

Medicaid Transportation Services Overview

Medical Care Advisory Committee

May 20, 2021

Presented by: Rafiat Eshett, Section Chief, Non-
Institutional Policy, Ohio Department of Medicaid

Agenda - Discuss

Federal & State Policies

Transportation Delivery Structure

Expenditures

COVID-19 effects/telehealth

Future ideas for Improved Access



Federal Policy

42 CFR 431.53 Assurance of transportation

A state plan must:

- Specify that the Medicaid agency will ensure necessary transportation for beneficiaries to and from providers; and
- Describe the methods that the agency will use to meet this requirement.



Ohio Medicaid Policy

- Ohio Administrative Code Chapter 5160-15
 - » Ambulance services
 - » Wheelchair van services
 - » County-administered transportation assistance (NEMT)



Eligibility

- Any individual with full Medicaid eligibility qualifies for necessary transportation or transportation assistance to access Medicaid-coverable services.
- Enrollment in a Medicare Premium Assistance Program where Medicaid pays cost-sharing DOES NOT by itself make someone Medicaid-eligible. Unless they have separate Medicaid eligibility*, enrollees in these programs DO NOT qualify for Medicaid transportation assistance:
 - » Qualified Medicare Beneficiary (QMB)
 - » Specified Low-Income Medicare Beneficiary (SLMB)

*For example, "QMB Plus" = QMB + full Medicaid



Eligibility (continued)

- Individuals residing in a long-term care facility (LTCF)—nursing facility (NF), skilled nursing facility (SNF), intermediate care facility for individuals with intellectual disabilities (ICFIID)—can access three types of transportation:
 - » Ambulance
 - » Wheelchair van (enrolled provider)
 - » Transportation furnished by the LTCF

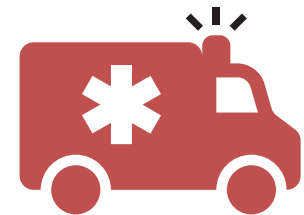
A CDJFS therefore does not have a role in furnishing transportation assistance to an LTCF resident.

NOTE: Assisted living facilities and group homes ARE NOT LTCFs.



Ambulance and Wheelchair Van Services

- Policy is addressed in OAC rules 5160-15-01 (definitions) and -21 through -28.
- The use either of an ambulance for a non-emergency trip or of a wheelchair van must be certified as necessary by a qualified practitioner.
- Providers submit claims directly to Medicaid (ODM or an MCO).



Ambulance and Wheelchair Van Service, continued

- Necessary air ambulance service is covered.
- Prior authorization (PA) is NOT required for FFS claims. MCPs may have different PA policies. Claims for trips to or from unusual locations may need to be reviewed manually before payment can be made.



County-Administered Transportation Assistance / Non-Emergency Medical Transportation (NEMT)

- Policy is addressed in OAC rules 5160-15-01 (definitions), -11, -12, -13 and -14.
- The trip must involve a Medicaid-coverable healthcare service.
- The NEMT benefit is based not only on eligibility but also on need.
- 88 Counties & 85 CDJFS Community Transportation Plans (CTPs)
- Many forms of assistance can be offered, from gas cards and bus passes to cab and van rides.



Program Areas That May Include a Transportation Component Not Subject to OAC Chapter 5160-15

- Long-term care facility (NF, SNF, ICFIID) — Transportation other than ambulance or wheelchair van service
- Hospice — Transportation related to the terminal illness
- Federally qualified health centers (FQHCs) — Transportation to or from an FQHC service
- Medicaid waiver — Transportation for a purpose that is (usually) not related to healthcare (e.g., grocery shopping or other errands)
- Managed Care Value-Added Services.



Mobility Transformation – Medicaid Perspective



Increased
Access for
Consumers



More providers



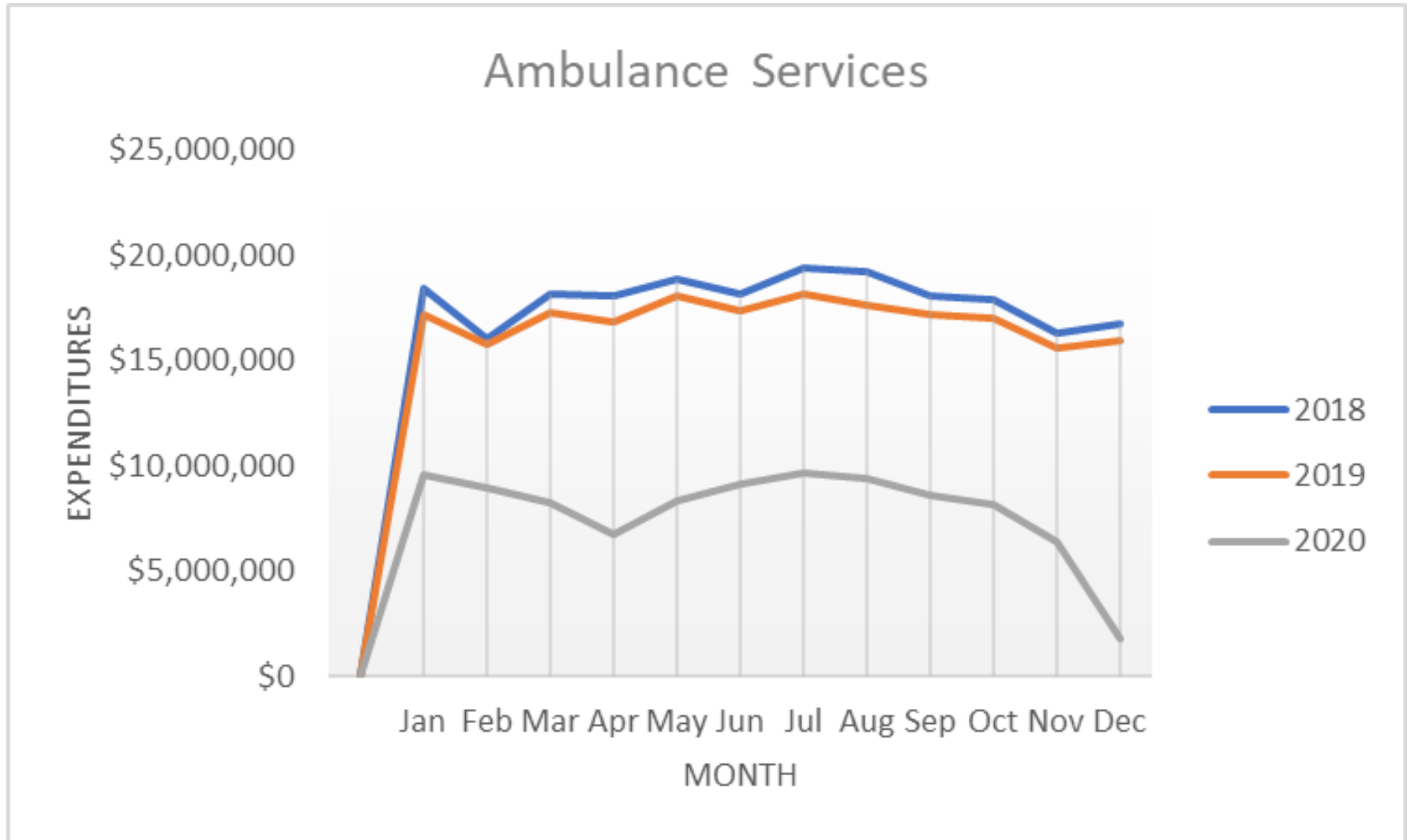
Greater
Efficiency –
Reduced Waste



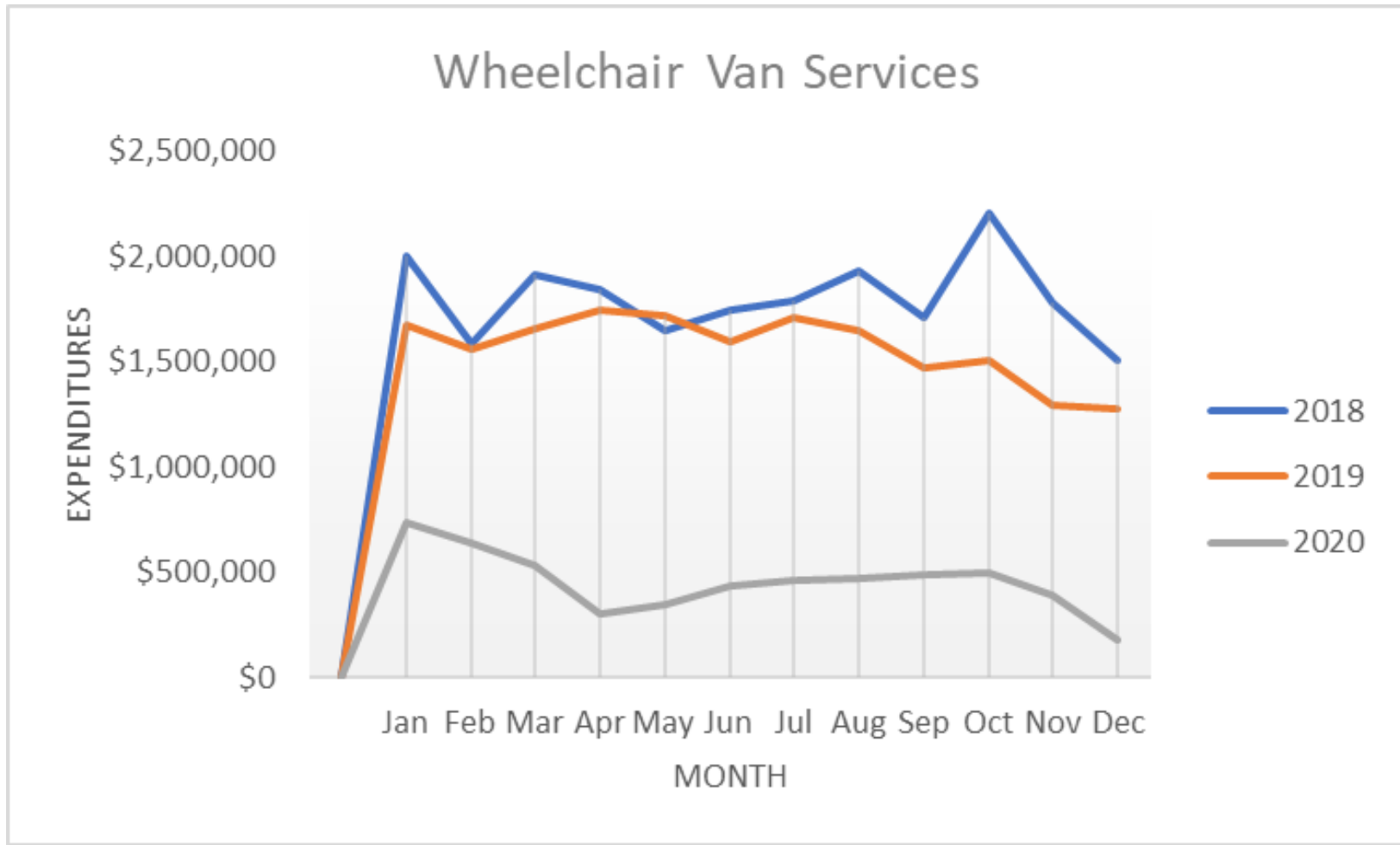
Increased
Quality Control



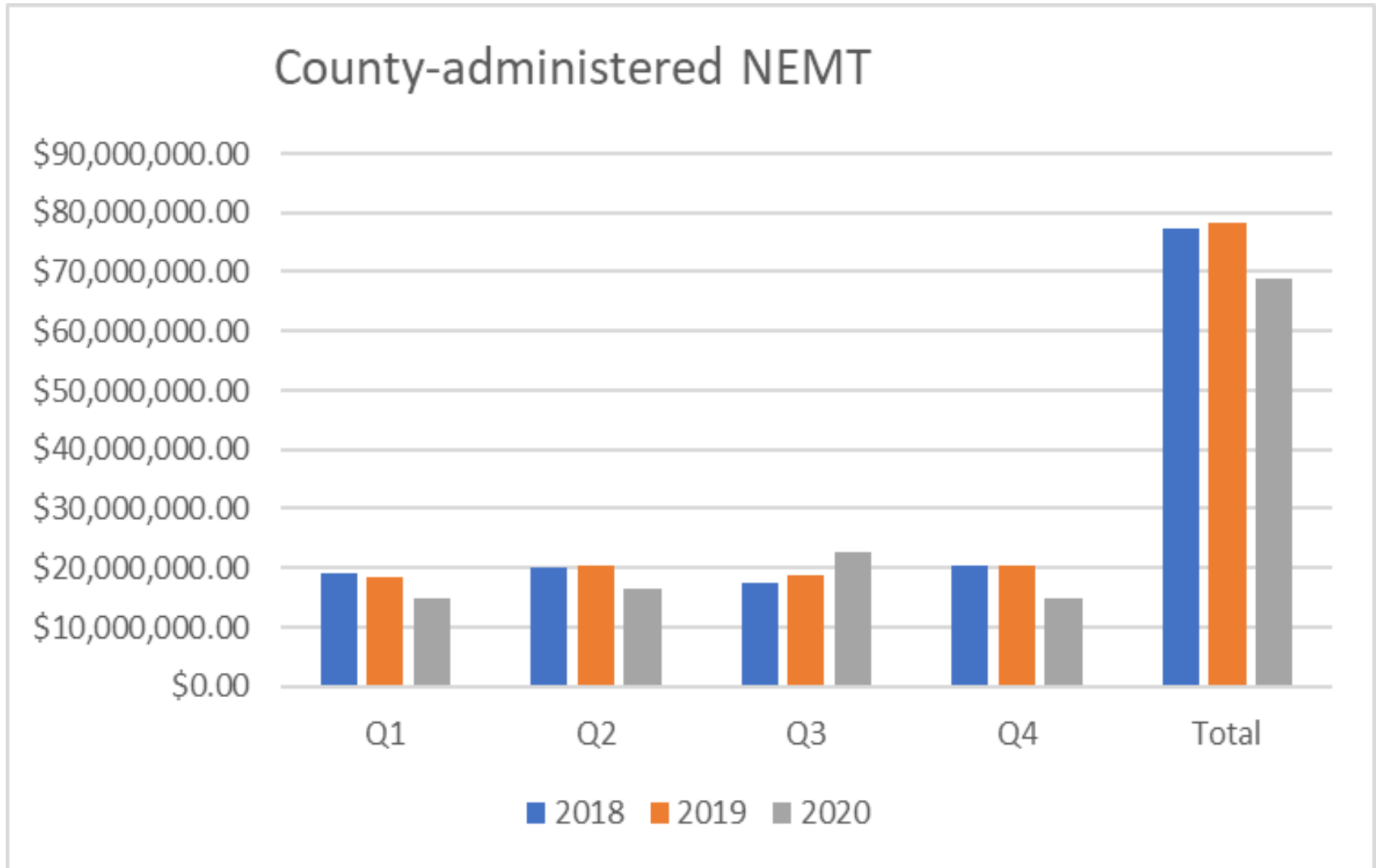
Ambulance Expenditures (CY2018 - CY2020)



Wheelchair Van Expenditures (CY2018 - CY2020)

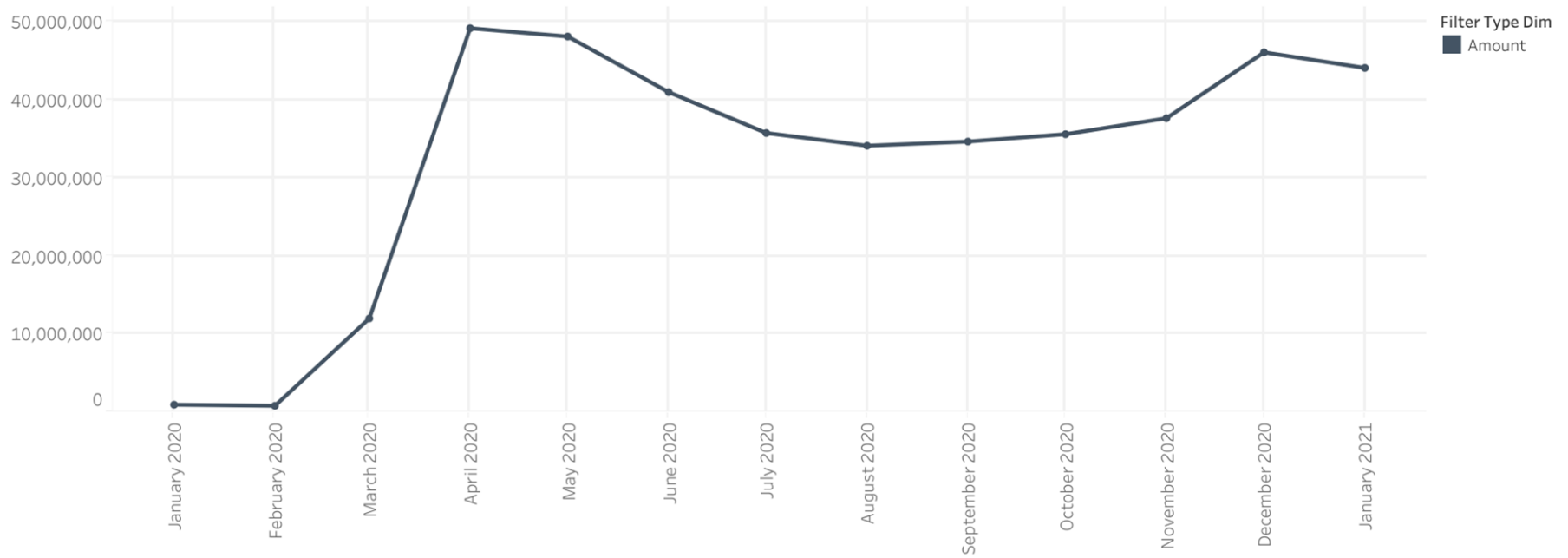


Non-Emergency Medical Transportation (NEMT)



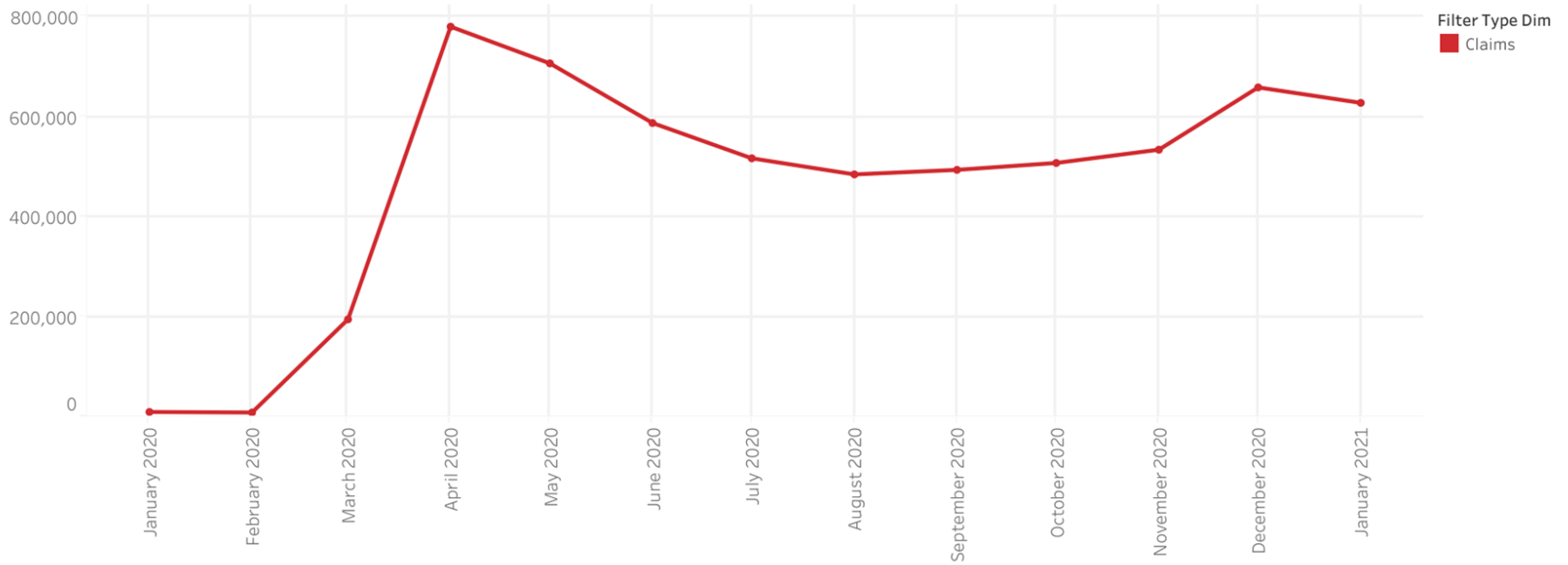
Telehealth effects – total expenditures CY2020

Count Timeline



Telehealth effects – number of claims

Count Timeline



Topics of Interest

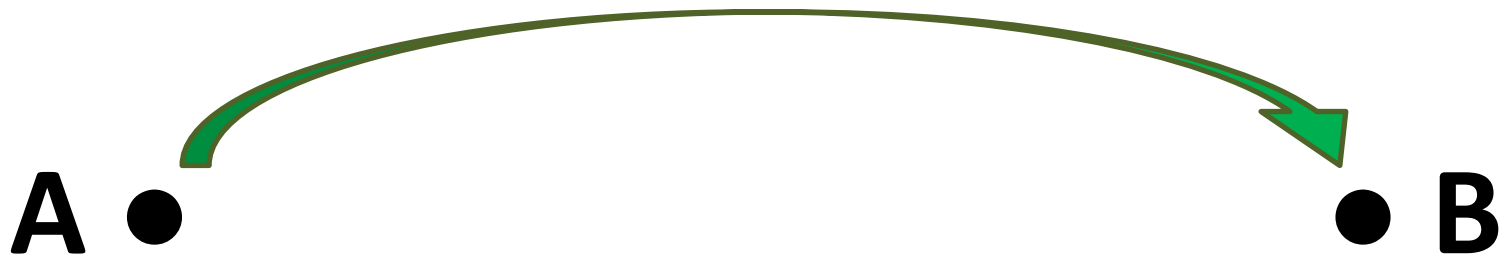
➤ COVID-19 impacts

- Generally, a decrease in transportation expenditures across the board (Ambulance, Wheelchair van and NEMT).
- Increase in telehealth usage.
- ODM's telehealth claim volume rose from an average of less than 8,000 per month prior to the COVID-19 emergency, to 273,698 claims in December 2020.
- The expenditures for services delivered via telehealth rose from approx. \$929,537 in January 2020 to approx. \$46M in December 2020.
- More than half (3.3 million) of the total 5.8 million Medicaid telehealth claims were for behavioral health services.
- Telehealth – OAC rule 5160-1-18.

Topics of Interest

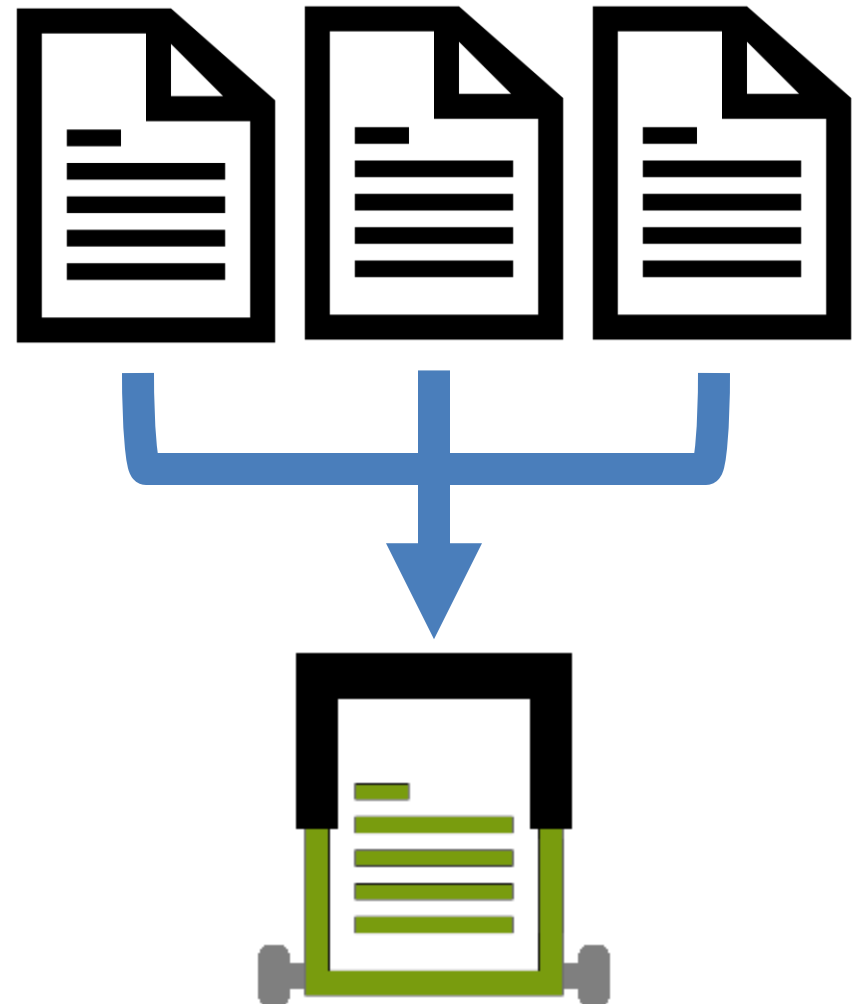
➤ Managed care and NEMT

At least 90% of Medicaid-eligible individuals are in managed care. Medicaid managed care organizations (MCOs) are responsible for arranging transportation when the closest network provider is 30 miles or more away. Each CDJFS should make sure that requests for long-distance trips are referred to the appropriate MCO. MCOs may also offer value-added trips.



Planned Changes to OAC Chapter 5160-15

- Consolidation of rules governing county-administered transportation assistance
 - Rules 5160-15-11, -12, and -13 to be combined into new OAC rule 5160-15-10
- Removal of language identified as “regulatory restrictions” in H.B. 166 (133rd G.A.)
- Planned for 7/1/2021



Tools and Resources



- New community transportation plan (CTP) form, ODM 10241

<https://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM10241Fillx.pdf>

- Medicaid Consumer Hotline, 800-324-8680

- “Don’t cancel. Call!” information card

<https://www.medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/Transportation-Card.pdf>

Tools and Resources

➤ “Don’t cancel. Call!” information card

Transportation Assistance

If you’re covered by Medicaid and you’re having trouble getting to health care services, transportation assistance may be available.

- If you’re a member of a managed care plan or MyCare Ohio plan, call the number listed in the table to the right, or contact the Ohio Medicaid Hotline for consumers (1-800-324-8680 or ohiomh.com).
- If you’re not a plan member (or you want an option besides what your plan offers), contact the Medicaid Transportation Coordinator at your local county department of job and family services (CDJFS). The main phone number for each CDJFS is included in a list available at jfs.ohio.gov; select County Directory.

If you’re not a plan member and you need transportation by wheelchair van, you may contact a provider directly. A searchable directory of Medicaid providers is available at medicaid.ohio.gov; select these options:

FOR OHIOANS > Already Covered > Your Benefits > Find a Medical Provider

Questions? Contact the Ohio Medicaid Hotline for consumers at 1-800-324-8680 or ohiomh.com.

ODM Bureau of Health Plan Policy, 11/1/2018

Don’t cancel. Call!

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



