

PROVIDER Update



Health Net®

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Non-Emergency Medical Transportation and Non-Medical Transportation Benefit Change for Medi-Cal Members (FFS and SharedRisk)

This update replaces provider update 17-476, *Non-Medical Transportation Benefit Change for Medi-Cal Members*, which was distributed on May 26, 2017.

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) is providing NEMT and NMT for medically necessary covered services to all its Medi-Cal members through LogistiCare Solutions, LLC (LogistiCare).

NEMT is provided when a member needs transportation by ambulance, litter van or wheelchair van to obtain medically necessary covered services. The transportation must be prescribed by a physician, dentist, podiatrist, or mental health or substance use disorder provider, and the prescribing provider must complete a Physician Certification Statement (PCS) form.

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 PCS form is not required for NMT.

Effective October 1, 2017, in order to comply with CMS-2333-F, Health Net will provide NMT to carved-out services covered by Medi-Cal for members upon their request. Health Net also refers and coordinates NEMT for carved-out services. Carved-out services include, but are not limited to, specialty mental health, substance abuse disorder, dental, and any other benefits delivered through the Medi-Cal fee-for-service (FFS) delivery system.

Health Net provides NEMT and NMT services for Health Net Medi-Cal FFS¹ members and shared risk members assigned to participating physician groups (PPGs) delegated for utilization management but not financially at risk for transportation services.

Providers are required to contact LogistiCare to arrange for transportation services. Using transportation services from any provider other than LogistiCare may result in the denial of the claim for which you may be liable.

COVERAGE REQUIREMENTS

A PCS form is required for NEMT services only. LogistiCare will send a PCS form to

¹ Medi-Cal FFS members are those Health Net members who are not enrolled under a participating physician group (PPG).

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
 - Kern
 - Molina
 - Los Angeles
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

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physicians to indicate approval for level of service which may be authorized for a maximum of 12 months.

For NEMT, the physician 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 to be transported by public or private vehicles. Physicians can contact LogistiCare at 1-866-529-2128 to obtain a PCS form.

For additional information about coverage requirements, refer to the provider operations manuals available in the Provider Library on the Health Net provider website at provider.healthnet.com.

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.

With written consent of a parent or guardian, NEMT and NMT 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 Health Net.

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

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.

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

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 Net 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

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 services

ADDITIONAL INFORMATION

Relevant sections of Health Net's 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 Health Net's provider website at provider.healthnet.com.

Providers are encouraged to access Health Net's 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 the Health Net Medi-Cal Provider Services Center at 1-800-675-6110.

SCHEDULING 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: 1-855-253-6863 Ride assistance (<i>Where's My Ride?</i> line): 1-855-253-6863 Hearing impaired (TTY): 1-866-288-3133 Facility line: 1-866-529-2128 Facility fax: 1-877-601-0535



200 Lincoln Way, Suite 200 Garden Grove, CA 92841
Phone: 1-866-666-8645 Fax: 1-877-457-3352

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 to LogistiCare.
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 wheater 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 undersand 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 sophisiticated 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 LogistiCare will no longer transport the minor without an escort.
7. I agree to inform LogistiCare, within 48 hours if, for any reason, I cease being the Legal Guardian of the Child and to inform LogistiCare of the name and address of the new Legal Guardian.

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

Mail the completed form to the address listed above or fax to the fax number listed above. The completed form must be on file at the LogistiCare office for any trips to be set up without an escort for the Child.

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 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 conditons and acknowledged his/her agreement thereto by signing this document in my presence.

Date

Name of Translator

For internal use only:
.....
.....

DATE RECEIVED BY LOGISTICARE

NAME OF LOGISTICARE STAFF MEMBER



Summary Update: Non-Emergency Medical Transportation and Non-Medical Transportation Benefit Change for Medi-Cal Members (FFS and Shared Risk)

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The NEMT modalities, in accordance with the Medi-Cal Provider Manual, are NEMT ambulance services, litter van services, wheelchair van services, and NEMT by air (requires Health Net authorization and Letter of Agreement). For details about each modality, please refer to the complete provider update, 18-009.

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ADDITIONAL INFORMATION

To obtain a comprehensive description of the above topics, the complete update, 18-009, is available on the Health Net provider website at provider.healthnet.com in the Provider Library under *Updates and Letters > 2018*; search for provider update 18-009. Providers who do not have access to the Internet may request a print copy of update 18-009 by contacting the Health Net Provider Communications Department by fax at 1-800-937-6086 or by email at provider.communications@healthnet.com.

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