CHAPTER 524 TRANSPORTATION

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BACKGROUND

This chapter sets forth the Bureau for Medical Services (BMS) requirements for payment of emergency and non-emergency medical transportation (NEMT) services provided to eligible West Virginia Medicaid members. The NEMT benefit is for transports to and from the member's address on record with the West Virginia Department of Health and Human Resources (DHHR). The BMS recognizes three types of transportation services: air ambulance; ground ambulance; and non-ambulance, non-emergency medical transportation. Arrangements for non-ambulance, non-emergency transportation of members will be made by BMS' contracted statewide transportation broker (hereafter referred to as Broker). The Broker screens non-emergency transportation requests and arranges these transportation services with contracted transportation providers for eligible members to eligible Medicaid covered services when these members have no other access to transportation. In collaboration with this policy, transportation benefits will also be administered in accordance with *Chapter 27, Income Maintenance Manual* and Medicaid State Plan Amendment (SPA) 13 -007.

POLICY

524.1 PROVIDER PARTICIPATION

To enroll and participate in the West Virginia Medicaid program, transportation providers and the Broker must meet applicable general requirements in *Chapter 300, Provider Participation Requirements* as well as the specific requirements summarized here. Individuals who provide transportation under Section 524.1.2.4 must enroll with the Broker and meet all Broker application/enrollment requirements. Ambulance transportation providers must be licensed by and meet the personnel certification requirements of the West Virginia Bureau for Public Health, Office of Emergency Medical Services (OEMS). Transportation providers must also comply with all applicable federal and state laws, regulations, and certification requirements.

Non-emergency, non-ambulance transportation providers, must have a contract with the State's transportation Broker and must provide services through that Broker in order to be eligible for reimbursement. They do not enroll directly with the Medicaid program, but must meet the requirements in this Chapter. Individuals providing transportation services and seeking reimbursement from the Broker for transporting themselves, friends, and/or family members, are considered individual providers and are deemed to be "independent contractors." Documentation of enrollment will remain on file with the Broker.

All enrolled transportation providers, with the exception of individuals who provide transportation under Section 524.1.2.4, shall have a valid and current West Virginia business license, and remain current with Workers Compensation and Employment Security premiums and all State and local taxes. All transportation services must be provided by an individual with a valid driver's license. All participating transportation providers must have current coverage of errors and omissions liability and/or auto insurance liability. In the case of ambulance transportation providers, the amount of liability coverage cannot be less than one million dollars as required by West Virginia State Code §16-4C-16. The Broker's non-ambulance transportation providers are subject to the amount of liability required by current state law or specified by the Broker. Copies of documentation verifying compliance must be submitted upon enrollment.

524.1.1 Air and Ground Ambulances

In addition to the provider enrollment application, an ambulance transportation provider must submit a copy of its license as an Emergency Medical Services (EMS) agency issued by the West Virginia OEMS and a copy of its Medicare Part B certification.

All vehicles and personnel must be in compliance with requirements pertaining to EMS as set forth by West Virginia State Code §16-4C and WV Legislative Rule §64 CSR 48.

524.1.2 Non-Ambulance Transport Vehicles

Non-ambulance transport vehicles include specialized multi-passenger vans along with common carriers and individual transportation.

524.1.2.1 Specialized Multi-Passenger Van Transportation (SMPVT)

Multi-passenger van drivers must have current certification in first aid and cardiopulmonary resuscitation (CPR) as evidenced by a certification document filed with the Broker. Re-certification documents are to be current, kept on site at the provider's location, and made available for review upon request by the BMS or its authorized representative.

Multi-passenger van services must operate an approved multi-passenger vehicle as evidenced by a copy of the vehicle registration filed with the Broker. Standard passenger sedans and limousines are not acceptable as transportation vehicles for this category.

524.1.2.2 Specialized Multi-Patient Medical Transport (SMPMT)

Applicants must submit a copy of their EMS agency license with their application to the BMS Provider Enrollment Unit. Applicants must adhere to the requirements set forth in WV Legislative Rule §64 CSR 48.

524.1.2.3 Common Carrier

Common carrier services are transportation services provided by, but not limited to, public railways, buses, cabs, or airplanes. Common carriers are required to enroll with the Broker.

524.1.2.4 Individual Transportation

Individual transporters, including members, their family and friends, and volunteer drivers, need to enroll with the Broker and meet all Broker application/enrollment requirements. For the purposes of NEMT, these transporters are considered providers.

After requesting and receiving prior approval from the Broker, members may use personal vehicles and subsequently receive reimbursement for use of this transportation as described in Section 524.3.2.3 of this Chapter. Individual transporters are required to verify current driver's license, vehicle registration, and insurance to the Broker. The transporter submitting payment is responsible for ensuring that all required credentialing documents are submitted to the Broker and are current and legible. Transporters who do not have current and legible credentialing submitted to the Broker will have payments pended until required documents are received.

524.1.3 Ongoing Compliance

All enrolled transportation providers, with the exception of individuals who provide transportation under Section 524.1.2.4, shall have a valid and current West Virginia business license, and remain current with Workers Compensation and Employment Security premiums and all State and local taxes. Documentation that verifies compliance with the requirements must be provided upon request to the BMS or its authorized representative.

Records and documentation that fully disclose the type, level, and volume of services provided must be maintained in accordance with state and federal requirements and documentation requirements in *Chapter 100, General Administration* and information in *Chapter 300, Provider Participation Requirements*.

For ambulance services, the documentation must include a fully completed pre-hospital care record and any other required documents supporting level of service.

All participating transportation providers must maintain and be able to verify current coverage of errors and omissions liability and/or auto insurance. In the case of ambulance transportation providers, the amount of liability coverage cannot be less than one million dollars as required by West Virginia State Code §16-4C-16. The Broker's non-ambulance transportation providers are subject to the amount of liability required by current state law or specified by the Broker.

All transport vehicles must be inspected annually by appropriate regulatory authority and satisfy the corresponding requirements. Additionally, providers must maintain their license and remain in good standing with the appropriate regulatory agency. Any modifications made to the organization, personnel, or fleet must be submitted in writing to the Provider Enrollment unit of the West Virginia Medicaid program and/or Broker within 30 days.

All NEMT vehicles and drivers must comply with all requirements outlined in their contracts with the Broker.

524.2 AMBULANCE SERVICES

The following is a list of West Virginia Medicaid covered ambulance transportation services:

Service	Classifications
Transportation: Air Ambulance	1. Fixed Wing (airplane) 2. Rotary Wing (helicopter)
Transportation: Ground Ambulance	1. Advanced Life Support 2. Basic Life Support – Emergency 3. Interfacility Transport 4. Basic Life Support – Non-emergency 5. Specialized Multi-Patient Medical Transport
Paramedic Intercept	Advanced Life Support

NOTE: The fact that a medical provider prescribes, recommends, or approves medical care does not in itself make the care medically necessary or a covered service. Nor does it mean that the member is eligible for Medicaid benefits. It is the provider's responsibility to verify Medicaid eligibility before services are provided. Payment is based on the level of service provided and only when that level of service is medically necessary and within benefit limits.

Non-emergency ambulance transport may be subject to prior authorization by the BMS utilization management contractor (UMC).

524.2.1 Air Ambulance

The BMS covers fixed wing and rotary wing transportation services for eligible members who need emergency transportation by an air ambulance. All emergency air ambulance services require retroactive authorization.

Transportation by fixed or rotary wing aircraft that is certified by the Federal Aviation Administration (FAA) as fixed or rotary wing air ambulance and is designed, constructed or modified; equipped, maintained, appropriately staffed, and operated for the transportation of members as provided and classified in WV Legislative Rule §64 CSR 48.

Transport by fixed or rotary wing ambulance may be necessary because the member's condition requires rapid transport to a treatment facility, and either great distances or other obstacles preclude rapid delivery by ground transport to the nearest appropriate facility.

524.2.2 Ground Ambulance

There are three levels of ground ambulance service:

1. Advanced Life Support (ALS);
2. Basic Life Support (BLS) - Emergency; and
3. BLS – Non-Emergency

Each level has its own medical necessity requirements, documentation standards, and payment rates. The member care report must contain documentation to support the medical necessity for the level of transport service provided. Generally, use of other means of transportation is medically contraindicated because it would endanger or be detrimental to the member's health. Providers must use guidelines in *Appendix 524A, Ground Ambulance Medical Necessity* to assist in determining medical necessity for ground ambulance services.

A current condition or history that is not identified as a current disabling condition with ongoing or present limitations does not constitute a need for ambulance transport. Describing a member as being "non-ambulatory; bed-confined; or needing stretcher transport" without more specific description of the member's condition, is not adequate documentation to support the assertion that an ambulance is the only means of transport that could be utilized without endangering the member's health. A physician order for ambulance transportation does not negate the need for documentation describing the medical condition that necessitates ambulance transport, nor does a physician order for ambulance transportation guarantee that the transport is reimbursable by the West Virginia Medicaid program.

Medicaid reimbursement for ambulance services is based upon the member's condition at the initial assessment by the ambulance squad and the medical intervention provided throughout the transport. The West Virginia OEMS Patient Care Record provides the documentation to support the billing submitted to Medicaid. The documentation on this form must include all pertinent information regarding the member's condition and support the need for ambulance transport, as well as providing sufficient information to determine the appropriate level of service for billing.

If a post payment review is conducted, decisions will be based on the documentation in the member care record. This documentation must stand alone to justify billing. Supporting information regarding the member's status gathered after the fact will not be considered in the review process.

524.2.2.1 Advanced Life Support (ALS)

ALS service includes both transportation by ground ambulance and the provision of medically necessary supplies and services, including the provision of an ALS assessment and at least one ALS intervention as defined in West Virginia State Code §16-4C, related legislative rules, and protocols established by the OEMS.

ALS service is deemed appropriate when the member has experienced a sudden onset of a medical condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in:

1. Serious jeopardy to member's health,
2. Impairment to bodily functions, or
3. Serious dysfunction to any bodily organ or part.

ALS services are also deemed necessary and reasonable when a member is transferred from one health care facility and admitted to another health care facility for treatment not available at the sending facility, and certified ALS personnel are needed to insure continuity of ALS medical care.

524.2.2.2 Basic Life Support (BLS) - Emergency

BLS emergency service includes both transportation by ground ambulance and the provision of medically necessary supplies and services, including BLS ambulance services as defined in West Virginia State Code §16-4C, related legislative rules, and protocols established by the OEMS.

An emergency transport is one that is provided after the sudden onset of medical condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in:

1. Serious jeopardy to member's health,
2. Impairment to bodily functions, or
3. Serious dysfunction to any bodily organ or part.

Personnel and vehicles must conform to the requirements listed in WV Legislative Rule §64 CSR 48.

524.2.3 Paramedic Intercept (PI)

Paramedic intercept refers to ALS procedures performed by an EMS agency other than the EMS agency

that provides transport. Under these circumstances, the EMS agency that provides basic life support and transportation may bill the BLS services and loaded mileage. Loaded mileage refers to mileage accumulated while transporting a Medicaid member. The EMS agency that assists and provides paramedic intercept ALS may bill for the ALS services at the established ALS add-on rate but not for mileage. As an example, Agency X provided basic life support services to a critical member. Agency X's crew requests an ALS unit to meet them on the way to the hospital. Agency Y's ALS unit responds to the request. Agency Y's paramedic boards Agency X's ambulance and provides ALS service while the member is being transported to the hospital. Agency X will be reimbursed the current BLS rate and mileage. Agency Y will be reimbursed at the current paramedic intercept rate (ALS add-on) but cannot bill for mileage since its unit did not transport the member.

The exception would be if the member were removed from the BLS unit and transported in the ALS unit. Then the EMS agency providing transport may bill for the ALS services and mileage, while the BLS agency would not have provided any billable services.

524.2.4 Interfacility Transports by Ambulance

Ambulance transportation from one hospital to a more distant hospital must be for specialized care that is not available at the sending facility. In addition, the member's current medical condition must meet the medical necessity criteria established in this chapter. Policy exceptions may be granted by the BMS on a case-by-case basis.

Reimbursement for same day, round trip transportation by ambulance for services not available at the sending facility is the responsibility of the sending facility, not the Medicaid member or program. The hospital or Medicaid member requesting ambulance transport is responsible for reimbursing the ambulance agency if the reason for transport does not meet the criteria listed above.

524.2.5 Basic Life Support (BLS) - Non-Emergency

Scheduled or unscheduled ambulance transports that do not meet the criteria for emergency as defined above, regardless of the origin or destination, are considered non-emergency services. Scheduled services are generally regularly scheduled transportation for the diagnosis or treatment of a member's medical condition.

Bed-confinement, by itself, is neither sufficient nor necessary to determine whether Medicaid ambulance benefits are covered. It is one element of the member's condition that may be taken into account in the determination of medical necessity. The term "bed-confined" is not synonymous with "bed rest" or "non-ambulatory." Bed confined requires the following criteria to be met:

- The member is unable to get up from bed without assistance; **and**
- The member is unable to ambulate; **and**
- The member is unable to sit in a chair or wheelchair

  OR
- The member can only be transported by stretcher.

Personnel and vehicles must conform to the requirements listed in WV Legislative Rule §64 CSR 48**.**

524.2.6 Specialized Multi-Patient Medical Transport (SMPMT)

EMS providers furnish SMPMT for ambulatory members with a medical history, but who have no apparent immediate need for any level of medical supervision while being transported to and from scheduled medical appointments, as defined in West Virginia State Code §16-4-C, Emergency Medical Services Act.

Ambulance companies that provide SMPMT Services must use vehicles that conform to definitions and requirements listed in WV Legislative Rules §64 CSR 48.

524.2.7 Specialty Care Transports

Specialty care transport (SCT) is the interfacility transportation of a critically injured or ill member by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the Emergency Medical Technician - Paramedic (EMT-P). SCT is necessary when a member's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or an EMT-P with additional training. Medical documentation for SCT will be reviewed to determine the Medicare defined conditions have been met for payment. See Office of Emergency Medical Services (OEMS) guidelines for Critical Care Transports

524.2.8 Limitations and Special Circumstances

West Virginia Medicaid covers ambulance services subject to the following limitations, conditions, and special circumstances:

- Ground and air ambulances must transport the member to the nearest facility that has the appropriate equipment and personnel necessary to diagnose and treat the member unless documented that transport to the nearest facility was inappropriate due to instruction by medical command, weather, or other circumstances to make transfer to another facility more appropriate for member care.
- Non-emergent ambulance transportation from one hospital to a more distant hospital must be for specialized medical care that is not available at the first hospital. Mileage is paid from the sending facility to the receiving facility. When comparable treatment may be obtained at a facility closer than the one transported to, mileage reimbursed is limited to the distance to the nearest facility. Transportation to in-state facilities will be given preference over closer out-of-state facilities.
- Ambulance transportation to or from a helipad, airport, or landing zone is covered when such transportation is provided in conjunction with air ambulance transport.
- Admissions and readmissions to nursing facilities and other extended care facilities are exempt from the requirement.

524.3 NON-EMERGENCY, NON-AMBULANCE TRANSPORTATION

All non-ambulance NEMT services must be accessed through the Broker. This Broker screens NEMT requests, assigns, and dispatches providers and monitors NEMT services to ensure consistent application of guidelines. See Medicaid SPA 13-007 for restrictions that may apply.

Transportation to a limited range of services provided by Licensed Behavioral Health Center (LBHC) services and home and community-based waiver providers are exempt from Broker requirements. Please see Section 524.3.3, *Chapter 501, Aged and Disabled Waiver; Chapter 512, Traumatic Brain Injury Waiver;* and *Chapter 513, Intellectual and Developmental Disabilities Waiver*.

524.3.1 Statewide Brokerage System

West Virginia Medicaid has contracted with a Broker to manage all non-ambulance NEMT. The Broker is prohibited from owning or having any financial interest in the transportation provider organizations that deliver NEMT transportation service to eligible members. The NEMT Vendor is a full-risk capitated Broker and is reimbursed based on the Medicaid per member per month payment reimbursement methodology (capitation) for eligible members. It assumes the financial responsibility for providing all covered services for eligible members within the capitation rate.

524.3.1.1 Trip Management

These requests may be made by members, their families, guardians or representatives, and providers. The Broker is to consider member's permanent and temporary special needs, appropriate modes of transportation, special instructions regarding the nearest appropriate provider, and additional information necessary to ensure that appropriate transportation is authorized and provided. The Broker determines:

- The member's eligibility for NEMT services.
- The member's medical need leading to the requirement for NEMT services and the most economical mode of transportation that meets the member's needs. The Broker will maximize use of fixed route transit and individual vehicles, which may be driven by the member, friend, or family member whenever determined more economical and appropriate.
- The member's lack of access to available transportation. The Broker is to require the member to verbally certify this.
- Whether the service for the member is a covered service and whether prior authorization has been granted if required.
- The nearest appropriate enrolled provider. The Broker will seek to minimize distance traveled, although if a member has recently moved to a new area, the Broker is to allow long distance transportation for up to 90 calendar days if necessary to maintain continuity of care.
- Necessity of attendant or assistance request. The Broker shall determine if the member needs door-to-door, curb-to curb, or hand-to-hand level of assistance with transportation. Accompanying attendant must be deemed medically necessary by a medical professional and/or identified in a treatment plan.

The Broker is to educate members on how and when to request NEMT services. Requests are to be made at least five business days before the NEMT service is needed. Trip requests are to be made using a single toll-free number unless otherwise approved by the BMS. The Broker will also make accommodation for standing orders for repeat trips. Scheduling of trips called in under the five business days requirement, and not verified as urgent by a medical provider, are based on availability of transportation providers and accommodation cannot be guaranteed. After consultation with the BMS, the Broker will also implement a system for post-transportation authorization requests.

Members may request a particular provider but are not guaranteed the use of that provider. The Broker is to inform the member or the member's representative, and the transportation provider, of transportation

arrangements at least two calendar days prior to the appointment by phone, fax, or letter. The Broker may group trips for efficiency. The provider may transport family members and/or caregivers not meeting legal and/or medical necessity requirements, providing that space and conditions allow. Allowance of transport, of family member and/or caregiver is not guaranteed or required of the provider if legal and/or medical necessity requirements are not met.

Any request for reimbursement for out-of-state travel must be scheduled and approved by the Broker in advance in order to be eligible for reimbursement. This includes lodging and meals.

524.3.1.2 Provider Network

The Broker establishes a network of NEMT providers and negotiates reimbursement with interested, willing, and qualified transportation entities that meet the transportation provider requirements. This includes LBHCs, which are considered preferred providers for members who receive services from these centers. This network must include all modes of transportation covered in this policy and must include any willing and qualified provider. The network must be sufficient in number and types of providers so that the failure of any provider to perform will not impede the ability of the Broker to provide NEMT services as required by the contract. The NEMT provider should be allowed 15 calendar days to request a review of the decision by the vendor, the Bureau, or both. Failure to request a review within 15 calendar days is to be a waiver of the NEMT provider's right to request a review.

These contracts are between the Broker and the providers enrolled with the Broker to provide NEMT service. BMS is not a party in this contract and thus is not a party in any contract disputes between enrolled providers and the Broker. Contracts between the Broker and the providers must address:

- Payment administration and timely payment
- Modes of transportation
- Geographic coverage areas
- Attendant services
- Phone and vehicle communication services
- Information systems
- Scheduling
- Dispatching
- Pickup and delivery standards
- Urgent trip requirements
- Driver qualifications
- Expectations for door-to-door, hand-to-hand, and curb-to-curb level of assistance
- Driver conduct
- Driver manifest delivery
- Vehicle requirements
- Backup 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 must be passed to the BMS or its agent

- Evidence of insurance for vehicle and driver
- Submission of documentation as required by the BMS
- Appeal and dispute resolution
- Assurance of no overlap of services with other programs

524.3.1.3 Broker Requirements

The Broker must meet a series of standards as outlined in its contract with the BMS. These standards include, but are not limited to, requirements related to:

- Call response times on the toll-free number
- Call center hours
- On-time arrival for member pickup
- Timeliness of trip scheduling
- Timely payment of providers
- Length of travel time

It is the Broker's responsibility to monitor provider compliance with vehicle and driver safety requirements. The Broker shall conduct provider education and training relating to safety and requirements under the transportation contract. The Broker shall conduct pre-transportation and post-transportation validation checks. The Broker shall refer all cases of suspected fraud, abuse, or misuse to the BMS.

524.3.1.4 Member Relations

The Broker shall conduct member outreach and work to educate members who are not compliant with requirements, e.g. do not show or are late for appointments.

The Broker must have a complaint resolution/appeal process for members and must respond within one business day to all complaints. The Broker must try to resolve all complaints and must send complaint information to BMS. The BMS may review and overturn the complaint resolution/appeal decision.

The Broker shall conduct periodic member satisfaction surveys.

524.3.2 Covered Services

The following is a list of West Virginia Medicaid covered non-ambulance transportation services:

- Specialized Multi-Passenger Van Transport (SMPVT)
- Common carrier/fixed route
- Individual transportation

SMPVT can be provided in all approved multi-passenger vans. SMPVT providers enrolled with the Broker may be subject to a multi-load rate established by the Broker. In general, a provider of van transportation services must transport the member from their home to the scheduled medical service or from the location of the medical appointment directly to the member's residence. The transporting company is responsible for maintaining records that verify the transport was appropriate and completed.

If transportation to more than two medical appointments is scheduled on the same day, documentation that supports the additional transport(s) must be approved by the Broker.

524.3.2.1 Specialized Multi-Patient Medical Transport (SMPMT)

Providers of SMPMT services transport Medicaid members to and from medical appointments in a safe, sanitary, and comfortable manner. Providers of this service must have a Certificate of Convenience and Necessity from the West Virginia Public Service Commission in order to participate in the West Virginia Medicaid program. The vehicles and personnel may not be utilized for the transportation of members requiring BLS or ALS.

Medicaid-enrolled providers of SMPMT services are prohibited from identifying themselves in any way as ambulance services or entities associate with EMS agencies. The organization or entity may not advertise or utilize a company name or logo that could be misinterpreted by the general public as having the capacity to provide medical care or be construed as associated with an emergency medical service agency.

524.3.2.2 Common Carrier/Fixed Route

Common carrier services are transportation services provided by public railways, buses, cabs, or airlines at rates negotiated by the Broker. Fixed-route transportation must be given priority if appropriate.

524.3.2.3 Member, Friends, and Family Transportation

The transportation of Medicaid members by a private vehicle is also reimbursed through the NEMT Broker. Mileage will be reimbursed by the Broker for the shortest route as determined by the Broker.

The amount of reimbursement for transportation expenses depends on the method of transportation, the round-trip mileage, and/or whether lodging was required.

Members, as well as their friends and family may request reimbursement for costs related to automobile travel, such as mileage, tolls, and parking fees when free parking is not available. The travel must be for scheduled appointments and treatment. Mileage is paid from the member's home to facility and back to home. When comparable treatment may be obtained at a facility closer to the member's home than the one chosen, mileage reimbursed is limited to the distance to the nearest facility.

Reimbursement may be made for other travel-related expenses, such as tolls and parking fees, when free parking is not available within reasonable walking distance to the facility. A receipt is required for parking fees over two dollars and all tolls.

When travel by private automobile is an option, but the member chooses more costly transportation, the rate of reimbursement is limited to the private auto mileage rate. Automobile rental, rental-related fees, and mileage may be allowed if car rental is determined to be the most economical mode of transportation.

524.3.2.3.1 Member, Friends, and Family Transportation Appeals

Disputes in transportation through the member, friends, and family transportation will be handled through the Broker appeals process. Once the broker appeal process has been complete, if the provider remains

unsatisfied with the Broker's decision, further appeal to the BMS will be handled via Document/Desk Review in accordance with *Chapter 800(B)* as these transporters are classified as providers due to requirement to be enrolled and credentialed with the Broker.

524.3.2.4 Volunteer Drivers

A volunteer is a person, other than the member, or the member's family or friends, who provides transportation to medical appointments for Medicaid members. Anyone may volunteer to provide transportation for Medicaid members. All volunteer drivers are required to enroll with the Broker and meet all Broker application/enrollment requirements prior to providing transport.

524.3.2.5 Individuals Accompanying Member

Transportation may be covered for an immediate family member (parent, spouse, guardian, or foster parent) to accompany and/or stay with the member at a medical facility when the need to stay is based on medical necessity and documented by the physician. Meals and lodging of the individual accompanying the member are only covered if the medical facility verifies that those accommodations are not provided by the facility.

Two round trips per hospitalization (one for admittance and one for discharge) may be covered when the parent or family member chooses not to stay with the member.

A parent, guardian, or other authorized adult must accompany a child under the age of 16 unless the child is emancipated minor. A child age 16 or 17 may travel unaccompanied with written consent from the parent or guardian, or to attend a family planning appointment or an appointment for another service where parental consent or notification is not required.

524.3.2.6 Meals and Lodging

When an overnight or longer stay is required, lodging may be paid for the member and one additional person if the member is not the driver. See Section 524.3.2.5 of this manual for guidelines on who may receive coverage of meals and lodging. Accommodations must be obtained at the most economical facility available. All requests for meals and lodging must be made with the Broker prior to transport. If member chooses lodging other than most economical facility as selected by the Broker, the member's reimbursement will be limited to an $80 per night maximum.

Resources such as Ronald McDonald Houses or facilities operated by the hospital must be used whenever possible. Lodging prior to the day of the appointment is determined necessary when the appointment is scheduled for 8:00am or earlier and travel time to the facility is two hours or more from the *member's home*. Every attempt must be made to schedule recurring appointments to minimize the need for overnight stays. It may also be determined necessary when the member is required to stay overnight to receive additional treatment. Exceptions may be granted based on medical necessity and documented by the physician.

Reimbursement for meals is available only in conjunction with lodging and only for meals that occur during the time of the travel or the stay. Meals are permitted for the member and/or the person approved to stay with the member. The rate is five dollars 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 member returned home.

524.3.3 Behavioral Health and Home and Community-Based Waiver Transportation Services

These services are used to transport a Medicaid member to/from certain Medicaid services that are designated in the member's service plan. See *Chapter 503, Licensed Behavioral Health Centers; Chapter 501, Aged and Disabled Waiver; Chapter 512, Traumatic Brain Injury Waiver;* and *Chapter 513, Intellectual and Developmental Disabilities Waiver.*

524.3.4 Nursing Facility Transportation Services

Nursing facilities must provide NEMT which includes non-emergency ambulance transportation for all residents. Scheduling and payment of these transports are not managed through the Broker but the responsibility of the facility. Transportation to the facility for admission, discharge to home or community and medically necessary emergency transportation rendered to members residing in nursing facilities are separately reimbursable outside of the facility per diem rate. See *Chapter 514, Nursing Facility Services* for more information.

524.3.5 Psychiatric Residential Treatment Facilities (PRTF) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Transportation Services

Transportation of members in a PRTF or ICF/IID to and from medical appointments, court appearances, day habilitation, and family visits must be provided by the facility. It is considered included in the per diem rate and not separately reimbursable. West Virginia Medicaid reimburses separately for emergency transportation services rendered to members residing in a PRTF or ICF/IID when the services are medically necessary. Please refer to *Chapter 531, Psychiatric Residential Treatment Facility Services* and *Chapter 511, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Services* for additional information.

524.3.6 School-Based Health Transportation Services

Specialty Transportation (NEMT) school-based services include transportation to or from necessary medical care, when a child's medical needs require use of specialized transportation services, including specially equipped and/or specially staffed vehicles. Services are furnished by providers who meet the qualifications established by the Medicaid agency and the Department of Education or the Local Education Agency. Services must be ordered pursuant to an Individualized Education Program as defined under Part B of the Individuals with Disabilities Education Act (IDEA). These services are not managed through the Broker. Please refer to *Chapter 538, School-Based Health Services* for additional information.

524.4 REIMBURSEMENT AND BILLING

Ambulance services are reimbursed directly by Medicaid and must be billed on the Centers for Medicare and Medicaid Services' (CMS) 1500 forms, or the electronic equivalent, using the appropriate procedure codes and modifiers. The appropriate code modifier must be entered in the proper space on the CMS-

1500 claim form or the claim will be denied. Reimbursement is based upon a fee schedule determined by the BMS.

The Broker negotiates rates and contracts with transportation providers and reimburses them directly. The Broker may reimburse NEMT providers through any payment arrangement agreeable to both parties including a sub-capitation arrangement. The Broker must ensure that the utilization date for every encounter is submitted by its contracted transportation providers.

Individuals who use common carrier/fixed route transit and/or individual vehicles are reimbursed by the Broker in accordance with Section 524.3.2.2 and Section 524.3.2.3 of this Chapter.

Billing instructions for non-emergency transportation services will be provided by the Broker.

524.5 NON-COVERED SERVICES

Non-covered services include, but are not limited to:

- Transportation to any service not covered by West Virginia Medicaid.
- Transportation to any provider not enrolled with West Virginia Medicaid.
- Transportation using inadequate or inappropriate level of staff personnel on board transporting vehicle.
- Transportation of members who do not meet the medical necessity requirements for level of service billed.
- Services provided when the request was for post transportation authorization and was not received timely or did not meet established criteria.
- Transportation provided when the member refuses the appropriate mode of transportation.
- Transportation to a service that requires prior authorization but has not been prior authorized.

In addition, certain services are not covered when provided by ambulance providers:

- Reimbursement for ground or air ambulance mileage beyond the nearest appropriate facility.
- Scheduled air ambulance transportation without prior approval.
- Same-day, round-trip, ambulance transportation from one medical facility to another.
- Transportation of multiple Medicaid members in the same ambulance at the same time, unless an emergency warrants that multiple members be transported, as in the case of mass casualty incidents. In the event of a mass casualty, mileage must be billed as if only one member was transported.
- Transportation to the emergency room for routine medical care.

These services are not covered when provided by non-ambulance providers:

- Transportation provided when the member has access to affordable transportation.
- Transportation provided when the NEMT service is covered under another program or free of charge.
- The member refuses the NEMT provider assigned to the trip and another NEMT provider is not available.
- Transportation of parents/children to visit or participate in a treatment plan for hospitalized members if it does not coincide with the member's travel.

- Transportation to the emergency room.

The Broker must issue a denial for non-covered non-ambulance services. This information must be recorded, and a denial letter sent to the member and/or provider the next business day. Non-covered services are not eligible for the DHHR Fair Hearing or Desk/Document Review. See 42 CFR § 431.220, *When a hearing is required* for more information.

GLOSSARY

Definitions in *Chapter 200, Definitions and Acronyms* apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

Advanced Life Support (ALS): A level of emergency medical services which includes, but is not limited to, the assessment, treatment, and transportation of sick and injured persons, invasive and non-invasive medical procedures, the administration of medications and basic life support procedures as approved for the appropriate level of certification by the OEMS Medical Direction System. ALS services include administration of intravenous fluids and the administration of medications by intravenous, endotracheal, intramuscular, subcutaneous, sublingual, inhalation, or oral routes, and insertion of endotracheal tube or other advanced airway adjunct device.

Air Ambulance: An aircraft used for ambulance operations.

Air Ambulance Transportation: Transport of a member whose medical condition requires transportation by air ambulance as certified by a physician.

Ambulance: A vehicle designed, equipped, and appropriately staffed to transport members to the nearest medical facility that can provide the needed medical care. As classified in WV Legislative Rule §64 CSR 48.

- Class B – Basic Life Support
- Class C – Advanced Life Support
- Class D – Critical Care Transport
- Class E – Aeromedical (Fixed and Rotary Wing)
- Class F – Specialized Multi-Patient Medical Transport Vehicle

Appeal: An action initiated by a member to challenge a decision made by the BMS or contractor.

Basic Life Support (BLS): A level of emergency medical services which includes, but is not limited to, assessment, treatment and transportation of sick and injured persons; including medical procedures, the administration of limited medications, basic lifesaving procedures and continuous medical supervision as approved for the appropriate level of certification by the OEMS Medical Direction System.

Broker: The contracted entity that screens NEMT requests and assigns, dispatches, and monitors NEMT services for eligible Medicaid members to receive covered services.

Common Carrier/Fixed Route: Such services as public railways, buses, cabs, airlines, and other public transportation.

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

Covered Medical Service: For the purposes of NEMT, any medical service that is eligible for reimbursement under the BMS policy excluding pharmacy services and any other exclusion designated by the BMS.

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 assistance provided by the driver includes opening and closing the vehicle doors, helping the passenger enter or exit the vehicle, folding and storing the member's wheelchair or other mobility device as necessary, or securing the wheelchair or other wheeled mobility device in the vehicle. Assistance does not include lifting the member. Drivers are to remain at or near their vehicles and are not to enter the residence or any buildings.

Door-to-Door Service: Transportation provided to passengers who 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 exits the vehicle and assists the passenger from the door of the pick-up point (e.g., residence), escorts the passenger to the door of the vehicle, and assists the passenger in entering the vehicle. The driver assists the member throughout the trip and to the door of the destination. Assistance does not include lifting the member. Drivers, except for ambulance or stretcher van personnel, should not enter the residence or any buildings.

Emergency Medical Services (EMS): All services which are set forth in West Virginia State Code §16-4C, "The Emergency Medical Services Act of 1996" and those services included in and made part of the EMS plan of the DHHR including, but not limited to, responding to the medical needs of an individual to prevent the loss of life or aggravation of illness or injury. EMS Rules in WV Legislative Rule §64 CSR 48.

Emergency Medical Services Agency: Any authority, person, corporation, partnership, or other entity, public or private, which is licensed by the OEMS to provide EMS in West Virginia.

Emergency Medical Services (Ambulance) Certification: The OEMS is the certifying agency for EMS agencies and has authority over member transportation through its licensure process. The BMS has the authority to enroll licensed providers for submission of claims for reimbursement.

Emergency Medical Services Provider: Any authority, person, corporation partnership, or other entity, public or private, which owns or operates a licensed EMS agency providing emergency medical service in the state. Certification of eligibility is issued by the DHHR and the OEMS for the purpose of providing medical treatment and transportation services to Medicaid members in the State of West Virginia. West Virginia State Code §16-4C; EMS Rules in WV Legislative Rule §64 CSR 48.

Emergency Medical Technician – Paramedic (EMT-P): An individual certified by the OEMS to render emergency medical services as defined in the scope of practice and authorized pursuant to West Virginia State Code §16-4C and in WV Legislative Rule §64 CSR 48.

Encounter: For the purposes of the NEMT program, an encounter is a trip leg that has been completed by the NEMT provider and has been reimbursed by the contractor.

Fixed Route Mode of Transportation: Transportation by means of 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.

Fixed Winged Aircraft: The fixed wing air ambulance (airplane) services are deemed appropriate when the member's medical condition is such that transport by ground ambulance is not appropriate. Transport by fixed wing may be necessary because the member's condition requires rapid transport to the treatment facility, and either great distances or other obstacles preclude such rapid delivery to the nearest appropriate facility. The fixed wing aircraft shall be designed, constructed, or modified; equipped maintained, appropriately staffed, and operated for the transportation of members as provided and classified in the WV Legislative Rule §64 CSR 48.

Hand-to-Hand Service: Transportation of a member with mobility challenges from a transporter that can provide assistance to the member from the pick-up point to a facility staff member, family member, or other responsible party at the destination. Some members with dementia or developmental disabilities, for example, may need to be transported hand-to-hand.

Level of Service: Designation used to describe the appropriate type of vehicle that may be used to transport the member. Specific modes of transportation may include the following:

- Ambulatory level of service: An ambulatory member is able to move and pivot without assistance.
- Wheelchair level of service: A member who uses an electric or manual wheelchair who cannot transfer independently.

Participating Common Carrier/Individual Volunteer Providers: A provider of non-medical, non-ambulance transportation of Medicaid members. Such services may include public railways, buses, cabs, airline; or other firms, corporations, and entities who are certified pursuant to the regulations as established by the Public Service Commission and the DHHR; and individual volunteers; all as defined herein.

Participating Ground Ambulance Provider: A provider of ground medical transportation services that has been granted certification, as defined herein, by the OEMS and DHHR for the provision of medical transportation of Medicaid members and who elects to participate in and seeks reimbursement from DHHR's BMS, pursuant to the regulations herein. Levels of ground medical transportation include ALS, BLS, and SMPMT as defined herein.

Ambulance Transportation: Movement or transfer of a member from one location to another by an approved and designated ambulance. See EMS Rules in WV Legislative Rule §64 CSR 48.

Private Vehicle Transportation by Individuals: Individuals are permitted to transport Medicaid members in private automobiles. Payments are processed by the Broker.

Rotary Wing Aircraft: The rotary wing air ambulance (helicopter) services are deemed appropriate when the member's medical condition is such that transport by ground ambulance is not appropriate. Transport by fixed wing may be necessary because the member's condition requires rapid transport to a treatment facility, and either great distances or other obstacles preclude such rapid delivery to the nearest appropriate facility. The fixed wing aircraft shall be designed, constructed or modified; equipped,

maintained, appropriately staffed, and operated for the transportation of members as provided and classified in WV Legislative Rule §64 CSR 48.

Specialized Multi-Patient Medical Transport (SMPMT): A non-emergency transport service provided by an EMS agency licensed to provide this service by the OEMS. This service is provided to members who are ambulatory and/or mobile non-ambulatory with a medical history but have not apparent immediate need for any level of medical services while being transported to and from scheduled medical appointments. Vehicles and staff must comply with the rules and requirements set forth in WV Legislative Rule §64 CSR 48.

Specialized Multi-Patient Medical Transport Vehicle: A vehicle owned and operated by a licensed EMS agency used to provide transportation to ambulatory members with a medical history by who have no apparent immediate need for any level of medical supervision while being transported to and from scheduled medical appointments.

Specialized Multi-Passenger Van Transportation (SMPVT): An organization or entity which operates specialized multi-passenger vans equipped to transport ambulatory and/or mobile non-ambulatory members. SMPVT vehicles and personnel shall meet the requirements set forth by these regulations. These vehicles and personnel are to provide safe, sanitary and comfortable transportation to and from scheduled medical appointments and cannot be utilized for the transportation of ALS or BLS medical members. This category of transportation provider submits claims directly to the Medicaid program.

Specialized Multi-Passenger Van Transportation (SMPVT) Certification: Certification of eligibility issued by the DHHR, BMS, and the Office of Emergency Services or the Public Service Commission and any other federal governing agency or departments of the State of West Virginia to any individual, firm, corporation, association, county, municipality, or other legal entity for the purposes of providing non-ambulance transportation services to eligible Medicaid members in the State of West Virginia.

Standing Order: A request or authorization for NEMT services to multiple recurring medical appointments for the same member with the same provider for the same treatment or condition.

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

REFERENCES

West Virginia State Plan references transportation services at sections 3.1-A(24), 3.1t-B(24), supplement 2 to attachments 3.1-A and 3.1-B(24) and reimbursement at 4.19-B(24). Attachment 3.1-D provides additional information on methods of assuring transportation. See State Plan Amendment 13-007.

CHANGE LOG

REPLACE	TITLE	EFFECTIVE DATE
Entire Chapter	Transportation	September 18, 2015

Entire Chapter	Updated references to “Patient” with “member”	May 31, 2019
Background	Added, “In collaboration with this policy, Transportation benefits will also be administered in accordance with Chapter 27 of the Income Maintenance Manual and State Plan Amendment (SPA) 13-007. Added, “The non-emergency transportation benefit is for transports to and from the member’s address on record with the DHHR.”	May 31, 2019
Section 524.1	Added, “Individuals who provide transportation under 524.1.2.4 must enroll with statewide Broker meeting all Broker application/enrollment requirements.” Added, “Individuals providing transportation services and seek reimbursement from the statewide Broker for transporting themselves, friends and/or family members, are considered individual providers and are deemed to be “independent contractors. Documentation of enrollment with statewide Broker will be on file with statewide Broker.” Removed, “including those established and regulated by the West Virginia Public Service Commission (PSC).”	May 31, 2019
Section 524.1.2.4	Added, “meeting all Broker application/enrollment requirements. For the purposes of NEMT, these transporters are considered providers.” Added, “The transporter submitting payment is responsible for ensuring that all required credentialing documents are submitted to the Broker and are current and legible. Transporters whom do not have current and legible credentialing submitted to the Broker will have payments pended until required documents are received.	May 31, 2019
Section 524.1.3	Edit, “All enrolled transportation providers, with the exception of individuals who provide transportation under 524.1.2.4, shall have a valid and current West Virginia business license, and remain current with Workers Compensation and Employment Security premiums and all State and local taxes.”	May 31, 2019
Section 524.2.4	Added, “Policy exceptions may be granted by BMS on a case-by-case basis.”	May 31, 2019

Section 524.2.7	Added, “Mileage is paid from the sending facility to the receiving facility. When comparable treatment may be obtained at a facility closer than the one transported to, mileage reimbursed is limited to the distance to the nearest facility. Transportation to in-state facilities will be given preference over closer out-of-state facilities.”	May 31, 2019
Section 524.3.1.1	Added, “Accompanying attendant must be deemed medically necessary by a medical professional and/or identified in a treatment plan.” Added, “Scheduling of trips called in under the five business days requirement, and not verified as urgent by a medical provider, are based on availability of transportation providers and accommodation cannot be guaranteed.” Edit, “The Broker may group trips for efficiency. The provider may transport family members and/or caregivers not meeting legal and/or medical necessity requirements, providing if space and conditions allow. Allowance of transport, of family member and/or caregiver is not guaranteed or required of the provider if legal and/or medical necessity requirements are not met.”	May 31, 2019
Section 524.3.1.2	Added, “The NEMT provider should be allowed fifteen (15) calendar days to request a review of the decision by the vendor, The Bureau or both. Failure to request a review within fifteen (15) calendar days is to be a waiver of the NEMT provider’s right to request a review. These contracts are between the Broker and the providers enrolled with the Broker to provide NEMT service. BMS is not a party in this contract and thus is not a party in any contract disputes between enrolled providers and the Broker.”	May 31, 2019
Section 524.3.2	Added, “Specialized Multi-Passenger Van Transportation enrolled with the Broker may be subject to a multi-load rate established by the Broker.”	May 31, 2019
Section 524.3.2.3.1	Added, “MEMBER, FRIENDS, AND FAMILY TRANSPORTATION APPEALS” section	May 31, 2019
Section 524.3.2.4	Added, “All volunteer drivers are required to enroll with statewide Broker and meet all Broker application/ enrollment requirements, prior to providing transport to West Virginia Medicaid Members.”	May 31, 2019

Section 524.3.2.5	Added, “Meals and lodging of the individual accompanying the member are only covered if the medical facility verifies that those accommodations are not provided by the facility.”	May 31, 2019
Section 524.3.2.6	Edit, “When an overnight or longer stay is required, lodging may be paid for the member and one additional person if the member is not the driver. See Section 524.3.2.5 Individuals Accompanying Member of this manual for guidelines on who may receive coverage of meals and lodging. Accommodations must be obtained at the most economical facility available. All request for meals and lodging must be made with the Broker prior to transport.” Added, “If member chooses lodging other than most economical facility as selected by the Broker, the member’s reimbursement will be limited to an $80 per night maximum.” Added, “Every attempt must be made to schedule recurring appointments to minimize the need for overnight stays.” Added, “Reimbursement for meals is available only in conjunction with lodging and only for meals that occur during the time of the travel or the stay. Meals are permitted for the member and/or the person approved to stay with the member. 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 member returned home.”	May 31, 2019
Section 524.3.4	Nursing facilities must provide non- ambulance non-emergency medical transportation (NEMT) for all residents. Scheduling and payment of these transports services are not managed through the Broker but the responsibility of the facility. Transportation to the facility for admission, and discharge to home or community and medically necessary emergency transportation rendered to members residing in nursing facilities are separately reimbursable outside of the facility per diem rate.”	May 31, 2019
Section 524.4	524.4.1 was merged into 524.4 Deleted: “Ambulance services are reimbursed according to the published fee schedule, which can be accessed at http://www.dhhr.wv.gov/bms/Pages/default.aspx.”	May 31, 2019

Section 524.5	Deleted: "Transportation to any location that does not render West Virginia Medicaid covered medical, diagnostic, or therapeutic services." Added, "Transportation to any service not covered by West Virginia Medicaid. Transportation to any provider not enrolled with West Virginia Medicaid."	May 31, 2019
Section 524.2.7	New Section: Specialty Care Transports added	September 1, 2020