsibility for the proper performance of dispatch activities. The broker shall ensure that the average waiting time for pick-up does not exceed 15 minutes. The broker shall ensure that beneficiaries arrive at pre-arranged times for appointments and are picked up at pre-arranged times for the return trip if the covered medical service follows a reliable schedule. The pre-arranged times may not be changed by the

NET provider or driver without prior permission from the broker. The broker and a NET provider may group beneficiaries and trips to promote efficiency and cost effectiveness. The broker may contact providers in this process.

- Trip Notification: The broker shall notify the NET provider of the assignment at least two (2) business days prior to the trip, if possible, and shall timely assign the trip to another NET provider if necessary. For hospital discharges, the broker shall contact an appropriate NET provider so that pick-up occurs within three (3) hours after notification. The broker shall notify the NET provider in an expeditious manner any trips that are cancelled by a beneficiary.

  If possible, the broker shall inform the beneficiary or the beneficiary's representative of the transportation arrangements during the phone call requesting the NET service. Otherwise, the broker shall inform the beneficiary or representative by later phone call, by facsimile, or by letter. It the broker sends a letter, the letter shall me mailed in time to be received by the beneficiary prior to the date of NET service.

- Timeliness: The broker shall authorize and schedule routine NET services for ninety-eight percent (98%) of all requests within three (3) business days after receipt of the request. The broker shall authorize and schedule routine NET services for one hundred percent (100%) of all requests within ten (10) business days after receipt of a request. If broker requires additional information in order to authorize a request, broker shall place the request on hold and shall request the additional information within twenty-four (24) hours after receipt of the request. broker shall specify the date by which the additional information must be submitted. Timely requests by broker for additional information shall stay the authorization period. If the additional information is not received by the date specified by broker, broker shall deny the request except NET services to an appointment for chemotherapy, dialysis, and high-risk pregnancy. In those instances, broker shall authorize single trips and pursue receipt of necessary information to authorize a standing order.

Reporting Abuse and Sexual Harassment

The broker and NET providers are responsible for reporting to DOM any beneficiary who accuses his/her driver or other passengers of sexual harassment of physical abuse. Medicaid beneficiaries should report any incident of abuse or sexual harassment directly to the broker. State law requires that all suspected physical abuse of drivers, beneficiaries, and other passengers be reported to the Department of Human Services (DHS) at 1-800-222-8000.

NET Provider Service Agreements

The Broker shall maintain NET Provider Service Agreements with all approved NET providers. At a minimum, the NET Provider Service Agreement must address:

- Payment administration and timely payment;
- Modes of transportation;
- Geographic coverage area(s);
- Attendant services;
- Telephone and vehicle communication systems;
- Information systems;
- Scheduling;

- Dispatching;
- Pick-up and delivery standards;
- Urgent trip requirements;
- Driver qualifications;
- Expectations for Door to Door, Hand to Hand, Curb to Curb;
- Driver conduct;
- Driver manifest delivery;
- Vehicle requirements;
- Back-up service;
- Quality assurance;
- Non-compliance with standards;
- Training for drivers;
- Confidentiality of information;
- Specific provision that in the instance of default by broker, the agreement will pass to DOM or its agent for continued provision of NET services. All terms, conditions and rates established by the agreement shall remain in effect until or unless renegotiated with DOM or its agent subsequent to default action or unless otherwise terminated by DOM at its discretion;
- Indemnification language to protect the State of Mississippi and DOM;
- Evidence of insurance for vehicle and driver;
- Submission of documentation as required by DOM; and
- Appeal and dispute resolution.

Post-Transportation Authorization Requests

The broker shall develop and implement with the approval of DOM, a policy to allow for post-transportation authorization of NET services. Post-transportation authorization shall be allowed in instances when prior authorization was not obtainable, such as services requested when the Call Center was closed. The broker's post-transportation authorization policy shall ensure that all applicable requirements of pre-transportation authorization are considered for the post-transportation authorization, and shall establish a timeliness requirement for the submission of post-transportation authorization requests.

Adverse Weather Plan

The broker shall have a written plan for transporting beneficiaries who need critical medical care, during adverse weather conditions. "Adverse weather conditions" includes, but is not limited to, extreme heat, extreme cold, hurricane, tropical storms, flooding, tornado warnings and heavy snowfall or ice.

Reporting Accidents

The broker shall document accidents and incidents that occur in conjunction with a scheduled trip when a beneficiary is present in the vehicle. An incident is defined as an occurrence, event, breakdown, or public disturbance that interrupts the trip, causing the driver to stop the vehicle, such as a passenger becomes unruly or ill. The broker shall report the details of the accident or incident within 24 hours if there were injuries; otherwise, the report is due within 72 hours.

NET Provider Manual

The broker shall develop and maintain a NET Provider Manual. The NET Provider Manual shall contain all policies and procedures for the NET Broker Program. The NET Provider Manual shall be reviewed, updated, and distributed to all NET providers annually and whenever changes in operation are made. Updates and changes must be prior approved by DOM before distribution. DOM will notify the broker in writing if a modification is required, and the broker shall incorporate any modifications within ten (10) business days after such notification.

The NET Provider Manual shall include, at a minimum, the following:

- NET provider enrollment and participation requirements;
- NET provider file maintenance and record keeping requirements;
- Standard reimbursement requirements;
- Covered and Non-Covered Services;
- Vehicle requirements;
- Limitations and considerations of NET services to covered medical services.

The broker shall provide the NET Provider Manual to all broker staff. In addition, the broker shall make the NET Provider Manual available electronically through a link on broker's website, and shall incorporate the NET Provider Manual into all training programs for NET providers and the broker's employees.

Beneficiary Education Plan

The broker shall develop written materials for the purpose of educating beneficiaries about the NET Broker Program. The written materials shall address:

- Eligibility requirements for NET services;
- How to request transportation, including contact phone numbers (including the "Where's My Ride" phone number) and documentation requirements.

In addition, the broker shall provide continuing education to beneficiaries who do not comply with established policies and procedures of the NET Broker Program. The broker may impose transportation options on beneficiaries with excessive incidents of non-compliance.

In the case of beneficiaries who are chronically late or absent for scheduled trips, the broker may require the beneficiary to call when the beneficiary is ready to be picked up. Neither the Broker nor the NET provider may charge beneficiaries for no-shows. The broker shall have policies and transportation options in place for beneficiaries whose behavior en-route threatens the safety of the beneficiary, driver, or other passengers.

The broker shall maintain a record of beneficiaries for whom transportation options are imposed.

Operating Procedures Manual

The broker shall develop an operations procedures manual detailing all procedures to be used in scheduling and delivery of NET services. DOM may require modification of the Operations Procedures Manual at anytime. The broker shall modify the Operations Procedures Manual within ten (10) business days of notification. The broker shall provide a copy of the Operations Procedures Manual to all broker staff and shall incorporate it into all training programs for new employees.

Business Continuity and Disaster Recovery Plan

The broker shall develop a Business Continuity Plan and a Disaster Recovery Plan that shall detail the steps the broker will take to enable them to continue to meet all requirements of DOM in the event of an outage or failure of DOM's or broker's data, communication or technical support system. The broker shall review and update the Business Continuity Plan and Disaster Recovery Plan at least annually.

Data Security

The broker shall comply with DOM's written policies and procedures regarding data security and integrity.

Quality Assurance Plan

The broker shall develop a Quality Assurance Plan that shall include at least the following:

- Broker's procedures for certification that all NET services paid for are properly authorized and actually rendered;
- Broker's plan to develop safeguard against fraud and/or abuse by NET providers, providers, beneficiaries and broker staff and fulfill DOM reporting requirements regarding such activity;
- Broker's agreement to indemnify DOM against any causes of actions or claims of payment brought by NET providers or beneficiaries; and
- Broker's plan to ensure that NET providers meet standards for vehicle maintenance operation, and inspection; driver qualifications and training; complaint resolution; and delivery of courteous, safe, and timely NET services.

Turnover Plan

The broker shall develop a Turnover Plan to provide for an orderly and controlled turnover of broker's responsibilities to a successor broker or to DOM at the end of the contract period or upon termination of the contract, and minimize the disruption of NET services to beneficiaries. The plan shall include the proposed approach to turnover, the tasks and subtasks for turnover, a schedule for turnover, the operational resource requirements, and any training to be provided, and procedures for the transfer of data, documentation, files, training materials, the operations procedures manual, brochures, pamphlets, and all other written materials and records developed in support of the NET Broker Program.

In the event DOM desires a turnover of the duties and obligations of broker to DOM or to a new broker upon termination of the contract, DOM shall give written notification to notify broker of the need for turnover at least ninety (90) days prior to the termination date of the contract. The turnover period shall begin on the date specified by DOM in the notice and shall continue until DOM determines that all of the

broker's contract duties and obligations have been met, even if that date extends beyond the termination date of the contract. DOM shall provide written instructions in the notice regarding the packaging, documentation, data formats, delivery location, and delivery date of all records, data, and information DOM determines are required to provide for an orderly turnover.

The broker shall complete all duties required in the contract with regard to requests for NET services for dates of services up to and including 11:59 p.m. Central Time on the termination date of the contract. These duties include, but are not limited to:

- Scheduling, authorization and provision of NET services;
- Successful submission to DOM of all utilization data
- Generation and sending of all required notices to providers and beneficiaries;
- Validation checks as required by DOM; and
- Submission and connection as necessary, of all reports required by DOM.

At any time during the turnover period, broker shall allow DOM full remote access, during regular business hours, to all data records, as required in the contract. In addition, DOM may requests and the broker shall provide the following information to DOM:

- Information including, but not limited to, the number, the review status and the completion date of all transportation that was scheduled, authorized or provided by broker prior to 11:59 p.m. Central Time on the termination date of the contract and that have not been transmitted to DOM for processing.
- Information including, but not limited to, the number, the review status and the completion date of all transportation that was scheduled, authorized or provided by broker prior to 11:59 p.m. Central Time on the termination date of the contract and that DOM returned to broker as unprocessed with an error code.
- Information on any other deliverables that are pending as of 11:59 p.m. Central Time on the termination date of the contract, including, but not limited to, any outstanding reports, the status of any unresolved complaints or grievances, and the status of any DOM appeal hearings that have been scheduled or are in process.

The broker shall answer any written questions from DOM or a new broker regarding the review of the information and data that broker has transferred to DOM or a new broker. Broker's answers shall be in writing and shall be submitted to DOM or the new vendor within five (5) business days after receipt of the question.

DOM shall notify broker of the date, time, and location of meeting(s) regarding the closeout or turnover to be held among DOM, broker, and any new broker. Broker shall provide a minimum of two individuals to attend the meetings. The individuals attending shall be proficient and knowledgeable regarding the paper materials and electronic data to be transferred and delivered to DOM or a new vendor.

The broker shall not receive payment or reimbursement, other than the final administrative payment to be made for the performance of turnover activities, whether broker performs those activities before or after the date of contract termination. The final administrative payment shall be made upon determination by DOM that all requirements under the contract have been completed.

~~NET providers who are aware of or suspect fraud in the NET program must report such immediately to the Bureau of Program Integrity at (800) 880-5920 or (601) 987-3962 or at the following address:~~

~~Division of Medicaid~~
~~Bureau of Program Integrity~~
~~Robert E. Lee Building~~
~~Suite 801~~
~~239 North Lamar Street~~
~~Jackson, MS 39201-1399~~

Modes of Transportation

The most common mode of NET services is by ground vehicle. The broker arranges ground NET services for Medicaid-eligible persons. The broker makes arrangements for NET services for any Medicaid beneficiary who calls for transportation services and meets the requirements as specified in the eligibility section. (Refer to Eligibility, section 12.02, in this manual). Contact is made by the beneficiary to the broker. Broker staff takes the call and verifies the beneficiary's eligibility and medical appointment and that the beneficiary has no other means of transportation. The broker staff is responsible for ensuring that transportation services are not available through other community resources. If no other source of transportation is available, broker staff then contacts a NET provider on the beneficiary's behalf and makes the necessary arrangements for transportation for the beneficiary to a medical provider. The broker may utilize, but is not limited to, the following modes of transportation:

- Fixed Route: transportation by means of a public transit vehicle that follows an advertised route on an advertised schedule, does not deviate from the route or the schedule, and picks up passengers at designated stops. This mode of transportation may also include public transit systems that deviate short distances from established routes to serve para-transit customers.

  The broker shall distribute or arrange for the distribution of fixed route passes to beneficiaries for whom fixed route transportation is the most appropriate mode of transportation.

  The furthest distance a beneficiary may be required to walk to or from a fixed route transportation stop is ½ of a mile. If broker determines that fixed route transportation is an appropriate mode of transportation for a beneficiary, but the beneficiaries requests a different mode of transportation, Broker may require the beneficiary to verify his or her mobility limitations, including, but not limited to, requiring the beneficiary to supply documentation from his or her physician. Broker shall consider the following when determining whether to allow an exception:

  - Beneficiary's ability to travel independently, including the age of the beneficiary traveling to the medical appointment, and any permanent or temporary debilitating physical or mental condition that precludes use of fixed route transportation;

  - Availability of fixed route transportation in the beneficiary's area or community, including the accessibility of the location to which the beneficiary is traveling and whether the beneficiary must travel more than ½ of a mile to or from the fixed route transportation stop;

  - Whether inclement weather conditions (including extreme heat and cold) or other pertinent factors make use of fixed route transportation unfeasible;

- Whether the fixed route transportation schedule is compatible with the beneficiary's appointment times for the covered medical service. In this instance, "compatible" means that the schedule will allow the beneficiary to arrive at the drop off location no more than ninety (90) minutes prior to the scheduled appointment time and will allow the beneficiary forty-five minutes after the estimated time the appointment will end to arrive at the pick-up location; and

- Whether any special needs of the beneficiary require the coordination of services with other providers.

- Private Auto: a beneficiary's personal vehicle of the personal vehicle of a family member or friend, to which the beneficiary routinely has access to drive or be transported to routine non-medical locations such as grocery stores, schools, and churches.

- Basic Vehicle: a motorized vehicle used for the transportation of passengers whose medical condition does not require use of a wheelchair, hydraulic lift, stretcher, medical monitoring, medical aid, medical care, or medical treatment during transport. A basic vehicle does not include private Auto.

- Enhanced Vehicle: a motorized vehicle equipped specifically with certified wheelchair lifts or other equipment designed to carry persons in wheelchairs or other mobility devices, or is equipped specifically for the transportation of passengers who cannot sit upright and are required to remain in a lying position during transport. Enhanced vehicles can only be used to transport passengers that do not require medical monitoring, medical aid, medical care, or medical treatment during transport. An enhanced vehicle does not include private auto.

- Non-Emergency Ambulance: a motorized vehicle equipped specifically for the transportation of a passenger whose medical condition requires transfer by stretcher with medical supervision. The patient's condition may also require the use of medical equipment, monitoring, aid, care, or treatment, including the administration of drugs or oxygen during the transport. Non-Emergency Ambulance transports requiring medical monitoring or supervision will be referred to DOM's Ambulance Program.

  If through the NET Broker Program, rather than the Ambulance Program, the broker authorizes transport by way of ambulance, the Certificate of Medical Necessity for Non-Emergency Ambulance Transportation form is not required. This type of transport may be approved by the broker on an exception basis only when the transport is necessary and does not meet the criteria for transport through the Ambulance Program.

- Other Transportation: Any commercial carrier, such as Amtrak, buses (such as Greyhound) or airplanes. The use of commercial carriers must be medically necessary and approved by DOM prior to transport.

As with all Medicaid funded services, Medicaid NET services are available only as a last resort. Other non-Medicaid funded sources of non-emergency transportation services must be utilized first.

Excessive Distance

The broker may question whether a covered medical service could be provided closer to the beneficiary's residence. Examples of possible excessive distance requests include a request for NET services to a provider that is not in the area where the beneficiary resides, or a request for NET services to a provider that is not in the same county, bordering county or metropolitan area in a bordering state for beneficiaries living in rural areas. Upon approval by DOM, the broker may deny the request if the covered medical service is available closer to the beneficiary's residence and a medical certification from a medical

provider to certify that the beneficiary is unable to be treated at a closer facility is not obtained. The one exception to the medical certification requirement is transport to the University Medical Center, Jackson, MS.

If a beneficiary has recently moved to a new area, broker shall allow long distance transportation for up to ninety (90) days if necessary to maintain continuity of care until the transition of the beneficiary's care to a closer appropriate provider can be completed. Broker shall monitor the frequency of authorizations of NET services involving excessive distance per beneficiary.

Travel Time

The broker shall ensure that NET providers arrive within the scheduled pick-up window. Drivers shall make their presence know to the beneficiary and wait until at least five (5) minutes after the scheduled pick-up time. If the beneficiary is not present for pick-up, the driver shall notify the NET provider's dispatcher before departing from the pick-up location. NET providers cannot change the assigned pickup time without permission from the broker. If the NET provider cannot arrive on time to the pick-up location, the NET provider or broker shall contact the beneficiary or the beneficiary's representative and the provider. No more than two percent (2%) of the scheduled trips shall be late or missed per day.

The NET provider shall schedule trips so that a beneficiary does not remain in the vehicle for more than 45 minutes longer than the average travel time for direct transportation of that beneficiary.

Choice of NET Provider

Beneficiaries may not request transportation by a particular NET provider. However, broker should strive to maintain existing relationships between NET providers and beneficiaries, and broker should try to accommodate a beneficiary's request for a specific NET provider in broker's network, especially in the transportation of beneficiaries with disabilities.

~~The NET program also provides public carrier transportation services. Public carrier transportation services may be provided to Medicaid beneficiaries for whom such services are certified in writing by their attending medical provider as medically necessary.~~

~~Air NET Services by Public Carrier~~

~~Air NET services are used when a Medicaid beneficiary must travel considerable distances to access needed services and ground transportation is impractical because of the distance to be traveled, and/or because the beneficiary is mentally or physically unable to travel by such mode of transportation. Air NET services by a public carrier must have prior approval and be arranged by the BCFR. A Certification of Medical Necessity form must be completed by the beneficiary's attending medical provider and submitted to the NET coordinator as part of the prior approval process.~~

~~Ground NET Services by Public Carrier~~

~~Ground NET services are used when a Medicaid beneficiary must travel considerable distances to access needed services and the use of an Individual, group, or public transit NET provider is either unavailable or impractical because of the distance to be traveled. Ground NET services by a public carrier must have prior approval and be arranged by the BCFR. A Certification of Medical Necessity form must be completed by the beneficiary's attending medical provider and submitted to the NET coordinator as part of the prior approval process.~~

If requests for NET services falls under one or more of the denial criteria listed below, broker shall deny the request and enter the reason(s) for the denial in its information system on the same business day. Broker shall generate and mail denial letters to beneficiaries no later than the next business day following the date denial decision was made. The denial letter shall notify the beneficiary of their right to appeal the denial. DOM, in its sole discretion, may add, modify, or delete denial reasons without additional payment to broker or a contract amendment.

- The beneficiary is not eligible for NET services on the date of service;
- The beneficiary does not have a medical need that requires NET services;
- The medical service for which NET service is requested is not a covered medical service;
- The beneficiary has access to available transportation;
- Transportation to the medical service for which NET service is requested is covered under another program;
- The request was for post-transportation authorization and was not received timely or did not meet established criteria;
- The medical appointment is not scheduled or was not kept;;
- Broker cannot confirm that there was a medical appointment;
- The trip was not requested timely and the request cannot be accommodated because of this;

- Additional documentation was requested and was not received timely;
- The beneficiary refuses the appropriate mode of transportation; or
- The beneficiary refuses the NET provider assigned to the trip and another appropriate NET provider is not available.

~~The most common mode of NET services is by ground vehicle. DOM arranges ground NET services for Medicaid-eligible persons. DOM makes arrangements for NET services for any Medicaid beneficiary who calls for transportation services and meets the requirements as specified in the eligibility section. (Refer to Eligibility, section 12.02, in this manual.) Contact is made by the beneficiary to the NET call center. A NET coordinator takes the call and verifies the beneficiary's eligibility and medical appointment and that the beneficiary has no other means of transportation. The NET coordinator is responsible for ensuring that transportation services are not available through other community resources. If no other source of transportation is available, the NET coordinator then contacts a NET provider on the beneficiary's behalf and makes the necessary arrangements for transportation for the beneficiary to a medical provider.~~

~~As with all Medicaid-funded services, Medicaid NET services are available only as a last resort. Other non-Medicaid-funded sources of non-emergency transportation services must be utilized first. NET providers are responsible for informing NET coordinators of any transportation sources available to Medicaid beneficiaries in their communities. NET coordinators are required to keep documentation for each request for transportation, documenting proper utilization of available transportation sources.~~

~~Individual, group and public transit NET providers must abide by all terms that are outlined in their provider participation agreement.~~

~~Verification of Services~~

~~DOM pays the cost of NET services for eligible Medicaid beneficiaries only if the beneficiary is transported to a medical provider who is enrolled in the Medicaid program. NET coordinators are required to verify that all NET services billed to DOM meet these requirements.~~

~~For each trip arranged for a beneficiary to a Medicaid provider, the NET coordinator must complete and maintain documentation that verifies that the beneficiary has an appointment with a Medicaid enrolled provider.~~

~~The documentation should include the name and Medicaid ID number of the beneficiary being transported, the name and Medicaid provider number of the facility or medical provider's office to which the beneficiary is requesting transportation, and the date and time of the appointment. The documentation for individual providers should include the transaction summary form and the designated claim submission form. The documentation for group and public transit providers shall be the transaction summary form.~~

NET Provider Daily Trip Logs

The broker shall require that the NET providers' drivers maintain daily trip logs containing, at minimum, the information listed below. Private auto and fixed route transportation are excluded from this requirement.

- Date of service;
- Driver's name;

- Driver's signature;
- Attendant's full name (if applicable);
- Attendant's signature (if applicable);
- Vehicle Identification Number (VIN);
- Beneficiary's name;
- NET provider's name and number;
- Request Tracking Number;
- Mode of transportation authorized;
- Actual start time (from the base station) in military time;
- Scheduled pick-up time and actual pick-up location and time in military time;
- Actual drop off location and time in military time;
- Actual number of wheel chairs and children, per trip;
- Odometer mileage at each point of pickup and of drop-off;
- Actual time of medical appointment; and
- Notes, if applicable. At a minimum, the log must show notes in the case of cancellations, uncompleted requests, "no-shows", accidents, and incidents.

Trip Manifests

At least forty-eight (48) hours prior to a trip, the broker shall provide a trip manifest to the NET Provider. To ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA), broker shall send trip manifests to the NET provider by a facsimile device or secure electronic transmission. NET providers and broker shall have dedicated telephone lines available at all times for faxing purposes. The trip manifests supplied to NET providers shall include all necessary information for the driver to perform the trip, including but not limited to:

- Request Tracking Number;
- The beneficiary's name;
- The beneficiary's phone number;
- The address and time of the pick-up and the address and time of the appointment for covered medical service (including the name and phone number of the facility);
- The mode of transportation;
- The directions to the beneficiary's home, if appropriate;

- Return trip times, if appropriate; and
- Any special needs of the beneficiary or instructions to the driver.

If broker sends a trip manifest to a NET provider less than forty-eight (48) hours before the pick-up time, the broker shall also contact the NET provider by telephone or electronically to confirm that the trip will be accepted.

~~Once a beneficiary's eligibility for the Medicaid program has been established and his/her need for NET services has been verified by a NET coordinator, the services for the individual will be arranged, upon request of the individual, to the closest Medicaid enrolled provider of the individual's choice within his/her community and by the most appropriate means available. DOM determines the most appropriate means of transportation based on the beneficiary's medical condition, the health and safety considerations of the beneficiary, distance to the place of treatment, and availability of an appropriate provider of medical transportation using the least expensive means of conveyance consistent with these conditions. Individuals requiring NET assistance should request NET services no less than three (3) business days before the service is actually needed. All NET services must be prior approved by DOM.~~ **~~DOM will not pay for NET services which were not arranged by a NET coordinator or BCFR staff.~~**

~~If a Medicaid beneficiary is out of state or out of their medical community service area and becomes ill or injured and requires NET assistance to return to Mississippi, the same criteria regarding eligibility, need for services, use of most appropriate and cost efficient mode of transport, prior approval, etc. apply.~~

~~If a beneficiary expires en route to a medical service, NET services for the beneficiary are reimbursable to the NET provider until the deceased beneficiary, alive at the time of pick up, reaches the source of medical care. Thereafter, transportation expense of the deceased is a mortuary expense that is not covered by Medicaid.~~

~~If a third party payor is available to cover the cost of a Medicaid-covered medical treatment required by the beneficiary but not the cost associated with the transport, NET assistance may be available to the beneficiary. Also, if NET costs are partially covered by a third party payor, NET assistance may be available to cover the remaining non-emergency transportation costs. All such cases of partial payment of Medicaid approved medical and/or non-emergency transportation costs by third party payors will be reviewed by the appropriate personnel at DOM to determine if Medicaid funds may be used to pay those costs not covered by third party sources.~~

~~Service animals may be transported only when beneficiaries with disabilities require assistance from such animals. It is the responsibility of the individual who requires the assistance of a service animal to keep the animal under control at all times and ensure that it does not disrupt the driver or other passengers. NET assistance will not be available to individuals who cannot control their service animals until such time that adequate control of the animal is in place.~~

~~When a Medicaid-eligible beneficiary requests transportation, he/she must provide the following information:~~

- ~~his/her name, address, and telephone number~~
- ~~his/her Medicaid number or social security number and date of birth~~
- ~~the name, address, and telephone number of the medical provider(s) to be seen and the name of the referring physician (as appropriate)~~
- ~~the date and time of the appointment~~
- ~~affirmation that other means of transportation are unavailable~~
- ~~special needs such as attendant, wheelchair, etc.~~

~~A beneficiary must give a full three (3) business days notice of his/her need for NET services. The NET coordinator will make every effort to arrange NET services with less than three days notice from the beneficiary, but in the event the services cannot be arranged, the beneficiary will be required to reschedule the appointment to give the NET coordinator an adequate amount of time to make the requested arrangements.~~

~~In arranging transportation services, the NET coordinator must consider the following criteria:~~

1. ~~The beneficiary has the right to select any Medicaid enrolled medical provider. However, DOM will pay for transportation to the nearest appropriate practitioner or facility.~~

   ~~appropriate practitioner - a Medicaid enrolled provider who is qualified to provide the type of care and treatment required by the beneficiary and whose license to practice in the state of Mississippi covers such care and treatment (providing state licensure is required for that type of practitioner).~~

   ~~appropriate facility - a facility/institution generally equipped to provide the needed treatment for the beneficiary's condition. Appropriate facilities include: hospital, skilled nursing facility, extended care facility, doctor's office, dialysis facility, and outpatient diagnostic or surgical facility.~~

   ~~In the case of a hospital, it also means that a physician or a physician specialist is available to provide the necessary care required to treat the patient's condition. However, the fact that a particular physician does or does not have staff privileges in a hospital is not a consideration in determining whether the hospital has appropriate facilities. Thus, NET service to a more distant hospital solely to avail the beneficiary of the service of a specific physician or physician specialist does not make the hospital in which the physician has staff privileges the nearest hospital with appropriate facilities.~~

   ~~The fact that a more distant institution is better equipped, either qualitatively or quantitatively, to care for the beneficiary does not warrant a finding that a closer institution does not have "appropriate facilities".~~

   ~~An institution is also not considered an appropriate facility if there is no bed available. Medicaid will presume that there are beds available at the local institutions unless the provider furnishes evidence that no bed was available at the nearest appropriate facility.~~

   ~~"Appropriate" does not mean that the local practitioner or facility is the "best" practitioner or facility or provides the most advanced equipment or services, but that the practitioner or facility is "adequate" to serve the beneficiary. All medical providers enrolled in the Medicaid program are considered to provide adequate services. DOM is not required to provide transportation for a beneficiary to a provider outside the beneficiary's community solely because of personal preference.~~

2. ~~Transportation must be arranged by the least expensive means available that is suitable to the beneficiary's needs:~~

   A. ~~Least expensive is defined in terms of the cost per trip given available means of transportation (ex: taxi, local transportation system, etc.) The NET coordinator arranging transportation should have knowledge of estimated costs per mile or per trip for all available transportation requirements.~~

   B. ~~The following may be considered in determining the most suitable transportation services for the beneficiary:~~

   - ~~access to public transportation~~

- ~~time frames (ex: pick-up, drop-off and waiting times)~~
- ~~work schedule~~
- ~~physical/mental disability (ex: use of a wheelchair, inability to follow simple directions, etc.)~~
- ~~physical stamina (ability to stand, sit, wait for extended periods of time, etc.)~~
- ~~need to transport equipment and/or an attendant.~~

~~Generally, NET services are arranged and made available to beneficiaries from 8:00 a.m. until 5:00 p.m. Monday through Friday. However, it is sometimes necessary for beneficiaries to see medical providers before or after regular work hours and on weekends and holidays. For example, dialysis patients may require transportation on Saturdays and holidays. The NET coordinator must accommodate such scheduling requirements of beneficiaries.~~

~~If a request from a Medicaid beneficiary for NET services is denied, the beneficiary must be notified before the date of service, and the reasons for the denial must be presented to the beneficiary. The reasons for the denial and the beneficiary notification must be documented in the file. Reasons for denying services include, but are not limited to:~~

- ~~the beneficiary has other means of transportation~~
- ~~the request for transportation services is to a medical provider who is not enrolled in the Medicaid program~~
- ~~the provider to whom the beneficiary wishes to be transported is not located within the beneficiary's community, and a suitable provider is available locally~~
- ~~the beneficiary has requested transportation to receive a medical service which is not covered by the Medicaid program~~

~~If a Medicaid eligible individual or his/her responsible party is dissatisfied with a decision by DOM to deny transportation services as described above, he/she may request a hearing, in writing, addressed to the Executive Director of DOM to arrange a hearing.~~

~~The NET program will not pay for or provide transportation for a beneficiary who is leaving a facility or treatment provider AMA (Against Medical Advice). Exceptions to this policy may be made in extreme situations that necessitate removing the beneficiary from the facility or treatment provider. Exceptions will be determined on a case-by-case basis.~~

All drivers shall abide by state and local laws. The driver requirements listed below shall apply to all NET providers with the exception of private auto.

- All drivers, at all times during their employment, shall be at least 18 years of age and have a current valid driver license to operate the transportation vehicle to which they are assigned.
- Drivers who receive citations and are convicted of two moving violations or accidents related to transportation provided under the NET Broker Program shall be removed from service.
- Drivers shall not have had their driver license suspended or revoked for moving traffic violations in the previous five (5) years.

- The broker shall require that the NET provider comply with Mississippi Statute regarding criminal background checks, including fingerprinting. The broker shall verify that driver is not listed on the Mississippi Sex Offender Registry. The broker shall conduct criminal background checks on all drivers.

- All drivers shall be courteous, patient, and helpful to all passengers and be neat and clean in appearance.

- No driver shall use alcohol, narcotics, illegal drugs, or prescription medications that impair the ability to perform.

- All drivers shall wear and have visible a nametag that is easily readable and identifies the employee and the employer.

- No driver shall smoke while in the vehicle, while assisting a beneficiary, or in the presence of any beneficiary. Beneficiaries or their attendants shall not be allowed to smoke in the vehicle.

- Drivers shall not wear any type of headphones at any time while on duty, with the exception of hands-free headsets for mobile telephones. Mobile telephones may only be used for communication with the NET provider or to call 911 in an emergency.

- Drivers shall provide an appropriate level of assistance to a beneficiary when requested or when necessitated by the beneficiary's mobility status or personal condition. This includes Curb-to Curb, Door-to Door, and Hand-to Hand assistance, as required. Before departing the drop-off point, the driver shall confirm that the beneficiary is safely inside the destination. The driver is responsible for properly securing any mobility devices utilized by the beneficiary.

- Drivers shall assist beneficiaries in the process of being seated and confirm that all seat belts are fastened properly, and that all passengers are safely and properly secured.

- Upon arrival at the destination, the driver shall park the vehicle so that the beneficiary does not have to cross streets to reach the entrance of the destination.

- The driver shall not leave a beneficiary unattended at any time.

- If a beneficiary or other passenger's behavior or any other condition impedes the safe operation of the vehicle, the driver shall park the vehicle in a safe location out of traffic, notify the dispatcher, and request assistance.

- No driver shall touch any passenger except as appropriate and necessary to assist the passenger into or out of the vehicle, into a seat and to secure the seatbelt, or as necessary to render first aid or assistance for which the driver has been trained.

- When appropriate, drivers must provide oral directions to passengers.

- In the event of an emergency such as an accident, incident, or vehicle breakdown, the driver must notify the NET provider immediately to report the breakdown and arrange for alternative transportation for the beneficiary or beneficiaries on board.

- The driver shall report all no-shows immediately to the NET provider and the NET provider must notify broker so that the authorization may be cancelled.

~~Reimbursement may be claimed when prior authorized services are provided to eligible Medicaid beneficiaries who are transported to medical providers enrolled in the Medicaid program. DOM does not pay for NET services in advance. NET providers are reimbursed only after the NET services have been provided. DOM reserves the right to refuse to pay claims that indicate excessively high charges. Costs for any mileage performed at the convenience of the NET provider are not reimbursable by DOM.~~

~~NET providers may not charge DOM more for transporting Medicaid beneficiaries than they charge non-Medicaid beneficiaries for the same service. A NET provider may not accept, charge, solicit, or receive any gift, money, or other consideration from any Medicaid beneficiary or attendant as payment for the transportation services rendered under a provider contract.~~

~~Further, the NET provider may neither charge nor take other recourse against Medicaid beneficiaries, their family members, or their representatives for any claims denied or reduced by DOM because of the provider's failure to comply with any rule, regulation, or procedure of DOM.~~

~~All claim forms and supporting documentation must be prepared in accordance with the standards outlined in the provider agreement.~~

~~Individual Providers~~

- ~~Reimbursement rates are based on minimum rates paid to state employees per Section 25-3-41 of the Mississippi Code 1972, as amended; however, the Division reserves the right to change the rate at any time upon notification to the provider.~~
- ~~NET providers are responsible for maintaining records validating the actual number of miles traveled to transport each Medicaid beneficiary.~~
- ~~Claims must be submitted within one year after the service has been provided.~~
- ~~If payment for NET services has been returned because the provider is deceased, it will be sent to the provider's estate.~~
- ~~Claims for mileage must be in accordance with the NET provider agreement.~~

~~Individual NET providers are responsible for ensuring that a fully completed Medicaid NET Documentation form is prepared for each claim submitted for reimbursement to DOM. Refer to Section 7.03, General Policy, in this manual.~~

~~Group Providers~~

- ~~Reimbursement rates for group providers are negotiated with those providers.~~
- ~~The Medicaid program reimburses the lesser of the billed charges or the negotiated rate.~~
- ~~Providers may not subcontract with other providers except under the terms and conditions of their contracts with DOM. The Legal Unit staff of DOM must approve all subcontracts before such subcontracts become effective. Providers are required to timely pay their subcontractors who have transported Medicaid beneficiaries on their behalf.~~

~~Group NET providers are responsible for ensuring that a fully completed Medicaid NET Documentation form is prepared for each claim submitted for reimbursement to DOM. (Refer to Section 7.03, General Policy, in this manual.)~~

~~Public Transit Providers~~

- ~~Reimbursement rates for public transit providers are set based on the rate paid by the general public for like services.~~

~~Public transit NET providers are not required to complete the Medicaid NET Documentation form.~~

In addition to any federal, state, county, or local requirements, all vehicles shall meet the following requirements:

- The number of persons in the vehicle, including the driver, shall not exceed the vehicle manufacturer's approved seating capacity.
- All vehicles shall have adequately functioning heating and air-conditioning systems and shall maintain a temperature at all times that is comfortable to the beneficiary.
- All vehicles shall have functioning seat belts and restraints as required by federal, state, county, or local statute or ordinance. All such vehicles shall have an easily visible interior sign that states: "ALL PASSENGERS SHALL USE SEAT BELTS". Seat belts must be stored off the floor when not in use.
- Each NET provider shall have at least two (2) seat belt extensions available.
- For use in emergency situations, each vehicle shall be equipped with at least one seat belt cutter that is kept within easy reach of the driver.
- All vehicles shall have an accurate, operating speedometer and odometer.
- All vehicles shall have two exterior rear view mirrors, one on each side of the vehicle.
- All vehicles shall be equipped with an interior mirror for monitoring the passenger compartment.
- The exterior of all vehicles shall be clean and free of broken mirrors or windows, excessive grime, major dents or paint damage that detracts from the overall appearance of the vehicles.
- The interior of all vehicles shall be clean and free of torn upholstery, floor or ceiling covering; damaged or broken seats; protruding sharp edges; dirt, oil, grease or litter; or hazardous debris or unsecured items.
- All vehicles shall have the NET provider's business name and telephone number displayed on at least both sides of the exterior of the vehicle. The business name and phone number must appear in lettering that is a minimum of three (3) inches in height and of a color that contrasts with the surrounding background.
- To comply with confidentiality requirements, no words may be displayed on the vehicle that implies that Medicaid beneficiaries are being transported. The name of the NET provider's business may not imply that Medicaid beneficiaries are being transported.
- The vehicle license number, brokers toll-free, and local phone number shall be prominently displayed on the interior of each vehicle. This information and the complaint procedures shall be clearly visible and available in written format in each vehicle for distribution to beneficiaries upon

request.

- Smoking shall be prohibited in all vehicles at all times. All vehicles shall have an easily visible interior sign that states: "NO SMOKING".

- All vehicles shall carry a vehicle information packet containing vehicle registration, insurance card, and accident procedures and forms.

- All vehicles shall be operated within the manufacturers safe operating standards at all times.

- All vehicles shall be equipped with a first aid kit stocked with antiseptic cleansing wipes, triple antibiotic ointment, assorted sizes of adhesive and gauze bandages, tape, scissors, latex or other impermeable gloves and sterile eyewash.

- Each vehicle shall contain a current map of the applicable geographic area with sufficient detail to locate beneficiary and provider addresses.

- Each vehicle shall be equipped with an appropriate working fire extinguisher that shall be stored in a safe, secure location.

- Insurance coverage for all vehicles at all times during the contract period shall be in compliance with state law, and any county or city ordinance.

- Each vehicle shall be equipped with a "spill kit" that includes liquid spill absorbent, latex or other impermeable gloves, hazardous waste disposal bags, scrub brush, disinfectant, and deodorizer.

- The broker shall maintain documentation on the lifting capacity of each vehicle in its network in order to route trips to NET provider that have appropriate lift capacity for beneficiaries.

- The broker shall require that every vehicle in a NET provider's fleet has a real-time link, phone, or two-way radio. Pagers are not acceptable as a substitute.

- The broker shall have in its network, NET providers that have the capability to perform bariatric transports of patients up to 800 pounds.

- Vehicles shall comply with the Americans With Disabilities Act (ADA) Accessibility Specifications for Transportation. The broker shall supply all NET providers with a copy of the ADA vehicle requirements and inspect the vehicles for compliance during the scheduled bi-annual vehicle inspections. Vehicles used for transporting beneficiaries with disabilities must be in compliance with applicable ADA vehicle requirements in order to be approved for use under this program.

The broker is responsible for ensuring that NET providers maintain all vehicles to meet or exceed local, State, and federal requirements, and manufacturer's safety mechanical operating, and maintenance standards. The broker shall:

- Inspect all NET providers' vehicles prior to the Operations Start Date and at least every six (6) months thereafter. The broker is not required to inspect private auto vehicles.

- Test all communication equipment during regularly scheduled vehicle inspection.

- Upon completion of a successful inspection, an inspection sticker approved by DOM shall be applied to the vehicle. The broker shall place the inspection sticker on the outside of the passenger side rear window in the lower right corner. Records of inspections shall be maintain and made available to DOM upon request.

Authorized employees of DOM or broker shall immediately remove from service any vehicle or driver found to be out of compliance with these requirements or with any State or federal regulations. The vehicle or driver may be returned to service only after the broker verifies that the deficiencies have been corrected. Any deficiencies and actions taken to remedy deficiencies shall be documented and become a part of the vehicle's and the driver's permanent records.

~~Generally, non-ambulance ground transportation arranged for Medicaid eligible persons will include costs for mileage only. Meals for day trips are not a reimbursable cost under the NET program. Medicaid services may include related travel expenses for situations when transportation needed is other than routine. Reimbursement for meals and lodging is available pending the BCFR's ability to make proper arrangements for reimbursement.~~

~~When the medical service required by a beneficiary is available only in another county, city, or state, travel time and distance may warrant staying overnight. Related travel expenses may include overnight lodging and meals for eligible beneficiaries and their attendants while in transit to and from the medical resource. Receipts for meals and lodging are required. Overnight travel and related costs must have prior approval by the BCFR. Upon the approval of an overnight stay by the BCFR, the NET provider will be reimbursed for related expenses in accordance with the rules for reimbursing state employees on official business.~~

~~In certain situations, a Medicaid beneficiary must be fed and housed while he/she is receiving medical treatment in a facility that does not provide room and board. For example, a beneficiary may be required to travel out-of-county for a series of radiation treatments at a facility that does not provide room and board or for a series of tests at a hospital but the beneficiary does not require hospitalization for the tests. The cost of the beneficiary's room and board may be covered. However, arrangements for room and board in such situations must have prior authorization by the BCFR. Receipts for meals and lodging are required.~~

~~If the beneficiary must be attended during transport, an attendant may be transported with the beneficiary provided that 1) travel by the attendant with the beneficiary is prior approved by the BCFR, 2) the need by the beneficiary for an attendant is certified as medically necessary by the beneficiary's attending medical provider, and 3) the attendant scheduled to assist the beneficiary is qualified to provide the kind of assistance required by the beneficiary. The beneficiary's medical provider must complete a medical certification form specifying that the beneficiary requires an attendant and the type of assistance the attendant is to provide to the beneficiary.~~

~~The Division will pay limited costs for an attendant to accompany a beneficiary during transport. These costs include transportation and/or salary. The Division will pay the cost of an attendant to accompany a beneficiary during transport only when a separate ticket must be purchased in order for the attendant to provide the required assistance to the beneficiary. No other costs associated with the attendant's travel will be paid by the Division. Salary expense for an attendant may be paid by the Division only if the attendant is specifically trained to provide care required by the beneficiary due to the beneficiary's medical condition. Under no condition may salary expense be charged to the Division if the attendant is a member of the beneficiary's family. All costs associated with attendant care for a beneficiary must be documented with receipts.~~

~~Meals for the driver, attendant, and beneficiary may be claimed only if an overnight trip is part of the travel. On the day on which overnight travel occurs, the following schedule applies:~~

- ~~Breakfast may be charged if travel begins before 7:00 a.m.~~
- ~~Lunch may be charged if travel begins before 10:00 a.m.~~
- ~~Dinner may be charged if travel begins before 4:00 p.m.~~

~~On the day of the return, the following schedule applies:~~

- ~~Breakfast may be charged if travel ends after 9:00 a.m.~~
- ~~Lunch may be charged if travel ends after 2:00 p.m.~~
- ~~Dinner may be charged if travel ends after 7:00 p.m.~~

~~Meals are not covered for a day trip when an overnight stay is not required.~~

~~Rates for meals and lodging are reimbursed based on the minimum rate paid to state employees on official business. Only actual meal costs are to be reimbursed up to the maximum daily rates. Actual meal costs, up to the maximum daily rate, will be paid for days when all three meals qualify for reimbursement.~~

~~Unallowable meal and lodging costs include alcoholic beverages, pay television, movie rental, room service, long distance calls, local calls for which a charge is assessed, laundry, and dry cleaning. Other costs may be disallowed as determined by DOM.~~

~~NET providers may be reimbursed for other reasonable costs such as parking which may incur through their provision of transportation services. Receipts are required for claims for meals, lodging, commercial carriers (ex: bus, taxi), parking fees and tolls, and any other such costs for which reimbursement is claimed.~~

Telephone System Requirements

The NET broker shall maintain a Call Center in Mississippi within five (5) miles of the Capitol Complex. The Call Center shall include at least one statewide toll-free telephone number for receipt of requests for NET services and another toll-free telephone number for all beneficiaries to call if their ride is more than 15 minutes late. The numbers shall be answered by live operators Monday through Friday, 7:00 a.m. to 6:00 p.m. Central Time including state holidays except for New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. Calls placed during hours that the Call Center is not open shall receive a voice message, in English stating the hours of operation and advising the caller to dial "911", or the appropriate emergency number, if there is an emergency. The broker shall maintain and operate a telephone device for the deaf (TDD) for callers who need such a device.

Oral contact between broker and a beneficiary shall be in a language the beneficiary understands. The broker shall employ English-speaking Call Center Staff. Where the language is other than English, broker shall offer and, if accepted by the beneficiary, supply interpretive services. If a beneficiary requests interpretive services by a family member or acquaintance, broker shall not allow such services by anyone who is under the age of 18.

The broker shall ensure that its Call Center Staff treat each caller with dignity and respect the caller's right to privacy and confidentiality. The broker shall process all incoming telephone inquires regarding NET services in a timely, responsive and courteous manner. Telephone staff shall greet callers and shall identify broker and themselves by name when answering.

The broker shall operate an automatic call distribution system. Callers shall be advised that calls are monitored and recorded for quality assurance purposes. Administrative lines need not be recorded. The automatic call distribution system and reporting system shall be able to record and aggregate the following information and shall be able to produce the reports specified herein and ad hoc reports that DOM may request on a daily, weekly, or monthly basis.

- number of incoming calls;
- number of call receiving busy signals;
- average time until there is a response from the automated voice response system;
- number of calls that are abandoned during the wait in queue for interaction with Call Center Staff;
- average and maximum time spent in queue before abandonment for calls that do not reach Call Center Staff;
- number of calls that reach Call Center Staff;
- average and maximum time spent in queue between the initial automated voice pick-up and interaction with Call Center Staff;
- average and maximum time spent in queue for all calls;
- identity of the Call Center Staff member taking the call and authorizing the request;
- average and maximum talk time;
- average and maximum duration of calls that reach Call Center Staff, from the point of pick-up of the automated voice response system to the conclusion of the call;
- unduplicated number of calls placed on hold at any point after the initial call response;
- average and maximum time calls that are placed on hold;
- number of calls that are abandoned while on hold;
- daily percentage of abandoned calls;
- number of calls received that are unrelated to the NET Broker Program;
- number of available operators by the time of day and the day of the week, in quarter-hour increments.

The broker shall analyze data collected from its phone system as requested by DOM and as necessary to perform quality assurance and improvement, fulfill the reporting and monitoring requirements of the contract, and ensure adequate staffing. The broker shall route incoming calls to multiple areas of operation, including an English-speaking beneficiary queue and provider queues. DOM may require additional queues upon written notice.

The broker shall maintain sufficient equipment and Call Center Staff to ensure that on a monthly basis:

- Fewer than five (5) percent of incoming calls receive a busy signal;
- The automated voice response system is programmed to answer all calls within three rings;
- The average queue time after the initial automatic voice response is five (5) minutes of less;
- The average abandonment rate is no more than 7%;
- Sufficient qualified staff are available on-site to communicate with callers who speak English and an interpreter telephone service is available for callers who are non-English speaking; and
- The broker maintains and operates a telephone device for the deaf (TDD).

The broker shall record all incoming calls for quality control, program integrity, and training purposes. The broker shall provide prior notification to the caller that the conversation will be recorded. The broker shall maintain the recordings for up to twelve (12) months, at the direction of DOM.

The broker shall monitor at least two (2) "live" calls of each Call Center Staff member on a monthly basis by listening to the conversation as it occurs. The broker shall use this monitoring to identify problems or issues, for quality control and training purposes. The broker shall document and retain results of this monitoring and subsequent training and submit such documentation to DOM upon DOM's request.

In the event of a power failure or outage, the broker shall have a battery back-up system capable of operating the telephone system for a minimum of eight (8) hours, at full capacity, with no interruption of

data collection. The broker shall notify DOM immediately when its phone system is on battery power or is inoperative. The broker shall have a manual back-up procedure to allow it to continue to take requests if its computer system is down.

The automated call distribution (ACD) logs shall be maintained daily, tallied, and sent to DOM on a monthly basis in the reporting format specified by DOM. The broker shall also maintain daily logs on the Telephone Call Center to comply with the reporting requirements of the contract.

~~All transportation for nursing facility residents, whether emergency or non-emergency, must be arranged by nursing facility staff. Beneficiaries must not be denied access to medical care because nursing facility staff did not arrange transportation in advance.~~

~~For policy on non-emergency ambulance transports of nursing facility residents, refer to Ambulance sections 8.13 and 8.14 in this manual.~~

~~If the beneficiary does not qualify for benefits through the Ambulance Program, the nursing facility must arrange transportation through a family member, a nursing facility vehicle, or an outside resource. Staff at the nursing facility may ask the family to transport the resident in personal vehicles if the condition of the patient is appropriate for that mode of transportation. The nursing facility staff is responsible for arranging and providing transportation for a resident when the family does not provide the transportation. The transportation may be provided in nursing facility vehicles or by utilizing outside resources. Costs for providing this level of service are to be reported by the nursing facility on their cost reports and are reimbursed through the facility per diem. The nursing facility may not require the family to transport the beneficiary and the nursing facility may not bill the family nor the resident for transportation.~~

~~Exception: For cases requiring transportation to and from dialysis, the nursing facility may make referrals to the Non-Emergency Transportation Program. In these cases, the NET provider must submit claims to DOM for direct reimbursement.~~

~~If a beneficiary is transferred from a nursing facility to a hospital and remains hospitalized for longer than fifteen (15) days and is discharged from the nursing facility, transportation for these beneficiaries should be arranged by the hospital.~~

~~If there has not been a final discharge from the nursing facility and the beneficiary is in the hospital, transportation back to the nursing facility must be arranged by the nursing facility staff.~~

Monitoring

The NET broker shall develop and implement a plan for monitoring NET providers' compliance with all applicable local, State and federal laws and regulations. The broker shall ensure that NET providers comply with the terms of their subcontracts and all NET provider-related requirements of the contract, including driver requirements, vehicle requirements, complaint resolution requirements, and the delivery of courteous, safe, timely, and efficient transportation services. Monitoring activities shall include, but are not limited to:

- On-street observations;
- Accident and incident reporting;
- Statistical reporting of trips;
- Analysis of complaints;
- Driver licensure, driving record, experience, and training;
- Participant assistance;
- Completion of driver trip logs;
- Driver communication with dispatcher; and
- Routine scheduled vehicle inspections and maintenance.

The broker shall have written procedures for ensuring that an appropriate corrective action is taken when a NET provider furnishes inappropriate or substandard services, when a NET provider does not furnish services that should have been furnished, or when a NET provider is out of compliance with State or

federal laws or regulations. The broker shall report quarterly to DOM on monitoring activities, monitoring findings, corrective actions taken, and improvements made by the NET provider.

As part of the monitoring process, the broker shall conduct every six (6) months, a beneficiary satisfaction survey regarding the NET Broker Program. The initial six (6) month period shall be the first six (6) months during which the broker delivers NET Services. The survey topics shall include, but are not limited to (1) confirmation of a scheduled trip; (2) driver and broker staff courtesy; (3) driver and attendant assistance, when required; (4) overall driver behavior; (5) driver safety and operation of the vehicle; (6) condition, comfort, and convenience of the vehicle; and (7) punctuality of service. The purpose of the survey is to verify the availability, appropriateness and timeliness of the trips provided and the manner in which broker's staff and the NET provider's staff interacted with beneficiaries. The survey responses received, and broker's analysis of those responses shall be submitted to DOM no later than sixty (60) days after the surveys are mailed.

Validation Checks

The broker's payment procedures shall ensure that NET provider claims for reimbursement match authorized trips and that the trips actually occurred. The broker shall validate that transportation services paid for under the contract are properly authorized and rendered. The broker shall perform validation checks on a random sample of at least 5% of NET service requests in a month, both prior to the authorization of the request and after the services are rendered, as specified below. DOM, at its sole discretion, may require validation checks of trips to specific services. The broker shall conduct random pre-transportation validation checks prior to authorizing the request for no fewer than 3% of the NET Services requests received in a month. The broker shall contact the provider and verify that the beneficiary has an appointment for a covered medical service. The broker shall not verify the medical necessity of an appointment. If the broker verifies with the provider that no appointment exists, or that the service is not a covered medical service, the broker shall record in its computer system the reason for the failed validation check, and broker shall deny the request. If a pre-transportation validation check cannot be completed because the call to the provider resulted in a busy signal or no answer, broker shall flag the request for a post-transportation validation check, and the attempt at validation shall not be counted toward the 3% requirement.

The broker shall conduct random post-transportation validation checks on no fewer than 2% of the NET services requests received in a month. The broker shall contact the provider and verify that the beneficiary had an appointment for a covered medical service. The broker shall verify that the beneficiary received a covered medical service. The broker shall not verify the necessity of the transportation or of the medical service, but only that the service occurred. If broker verifies with the provider that there was no appointment, that the appointment was not kept or that the service was not a covered medical service, broker shall record in it computer system the reason for the failed validation check. If a post-transportation validation check cannot be completed because the call to the provider resulted in a busy signal or no answer after three (3) attempts, broker shall enter into its system information that will alert the Call Center Staff that any future requests to this specific provider shall be validated before it can be authorized.

The broker shall perform pre-transportation and post-transportation validation checks for a percentage of fixed route transportation to be established by DOM.

Monitoring Activities Conducted by DOM

DOM will monitor the broker on an on-going basis to ensure that services are being provided in accordance with the terms of the contract. DOM, the Mississippi Department of Audit, Department of Health and Human Services (DHHS), Centers for Medicare and Medicaid Services (CMS), the Office of Inspector General (OIG), the General Accounting Office (GAO), or any other auditing agency prior-approved by DOM, or their authorized representative shall at all reasonable times, have the right to enter onto the broker's premises, or such other places where duties under the NET broker contract are being performed, to inspect, monitor, or otherwise evaluate (including periodic systems testing) the work being performed. The broker must provide access to all facilities and assistance for DOM and Mississippi Audit

Department representatives. All inspections and evaluations shall be performed in such a manner as will not unduly delay work. Refusal by the broker to allow access to all documents, papers, letters or other materials shall constitute a breach of contract. All audits performed by persons other than DOM staff will be coordinated through DOM and its staff.

Broker Activity Reports

The broker will be required to provide DOM with reports and utilization data related to the broker's activities. DOM will provide the broker with a listing of required reports and utilization data. These reports and data items will be due within the timeframes stated. DOM reserves the right to request ad-hoc reports and modify the listing at any time.

Performance failures by the broker may cause DOM to access liquidated damages against the broker. (See Section 12.14)

~~DOM assumes no responsibility with respect to accidents, illness, or claims arising out of NET services undertaken with the assistance of Medicaid funds. The NET provider must take all steps necessary to protect all individuals involved in his/her transport of Medicaid beneficiaries. The NET provider agrees to comply with all applicable state, local, and federal occupational and safety acts, rules, regulations, and laws and agrees to carry insurance as required by DOM or required by law, whichever requires the higher amount of coverage.~~

Complaint Resolution

The broker is responsible for receiving, investigating, and responding to any complaint/grievance regarding the NET Broker Program from beneficiaries, their caregivers, NET providers, and providers. The broker is responsible for developing a complaint/grievance resolution process that must be approved by DOM.

The broker shall assign each compliant a unique tracking number. The broker shall respond to a complainant within one (1) business day after receipt of a complaint. The broker shall attempt to resolve complaints in accordance with the approved complain resolution process. The broker shall work with all parties and DOM, as necessary, to resolve the complaint.

Appeals

The broker's complaint /grievance resolution process shall include the rights of any party in the complaint process to appeal its decision. If the complaint involves a denial of service, the broker shall maintain records and provide documentation regarding the denial. DOM will have the final authority regarding any denials of service.

~~Pursuant to 42 CFR 431.53, the State of Mississippi Medicaid Plan provides for assurance of necessary transportation of Medicaid beneficiaries to and/or from providers of medical services. It is necessary for the BCFR to monitor the Medicaid NET program in order to assure that Medicaid dollars are utilized in the manner for which they are allocated; that is, to make NET services available to eligible Medicaid beneficiaries when no other means of transportation exists, so that they may receive Medicaid-covered services from providers enrolled in the Medicaid program.~~

~~General Guidelines and Procedures~~

~~A. Scheduling Monitoring Activities~~

~~Staff in the U.S. Department of Health and Human Services, the Bureau of Compliance and Financial Review, the Bureau of Program Integrity, the Attorney General's office, a designated independent auditor's office, or representative of any organization deemed appropriate by DOM may conduct a monitoring review of the NET services program and/or the providers.~~

~~B. Monitoring Objectives~~

~~Monitors from various organizations review NET program documents and provider performance to validate whether or not the provider and/or NET service program has:~~

- ~~complied with federal and state laws, regulations, and policies~~
- ~~complied with the terms of the NET provider agreement or contract~~
- ~~adhered to accepted accounting principles~~
- ~~charged DOM in accordance with the provider's agreement~~
- ~~selected the least costly and most appropriate transportation services for the beneficiary~~
- ~~billed DOM for authorized services only and for services that were actually delivered in compliance with the NET program~~
- ~~provided a service which produced an effective and cost efficient outcome for beneficiaries and the Medicaid program~~

~~C. Cooperation Required of the Provider During Monitoring Activities~~

~~Transportation providers must cooperate fully with the monitoring activities, evaluations, or other reporting requirements authorized by DOM. Records and supporting information must be made available as required for any authorized monitoring activities.~~

~~The NET provider's Executive Director or authorized representative must be available to answer questions during the monitoring review and to receive the results of the review.~~

~~D. Findings from Monitoring Reviews~~

~~Erroneous underpayments and overpayments to providers are subject to restitution. The provider is entitled to notification by DOM of the erroneous payment(s). If the provider has been overpaid, he/she will be contacted regarding a repayment schedule. If the provider has been underpaid,~~

~~he/she will be notified regarding the schedule for payment of the additional funds owed to the provider.~~

~~The provider will be notified in writing by DOM of any administrative noncompliance with provider agreement/contract terms or applicable regulations. (Refer to Section 7.06, General Policy, in this manual.)~~

~~The NET provider must ensure that all items of non-compliance are corrected within a time frame stated in a written plan of correction submitted by the provider to DOM within fifteen (15) days following receipt of the findings.~~

~~If items of noncompliance are not corrected, DOM may take appropriate action to ensure correction by the provider of noted problems, or DOM may terminate the NET provider's participation in the Medicaid program.~~

~~E. Technical Assistance Provided by NET Coordinating Staff~~

~~NET monitoring staff is available to provide technical assistance to NET providers in resolving any contractual or performance problems. However, technical assistance visits by DOM staff are not comprehensive reviews of the services under the terms of contracts or provider agreements for services. If deficiencies are not identified during the provision of technical assistance, the provider is still responsible for audit exceptions and correcting any other contractual or performance problems noted during monitoring activities.~~

~~DOM is not liable for acts or omissions of NET providers, contracted providers or their employees. Providers should seek their own legal counsel regarding questions of liability.~~

~~F. Records Retention~~

~~DOM staff and NET providers must keep all records pertaining to the transportation services provided during each fiscal year for a period of six years after the end of the state fiscal year in which services were provided. If a monitoring review is begun during this time, records must be kept until the audit is completed and any exceptions are resolved. All records must be maintained in an auditable manner. (Refer to Section 12.07, Group Services Provided by Individual, Group, and Public Transit Providers, in this manual.)~~

~~G. Provider's Accounting System~~

~~The accounting systems of providers must comply with the generally accepted accounting principles established by the American Institute of Certified Public Accountants.~~

~~NET Provider Monitoring Activities Conducted by DOM~~

~~NET monitoring activities include desk review and on-site visits. In conducting these monitoring activities, documentation from NET providers, beneficiaries, and other sources deemed necessary will be utilized.~~

~~A. Monitoring of Services~~

- ~~**Desk Reviews**~~

  ~~Periodically, DOM staff may conduct desk reviews of non-emergency transportation services. These desk reviews include, but are not limited to, the analysis of sample claims including required documentation, various claims processing system reports, and beneficiary surveys.~~

- ~~**On-Site Visits**~~

  ~~The on-site visits will be scheduled periodically to be conducted by the Bureau of Compliance and Financial Review staff. During on-site visits, required records and documents will be reviewed for consistency with claims submitted and with applicable program requirements. However, there may be instances where it is necessary to further verify claims, such as through contact with Medicaid beneficiaries to whom services were provided.~~

  ~~If during an on-site visit, the BCFR staff identify issues concerning the operations or claims payment which the BCFR considers to be a serious concern, the BCFR may implement an immediate corrective action. The BCFR staff may incorporate spot checks, announced and unannounced visits, and/or immediately place the provider on probation until such time as the problems are corrected to the satisfaction of the BCFR. An exit conference is scheduled during which the NET provider representative will be advised of the findings, including those relating to costs inappropriately charged to DOM.~~

- ~~**Report of Findings**~~

  ~~DOM staff that conducts the monitoring review will prepare a report of monitoring activity. A copy of the report will be forwarded to the transportation provider with a request, when appropriate, for a response to be submitted to DOM fifteen (15) days after the receipt of the report. The response should include a plan of correction, as necessary, which addresses any deficiencies noted in the monitoring report. The staff of DOM will review the response and contact the reviewer within fifteen (15) days of receipt of the response regarding the acceptance of the response and approval of the plan of correction.~~

- ~~**Contract Termination and Expiration**~~

  ~~A NET services contract expires on the termination date stated in the contract unless it is extended, renewed, or canceled earlier. When a contract ends, the NET coordinator will work with the NET provider and with staff of DOM's accounting unit, contracts and monitoring unit, and fiscal agent to arrange for payments due to DOM or the NET provider.~~

  ~~DOM may cancel a contract/agreement before the termination date if:~~

  1. ~~DOM and the provider mutually agree to terminate the contract agreement, **OR**~~

  2. ~~Either DOM or the NET provider gives the other party a thirty (30) day written notice of intent to terminate the contract/agreement, **OR**~~

  3. ~~Federal or state laws are changed to reduce or terminate the program or to restrict DOM from continuing to work with the provider, **OR**~~

  4. ~~The NET provider does not comply with the terms of the contract/agreement, the policies and procedures of the NET program, or the corrective action plan specified by DOM, **OR**~~

  5. ~~The NET provider ceases to provide services under the contract/agreement without approval.~~

~~The provider may appeal the findings of monitoring activities that led to contract/agreement termination to the Executive Director of DOM. The Executive Director's decision regarding the termination of the provider's contract/agreement is final.~~

~~B. Resolution of Findings of Monitoring Reviews~~

~~DOM will make every effort to work with providers to resolve adverse findings of monitoring reviews. The agency is interested in improving the provision of NET services through these providers. Any adverse action that may be necessary to correct performance problems will be~~

~~discussed in detail with appropriate staff of DOM and the NET provider before such action is taken.~~

The broker shall refer suspected fraud, abuse, or misuse by beneficiaries, NET providers, providers, or broker staff to DOM"s Bureau of Program Integrity within three (3) business days after discovery of the suspected fraud, abuse, or misuse. The referral shall detail the NET provider's name and number, the beneficiary's name and Medicaid ID Number, the provider's name and provider number and a narrative of all information the broker has regarding the suspected fraud, abuse, or misuse, including whether the broker was able to verify that the beneficiary was transported to or from a source of medical care.

The broker's staff and management shall be available and shall fully cooperate with any investigation or review. The broker shall require adherence with these requirements in any contracts it enters into with subcontractors, NET providers, or providers.

The Bureau of Program Integrity may be contacted at (800) 880-5920 or (601) 359-6050 or at the address for the Division of Medicaid, Bureau of Program Integrity.

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: ~~03/01/04~~ ~~———~~11/01/06
Section: Non-Emergency Transportation (NET) Subject: ~~Prior Authorization~~ Liquidation Damages	Section: 12.14 Pages: ~~1~~ 2 Cross Reference:	

~~Prior authorization is required for a number of services provided through the NET services program. Such services include lodging and meals associated with overnight travel for a beneficiary, or driver; overnight attendant care for all Medicaid beneficiaries; out-of-community travel; commercial air travel; and NET services beyond the NET services limit per beneficiary. Medicaid-eligible persons who live near the state line and who routinely access medical care from out-of-state providers (for example: residents of Corinth who use providers in Memphis, TN) who are considered to be part of their communities are not required to secure prior authorization from DOM to utilize such medical providers. The attending medical provider of the beneficiary who requires these services must provide written certification of medical necessity. The medical certification must include:~~

- ~~beneficiary name, date of birth, and Medicaid ID number~~
- ~~summary of condition including diagnosis~~
- ~~an explanation of medical necessity of the services to be provided including an explanation of the Medicaid beneficiary's need to travel to a more distant provider if a similar provider is located close to the beneficiary's home~~
- ~~mode of travel required~~
- ~~need for an attendant to accompany the beneficiary~~
- ~~dates of travel or number of times per week or month the travel is required and the length of time such NET assistance will be required (for ex: the physician of a Medicaid beneficiary who requires dialysis should indicate the number of times per week the beneficiary will require dialysis services and the number of weeks this schedule of care will continue).~~

~~Requests for prior authorization should be submitted to the NET coordinator. A request for NET services that requires a written medical certification of need will be approved/disapproved by the BCFR within ten (10) business days of receipt by the NET coordinator of the written medical certification from the attending physician of the beneficiary requesting NET services.~~

Because performance failures by broker may cause DOM to incur additional administrative costs that are difficult to compute, DOM may assess liquidated damages against the broker pursuant to this section and deduct the amount of damages from any payments due broker. DOM, at its sole discretion, may establish an installment deduction plan for the amount of any damages. The determination of the amount of damages shall be at the sole discretion of DOM's within the ranges set forth below. Self-reporting by broker will be taken into consideration in determining the amount of damages to be assessed. Unless specified otherwise, DOM will give written notice to broker of the failure that might result in the assessment of damages and the proposed amount of the damages. Broker shall have thirty (30) days from the date of the notice in which to dispute DOM's determination. DOM at its sole discretion, may access damages between $1 and $5,000 for each failure that occurs or remains uncorrected:

- Failure of broker to correctly authorize, schedule and provide NET services, where DOM determines that there is a pattern of such failures.
- Failure by broker to educate beneficiaries, providers, and NET providers, where DOM determines that there is a pattern of such failures.
- Failure by broker to maintain a current NET Provider Manual and Operations Procedures Manual.

- Failure by broker to ensure that drivers and vehicles meet the minimum requirements or failure by broker to perform required vehicle inspections.
- Failure by broker to maintain a NET provider network adequate to meet the needs of the contract, as determined by DOM.
- Failure by broker to make timely payment to NET providers as required and where DOM determines that there is a pattern of such failures.
- Failure by broker to meet the quality assurance and monitoring requirements, including Customer Satisfaction Survey, detailed in the quality assurance plan and monitoring plan.
- Failure by broker to develop or maintain all required electronic and data systems.
- Failure by broker to meet one or more of the Telephone System requirements in any month.
- Failure by broker to maintain staffing levels, including the number and qualifications of staff, and provision of key positions
- Failure by broker to conduct pre-transportation and post-transportation validation checks as required.
- Failure by broker to authorize and schedule NET services within the established timeframes.
- Failure by broker to submit by the due date any report, data or other material required by the contract, other than utilization data. DOM will give written notice to broker, via fax, overnight mail, or thorough regular mail, of the late report, data, or material. Broker shall have thirty (30) days following receipt of the notice in which to cure the failure by submitting the complete and accurate report, data, or material.

If the report, data, or material has not been submitted with the thirty (30) day period, DOM without further notice, may access damages, and beginning at each fifteen (15) day period in which the complete and accurate report, data, or material has not been submitted, and retroactive to the original due date, DOM may make a separate damages assessment for each fifteen (15) day period.

Utilization Data

In regards to utilization data, liquidated damages may be assessed for the following:

- Failure of broker to meet the accuracy requirements for submission of utilization data, including an acceptance rate of at least 98%
- Failure of broker to submit the Utilization Data Report on the day of the week specified by DOM may result in the assessment of damages of up to $1,000 per day for each day the report is late.
- Failure of broker to submit all utilization data within five (5) months after the date of service where DOM determines that there is a pattern of such failures, may result in the assessment of damages of up to $10,000 per occurrence.
- Failure of broker to comply with the close out and turnover requirements may result in the assessment of damages of up to $25,000, which if imposed, shall be deducted from the final payment to be made to broker.
- Any other failure of broker that DOM determines constitutes a substantial non-compliance with any material term of the contract not specifically enumerated herein.

~~NET providers are required to operate in accordance with all policies and procedures outlined in the NET provider agreement, the NET Provider Manual, and all other applicable state and/or federal laws, rules, and regulations. The Bureau of Compliance and Financial Review (BCFR) of the Division of Medicaid (DOM) will monitor the operations and level of service provided to beneficiaries through both on-site reviews and by monitoring NET provider complaints from any source including, but not limited to, medical providers, the general public, beneficiaries, and NET coordinators.~~

~~I. Complaint Review Process for NET Group Providers~~

~~The BCFR will monitor the NET group providers to insure adequate levels of NET services to Medicaid beneficiaries through the establishment of a complaint review process as follows:~~

~~A. Upon receipt of a complaint, the complaint is entered into a log, a complaint file is opened, and a complaint number is assigned. The BCFR will make every attempt to obtain a complaint in writing, but lack of a complaint in writing will not limit its investigation by BCFR staff.~~

~~B. Complaints will be ranked as follows:~~

- ~~Major – a major complaint is a complaint which immediately causes or has the potential for causing harm to a beneficiary or directly impacts the beneficiary's access to his/her medical appointment; and,~~
- ~~Secondary – a secondary complaint does not cause or have the potential for causing harm to a beneficiary and does not directly impact the beneficiary's access to his/her medical appointment; generally, these complaints involve administrative requirements set forth in the contract.~~

~~C. If the BCFR receives a complaint (whether it is a major or minor complaint), the BCFR will make an official inquiry of the provider. The NET provider must respond to the BCFR in writing to all complaints within three working days of the inquiry letter, except as otherwise noted. If at the end of the three working day period, extenuating circumstances exist, as determined by the Division, that an answer to the complaint cannot be rendered, the provider must contact the BCFR and request to speak with the designated NET staff member in charge of complaints in the Bureau and request additional time to reply. The maximum additional time that can be granted will be two working days. If the complaint involves physical injury, death, or verbal, sexual or physical abuse, notification to BCFR must be within one working day of the inquiry letter. If at the end of the one working day period, extenuating circumstances exist, as determined by the Division, that an answer to the complaint cannot be rendered, the provider must contact the BCFR and request to speak with the designated NET staff member in charge of complaints in the Bureau, and request additional time to reply. The maximum additional time that can be granted will be two working days. The time limits begin per the time stamp of the BCFR fax machine. All time is excluding holidays and weekends. All complaints and answers must be in writing, as well as the record of the complaint and its resolution. The NET provider must maintain the complaint records for six (6) years.~~

~~Upon receipt of the response from the group provider to the complaint, the BCFR will investigate the complaint to substantiate its validity. The BCFR will periodically send to each provider (via facsimile) a summary of substantiated complaints. The provider must submit a corrective action plan (CAP) outlining the steps to be taken by the provider to ensure that the~~

~~circumstances regarding each complaint listed in the summary do not recur. The CAP must be submitted to the BCFR in writing within two (2) working days of the date of receipt of the letter of inquiry as verified by the BCFR fax machine. In the event two substantiated major complaints are involving the same beneficiary, the beneficiary may be assigned to either the secondary provider serving that region or an individual driver as determined by the BCFR. In addition, on a case-by-case basis, the BCFR may impose additional sanctions on the provider. These sanctions are outlined in Section IV. In the event a substantiated major complaint results in the death of or serious injury to a beneficiary and/or her attendant, the Division may proceed in terminating the contract.~~

~~If a provider has four or more substantiated complaints during any consecutive four-month period or if the substantiated complaints involving the same type of problem occur two or more times during any consecutive six month period, the Division may impose sanctions on the provider. These sanctions are addressed in Section IV.~~

~~D. Group providers must maintain a log of all complaints received by the BCFR and complaints received directly by the group provider. All complaints and answers to complaints must be in writing, and a record must be kept of the complaint and its resolution. The group provider must maintain the complaint records for six (6) years.~~

~~II. Items That May Result in Complaints~~

~~The NET provider is responsible for complying with all terms and provisions as outlined in the contract, the NET Provider Manual, and all other applicable state and/or federal laws, rules, and regulations. The BCFR considers any failure on the part of the NET provider to adhere to these terms and provisions to be a violation of the contract.~~

~~The BCFR will remain objective in the substantiation of any violation by a NET provider and will consider any mitigating circumstances which may lessen the severity of the violation. The severity of the non-compliance will be determined by the potential for harm to the beneficiary, the NET program, the DOM and the State of Mississippi. Examples of major and secondary complaints are listed below:~~

~~Major Complaints~~

~~The following complaints will be considered as a major complaint:~~

1. ~~Indictment for actions resulting in death or injury to any person including but not limited to beneficiaries and/or their attendants;~~
2. ~~Engaging in a course of conduct or performing an act deemed improper or abusive to the Medicaid program, or the NET program;~~
3. ~~Transportation of beneficiaries in vehicles which are not designed to allow appropriate entry and exit to meet the physical need(s) of the beneficiaries in accordance with Americans with Disabilities Act (ADA);~~
4. ~~Failure to transport a beneficiary to or from a medical appointment as prearranged by a NET coordinator;~~
5. ~~Failure to deliver a beneficiary to a medical appointment within the timelines established in the provider agreement;~~
6. ~~Failure to ensure that vehicles are both roadworthy during any transports of Medicaid beneficiaries and have clean interiors; are clean;~~
7. ~~Operating a vehicle in violation of state, federal, and local regulations to include but not limited to minor traffic violation(s), reckless driving, driving under the influence of intoxicants or any drug and/or medication which may impair the driver's reflexes;~~

8. Mistreatment of beneficiaries and/or their attendants to include verbal, physical, or sexual abuse;

9. Exclusion from Medicare or Medicaid because of fraudulent or abusive practices and;

10. Failure to respond in writing to the BCFR regarding any complaint inquiry within the required timelines.

Secondary Complaints

The following complaints will be considered as a secondary complaint:

1. Charging the Division more for a one-way trip than the general public receiving the same service;

2. Failing to disclose or make available, upon request, to the Division or its authorized representatives records of services provided to a Medicaid beneficiary;

3. Presenting or causing to be presented for payment any false or fraudulent claim for NET services;

III. Items That May Result in Non-Compliance or Complaints

1. Submitting or causing to be submitted false information for the purpose of obtaining a contract to become a NET provider or to renew a NET contract;

2. Submitting or causing to be submitted false information as the result of a request for information from the BCFR, the Office of the State Auditor, or any other organization identified as appropriate by the Division or any of its duly authorized representatives;

3. Failure to correct deficiencies in the NET provider's operations or accounting contractual requirements after receiving written notice of these deficiencies from the Division of Medicaid;

4. Failure to pay or make arrangements for the repayment of identified overpayments or otherwise erroneous payments to the State, beneficiaries, or responsible person(s);

5. Providing any inducement to beneficiaries and/or their attendants, medical providers and/or their staff, public officials, or any staff of the Division which would cause or attempt to cause a beneficiary to receive service(s) from a certain NET provider and/or prevent another NET provider from receiving service requests from the NET coordinator(s);

6. Failure to meet standards required by State or Federal law for participation (e.g. licensure, vehicle inspections);

7. Suspension or termination of participation in another governmental transportation program;

8. Breaching the terms of the Medicaid NET provider agreement;

9. Violating any State or Federal provision of the Title XIX Program or any rule or regulation pertaining to Title XIX;

10. Submitting a false or fraudulent application for provider status;

11. Being convicted of a criminal offense relating to performance of a provider agreement with the State.

IV. Imposition of Sanctions

In order to ensure the integrity of transportation services provided by NET group providers, the Division has established sanctions that may be imposed upon a NET group provider based on the severity of complaints against the provider as well as the level of non-compliance of the provider with all policies and procedures outlined in the NET Provider Agreement, the NET Provider Manual, and all other applicable state and/or federal laws, rules, and regulations. The Bureau Director (the Director) of the BCFR appoints the BCFR Sanction Committee (the Committee) to make decisions concerning complaints and sanctions.

The BCFR will continuously monitor the number of complaints, the nature of the complaints, and whether the complaints are major or secondary complaints. All documentation provided on behalf of the beneficiary and by the provider, including the CAP, will be reviewed by the members of the Complaint Committee. Based on this documentation, the BCFR may determine that sanction(s) should be imposed upon NET providers who fail to show improvement in reducing or eliminating complaints. The imposition of sanctions, the different types of sanctions, and the scope of sanctions will be considered by the Committee for each violation. The decision as to the sanction to be imposed shall be at the discretion of the BCFR staff upon the approval of the BCFR Bureau Director. The Executive Director of the Division shall make the final decision to terminate a contract with a NET group provider.

The NET provider will be notified in writing of the imposition of any sanctions. The NET provider should refer to Section 7.06 of the Medicaid Provider Manual for any questions regarding administrative appeals. Only those sanctions listed in Section 7.06 can be appealed.

The degree of sanction imposed by the Division will depend upon the degree of corrective action taken by the NET provider and willingness of the NET provider to correct deficiencies.

A. The following factors shall be considered in determining the sanctions (s) to be imposed:

1. Seriousness of the offense(s);

2. Extent of violation(s);

3. History of prior violation(s);

4. Prior imposition of sanction(s);

5. Prior provision of provider education;

6. NET provider willingness to obey program rules;

7. Whether a lesser sanction will be sufficient to remedy the problem(s); and

8. Degree of cooperation and assistance of the NET provider with the BCFR to facilitate the investigation and corrective action.

B. The BCFR considers any violation which involves the direct or immediate threat to the safety of a Medicaid beneficiary or to the integrity of the Medicaid program to be a serious violation. Depending upon the severity of the complaint and the degree of responsiveness of the NET provider's CAP, the following sanctions may be applied:

1. Withholding and/or recovery of payments to a provider.

2. Probation - A NET provider may be initially placed on probation for a period of not less than three months. During the probation period, the NET provider may be subject to announced and unannounced visits at the discretion of the BCFR. The BCFR will continue to monitor complaints against the provider as well as the provider's progress in meeting any performance standards that were put into place in the provider's CAP. After the end of the probation period, the BCFR will review the progress of the provider and, if sufficient improvement has not been made, the BCFR will either extend the probation period or seek other sanction alternatives, including termination of the provider's contract. During the probation period, the BCFR will not consider any rate adjustment requests from the provider;

3. Referral to the DOM's Bureau of Program Integrity;

4. Referral to appropriate federal or state legal agencies for prosecution under applicable federal or state laws;

5. Education of the NET provider's staff- The BCFR may determine that education of the provider's staff by an outside party is required to address a problem that is occurring with the provider's NET operations. The education materials, instructor, and agenda must be approved by the BCFR; and,

6. Termination from participation in the NET program.

V. Scope of Sanctions

A. A sanction may be applied to all known affiliates of the NET provider. Affiliates include, but are not limited to, other NET contractors owned in full or part by any owner(s) of the NET provider and any subcontractors of the contractor that have been approved by the Division to provide NET services under the provider's contract agreement. Each decision to include an affiliate will be made on a case-by-case basis after giving due regard to all relevant facts and circumstances. The violation, failure or inadequacy of performance may be imputed to a person with whom the provider is affiliated where such conduct was accomplished within the course of his official duty or was effectuated by him with the knowledge or approval of such person.

B. Suspension or termination from participation of any provider or affiliate shall preclude such provider from submitting claims for payment, either personally or through claims submitted by a clinic, group, corporation or other association to the Division for any services provided subsequent to the suspension or termination.

C. No facility, group, corporation or other association which is a provider of services shall submit claims for payment to the Division for any services provided by a person within such organization who has been suspended or terminated from participation in the Medicaid Program except for those services provided prior to the suspension or termination.

VI. Suspension or Withholding of Payments Pending a Final Determination

Whenever a NET provider has been sanctioned by withholding or recovery of payment, the following rules will apply:

A. Where the Division has notified a NET provider of a violation regarding an overpayment, payments may be withheld on pending and subsequent entitlements in a specified amount, or payments may be suspended pending a final determination and;

B. Where the Division intends to withhold or suspend payments, it shall notify the NET provider in writing and shall include a statement of the provider's right to request formal

~~review of such decision, if appropriate.~~

~~Complaint Review Process for NET Individual Providers~~

~~BCFR addresses complaints against NET Individual Providers to ensure the provision of adequate levels of NET services by these providers to Medicaid beneficiaries. The following process has been implemented by BCFR to address such complaints.~~

~~A. Upon receipt of a complaint, a complaint file is opened and a complaint number is assigned.~~

~~B. The BCFR NET staff interviews the complainant by telephone or letter to secure the details of the complaint. Other parties who have knowledge of the circumstances of the complaint may also be interviewed.~~

~~C. The BCFR NET staff then writes a letter of inquiry to the individual provider against whom the complaint is being made to request an explanation of events, or other appropriate information. The provider is required to respond in writing to the BCFR NET staff within fifteen (15) days of the date of receipt of the letter of inquiry as verified by a certified mail receipt. In some cases, a telephone call may also be made to the individual provider in cases of immediate and serious concern. Failure by the provider to respond, except for good cause shown, may result in suspension from participation in the program until such time as the inquiry has been answered to the satisfaction of the BCFR NET staff.~~

~~D. Upon receipt and review of the response from the NET Individual Provider, the BCFR NET staff issues a letter advising the provider whether or not the complaint has been substantiated. If the complaint is substantiated, the letter will indicate the severity of the substantiated complaint.~~

~~E. If the complaint is substantiated, the provider has fifteen (15) days to respond in writing to the DOM. Failure to respond within fifteen (15) days may result in suspension of the individual provider from participation on the NET program.~~

~~F. If the discussion reveals that the complainant's concern is warranted, the BCFR staff ensures that the provider understands the NET program policy and/or procedures which have been violated and advises the provider of the steps which must be taken to correct the problem and avoid it in the future. Also, the BCFR NET staff will take any punitive action necessary to address inappropriate actions on the part of the individual NET provider substantiated by the complaint including probation and/or termination.~~

~~Complaint Review Process for Public Transit Providers~~

~~BCFR addresses complaints against NET Public Transit providers to ensure the provision of adequate levels of NET services by these providers to Medicaid beneficiaries. The following process has been implemented by BCFR to address such complaints.~~

~~A. Upon receipt of a complaint, a complaint file is opened and a complaint number is assigned.~~

~~B. The BCFR NET staff interviews the complainant by telephone or letter to secure the details of the complaint. Other parties who have knowledge of the circumstances of the complaint may also be interviewed.~~

~~C. The BCFR NET staff then writes a letter of inquiry to the public transit provider against whom the complaint is being made to request an explanation of events, or other appropriate information. The provider is asked to respond in writing to the BCFR NET staff within fifteen (15) days of the date of receipt of the letter of inquiry as verified by a certified mail receipt. In some cases, a telephone call may also be made to the provider in cases of immediate and serious concern.~~

~~Failure by the provider to respond, except for good cause shown, may result in suspension from~~

~~participation in the program until such time as the inquiry has been answered to the satisfaction of the BCFR NET staff.~~

~~D. Upon receipt and review of the responses from the NET public transit provider, the BCFR NET staff issues a letter advising the provider whether or not the complaint has been substantiated. If the complaint is substantiated, the letter will indicate the severity of the substantiated complaint.~~

~~E. If the complaint is substantiated, the provider has fifteen (15) days to respond in writing to the DOM. Failure to respond within fifteen (15) days may result in suspension of the public transit provider from participation on the NET program.~~

~~F. If the discussion reveals that the complainant's concern is warranted, the BCFR staff ensures that the provider understands the NET program policy and/or procedures which have been violated and advises the provider of the steps which must be taken to correct the problem and avoid it in the future. The BCFR NET staff will take any punitive action necessary to address inappropriate actions on the part of the public transit NET provider substantiated by the complaint, including probation and/or termination.~~

The following terms will have the meanings defined below:

Available Transportation: transportation to a covered medical service that can be provided safely by a beneficiary, friend, or relative. The driver must have a valid driver license and there must be an automobile available to the driver.

Beneficiary: any individual receiving medical assistance for whom NET services is a covered medical service.

Complaint: an oral or written expression of dissatisfaction by a beneficiary, a beneficiary's family member or other responsible party, or a provider or NET provider.

Covered Medical Service: a medical service that is eligible for reimbursement under DOM's Medicaid Program, excluding any services designated by DOM.

Curb-to-Curb Service: transportation provided to passengers who need little if any assistance between the vehicle and the door of the pick-up point or destination. The driver shall provide assistance according to the beneficiary's needs, but assistance shall not include the lifting of any beneficiary. The driver shall remain at or near the vehicle and not enter any buildings.

Door-to Door Service: transportation provided to beneficiaries with disabilities that need assistance to safely move between the door of the vehicle and the door of the passenger's pick-up point or destination. The driver shall exit the vehicle and assist the beneficiary from the door of the pick-up point, e.g., residence, escort the passenger to the door of the vehicle and assist the passenger in entering the vehicle. The driver shall assist the beneficiary throughout the trip and to the door of the destination. Drivers, except for ambulance personnel, should not enter a residence.

Encounter: For the purposes of the NET Broker Program, an encounter is a trip leg that has been completed by the NET provider and has been reimbursed by the broker.

Family Planning Eligibility: Women of childbearing age, defined as ages 13-44, whose income does not exceed 185% poverty and who are not otherwise Medicaid-eligible, qualify for Medicaid covered family planning services only. These services do not include transportation services.

Hand-to Hand Transportation: transportation of a beneficiary with disabilities from an individual at the pick-up point to a facility staff member, family member or other responsible party at the destination.

Hospital Discharge: notification by a hospital that a beneficiary is ready for discharge. A hospital discharge shall be considered an urgent trip.

Mode of Transportation: Categories of NET to be used in the NET Broker Program are as follows:

- **Fixed Route:** transportation by means of a public transit vehicle that follows an advertised route on an advertised schedule, does not deviate from the route or the schedule, and picks up passengers at designated stops.

- **Private Auto:** a beneficiary's personal vehicle or the personal vehicle of a family member or friend, to which the beneficiary routinely has access to drive or be transported to routine non-medical locations such as grocery stores, schools and churches.

- **Basic Vehicle:** a motorized vehicle used for the transportation of passengers whose medical condition does not require use of a wheelchair, hydraulic lift, stretcher, medical monitoring, medical aid, medical care or medical treatment during transport. A basic vehicle does not include Private Auto.

- **Enhanced Vehicle:** a motorized vehicle equipped specifically with certified wheelchair lifts or other equipment designed to carry persons in wheelchairs or other mobility devices, or is equipped specifically for the transportation of passengers who cannot sit upright and are required to remain in a lying position during transport. Enhanced Vehicles can only be used to transport passengers that do not require medical monitoring, medical aid, medical care, or medical treatment during transport. Private Autos are not included in this definition.

- **Non-Emergency Ambulance:** a motorized vehicle equipped specifically for the transportation of a passenger whose medical condition requires transfer by stretcher with medical supervision. The patient's condition may also require the use of medical equipment, monitoring, aid, care, or treatment, including the administration of drugs or oxygen during the transport.

- **Other Transportation:** Any commercial carrier, such as Amtrak, buses (such as Greyhound) or airplanes.

Non-Emergency Medical Transportation (NET) Services: necessary non-emergency transportation services provided to Medicaid eligible beneficiaries to ensure reasonable access to and from covered medical services. Necessary transportation is defined as the mode of transportation available that is most appropriate to the needs of the beneficiary.

NET Provider: a person or entity that is approved by DOM and participates in the network of the broker to furnish NET services to beneficiaries under the Medical Assistance Program.

On Time: the period beginning 15 minutes before the scheduled pick-up time and ending 15 minutes after the scheduled pick-up time.

Person: any individual, corporation, proprietorship, firm, partnership, limited liability company, limited partnership, trust, association, governmental authority or other entity, whether acting in an individual, fiduciary or other capacity.

QI-1: Qualified Individual-1. In the QI-1 Program, Medicaid pays the beneficiary's Medicare part B premium. A QI-1 does not qualify for transportation services.

QMB: Qualified Medicare Beneficiary. In the QMB Program, Medicaid pays the beneficiary's Medicare premiums, deductibles, and coinsurance. A QMB beneficiary does not qualify for transportation services.

Single Trip: a request or authorization for NET service to a single covered medical service appointment (can be one or multiple trip legs).

Standing Order: a request or authorization for NET services to multiple recurring medical appointments for the same beneficiary with the same provider for the same treatment or condition.

SLMB: Specified Low-Income Beneficiary. In the SLMB Program, Medicaid pays the beneficiary's Medicare Part B premium. A SLMB beneficiary does not qualify for transportation services.

State: the State of Mississippi, as represented through any agency, department, board, or commission.

State Facility: any facility, site, or location owned, managed, controlled, or operated by the State.

Third Party: any entry other than DOM, the broker, or any of their respective Affiliates.

Trip Leg: one-way transportation from an origin to a destination.

Urgent Trip: NET services required for an unscheduled episodic situation in which there is no immediate threat to life or limb but the beneficiary must be seen on the day of the request. A hospital discharge shall be an urgent trip.

Subject: ~~NET & Ground Services Provided by an Ambulance Provider~~
Reserved For Future Use

~~If through the Non-Emergency Transportation (NET) program, rather than the Ambulance Program, the Division of Medicaid authorizes transport by way of ambulance, the Certificate of Medical Necessity for Non-Emergency Ambulance Transportation form is not required. This type transport may be approved through NET on an exception basis and always requires prior approval by NET.~~

~~The beneficiary must meet the needs verification requirement as stated in section 12.03 of this manual.~~

~~NET does not collect co-pay and no co-pay may be assessed to the beneficiary by the ambulance provider for this service.~~

Section 12.16 is RESERVED FOR FUTURE USE.