

POLICY AND PROCEDURE

POLICY NAME: Non-Emergency Transportation Services	POLICY ID: FL.UM.56
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 07/11/2022	PRODUCT(S): Managed Medical Assistance (MMA), Serious Mental Illness (SMI), Children's Medical Services (FLCMS) and Child Welfare Specialty Plan members
REVIEWED/REVISED: 7/22, 08/2023	
REGULATOR MOST RECENT APPROVAL DATE(S): N/A	

POLICY STATEMENT: Sunshine Health will provide qualified members with the Non- Emergency Transportation Services.

PURPOSE: To establish clinical criteria in which to review requests for Non-Emergency Transportation services for Sunshine Health's Managed Medical Assistance (MMA), Serious Mental Illness (SMI), Children's Medical Services (FLCMS) and Child Welfare Specialty Plan members

SCOPE: This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS:

N/A

POLICY:

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved benefits when medically necessary, appropriate, and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy.

PROCEDURE:

Review Process: To assist in determining the medical necessity of a benefit, the clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review
- FL.UM.02 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend, or terminate services must be made by the Health Plan's Medical Director or contracted vendor as outlined in the policy Clinical Decision Criteria and Application FL.UM.02
- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions FL.UM.05

Specific Clinical Information/Criteria:

The requesting practitioner must provide information relative to the Non-Emergency Transportation Services being requested.

Specific Criteria:

Florida Medicaid covers the most cost-effective mode of NET services when:

- The recipient has no other means of transportation.
- The recipient requires assistance during transport to a Florida Medicaid covered service.
- The mode of transport is medically appropriate for the recipient's mental or physical condition as determined by a licensed health care professional

Out of State Travel:

Florida Medicaid covers NET services provided out-of-state, including lodging and per diem payments, when:

- The recipient (or attendant) does not have access to alternate accommodations in accordance with 42 CFR 440.170.
- The Florida Medicaid covered service(s) that will be provided out-of-state are prior authorized.

Escorts:

Providers must allow an escort to accompany the recipient, and may not seek reimbursement from the recipient, their parent, legal guardian, or their authorized representative for transporting the escort when the recipient:

- Is blind, deaf, has a mental health disease, or is intellectually disabled.
- Requires personal assistance due to their medical condition.
- Is under the age of 21 years.
- The escort cannot be the driver or an employee of the transportation provider

Limitations/Exclusions

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria
- The recipient does not meet the eligibility requirements
- The service unnecessarily duplicates another provider's service
- The recipient does not meet the eligibility limit including:
 - Exceeding Coverage for member and (1) Escort.

REFERENCES: N/A

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Utilization Management

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy created	07/22
Policy Update	Changed the Policy ID from FL.UM.44.00 to FL.UM.56.00 to correct "Duplicate Policy Error"	08/22
Annual Review	Updated Policy ID Added Policy ID and Name to Footer	08/2023

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.