

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 235
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

March 17, 2011

Vivianne Chaumont, Director
Department of Health & Human Services
Division of Medicaid and Long Term Care
301 Centennial Mall S., 5th Floor
PO Box 95026
Lincoln, Nebraska 68509

RE: State Plan Amendment (SPA) #10-23

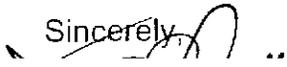
Dear Ms. Chaumont:

On December 27, 2010, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's state plan amendment (SPA) transmittal #10-23, which establishes a Non Emergency Medical Transportation Brokerage Service. This SPA revises the information on Attachment 3.1-A, Item 24a, pages 1 and 4, Attachment 3.1-D, Attachment 4.19-B, Item 24a, and adds new pages to Attachment 3.1-A, Item 24a, pages 4a, 4b, 4c, 4d, 4e, and 4f.

Based upon our review, CMS is approving SPA 10-23 as of March 16, 2011 with an effective date of March 1, 2011 as requested by the State. Enclosed is a copy of the CMS 179 form as well as the approved pages for incorporation into the Nebraska State plan.

I appreciate the significant amount of work that your staff dedicated to getting this SPA approved and the cooperative way in which we achieved this much-desired outcome. If you have any questions concerning this SPA, please contact me at (816)426-5925 or have your staff contact Rhonda Wells or Gail Brown at (816) 426-5925 or Rhonda.Wells@cms.hhs.gov

Sincerely,


James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

cc: Courtney Miller

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-23	2. STATE Nebraska
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE March 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.170		7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$(40,000) b. FFY 2012 \$(455,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 24a, pp 1, 4, 4a, 4b, 4c, 4d, 4e, 4f Attachment 3.1-D Attachment 4.19-B, Item 24a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Item 24a, page 1, 4 Attachment 3.1-D Attachment 4.19-B, Item 24a	
10. SUBJECT OF AMENDMENT: Non-emergency Transportation Broker			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor has waived review	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Vivianne M. Chaumont		Patricia (Pat) Tall Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509	
14. TITLE: Director, Division of Medicaid and Long-Term Care			
15. DATE SUBMITTED: 12-27-10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 27, 2010		18. DATE APPROVED: March 16, 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2011		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: James G. Scott		22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS: * Pen ink change requested on 3/14/11 via email.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - TRANSPORTATION

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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TN No. MS-00-06

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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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TN No. 05-004

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State/Territory: Nebraska

- (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
 - Medical escort
- (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.)

TN No. 10-23

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TN No. New page

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State/Territory: Nebraska

(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 18th 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

TN No. 10-23

Supersedes

TN No. New page

Approval Date

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State/Territory: Nebraska

- 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

TN No. 10-23

Supersedes

TN No. New page

Approval Date

3/10/11

Effective Date

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State/Territory: Nebraska

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://www.dhhs.ne.gov/med/practitioner_fee_schedule.htm.

(B) Who will pay the transportation provider?

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

The broker will pre-purchase public transit passes, and commercial bus, airline and train 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.

TN No. 10-23

Supersedes

TN No. New page

Approval Date

3/10/11

Effective Date

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State/Territory: Nebraska

- (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.

TN No. 10-23

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Approval Date

3/16/11

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State/Territory: Nebraska

- (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 for at least nine (9) consecutive hours during the hours of 9:00 a.m. through 7:00 p.m. -Central Standard Time, 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; prior-authorize completed services in MMIS for direct provider payment from the State. The broker provides oversight to assure services through:

- a. Client Surveys;
- b. Random pre-transportation validation checks prior to approving the NET service request to a covered medical service provider for no fewer than ten (10%) percent of the NET services received in a month for contract year one, with annual re-evaluation for percentage determination in subsequent years. The broker shall contact the medical service provider and verify the client has an appointment for a covered medical service. The State may require pre-transportation validation checks of trips to specific program services, such as non-routine out-of-state medical care. 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; and
- c. Random post-transportation validation checks prior to submitting a prior-authorization for payment to a NET service provider for no fewer than ten (10%) percent of the NET service public/commercial transportation referrals, and one hundred (100%) percent of Individual Transportation and Escort Provider referrals, in a month to ensure that all NET provider supporting documentation is maintained and matches the prior-authorization, and that the trips actually occurred in accordance to Nebraska Medicaid regulations.

TN No. 10-23

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State Nebraska

ASSURANCE OF TRANSPORTATION

NMAP enrolls individual and agency providers to provide appropriate medical transportation to Medicaid-eligible clients.

Individual Transportation Providers, defined as a friend, non-legally responsible family member, or volunteer, are enrolled as Medicaid providers and receive direct vendor payment from the state.

NMAP covers medically necessary ambulance services that are provided during an emergency or while the client is receiving emergency medical care (see Item 23a of Attachment 3.1-A).

Payment for transportation for non-emergency medical services may be included as a special requirement in the budget for an AABD client.

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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, 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 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 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://www.dhhs.ne.gov/med/practitioner_fee_schedule.htm.

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