

**Bulletin Number:** MSA 16-25

**Distribution:** Bridges Eligibility Manual (BEM) and Bridges Administrative Manual (BAM) Holders, Medicaid Health Plans

**Issued:** September 1, 2016

**Subject:** Fee-for-Service Medicaid Transportation Rate and Policy Updates

**Effective:** October 1, 2016

**Programs Affected:** Medicaid, Healthy Michigan Plan, MICHild, Maternal Infant Health Program, Children’s Special Health Care Services

The purpose of this bulletin is to inform Michigan Department of Health and Human Services (MDHHS) and Medicaid transportation contractor staff of changes to Medicaid Fee-for-Service (FFS) Non-Emergency Medical Transportation (NEMT) policy. This policy impacts rates pertaining to the reimbursement of mileage. Refer to the MDHHS BAM 825 for additional information regarding Medicaid FFS NEMT policy.

The proposed policy applies to Medicaid FFS only. Medicaid Health Plans are allowed to develop their own requirements, which may differ from Medicaid FFS requirements. Providers should contact the specific health plan for questions related to NEMT for managed care enrollees.

**Mileage Reimbursement**

Medicaid may provide mileage reimbursement to beneficiaries or transportation providers under certain conditions as defined by BAM 825. The following mileage rates apply, and cannot exceed in-state employee premium mileage rates as established by DTMB:

MILEAGE	MAXIMUM
Public City or Commercial inter-city bus transportation (one-way or round-trip)	Ticket charge
Personal	\$0.19/mile
Volunteer or foster care parents	\$0.54/mile
Commercial, nonprofit, medical facilities, or local health departments	\$0.27/mile
Wheelchair lift or Medivan	\$30/round trip and \$0.27/mile
SPECIAL TRANSPORTATION ALLOWANCE	MAXIMUM
Attendant	\$10.00

## **Rate Schedule**

BAM 825 will no longer maintain Medicaid NEMT FFS reimbursement rates, as currently defined in EXHIBIT I. An NEMT database will be posted on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Provider Specific Information. Providers and beneficiaries should refer to the database for the most current information pertaining to NEMT reimbursement and services. The database is reviewed and updated as applicable.

## **Maternal Infant Health Program Mileage Reimbursement**

Maternal Infant Health Program (MIHP) transportation costs associated with mileage reimbursement are aligned with MDHHS established NEMT personal mileage rates. As such, any and all adjustments to MDHHS NEMT personal mileage rates are applicable to MIHP providers. Rates for MIHP providers are reviewed and updated at least annually and published on the MIHP database located on the MDHHS website.

## **Verification of Medical Needs Clarification**

Bulletin MSA 15-50, issued December 1, 2015, defined when the completion of a DHS-5330 (Medical Verification for Transportation) is required. To further clarify, a completed DHS-5330 is required when the DHS-54A has expired. For example, if a beneficiary requested transportation during the month of December 2015, and secured a completed DHS-54A, that beneficiary does not need to secure a completed DHS-5330 until one year after the signature date of the DHS-54A.

## **Manual Maintenance**

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

## **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## **Approved**



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Medical Services Administration