



RHODE ISLAND EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES

Notice of Public Hearing and Public Review of Rules

The Secretary of the Executive Office of Health & Human Services (EOHHS) has under consideration a series of proposed new sections (as well as amendments to existing sections) of the Medicaid Code of Administrative Rules (MCAR) (“Regulations”) related to the expansion of the Medicaid Program under the provisions of health care reform statutes. (A summary of the rule changes appears below).

Under the authority granted in the federal Patient Protection and Affordable Care Act of 2010 (ACA) and applicable State law, including Executive Order 11-09, Rhode Island created its own health insurance marketplace and on-line eligibility system, previously referred to as a “health benefit exchange”, and elected to expand Medicaid eligibility to the new ACA coverage group of adults, without dependent children, who have income up to 133% of the Federal Poverty Level (FPL). On October 1, 2013 Rhode Islanders interested in obtaining health coverage under this new expansion group began applying through the health insurance marketplace (HealthSourceRI), the Department of Human Services (DHS) field offices or website, and/or the Executive Office of Health and Human Services website (EOHHS). Applicants deemed to be eligible began enrolling in one of two Medicaid health plans during the period from October 1, 2013 to December 31, 2013. Actual coverage begins on January 1, 2014.

There will be no changes in Medicaid coverage until January 1, 2014. The proposed rules seek to accomplish the following:

01. To describe the new income standard that will be used to determine access to coverage for the ACA expansion group beginning on January 1, 2014;
02. To amend existing Medicaid rules to provide for persons participating in Medicaid prior to January 1, 2014;
03. To identify the principal roles and responsibilities of the Medicaid agency and the State with respect to persons seeking eligibility for the new ACA expansion coverage group; and
04. To inform Rhode Islanders of their rights and responsibilities when seeking Medicaid eligibility as a member of the new ACA or existing coverage groups during this same period.

These regulations are being promulgated pursuant to the authority contained in Rhode Island General Laws Chapter 40-8 (Medical Assistance) as amended, including Public Law 13-144; Title XIX of the Social Security Act; Patient Protection and Affordable Care Act (ACA) of 2010 (U.S. Public Law 111-148); Health Care and Education Reconciliation Act of 2010 (U.S. Public Law 111-15); Rhode Island Executive Order 11-09; Code of Federal Regulations 42 CFR Parts 431, 435, 436 *et. seq.*; Chapter 42-35 of the Rhode Island General Laws, as amended; and Chapter 42-7.2 of the Rhode Island General Laws, as amended.

In the development of these proposed Regulations, consideration was given to the following: (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions; and (3) significant economic impact on small businesses in Rhode Island. No alternative approach, duplication or overlap, or impact upon small businesses were identified based upon available information.

Notice is hereby given in accordance with the provisions of Chapter 42-35 of the Rhode Island General Laws, as amended, that the Secretary will hold two Public Hearings on the above mentioned matter on **TUESDAY, 3 DECEMBER 2013** at which time and place all persons interested therein will be heard.

Hearings will be convened as follows:

Tuesday, December 3, 2013 2:00 p.m.	Tuesday, December 3, 2013 6:00 p.m.
Arnold Conference Center 111 Howard Avenue Regan Building Pastore Complex Cranston RI 02920	DaVinci Center 470 Charles Street Providence, RI 02904

For the sake of accuracy, it is requested that statements to be made relative to any aspect of the Regulations, including alternative approaches or overlap, be submitted in writing at the time of the hearing or mailed prior to the hearing date to: Steven M. Costantino, Secretary, Rhode Island Executive Office of Health & Human Services, Louis Pasteur Building, 57 Howard Avenue, Cranston, Rhode Island, 02920 or via email to the attention of: eshelov@ohhs.ri.gov.

Interested persons may inspect said Regulations and other related materials on the Rhode Island Secretary of State's website: www.sec.state.ri.us/rules, on the Executive Office of Health & Human Services' website: www.eohhs.ri.gov or at the Executive Office of Health & Human Services, 57 Howard Avenue, Cranston, Rhode Island, 02920 between the hours of 9:00 a.m. and 3:00 p.m., Monday through Friday; by calling (401) 462-1575 {via RI Relay 711} or by emailing [Eshelov@ohhs.ri.gov](mailto:eshelov@ohhs.ri.gov).

The Rhode Island Executive Office of Health & Human Services in the Louis Pasteur Building is accessible to persons with disabilities. If communication assistance (readers /interpreters /captioners) is needed, or any other accommodation to ensure equal participation, please notify the Executive Office at (401) 462-6266 (hearing/speech impaired, dial 711) at least three (3) business days prior to the Public Hearing so arrangements can be made to provide such assistance at no cost to the person requesting.



Steven M. Costantino, Secretary
Signed this 25th day of October 2013

Significant ACA-Related Changes in the Medicaid Program

The following provides a summary of the major changes in the Medicaid program authorized or mandated by the ACA and the applicable rules in this chapter:

- Consolidation and simplification of Medicaid coverage groups subject to MAGI-based eligibility determinations – MCAR section 1301.
- Elimination of Medicaid eligibility for parents/caretakers with income from 133% to 175% of the FPL – MCAR 1301.
- Expansion of Medicaid eligibility to adults, ages 19 to 64, without dependent children and establishment of a new Medicaid affordable care coverage group – MCAR section 1301.
- Streamlined application process through the automated affordable care eligibility system – MCAR 1303.
- Standardization of Medicaid eligibility requirements for MACC coverage groups – MCAR Section 1305.

- Establishment of passive renewal process for making determinations of continuing eligibility – MCAR section 1306.
- Implementation of the MAGI-based income standard – MCAR section 1307.
- Automated verification of eligibility requirements through federal and State data sources – MCAR section 1308.
- Elimination of premiums in the RItE Care managed care delivery system and redefinition of RItE Care coverage groups – MCAR section 1309.
- Enrollment of the MACC coverage group for adults without dependent children in a Rhody Health Partners managed care plans with a modified benefit package – MCAR section 1310.
- Modifications of the managed care enrollment system to complement changes in the application and eligibility determination processes – MCAR section 1311.
- Changes in the RItE Share premium assistance program to complement ACA initiatives, remove premiums, and add a buy-in requirement – MCAR section 1312.
- Extension of the Communities of Care requirement to MACC expansion group – MCAR section 1314.
- Implementation of a limited subsidy program for parents/caretakers with income from 133% to 175% of the FPL who are no longer eligible for Medicaid affordable care coverage – MCAR section 1315.

State of Rhode Island and Providence Plantations
Executive Office of Health & Human Services



Section 1360:
Transportation Services

October 2013 (Proposed)

Rhode Island Executive Office of Health and Human Services

Rules and Regulations Section 1360

Transportation Services

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Introduction

These rules related to Transportation Services, **Section 1360 of the Medicaid Code of Administrative Rules**, are promulgated pursuant to the authority set forth in Rhode Island General Laws Chapter 40-8 (Medical Assistance), as amended, and Title XIX of the Social Security Act. These rules supersede the transportation services sections #0300.20.05.30 *et. seq.* (contained in section #0300 of the Medicaid Code of Administrative Rules entitled “Medical Assistance Program”) last amended on February 27, 2013.

Pursuant to the provisions of §42-35-3(a)(3) and §42-35.1-4 of the General Laws of Rhode Island, as amended, consideration was given to: (1) alternative approaches to the regulations; (2) duplication or overlap with other state regulations; and (3) significant economic impact on small business. Based on the available information, no known alternative approach, duplication or overlap was identified and these regulations are promulgated in the best interest of the health, safety, and welfare of the public.

1360. Transportation Services

The Executive Office of Health and Humans Services recognizes that Medical Assistance Recipients need available and appropriate transportation in order to access medical care, and assure the provision of such transportation when required to obtain medically necessary services covered by the Medical Assistance program.

1360.01. Covered Services

Covered Services-The Medical Assistance Program covers emergency and non-emergency medical transportation (NEMT). Ground transportation is covered/provided for when the individual has Medicaid, is receiving a Medicaid covered service from a Medicaid participating provider.

- Maximum of (4) one-way **non-emergency medical trips** can be provided to a patient in one day.
- An additional staff to accompany a patient can be permitted if medically justified and prior approval is received.
- More than one recipient may be transported by the same vehicle on the same trip, provided there are adequate seating and safety restraints for all passengers and at no time the health and safety of any of the other passengers are compromised.
- Passengers must not have their trip lengthened by more than 30 minutes due to increasing the capacity of the passengers in the same vehicle.
- Emergency round trips by ambulance can be approved only if the patient is transported out of state and back

A) Non-Emergency Medical Transportation

Non-emergency medical transportation is covered when the recipient has no other means of transportation, no other community resource exists (i.e., family, friends, bus pass) and transportation by any other means would endanger the individual's health and safety. Non-emergency transportation can be provided by ambulance but will require a physician's statement to justify this mode of transportation. (See authorization process, physician's statement).

B) Emergency Transportation

Emergency Transportation means transportation to a medical treatment when required to obtain emergency health care services for unforeseen circumstances which demand immediate attention at a hospital to prevent serious impairment or loss of life. Medically necessary emergency transportation is provided by **ambulance**.

When medical services are obtained at a hospital participating in the Medical Assistance program, it is the responsibility of the hospital or emergency department staff to provide and pay for appropriate transportation home if needed.

C) Out of State Non-Emergency Medical Transportation

Non-emergency medical transportation for out-of-state trips will only be considered for payment on the basis of medical necessity if the Medicaid covered service is not available in Rhode Island or there are other extenuating medical circumstances. Refer to Section 200-30 of the Provider Manual for authorization guidelines and procedures.

The patient's current primary care physician must provide written medical documentation to the State for review. The State will require ten business days for the review to be completed. Providers must maintain a confidential area to maintain all requests, for auditing and review purposes.

Mileage is reimbursable for wheelchair, Basic Life Support (BLS), Advanced Life Support (ALS) and out-of-state ambulatory transportation services. There is no mileage reimbursement for in-state ambulatory trips. The maximum mileage allowed for each trip will be predetermined by the State or its designee during the authorization process.

Waiting time is reimbursed for out-of-state trips up to a maximum of two hours. In-state waiting time is included in the base rate and not a separate billing item.

D) Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) Residents

An individual residing in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) whose condition precludes transportation by the facility automobile to and from physician's office, medical laboratory, hospitals, etc., may be transported for non-emergency medical services when:

- Patient cannot be transported by any other means through the facility
- Required medical service cannot be provided within the facility. (i.e., portable x-ray services provided in a facility setting).
- Facility has exhausted all other alternative means whenever possible.

Emergency medical transportation services can only be provided when a patient is severely ill or injured and transportation by any other means would endanger the individual's health and safety.

1360.02. Authorization Process

All transportation requests must be authorized before being scheduled. Authorizations are to be requested from the transportation scheduler. Some requests will require a physician's statement.

A) Physician's Statement

Non-emergency medical transportation that requires a written statement by the recommending physician must include the following:

- Recipient's medical condition that prevents them from taking public transportation
- Specific Reason/rationale why non-emergency medical transportation is required based on client's functional ability and not only on diagnosis.

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The individual's physician must provide written medical documentation to the State's Office of Health and Human Services for review. All correspondences are to be faxed to the following:

**Executive Office of Health and Human Services
Office of Transportation
Fax # 401-462-6352**

The state will require ten business days for the review to be completed. Providers must maintain a confidential area to maintain all requests, for auditing and review purposes.

If the non-emergency transportation is on-going (such as for kidney dialysis), one physician statement can be used for a period of up to one year. A new physician statement will be needed each year.

All non-emergency procedure codes (excludes non-emergency stretcher transports) require authorization. Additional attendant (s) also requires authorization.

1360.03. Provider Participation Licensing Guidelines

To participate in the Medical Assistance Program, a provider must have an office(s) and perform services in Rhode Island or in a state approved border community (see addendum I). Consideration will be given to out-of state providers if the covered service is not available in Rhode Island, the recipient is currently residing in another state or if the covered service was performed as an emergency service while the recipient was traveling through another state.

Ambulance providers:

- Must have a license issued through the Rhode Island Department of Health (DOH).
- License is renewed annually
- Must attach a copy of each of their vehicles licenses with their application when enrolling the Medical Assistance Program

Taxi and Public Motor Vehicles:

- Must have a license issued through the Rhode Island Division of Public Utilities and Carriers (PUC) validating proof of authority to engage granted by the by PUC RIGL Title 39 chapter 14 Taxi Cab Statue and Title 39 chapter 14.1 Public Motor Vehicles.
- Providers are required to maintain and ensure drivers have a valid Hackney License (Blue Card).
- A license is renewed annually through the Division of Public Utilities and Carriers.

PUC License Types:

- A) Taxi – Public Certificate for Convenience & Necessity
- B) Public Motor Vehicles – Certificate of Operating Authority

1360.04 Recertification Process

Ambulance providers:

- Recertified annually by the Rhode Island Department of Health.
- The license expiration date is December 31
- Once a license renewal is obtained, a copy of the renewal documentation is forwarded to Hewlett Packard Enterprise Services (HPES) within thirty day to avoid interruption of program enrollment.

Taxi Public Motor Vehicle Carriers and Providers:

- Required to forward a copy of their license or recertification to HPES within thirty days of renewal to also avoid interruption of program enrollment.

1360.05. Claims Billing Guidelines

A) Instructions for completing the CMS 1500 claim form are located on the Office of Health and Human Services (OHHS) website at:

<http://www.dhs.ri.gov/ForProvidersVendors/MedicalAssistanceProviders/FormsApplications/tabid/164/Default.aspx>

B) Reimbursable Emergency and Non-Emergency Medical Transportation Procedure Codes; Reimbursable emergency and non-emergency medical transportation procedure codes and the corresponding reimbursement rates can be found on the OHHS website at:

<http://www.dhs.ri.gov/ForProvidersVendors/MedicalAssistanceProviders/FormsApplications/tabid/164/Default.aspx>

C) Reimbursement Guidelines

The reimbursement rates for transportation providers are listed on the OHHS website at:

<http://www.dhs.ri.gov/ForProvidersVendors/MedicalAssistanceProviders/FeeSchedules/tabid/170/Default.aspx>

Providers must bill the Medical Assistance Program for their usual and customary rate (UCR) as charged to the general public. Payments to providers can not exceed the maximum reimbursement rate of the Medical Assistance Program.

1) Payment is not authorized for any of the following reasons:

- For transportation which is ordinarily made available to other persons in the community without charge;
- For care or services that are not covered under the Medical Assistance program;
- To non participating service providers; or
- When the Medicaid recipient is not actually transported in the vehicle.

2) Medicare/Medicaid Crossover

The Medical Assistance Program payment for crossover claims is always capped by the established Medical Assistance allowed amount, regardless of coinsurance or deductible amounts. The standard calculation for crossover payments is as follows:

- Medical Assistance will pay the lesser of the difference between the Medical Assistance allowed amount and the Medicare Payment (Medical Assistance allowed minus Medicare paid);
- Or the Medicare coinsurance and deductible up to the Medical Assistance allowed amount, calculated as follows: Medicare coinsurance/deductible + Medicare paid - Medical Assistance allowed.

3) Patient Liability

The Medical Assistance Program payment is considered payment in full. The provider is not permitted to seek further payment from the recipient in excess of the Medical Assistance Program rate.

4) Origin/Destination Modifiers

Claims must include a two-letter origin-destination modifier indicating the following:

- Beginning and ending destinations of the trip to include town codes
- # of miles for the trip
- emergency or non-emergency transportation services (i.e., non-emergency stretcher, emergency Basic Life Support (BLS) or Advanced Life Support (ALS)).

1360.06. Specialized Transportation Program for Elders

The Specialized Transportation Services Program for Rhode Island elders and persons with disabilities is administered by the Rhode Island Executive Office of Health and Human Services EOHHS. The program provides quality, safe and self-sufficient transportation services to qualified elderly individuals and persons with disabilities. Specifically, emphasis is placed on priority categories of transport services in relation to existing state funding, vehicle and passenger safety and sensitivity to the needs and concerns of the elderly and disabled clients. DHS contracts with RIPTA for transportation services for the elderly and persons with disabilities. Transportation funds available for this program are specifically allocated for services to be provided for Rhode Island residents sixty- (60) years of age and older and Rhode Island Department of Human Services (DHS) Medicaid clients.

Individuals who meet certain eligibility criteria may receive transportation services through the RIde program ("RIde Participants") and other transportation providers as appropriate.

Eligible participants must be legal residents of the State of Rhode Island who meet the following criteria:

1. Age sixty- (60) or over; or

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2. Eligible for services under the Rhode Island EOHHS Medicaid Program; or

As a condition of eligibility for transportation services, applicants and members must provide documentation which includes, but is not limited to, one (1) or more of the following original and valid documents:

1. Birth certificate (original);
2. United States Passport (valid);
3. Rhode Island driver's license and/or Rhode Island state identification card issued by the Rhode Island Division of Motor Vehicles (valid);
4. Social Security card;
5. Utility bill for a residence within Rhode Island in the name of the individual requesting RIdE services; or
6. Medical documentation as requested by DHS or RIPTA's RIdE Program regarding mobility capacity and disability.

Medicaid client eligibility for RIdE Program services is determined through the DHS.

To be eligible for Medicaid transportation services participants must meet the following criteria:

1. Unable to find alternative transportation
2. Have medical needs that require door-to-door level of service and be unable to take a fixed route bus
3. Requires transportation services for medical/health visits that are part of a total patient plan of care supervised and ordered by a health care professional.
4. Meets transportation service categories of State and Federally-funded transportation defined below in Section V of these Regulations.

1360.07. Categories of State and Federally Funded Services

The following transportation services are provided:

Special Medicals (Priority 1)

Special medical transportation that shall include transportation for the purpose of kidney dialysis or cancer treatments. Names of clients to be transported are to be provided to the RIdE Program by the medical treatment facility, family, friends, or the client themselves. DHS or its representative will insure that clients will spend the least amount of time reasonably possible in transport. DHS reserves the right to limit transportation to special medicals based on funding constraints or other programmatic requirements.

Adult Day Care (Priority 2)

Transport to and from Adult Day Care Centers that are licensed by the Department of Health (DOH). Residences of clients shall be verified by the Adult Day Care Center and provided to the RIDE Program. DHS shall maintain a listing of all transportation approved Adult Day Care Centers. DHS reserves the right to limit transportation to Adult Day Care centers based on funding constraints or other programmatic requirements.

General Medicals (Priority 3)

Transportation for any medical/health services that is part of a total patient plan of care supervised by a health care professional. Trips eligible under this service category include visits to physicians' offices as well as all trips for tests and/or treatments ordered by a health care professional as part of a treatment plan. DHS reserves the right to limit transportation to General Medicals based on funding constraints or other programmatic requirements.

INSIGHT (Priority 4)

Transport to and from INSIGHT, 43 Jefferson Boulevard, Warwick, RI. Riders must be sixty-five (65) years of age or over, have a sight impaired condition and/or presently registered with the INSIGHT agency.

Transportation shall be at the discretion of DHS and available during the same days and hours as General Medical trips. Trip requests must be forwarded to the RIDE Program at least one (1) week in advance. DHS reserves the right to limit transportation to Insight based on funding constraints or other programmatic requirements.

Senior Nutrition Transportation (Priority 5)

Transport to and from congregate meal sites for the elderly. The Senior Nutrition Project shall be responsible for securing names and addresses of clients to be transported. This information shall be forwarded to the RIDE Program for necessary scheduling. The Nutrition Site shall verify residence of all clients in the geographic area. DHS reserved the right to limit transportation to specific meal sites based on funding constraints or other programmatic requirements. Meal sites not on the list are not approved for DHS- funded transportation.

1360.08. Service Provision Guidelines

Limitation on Transportation

The Department of Human Services reserves the right to limit or restrict the availability of transportation due to funding constraints, service availability, weather, etc.

Door to Door

Transportation of the client from the outside door of his/her residence to the outside door of his/ her destination. Door to door is defined in this instance as transport of the client from the ground level door of his/ her residence to the ground level door of his/her destination. The dwelling should be accessible by means of a ramp, or client provided assistance.

Service shall include passenger assistance from the client's door to the van and from the van to the door of the destination when necessary. Each client case must be assessed on an individual basis as to need.

Transport to Nearest Sites

Transportation to meal sites, kidney dialysis, and cancer treatments shall be to the facility closest to the client's home.

Transportation to adult day care facilities shall be to the facility closest to the client's home unless transportation to another center is more appropriate and subject to the availability of transportation services to that center. General medical trips shall be to the nearest health care professional whenever possible.

Days and Hours of Service

Service days shall include Monday-Friday. State holidays are not included as service days. Trips must occur between 10am-2pm for all categories of DHS-funded services except Special Medical trips (Priority 1) and Adult Day Care (Priority 2).

Passenger Cancellations

Passengers must make every effort to keep their scheduled trip appointments. If unable to keep an appointment, notification must be provided to the RIDE Program at least twenty-four (24) hours prior to the scheduled trip.

1360.09. Client Complaint Process

Clients may file a complaint as follows:

- Passengers or their family members may submit a formal written complaint to the RIDE Program.
- The RIDE Program will attempt to resolve the complaint with the individual or his/her family, the RIDE shall contact and work with DHS.
- If the complainant wishes to pursue his/client her concerns further, the written complaint shall be forwarded to DHS who may consult and involve the EOHHS for follow up and resolution.

1360.10. Client Contribution

Participating clients who are not exempt will contribute a co-pay fee of \$2.00 per one-way trip which is paid to the transportation vendor. Medicaid and CNOM-eligible/Co-Pay individuals are exempt from this co-pay.

1360.11. Severability

If any provisions of these Regulations or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of these Regulations which can be given effect, and to this end the provisions of these Regulations are declared to be severable.

Addendum I

Border Communities

Border Communities include cities and town that border Rhode Island and are considered for the purpose of the Rhode Island Medical Assistance Program, in state providers. Out of state service restrictions and prior authorization requirements are not imposed on providers in the following communities:

<i>Connecticut</i>	<i>Massachusetts</i>
Danielson	Attleboro
Groton	Bellingham
Moosup	Blackstone
Mystic	Dartmouth
New London	Fall River
North Stonington	Foxboro
Pawcatcuk	Milford
Putnam	New Bedford
Stonington	North Attleboro
Thompson	North Dartmouth
Waterford	Rehoboth
	Seekonk
	Somerset
	South Attleboro
	Swansea
	Taunton
	Uxbridge
	Webster
	Westport
	Whitinsville