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 or an authorized representative to the broker. Broker staff takes the call and verifies the beneficiary's eligibility, ~~medical appointment and~~ that the transport is to a Medicaid provider 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~~ beneficiary 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~~ 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. 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.

Meals and Lodging Reimbursement

Meals for day trips are not reimbursable 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 Broker'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. The Broker will require receipts for meals and lodging. All overnight travel and related costs must have prior approval by the Broker. Upon the approval of an overnight stay by the Broker, the NET provider will be reimbursed for related expenses in accordance with their provider agreement.

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 from the Broker. 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 Broker.

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 required an attendant and the type of assistance the attendant is to provide to the beneficiary.

The Broker will pay limited costs for an attendant to accompany a beneficiary during transport. These costs include transportation and/or salary. The Broker 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 Broker. Salary expense for an attendant may be paid 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 billed 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 beneficiaries 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 maximum rate paid to state employees on official business. 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 the Broker.

NET provider 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.