

OFFICIAL

ASSURANCE OF MEDICAL TRANSPORTATION

Necessary transportation of recipients to and from Medicaid providers of Medicaid covered services is assured by payment for transportation and transportation related services as follows:

1. The Department contracts with a transportation broker for the management of non-emergency transportation services. This broker is responsible for (a) maintaining an adequate transportation network via broker subcontracts, (b) assisting recipients in accessing appropriate and cost effective transportation to Medicaid covered medical, pharmacy, and dental services, and (c) processing the payment of claims for transportation to these services. The broker approves and arranges all non-emergency transport including by private individual (friends and family), taxi, bus, wheelchair van, and non-emergency (scheduled and routine) ambulance.
2. Ambulance and air ambulance services for emergency medical conditions are covered as a state plan service.
3. Requests for transportation related services are referred to the Department's medical, clinical services unit who confirms the necessity of the transportation and the transportation related services and prior authorizes such services.

The local district office eligibility worker or social worker, or the state office customer service unit, informs Medicaid recipients of the availability of necessary medical transportation coverage and also refers recipients to the transportation broker as appropriate. The eligibility worker, social worker, or customer service unit also provides any help that recipients may need regarding the availability of necessary medical transportation that is not required to be arranged through the broker. However, the primary contact point for non-emergency transportation services is the broker. Recipients also receive notification of the availability of transportation services on various Medicaid publications, websites, and on the Medicaid card insert.

Other than payment for ambulance or air ambulance for emergency conditions, payment for medical transportation is as specified in the broker contract and is based on a negotiated per member per month (pmpm) capitated risk basis which takes into account the following considerations:

- The transportation shall be to obtain necessary medical services that are Medicaid coverable categories of services as listed in the Social Security Act, Section 1905(a);
- The transportation to the medical service shall not otherwise be available free of charge or payable by any other agency;
- The pmpm, in concert with contract provisions, encourages an adequate transportation network within proximity to the nearest, available provider of the necessary medical service; and
- Transportation out of area (states other than NH, MA, ME, VT) requires prior authorization