Administrative Code

Title 23: Medicaid
Part 201
Transportation Services

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Title 23: Division of Medicaid

Part 201: Transportation Services

Part 201 Chapter 1: Emergency Transportation Services

Rule 1.1: Emergency Ambulance Provider Requirements

A. All Medicaid ambulance service providers whose origin, or site of pickup, is within the state of Mississippi must meet the applicable requirements described in Miss. Admin. Code Part 200, Chapter 4.

B. Ambulance service providers operating outside the state of Mississippi must comply with the licensing and/or permit requirements of the state where the services are provided and meet all other requirements in Miss. Admin. Code Part 201.

C. Ambulance service providers must perform criminal background checks as required by state and/or federal law and not employ persons or entities convicted of crimes as specified in state and/or federal law.

D. All personnel providing emergency ambulance services must be certified and/or licensed acting within the scope of their practice.

E. Advanced Life Support (ALS) ambulance service providers that are not hospital-based are required by the Drug Enforcement Administration (DEA) to have an off-line medical director obtain a Controlled Substances Registration Certificate in order to store, issue and prescribe controlled substances through designated ALS personnel.

F. The Division of Medicaid prohibits emergency ambulance service providers from selling subscriptions, memberships, or similar payment packages to cover copayment for a Medicaid beneficiary.

Source: Miss. Code Ann. §§ 41-59-9, 41-59-63, 43-13-117, 43-13-121; Miss. Admin. Code Title 15, Part 12.

History: Revised eff. 08/01/2026. Revised eff. 02/01/2024. Revised eff. 08/01/2018.

Rule 1.2: Definitions

A. Basic life support (BLS) services are defined as non-invasive emergency procedures and services at the level described in the Emergency Medical Technician (EMT) National Standard Training Curriculum (NSTC) including, but not limited to:

1. Initiation of basic airway maneuvers and procedures,

2. Cardio-pulmonary resuscitation (CPR),

3. Automated and semi-automated defibrillation,

4. Hemorrhage control, including direct pressure and tourniquet,

5. Spinal immobilization and extremity stabilization,

6. Assistance with childbirth, and/or

7. Obtaining vital signs,

8. Other techniques as authorized by Bureau of Emergency Medical Services (BEMS).

B. Advanced Life Support (ALS) services are defined as a sophisticated level of prehospital and interhospital emergency care including, but not limited to:

1. Cardiac monitoring,

2. Cardiac defibrillation,

3. Telemetered electrocardiography,

4. Administration of antiarrhythmic agents,

5. Intravenous therapy,

6. Administration of specified medications, drugs, and solutions,

7. Use of adjunctive ventilation devices,

8. Trauma care, and/or

9. Other techniques and procedures authorized by BEMS.

C. An Appropriate Facility is defined as a facility or institution generally equipped and able to provide the needed treatment for the beneficiary's condition including, but not limited to:

1. Trauma Level I BEMS certified facilities,

2. Trauma Level II BEMS certified facilities,

3. Trauma Level III BEMS certified facilities,

4. Trauma Level IV BEMS certified facilities, and

5. Other facilities as designated by BEMS and/or the Mississippi Statewide Trauma Plan.

D. Nearest appropriate facility is defined as one or more facilities closest to the location where the beneficiary is picked up by the ambulance that is generally equipped and able to provide the needed treatment for the beneficiary's condition.

E. Beneficiary Loaded Mileage is defined as the number of miles from the site where the beneficiary was loaded into the ambulance to the drop-off destination.

F. Medical Necessity for emergency ambulance transportation, is defined as:

1. The severity of the beneficiary's emergency medical condition is such that the use of any other method of transportation is contraindicated, and

2. The beneficiary's emergency medical condition requires both the emergency ambulance transportation itself and the level of service provided.

G. Emergency Medical Condition is defined as a sudden onset of acute symptoms of sufficient severity, including severe pain, such that a prudent layperson with an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in the following:

1. Serious jeopardy to the health of the beneficiary,

2. Serious impairment to bodily functions, or

3. Serious dysfunction of any bodily organ or part.

H. Medical Control is defined as directions and advice provided from a centrally designated medical facility staffed by appropriate personnel, operating under medical supervision, supplying professional support through radio or telephonic communication for on-site and in-transit BLS and ALS services given by field and satellite facility personnel.

Source: 42 C.F.R. §§ 410.40, 414.605; Miss. Code Ann. §§ 43-13-117, 43-13-121; Miss. Admin. Code Title 15, Part 12.

History: Revised eff. 02/01/2024. Revised eff. 08/01/2018.

Rule 1.3: Covered Services

A. The Division of Medicaid covers medically necessary emergency ground ambulance services which meet the requirements of the Mississippi Bureau of Emergency Medical Services (BEMS) including, but not limited to:

1. Basic Life Support (BLS) Ground Ambulance Services which must include, but are not limited to:

a) A BLS ambulance vehicle with a BEMS permit, staffed with at least one (1) individual certified by BEMS to provide services at or above the level of Emergency Medical Technician (EMT),

b) A driver with a valid Emergency Medical Services Driver Certificate from the state of Mississippi,

c) Equipment and supplies as required by BEMS,

d) Services provided by an EMT within the scope of their practice as determined by BEMS, and

e) Transportation from the pick-up site to the nearest appropriate facility.

2. Advanced Life Support (ALS) Ground Ambulance Services which must include, but are not limited to:

a) An ALS ambulance vehicle, with a BEMS permit, staffed with at least one (1) individual certified by BEMS to provide services at or above the level of Advanced EMT (AEMT),

b) A driver with a valid Emergency Medical Services Driver Certificate from the state of Mississippi,

c) Equipment and supplies as required by BEMS,

d) Services provided by an AEMT and/or higher-level medical professional within the scope of their practice(s) as determined by BEMS or the appropriate licensing and/or governing board, and

e) Transportation from the pick-up site to the nearest appropriate facility.

B. The Division of Medicaid covers medically necessary emergency air ambulance services in a rotary-wing aircraft that meet the requirements of BEMS which must include, but are not limited to:

1. An air ambulance aircraft, with a BEMS permit, staffed commensurate with the mission statement and scope of care of the medical transport service, as required and/or specified by BEMS.

2. A pilot who is certified in accordance with current Federal Aviation Regulations (FARs) and meets the appropriate BEMS requirements,

3. Equipment and supplies as required by BEMS,

4. Services provided by an air medical paramedic, registered nurse, and/or licensed physician, or other air medical personnel as defined by BEMS, and

5. Transportation from the pick-up site to the nearest appropriate facility.

C. The Division of Medicaid covers emergency or urgent air ambulance services in a fixed-wing aircraft which are medically necessary and meet the requirements of BEMS including, but not limited to:

1. An air ambulance aircraft, with a BEMS permit, staffed commensurate with the mission statement and scope of care of the medical transport service, as required and/or specified by BEMS.

2. A pilot who is certified in accordance with current FARs and meets the appropriate BEMS requirements,

3. Equipment and supplies as required by BEMS,

4. Services provided by an air medical paramedic, registered nurse, and/or licensed physician, or other air medical personnel as defined by BEMS, and

5. Transportation from the pick-up site to the nearest appropriate facility.

D. The Division of Medicaid covers medically necessary neonatal emergency ambulance services that meet the requirements of BEMS.

E. The Division of Medicaid covers the following in addition to the emergency ambulance service base rate:

1. Ground ambulance mileage to the closest appropriate facility when appropriate documentation is provided.

2. Air ambulance mileage to the closest appropriate facility when appropriate documentation is provided.

3. Injectable drugs administered by licensed or certified personnel acting within their scope of practice under the direction of medical control, and/or

4. Discarded injectable drugs up to the dosage amount indicated on the single-use vial or package label minus the administered dose(s) if:

a) The drug or biological is supplied in a single use vial or single-use package,

b) The drug or biological is actually administered to the beneficiary to appropriately address his/her condition and any unused portion is discarded,

c) The amount wasted is recorded in the beneficiary's medical record,

d) The provider has written policies and procedures regarding single-use drugs and biologicals and bills all payers in the same manner, and

e) The amount billed to the Division of Medicaid as a discarded drug is not administered to another beneficiary or patient.

Source: 42 C.F.R. §§ 410.40, 414.605; Miss. Code Ann §§ 41-59-29, 41-59-101, 43-13-117, 43-13-121; Miss. Admin. Code Title 15, Part 12.

History: Revised eff. 02/01/2024. Revised to correspond with SPA 23-0004 (eff. 02/01/2023) eff. 05/01/2023; Revised eff. 08/01/2018.

Rule 1.4: Non-Covered Emergency Ambulance Services

The Division of Medicaid does not cover the following including, but not limited to:

A. Emergency ambulance transportation of a beneficiary:

1. To anywhere other than the nearest appropriate facility that is able to care for the beneficiary,

2. Pronounced dead prior to the dispatch of the ambulance by an individual who is licensed or otherwise authorized under state law to pronounce death in the state where such pronouncement is made,

3. To a funeral home,

4. Due to a lack of alternative means,

5. For the convenience of the beneficiary and/or beneficiary's family, and/or

6. For which medical necessity criteria has not been satisfied.

B. Services that are not directly related to medically necessary emergency treatment of an illness or injury including, but not limited to:

1. Time spent waiting for the beneficiary,

2. Refusal of the beneficiary to be transported after the ambulance arrives in response to an emergency, and/or

3. First-aid or other medical type treatment provided by ambulance staff to a beneficiary who is not subsequently transported to the closest appropriate facility,

C. Services provided to an individual not eligible for Medicaid,

D. Mileage beyond the nearest appropriate facility, or

E. Services not specifically listed as covered services.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised and moved to Miss. Admin. Code Part 201, Rule 1.6 except Miss. Admin. Code Part 201, Rule 1.1.4.A.4. moved to Miss. Admin, Code Part 201, Rule 2.3.B.1., eff. 08/01/2018.

Rule 1.5: Reimbursement

A. The Division of Medicaid reimburses emergency ground ambulance providers a base rate from a statewide uniform fee schedule in effect on July 1, 2021 based on one hundred percent (100%) of the rate established under Medicare on January 1, 2020:

   1. For only beneficiary loaded trips,

   2. For medically necessary emergency services to the closest appropriate facility for treatment, and

   3. When provided in an appropriate ALS or BLS vehicle that has been licensed by the state that actually transports the beneficiary.

B. The Division of Medicaid reimburses emergency ambulance providers in addition to the base rate for the following:

   1. Ground ambulance mileage to the nearest appropriate facility according to the methodology described in the State Plan,

   2. Air ambulance mileage to the nearest appropriate facility,

   3. The actual units administered of medically necessary injectable drugs, and

   4. Discarded injectable drugs that meet the requirements of Miss. Admin. Code Part 201, Rule 1.3.F.

C. The Division of Medicaid does not separately reimburse for services and items which are included in the emergency ambulance service base rate including, but not limited to:

   1. Assessment of the beneficiary's condition, including vital signs,

   2. Charges for professional services including, but not limited to:

      a) Physicians,

b) Nurses,

c) Emergency Medical Technicians, or

d) Respiratory therapists,

3. Supplies,

4. Equipment,

5. Non-injectable drugs,

6. Crystalloid fluids and the administration thereof, and

D. The Division of Medicaid does not reimburse for emergency ambulance services provided by persons or entities convicted of certain crimes as specified in state or federal law.

E. The Division of Medicaid does not reimburse for an ALS ground ambulance if only BLS services are provided. The ambulance provider will be reimbursed at the BLS ground ambulance rate for services.

F. The provider must indicate on the claim the usual charge or charges divided by the number of persons transported when providing emergency services to more than one (1) person in one (1) vehicle or aircraft. [Revised and moved from Miss. Admin. Code Part 201, Rule 1.2.2]

G. The provider must bill the appropriate:

1. Code applicable to the service rendered, and

2. Modifier indicating the origin and destination of the trip.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised to correspond with SPA 23-0004 (eff. 02/01/2023) eff. 05/01/2023; Revised eff. 07/01/2021; Revised to correspond with SPA 20-0016 (eff. 07/01/2020) eff. 10/01/2020; Revised and moved Miss. Admin. Code Part 201, Rule 1.1.5.A. to Miss. Admin. Code Part 201, Rule 1.3.F.1, eff. 08/01/2018.

Rule 1.6: Documentation

A. Providers must maintain required documentation in accordance with Miss. Admin. Code Part 200, Rule 1.3, and must maintain auditable records to substantiate claims submitted to the Division of Medicaid or designated entity.

B. Ambulance providers must maintain documentation in the medical record including, but not limited to:

1. Time the emergency was reported,

2. The person reporting the emergency,

3. Nature of illness or injury,

4. Documentation of medical necessity of emergency ambulance services,

5. Documentation of medical necessity for the level of care provided,

6. Beneficiary's condition including, but not limited to:

   a) Vital signs,

   b) Level of consciousness, and

   c) Ability to sit, stand, and/or walk.

7. Location of pick-up, time of pick-up, location of destination, and time of arrival,

8. For ground ambulance providers, the recording of odometer reading at pick-up and point of destination or the mileage as documented by an onboard global positioning system (GPS) which can store and retrieve trip data,

9. Detailed record of all services and treatments administered to the beneficiary,

10. Documentation that the beneficiary was taken to the closest appropriate facility or the reason that nearest appropriate facility was unable to accept the beneficiary causing the beneficiary to be taken to another appropriate facility, and

11. Trip ticket that indicates the date, mileage, crew, origin, destination, and type and level of ambulance service provided.

C. Ground ambulance providers must document the following to receive reimbursement for mileage including, but not limited to, the following:

   1. The vehicle's actual odometer readings at pick-up and destination sites or the mileage as documented by an onboard GPS system which can store and retrieve trip data, and

   2. Documentation that the beneficiary was taken to the closest appropriate facility able to provide treatment.

Source: 42 C.F.R. § 422.113; Miss. Code Ann. §§ 41-59-41, 43-13-117, 43-13-121.

History: Revised to correspond with SPA 23-0004 (eff. 02/01/2023) eff. 05/01/2023; Revised eff. 04/01/2020; Renamed and added Miss. Admin. Code Title 23, Part 201, Rule 1.1.5.A.-D., moved and revised Miss. Admin. Code Part 201, Rule 1.1.6.A. and B. to Miss. Admin Code Title 23, Part 201, Rule 1.5.B. and C. eff. 08/01/2018.

Rule 1.7: Ambulance Transport of Nursing Facility Residents by Ambulance [Refer to Miss Admin. Code, Title 23, Part 207 for non-emergency transportation of nursing facility residents. Refer to Miss Admin. Code, Title 23, Part 201, Chapter 1 for emergency transportation of nursing facility residents.]

Source: 42 C.F.R. § 431.53; Miss. Code Ann. § 43-13-121.

History: Revised eff. 09/09/2018; Revised rule number eff. 08/01/2018.

Rule 1.8: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

The Division of Medicaid pays for all medically necessary services for early and periodic screening, diagnosis, and treatment (EPSDT)-eligible beneficiaries in accordance with Part 223 of this Title, without regard to service limitations and with prior authorization.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised rule number eff. 08/01/2018.

Part 201 Chapter 2: Non-Emergency Transportation (NET) Broker Program

Rule 2.1: Non-Emergency Transportation (NET) Broker Program

A. The Division of Medicaid contracts with a Broker to provide non-emergency transportation (NET) through a NET provider to Medicaid beneficiaries in appropriate vehicles, depending on the beneficiary's mobility status and personal capabilities on the date of service.

    1. Other non-Medicaid funded sources for non-emergency transportation services must be utilized first with the Medicaid NET program being the last resort.

    2. Beneficiaries are not allowed to request a particular NET provider for transportation.

B. The NET Broker is responsible for administering and operating the NET program in accordance with the Division of Medicaid's policy including, but not limited to, the authorization, coordination, scheduling, management, and reimbursement of NET services and must:

    1. Operate statewide.

    2. Authorize and schedule NET services within the following set timeframes:

a) Ninety-eight percent (98%) of routine NET services within three (3) business days after receipt of the request, and

b) One hundred percent (100%) of routine NET services within ten (10) business days after receipt of the request.

3. Notify the Division of Medicaid prior to denying a request for transport to a medical provider not geographically closest to the beneficiary's residence if the NET Broker is unable to obtain a medical certification from the medical provider certifying that the beneficiary is unable to be treated at a closer facility. A medical certification is not required if the transport is to the University of Mississippi Medical Center in Jackson, MS.

4. Allow long distance transportation for up to ninety (90) days, if necessary, if a beneficiary has recently moved to a new area to maintain continuity of care until the transition of the beneficiary's care to a closer appropriate provider is completed. The NET Broker must monitor the frequency of these NET authorizations involving excessive distances per beneficiary.

5. Ensure NET providers arrive at the drop-off and pick-up destinations within the Division of Medicaid's minimum requirements.

6. Perform post-transportation authorizations in instances when prior authorization was not obtainable.

7. Request additional information, if necessary, within twenty-four (24) hours of the initial receipt of a request and place the request on hold. The request must specify the date the additional information must be submitted. The request for transport can be denied if the information is not received by the date specified with the exception of NET service appointments for chemotherapy, dialysis, and high-risk pregnancy.

8. Provide education to beneficiaries and NET providers on NET services and procedures.

9. Maintain a current Division of Medicaid approved NET provider Manual/Operations Procedure Manual.

10. Perform criminal background checks on all NET drivers to ensure excluded persons or entities are not paid any state or federal funds in compliance with Mississippi law [Refer to Part 201, Rule 2.6.D.], and ensure NET drivers meet the Division of Medicaid minimum requirements.

    a) The NET Broker must conduct criminal background checks upon initial hire including, but not limited to:

        1) A one-time criminal background check requiring fingerprinting,

2) National and state criminal background checks utilizing personal identification data, including, but not limited to:

   (a) Name and date-of-birth,

   (b) Social security number, or

   (c) Driver's license number.

3) A Mississippi Sex Offender Registry check, and

4) A Motor Vehicle Record check.

b) The NET Broker must conduct criminal background checks annually including, but not limited to:

1) National and state criminal background checks utilizing personal identification data, including, but not limited to:

   (a) Name and date-of-birth,

   (b) Social security number, or

   (c) Driver's license number.

2) A Mississippi Sex Offender Registry check, and

3) A Motor Vehicle Record check.

c) Effective April 01, 2015 the NET Broker must ensure the NET providers comply with the one-time fingerprinting check requirement as listed below:

1) The NET Broker must have all NET drivers' fingerprinting checks on file. The NET Broker is prohibited from reimbursing the NET provider for transportation services by a NET driver whose fingerprinting check is not on file.

2) New NET providers must submit to the NET Broker all NET driver fingerprinting checks within ninety (90) days from the contracted start date.

3) NET providers must submit to the NET Broker all fingerprinting checks for newly hired NET drivers within ninety (90) days from the date of employment if hired after the contracted start date.

4) The NET Broker may utilize the fingerprinting record obtained by a previous Medicaid NET provider to meet the one-time fingerprinting check requirement if the NET driver changes employment.

d) The NET Broker can not reimburse the NET provider for transportation services rendered if the NET provider fails to comply with any of the fingerprinting check requirements listed in Miss. Admin. Code Part 201, Rule 2.1.B.10.

e) The NET Broker must recoup any funds paid to the NET provider for services rendered by a NET driver who fails the fingerprinting check.

11. Ensure vehicles meet the Division of Medicaid's minimum requirements and ensure required vehicle inspections are performed and documented with submission of inspection reports to the Division of Medicaid no later than the fifteenth (15^{th}) day of the month following the inspection.

12. Maintain an adequate number of NET providers and trained staff to provide scheduled transports in a given geographical area.

13. Maintain a file of current executed NET provider contracts and:

    a) Require NET provider enrollment forms to include disclosure of complete ownership, control, and relationship information from all NET providers,

    b) Include contract language requiring the NET Broker to notify the Division of Medicaid of such disclosures on a timely basis, and

    c) Provide to the Division of Medicaid upon request.

14. Make timely payments to NET providers.

15. Meet quality assurance and monitoring requirements including, but not limited to:

    a) On-street observations,

    b) Accident and incident reporting,

    c) Statistical reporting of transports,

    d) Statistical reporting of transport call center operations,

    e) Analysis of complaints,

    f) Driver licensure, driving records, experience, training and annual random drug testing of all NET drivers,

    g) Participant assistance,

    h) Completion of driver transport logs,

i) Driver communication with dispatcher, and

j) Routine scheduled vehicle inspections and maintenance.

16. Maintain all required up-to-date electronic and data systems.

17. Meet all of the Division of Medicaid's call center requirements.

18. Conduct the following random validation checks of monthly requests to verify NET provider claims for reimbursement match authorized transports and to verify the transports actually occurred. The NET Broker must document the reason the NET provider failed to properly authorize or render the service.

    a) Three percent (3%) of pre-transportation requests verifying that a beneficiary's appointment with the medical service provider is for a covered medical service, and

    b) Two percent (2%) of post-transportation services verifying a beneficiary's appointment is for a covered medical service.

19. Submit reports, data or other materials by the date due as determined by the Division of Medicaid.

20. Obtain a medical certification statement from the beneficiary's physician if an adult attendant is required to accompany the beneficiary.

C. The Division of Medicaid, at its sole discretion, may assess damages if the NET Broker fails to perform the responsibilities in Rule 2.1.B. resulting in additional administrative costs to the Division of Medicaid.

1. The Division of Medicaid must give written notice to the NET Broker of any unmet responsibility that could result in an assessment of damages and the proposed amount of the damages.

2. The NET Broker has fifteen (15) days from the date of the notice to dispute the determination.

D. Reporting

1. The NET Broker must report within three (3) business days all allegations of sexual harassment or physical abuse by a driver, beneficiary or other passenger to the Division of Medicaid and per state law to the Mississippi Department of Human Services (MDHS).

    a) NET providers must report all allegations of sexual harassment or physical abuse to the NET Broker.

b) Medicaid beneficiaries should report any incident of abuse or sexual harassment directly to the NET Broker.

2. The NET Broker must refer suspected Medicaid fraud, abuse or misuse by beneficiaries, NET providers or NET Broker staff to the Division of Medicaid's Office of Program Integrity within three (3) business days after discovery of the suspected Medicaid fraud, abuse or misuse.

3. The NET Broker must document all accidents/incidents occurring on a scheduled transport when a beneficiary is present in the vehicle and submit the accident/incident report to the Division of Medicaid within forty-eight (48) hours of the accident/incident.

Source: 42 C.F.R. §§ 431.53, 440.170; Miss. Code Ann. §§ 41-125-19, 43-13-117, 43-13-121; Miss. Admin Code Title 15, Part 16, Subpart 1, Chapter 2, Subchapter 14.

History: Added Miss. Admin. Code Part 201, Rule 2.1.B.21. eff. 02/01/2019; Moved and revised Miss. Admin Code Part 201 Rule 2.1.E. and F. to Miss. Admin Code Part 201 Rule 2.3.E. and F. eff. 08/01/2018; Revised Miss. Admin. Code Part 201, Rule 2.1.B.10. eff. 04/01/2015; Revised eff. 04/01/2013.

Rule 2.2: Eligibility

A. Non-emergency transportation (NET) services are non-covered for beneficiaries enrolled in the following categories of eligibility:

1. Family Planning Waiver,

2. Qualified Medicare Beneficiary (QMB),

3. Specified Low-Income Medicare Beneficiary (SLMB),

4. Qualified Working Disabled Individuals (QWDI), and

5. Qualified Individual (QI-1).

B. Beneficiaries enrolled in the Mississippi Coordinated Access Network (MississippiCAN) will receive non-emergency transportation services through MississippiCAN that meet the requirements of Miss. Admin. Code Title 23, Part 201 Chapter 2.

Source: 42 C.F.R. § 431.53; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 08/01/2018; Revised eff. 04/01/2013.

Rule 2.3: Non-Emergency Transportation (NET) Services

A. Non-emergency transportation (NET) services are covered if all the following criteria are met:

1. The service for which NET service is requested is a covered service provided by a Mississippi Medicaid enrolled provider.

2. The beneficiary:

   a) Is eligible for NET services,

   b) Has a medical need which requires NET services, and

   c) Does not have access to NET from any other source.

3. The transport must be:

   a) In a vehicle which meets the medical needs of the beneficiary given their mobility status and personal capabilities on the date of service,

   b) The most economical mode of transportation. The NET Broker must document the reason in detail if the NET Broker authorizes a mode of transportation that is not the most economical,

   c) Provided by a NET provider closest to the beneficiary. The NET Broker must document the reason in detail if a transport is authorized for a NET provider which is not the closest to the beneficiary's residence or medical service provider,

   d) For a single covered medical service, and

   e) Requested at least three (3) business days before the NET service is needed unless the NET service is required due to hospital discharge and/or a return trip from an emergency service.

4. If an adult attendant is necessary the NET Broker must obtain a medical certification statement from the beneficiary's physician prior to the transport.

B. NET ambulance services must meet the criteria in Miss. Admin. Code Part 201, Rule 2.3.A. in addition to the following including, but not limited to:

1. A Level of Need form must be completed and signed by the physician, nurse practitioner, or physician assistant and the original must be kept on file by the provider at all times,

2. The sole justification for ambulance transportation cannot be bed confinement defined as the inability to:

   a) Get up from a bed without assistance,

b) Ambulate, and

c) Sit in a chair or wheelchair.

2. The transport must be provided by a NET ambulance provider to or from the nearest appropriate facility for the beneficiary to receive non-emergency medical care that cannot be provided in their place of residence or medical facility, and

3. The use of other means of transportation must be medically contraindicated because it would endanger or be detrimental to the beneficiary's health.

C. NET services are non-covered if:

1. The beneficiary:

a) Is not eligible for NET services on the requested date of service,

b) Does not have a medical need requiring NET services,

c) Has access to available transportation,

d) Refuses the appropriate mode of transportation, or

e) Refuses the NET provider assigned to the transport and another appropriate NET provider is not available,

2. The medical service is not covered for NET services requested,

3. Transportation to the medical service is covered under another program,

4. The request for post-transportation authorization is not received in a timely manner as defined in the current NET broker contract and/or did not meet established criteria found in Miss. Admin. Code Title 23, Part 201, Rule 2.3.A. and B.

5. The medical appointment is not scheduled or was not kept,

6. NET Broker cannot confirm the medical appointment,

7. The transport is not requested in a timely manner as defined in the current NET broker contract and is unable to be scheduled for the requested date and time,

8. Additional documentation was requested by the NET Broker and not received timely, or

9. The provider of NET services does not have a contract with the NET Broker.

D. The NET Broker must deny non-covered NET services and document the reason for the denial on the same business day and mail the denial letter to the beneficiary no later than the next business day following the date of the denial decision.

1. The denial letter must contain the beneficiary's right to appeal.

2. The Division of Medicaid, in its sole discretion, may add, modify or delete denial reasons without additional payment to the NET Broker or a contract amendment.

E. The Division of Medicaid covers meals and lodging for beneficiaries through the NET Broker Program for medically necessary overnight stays:

1. If the medical service is only available in another county, city, or state requiring extensive travel time and distance, and

2. The medical treatment facility does not provide for meals and/or lodging.

F. The Division of Medicaid covers one (1) adult attendant, at least eighteen (18) years of age or older, to accompany a beneficiary during transport and certain related expenses during an overnight stay through the NET Broker Program as follows:

1. All the following conditions must be met:

a) The medical provider certifies prior to the transport that the beneficiary's need for an adult attendant and type of assistance required is medically necessary,

b) The adult attendant is qualified to provide the type of assistance required, and

c) Travel with the adult attendant is prior authorized by the NET Broker.

2. The NET Broker must pay the following expenses for one (1) adult attendant, at least (18) years of age, to accompany a beneficiary to a medical provider for a covered service:

a) Cost of a ticket for day or overnight transports,

b) Lodging and meals for overnight stay(s) if the medical provider does not provide for lodging and/or meals.

3. All costs associated with an adult attendant must be documented with receipts and submitted to the NET Broker.

G. The Division of Medicaid covers return trips from an inpatient hospital stay and/or an emergency service through the NET broker when the requirements in Miss. Admin. Code Part 201, Rule 2.3A. are met.

Source: 42 U.S.C. § 1396a; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 05/01/2022; Moved and revised Miss. Admin. Code Part 201, Subchapter 3 to Miss. Admin. Code Part 201, Rule 2.3.B. eff. 08/01/2018; Revised eff. 04/01/2013.

Rule 2.4: Non-Emergency Transportation of Long-Term Care (LTC) Facility Residents

Refer to Miss. Admin. Code Part 207 for non-emergency transportation of long-term care (LTC) facility residents.

Source: 42 C.F.R. § 431.53; Miss. Code Ann. § 43-13-121.

History: Revised eff. 09/09/2018; Revised eff. 04/01/2013.

Rule 2.5: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

The Division of Medicaid pays for all medically necessary services for EPSDT-eligible beneficiaries in accordance with Part 223 of this Title, without regard to service limitations and with prior authorization.

Source: Miss. Code Ann. § 43-13-121.

Rule 2.6: Non-Emergency Transportation (NET) Driver Requirements

A. The non-emergency transportation (NET) Broker must ensure that all NET drivers complete a criminal background check verifying the NET driver is not excluded per Miss. Code Ann. § 43-13-121. [Refer to Miss. Admin. Code Part 201, Rule 2.1.B.10.]

B. The NET Broker must ensure NET drivers:

    1. Abide by federal, state, and local laws.

    2. Be at least eighteen (18) years of age and have a current valid driver's license to operate the assigned vehicle.

    3. Be courteous, patient and helpful to all passengers and be neat and clean in appearance.

    4. Wear a visible, easily read name tag which identifies the employee and the employer.

    5. Provide an appropriate level of assistance to a beneficiary when requested or when necessitated by the beneficiary's mobility status or personal condition, including curb-to-curb, door-to-door, and hand-to-hand assistance, as required.

        a) The NET driver must confirm the beneficiary is safely inside the residence or facility before departing the drop-off point.

        b) The NET driver is responsible for properly securing any mobility devices used by the

beneficiary.

6. Assist beneficiaries in the process of being seated, confirm all seat belts are fastened properly and all passengers are safely and properly secured.

7. Park the vehicle:

   a) In a safe location out of traffic if a beneficiary or other passenger's behavior or any other condition impedes the safe operation of the vehicle, notify the dispatcher and request assistance.

   b) To prevent the beneficiary from crossing streets to reach the entrance of their destination.

8. Must provide verbal directions to passengers as appropriate.

9. Notify the NET provider immediately ofan emergency such as an accident/ incident or vehicle breakdown to arrange for alternative transportation for the beneficiaries on board. The NET provider must report all accidents/incidents and breakdowns to the NET Broker.

10. Report all no-shows immediately to the NET provider and the NET provider must notify the NET Broker so the authorization can be cancelled.

C. The NET Broker must ensure NET drivers do not:

1. Leave a beneficiary unattended at any time.

2. Use alcohol, narcotics, illegal drugs, or prescription medications that impair their ability to perform.

3. Smoke in the vehicle, while assisting a beneficiary or in the presence of a beneficiary or allow beneficiaries or their adult attendant to smoke in the vehicle.

4. Wear any type of headphones while on duty, with the exception of hands-free headsets for mobile telephones which can only be used for communication with the NET provider or to call 911 in an emergency.

5. 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 which the NET driver has been trained.

6. Provide NET services to Medicaid beneficiaries without completing a national and state background check.

D. The NET Broker must ensure a NET driver is removed from NET service if he/she:

1. Fails an annual random drug test.

2. Is convicted of:

    a) Two (2) moving violations or accidents related to transportation provided under the NET Broker Program, or

    b) Any federal or state crime listed in Miss. Code Ann. § 43-13-121.

3. Has a suspended or revoked driver's license for moving traffic violations in the previous five (5) years.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 08/01/2018; Revised Miss. Admin. Code Part 201, Rule 2.6.A., C.6., and D.2.b) eff. 04/01/2015. Revised Miss. Admin. Code Part 201, Rule 2.6 to include 04/01/2012 compilation omission eff. 04/01/2013.

Rule 2.7: Vehicle Requirements

A. All vehicles used for transport must:

1. Adhere to all federal, state, county or local laws and ordinances.

2. Not exceed the vehicle manufacturer's approved seating capacity for number of persons in the vehicle, including the driver.

3. Have a functioning heating and air-conditioning system which maintains a temperature comfortable to the beneficiary at all times.

4. Have functioning seat belts and restraints as required by federal, state, county or local statute or ordinance and:

    a) Have an easily visible interior sign in capital letters that reads, "All passengers must wear seat belts",

    b) Store seat belts off the floor when not in use,

    c) Have at least two (2) seat belt extensions available, and

    d) Be equipped with at least one (1) seat belt cutter within easy reach of the driver for use in emergency situations.

5. Have an accurate, operating speedometer and odometer.

6. Be operated within the manufacturer's safe operating standards at all times.

7. Have two (2) exterior rear view mirrors, one (1) on each side of the vehicle.

8. Be equipped with an interior mirror for monitoring the passenger compartment.

9. Have a clean exterior free of broken mirrors or windows, excessive grime, major dents or paint damage that detracts from the overall appearance of the vehicles.

10. Have a clean interior free of torn upholstery, including floor and ceiling coverings, damaged or broken seats, protruding sharp edges, dirt, oil, grease or litter, hazardous debris, or unsecured items.

11. Display the non-emergency transportation (NET) provider's business name and telephone number in a minimum of three (3) inch high lettering in a color that contrasts with the surrounding background on at least both sides of the exterior of the vehicle and have:

    a) No words displayed on the interior or exterior of the vehicle indicating Medicaid beneficiaries are being transported, or

    b) A NET provider's business name which does not imply Medicaid beneficiaries are being transported.

12. Have the NET Broker's toll-free and local phone numbers prominently displayed in the interior of each vehicle with complaint procedures clearly visible and available in written format upon request.

13. Be non-smoking at all times with a visible interior sign in all capital letters that reads: "No smoking".

14. Have a vehicle information packet containing vehicle registration, insurance card, and accident procedures and forms.

15. Be equipped with a first aid kit stocked with antiseptic cleansing wipes, antibiotic ointment, assorted sizes of adhesive and gauze bandages, tape, scissors, latex-free or other impermeable gloves and sterile eyewash.

16. Contain a current map of the applicable geographic area with sufficient detail to locate beneficiary and Medicaid provider addresses.

17. Be equipped with an appropriate working fire extinguisher stored in a safe, secure location.

18. Have insurance coverage for all vehicles at all times in compliance with state law and any county or city ordinance.

19. Be equipped with a "spill kit" that includes liquid spill absorbent, latex-free or other impermeable gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer.

20. Be in compliance with applicable Americans with Disabilities Act (ADA) Accessibility Specifications for Transportation.

B. The NET Broker must:

1. Ensure all NET providers maintain all vehicles which meet or exceed local, state and federal requirements and the manufacturer's safety mechanical operating, and maintenance standards.

2. 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.

3. Have in its network NET providers with the capability to perform bariatric transports of beneficiaries up to eight hundred (800) pounds.

4. Maintain documentation on the lifting capacity of each vehicle in its network to timely schedule transports for beneficiaries requiring a lift.

5. Require every vehicle in a NET provider's fleet has a real-time link via a phone or two-way radio. Pagers are not acceptable as a substitute.

6. Test all communication equipment during regularly scheduled vehicle inspections.

7. Inspect all NET provider vehicles prior to the Operations Start Date and at least every six (6) months thereafter.

8. Place the Medicaid approved inspection sticker on the outside of the passenger side rear window upon completion of a successful inspection.

9. Maintain records of inspections and make them available to the Division of Medicaid upon request.

C. Authorized employees of the Division of Medicaid or the NET Broker must immediately remove from service any vehicle or NET driver found to be out of compliance with Miss. Admin. Code Part 201, Rule 2.1 or with any federal or state regulations.

1. The vehicle or NET driver may be returned to service only after the NET Broker verifies the deficiencies have been corrected.

2. Any deficiencies and actions taken to remedy deficiencies must be documented and become a part of the vehicle's and the NET driver's permanent records.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 08/01/2018; Revised Miss. Admin. Code Part 201, Rule 2.7 to include 04/01/2012 compilation omission eff. 04/01/2013.

Part 201 Chapter 3: Non-Emergency Transportation (NET) Services Not Covered Under the Broker Program

Rule 3.1: Non-Emergency Transportation (NET) Services Not Covered Under the Broker Program

A. The Division of Medicaid covers the following non-emergency transportation (NET) services outside of the Broker program:

1. NET ambulance hospital-to-hospital transports when medically necessary to the nearest appropriate facility that is able to care for the beneficiary, a certificate of medical necessity (CMN) is completed, and all services are provided in accordance with the requirements of the Bureau of Emergency Medical Services (BEMS), and

2. NET services covered as part of another benefit or service including, but not limited to, transportation provided:

a) To long-term care facility residents [Refer to Miss. Admin. Code Title 23, Part 207], and

b) By Prescribed Pediatric Extended Care (PPEC) centers.

B. The Division of Medicaid reimburses the following NET services outside of the Broker program:

1. NET ambulance hospital-to-hospital transports when medically necessary to the nearest appropriate facility that is able to care for the beneficiary, a certificate of medical necessity (CMN) is completed, and all services are provided in accordance with the requirements of the Bureau of Emergency Medical Services (BEMS), and

2. NET services covered as part of another benefit or service including, but not limited to, transportation provided:

a) To long-term care facility residents [Refer to Miss. Admin. Code Title 23, Part 207], and

b) By Prescribed Pediatric Extended Care (PPEC) centers.

Source: 42 C.F.R. § 440.170; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 02/01/2019; New Rule eff. 08/01/2018.