

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - TRANSPORTATION

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AMBULANCE

NMAP covers medically necessary ambulance services required to transport a client during an emergency or required to obtain medical care. Emergency ambulance transports to a physician or practitioner's office, clinic or therapy center are covered. Non-emergency ambulance transports to a physician or practitioner's office, clinic or therapy center are covered when -

1. The client is bed confined before, during, and after transport; and
2. The services cannot or cannot reasonably be expected to be provided at the client's residence (including a nursing facility or ICF/MR).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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LIMITATIONS – TRANSPORTATION

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AMBULATORY ROOM AND BOARD

NMAP covers ambulatory room and board services as a travel-related expense under 42 CFR 440.170(a)(3)(ii) and (iii). Ambulatory room and board is defined as meals and lodging determined to be necessary by Medicaid Division staff to secure NMAP-coverable services for a Medicaid client.

This may include meals and lodging for an attendant.

NMAP covers ambulatory room and board services only when:

1. The client is receiving NMAP-coverable services;
2. Travel time or distance to the medical provider and receipt of medical services are expected to require the client to be away from his/her home for 12 hours or longer;
3. An out-of-town overnight stay is necessary while receiving NMAP-coverable services; and
4. Ambulatory room and board is a cost effective level of care that provides an alternative to inpatient admission or extended outpatient care.

Ambulatory room and board services may be covered for up to one day before or after receiving NMAP-coverable services, if extensive travel is necessary to receive NMAP-coverable services. Ambulatory room and board for an attendant to accompany the client may be covered when the client is physically or mentally unable to travel or wait alone while receiving NMAP-coverable services.

To be eligible to receive NMAP payment for ambulatory room and board services, each hospital providing those services must be approved by the Medicaid Division as a provider of ambulatory room and board services before providing these services to NMAP clients and/or attendants.

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LIMITATIONS – TRANSPORTATION

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Telehealth:

Medical transportation services, including ambulance services and ambulatory room and board, are not covered when provided via telehealth technologies.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: Nebraska

**SECTION 3 – SERVICES: GENERAL PROVISIONS**

**3.1 Amount, Duration, and Scope of Services**

Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245A(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483.

**A. Categorically Needy**

28. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary (in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170).

a. Transportation (provided in accordance with 42 CFR 440.170 as an optional medical service) excluding “school-based” transportation.

Not Provided:

Provided without a broker as an optional medical service: (If state attests “Provided without a broker as an optional medical service” then insert supplemental information.)

Describe below how the transportation program operates including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.

Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4). (If state attests that non-emergency transportation is being provided through a brokerage program then insert information about the brokerage program.)

The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

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1. The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);
  - (1) state-wideness (indicate areas of State that are covered)
  - (10)(B) comparability (indicate participating beneficiary groups)
  - (23) freedom of choice (indicate mandatory population groups)
  
2. Transportation services provided will include:
  - wheelchair van
  - taxi/commercial carrier
  - stretcher car
  - bus passes
  
  - tickets
  - secured transportation
  - other transportation (if checked describe below other transportation)
    - Individual volunteer
  
- (3) The State assures that transportation services will be provided under a contract with a broker who:
  - (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs:
  - (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous:
  - (iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:
  - (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

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- (4) The broker contract will provide transportation to the following categorically needy mandatory populations:
- Low-income families with children (section 1931)
  - Deemed AFDC-related eligibles
  - Poverty-level related pregnant women
  - Poverty-level infants
  - Poverty-level children 1 through 5
  - Poverty-level children 6 – 18
  - Qualified pregnant women AFDC – related
  - Qualified children AFDC – related
  - IV-E foster care and adoption assistance children
  - TMA recipients (due to employment) (section 1925)
  - TMA recipients (due to child support)
  - SSI recipients
- (5) The broker contract will provide transportation to the following categorically needy optional populations:
- Optional poverty-level - related pregnant women
  - Optional poverty-level - related infants
  - Optional targeted low income children
  - Non IV-E children who are under State adoption assistance agreements
  - Non IV-E independent foster care adolescents who were in foster care on their 18<sup>th</sup> birthday
  - Individuals who meet income and resource requirements of AFDC or SSI
  - Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
  - Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
  - Children aged 15-20 who meet AFDC income and resource requirements
  - Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
  - Individuals infected with TB
  - Individuals screened for breast or cervical cancer by CDC program
  - Individuals receiving COBRA continuation benefits
  - Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard

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- Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution (the broker will provide NEMT only to 1905(a) services)
- Individuals terminally ill if in a medical institution and will receive hospice Care
- Individuals aged or disabled with income not above 100% FPL
- Individuals receiving only an optional State supplement in a 209(b) State
- Individuals working disabled who buy into Medicaid (BBA working disabled group)
- Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group
- Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).

(6) Payment Methodology

(A) The State will pay the contracted broker by the following method:

- (i) risk capitation
- (ii) non-risk capitation
- (iii) other (e.g., brokerage fee and direct payment to providers) (If checked describe any other payment methodology)

The State shall pay the contracted broker a uniform fee-for-service administration rate per completed trip for all trips. A Completed Trip is defined as a transportation service scheduled, arranged and prior authorized for payment by the broker. The administrative fee rate to the broker is established for each contract year in the contract.

For dates of service on or after May 1, 2011, Medicaid pays for non-emergency medical transportation services at the lower of:

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Practitioner Fee Schedule in effect for that date of service. The allowable amount is indicated in the fee schedule as:
  - a. The unit value multiplied by the conversion factor;
  - b. The invoice cost (indicated as "IC" in the fee schedule);
  - c. The maximum allowable dollar amount; or
  - d. The reasonable charge for the procedure as determined by the Medicaid Division (indicated as "BR" - by report or "RNE" - rate not established - in the fee schedule).

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of non-emergency

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transportation services. The agency's rates were set as of May 1, 2011, and are effective for services rendered on or after that date. The fee schedule is subject to annual/periodic adjustment. All rates, including current and prior rates, are published and maintained on the agency's website. Specifically, the fee schedule and any annual/periodic adjustments to the fee schedule are published at [http://dhhs.ne.gov/medicaid/Pages/med\\_practitioner\\_fee\\_schedule.aspx](http://dhhs.ne.gov/medicaid/Pages/med_practitioner_fee_schedule.aspx).

(B) Who will pay the transportation provider?

- (i) Broker
- (ii) State
- (iii) other

The broker will pre-purchase fixed route public transportation and commercial air tickets on behalf of the beneficiary when determined to be necessary and will not bill the state until the pre-purchased ticket/pass is actually dispersed or used by the beneficiary. Public transit passes shall be administered pursuant to the CMS letter to State Medical Directors, issued December 2, 1996. The Medicaid beneficiary is not reimbursed mileage for use of their personal vehicle by the broker, nor the state.

(C) What is the source of the non-Federal share of the transportation payments? Describe the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

State General Funds

- (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

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- (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).
- (7) The broker is a non-governmental entity:
- The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 45 CFR 440.170(4)(ii).
- The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
- transportation is provided in a rural area as defined at 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
- transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
- the availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet the need for transportation.
- (8) The broker is a governmental entity
- The broker provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:
- Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
- Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
- Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the rate charged to other State human services agencies for the same service.

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- (9) Please describe below how the NEMT brokerage program operates. Include the services that will be provided by the broker. If applicable, describe any services that will not be provided by the broker and name the entity that will provide these services.

The broker shall be responsible for and perform all administrative brokerage functions to include: establish and monitor Medicaid program compliance of a transportation network; receive NET service requests through a customer service call center during the hours of 8:00 a.m. - 7:00 p.m. CST, Monday through Friday, and on-call representative for urgent care trips; verify client Medicaid eligibility, and their requested medical service provider is an active Medicaid provider through a daily batch interface to the broker's system; screen client need for service and mobility status for the most appropriate mode of transportation; approve and arrange the least expensive transport to the closest appropriate Medicaid provider; submit claims for completed services in MMIS for direct provider payment from the State. The broker provides oversight to assure services through:

- a. Client Surveys;
- b. The broker shall determine that the client is requesting NET medical services to a qualified, enrolled, medical service provider who is willing to accept the client, within the travel standards established by the State. The state may require pre-transportation validation checks of trips to specific program services, such as non-routine out-of-state medical care and physical therapy; and
- c. Random post payment validation checks a minimum ten (10%) percent of the NET service referrals, in a month for each contract year. The broker shall ensure that all NET provider supporting documentation is maintained and matches the prior-authorization, and that the trips occurred in accordance to Nebraska Medicaid regulations.

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