

Fact Sheet: Non-Emergency Medical Transportation (NEMT)

Who is responsible for NEMT under Medicaid Managed Care?

Medicaid is required to provide transportation to medical appointments for all eligible individuals* who need and request assistance with non-emergency medical transportation.

Under NC Medicaid Managed Care, Health Plans are required to provide non-emergency medical transportation (NEMT) to all enrolled Medicaid beneficiaries. Individuals ineligible to receive NEMT Services include NC Health Choice beneficiaries and beneficiaries who are in a nursing home. Health plans may use transportation brokers to arrange and provide transportation, or contract directly with transportation providers.

County DSS agencies will continue to arrange NEMT for NC Medicaid Direct beneficiaries – namely, Medicaid-eligible populations that will not transition to managed care until a later date or at all.

Counties will continue to follow North Carolina NEMT policies.

All Medicaid beneficiaries can expect that transportation will be available if the beneficiary receives a Medicaid-covered service provided by a qualified Medicaid provider (enrolled in North Carolina Medicaid). Medicaid only pays for the least expensive means suitable to the beneficiary's needs.

* See Section V.C. Table 7: Individuals Not Eligible to Receive NEMT Services on page 119 of 221 in the [PHPREF](#).

WILL MEDICAID BENEFICIARIES RECEIVE THE SAME SERVICE FROM THE HEALTH PLANS THAT THEY ARE USED TO?

Yes. The amount, duration, and scope of the NEMT service is NOT changing. NEMT will be provided by the health plan in which the beneficiary is enrolled for Medicaid. Health Plans will be contracting with statewide NEMT brokers to arrange and provide NEMT to eligible, enrolled members.

Health plans are required to:

- Provide NEMT appropriate for the member to the nearest appropriate medical provider;
- Provide NEMT to a Medicaid-covered service provider, including services carved out* of Medicaid Managed Care;
- Provide travel-related expenses, including:
 - Lodging
 - Food
 - Parking fees/tolls
 - Transportation vouchers (i.e. taxis, ride sharing services, public transit)
 - Mileage
- Develop a network of NEMT providers.

*Carved out services are services that are not covered by the health plan and will remain fee-for-service as part of Medicaid Direct.

Health plans are also required to:

- Provide training to NEMT providers
- Address behavioral issues during transportation
- Establish rates for reimbursement, and
- 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 and that any member under the age of eighteen (18) does not have to ride alone;
- Have the Health Plans NEMT Policy explained including:
 - How to request or cancel a trip
 - Limitations on transportation
 - Advanced notice requirements, and
 - Expected Member conduct and procedures for no-shows
- Be able to arrive at provider in time for the scheduled appointment but no sooner than one

- (1) hour before the appointment;
- Not have to wait more than one (1) hour after the conclusion of the treatment for transportation home;
- Not be picked up prior to the completion of treatment; and
- Can request an appeal if the request for transportation assistance is denied.

CONTRACTING WITH HEALTH PLANS

Under Medicaid managed care, health plans must establish and maintain an adequate network of providers to meet the health care needs of their beneficiaries. Health Plans will need to contract with a diverse range of providers and establish provider payment rates, subject to certain rules set by the Department. See the Broker contact below for more information on contracting for NEMT services.

HOW AND WHEN CAN HEALTH PLAN MEMBERS SCHEDULE NEMT?

Health plans will send Welcome Packets to enrolled members that include information on how to access NEMT services.

Health plans must ensure that:

- Members are NOT required to make transportation requests more than two (2) days in advance;
- Members are not required to make transportation requests in person; and
- Urgent transportation services are exempt from any advance-notice requirement.

Additional information for Members including Health Plan NEMT contacts, can be found in the [County Playbook NEMT Fact Sheet](#).

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

WILL NC HEALTH CHOICE BENEFICIARIES HAVE ACCESS TO NEMT UNDER MEDICAID MANAGED CARE?

It is important to note that NC Health Choice beneficiaries are not eligible to receive NEMT services, unless offered by the health plan as a Value Added benefit. Contact the Health Plan's Member Services to inquire about Values Added Transportation Service.

Fact Sheets will be updated periodically with new information. For more information, please visit <https://www.ncdhhs.gov/assistance/medicaid-transformation>.

For specific Health Plan guidance on NEMT services including Value Added Services, and Member Rights and Responsibilities, please consult with the Member Handbook for specific Health Plan.

WHO ARE THE NEMT BROKERS FOR EACH HEALTH PLAN?

PHP	NEMT Broker	Contact information
WellCare	OneCall	Provider Relations Phone: (502) 724-3410 Email: gh_providerrelations@onecallcm.com Website: https://onecallcm.com/
UnitedHealthcare Community Plan	National MedTrans	Email: netdev@natmedtrans.com Phone: 844-885-2696 ext. 3 Website: https://nationalmedtrans.com/providers/
HealthyBlue	LogistiCare	Email: ncnetwork@logisticare.com Phone: 866-431-4635 Website: http://www.logisticare.com/driv_e-with-logisticare/
AmeriHealth Caritas	LogistiCare	Email: ncnetwork@logisticare.com Phone: 866-431-4635 Website: http://www.logisticare.com/driv_e-with-logisticare/
Carolina Complete Health	LogistiCare	Email: ncnetwork@logisticare.com Phone: 855-397-3604 Website: http://www.logisticare.com/driv_e-with-logisticare/

