

Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses Frequently Asked Questions (FAQs)

The following FAQs provide additional guidance and clarification to Medi-Cal managed care health plans (MCPs) regarding All Plan Letter (APL) 22-008: Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) Services. As the Department of Health Care Services (DHCS) receives additional questions, these FAQs will be updated and the footer will indicate the version number and issue date.

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, or in some cases, before or after those hours in order to ensure that the member is able to receive services within those hours of operation. 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. The MCP must make the contact information available to members.

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

MCPs must ensure that NEMT and NMT 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 are provided by out-of-network providers, , such as family planning, out of network approvals, single case agreements, continuity of care requests, and hospital discharge. The utilization management controls must be included in the MCP's transportation policy and procedures (P&P) 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 NEMT or NMT. MCPs must 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.). The MCP must also allow roundtrips with different start and end points.

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, or where such referral or approval is not needed (e.g., family planning). If the out-of-network provider’s service has not been authorized or approved, then MCPs are not required 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, or unduly delay of access to care.

7. Can an MCP allow the siblings of a minor member to be transported with the minor member and parent when obtaining transportation services?

Yes, an MCP can allow the siblings of a minor to be transported with the minor and parent.

8. 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, or other appropriate location (e.g., the home of a family member). The MCP must follow the existing process for approving NEMT and NMT for each setting.

9. 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. MCPs may also use prior authorization processes for approving NMT services.

Transportation Forms

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

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

10. Can the Physician Certification Statement (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 provider's authorization and/or signature to authorize a NMT service or type of NMT service.

11. 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 provider.

Non-Emergency Medical Transportation

12. 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 to the transportation, including assistance with wheelchair, walker, etc., if needed. 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 (e.g., request assistance from local Fire Department or Emergency Medical Technician).

13. What processes can an MCP put in place to ensure door-to-door assistance is being provided for all members receiving NEMT services?

Processes could include but are not limited to reviewing member grievances.

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

Not necessarily. Dialysis recipients may qualify for NEMT wheelchair van transport when the member's provider(s) submit a signed PCS form.

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

Yes. The treating provider 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.

16. 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.

17. Do NEMT transfers between acute care hospitals and psychiatric facilities require prior authorization?

Prior authorization is not required for NEMT transfers between acute care hospitals immediately following an emergency room visit from which an inpatient transfer is occurring, or an inpatient stay at the acute level of care to imbedded psychiatric units, free standing psychiatric inpatient hospitals, psychiatric health facilities, and any other appropriate inpatient acute psychiatric facilities.

Non-Medical Transportation

18. When is self-attestation required?

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

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

While self-attestation is always required for private conveyance, MCPs may require self-attestation by the member for public conveyance as well.

20. 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.

Maintenance and Transportation (M&T) expenses are available to California Child Services (CCS)-eligible member/family in accordance with CCS N.L 03-0810. Therefore,

Whole Child Model (WCM) members can request reimbursement from their MCP for private car conveyance at the Internal Revenue Service (IRS) standard mileage rate for medical transportation in effect on the date the travel occurred. For more information on WCM, see APL 21-005 or any superseding APL.

21. If the member requesting services is a ride-share driver (e.g., Lyft or Uber), can they receive gas mileage reimbursement?

No, the member requesting services cannot be the driver and is therefore not eligible to receive gas mileage reimbursement.

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

No, gas mileage reimbursement only applies to private conveyance.

23. 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.

24. 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 NMT provider?

If the member does not provide an attestation to the MCP stating other methods of transportation are not available, then the MCP may deny reimbursement for private conveyance.

25. 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 may include this as part of the attestation requirement for private conveyance.

26. Are MCPs responsible for credentialing taxi drivers, bus drivers, or transportation network company (TNC) drivers?

No, MCPs are not responsible for credentialing taxi, bus, or TNC drivers. MCPs may have policies and procedures in place to authorize taxi, bus, or TNC drivers to provide NMT services to their members.

27. Who is responsible for processing grievances of NEMT and NMT providers filed by the member?

MCPs are responsible for processing grievances filed by a member, as if they were any other complaint regarding a plan service or provider. If the MCP delegates this

responsibility, it must conduct oversight and monitor the subcontractor as pursuant to APL 21-011 and APL 17-004.¹ MCPs cannot delegate the processing of grievances to a transportation broker.

28. If the MCP determines that a member does not qualify for NMT, is the MCP required to send a Notice of Action and allow the member to appeal?

If the MCP decides to have a prior authorization process for NMT, it must use a Notice of Action (NOA) letter to inform members of the MCP's decision and the member's right to appeal. DHCS allows MCPs the flexibility to develop a process to demonstrate that decisions are made timely.

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

An 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, the MCP 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 must make the determination.

30. What does "NMT does not include transportation of the sick, injured, invalid, convalescent, infirm..." mean?

If a member needs to be transported by ambulance, litter van, wheelchair van, or air, the member does not qualify for NMT. However, the member may be entitled to other types of transportation services, such as NEMT.

Carved-Out Services

31. If a program such as Ryan White or Community-Based Adult Services 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 must provide NMT to the member. If the member requests NMT from the MCP, the MCP is responsible for providing the transportation. A member must not be denied NMT needed to obtain medically necessary services.

32. How will MCPs verify that a member requesting NMT has an appointment for carved-out services, which may include California Children's 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

¹ APLs are available at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

of medical appointments. Additionally, MCPs may use the monthly Fee-For-Service claims data that DHCS provides the MCP on a monthly basis.

33. 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.

California Children's Services Program

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

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 memoranda of understanding and other agreements executed by the local CCS program to determine whether NEMT is being provided by the local CCS program.

35. Please clarify the differences between the NEMT/NMT benefit and the CCS 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.

MCPs participating in the WCM program WCM must also comply with the requirements in APL 21-005, California Children's Services Whole Child Model Program, or any superseding APL, for CCS-eligible members to obtain NEMT and NMT exceeding the CCS M&T benefit as set forth in CCS Numbered Letter (N.L.) 03-1810, or for services not related to a member's CCS-eligible condition(s).² For more information on WCM, see APL 21-005 or any superseding APL.

Travel Expenses

36. Are MCPs required to cover members' transportation related travel expenses?

Yes, Title 42 of the Code of Federal Regulations Section 440.170(a)(1) and (3) require the coverage of transportation related expenses determined to be necessary.

² CCS N.L.s are available at: <https://www.dhcs.ca.gov/services/ccs/Pages/CCSNL.aspx>

37. Is the expectation that MCPs cover related travel expenses for all members when going to a medical appointment?

No. MCPs may establish their own parameters and utilization controls for related travel expenses when providing NEMT or NMT services to their members. MCPs may also require prior authorization for members to request and obtain approval for related travel expenses. Each MCP has the flexibility to develop guidelines for the provision of related travel expenses, but must ensure that its guidelines are reasonable and meet all federal and DHCS requirements and guidelines. The P&Ps are subject to DHCS approval prior to implementing.

Cal MediConnect

38. How will Cal MediConnect (CMC) plans be impacted by APL 22-008?

CMC plans, also known as Medicare-Medicaid health plans (MMPs), are required to provide NEMT and NMT services to their members. Duals Plan Letter (DPL) 18-001 provides MMPs specific guidance on NEMT and NMT policy applicable to the MMPs.

Reimbursement and Rates

39. 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.

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

MCPs may 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.

41. 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.

For travel expenses, 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.