

15 TRANSPORTATION GUIDELINES

NHP manages the transportation benefits for NHP members in accordance with the Medicaid transportation benefit and the transportation guidelines as designated by NYS Medicaid. The following explain the benefits provided for our members.

15.1 NEW YORK CITY MEMBERS

The Medicaid Managed Care Program contractual Benefit Package in New York City includes transportation to all medical care and services that are covered under the Medicaid program, regardless of whether the specific medical service is included in the Benefit Package or paid for on a fee-for-service basis, including non-emergent transportation costs for Methadone Maintenance Treatment Programs. The transportation obligation includes the costs of meals and lodging incurred when going to and returning from a provider of medical care and services when the distance and travel time require these costs.

Transportation is also covered for Family Health Plus members who are ages 19 and 20 and who participate in the Child/Teen Health Program.

15.1.1 PUBLIC TRANSPORTATION

The Plan will provide transportation by giving or reimbursing the member subway/bus MetroCards for the round trip for medical care and services, if public transportation is available for such care and services. This transportation will be furnished to members who reside ten (10) blocks or greater from their scheduled appointment destination. However, if a member lives less than 10 blocks from their appointment destination and can show that there are special circumstances, such as a physical disability, the Plan will reimburse the member for the transportation on a case-by-case basis. The Plan has contracted with their Primary Care Providers to provide eligible members with MetroCards and submit a Transportation Log (page 15 - 5) to the Plan for reimbursement.

Eligibility requirements for Plan members for public transportation are that the member lives outside a ten (10) block radius and:

- ✧ Member arrives for an appointment for care that day even if the appointment is cancelled by the provider (1 R/T MetroCard)

- ✧ Is a parent of a child under the age of six (6) who has an appointment (1 R/T MetroCard)
- ✧ Is a parent of a child over 44 inches tall who has an appointment (2 R/T MetroCard)
- ✧ Is accompanied by another adult because the member is too ill or frail to travel alone (2 R/T MetroCard)
- ✧ Is seen off site by a referral to a reimbursable specialist provider (1 R/T MetroCard)
- ✧ Is seen in the Emergency Department or walk in clinic visit (if public transportation taken- 1 R/T MetroCard)
- ✧ Attends a new member orientation (1 R/T MetroCard)

15.1.2 AMBULETTE, LIVERY OR TAXI (NON-EMERGENCY TRANSPORTATION)

If a member has disabilities or medical conditions which prevent him or her from utilizing public transportation, the Plan will provide accessible transportation which is appropriate to the disability or condition such as ambulette, livery or taxi. **The Plan requires that all such non-public transportation be pre-authorized. Please call or fax the attached form (page15-5) to the Plan's Care Management Department. All non-emergency transportation requires 72 hours notice to authorize and arrange. The NHP Member Services Department coordinates and arranges all transportation services.**

1. The Plan shall provide livery transportation under the following circumstances, unless the member requires transportation by ambulette or ambulance:
 - a. The member is able to travel independently but due to a debilitating physical or mental condition cannot use the mass transit system.
 - b. The member is traveling to and from a location inaccessible by mass transit.
 - c. The member cannot access the mass transit system due to temporary severe weather which prohibits use of the normal mode of transportation.
2. The Plan shall provide ambulette transportation under the following circumstances unless the member requires transportation by ambulance:
 - a. The member requires personal assistance from the driver in entering/exiting the member's residence, the ambulette and the medical facility.

- b. The member is wheelchair-bound (non-collapsible or requires specially configured vehicle).
 - c. The member has a mental impairment and requires the assistance of the ambulette driver.
 - d. The member has a severe debilitating weakness or is mentally disoriented as a result of medical treatment and requires the personal assistance of the ambulette driver.
The member has a disabling physical condition that requires the use of a walker, cane, crutch or brace and is unable to use livery service or mass transportation.
3. The Plan shall provide non-emergency ambulance transportation when the member must be transported on a stretcher and/or requires the administration of life support equipment by trained medical personnel. The use of non-emergency ambulance is indicated when the member's condition would prohibit any other form of transportation.

15.1.3 EMERGENCY/ URGENT CARE TRANSPORTATION

Emergency transportation may only be provided by accessing 911 emergency ambulances within New York City. Urgent care transportation may be provided by any mode of transportation so long as such mode is appropriate for the medical condition or disability experienced by the member.

15.1.4 MEMBER REQUIRES AN ATTENDANT

If an attendant is Medically Necessary to accompany the member to the medical appointment, then the Plan will cover the transportation of the attendant as well as the member. A medically required attendant must be authorized by the attending/primary care physician and may include a family member, friend, legal guardian or home health worker.

When a child travels to medical care and services, and an attendant is required, the parent or guardian of the child may act as the attendant. In these situations, the costs of the transportation and if applicable, the costs of meals and lodging for the parent or guardian will be reimbursable by the Plan. Authorization of the attending/primary care physician is not required in this instance.

15.1.5 TRANSPORTATION TO A METHADONE MAINTENANCE TREATMENT PROGRAM (MMTP)

Transportation to MMTP services via public transportation only is reimbursed by Medicaid Fee For Service. However, if a member has a disability or medical condition which prevents them from using public transportation, the Plan will provide accessible transportation appropriate to the disability or condition, such as livery, ambulette, or taxi. The Plan will apply its current preauthorization of non-public transportation for such request.

15.1.6 NON-COVERED TRANSPORTATION SERVICES

For assistance and information in situations where the transportation service is not covered, for example in the case of non-covered services under the Managed Medicaid or Medicaid Fee-for-Service programs, please contact Plan's Care Management Department.

15.2 SUFFOLK COUNTY MEMBERS

15.2.1 NON-EMERGENT MEDICAL

Medicaid Members are entitled to non-emergent medical transportation for medical care and services through the Medicaid Fee-for-Service (FFS) Program. Prior approval is required and claims should be sent to Medicaid FFS.

Non-emergent transportation is not a covered service for Child Health Plus (CHP) or Family Health Plus (FHP) members **except for** Family Health Plus members who are ages 19 and 20 and who participate in the Child/Teen Health Program.

The Plan and not Medicaid FFS is responsible for reimbursement of non-emergent transportation for Family Health Plus members who are ages 19 and 20 and who participate in the Child/Teen Health Program. **Prior authorization of these services is required.**

