



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
MEDICAL ASSISTANCE ADMINISTRATION
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Medical Assistance Program
Managed Care Transmittal No. 99-04MC

TO: Managed Care Organizations and Transportation Providers
FROM: *Paul Offner*
Paul Offner, Deputy Director
RE: Policies and Procedures for Transportation Services
DATE: March 29, 1999

This Transmittal clarifies two MCO-related transportation issues for the Medicaid Managed Care Program. The first is identifying the range of health care services for which MCOs must provide transportation. The second is delineating the procedures for transportation providers to be reimbursed for services provided to MCO-enrolled clients.

TRANSPORTATION REQUIREMENTS FOR MCOS

Under the MCO Contracts and federal law, providers are prohibited from discriminating in providing transportation based on the type of service being sought. Section H (12) of the MCO Contract specifies that providers "may not arbitrarily deny or reduce the amount, duration or scope of a benefit covered under his contract solely because of the diagnosis, type of illness, or condition." Federal Medicaid regulations (42 CFR 230) also include this non-discrimination provision. As a result, MCOs may not discriminate by providing transportation (or a particular level of transportation) for primary care physician visits but not providing transportation to other types of health care services, for example, day treatment providers for developmentally disabled children.

To be very clear, MCOs are obligated to provide transportation to the following services:

- Early and Periodic Screening, Diagnosis and Treatment Services. The federal requirements for providing transportation to EPSDT-related services is very high and must be made available not only to more "traditional" health care services but, also to therapeutic nurseries, mental health, and medical day treatment.
- Inpatient hospital care;
- Outpatient hospital care;
- Services from physicians, advanced practice nurses, or podiatrists;
- Diagnostic services, including, but not limited to, x-ray and laboratory;
- Clinic services (including, but not limited to family planning clinics, Free Standing Mental Health Clinics, and Community Mental Health Clinics);
- Dental services; and
- Orthotic and prosthetic services.

**REQUIREMENTS FOR TRANSPORTATION PROVIDERS FOR GETTING
REIMBURSED FOR TRANSPORTATION**

All Medicaid transportation providers must do the following in order to be paid for transportation services for Medicaid recipients enrolled in MCOs:

- Verify each recipient's Medicaid eligibility at each date of the transportation service. Verification of Medicaid eligibility can be done by calling the Eligibility Verification System (EVS) at (202) 610-1847 and providing the individual's name and Medicaid number. If the EVS is down, you can dial the back-up eligibility verification system at (202) 783-2439. **Do not assume that a recipient is eligible and that payment of such a claim is guaranteed.**

- Get prior authorization from each Medicaid recipient's MCO before rendering any non-emergency transportation services. The MCO is responsible for determining when a recipient needs non-emergency transportation services to obtain any of the health care services specified in the General section of this Transmittal. Failure to obtain the appropriate authorization from a recipient's MCO will result in a denial of payment.

If you have any questions or comments concerning the transportation requirements, direct them to Jane Thompson, Chief, Office on Managed Care at (202) 645-5053.