

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 beneficiaries, the beneficiary's local Department of Social Services (DSS) provides NEMT services. DSS should follow current NC NEMT policies and providers 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 beneficiaries. They are required to:

- Provide NEMT to a Medicaid-covered service
- Provide NEMT appropriate for the beneficiary to the nearest Medicaid provider
- Provide travel-related expenses including:
 - Lodging
 - Food
 - Parking fees or 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

Beneficiaries will:

- Be informed that there is no cost for NEMT services
- Be informed of who may accompany them without cost
- Be informed that any beneficiary under age 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 beneficiary 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 BENEFICIARIES SCHEDULE NEMT?

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

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

Beneficiaries 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
NC Medicaid Direct	Local DSS	Local DSS Directory	NC Medicaid Direct
EBCI Tribal Option	Local DSS	Local DSS Directory	EBCI Tribal Option

NEMT QUESTIONS AND ANSWERS

Is DSS responsible for providing NEMT services for beneficiaries enrolled in a Standard or Tailored Plan?

The local DSS are **not** responsible for NEMT for Standard or Tailored Plan beneficiaries.

Is DSS responsible for providing NEMT services for beneficiaries enrolled in NC Medicaid Direct and EBCI Tribal Option?

Yes, DSS is responsible for NEMT for NC Medicaid Direct and EBCI Tribal Option beneficiaries.

How do you know if the beneficiary is enrolled in a Standard Plan, Tailored Plan or NC Medicaid Direct?

To locate this information in NC FAST, refer to this fact sheet [Managed Care Status and Health Plan Information in NC FAST](#).

Who should Standard Plan and Tailored Plan beneficiaries call to request transportation?

Beneficiaries enrolled in a Standard Plan or Tailored Plan should call their health plan or NEMT broker directly to request transportation. Beneficiaries should make transportation requests up to two days in advance of their appointment.

Will Standard Plans and Tailored Plans provide gas reimbursement for beneficiaries?

Yes, Standard Plans and Tailored Plans will provide gas reimbursement to beneficiaries for services that have associated claims and encounters. Beneficiaries should contact the appropriate health plan or NEMT broker if gas reimbursement is applicable.

Will Standard Plans and Tailored Plans provide gas vouchers for beneficiaries?

Standard Plans and Tailored Plan may offer gas vouchers if there is a contract with a gas station. Beneficiaries should contact their health plan or NEMT broker to discuss the option for reimbursement.

Are the health plans' NEMT brokers still contracting with NEMT providers?

Yes, the NEMT brokers continue to make good-faith efforts to contract with both private and public providers statewide. NC Medicaid continues to monitor the contracting efforts of each broker.

How are the local DSS notified when a beneficiary changes health plans or NEMT brokers?

Local DSS is not notified when a beneficiary changes health plans. DSS staff must check the benefits history tab each time a Medicaid beneficiary contacts them about NEMT.

Health plan information can be found within NC FAST > Person page > Benefit History tab. NEMT broker information is not available in NC FAST.

When a beneficiary changes health plans, they will receive a Welcome Packet from their health plan that includes how to request transportation. For more information, see this fact sheet [Managed Care Status and Health Plan Information in NC FAST](#).

What if DSS transports a Standard Plan or Tailored Plan beneficiary by accident?

When possible, DSS should confirm if the beneficiary is enrolled in a Standard Plan or Tailored Plan prior to providing transportation. If DSS transports a Standard Plan or Tailored Plan beneficiary, the Standard Plans and Tailored Plans have a process for DSS to request reimbursement. See the link in the previous question for more information.

