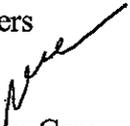


## PROVIDER BULLETIN NO. 09-08

April 20, 2009

TO: All DHHS Transportation Providers

FROM: Vivianne M. Chaumont, Director   
Division of Medicaid & Long Term Care

Todd L. Reckling, Director   
Division of Children & Family Services

BY: Courtney Miller, Program Specialist  
Division of Medicaid & Long Term Care

RE: Provider responsibilities and Service Provider Agreements/Medical Assistance  
Provider Agreements

**Please share this information with administrative and billing staff.**

All DHHS Transportation providers are required to have a current and accurate Service Provider Agreement (MILTC-9) on file. You have an obligation to understand the authorized rates that correspond to the approved services, as outlined in your Service Provider Agreement. A Service Provider Agreement may not be made effective for a period exceeding 12 months. When your Service Provider Agreement is due to expire, it is the Provider's responsibility to contact the Resource Development staff in your area to ensure your contract is renewed.

Transportation Providers delivering services to Medicaid Managed Care clients and billing Medicaid directly are required to have an active Medical Assistance Provider Agreement (MC-19) or a new Transportation Service Provider Agreement on file.

Documentation of all claims must be complete and available on request. Billed charges must match the DHHS authorization. Records should be maintained that include the name of client, the nature of the authorized trip that corresponds to the appropriate service code, the location and time of pick-up and arrival at the destination, and a description of the charges, to include the number of miles if a mileage claim. All mileage authorized must correspond to the calculated mileage of the origination address to the destination address through the use of various Internet mapping applications. Providers must submit a written explanation with a request for any additional mileage to be paid in the event a deviation from the route was necessary.

All Providers are paid for loaded miles only and will not receive compensation for wait times or no shows. All additional passengers must be included in the authorization. Common carriers may not charge for a passenger identified on the authorization as an escort, but may charge for all non-escort additional passengers.



The DHHS has implemented the requirement that supporting documents on claims submitted for payment from the Provider must include a client or responsible party signature verifying services were rendered. This is effective immediately. Providers must retain financial and statistical records for six years to support and document all claims and allow federal, state, or local offices responsible for program administration or audit to review service records.

Common carriers licensed with the Public Service Commission are required to provide verification of their tariff for published rates, boundaries and special DHHS designation. Those carriers who do not possess this authority pursuant to 471 NAC 27-001.03A may have their Service Provider Agreement terminated if not obtained before their next Service Provider Agreement renewal.

If you have questions about this Provider Bulletin, please contact Courtney Miller, Transportation Program Specialist, 402-471-9530.