

Section 22 - Non-Emergency Medical Transportation (NEMT)



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Section 22 - Non-Emergency Medical Transportation (NEMT)**SECTION 22-NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)****22.1 INTRODUCTION**

This section contains information pertaining to the Non-Emergency Medical Transportation's (NEMT) direct service program. The NEMT Program provides for the arrangement of transportation and ancillary services by a transportation broker. The broker may provide NEMT services either through direct service by the broker and/or through subcontracts between the broker and subcontractor(s).

The purpose of the NEMT Program is to assure transportation to MO HealthNet participants who do *not* have access to free appropriate transportation to and from scheduled MO HealthNet covered services.

The Missouri NEMT Program is structured to utilize and build on the existing transportation network in the state. The federally-approved method used by Missouri to structure the NEMT Program allows the state to have one statewide transportation broker to coordinate the transportation providers. The broker determines which transportation provider will be assigned to provide each transport.

Effective October 1, 2010, the NEMT broker for Missouri is:

Medical Transportation Management, Inc.
 16 Hawk Ridge Drive
 Lake St. Louis, MO 63367
 (866) 269-5927

22.2 DEFINITIONS

The following definitions apply for this program:

Action	The denial, termination, suspension, or reduction of an NEMT service.
Ancillary Services	Meals and lodging are part of the transportation package for participants, when the participant requires a particular medical service which is only available in another city, county, or state and the distance and travel time warrants staying in that place overnight. For children under the age of 21, ancillary services may include an attendant and/or one parent/guardian to accompany the child.

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Appeal	The mechanism which allows the right to appeal actions of the broker to a transportation provider who as (1) has a claim for reimbursement or request for authorization of service delivery denied or not acted upon with reasonable promptness; or (2) is aggrieved by an rule or policy or procedure or decision by the broker.
Attendant	An individual who goes with a participant under the age of 21 to the MO HealthNet covered service to assist the participant because the participant <i>cannot</i> travel alone or <i>cannot</i> travel a long distance without assistance. An attendant is an employee of, or hired by, the broker or an NEMT transportation provider.
Broker	Contracted entity responsible for enrolling and paying transportation providers, determining the least expensive and most appropriate type of transportation, authorizing transportation and ancillary services, and arranging and scheduling transportation for eligible participants to MO HealthNet covered services.
Clean Claim	A claim that can be processed without obtaining additional information from the transportation provider of the NEMT service or from a third party.
Complaint	A verbal or written expression by a transportation provider which indicates dissatisfaction or dispute with a participant, broker policies and procedures, claims, or any aspect of broker functions.
DCN	Departmental Client Number. A unique eight-digit number assigned to each individual who applies for MO HealthNet benefits. The DCN is also known as the MO HealthNet Identification Number.
Emergency	A medical or mental health condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention could reasonably be expected to result in placing the participant's physical or mental health (or, with respect to a pregnant woman, the health of the woman or

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	her unborn child) in serious jeopardy, serious impairment to bodily functions, serious dysfunction of any bodily organ or part, serious harm to self or others due to an alcohol or drug abuse emergency, injury to self or bodily harm to others, or with respect to a pregnant woman having contractions: (1) that there is inadequate time to effect a safe transfer to another hospital before delivery, or (2) that transfer may pose a threat to the health or safety of the woman or the unborn child.
Fraud	Any type of intentional deception or misrepresentation made by an entity or person with the knowledge that the deception could result in some unauthorized benefit to the entity, himself/herself, or some other person.
Free Transportation	Any appropriate mode of transportation that can be secured by the participant without cost or charge, either through volunteers, organizations/associations, relatives, friends, or neighbors.
Grievance (Participant)	A verbal or written expression of dissatisfaction from the participant about any matter, other than an action. Possible subjects for grievances include, but are <i>not</i> limited to, the quality of care or services received, condition of mode of transportation, aspects of interpersonal relationships such as rudeness of a transportation provider or broker's personnel, or failure to respect the participant's rights.
Grievance (Transportation Provider)	A written request for further review of a transportation provider's complaint that remains unresolved after completion of the complaint process.
Inquiry	A request from a transportation provider regarding information that would clarify broker's policies and procedures, or any aspect of broker function that may be in question.
Most Appropriate	The mode of transportation that accommodates the participant's physical, mental, or medical condition.
MO HealthNet Covered Services	Covered services under the MO HealthNet program.
Medically Necessary	Service(s) furnished or proposed to be furnished that is (are) reasonable and medically necessary for the prevention, diagnosis, or treatment of a physical or mental illness or injury;

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to achieve age appropriate growth and development; to minimize the progression of a disability; or to attain, maintain, or regain functional capacity; in accordance with accepted standards of practice in the medical community of the area in which the physical or mental health services are rendered; and service(s) could *not* have been omitted without adversely affecting the participant's condition or the quality of medical care rendered; and service(s) is (are) furnished in the most appropriate setting. Services *must* be sufficient in amount, duration, and scope to reasonably achieve their purpose and may only be limited by medical necessity.

Medical Service Provider	An individual firm, corporation, hospital, nursing facility, or association that is enrolled in MO HealthNet as a participating provider of service, or MO HealthNet services provided free of charge by the Veterans Administration or Shriners Hospital.
NEMT Services	Non-Emergency Medical Transportation (NEMT) services are a ride, or reimbursement for a ride, and ancillary services provided so that a MO HealthNet participant with no other transportation resources can receive MO HealthNet covered services from a medical service provider. By definition, NEMT does <i>not</i> include transportation provided on an emergency basis, such as trips to the emergency room in life-threatening situations, unloaded miles, or transportation provider wait times.
Public Entity	State, county, city, regional, non-profit agencies, and any other entity, who receive state general revenue or other local monies for transportation and enter into an interagency agreement with the MO HealthNet Division to provide transportation to a specific group of eligibles.
Participant	A person determined by the Department of Social Services, Family Support Division (FSD) to be eligible for a MO HealthNet category of assistance.
Transportation Leg	From pick up point to destination.
Transportation Provider	Any individual, including volunteer drivers, or entity who, through arrangement or subcontract with the broker, provides non-emergency medical transportation services. Transportation

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providers are not enrolled as MO HealthNet providers.

Urgent	A serious, but <i>not</i> life threatening illness/injury. Examples include, but are <i>not</i> limited to, high temperature, persistent vomiting or diarrhea, symptoms which are of sudden or severe onset but which do <i>not</i> require emergency room services, and persistent rash. Urgent care is determined by the participant's medical care provider. An appointment shall be considered urgent if the medical service provider grants an appointment within five (5) days of the participant's request.
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22.3 COVERED SERVICES

The broker shall ensure the provision of Non-Emergency Medical Transportation (NEMT) services for participants to MO HealthNet covered services for the Department of Social Services, MO HealthNet Division. The broker *must* ensure that NEMT services are available 24 hours per day, 7 days per week, when medically necessary. To provide adequate time for NEMT services to be arranged, a participant should call at least five (5) calendar days in advance. NEMT services may be scheduled with less than five (5) calendar days notice if they are of an urgent nature. Urgent calls are defined as a serious, but *not* life threatening illness/injury. Urgent care is determined by the participant's medical care provider. An appointment shall be considered urgent if the medical service provider grants an appointment within five (5) calendar days of the participant's request. The number for scheduling transportation is (866) 269-5927. This number is accessible 24 hours a day, 7 days a week.

The broker shall provide NEMT services to MO HealthNet covered services that do *not* include transportation. In addition, the broker *must* arrange NEMT services for one parent/guardian to accompany children under the age of 21, if requested. The broker *must* also arrange NEMT services for an attendant, if appropriate, to accompany children under the age of 21.

In addition to authorizing the transportation services, the broker shall authorize and arrange the least expensive and most appropriate ancillary services. Ancillary services shall only be authorized if:

1. The medical appointment requires an overnight stay, AND
2. Volunteer, community, or other ancillary services are *not* available at no charge to the participant.

The broker shall also authorize and arrange ancillary services for one parent/guardian when a MO HealthNet eligible child is inpatient in a hospital setting and meets the following criteria:

1. Hospital does not provide ancillary services without cost to the participant's

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parent/guardian, AND

2. Hospital is more than 120 miles from the participant's residence, OR
3. Hospitalization is related to a MO HealthNet covered transplant service.

The broker shall obtain prior authorization from the state agency for out-of-state transportation to non-bordering states.

If the participant meets the criteria specified above, the broker shall also authorize and arrange ancillary services to eligible participants who have access to transportation at no charge to the participant or receive transportation from a Public Entity and such ancillary services were not included as part of the transportation service.

The broker shall direct or transfer participants with requests that are of an emergent nature to 911 or an appropriate emergency (ambulance) service.

22.4 PARTICIPANT ELIGIBILITY

The participant *must* be eligible for MO HealthNet to receive transportation services.

The broker shall verify whether the individual seeking NEMT services is eligible for NEMT services on the date of transport by accessing eligibility information. Information regarding participant eligibility may be found in Section 1.

22.5 NON-COVERED PARTICIPANTS

The following participants are *not* eligible for NEMT services provided by the broker:

1. Participants with the following MO HealthNet Eligibility (ME) codes: 02, 08, 52, 55, 57, 59, 64, 65, 73, 74, 75, 80, 82 and 89.
2. Participants who have access to transportation at no cost to the participant. However, such participants may be eligible for ancillary services.
3. Participants who have access to transportation through a Public Entity. However, such participants may be eligible for ancillary services.
4. Participants who have access to NEMT through the Medicare program.
5. Participants enrolled in the Hospice Program. However, the broker shall arrange NEMT services for such participants accessing MO HealthNet covered services that are *not* related to the participant's terminal illness.
6. Participants in a MO HealthNet managed care health plan.



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- a. NEMT services for participants enrolled in MO HealthNet Managed Care and PACE programs are arranged by those programs for services included in the benefit package. The broker shall *not* be responsible for arranging NEMT services for those programs.

22.6 TRAVEL STANDARDS

The participant *must* request NEMT services to a MO HealthNet qualified, enrolled medical service provider located within the travel standards, willing to accept the participant. The travel standards are based on the participant's county of residence. Counties are classified as urban, basic, and rural. The counties are categorized as follows:

1. Urban- Clay, Greene, Jackson, Jefferson, St. Charles, St. Louis, and St. Louis City;
2. Basic- Boone, Buchanan, Cape Girardeau, Cass, Christian, Cole, Franklin, Jasper, Johnson, Lincoln, Newton, Platte, St. Francois;
3. Rural-all other counties.

The mileage that a participant can travel is based on the county classification and the type of provider being seen. The following table contains the mileage allowed under the travel standards.

TRAVEL STANDARDS: MAXIMUM MILEAGE

Provider/Service Type	Urban Access County	Basic Access County	Rural Access County
Physicians			
PCPs	10	20	30
Obstetrics/Gynecology	15	30	60
Neurology	25	50	100
Dermatology	25	50	100
Physical Medicine/Rehab	25	50	100
Podiatry	25	50	100
Vision Care/Primary Eye Care	15	30	60
Allergy	25	50	100



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Cardiology	25	50	100
Endocrinology	25	50	100
Gastroenterology	25	50	100
Hematology/Oncology	25	50	100
Infectious Disease	25	50	100
Nephrology	25	50	100
Ophthalmology	25	50	100
Orthopedics	25	50	100
Otolaryngology	25	50	100
Pediatric	25	50	100
Pulmonary Disease	25	50	100
Rheumatology	25	50	100
Urology	25	50	100
General surgery	15	30	60
Psychiatrist-Adult/General	15	40	80
Psychiatrist-Child/Adolescent	22	45	90
Psychologists/Other Therapists	10	20	40
Chiropractor	15	30	60

Hospitals

Basic Hospital	30	30	30
Secondary Hospital	50	50	50

Tertiary Services

Level I or Level II trauma unit	100	100	100
Neonatal intensive care unit	100	100	100

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Perinatology services	100	100	100
Comprehensive cancer services	100	100	100
Comprehensive cardiac services	100	100	100
Pediatric subspecialty care	100	100	100

Mental Health Facilities

Inpatient mental health treatment facility	25	40	75
Ambulatory mental health treatment providers	15	25	45
Residential mental health treatment providers	20	30	50

Ancillary Services

Physical Therapy	30	30	30
Occupational Therapy	30	30	30
Speech Therapy	50	50	50
Audiology	50	50	50

The broker *must* transport the participant when the participant has chosen a qualified, enrolled medical service provider who is *not* within the travel standards if the participant is eligible for one of the exceptions listed below and can provide proof of the exception:

1. The participant has a previous history of other than routine medical care with the qualified, enrolled medical service provider for a special condition or illness.
2. The participant has been referred by a Primary Care Provider (PCP) to a qualified, enrolled medical service provider for a special condition or illness.
3. There is *not* a routine or specialty care appointment available within thirty (30) calendar days to a qualified, enrolled medical service provider within the travel standards.

The broker shall transport the participant to the following MO HealthNet services without regard to the travel standards.

1. The participant is scheduled for an appointment arranged by the family Support Division (FSD) eligibility specialist for a Medical Review Determination (MRD) to determine continued MO HealthNet eligibility.



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2. The participant has been locked into a medical service provider by the state agency. The broker shall receive prior authorization from the state agency for lock-in trips that exceed the travel standards.
3. The broker must transport the participant when the participant has chosen to receive MO HealthNet covered services free of charge from the Veterans Administration or Shriners Hospitals. Transportation to the Veterans Administration or Shriners Hospital must be to the closest, most appropriate Veterans Administration or Shriners Hospital. The broker must document and maintain verification of service for each transport provided to free care. The broker must verify each request of such transport meets all NEMT criteria including, but not limited to:
 - Participant eligibility; and
 - MO HealthNet covered service.

22.7 COPAYMENTS

The participant is required to pay a \$2.00 copayment for transportation services. The \$2.00 is charged regardless if the trip is a single destination trip, a round trip, or a multiple destination trip. The broker *cannot* deny transportation services because a participant is unable to pay the copay. The copay does *not* apply for public transportation or bus tokens, or for participant's receiving gas reimbursement. The following individuals are exempt from the copayment requirements:

1. Children under the age of 19;
2. Persons receiving MO HealthNet under a category of assistance for pregnant women or the blind;
 - 03, Aid to the blind;
 - 12, MO HealthNet-Aid to the blind; and
 - 15, Supplemental Nursing Care-Aid to the blind;
 - 18, MO HealthNet for pregnant women;
 - 43, Pregnant women-60 day assistance;
 - 44, Pregnant women-60 day assistance-poverty;
 - 45, Pregnant women-poverty; and
 - 61, MO HealthNet for pregnant women-Health Initiative Fund.
3. Residents of a skilled nursing facility, intermediate care nursing home, residential care home, adult boarding home, or psychiatric hospital; and
4. Foster Care participants.



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A participant's inability to pay a required copayment amount, as due and charged when a service is delivered, in no way shall extinguish the participant's liability to pay the due amount or prevent a provider from attempting to collect a copayment.

If it is the routine business practice of a transportation provider to discontinue future services to an individual with uncollected debt, the transportation provider may include uncollected co-payments under this practice. However, a transportation provider shall give a MO HealthNet participant a reasonable opportunity to pay an uncollected co-payment. If a transportation provider is *not* willing to provide services to a MO HealthNet participant with uncollected co-payment, the transportation provider *must* give the participant advance notice and a reasonable opportunity to arrange care with a different transportation provider before services can be discontinued.

22.8 MODES OF TRANSPORTATION

The broker *must* arrange the least expensive and most appropriate mode of transportation based on the participant's medical needs. The modes of transportation that may be utilized by the broker include, but are *not* limited to:

1. Public transit/bus tokens;
2. Gas reimbursement
3. Para-lift van;
4. Taxi;
5. Ambulance (for non-emergent transportation only);
6. Stretcher van;
7. Multi-passenger van; and
8. Volunteer driver program if approved by the State agency.

The broker *must not* utilize public transit/bus token/pass for the following situations:

1. High-risk pregnancy,
2. Pregnancy after the eighth month,
3. High risk cardiac conditions,
4. Severe breathing problems,
5. More than three block walk to the bus stop,
6. Any other circumstance in which utilization of public transit/bus token/pass may not be medically appropriate.



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Prior to reimbursing a participant for gas, the broker shall verify that the participant actually saw a medical service provider on the date of request for gas reimbursement and verify the mileage from the participant's trip origin street address to the trip destination street address. If the street address is not available, the broker shall use the zip code for mileage verification. Gas reimbursement shall be made at the IRS standard mileage rate for medical reason in effect on the date of service.

The broker shall limit the participant to no more than three (3) transportation legs (2 stops) per day unless the broker received prior authorization from the state agency.

The broker shall ensure that the transportation provided to the participant is comparable to transportation resources available to the general public (e.g. buses, taxis, etc.).

22.9 ARRANGING TRANSPORTATION

When calling to arrange for transport, the caller *must* provide the following information:

- The patient/participant's name, date of birth, address, phone number, and the MO HealthNet ID number;
- The name, address, and phone number of the medical provider that will be seen by the participant;
- The date and time of the medical appointment;
- Any special transportation needs of the patient/participant, such as the patient/participant uses a wheelchair;
- Whether the patient/participant is under 21 years of age and needs someone to go along to the appointment.
- For facilities arranging transportation for your dialysis participants, please refer to the Section 22.17.

22.10 NON-COVERED SERVICES

The following services are *not* eligible for NEMT:

1. The broker shall *not* provide NEMT services to a pharmacy.
2. Transportation to services included in the Mentally Retarded Developmental Disabilities (MRDD) Waiver Program, Comprehensive Substance Treatment Abuse and Rehabilitation (CSTAR) Program, Community Psychiatric Rehabilitation Program, and Adult Day Health Care Program are arranged by those programs. Community psychiatric rehabilitation services only provide transportation to attend the psychosocial rehabilitation program and to receive medication services. The broker shall *not* be responsible for arranging NEMT



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services for these programs. However, the broker shall arrange NEMT services for the participants to other qualified, enrolled medical service providers such as physician, outpatient hospital, lab, etc.

3. School districts *must* supply a ride to services covered in a child's Individual Education Plan (IEP).
4. The broker shall *not* arrange NEMT services to a Durable Medical Equipment (DME) provider that provides free delivery or mail order services. The broker shall *not* provide delivery of DME products in lieu of transporting the participant.
5. The broker shall *not* provide NEMT services for MO HealthNet covered services provided in the home such as personal care, home health, etc.
6. The broker shall *not* provide NEMT services for discharges from a nursing home.

22.11 PUBLIC ENTITY REQUIREMENTS

The state agency has existing interagency agreements with public entities to provide access (subject to availability) to transportation services for a specific group(s) of participants. The broker shall refer participants to public entities when the participant qualifies for transportation services under such agreements. The following is a list of the public entities and the specific individuals for which transportation is covered:

1. **Children's Division (CD)** CD provides reimbursement for transportation services to MO HealthNet covered services for some children. Eligible individuals are identified by the CD.
2. **School-based NEMT Services** Some school districts provide transportation for children to obtain medically necessary services provided as a result of a child's Individual Education Plan (IEP). Eligible children are identified by the school district.
3. **Kansas City Area Transit Authority/Share-A-Fare Program (KCATA)** Share-A-Fare provides door-to-door accessible transportation to persons with disabilities and the elderly. Services are available to residents of Kansas City, Missouri. Individuals *must* complete an application and be approved to participate in the program.
4. **Missouri Kidney Program (MOKP)** MOKP provides reimbursement for transportation expenses for dialysis patients who do *not* have access to transportation for dialysis treatment. Dialysis patients who need assistance with transportation to dialysis services should contact the dialysis center.
5. **Bi-State Development Call-A-Ride** Call-A-Ride provides curb-to-curb accessible transportation to persons with disabilities and the elderly who reside in St. Louis City and County.



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6. **City Utilities of Springfield** City Utilities operates a para-transit service to serve disabled who are unable to ride a fixed route bus. This service is operated on a demand-responsive curb to curb basis. A one-day notice is required for reservations.
7. **Jefferson City Transit System, Handi-Wheels** Handi-Wheels is a curb-to-curb, origin to destination transportation service with wheelchair, lift-equipped buses. Handi-Wheels is provided to all eligible individuals with disability without priority given for trip purpose. Handi-Wheels is intended to be used by individuals who, because of disability, *cannot* travel to or from a regular fixed route bus stop or *cannot* get on, ride, or get off a regular fixed route bus *not* wheelchair lift-equipped. This service operates to and from any location within Jefferson City.
8. **Nevada Regional Medical Center (NRMC)** NRMC transports individuals who live within a 20 mile radius of Nevada.
9. **City of Columbia, Columbia Transit** Columbia Transit transports individuals with disabilities within the Columbia City Limits. This service provides buses on peak hours including para-transit curb to curb services.

22.12 PROVIDER REQUIREMENTS

The broker shall maintain a network of appropriate transportation providers that is sufficient to provide adequate access to all MO HealthNet covered services. In establishing and maintaining the network, the broker *must* consider the following:

1. The anticipated MO HealthNet enrollment;
2. The expected utilization of services taking into consideration the characteristics and health care needs of MO HealthNet populations;
3. The numbers and types (in terms of training, experience, and specialization) of transportation providers required to furnish services;
4. The capacity of transportation providers to provide services; and
5. If the broker is unable to provide necessary NEMT services to a particular participant utilizing the services of an in-network transportation provider, the broker *must* adequately and timely provide the NEMT services for the participant utilizing the services of a transportation provider outside the broker's network, for as long as the broker is unable to provide such NEMT services utilizing an in-network transportation provider. Out-of-network transportation providers *must* coordinate with the broker with respect to payment. The broker *must* ensure that cost to the participant is no greater than it would be if the NEMT services were furnished utilizing the services of an in-network transportation provider.



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The broker and all transportation providers shall comply with applicable city, county, state, and federal requirements regarding licensing and certification of all personnel and vehicles.

The broker shall ensure the safety of the participants while being transported. The broker shall ensure that the vehicles operated by the transportation providers are in compliance with federal motor vehicle safety standards (49 Code of Federal Regulations Part 571). This provision does *not* apply when the broker provides direct reimbursement for gas.

The broker shall maintain evidence of providers' non-compliance or deficiencies, as identified either through individual reports or as a result of monitoring activities, the corrective action taken, and improvements made by the provider.

The broker shall *not* utilize any person as a driver or attendant whose name, when checked against the Family Care Safety Registry, registers a "hit" on any list maintained and checked by the registry.

22.13 PROVIDER INQUIRY, COMPLAINT, GRIEVANCE AND APPEAL PROCESS

All transportation provider inquiries, complaints, grievances and appeals as defined under 'Definition', *must* be filed with the NEMT broker. The broker *must* resolve all complaints, grievances and appeals in a timely manner. The transportation provider will be notified in writing of the outcome of each complaint, grievance and appeal.

In order to inquire about a broker policy or procedure or to file a complaint, grievance or appeal, contact the broker at the following address or telephone number:

Medical Transportation Management, Inc
16 Hawk Ridge Drive
Lake St. Louis, MO 63367
Attn: Grievance and Appeals Committee
(866) 436-0457

22.14 PARTICIPANT RIGHTS

Participants *must* be given the rights listed below:

1. General Rule. The broker *must* comply with any applicable Federal and State laws that pertain to participant rights and ensure that the broker's personnel and transportation providers take those rights into account when furnishing services to participants.
2. Dignity and privacy. Each participant is guaranteed the right to be treated with respect and with due consideration for his or her dignity and privacy.



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3. Copy of transportation records. Each participant is guaranteed the right to request and receive a copy of his or her transportation records.
4. Free exercise of rights. Each participant is free to exercise his or her rights, and that the exercise of those rights does *not* adversely affect the way the broker and the broker's transportation providers or the state agency treat the participant.

22.15 DENIALS

The broker shall make a decision to arrange for NEMT services within 24 hours of the request. If the broker denies the request for services, the broker shall provide written notification to the participant. The notice *must* indicate that the broker has denied the services, the reasons for the denial, the participant's right to request a State fair hearing, and how to request a State fair hearing. The broker shall review all denials for appropriateness and provide prior verbal notification of the denial in addition to written notification.

The state agency shall maintain an independent State fair hearing process as required by federal law and regulation, as amended. The State fair hearing process shall provide participants an opportunity for a State fair hearing before an impartial hearing officer. The parties to the State fair hearing include the broker as well as the participant and his or her representative or the representative of a deceased participant's estate.

22.16 PARTICIPANT GRIEVANCE PROCESS

If a participant is unhappy with the services that NEMT provides, a grievance can be filed. The broker thoroughly investigates each grievance and shall acknowledge receipt of each grievance in writing within ten business days after receiving the grievance. The number to call is (866) 436-0457. Written grievances can be sent to:

Medical Transportation Management, Inc
16 Hawk Ridge Drive
Lake St. Louis, MO 63367
Attn: Grievance and Appeals

22.17 MTM SERVICES AVAILABLE FOR FACILITY SUPPORT

MTM carries out its processes in the following customer service departments:

1. Care Management (CM)
2. Quality Management (QM)
3. Customer Service Center (CSC)

Section 22 - Non-Emergency Medical Transportation (NEMT)**22.17.A. CARE MANAGEMENT (CM)**

- MTM Care Management Coordinators (CMCs) are the single point of contact for facility staff.
- Each CMC is educated on the policies and procedures specific to MO HealthNet or the health plan to which they are assigned.
- Care Management specializes in working with participants needing such services as dialysis, cancer treatments, high-risk obstetrics, behavioral health, transplants, hospital discharges, and other specialized services.
- CMCs can set transportation for normal appointment requests with five (5) calendar days notice.
- CMCs will help arrange transportation for urgent trip requests.
- CMCs provide trip coordination for recurring appointments.
- MTM shall authorize out-of-state travel based on state approval. CMCs will work with referring physicians to ensure the correct documentation is received. The CMC will then complete the necessary travel arrangements.
- CMCs will assist in the prior-authorization process for long distance trip requests.
- CMCs will coordinate with participants and dialysis facilities, as well as the Missouri Kidney Program (MoKP), to ensure transportation to critical care dialysis treatment.
- CMCs will assist the participant in arranging meals and lodging when specific criteria are met.
- CMCs will assist the participant with the Americans with Disabilities Act (ADA) application process if they are a candidate for these services.

22.17.B. QUALITY MANAGEMENT DEPARTMENT (QM)

- MTM Quality Service Coordinators (QSCs) field and document incoming grievances and issues regarding MTM staff and transportation providers.
- Grievances are forwarded to the appropriate transportation provider and/or department within MTM.
- A grievance response shall be submitted to QM by the transportation provider and/or appropriate MTM department within 72 hours.
- The QSC will document the response and provide education so the issue will not repeat.
- All grievances are forwarded to MO HealthNet per contract requirements.
- QM monitors all transportation providers to keep the grievance rate below 3% monthly.
- If the 3% threshold is met or exceeded, QM will place the transportation provider on a corrective action plan.
- If the grievance is associated with staff at MTM, a performance improvement plan will be executed as indicated.

Section 22 - Non-Emergency Medical Transportation (NEMT)**22.17.C. CUSTOMER SERVICE CENTER (CSC)**

- Participants and facility staff may contact the Customer Service Center to schedule transportation 24 hours a day, 7 days a week, including all holidays.
- The CSC is open 24 hours a day, 7 days a week, to handle urgent same or next day appointment scheduling and hospital discharges.
- Customer Service Representatives (CSRs) can answer questions regarding which services are covered.

22.17.D. WHAT IS CARE MANAGEMENT (CM)?

The Care Management Department provides medical facilities, social workers, and case managers with a single point of contact at MTM for the transportation coordination of all participants under their care. This type of direct contact ensures special transportation services are booked in a timely and appropriate manner, improving client satisfaction. Care Management Coordinators (CMCs) establish relationships with social workers and hospital staff. Special transportation includes coordination of services for dialysis patients, drug and alcohol programs, psychiatric outpatient treatment programs, reimbursement for mileage, meals, and lodging, and out of state travel.

If a participant has a recurring appointment at a facility, Care Management can program the NET Management System to automatically generate transportation requests for up to 90 days at a time, with the exception of dialysis appointments which can be set for six (6) months at a time. This reduces the time facilities spend requesting transportation on a weekly basis. When the recurring request is made, the facility will be advised of the end date, and either the facility or the participant, will be responsible for contacting MTM to request an extension if needed. The facility must contact MTM when the participant is discharged from a program, becomes ineligible for MO HealthNet services, or has a schedule change. Notifying MTM of cancellations or adjustments to recurring appointments helps MTM keep resources available for all MO HealthNet participants.

Transportation to MO HealthNet services is verified by MTM. When participants schedule transportation to a facility for MO HealthNet covered services, MTM is contractually bound to verify the participant did attend their appointment. If MTM is unable to verify that the participant attended, MTM will cancel the trip request. Each morning before the facility opens for business, MTM's computer system will automatically send a fax to the facility for all participants scheduled for that day. The facility can indicate "scheduled," "scheduled but did not attend," or "not scheduled" and return the fax to MTM at the end of each day.

MTM staff is cross trained to assist other members of the Care Management Department. If the designated CMC is out of the office, backup staff will monitor the faxes, voice messages, and emails to ensure that all urgent requests are responded to in a timely manner. Facilities will receive a response to a request within one (1) business day.



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22.17.E. CARE MANAGEMENT OUTREACH

MTM provides outreach and education to facilities and advocacy groups on NEMT programs and MTM's program management. MTM can meet with facility staff before start-up of operations and provide on-going support as needed or requested to ensure service satisfaction.

In-service training on the following topics is available as requested or needed:

- Department Programs
- Dialysis Transportation
- Urgent Transportation
- Arranging Transportation for MO HealthNet participants

Care Management Coordinators also provide education and training on MTM's services to facility staff, case managers, and social workers. Care Management disseminates educational materials and has in-service training available for any facility, staff, or social service department that requests education on MO HealthNet services, rights, and responsibilities.

The Care Management Department has a dedicated toll-free number, as well as a local telephone number, for the medical community to access the department directly.

MTM Care Management Coordinators

Local Phone Number: (636) 695-5720

Dedicated Toll Free Number: (888) 561-8747 ext. 5720

MTM Care Management Manager

Sherry Moore

Email: smoore@mtm-inc.net

Toll Free: (888) 561-8747 Ext. 5641

Dedicated Fax: (877) 406-0658

Contact: Melissa Whitmore

Email: mwhitmore@mtm-inc.net

Toll Free: (888) 561-8747 Ext. 5720

Dedicated Fax: (877) 406-0658

Contact: Mellissa Workman

Email: mworkman@mtm-inc.net

Toll Free: (888) 561-8747 Ext. 5730

Dedicated Fax: (877) 406-0658

Contact: Ana Underwood

Email: aunderwood@mtm-inc.net

Toll Free: (888) 561-8747 Ext. 5793

Dedicated Fax: (877) 406-0658

Section 22 - Non-Emergency Medical Transportation (NEMT)**MTM Education, Training & Outreach Manager**

Anna Lee

Email: alee@mtm-inc.net

Toll Free: (888) 561-8747 Ext 5532

Cell: (636) 614-6135

Dedicated Fax: (877) 406-0658

22.17.F. WHAT IS QUALITY MANAGEMENT (QM)?

MTM's Quality Management Department monitors all aspects of MTM's operational departments (Care Management, Call Center, Quality Management, and Network Management) and executes MTM's formal Quality Management Program, Work Plan, and Compliance Program.

The scope of the QM Program includes:

- Credentialing transportation providers
- Audits and site reviews to ensure transportation provider compliance
- Management of complaints and grievances
- Fraud and abuse investigation and reporting
- Incident and accident monitoring, reporting, and prevention
- Systematic oversight of Customer Service Centers

MTM's Quality Management Department must ensure that participants are treated with respect and that any issues, concerns, or grievances about service provided by MTM staff or a contracted transportation provider are properly resolved.

A facility can file a grievance, or address any issues regarding service by contacting:

MTM, Inc.

Quality Management Department

Toll Free: (866) 436-0457

Fax: (866) 343-0998

Mail: 16 Hawk Ridge Dr., Lake St. Louis, MO 63367

MTM After Hours Contact

Customer Service Center

Toll Free: (866) 269-5927

22.17.G. WHAT IS THE CUSTOMER SERVICE CENTER (CSC)?

MO HealthNet participants have a toll-free number to reach the Customer Service Center (CSC):

Customer Service Center

Toll Free: (866) 269-5927



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Customer Service Representatives (CSR's) help the participant schedule his or her appointment.

MTM CSRs field calls from participants and facilities and assist with transportation requests for standard and urgent appointment requests. CSRs also provide information regarding which services are covered. If facility staff is unable to reach a designated Care Management Coordinator, the Customer Service Center is available to handle the requests.

22.17.H. ARRANGING TRANSPORTATION FOR FACILITIES

- The facility **MAY** call to schedule transportation to medical appointments and must provide the following information:
 - 1) MO HealthNet ID #
 - 2) Pick up address
 - 3) Telephone number
 - 4) Date of birth
 - 5) Date and time of appointment(s)
 - 6) Type of appointment(s)
 - 7) Doctor's name
 - 8) Facility name
 - 9) Complete doctor/facility address
 - 10) Doctor/facility telephone number
- Request for transportation services for a routine medical appointment must be at least five (5) calendar days in advance of the appointment. Urgent trips, follow-up appointments, and discharges can be set up with less than five days notice. If a facility calls for urgent/same day trips, MTM will confirm that it is an urgent trip and then set the trip up according to guidelines.
- The participant must use the closest appropriate medical facility/provider unless a health care provider has referred the participant outside of the immediate community.
- Out-of-state trip requests to non-bordering states require prior authorization from MO HealthNet. Care Management will coordinate the approval effort. Trip requests to bordering states must fall within the travel standards and will follow the same policies as in state requests.
- Meals and lodging requests require prior authorization from Care Management.
- Participant must provide all devices/tools necessary for travel (i.e. wheelchairs).



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22.17.I. HOW DOES A FACILITY REQUEST TRANSPORTATION?

A facility can schedule transportation one of four ways:

By phone: Call the MO HealthNet Care Management Coordinator, Mellissa Whitmore, at (888) 561-8747 ext 5720 or the Customer Service Center at (866) 269-5927 to set up transportation via telephone.

By fax: MTM has facility forms available upon request that can be completed and faxed to (877) 406-0658. The forms go to a confidential fax and a Care Management Coordinator will follow up with the facility when transportation has been arranged. A Care Management Coordinator will respond via phone or fax within 24 business hours to confirm a request has been received and processed.

By e-mail: Facilities may e-mail a Care Management Coordinator listed in Section 22.17.E. All email containing PHI must be sent using encrypted email systems.

Online Trip Management: A facility may be able to use the MTM Online Trip Management (OTM) program to set transportation up via the internet. A Care Management Coordinator can assist facilities on the OTM system and provide facility staff training on its use.

22.17.J. FORMS COMPLETED BY FACILITIES

Transportation Request Form

The information provided on this form will allow THE CMC to enter all trip information into MTM's system and schedule transportation. This form can be faxed directly to a CMC for any trip that is more than five (5) calendar days out. A facility scheduling urgent transportation should call a CMC directly to ensure the request is received.

Approved Distance Authorization Form

For all trip requests outside of the set travel standards, the Approved Distance Authorization Form must be completed by the referring medical provider and returned to MTM Care Management for approval. The form can be obtained from MTM.

Meals and Lodging (Ancillary Services)

When a participant has an appointment that meets criteria in Section 22.3, MTM may authorize meal and lodging requests. MTM will provide prior authorization for all requests for these services.

Daily Attendance Verification Form

Facilities will receive a Daily Attendance Verification Form. This form will list the participant scheduled for appointments for the day. All MO HealthNet services must be verified. Facilities will need to verify each participant's attendance status (i.e. arrived, did not arrive, was not scheduled) and fax the completed form to MTM at (888) 240-6579. Although

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trip requests for recurring units will be authorized for periods of 90 days (or six (6) months for dialysis), these trips still require verification.

22.17.K. SCHEDULING URGENT TRIPS

A facility may call MTM's CMC, Mellissa Whitmore at (888) 561-8747 ext 5720 or the Customer Service Center at (866) 269-5927 to schedule transportation via the phone for urgent trips.

22.17.L. SCHEDULING A HOSPITAL DISCHARGE

The MTM Customer Service Center is open 24 hours a day, seven (7) days a week for urgent trips and hospital discharges. Contact a Customer Service Representative at (866) 269-5927 to arrange discharge transportation.

22.17.M. TRANSPORTATION RESTRICTIONS

- **Public Transit**

A participant can be excluded from public transit for:

- ✓ Pregnancy after the 8th month
- ✓ High risk pregnancy
- ✓ High risk cardiac condition
- ✓ Severe breathing problems
- ✓ Living more than three (3) blocks from a bus stop
- ✓ Medical provider location is more than 3 blocks from a bus stop
- ✓ Any other circumstance in which utilization of public transit/bus token/pass may not be medically appropriate.

If a participant states he/she cannot ride the bus, the trip information is escalated to the Care Management department for review. If it is determined that further information is necessary, the Care Management department will contact the participant and/or medical provider.

- **Ambulatory** (sedan/cab, van/mini-bus, etc.)
 - ✓ Includes wheelchair transfer when a participant can transfer from wheelchair to a vehicle seat, with the wheelchair collapsed and placed in the trunk.
- **Wheelchair Lift Equipped Vehicle**
 - ✓ For participants who are unable to transfer to a vehicle seat or whose wheelchair does not collapse.
- **Stretcher**
 - ✓ Stretcher transportation is available for participants who are bed-bound and must travel in a prone or supine position. Unlike ambulance transportation, stretcher transportation providers do not provide any medical care or monitoring during the



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transport. Participants who can use a wheelchair are not eligible for stretcher transportation.

- **Non-Emergency Ambulance**

- ✓ Non-emergency ambulance transportation is available for participants who are bed-bound, must travel in a prone or supine position and require life sustaining medical care or monitoring as needed during the transport. Participants who can use a wheelchair are not eligible for ambulance transportation.

22.17.N. AMERICAN WITH DISABILITIES ACT (ADA) CERTIFICATION

All participants that are certified for ADA transportation shall continue to utilize the available ADA transportation. In situations where the ADA provider is unable to transport, MTM will provide transportation to eligible services.

If a participant qualifies for ADA certification, MTM will assist the participant in the ADA application process. MTM will be able to direct the participant to the appropriate certification facility and shall transport the participant during the application process.

22.17.O. PARTICIPANT ASSISTANCE DURING TRANSPORT

A participant may bring someone as an escort at no cost in the following situations:

- Participants under the age of 17 must be accompanied by a parent/guardian, relative or other adult.
- Participants under 21 years old may be accompanied by a parent/guardian, relative, or other adult.
- Participants that cannot travel independently or need assistance due to age, illness, or a physical or mental disability may provide a parent/guardian, relative, or other adult. MTM may require verification from the medical provider.
- If the participant does not speak English, someone to interpret.

22.17.P. WHAT MTM WILL DO IF A CAREGIVER IS NOT AVAILABLE

If a transportation provider notifies MTM that no one is home when they attempt to return an adult with impairments who is able to transport without an escort or attendant, but is unable to be alone at home for long periods of time, the MTM employee will:

- Attempt to contact a family member using the main phone number and the alternate phone number listed in the participant's file.
- Instruct the transportation provider to take participant to the closest police department if the facility is closed.
- Document the circumstances, actions taken, and outcomes.
- Immediately notify MTM management on duty.
- Inform the Manager of Quality Management of the situation the next business day for a complete follow-up. The Manager of Quality Management will determine any necessary action to be taken, including notification of MO HealthNet.



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22.17.Q. FILING A GRIEVANCE

A grievance may be filed verbally or in writing by a participant, their representative, or facility by contacting:

MTM, Inc.

Quality Management Department

Toll Free: (866) 436-0457

Fax: (866) 343-0998

Mail: 16 Hawk Ridge Dr., Lake St. Louis, MO 63367

END OF SECTION

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