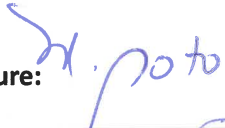
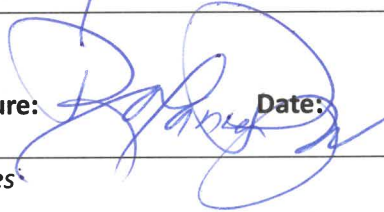




Government Health Plan (GHP) - PLAN VITAL ASES – CLINICAL OPERATIONS AREA		
Policy: Non-Emergency Medical Transportation		
Number: ASES-OC-2024 /P002	Effective Date: July 1st, 2024	Number of Pages: 3
Approved By:		
<i>Milagros Soto Mejía</i> Clinical Operations Area Director	Signature: 	Date: 8-30-2024
Approved By:		
<i>Roxanna K. Rosario Serrano</i> Executive Director	Signature: 	Date: 8/30/24
Reference: Contract Section: Covered Services		

I. PURPOSE

Expand the coverage of services to provide access to Non-Emergency Medical Transportation (NEMT) for Government Health Plan – Plan Vital (GHP-Plan Vital) to define a standard policy and coverage for these services. Each managed care organization (MCO) must also maintain their own coverage policy which must be submitted to ASES.

II. INTRODUCTION

NEMT is a mandatory Benefit provided under the Puerto Rico State plan to assist enrollees with access to medical appointments and other medically necessary trips in order to maintain appropriate access to care. GHP-Plan Vital MCOs shall provide:

1. NEMT services to ensure that eligible enrollees have coordinated, timely, safe, clean, reliable, medically necessary transportation to and from GHP-Plan Vital enrolled providers.
2. Scheduling and payment for NEMT services.

III. BENEFIT DESCRIPTION

There is no limit placed on the number of trips available to an enrollee so long as the trip is determined to be medically necessary and satisfies prior authorization requirements such as:

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- The enrollee does not have access to transportation and lacks the means or ability to be able to arrange for their transportation.
- The MCO authorizes the least expensive mode available that is determined to be appropriate for the member which may be determined through medical necessity determination and select an option that will result in the enrollee arriving at their appointment no more than 2 hours prior to the appointment time
- The NEMT trip must be to or from a covered service provided by a Plan Vital Medicaid enrolled provider and must be the nearest appropriate medical provider.
- Routine NEMT should be requested two days prior to the appointment with no waiting time to request NEMT for urgent appointments, MCOs must not require enrollees to make requests more than two days prior to the appointment.
- For enrollees with regular routine appointments, multiple NEMT trips can be authorized and booked for upcoming appointments.
- Only one attendant may be authorized to be in the vehicle with the enrollee.

The MCO cannot deny access to NEMT based on previous history with utilization of NEMT or history of no-shows, but can place additional restrictions on access to the services such as locking the individual into a specific provider, or completion of additional prior authorization requirements to be able to schedule a ride.

IV. PRIOR AUTHORIZATION AND OVERSIGHT

MCOs must complete prior authorization on all NEMT in order for the service to be paid. The preauthorization for NEMT can be constructed in a variety of ways.

- Requirements for a physician or provider to authorize the need for beneficiary transportation, and /or
- May expect the medical facility to phone in the medical transportation request before providing services.

In any case, the provider rendering service to the participant **MUST** sign a pre-approved certification (By Vital, and MCO), that the services were provided, including date and hour of services. The form or certification should be easy to fill out and handle (to avoid excessive time-consuming effort).

V. PROVIDERS OF NEMT




MCOs must provide access to ambulance, wheelchair vans, other secure vans or cars through Puerto Rico licenced transportation companies. Other types of specialized vehicles may be determined to be medically necessary and available to enrollees only if they meet all screening and eligibility requirements to be a Medicaid provider.

All NEMT providers must meet the following requirements:

- Each provider or individual driver is not excluded from participation in any federal health care program (as defined in section 1128B (f) of the Act) and is not listed on the exclusion list of the Inspector General of the U.S. Department of Health and Human Services.
- Each individual driver has a valid driver's license.
- Each provider has in place a process to address any violation of a state drug law.
- Each provider has in place a process to disclose to the state Medicaid program and the MCO the driving history, including any traffic violations of each individual driver employed by the provider.
- Each provider can demonstrate that all vehicles used are successfully maintained, fully secure, insured, and safe for enrollees.

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