

## **Q&A on Non-Medical Transportation and Reproductive Health Services**

**By Amy Chen**

### ***What is Non-Medical Transportation?***

There are three different types of transportation that Medi-Cal provides to enrollees: Emergency Transportation, Non-Emergency Medical Transportation, and Non-Medical Transportation.

- Emergency Transportation is transportation provided in situations of medical emergency, typically by ambulance.
- Non-Emergency Medical Transportation (NEMT) is medical transportation provided to access Medi-Cal covered services. NEMT services are provided when the enrollee's medical and physical condition makes them unable to use ordinary means of public or private transportation. For example, the enrollee may be unable to ambulate (walk or otherwise get themselves from place to place) and/or be unable to stand or walk without assistance such as a wheelchair, walker, or crutches. The form of transportation provided through NEMT can include ambulances, litter vans (vehicle equipped to transport individuals in gurneys), wheelchair vans, and medical air transport. Unlike Non-Medical Transportation, which is discussed below, NEMT must be prescribed in writing by a physician, dentist, or podiatrist, and is generally subject to a prior authorization by Medi-Cal.
- Non-Medical Transportation (NMT) is transportation provided to access medically necessary Medi-Cal covered services. But NMT is provided by ordinary forms of conveyance including passenger car, taxicab, or any other form of public or private transportation, including private vehicles. Enrollees making use of NMT must be able to walk or otherwise get themselves from place to place without assistance from the driver.

### ***What was the change in law?***

AB 2394, passed into law in 2016, amends California's Welfare and Institutions Code to clarify that Medi-Cal covers NMT services for all Medi-Cal enrollees including Medi-Cal managed care plan members.

***What transportation is covered under this new change in law?***

NMT is a benefit for all Medi-Cal enrollees, and must be provided to Medi-Cal managed care members through their health plans starting July 1, 2017, to obtain medically necessary services covered through their managed care plans. NMT is also available for Medi-Cal enrollees to pick up drug prescriptions that cannot be mailed directly to them, as well as to pick up medical supplies, prosthetics, orthotics, and other equipment. For those Medi-Cal services not covered under the managed care contract, the managed care plan must still make their best effort to help refer enrollees to NMT services and assist with coordination.

Starting October 1, 2017, managed care plans will be required to provide NMT for all Medi-Cal services, including those not covered under the managed care contract. These services include, but are not limited to, specialty mental health, substance use disorder, dental care, and any other benefits delivered through Medi-Cal fee-for-service.

NMT includes, at a minimum, round trip transportation by passenger car, taxicab, or any other form of public or private transportation (such as a private vehicle). Private transportation, arranged by the Medi-Cal enrollee, must be allowed if no other form of transportation is available. The driver of the private vehicle will be reimbursed for gas mileage based on the IRS standard mileage rate for medical transportation, which can be found at <https://www.irs.gov/uac/2017-standard-mileage-rates-for-business-and-medical-and-moving-announced>.

***Whose transportation is covered?***

NMT includes transportation costs for the Medi-Cal enrollee as well as one attendant (such as a parent, guardian, or spouse).

***What restrictions, if any, are there for the transportation?***

NMT does not include transportation to locations or for appointments unrelated to covered Medi-Cal benefits. However, if an enrollee needs to travel somewhere to obtain a covered Medi-Cal benefit, as well as another service that is not covered by Medi-Cal, but to be received at the same time and place, the enrollee may use NMT.

As discussed above, Medi-Cal covers emergency transportation and medical transportation, such as transportation of sick, injured, or otherwise incapacitated Medi-Cal enrollees who need to be transported by ambulance, litter van, or wheelchair vans. However, this falls under the category of Medi-Cal emergency and non-emergency medical transportation, rather than NMT.

The NMT provided must be the least costly method of transportation that meets the Medi-Cal enrollee's needs.

A Medi-Cal managed care enrollee seeking NMT through private transportation, such as a private vehicle, must first attest to the Medi-Cal managed care plan that all other forms of transportation have been reasonably exhausted. This could include, for example, attesting that the managed care plan enrollee does not have a valid driver's license, has no working vehicle available in the household, is unable to travel or wait alone for medical or dental services, and/or has a physical, cognitive, mental, or developmental limitation that hinders access to other forms of transportation. Note that all that is necessary is the attestation from the Medi-Cal managed care enrollee. A physician's certification is not required.

The law allows Medi-Cal managed care plans to apply utilization controls, including time and distance standards on NMT. Plans may limit NMT to situations where members need to access services some minimum distance from their home, as long as that minimum distance is reasonable.

Where enrollees need ongoing NMT services, NMT must be reauthorized by the Medi-Cal managed care plan every 12 months. Managed care plans should make NMT arrangements on an ongoing basis for enrollees with standing appointments for services such as dialysis, chemotherapy, radiation, or any other ongoing treatment of a chronic condition.

### ***Is transportation related to reproductive health services covered?***

Yes, NMT includes transportation to access all covered Medi-Cal services, including covered Medi-Cal reproductive health services. Medi-Cal covered reproductive health services include contraceptive coverage, abortion care without the need for medical justification and from any Medi-Cal provider, including those who are out-of-network, and pregnancy coverage from prenatal appointments through postpartum care. For more information on Medi-Cal coverage of reproductive health care, please see NHeLP's issue brief at <http://www.healthlaw.org/publications/browse-all-publications/public-coverage-of-family-planning-abortion-services>.

This means that NMT includes transportation to access prenatal care as well as abortion care. NMT is also available to pick up any reproductive health related prescriptions that cannot be mailed directly to Medi-Cal enrollees, or for any other reproductive health related supplies.

***Is transportation to out-of-network care covered for Medi-Cal managed care enrollees?***

In some situations, Medi-Cal managed care enrollees are allowed to go out of network for their care. This is the case for accessing family planning services and supplies, as well as for abortion care. This means that Medi-Cal managed care enrollees are free to see any Medi-Cal family planning provider or Medi-Cal abortion care provider for their care, even if the provider is outside of their Medi-Cal managed care network.

As such, NMT also covers transportation to Medi-Cal managed care covered out-of-network care for family planning services as well as for abortion care.

***How does a Medi-Cal enrollee access these services?***

Medi-Cal managed care plans must provide NMT services to their enrollees. Medi-Cal managed care plan enrollees can access these services by making a request of their health provider or directly to a dedicated transportation hotline at member services. An enrollee's provider may be required to seek prior authorization from the Medi-Cal managed care plan for the NMT services. Medi-Cal managed care plans are required to develop a process that is consistent as applied to medical/surgical, mental health, and substance use disorder services, and that allows enrollees to request NMT authorization and be approved in a timely manner.

The California Department of Health Care Services must provide NMT to individuals enrolled in Medi-Cal fee-for-service. However, the state has not yet issued guidance on how an enrollee in Medi-Cal fee-for-service would access NMT.

***Who can I talk to if I need more information or have trouble accessing these services?***

If you are having trouble accessing NMT services through your Medi-Cal managed care plan or need more information about Medi-Cal transportation, please contact the Health Consumer Alliance at 888-804-3536 or find them online at <http://healthconsumer.org>.