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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.

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 under the age of 21, and their attendant/guardian, 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.
Appeal	The formal mechanism which allows a provider the right to appeal a grievance decision.
Attendant	An individual who goes with a participant under the age of 21 to the MO HealthNet covered service to assist the participant because they <i>cannot</i> travel alone or a long distance without assistance. An attendant is an employee of, or hired by the broker or an NEMT provider.

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Broker	Contracted entity responsible for enrolling and paying 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 provider of the service or from a third party.
Complaint	A verbal or written expression by a 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 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

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	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 provided, condition of mode of transportation, aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the participant's rights.
Grievance (Provider)	A written request for further review of a provider's complaint that remains unresolved after completion of the complaint process.
Inquiry	A request from a 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; 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 <i>not</i> 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 <i>must</i> 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, pharmacy, hospital, nursing facility, or association that is enrolled in MO HealthNet as a



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	participating provider of service.
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.
Provider	A transportation entity under contract with the NEMT broker to provide transportation services.
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.
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.

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 three (3) days in advance. NEMT services may be scheduled with less than three (3) 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



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grants an appointment within 3 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 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.

Section 22 - Non-Emergency Medical Transportation (NEMT)**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 and 82.
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.
 - 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- Greene, Jackson, St. Charles, St. Louis, and St. Louis City;
2. Basic- Boone, Buchanan, Cape Girardeau, Cass, Christian, Clay, Cole, Franklin, Jasper, Jefferson, 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.

Section 22 - Non-Emergency Medical Transportation (NEMT)**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
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



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Urology	25	50	100
General surgery	15	30	60
Psychiatrist-Adult/General	15	30	60
Psychiatrist-Child/Adolescent	15	30	60
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
Perinatology services	100	100	100
Comprehensive cancer services	100	100	100
Cardiac catheterization	100	100	100
Cardiac surgery	100	100	100
Pediatric subspecialty care	100	100	100
Mental Health Facilities			
Outpatient-Adult	15	30	60
Outpatient-Child/Adolescent	15	30	60
Outpatient-Geriatric	15	30	60
Inpatient/Intensive Treatment-Adult	25	50	100
Inpatient/Intensive Treatment-Child/Adolescent	25	50	100

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Inpatient/Intensive Treatment-Geriatric	38	75	100
Inpatient/Intensive Treatment-Alcohol/Chemical Dependency	38	75	100

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.
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. 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:

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- 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 for each trip whether one-way or round 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, Medical Assistance-Aid to the blind; and
 - 15, Nursing Care-Aid to the blind;
 - 18, Unborn child;
 - 43, Pregnant women-60 day assistance;
 - 44, Pregnant women-60 day assistance-poverty;
 - 45, Pregnant women-poverty;
 - 58, Presumptive eligibility (non-subsidized); and
 - 61, MO HealthNet for pregnant women-Health Initiative Fund.
3. Persons residing in a long-term care facility; and
4. Foster Care participants.

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



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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; and,
7. Multi-passenger van.

The broker *must not* utilize public transit for the following situations:

1. High-risk pregnancy,
2. Pregnancy after the eighth month,
3. High risk cardiac conditions,
4. Severe breathing problems, and
5. More than three block walk to the bus stop.

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 to the trip destination. 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, 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;



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- 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 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.

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:



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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.
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 30 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.

Section 22 - Non-Emergency Medical Transportation (NEMT)**22.12 PROVIDER REQUIREMENTS**

The broker shall maintain a network of appropriate 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 providers required to furnish services;
4. The capacity of 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 provider, the broker *must* adequately and timely provide the services for the participant utilizing the services of a provider outside the broker's network, for as long as the broker is unable to provide such services utilizing an in-network provider. Out-of-network 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 services were furnished utilizing the services of an in-network provider.

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 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



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timely manner. The 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:

LogistiCare Solutions, LLC
1644 N. Corrington Ave.
Kansas City, MO 64120
866-588-5121

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.
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.

Section 22 - Non-Emergency Medical Transportation (NEMT)**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) 269-5927. Written grievances can be sent to LogistiCare Solutions L.L.C, 1614 N. Corrington Avenue, Kansas City, MO 64120.

22.17 DIALYSIS FACILITY MANUAL**22.17.A. ELIGIBILITY**

NEMT is available to eligible MO HealthNet participants for MO HealthNet covered services. Some participants receiving MO HealthNet benefits do not receive NEMT services as part of their benefit package (i.e., blind pension, etc.) Others have spend down requirements that may affect their eligibility on certain days of the month. The Facility Social Worker (FSW) works closely with the participant, participant's family, and LogistiCare facility representative to minimize the interruption of transportation to dialysis facilities during periods of ineligibility. Requests for transportation other than Dialysis Standing Order appointments are made by calling 1-866-269-5927 at least three business days in advance. To request a Standing Order for a dialysis patient, please see Section 22.17.D below.

22.17.B. TYPES OF TRANSPORTATION

LogistiCare is required, by the state contract, to use the least costly and most appropriate mode of transportation. Due to the special needs of dialysis patients, public transportation (bus) is not warranted unless requested by the participant. Public Entities such as Call-A-Ride and Share-A-Fare are those transportation entities that MHD contracts with to expand coverage to MHD participants. LogistiCare identifies participants whose trips begin and end in the service areas of the public entity. As identified, participants are referred to the public entity to access transportation. If the FSW or Clinic Manager (CM) determines that due to specific medical reasons, transport by a public entity is not appropriate for the participant, the FSW can submit documentation to his/her LogistiCare facility representative for review by the Utilization Review Department and the Healthcare Manager.

If the public entity suspends a participant for any reason, the participant is responsible for calling LogistiCare to request transportation.

Section 22 - Non-Emergency Medical Transportation (NEMT)**22.17.C. LEVEL OF SERVICE**

The type of vehicle needed is determined by the level of service (LOS). Please note that LogistiCare provides shared transportation, so participants should expect to share their ride with other participants (excludes stretcher services). Levels of service include:

- A. Ambulatory (includes those using a manual wheelchair who can stand or pivot on their own). This may include the use of public transportation and/or taxis.
- B. Wheelchair (those participants who have an electric wheelchair or a manual wheelchair but cannot transfer).
- C. Stretcher Service (those participants confined to a bed). Please refer to the Stretcher Assessment Form.
- D. Non-emergency Ambulance (participants need equipment only available on an ambulance (i.e. non-portable oxygen) or when travel by other means could be detrimental to the participant's health (i.e. body cast).

The FSW or CM can assist LogistiCare by providing the necessary information to determine the LOS and by keeping this information updated on the Standing Orders (SOs).

22.17.D. STANDING ORDERS

Authorized clinicians (i.e. FSW, CM, or RN) at a treatment facility may request a LogistiCare facility representative to enter a SO for ongoing NEMT services for their MO HealthNet participants who are required to attend a covered appointment for at least three days per week for a period of at least 90 days or greater.

The following is the process for coordinating SOs:

- A. The MO HealthNet participant's social worker or other medical professional at the treating facility faxes the Standing Order Form for Regularly Scheduled Appointments to the LogistiCare facility department at 1-866-269-8875. The facility representative reviews the information to ensure the requested SO meets the criteria as discussed above and enters the treatment times and dates as a SO.
- B. The facility representative returns the SO by fax or calls the requesting clinician as confirmation that the SO has been received and entered. The facility representative also calls the requesting clinician if the transportation request does not meet the criteria for a SO.
- C. FSWs or CMs are required to report any change to the SO (i.e. death, transplant, address, time, LOS or facility) as soon as they are aware of the change. The information is faxed to 1-866-269-8875. Upon notification, LogistiCare will inactivate SOs for participants who are hospitalized. When the participant is



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discharged from the hospital and is ready to resume transportation, a new SO will need to be faxed to LogistiCare.

- D. All SOs are required to be recertified every 90 days. The facility representative calls to confirm all SOs as a requirement of our Utilization Review protocol. Facilities are sent a monthly Standing Order Trip Verification Report and Standing Order Report by the 5th day of every month, with each participant's name and MO HealthNet number. These reports allow the clinician to make changes to existing SOs and also inform LogistiCare of any days, in the prior month, the MO HealthNet participant did not attend a scheduled treatment. FSWs or CMs are encouraged to respond promptly to the reports to continue to assure appropriate confirmation and verification of trips.
- E. The Dialysis Mileage Reimbursement Log & Invoice Form is sent, upon request, to participants who wish to provide their own transportation. The FSW also has copies or can request copies of this form. Participants complete the form and have it signed by a facility clinician. The participant then sends the form to LogistiCare so that it is received within 45 days of the appointment.

22.17.E. ANCILLARY SERVICES

A medical provider may request ancillary services (meals and lodging) for adults and children and one parent/guardian, if necessary to accompany the child, if: 1) the medical appointment requires an overnight stay; and, 2) volunteer, community or other ancillary services are not available free of charge to the participant. (Note: due to the Free Care Rule, if services are available to any non-MO HealthNet family at no cost, a MO HealthNet family may not be charged for the services.) For further information regarding Ancillary Services, please refer to [Section 22.17.E.\(1\)](#) and the Ancillary Services Form.

22.17.E.(1) Ancillary Services Request Procedure

A medical provider may request ancillary services for adults and children with one parent/guardian to accompany the child, 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. (Note: due to the free care rule, if services are available to any non-MO HealthNet family at no cost, a MO HealthNet family may not be charged for the services.)

Non-emergency medical transportation services are tied to a MO HealthNet covered medical appointments/services for a MO HealthNet participant. Lodging

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is provided only when the participant is staying in the room. Meals are available for both the participant and one parent or guardian when he/she is traveling with a child to the medical appointment that requires an overnight stay.

The following is the process in which Ancillary Services will be coordinated:

1. The request for Ancillary Services Form is to be faxed to the LogistiCare Facility Department at 1-866-269-8875 by the participant's case manager, social worker, or a medical professional.
2. A LogistiCare Facility Representative will contact a non-profit housing facility (i.e. Ronald McDonald House) prior to contacting hotels, as this would be the least expensive accommodation if one is available within the hospital's geographic area. Should a room not be available, LogistiCare will arrange the least expensive, most appropriate hotel accommodation. The hotel will be paid directly by LogistiCare.
3. LogistiCare will provide two (2) meals per day up to \$7.00 per meal, per child and one parent/guardian (total of \$28 per day). Most hotels provide a continental breakfast for their guests.
4. If a meal ticket can be provided by the hospital, the hospital will, in turn, invoice LogistiCare along with a copy of the LogistiCare Authorized Ancillary Services Form for the meals to LogistiCare MO NEMT Billing, 503 Oak Place, Suite 550, Atlanta, GA 30349.
5. If a hospital is unable to provide meal tickets, the parent/guardian will need to submit the original receipts for reimbursement to the LogistiCare Facility Department, 1614 N. Corrington Avenue, Kansas City, MO 64120. They must reference the Job number and date of service on the receipt for reimbursement. The Job number or confirmation number is found on the authorization form faxed to the requesting facility.
6. Should the participant's family request gas reimbursement, a Gas Reimbursement Voucher will be sent to the parent/guardian for submission of gas expenses. Unlike dialysis gas reimbursement that allows 45 days for submission, this form must be submitted within 30 days of the actual trip.
7. The confirmation number (Job number) along with the hotel name and address will be entered on the Ancillary Services Form and the form will be signed authorizing the services. The form will be faxed back to the requesting facility.

Section 22 - Non-Emergency Medical Transportation (NEMT)**22.17.F. WHERE'S MY RIDE? (WMR)**

All facilities are provided with the WMR contact information located on the Missouri Contact Information Sheet which is included in the information packets. The WMR line is 1-866-269-5944.

Facilities are encouraged to have these numbers available for participants.

- A. The Transportation Provider (TP) is allowed a grace period of 15 minutes past the SO appointment and pickup time. If a TP is more than 15 minutes late for a SO appointment or pick-up time, FSWs, participants, or any facility designee are encouraged to call the WMR line. The LogistiCare staff determines where the driver is and ensures the participant is transported.
- B. The WMR line may also be used when a participant is ready to return home after dialysis or any other medical appointment when the pickup time is not scheduled.
- C. This line is also used when participants know they are going to be late. They should contact WMR or the designated provider immediately.
- D. The WMR line is manned 24 hours a day, seven days a week and is available for questions or concerns with after hours' appointments.

22.17.G. QUALITY ASSURANCE (QA) PROCEDURE

- A. Complaints may be filed by the MO HealthNet participant or by another person on behalf of the participant. A TP may also file a complaint against a participant should his/her behavior warrant such a complaint. LogistiCare's QA staff researches and resolves all complaints filed, and submits all information and outcomes to MHD. Complaints are filed through the WMR line. The FSWs and/or any facility representative can file a complaint to any LogistiCare representative by stating "I would like to file a complaint." As a part of the complaint investigation, it is noted whether the WMR line was utilized by facility or participant, with hopes of tracking issues immediately and avoiding situations which warrant complaints and to ensure appropriate transportation is received.
- B. Participants also have the right to file a complaint through the MO HealthNet Participant Services Unit toll-free at 800-392-2161.

22.17.H. FREQUENTLY ASKED QUESTIONS

- A. What is the policy on TP's notifying participants the night before a trip?

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All transportation companies are required to attempt to contact the participant 24 hours in advance to inform the participant they will be the TP and the expected pick up time. In cases where TPs are not notifying the participants, the participant should call LogistiCare at 866-269-5944 and report this issue.

B. How are the drivers credentialed and trained for these trips?

All LogistiCare approved TPs are required to meet a rigorous credentialing process. This process mandates that all drivers must have a current driver's license, a clean driving record (including the Missouri State Highway Patrol Request for Criminal Record Check and the Family Care Safety Registry), and tested negative on a stringent drug test. Once all this information is received, LogistiCare's Compliance Department will review it to make sure the driver meets all the standards set forth by the State of Missouri. The driver is then either approved or denied to transport participants for LogistiCare.

Once approved to transport MO HealthNet NEMT participants, each driver must complete specific training related to NEMT transportation. Training, which is administered by the TP, includes several key topics: defensive driving; use of safety equipment; basic first aid and universal precautions for handling body fluids; operation of lifts, ramps and wheelchair securement devices; methods of handling wheelchairs; use of common assistive devices; methods of moving, lifting and transferring passengers with mobility limitations; and instructions on proper actions to be taken in problem situations.

C. Are the vehicles used for NEMT inspected on a regular basis?

Along with the driver credentialing process and training, each vehicle operated by a TP must undergo an initial 45 point vehicle inspection by a LogistiCare Field Monitor before that vehicle can be used to transport MO HealthNet NEMT participants. Once approved, each vehicle is re-inspected every six months. Wheelchair and stretcher vehicles receive more in-depth inspections with regards to the special equipment needed for transport. Once inspected, a LogistiCare window decal is applied to the vehicle. This provides for a quick visual identification of a LogistiCare approved vehicle.

D. Who do I contact for reoccurring issues?

All issues should be reported to LogistiCare through the WMR line referenced above. For reoccurring issues, the LogistiCare Healthcare Manager or Ombudsman may be contacted at 816-242-3100.

E. Can a participant choose his/her TP?



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A participant may request a preferred provider. LogistiCare will attempt to schedule transport with the preferred provider; however LogistiCare is unable to guarantee that the provider will be available for the specific trip.

F. Can a participant request not to ride with a specific TP?

A participant may request not to ride with a specific provider. LogistiCare will investigate any incident causing such a request.

END OF SECTION

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