

SAN FRANCISCO HEALTH PLAN

CO-28 Transportation Services and Authorization Requirements

APPROVAL/REVIEW/REVISION HISTORY			
Signature	Title	Date	Action
<div><div>DocuSigned by:</div><div><i>Nina Maruyama</i></div><div>9D4617B1400D431...</div></div>	CCO	1/2/2025	Policy Update
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## SFHP POLICY AND PROCEDURE

### Transportation Services and Authorization Requirements

<b>Policy and Procedure number:</b>	CO-28
<b>Department Owner:</b>	Clinical Operations
<b>Accountable Lead:</b>	Clinical Operations Analyst
<b>Lines of Business Affected:</b>	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare Advantage D-SNP <input checked="" type="checkbox"/> Healthy Workers HMO <input type="checkbox"/> Healthy SF <input type="checkbox"/> City Option <input type="checkbox"/> All lines of business and coverage programs as listed above

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### POLICY STATEMENT

San Francisco Health Plan (SFHP) covers medical and psychiatric transportation services in accordance with Title 22 CCR Section 51323. Transportation coverage and authorization requirements are dependent on the type of transport and member's line of business. SFHP contracts with a transportation broker, Modivcare, to provide transportation services as described below for covered services (based on line of business) including for transplant recipients and their living donor.

SFHP complies with timely access standards (referenced in QI-05: Access Policy and Standards). A member's need for non-emergent medical transportation (NEMT) or non-medical transportation (NMT) does not relieve SFHP from meeting those standards. When a provider located within the geographic standards (referenced in PR-07: Provider Network Composition and Capacity) is not available, SFHP authorizes medically necessary NEMT or arranges for NMT, following the requirements outlined below, to a provider located outside the geographic standards upon the member's request.

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### PROCEDURE

San Francisco Health Plan (SFHP) covers Emergency Medical Transportation (EMT), Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services. Coverage and authorization requirements are dependent on type of transport and member's line of business, as outlined in the table below:

	Medi-Cal	Healthy Workers
<b>Emergency Medical Transportation (EMT)</b> <i>Medical and Psychiatric</i> (includes ground and air)	No Authorization Required	No Authorization Required
<b>Non-Emergency Medical Transportation (NEMT)</b> <i>Medical and Psychiatric</i>		
Home to Facility	Authorization Required	Authorization Required
Facility to Facility <sup>1</sup>	No Authorization Required	No Authorization Required
Facility to Home <sup>1</sup>	Authorization Required	Authorization Required
Air	Authorization Required	Authorization Required
Non-Medical Transportation (NMT)	No Authorization Required	Non-Covered Benefit

<sup>1</sup> Transport from an acute care facility, inpatient bed or Emergency Department directly to a LTC facility, to another acute care facility, or to a lower level of care, including the member's place of residence, or residential care.

## A. EMERGENCY MEDICAL TRANSPORTATION (EMT)

- EMT is provided for emergency medical and psychiatric conditions as defined in federal statute (42 U.S.C. §1395dd).
- Emergency transportation must be to the nearest hospital capable of meeting the members' emergency medical and/or psychiatric needs.
- Authorization is not required for emergency ground or air transportation.
  - GROUND emergency transportation is covered when ordinary public or private medical transportation is medically contraindicated, and transportation is needed to obtain care.
  - AIR emergency transportation is covered when the medical condition of the member prevents other means of medical transportation or when the nearest hospital capable of meeting the medical needs of the member is inaccessible to ground medical transportation.
- Transportation between hospitals during the same acute episode (e.g., transfer from one hospital to another for admission) is considered a continuation of the initial emergency transport. The transfer is not considered a continuation of the initial transport if the provider vehicle leaves the facility to return to its place of business or accepts another call prior to completing the transfer.

## B. NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)

- NEMT services are covered when a member needs to obtain medically necessary covered services and when prescribed in writing by a treating physician, Physician Extender, or mental health or substance use disorder

provider, who has identified that transport by ordinary means of public or private conveyance is medically contraindicated in accordance with 22 CCR Section 51323. If a member needs to obtain medically necessary non-covered (i.e., “carved out”) services, SFHP will refer for and coordinate NEMT pursuant to APL 22-008.

- i. Upon the implementation of Medi-Cal Rx, pharmacy services will be considered a non-covered service. SFHP will continue to cover all medically necessary NEMT for pharmacy services.
2. NEMT requests require a completed SFHP Physician Certification Statement (PCS) form (available on the SFHP website, pre-authorization section).  
**Exceptions to this include:**
  - i. NEMT transport from an acute care facility, inpatient bed or Emergency Department directly to a LTC facility, to another acute care facility, or to a lower level of care, including the member’s place of residence, or residential care, because no authorization is required for that transport.
    - a. While no authorization or PCS form is required, NEMT following acute or emergency hospital services must be provided within three (3) hours of the member or provider’s request. If no contracted provider is available within the three (3) hour timeframe, SFHP will cover out-of-network NEMT services.
  - ii. Major Organ Transplant (MOT) donors requesting NEMT services to ensure the donor can get to the hospital for the MOT.
3. The DHCS approved Physician Certification Statement (PCS) must include the following components:
  - i. Function Limitations Justification: For NEMT, the physician 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.
  - ii. Dates of Service Needed: Provide a start and an end date for NEMT services.
  - iii. Mode of Transportation Needed: Indicate the mode of transportation that is to be used when receiving these services (ambulance/gurney van, litter van, wheelchair van or air transport).
  - iv. Certification Statement: Prescribing physician must enter their name and sign the statement certifying that medical necessity was used to determine the type of transportation they indicated.

These required components are used to ensure members are provided with the appropriate mode of NEMT. A PCS form must be submitted by the member’s provider before NEMT can be provided.
4. If a member requires a medically necessary covered service urgently, SFHP will provide telephone authorization and request the PCS form post-service. A PCS form is required for the telephone authorization to be valid.

5. SFHP reviews for appropriate level of transport and medical necessity and may deny the request but does not modify the prescribed form of transportation or the downgrade members' level of transportation from NEMT to NMT.
  - i. If multiple modalities are selected, SFHP authorizes the lowest cost type of NEMT that meets the member's needs.
  - ii. If the member requests to downgrade service, the modality prescribed will still be approved, but SFHP can also accommodate the downgraded service request. Notation of member's request will be made in the authorization notes.
  - iii. The approved mode of transport and dates of service are shared with the NEMT provider via fax and/or phone.
6. Authorizations are approved for the dates of service indicated by the prescribing provider except for prescription durations exceeding the one year maximum and retrospective requests received beyond 30 days of the date of service.
  - i. If the end date the provider indicates on the PCS form is greater than a year from the start date of service, the authorization will only be approved for one full year. Providers are required to submit a corrected copy of the prescription and renew the prescription annually for members requiring ongoing services.
  - ii. Retrospective Authorization Requests for NEMT will be accepted if received within 30 days of the date of service (as outlined in CO-22 Authorization Requests).
7. Types of NEMT covered by SFHP include ambulance services, litter/gurney van services, wheelchair van services, and air services. The specific mode of transportation is requested by the treating physician and should be aligned with the following modality guidelines.
  - i. **NEMT AMBULANCE SERVICE**
    - i. Transfers between facilities for members who require continuous intravenous medication, medical monitoring or observation.
    - ii. Transfers from an acute care facility to another acute care facility.
    - iii. Transport for members who have recently been placed on oxygen (does not apply to members with chronic emphysema who carry their own oxygen for continuous use). Transport for members with chronic conditions who require oxygen if monitoring is required.
  - ii. **NEMT LITTER VAN SERVICE**

Member's condition does not meet the need for NEMT ambulance services, but requires both if the following:

    - i. Transport in a prone or supine position, because the member is incapable of sitting for the period of time needed to transport; and
    - ii. Specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.
  - iii. **NEMT WHEELCHAIR VAN SERVICE**

Member's condition does not meet the need for NEMT littervan services, but meets any of the following:

- i. Member is incapable of sitting in a private vehicle, taxi or other form of public transportation for the period of time needed to transport; or
- ii. Requires wheelchair transport and/or assisted transport due to a disabling physical or mental limitation, or
- iii. Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.

Members with the following conditions may qualify for wheelchair van transport when their providers submit a signed PCS form.

- i. Members who suffer from severe mental confusion.
- ii. Members with paraplegia.
- iii. Dialysis recipients.
- iv. Members with chronic conditions who require oxygen but do not require monitoring.

iv. AIR TRANSPORTATION SERVICE

- i. Requires that 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, Physician Extender, or mental health or substance use disorder provider. NEMT air transportation always requires a prior authorization.

- 8. SFHP provides transportation for a parent or guardian when the member requiring transportation is a minor. SFHP provides transportation for unaccompanied minors when California or federal law does not require parental consent for a minor's service ("minor consent"). Transportation cannot be approved for an unaccompanied minor if the parent/guardian has not provided written consent and the service is not a sensitive service.
- 9. SFHP's Transportation Coordinator is available Monday through Friday, 8:30am – 5:00pm for providers and members to call, request, and schedule urgent and non-urgent NEMT transportation and receive status updates on their NEMT rides. To request coordination services, members or providers may contact the Transportation Coordinator by phone at (415) 547-7807 or email at [nemt@sfhp.org](mailto:nemt@sfhp.org).
- 10. Members are informed that their drop off will be within 15 minutes of their scheduled appointment. If an NEMT provider is late or does not arrive at the scheduled pick-up time, SFHP will authorize urgent NEMT to ensure the member does not miss their appointment.
- 11. SFHP's care management system retains all completed NEMT Authorization Requests and PCS forms.

## C. NON-MEDICAL TRANSPORTATION

1. Medi-Cal members are eligible for round-trip non-medical transportation (NMT) at no cost to the member when traveling to or from a covered service, including picking up prescription drugs, medical supplies, prosthetics, orthotics, and other equipment. SFHP covers round-trip NMT at no cost to the member for non-covered (i.e., “carved out”) services.
2. SFHP provides round-trip NMT for the member and one (1) attendant, including a parent or guardian for members under age 18. SFHP provides NMT for unaccompanied minors when California or federal law does not require parental consent for a minor’s service (“minor consent”). For services other than “minor consent” services, SFHP requires written parental or guardian consent for unaccompanied minors to travel alone.
3. Customer Service intakes the request, collects the required information (member name, purpose of trip, location of destination, date of trip, and name and relationship of attendant, if required), including parental or guardian consent for unaccompanied minors, and arranges NMT. The member should contact SFHP Customer Service at least ten (10) business days prior to the appointment, or as soon as possible for an urgent appointment, to arrange for NMT.
4. Members are informed that their drop off will be within 15 minutes of their scheduled appointment. If an NMT provider is late or does not arrive at the scheduled pick-up time, SFHP will provide alternate NMT or allow the member to schedule alternate out-of-network NMT.
5. Prior authorization is not required for NMT, but a member must attest in person, electronically, or over the phone that all other transportation resources have been reasonably exhausted.
6. SFHP covers the lowest cost method that meets the members NMT needs, including paying Internal Revenue Service (IRS) standard medical mileage for use of a private vehicle when the member attests that no other form of transportation is reasonably available. When a member uses a private vehicle, Compliance & Regulatory Affairs is responsible to ensure that the driver is compliant with California driving requirements, including a valid driver’s license, vehicle registration, and vehicle insurance.
7. There are no limits for NMT.
8. NMT does not apply if an ambulance, litter van, wheelchair van, or other form of NEMT is medically necessary.
9. SFHP reimburses Indian Health Care Providers (IHCPs) that are enrolled as transportation providers to participate in the Medi-Cal program for NMT, even when SFHP is not contracted with the IHCP. The rate of reimbursement to non-contracted IHCPs is not less than the Medi-Cal fee-for-service rate.

10. NMT claims are processed in accordance with SFHP's Claims P&Ps (CL-05: Payment of Non-Contracted Services or CL-06: Timely Filing Requirements for Providers and Claims Processing Guidelines).

#### **D. Related Travel Expenses**

1. SFHP covers reasonably necessary related travel expenses for meals and lodging for members receiving medically necessary covered services and their accompanying attendant.
2. SFHP will cover the expense of the accompanying attendant, determined to be necessary, as a covered travel expense if the attendant is not a family member.
3. SFHP will provide member and vendor reimbursements for related travel expenses as stated in the DHCS APL 22-008.

#### **E. Transportation Broker**

1. Effective December 1, 2024, SFHP contracts with Modivcare to provide transportation coordination services for NMT and NEMT.
2. Providers or SFHP staff may request transportation services through Modivcare's online scheduling platform, TripCare or over the phone at 1 (866) 529-2128, 24/7/365.
3. Members may request transportation services over the phone by contacting Modivcare Customer services at 1 (855) 251-7098, SFHP Customer Service at 1 (415) 547-7800, or the SFHP Transportation Coordinator at 1 (415) 547-7807.
4. SFHP provides monitoring and oversight of transportation broker and may impose corrective action if non-compliance is identified through oversight and monitoring activities.

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### **MONITORING**

1. SFHP's Transportation Workgroup provides monitoring and oversight of the NMT and NEMT benefits. The workgroup meets monthly to monitor member and provider experience/satisfaction, utilization and cost, compliance with regulatory standards, as well as fraud, waste, and abuse (FWA). The workgroup also identifies opportunities for continued member and provider education.
2. SFHP and Modivcare meet monthly to review operational and quality metrics. SFHP staff include:
  - a. Director, Clinical Operations
  - b. Manager, Clinical Operations
  - c. Supervisor, Prior Authorization Coordinators
  - d. Senior Manager, Member Services
  - e. Director, Providers Network Operations.
3. Modivcare will provide reports to SFHP for Plan oversight and monitoring. For the



list of reports, refer to the Report Deliverable Index (RDI) as an amendment to the Modivcare contract. Metrics include but are not limited to:

- a. Cancellations
  - b. Completed Trips
  - c. Utilization rate
  - d. Member Complaints
  - e. Number of NEMT and NMT providers who do not arrive within 15 minutes of scheduled time
  - f. No show rate for NEMT and NMT providers
  - g. Provision of door-to-door assistance for member receiving NEMT services.
4. Aggregate authorization and encounter data are subject to retrospective analysis by SFHP's Clinical Operations Department, in order to evaluate over- and under- utilization of services.
  5. Payment of emergency and non-emergency medical transportation claims is monitored through the claims audit process.
  6. Modivcare collects and provides SFHP with NEMT and NMT data. Compliance & Regulatory Affairs submits data to DHCS.
  7. SFHP's Clinical Operations Department monitors turnaround times of internal processing for compliance with standards.
  8. SFHP's evaluates member grievances, member appeals, and provider disputes, as well as SFHP's member and provider satisfaction survey responses, to identify patterns.
  9. Reports regarding SFHP's Clinical Operations Department's monitoring activities are provided to the Quality Improvement and Health Equity Committee (QIHEC) at least annually for evaluation and corrective actions as needed.
  10. Medical groups delegated to perform utilization management are audited annually as outlined in DO-02: Oversight of Delegated Functions

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## DEFINITIONS

**Emergency:** The member him/herself reasonably believed he/she had an emergency/urgent-emergent medical condition and that this belief was reasonable given the member's age, personality, education, background, and other similar factors.

**Emergency Medical Condition:** A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that, in the absence of immediate medical attention, could reasonably be expected to result in:

- i. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
- ii. Serious impairment to bodily function, or
- iii. Serious dysfunction of any bodily organ or part; or

With respect to a pregnant woman who is having contractions;

- iv. That there is inadequate time to effect a safe transfer to another hospital before delivery, or
- v. That transfer may pose a threat to the health or safety of the woman or the unborn child. (federal statutory definition 42 U.S.C. §1395dd)

**Non-Emergency Medical Transportation (NEMT):** Transportation of sick, injured, invalid, convalescent, infirm, or otherwise incapacitated members for non-emergency medical purposes by ambulances, litter vans, wheelchair vans, or air licensed, operated and equipped in accordance with State and local statutes, ordinances or regulations.

**Non-Medical Transportation (NMT):** Transportation of members to medical services by passenger car, taxicabs, or other forms of public or private conveyances provided by persons not registered as Medi-Cal providers. Does not include the transportation of sick, injured, invalid, convalescent, infirm, or otherwise incapacitated members by ambulances, litter vans, or wheelchair vans licensed, operated and equipped in accordance with State and local statutes, ordinances or regulations.

**Physician Extender:** A health care provider who is not a physician but who performs medical activities typically performed by a physician. This may include, but is not limited to, a nurse practitioner, physician assistant, podiatrist, dentist, mental health or substance use disorder provider.

**Private Conveyance:** Transportation via a privately owned vehicle arranged by the member. This can include the member's personal vehicle, or that of a friend or family member. This does not include vehicles that are connected to businesses, such as Uber or Lyft. Private conveyance requires the member to attest to having exhausted all other transportation options.

**Public Conveyance:** Any mode of transportation that does not fall under private conveyance is considered public conveyance, including Lyft and Uber.

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## AFFECTED DEPARTMENTS/PARTIES

Compliance & Regulatory Affairs  
 Delegated Groups  
 Health Services – Clinical Operations  
 Health Services – Health Services Program  
 Network Providers  
 Operations – Claims  
 Operations – Customer Service  
 Operations – Provider Network Operations  
 Service Center

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## RELATED POLICIES AND PROCEDURES AND OTHER RELATED DOCUMENTS

1. CL-05: Payment of Non-Contracted Services

2. CL-06: Timely Filing Requirements for Providers and Claims Processing Guidelines
3. CO-22: Authorization Requests
4. CR-06: Initial Credentialing, Recredentialing, Screening, and Enrollment of Practitioners
5. DO-04: Oversight of Delegated Utilization Management
6. CR-02 Credentialing, Re-Credentialing, Screening, and Enrollment of Organizational Providers.
7. Evidence of Coverage (HW LOB)
8. Member Handbook (Medi-Cal LOB)
9. Provider Manual
10. GA-01: Clinical Member Grievances
11. GA-03: Member Appeals
12. SFHP NEMT/PCS Authorization Request Form
13. NEMT Transportation Coordination Workflow
14. SFHP Non-Emergency Medical Transportation (NEMT) FAQ

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## REVISION HISTORY

**Original Date of Issue:** June 1, 2011

**Revision Date(s):** May 15, 2013; May 5, 2014; July 7, 2016; February 23, 2018; April 5, 2019; August 20, 2020; October 21, 2021; February 24, 2022; October 20, 2022; December 14, 2023; March 30, 2024; December 19, 2024

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## REFERENCES

1. 22 CCR §51323
2. 22 CCR §72301
3. 42 U.S.C. §1395dd
4. DHCS/SFHP Contract Exhibit A, Attachment III, 5.3.7.I Transportation
5. W&I Code §14132(i), 14136.3
6. 25 U.S.C. § 1603(4)
7. 42 CFR 438.14(b)(2)
8. DHCS APL 19-004 Provider Credentialing / Recredentialing and Screening / Enrollment
9. DHCS PPL 20-005 California Rural Indian Health Board (CRIHB) and Managed Care Beneficiary Claims
10. DHCS APL 22-008: Non-Emergency Medical and Non-Medical Transportation Services (NEMT and NMT) and Related Travel Expenses