PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

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<tr><td colspan="4">Policy/Procedure Number: MCCP2016</td><td colspan="3">Lead Department: Health Services</td></tr>
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☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 10/21/2015</td><td colspan="4">Next Review Date: 01/08/2026
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<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 01/08/2025</td></tr>
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I. RELATED POLICIES:

A. MCUP3041 – Treatment Authorization Request (TAR) Review Process
B. MCCP2030 – Transportation-Related Travel Expenses: Lodging, Meals, Attendants, Parking and Tolls
C. MCCP2022 – Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
D. MCCP2024 – Whole Child Model for California Children's Services (CCS)
E. MCUG3118 – Prenatal & Perinatal Care
F. CMP09 – Investigating & Reporting Fraud, Waste and Abuse
G. CMP26 –Verification of Caller Identity and Release of Information
H. CGA024 – Medi-Cal Member Grievance System
I. CMP36 – Delegation Oversight and Monitoring
J. MPCR20 – Medi-Cal Managed Care Plan Provider Screening and Enrollment
K. MCUP3146 – Street Medicine

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services
D. Grievance & Appeals
E. Finance
F. Provider Relations

III. DEFINITIONS:

A. NEMT: Non-Emergency Medical Transportation
B. Door-to-Door Service: Member is picked up from the entrance of their pick-up location, receives assistance loading in and out of the vehicle, and is dropped off at the appropriate entrance of the designated drop off location.
C. Door-through-Door Service: Member is provided assistance inside the pick-up location, receives assistance loading in and out of the vehicle, and is dropped off inside the designated drop off location.
D. NMT: Non-Medical Transportation
E. PCS: Provider Certification Statement prescribing the level of transportation necessary based upon the functional and medical limitations of the Member. (See Attachment A)
F. Provider: Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.
G. Transportation provider: The entity that will actually be transporting the Member.
H. Private vehicle: Any motor vehicle, other than a motor truck, truck tractor, or a bus, and used or maintained for the transportation of persons (Defined by VEH Section 465)

I. California Driving Requirements: Defined by California Vehicle Code (VEH Section 12500, 4000, and 16020)
J. Round Trip: Transport from the Member's county of record, as noted in State files, to the scheduled appointment address and back.
K. Short Notice Request: Any request for transport not allowing five calendar day notice.
L. Authorized Representative: An adult Member has the right to designate a friend, family member, or other person to have access to certain protected health information (PHI) to assist the Member with making medical decisions. The Member will need to provide appropriate legal documentation as defined in CMP26 Verification of Caller Identity and Release of Information and submit to Partnership for review prior to releasing PHI. Until the form has been submitted and validated by Partnership staff, the Member can give verbal consent to release non-sensitive PHI to a designated person. Verbal consent expires at close of business the following business day. The Member can give additional verbal consent when the prior verbal consent window of time has expired.

IV. ATTACHMENTS:

A. Provider Certification Statement (PCS) form

V. PURPOSE:

To outline the circumstances and utilization controls by which Partnership HealthPlan of California (Partnership) will pay for and/or facilitate Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services to Members in accordance with state and federal regulations as cited.

VI. POLICY / PROCEDURE:

A. GENERAL TRANSPORTATION PROGRAM RULES

1. Non Partnership Members are not eligible for transportation services.
   a. Exceptions will be made for those eligible to receive services through the Wellness and Recovery benefit.
2. Authorization shall be granted and/or Medi-Cal reimbursement shall be approved only for the lowest cost type of transportation that is adequate for the Member's medical needs, and is available at the time transport is required.
3. Transportation shall be authorized only to the nearest facility capable of meeting the Member's medical needs.
   a. Consideration will be made to ensure access to care within Department of Health Care Services (DHCS) approved time and distance standards
4. Transportation will be provided for all Medi-Cal services, including those not covered by Partnership.
   a. Transport is not covered if the care to be obtained is not a Medi-Cal benefit.
   b. Transportation between a Member's home and an Adult Day Health Care (ADHC) center is included in the per diem reimbursement rate paid to an ADHC center and is not separately reimbursable.
   c. Transportation to obtain medically necessary services for major organ transplants is covered for transplant recipient Members as well as living donors and medically necessary attendants.
      1) Living donors requesting NEMT services are not required to have a PCS on file, nor is a PCS required to approve the NEMT service.
   d. Transportation to pick-up drug prescriptions that cannot be mailed directly to the Member is covered.
   e. Transportation is covered for Members picking up medical supplies, prosthetics, orthotics and other equipment when said supplies and/or equipment is covered by Medi-Cal.

f. Transportation is covered to all Medi-Cal covered street medicine providers including those serving as Primary Care Providers (PCPs).
   1) Members using a street medicine provider as a Primary Care Provider will still be provided transport to a traditional Primary Care Provider if requested, provided the request meets all other applicable criteria.

g. Discharge from an inpatient stay at a hospital, long-term care, or any other Medi-Cal covered institutional setting to the Member's residence is covered.
   1) Requests for transport services of this nature must be made by the discharging or receiving facility.
   2) Transport to an alternate location can also be provided if permission from the alternate location has been granted and the alternate location is within the Member's county of residence.
   3) Requests for transport outside the Member's county of residence will be reviewed on a case by case basis.

5. All requests for transportation services made to Partnership must be submitted five (5) calendar days prior to the date of service.
   a. Partnership will review short notice requests on a case by case basis based on the following criteria:
      1) If the appointment is life threatening/sustaining, Partnership will attempt to secure transportation.
      2) If the appointment is not life threatening/sustaining, has been scheduled with the provider, but the Member waited to request transportation and did not allow five calendar days, the request will be denied.
      3) If the appointment was scheduled by the provider within 5 calendar days, Partnership will attempt to secure transportation.
   b. Exceptions for gas mileage reimbursement (GMR)
      1) Non-advance funds GMR requests will be accepted regardless of days' notice.
      2) Advance funds GMR requests must be made two (2) business days in advance. If the request is made with less than two (2) business days' notice, regular GMR can be requested.
      3) Retroactive requests will not be accepted.
6. All approved transports will be scheduled to ensure the Member is dropped off within 15 minutes of their scheduled appointment and Members will be informed of their pick-up/drop off time when the transport is scheduled.
   a. If the transportation provider does not arrive at the pick-up location in time to ensure the Member arrives at their appointment within 15 minutes of the scheduled appointment time, the Member can call Partnership and transport with an alternate transportation provider will be approved.
7. If an approved transport experiences any disruption due to the assigned Transportation Provider arriving late or failing to arrive, Partnership will provide urgent authorization for a replacement ride to be scheduled.
8. With the written consent of a parent or guardian, a minor between the ages of 12-18 may receive transportation unaccompanied as long as Partnership and the transportation provider accepts the necessary written consent forms and agrees to provide unaccompanied transport. Certain appointments will not require written consent or parent/legal guardian permission to travel unaccompanied as described below:
   a. All Members under age 21
      1) Pregnancy and pregnancy-related services
      2) Family planning services
      3) Sexual assault services

b. All Members at least age 12 and under age 21
   1) Sexually transmitted diseases treatment
   2) Drug and alcohol abuse treatment and counseling
   3) Outpatient mental health treatment and counseling

9. All requests for transportation to medical appointments are subject to appointment verification by Partnership.
10. Transportation for Partnership covered services to Out of Network (OON) providers will be provided with prior authorization and if all other utilization control requirements are met.
11. Transportation for Medi-Cal covered services, carved out of Partnership's responsibility, will be provided and are not subject to Partnership's utilization controls or time and distances standards related to reviewing requests for medical services. Transportation requests to carved out services will only be reviewed in accordance with the rules and regulations listed in this policy.
12. Partnership will store Transportation Provider information, including the name of the driver based on service date, time, pick-up/drop-off location, and Member name. If a Partnership Member files a grievance, this information will be made available to them.

B. NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)

Ambulance, litter van and wheelchair van medical transportation services are covered when the Member's medical and physical condition is such that transportation by ordinary means of public or private conveyance is medical contraindicated, and transportation is required for the purpose of obtaining needed medical care.

1. Transportation Providers are required to provide door-to-door or door-through-door service for all authorized NEMT services.
2. NEMT PRIOR AUTHORIZATION REQUIREMENTS
   a. Both a Treatment Authorization Request (TAR) and Partnership's DHCS approved Provider Certification Statement (PCS) (see Attachment A) are required for all NEMT services that have an identified TAR requirement in order to be processed. All TARs received without a PCS are subject to Partnership's standard Utilization Management (UM) TAR review process as outlined in
   policy MCUP3041 Treatment Authorization Request (TAR) Review Process. Once submitted to Partnership, prescribed NEMT services and the corresponding PCS form cannot be changed or altered.
      1) In urgent situations, when a PCS form cannot reasonably be obtained prior to the requested NEMT service, Partnership can authorize one-time NEMT and accept the PCS post-service. This authorization can be made via phone; however, the service still requires a Treatment Authorization Request (TAR) to be submitted by the Medi-Cal Certified NEMT Provider once a valid PCS can be obtained.
      2) A copy of the PCS form will remain on file for all Members receiving NEMT services.
      3) If needed, Partnership can provide a copy of the PCS to the Medi-Cal Certified NEMT Provider via fax or encrypted email.
   b. Providers and Members can call Partnership or any Medi-Cal Certified NEMT Provider directly to request NEMT services. Providers and Members can also call Partnership or the scheduled Medi-Cal Certified NEMT provider to receive status updates on NEMT rides.
   c. Only Partnership's DHCS approved PCS form (Attachment A) will be accepted and must include, at a minimum, the components listed below. All fields must be completed by the provider.
      1) Function Limitations Justification: For NEMT, the provider is required to document the Member's limitations and provide specific physical and medical limitations that preclude the Member's ability to reasonably ambulate without assistance or be transported by public or private vehicles.

1) Dates of Service Needed: Provide start and end dates for NEMT services; authorizations may be for a maximum of 12 months.
2) Modality of Transportation Needed: List the modality of transportation that is to be used when receiving these services (ambulance/gurney van, litter van, wheelchair van or air transport).
    a) The modality of NEMT provided will match the modality prescribed on the PCS. Partnership will not downgrade the modality. If multiple modalities are selected on the PCS, the modality provided will be the lowest cost modality.
3) Certification Statement: Provider's statement certifying that medical necessity was used to determine the type of transportation being requested.

d. Providers who can authorize NEMT are physicians, podiatrists, dentists, physician assistants, nurse practitioners, certified nurse midwives, licensed midwives, physical therapists, speech therapists, occupational therapists, optometrists, mental health providers, substance use disorder providers or chiropractors.
    1) Authorization must be made by a licensed practitioner consistent with their scope of practice.
e. NEMT services are exempt from prior authorization when provided to a Member being transferred from an emergency room to an inpatient setting, or from an acute care hospital, immediately following an inpatient stay at the acute level of care, to a skilled nursing facility, an intermediate care facility or imbedded psychiatric units, free-standing psychiatric inpatient hospitals, psychiatric health facilities, or any other appropriate inpatient acute psychiatric facilities.
f. NEMT services from an acute care hospital immediately following an inpatient stay at the acute level of care, to a skilled nursing facility, an intermediate care facility, an imbedded psychiatric unit, a free standing psychiatric inpatient hospital, a psychiatric health facility, or any other appropriate inpatient acute psychiatric facility requested to Partnership by a provider, will be provided within three (3) hours of the request. If NEMT services are not provided within the three-hour timeframe, the discharging facility may arrange, and the Partnership must cover, out-of-network NEMT services.
    1) Services arranged by the acute care hospital are payable at no more than the Medi-Cal rate for the corresponding service. If the accepting transportation provider is contracted with Partnership, payment will be made at the rate identified in their contract.

3. NEMT OPTIONS
    a. AMBULANCE services are covered when the Member's medical condition contraindicates the use of other forms of medical transportation. This service may be used for:
        1) Transfers between facilities for Members who require continuous intravenous medication, medical monitoring or observation.
        2) Transfers from an acute care facility to another acute care facility.
        3) Transport for Members who have recently been placed on oxygen (not chronic emphysema recipients who carry their own oxygen for continuous use).
        4) Transport for Members with chronic conditions who require oxygen if monitoring is required.
    b. LITTER VAN service may be used when the Member's medical and physical condition does not meet the need for NEMT ambulance services, but meets both of the following:
        1) Requires that the Member be transported in a prone or supine position, because the Member is incapable of sitting for the period of time needed to transport.
        2) Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.
    c. WHEELCHAIR VAN service may be used when the Member's medical and physical condition does not meet the need for litter van services, but meets any of the following:
        1) Renders the Member incapable of sitting in a private vehicle, taxi or other form of public transportation for the period of time needed to transport.

2) Requires that the Member be transported in a wheelchair or assisted to and from a residence, vehicle and place of treatment because of a disabling physical or mental limitation.
3) Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.
4) Members with the following conditions may qualify for wheelchair van transport when their providers submit a signed Physician Certification Statement (PCS) form:
   a) Members who suffer from severe mental confusion
   b) Members with paraplegia
   c) Dialysis recipients
   d) Members with chronic conditions who require oxygen but do not require monitoring

d. AIR TRANSPORT for NEMT will be provided only when transportation by air is necessary because of the Member's medical condition or because practical considerations render ground transportation not feasible. The necessity for transportation by air shall be substantiated in a written order of a physician, dentist, podiatrist, or a mental health or substance use disorder provider.

C. NON-MEDICAL TRANSPORTATION (NMT)

NMT does not include transportation of the sick, injured, invalid, convalescent, infirm, or otherwise incapacitated Members who need to be transported by ambulances, litter vans, or wheelchair vans licensed, operated, and equipped in accordance with state and local statutes, ordinances, or regulations. Physicians may authorize NMT for Members if they are currently using a wheelchair but the limitation is such that the Member is able to ambulate without assistance from the driver. Please refer to the Medi-Cal Member Handbook for further details.

1. SERVICE CONDITIONS FOR NON-MEDICAL TRANSPORTATION SERVICES
   a. NMT coverage includes transportation costs for the Member and one attendant such as a parent, guardian, or spouse able to accompany the Member in a vehicle or on public transportation, which is subject to review and prior authorization at the time of the initial NMT authorization request.
      1) The level of transportation accommodation needed will be based upon the limitations of the Member being transported. Any attendants must be able to safely accompany the Member and not require additional assistance.
   b. The Member cannot be the driver for NMT, unless the Member is eligible to CCS and legally allowed to drive.
   c. NMT does not cover trips to a non-medical location or for appointments that are not medically necessary.
   d. Transportation to an emergency room or from an emergency room to home or other housing resource is not included in the benefit.
   e. NMT services include roundtrip transportation for a Member by passenger car, taxi cab, or any other form of public or private conveyance (private vehicle), including by ferry, as well as mileage reimbursement when conveyance is in a private vehicle arranged by the Member and not through a transportation broker, bus passes, taxi vouchers or train tickets.
      1) Round Trip Transportation is defined as transport from the Member's county of record, as noted in State files, to the scheduled appointment address and back.
      2) Limited exceptions may apply if the Member is homeless.
   f. All Partnership Members requesting NMT will receive an assessment to determine eligibility to NMT and the most appropriate mode of transport for the Member.
      1) The Member/Member's guardian must attest, either in person, electronically, or over the phone, that other transportation resources have been reasonably exhausted and they have no other way to get to their medical appointment. The attestation is required at each request.
      2) Exceptions to the use of public transportation will be made as follows:

a) Member's residence and the appointment site are over three-quarters (3/4) of a mile from a bus line.
b) Member is under the age of 16 if traveling alone.
c) Member is 16 years of age or older and is traveling with more than two (2) children under the age of five (5).
    i. Subject to criteria for additional passengers as stated in section VI.C.1.h. below.
d) Member is in the third trimester of pregnancy and/or Member has a high risk pregnancy.
e) Bus line is not operational on day and/or time of appointment.
f) Bus route requires more than two (2) transfers and/or the duration of transport via bus will be over two (2) hours.
g) Member is undergoing chemotherapy, radiation or dialysis.
h) Member is a transplant patient.
i) Member is age 70 or older.
j) Any other exception for public transportation will need to be medically justified by the PCP or servicing provider.

g. Additional passenger rules:
    1) Members under the age of 21 are allowed two (2) additional passengers if the passengers are parents or legal guardians to the Member.
        a) If the parent or legal guardian is a single caregiver, transport can be provided for additional minor children under the care of the parent or legal guardian. The number of additional passengers allowed is based on the transportation provider's standard vehicle capacity.
    2) All other Members are allowed one (1) additional passenger
        a) If the Member is a single caregiver, transport can be provided for additional minor children under the care of the Member. The number of additional passengers allowed is based on the transportation provider's standard vehicle capacity.
h. NMT services will be provided in a form and manner that is accessible, in terms of physical and geographic accessibility, for the Member and consistent with applicable state and federal disability rights laws.

2. PARENT/LEGAL GUARDIAN-ONLY NMT
    a. In emergent situations when a Member under the age of 21 is transferred to a facility via emergency medical transport, Partnership will authorize parent/guardian only transport services on a case-by-case basis.
        1) If the request is for gas mileage reimbursement (GMR), Members and their guardians have 30 days from the date of service to request this type of reimbursement.
    b. For Members under the age of 21, Partnership may authorize parent/guardian-only transport on a case-by-case basis upon hospital discharge from an inpatient setting if the medically necessary transport provided for the Member cannot also provide transport for one parent or guardian.
        1) If the request is for GMR, Members and/or their guardians have 30 days from the date of service to request this type of reimbursement.
    c. Further parent or guardian-only transports for Members under the age of 21 will be reviewed on a case-by-case basis and in compliance with provisions described under Partnership policy and procedure MCCP2022 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services.
3. NMT PRIVATE VEHICLE AUTHORIZATION REQUIREMENTS
    a. GMR requires prior authorization Partnership.
        1) Non-advance funds GMR requests will be accepted regardless of days' notice.
        2) Advance funds GMR requests must be made 48 hours in advance. If the request is made with less than 48 hours' notice, regular GMR can be requested.
        3) Retroactive requests will not be accepted.

b. In order to receive GMR for use of a private vehicle, the driver must be compliant with all California driving requirements, which include the following:
   1) Valid driver's license
   2) Valid vehicle registration
   3) Valid vehicle insurance
c. Partnership will only reimburse the driver.
d. Members may not receive reimbursement for driving themselves, unless the Member is eligible to CCS and legally allowed to drive.
e. Mileage reimbursement for gas is consistent with the Internal Revenue Service standard mileage rate for medical transportation when conveyance is in a private vehicle arranged by the Member.
f. The form of reimbursement offered is decided by Partnership and may be in the form of cash, check, gas cards, or other forms of prepaid cards.
g. In order for Partnership to issue payment for GMR requests, the Member or Member's parent/legal guardian must provide the following:
   1) Credentials verifying the driver/payee is in compliance with all California driving requirements as listed above in section VI.C.3.b.
   2) Attendance verification issued by the treating provider on facility letterhead or via the facility's online member portal or mobile application.
h. Partnership will allow the Member 90 calendar days from the date of service to submit all required credentials.

4. SUBMITTING NMT TRANSPORTATION REQUESTS
   a. Requests for transportation can be made by the Member, the Member's authorized representative, or the Member's provider by calling Partnership. Partnership will assess the eligibility and the modes of transportation available within the Member's county of record.
      1) Pursuant to DHCS APL 24-002, American Indian Members may elect to receive NMT from Indian Health Services also known as tribal health programs in lieu of those services offered by Partnership..

D. CALIFORNIA CHILDREN'S SERVICES (CCS)/WHOLE CHILD MODEL (WCM)

1. For a CCS/WCM eligible Member who is currently hospitalized due to the CCS eligible condition:
   a. Partnership may authorize up to two round trips per Member hospitalization if the hospital stay is projected to be less than seven days in duration based on InterQual® criteria.
   b. If a hospital stay extends beyond seven days, then Partnership may authorize one additional round trip for every seven calendar days of hospitalization
   c. This assistance is not intended to sustain a parent or guardian at a hospital for the Member's entire stay or to pay for the parent or guardian's frequent trips to visit a child while hospitalized. Post discharge if the client's discharge plan documents the need for daily medical visits for treatment of the CCS-eligible condition, and the distance precludes making the trip to the hospital in one twelve-hour day, lodging and meals may be authorized for the Member and parent or guardian.
2. For a CCS/WCM eligible Member and/or the Member's parents(s)/legal guardian(s) choosing to go to a facility/provider that is not the closest CCS approved facility/paneled provider, the transportation costs beyond those to reach the closest provider capable of delivering the level/type of service required by the Member's CCS-eligible condition are the responsibility of the Member and/or parent(s)/legal guardian(s).
3. Transportation may be a benefit for CCS authorized medical care provided outside California. Consultation must be sought from the State Regional Office consultant staff before out-of-state services are authorized.
4. For CCS eligible children, Transportation to a Medical Therapy Unit (MTU) for physical or occupational therapy or to attend a Medical Therapy Conference may be considered if a transportation need has been identified jointly by the family and the MTU treating therapist as necessary for the Member's access to therapy services when transportation is not included in the child's Individualized Education Plan (IEP).
5. CCS eligible children legally allowed to drive are eligible to receive gas mileage reimbursement and can be reimbursed directly by Partnership.

E. NEMT/NMT SERVICES FOR MEMBERS TRANSITIONING TO/FROM ANOTHER MANAGED CARE PLAN (MCP)

1. For Members transitioning to Partnership from another Managed Care Plan (MCP) or from Partnership to another MCP, Partnership will work with the previous/new MCP to support continuation of NEMT/NMT services for transitioning Members by:
   a. The previous MCP will provide authorization data or Partnership will provide authorization data as outlined in section VI.G. or the 2024 Medi-Cal Managed Care Plan Transition Policy Guide.
   b. The previous MCP or Partnership will transmit all NEMT/NMT schedule data and Physician Certification Statement (PCS) forms to Partnership or new MCP prior to the effective date and on the agreed upon schedule.
2. If a network provider is not available to provide the transitioning Member's scheduled NEMT/NMT service, then Partnership will make a good faith effort to allow the transitioning Member

to keep the scheduled transportation service with an Out-Of-Network (OON) NEMT/NMT provider

F. SCREENING & ENROLLMENT

1. Partnership follows the criteria described in policy MPCR20 Medi-Cal Managed Care Plan Provider Screening and Enrollment, for the screening and enrollment of Transportation Providers.

G. REGULATORY REQUIREMENT

Partnership captures and submits data from the PCS form to DHCS as instructed and is obligated to meet the contractually required timely access standards.

VII. REFERENCES:

A. California Code of Regulations (CCR) Title 22 Section 51323
B. DHCS APL 22-008 Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses (05/18/2022)
C. DHCS Transportation Workgroup Frequently Asked Questions (FAQs) re: APL22-008 (05/18/2022)
D. DHCS Numbered Letter (N.L.): 03-0810 Maintenance and Transportation for CCS Clients to Support Access to CCS Authorized Medical Services (8/19/2010)
E. DHCS APL 24-002 Medi-Cal Managed Care Plan Responsibilities for Indian Health Care Providers and American Indian Members (02/08/2024)
F. Medi-Cal Provider Manual/Guidelines: Medical Transportation – Ground *(mc tran gnd)* and Air *(mc tran air)*
G. Welfare and Institutions Code (WIC) Section 14132
H. California Health and Safety Code Section 1250
I. DHCS APL 21-015 Benefit Standardization and Mandatory Managed Care Enrollment Provisions of the California Advancing and Innovating Medi-Cal Initiative (10/18/2021) Attachment 2 Major Organ Transplant Requirements (*Revised* 10/14/2022)
J. DHCS APL 22-013 Provider Credentialing / Recredentialing and Screening / Enrollment (07/19/2022 and *Revised for FAQs 08/24/2022*)
K. DHCS APL 21-011 Grievance and Appeal Requirements, Notice and "Your Rights" Templates (08/31/2021)
L. DHCS APL 22-023 Street Medicine Provider: Definitions and Participation in Managed Care (11/08/2022)
M. DHCS 2024 Medi-Cal Managed Care Plan Transition Policy Guide (11/07/2023)

VIII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES:

01/20/16; 08/16/17; *11/14/18; 02/12/20; 08/12/20; 08/11/21; 02/09/22; 10/12/22; 02/08/23; 04/12/23; 02/14/24; 01/08/25

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:
N/A

Policy/Procedure Number: MCCP2016		Lead Department: Health Services
Policy/Procedure Title: Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)		☒ **External Policy** ☐ **Internal Policy**
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Applies to:	☒ **Medi-Cal**	☐ **Employees**

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.