

Managed Care Transportation

Ohio Department of Medicaid, Office of Managed Care Managed Care Policy & Program Development

Medical Care Advisory Committee May 20, 2021

Managed Care Transportation Benefit

- Plans are required to provide:
 - » Necessary wheelchair van and ambulance service for their eligible members.
 - » NEMT when the nearest network provider is at least 30 miles away.
- Plans are not required to provide NEMT for trips of less than 30 miles.
- Plans may offer "value-added" rides. These rides may be used to access not only healthcare but other services as well (e.g., eligibility redetermination).



Managed Care Transportation Requirements

- Transportation pick-up is completed not more than 15 minutes before or 15 minutes after the pre-scheduled pick-up time.
- The plan must ensure the member is on time for their appointment.
- Following a scheduled appointment, transportation pick-up shall be completed no more than 30 minutes after a request for pick-up following a scheduled appointment.
- The vendor shall attempt to contact the member if he/she does not respond at pick-up.
- The transportation vendor shall not leave the pick-up location prior to the pre-scheduled pick-up time.

Managed Care Transportation Requirements

- The MCP shall identify and accommodate any special transportation assistance needs of their members.
- Member-specific needs shall be communicated to the transportation vendor.
- The MCP shall submit a plan for the provision of transportation services during weather emergencies.
- Member letter, website and handbook requirements making members aware of their transportation benefit and how to access.
- Non-compliance action for failure to provide transportation in accordance with the provider agreement.



Value Added Transportation

Plan	Additional Benefits In Addition to 30 Mile Transportation	
Aetna Better Health	 Dual Benefits Members - Additional 30 round trips or 60 one-way trips to plan-approved locations. 	
Buckeye Health Plan	 30 one-way or 15 round trips for medical appointments, WIC, and CDJFS redeterminations Unlimited transportation for medical appointments for children and all members for chemotherapy or radiation treatment, THRIVE, dialysis, individuals who use wheelchairs, mental health visits, and high-risk pregnancy patients. 10 one-way or 5 round trips for food related trips (grocery/pharmacy) 	
Caresource	30 one-way trips for medical appointments, WIC, and CDJFS redeterminations	



Value Added Transportation

Plan	Additional Benefits In Addition to 30 Mile Transportation	
Molina Healthcare	 30 one-way trips or 15 round-trips for medical appointments, WIC, or CDJFS redeterminations Unlimited trips home from the hospital, along with dialysis, radiation treatment, and chemotherapy appointments. 	
Paramount Advantage	 30 one-way or 15 round trips for medical appointments, WIC, and CDJFS redeterminations (additional destinations available), Same day/next day transportation for infants up to 1 year 	
UnitedHealthcare Community Plan	 60 one-way or 30 round trips to medical appointments, WIC and CDJFS redeterminations, rides home from the hospital or emergency room, or to a pharmacy after a doctor's office visit 	

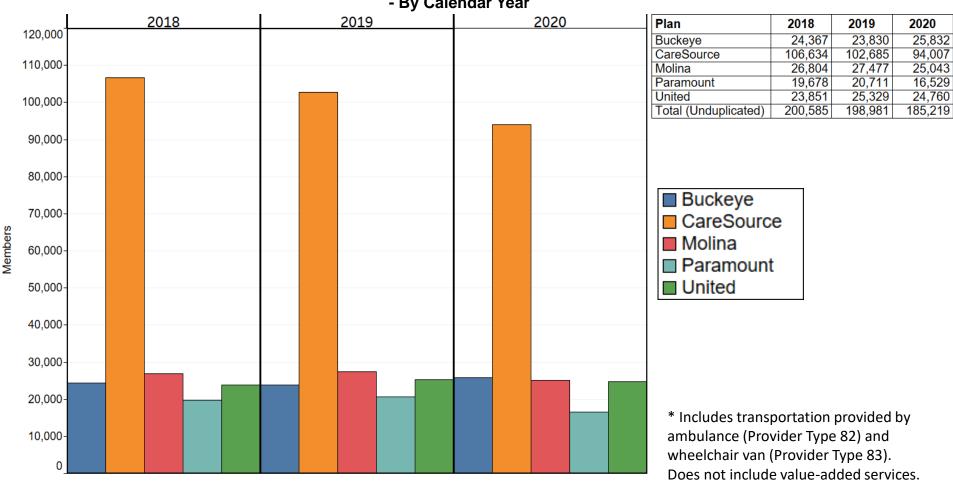
Transportation Options

- Non-emergency ambulance
- Ambulette
- Ambulatory sedan/van
- Rideshare (Lyft)
- Public transit/bus passes
- Taxi
- Mileage reimbursement for self, friends and family
- One additional passenger is allowed. Some plans require notice when scheduling.

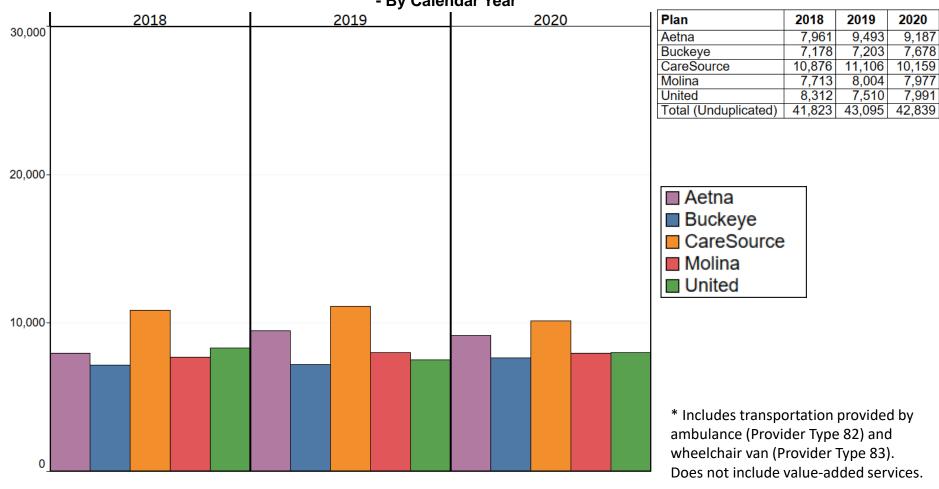
^{*} Options may vary by plan and region.



Transportation Services* - Medicaid Managed Care



Transportation Services* - MyCare - By Calendar Year



Future Transportation Requirements

Beginning January 2022, the provider agreement will include transportation requirements in addition to the current requirements.

- Member services call centers must have a selection for transportation requests and representatives must be trained to respond to transportation questions.
- The MCO will cover transportation for PBM-related trips.
- The MCO may not restrict the number of transports in a day.
- The MCO must ensure the transportation vendor doesn't leave the pick-up location prior to the pre-scheduled pick-up time.

Future Transportation Requirements - Continued

- The MCO must not require more than 48 hours of advance notice for transportation needs and must provide exceptions for advance notice requirements for urgent member needs and hospital discharges.
- When providing transportation for more than one member to more than one location, the MCO must ensure that the total transit time for any single member on the trip does not exceed 60 minutes beyond the member's point-to-point transit time.

Future Transportation Requirements - Continued

- The MCO must arrange and provide transportation for members who are enrolled in OhioRISE in a manner that ensures that children, and their families do not face transportation barriers to receive services.
- MCOs are responsible for arranging for transportation for OhioRISE members regardless of whether the transportation is covered by the county or the MCO.
- MCOs must provide additional transportation benefits for members under the age of 21. This medically necessary service cannot be a value-added service or have annual limitations.

Future Transportation Requirements - Continued

- The MCO must collaborate with ODM, other ODM-contracted MCOs, and the counties within the MCO's service area to improve member experience and access to transportation services, including standardizing the way members access transportation.
- The MCO must submit a quarterly Transportation
 Performance Report to ODM as specified in Appendix P.



Managed Care/MyCare Ohio Plan Contacts

Plan	MyCare Ohio	Managed Care
Aetna Better Health	1-855-364-0974 1-866-799-4395	N/A
Buckeye Health Plan	1-866-549-8289 1-866-531-0615	1-866-246-4358 1-866-531-0615
Caresource	1-855-475-3163	1-800-488-0134
Molina Healthcare	1-844-491-4761	1-866-642-9279
Paramount Advantage	N/A	1-866-837-9817
UnitedHealthcare Community Plan	1-877-542-9236 1-800-269-4190	1-800-895-2017 1-800-269-4190

Ohio Medicaid Consumer Hotline 1-800-324-8680

Value Added Benefits Comparison Charts:

https://ohiomh.com/Documents/OhioMedicaidComparisonChart.pdf https://ohiomh.com/Documents/OhioMyCareComparisonChart.pdf