

| POLICY AND PROCEDURE   |   |
|--|---|
| <b>Policy # and TITLE:</b><br>Emergency Transportation, Non-Emergency Medical Transportation and Related Expenses  |   |
| <b>Primary Policy owner:</b><br>Utilization Management   | <b>POLICY #:</b><br>UM55  |
| <b>Impacted/Secondary policy owner:</b> Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined   |   |
| 1) <input type="checkbox"/> All Departments<br>2) <input checked="" type="checkbox"/> Behavioral Health & Social Services (BH/SS)<br>3) <input type="checkbox"/> Benefits Administration (BA)<br>4) <input checked="" type="checkbox"/> Care Management (CM)<br>5) <input type="checkbox"/> Claims (CLMS)<br>6) <input type="checkbox"/> Community Marketplace & Member Engagement (MAR)<br>7) <input type="checkbox"/> Compliance (CMP/HPA)<br>8) <input type="checkbox"/> Configuration (CFG)<br>9) <input type="checkbox"/> Provider Contracting (CONT)<br>10) <input type="checkbox"/> Cultural & Linguistics (CL)<br>11) <input type="checkbox"/> Customer Service (CS) | 12) <input type="checkbox"/> Facilities (FAC)<br>13) <input type="checkbox"/> Finance (FIN)<br>14) <input type="checkbox"/> Human Resources (HR)<br>15) <input type="checkbox"/> Information Technology / Core Systems (IT)<br>16) <input type="checkbox"/> Pharmacy (PH)<br>17) <input type="checkbox"/> Provider Networks (PRO)<br>18) <input checked="" type="checkbox"/> QI Health Equity (GRV/HE/HEQ/PHM/QM)<br>19) <input checked="" type="checkbox"/> Utilization Management (UM)<br>20) <input type="checkbox"/> Procurement (PRM)<br>21) <input type="checkbox"/> Administration (SAF/BC/EM)<br>22) <input type="checkbox"/> Medical Management (MM) |
| <b>PRODUCT TYPE:</b><br><input checked="" type="checkbox"/> Medi-Cal   | <b>Supersedes Policy Number:</b><br>N/A   |

## I. PURPOSE

To describe the scope of coverage and authorization or approval requirements as applicable for Emergency and Non-Emergency Transportation for Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan") members.

## **II. POLICY**

### **A. Emergency Medical Transportation**

1. Health Plan shall provide Emergency Medical Transportation under the direction of paramedics, without prior authorization, to the nearest facility capable of meeting a member's medical needs, by the following modes:
  - a. Ground ambulance (basic or advanced life support)
  - b. Air ambulance transportation when medically necessary and if the member's condition is such that transportation by basic or advanced life support ground ambulance is not appropriate.

### **B. Non-Emergency Medical Transportation (NEMT)**

1. NEMT is a covered Health Plan benefit when needed to obtain medically necessary services and to access a pharmacy for prescriptions authorized for Medi-Cal covered services under Medi-Cal Rx.
2. Health Plan provides the following NEMT modalities:
  - a. Air ambulance
  - b. Ambulance
  - c. Wheelchair Van
  - d. Litter Van- not available due to County ordinance
3. NEMT is medically necessary for a member who:
  - a. Must travel in a supine or prone position
  - b. Is incapable of sitting in a private vehicle, taxicab, or other form of public transportation for the period of time needed to transport to and from their appointment.
  - c. Is unable to stand or walk without assistance, including those using a walker or crutches,
  - d. Must be transported in a wheelchair, and are unable to self- propel, and/or transfer independently,

- e Needs door to door assistance to and from a residence, vehicle and place of treatment due to a disabling physical or mental limitation.
  - f Requires specialized safety equipment not normally available in passenger cars, taxicabs or other forms of public conveyance.
- 4. If a member's medical and physical condition does not require any of the above, then the member requires Non-Medical Transportation (NMT), in accordance with Health Plan Policy CS21 Non-Medical Transportation
- 5. NEMT services require prior authorization except when a member is transferred from:
  - a. An emergency room to an inpatient setting, or
  - b. An acute care hospital, immediately following an inpatient stay, to a(n):
  - c. Skilled nursing facility,
  - d. Intermediate care facility,
  - e. Embedded psychiatric unit,
  - f. Free standing psychiatric inpatient hospital,
  - g. Psychiatric health facility, or
  - h. Any other appropriate inpatient acute psychiatric facility.
- 6. Members with the following conditions may qualify for wheelchair van transport when their providers submit a signed PCS form:
  - a. Members who suffer from severe mental confusion.
  - b. Members with paraplegia.
  - c. Dialysis recipients.
  - d. Members with chronic conditions who require oxygen but do not require monitoring
- 7. Air Ambulance NEMT always requires prior authorization and is

approved when necessary due to:

- a. The member's medical condition, or
  - b. Practical considerations render ground transportation not feasible.
  - c. The necessity for transportation by air shall be substantiated in a written order of a physician, podiatrist, dentist, or a mental health or substance use disorder provider
8. Health Plan provides telephone authorization for NEMT requests for Health Plan-covered medically necessary services of an urgent nature and a PCS form cannot be reasonably be submitted beforehand.
  - a. The PCS form is accepted post-service for the telephone authorization to be valid.
9. For Health Plan-covered services that require recurring appointments, NEMT are authorized for the duration of the recurring appointments, not to exceed 12 months.
10. When a member is a minor, Health Plan provides transportation for a parent or a guardian to accompany the member.
  - a. Health Plan does not arrange NEMT services for an unaccompanied minor without the necessary consent forms unless state or federal law does not require parental consent for minor's service.
11. Health Plan shall ensure that the medical professional's decisions regarding NEMT are unhindered by fiscal and administrative management.
12. Health Plan shall authorize the lowest cost type of NEMT transportation that is adequate for the member's medical needs, including if multiple modalities are selected in the PCS Form, as determined by the medical professional.
13. For services that are not covered by Health Plan, Health Plan shall make its best effort to refer and coordinate NEMT for non-

covered services.

14. Health Plan approves NEMT services when a Physician Certification Statement (PCS) Form is submitted by the member's provider and use the PCS form to provide the appropriate mode of NEMT transport for members.
15. Health Plan ensures that a copy of the PCS form is on file for all members receiving NEMT services and that all fields are filled out by the provider.
  - a. Members must be able to request a PCS form from their provider by telephone, electronically, in person, or by another established method.
  - b. Data from the PCS form shall be captured and reported to DHCS.
16. Health Plan maintains a direct line to a transportation liaison for providers and members to call, request and schedule urgent and non-urgent NEMT transportation and to receive status updates on their NEMT rides.
17. Health Plan's network providers comply with all Federal and State requirements related to transportation services.
18. Health Plan reimburses IHCPs for transporting an American Indian Member to an IHCP.
  - a. The IHCP must be enrolled in the Medi-Cal Program through a state level enrollment pathway.
  - b. The IHCP is not required to be contracted in order to be reimbursed for services.
  - c. If the IHCP wishes to provide transportation services to a non-American Indian Health Plan member, the IHCP must be enrolled in the Medi-Cal program as a transportation provider and must have a contract with Health Plan.
  - d. Health Plan is also required to provide reimbursement for transportation related travel expenses in accordance with

42 CFR section 440.170(a)(1) and (3), and APL 22-008.

19. Health Plan is compliant with DHCS timely access standards in accordance with Health Plan Policy QN04 Appointment Availability and Access Standards.
  - a. If an NEMT provider is late or does not arrive at the scheduled pick-up time for a member, Health Plan shall authorize urgent NEMT to ensure the member does not miss their appointment.
  - b. NEMT services from an in-county acute care hospital as described in Section II.B of this Policy shall be provided within 3 hours of the member or provider's request.
    - i. If services are not provided within the 3-hour timeframe, the hospital may arrange, and Health Plan covers, out-of-network NEMT services.
  - c. Health Plan informs a member that they are dropped off within 15 minutes of their scheduled appointment.
20. If a network transportation provider is not available to provide NEMT services to the member, Health Plan provides services with a Medi-Cal enrolled, OON provider.
21. If the member is outside of California and needs a service on an emergency or urgent basis, but that service is not available in the area or state where the member is physically located, the member may be unable to access urgent/emergency care in a timely manner unless the member is transported to an area where services are available.
  - a. Health Plan arranges for the member to receive services in a timely manner, consistent with Health Plan policy PRO 08: Network Adequacy Standards.
  - b. This may include member reimbursement for travel, including to another state, to access the care.
21. Health Plan monitors NEMT providers quarterly at minimum for the following:

- a. Enrollment status of NEMT provider,
  - b. Ensure NEMT provider is not modifying the transportation service level on the PCS form,
  - c. Members receiving NEMT service are receiving door-to-door service,
  - d. NEMT providers arriving within 15 minutes of scheduled appointment consistently, and
  - e. No show rates for NEMT providers.
22. Health Plan has designated a transportation liaison that can be contacted by providers and members at 1-888-936-7526 Monday through Friday from 8 AM to 5 PM to obtain real-time assistance for transportation issues that may result in missed appointments, assistance with scheduling transportation and answer any member or provider questions related to transportation.

### **III. PROCEDURE**

- A. The treating provider shall submit a request for authorization of NEMT for approval prior to delivering services, and which includes:
- 1. A DHCS approved physician certification statement (PCS), attesting to the medical necessity of the services, including:
    - a. The appropriate mode of NEMT for the member,
    - b. The diagnosis, physical or behavioral condition which prevents the member from traveling by standard private or public means,
    - c. The member's specific physical and medical limitations that preclude the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles.,
    - d. The practitioner's signature.

- i. Providers who may complete the PCS form include a physician, dentist, podiatrist, mental health provider, substance use disorder provider or physician extender.
  2. Once the treating provider prescribes the mode of NEMT, neither Health Plan nor the transportation vendor shall modify the requested method.
    - a. Health Plan does not downgrade the members' level of transportation from NEMT to NMT unless multiple modalities are selected in the PCS Form.
  3. Health Plan shall not delegate the review and approval of the PCS form to transportation brokers.
  4. Health Plan notifies the transportation vendor of the approval, including the specific mode of NEMT approved and dates of services that the authorization is in effect.
- B. Health Plan covers NEMT-related travel expenses for members receiving medically necessary covered services and their accompanying attendants, including reasonably necessary expenses for meals and lodging and the cost of transportation.
  1. The salary and the cost of transportation of the accompanying attendant determined to be necessary is a covered travel expense as well if the attendant is not a family member.
- C. Health Plan provides Major Organ Transplant (MOT) donors NEMT transportation at the request of the MOT donor or the member who is the recipient.
  1. PCS forms are not required for MOT donors requesting NEMT services to ensure the donor has the ability to get to the hospital for the MOT transplant.
  2. Health Plan also covers travel expenses for MOT donors and an attendant for the donor if necessary.
- D. Health Plan provides transportation for carved-out services, such as Medi-Cal Rx and California Children's Services (CCS), as well as in



and out of network travel to obtain non-emergency services.

- E. Health Plan has a process in place to ensure door to door assistance is being provided for all members receiving NEMT services.
- F. Health Plan monitors contracted Emergency and Non-Emergency Transportation providers to ensure the requirements described in this Policy are met.
  - 1. Should the transportation provider be identified as non-compliant through the monitoring process, corrective action may be imposed in accordance with Health Plan Policy and APL 22-008 Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses.
- G. Health Plan captures all data included in the PCS form through direct data entry into the medical management system, allowing reporting to DHCS.
- H. Monitoring and oversight of NEMT providers is completed quarterly at minimum by through report monitoring and random audits for all elements outlined in section II B. 20 above.
  - 1. Non-compliance with vendor requirements stated above may result in a corrective action plan (CAP) issued to the NEMT provider.

#### **IV. ATTACHMENT(S)**

- A. [Attachment A](#)
- B. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- C. [Glossary of Terms Link](#)
- D. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

#### **V. REFERENCES**

- A. 42 CFR section 440.170(a)(1) and (3) 008.
- B. California Health and Safety Code, §1250

- C. DHCS COVID-19 Guidance for NEMT and NMT Providers
- D. DHCS APL 21-006 Network Certification Requirements
- E. DHCS APL 22-008 Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses
- F. DHCS APL 22-012 Governor's Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx
- G. DHCS APL 22-027 Timely Access to Emergent and Urgent Services When an Enrollee is Outside California (11.7.22)
- H. DHCS APL 23-005 Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21
- I. DHCS APL 24-002 Medi-Cal Managed Care Plan Responsibilities for Indian Health Care Providers and American Indian Members.
- J. Health Plan's Contract with the Department of Health Care Services for Medi-Cal
- K. Health Plan Policy CS21 Non-Medical Transportation
- L. Title 22, California Code of Regulations (CCR), §§51151, 51231.1, 51152, 51231.1, 51231.2 and 51323
- M. Title 28, California Code of Regulations (CCR), §1300.67(g)(1)
- N. Title 35, Code of Federal Regulations (CFR), §300.34 JJ.
- O. Title 42, Code of Federal Regulations (CFR), §§431.53, 440.130, 440.170, 441.62 and 431.53 KK.
- P. Welfare and Institutions Code, §§14115.8, 14132(s)(11), 14132(ad)(1), and 14132.06

## VI. REVISION HISTORY

*\*Version 001 as of 01/01/2023*

| Version* | Revision Summary                          | Date |
|----------|---|------|
| 000      | 04/08, 10/08, 11/14, 03/14, 03/16, 07/16, | N/A  |

|   |   |           |
|---|---|-----------|
|   | 07/17, 09/18, 11/19, 04/21, 05/22, 08/22, 11/22, 02/23  |           |
| 001                                     | Revised to align with APL 24-002: Medi-Cal Managed Care Plan Responsibilities for Indian Health Care Providers and American Indian Members related to NEMT. Addition of transportation liaison per 2024 DHCS contract | 6/19/2024 |
| <b>Initial Effective Date:</b> 2/1/1996 |   |           |

## VII. Committee Review and Approval

| Committee Name  | Version | Date      |
|---|---------|-----------|
| Compliance Committee  | 001     | 8/22/2024 |
| <ul style="list-style-type: none"> <li>Privacy &amp; Security Oversight Committee (PSOC)</li> </ul> |         |           |
| <ul style="list-style-type: none"> <li>Program Integrity Committee</li> </ul>                       |         |           |
| <ul style="list-style-type: none"> <li>Audits &amp; Oversight Committee</li> </ul>                  |         |           |
| <ul style="list-style-type: none"> <li>Policy Review</li> </ul>                                     | 001     | 8/21/2024 |
| Quality Improvement Health Equity Committee (QIHEC)   |         |           |
| <ul style="list-style-type: none"> <li>Quality Operations Committee</li> </ul>                      |         |           |
| <ul style="list-style-type: none"> <li>Grievance</li> </ul>   |         |           |

## VIII. REGULATORY AGENCY APPROVALS

| Department                               | Reviewer              | Version | Date      |
|--|-----------------------|---------|-----------|
| Department of Healthcare services (DHCS) | DHCS Contract Manager | 001     | 7/18/2024 |



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|---|--|--|--|
| Department of<br>Managed Care<br>(DMHC) |  |  |  |
|---|--|--|--|

**IX. Approval signature\***

| Signature | Name<br>Title              | Date |
|-----------|----------------------------|------|
|           | PRC Chairperson            |      |
|           | Policy Owner               |      |
|           | Department<br>Executive    |      |
|           | Chief Executive<br>Officer |      |

\*Signatures are on file, will not be on the published copy

**Attachment A: AUTHORIZATION MATRIX**

| Transportation   | No Authorization | Prior Authorization |
|--|------------------|---------------------|
| Emergency Ground Ambulance   | X                |                     |
| Emergency Air Ambulance  | X                |                     |
| Non-emergency Ambulance Air Transport                                |                  | X                   |
| Non-emergency Ambulance Ground Transport (In-County / Out-of-County) |                  | X                   |
| Wheelchair Van   |                  | X                   |