CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: November 23, 2026

ALL PLAN LETTER 26-021

SUPERSEDES ALL PLAN LETTER 22-008

TO: ALL MEDI-CAL MANAGED CARE PLANS

SUBJECT: NON-EMERGENCY MEDICAL AND NON-MEDICAL TRANSPORTATION SERVICES AND RELATED TRAVEL EXPENSES

PURPOSE:

This All Plan Letter (APL) provides Medi-Cal managed care plans (MCPs) with guidance regarding Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services. In addition, this APL clarifies MCP responsibilities regarding the coverage of transportation for pharmacy services with the implementation of Medi-Cal Rx, Medi-Cal enrollment requirements for transportation Providers, as well as MCP coverage of transportation-related travel expenses.[1] This APL supersedes APL 22-008.

BACKGROUND:

NEMT services are authorized under 42 United States Code (USC) section 1396a(a)(70), 42 Code of Federal Regulations (CFR) section 440.170, and 22 California Code of Regulations (CCR) section 51323.[2,3,4] Pursuant to Assembly Bill 2394 (Garcia, Chapter 615, Statutes of 2016), which amended section 14132 of the Welfare and Institutions Code (W&I), MCPs are required to cover NMT for Members to obtain covered Medi-Cal services under the MCP Contract, subject to utilization controls and permissible time or

[1] For more information on Medi-Cal Rx, see APL 25-013 (Medi-Cal Rx Pharmacy Benefits and Cell and Gene Therapy Coverage) and the Medi-Cal Rx webpage on the DHCS website. APLs are available at: https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx. The Medi-Cal Rx webpage is available at: https://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/Medi-CalRX.aspx.
[2] The USC is searchable at: https://uscode.house.gov/browse.html.
[3] The CFR is searchable at: https://www.ecfr.gov/.
[4] The CCR is searchable at: https://govt.westlaw.com/calregs/index?__lrTS=20180105235312075&transitionType=Default&contextData=(sc.Default).

distance standards.[5] MCPs are also required to provide NMT for Members to access Medi-Cal services that are carved-out of the MCP Contract when necessary, subject to utilization controls. MCPs may establish different Utilization Management controls, including Prior Authorization, for Medi-Cal services not covered under the MCP Contract, such as requiring proof of appointment for the carved-out service, as long as the Utilization Management controls are compliant with 42 CFR section 438.900 et seq., which governs parity requirements for mental health and Substance Use Disorder (SUD) benefits. MCPs may approve NMT to the closest Provider, as determined by the posted Network adequacy standards or approved Alternative Access Standards (AAS) unless there is a Medically Necessary or timely access reason to go to a different Provider.[6,7] MCPs with approved AAS must provide transportation in accordance with the AAS requirements in APL 23-001.[8] Additionally, federal law allows for the Department of Health Care Services (DHCS) to require MCPs to cover transportation-related travel expenses as set forth in 42 CFR section 440.170(a)(1) and (3), and the MCP Contract.[9]

Pursuant to 42 USC section 1396d(r), 42 CFR sections 440.170, 431.53, and 441.62, and the MCP Contract, MCPs are required to establish procedures for Members who qualify for Early and Periodic Screening, Diagnostic, and Treatment services to also receive Medically Necessary transportation services, regardless of the Member's coverage by another delivery system.[10]

POLICY:

I. Non-Emergency Medical Transportation

NEMT services are a covered Medi-Cal benefit and require a Physician Certification Statement (PCS) signed by a physician, dentist, podiatrist, mental health Provider, SUD Provider, or a physician extender for the purpose of enabling a Member to obtain

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[5] State law is searchable at: https://leginfo.legislature.ca.gov/.
[6] MCP Contract, Exhibit A, Attachment III, Subsection 5.3.4.E.2 (Services for Members Less Than 21 Years of Age*)* and Subsection 5.3.7.I.3 (Services for All Members). The MCP Boilerplate Contracts are available at: https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx.
[7] See the Behavioral and Dental Time and Distance Standards and approved AAS, which is available at: https://www.dhcs.ca.gov/formsandpubs/Pages/NetworkAdequacy.aspx
[8] See APL 23-001 (Network Certification Requirements). APLs are available at: https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx.
[9] MCP Contract, Exhibit A, Attachment III, Subsection 5.3.7.I (Services for All Members).
[10] MCP Contract, Exhibit A, Attachment III, Subsection 5.3.4.E.2 (Services for Members Less Than 21 Years of Age).

Medically Necessary Covered Services or pharmacy prescriptions authorized by Medi-Cal Rx.[11]

MCPs are required to provide NEMT services when the NEMT is considered Medically Necessary, specifically when the Member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for obtaining Covered Services.[12] This includes the requirement for MCPs to provide NEMT for Members who cannot reasonably ambulate or are unable to stand or walk without assistance, and meet the applicable requirements for the specific NEMT transportation modality.[13]

NEMT includes door-to-door service as a required component of the clinical support or services, appropriate to the Member's condition, that must be provided for all Members receiving NEMT services. This type of door-to-door service, referred to specifically in this APL as "NEMT door-to-door service", is Medically Necessary support provided to Members who cannot safely use ordinary transportation due to physical or medical limitations. NEMT door-to-door service ensures a Member is assisted from their origin, into the vehicle, and to their destination, using specialized vehicles and trained personnel. NEMT door-to-door service is distinct from any door-to-door assistance provided under NMT, which is referred to specifically in the APL as "NMT with door-to-door assistance". NMT with door-to-door assistance is intended to simply help Members safely and comfortably navigate to and from their origin, the vehicle, or destination. NMT with door-to-door assistance does not include clinical support or services typically associated with NEMT. MCPs must not use NMT with door-to-door assistance as a replacement for NEMT for Members who have a PCS form prescribing NEMT services or would otherwise qualify for NEMT services. MCPs must have processes in place to monitor that NEMT door-to-door service is being provided for all Members receiving NEMT services and that NMT with door-to-door assistance is not being provided in lieu of NEMT services.

MCPs may, when authorizing NEMT services, limit the number of attendants that accompany the Member to a single individual.

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[11] A physician extender includes Non-Physician Medical Practitioners, which includes Physician Assistants, Nurse Practitioners, and Certified Midwives.
[12] 22 CCR section 51323(a).
[13] See the Medi-Cal Provider Manual, Medical Transportation - Ground, which is available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications/manual?community=medical-transportation.

For Medi-Cal services that are not covered under the MCP Contract, MCPs must refer and coordinate NEMT services with Fee-for-Service (FFS) Medi-Cal.[14,15]

MCPs are not required to cover the cost of NEMT for Community-Based Adult Services (CBAS) participants traveling between their place of residence and the applicable CBAS Center[16,17]. This is because transportation to and from the CBAS participant's place of residence and CBAS Center is a component of the CBAS daily benefit. MCPs remain responsible for covering all other Medically Necessary NEMT services for CBAS participants who are Members as described in this APL and the MCP Contract.

A. Prior Authorization

NEMT services require a prescription and each ride is subject to Prior Authorization to ensure the requested ride is for an MCP Covered Service or pharmacy service, unless it is for an NEMT service exempt from Prior Authorization.[18,19] The Member must have a PCS form prescribing NEMT by an appropriate Provider before Prior Authorization can be granted for NEMT. For more information about authorization for NEMT services for recurring appointments, see Section IX, Recurring Appointments.

For a Member disenrolling from one MCP and enrolling with another MCP, the new MCP must ensure continuity of care and honor current PCS forms, Prior Authorizations, and standing orders for NEMT services authorized by the Member's previous MCP. MCPs may reassess the Member's Prior Authorization at any time.

MCPs must ensure that a Provider's decisions regarding NEMT are unhindered by fiscal and administrative management, in accordance with the MCP Contract.[20] MCPs are also required to authorize, at a minimum, the lowest cost type of NEMT service (see transportation modalities below) that is adequate for the Member's medical needs, as determined by the Provider.[21] MCPs must ensure that there are

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[14] See MCP Contract, Exhibit A, Attachment III, Subsection 5.3.7.I.2.b (Services for all Members).
[15] For information about transportation reimbursement to Indian Health Care Providers, please see APL 24-002 (Medi-Cal Managed Care Plan Responsibilities for Indian Health Care Providers and American Indian Members).
[16] Cal. Code Regs. Tit. 22, § 54333 - Transportation | State Regulations | US Law | LII / Legal Information Institute
[17] CalAIM 1115 Approval Letter and STCs
[18] See W&I section 14136.3 and 22 CCR section 51323(b)(2)(C).
[19] MCP Contract, Exhibit A, Attachment III, Subsection 5.3.7.I.2 (Services for all Members).
[20] See MCP Contract, Exhibit A, Attachment III, Subsection 1.1.5 (Medical Decisions).
[21] 22 CCR section 51323(b).

no limits to receiving NEMT as long as the rides are for accessing services that are Medically Necessary or medically appropriate, and the Member has a prescription for the NEMT.

MCPs may provide telephone authorization for NEMT requests when Members require a Medi-Cal covered Medically Necessary service of an urgent nature and a PCS form could not have reasonably been submitted beforehand. The Member's Provider must submit a PCS form post-service for the telephone authorization to be valid and for any additional or future NEMT services to be provided.[22] The MCP's policies and procedures (P&Ps) must specify its processes for authorizing urgent NEMT.

B. <u>Prior Authorization Exemptions</u>

Neither a PCS form nor a Prior Authorization is required for NEMT services if a Member is being transferred from an emergency room to an inpatient setting, or from an acute care hospital, immediately following an inpatient stay at the acute level of care, to a skilled nursing facility, an intermediate care facility, an imbedded psychiatric unit, a free-standing psychiatric inpatient hospital, a psychiatric health facility, or any other appropriate inpatient acute psychiatric facility.[23]

In addition, MCPs must authorize NEMT in real time or retrospectively for NEMT services necessary to transport a Member upon discharge from an Emergency Department (ED) or inpatient setting to the Member's residence. An inpatient setting includes, but is not limited to an acute care hospital, skilled nursing facility, inpatient psychiatric hospital or facility or other inpatient facility. MCPs must not require Prior Authorization as a condition of arranging for or providing NEMT necessary to effectuate a Member's timely discharge from an inpatient setting if they cannot provide real time authorization. A PCS form is required and MCPs must grant retrospective authorization when all of the following conditions are met:

- Real time authorization is not available.
- The Member was discharged from an ED and required NEMT to return home or to another clinically appropriate location, such as an SUD facility.
- The Member's health condition at the time of discharge necessitated NEMT because NMT was not clinically appropriate.

[22] 22 CCR section 51323(b)(2)(A).
[23] W&I section 14136.3 and 22 CCR section 51323(b)(2)(C).

- The PCS form is filled out appropriately and completely to reflect the member's need for NEMT.
- Due to the emergent nature of the ED stay or discharge process, neither the Member nor the Provider was reasonably able to request Prior Authorization for NEMT in advance.
- The request for retroactive authorization is submitted within the MCP's established timeframe for retroactive review.

MCPs must not deny NEMT solely based on the absence of Prior Authorization when the service is associated with an ED discharge or inpatient discharge meeting the criteria above.

C. Non-Emergency Medical Transportation Physician Certification Statement Forms

Each MCP must utilize a PCS form that includes the required components described below to arrange NEMT services for its Members. The PCS form is used by the Provider to certify that NEMT is the appropriate level of transportation service for Members. Once the Member's Provider prescribes the type of NEMT transportation modality, the MCP and its transportation brokers cannot modify the PCS form.

To ensure consistency amongst all MCPs, all PCS forms, along with any supporting documentation, must include, at a minimum, the following components:

- Function Limitations Justification: For NEMT, the Provider is required to document the Member's limitations and provide specific physical and medical limitations that preclude the Member's ability to reasonably ambulate without assistance or be transported by public or private vehicles.
- Dates of Service Needed: Provide start and end dates for the NEMT services. State that written prescriptions may be for a maximum of six months, except when Member's clinical condition and associated reoccurring appointments supports an extended duration of NEMT. If the exception applies, then the PCS form may be completed for up to the corresponding 12 month period.
- Mode of Transportation Needed: Provide a list of the modes of transportation that may be used by a Member receiving NEMT services. The acceptable modes of transportation for NEMT are ambulance, litter van, wheelchair van, or air transport.

- Certification Statement: Provider's statement certifying that the determination of the requested type of transportation was based on Medical Necessity.

MCPs must authorize any PCS form that includes all the required components and meets the required clinical criteria for each Member. A PCS form is considered complete when all required components are provided, whether entirely contained within the form itself or supplemented by supporting documentation. MCPs must work collaboratively with Providers to ensure any missing administrative information is promptly verified using available documentation, without delaying a Member's access to NEMT services. When information is missing and is subsequently provided in supporting documentation, a new PCS form does not need to be submitted if the original PCS form along with the subsequently provided supporting documentation contains the required information. This process allows MCPs and Providers to confirm administrative details retrospectively when they can be substantiated, while ensuring that the level of transportation prescribed on the PCS form remains unaltered. MCPs must also maintain processes to assess and monitor the scheduling and delivery of NEMT services prescribed in accordance with approved PCS forms.

Members must be able to request a PCS form from their Provider by telephone, electronically, in person, or by another method established by the MCP. MCPs must ensure that a copy of the approved PCS form is on file for all Members receiving NEMT services. In addition, each MCP must have a mechanism to capture and submit data from the PCS form to DHCS.

Non-Emergency Medical Transportation Modalities

MCPs must provide NEMT services via four modes of transportation: ambulance, litter van, wheelchair van, and air transport. Ground transportation by ambulance, litter van, or wheelchair van must be provided when a Member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for the purpose of obtaining needed medical care.[24] Air transport must be provided for non-emergencies when the Member's medical condition or practical considerations render ground transportation not feasible.

Additionally, transportation brokers cannot triage the Member's needs to assess for the most appropriate level of NEMT service and must arrange or provide the modality of

[24] 22 CCR section 51323(a).

transportation prescribed in the PCS form. The MCP or its transportation brokers must not change the modality prescribed in the PCS form or downgrade the Member's level of transportation from NEMT to NMT. If the Provider has selected multiple modalities on the PCS form, the MCP may choose the lowest cost modality. MCPs must implement oversight processes to prevent unauthorized modifications.

1. MCPs must provide NEMT ambulance[25] services when the Member's medical condition contraindicates the use of other modes of medical transportation.[26] NEMT ambulance services may be used for:[27]
    - Transfers between facilities for Members who require continuous intravenous medication, medical monitoring, or observation.
    - Transfers from an acute care facility to another acute care facility.
    - Transport for Members who have recently been placed on oxygen. (This does not apply to Members with chronic conditions such as emphysema who require oxygen but do not require constant monitoring. These individuals may carry their own oxygen for continuous use).
    - Transport for Members with chronic conditions who require oxygen if monitoring is required.
2. MCPs must provide litter van[28] services when the Member's medical and physical condition does not meet the need for NEMT ambulance services, but meets all the following:
    - Requires that the Member be transported in a prone or supine position, because the Member is incapable of sitting for the period of time needed to transport.[29]
    - Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs, or other forms of public conveyance.[30]
    - Does not require specialized services, equipment, and personnel provided in an ambulance because the Member is in stable condition and does not need constant observation.[31]

[25] 22 CCR section 51231.
[26] 22 CCR section 51323(a)(1).
[27] See the Medi-Cal Provider Manual, Medical Transportation – Ground.
[28] Litter van services must comply with standards for participation requirements in 22 CCR section 51231.1.
[29] 22 CCR section 51323(a)(2)(A)(1).
[30] 22 CCR section 51323(a)(2)(B).
[31] 22 CCR section 51323(a)(2)(C).

3. MCPs must provide wheelchair van[32] services when the Member's medical and physical condition does not meet the need for ambulance or litter van services, but meets all the following:
    - Renders the Member incapable of sitting in a private vehicle, taxi, or other form of public transportation for the period of time needed to transport.[33]
    - Requires that the Member be transported in a wheelchair or assisted to and from a residence, vehicle, and place of treatment because of a disabling physical or mental limitation.[34]
    - Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.[35]
    - Does not require specialized services, equipment and personnel provided in an ambulance because the patient is in stable condition and does not need constant observation.[36]
4. MCPs must provide NEMT by air,[37] which must be substantiated in a written order, only when the Member's medical condition or practical considerations render ground transportation not feasible, such that at least one of the following conditions is met:
    - Transportation by air is necessary because the Member's medical condition precludes the use of NEMT ground transportation;
    - Practical considerations render ground transportation not feasible (i.e., the Member's location, or the nearest hospital capable of meeting a Member's medical needs, is not readily accessible to ground medical transportation); or
    - Transportation by air is less costly than ground medical transportation.

II. Non-Medical Transportation

MCPs must provide NMT services necessary for Members to obtain Medically Necessary or medically appropriate Medi-Cal services, including those not covered under the MCP

[32] Wheelchair van services must comply with standards for participation requirements in 22 CCR section 51231.2.
[33] 22 CCR section 51323(a)(3)(A).
[34] 22 CCR section 51323(a)(3)(B)(1).
[35] 22 CCR section 51323(a)(3)(C).
[36] 22 CCR section 51323(a)(3)(D).
[37] 22 CCR section 51323(c)(2).

Contract (e.g., Specialty Mental Health Services, California Children's Services, SUD services, dental services, and any other service delivered through the Medi-Cal FFS delivery system, including pharmacy services provided to Members through Medi-Cal Rx), subject to utilization controls. MCPs are encouraged to review their Utilization Management policies to reduce barriers and ensure there is no undue burden on Members when accessing NMT services for Medi-Cal services that are carved-out of the MCP Contract.[38]

NMT services do not include transportation of sick, injured, invalid, convalescent, infirm, or otherwise incapacitated Members who need to be transported by ambulances, litter vans, or wheelchair vans.[39] MCPs must take into consideration the Member's abilities when scheduling the NMT service. The NMT service requested must be the least costly method of transportation that meets the Member's needs.

MCPs are contractually required to provide Members with a Member Handbook that includes instructions for obtaining NMT services, including transportation for carved-out services.[40] The Member Handbook must include a description of NMT services and the conditions under which NMT is available.

At a minimum, MCPs must provide Members with round-trip NMT services[41] by passenger car, taxicab, or any other form of public or private conveyance (private vehicle), including by ferry, bus passes, taxi vouchers, or train tickets, as well as mileage reimbursement when conveyance is in a private vehicle arranged by the Member and not through a transportation broker.[42,43] Round-trip NMT is available for Medically Necessary and medically appropriate Medi-Cal services, including those not covered under the MCP Contract, subject to utilization controls as established by the MCP.

MCPs can provide NMT with door-to-door assistance for ambulatory Members who are not prescribed NEMT and do not meet the criteria for NEMT services under 22 CCR section 51323 but still need a lower level of door-to-door assistance that is not NEMT door-to-door service. NMT with door-to-door assistance refers to assistance that is limited to non-medical support and is intended to help Members safely and comfortably navigate to and from their origin, the vehicle, or destination and does not include

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[38] Utilization data for carved-out services can be found in the Plan Data Feed.
[39] W&I section 14132(ad)(2)(A)(ii).
[40] MCP Contract, Exhibit A, Attachment III, 5.1.3.I (Member Information).
[41] W&I section 14132(ad)).
[42] Internal Revenue Service (IRS) Standard Mileage Rates are available at: https://www.irs.gov/pub/irs-drop/n-24-08.pdf.
[43] Any mode of transportation that does not fall under private conveyance is considered public conveyance, including, but not limited to, Lyft, Uber, and other ride share options

clinical support or services typically associated with NEMT door-to-door assistance. MCPs must not use NMT with door-to-door assistance as a replacement for NEMT door-to-door assistance that must be provided to Members who have a PCS form prescribing NEMT services or would otherwise qualify for NEMT services. If a Member has an active PCS form for NEMT services, the Member's service must not be downgraded from NEMT to NMT services unless the Provider updates the PCS form to revise the end date and confirms that NEMT is no longer needed.

MCPs who provide NMT with door-to-door assistance must ensure information about NMT with door-to-door assistance is available in the Member Handbook and specify the criteria for determining when a Member can be provided NMT with door-to-door assistance in their P&Ps. MCPs must also monitor their NMT Providers to ensure that NMT with door-to-door assistance is being provided to Members when requested by Members who meet qualifying criteria and include their monitoring mechanisms within the P&Ps. MCPs may consider requiring NMT Providers who provide NMT with door-to-door assistance to be certified in Passenger Safety Training to ensure safety and mitigate associated risks.

Conditions for NMT services include:

- NMT coverage includes transportation costs for the Member and one attendant, such as a parent, guardian, or spouse, to accompany the Member in a vehicle or on public transportation, subject to Prior Authorization at the time of the initial NMT authorization request.
- Verification of Member's scheduled appointment. NMT does not cover trips for services that are not Medically Necessary or are not medically appropriate. For NMT services without a scheduled appointment, such as pharmacy visits, verification may include a receipt or other verification confirming that the prescription was picked up.

A. Non-Medical Transportation Private Vehicle Authorization Requirements

MCPs must authorize the use of private conveyance (passenger vehicle) for NMT when no other methods of transportation are reasonably available to the Member or provided by the MCP.[44] 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 paid transportation provided through a Transportation Network Company (TNC), such as Uber or Lyft. While MCPs may authorize NMT through a TNC, that is distinct from a Member

[44] "Passenger vehicle" is defined under the Vehicle Code (Veh. Code) section 465.

arranging transportation via a privately owned vehicle. However, a privately owned vehicle that is also used to provide commercial services for TNCs may be used as private conveyance for NMT as long as it is not operating in a commercial capacity during the time it is transporting the Member. Prior to receiving approval for the use of a private vehicle, the Member must exhaust all other reasonable transportation options and provide an attestation to the MCP stating that other methods of transportation are not available.[45] The attestation can be made over the phone, electronically, or in person. MCPs may require Member attestation or documentation that a Medi-Cal covered service was provided prior to reimbursing the Member for the private conveyance. In order to receive mileage reimbursement for the use of a private vehicle, the driver must be compliant with all California driving requirements, which include the following:

- Valid driver's license;
- Valid vehicle registration; and
- Valid vehicle insurance.[46]

MCPs must have P&Ps for their Member reimbursement process and are only required to reimburse the driver for mileage consistent with the Internal Revenue Service (IRS) standard mileage rate for medical transportation.[47] MCPs may also verify that the mileage reimbursement is appropriate for the distance to and from the Medi-Cal service location and the Member's residence prior to reimbursement.

For private conveyance, the Member must attest to the MCP in person, electronically, or over the phone that other transportation resources have been reasonably exhausted. The attestation may include confirmation that the Member:

- Has no valid driver's license;
- Has no working vehicle available in the household, or the working vehicle in the household is not reasonably accessible to the Member due to caregiver, family, or household constraints;
- Is unable to travel or wait for medical or dental services alone; and/or
- Has a physical, cognitive, mental, or developmental limitation.

[45] W&I section 14132(ad)(2)(B).
[46] Veh. Code sections 12500, 4000, and 16020.
[47] The IRS Standard Mileage Rates are available at: https://www.irs.gov/tax-professionals/standard-mileage-rates.

B. Non-Medical Transportation Authorization

MCPs may implement utilization controls, including, but not limited to requiring Prior Authorization for all NMT services prior to the Member's use of NMT services. MCPs may use Prior Authorization processes for approving NMT services and re-authorize services every six months when necessary. If a Member is new to an MCP and has an existing Prior Authorization for recurring NMT, the new MCP must honor the Prior Authorization and standing order for NMT services for those recurring appointments. The MCP may reassess the Member's Prior Authorization at any time. If the MCP requires Prior Authorization for NMT services, the MCP is responsible for developing a process to ensure that Members can request Prior Authorization and be approved for NMT in a timely manner. The MCP's Prior Authorization process must be consistently applied to medical/surgical, mental health, and SUD services.[48]

MCPs must authorize NMT services in real time or retroactively for eligible trips associated with ED or inpatient discharges when the Member's clinical condition or discharge circumstances reasonably prevented the Member or Provider from obtaining Prior Authorization. In addition, retroactive authorization must also be granted when all of the following conditions are met:

- Real time authorization is not available.
- The Member was discharged from an ED or inpatient setting and required NMT to return home or to another clinically appropriate location, such as an SUD facility.
- The Member's health condition at the time of discharge necessitated NMT because public or private transportation was not safe, accessible, or reasonably available.
- Due to the emergent nature of the ED stay or inpatient discharge process, neither the Member nor the Provider was reasonably able to request Prior Authorization for NMT in advance.
- The request for retroactive authorization is submitted within the MCP's established timeframe for retroactive review.

MCPs must not deny NMT solely based on the absence of Prior Authorization when the service is associated with an ED or inpatient discharge meeting the criteria above.

III. Scheduling and Timely Access

[48] See 42 CFR section 438.900 et seq.

MCPs must ensure that they meet timely access obligations as set forth in 28 CCR section 1300.67.2.2 and Health and Safety Code section 1367.03. A Member's need for transportation services does not absolve the MCP of its responsibility to comply with timely access standard obligations. MCPs with approved AAS must provide transportation in accordance with APL 23-001.

MCPs must provide in their Member Handbook instructions on how to request transportation, including the required advance notice timeframes that Members must adhere to in order to allow sufficient time for scheduling. MCPs must ensure that PCS forms and requests for Prior Authorizations are received and processed during and after business hours.

MCPs must inform their transportation brokers, Providers, and Members that Members must be transported and arrive at their destination no later than 15 minutes prior to their scheduled appointment. If the transportation Provider arrives early and leaves before the scheduled pick-up time without transporting the Member or arrives later than the scheduled pick-up time, MCPs must authorize alternate NEMT/NMT if feasible to ensure the Member does not miss their appointment or assist the Member in rescheduling their medical appointment.

MCPs must provide the second leg of a round-trip NEMT/NMT transportation request within an hour of the conclusion of the Member's appointment. MCPs must provide alternate NEMT/NMT with a Provider if the original return transportation service is not provided within the one-hour timeframe. Members must not wait more than two hours for the second leg of a round trip NEMT/NMT ride if the original return transportation service is not provided within the initial one-hour timeframe. Transportation Providers who fail to punctually transport a Member, resulting in a missed or canceled appointment or a Member's request for authorization of alternate NEMT/NMT due to the transportation Provider's untimeliness, must be considered a "no-show" Provider in the data logs for the ride. If a Member is using the "will-call" function, MCPs are not required to authorize or pay for NEMT/NMT services that the Member requests more than two hours after the conclusion of their appointment. [49] MCPs may require Provider confirmation of the appointment conclusion time for NEMT/NMT services that exceed the two-hour limit.

NEMT services from an acute care hospital immediately following an inpatient stay at the acute level of care to a skilled nursing facility, an intermediate care facility, an

[49] "Will-call" refers to an on-demand transportation request in which a Member or Provider contacts the transportation Provider at the time the Member is ready for pick-up instead of scheduling the ride in advance.

imbedded psychiatric unit, a free standing psychiatric inpatient hospital, a psychiatric health facility, or any other appropriate inpatient acute psychiatric facility, must be provided within three hours of the Member's or acute care hospital's request. If NEMT services are not provided within the three-hour timeframe, the acute care hospital may arrange out-of-Network NEMT services with a Medi-Cal enrolled Provider and MCPs must cover and provide reimbursement to the hospital. MCPs are required to actively engage with hospitals during discharge planning to prevent delays that may impede discharge. MCPs must also coordinate with hospitals to prevent any coverage or claim-related issues resulting from the use of out-of-Network Providers in the event that hospitals arrange transportation outside of the MCP's Network to meet the three-hour requirement.

Data Logs for Non-Emergency Medical and Non-Medical Transportation Rides

MCPs must maintain logs of NMT and NEMT rides and the logs must be made available to DHCS upon request for monitoring and auditing purposes. MCPs who contract with transportation brokers must require the transportation brokers to maintain logs and submit the logs to the MCP, at minimum, on a quarterly basis. MCPs must also have processes in place to collect Member Grievance data from its transportation brokers regarding no-show Providers and all other performance-related Grievances. The logs must include the following data elements:

- Member identifier information;
- Driver identifier information;
- Transportation type: NEMT/NMT and modality (if applicable);
- Pick-up and drop-off location;
- Scheduled pick-up and drop-off time;
- Timestamp when the Member called the MCP or transportation broker and requested the second leg of a round-trip transportation ride for drop-off at home;
- Start and end timestamps of the transportation ride;
- Outcome of the transportation ride (e.g., round-trip ride completed, round-trip ride cancelled due to no-show Provider);
- Whether an alternate NEMT/NMT ride was scheduled, Yes or No, if applicable (include ride details); and
- Grievance details related to the ride (if applicable).

Transportation provided through public transportation (e.g., bus or train passes) does not have to be tracked in the transportation logs.

MCPs must have processes in place to ensure their transportation brokers and Providers are meeting these requirements and impose Corrective Action on their transportation brokers and Providers if non-compliance is identified through oversight and monitoring activities.

IV. Requirements for Minors

Unless otherwise provided by law, MCPs must provide NEMT or NMT for a parent, legal guardian, or Authorized Representative (AR) when the Member is a minor.[50] With the written consent of a parent, legal guardian, or AR, MCPs may arrange NEMT or NMT services for a minor who will not be accompanied by a parent, legal guardian, or AR. MCPs must ensure all necessary written consent forms are collected prior to arranging transportation for an unaccompanied minor. MCPs may not arrange NEMT or NMT services for an unaccompanied minor without the necessary consent forms unless state or federal law does not require parental consent for the minor's service. MCPs must provide transportation services for unaccompanied minors without requiring the written consent of a parent, guardian, or AR when applicable state or federal law does not require parental consent for the minor's service.

V. Transportation Brokers

MCPs may contract with transportation brokers for the provision of NEMT or NMT services.[51] Transportation brokers may also have their own network of NEMT or NMT Providers to provide rides to Members. However, MCPs must have the ability to supplement their transportation Network if a transportation broker's network is insufficient.

MCPs, Subcontractors, Downstream Subcontractors, or Network Providers must comply with the requirements set forth in APL 23-006, APL 21-011, and the MCP Contract if they utilize transportation brokers as Subcontractors and delegate the provision of NEMT or NMT to vendors. MCPs must ensure the contractual agreement between the MCP and the transportation broker specifies all delegated activities and delineates all related contractual, federal, and state requirements. MCPs cannot automatically delegate its responsibilities to a transportation broker by default on the basis that the transportation broker has a contract with a transportation Provider. Instead, MCPs must meet all the Subcontractor requirements to delegate the MCP obligations mentioned above. MCPs

[50] MCP Contract, Exhibit A, Attachment III, Subsection 5.3.7.I.4 (Services for All Members).
[51] Transportation brokers are entities that conduct administrative activities on behalf of the MCP such as maintaining a call center for Members to request NEMT or NMT rides, scheduling, and arranging rides for Members.

must maintain oversight of all Subcontractors, Downstream Subcontractors, or Network Provider functions, including ensuring timely delivery of transportation services

Additionally, transportation brokers must arrange or provide NEMT services as prescribed in the PCS form. Transportation brokers cannot downgrade a Member's level of transportation from NEMT to NMT unless the Member's Provider updates their PCS form with a revised end date confirming the Member no longer requires NEMT. MCPs may reassess a Member's medical need for NEMT at any time and, upon confirmation by the Member's Provider, may update an authorization to reflect that NEMT is no longer authorized.

VI. Transportation Liaison

MCPs must have a minimum of one transportation liaison for Members and Providers to receive real-time assistance directly from the MCP to escalate transportation issues including, but not limited to, issues that can result in missed appointments or canceled appointments due to untimely transportation Providers.[52] The liaison role cannot be delegated to a transportation broker and MCPs must have a process to triage urgent transportation calls when the Member or Provider attests that they have attempted to work with the transportation broker, but the issue remains unresolved and is time sensitive.

MCPs must include contact information in the Member Handbook that provides Members and their representatives with direct access to the MCP for urgent transportation needs, and an accessible option to escalate to the transportation liaison. The transportation liaison must be knowledgeable of transportation policies and assist Members with scheduling urgent NEMT or NMT if the transportation broker is unsuccessful. The transportation liaison and their contact information must be posted on the MCP's publicly available website and included in the MCP's Provider portal, and posted in the Liaison Directory in the Managed Care Operations (MCOD) MCP Submission Portal.

VII. Related Travel Expenses for Non-Emergency Medical Transportation and Non-Medical Transportation

MCPs are required to cover transportation-related travel expenses determined to be necessary for NEMT and NMT.[53] MCPs may delegate transportation-related travel expense issues to its contracting transportation broker. This includes the cost of transportation and reasonably necessary expenses for a Member's meals and lodging

[52] MCP Contract, Exhibit A, Attachment III, Subsection 4.3.24.C (Managed Care Liaisons).
[53] MCP Contract, Exhibit A, Attachment III, Subsection 5.3.7.I.5 (Services for All Members).

enroute to and from and while receiving services, and if necessary, the costs of an accompanying attendant. MCPs must apply the IRS per diem rates when determining reimbursement amounts for lodging and meals.[54] The salary of the accompanying attendant who is determined to be necessary is also a covered travel expense if the attendant is not a family member.[55]

MCPs may utilize Prior Authorization and Utilization Management controls for the provision of related travel expenses, including protocols for determining whether an attendant is necessary. This does not preclude the MCP from requiring a PCS form for all NEMT authorizations. Transportation-related travel expenses are subject to retroactive reimbursement. In order to qualify for retroactive reimbursement of related travel expenses, the underlying NEMT or NMT service and the related expenses must be appropriately documented by the Member in accordance with the MCP's P&Ps.

MCPs requiring Prior Authorization and Utilization Management controls for related travel expenses must notify their Members of the process to request authorization. If a Member fails to comply with an MCP's Prior Authorization process, the MCP is not required to cover the Member's related travel expenses.

Members are eligible for coverage of related travel expenses including, but not limited to, circumstances where a Member is obtaining a Medically Necessary service that is not available within a reasonable distance from the Member's home, such that the Member is unable to make the trip within a reasonable time. For purposes of determining whether the service is available within a reasonable distance or time, MCPs must consider the applicable Medi-Cal Network adequacy time or distance standard for the Provider or service type, where such a standard exists.[56] If the Member's travel exceeds an applicable standard or a reasonable distance or time, the MCP must consider and document the circumstances necessitating the additional travel , including, as applicable, Provider or appointment availability, continuity of care, authorization for out-of-Network services, an approved AAS, the Member's medical or accessibility needs, and geographic conditions.

A. Payment

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[54] The current IRS Per Diem Rates are available at: https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-results?action=perdiems_report&fiscal_year=2026&state=CA&city=&zip=.
[55] 42 CFR section 440.170(a)(3)(iii).
[56] The current Medi-Cal Network Adequacy time or distance are available at: Managed Care Rule Network Adequacy Standards 3.26.18

MCPs are required to have procedures in place to provide the following methods of payment for related travel expenses:

- Member Reimbursement: MCPs can reimburse Members for approved travel expenses. Reimbursement must cover the actual expenses incurred by the Member and the accompanying attendant, as long as those expenses are reasonable and supported by receipts. MCPs must apply the IRS per diem rates when determining reimbursement amounts for lodging and meals.[57] If the Member or the Member's family paid for travel expenses up front, MCPs must approve and reimburse the Member or Member's family no later than 60 calendar days following confirmation that all required receipts and documentation have been received by the MCP.
- Pre-Payment to Vendor: MCPs must prepay vendors for related travel expenses, including expenses for meals and lodging, if the Member and the accompanying attendant are unable to pay in advance. The Member must attest to the MCP in person, electronically, or over the phone that they are unable to pay in advance for related travel expenses.

B. Lodging

If an MCP does not prepay for the Member's and accompanying attendant's lodging, the MCP is required to provide reimbursement for approved lodging expenses. Reimbursement must cover actual expenses, as long as those expenses are reasonable and supported by receipts. MCPs must apply the IRS per diem rates when determining reimbursement amounts for lodging and meals. As part of the Prior Authorization process, MCPs may arrange lodging to be used by the Member and accompanying attendant, so long as it is located within a reasonable distance from the location where the Member will obtain Medically Necessary services. MCPs must consider the applicable Medi-Cal Network adequacy time or distance standards for the Provider or service type, where such a standard exists, being outside of time or distance standards does not automatically qualify an individual for lodging.

C. Meals

If an MCP does not prepay for the Member's and accompanying attendant's meals, the MCP is required to provide reimbursement for approved meal expenses. Reimbursement must cover the actual expenses, as long as those expenses are

[57] The IRS Per Diem Rates are available at: https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-results?action=perdiems_report&fiscal_year=2026&state=CA&city=&zip=.

reasonable and supported by receipts. MCPs must apply the IRS per diem rates when determining reimbursement amounts for lodging and meals. Hospital meal voucher(s) may be deducted from the meal expenses submitted by a Member and their accompanying attendant.

D. Other Necessary Expenses

If an MCP does not prepay for other necessary expenses (e.g., parking, tolls) incurred by the Member and their accompanying attendant, the MCP is required to provide reimbursement for approved other necessary expenses.

Reimbursement must cover the actual expenses, as long as those expenses are reasonable and supported by receipts.

VIII. Enrollment of Transportation Providers

All NEMT and NMT Providers must comply with the enrollment requirements set forth in APL 22-013. TNC Providers such as Uber and Lyft are subject to the enrollment requirements outlined in APL 22-013. MCPs are not responsible for credentialing TNC NMT drivers. MCPs may have P&Ps in place to authorize TNC NMT drivers to provide NMT services to their Members.

As noted above, if MCPs delegate to a transportation broker, the MCP must ensure that the broker complies with all requirements, including verifying the enrollment of all subcontracted providers in the Medi-Cal program.

An MCP may allow NEMT and NMT Providers to participate in its Network for up to 120 days, pending the outcome of the enrollment process. However, an MCP must terminate its contract with an NEMT or NMT Provider upon notification from DHCS that the Provider has been denied enrollment in the Medi-Cal program, or upon expiration of the 120-day period. MCPs must have a process in place to track the 120-day timeframe for contracted NEMT and NMT Providers with pending applications to ensure the contracts do not exceed 120 days. If an NEMT or NMT Provider is unable to successfully enroll in Medi-Cal, MCPs cannot continue to contract with or use the Provider during the period in which the Provider resubmits its enrollment application to DHCS. MCPs can only re-initiate a contract upon the Provider's successful enrollment as a Medi-Cal Provider. If an NEMT or NMT Provider termination may impact Member access, MCPs must notify DHCS and submit a plan of action for continuity of services for review and approval before terminating the NEMT or NMT Provider.

Transportation Providers need only enroll as a Provider for the type of transportation services they are providing, either NEMT or NMT services, or both, as applicable. NEMT

Providers who do not provide NMT services must not be required to enroll as NMT Providers to perform NEMT services as prescribed and documented in PCS forms.

Transportation brokers are not required to be enrolled in the Medi-Cal program. However, MCPs must demonstrate that their transportation brokers are only conducting administrative activities such as scheduling rides. If a transportation broker is providing rides to Members, the transportation broker must be enrolled as an NEMT/NMT Provider, depending on the services provided.

IX. Recurring Appointments

For MCP Covered Services that require recurring appointments, MCPs must authorize NEMT for the duration of the recurring appointments, not to exceed six months, and ensure the Member has a standing order guaranteeing assigned rides for the duration of the recurring appointments. There is an exception for recurring appointments for chronic conditions where the MCP has determined ongoing NEMT services, beyond the 6 initial months, are necessary. MCPs, at their discretion, can authorize transportation for these appointments for 12 months instead of six months. MCPs may accept a PCS form for a duration of up to 12 months if the MCP deems ongoing NEMT services are necessary (e.g., reoccurring appointments for chronic conditions such as dialysis).

Transportation for recurring appointments for Members such as dialysis, chemotherapy and other treatment appointments with a regular cadence must be scheduled in advance for the known duration of the treatment instead of having Members call to schedule transportation for each visit. MCPs, at their discretion, may revalidate recurring appointments either by confirming with the Member's Provider or using an appointment/attendance report, to confirm the Member's continued need for transportation to the recurring appointments.

When trips are recurring, MCPs:

- May require additional documentation or approvals for NEMT when there are more than two one-way trips per day or more than five round trips per week; and
- Must require additional documentation or approvals for NEMT when the Member has four or more one-way trips per day or trips exceed the mileage specified in the Timely Access for Specialty Care Network Adequacy standards Attachment A of APL 23-001 (Network Certification Requirements).

MCPs must collaborate with Federally Qualified Health Centers (FQHCs) and Long-Term Care (LTC) facilities where their Members receive services and reside to ensure their

transportation needs are met and transportation standing orders for recurring medical appointments are coordinated. MCPs must also provide the LTC facilities with their Transportation Liaison contact information directly or refer the facilities to where the contact information is posted on the MCPs' websites, to ensure collaboration between the LTC facilities and MCPs in the delivery of appropriate and timely transportation to critical recurring appointments.

MCPs may contract with FQHCs that maintain transportation resources or vendor agreements and have the capacity to support timely access to recurring medical appointments if the FQHCs meet applicable transportation Provider standards and documentation requirements. MCPs must not deny coverage of FQHC-provided transportation when it represents the most reasonable and cost-effective method for a Member to access Medi-Cal covered services. MCPs must apply standard Appeal and Grievance processes to FQHC-provided transportation services. FQHC transportation Providers must also meet the enrollment requirements set forth in APL 22-013.

X. Applicability for Dual Eligible Members

The NEMT and NMT policies described in this APL apply to Members dually eligible for Medicare and Medi-Cal, for services covered by Medi-Cal only and for Medi-Cal covered services for which Medicare is the primary payer. Since Medicare is the primary payer for most Medi-Cal covered services for dual eligible Members, MCPs must ensure necessary transportation to most Medi-Cal services for these Members. However, NEMT and NMT services will not be covered if transportation is needed for a service covered solely by Medicare. For example, since Medicare Part D drugs are excluded from Medicaid coverage, MCPs are not required to provide NEMT or NMT to dual eligible Members for visits to the pharmacy to obtain Part D-covered drugs.

Further, since some Medicare Advantage plans include supplemental benefits to cover NEMT or NMT, and Medi-Cal is the payer of last resort, Medi-Cal is not responsible for NEMT or NMT otherwise covered by a Medicare Advantage plan. MCPs must have a process in place to ensure timely access to NEMT and NMT services for dual eligible Members enrolled in a Medicare Advantage plan. The purpose of such a process is to avoid NEMT and NMT access delays during coordination of benefits between the MCP and the Medicare Advantage plan, when NEMT or NMT is covered by the Medicare Advantage plan.

XI. MCP Approvals, Monitoring, and Oversight

MCPs must ensure NEMT and NMT Network Providers clearly document furnished services completely and accurately and maintain effective systems for routine

monitoring and auditing. MCPs are responsible for monitoring and overseeing their transportation brokers to ensure that the transportation brokers are complying with the requirements set forth in this APL. MCPs must conduct monitoring activities no less than quarterly. Monitoring activities must include, but are not limited to, verification of the following items:

- Medi-Cal enrollment status through the state enrollment pathway for NEMT and NMT Network Providers;
- Appropriate provision of NEMT services as prescribed in the PCS form;
- NEMT door-to-door service is provided for all Members receiving NEMT services;
- Appropriate NMT with door-to-door assistance is provided (when offered by the MCPs);
- Punctual provision of NEMT and NMT rides; and
- No-show rates for NEMT and NMT Providers.

As part of their Utilization Management processes, MCPs must have a process in place to ensure that Members are using NEMT and NMT services for transport to access services that are Medically Necessary or medically appropriate. This may include requiring additional documentation or approvals for NEMT/NMT when the Member requests more than two one-way trips per day or more than five round trips per week.

MCPs must require additional documentation for approvals for NEMT/NMT when either of the following applies:

- The Member requests four or more one-way trips per day.
- Trips exceed the mileage specified in the Timely Access for Specialty Care Network Adequacy standards Attachment A of APL 23-001 and/or the MCP's approved AAS.

Once this documentation is received, MCPs must review this information to make a decision on whether to authorize additional trips or mileage if supporting documentation is sufficient. Documentation may include requiring a Member to provide an attestation or documentation of a covered Medi-Cal service (e.g., prescription, verification of a referral, or other Provider documentation) when NMT services are requested to access covered Medi-Cal services that are carved out of the MCP Contract. MCPs may incorporate these requirements as part of an authorization process that occurs before or after the NMT services are provided. Alternatively, MCPs may consider requiring such documentation as part of the claims adjudication process. MCPs may remind Behavioral Health Plans and Drug Medi-Cal (DMC) Counties they work with that they should share the necessary information with MCPs needed to validate these NMT

rides with the MCP in accordance with Behavioral Health Information Notice (BHIN) 26-013, APL 26-004, and their Memorandum of Understanding with the MCP. MCPs may also verify appointments for services exceeding timely access standards prior to approval of the NMT service. MCPs may shift a Member to an alternate NMT modality (e.g., bus pass, metro card, taxi voucher). MCPs must not deny NMT for any Medi-Cal-covered service unless any required attestation or documentation is not provided or valid upon review.

MCPs must also have a process in place to impose Corrective Action on Subcontractors, Downstream Subcontractors, or Network Providers including transportation brokers and Providers if non-compliance with this APL is identified.

An MCP may immediately terminate its agreement with a Subcontractor, Downstream Subcontractor, or Network Provider when the MCP conducts an internal investigation and determines there is credible evidence that the individual or entity has committed Fraud, Waste, or Abuse (FWA).[58] MCPs must notify DHCS' Program Integrity Unit of all identified FWA as directed.[59] Although MCPs may immediately terminate an individual or entity for this reason prior to notifying DHCS, MCPs must still ensure they meet Network adequacy and access standards and ensure impacted Members are transferred to alternate Subcontractors, Downstream Subcontractors, or Network Providers as appropriate to avoid delays in care.[60] If MCPs cannot ensure compliance with Network adequacy and access standards through Subcontractors, Downstream Subcontractors, or Network Providers, they must authorize out-of-Network services for Members.[61]

The requirements in this APL necessitate a change in an MCP's contractually required P&Ps. MCPs must submit their updated P&Ps to the MCOD-MCP Submission Portal for DHCS review and approval within 90 days of the release of this APL.[62]

MCPs are responsible for ensuring that their Subcontractors, Downstream Subcontractors, and Network Providers, including transportation brokers, comply with all applicable state and federal laws and regulations, MCP Contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all Subcontractors, Downstream Subcontractors, and

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[58] The definitions for "fraud," "waste," and "abuse" are separately defined in the MCP Contract, Exhibit A, Attachment I, Article 1.0 (Definitions).
[59] MCP Contract, Exhibit A, Attachment III, Subsection 1.3.2.D (Fraud Prevention Program).
[60] See APL 21-003 (Medi-Cal Network Provider and Subcontractor Terminations).
[61] MCP Contract, Exhibit A, Attachment III, Subsection 5.2.7 (Out-of-Network Access).
[62] The MCOD-MCP Submission Portal is available at: https://cadhcs.sharepoint.com/sites/MCOD-MCPSubmissionPortal/SitePages/Home.aspx.

Network Providers. DHCS may impose Corrective Action plans (CAP), as well as administrative and/or monetary sanctions for non-compliance. MCPs should review their Subcontractor Agreements, Downstream Subcontractor Agreements, and Network Provider Agreements, including Division of Financial Responsibility provisions as appropriate, to ensure compliance with this APL. For additional information regarding administrative and monetary sanctions, see APL 25-007: Enforcement Actions: Corrective Action Plans, Administrative and Monetary Sanctions. Any failure to meet the requirements of this APL may result in enforcement actions.

If you have any questions regarding this APL, please contact your MCOD Contract Manager.

Sincerely,

Original signed by Dennis Hsieh

Dennis Hsieh, M.D., J.D.

Division Chief, Managed Care Quality and Monitoring Division

Health Care Delivery Systems