STATES.—Expenditures for medical assistance provided to
an individual described in section 431(b)(8) of the Per-
sonal Responsibility and Work Opportunity Reconciliation
Act of 1996 (8 U.S.C. 1641(b)(8)) shall not be taken into
account for purposes of applying payment limits under
subsections (f) and (g).”.

(e) EFFECTIVE DATE.—The amendments made by
this section shall apply to benefits for items and services
furnished on or after the date of the enactment of this
Act.

SEC. 209. MEDICAID COVERAGE OF CERTAIN MEDICAL
TRANSPORTATION.

(a) CONTINUING REQUIREMENT OF MEDICAID COV-
ERAGE OF NECESSARY TRANSPORTATION.—

(1) REQUIREMENT.—Section 1902(a)(4) of the
Social Security Act (42 U.S.C. 1396a(a)(4)) is
amended—

(A) by striking “and including provision
for utilization” and inserting “including provi-
sion for utilization”; and

(B) by inserting after “supervision of ad-
ministration of the plan” the following: “, and,
subject to section 1903(i), including a specifica-
tion that the single State agency described in
paragraph (5) will ensure necessary transpor-
tation for beneficiaries under the State plan to
and from providers and a description of the
methods that such agency will use to ensure
such transportation”.

(2) APPLICATION WITH RESPECT TO BENCH-
MARK BENEFIT PACKAGES AND BENCHMARK EQUIV-
ALENT COVERAGE.—Section 1937(a)(1) of the Social
Security Act (42 U.S.C. 1396u–7(a)(1)) is amend-
ed—

(A) in subparagraph (A), by striking “sub-
section (E)” and inserting “subparagraphs (E)
and (F)”; and

(B) by adding at the end the following new
subparagraph:

“(F) NECESSARY TRANSPORTATION.—Not-
withstanding the preceding provisions of this
paragraph, a State may not provide medical as-
sistance through the enrollment of an individual
with benchmark coverage or benchmark equiva-
ient coverage described in subparagraph (A)(i)
unless, subject to section 1903(i)(9) and in ac-
cordance with section 1902(a)(4), the bench-
mark benefit package or benchmark equivalent
coverage (or the State)—
“(i) ensures necessary transportation for individuals enrolled under such package or coverage to and from providers; and

“(ii) provides a description of the methods that will be used to ensure such transportation.”.

(3) LIMITATION ON FEDERAL FINANCIAL PARTICIPATION.—Section 1903(i) of the Social Security Act (42 U.S.C. 1396b(i)) is amended by inserting after paragraph (8) the following new paragraph:

“(9) with respect to any amount expended for non-emergency transportation authorized under section 1902(a)(4), unless the State plan provides for the methods and procedures required under section 1902(a)(30)(A); or”.

(4) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on the date of the enactment of this Act and shall apply to transportation furnished on or after such date.

(b) MEDICAID PROGRAM INTEGRITY MEASURES RELATED TO COVERAGE OF NONEMERGENCY MEDICAL TRANSPORTATION.—

(1) GAO STUDY.—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall con-
duct a study, and submit to Congress, a report on
coverage under the Medicaid program under title
XIX of the Social Security Act of nonemergency
transportation to services. Such study shall take into
account the 2009 report of the Office of the Inspec-
tor General of the Department of Health and
Human Services, titled “Fraud and Abuse Safe-
guards for State Medicaid Nonemergency Medical
Transportation Services” (OEI–06–07–00320). Such
report shall include the following:

(A) An examination of the 50 States and
the District of Columbia to identify safeguards
to prevent and detect fraud and abuse with re-
spect to coverage under the Medicaid program
of nonemergency transportation to covered serv-
ices.

(B) An examination of transportation bro-
kers to identify the range of safeguards against
such fraud and abuse to prevent improper pay-
ments for such transportation.

(C) Identification of the numbers, types,
and outcomes of instances of fraud and abuse,
with respect to coverage under the Medicaid
program of such transportation, that State
Medicaid Fraud Control Units have investigated in recent years.

(D) Identification of commonalities or trends in program integrity, with respect to such coverage, to inform risk management strategies of States and the Centers for Medicare & Medicaid Services.

(2) Stakeholder meetings.—

(A) In general.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services, through the Centers for Medicare & Medicaid Services, shall convene a series of meetings to obtain input from appropriate stakeholders to facilitate discussion and shared learning about the leading practices for improving Medicaid program integrity, with respect to coverage of nonemergency transportation to medically necessary services.

(B) Topics.—The meetings convened under subparagraph (A) shall—

(i) focus on ongoing challenges to Medicaid program integrity as well as leading practices to address such challenges; and
(ii) address specific challenges raised by stakeholders involved in coverage under the Medicaid program of nonemergency transportation to covered services, including unique considerations for specific groups of Medicaid beneficiaries meriting particular attention, such as American Indians and tribal land issues or accommodations for individuals with disabilities.

(C) Stakeholders.—Stakeholders described in subparagraph (A) shall include individuals from State Medicaid programs, brokers for nonemergency transportation to medically necessary services that meet the criteria described in section 1902(a)(70)(B) of the Social Security Act (42 U.S.C. 1396a(a)(70)(B)), providers (including transportation network companies), Medicaid patient advocates, and such other individuals specified by the Secretary.

(3) Guidance Review.—Not later than 24 months after the date of the enactment of this Act, the Secretary of Health and Human Services, through the Centers for Medicare & Medicaid Services, shall assess guidance issued to States by the Centers for Medicare & Medicaid Services relating to
Federal requirements for nonemergency transportation to medically necessary services under the Medicaid program under title XIX of the Social Security Act and update such guidance as necessary to ensure States have appropriate and current guidance in designing and administering coverage under the Medicaid program of nonemergency transportation to medically necessary services.

(4) NEMT TRANSPORTATION PROVIDER AND DRIVER REQUIREMENTS.—

(A) State plan requirement.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(i) by striking “and” at the end of paragraph (85);

(ii) by striking the period at the end of paragraph (86) and inserting “; and”;

and

(iii) by inserting after paragraph (86) the following new paragraph:

“(87) provide for a mechanism, which may include attestation, that ensures that, with respect to any provider (including a transportation network company) or individual driver of nonemergency transportation to medically necessary services receiv-
ing payments under such plan (but excluding any public transit authority), at a minimum—

“(A) each such provider and individual driver is not excluded from participation in any Federal health care program (as defined in section 1128B(f)) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;

“(B) each such individual driver has a valid driver’s license;

“(C) each such provider has in place a process to address any violation of a State drug law; and

“(D) each such provider has in place a process to disclose to the State Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.”.

(B) EFFECTIVE DATE.—

(i) IN GENERAL.—Except as provided in clause (ii), the amendments made by subparagraph (A) shall take effect on the date of the enactment of this Act and shall apply to services furnished on or after the...
date that is one year after the date of the enactment of this Act.

(ii) EXCEPTION.—In the case of a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), or waiver of such plan, that the Secretary of Health and Human Services determines requires State legislation in order for the respective plan to meet any requirement imposed by amendments made by this section, the respective plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet such an additional requirement before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be considered to be a separate regular session of the State legislature.
(5) **Analysis of T-MSIS Data.**—Not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services, through the Centers for Medicare & Medicaid Services, shall analyze, and submit to Congress a report on, the nation-wide data set under the Transformed Medicaid Statistical Information System to identify recommendations relating to coverage under the Medicaid program under title XIX of the Social Security Act of nonemergency transportation to medically necessary services.

(c) **Consultation Relating to Nonemergency Medical Transportation.**—In the case of a State that exercises the option described in section 1902(a)(70) of the Social Security Act (42 U.S.C. 1396a(a)(7)), in establishing a non-emergency medical transportation brokerage program under such section, a State Medicaid agency may consult relevant stakeholders, including stakeholders representing patients, medical providers, Medicaid managed care organizations, brokers for non-emergency medical transportation, and transportation providers (including public transportation providers).