

PROVIDER Update



REGULATORY | JANUARY 4, 2018 | UPDATE 18-007 | 6 PAGES

Non-Emergency Medical Transportation and Non-Medical Transportation Benefit Change for Medi-Cal Members (Dual Risk)

Effective July 1, 2017, as required by California Welfare & Institutions Code §14132(ad)(1) and the California Department of Health Care Services (DHCS) All Plan Letter 17-010 guidance regarding non-emergency medical transportation (NEMT) and non-medical transportation (NMT), Health Net Community Solutions, Inc. (Health Net), on behalf of CalViva Health, is providing NEMT (provided when a member needs to obtain medically necessary covered services via transportation by ambulance, litter van or wheelchair van that are prescribed by a physician, dentist, podiatrist, or mental health or substance use disorder provider who completes a Physician Certification Statement) and NMT (includes transportation for medically necessary appointments and may be provided via passenger car, taxicab, paratransit [such as Access] or any other form of public or private vehicle; a Physician Certification Statement is not required for NMT) for all its Medi-Cal members through LogistiCare Solutions, LLC (LogistiCare).

Effective October 1, 2017, in order to comply with CMS-2333-F, Health Net, on behalf of CalViva Health, provides NMT to carved-out services covered by Medi-Cal for members upon their request, and participating physician groups (PPGs) refer and coordinate NEMT for carved-out services. Carved-out services include, but are not limited to, specialty mental health, substance use disorder, dental, and any other benefits delivered through the Medi-Cal fee-for-service (FFS) delivery system.

For NEMT, PPGs or hospitals that have risk for NEMT in the Division of Financial Responsibility (DOFR) must authorize and coordinate with their transportation provider for medically necessary services in a timely manner. Failure to do so will result in the plan approving and arranging the transportation and processing a capitation payment deduction.

For NMT, Health Net, on behalf of CalViva Health, is providing transportation through LogistiCare Solutions, LLC for medically necessary covered services.

COVERAGE REQUIREMENTS

A PCS form is required for NEMT services only. Physicians can contact LogistiCare at 1-866-529-2128 to obtain a PCS form.

For NEMT, PPGs may use a DHCS-approved PCS form to secure authorization from the physician. Monthly reporting is required for the utilization of authorized PCS forms. The plan will provide reporting and submission requirements.

For NEMT authorizations, physicians are 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 to be transported by public or private vehicles.

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569
www.healthnet.com

NMT and NEMT coverage is limited to the least costly medical transportation available that is adequate for the member's medical needs. Coverage is also limited to transportation to the nearest physician capable of meeting the member's needs.

NEMT and NMT services include transportation for the member and attendant(s), such as a parent, guardian, spouse, or child/children, and must be requested at the time of the initial transportation arrangement.

For NEMT only, with written consent of a parent or guardian, transportation may be arranged for a minor age 12 through 17 who is unaccompanied by a parent or guardian. All necessary written consent forms must be received prior to arranging transportation for an unaccompanied minor, and must be provided to the PPG.

For NMT only, with written consent of a parent or guardian, transportation may be arranged for a minor age 12 through 17 who is unaccompanied by a parent or guardian. All necessary written consent forms must be received prior to arranging transportation for an unaccompanied minor, and must be provided to LogistiCare.

Attached is a copy of the Minor Consent Form. Have the form reviewed by your legal counsel before using.

Who can request transportation?

- A member, relative or caregiver, except for the limited circumstances noted below.
- Minors can request without parental consent in the case of minor consent services (minor consent services are services adolescents, children ages 12 through 17, can obtain without a parental consent – sensitive services) as detailed below:
- Members ages 12 through 17 may request transportation for counseling and surgical procedures to end pregnancy from any qualified Medi-Cal provider.
- Members ages 12 through 17 may request transportation for mental health services, drug and alcohol abuse, outpatient mental health treatments, and counseling.
- Members ages 12 through 17 may request transportation for family planning, sexual assault services including rape, and sexually transmitted diseases services from any qualified Medi-Cal provider.
- Members ages 12 through 17 may request transportation to pregnancy-related services in their primary care physician's (PCP's) network (medical group).

Who may accompany a member?

- Member's parent, legal guardian, caregiver, or family member.

NON-EMERGENCY MEDICAL TRANSPORTATION (PPG RESPONSIBILITY)

NEMT is a covered Medi-Cal benefit when the member needs to obtain medically necessary covered services and when prescribed in writing by a physician, dentist, podiatrist, or mental health or substance use disorder provider. NEMT under Medi-Cal is covered only when the patient's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated. Additionally, NEMT is covered for patients who cannot ambulate or are unable to stand or walk without assistance, including those using a walker or crutches. This includes door-to-door assistance for all members receiving NEMT services.

The NEMT modalities, in accordance with the Medi-Cal Provider Manual, are:

- NEMT ambulance services which include:
 - Transfers between facilities for members who require continuous intravenous medication, medical monitoring or observation.
 - Transfers: 1) from an acute care facility to another acute care facility, immediately following an inpatient stay at the acute level of care, 2) to a skilled nursing facility or 3) to a licensed intermediate care facility.
- Litter van services, when the member's medical and physical condition does not meet the need for NEMT ambulance services but meets both of the following:
 - The member must be transported in a prone or supine position because the member is incapable of sitting for the period of time needed for transport.
 - Specialized safety equipment is required over and above that which is normally available in passenger cars, taxicabs or other forms of public conveyance.

-
- Wheelchair van services, when the member's medical and physical condition does not meet the need for litter van services, but meets any of the following :
 - The member is incapable of sitting in a private vehicle, taxi or other form of public transportation for the period of time needed to transport.
 - The member must 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.
 - Specialized safety equipment is required over and above that which is normally available in passenger cars, taxicabs or other forms of public conveyance.
 - NEMT by air (requires health plan authorization and Letter of Agreement) only under the following conditions:
 - Transportation by air is necessary because of the member's medical condition or because practical considerations render ground transportation not feasible.

NON-MEDICAL TRANSPORTATION (HEALTH PLAN RESPONSIBILITY)

NMT services include: round-trip transportation for a member by passenger car, taxicab, or any other form of public or private conveyance (private vehicle), as well as mileage reimbursement (at the time transportation is arranged), bus passes, taxi vouchers, or train tickets for medical purposes.

Round-trip NMT is available for the following:

- medically necessary covered services
- members picking up drug prescriptions that cannot be mailed directly to the member
- members picking up medical supplies, prosthetics, orthotics, and other equipment
- dental services
- mental health services
- substance abuse disorder services

ADDITIONAL INFORMATION

Relevant sections of the provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on the provider website at provider.healthnet.com.

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.

SCHEDULING NMT TRANSPORTATION SERVICES THROUGH LOGISTICARE

Providers should refer to the table below and contact LogistiCare to arrange for medically necessary or covered transportation services.

LogistiCare Transportation Services

LogistiCare uses telephonic interpreter services for all interpretation needs during reservations.

STANDARD DAYS AND HOURS OF CUSTOMER SERVICE CENTER OPERATION FOR ROUTINE RESERVATIONS	Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific time (PT)
WEEKEND AND HOLIDAY SCHEDULE	Closed Saturday and Sunday Closed on the following national holidays: New Year's Day, Memorial Day, Independence Day (July 4), Labor Day, Thanksgiving, and Christmas
ROUTINE TRANSPORTATION REQUESTS	Requires a 5 business-day notification
URGENT TRIP AND HOSPITAL DISCHARGE REQUESTS	Advance notice is not required and transportation can be scheduled for same day of service. For hospital discharge, it may take a transportation provider 1 to 4 hours to pick up a member, depending on provider availability
HOURS OF OPERATION FOR URGENT AND SAME-DAY RESERVATIONS	Transportation assistance for trip recovery and after-hours hospital discharges is available 24 hours a day, 7 days a week
HOURS OF OPERATION FOR RIDE ASSISTANCE (<i>WHERE'S MY RIDE?</i> LINE) AND HOSPITAL DISCHARGES	Transportation assistance for trip recovery and after-hours hospital discharges is available 24 hours a day, 7 days a week
ROUTINE TRANSPORTATION APPOINTMENTS SCHEDULED FOR SATURDAY AND SUNDAY AND WEEKDAYS AFTER 5:00 P.M.	Allowed for regularly scheduled appointments to participating providers who routinely see patients during this time. Reservations for these trips are scheduled during regular reservation hours
TOLL-FREE TELEPHONE NUMBERS	Reservations: 1-855-253-6864 Ride assistance (<i>Where's My Ride?</i> line): 1-855-253-6864 Hearing impaired (TTY): 1-866-288-3133 Facility line: 1-866-529-2128 Facility fax: 1-877-601-0535

[PPG LOGO]

Participating Physician Group

Address

Phone and fax number

Consent for Minors to Travel Without an Escort

1. I, _____, residing at _____
_____ (address) hereby affirm that I am the parent/legal guardian of _____ (name of minor.) (child).
2. The child is _____ years old. The child's date of birth is _____.
_____. The child's Medi-Cal number is _____.
3. I hereby consent to the child riding unaccompanied for medical and non-medical transportation with any transportation provider under contract with [Insert name of participating physician group (PPG)].
4. I understand the risks that can be reasonably anticipated by medical and non-medical transport of the child, including possible medical equipment, aircraft, vehicle failure, traffic hazards, adverse weather conditions, pilot or driver error, interruption of medical treatment during transport, or consequences of actions of persons outside the control of transport personnel. I also understand the risks associated with the child's condition, including the possible worsening of the child's condition during transport, or the inability to fully treat or diagnose due to unavailability of more sophisticated medical equipment or facilities not normally available during transport. I consider the above risks of transport are outweighed by the advantage of the child receiving transport.
5. By giving this consent and release of liability, I hereby represent that the child is fully capable of being transported without an adult escort, will not be disruptive, will follow all rules communicated by the driver, and does not need an escort to provide emotional or any other type of support.
6. I understand that if any of the factors set forth in paragraph 5, above, cease to apply, then the transport provider, will no longer transport the child without an escort.
7. I agree to inform the PPG within 48 hours if, for any reason, I cease being the legal guardian of the child, and to inform the PPG of the name and address of the new legal guardian.

In consideration of the PPG's agreement to transport the child without an escort, I hereby release the PPG and its employees, officers, agents, and subcontractors from any and all liability, causes of action, or claims, in connection with the child's transportation by the PPG and its subcontractors. I understand the content of this form and have been notified of the risks of transport.

Mail the completed consent form to the address listed above, or fax the consent form to the fax number listed above. The completed form must be on file at the PPG's office for any trips to be scheduled for the child without an escort.

Signature of guardian

Date

Printed name of guardian

Name of minor to whom this consent applies

Witness signature

Date

Printed name of witness

I have accurately and completely read the foregoing document to the parent/legal guardian in _____(insert language), the parent's/legal guardian's primary language. He/she stated that he/she understood all of the terms and conditions and acknowledged his/her agreement thereto by signing this document in my presence.

Date

Name of translator

For internal use only:

.....

Date received by the PPG

Name of PPG staff member