

# Fact Sheet #4

## Non-Emergency Medical Transportation (NEMT)

### NC Medicaid 2019 County Playbook

#### Who is responsible for NEMT under Medicaid Managed Care?

Medicaid is required to provide transportation to medical appointments for all eligible individuals who need and request assistance with transportation.

For beneficiaries enrolled in Medicaid Managed Care, health plans are required to provide non-emergency medical transportation (NEMT) services. Health plans may use transportation brokers to arrange and provide transportation, or contract directly with transportation providers.

For beneficiaries in NC Medicaid Direct, county DSS agencies will continue to arrange NEMT. Counties will continue to follow North Carolina NEMT policies, and providers will continue to bill NC Tracks for reimbursement.

For all beneficiaries – NC Medicaid Managed Care and NC Medicaid Direct – transportation will be available if the beneficiary receives a Medicaid covered service provided by a qualified Medicaid provider (enrolled as a North Carolina Medicaid and NC Health Choice provider). Medicaid only pays for the least expensive means suitable to the beneficiary's needs.

#### WILL OUR BENEFICIARIES RECEIVE THE SAME SERVICE FROM THE HEALTH PLANS THAT THEY ARE USED TO RECEIVING FROM THE DSS?

Yes. The amount, duration, and scope of the NEMT service is NOT changing. NEMT will be provided by the health plan in which the beneficiary is enrolled for Medicaid. Health plans will be contracting with statewide and regional NEMT brokers to arrange and provide NEMT to enrolled members.

Health plans are required to:

- Provide NEMT appropriate for the member to the nearest appropriate medical provider;
- Provide NEMT to a Medicaid-covered service provider, including services carved out\* of Medicaid Managed Care, provided by a NC-enrolled Medicaid provider;
- Provide travel-related expenses, including:
  - Lodging,
  - Food,
  - Parking fees/tolls,
  - Transportation vouchers (i.e. taxis, ride sharing services, public transit), and
  - Mileage; and
- Develop a network of NEMT providers.

\*Carved out services are services that are not covered by the health plan and will remain fee-for-service.



Health plans are also required to:

- Provide training to NEMT providers,
- Address behavioral issues during transportation events;
- Establish rates for reimbursement,
- Adhere to DHHS network adequacy standards; and
- Have contractual requirements for quality of care, vehicles, drivers, timeliness, and no shows.

Members will:

- Be informed that there is no cost for NEMT services;
- Be informed of who may accompany them without cost and that any member under the age of eighteen (18) does not have to ride alone;
- Have the health plans NEMT Policy explained including:
  - How to request or cancel a trip,
  - Limitations on transportation,
  - Advanced notice requirements, and
  - Expected Member conduct and procedures for no-shows;
- Be able to arrive at provider in time for the scheduled appointment but no sooner than one hour before the appointment;
- Not have to wait more than one (1) hour after the conclusion of the treatment for transportation home;
- Not be picked up prior to the completion of treatment; and
- Can request an appeal if the request for transportation assistance is denied.

### HOW AND WHEN CAN HEALTH PLAN MEMBERS SCHEDULE NEMT?

Health plans will send Welcome Packets to enrolled members that include information on how to access NEMT services. Health plans will begin accepting member calls on October 1, to schedule appointments for transportation occurring November 1 or later.

Health plans must ensure that:

- Members are NOT required to make transportation requests more than two (2) days in advance;
- Members are not required to make transportation requests in person; and
- Urgent transportation services are exempt from any advance-notice requirement.

Fact Sheets will be updated periodically with new information.  
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 For more information, please visit  
<https://www.ncdhhs.gov/assistance/medicaid-transformation>

### CAN THE DSS CONTRACT WITH THE HEALTH PLANS FOR NEMT SERVICES?

Health plans should be contacting counties and may contract with them to use existing NEMT providers, including county-owned transportation services or fleets. DHHS does not need to participate in these discussions. If there are issues or questions related to NEMT, the health plans or the DSS offices should bring them to NC Medicaid for discussion and resolution.

### WHO ARE THE NEMT BROKERS FOR EACH HEALTH PLAN?

PHP	NEMT Broker	Contact information
WellCare	OneCall	Adam Beam Phone: (502) 724-3410 Email: AdamBeam@onecallcm.com Website: www.onecallcm.com
UnitedHealthcare Community Plan	National MedTrans	Patrick Sullenger Email: psullenger@natmedtrans.com OR netdev@natmedtrans.com Phone: 844-885-2696 ext. 3 Website: https://nationalmedtrans.com/providers/
HealthyBlue	LogistiCare	Email: network@logisticare.com Phone: (866)-431-4635 Website: https://www.logisticare.com/drive-with-logisticare/
AmeriHealth Caritas	LogistiCare	John Bryer Email: jbryer@amerihealthcaritas.com Phone: 484-496-7663
Carolina Complete Health	LogistiCare	Website: https://www.circulation.com/network/signup

### BUDGET CONSIDERATIONS

- With health plans taking on NEMT services for their members, do we need to find new responsibilities for any of our NEMT staff (e.g. assist fielding questions, reach out to beneficiaries to get updated address information, update addresses in NC FAST)?
- Do we want to contract with health plans for NEMT services?
- Do we have NEMT vehicles we no longer need?