



STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

INFORMATIONAL LETTER NO. 980

DATE: January 19, 2011
TO: Iowa Medicaid Nursing Facility Providers
ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)
RE: Nursing Facilities and Non-Emergency Medical Transportation (NEMT)
EFFECTIVE: Immediately

On October 20, 2010 and November 23, 2010, the IME issued Informational Letters 958 and 969 concerning non-emergency medical transportation. The Informational Letters explained when a nursing facility would be required to arrange transportation for members to receive necessary medical services outside the nursing facility.

Since the issuance of Informational Letter 969, it has come to the attention of the Department that one of the scenarios presented on the protocol for using the transportation brokerage requires additional clarification.

The clarification concerns Scenario #2 for a nursing facility owning a vehicle available for non-emergency medical transportation and the transportation is to a destination that is more than thirty (30) miles from the facility. The original scenario read:

Scenario #2

The nursing facility owns a vehicle available for non-emergency medical transportation and the transportation is to a destination that is MORE THAN thirty (30) miles from the facility.

The nursing facility is responsible for transporting the member to and from the appointment. The cost associated with the transportation, including gas, staff time and depreciation are ALLOWABLE on the cost report and would be considered a reimbursable cost, subject to applicable limits.

The scenario is clarified to allow those nursing facilities having a vehicle available for non-emergency medical transportation to a destination more than thirty (30) miles from the facility, to have a choice in how a resident may be transported. The scenario is clarified as follows:

Scenario #2

The nursing facility owns a vehicle available for non-emergency medical transportation and the transportation is to a destination that is MORE THAN thirty (30) miles from the facility.

The facility can choose to be responsible for transporting the member to and from the appointment. If the facility chooses to be responsible for the transportation, costs associated with the transportation, including gas, staff time and depreciation are ALLOWABLE on the cost report and would be considered a reimbursable cost, subject to applicable limits.

The facility may also arrange for transportation through the broker designated by the department, with the cost to be paid by the broker pursuant to Iowa Administrative Code 441 Chapter 78.13. No costs should be incurred by the facility and therefore, costs should not be included on the cost report and would be considered UNALLOWABLE, if noted by the IME Provider Cost Audit and Rate Setting Unit (PCA).

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909 or locally (in Des Moines) at 256-4609, or email at imeproviderservices@dhs.state.ia.us.