

DECLARATION OF EMERGENCY

**Department of Health
Bureau of Health Services Financing**

**Medical Transportation Program
Non-Emergency Medical Transportation
(LAC 50:XXVII.541)**

The Department of Health, Bureau of Health Services Financing amends LAC 50:XXVII.541 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health, Bureau of Health Services Financing amends the provisions governing provider enrollment in the non-emergency medical transportation (NEMT) program in order to lower the minimum liability insurance coverage requirements and reduce insurance premiums paid by NEMT providers to sustain and increase provider participation in the NEMT program. This Emergency Rule also removes language referring to prepayment of premiums from the administrative Rule to align with current practices.

This action is being taken to promote the health and welfare of Medicaid recipients by ensuring continued access to

non-emergency medical transportation services. It is estimated that implementation of this Emergency Rule will have no programmatic costs for state fiscal year 2019-2020.

Effective December 27, 2019, the Department of Health, Bureau of Health Services Financing amends the provisions governing minimum liability insurance coverage requirements for providers enrolled in the non-emergency medical transportation program.

Title 50

**PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXVII. Medical Transportation Program**

Chapter 5. Non-Emergency Medical Transportation

Subchapter C. Provider Responsibilities

§541. Provider Enrollment

A. All transportation providers must comply with the published rules and regulations governing the Medicaid Transportation Program, all state laws, and the regulations of any other governing state agency or commission or local entity to which they are subject as a condition of enrollment and continued participation in the Medicaid Program.

B. Non-emergency medical transportation profit providers shall have a minimum liability insurance coverage of

~~\$100,000~~ \$25,000 per person ~~and \$300,000,~~ \$50,000 per accident ~~or~~

~~a \$300,000 combined service limits~~ and \$25,000 property damage
policy.

1. The liability policy shall cover any and all:

a. - b. ...

c. non-owned autos; or

d. scheduled autos;

e. hired autos; and

f. non-owned autos.

2. ~~Premiums shall be prepaid for a period of six months. Proof of prepaid insurance must be a true and correct copy of the policy issued by the home office of the insurance company.~~ Statements of insurance coverage from the agent writing the policy will not be acceptable. Proof must include the dates of coverage and a 30-day cancellation notification clause. Proof of renewal must be received by the department no later than 48 hours prior to the end date of coverage. The policy must provide that the 30-day cancellation notification be issued to the Bureau of Health Services Financing.

3. Upon notice of cancellation or expiration of the coverage, the department will immediately ~~cancel~~ revoke the provider's Medicaid provider agreement ~~for participation~~. The ending date of the provider's participation in the Medicaid program shall be the ending date of insurance coverage.

Retroactive coverage statements will not be accepted. ~~Providers~~

~~who lose the right to participate due to lack of prepaid insurance may re-enroll in the transportation program and will be subject to all applicable enrollment procedures, policies, and fees for new providers.~~

C. As a condition of reimbursement for transporting Medicaid recipients to medical or behavioral health services, family and friends must maintain the state minimum automobile liability insurance coverage, a current state inspection sticker, and a current valid driver's license. No special inspection by the department will be conducted. Proof of compliance with the three listed requirements for this class of provider must be submitted when enrollment in the department is sought. Proof shall be the sworn and notarized statement of the individual enrolling for payment, certifying that all three requirements are met. Family and friends ~~shall~~may be enrolled and ~~shall be~~ allowed to transport up to three specific Medicaid recipients or all members of one ~~Medicaid assistance~~ unithousehold. The recipients to be transported by each such provider will be noted in the computer files of the department. Individuals transporting more than three Medicaid recipients shall be considered profit providers and shall be enrolled as such.

D. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 20:1115-1117 (October 1994), amended by the Department of Health, Bureau of Health Services Financing, LR 42:1092 (July 2016), LR 45:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to Erin Campbell, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. Campbell is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Rebekah E. Gee MD, MPH

Secretary