

PROVIDER Update



REGULATORY | NOVEMBER 30, 2022 | UPDATE 22-971sum | 3 PAGES

Summary Update: Action Required for NEMT Requests for Medi-Cal Patients

A signed Physician Certification Statement form is required for NEMT. Refer to the attached form.

Non-emergency medical transportation (NEMT)

For NEMT, keep in mind:

- The California Department of Health Care Services (DHCS) requires that a physician or other provider must complete a Physician Certification Statement (PCS) form authorizing NEMT for the member. The member's physician or other provider must submit the PCS form to the Plan's transportation vendor (Modivcare) or to the Plan's delegated entity for the provision of NEMT services. **If a PCS form is not received, members will not receive the necessary transportation.**

Refer to the attached PCS form or download the form from Health Net's Provider Library at providerlibrary.healthnetcalifornia.com.

The Plan and its delegated entities are required to provide medically necessary NEMT services 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 medically necessary services.

DHCS All Plan Letter 22-008, *Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses*, outlines requirements for providing transportation for Medi-Cal members, as well as for travel expenses. For a comprehensive description of the changes, the complete update, 22-971, is available on the Health Net provider portal in the Provider Library under *Updates and Letters > 2022*; search for provider update 22-971. You may request a print copy of update 22-971 by emailing the Health Net Provider Communications Department at provider.communications@healthnet.com.

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- Community Supports (CS) Providers
- Enhanced Care Management (ECM) Providers

LINES OF BUSINESS:

- IFF
 - Ambetter HMO
 - Ambetter EPO
 - Ambetter HSP
- Employer Group
 - HMO/POS/HSP
 - EPO
 - PPO
- Medicare Advantage (HMO/PPO) (Wellcare By Health Net)
- Cal MediConnect (Los Angeles/San Diego)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

provider_services@healthnet.com
800-675-6110

PROVIDER PORTAL

provider.healthnetcalifornia.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

Discover Helpful Tools to Support Your Office

Go to the Provider Library at providerlibrary.healthnetcalifornia.com to quickly access information to help you in your everyday interactions with our Plan. The library includes:

- Provider manuals
- Forms and References
- Education, Training and Other Materials
- Updates and letters
- Contacts
- Health Equity, Cultural and Linguistics Resources

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Physician Certification Statement Form – Request For Transportation

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED OR IT WILL NOT BE PROCESSED

The purpose of this form is for physicians to communicate to Modivcare™ specific transportation restrictions of a patient/member due to a **medical condition**. The restrictions and requirements stated on this form will be used by Modivcare to assign the best means of transportation for the patient/member.

THEREFORE, THE STATEMENTS MADE BY PHYSICIANS REGARDING PATIENT TRANSPORTATION RESTRICTIONS ARE MADE UNDER PENALTY OF MEDICAID FRAUD.

Patient name: _____

Patient ID #/CIN #: _____ Patient DOB: _____ / _____ / _____

If the patient requires **NEMT**, refer to page 2 to determine the medically necessary mode of transport. Then, select one of the following:

- Gurney/litter/stretchers van
- BLS ambulance
- ALS ambulance
- Critical care transport
- Air transportation
- Wheelchair van

These services require physician justification and signature below.

Duration of services (based on continued health plan eligibility):

Start Date: _____ 60 days 90 days 180 days 365 days (Chronic condition only)

Justification

Transportation under Medi-Cal is covered only when the patient's medical and physical condition does not allow him or her to travel by bus, passenger car, taxi, or other form of public or private conveyance. The physician is required to document the patient's limitations and provide specific physical and medical limitations that preclude the patient's ability to reasonably ambulate without assistance or be transported by public or private vehicles. Please document below: **What prevents the patient from traveling by bus, passenger car, taxi, or other form of public or private conveyance?**

Certification

The physician, dentist or podiatrist responsible for providing care for the patient is responsible for determining medical necessity for transportation. This certificate can be completed and signed by a participating physician group (PPG), independent practice association (IPA), primary care physician (PCP), MD, LVN, RN, PA, NP, certified midwife, or discharge planner who is employed or supervised by the hospital, facility or physician's office where the patient is being treated and who has knowledge of the patient's condition at the time of completion of this certificate.

Staff/physician's name (print): _____

Staff/physician's signature: _____ Title: _____

Date: _____ Contact telephone: (_____) _____ - _____

Please return form by fax to Modivcare, Attention: Utilization Review at 877-457-3352.

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Description of transportation services

Gurney/litter/stretchers van	Patient is confined to a bed and cannot sit in a wheelchair but does not require medical attention or monitoring during transport.
BLS ambulance	Patient is confined to a bed, cannot sit in a wheelchair, and requires medical attention or monitoring during transport for reasons, such as: <ul style="list-style-type: none"> • Isolation precautions. • Non-self-administered oxygen. • Sedation.
ALS ambulance	Patient is confined to a bed, cannot sit in a wheelchair, and requires medical attention or monitoring during transport for reasons, such as: <ul style="list-style-type: none"> • IV requiring monitoring. • Cardiac monitoring. • Tracheotomy.
Critical care transport	Patient has a special condition that requires the presence of a critical care nurse or a medical doctor during transport.
Air transportation	Requires prior authorization from the plan.
Wheelchair van	Patient is a wheelchair user and requires lift-equipped or roll-up wheelchair vehicle.