



SAN FRANCISCO HEALTH PLAN**CO-28: Transportation****APPROVAL/REVIEW/REVISION HISTORY**

Signature	Title	Date	Action
<p>DocuSigned by:  5BD8B5B0FBA7424...</p>	CEO	8/31/2020	Biennial Review
<p>DocuSigned by:  2C964B5A45074F7...</p>	CMO	8/26/2020	



SFHP POLICY AND PROCEDURE

Transportation Services and Authorization Requirements

Policy and Procedure number:	CO-28
Department Owner:	Clinical Operations
Lines of Business Affected:	<input checked="" type="checkbox"/> Medi-Cal <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

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 urgency of transport and member's line of business.

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 urgency of transport and member's line of business, as outlined in the table below:

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

Non-Medical Transportation (NMT)	No Authorization Required	Non-Covered Benefit
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¹ 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)

1. EMT is provided for emergency medical and psychiatric conditions as defined in federal statute (42 U.S.C. §1395dd).
2. Emergency transportation must be to the nearest hospital capable of meeting the members' emergency medical and/or psychiatric needs.
3. Authorization is not required for emergency ground or air transportation.
 - a. GROUND emergency transportation is covered when ordinary public or private medical transportation is medically contraindicated, and transportation is needed to obtain care.
 - b. 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.
4. 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)

1. NEMT services are covered when a member needs to obtain medically necessary covered services and when prescribed in writing by a treating physician, psychiatrist, or physician extender, who has identified that transport by ordinary means of public or private conveyance is medically contraindicated in accordance with 22CCR Section 51323. If a member needs to obtain medically necessary non-covered (i.e., "carved out") services, SFHP will refer and coordinate NEMT pursuant to APL 17-010.
2. NEMT requests require a completed SFHP Authorization Request with Physician Certification Statement form (see Appendix). Exceptions to this include 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.
3. The Physician Certification Statement (PCS) will include the diagnosis and functional limitations justification, dates of service needed, mode of transportation needed, and a certification statement that the attending provider used medical necessity to determine the type of transportation needed.

- a. SFHP reviews for appropriate level of transport and medical necessity and may deny the request but does not modify it.
 - b. SFHP authorizes the lowest cost type of NEMT that meets the member's needs.
 - c. For members requiring services on an ongoing basis (i.e. dialysis services), the SFHP CO staff may authorize ongoing services for up to 12 months based on medical necessity.
 - d. Retrospective Authorization Requests for non-emergency medical transportation will not be accepted unless they meet one of the conditions included in CO-22 Authorization Requests, section IV.F.
4. Types of NEMT covered by SFHP include ambulance services, litter 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.
- a. NEMT AMBULANCE SERVICE
 - Transfers between facilities for members who require continuous intravenous medication, medical monitoring or observation.
 - Transfers from an acute care facility to another acute care facility.
 - 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).
 - b. NEMT LITTER VAN SERVICE

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

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

Requires that the member's condition does not meet the need for NEMT litter van services, but meets any of the following:

 - 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
 - Requires wheelchair transport and/or assisted transport due to a disabling physical or mental limitation, or
 - 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.

 - Members who suffer from severe mental confusion.
 - Members with paraplegia.

- Dialysis recipients.
- Members with chronic conditions who require oxygen but do not require monitoring.

d. AIR TRANSPORTATION SERVICE

- 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, psychiatrist, or physician extender. NEMT air transportation always requires a prior authorization.
5. 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").
 6. SFHP complies with all timely access standards (referenced in QI-05: Access Policy and Standards), and a member's need for NEMT, including the time required for prior authorization, does not relieve SFHP from meeting those standards. SFHP may authorize NEMT services when access to a provider located outside of the geographic (time and distance) standards (referenced in PR-07: Provider Network Composition and Capacity) is medically necessary or when a provider within geographic standards is not available.
 7. SFHP's care management system (Essette) retains all completed NEMT Authorization Requests with PCS data.

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. 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.
5. SFHP covers the lowest cost method that meets the members NMT needs, including paying Internal Revenue Service (IRS) standard 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.
6. There are no limits for NMT.
7. NMT does not apply if an ambulance, litter van, wheelchair van, or other form of NEMT is medically necessary.
8. SFHP complies with all timely access standards (see QI-05: Access Policy and Standards), and a member's need for 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 arranges NMT to a provider located outside the geographic standards upon the member's request.
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).

MONITORING

1. Aggregate authorization and claims data is subject to retrospective analysis by SFHP's Clinical Operations Department, in order to evaluate over- and under-utilization of services.
2. Payment of emergency and non-emergency medical transportation claims is monitored through the claims audit process.
3. Compliance & Regulatory Affairs collects and reports data monthly on NEMT and

NMT to DHCS.

4. At least quarterly, Customer Service and Compliance review data on the number and types of passes distributed and the frequency of distribution for the non-medical transportation benefit.
5. SFHP's Clinical Operations Department monitors turnaround times of internal processing for compliance with standards.
6. SFHP's Clinical Operations Department performs inter-rater reliability audits at least annually for physician and nurse reviewers.
7. SFHP's evaluates member grievances, member appeals, and provider disputes, as well as SFHP's member and provider satisfaction survey responses, to identify patterns.
8. Reports regarding SFHP's Clinical Operations Department's monitoring activities are provided to the Quality Improvement Committee (QIC) at least annually for evaluation and corrective actions as needed.
9. The policies of groups that are delegated to perform utilization management are reviewed through annual audits performed by the Clinical Operations and Delegation Oversight Teams. In the event a medical group is non-compliant, the Delegation Oversight Team or designee notifies the delegated group in writing that corrective action is required. The medical group has 30 calendar days from the date of receipt to submit a corrected policy to SFHP.

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:

- 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,
- Serious impairment to bodily function, or
- Serious dysfunction of any bodily organ or part; or

With respect to a pregnant woman who is having contractions;

- That there is inadequate time to effect a safe transfer to another hospital before delivery, or
- 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.

AFFECTED DEPARTMENTS/PARTIES

Compliance & Regulatory Affairs
Delegated Groups
Health Services -- Clinical Operations
Health Services -- Health Outcomes Improvement
Network Providers
Operations -- Claims
Operations -- Customer Service
Operations -- Provider Network Operations
Service Center

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. Evidence of Coverage (HW LOB)
7. Member Handbook (Medi-Cal LOB)
8. Provider Manual
9. QI-06: Clinical Member Grievances
10. QI-17: Member Appeals
11. SFHP NEMT/PCS Authorization Request Form

REVISION HISTORY

Effective Date: June 1, 2011
Revision Date(s): May 15, 2013; May 5, 2014; July 7, 2016; February 23, 2018; April 5, 2019; August 20, 2020

REFERENCES

1. 22 CCR §51323
2. 22 CCR §72301
3. 42 U.S.C. §1395dd
4. DHCS/SFHP Contract Exhibit A, Attachment 10, Provision 8E; Exhibit A, Attachment 12, Provision 3A
5. MMCD APL 17-010 (Non-Emergency Medical and Non-Medical Transportation Services)
6. W&I Code §14132(i), 14136.3
7. 25 U.S.C. § 1603(4)
8. 42 CFR 438.14(b)(2)
9. DHCS APL 19-004 Provider Credentialing / Recredentialing and Screening / Enrollment
10. DHCS PPL 20-005 California Rural Indian Health Board (CRIHB) and Managed Care Beneficiary Claims

ADDENDUM: COVID-19 Public Health Emergency

As a result of the ongoing global Novel Coronavirus Disease (COVID-19) pandemic, SFHP continues to follow necessary local, state, and federal guidelines to respond to the concerns and changing circumstances resulting from the pandemic. As such, this addendum addresses the temporary changes in SFHP's P&P, CO-28, as they relate to the COVID-19 pandemic. This addendum will remain in effect through the end of the COVID-19 public health emergency.

In accordance with DHCS APL 20-004: Emergency Guidance for Medi-Cal Managed Care Health Plans in response to COVID-19, SFHP ensures compliance regarding the section on "Transportation" by addressing the following:

1. SFHP approves transportation requests in a timely manner if a member, who may be infected with COVID-19, needs to see a provider in person and requests transportation. SFHP follows DHCS' "COVID-19 NEMT and NMT Providers" for recommendations on safety procedures and protocols, as applicable, to help prevent the spread of COVID-19.

APPENDIX

**Authorization Request for
Non-Emergency Transportation (NEMT)
and Physician Certification Statement (PCS)
Fax: (415) 357-1292 / Telephone: (415) 547-7818 ext. 7080**



**The entire form must be completed prior to submission to SFHP.*

Patient Name: _____ Date of birth _____

SFHP ID: _____ Language _____ Height/Weight _____

Pick up address: _____

Drop off address: _____ Telephone: _____

Does pickup/drop off location have stairs? _____ How many? _____ Bariatric transport needed? _____

Specialty equipment needed for pickup/drop-off/transport? _____

Service Codes (HCPCS/CPT): _____ Units _____

Dates of Service Needed: _____ Ongoing? Y N

Prescribing provider: _____

Clinic/facility: _____

Phone: _____ Fax: _____

Contact name: _____

Transportation Vendor: _____

Vendor NPI #: _____

Phone: _____ Fax/Email: _____

Contact name: _____

Medical Necessity Justification (must be filled out by prescribing provider)

Transportation related diagnoses (ICD-10 code(s)): _____

Ambulance, air ambulance, gurney/litter van and wheelchair van medical transportation services are covered when the member's medical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated, and transportation is required for purposes of obtaining needed medical care.

Mode of transport needed:

NEMT ambulance services: Member's medical condition contraindicates the use of other forms of medical transportation. (Member requires specialized equipment and/or personnel.)
Reason: _____

Gurney/litter van services: Member must be transported in a prone or supine position because member is incapable of sitting for the period of time needed to transport.
Reason: _____

Wheelchair van services: Member must be transported by wheelchair because of a disabling physical or mental limitation and is unable to self-transfer or self-propel.
Reason: _____

Air ambulance: Member's medical condition or practical consideration render ground transportation not feasible.
Reason: _____

Prescribing provider certification of medical necessity (must be signed by prescribing provider)

I, _____, certify this patient meets medical necessity for this type of transportation

Ordering provider signature: _____ Date: _____