

The following FAQs provide additional guidance and clarification to Medi-Cal managed care health plans (MCPs) regarding APL 17-010: Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) Services. As DHCS receives additional questions, this FAQ document will be updated and will be indicated by the version number and date on the footer.

Access

1. Are plans required to provide transportation services 24/7 (after hours)?

Yes, MCPs must ensure that members have the necessary transportation to obtain medically necessary services regardless of time of day or day of the week; however, the time of day that the transportation occurs must fall within the hours of operation of the medically necessary service. If the member requests transportation services to a location during a time it is closed, the request must be denied. In addition, the MCP may not restrict access to medically necessary services based on the availability of transportation vendors.

MCPs must ensure access to transportation to medically necessary services including, but not limited to, urgent care and 24-hour pharmacies.

2. Are there service level targets or benchmarks for transportation?

MCPs must ensure that NMT and NEMT services are provided in a manner so that their members receive medically necessary services within the timely access standards. DHCS will continue to monitor the MCPs to ensure that all medically necessary services are provided to their members in a timely manner.

3. Are there any mileage restrictions?

No, MCPs shall not impose any mileage restrictions for transportation to medically necessary services; however, MCPs may impose utilization management controls, including prior authorization, for transportation services. MCPs are also permitted to limit transportation approvals to an in-network provider and/or specialist, excluding services that do not need prior authorization, such as family planning, out of network approvals, continuity of care requests, and hospital discharge.

The utilization management controls must be included in the MCP's transportation policy and procedures and must be approved by DHCS.

4. Please define the term "round trip."

Round trip is defined as one trip to the medical appointment and one trip back from the medical appointment for which the member is seeking NMT. MCPs should approve transportation request that are reasonable, including, but not limited to, providing

transportation services that begin or conclude at a location other than the member's residence on record (i.e., school, daycare, work, recuperative care centers, etc.).

5. Are MCPs required to fulfill an NEMT or NMT request from an out-of-network provider?

MCPs must fulfill the NEMT or NMT request from an out-of-network provider if the member has been referred to or approved to see that out-of-network provider. If the out-of-network provider's service has not been authorized or approved, then MCPs do not have to provide NEMT or NMT service to the member.

6. Are MCPs allowed to transport multiple riders to and/or from the same general area?

Yes, MCPs have the flexibility to implement their own policy regarding transporting multiple riders, so long as it does not jeopardize or create an unreasonable burden to the member's safety or privacy.

7. Is the NEMT and NMT transportation policy the same for discharges from a hospital, long term care, or institutional setting?

When a member is discharged from a hospital, long-term care, or any other institutional setting, the MCP must approve the appropriate mode of NEMT or NMT to the member's residential address. The MCP must follow the existing process for approving NEMT and NMT for each setting.

8. Do members have access to the same covered services or are there limits based on the mode of transportation for which the member is approved?

Yes, members must have equal access to medically necessary covered services regardless of the form of transportation needed. The mode of transportation needed should not determine the type of covered services the member can access. However, NEMT must be authorized in advance and is subject to utilization controls.

Transportation Forms

9. Does DHCS have a standardized consent form for unaccompanied minors?

No, MCPs have flexibility to develop their own consent form.

10. When does DHCS expect plans to submit Physician Certification Statement (PCS) forms for approval?

DHCS requested the MCPs to submit their policies, procedures, and PCS forms by June 30, 2017.

11. Who can approve the PCS form?

The PCS form must be completed and signed by the treating physician or physician extender, such as a nurse practitioner, physician assistant or other extender as allowed in the DHCS contract.

12. Can the PCS form be used as prior authorization for NMT?

No, PCS forms are for NEMT only, and cannot be used to authorize NMT. Any form or process that the MCP uses for prior authorization for NMT must not require a physician's authorization and/or signature.

13. What happens if a PCS form is approved by a provider who is no longer contracted with the MCP, and/or a contract is no longer permitted? Examples include, but are not limited to, retirement, quality of care concern, contract termination by either party, the provider is placed on the suspended and terminated provider list, etc.

The MCP must continue to provide transportation services authorized by the PCS form until the transportation services can be reviewed by a new treating physician.

NEMT

14. Will current NEMT arrangements be grandfathered in, or will MCPs need to complete new PCS forms?

MCPs may grandfather in existing NEMT arrangements as long as all the necessary required components of the PCS form as specified in the APL were included in the existing NEMT arrangement.

15. Are MCPs required to provide NEMT door-to-door assistance for the member requesting transportation if the member resides in a non-ADA compliant building?

If the member resides in a non-ADA compliant building, MCPs are responsible for assisting the member from outside their building of residence. If the member requires assistance from their front door inside the non-ADA compliant building, the MCP must provide a different mode of transportation for the member (i.e., request assistance from local Fire Department or Emergency Medical Technician).

16. Who do MCPs refer members to for NEMT?

MCPs may use a list of NEMT vendors they have used previously or are known to provide services in their geographic area. MCPs can also find NEMT vendors through NEMT associations listed on the California Health and Human Services website or by calling 2-1-1, which is a free confidential service that helps people across North America find information on local resources, including transportation. Education and training about NEMT is available in the Medi-Cal Provider Manual, on the DHCS website, and in Provider Bulletins.

17. Are ambulatory dialysis patients required to travel to and from appointments using NEMT?

Not necessarily. Per APL 17-010, dialysis recipients may qualify for NEMT wheelchair van transport when their provider(s) submit a signed PCS form.

18. If a member accessing dialysis/wound care/chemotherapy services needs regular NEMT services, is the treating physician allowed to sign the form once for a series of visits?

Yes. The treating physician can submit a request for NEMT services that is consistent with the member's treatment authorization. Authorizations may be for a maximum of 12 months.

19. Are MCPs required to provide NEMT for pharmacy services?

Yes, MCPs must provide NEMT to pharmacy services if a member meets the requirements for NEMT. This will include pharmacy trips for medications carved-out under Medi-Cal Rx, which goes into effect January 1, 2021. MCPs may apply utilization controls and authorize the lowest cost type of transportation. Further, MCPs must consider reasonable modifications pursuant to ADA requirements when making determinations for the appropriate mode of transportation.

NMT

20. When is self-attestation required?

Self-attestation is required for NMT private conveyance authorization only, not for other modes of transportation.

21. Are MCPs authorized to require attestation for public conveyance and private conveyance?

MCPs may require self-attestation for public conveyance.

22. What is private conveyance?

Private conveyance is transportation via a privately owned vehicle arranged by the member. This can include the member's personal vehicle, or that of a friend or family member. This does not include vehicles that are connected to businesses, such as Uber or Lyft. Private conveyance requires the member to attest to having exhausted all other transportation options.

23. What is public conveyance?

Any mode of transportation that does not fall under private conveyance is considered public conveyance, including Lyft and Uber.

24. Can the member requesting services be the driver for NMT?

No, members may not drive themselves under the private conveyance policy. For private conveyance, the member must attest to the MCP in person, electronically, or over the phone that all other transportation resources have been reasonably exhausted. The attestation may include any of the following, confirming that the member:

- Has no valid driver's license.
- Has no working vehicle available in the household.
- Is unable to travel or wait for medical or dental services alone; or
- Has a physical, cognitive, mental, or developmental limitation.

25. If the member requesting services is a Lyft or Uber driver, can they receive gas mileage reimbursement?

No, the member requesting services cannot be the driver.

26. If a member uses Lyft or Uber, can they receive gas mileage reimbursement?

No, gas mileage reimbursement only applies to private conveyance.

27. To whom should the plans issue mileage reimbursement for members utilizing private conveyance?

The MCP should reimburse the driver. The member cannot be the driver for NMT.

28. Are MCPs required to reimburse drivers for private conveyance costs if the member did not first attempt to obtain NMT services through the MCP or an MCP delegated vendor?

If MCPs require prior authorization for private conveyance, then MCPs may deny reimbursement for private conveyance.

29. How are MCPs expected to verify driver's license, registration, and insurance for private conveyance authorization?

MCPs may establish their own verification policies and procedures to ensure that drivers of private conveyance have the required documentation to provide NMT services to their members. MCPs are given the flexibility to include this as part of the attestation requirement for private conveyance.

30. Are MCPs responsible for credentialing taxi drivers, bus drivers, Lyft/Uber drivers, and other non-traditional NMT drivers?

No, MCPs are not responsible for credentialing non-traditional NMT drivers. MCPs may have policies and procedures in place to authorize non-traditional NMT providers, such as taxi, Lyft, and Uber drivers, to provide NMT services to their members.

31. Are MCPs responsible for processing grievances of NMT drivers filed by the member?

Yes. MCPs are responsible for processing grievances filed by a member, as if it were any other complaint regarding a plan service or provider. If this function is delegated, the MCP must monitor its subcontractors, pursuant to APL 17-006 and APL 17-004.

32. If the MCP determines that a member does not qualify for NMT, are they required to send a NOA and allow the member to appeal?

If the MCP decides to have a prior authorization process for NMT, they must use a NOA letter to inform members of the MCP's decision. DHCS gives MCPs the flexibility to develop a process to demonstrate that decisions are made timely.

33. Can NMT modifications or denials be made by non-clinical staff, such as customer service representatives?

The APL states that the "MCP may use prior authorization processes for approving NMT services and reauthorize services every 12 months when necessary." If an MCP uses prior authorization processes, MCPs must ensure that NMT is provided in a timely manner for their members to obtain all medically necessary Medi-Cal services. In addition, if the modification or denial is based in whole or in part on medical necessity (e.g., the member's functional limitations would need to be taken into consideration), then a person with appropriate clinical expertise should be making the determination.

34. The APL states, "NMT does not include transportation of the sick, injured, invalid, convalescent, infirm..." Please clarify what this means.

Pursuant to APL 17-010, if a member needs to be transported by ambulance, litter van, wheelchair van, or air, they do not qualify for NMT. However, the member may be entitled to other types of transportation services, such as NEMT.

Carved-Out Services

35. If a program such as Ryan White or CBAS offers NMT to members, are MCPs responsible for providing it?

If the member requests NMT through a program that offers it as part of their benefit package, the program should provide NMT to the member. If the member requests NMT from the MCP, the MCP should provide it. A member should not be denied NMT needed to obtain medically necessary services.

36. How will MCPs verify that a member requesting NMT has an appointment for carved-out services, including sensitive services, CCS, specialty mental health, etc.?

MCPs have flexibility to implement program integrity measures to combat fraud, waste, and abuse of the NEMT and NMT services, such as requiring the member to provide confirmation of medical appointment. Additionally, MCPs may use the monthly Fee-For-Service claims data that DHCS provides the MCP on a monthly basis.

37. How will MCPs verify if CCS or other programs have already compensated a member for transportation?

MCPs have flexibility to implement program integrity measures to combat fraud, waste, and abuse of the NEMT and NMT service. Additionally, MCPs may use the monthly Fee-For-Service claims data that DHCS provides on a monthly basis.

38. What programs currently provide NMT as part of their benefit package?

See attachment.

California Children's Services (CCS)

39. Will there be any changes to the CCS transportation benefit after October 1, 2017?

No, there will not be any changes to the CCS benefit after October 1, 2017.

40. Can CCS provide NEMT if there is already a mechanism to provide the transportation in place?

Pursuant to APL 17-010, MCPs must make their best effort to refer for and coordinate NEMT for all Medi-Cal services not covered under the MCP contract. MCPs are encouraged to refer to their MOUs and other agreements executed between their local CCS program to determine whether NEMT is being provided by their local CCS program.

41. Please clarify the differences between the NMT benefit and the CCS Maintenance and Transportation (M&T) Benefit. Specifically, when would a member utilize one benefit versus the other?

M&T is available only for CCS-eligible members who are enrolled in the CCS Program. M&T is arranged by the county for the CCS member and their family (lodging, meal vouchers, greyhound, etc.) and the family must provide receipts (like a travel claim) to be reimbursed.

MCPs have the flexibility to evaluate and decide which transportation benefit would be more appropriate for the member based on his/her needs and situation. The difference between the NEMT/NMT benefit and the M&T benefit is that M&T provides broader services to families whose hardship does not allow them to travel to/from CCS authorized medical services where there are no other available resources. Services provided by M&T include meals, lodging, and other necessary costs (i.e. parking, tolls, etc.) in addition to transportation expenses. NMT and NEMT only cover transportation to/from medical appointments.

MCPs participating in the Whole Child Model implementation are required to authorize and provide M&T as requested in addition to NEMT and NMT.

Cal MediConnect (CMC)

42. How will Cal MediConnect (CMC) be impacted by APL 17-010?

CMC plans, also known as Medicare-Medicaid health plans (MMPs), will be required to provide NEMT and NMT services to their members. DHCS is drafting a Dual Plan Letter (DPL), which will provide MMPs specific guidance on NEMT and NMT policy applicable to the MMPs.

Reimbursement and Rates

43. What types of information are MCPs allowed to collect in order to reimburse?

MCPs may create their own policies and procedures for private conveyance reimbursement. MCPs should follow the Internal Revenue Service guidelines for the standard mileage reimbursement rate for medical purposes.

44. Can MCPs use gas cards or other types of prepaid cards to reimburse gas mileage for private conveyance?

Yes. In addition to cash, MCPs may offer gas cards or other prepaid cards as gas mileage reimbursement.

45. What utilization management tools can MCPs use to help ensure program integrity and prevent fraud, waste, and abuse?

MCPs can use utilization management tools currently used pursuant to federal and State law to ensure program integrity. Some of these tools include monitoring of over- and under-utilization of the services, verification and auditing tools, etc. Additionally, DHCS provides the MCPs with necessary data for verification purposes to ensure program integrity and prevent fraud, waste and abuse.

46. What are the processing time guidelines for member reimbursement?

Current clean claim timeframes and standard reimbursement timeliness for medical claims apply to NEMT and NMT; therefore, the MCP must process 90% of reimbursement claims within 30 days and 95% of reimbursement claims within 45 days.

Data Reporting Template

47. What are the data reporting requirements?

DHCS shared the final template with the MCPs on September 15, 2017.

48. Are primary MCPs and their subcontractors required to submit the reporting template separately, or in one consolidated document?

The primary MCP must consolidate all the data collected from their subcontractors into one reporting template prior to submitting to DHCS.

Other

49. Will DHCS do outreach to stakeholders?

Yes. DHCS continues to discuss the policy with key stakeholders and will continue to communicate changes as necessary.

50. Will this requirement be included in the MCPs audits before the policy is concrete?

No, DHCS will allow for the policy to become concrete before auditing MCPs or imposing Corrective Action Plans on any MCPs.