

RULE  
Department of Health and Hospitals  
Office of the Secretary  
Bureau of Health Services Financing

Nonemergency Medical Transportation

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following rule in the Medicaid Program as authorized by R.S. 46:153. This rule is in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

RULE

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing is implementing the following provisions in the Nonemergency Medical Transportation Program which revised prior regulations governing insurance regulations for the Nonemergency Medical Transportation Program.

1. Nonemergency Medical Transportation providers shall have, at minimum, general liability coverage of \$300,000 on the business entity. Providers shall have, at minimum, automobile liability coverage of \$100,000 per person and \$300,000 per accident or a combined single limit of \$300,000. This liability policy shall include "owner" autos, hired autos and non-owned, leased, autos.

2. The agency requires proof of coverage and such proof shall be in the form of a true and correct copy of the insurance policy for automobile and general liability issued by the home office of the insurance company. The policy, is to be submitted to the bureau within 45 days of issuance or renewal of coverage. The policy must provide that the 30-day cancellation notification be issued to the Bureau of Health Services Financing. If the true and correct copy of the insurance policy is not received within 45 days then the provider scheduling and transporting privileges shall be suspended effective with the forty-sixth day.

A certificate from the insurance agent, including a facsimile, shall be acceptable proof of insurance for up to 45 days to allow time for the issuance of the policy. The certificate must include the dates of coverage and shall stipulate that the policy includes a 30-day cancellation notification clause. If a facsimile copy of a certificate from an insurance agent is submitted the original shall be submitted timely to the bureau. Certificates not subsequently verified by the policy shall be referred to the attorney general's Medicaid Fraud Control Unit and the provider's scheduling privileges immediately suspended.

3. When insurance is canceled or expires provider scheduling and transporting shall be immediately terminated. Transportation providers must maintain

insurance coverage as a condition of participation in the Medicaid program.

4. Proof of renewal and reinstatement must be received by the Bureau of Health Services Financing at least 48 hours prior to the end date of coverage. Reinstatement endorsements will be accepted to verify coverage after cancellation or proposed cancellation only if there has been no change in coverage and if signed and dated by the agent or company representative authorized to reinstate coverage. Any provider whose automobile and or general liability coverage lapses more than twice within a calendar year will have their transporting and scheduling privileges suspended for 30 days effective the day after the date the agency has knowledge that the coverage has lapsed the second time. Certificates from agents verifying retroactive coverage will not be accepted as a reason to waive this penalty.

5. The agency shall be notified immediately when there are changes in coverage. The required proof and procedures for documenting changes shall follow the procedures used to initially verify coverage. Changes to the 30-day cancellation notification to the agency shall result in immediate termination from participation.

6. Premiums shall be prepaid for a period of three months. Acceptable proof of prepaid insurance shall at a minimum include a statement from the authorized agent (signed and dated) or company representative which includes the dates of coverage and dates through which the premium is paid. This statement is in effect through the end date of payment noted and another statement verifying prepayment for the following three months should be received by the Bureau of Health Services financing 48 hours prior to expiration.

7. Providers who lost the right to participate for failure to prepay insurance may re-enroll in the transportation program and will be subject to all applicable enrollment policies, procedures and fees for new providers.

8. The agency will accept a safe driver training certificate from any school recognized by the National Safety council or its equivalent.

Rose V. Forrest  
Secretary

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