

Rewrote "Mobility assistance vehicle service".

Administrative change.

See: 32 N.J.R. 708(a).

Amended by R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

Substituted "FamilyCare" for "KidCare" throughout; in definition "Air ambulance service", substituted "wing or rotary wing" for "wings"; added definitions "Beneficiary", "Division", "Lower mode service", "Mobility assistance vehicle (MAV)", "Modified livery transportation service" and "Motor Vehicle Commission (MVC)"; in definition "Mobility assistance vehicle service", substituted "staffed and operated" for "and staffed"; in definition "Provider", in the first sentence inserted "an", substituted "wing or rotary wing" for "wings", deleted "and" preceding "mobility" and added "or livery service" and added the last sentence; and in definition "Transportation reimbursement allowance", substituted "Healthcare" for "HCFA".

10:50-1.3 General policies for participation

(a) The approval process for becoming a transportation service provider is as follows:

1. Each transportation provider must be individually approved for each type of service provided. The Division of Medical Assistance and Health Services, Department of Human Services, in conjunction with the Fiscal Agent for the New Jersey Medicaid and NJ FamilyCare programs, must approve each provider before reimbursement can be made to that provider for a transportation service.

2. The Provider Application (Form FD-20), Provider Agreement (Form FD-62), and Ownership and Control Interest Disclosure Statement (CMS-1513) may be obtained from the Fiscal Agent for the New Jersey Medicaid and NJ FamilyCare programs.

3. A ground ambulance company providing service in New Jersey shall possess a provider license and vehicle license(s) issued by the New Jersey State Department of Health and Senior Services.

i. A potential provider seeking approval to provide ground ambulance service shall forward photocopies of the provider license and vehicle license(s) to the Fiscal Agent for the New Jersey Medicaid and NJ FamilyCare programs.

4. A mobility assistance vehicle company providing service in New Jersey shall possess a provider license and vehicle license(s) issued by the New Jersey State Department of Health and Senior Services in accordance with N.J.A.C. 8:40.

i. A potential provider seeking approval to provide mobility assistance vehicle service shall forward photocopies of the provider license and vehicle license(s) to the Fiscal Agent for the New Jersey Medicaid and NJ FamilyCare programs.

ii. A mobility assistance vehicle service provider must submit their enrollment application and all the required documentation specified in (a)4i above no later than November 30, 1998. Failure to complete and file the application by November 30, 1998, will preclude

enrollment as a Medicaid or NJ FamilyCare provider. Subsequent to November 30, 1998, enrollment applications will only be accepted for transfers of ownership. Exceptions will be considered by the Division on a case-by-case basis only if the Division determines there is a lack of access to services.

iii. A potential provider seeking approval to provide mobility assistance vehicle service shall be a provider in good standing with the NJ Medicaid and NJ FamilyCare fee-for-service programs for at least a 10 year continuous period. The Division may waive this experience requirement, at its sole discretion, based upon its review of the potential provider's record of service with the State and its review of the need for additional providers of mobility assistance vehicle service.

5. The completed provider agreement, disclosure statement, and/or provider application shall be submitted to the Fiscal Agent.

6. Once approved, the applicant will receive the following from the Fiscal Agent: a provider number; a Transportation Services Manual; an initial supply of claim forms; and, if applicable, an initial supply of prior authorization forms.

(b) As a condition of participation, the transportation provider shall agree to bill the New Jersey Medicaid and NJ FamilyCare programs for services provided by the billing entity only. If the provider seeks reimbursement for services performed by any other organization or entity, whether a franchise, independent contractor, etc., full disclosure in writing of the financial and organizational arrangement between said entities shall be made to, and approved in advance by, the Division of Medical Assistance and Health Services.

(c) Transportation providers that provide modified livery transportation services shall not permit utilization of services by children under 21 years of age to exceed more than 50 percent of that provider's overall volume of transportation service for the Medicaid and NJ FamilyCare programs, as measured in the number of passengers.

(d) A transfer of ownership by or to any person or entity not currently enrolled and actively participating as a provider of mobility assistance vehicle service in the New Jersey Medicaid and NJ FamilyCare programs shall be considered a new application and shall be denied in accordance with the standards contained in (a)4ii above.

1. Active participation means that the New Jersey Medicaid Management Information System (NJMMIS) reflects paid claims for transportation service, for both the buyer and seller, with dates of service within six months prior to the transfer of ownership.

2. A currently enrolled provider shall notify the Division of a transfer of ownership, in writing, within 30 days of the transfer of ownership. Failure to provide written

notice shall result in the termination of the provider's Medicaid ID number and cancellation of the Provider Agreement.

3. A change in ownership of an existing provider entity that results in a new Federal tax ID number (EIN) requires a new Medicaid provider application and issuance of a new Medicaid provider number.

4. A change in ownership of an existing provider entity that does not result in a new Federal tax ID number (EIN) requires the completion and submission of an updated Form CMS-1513, Disclosure of Ownership and Control Interest Statement. The updated CMS-1513 is required when there is a change in those persons or entities with a direct or indirect ownership interest of five percent or more, as defined in Form CMS-1513. The Medicaid provider number remains the same when the Federal tax ID number (EIN) is unchanged.

5. All changes of ownership, or changes in the owners of an existing provider entity, shall comply with the licensure requirements of the New Jersey State Department of Health and Senior Services licensure requirements at N.J.A.C. 8:40.

(e) A transportation company's Medicaid provider ID number shall be cancelled and Provider Agreement terminated due to inactivity based on a review of the NJMMIS, in accordance with the standards contained in (d)1 above. The effective date of cancellation shall correspond to the company's last service date as reflected in the NJMMIS.

(f) Each transportation provider shall maintain a New Jersey business location and a telephone dispatch service. The provider shall notify the Division within five working days of any change of address or telephone number or of any cessation or interruption of service.

Amended by R.1980 d.93, effective March 1, 1980.

See: 12 N.J.R. 21(a), 12 N.J.R. 193(e).

Amended by R.1988 d.262, effective June 6, 1988.

See: 19 N.J.R. 2103(a), 20 N.J.R. 1214(a).

Added new (a); recodified old (a)-(b) as (b)-(c); new (d) added; old (d)-(f) recodified to (e)-(g).

Amended by R.1990 d.592, effective December 3, 1990.

See: 22 N.J.R. 1513(a), 22 N.J.R. 3620(c).

Added and revised various sections setting out General policies for participation.

In (a): revised 1-10, adding new 3i. and new 4i.-iii. Revised subsection (b) and deleted subsections (c)-(e), incorporating requirement into new rule N.J.A.C. 10:50-1.4.

Administrative Correction to (a)4.

See: 23 N.J.R. 63(a).

Amended by R.1991 d.167, effective April 1, 1991.

See: 23 N.J.R. 5(a), 23 N.J.R. 1006(a).

In (a): added 4iv-v; deleted (a)5, recodifying 6-8 as 5-7. Restructured old (a)8 and new 7-9.

Amended by R.1992 d.83, effective February 18, 1992.

See: 23 N.J.R. 3619(a), 24 N.J.R. 610(a).

In (a)3 and (a)3i, added "ground" describing ambulance. Also stylistic revisions.

Amended by R.1992 d.447, effective November 16, 1992.

See: 24 N.J.R. 2517(a), 24 N.J.R. 4264(a).

In (a)4iii: added text on vehicle fleet number requirement. In (a)4iv: added text on Certificate of Insurance requirement. In (a)9: revised to specify those items provider will receive from the Fiscal Agent.

Amended by R.1994 d.402, effective August 1, 1994 (operative August 15, 1994).

See: 26 N.J.R. 1425(a), 26 N.J.R. 3211(b).

Amended by R.1999 d.5, effective January 4, 1999.

See: 30 N.J.R. 3625(a), 31 N.J.R. 58(a).

Inserted references to the NJ KidCare program throughout; and in (a), substituted a reference to Provider Applications for a reference to Medicaid Provider Applications in 2, deleted a reference to invalid coach companies in the introductory paragraph of 3, deleted a reference to invalid coach service in 3i, inserted a new 4, recodified former 4 and 5 as 5 and 6, and substituted a reference to provider numbers for a reference to Medicaid provider numbers in the new 6.

Amended by R.1999 d.370, effective November 1, 1999.

See: 31 N.J.R. 847(a), 31 N.J.R. 3325(a).

In (a)3, deleted a reference to Certificates of Need in the introductory paragraph, and deleted a reference to Certificate of Need approval letters in i.

Administrative change.

See: 32 N.J.R. 708(a).

Amended by R.2002 d.170, effective June 3, 2002.

See: 34 N.J.R. 635(a), 34 N.J.R. 1925(a).

In (a) and (b), substituted "FamilyCare" for "KidCare" throughout; added (c) and (d).

Amended by R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

Substituted "CMS-1513" for "HCFA-1513" throughout; added (a)4iii; in (b), substituted "shall agree" for "agrees"; added present (c); recodified existing (c) and (d) as (d) and (e); inserted "Information" in (d)1; substituted "(d)1" for "(c)1" in (e); and added (f).

10:50-1.4 Services covered by the New Jersey Medicaid and NJ FamilyCare programs

(a) Ground ambulance service is a covered service under the following conditions:

1. When such service is not free and available in the community;

2. When the service is the least expensive mode of transportation suitable to the individual's needs, as indicated in N.J.A.C. 10:50-1.6(a);

3. When the service is provided as specified in the rules of the New Jersey State Department of Health and Senior Services at N.J.A.C. 8:40-5, Specific Mobility Assistance Vehicle Service Requirements, or N.J.A.C. 8:40-6, Specific Basic Life Support Ambulance Service Requirements;

4. When the use of any other method of transportation is medically contraindicated;

5. The ambulance crew shall comply with the duties of staff as specified in New Jersey State Department of Health and Senior Services rule N.J.A.C. 8:40-6.4;

6. An air ambulance (fixed wing or rotary wing), under extenuating circumstances, may be used as a carrier to transport the sick, injured or disabled Medicaid or NJ FamilyCare fee-for-service beneficiary;

i. The service is restricted to the emergency condition where transportation by air is medically considered the only acceptable form of travel and the conditions are such that its utilization is feasible. The Division retains