

NEMT

Questions and Answers

NC Medicaid is committed to helping DSS staff understand NEMT under NC Medicaid Managed Care. Here are answers to questions you may have.

Will DSS be responsible for providing NEMT services for beneficiaries enrolled with a Standard or Tailored Plan?

Local DSS are **not** responsible for NEMT for Standard or Tailored Plan members.

Will DSS be 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 members.

How do you know if the beneficiary is enrolled in a Standard 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 members call to request transportation?

Members enrolled in a Standard Plan should call their health plan or NEMT broker directly to request transportation. Contact information can be found below. Members should make transportation requests up to two days in advance of their appointment.

Who should a Standard Plan member call to change or update a transportation request?

Members enrolled in a Standard Plan should call their health plan or NEMT broker directly to change or update a transportation request. The health plans NEMT contact information is below.

Health Plan	NEMT Contact Number
AmeriHealth Caritas	833-498-2262
Carolina Complete Health	855-397-3601
Healthy Blue	855-397-3602
UnitedHealthcare Community Plan	800-349-1855
WellCare	877-598-7602

Alliance Health	855-759-9600
Partners Health Management	855-397-3611
Trillium Health Resources	877-685-2415
Vaya Health	800-962-9003
NC Medicaid Direct and EBCI Tribal Option Contact your local DSS	https://www.ncdhhs.gov/divisions/social-services/local-dss-directory

When can Tailored Plan members begin requesting transportation from their Tailored Plan?

Tailored Plan members can begin requesting transportation from their Tailored Plan on May 16, 2024, for medical appointments occurring on or after July 1, 2024.

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

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

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

Standard Plans and Tailored Plan may offer gas vouchers if there is a contract with a gas station. Members should contact their health plan or NEMT broker to discuss this 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 is the county notified when a member changes health plans or NEMT brokers?

The county is not notified when a beneficiary changes health plans. County 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 member changes health plans, they will receive a Welcome Packet from their health plan that includes how to request transportation. For more information, please see this fact sheet: [Managed Care Status and Health Plan Information in NC FAST](#)

What happens if DSS transports a Standard Plan or Tailored Plan member 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 member, the Standard Plans and Tailored Plans have a process for DSS to request reimbursement. See the link in the previous question for more information.

What can I do for a beneficiary transitioning to the Tailored Plan that has existing and recurring transportation appointments after July 1, 2024?

The county would need to inform the beneficiary to contact their Health Plan to set up transportation for existing and recurring appointments scheduled July 1, 2024, and beyond.



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