

**27.5 SPECIFIC ELIGIBILITY REQUIREMENTS****A. EXCEPTIONS TO ELIGIBILITY**

The following individuals are not eligible for NEMT:

- Individuals designated only as Qualified Medicare Beneficiaries (QMB), Specified Low Income Medicare Beneficiaries (SLIMB), or Qualified Disabled Working Individuals (QDWI) and who are not dually eligible for any full-coverage Medicaid group.
- Medicaid public school patients being transported to schools for the primary purpose of obtaining an education, even though Medicaid-reimbursable school-based health services are received during normal school hours, except for children receiving services under the Individuals with Disabilities Education Act (IDEA) when the child receives transportation for a Medicaid-covered service and both the transportation and service are included in the child's Individualized Education Plan (IEP).
- WV CHIP recipients.

Reimbursement is allowed in certain circumstances for trips to pick up medicine, eye glasses, dentures or medical supplies or for repairs or adjustments to medical equipment.

When services are paid for by any other program, or otherwise not charged to Medicaid, NEMT is not approved.

When other reimbursement is available, Medicaid is always the last payer.

Reimbursement is not approved for services normally provided free to other individuals.

**B. TRANSPORTATION REQUIRING PRIOR AUTHORIZATION**

- All requests for out-of-state transportation and certain related expenses must have prior approval from the broker, except for travel to those facilities which have been granted in-network status. Facilities granted in-network status are considered in-state providers. Members are required to contact the broker to schedule the travel for all medical appointments or visits, regardless of the in-network or out-of-network status.

1. Mileage

Round-trip mileage from the patient's home to the medical facility is paid. The round trip must be made over the shortest route, as determined by **the broker**.

As stated above, mileage is limited to the nearest comparable facility for routine services such as allergy shots, blood pressure readings, etc., when the physician has not specified that a specific facility must be paid.

2. Common Carrier

The cost of waiting time is paid only when travel between cities is required. This waiting time is permitted only for obtaining medical services. When waiting time is claimed, the broker must obtain a dated and signed statement from the taxi company indicating the rate, elapsed time, and total charges for the waiting time.

3. Lodging

When an overnight or longer stay is required, lodging may be paid for the patient and one additional person if the patient is not the driver. Accommodations must be obtained at the most economical facility available. Resources such as Ronald McDonald Houses or facilities operated by the hospital must be used whenever possible.

West Virginia currently has three Ronald McDonald Houses which may invoice the broker directly for payment. The client must not be reimbursed unless he provides a receipt to verify he made the payment. Their addresses, telephone numbers, and the medical facilities with which they are affiliated are as follows:

- Ronald McDonald House of Southern WV, Inc.  
302 - 30th Street  
Charleston, WV 25304  
Telephone Number: (304) 346-0279  
Hospital affiliate: CAMC
- Ronald McDonald House  
Charities of the Tri-State, Inc.  
1500 17th Street  
Huntington, WV 25701  
Telephone Number: (304) 529-2970  
Hospital affiliates: Cabell-Huntington Hospital and St. Mary's Hospital

## Non-Emergency Medical Transportation (NEMT)

- Ronald McDonald House of Morgantown  
841 Country Club Drive  
Morgantown, WV 26505  
Telephone Number: (304) 598-0050  
Hospital affiliates: Chestnut Ridge Hospital, Monongalia General Hospital, Ruby Memorial Hospital, and Mountaineer Rehabilitation Center

Lodging prior to the day of the appointment is determined necessary when the appointment is scheduled for 8:00 a.m. or earlier and travel time to the facility is 2 hours or more from the patient's home. It may also be determined necessary when the patient is required to stay overnight to receive additional treatment. Exceptions require BMS approval.

#### 4. Meals

Reimbursement for meals is available only in conjunction with lodging and only for meals which occur during the time of the travel or the stay. Meals are permitted for the patient and/or the person approved to stay with the patient. The rate is \$5 per meal per person, regardless of which meals the reimbursement covers. Determination of which meals to include is based upon the time the trip started and when the patient returned home.

#### 5. Related Expenses

Reimbursement may be made for other travel-related expenses, such as turnpike tolls and parking fees. Parking is limited to \$3 per day when free parking is not available within reasonable walking distance of the facility. A receipt is required. Metered parking is limited to \$2 per day with no receipt required.

#### 6. Limitations and Restrictions

Anyone may volunteer to provide transportation for Medicaid recipients for reimbursement of expenses only. However, the **broker** does not reimburse any volunteer for more than 6,000 miles in any calendar year except as follows:

- No public transportation is available and the recipient does not drive and has no one else who can provide transportation; and/or
- The patient requires frequent medical treatment (such as dialysis, chemotherapy, etc.) and local staff has approved the continued use of the same provider.

**NOTE:** A volunteer is a person, other than the client, his family or friends that provides transportation to medical appointments for Medicaid recipients. The 6,000 mile limit does not apply to family or friends who have been selected by the Medicaid recipient to provide the transportation. The limit does not apply to common carriers.

Employees of entities that provide Medicaid services (**personal attendant, behavioral health, rehabilitation providers, Aged and Disabled, Traumatic Brain Injury or Intellectual/Developmental Disability Waiver (IDD), etc.**) cannot be reimbursed as **an NEMT provider when transporting individuals while being paid by that Medicaid Provider, i.e., being on the clock and being paid for NEMT at the same time.**

**IDD Waiver providers must bill NEMT for Medicaid approved services unless training is occurring during the transportation time. If a provider is billing another State Plane Medicaid service, then the provider must utilize NEMT for transportation costs.**