

Fact Sheet

Non-Emergency Medical Transportation (NEMT) Overview

NEMT under NC Medicaid Managed Care

NC Medicaid is required to provide transportation to medical appointments for all Medicaid beneficiaries who need and request assistance with transportation. This includes Standard Plans and Tailored Plans. Standard Plans and Tailored Plans may use transportation brokers to arrange and provide transportation or contract directly with transportation providers.

For NC Medicaid Direct and Eastern Band of Cherokee Indians (EBCI) Tribal Option members, the beneficiary's local Department of Social Services (DSS) provides NEMT services. Counties should follow current NC NEMT policies and providers should continue to bill NCTracks for reimbursement.

Transportation is available for Medicaid beneficiaries if the beneficiary receives a Medicaid-covered service provided by a qualified, enrolled Medicaid provider.

Medicaid pays for the least expensive means suitable for all beneficiaries.

NEMT OVERVIEW

Standard Plans and Tailored Plans contract with statewide NEMT brokers to arrange and provide NEMT to members. They are required to:

- Provide NEMT to a Medicaid-covered service
- Provide NEMT appropriate for the member to the nearest Medicaid provider
- Provide travel-related expenses including:
 - Lodging
 - Food
 - Parking fees/tolls
 - Transportation vouchers (e.g., taxis, ride-sharing services, public transit)
 - Mileage



- Develop a network of NEMT providers
- Provide training to NEMT providers
- Address any behavioral or medical needs/issues that arise during transportation
- Establish rates for reimbursement
- Have contractual requirements for quality of care, vehicles, drivers, timeliness and no-shows

Members will:

- Be informed that there is no cost for NEMT services
- Be informed of who may accompany them without cost
- Be informed that any member under the age of 18 must have an adult present
- Have the NEMT policy explained including:
 - How to request or cancel a trip
 - Limitations on transportation
 - Advanced notice requirements
 - Expected member conduct and procedures for no-shows
- Be able to arrive at the provider's location in time for the scheduled appointment but no sooner than one hour before the appointment
- Not have to wait more than one hour after the conclusion of the treatment for transportation home
- Not be picked up prior to the completion of treatment
- Be able to request an appeal if the request for transportation assistance is denied

HOW AND WHEN CAN MEMBERS SCHEDULE NEMT?

Standard Plans and Tailored Plans will send materials to their members that include information on how to access NEMT services. They must ensure that:

- Members are not required to make transportation requests more than two days in advance – but this is strongly recommended
- Members are not required to make transportation requests in person
- Urgent transportation services are exempt from any advance notice requirement

Members are encouraged to call their health plan to schedule NEMT services at the time their appointment is scheduled.

NEMT BROKER CONTACT INFORMATION FOR SPECIFIC HEALTH PLANS

Health Plan	NEMT Broker	Contact Information	Health Plan
WellCare	MTM	1-877-598-7602	Standard Plan
UnitedHealthcare Community Plan	ModivCare	1-800-349-1855	Standard Plan
Healthy Blue	ModivCare	1-855-397-3602	Standard Plan
AmeriHealth Caritas	ModivCare	1-833-498-2262	Standard Plan
Carolina Complete Health	ModivCare	1-855-397-3601	Standard Plan
Alliance	ModivCare	1-855-759-9600	Tailored Plan
Partners	ModivCare	1-855-397-3611	Tailored Plan
Trillium	ModivCare	1-877-685-2415	Tailored Plan
Vaya	ModivCare	1-866-621-2084	Tailored Plan