
Non-Emergency Medical Transportation (NEMT)

E. THE BENEFIT

Services provided under this program include reimbursement for transportation and certain related expenses necessary to secure medical services normally covered by Medicaid. Funding for this program is provided by three different sources:

- Title XIX funds for all Medicaid recipients, including foster children,
- Title V funds for non-Medicaid eligible recipients of the Children with Special Health Care Needs Program (CSHCN), and
- Agency administrative funds for applicants for cash assistance or Medicaid who need a physical examination in order to complete the eligibility process.

Reimbursement for transportation and related expenses is available to Medicaid recipients who:

- Require transportation to keep an appointment for medical services covered under the Medicaid group for which he was approved;
- Receive scheduled Medicaid-covered services at a clinic, hospital or doctor's office;
- Receive pre-authorization as necessary; and
- Comply with the 60-day application submittal deadline.

Reimbursement is also available for applicants for Medicaid who must travel to obtain necessary medical examinations and tests required to determine eligibility. See Section 27.13 for specific eligibility requirements.

F. EXPEDITED PROCESSING

Procedures for expedited processing do not apply to NEMT.

G. THE APPLICATION FORM

The required form for all Medicaid recipients, including **Access to Rural Transportation (ART)** clients, is the DFA-NEMT-1. It must be completed by the recipient or by a parent, guardian or other responsible person when the recipient is a child or an incapacitated adult. The form is mailed or brought to the recipient's local DHHR office.

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The ART client completes the DFA-NEMT-1 and submits it to the **Right from the Start Program** Designated Care Coordinator (DCC) for verification and approval. In addition, the DCC may sign the application in lieu of the doctor or his designee when the DCC has verified the appointment was kept. The approved DFA-NEMT-1 is then forwarded to DHHR by the DCC for processing. The same 60-day deadline for submission applies to ART clients and other Medicaid recipients as well.

The medical service provider, his designee or the DCC is required to sign the section verifying that the individual had an appointment and was seen for Medicaid-covered treatment or services. Medical service providers include doctors, nurses, nurse practitioners, physicians' assistants, lab technicians, and others who perform a Medicaid-covered service. The DCC may sign in place of the physician or his designee routinely. There is no requirement that the client fail to obtain the signature of the physician or designee in order for the DCC to sign the form. Only when the form is signed by the DCC is it used to verify the reimbursement amount and that the appointment for a Medicaid-covered service was kept.

When prior approval is required for out-of-state travel, the applicant may apply in person at the local DHHR office so that the required documentation can be made and/or obtained. Coordination of the process may be facilitated by telephone and/or fax with BMS and the physician, as necessary.

The form may be used for verification of up to 4 trips. Each trip date must be entered in the space titled "Date of Appointment." Regardless of the number of trips included on the form, payment for any trips which occurred more than 60 days prior to the date the form is submitted to DHHR for payment must be denied. See Section 27.2,C for exceptions.

As noted above, the submission deadline for the completed DFA-NEMT-1 is 60 days from the date of the trip(s). Compliance is determined by comparing the date of the earliest trip entered on the form with the date the application is received by DHHR for processing.

Altered forms which include questionable entries will result in denial of the application, unless the Worker is able to resolve the discrepancies. Items which have been corrected must be initialed by the applicant or other person providing the information.