

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

TRANSPORTATION SERVICES

For dates of service on or after May 1, 2011, Nebraska Medicaid pays for emergency and 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 Transportation Fee Schedule in effect for that date of service.

Non-emergency medical transportation services are reimbursed using the Non-Emergency Transportation Services Fee Schedule and emergency medical transportation services are reimbursed using the Ambulance Services Fee Schedule.

In accordance with 42 CFR 440.170(a)(3)(ii - iii), Nebraska Medicaid covers medically necessary travel expenses for the client and the escort including transportation, meals, and lodging. Escorts must be enrolled as providers and are reimbursed for meals and lodging directly upon presentation of expense verification up to our established per diem. Reimbursement through the fee schedules above is not limited by a per diem amount.

Meals and lodging services are reimbursed based on per diem rates. The rates are reflected on the fee schedule as by report or rates not established. The per diem rates are determined based on the local market costs of mid-priced hotels and restaurants of the area in which the expenses occurred.

For meals and lodging, Nebraska Medicaid will pay the lower of:

1. The provider's submitted charge; or
2. The average cost of the local market mid-priced hotels and restaurants of the area in which the expenses occurred.
 - i. The local market is determined as mid-priced hotels and restaurants within ten (10) mile radius of the area in which the expense is to occur.
 - ii. No fewer than five (5) restaurants and five (5) hotels of the local area will be used, unless the area as defined above does not have that many.
 - iii. The average costs/rates are reviewed and adjusted as necessary. Each rate is adjusted if the difference is equal or greater than \$5.00.
 - a. The rates for in state providers are annually reviewed and adjusted as necessary as described in 2.iii.
 - b. The rates for out-of-state providers through the prior-authorization request, are reviewed and adjusted as necessary as described in 2.iii.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of non-emergency transportation services and emergency transportation services. The agency's Non-Emergency Transportation Services and Ambulance Services Fee Schedule rates were set as of January 1, 2020 and July 1, 2019, respectively, and are effective for services provided on or after that date. The Non-Emergency Transportation Services Fee Schedule to be posted effective July 1, 2020 will add the meals and lodging rates. All rates are published on the agency's website at <http://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>. From the landing page, scroll down to the fee schedule for the specific program and year.

TN # NE 20-0006

Supersedes

TN #. NE 19-0011

Approval Date 07/13/20

Effective Date 04/01/2020