

Non Emergency Medical Transportation Policy Changes

	Old Policy	New or Modified Policy	Effective Date
1	Policy was not specific regarding logging and notification requirements for denials.	<ul style="list-style-type: none"> • All requests must be logged. • Written notification is required for all denials of requests from Medicaid recipients in all categories (with Medicaid appeal rights). 	April 1, 2012 (Medicaid Service appeals)
2	Written notification was required for all approved trips	Written approval for each trip no longer required. Verbal approval must be documented.	January 1, 2012.
3	DMA-5046, Medical Transportation Assistance Notice of Rights	DMA-5046 form was revised and renamed, Medicaid Transportation Assistance Notice of Rights/Responsibilities	January 1, 2012
4	DMA-5047, Medicaid Transportation Assessment	DMA-5047, Medicaid Transportation Assessment form was revised.	January 1, 2012
5	During the assessment, some counties were assessing the client's ability to pay for his own transportation.	Accept the client's statement that he is unable to pay for his own transportation.	January 1, 2012
6	DMA-5024, Transportation Request Notification, was the only notice, and was used to approve or deny the request for NEMT, and to approve an individual trip request.	Revised DMA-5024, Transportation Assessment Notification form will now only be used to notify recipients of the outcome for their request for NEMT.	January 1, 2012
7	DMA-5024 was used for approval and denial of assessment/trips.	DMA-5119, Denial of Transportation Requests form will be used to notify recipient of a denial for a requested trip instead of the DMA-5024.	January 1, 2012
8	Each county had its own no show policy.	Uniform no show policy must be followed.	April 1, 2012
9	NEW	DMA-5125, Medicaid Transportation No-Show Notice.	April 1, 2012
10	NEW	DMA-5125A, Medicaid Transportation No-Show Final Notice	April 1, 2012
11	NEW	DMA-5125B, Medicaid Transportation Suspension Notice	April 1, 2012

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12	DSS Director assigned responsibility for Medicaid transportation	DSS Director is required to designate a Transportation Coordinator (contact person), supply contact information to DMA, and report changes.	January 17, 2012
13	NEW	DSS Director is required to designate one employee who has access to On Line Verifications to be granted access to the PPTD. Use the DMA-5086. Changes in staff to access this must be reported to DMA.	January 17, 2012
14	County was not required to verify that a Medicaid covered service was received on date of transport.	County must verify that a Medicaid covered service was received on the date of transport using the DMA-5118, a phone call to the provider, or another method sufficient to elicit the information.	April 1, 2012
15	DMA-2056 Title XIX Transportation Log, was contained on one written page; included date, recipient, MID, MA eligible, covered service, destination, number of trips, type and cost.	DMA-2056 (Rev. 3/12), Transportation Log, is an Excel spreadsheet, which has Billing Codes that correspond to type of transportation employed.	May 1, 2012
16	Each County had its own advance notice requirements for requesting trips.	<ul style="list-style-type: none"> • No more than 3 business days can be required for in county trips and 5 business days for out of county trips. • Urgent requests are exempt. 	April 1, 2012
17	Transportation could be approved by individual trips, series of appointments or blanket approval.	Trips must only be approved individually or for series of appointments with the same provider. (No more blanket approvals.)	April 1, 2012
18	Mileage reimbursement rate limited to current state/county reimbursement rates.	<ul style="list-style-type: none"> • Mileage reimbursement rate to the recipient/FRP cannot exceed one half of the current IRS business rate. • Mileage reimbursement rate to non recipient/non FRP drivers cannot exceed the current IRS business rate. 	April 1, 2012

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19	Recipient was asked to have medical provider to complete the DMA-5048, Medicaid Transportation Medical Necessity Verification, and the recipient was responsible to return it to the county DSS.	To verify a recipient's special need that is not obvious, DSS will now submit the DMA-5048 Medicaid Transportation Exception Verification form to the medical provider and ask for it to be returned to the county dss by fax or some secure electronic mechanism.	April 1, 2012
20	No requirement for telephone availability during non-working hours.	DSS must provide 24 hour answering machine or other message taking device/service for transportation requests/cancellations.	April 1, 2012
21	DSS was required to maintain a list of available transportation resources.	DSS is required to establish and maintain a list of all transportation resources, including free and other community resources, based on a cost hierarchy for use in determining least expensive means of transport.	April 1, 2012
22	NEW	County must complete criminal background checks on all employees or agency volunteer drivers.	April 1, 2012 – Complete for current employees/volunteers and on a quarterly basis thereafter. New employees/volunteers - Prior to employment for anyone hired on or after April 1, 2012, and on a quarterly basis thereafter.
23	NEW - Medicare/Medicaid Exclusion Verification	DMA-5124 - County must obtain information and complete Medicare/Medicaid Exclusion verifications on all existing vendors..	April 1, 2012
24	NEW	DMA-5124A, Medicaid Transportation Provider Documentation Addendum for county to document monthly exclusion verification findings.	April 1, 2012

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25	Policy did not stipulate that a separate transportation file be maintained.	County must maintain a (recipient) transportation file (paper or electronic).	April 1, 2012
26	DSS reported total transportation costs on DMA-2055, Reimbursement Request Form.	DSS must report numbers of unduplicated recipients, trips, and costs by transportation billing code (method) on DMA-2055.	April 1, 2012. Beginning with the reimbursement request for trips provided in April, 2012
27	Policy recommended that each county self-audit by pulling a sample of trips to ensure compliance (nearest appropriate, Medicaid service, Medicaid recipient).	County must randomly review 2% of trips per quarter to ensure compliance.	April 1, 2012
28	NEW	DMA-5078, Medicaid Transportation Monitoring Report	July 1, 2012 or 1 month after completion of first quarterly self-audit
29	Vendor Contract Compliance	Complete amendments to all existing transportation vendor contracts.	July 1, 2012