MEDI-CAL BENEFICIARY TRANSPORTATION BENEFIT

MEDI-CAL MANAGED CARE PLANS ARE REQUIRED TO PROVIDE TRANSPORTATION TO MEDICAL APPOINTMENTS FREE OF CHARGE TO THE BENEFICIARY. TRANSPORTATION ARRANGEMENTS MUST BE MADE BY THE BENEFICIARY IN ADVANCE BASED ON THE MANAGED CARE PLANS' POLICIES AND PROCESSES.

CALVIVA HEALTH

HOW TO REQUEST TRANSPORTATION

To request Non-Medical Transportation (NMT) that have been authorized by the provider, call

1-888-893-1569

REQUIRED INFORMATION

Beneficiary must provide their CalViva member ID# for transportation services.

All transportation requests must be authorized by CalViva. CalViva requires documentation of medical necessity from a medical director or LPHA. A **Physicians Certification Statement (PCS)** must be submitted. The PCS will be for a three (3), six (6) or twelve (12) month authorization period for transportation.

TIMEFRAMES FOR REQUESTS

Transportation request must be made **five (5) business days** before requested travel date, not including the day of the call, if requesting a ride provided by a CalViva driver. These requests may be made for all Medi-Cal covered services including lab work and pharmacy stops following appointments.

Provider must submit the PCS form within **seven (7) business days** of the travel request. If this does not occur the provider/beneficiary must submit a new transportation request.

CalViva will not schedule transportation for an appointment **over 30 days in advance**.

Request must be made **10 business days** before appointment if requesting public transportation.

URGENT APPOINTMENTS

If the beneficiary has the need for an urgent appointment CalViva will verify urgency with provider. This does not include emergency transportation.

Beneficiaries are allowed **two (2) "Lack of Notice" Transportations** for the life of their coverage. These travels are not guaranteed since they fall inside of the normal timeframe. These are waivers of the five (5) business day requirement for urgent travels.

BENEFIT

If transportation is authorized, CalViva will:

- Provide gas reimbursement at 55 cents per mile if the beneficiary uses their own vehicle; Or
- Send a driver to transport the beneficiary to their appointment.

DISTANCE

If the travel is more than 50 miles one way CalViva will verify appointment prior to completing reservation.

01/10/19

MEDI-CAL BENEFICIARY TRANSPORTATION BENEFIT

CANCELLATIONS

Cancellations must be made no less than **one (1) hour prior** to pick up time.

STANDING ORDERS

Standing transportation orders are available for appointments occurring three (3) or more times a week for more than 90 days.

YOUTH

All youth must have a parent or legal guardian make the appointment and accompany them with the exception of pregnant youth who may make their own travel arraignments and may travel alone.

ANTHEM

HOW TO REQUEST TRANSPORTATION

To request Non-Medical Transportation (NMT) that have been authorized by the provider, call

1-877-931-4755

REQUIRED INFORMATION

Beneficiary must provide their Anthem member ID# for transportation services.

All transportation request must be authorized by Anthem. A **Physicians Certification Statement (PCS)** must be submitted. The PCS will be for a three (3), six (6), nine (9), or twelve (12) month authorization period for transportation. Anthem will send the form to the provider.

PCS must be on file notating level of services confirmed in system. Providers will be required to return the PCS form within **seven (7) business days** of the travel request. If this does not occur the provider/beneficiary must submit a new transportation request. Beneficiaries requesting travel must contact Anthem **within 24 to 48 hours** of Anthem's receipt of the PCS form to verify the transportation request.

TIMEFRAMES FOR REQUESTS

For new transportation requests, the request must be made **seven (7) business days** prior to the appointment, not including the day of the call, to allow time for the PCS form to be completed and returned.

For existing beneficiaries, requests must be made **five (5) business days** prior to the beneficiary's appointment, not including the day of the call.

Anthem will not schedule transportation for an appointment over **30 days in advance**.

URGENT APPOINTMENTS

For urgent appointments beneficiaries may request a "Lack of Notice" travel. Beneficiaries are allowed **two (2) "Lack of Notice" Transportations** for the life of their coverage. These travels are not guaranteed since they fall inside of the normal timeframe. These are waivers of the five (5) or seven (7) business day requirement for urgent travels.

MEDI-CAL BENEFICIARY TRANSPORTATION BENEFIT

BENEFIT

Beneficiaries that are covered under Anthem Blue Cross may claim gas reimbursement at 55 cents per mile if the beneficiary chooses to use their own vehicle.

Beneficiaries that are covered under Anthem Duals do not have this benefit.

These requests may be made for all Medi-Cal covered services including lab work and pharmacy stops.

DISTANCE

If a travel is more than 75 miles one-way, Anthem will verify the appointment prior to completing registration.

CANCELLATIONS

Cancellations must be made no less than **24 hours in advance.**

STANDING ORDERS

Standing transportation orders are available, when medically necessary, and may be used for appointments three (3) times per week for more than 30 days.

YOUTH

All youth must have a parent or legal guardian make the appointment and accompany them with the exception of pregnant youth whose parent or legal guardian must make their travel arraignments but the pregnant youth may travel alone.

PHYSICIAN CERTIFICATION STATEMENT FORM – Request for Transportation

This form provides LogistiCare or other authorized transportation provider with information on the appropriate level of transportation needed for this CalViva Health member.

Patient name: _____

Patient ID #/CIN #: _____ Patient DOB: _____/_____/_____

Non-Emergency Medical Transportation (NEMT)

Choose one of the following levels of service:

☐Wheelchair van ☐Gurney/litter van Ambulance: ☐ALS ☐BLS ☐CCT
☐Air transportation (requires prior authorization from the plan)

JUSTIFICATION: NEMT under Medi-Cal is covered only when the patient's medical and physical condition does not allow him or her to travel by bus, passenger car, taxi, or other form of public or private conveyance.

NEMT requires a function limitation justification. The physician is required to document the patient's limitations and provide specific physical and medical limitations that preclude the patient's ability to reasonably ambulate without assistance or be transported by public or private vehicles.

What prevents the patient from traveling by bus, passenger car, taxi, or other form of public or private conveyance?
_____
_____

Non-Medical Transportation (NMT)

NMT includes transportation for medically necessary appointments and may be provided via taxi, sedan, paratransit (such as Access), or fixed-route transportation, such as buses. *No signature is required for NMT*.

Choose one of the following levels of service:

☐Mass (public) transit ☐Paratransit services (patient must qualify for services.) ☐Sedan/taxi (curb-to-curb)
☐Sedan (ambulatory door-to-door) ☐Sedan with folding wheelchair (patient is able to transfer without assistance) (curb-to-curb)

Duration of services (based on continued health plan eligibility): ☐30 days ☐60 days ☐90 days ☐1 Year

CERTIFICATION

The physician, dentist or podiatrist responsible for providing care for the patient is responsible for determining medical necessity for transportation. This certificate can be completed and signed by a participating physician group (PPG), independent practice association (IPA), primary care physician (PCP), MD, LVN, RN, PA, NP, or discharge planner who is employed or supervised by the hospital, facility or physician's office where the patient is being treated and who has knowledge of the patient's condition at the time of completion of this certificate. **NMT services do not require a physician signature and will be approved based on the least costly method of transportation that meets the patient's needs.**

Staff/physician's name (print): _____

Staff/physician's signature: _____Title:_____

Date:_____ Contact telephone: (_____) _____ – _____

Please return form by fax to LogistiCare, Attention: Utilization Review, at 1-877-457-3352.

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Anthem BlueCross

Medi-Cal Managed Care
L.A. Care

Physician Certification Statement — Transportation Justification Request

This form provides LogistiCare or another authorized transportation provider with information about the appropriate level of nonmedical transportation (NMT) or nonemergency medical transportation (NEMT) needed for the member. Please return the completed form by fax to LogistiCare at **1-877-457-3352**, Attn: Utilization Review.

Patient name (Print clearly.): _____

Member ID number: _____ DOB: _____

Please check only **one** medically necessary mode of NMT. **Note:** A physician's signature **is not** required for NMT.

1. **NMT** includes transportation for medically necessary appointments and may be provided via taxi, sedan, paratransit (such as access) or fixed route transportation (such as a bus).
   - ☐ **Mass transit**: Patient/member is able to use public transportation and medically able to walk up to three-quarters of a mile to a bus stop (curb to curb).
   - ☐ **Paratransit services**: Patient/member (already certified, qualified or eligible to apply) can walk to the curb and board and exit a vehicle unassisted but cannot utilize the bus or train (curb to curb).
   - ☐ **Ambulatory (sedan, taxi)**: Patient/member can walk to the curb and board and exit the vehicle unassisted but cannot utilize the bus or train (curb to curb).

   Please check only **one** medically necessary mode of NEMT. **Note:** A physician's signature **is** required for NEMT.

   NEMT includes ambulances, wheelchair vans and gurney vans and is provided when medically necessary and the patient is not ambulatory. NEMT transportation under Medi-Cal Managed Care is covered only when the patient's medical and physical condition does not allow him or her to travel by bus, passenger car, taxi or another form of public/private vehicle.
   - ☐ **Wheelchair van**: Patient uses a power or electric wheelchair and requires a lift-equipped vehicle and driver assistance.
   - ☐ **Stretcher/gurney van**: Patient/member is confined to bed, cannot sit in a wheelchair and does not require medical attention/monitoring during transport.
   - ☐ **Basic life support ambulance**: Patient/member is confined to bed; cannot sit in a wheelchair; and requires medical attention/monitoring during transport for reasons such as isolation precautions, nonself-administered oxygen or sedation.
   - ☐ **Advanced life support ambulance**: Patient/member is confined to bed; cannot sit in a wheelchair; needs advanced life support; and requires medical attention/monitoring during transport for reasons such as intravenous device monitoring, cardiac monitoring or tracheotomy.
   - ☐ **Air transport**: Patient/member's medical condition is such that transport by ordinary means of private or public ground transportation is medically contraindicated.

2. Please justify the mode of transportation chosen above with a medical purpose specific to visit(s), including functional limitations that preclude the patient's ability to ambulate without assistance or be transported by private/public vehicle:

3. Duration of services (based on continued eligibility): ☐ 30 days ☐ 60 days ☐ 90 days ☐ 12 months
   Start date: _____ End date: _____

Certification statement: The physician, dentist or podiatrist responsible for providing care for the member is responsible for determining medical necessity for transportation. This certificate can be completed and signed by the member's physician or physician extender (including Physician Assistants [PAs], Nurse Practitioners [NPs], Certified Nurse Midwives [CNMs], Physical Therapists, Speech Therapists, Occupational Therapists and Mental Health or substance use disorder providers), or discharge planner who is employed or supervised by the hospital, facility or physician's office where the patient is being treated and who has knowledge of the patient's condition at the time of completion of this certificate. A completed and approved physician certification statement form may not be modified.

Staff/physician's name: _____
Staff/physician's signature: _____ Date: _____
Title: _____ Contact phone: _____

https://mediproviders.anthem.com/ca

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ACAPEC-1443-18 May 2018